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THIRTY- EIGHTH  
ANNUAL REPORT

OF THE

UNIVERSITY OF ILLINOIS  
HEALTH SERVICES

1953-1954



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UNIVERSITY OF ILLINOIS

HEALTH SERVICES


1. Health Service – Urbana-Champaign
2. Health Service – Chicago Professional Colleges
3. Health Service – Chicago Undergraduate Division
4. McKinley Hospital

Thirty-eighth Annual Report  
1953-1954

L. M. DYKE, M. D.  
Director of Health Services

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President Lloyd Morey  
355 Administration (W)

Submitted respectfully herewith is the Annual Report of the University of Illinois Health Services, including McKinley Hospital, Chicago Undergraduate Division Health Service, and Chicago Professional Colleges Health Service for the year 1953-54.

L. M. Dyke, M. D.  
Director of Health Services





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## Introduction

The University of Illinois Health Service, Urbana-Champaign campus, provides services in the fields of clinical medicine, public health medicine, and teaching of hygiene and health science to the student body, and under certain conditions, clinical services to the academic and nonacademic employees. We also render medical services to the University Retirement System of Illinois by processing all medical records of member institutions and organizations through our office as Medical Director of this Retirement System. Through most of our University work runs the theme of teaching the essentials of healthful living in our formal and informal contact with patients, examinees and in consultative work.

Students have access to the University Health Center for treatment and diagnosis of various illnesses, and for personal counselling regarding their health with our clinical staff of fourteen full-time physicians, which includes a Psychiatrist. We also have a Psychiatric Social Worker and a specialist in Public Health who are available for counselling in their respective fields especially in the field of hygiene and health science. In order to accomplish the large volume of work at our Health Center, we also have a staff of three full-time registered nurses, one nurses' aide, some thirty full and part-time clerks and several laboratory and x-ray technicians. Some 44,000 separate visits were made to this Health Center in 1953-54, including University and University High School student physical examinations. When serious illnesses are detected requiring



prolonged treatment, observation or hospitalization, these patients are referred to local general practitioners or specialists of their choice or by rotation, or if desired, their personal family physician assumes responsibility for the case. Hospitalization may be had at McKinley or other Hospitals. Except in emergencies, local physicians care for patients at McKinley Hospital. We keep in close touch with parents directly or via the office of the Dean of Students or through the referral physician. The offices of the Recorder and Dean of Students are advised when a student must withdraw from the University because of health reasons.

Close contact is maintained with the Department of Physical Education and the Department of Military Science as to the ability of any student to perform his work in these fields. When necessary, the student is assigned corrective physical exercises or is authorized not to take certain work or to discontinue it. Explanation of an absence from class may be facilitated by physicians at the Health Center but we do not provide any student with an excuse for absence from any class. Students requiring certain forms of medication are required to purchase this on our prescription at local drug stores. All other services are provided gratis at the Health Center including x-ray examinations. There is no Health Service fee at this University. There is a required Student Health and Hospitalization Insurance Contract but this is only effective when a student is admitted to a hospital. This is administered by and through the office of the Dean of Students and costs \$5.00 per semester for the fall and spring semesters and \$2.50 for the summer session. An improved contract with





a small increase in fee may become effective in 1954-55.

Clinical services are also provided students and employees on an emergency and "on-the-job" accident basis anywhere on this campus during the day and also by our physician at McKinley Hospital after regular daytime class and working hours. Medical service is provided the University community by our staff at various public events such as large military formations, convocations and institute assemblies on this campus. The Athletic Department retains a private physician to attend their large activities, such as football.

All employees receive a complete pre-employment physical examination. This includes academic and nonacademic personnel. This examination, together with that of the students, is successful in protecting students and employees from contagious diseases, such as pulmonary tuberculosis, and also alerts the examinee to his illness or disability for his own protection. This work is a vital part of the public health aspect of disease detection including pulmonary tuberculosis, diabetes mellitus and many other conditions which impair personal health and which may endanger others, and are often a cause of poor efficiency in work accomplishment. Considerable disease, dangerous to others, has been detected in personnel coming here from foreign countries. The Federal Government is aware of this and is working on measures to combat this threat to the United States inhabitants.

Routine chest x-rays are read by the Illinois Division of Tuberculosis Control in the Department of Public Health at Springfield, Illinois.



Certain immunizations are also required of all employees and encouraged for students, especially when epidemics threaten or when engaging in certain activities such as implying danger from tetanus, and the routine threat of smallpox.

Physical examinations are also performed for students preparing to qualify for a teaching certificate, for graduating applicants in the business and industrial fields, for applicants to medical schools, and for food handlers on this campus.

Medical examinations are also performed on all our permanent and continuous employees as to insurability for the University Retirement System of Illinois, and are often identical with the pre-employment examination.

A complete course in required Hygiene is taught all freshmen and certain others, and also there are special courses in "Public Health," "Sex and Family Living," and in "Health Factors and First Aid." We offer two extension courses in Hygiene through the University Extension Division. About 3,500 students are taught yearly by the medical and non-medical members of our staff. A staff committee on Hygiene operates these courses.

Emphasis on punctuality, promptness, accuracy and appointment is made in our work. Practically all physical examinations, except those in the pre-semester and food handler category, are made on appointment. Students are seen clinically as much as possible between class periods.

We have added excellent, modern equipment to our facilities.



New procedures and methods of work performance have been introduced. Certain types of services considered irrelevant to our basic function have been discontinued. This in part has enabled us to perform our stated functions more efficiently, is fair to local physicians and is more ethical as far as the profession of medicine is concerned. Professionally, we have assisted in campus health and sanitation matters through our consultative service or membership on committees. Periodic staff conferences are held at which professional and administrative problems are discussed as they arise.

The University administration has done its utmost to facilitate our function. Economy has been keenly sought even to the extent that our public utilities are used. A considerable reduction in electricity consumption has been accomplished, for instance. Services to the Accident Compensation Committee are considerable and have no doubt resulted in important savings in cases of accidents or illnesses incurred on the job.

McKinley Hospital is now operated within the jurisdiction of the Director of Health Services. Many substantial economies and improvements have been accomplished there with further plans envisaged in this field. A statistical summary of the services provided by McKinley Hospital during 1953-54 is shown in Table VII, page 42.

The Health Service Research Unit, located on the otherwise practically unused third floor of McKinley Hospital, was organized by Dr. Robert E. Johnson, Chairman of the Department of Physiology. Important and extensive work has been completed for the Air Force on Survival Rations and other problems and includes credit toward



advanced degrees for certain researchers there. The Research Unit physical property is administered by the University Health Service in collaboration with the professional staff of the Unit.

The Director of Health Services, Champaign-Urbana, also exercises general supervision over the Health Services at the Professional Colleges and the Chicago Undergraduate Division. These have their own Director and our supervision consists chiefly in assistance regarding budgetary matters and in establishing uniform policies and practices. A statistical summary of services performed by the Undergraduate Division Health Service is shown in Table VIII, page 43, and of the Chicago Professional College Health Service in Table IX, page 44.

#### I. Clinical and Advisory Services

During the year 1953-54, 36,870 visits, excluding physical examinations, were made to the University Health Service by students, academic and nonacademic staff members, and others for various services. The major portion of these patients were serviced in the Health Service Clinic and the remainder were serviced by the staff physicians in their offices. Of this 36,870 visits, 27,011 visits were made by students. For the detailed classification of these visits, see Table I, page 17.

All students participating in physical education and military science who wish to be excused from these courses because of their physical condition, must be examined by a Health Service staff physician, and if warranted, drop slips are issued to excuse the student from participation or to prescribe limited participation. During 1953-54,





679 drop slips were issued to excuse or limit participation in physical education and 250 drop slips were issued to defer, either permanently or temporarily, students from military science.

Every student and employee working in food service for the University must receive a certification from the Health Service that he is free from communicable diseases and physically acceptable to handle food. This food handler certificate includes, in addition to an examination by a physician, a smallpox vaccination, a blood test, and a chest x-ray. The Health Service issued 1,077 food handler certificates during the past year.

Vaccinations and immunizations are provided to students at the request of their personal physician, at their own request, or for interests of the University community, as well as for the certification of food handlers. The following tabulation shows the type and number of vaccinations and immunizations given during 1953-54:

VACCINATIONS AND IMMUNIZATIONS

<u>Type</u>	<u>Men</u>	<u>Women</u>	<u>Total</u>
Smallpox <sup>1</sup>	1,695	1,083	2,778
Typhoid Fever	469	253	722
Tetanus	342	104	446
Allergy	710	396	1,106
Influenza	332	105	437
Others	987	420	1,407
	<u>4,535</u>	<u>2,361</u>	<u>6,896</u>

<sup>1</sup>All prospective employees of the University are required to be vaccinated against smallpox, unless a record is submitted of a smallpox vaccination within three years prior to the date of their examination.



Physical therapy is utilized extensively in conjunction with student care and on-the-job accident cases. During the reporting year 2,321 physical therapy treatments were given to patients -- 1,307 diathermy, 397 whirlpool, and 617 infra-red ray treatments.

## II. Physical Examinations

Physical examinations are given by the Health Service staff to all new students of the University and University High School, all prospective employees of the University, and all prospective participants of the University Retirement System at Urbana. These examinations include a chest x-ray, urinalysis, and dental check. The examinations for employment and Retirement System participation also include a smallpox vaccination and Kahn test.

In addition to those above, physical examinations of varying extent are given to students and staff throughout the year. These include Civil Aeronautics Administration examinations for students of aviation, examinations for mining students, and examinations for persons participating in controlled experiments.



Following is a tabulation of the 9,293 examinations given at the Health Center during 1953-54:

PHYSICAL EXAMINATIONS

Student	6,580
University High School	49
Academic Only	733
Academic and Retirement	217
Civil Service Only	254
Civil Service and Retirement	855
Retirement only - Academic	137
Nonacademic	17
State Surveys	25
Annuity	4
Retirement System	8
Civil Aeronautics	113
Riboflavin and Calcium Experiment	8
Academic - Graduate Students	3
Miscellaneous	146
ROTC	140
Student Employment	<u>4</u>
TOTAL	9,293

Student physical examinations are given prior to or at the beginning of the semester with few exceptions. Local physicians are employed during registration week in the fall semester to assist the Health Service staff with entrance physical examinations. Examination of academic and nonacademic employees is done on an appointment basis throughout the year. These are a more extensive examination than the student examination since employees are classified according to their working ability and their status relating to Public Health. Retirement System participants receive an examination similar to pre-employment examination to determine their physical and mental condition at time of certification to the Retirement System and in most cases it is



performed at the same time as the pre-employment examination. In some cases, however, the retirement examination is given separately and at a later date.

Participants of the System are graded according to risk for "standard insurance on life or endowment plans and disability coverage" by the usual criteria of insurance underwriters. Of the 1,263 prospective participants examined during 1953-54, 9 were "Incomplete", 17 "Unemployable", 65 "Risk Not Acceptable", 340 "Substandard", and 832 "Standard Risk". The reasons for the "below-standard" classifications are given in Tables III, IV, V and VI beginning on page 21.

### III. Services to University Retirement System

As noted above, medical examinations are given by the Health Service to those prospective participants of the Retirement System who are employed on the Champaign-Urbana campus. Because the Director of Health Services of the University of Illinois is the Medical Director of the University Retirement System of Illinois, the medical records of all participating institutions in the Retirement System are processed and kept in Urbana. The handling of these records involves considerable correspondence in order to clarify and complete the records as well as to acknowledge them and inform all authorized officials of their ratings.





Following is a tabulation of the records from other institutions which have been processed at this Health Service during 1953-54:

Chicago Professional Colleges	1,090
Chicago Undergraduate Division, Navy Pier	128
Division of Services for Crippled Children	25
Eastern Illinois State College	37
Illinois State Normal University	56
Northern Illinois State Teachers College	72
Southern Illinois University	132
Western Illinois State College	<u>12</u>
TOTAL	1,552

All new disability claims as well as rechecks of established claims of the entire System are investigated by correspondence ( in Champaign-Urbana by personal examination also) and recommendations as to their validity are made to the Retirement System.

The following gives a listing of new and recheck disabilities, and the amount of correspondence and copy work required to accomplish the task:

New Disabilities

Number processed -- 116

Number of letters written	1,314
Number of forms and letters copied	271

Recheck Disabilities

Number processed -- 212

Number of letters written	1,817
Number of forms and letters copied	337



#### IV. Hygiene

Instruction in all Hygiene courses is given by members of the Health Service staff. Hygiene 101 - Health Lectures or Hygiene 104 - Personal and Community Hygiene completes the requirement of two hours credit in Hygiene. Advanced Hygiene courses are optional and include Hygiene 110 - Public Health, Hygiene 206 - Sex Education and Family Living, and Hygiene 216 - Health Factors and First Aid (for students enrolled in Occupational Therapy curriculum). Two extension courses in Hygiene, Hygiene X-103 and Hygiene X-225, are offered in cooperation with the Dean of the Division of University Extension. Following is a tabulation of enrollment in Hygiene courses taught during the fall and spring semesters of 1953-54 (Hygiene is not offered during the summer sessions):

#### HYGIENE ENROLLMENT

	<u>First Semester</u>	<u>Second Semester</u>	<u>Total</u>
Hygiene 101	1,613	937	2,550
Hygiene 104	340	257	597
Hygiene 110	55	114	169
Hygiene 206	77	109	186
Hygiene 216	21	not offered	21
Hygiene X-103 <sup>1</sup>			
Hygiene X-225 <sup>1</sup>			

<sup>1</sup>The Hygiene extension courses have an irregular enrollment. The average enrollment for Hygiene X-103 during 1953-54 was 23 students and for Hygiene X-225, 7 students.

A proficiency examination for Hygiene is offered during registration week in September and in February, and credit for Hygiene is given to those students who make a satisfactory grade on this



examination. During the past year, 174 students received credit by passing the proficiency examination.

#### V. Mental Health

During the academic year 1953-54, a psychiatrist was in charge of the Psychiatric Division of the Health Service. He was assisted by our regular Psychiatric Social Worker. Very valuable service was rendered by the Division.

The work of this Division requires many hours of consultation, not only with the patient himself, but also with his friends, family, and associates. The members of the Psychiatric staff made 1,033 interviews during the past year, of which, 218 were interviews with other than patients and 815 were interviews with patients.

#### VI. Dental Health

Emphasis upon the preventive phase of dentistry rather than upon the corrective phase continues to be one of the principal aims of the Dental Division of the University Health Service. Dental examinations are being given to incoming students, new academic and nonacademic staff members, prospective participants in the University Retirement System, University High School students, Advanced R. O. T. C. students, and participants in the Summer Physical Fitness Program. Consultation privileges are available to all students regarding any dental problems they may have. Minor dental ailments such as Vincent's infection, canker sores, and pericoronal infections are treated at the Health Center.



Immediate dental appointments are obtained with local practitioners for anyone in pain. Whenever it is deemed necessary, in the best interests of the student, referrals are made to specialists and appointments are made if the student desires one.

All students registered in Hygiene 101 are given two 50-minute lectures on oral hygiene and related subjects. The responsibility of the parents and the important part which they play in determining the kind of teeth their children will have is particularly stressed. In addition to lectures, every opportunity is taken advantage of at the chair to call to the attention of the patient any oral condition which may require attention. In older patients, especial watchfulness is exercised to discover any lesion, either cancerous or pre-cancerous, which might be present, or any condition which might be favorable to the development of a malignancy.

#### VII. Laboratory Services

In caring for students and employees, 17,130 laboratory tests were made. In many instances, these tests were essential in making effective the regulations of the University concerning communicable disease control. Laboratory tests are requested frequently by the staff physicians in diagnosing a patient's illness. Kahn tests, required in all pre-employment examinations and food handler certifications, are made by the Branch Laboratory of the State Department of Public Health. Bacteriological tests are also made at the State Laboratory at the request of Health Service physicians. There were





13,444 tests made at the University Health Service laboratory and 3,686 tests made at the State Branch Laboratory at 505 South Fifth Street, Champaign, Illinois. For a complete tabulation of types of tests performed, see Table II, page 19.

#### VIII. X-ray Services

All students and University employees receive a chest x-ray as a part of their required physical examination. Everyone is x-rayed on a 4" x 5" photoroentgenogram as a screening process and all suspicious cases are followed with a 14" x 17" film. Sputum, tuberculin, and other tests are required at various intervals according to varying degrees of pathology. Through the cooperation of the Division of Tuberculosis Control of the State Department of Public Health, 9,532 chest roentgenograms were made of members of the University population. Through the Health Service Tuberculosis Control Program, 594 14" x 17" chest follow-up films were made on persons with suspected tuberculosis.

A mobile x-ray unit is used by the Health Service physicians to determine the presence or absence of bone pathology on student and employee accident cases. There were 641 of these x-rays made during 1953-54.

#### IX. Accidents to Employees

The Health Service took care of 593 accidents which occurred to University employees in the line of duty. It was necessary to have 35 x-rays made to determine the presence or absence

The Commission on the Status of Women, established in 1946, was the first international body to focus on the status of women. It was created by the United Nations and has since then been instrumental in promoting gender equality and women's rights. The Commission has held numerous sessions and has produced several reports and recommendations that have influenced international law and policy.

Annex 1

This section contains the text of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which was adopted by the United Nations General Assembly in 1979. The Convention is a landmark treaty that defines discrimination against women and sets out a framework for national legislation, policies, and programs to eliminate such discrimination. It is considered the most comprehensive international instrument for the promotion of gender equality. The text of the Convention is as follows:

Article 1

Article 1

The States Parties to the present Convention undertake to eliminate discrimination against women in all spheres of life and to ensure that women enjoy the same rights as men. The Convention defines discrimination against women as any distinction, exclusion, or restriction based on sex that has the effect of impairing or nullifying the equal rights of women. The States Parties are required to take all appropriate measures to eliminate such discrimination and to ensure that women enjoy the same rights as men in political, economic, social, cultural, and domestic spheres.

of bone pathology. Of those injured, 350 required only minor medical attention and 100 were referred to outside physicians for prolonged treatment. It was necessary to hospitalize 12 employees.

Since the initiation of emergency care and "on-the-job" accident treatment at McKinley Hospital, 21 persons reported at the hospital and received treatment during this year.

#### X. Communicable Disease

To carry out its part in controlling communicable diseases in the University community, the University Health Service examines all prospective food handlers, immunizes employees who work with plumbing and sewage against typhoid fever, and receives reports of communicable diseases from students, student families and staff members. During the year 1953-54, 25 cases of communicable diseases occurred in the student body and 208 cases in the families of staff members.

#### XI. Special Service at University Events

The Health Service, upon request, provides certain University functions with emergency medical service. This service is provided at Physical Education Tournaments, Farm and Home Week Programs, Commencement Exercises, Spring Carnival, certain sports events, and other convention assemblies.

In cooperation with other departments, the Health Service and McKinley Hospital are available in cases of medical emergencies to guests of the University.



Classification of Visits to the Health Service

<u>Student</u>		<u>Men</u>	<u>Women</u>	<u>Total</u>
Student Visits		3490	1487	4977
Diseases of:	Circulatory System	59	29	88
	Communicable (all reportable)	19	6	25
	Digestive Tract	544	86	630
	Endocrine Disorders	2	0	2
	Excretory System	66	17	83
	Muscles, Bones, Joints, etc.	927	299	1226
	Nervous System	71	33	104
	Reproductive System	18	56	74
	Respiratory Tract	2923	970	3893
	Skin	1571	457	2028
	Special Sense Organs	583	170	753
Injuries:	Bites	24	16	40
	Brain Injuries	2	0	2
	Chemical Burns	18	2	20
	Contusions	261	56	317
	Foreign Bodies	70	24	94
	Fractures	30	5	35
	Injuries due to heat and cold	61	36	97
	Sprains and Strains	518	149	667
	Wounds	388	91	479
Dental		557	180	737
Non-medical calls		16	6	22
Observation		417	131	548
Revisits		7216	2740	9956
	Total	19,851	7046	26,897
<u>Nonacademic</u>				
Nonacademic Visits		380	395	775
Diseases of:	Circulatory System	5	5	10
	Communicable (all reportable)	0	1	1
	Digestive Tract	20	19	39
	Endocrine Disorders	0	0	0
	Excretory System	3	6	9
	Muscles, Bones, Joints, etc.	87	55	142
	Nervous System	3	4	7
	Reproductive System	2	9	11
	Respiratory Tract	93	113	206
	Skin	84	67	151
	Special Sense Organs	45	38	83
Injuries:	Bites	2	3	5
	Brain Injuries	0	0	0
	Chemical Burns	6	0	6
	Contusions	53	28	81
	Foreign Bodies	40	9	49
	Fractures	6	1	7
	Injuries due to heat and cold	18	16	34
	Sprains and Strains	49	20	69
	Wounds	120	33	153

Journal of the ...

Date	Description	Amount
1 May	...	...
2 May	...	...
3 May	...	...
4 May	...	...
5 May	...	...
6 May	...	...
7 May	...	...
8 May	...	...
9 May	...	...
10 May	...	...
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23 May	...	...
24 May	...	...
25 May	...	...
26 May	...	...
27 May	...	...
28 May	...	...
29 May	...	...
30 May	...	...
31 May	...	...

Classification of Visits to the Health Service (continued)

<u>Nonacademic (continued)</u>	<u>Men</u>	<u>Women</u>	<u>Total</u>
Dental	15	9	24
Non-medical calls	1	1	2
Observation	27	21	48
Revisits	<u>1451</u>	<u>1121</u>	<u>2572</u>
Totals	2510	1974	4484
<u>Academic</u>			
Academic Visits	758	194	952
Diseases of:			
Circulatory System	7	1	8
Communicable (all reportable)	2	0	2
Digestive Tract	53	8	61
Endocrine Disorders	0	1	1
Excretory System	0	2	2
Muscles, Bones, Joints, etc.	94	14	108
Nervous System	11	4	15
Reproductive System	2	0	2
Respiratory Tract	246	60	306
Skin	170	38	208
Special Sense Organs	103	17	120
Injuries:			
Bites	5	1	6
Brain Injuries	1	0	1
Chemical Burns	8	2	10
Contusions	21	4	25
Foreign Bodies	15	3	18
Fractures	1	0	1
Injuries due to heat and cold	12	3	15
Sprains and strains	33	2	35
Wounds	51	15	66
Dental	38	8	46
Non-medical calls	2	2	4
Observation	45	6	51
Revisits	<u>1193</u>	<u>459</u>	<u>1652</u>
Total	2871	844	3715
<u>Other</u>	<u>329</u>	<u>170</u>	<u>499</u>
	25,561	10,034	35,595
<u>Mental Health</u>			
Initial Visits by patients			270
Revisits by patients			545
Visits about patients			<u>218</u>
			1033
GRAND TOTAL			36,628





TABLE II

19

LABORATORY SERVICES

Laboratory Tests	<u>Negative</u>	<u>Positive</u>	<u>Total</u>
A. At Health Center			
Urinalysis			
Routine			11,104*
Albumin	10,125	979	
Sugar	10,913	191	
Acetone	86	105	191
Iodine			4
Foam			3
Smith			2
Urobilinogen			3
Gmelin			2
Microscopic			1,016
Benzidene			8
Smears			
Throat-mouth			169*
Streptococci		6	
Staphylococci		56	
Diplococci and other bacteria		40	
Vincent's Angina	14	53	67
G.C.	25	12	37
Fecal			3*
Skin			7*
Scales for fungi			8*
Malaria	8	1	9*
Blood Studies			
RBC's			820*
Hemoglobins			725
WBC's			675
Differential Cell Count			808
Sedimentation Rate			710
Bleeding Time			292
Clotting Time			6
			6
Blood Chemistries			
Blood Sugars			330*
Urine Sugars (with glucose tol. tests)			86
Cephalon Cholesterol Flocculation tests			240
Bilirubin			3
			1
Electrocardiograms			
			63*
Basal Metabolism Tests			
			90*
Blood Types and Rh factor			
			841*
* GRAND TOTAL LABORATORY TESTS			13,444



TABLE II (continued)

	<u>Negative</u>	<u>Positive</u>	<u>Total</u>
B. At State Laboratory			
Blood Examinations			
Kahn Tests			3,566
Heterophile Agglutination	7	1	8
Undulant Fever	5		5
Feces Examinations			32
Parasites	13	6	
Typhoid Bacilli	13		
Smears for Diphtheria	0	0	0
Smears for Gonococci	2		2
Sputum Tests	6		6
Culture of Urine	5	1	6
Culture of Throat	<u>56</u>	<u>5</u>	<u>61</u>
Totals	107	13	3,686



Reasons for Classification of "Incomplete" of Prospective  
Participants for the University Retirement System

1. Age 20 Urinalysis and x-ray
2. Age 22 Incomplete, no grade to be given
3. Age 23 Urinalysis
4. Age 21 Pelvic examination refused
5. Age 21 Resigned prior to completion of examination
6. Age 20 No smallpox vaccination
7. Age 19 X-ray
8. Age 20 Resigned prior to completion of examination
9. Age 19 Resigned prior to completion of examination



TABLE IV

## Reasons for Classification of "Unemployable" of Prospective Participants for the University Retirement System

1. Age 54 Refused to complete examination
2. Age 21 Post-pregnancy & operative residuals; Anemia
3. Age 22 Pregnancy
4. Age 22 Pregnancy
5. Age 26 Pregnancy
6. Age 27 Pregnancy
7. Age 24 Pregnancy
8. Age 61 Obesity; Cardiac; Cervicitis; Age
9. Age 24 Pregnancy
10. Age 17 Suspected early pregnancy
11. Age 20 Pregnancy
12. Age 21 Pregnancy
13. Age 47 Extreme cardio-vascular disease with severe nervous system disease; g.u. pathology
14. Age 19 Severe heart disability
15. Age 20 Pregnancy
16. Age 19 Pregnancy
17. Age 31 Pregnancy





Reasons for Classification of "Risk Not Acceptable" of  
Prospective Participants for the University Retirement System

1. Age 32. Hypertension - disability retirement, Army
2. Age 41 Diabetes
3. Age 45 Arterial hypertension: pyorrhea
4. Age 26 Post partum  $4\frac{1}{2}$  months; uterus  $3^{\circ}$  retroversion, normal size and shape, soft; diabetes
5. Age 53 High blood pressure: shortness of breath; obesity; eczema
6. Age 21 Pulmonary tuberculosis, chronic
7. Age 55 High blood pressure, moderate to severe
8. Age 22 Hypertension; pulse; overweight
9. Age 26 Tremor, severe; pelvic pathology; spine pathology
10. Age 43 Thyroid pathology; tachycardia; tremor
11. Age 57 Hypertension; age
12. Age 25 History of spine pathology; limited motion of spine
13. Age 31 History of peptic ulcer, recent
14. Age 60 Age
15. Age 18 Albuminuria
16. Age 17 Genito-urinary pathology
17. Age 32 History of rheumatic fever; miscarriage and other uterine pathology
18. Age 38 Observation, pulmonary TBC; albuminuria
19. Age 35 History pulmonary TBC; 100% disability, Army
20. Age 19 Observation, genito-urinary pathology
21. Age 54 Gynecological history, age in view of history
22. Age 29 History of heart murmur; duodenal ulcer
23. Age 22 Paraplegic



TABLE V

Reasons for Classification of "Risk Not Acceptable" of Prospective Participants for the University Retirement System (Continued)

24. Age 56 Arthritis; weight; surgery; age
25. Age 27 Gynecological and O. B. history; blood pressure
26. Age 32 Diabetes mellitus since 1943
27. Age 35 Tremor; obesity; nodular mass right breast; hypertrophy of cervix-marked cervicitis with erosion; extreme case of pyorrhea.
28. Age 47 Rapid heart rate; overweight; enlarged uterus
29. Age 62 Hypertension; cystitis, age
30. Age 20 Heart defect
31. Age 23 Spine and abdomen; history duodenal ulcer
32. Age 36 Cardio-vascular pathology
33. Age 23 Genito-urinary pathology; mental factors; history of hypertension
34. Age 70 Age; vision
35. Age 24 History of heart and genito-urinary disease; spine deformity
36. Age 21 Observation, genito-urinary pathology
37. Age 22 Cardiac defect and disability
38. Age 43 History of spine pathology
39. Age 29 Borderline diabetic
40. Age 44 Pelvic pathology
41. Age 33 Paraplegic, total disability
42. Age 24 History active pulmonary tuberculosis; underweight
43. Age 31 Medical and surgical history
44. Age 53 Blood pressure elevation; albuminuria; history of low back strain
45. Age 44 Chest pathology



Reasons for Classification of "Risk Not Acceptable" of Prospective Participants for the University Retirement System ( Continued )

46. Age 32 Marked deformity of spine; rapid heart; difficult breathing
47. Age 46 Genito-urinary pathology
48. Age 22 Congenital amputation, hand and forearm (left) asymptomatic; hystagnus-congenital Lateral-marked; vision
49. Age 42 Bilateral pulmonary tuberculosis; right thoracoplasty; left mastectomy; underweight; blood pressure; tachycardia
50. Age 24 Peptic ulcer; overweight
51. Age 53 Positive serology
52. Age 41 History of pain in eyes, halos around lights for three weeks, very poor vision especially left eye; poor dentition, prostatitis
53. Age 31 History of kidney stone
54. Age 22 Genito-urinary history; overweight; history of CV disability; history of right upper extremity disability
55. Age 18 Residuals of polio
56. Age 42 Hypertension; overweight
57. Age 45 Obesity; age; hypertension; migraine q. 2 mths.; subtotal hysterectomy; cholecystectomy
58. Age 40 History of serious G. I. disease and surgery
59. Age 33 Observation of chest; genito-urinary; blood disease
60. Age 33 Arterial hypertension; renal pathology
61. Age 24 Polio, rasiduals; obesity
62. Age 24 Genito-urinary pathology; serious
63. Age 33 Biliary tract pathology; angio-neurotic edema; hemorrhoids
64. Age 20 High blood pressure; heart - systolic murmur; possible pregnancy
65. Age 47 Pelvic malignancy, history of surgery; high blood pressure



Reasons for Classification of "Substandard Risk" of Prospective  
Participants for the University Retirement System

1. Age 27 Tachycardia; hayfever
2. Age 17 Potential bilateral inguinal hernias
3. Age 35 History recent low back and sciatic symptoms
4. Age 25 History of spontaneous pneumothorax
5. Age 32 Under treatment for cystitis
6. Age 29 History of bronchiectasis; elevated temperature; observation for pulmonary pathology
7. Age 31 History of possible rheumatic fever; history of rapid heart; history of migraine; hypertension (arterial).
8. Age 29 Hypothyroid
9. Age 33 Dermatitis, right hand
10. Age 22 Oral pathology
11. Age 31 Hay fever; overweight
12. Age 32 Severe overweight; unstable blood pressure
13. Age 21 Allergy; dysmenorrhea
14. Age 22 Elevated blood pressure
15. Age 22 Underweight; headaches, dizziness, visual spots on hopping or jumping; hay fever, moderate; 4-F, Selective Service
16. Age 16 Urinalysis
17. Age 28 History of severe hay fever
18. Age 22 Miscarriage, not followed by normal pregnancy
19. Age 25 Abortion, no subsequent normal pregnancy
20. Age 33 Pelvic
21. Age 46 Enlarged liver; history severe G.I. disease, cause undetermined





Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

22. Age 21 Hearing defect, left ear, marked
23. Age 41 Underweight; hay fever; varicosities; hypertrophy of cervix; moderate cervicitis
24. Age 26 History of mental disability; history of sinusitis, paranasal
25. Age 39 Dental
26. Age 18 Bilateral inguinal hernia
27. Age 17 Fungus infected skin; pain with menses
28. Age 23 Multiple head and bone injuries; headaches, recurrent
29. Age 28 Underweight; nervous fatigue; nervous hypertension
30. Age 18 Medical history
31. Age 29 Prostatitis
32. Age 20 Extensive burns of face, chest, hands; Contractive little finger left hand. Scars on abdomen and thighs from skin grafts.
33. Age 23 Pelvic pathology
34. Age 29 Headaches, apparently migraine, severe
35. Age 29 History pulmonary TBC
36. Age 17 Hypertension
37. Age 20 Underweight
38. Age 26 Chest
39. Age 52 Multiple abdominal surgery; abdominal wall defect; sepsis; age
40. Age 24 History pelvic pathology; underweight
41. Age 27 Mitral systolic murmur acc. P<sup>2</sup>; cleft palate with speech defect; EKG



Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

- 42. Age 47 Diverticulosis and appendectomy; thyroidectomy; ectopic; slight menorrhagia; slight enlargement of thyroid
- 43. Age 19 Observation of tumor, dental socket
- 44. Age 18 Overweight
- 45. Age 37 Painful menses; unstable; underweight
- 46. Age 23 Mild genito-urinary pathology
- 47. Age 18 Underweight
- 48. Age 35 History pulmonary TBC
- 49. Age 22 History of observation and treatment for rheumatic fever
- 50. Age 39 Overweight
- 51. Age 35 Left inguinal hernia
- 52. Age 32 Uterine pathology; history of pathology of right breast
- 53. Age 24 Uterine pathology; adnexal pathology, right
- 54. Age 21 Sinusitis; hearing; anemia
- 55. Age 35 Heart; thyroid
- 56. Age 42 Impaired vision; genito-urinary pathology
- 57. Age 54 Heart murmur; pelvic pathology; underweight
- 58. Age 31 Severe varicose veins, lower extremities
- 59. Age 20 Allergy
- 60. Age 18 Cardiac defect
- 61. Age 24 Allergy; miscarriage, no subsequent normal pregnancy
- 62. Age 21 History paraplegia; hay fever; underweight
- 63. Age 18 Backache; underweight
- 64. Age 23 Underweight



Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

65. Age 29 History of injury to thoracic vertebra; thyroid medication; asthma
66. Age 25 Splenectomy for blood dyscrasia
67. Age 45 History of several miscarriages, no normal pregnancies
68. Age 23 Impaired vision after correction
69. Age 31 History of duodenal ulcer
70. Age 18 Hay fever
71. Age 29 Albuminaria; tachycardia
72. Age 22 Underweight
73. Age 26 Pilonidal cyst
74. Age 26 Pelvic
75. Age 19 Poor oral and dental condition; history of severe head injury
76. Age 26 Amputation of left leg below knee
77. Age 20 Underweight
78. Age 22 Underweight; history of amoebic dysentery
79. Age 24 Pelvic
80. Age 18 Cardio-vascular
81. Age 26 Impaired hearing
82. Age 24 Pelvic history and findings
83. Age 29 Underweight
84. Age 31 Varicose veins; history of lues
85. Age 28 Genito-urinary pathology
86. Age 53 Blood pressure; age; varicose veins
87. Age 22 History of pathology both knee joints; overweight



Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

88. Age 34 Asthma and hay fever
89. Age 19 History of recent genito-urinary disease
90. Age 21 Asthma
91. Age 31 Observation of coronary heart disease
92. Age 35 Varicose veins, lowers; overweight
93. Age 40 Varicose veins, lower extremities; swelling of lower extremities
94. Age 54 History of treatment of fibroid tumor of uterus
95. Age 18 Underweight; rapid pulse
96. Age 33 History of severe overweight; arterial hypertension; blood dyscrasia with splenectomy; greatly reduced weight and blood pressure at this time.
97. Age 28 Old healed osteomyelitis
98. Age 28 Cesarean section; rectal pathology
99. Age 32 Shoulder, right; overweight
100. Age 30 Genito-urinary history
101. Age 25 Asthma; erosion cervix, severe
102. Age 18 Underweight
103. Age 22 Pathology of right ear
104. Age 32 Small mass on left ovary - cyst; cervical laceration - probable erosion
105. Age 33 Underweight; nutrition and musculature well below normal; history of head injury
106. Age 53 Pelvic surgery, recent; anemia
107. Age 31 Varicose veins, moderate, left leg
108. Age 18 Underweight





Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

- 109. Age 35 Observation probable atypical reaction in serology
- 110. Age 38 Bilateral nodular enlargement of thyroid; breast tumor, right breast
- 111. Age 32 History of colitis
- 112. Age 33 Obesity; oral sepsis
- 113. Age 20 Pelvic
- 114. Age 38 History of spine pathology and surgery
- 115. Age 38 Overweight
- 116. Age 18 Underweight
- 117. Age 33 Underweight
- 118. Age 23 Genito-urinary pathology; underweight
- 119. Age 26 Chest and genito-urinary history
- 120. Age 46 Underweight; lacks vigorous physique
- 121. Age 33 Miscarriage
- 122. Age 48 Obesity
- 123. Age 21 Occasional asthma; gynecological findings
- 124. Age 27 Arterial hypotension
- 125. Age 32 Vaginal pathology
- 126. Age 22 History of gastro-urinary pathology
- 127. Age 29 Migraine; vision
- 128. Age 25 History of genito-urinary disturbance - sugar and albumin in urine; enlarged thyroid
- 129. Age 35 Hay fever; defective vision; genito-urinary pathology
- 130. Age 47 Varicose veins; obesity; history of thyroid disease
- 131. Age 23 Recent major surgery



Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

132. Age 26 Underweight
133. Age 33 Cervical polyp; blood pressure; tachycardia
134. Age 24 Underweight
135. Age 24 History of malaria, recently active
136. Age 29 History of chest pathology
137. Age 29 Skin tumors; recent caesarian section; slight atrophy of left leg
138. Age 24 Underweight
139. Age 21 Underweight
140. Age 24 Operation - uterine pathology; mouth pathology
141. Age 24 Pilonidal sinus; moderately severe asthma and hay fever
142. Age 45 Overweight; age
143. Age 41 Elevated blood pressure
144. Age 27 Pathology, old, left lower extremity
145. Age 42 Flat feet; K.J.'s exaggerated; oral; ano-rectal
146. Age 27 Observation for 1-2 years on basis spontaneous pneumothorax
147. Age 30 Multiple major surgery; borderline hypertension
148. Age 25 Cardiac pathology
149. Age 22 Corrected vision; cervicitis, moderate; gingivitis, marked
150. Age 30 Lung pathology
151. Age 51 Blood pressure, especially diastolic
152. Age 51 Blood pressure, especially diastolic
153. Age 22 Miscarriage, no subsequent normal pregnancy



Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

154. Age 22 Asthma; hay fever; underweight; tender both adnexae; right optic nerve infection, 1950
155. Age 19 History of rheumatic fever; cardiac murmur; asthenia
156. Age 17 Overweight
157. Age 20 Rapid heart and tremor
158. Age 18 Heart murmur; underweight
159. Age 21 Miscarriage, no subsequent normal pregnancy
160. Age 51 Thyroid
161. Age 24 Rapid heart
162. Age 25 Underweight
163. Age 27 Enlarged thyroid, left lobe; thyroidectomy; other surgery - some recent
164. Age 26 History of pathology, right chest
165. Age 29 Left elbow; deafness right ear
166. Age 19 Tenderness of abdomen; history of albuminuria
167. Age 25 Miscarriage, no subsequent normal pregnancy
168. Age 49 Multiple surgery
169. Age 48 Cervical polyp, non-malignant
170. Age 23 Overweight, severe
171. Age 35 Pelvic findings
172. Age 20 Underweight; g. u. disturbance
173. Age 21 Overweight
174. Age 31 Uterine pathology
175. Age 30 History of duodenal or peptic ulcer



Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

- 176. Age 23 Observation of intermittent albuminuria
- 177. Age 29 Observation of height and chest pathology
- 178. Age 46 Brodycardia
- 179. Age 18 History of severe recent attack of pneumonia
- 180. Age 35 Dislocation of head of right radius since childhood
- 181. Age 19 Compression fracture; rheumatic fever; tachycardia
- 182. Age 23 History of intestinal obstruction; chronic cystitis
- 183. Age 46 G. U. pathology; possible arthritis
- 184. Age 21 Heart murmur; thyroid
- 185. Age 36 Observation of thyroid disease
- 186. Age 22 Possible ovarian pathology
- 187. Age 59 Age; g. u. rectal condition; blood pressure
- 188. Age 23 Uncorrectable vision
- 189. Age 22 Pneumonia, bronchial; heart murmur, harsh, apical, pre-systolic; underweight
- 190. Age 19 Cardiac pathology
- 191. Age 32 Impaired vision, left eye
- 192. Age 22 Overweight; mild uterine pathology
- 193. Age 42 History of jaundice; G. U. pathology
- 194. Age 65 Age; mild arthritis, fingers; obesity
- 195. Age 27 Heart
- 196. Age 37 Rapid heart
- 197. Age 36 Pilonidal cyst, inactive
- 198. Age 22 Observation of ear; pelvic pathology





Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

199. Age 20 Headaches, frequent; tremor
200. Age 24 Medical history; cystitis; hepatitis
201. Age 23 Miscarriage, no subsequent normal pregnancy
202. Age 20 Basis of genito-urinary irregularity cycle
203. Age 19 Underweight; hypotension; asthenia
204. Age 22 Elevated blood pressure; pulse, persistent
205. Age 20 Spastic colitis; very slight atrophy left leg; muscles - residual polio
206. Age 32 History of amoebic dysentery; genito-urinary stone
207. Age 18 Nervous; high strung; rapid heart
208. Age 27 Fracture arm - residual impairment in motion, pain on flexion, slight curvature.
209. Age 44 Pelvic pathology
210. Age 32 Orthopedic history
211. Age 29 Cardiac defect; facial palsy, right, congenital, mild
212. Age 27 Overweight; high blood pressure; genito-urinary pathology
213. Age 23 History of pulmonary tuberculosis; underweight
214. Age 43 Abdominal pain; tremor, fingers +++
215. Age 22 History of x-ray positive for pulmonary tuberculosis
216. Age 42 Hypertension; overweight
217. Age 25 History of multiple serious injuries
218. Age 22 Abdominal pain; albuminuria
219. Age 44 Uterine condition
220. Age 28 Eczema, left hand; history of genito-urinary pathology



Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

- 221. Age 25 Bursitis, recent, both shoulders
- 222. Age 39 Oral pathology
- 223. Age 31 Cardiac history and defect
- 224. Age 20 Underweight
- 225. Age 36 Right lower extremity; right testis
- 226. Age 25 Heart murmur
- 227. Age 18 Cardiac defect
- 228. Age 22 Underweight; history of observation for rheumatic fever
- 229. Age 30 Arthritis deformities, both hands; mild deformities of knees
- 230. Age 23 Asthma
- 231. Age 22 Underweight; pelvic findings
- 232. Age 20 Dental - oral cavity unclean, much infection; right femur fracture and subsequent surgery to correct faulty spontaneous union
- 233. Age 28 History of genito-urinary stone
- 234. Age 31 Spine disability; fibroid uterus
- 235. Age 25 Obese; migraine; pelvic pain
- 236. Age 28 Hypothyroidism
- 237. Age 18 Chest findings
- 238. Age 40 Hypertension; overweight; enlargement of uterus; fibroids
- 239. Age 29 Observation chest - pulmonary pathology
- 240. Age 28 Symptoms from renal calculus
- 241. Age 28 History of ulcerative colitis; underweight
- 242. Age 54 Hypertension; age; 3 major operative procedures, appendectomy, pan-hysterectomy, fistulo-in-ano



Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

243. Age 28 Bilateral inguinal hernia, small
244. Age 56 History of spine pathology and surgery
245. Age 36 Vision and left eye pathology; multiple major surgery
246. Age 46 Menorrhagia; enlargement of uterus; menopause, onset
247. Age 22 History of spine injury
248. Age 52 Muscular and skeletal development
249. Age 42 Mild tremor, hands; impaired vision left eye, mild
250. Age 24 Overweight
251. Age 20 Underweight; poor dental condition
252. Age 33 Disability, left hand
253. Age 36 Bilateral inguinal hernia
254. Age 29 History of cardiac disease in childhood; heart murmur
255. Age 27 History of phlebitis, left lower extremity
256. Age 37 Protruded intervertebral disc
257. Age 23 Under thyroid medication; rapid pulse, slight
258. Age 32 Arthritis, post traumatic, right foot; history of renal calculi
259. Age 19 Genito-urinary pathology
260. Age 23 Hypothyroid; underweight; nervous; abdominal tenderness
261. Age 33 Overweight
262. Age 26 Observation for chest pathology
263. Age 27 Overweight; under thyroid medication
264. Age 33 Cardiovascular pathology
265. Age 22 Allergies



Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

266. Age 38 Right indirect inguinal hernia, moderate size
267. Age 22 Hay fever; asthma
268. Age 24 Allergy
269. Age 35 Caesarian section; obesity; edema lowers; genito-urinary pathology
270. Age 49 Chest x-ray findings
271. Age 43 Obesity; elevated blood pressure, mild
272. Age 23 Hay fever; pelvic findings; heart history
273. Age 23 Eye defect
274. Age 24 Irregular menses, observation for pelvic pathology
275. Age 30 Foot; blood symptoms
276. Age 27 History of hypothyroidism
277. Age 19 History of recent genito-urinary disease
278. Age 27 Hernia, right inguinal
279. Age 23 Abortion, no subsequent normal pregnancy
280. Age 28 Underweight
281. Age 38 Pulse rapid; blood pressure
282. Age 25 Abnormal chest findings from x-ray
283. Age 23 Impaired hearing; hemorrhoids, observation for genito-urinary pathology
284. Age 22 History of rheumatic fever; depressive psychosis, bursitis right shoulder
285. Age 42 History of old back sprain; history of hay fever
286. Age 23 History of cardiac and renal illness
287. Age 45 Enlarged prostate; impaired hearing

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Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

288. Age 19 Genito-urinary irregularity; underweight
289. Age 24 Right wrist; hemorrhoids
290. Age 45 Mouth in poor condition; marked cervicitis with erosion
291. Age 21 Headaches; history of spine injury
292. Age 32 Varicosities; pelvic findings
293. Age 20 Obesity, slight history of "Nervous Ailments"
294. Age 34 Allergies; hay fever; asthma
295. Age 30 Blood; throat
296. Age 46 Genito-urinary pathology
297. Age 44 Slight underdevelopment of left arm and leg; hay fever; asthma.
298. Age 23 Miscarriage, no subsequent normal pregnancy.
299. Age 26  $1\frac{1}{2}$ " shortening right leg due to bullet wound of thigh which fractured femur.
300. Age 26 Obese; thyroid medication
301. Age 23 Underweight
302. Age 22 Abortion, no subsequent normal pregnancy
303. Age 16 Abortion, no subsequent normal pregnancy
304. Age 34 Major surgery, recent; underweight
305. Age 37 Residual swelling of left extremity from thrombophlebitis; left femoral hernia.
306. Age 22 Hypothyroidism; polio residual, left lower extremity.
307. Age 32 Left elbow pathology; N. P. history
308. Age 38 Artificial right eye; history of polio with moderate paralysis of right leg and foot.
309. Age 47 Observation for pulmonary TBC
310. Age 28 Systolic murmur; history of rheumatic fever; irregularity of heart.



Reasons for Classification of "Substandard Risk" of Prospective Participants for the University Retirement System (Continued)

311. Age 25 Nervous tension; headaches
312. Age 31 Heart Murmur
313. Age 30 Overweight
314. Age 28 Pelvic pathology; perineal pathology
315. Age 22 Cardiac defect; history of rheumatic fever
316. Age 28 Large scars
317. Age 21 Underweight; hay fever, moderate
318. Age 17 Underweight
319. Age 23 Allergy
320. Age 18 History of mild diabetes mellitus
321. Age 39 Abdominal wall defect
322. Age 21 History of asthma; recent pelvic pathology
323. Age 18 Underweight
324. Age 24 Impaired vision after correction; underweight
325. Age 33 Medical and surgical history
326. Age 31 Chest observation history
327. Age 26 Hernia, small
328. Age 19 Overweight
329. Age 36 Rheumatic fever, recent
330. Age 54 Overweight; hypertension; cholecystectomy and hemorrhoidectomy;  
age
331. Age 30 Hypothyroidism
332. Age 32 Arterial hypertension
333. Age 26 History of genito-urinary pathology, recent



Reasons for Classification of "Substandard Risk" of Prospective  
Participants for the University Retirement System (Continued)

- 334. Age 39 Major genito-urinary surgery
- 335. Age 22 Pilonidal cyst
- 336. Age 35 Overweight; observation for TBC
- 337. Age 22 Mild hypertension; nervousness; rapid heart
- 338. Age 58 Vision; hypertension; allergy
- 339. Age 33 Right Inguinal hernia
- 340. Age 29 Overweight



TABLE VII

## STATISTICAL REPORT OF MCKINLEY HOSPITAL

Superintendent: Lois N. Hoag, R. N.

Assistant Superintendent: C. E. Swinehart

I. Bed Patients		1793
A. Bed Patients Admitted	1602	
Students	162	
Staff and Families	29	
Others (Not University)		6167
B. Number of Patient Days		3.44
C. Average Stay Per Patient (days)		17
D. Average Bed Occupancy		23
E. Highest Number Admitted Any One Day		0
F. Lowest Number Admitted Any One Day		48
G. Highest Number of Bed Patients Any One Day		0
H. Lowest Number of Bed Patients Any One Day		
I. Number of Admissions by Referral from the Health Service Physicians		324
II. Out-Patients		1618
A. Out-Patients Serviced		
Out-Patients (no charges made)	337	
Out-Patients (charges made)	1281	
B. Treated by Health Service Staff Physician on Call During Off-Duty Hours		270
C. On-the-Job Accidents		34
III. Laboratory Services		1223
A. X-rays		3461
B. Clinical Laboratory Tests		81
C. Basal Metabolism Tests		48
D. Electrocardiograms		
IV. Emergency Room Patients for which Charges were made		189





## TABLE VIII

## STATISTICAL REPORT

## CHICAGO UNDERGRADUATE DIVISION AT NAVY PIER

Director: E. B. Erskine, M. D.

I. Physical Examinations			
Student			8215
Men	6404		
Women	1811		
Non-Academic Employees			137*
Academic Employees			17
Total physical examinations			<u>8369</u>
II. Consultations			
Students			5511
Medical	4896		
Orthopedic	110		
Surgical	497		
Neuropsychiatric	8		
Non-Academic Employees			275
Academic Employees			15
Total Consultations			<u>5801</u>
III. Vaccinations and Immunizations			
	<u>Students</u>	<u>Non-Students</u>	<u>Total</u>
Smallpox	32	133	165
Influenza	27	5	32
Total vaccinations and immunizations			<u>197</u>
IV. Students Enrolled in Hygiene Classes			
	<u>Men</u>	<u>Women</u>	<u>Total</u>
	1302	430	1732
V. Students Changed from Regular Physical Education to Special Education due to Physical Findings.			
	<u>Men</u>	<u>Women</u>	<u>Total</u>
	271	80	351

\* 21 of 137 prospective employees examined were rated as unemployable.



TABLE IX  
 STATISTICAL REPORT  
 CHICAGO PROFESSIONAL COLLEGES HEALTH SERVICE  
 Director: F. C. Lendrum, M. D.

Visits to Health Service including Physical Examinations

1. Sickness		10,800
2. Referrals to Clinic		2,728
3. Physical Examinations		
Students	445	
Employees	1234	
Total physical examinations		1,679
4. Immunizations		1,152
5. Accidents		332
6. Psychiatric Consultations		63
7. Requiring Referrals to Hospital		162
8. Miscellaneous Visits		830
Grand Total Visits		<u>17,746</u>









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