

*Hospital
Management
Chi Ill
OCT 15 1931*

How Different Shifts Handle Presbyterian's Records

By Dorothy L. Kurtz

Supervisor of Record Department, Presbyterian Hospital,
New York

[Note: The following is from the annual report of the hospital.]

A COMPLETE reorganization and unification of the record department was made in 1929 to handle the work for Babies, Presbyterian and Sloane Hospitals and Vanderbilt Clinic. In 1930 the most important development was the establishment of a method to summarize the hospital cases in such a way as to make them suitable for machine tabulation. This involved preparing a numeric code to cover a personal description of the patient, the outstanding facts of his stay in the hospital, and finally his diagnosis, operations, if any, and the result of his care. After a period of experimenting, actual coding was begun on the first of October on all discharges from each of the three hospitals. These coded abstracts covering the last quarter of 1930 has been sent to the statistical bureau of the Metropolitan Life Insurance Company, where the punch cards are being prepared and the machine tabulations will be done.

Without the Metropolitan's cooperation in this respect and also the benefit of their experience in planning the work, this method of tabulation would have been quite impossible. It is a new departure in the field of hospital statistics and promises to make easily available a large number of facts about what the hospital is actually doing. Heretofore this valuable information has been lost because of the enormous labor necessary to secure it.

The regular circulation work of the department has gone much more smoothly this year than last due to the enlargement of the night shifts of clerks. The evening shift (4:45-12:15) now handles all of the filing, which frequently exceeds 3,000 charts, add several hundred reports to the charts, and check all new clinic diagnoses. The night shift (12:15-8:00 a. m.) pull all of the charts for the coming day's clinic appointments, and also those requested for study or other purposes. This arrangement leaves for the day clerks the handling of clinic non-appointment calls, the work on the name and diagnosis files, the completion of the discharged charts and the coding of the abstracts. During the year 1930 the department handled 2,325 records discharged from Babies, 9,007 from Presbyterian; 5,778 from Sloane and 35,992 new Vanderbilt Clinic cases.

It is planned in 1931 to have available for study, reports quarterly and for the whole year covering diagnoses by days of care, amount of charges and amount paid and deaths, and also similar data on the new Vanderbilt Clinic cases.

Columbia University
in the City of New York

UNIVERSITY EXTENSION
DEPARTMENT OF NURSING

EVENING COURSES

MEDICAL TERMINOLOGY

For secretaries who desire to qualify for
medical secretarial positions

MEDICAL RECORDS

Based upon the record system of the
Columbia-Presbyterian Medical Center



1937-1938

OUTLINE OF COURSES

DEPARTMENT OF NURSING

Departmental representative: Miss DOROTHY KINTZ will advise students during the registration periods, 5-6 p.m., September 20 to 23, inclusive, and January 31 to February 2, inclusive; also at other hours by appointment. Office, Record Department, Presbyterian Hospital, 168th Street and Broadway.

Medical Terminology e1—Lectures, assigned reading, and one term paper. Credit X. 2 points Winter Session. Fee \$20. Members of the Department of Nursing of Columbia University, under the direction of Professor ELEANOR LEE.

7-8:40 p.m., Tuesday. Amphitheatre A, School of Medicine, 630 West 168th Street.

Beginning September 28, 1937.

A course for those already proficient in secretarial techniques who desire to qualify for medical secretarial positions.

The instruction is planned as a basis for intelligent use of the terminology of the fundamental medical sciences (anatomy, physiology, bacteriology, and chemistry), laboratory tests, representative diseases and their treatments including operative procedures. Particular emphasis will be placed on medical phraseology, abbreviations, prefixes and suffixes.

Applicants must secure the approval of the Departmental Representative before registering.

Medical Terminology e2R—Lectures, assigned reading, and one term paper. Credit X. 2 points Spring Session. Fee \$20. Members of the Department of Nursing of Columbia University, under the direction of Professor ELEANOR LEE.

7-8:40 p.m., Tuesday. Amphitheatre A, School of
Medicine, 630 West 168th Street.

Beginning February 8, 1938.

Medical Terminology e1 repeated in the Spring Session.

Applicants must secure the approval of the Departmental Representative before registering.

Medical Records e4R—A course based upon the record system of the Columbia-Presbyterian Medical Center. Credit X. 2 points Spring Session. Fee \$20.

MISS DOROTHY KURTZ.

7-8:40 p.m., Tuesday. Room C-418, School of
Medicine, 630 West 168th Street.

Beginning February 8, 1938.

This course is offered for those who wish to prepare themselves for work in hospital record departments. It deals with the contents and use of the hospital record, the organization of the department, and the movement for standardization of records. It also aims to familiarize the student with *The Standard Classified Nomenclature of Disease*.

Prerequisite: Medical Terminology e1 or equivalent knowledge of the subject.

Applicants must secure the approval of the instructor before registering.

WINTER SESSION

September 23, 1937 to February 1, 1938

Registration—September 17 to September 25

SPRING SESSION

February 2 to May 21, 1938

Registration—January 31 to February 5

Registration hours: Daily, 9 a. m. to 9 p. m.

Saturdays, 9 a. m. to 12 m.

REGISTRATION AND PAYMENT OF FEES

Students desiring to take these courses are required to enroll at the office of the Registrar, Room 315 University Hall, 116th Street, between Broadway and Amsterdam Avenue.

In addition to the tuition fee, every student must pay a single University fee for each Session or any part thereof: for six points or less, \$5; for more than six points, \$10.

For other courses given in the late afternoon and evening, and for details regarding privileges, academic calendar and general regulations governing students, consult the *Announcement of University Classes* which may be obtained upon application to the Director of University Extension, 561 West 116th Street, New York, N. Y.

BABIES HOSPITAL
 NEUROLOGICAL INSTITUTE
 NEW YORK STATE PSYCHIATRIC INSTITUTE
 VANDERBILT CLINIC

PRESBYTERIAN HOSPITAL
 SLOANE HOSPITAL FOR WOMEN
 NEW YORK CITY
 Pedigree Card

COLUMBIA UNIVERSITY
 COLLEGE OF PHYSICIANS AND SURGEONS
 SCHOOL OF DENTAL AND ORAL SURGERY

Name	Yrs. in U. S.	in City	City No.	Unit No. ¹
Address	Date of Birth	Age	Sex	^{3A} M F
Father's Name	Religion	Race		
Mother's Maiden Name	L Birthplace	Birthplace	^{4A}	
Name of Near Relative	L Birthplace	Marital State	⁵ Sgl. Mar. Wid. Sep. Di	
Address	D Birthplace	Occupation—	Particular kind of work	
Tel. No.	Relationship	General nature of industry		
Name of Near Relative	Relationship	Prev. Record	Babies Neur. Presb. Psych. Sloane V.C.	
Address	Relationship	Adm. Thru—	Vanderbilt Other Service Other Hospital Social Agency	
Tel. No.	Relationship	Specifically:	Patient's Self Private Doctor Birth	
Company Insured in	Relationship	Ward or Serv.	¹¹	
Policy No.	Ordinary or Intermediate Industrial or Group	Adm. Time	a. m. ¹² p. m. Disch. Date	
Pedigree Taken by	Relationship	Detailed Rating	¹³ Days ¹⁴ Rating	
	Relationship	Charges	Amount Paid ¹⁶	
	Relationship	Disch. to—	^{17A} Vanderbilt Other Service Other Hospital Social Service	
	Relationship		Patient's Self Private Doctor	

Name
 BABIES HOSPITAL
 NEUROLOGICAL INSTITUTE
 NEW YORK STATE PSYCHIATRIC INSTITUTE
 VANDERBILT CLINIC

Sign-in Date
PRESBYTERIAN HOSPITAL
SLOANE HOSPITAL FOR WOMEN
 NEW YORK CITY
 Admission and Discharge Sheet

Unit No.
 COLUMBIA UNIVERSITY
 COLLEGE OF PHYSICIANS AND SURGEONS
 SCHOOL OF DENTAL AND ORAL SURGERY

THIS MARGIN RESERVED FOR BINDING. NO WRITING HERE

Name	Yrs. in U.S.	in City	City No.	Unit No.
Address	Date of Birth	Age	Sex	
Father's Name	Religion	Race		
Mother's Maiden Name	L D Birthplace	Birthplace		
Name of Near Relative	L D Birthplace	Marital State		
Address	Occupation	Particular kind of work		
Tel. No.	Relationship	General nature of industry		
Name of Near Relative	Prev. Record	Babies Neur. Presb. Psych. Sloane V. C.		
Address	Adm. Thru-	Vanderbilt Other Service Other Hospital Social Agen		
Tel. No.	Relationship	Patient's Self Private Doctor Birth		
Company Insured in		Specifically:-		
Policy No.	Ordinary or Intermediate Industrial or Group	Ward or Serv.	Adm. Date	
Pedigree Taken by		Adm. Time	Disch. Date	

Admission Diagnoses	To Ward	Urgent - Yes No	Medical Interest-Exceptional Average Doubtful
I have examined this patient and find h..... a proper subject for treatment in the hospi			
.....smear - Positive Negative for :-		Dr.	Doctor recommending patient

Throat Examination	Result - Improved Unimproved Died - within 24 hrs. - Yes No - Autopsy - Yes No	Dr.	Doctor admitting patient
Attending in Charge	Clinic Appointment - Clinic Date	Disch. to-	Vanderbilt Other Service Other Hospital Social Ser
Follow-up Date	Discharge Diagnoses (by order of importance)	Patient's Self Private Doctor - Report to be sent - Yes No	Specifically:-
		Autopsy Diagnoses (by order of importance)	

Operations (by order of importance)	Social Service Diagnoses (by order of importance)
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DIAGNOSES	WARD DISCHARGES ONLY **			PERCENTAGE EACH	
	AVERAGE DAYS OF CARE	AVERAGE AMOUNT CHARGED	PERCENT	DIAGNOSES OF TOTAL COMPLETED DISCHARGES	
				JAN-MAR	APR-JUNE
Operations					
Breech Delivery-Spontaneous	20.7 . .	\$67 . .	62.7%	.5 . .	1.1
-with Mauriceau Extraction	20.9 . .	64 . .	53.3 .	2.4 . .	2.5
- " Internal Version & Mauriceau	21.4 . .	70 . .	23.8 .	.7 . .	.7
Caesarean Section	20.7 . .	87 . .	54.5 .	3.5 . .	4.1
Forceps Delivery-High	25.0 . .	75 . .	60.0 .	.3 . .	.2
+Medium	21.9 . .	70 . .	38.9 .	2.7 . .	2.9
+Low	19.8 . .	66 . .	33.0 .	13.2 . .	17.6
Induction of Labor-Introduction of Bag	60.0 . .	72 . .	51.4 .	- . .	.2
+Pituitary Extract	38.0 . .	89 . .	50.7 .	.3 . .	.5
+Castor Oil & Quinine	23.6 . .	85 . .	67.2 .	.7 . .	.7
Therapeutic Abortion	14.2 . .	57 . .	60.1 .	1.6 . .	1.2
Local Diagnoses					
Stillbirth	- . .	- . .	- . .	2.4 . .	2.0
Macerated Fetus	12.0 . .	85 . .	61.8 .	1.6 . .	2.0
Incomplete Discharges (Mothers) on	15.0 . .	- . .	- . .	.2 . .	.2
TOTAL COMPLETED DISCHARGES-MOT CONFINED	6.9 . .	- . .	74.0 .		
Complications in Reproductive System					
Acute & Subacute Endometritis	21.0 . .	- . .	- . .	1.0 . .	-
Hyperemesis Gravidarum	11.1 . .	- . .	- . .	7.1 . .	2.5
Toxemia with & without Convulsions	7.4 . .	- . .	92.6 .	18.4 . .	21.2
Other Complications					
Curia of Teeth	3.7 . .	- . .	- . .	10.2 . .	15.3
Hypertension	8.0 . .	- . .	- . .	4.1 . .	1.2
Cardiac Hypertrophy	- . .	- . .	- . .	- . .	-
Chronic Cardiac Valvular Disease	10.8 . .	- . .	- . .	5.1 . .	3.5
Mitral Insufficiency	6.0 . .	- . .	- . .	1.0 . .	-
" Stenosis	10.3 . .	- . .	- . .	4.1 . .	2.6
Secondary Anemia	8.2 . .	- . .	- . .	4.1 . .	3.9
Acute Bronchitis	4.7 . .	- . .	- . .	3.1 . .	-
Acute Rhinitis	6.0 . .	- . .	- . .	1.0 . .	1.2
Syphilis (Constitutional Manifestation).	2.3 . .	- . .	- . .	3.0 . .	1.2
Incomplete Discharges (Not Confined) on	- . .	- . .	- . .	- . .	-
TOTAL COMPLETED DISCHARGES-INFANTS	10.7 . .	- . .	1.6 .		
Period of Birth					
Premature Infant	16.3 . .	- . .	- . .	5.3 . .	2.6
Term	14.6 . .	- . .	1.6 .	94.6 . .	98.6
Feeding Method					
Artificial Feeding	19.8 . .	- . .	1.6 .	16.3 . .	15.5
Breast	13.9 . .	- . .	- . .	62.5 . .	58.9
Complementary	14.8 . .	- . .	- . .	19.3 . .	26.6

AVERAGE DAYS OF CARE, AMOUNT CHARGED, AND DISTRIBUTION OF CASES AND AMOUNT PAID BY DIAGNOSES

PRESBYTERIAN HOSPITAL

JAN ² - JUNE 1931

DIAGNOSES	WARD DISCHARGES ONLY - W			PERCENTAGE EACH DIAGNOSIS OF TOTAL COMPLETE DISCHARGES	
	AVERAGE DAYS OF CARE	AVERAGE AMOUNT CHARGED	PERCENT FEE CARE	JAN-MAR	APR-JUNE
Total No. of Completed Discharges . . .	19.0 . . .	\$100 . . .	52.4% . . .	. . .	. . .
<u>Diseases of Alimentary System</u> . . .	15.1 . . .	76 . . .	52.1 . . .	25.0 . . .	23.9 . . .
Chronic Colitis	33.2 . . .	138 . . .	47.6 . . .	.6 . . .	.5 . . .
Ulcer of Duodenum	26.2 . . .	141 . . .	50.2 . . .	1.5 . . .	1.2 . . .
Hernia	21.7 . . .	108 . . .	48.6 . . .	2.6 . . .	1.9 . . .
Acute Appendicitis	19.7 . . .	98 . . .	37.8 . . .	2.7 . . .	2.2 . . .
Chronic "	18.1 . . .	100 . . .	45.3 . . .	.6 . . .	.8 . . .
" Cholecystitis	32.7 . . .	134 . . .	42.5 . . .	1.8 . . .	1.7 . . .
Catarrhal Tonsillitis	13.6 . . .	63 . . .	33.4 . . .	.4 . . .	. . .
Peritonsillar Abscess	7.9 . . .	39 . . .	28.4 . . .	1.2 . . .	.4 . . .
Acute Pharyngitis	8.5 . . .	47 . . .	56.2 . . .	1.0 . . .	.6 . . .
" Follicular Tonsillitis	12.1 . . .	76 . . .	76.8 . . .	1.2 . . .	.9 . . .
Chronic Tonsillitis	3.0 . . .	19 . . .	47.4 . . .	6.2 . . .	5.9 . . .
Fistula in Ano	9.3 . . .	50 . . .	41.8 . . .	.8 . . .	1.3 . . .
Hemorrhoids	9.8 . . .	52 . . .	34.6 . . .	1.1 . . .	1.6 . . .
Ulcer of Stomach	32.9 . . .	175 . . .	70.5 . . .	.6 . . .	.4 . . .
<u>Diseases of Blood Vessels</u>	25.3 . . .	122 . . .	56.5 . . .	3.9 . . .	3.4 . . .
Arteriosclerosis of Coronary Artery	25.8 . . .	114 . . .	60.1 . . .	.1 . . .	.2 . . .
Hypertension	25.3 . . .	116 . . .	68.7 . . .	1.0 . . .	.9 . . .
Thrombosis of Coronary Artery	37.7 . . .	196 . . .	53.8 . . .	. . .	.1 . . .
<u>Diseases of Heart</u>	24.9 . . .	116 . . .	60.5 . . .	2.1 . . .	2.7 . . .
Angina Pectoris	11.0 . . .	66 . . .	67.2 . . .	.1 . . .	.2 . . .
Cardiac Hypertrophy	23.4 . . .	131 . . .	58.9 . . .	.8 . . .	.6 . . .
Chronic Cardiac Valvular Disease	23.8 . . .	116 . . .	61.7 . . .	1.0 . . .	1.3 . . .
Mitral Stenosis	21.3 . . .	100 . . .	54.3 . . .	.7 . . .	1.1 . . .
<u>Diseases of Thyroid Gland</u>	18.7 . . .	153 . . .	55.9 . . .	1.8 . . .	2.2 . . .
Exophthalmic Goitre	18.5 . . .	129 . . .	50.5 . . .	.9 . . .	1.2 . . .
Hypothyroidism	20.1 . . .	214 . . .	63.6 . . .	.7 . . .	.6 . . .
<u>Diseases of Blood</u>	23.6 . . .	188 . . .	59.1 . . .	.7 . . .	1.0 . . .
Perniciouss Anemia	23.3 . . .	213 . . .	62.2 . . .	.2 . . .	.4 . . .
<u>Diseases of Lymph Glands & Tissue</u>	18.6 . . .	120 . . .	70.5 . . .	.8 . . .	1.3 . . .
<u>Diseases of Nervous System</u>	16.5 . . .	83 . . .	70.3 . . .	2.8 . . .	1.9 . . .
Brain & Spinal Meninges	22.1 . . .	108 . . .	77.6 . . .	.6 . . .	.5 . . .
Nerve	15.2 . . .	65 . . .	37.9 . . .	.4 . . .	.1 . . .
Mind	14.8 . . .	84 . . .	61.7 . . .	.2 . . .	.2 . . .
Unknown Origin	11.8 . . .	59 . . .	65.1 . . .	1.4 . . .	.9 . . .
Anxiety Neurosis	10.0 . . .	51 . . .	51.4 . . .	.6 . . .	.3 . . .
Arthritis	19.3 . . .	106 . . .	61.0 . . .	1.2 . . .	1.1 . . .

1
No. of Cases

4

2

3

WARD DISCHARGES ONLY**

PAGE 2.
PERCENTAGE EACH
DIAGNOSIS OF TOTAL
COMPLETE DISCHARGES
JAN-MAR APR-JUNE

DIAGNOSIS	WARD DISCHARGES ONLY**			PERCENTAGE EACH DIAGNOSIS OF TOTAL COMPLETE DISCHARGES	
	AVERAGE DAYS OF CARE	AVERAGE AMOUNT CHARGED	PERCENT FROM CARE	JAN-MAR	APR-JUNE
<u>Diseases of Male Reproductive System</u>	22.6 . .	\$141 . .	52.2% . .	2.5 . .	2.7
Stricture of Male Urethra	26.7 . .	102 . .	49.9 . .	.5 . .	.1
Hypertrophy of Prostate	42.3 . .	212 . .	57.2 . .	2.1 . .	1.5
<hr/>					
Abscess of Mammary Gland.	15.3 . .	90 . .	45.0 . .	.4 . .	.3
Mastitis	12.0 . .	75 . .	62.2 . .	.6 . .	.6
<u>Diseases of Respiratory System</u> . . .	16.4 . .	90 . .	52.2 . .	10.6 . .	7.2
Asthma	17.5 . .	88 . .	75.7 . .	.5 . .	.5
Bronchiectasis	5.0 . .	26 . .	67.2 . .	.8 . .	.7
Acute Bronchitis	10.6 . .	53 . .	72.2 . .	.8 . .	.1
Acute Laryngitis . . . . .	. . . . .	. . . . .	. . . . .	.5 . .	.1
Abscess of Lung	52.7 . .	222 . .	65.2 . .	.1 . .	.1
Bronchopneumonia	21.4 . .	121 . .	26.7 . .	1.0 . .	.2
Lobar Pneumonia	25.0 . .	162 . .	22.8 . .	2.0 . .	1.2
Empyema	42.2 . .	199 . .	42.6 . .	.4 . .	.4
Deviation of Nasal Septum	6.9 . .	31 . .	50.9 . .	1.0 . .	1.1
Acute Rhinitis	2.7 . .	42 . .	74.9 . .	.9 . .	.2
Sinusitis	14.0 . .	76 . .	59.9 . .	1.2 . .	1.4
Maxillary	11.2 . .	71 . .	74.1 . .	1.5 . .	1.0
<u>Diseases of Ear</u>	19.0 . .	82 . .	57.4 . .	2.4 . .	2.1
Otitis Media	22.1 . .	100 . .	54.7 . .	2.1 . .	2.0
Acute Otitis Media	11.2 . .	50 . .	42.6 . .	.2 . .	.2
Suppurative " "	15.2 . .	77 . .	65.4 . .	1.1 . .	.7
<u>Diseases of Eye</u>	14.2 . .	76 . .	45.2 . .	6.5 . .	6.6
Iritis	12.7 . .	79 . .	44.4 . .	2.2 . .	2.4
Acute Glaucoma	12.9 . .	100 . .	62.0 . .	.5 . .	.4
Chronic "	12.4 . .	91 . .	27.4 . .	.4 . .	.7
Strabismus	4.7 . .	21 . .	42.1 . .	.7 . .	1.6
Ectropion	4.2 . .	22 . .	22.7 . .	.6 . .	1.0
<u>Diseases of Skin</u>	24.9 . .	112 . .	45.2 . .	1.6 . .	1.0
Eczema	22.2 . .	122 . .	52.2 . .	.1 . .	.2
<u>Diseases of Urinary System</u>	21.7 . .	100 . .	57.9 . .	4.4 . .	6.6
Acute Nephritis	24.6 . .	121 . .	27.4 . .	.1 . .	.2
Chronic "	22.6 . .	122 . .	71.2 . .	.2 . .	.7
Nephrolithiasis	22.2 . .	122 . .	54.1 . .	1.0 . .	.2
Calculus in Ureter	14.2 . .	62 . .	25.2 . .	.5 . .	1.1
" " Urinary Bladder.	22.0 . .	210 . .	62.2 . .	.2 . .	.4
Chronic Cystitis	11.4 . .	65 . .	72.6 . .	.6 . .	.5
<u>Injuries</u>	22.2 . .	112 . .	45.9 . .	4.2 . .	5.0
Abrasions, Contusions, Incorations & Wounds	11.5 . .	107 . .	21.6 . .	.7 . .	.5
Dislocations	16.6 . .	110 . .	40.5 . .	.2 . .	.2
Fractures	22.9 . .	122 . .	46.5 . .	2.0 . .	2.2
<u>Disturbances of Metabolism</u>	22.2 . .	122 . .	57.7 . .	2.2 . .	2.2
Diabetes Mellitus	22.2 . .	122 . .	56.9 . .	1.6 . .	1.9

WARD DISCHARGES ONLY **

PERCENTAGE EACH
DIAGNOSIS OF TOTAL
COMPLETE DISCHARGES
JAN-MAR APR-JUNE

DIAGNOSES	WARD DISCHARGES ONLY **			PERCENTAGE EACH DIAGNOSIS OF TOTAL COMPLETE DISCHARGES	
	AVERAGE DAYS OF CARE	AVERAGE AMOUNT CHARGED	PERCENT FREE CARE	JAN-MAR	APR-JUNE
<u>Intoxications & Poisons</u>	29.5 . .	\$157 . .	87.9% . . .	.2 . .	.4
<u>Specific Infections</u>	25.3 . .	159 . .	47.4 . .	5.8 . .	5.3
Influenza	10.0 . .	42 . .	32. . .	.6 . .	-
Acute Rheumatic Fever	24.4 . .	141 . .	37.8 . .	.5 . .	.7
Scarlet " "	30.6 . .	125 . .	61.2 . .	.2 . .	.7
Syphilis (Constitutional Manifestations)	25.5 . .	133 . .	69.3 . .	.3 . .	.8
Syphilitic Local Infections	14.5 . .	74 . .	44.3 . .	.3 . .	-
Tuberculosis	25.5 . .	194 . .	49.3 . .	3.4 . .	3.4
Local Infections	21.4 . .	172 . .	70.2 . .	1.3 . .	1.5
of Respiratory System	19.4 . .	224 . .	37.6 . .	1.0 . .	.9
Chronic Pulmonary	19.5 . .	229 . .	26.7 . .	1.0 . .	.9
<u>Neoplasms</u>	19.5 . .	102 . .	45.5 . .	9.1 . .	9.6
Adenoma of Thyroid	15.7 . .	92 . .	41.7 . .	.8 . .	1.4
<u>Carcinoma</u>	24.0 . .	132 . .	47.7 . .	4.8 . .	4.6
Carcinoma of Esophagus	14.8 . .	76 . .	51.3 . .	.3 . .	.2
" " Rectum	22.2 . .	131 . .	18.8 . .	.2 . .	.4
" " Stomach	24.8 . .	125 . .	47.0 . .	.5 . .	.7
" " Uterus	- . .	- . .	- . .	- . .	-
" " Prostate	40.2 . .	171 . .	64.1 . .	.6 . .	.2
" " Female Mammary Gland	29.4 . .	122 . .	33.1 . .	1.0 . .	.7
<u>Diagnosis Unknown, & Undiagnosed Condition</u>	9.3 . .	50 . .	56.4 . .	.6 . .	.7
<u>No diagnosis given</u>	1.0 . .	- . .	- . .	.8 . .	1.0
<u>Incomplete Cases on</u>	23.1 . .	132 . .	60.7 . .	3.2 . .	3.9

* When more than one diagnosis are given, the first one only is tabulated here.

** Ward includes free, part & full pay ward, city cases, ward personnel & enlaved bed cases.

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REPORT OF THE RECORD DEPARTMENT

I have the honor to submit the report of the Record Department for the year, 1931.

The summarizing of data on hospital cases for machine tabulation, begun in 1930, has been continued in 1931, and in addition, the same method has been applied to new Vanderbilt Clinic cases. Reports covering number of cases, deaths, average days of care, and average amount charged, for the principle diagnoses have been prepared for the first half of the year, and those for the second half are in course of preparation. Only the coding has been done in the department this year, the card punching and tabulating being handled by the Statistical Bureau of the Metropolitan Life Insurance Company. Due to their interest and understanding of the problem, the work has been accomplished with remarkable smoothness, despite its newness and complicated nature.

During the early part of the year an extra effort was made to clear up the very large number of incomplete records accumulated during the period of reorganization. Thanks to the cooperation of the staff this undertaking has been satisfactorily completed.

Due to a change in admitting procedure in the clinic, it became possible to transfer the typing of new clinic records from the day to the evening shift. This work was the most trying of any, because of the pressure during rush hours. Its transfer to the evening, when it may be handled at a steady pace, has been one of the last steps in eliminating the feeling of confusion in the department.

During 1931 Babies Hospital sent us ²³²⁶ 2,189 discharges, Presbyterian 9607, Sloane 5778, and Vanderbilt Clinic has added 36,076 new out-patient records. While these figures do not differ greatly from those of last year, the number of charts drawn out for study purposes by staff and students has grown to a marked extent. It is not uncommon now for the number of charts returned to file in a day to exceed.

Respectfully submitted,

R. W. T. J.
SUPERVISOR OF RECORD DEPARTMENT

January 30, 1929. 

MEMORANDUM TO MR. MAYNARD
In re: Record Department Personnel and Arrangements

In my conversations with Dr. Dublin and with you certain changes have been decided upon as immediately necessary in order to insure a smooth running circulation of charts. These matters are grouped under the following heads:

Personnel

As you know, as soon as the room is running smoothly, I shall be expected to give more of my attention to the statistical and study aspect of these records. It is important then that there be someone in the Record Room responsible for keeping the work up, answering questions and generally overseeing the other clerks. Miss Herman appears competent to do this for the O.P.D. section. Miss Scobie seems the natural choice for the hospital record section, and it is proposed that she be given to understand that she is on trial for such work and if she makes good can expect a raise from her present \$100 to \$120 a month. This increase, of course, would not go into effect until after Mrs. Foreyth leaves.

It is also necessary that there be one clerk who is an authority on the diagnosis work. Of the four who do this special work, Miss Barnard, by reason of her physical training education and her interest seems the best fitted. She is now

MEMORANDUM TO MR. MAYNARD

getting \$85 a month and, if she makes the most of her opportunity as it is explained to her, she will before long be worth more.

In order that Miss Scobie be even put on trial for her new place, someone must take over the greater part of her work. Miss Farrell, who does a little of it now, could best do it. Half of Miss Farrell's present work will be taken out of the Record Room entirely when the Follow-up Clinic files are transferred to the respective clinics. It is important, therefore, that this transfer be made as soon as possible in order to permit this rearrangement of personnel. The other part of Miss Farrell's work, the Interval Result file, can be taken over by Miss Metcalf, a typist, now filing from 4:00 to 12:00 for the C.P.D. section. Her release for this work depends upon two other changes now to be dealt with.

We need, as I have told you, a girl to take charge of the dumbwaiter, clinic window and telephone. A girl just out of school provided she is alert and pleasant would do for this place, and could be started for \$50 or a little more, if necessary to secure the right one. The filling of this position will release Miss Paton, who is too valuable to be kept at this work, for she will release Miss Metcalf.

Since Miss Metcalf is now on duty at night, she cannot take over day time work until the men are secured for the night

MEMORANDUM TO MR. MAYNARD

shifts, at least for the 4:00 to 12:00 one. We had considered students for this work, as you know. Dr. Auchincloss has suggested that, if they could be secured, elderly men might prove more reliable, more interested in the work, and would give less turnover. I think the suggestion deserves consideration. Whatever we do in this respect, we will need three men, one from 4:00 to 12:00 one from 12:00 to 8:00 and one to fill in on their off nights and when they are ill. There is little need of having more than one here at once, that I can see, if a part time man can be secured for the third place.

I also spoke to you of the need of a girl to fill in during the day where ever anyone is out or overworked. I consider this very necessary, as at present each girl has full time work and if she is out the work accumulates very rapidly, upsetting the whole routine. This girl would have to be a typist and since I have no one to take dictation for memoranda, I should suggest that she be a stenographer as well. I believe the starting salary is from \$85 to \$100 a month. (Miss Schlessinger, now attached to our pay roll as a stenographer, gives her time entirely to the Follow-up Clinic, and no doubt will be transferred to them as soon as our files are turned over to them.)

I spoke to you also of Miss Craubard, whose attendance record has been very bad and who shows no interest in her work when she is here. Mrs. Forsyth and I both think it desirable to replace her very soon. She receives \$65 a month.

MEMORANDUM TO MR. WAYNARD

To summarize, then- two people are expected to leave within a very short time, Mrs. Forsyth and Miss Schlesinger, who receive respectively \$175 and \$125 a month. I am suggesting raises, provided they make good not too far in the future, for three people-Miss Scobie(\$100 to \$120), Miss Barnard(\$85 to \$100) and Miss Paton(\$50 to \$60). I am asking for two new people, a dumbwaiter operator at from \$50 to \$60 , and a stenographer and general substitute at from \$85 to \$100. To keep the Record Room open twenty-four hours a day I am suggesting three men, two full time and one part time for night work. Finally, I am suggesting the replacement of Miss Graubard who is unsatisfactory, by someone for the same salary.

Circulation to Clinics

One of the difficulties of the clinic circulation has been with notifying the Record Room of transfers from one clinic to another. It is now suggested that instead of sending a pink slip to the Record Room for every transfer, the aide who sends a chart to another clinic should take a filler stamped with the name and date of her clinic and write on it the number of the chart and the clinic to which she sent it. One filler would probably serve for all the transfers from that clinic in one day, but one for each transfer could be used if it should be found better. *refer*

Another problem is to have charts labelled from which clinic they come when they are returned to the Record Room, and the ^{unit} ~~unit~~ and O.P.D. charts separated. This is more important.

MEMORANDUM TO MR. MAYNARD

than numerical order, since they come back a few at a time rather than all at once as they leave the Record Room. It is suggested that the same fillers with no writing but stamped with each clinic's name and date be fastened with a rubber band to returning charts.

*It has
used
these
cells*

A third problem is that requests from the Record Room for return of charts are frequently overlooked in the clinics because written on plain paper. It is suggested that a special Record Room requisition be printed on red paper. When the aide receives one of these she should return the chart immediately with the slip attached so that it be quickly recognized in the Record Room.

More convenient Arrangements in the Record Room

Miss Herman has suggested that the clinic window be provided with a clip for holding requisition slips and a hanging box fastened outside the window for outgoing charts for floor B. The girls doing typing do not have room for the charts they are working on and often the charts they are using are put on the floor, which is, of course, the worst place possible. A table for unbound charts, and boxes for bound ones so that other girls may look at the numbers without disarranging them are suggested. Instead of the baskets in use in the O.P.D. section, two boxes in one of which charts can be stood up and subdivided by clinics and in the other by numbers for filing, are suggested. A similar arrangement in the Hospital chart section is needed except that tables instead of boxes will be required.

*make
sketch*

MEMORANDUM TO MR. MAYNARDUnit History Shelves

A large factor in ¹showing up the work in the Hospital chart section is the condition of the shelves. Dr. Dublin has suggested that each section of the present shelves be divided into three compartments by partitions reaching close to the shelf above. When this is done, the entire back row of charts, which are comparatively little used, should be transferred to the storage room where the old Sloan charts already are. The space thus left and such of that in the front shelves as is needed, should be utilized to eliminate the top shelves and in loosening up the charts in each compartment so that they may handle easily and be kept neat with ease.

The man from the Art Metal Company has been here to prepare his estimate. It is not in yet but it is certain that it will be an expensive job and will probably take considerable time. Nor will it ever be as satisfactory as shelves of the right type because of the ^{rivets}~~bolts~~ on the floor of the shelves. It occurs to me that if there is likely to be any use for these present shelves elsewhere in the Hospital within a year or so perhaps as storage space for records of the other Hospital units yet to come, or in the library, it might possibly pay to use these shelves and put in new ones here suited to our requirements. These present shelves are quite satisfactory to hold books.

Record Department.

614.19
D

THE PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK
THE INSTITUTE OF OPHTHALMOLOGY
THE SLOANE HOSPITAL FOR WOMEN
BROADWAY AND 165TH TO 168TH STREETS
NEW YORK, N. Y.

October 5, 1937

Dr. Louis I. Dublin
Third Vice President and Statistician
Metropolitan Life Insurance Company
1 Madison Avenue
New York, N. Y.

Dear Dr. Dublin:

Thank you so much for your very heartening letter. You may also be interested to know that Dr. Dunn of the Census Bureau called an informal meeting yesterday to discuss the problem of a Morbidity List for statistical purposes. The people there did not represent organizations but were rather those who were actually struggling with this problem. Among them were several men, from the U. S. Public Health Service, Dr. Berkson from Mayo, and a representative of Dr. MacLean of the American Hospital Association.

It was agreed that the basis should be The International Cause of Death List. It was further decided that the U. S. Public Health Service should be asked to work out a tentative list using as reference the Morbidity Lists which we all submitted. After they had developed one they were to ask a few representative institutions to try it out.

I feel, while this move was unofficial, it was really important. The matter is particularly urgent now because of the rapid development of hospital insurance plans throughout the country.

Sincerely,

Dorothy L. Kuntz
Supervisor of Record Department

DLK/NV

September 29, 1957

Miss Dorothy L. Kurts
Supervisor of Record Department
The Presbyterian Hospital
Broadway and 165th Street
New York, N. Y.

Dear Miss Kurts

I am delighted to have your short note of the 28th telling me of the course in Medical Records at the University. I had almost given up the idea of ever seeing this happen. This is one more indication of what a great success you have made of the opportunity at the Presbyterian, and I heartily congratulate you and the hospital on the way everything has worked out.

Sincerely yours

Third Vice President
and Statistician

THE PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK
THE INSTITUTE OF OPHTHALMOLOGY
THE SLOANE HOSPITAL FOR WOMEN
BROADWAY AND 165TH TO 168TH STREETS
NEW YORK, N. Y.

September 28, 1937

W.D.

Dr. Louis I. Dublin
Third Vice President and Statistician
Metropolitan Life Insurance Company
1 Madison Avenue
New York, N. Y.

My Dear Dr. Dublin:

I am enclosing the pamphlets to prove that we are actually underway with the courses in Medical Terminology and Medical Records.

I thought it possible also that there might be some in your departments who might be interested in the course in Medical Terminology.

Sincerely,

Dorothy L. Kurtz
Supervisor of Record Department

DLK/NV

6/4/19

April 22, 1936

Dr. Walter W. Palmer
College of Physicians and Surgeons
620 West 168th Street
New York, N. Y.

My dear Dr. Palmer

Thank you very much for your letter of April 21.
You and Miss Kurtz undoubtedly know better than I could possibly what
the opportunities are for the teaching of medical librarians.

Sincerely yours

Third Vice President
and Statistician

Columbia University
College of Physicians and Surgeons
620 WEST 168TH STREET
NEW YORK

April 21, 1936

DEPARTMENT OF
PRACTICE OF MEDICINE

D

Dr. Louis I. Dublin
Metropolitan Life Insurance Company
1 Madison Avenue
New York City

Dear Dr. Dublin:

Miss Kurtz has been investigating the subject of courses for medical librarians and has come to the conclusion that the demand for the type of course which she would be interested in giving, and could give admirably, is so small that it is probably not worth while trying to get Columbia to organize such a course.

Apparently the demand is largely for individuals who are going into small hospitals and the record room problem is more or less incidental to their real position. Such a course is given at the Woman's Infirmary here in New York. Miss Kurtz is in a position to help out any one with an adequate background in case they look forward to taking a real job in a large general hospital associated with a teaching institution. To both Miss Kurtz and myself it seems wise not to press the matter further at the moment.

Yours sincerely

Walter W. Adams

P/P

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P

Columbia University
Presbyterian Hospital
620 WEST 168TH STREET
NEW YORK

March 6, 1936

DEPARTMENT OF
PRACTICE OF MEDICINE

Free
W

Dr. Louis I. Dublin
Metropolitan Life Insurance Company
New York City

Dear Dr. Dublin:

Perhaps you have become entirely discouraged about the possibility of establishing a course in hospital record keeping.

I have at least seen Dr. Williamson of the library staff at Columbia. Dr. Howson, the chief librarian, does not consider such a course within the jurisdiction of the regular library courses they give at Columbia. However they have made a suggestion that we might establish such a course either in the summer session or as an extension course. With this in view Miss Kurtz is getting material together and I think sooner or later we will be able to organize something which may be useful to hospital librarians. Probably Miss Kurtz will speak on the subject when she has an opportunity.

Yours sincerely

Walter W. Palmer

P/P

September 17, 1935

Dr. Walter A. Palmer
Presbyterian Hospital
620 West 168th Street
New York, N. Y.

My dear Dr. Palmer

I have recently had a very good talk with George Baehr on the whole problem of hospital record keeping and, more especially, on the training of personnel competent to serve as Hospital Registrars of Records, having in mind the use of the new nomenclature, for which Dr. Baehr's committee is responsible.

We both agree that the situation at the Presbyterian developed under your sympathetic direction, is splendid and should be made a model for other hospitals. You have in Miss Kurtz a very able and energetic woman who has also the added gift of clear exposition. Any number of people have told me that they have got a great deal from her description of her work and from a demonstration of the type of organization in the Record Room. All of this leads me to suggest that it would be very appropriate if it could possibly be arranged to have a course connected with the Medical School or through Columbia University in some way for the training of personnel in this special field. I would like to see ten or even more people trained every year and competent to go out and repeat in other hospitals what has been so well done at Presbyterian. There would be any amount of added help that could be had for the asking. I would be very glad myself to give a few lectures to such students and I feel very confident that Dr. Baehr and others connected with your organization would be very ready to cooperate. The burden of the work, of course, would fall on Miss Kurtz, but it would not be an onerous job and certainly it would be worthwhile. Won't you let me know what you think of this scheme and whether it is at all possible to organize.

I often think of you and I am always grateful for the splendid opportunity you gave me to get this particular activity started. I would like to see the good work spread.

Sincerely yours

Third Vice President
and Statistician

THE PRESBYTERIAN HOSPITAL
IN THE CITY OF NEW YORK
165TH STREET AND BROADWAY

October 19th, 1932

Dr. Louis I. Dublin, Third Vice President,
Statistician,
Metropolitan Life Insurance Company,
#1 Madison Avenue,
New York, New York.

My dear Dr. Dublin:-

I am enclosing the forms which we use in tabulating our hospital cases. I think a little explanation will help to understand their use.

The pedigree card is identical with the admission and discharge sheet down to the red line and it is usually a carbon copy. These are started when the patient is admitted to the hospital. When the patient is discharged, we receive both this card and the sheet, which is a part of the chart. The card is checked to see that its information is complete and on the back is typed the diagnoses and operations, which, of course, were not known when the card was first made out. Then the card is torn in two down the perforated line and the larger part thrown away leaving a three by five card with all the necessary information for tabulating. Our Coders write and check the code numbers in pencil on this card. Formerly we filled out from these cards a large tabulating sheet similar to those used in the Statistical Bureau. It was from these sheets that the cards were punched. Now that we have our own punch machines, however, we find it much quicker and just as satisfactory to punch directly from the little three by five card eliminating the large sheet entirely.

I am sorry that this large sheet is out of stock so that I cannot send you a sample, but its heading conforms exactly to those on the punch card. It is possible that Mr. Goldstein has a sample.

Very truly yours,

Dorothy S. Trusty
Supervisor of Record Department

DLK.ws

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December 23, 1930

My dear Miss Kurtz

I am very glad to know that you are planning to begin the tabulation and all the necessary preliminaries thereto of the clinic material. I hope you can so arrange matters that this work might be begun as of the first of the year 1931.

My suggestion would be to so arrange the work of your office that you can, without addition to the staff, currently keep tab on the new clinic cases as they are reported from the beginning of the year onward. It should be your aim to post on the transcript sheets, very much as we do our claim papers, the pedigree and the few remaining items of interest on these new clinic cases as soon as possible after they are admitted. This will make it possible for you at the end of each quarter and cumulatively at the end of the year to present a statement covering the essential facts with regard to the new clinic patients. You will not be able without much labor to give the number of visits which these new patients have made to the clinics, and I would advise that no effort be made by your division in that regard.

The hospital should supplement your statement for new clinic patients with another statement for all clinic patients divided into new and old and, for these, they should provide a few figures as follows:

1. Total number of patients, new and old.
2. Number of clinic visits divided by new and old.

If they have not already made provision for such a statement, it would be a very simple piece of bookkeeping on their part to make that possible. If the machinery does not exist for such distinction of new and old clinic patients, it will be a very simple thing to do by putting some signal on the new cases, either clipping off the corner or using a distinctive color each year or some signaling device which would at once distinguish the cases by year of beginning. This will not give them or you any difficulty.

You would then be able to combine the few figures supplied by the General Office and your own data with regard to the new cases and publish each year such a statement which would describe the

essentials of the clinic work.

I am delighted to know that you have got the hospital work so well launched. Would you be good enough to show this letter to Dr. Palmer and get his reaction to the above outline with regard to the procedure on clinic cases.

Sincerely yours

-2

Statistician

Miss Dorothy Kurtz
Record Room
Presbyterian Hospital
168th Street and Broadway
New York, N. Y.

April 3, 1929

Mr. John F. Bush
Executive Vice President
The Presbyterian Hospital
168th Street and Broadway
New York, N. Y.

My dear Mr. Bush

I have talked with Mr. Stufflebeam and he has shown me the several grades of papers and the proofs. I approve of your using the 20-pound 60% new rag stock. He assures me that this will last 35 to 40 years at least. I would also use this stock uniformly. The saving on the 16-pound stock is too small to justify having two sets of paper.

I have not read the proofs but Miss Kurtz should do that to make sure that everything is O. K.

Sincerely yours

Consulting Statistician
New York Medical Center

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Remington Rand Business Service Inc.

Remington REMINGTON-NOISELESS **RAND** SAFE-CABINET KARDEX
KALAMAZOO Dalton LibraBureau POWERS BAKER-VAWTER

NEW YORK DISTRICT OFFICE
451 BROADWAY
NEW YORK CITY

March, 11, 1929

Mr. J.S. Bush, Exec. V.P.,
Columbia-Presbyterian Hospital,
168th. St., & Broadway,
New York, N.Y.

Dear Sir:-

Confirming telephone conversation of Saturday morning with Dr. Dublin, we are pleased to present for your consideration and acceptance, the following equipment and service covering the proposed change in binding, housing and handling of patients' histories.

We will furnish

Exhibit (1)

80 # 8070.55 Green finish steel FIVE DRAWER vertical filing cabinets.

Exhibit (2)

40,000 # 5050RF Manila extra weight scored folders; equipped with LB fasteners, and consecutively numbered upper right hand corner inside back reinforced flap.

Exhibit (3)

1,000 # 5005RF Expansion folders for thick histories, with LB fasteners.

Exhibit (4)

500 # 6047 Salmon Charge Out Cards, tabbed.

Exhibit (5)

800 # 6050 Pressboard tabbed Guides, numbered by 50's.

Exhibit (6)

SERVICE: Detaching histories from present binders; trimming at left and bottom to 8 3/8" X 11 3/4"; punching for LB fastener; inserting in new type folder; filing in cabinets with guides for each fifty histories.

Your attention is respectfully directed to page 18, Age of Steel catalogue, whereon is described the FIVE DRAWER file. We have recently improved this file by equipping each drawer handle with the automatic catch or finger latch, a device not only assisting the file clerk in opening the drawer, but affording a positive method of automatically retaining the drawer in a closed position. This feature, as well as the ball-bearing operated suspension slide, may be found described on page 13.

Samples of 5050RF fastener folder, with reinforced top (Exhibit (2)), also samples of Exhibits (3) and (4) are enclosed. In order to get this proposal to you by tomorrow morning, we are forced to send folder samples used to experiment with. The punch actually used in the finished product is the slit hole type shown on sample designated (A). The top edge of the 5005RF expansion folder will be reinforced.

From time to time, as the file grows, you may find it expedient to add to the original 80 cabinets. The layout submitted shows the amount of space required by the first 80 cabinets. It is possible to increase the number of cabinets to 135 without materially increasing the amount of floor space now occupied by the storage shelving. It is possible, to take care of 151 cabinets by extending the 4th. and 5th., battery rows westward, say the distance of six more cabinets.

The only change necessary with respect to history sheets, will be to have them made to 8 3/8" X 11 3/4" in the future, punched at top. This punching may be the round hole type, so that same may be made use of while in the wards, etc. We strongly urge a careful consideration of the grade of paper used for history sheets.

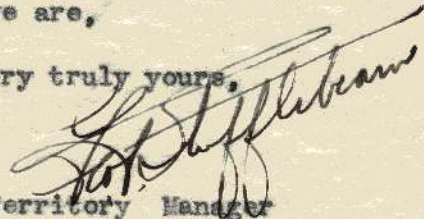
We will furnish the equipment and service covered by Exhibits (1) to (6) inclusive, for the sum of \$7,500,-- the service embracing the changing, filing and guiding of 40,000 histories.

Additional cabinets, in lots of twenty or more, will cost \$49.40 each. In less quantities, \$52.00 each.

Additional 5050RF fastener folders, in lots of 10,000 or more, will cost \$33.90 per thousand.

Thanking you for the opportunity to present our suggestions, and awaiting your further word with interest, we are,

Very truly yours,



Territory Manager

Geo. T. Stufflebeam/t encl.

March 11, 1929

Mr. John F. Bush
Executive Vice President
Medical Center
Broadway & 168th Street
New York, N. Y.

In re: Installation of New Filing Cabinets

The present installation, consisting of shelving for housing the hospital records, is very unsatisfactory. It was badly designed in the first place and experience has proved that it is badly adapted to the needs of the Record Room. The shelves are too shallow, resulting in the records sticking out into the aisle. There are no backs. The shelves are too wide with the result that records sag and break. There is presented a shabby appearance which is made worse by the accumulation of dust since the records are open to the room. For these reasons, you are agreed that steps should be taken to find a better way to house the valuable records of the hospital.

Consultations have been had with the Remington Rand Company both by yourself and by me, and I am able to present to you a proposition which appears to me to be very satisfactory. I am attaching herewith a letter from the company which states the project. The advantages are obvious. The records will now be enclosed in cabinets and, therefore, free from dust. The Record Room will be much improved in appearance. Much space will be saved because it will be possible to file the records in thinner folders than in the present cumbersome and stiff cardboard covers. There will also result a considerable economy in the future. The stiff cardboard covers are expensive. They must also be glued to the record. The plan that is recommended does away with all of this. A staple in the binder holds all of the records together and will release any sheet quickly and will allow for the insertion of any new material in the record. The eighty cabinets provided for in the contract will house all of the records in current use and will provide a considerable margin for additional records. There is also the advantage that they will provide the clerical force to make the transfer from the old system to the new without interfering with the work of the Record Room. I believe the price to be very reasonable, in fact, much below what I had anticipated for the cabinets and the service.

I, therefore, recommend your approval for this proposition, and I hope that it will be possible for you to have the work of the replacement of the shelves begin at an early date. I would suggest that a plan be worked out between Miss Kurtz and the Remington people for the gradual replacement of the old by the new system.

You should know that we are also contemplating the combination of the two index files now in the Record Room, one covering the out-patient cases, the other, the hospital cases. There is no reason why those two should not go together. There will be a saving of money and material all along the line. It may be necessary to instal an inexpensive system of index cards by which the records can be more easily located. I am not prepared at this time to recommend any particular system but will take this matter up with you after more study in the near future.

Very truly yours

Consulting Statistician
Medical Center

Dr. Dublin

January 30, 1929

In re, Our conversation of Saturday, January 26th.

UNIT HISTORY SHELVES

It was decided that each section of the shelves should be divided into three compartments by partitions reaching clear to the shelf above. When this is done the whole back row of old charts should be transferred to the storage room on the floor below. This space and that now empty at the front of the files, should be used to eliminate the top shelves and to loosen up the charts in each compartment sufficiently to permit them to be handled and kept neat easily. This matter has been sent to Mr. Maynard in a memorandum, dated January 30th, a copy of which will go to Mr. Bush. If the time could be arranged, I would like to discuss the matter with Mr. Maynard and both of us, this coming Saturday. *I think Mr. Bush would like to*

and one of which I am sending you.

COMPLETION OF CHARTS BY DOCTORS

You suggested that I see Dr. Palmer, and ask him if it would help to keep the doctors up to date in completing their charts, if a list of doctors and the number of incomplete charts against each, were sent to him occasionally. He tells me that he does receive this list from Mr. Maynard, and does what he can, but, that it is not very effective. He said, that a more careful check-up was considered necessary for surgical than for medical charts. I talked to Dr. Auchincloss, Head of the second surgical division, and Chairman of the Record Room Committee, about the same thing. He said, that he made changes in a good many charts when he O.K.'d them. This whole problem of getting charts completed by the doctors seems to require a very thorough investigation and discussion with the doctors concerned.

OTHER ARRANGEMENTS IN RECORD ROOM & CIRCULATION

OF CHARTS

You mentioned the need of a convenient place for the typists to put the charts while they are working on them. This matter and that of filing bins are included in the memorandum to Mr. Maynard, a copy of which you are receiving.

We also discussed the use of fillers in the clinics to keep track of transferred charts. I talked this matter over with Dr. MacCurdy and Miss Wagner and they thought it might work very well. A more complete description of the plan is given in the same memorandum. You will see there, too, that the stamped fillers are proposed as labels for charts returning from clinics to the Record Room. This idea occurred to me since our talk and it seems an easier and a cheaper method of labelling them than the use of the canvas bags, since the charts come back a few at a time during the whole time the clinics are in session.

I have said nothing yet about the use of fillers in the O.P.D. section of the Record Room. Their work is running quite smoothly now and I hesitate to rearrange it until these more pressing matters are taken care of.

Dr. Dublin

- 2 -

January 30, 1929

Our proposal of an additional clerk to fill in where needed is included in the general discussion of rearrangement of personnel in the memorandum.

Dorothy L. Hurty

Record Department

GEORGE DRAPER, M. D.
33 EAST SIXTY-EIGHTH STREET
NEW YORK

January 9th, 1929.

Dr. Louis I. Dublin,
Metropolitan Life Insurance Co.,
1 Madison Avenue,
New York, N.Y.

Dear Doctor Dublin:-

You can't imagine how pleased I was to get your letter yesterday. As a matter of fact Palmer had told me a couple of weeks ago but asked me not to discuss the matter or indicate that I knew anything about it so that I did not write you then. I cannot help being a little amused at the length of time which elapsed between our dinner party and the consumation of this plan. It is all very exciting and I am really beginning to get a little confidence that we can put the human individual on the map of medicine in a position of equal importance to that now held by meningococci and cucumbers. I can think of no one better fitted to further this work than yourself and it will be the greatest pleasure from every standpoint to be in harness with you.

With kindest regards, believe me

Sincerely yours,

George Draper

January 7, 1929

Dr. George Draper
Presbyterian Hospital
620 West 168th Street
New York, N. Y.

My dear Dr. Draper

I know that you will be glad to learn that they have appointed me Consulting Statistician to the Presbyterian Hospital and that the Company has permitted me to accept this appointment. I am very happy that this has been consummated and I want to express at once my sense of obligation to you who were the first to realize the possibility of my service at the institution and were so active in furthering the project.

At the moment, there are many things to be arranged which will be of a general character. Before very long, however, I should be able to get very close to your own problems and I know that we will have many good and profitable times together. My purpose, however, at this moment is to thank you for your vision and your thousand courtesies.

Sincerely yours

January 7, 1929

Mr. Dean Sage
49 Wall Street
New York, N. Y.

My dear Mr. Sage

Many thanks for your kind note of the fourth in which you inform me of the action of your Board of Managers authorizing you to retain me as your Consulting Statistician. I am very glad indeed to be able to serve you and, in fact, look forward with pleasure to the opportunities that are thus opened up for public service. I am afraid that Dr. Palmer has unintentionally misled you on the item of compensation. The Company is not reimbursing me for the additional service. What I meant to convey to Dr. Palmer was that under the arrangement with the Company, it will not be necessary for the hospital to compensate me as originally planned. I am getting in touch with Dr. Palmer and hope soon to arrange with him the details necessary for beginning work.

Sincerely yours

614.19

DEAN SAGE
49 WALL STREET
NEW YORK

January 4, 1929.

Dr. Louis I. Dublin,
c/o Metropolitan Life Ins., Co.,
25 Madison Avenue,
New York City.

md

My dear Dr. Dublin:

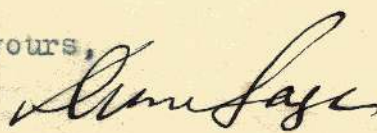
It gives me the greatest pleasure to advise you that the Board of Managers of the Presbyterian Hospital has authorized me to retain you as Consulting Statistician to the Presbyterian Hospital, on such terms as may be mutually arranged.

I am told by Dr. Palmer that the Metropolitan proposes to assume responsibility for reimbursing you for additional personal services thereby entailed. This, of course, would prove a great and much appreciated help to the Hospital, but I wish you to know that we stand ready to take over the obligation as discussed at our last meeting, should it at any time be deemed advisable.

We are all delighted at the proposed association, and I beg to assure you of my own personal pleasure and whole-hearted cooperation.

I suggest that as soon as convenient you get in touch with Dr. Palmer, who has arranged to start the ball rolling. Believe me,

Sincerely yours,



DS:L:P