1969

Boston University Medical Center

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Boston University
Boston University Medical Center is half-way through its 10-year, $75 million development program. While daily routines are being carried out within the Center, derricks are tearing up the soil for the pillars of our future: for a medical center that will enable us to produce great numbers of highly skilled doctors; to provide the most comprehensive care for more patients; and to fulfill a research potential swelling with infinite possibilities.

Buildings themselves are useless. They are only as valuable as the people who fill them. But, likewise, the greatest minds and talents are crippled without adequate accommodations. Our present and forth-coming facilities are the necessary tools with which our staff and employees can fully utilize their skills and provide superior medical services.

At a time when medicine is changing at lightning speed, when buildings are almost past tense at ground breaking, the dilemma of facilities is one of the most engrossing in medicine today. And that is why we chose FACILITIES as the theme for Boston University Medical Center’s 1970 Annual Report.

Within this Report, Deans, Chiefs of Service and Administrators discuss what the Medical Center’s facilities will enable (or have enabled) them to do, the problems that they face and the solutions and long-range goals they’re striving for.

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In Prospective

"Overall, our facilities, those completed and those underway, have unified the Medical Center and given us the tools to accomplish our present and long-range goals in teaching, research and patient care.

"Periods of change and growth are always trying. The past five years here have been metamorphic. It can have a fractioning effect for awhile, a temporary time of bewilderment, even meaningfulness to, and loss of identity for, employees. But what once was only a dream in blueprint at Boston University Medical Center now is stark reality — buildings that house people and projects. Such evidence of progress has united our medical center rather than split it typified by our employees who have been courageous enough to contend with change, having foresight to recognize the importance of these facilities.

"In addition to being a cohesive force, our facilities have enabled us to accomplish some very tangible goals: an increased enrollment in both the Schools of Medicine and Dentistry; new as well as expanded programs in both schools; more modern hospital accommodations enabling us to give better care to more patients; a closer relationship between our physicians and their patients, the hospital and the medical center as a whole; and enhanced research.

"Progress has not come without a struggle. Our long-time enemy is a formidable one — money. Raising funds, obtaining grants, contending with rising construction costs (currently one percent per month) is challenging, sometimes frustrating.

"Through perseverance Boston University Medical Center is now halfway through its 10-year, $75 million development program and long-range needs are already evident. We require a union where students and faculty can gather informally. We need an auditorium large enough to hold a good part of our students and employees. We envision, within the next 10 to 15 years, increasing the entering class in the School of Medicine to 200 and to accomplish this we will need a new basic sciences building. Also needed and planned in the future is a segmented parking garage which will be located along the Southeast Expressway in what now is the Department of Public Works yard. In the end, however, this parking facility, even coupled with those we now have, will be inadequate and our best hope is for improved public transportation.

"An immediate need is for facilities to house our pre-doctoral dental program, soon to be initiated. We plan to construct three additional stories atop the present Dental Building. Then, on the top floor of that building, we hope to house a school for dental hygienists which would be operated in conjunction with Sargent College for Allied Health Professions. In addition, within one year I would say, if we're lucky, we should start constructing our first high-rise residential complex for our staff and employees. This facility is sorely needed due to the housing shortage in the area. To round out our medical center, we also plan to have a nursing home which will be one of the few in the country attached to a hospital.

"These plans, combined with projects completed and those now underway, will thrust Boston University Medical Center forward in patient care, teaching and research making ours a medical center shadowed by none."

Lewis H. Rohrbaugh, Ph.D. 
Director, Boston University Medical Center 
Vice-President for Medical Affairs, 
Boston University 
Executive Vice-President, University Hospital
"I don't think you can name an area that hasn't improved . . . everything has improved since the new medical school facility opened in September, 1968: the environment in which the educational program occurs; an as yet unexplainable rise in student applications . . . from 1,800 last year to 2,500 this year; an increase in our student body from 72 to 96, with a forecast jump to 120 when we renovate space for more student home-base laboratories. When all the construction around here is completed, we will have, in fact, a real modern medical center complex equal to anywhere . . . with up-to-date student, teaching, and research space.

"This 14-story structure houses our medical school and consists of two 130-seat auditoria and administrative offices on the first floor; home-base laboratories for the first and second year classes on the second and fourth floors; and an equipment supply facility for these labs on the third floor. Floors five, six, seven and eight house, respectively, the Departments of Microbiology, Biochemistry and part of Pharmacology, Physiology, and Anatomy and Pathology. The ninth floor was built as a shell area and for research by the Department of Ophthalmology. The 10th floor houses the Department of Gross Anatomy.

"Our new alumni library, the second largest medical library in New England, constitutes floors 11, 12 and 13, and has a seating capacity of 400, which 100,000 volumes, 1,600 periodicals and all kinds of audio-visual aids. The old library was cramped in quarters that had a maximum seating capacity of 80 and space for only 40,000 volumes.

"Topping the Medical School, on the 14th floor, is the panoramic J. Mark Hieber Student Lounge which is used by the students and for their various activities, for scientific meetings and by the Medical Center complex in general.

"We have had some interesting program and course developments, as well as extensions of programs already in existence. "Our Six-Year Program was designed to shorten the total medical school period of education from eight to six years. The program was developed in conjunction with BU's College of Liberal Arts to provide special courses and programs for those students who are selected from the upper 10% of their secondary school's class standing. We accept 35 students for this program each year. The first two years are spent at the Liberal Arts College and the students use the first and second summers after that in order to get credits for their bachelor's degree. In their third college year they come here — so it's actually their first year of medical school. These students are two years younger than the four-year student, but scholastically they have performed very well.

"In 1968 we established a course — the Biology of Disease — which is being extended this year and combines pre-clinical and clinical teaching and represents the basic introduction to clinical medicine. Dr. Vincent Lanzoni, Associate Dean, who developed the course, has been collecting data on it. There seems to be a high correlation between the grade a student attains in Biology of Disease and the grade he attains on the National Board Examination. This is intriguing, I think, in terms of what the course is actually doing for students.

"One of the most interesting programs we have is the Home Medical Service which has been a part of the educational program since the School's inception — almost 100 years. It involves senior students in providing medical care for people living in the area around the Medical Center, and is a required course. At one time I was responsible for running the program and I have noticed that students now are still caring for persons and families that I knew 30 years ago. So these area residents look upon the program as the source of their medical care, which is a very unusual situation.

"Pretty soon, I am certain, we're going to have some kind of national health insurance program or programs which will have several effects on medical education. First, more attention will have to be paid to teaching students about the operation of these programs because they're going to be involved in them. Another aspect is that, as these programs grow in number and complexity, the problem of administration will become more involved and there will have to be programs in health services administration.

"As far as expanding programs goes — I think that if it is going to take place, it ought to take place in terms of providing students from underprivileged populations with an opportunity to study. For this we need financial support — from the Federal Government or anywhere else — as long as it comes."

Henry J. Bakst, M.D.
Dean, Boston University School of Medicine
Health Conservationist-in-Chief,
University Hospital
Professor of Preventive Medicine,
Boston University School of Medicine
"In 1958, the only school of graduate dentistry in the world started in two century-old tenement buildings with classroom facilities seating 25.

"Though we turned out some outstanding doctors during that time, this year-old facility has improved the atmosphere tremendously — the morale of the students, instructors, doctors, everyone.

"The building has enabled us to initiate programs that were physically impossible to do previously. Before, our research facilities were scattered throughout the city — we were literally parasites — but now our facilities are centralized on one floor; our clinical activity has expanded markedly — patients now have eight dental specialties in this one building; we've begun treating the total needs of children, including exceptional youngsters; and our undergraduate program will be underway by the Fall of 1972.

"The ground floor of this building is for oral biology research and we are conducting some intensive and very interesting projects. Soon we will have a clinical basic research laboratory for prosthetically rebuilding tissues and restoring lost parts. This lab will work in conjunction with other research projects conducted within the Center. Because we have laboratories available now, and investigators to staff them, we started a Ph.D. program in the basic sciences last year. In addition, we recently initiated a training program in oral biology, which is funded by the Federal Government, and for which we have four trainees a year, each for a period of three years of study.

"We have two floors in the building devoted to clinical activities. On the first floor they are separated into oral diagnosis, oral surgery, orthodontics, and pedodontics — the children's center.

"All patients are screened through oral diagnosis at first and receive a panorex survey which is a special X-ray of the entire dentition and jaw. With this we can tentatively assay a patient's needs and refer him for proper therapy. Depending upon the area of treatment needed he receives additional radiography, for which we have several rooms.

"Our orthodontic department is extremely active with 12 full time orthodontists working constantly. Our graduate students, some 25 of them, receive a wealth of experience and are very satisfied because they work so much with patients. In the surgical area we've begun treating children's needs. We've had a department of pedodontics but we were never really able to function effectively because we lacked the facilities. Now that we have them — six operating areas — we keep six dentists working almost continually. Because we can operate on children under general anesthesia we're usually able to do all the necessary work at one time, which obviates broken appointments insuring proper dental care. It also enables us to handle handicapped and exceptional children who can't be treated in a regular dental office.

"Another first is our program for operative dentistry — fillings and so on. This has always been secondary because our primary purpose was to train graduate students in dental specialties. Now we have assorted dentistry and an area of six chairs.

"The second floor of the School is primarily for endodontics, prosthetic dentistry and periodontics, and the third floor houses administrative offices and some classrooms.

"We hope to expand our teaching program in the Fall of 1972 to include an undergraduate program. Our first class will have 30 students who will be selected from the top percentile of their college classes. The need today in this country is for better biologically trained dentists; for someone who is superiorly trained. Our students will be.

"Having students at the undergraduate stage gives us an opportunity to orient them to teaching, research as well as clinical practice — and these areas are in desperate need of qualified dentists.

"To accommodate this program, additional facilities will be constructed atop this building."

Henry M. Goldman, D.M.D.
Dean, Boston University
School of Graduate Dentistry
Professor and Chairman, Department of
Stomatology, Boston University School
of Medicine
Stomatologist-in-Chief, University Hospital
Within the next four years, when our present plans for remodelling and construction are completed, we will increase our bed capacity from 250 to 350 and expand our admissions, patient days and backup services by 40 percent.

"All of this is not going to come easily. We're faced with increasing admissions and a growing demand for laboratory and diagnostic tests. Our new facilities are strained handling it all (University Hospital was built in the early 1900's). Construction and remodelling costs are increasing at a rate of one-and-a-half percent per month, which means less each year for every dollar, and hospital costs have risen 18% in the last four years.

"University Hospital, which is a private, non-profit teaching institution, now has 250 beds most of which are for medical and surgical patients. It contains two acute care centers: one nine-bed intensive care unit on Evans seven, and a five-bed coronary care unit on Robinson six. These Hospital units are all old, but we've done a good deal renovating some of them.

"Robinson six, for example, has been remodelled and today is one of the finest facilities you'll find in the city. Used for private medical and surgical patients, it has private and semi-private rooms, each air-conditioned, with private baths, carpeting to muffle noise, pleasant decor with paintings hung throughout. It's completely 'uninstitutional' looking and offers patients the utmost in comfort. Plans are now in order to renovate similarly other divisions.

"Let me summarize how we plan to open our new beds and what University Hospital will have available in the next few years.

"When the new Evans Building is completed in the Summer of 1971, we will have an additional three floors of patient beds totalling 125. Each floor will have an eight-bed intensive care unit and will give us a modern patient unit of one and two-bed accommodations, completely air-conditioned. When we open the Evans facility we plan to close Robinson four and five for remodelling. Around the first of '72, we should be putting back into operation both floors remodelled with approximately 61 beds.

"One of our plans is to add two more special procedure rooms in radiology to make available additional diagnostic services, one of which will be a cardiac catheterization laboratory. Also slated is a centralized clinical cardiology service including a coronary care unit, catheterization lab and an EKG laboratory. We've already opened a four-bed unit in Medicenter for dialyzing patients prior to kidney transplants which will be supplemented, when the new Evans is finished, by a four-bed dialysis unit in one of the special care areas. An intensive care cancer unit is also planned.

"All of these facilities have overburdened our laboratory services which have increased in the last five years by some 15%. I'm speaking now about hematology, bacteriology and chemistry. Currently we have space leased in Medicenter for these labs, but they will be moved into the Health Services Building when it is completed. This building will not only provide desperately needed lab space, but will also centralize laboratories, which should vastly increase efficiency.

The Health Services Building will have a basement and four floors. The basement will house the medical records department and small sub-stations for maintenance. The Diagnostic Referral and Treatment Center will be located on the first floor, with pathology and the pharmacy on the second, chemistry on the third, and hematology and bacteriology, as well as some special chemistry labs, on the fourth floor. There also will be some conference and classrooms included in the facility. The building will be connected to the new Doctors Building, Medicenter and to the Evans Building by tunnel and bridge.

"As a result of all of this, our personnel will be increasing by a staggering proportion. And that presents a problem — facilities to feed them all. Our present Medical Center cafeterias are sorely inadequate and will become even more so. This problem is a serious one and a solution must be forthcoming soon.

"I've highlighted only some of our projects, many more are on the planning boards."

Nelson F. Evans
Administrator, University Hospital
“Cancer is not a death warrant. The only hopeless thing about it is the ominous attitude in which it's held.”

“At Boston University Medical Center we have a rather new, positive approach to the treatment of cancer and some unique facilities and programs that have not only enabled us to carry this approach forward, but also to prove it works.

“First is the presence of our Betatron, a super-voltage piece of equipment for radiation therapy with a 42 million volt energy capacity which makes it one of the largest in the world. It is particularly helpful in treating unusual types of tumors which are not responsive to ordinary forms or less energetic forms of radiation therapy.

“In addition, we have several cobalt units which are also forms of super-voltage radiation therapy, and we have a number of other types of special equipment. So that we have a complete set up that goes with the existence of a radiation therapy center. The sorry truth at the present time is the critical shortage of qualified, specialized radiotherapists in this country.

“The second facility or resource is our Oncology Department which is within the Medical Center structure and specializes in the management of patients with cancer. We are unique in this because there are very few schools in the country that have such a section and in some ways we are still one of the very first to have a fully organized and integrated program. It enables us to see patients with difficult cancer problems and to call upon the appropriate interdisciplinary groups organized for this purpose.

“Now, why is this different? The standard of care for treating patients with cancer in this country hasn’t changed much in 30 years. A patient with cancer should be seen, but usually isn’t, by an entire group of doctors who specialize in cancer management and who represent different disciplines in the overall field. The patient then has the benefit of various specialists who can work out a total program for management right from the beginning.

“What this has enabled us to do, which is indeed unique, is to organize a program of research and training in cancer where we can take doctors whose backgrounds are in internal medicine or surgery, etc., into our program for overall exposure to cancer management.

“Secondly, since this program is getting along so well, we’re discussing the concept of setting up a geographically separate area in the Hospital in which patients with cancer, more difficult cases, can be managed in a unit — an intensive approach. Presently, it is proposed that the unit of 20 to 24 beds will be located on the fifth floor of the Hospital. Presently patients with difficult cases are scattered throughout the Hospital which is not the most efficient way to handle these patients.

“I think one of the sad traditions in medicine is to regard cancer in an ominous light. There are over 105 different kinds of cancer, some of which are very difficult, but others are hopeful and easy to treat. The problem is that often we don’t get to see patients until it’s too late. Frequently the patient, his family and the physician regard the disease as hopeless, when the only hopeless thing is their attitude. The educational and training program we’re fostering here is to get people — lay and professional — to accentuate cancer, to focus on it so they will recognize it in its early stages.

“Vital in this positive approach in treatment is family involvement. We think that the vast majority of patients should be told something about their disease. And now I’m touching another tradition in medicine — that cancer patients should not be told just because the news might be bad. My own experience dealing with cancer patients has taught me clearly that it is the insecurity of physicians, the insecurity and ominous import that the family attributes to the disease which is the difficult thing to contend with, rather than what the patient supposedly can or cannot adapt to. Patients, once told, become better patients to treat. They understand what is going on. They can communicate freely. Otherwise we force them to play games, to be alone with their anxieties. It would take a very unintelligent patient not to be aware of what’s happening.

“So when we treat the patients we in a sense treat the family, too. To begin with we speak to them early and explain the nature of the disease. The key is to let the family know what might be expected in terms of treatment, the time it will take and efforts that must be expended. We try to get the family to agree with us that it would be better if the patient knew some of the information.

“At Boston University Medical Center, with the facilities we’ve been talking about, we have the know-how, the people and resources, as well as equipment, to be able to translate some of these concepts into working practice with patients.”

Peter J. Mozden, M.D.
Associate Professor of Surgery and
Assistant Clinical Professor of Gynecology,
Boston University School of Medicine
Chief of the Oncology Section,
University Hospital
"I think the fact that we were first to have a Medicenter in this area — that we had an extended care facility as part of our complex — is a tribute to the people who planned this facility because it is a very important part of taking care of patients.

An extended care facility is a new concept which has come up fairly recently, since the advent of Medicare, to try and reduce the cost of hospital care, originally for the elderly. It's a system whereby people who have undergone an acute illness are able to receive continued professional care at a lower level and less cost than they would need in an acute hospital, until such time as they can go home.

Medicenter now admits patients under 65 who are covered by some form of insurance and need hospitalization primarily for test purposes. These people don't need to be in a hospital — they don't require intensive nursing care etc., but they are having tests and must be observed.

Medicenter is designed to look more like a motel than a hospital with piped-in music, dining room, wall-to-wall carpeting, tastefully decorated rooms and even a barber and beauty shop. Each room is air-conditioned and individually heated for the utmost in comfort. There are 160 beds and each floor is staffed by nurses.

Medicenter has a number of advantages to both patients and doctors. In addition to being considerably less costly than the hospital for a patient, it's advantageous psy-cho logically. The less frightened a patient is, the greater his sense of returning to a normal life, the easier and quicker his recovery. Many times a person who is in a hospital for months begins to think that this is his existence, that he'll spend the rest of his life on tiled floors with nurses running in, and hearing emergencies. Medicenter avoids this, providing a restful atmosphere conducive to recovery.

The greatest advantage of Medicenter to the doctor, actually to the community of doctors, is that it frees beds in the hospital making it easier for us to take care of, and accommodate, seriously ill patients. This is vital not only to the private staff, but also in the training of house officers because it gives the learning physician a wider range of patients to see."

Philip S. White, M.D.
Clinical Instructor in Medicine,
Boston University School of Medicine
Junior Physician in Medicine,
University Hospital
"I think the Doctors Building is good planning all around. It is very important to provide a place close to the Medical Center where our doctors can practice, see their outpatients, yet at the same time be close to very sick patients who are in the acute beds in the Hospital. This saves doctors' time and effort, which means more time for better patient care.

"The Doctors Building, which is on the periphery of the intensive care section of the Hospital, is eight stories with approximately 31 suites. It houses 60 doctors and dentists who are on the Medical Center staff. The building will connect with the Health Services Building, now under construction, and with the Center complex as a whole; consequently, doctors will be able to go to hospital rounds from their offices without ever having to go outside.

"The first floor of the Doctors Building, now vacant, may house our outpatient department pending the results of a study now underway; the sixth floor houses the Hospital's Department of Psychiatry, while the seventh accommodates ophthalmologist Dr. Trygve Gunderson and a portion of the Medical Center's Department of Ophthalmology. The eighth floor is being retained as a shell. Floors two, three, four and five house private doctor's offices primarily. In addition, for the convenience of patients and employees, the building has a 100-seat coffee shop, a pharmacy, a 250-space covered garage, and laboratory and x-ray facilities.

"Many doctors feel that the future of outpatient services is going to be mainly through the use of the private office of doctors; therefore, whether a patient is a regular paying patient, or comes through the Hospital for a visit, he is treated identically. It's a psychological plus for the patient and, since the doctor is there anyway seeing patients, it may indeed be cheaper to have him schedule hospital outpatients during his normal patient-seeing day and make a charge to the Hospital.

"Also, I think that between the outpatient department, if it were located in the Doctors Building, and the private doctors' offices, we could develop an even better training program for our residents than we now have in our outpatient department.

"It seems to me that this may very well be the coming thing in outpatient work, and, as in many things, Boston University Medical Center hopes to lead in this area if our study deems the move advisable."

Paul F. Hellmuth
President, University Hospital
"Recently completed renovation has changed this building which was dirty and dingy into a cheerful, efficient facility in which to care for children. "Boston University Medical Center is responsible for the 125 beds in this nine-story children's building at Boston City Hospital. The building itself is devoted entirely to the care of infants and children up to the age of 18. We have five patient floors, an outpatient department where patients are seen by appointment, and an emergency clinic in the basement of the building. Our consultation services and sub-specialties include cardiology, urology, urinary tract infections, pediatric surgery, pediatric hematology and problems of the newborn. We have plans to establish a pediatric orthopedic clinic, an allergy clinic and a metabolic clinic.

"On the second floor of this building is a pediatric radiology unit with ultramodern facilities for diagnosing and treating various problems of children. The eighth floor is devoted to research, as well as laboratories to support these activities, while the ninth floor is divided so that one portion has large conference rooms and the other is used for research in infectious diseases. "Since renovating there has been a significant increase in the census reflected not only in the inpatient departments, but also in the outpatient department and emergency unit of which the latter two treat between 60,000 and 80,000 patients a year. "We have several special services which are totally child-oriented. Since most of our cases are acute, there is little or no time to properly prepare a child for the hospital; consequently, we have a pediatric-psychiatric nurse to instruct our staff about the needs of children having difficulty adjusting to hospitalization. For youngsters who can't adjust, we allow parents to sleep in the room with them. In addition, we have on each floor a fully equipped and staffed playroom which is open all day. "We are currently planning additional facilities to supplement those already existing. More in the way of psychiatric facilities are needed, as is an intensive care unit available in the building to manage acutely and seriously ill children. We also plan to have a pharmacy where parents can buy prescriptions inexpensively.

"The mere fact that this children's building has a much nicer appearance has led to a greater degree of enthusiasm on the part of physicians who are teaching and students who are rotating here. If I have been able to read the students properly they have been very enthusiastic about their exposure here in pediatrics." 

David Ingall, M.D.
Acting Director, Department of Pediatrics, Boston City Hospital
Associate Professor of Pediatrics and Associate Professor of Obstetrics and Gynecology, Boston University School of Medicine
9. Trauma Unit

"Trauma, the medical term for physical injury, is a leading cause of death, in this country, of persons between the ages of one and 39. Death in traumatized patients is often not due to the injuries themselves, but the puzzling complications that develop, many of which are only vaguely understood.

"We are now in the process of renovating space in the Evans Research Building for a Trauma Center which was made possible by a grant from the National Institute of General Medical Sciences for just under $1,000,000. The Center's purpose is to bring together talent from a variety of disciplines to allow progress to occur in the treatment and diagnosis of patients who are subjected to injury or are suffering from severe life-endangering illness; and to conduct research to find new ways of providing better therapy. Our Trauma Center will be the eighth in this country and the first sponsored by the National Institute of Health in the New England area for the breadth of activities we have planned.

"Essential to our Trauma Center is the Medical Center's Diagnostic Referral and Treatment Center which will constitute the whole first floor of the four-story Health Services Building, now under construction, and will be attached to the new Evans Building and to the hospital complex as a whole.

"So the Trauma Center will consist of the Diagnostic Referral and Treatment Center shared with the Medical Center which will be both the input point for primary care, and one of the selection stations of critically ill patients for admission to the inpatient Trauma Unit (other patients will come from the Hospital itself). It will enable intensive study of these patients from two days to two weeks with super-special care in a unit of two or three-bed rooms with ultra-modern equipment such as computers for monitoring.

"Because of its set-up and design, the Trauma Center Acute Care Unit will be staffed with special nurses and technicians familiar with trauma problems and with clinical research protocols. In addition to providing superb patient care, they will be able to obtain extra information from these patients that will perhaps provide us with some leads to possible future therapy.

"Our Trauma Research Program will concentrate on three areas that already have been developed here over the last few years. The first is my own area having to do with metabolism and endocrines. The second feature of the research program will have to do with pulmonary troubles which are the principle causes of death in traumatized patients. The third phase of investigation is our project on the cellular response of the body to injury: to study the release of substances called lysosomes which may cause damage to patients who are injured.

"The suggestion has also come forth that what might be clinically valuable to the Trauma Center would be a heliport facility so that we could transport injured persons to our emergency facility for treatment. Helicopters already are proven devices for cutting down mortality because a patient who is severely injured, but quickly treated at a primary care center, is in much better shape than one who has a long wait.

"The Trauma Center also will, we believe, further spark changes that have occurred in our curriculum in surgery. We feel that by having a Diagnostic Referral and Treatment Center and a Trauma Acute Care Center we will be able to markedly enhance the educational experience by adding a whole new modality that now really doesn't exist, or exists in fragmentary form, in the Hospital's clinic room. We have excellent inpatient care which our students and house staff are exposed to. We have rotations through the Boston City Hospital Emergency Room which, although functional, perhaps have some problems from the standpoint of size. So our teaching capabilities will now be much more well rounded with the special addition of the Acute Trauma Center."

Richard H. Egdahl, M.D., Ph.D.
Associate Dean for Hospital Relations,
Boston University School of Medicine
Professor and Chairman, Division of Surgery,
Boston University School of Medicine
Surgeon-in-Chief, University Hospital
"Our principle product is people, and the new Evans Building is people-oriented. It will strongly link laboratory research to patient care and help provide the desperately needed training ground for young doctors.

"As a result of the new Evans Building everything will grow, expand and consolidate. The union of the Evans Department of Research, the Hospital and the Medical School has been such that we do three things at once: we're the Department of Medicine for the School — we teach medical students; we're the Division of Medicine for the Hospital — we take care of patients; and then we are the Evans Department of Clinical Research. And I think the new building with all its facilities is going to further all three of these things.

"The first five floors of the building are different if you look at it carefully. The building widens at the sixth floor level to accommodate three floors of beds — one and two-bed rooms with very modern facilities housing roughly 42 patients on each floor. The patient floors were placed high because of the view. The first five floors and the basement will be for research laboratories and will house the different Evans research sections which number 18, each devoted to some special subject. The new Evans will connect with the Medical School's Instructional and Research Buildings at all laboratory floor levels. Going from the top down, the eighth, seventh and sixth floors will have patients and there will be some special facilities on each floor. There will be an eight-bed special care unit on the eighth floor that will be devoted to what I like to call transplant medicine in surgery; there will be a four-bed area devoted to a renal dialysis facility and another four-bed area for special patients, probably pre-cardiac surgery patients. At the end of the eighth floor towards the medical school there will be eight beds for metabolic studies.

"The seventh floor will have eight special coronary care beds with ultra-modern monitoring apparatus and the entire coronary unit, now on Robinson five in the Hospital, will be located here. The sixth floor, which we just decided to fit out with beds (it originally was to be a shell floor), will include one special eight-bed care unit primarily for intensive respiratory care.

"The first six floors will be for special research laboratories, as I mentioned, funded by the federal research monies, which means that they cannot be used for routine services. By 'routine' I mean services such as bacteriology or hematology. The research that goes on these floors will be special studies that are related to people, but may be conducted on animals or culture media.

"So I think this building is going to make a terrific difference. We are very crowded now, and we would have been choked to death if we hadn't had space in the medical school's blue building allocated to us.

"The Medical Center has had the Evans Department of Clinical Research for some 60 years, and in my mind they're synonymous. The Department is world-renowned for its research but its been, more importantly, a source of people — a place where people in academic medicine have trained. We have a roster of graduates who are heads of departments of medicine all over the world. The need to produce new people in academic medicine and research is increasing, as is the need for more doctors. Somebody has to train these young doctors and this has been one of our primary missions."

Robert W. Wilkins, M.D.
Wade Professor and Chairman, Division of Medicine, Boston University School of Medicine
Physician-in-Chief, University Hospital
Director, Evans Memorial Department of Clinical Research
The area of greatest need in mental health in the Commonwealth of Massachusetts is services and the greatest bottleneck in the Commonwealth in giving adequate mental health care is shortage of personnel.

"The Commonwealth of Massachusetts—B.U. Community Mental Health Center, which is slated for completion in 1974, is designed to help meet these needs.

"The Center will directly serve about 150,000 people, most of whom are living in an area of poverty. These people have been deprived of a great many goods, facilities and opportunities, and, as a result of these deprivations, have a tremendous need for mental health services.

"Now when I speak of mental health services I'm not talking about people who have to be hospitalized as inpatients; we'll also have day hospitals, outpatient clinics, facilities for the Community to use, extensive training and research programs.

"The ideal in treatment is to keep people in constant relationship to their community, to their family. In the past, one of the great defects of hospitals was that they took people right OUT of the context of their lives.

"The Mental Health Center will consist of one building for adults, children as well as research and training.

"We'll have 80 inpatient beds, including a diagnostic unit of 20 beds in which people and their families can be treated for a few hours to five days.

"We also will have three outpatient units for adults instead of just one because we are trying to plan on human scale; consequently, we've put a great deal of thought into the architecture. By dividing the Outpatient Department into units — each patient who comes to that unit has HIS area of familiar space and I think that humanizes it. Within the Outpatient Clinic people will be seeing psychiatrists, social workers, nurses, all sorts of mental health professionals, as well as neighborhood workers. We'll be holding teenage clinics, children's clinics, all types of family services, clinics for alcoholics and drug addicts, and programs for the mentally retarded.

"In the Children's OPD we have also thought about the human scale because what is appropriate for adults, architecturally, is going to be preposterous for children. So we've thought of size in terms of chairs and rooms; we've envisioned how a child is going to see it all and what's going to make him comfortable, not what will put his parents at ease.

"Now, we also will have a number of day hospitals, again using the unit system and considering the size of each unit. The rationale behind the day hospital is that we don't as yet know the absolute criteria for hospitalization, so without doing any harm, if you alternate patients for a time, one in an inpatient service, one in a day-hospital, it hurts no one yet you can learn what is the optimal service for people.

"In addition to facilities for direct patient care, we are going to have a gymnasium and swimming pool open to the community. Now this gym can be converted into an auditorium, or it could be used as a theatre so that there will be all sorts of activities going on within the Center for the people in the community.

"Another of the major goals of the Mental Health Center is training. There is an inadequate number of trained personnel in all the mental health professions, not only in the Commonwealth but also throughout the country. We're going to bring all the resources of Boston University and all the schools within the University to the Community through the Center. Such training for so many diversified specialists is not carried out in any other mental health center in this state — none of them have the schools and disciplines that we have. And we also have a laboratory of people that spans the social gamut.

"There is a great deal we know but still there's a great deal we don't. Research efforts will hopefully fill that gap.

"We are talking about mental illness now, but mental health is quite different. Here you're speaking about something very positive. We are going to attempt to assist people before they become ill. And that means helping parents, helping school systems, helping employment, helping people in developing their community organizations. All this is an area of psychiatry that's new and is a very real part of what the Community Mental Health Center is all about."

Bernard Bandler, M.D.
Professor and Chairman,
Division of Psychiatry,
Boston University School of Medicine*

Psychiatrist-in-Chief, University Hospital

*Dr. Bandler left the Medical Center in June, 1970, at the compulsory retirement age of 65. He now is Acting Chief, Psychiatry Training Branch, National Institute of Mental Health, Washington
"We are just beginning; we’re nowhere near the end. However, in one year’s time we’ve made substantial breakthroughs in the Roxbury Comprehensive Community Health Center.

"Presently we have a temporary central facility in the Washington Park Mall and within the next two years we plan to build a permanent home. We also have one of three planned satellite clinics in operation. "The first satellite clinic began in February, 1970, on a limited basis in the basement of what once was a convent. Negotiations are now in progress to purchase the entire building with funds from the Office of Economic Opportunity for the clinic. At Washington Park we’re providing comprehensive medical care for the entire family. We have examining rooms, a waiting room, a staffed playroom for youngsters and a kitchen where nutritionists help prepare menus for our patients.

"In addition, the Health Department has turned over to us its clinic on Savin Street and we have absorbed its medical and nursing personnel.

"The preliminary plans for the permanent facility, which will be located on Townsend and Washington Streets in Roxbury, have now been completed. The facility is designed to meet 85% of the Community’s needs right there in that one building. The Medical Center will supply the physicians, nursing personnel, social service people, nutritionists, community health workers and so on. Supportive services — laboratories, x-ray, medical records, pharmacy will be located within the building. When all the facilities are completed, we will be serving some 24,000 people. Presently our target population is 4,000.

"This consolidation of services in one building is advantageous to the professional and the consumer. Much of what is done in hospitals now could be done in a primary care center, which is why I say that at least 85% of the medical care needs will be met in our planned facility. There you will have a full range of medical and supportive services that cover family needs. This benefits the patient because he has a medical team to meet his needs. The doctor, too, benefits from this team effort because he can practice better medicine under these circumstances and can share responsibility. The day of the general practitioner who knows all and can do all is impossible in today’s medical world.

"I’ve said that Boston University Medical Center has a great potential in its Community Medicine. Since the RCCHC has been in operation only one year, I feel that we’re just beginning. I don’t think we’re anywhere near the end, but we have made substantial strides.

"After many months of negotiations, we have worked out an agreement with University Hospital which says that the first line of defense, if our patients need hospitalization, is University Hospital. We fully understand that the Medical Center has to pay bills, so that we intend to make every effort to see that patients who are referred for care have some means of payment. We have a commitment from the Hospital, and I feel that it is a sincere one.

"Another important breakthrough that has happened fairly recently is that University Hospital is in the process of agreeing to establish a Department of Community Medicine within the Hospital as we have in the Medical School. The same people will be involved in both, but it’s a different kind of structure. It will tie the vast resources of the Hospital into the Community medical care needs so that we will be able to call upon the Hospital to assist us in caring for problems in the Community. We’ll end up saving money, time and effort.

"The RCCHC will be, and now is, firmly controlled by the Community. It’s their center. It was their idea in the first place. If it were OUR center that WE put out there in the Community in a benevolent paternalistic fashion, I’m sure the response to it would be entirely different. The central building facility, and all the equipment, through OEO financing, will be owned by the Community. And BUMC wants it that way. It’s perfectly willing to have an agreement with Community as to what role the Medical Center will play and what role the Community plays."

David M. French, M.D., M.P.H.
Professor and Chairman, Department of Community Medicine, Boston University School of Medicine
South End Center for Alcoholics

"It was an abandoned bathhouse that nobody wanted. It stood, rotting, in the South End slums. Anyone else would have walked away. Not them. They chisled out the marble shower stalls, dragging the chunks away with their hands, peeled old paint and repainted, installed heat, built a 28-bed dormitory, a recreation room and a kitchen. Today that ugly building is still ugly, but it's called home by many South End alcoholics and the spirit that holds it all together is quite beautiful.

"The building itself is maintained by Boston University Medical Center, which also supplies medical personnel. The Center recognizes responsibility for a program that its Department of Psychiatry initiated five years ago. We had nothing then, so the little we have now is something — a rehabilitation center where men have available to them job training and placement, group therapy, social workers, an infirmary and some medical care, transportation to hospitals and detoxification centers, living quarters.

"When a person comes in for help we try to get him involved in the Center, in the community and in himself. We have three types of alcoholics here: our live-in'dry' population, the drinking alcoholic from area half-way houses and alcoholics who come in off the street.

"Our recreation-waiting room, where members congregate during the day, is equipped with a television, pool table, games, jukebox, just about anything to get them involved in things other than seeking companionship to share a bottle. Upstairs, in addition to staff offices and housing, is an infirmary with six beds which is staffed by a doctor and two LPN's.

"Each day we hold a group therapy meeting in the recreation room which is mandatory for staff and members. From these meetings have come a wealth of ideas — several things stand out in my mind that have come to fruition: job placement, housing, food and transportation.

"These men have worked thousands of jobs in the lowest places for the least pay. They exchanged job ideas with each other and asked for professional help. We negotiated with the Massachusetts Division of Employment Security for a job specialist to assist in finding work for the men. A job corps was started. Mind you, many of these men haven't had any kind of responsibility for 10, 15, 20 or more years. Our employment specialist has placed, since March 1970, more than 1,000 men, 35 in permanent jobs.

"Housing has always been a problem — who wants an alcoholic? Home was a doorway, a street corner, a jail cell. At first we tried to rent a house for a year for $1,000. It didn't work. So we had to come back to this building. The men pooled their talents — and many of them are skilled craftsmen. They broke their backs splitting marble — almost 100,000 pounds. Now they have a housing unit and a committee which determines who will stay, makes rules, and literally runs the building after 5 p.m. when it's closed to the public. They shared responsibility, made a home, and from it all has come a feeling of pride, dignity, mutual respect — even love.

"Another request the men had was for food and they arranged a system whereby instead of pooling their money at the end of a work day or week for liquor, they'd get food. So now they buy, with their own money, food, cook and serve it in a kitchen that they built with their own hands.

"They also asked for transportation to a detoxification center — primarily Bridgewater because it is the only place where they are accepted 24-hours-a-day to 'dry out.' Having spent 15 days in a jail cell the alcoholic was ready to come home. But there was no money for transportation. So for years the men hitch-hiked back, 35 miles, most of them intoxicated by the time they reached the city. We raised money for a driver and initiated a transportation program. Now the men actually arrange to go to Bridgewater on a Tuesday so they can come back on a Wednesday with our driver.

"When our Center first started we were seeing about 35 to 40 people per day; now it's up to 100 — 1,500 per month. We've expanded programs and facilities; still so much more must be done. We need more community understanding — alcoholics should be treated as sick human beings, not criminals. More half-way houses and rehabilitation centers like this one are needed. A detoxification center should be right in this district, not in a jail ill-equipped to handle the situation and 35 miles away. And we desperately need psychiatric consultants available here during the week not only to help the population coming in, but also to aid our staff in providing more comprehensive help."

Howard Hughes
Program Director, South End Center for Alcoholics
Boston University Medical Center
Lewis H. Rohrbaugh, Director

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United States Public Health Service Hospital (Brighton Marine)
Veterans Administration Hospital, Boston
Veterans Administration Hospital, Brockton
Veterans Administration Hospital, Providence, Rhode Island
Boston University Medical Center  
Financial Statement*  
1969-1970  

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* B.U. Fiscal Year 7/1/69-6/30/70  
** U.H. Fiscal Year 10/1/69-9/30/70  
*** Medical Center Administration Expenses paid in F.Y.-70  
** Excludes B.U. Support of 50% of Medical Center Administration Expenses.