1949

Massachusetts Memorial Hospitals: 1949 annual report

Return to Dr. Bonnet

MASSACHUSETTS MEMORIAL HOSPITALS

Annual Report

1949

MASSACHUSETTS MEMORIAL HOSPITALS

Founded 1855

ANNUAL REPORT
for the year
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Member of the
GREATER BOSTON COMMUNITY FUND

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750 HARRISON AVENUE
BOSTON 18, MASSACHUSETTS

A CENTER FOR HEALTH

With a comprehensive program of patient care, education, and research the Massachusetts Memorial Hospital is one of the medical and health centers in the Boston area. The hospital is a voluntary, non-profit institution supported by income from patients, endowments, and contributions from friends.

Although primarily for residents of Boston and Massachusetts, patients are referred to the hospital from all sections of the United States and from foreign countries. Care is available to all, without regard to race, creed, color, or social and economic status.

The hospital dates back to the middle of the last century, when a small remodeled building containing sixteen beds for patients was opened at 14 Burroughs Place as a "Hospital for Sick Persons." Patient accommodations are now available for 360 adults and 40 infants, and considerable facilities are utilized for educational and research programs.

The five Memorial Buildings composing the hospital, were made possible through generous gifts in memory of those benefactors whose names they bear. Thus the Helen Collamore Memorial, the Robert Dawson Evans Memorial, the John C. Haynes Memorial, the Jennie M. Robinson Memorial, and the I. Tisdale Talbot Memorial serve as everlasting monuments for the conservation of health.

Except for the Haynes Memorial Building which provides quarters for the Department of Infectious Diseases and is located in Brighton, the hospital is at 750 Harrison Avenue in Boston.

Patient Care

Hospital and medical care is available primarily for acute medical, surgical, and obstetrical conditions. Professional services are provided by members of fifteen separate medical and surgical staffs, representing all of the major divisions of medicine and most of the specialties. With a capacity of 120 beds,

the Department of Infectious Diseases assists in meeting the needs for an infectious disease unit in Eastern Massachusetts. A large proportion of the adult victims of poliomyelitis in this area and many younger sufferers from this disease are cared for at Haynes. In addition to accommodations for acute forms of infectious diseases, facilities are also available for a moderate number of tuberculosis patients.

More than 50,000 patient-visits are made each year to the Outpatient Department where 35 clinics are held regularly. With the cooperation of the Boston University School of Medicine, a Home Medical Service provides medical care in the home to the indigent sick in a large area of the City of Boston.

Education

Assisting in the provision of an adequate supply of capable, trained doctors and allied members in the health field is a major responsibility of the hospital.

Since its earliest beginnings, close relationships have been maintained with the Boston University School of Medicine. As a teaching unit for this educational institution, the hospital provides a well rounded complement of teaching personnel and clinical facilities.

A comprehensive postgraduate educational program is carried on in the hospital. Residency programs are maintained in medicine, surgery, dentistry, ophthalmology, orthopedics, pathology, otolaryngology, urology, anesthesiology, obstetrics, dermatology, radiology, and psychiatry. Fellowships are offered in medicine, gastroenterology, surgery, anesthesiology, and radiology.

Students and residents from Medical Schools and Hospitals in greater Boston are given instruction in the Department of Infectious Diseases.

The hospital conducts a School of Nursing and a course for medical technologists.

An active social service program for inpatients and outpatients provides clinical opportunities for students from a number of schools and colleges.

Research

With financial assistance from the Evans Memorial Fund which supports the Department of Clinical Research and Preventive Medicine, and from the Smithwick Foundation for surgical research, more than 100 doctors, technicians, and assisting personnel devote all or a major portion of their time to research activities. Additional funds for specific investigative projects are made available by grants from individuals, industry, health organizations and foundations, and governments at various levels.

Extensive investigations are being carried on in the field of cardiovascular diseases and cancer — the two leading causes of death. Research teams are also carrying on projects in radioactive isotopes, hematology, gastroenterology, allergies including asthma and the common cold, infectious diseases, metabolism and endocrinology, and radiology.

With these inclusive activities in the care of sick people, medical education, and medical research, the Massachusetts Memorial Hospital makes its contribution towards the progressive development of medicine and improvement of health in Boston, one of the leading health centers of the nation and the world.

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Photos by Jane Pitts. Cover design showing entrance of Jennie M. Robinson Memorial of Massachusetts Memorial Hospitals by William G. Locke.

REMARKS BY THE PRESIDENT

THE FINANCIAL ASPECT OF THE HOSPITALS' RELATIONSHIPS TO THE COMMUNITY

The following are believed to be facts that have an important bearing on any discussion of this subject.

1. The amount that the Greater Boston Community will give in the foreseeable future will be less than the present needs of member agencies.
2. Private and semi-private hospital rates are as high as can be maintained on the present general price level.
3. Metropolitan teaching hospitals generally are currently reporting deficits after application of all current funds, including those received from the Community Fund.

One solution is contained in a recent statement of policy adopted by the Hospital Council and approved by the Board of Directors of United Community Services, as follows: "As a fair and necessary objective to be sought in the interest of all citizens in the community: municipal and state tax-supported agencies should pay the cost of inpatient and outpatient services furnished by voluntary non-profit hospitals and dispensaries to patients in all categories of public assistance (General Relief, Old Age Assistance, Aid to Dependent Children) for whom such tax-supported agencies have assumed legal responsibility." It is unfortunate that the two directors present who are representative of tax-supported agencies (both good friends of voluntary agencies) voted in the negative.

The only point that I wish to make in this connection is that the problem is a subtle one with many overtones. For example, a good deal of hard and honest thinking is needed to maintain a position which couples distrust of the welfare state with demands for its extension. I am sure that this dilemma is more apparent than real, and I personally believe that it is inevitable that voluntary hospitals must and will indirectly receive more support from tax-supported agencies. I cannot help regretting it, but I do not see the alternative. By adopting a restrained attitude, by willingness to go to great lengths to understand the

point of view and problems of departments of public welfare, we will not only, I believe, achieve our legitimate ends, but we will also place ourselves in a much stronger position with respect to the larger problems raised by proposals for so-called socialized medicine.

There is another solution being advanced for this financial problem of hospitals. Those who suggest it agree that voluntary gifts will not be sufficient to meet the requirements of all the agencies, but they believe they will be sufficient to meet hospital deficits, and they are convinced that hospitals have a sufficiently strong appeal to be able to get the money. It seems to me there are two things to be said with regard to this view — first, with respect to the public's willingness to give to hospitals. It is, of course, unthinkable that hospitals should be allowed to go out of business. We have many examples of communities rallying to prevent this happening. However, it is possible that too loud a tune played on this theme might be turned to serve the purposes of those who believe that hospitals should be taken over by the government.

The second point is that no citizen, however strongly he may feel about one aspect of social service, should fail to weigh the need objectively in comparison with the requirements of other branches and to consider the effects that might result if the power of the hospitals were used to break up the Community Fund.

My appeal, therefore, is that we approach this difficult problem of finances with firmness and courage, but with great tact, patience and objectivity and that the voluntary hospitals do not permit it to be justly said of them that they have failed to consider the interests of the community as a whole.

JEROME PRESTON
President

REPORT OF THE ADMINISTRATOR

It is gratifying to report that substantial progress has been made during 1949. The quantity of service to the community, as evidenced by more inpatient admissions and more outpatient visits, has increased. The quality of service to the community, as evidenced in part by a decrease in the length of hospital stay, has also increased. Enrollment in the School of Nursing has increased and the nursing curriculum has been reorganized to improve its educational value. Research activities have increased. The physical plant has been steadily improved, predominantly in the unobtrusive vitals, but also in such evident parts as the Robinson Lobby, the Delivery Room Suite and the Outpatient Department. And finally, the tide of red ink of a year ago has receded by two thirds and out of a total value for the year of charitable service of $500,000, has left a net deficit of $85,000, which is the amount of our unreimbursed community service or "out-of-pocket" contribution.

For reasons which will be mentioned, this net deficit can be considered a "normal deficit" for a modern teaching hospital and it is unlikely that, under existing circumstances, a good teaching hospital may expect to operate without a deficit of this mag nitude. Despite the fact that in some circles, a deficit is the height of fashion, it is nevertheless an uncomfortable cushion on which to rest, and our efforts to attain financial balance must be unremitting.

Our efforts during the past year to attain financial stability have been many. Rates were increased twice and now approach the level where the average charges to patients approximate the actual cost of providing care, a long sought objective. Since some patients are able to pay only part or none of those charges, an operating loss is inevitable and funds for care of these patients must be obtained from sources other than patients or their sponsors, such as endowment income, the Community Fund, gifts and donations. Increased payments from Blue Cross have been helpful. Payments by governmental agencies have increased but are still far below cost. The enlargement of the Medical Staff by the addition of Courtesy members, the reorganization of the

Obstetrical and Gynecological Divisions, the care of tuberculosis patients at the Haynes Memorial Department, and a distressing epidemic of poliomyelitis have each contributed to a buffering of the general decline in demand for hospital service and the maintenance of an acceptable, though not spectacular, utilization of hospital facilities. Continuing refinements in our accounting procedures are revealing "Trouble spots" for attention and adjustment.

Despite all attempts to increase utilization of hospital facilities, it became apparent late in the year that the operation of the Private Pavilion could no longer be justified and it was therefore discontinued on December 15, 1949. Explorations of its potential use or possible disposition are being made.

Two faithful servants of the Hospitals, each after more than twenty-five years of service, were awarded a well earned retirement: Dr. Charles Powell, Assistant Administrator, and Miss Lena DeRusha, R.N., Chief Admitting Officer. Their loyalty and influence will long be remembered.

The Administrative Staff has been strengthened by the appointment of Dr. Henry Bakst as Director of Outpatient Services (Part Time), Mr. Nelson Evans as Service Manager, Mr. Allen Richmond as Director of Public Relations, Mr. Walter Gray as Purchasing Agent, Mr. William Brownlie as Plant Superintendent, and Mr. Donahue Emerson as Assistant Administrator at the Haynes Department. Mr. Worthing West has been advanced to the position of Comptroller. This group, together with Miss Flores, the capable and effective Director of Nursing, meets weekly with the Administrator for discussion and solution of Administrative problems.

It is not necessary to remind the Corporation and the Trustees that the success of a Hospital is dependent not upon one or two individuals but upon the effective team work of all who are caring for the sick, teaching students, performing research, or otherwise advancing the interests of the Hospitals. Time precludes the naming of all who deserve to be named. Their recognition lies in your sympathetic understanding and generous support of M.M.H. Special citation must be given, however, to the attainments of the professional staff under the leadership of Doctor

Keefer, Doctor Smithwick and Doctor Tenney, and to the gallant ladies of the Aid Association, whose Coffee Shop, new Gift Shop and tasteful interior decorating add so much to the soul of the Hospitals.

Among the many ideas being projected for the future, plans for the organization of group practice are maturing, property has been purchased on Commonwealth Avenue as the primary locus for the care of private ambulatory patients, and a "master plan" for the physical development of the Hospitals and the Medical School is crystallizing in full collaboration with Dean Fulkner. Our growth continues and must never be allowed to cease.

The most important limiting factor in that growth is the financial undernourishment of the professional educational activities of the Hospitals and the Medical School. This is not peculiar to our Hospital or this Medical School. It is a national problem. It is not a solution to suggest eliminating these educational activities, for upon them rests the future health of all citizens of the Nation. Good education is expensive and medical education is even more complex and expensive than other kinds of education. Nearly one-half of all undergraduate medical education and almost all graduate medical education is taught in hospitals, not to mention nursing and other specialized education. Few hospitals, however, have received, from any source, funds specifically for educational activities. Few medical schools have received adequate support even for their basic science and non-hospital programs, and it has never been possible for them to make available substantial funds for clinical teaching in hospitals most of which has in the past been donated by practicing physicians. The Medical School has nevertheless done well especially in obtaining funds for the clinical teaching programs in Psychiatry, Cancer and Home Medical Service.

Funds for research are many and increasing. But research is a state of mind, an end-product of good education, and funds for research will be of no avail, if there are not well trained and well educated investigators. It requires far sighted and wise individuals with a Jeffersonian breadth of vision to support education, the results of which are intangible and unmeasurable. We need the support of just such far sighted people. It appears

that society has erected an inverted pyramid of medical care and research balanced precariously on its apex, education. Until now, enough props and shoring have been found to prevent the structure from toppling. Our net deficit of $85,000. is one of these props and part of the "shoring" — an indirect but nevertheless educational service to Boston, the Nation and the world. Until professional education in both hospitals and medical Schools becomes more soundly and adequately financed than it is at present, the modern teaching hospital must be prepared for the likelihood of continuing net deficits. There is no single solution to a problem of this magnitude. Many pieces must be found which will add up to a solution——capital gifts for endowment and physical plant, contributions for operating expenses, earnings from group practice, and tax funds must all work together as they do now but in greater measure. Just as the recognition of the problem and the interaction of many factors during the past year has reduced the financing of hospital operations to nearly manageable proportions, so too with your help, will this problem of financing professional education be solved in the course of time.

The Administrator appreciates and is grateful for the fine cooperation and support of the Trustees, the Doctors, the Nurses and all the other members of the Hospital family who are, after all is said, the Massachusetts Memorial Hospitals.

PHILIP D. BONNET, M.D.
Administrator

REPORT OF THE PHYSICIAN-IN-CHIEF

With each passing year, the medical profession, including hospitals and the related health services are undergoing more careful scrutiny by the public and by the consumer. This is proper. We are a community, non-profit voluntary hospital. Every year, the community is requested to contribute toward the support of the institutions that are concerned with the social welfare and health of the public. The Community Fund contributes to voluntary institutions in order that the social and health needs of the community may be met in a satisfactory manner. The traditional voluntary institutions serve as an excellent balance for similar institutions that are supported by government funds of local or national origin. All of us as members of the community support both types of institution, in the case of the Community Fund by voluntary contribution, and in the case of governmentally supported institutions by compulsory payment of taxes.

There is a large body of opinion that insists that the community is failing to meet its responsibilities in all parts of the country. This opinion is supported by surveys that show lack of facilities and personnel for the care of the sick. Also, there are those who insist that the cost of illness is so great that it is exceedingly difficult for those who need medical care to pay for it. Further, hospitals find it increasingly difficut to meet their expenses, due to the rising costs of all items that go into modern medical care.

In an attempt to aid the consumer in meeting the cost of illness and at the same time to maintain the hospitals and other health agencies, two general proposals have been made. First, to increase on a voluntary basis prepayment health and hospital care insurance, and second as an alternative to require by law that everyone pay a tax which will cover the costs of all illness. In areas where the community is accepting its responsibilities locally and helping itself, prepayment health and hospital care insurance plans are being promoted in a vigorous manner. In areas where the community is either not accepting its responsibilities, or is unable to meet them, the consensus of opinion is in favor of compulsory health insurance.

It is my hope that the voluntary prepayment insurance plans

can be expanded on a national basis, so that the people, no matter what their income, can get the medical treatment or operation they need at any time. By extending voluntary prepayment insurance the people are helping themselves and showing that they are mature and want to be independent rather than insecure and dependent upon a centralized beneficent government.

If the community hospital is to survive in its present state of freedom, we must continue to provide for the medical needs of the community, i. e., the medical needs of the people. As members of the community, we should ask ourselves whether hospitals that received support from the community know what the actual needs are, and if so, whether they are acting upon that information in a positive way. Physicians and enlightened people of the community appreciate that advances in treatment are of little value unless they are made accessible to those who may profit by them.

So, let us examine once again whether our hospital is meeting its responsibilities. There are those who insist that medicine should concern itself less with disease isolated in hospital beds and more with positive health of people in their natural environment, the home, the office, the field, the factory. A sound outlook on the medical needs of the community reveals that certain diseases, such as neurotic illness, alcoholism, infirmities of age, and rheumatism, have received too little attention. Recent surveys have disclosed that one out of every twenty persons in our country spends some time in state hospitals for mental disease during his life and one out of ten consults or needs psychiatric aid and assistance. Six per cent of all males drink to excess and suffer from the disease of chronic alcoholism. There are seven million patients in the country with chronic rheumatism. Chest surveys, about which Boston has heard a great deal recently, have disclosed that at least one in every one thousand apparently healthy people harbor lung lesions that are recognizable by x-ray and have active or potentially active tuberculosis. In 1948, there were 73,833 deaths from tuberculosis in this country. Each year there are at least two new cases of disease for every death and it is estimated that there are ten active clinical cases for each annual death.

There are several million people with heart disease. One might multiply these needs, but enough for the present.

Great advances have been made in all of these diseases during the past twenty-five years.

Now, I submit that our hospital has been alert to the needs of the community, but what is more important, we have acted upon them. We have an active, alert and progressive department of psychiatry. A few years ago we did not have anyone who was active in this field. Last year there were 3,253 visits to the Outpatient Department in this Division. This department, through the Medical School and Hospital is training a large number of men and women who will continue work in this important field. The time has arrived when this department needs an inpatient service so that greater advances can be made. Our Dean, Dr. James Faulkner, is the Chairman of the State Alcoholism Commission and is very active in improving centers for alcoholism. Our Home Medical Service has expanded its service to the community of Boston so that the number of visits has doubled during the past year, 11,608. Also our Outpatient Department has increased its service to the community by seeing and treating 2,610 more patients in 1949 than in 1948.

On the Ward Service during 1949, there were 633 admissions. Of these, 93.0 per cent came from Boston or Metropolitan Boston, showing that we have admitted patients who need care from our own community.

To aid in improving the service for patients with tuberculosis, a unit was opened at the Haynes for the care of these patients.

Haynes Memorial

Ten years ago, the Haynes Memorial was an isolation hospital in every sense of the word; it was isolated from the main hospital, the staff was separate and isolated, there was one resident physician, there were no regular house officers. Patients were sent there in the main for isolation from their family, their friends, and their community. Laboratory facilities were minimal and no attempt was made to do any clinical research. Within the past ten years, there have been many changes and most of them have

been summed up in a report that has been prepared by Dr. Weinstein, Chief of the Service. In brief, the Haynes is no longer an isolation hospital. It is a working unit of the Division of Medicine.

Various members of the visiting staff of the Haynes make ward rounds and teach house officers. There is a resident staff. There are laboratories for research and for routine work in bacteriology, hematology, blood chemistry, x-ray, electrocardiography. The teaching of infectious diseases is carried out for the benefit of Boston University School of Medicine, Harvard Medical School, Harvard School of Public Health, Brighton Marine Hospital, Chelsea Naval Hospital. There are rotating interns from the Massachusetts General Hospital and Peter Bent Brigham Hospital and from the West Roxbury Veterans Administration Hospital. Grand Rounds, which were started five years ago with ten to twelve in attendance, are so popular that we do not have adequate space to accommodate the fifty to sixty people who come there every week.

A few years ago, most of the patients were referred to the Haynes by Boards of Health for purposes of isolation and to ease quarantine rules for families and communities. Now, the hospital serves a large number of individual physicians who refer patients to the unit for diagnosis and treatment, and fewer patients are referred by Boards of Health. A part of this shift is due to the development of new antibiotic and anti-infective drugs and a part of it is due to the great improvement in the service and diagnotic facilities of the unit. As Physician-in-Chief, I consider the department for the diagnosis and treatment of infectious diseases to be one of the most important units of the medical service and the hospital, and with necessary improvements it can become outstanding.

Until we can move the unit to a location immediately adjoining our facilities on Harrison Avenue, we are faced with certain problems of a pressing nature.

The first problem is the stabilization of patient population. During the past summer, due to the poliomyelitis epidemic, the unit was taxed to capacity and many defects of the physical

plant and of administration became apparent. Positive steps have been taken to correct many of these defects.

For some months now the Haynes has admitted for treatment a number of patients with pulmonary tuberculosis. This was done for two reasons, first in an attempt to broaden our services to the community and second in order to stabilize the patient population. Tuberculosis is an infectious disease, and the general principles underlying its treatment are no different from that of any other infectious disease except for the fact that the treatment usually requires months or years, rather than several days to several weeks. Moreover, the modern and more enlightened trend in the treatment of tuberculosis is to manage tubercular patients in units of general hospitals. This is true of the New York Hospital and of the hospital services of the College of Physicians and Surgeons of Columbia University in New York, located at the Bellevue Medical Center in New York.

The introduction of streptomycin and the other antituberculosis drugs has changed completely the treatment and the outlook of patients with tuberculosis. We have the opportunity to expand the number of patients with tuberculosis and it is my hope that there will be no stumbling blocks placed in our path.

Let me tell you something about the importance of tuberculosis and how it is being fought on a broad front.

Tuberculosis is a disease that causes more deaths than any other infectious disease. It is the primary cause of death between the ages of 20 and 40 years. In 1948, 73,833 patients died of tuberculosis in this country. In each year there are at least two new cases of the disease for every death. It is generally estimated that there are ten active clinical cases for each annual death. Case finding surveys among apparently healthy people disclose about 2 per cent of adults harboring lesions recognizable by x-ray and of these one-half are usually found to be active or potentially active.

It is a disease that takes its victims in large part from among wage earners and their families, particularly in urban areas. It contributes in no small degree to the impoverishment of our homes and the continual replenishment of our orphan asylums.

These are cold facts but one can inject a little warmth into them by saying that over a period of years, the total number of cases has decreased. No single factor is responsible for this decrease in deaths, but two things stand out; the advances are due to the prevention of the disease and to its recognition and treatment in the earliest stages. There are reasons for believing that these advances will continue and a great drive is being made to stamp out this scourge. This is being done by early case finding (free x-rays to the public supported by the U. S. Public Health Service), hospitalization and treatment of early cases. Great advances have been made in treatment of tuberculosis since the discovery of streptomycin. It has changed in no small measure the outlook for many patients with tuberculosis. New agents are being developed all of the time. For this effort, the pharmaceutical and chemical industries deserve the credit. Case finding is in large part an activity of the U. S. Public Health Service, cooperating with local state and municipal health agencies. Many activities, mainly educational, are being promoted now as previously through X-mas seals. Research with the use of new antibacterial agents in tuberculosis has been carried out most successfully by the Veterans Administration, and by units in the Army and Navy, as well as in private hospitals devoted to study of tuberculosis and other infectious diseases.

Adequate facilities do not exist for the treatment of all patients with tuberculosis. General hospitals have been reluctant to accept patients in the past. This is now changing and we are aiding in this change.

Studies of importance with respect to streptococcic infections go forward under the direction of Dr. Weinstein and his associates.

Fluid funds for this research reached $30,800 for the past year.

In summary, I would like to extend to the Trustees, the Administration, the Nursing Staff and the members of the Hospital Staff our great appreciation for their fine spirit of cooperation in the work of the Medical Department and the Professional services of the Hospital as a whole.

CHESTER S. KEEFER, M.D.
Physician-in-Chief

REPORT OF THE SURGEON-IN-CHIEF

During the past year, the activities of the department of surgery have continued much as during the previous year. The newly organized division of obstetrics and gynecology is functioning well.

There has been a further modification of the graduate training program which is under the immediate direction of Dr. George Whitelaw. The changes which have been made in this program in recent years have been designed to meet the increasing requirements for training in general surgery.

During the past year tentative affiliations have been made with two outlying institutions, the Truesdale Hospital in Fall River and Lowell General Hospital. The principle of affiliations of this type was established a number of years ago when an association was made with the Framingham Union Hospital.

The purpose of such affiliations is fourfold. It enables us to increase the number of surgeons being trained, to increase the length of the training period, to furnish other hospitals with resident surgeons who are otherwise difficult for them to obtain, and it increases the amount of material available for resident training since the total number of ward beds is thereby enlarged. Because of the fact that this hospital does not have an emergency or accident ward, it has been necessary to arrange to send the house staff elsewhere for this experience. These changes materially increase the complexity of our program and the amount of time and effort required for supervision.

The basic reason for undertaking such an expansion is that acceptable training facilities for surgeons throughtout the country are inadequate. If the programs of teaching hospitals can be successfully expanded in this way, it should in time increase the number of well trained surgeons in the country, elevate the standard of patient care in outlying communities and furnish these areas with well trained surgeons.

In addition to the graduate training program, the department of surgery has also been active in carrying on undergraduate

teaching of the students in the Boston University School of Medicine. This entails the expenditure of a great deal of time in organization and presentation of courses, particularly in general surgery. In addition to our present programs it is to be anticipated that in the future there will be more emphasis upon postgraduate instruction and that courses will be organized for this purpose.

The department of surgery has also been active in the care of both ward and private patients and in its investigative activities both at clinical and research levels. During the year, members of the surgical services published twenty-six articles and twenty-four are in press. Seventy-eight papers were presented at medical meetings. Sixty investigative projects or papers are in progress or preparation.

The activities of the department of surgery, and the specialties, covered many subjects including clinical investigations and research dealing with diseases of the heart, lungs and blood vessels, cancer, and the management of infection and disorders of the gastrointestinal tract. There were numerous articles dealing with the autonomic and central nervous systems. Important observations were made concering the management of tumors of the adrenal gland, particularly those having to do with hypertension. Studies were carried out relating to the problem of cardiac arrest during surgical operations. Various problems in anesthesia were discussed. A number of articles having to do with oto-laryngological problems were published including observations on the fenestration operation for the relief of deafness. There were a number of articles dealing with genitourinary and orthopedic problems, one of the most interesting of which had to do with a new method for treating arthritic knee joints.

The demands upon a department of surgery in a teaching institution are obviously very large and on the increase. To meet them requires the combined efforts of all concerned. It is no longer possible to do this without the assistance of a so-called geographically full-time nucleus in addition to the members of the department who are primarily clinicians and concerned largely with the care of patients in this and other hospitals as

well. The cooperative efforts of both groups are needed. For the full-time nucleus the emphasis should be more upon organization of and participation in undergraduate and graduate teaching programs and investigative activities, and less upon private practice. Obviously, one cannot major in all of these fields. For the clinicians, the emphasis should be upon the care of patients, both private and ward, and upon teaching. Investigation at the clinical level is also desirable.

One of the most difficult problems which confronts a department of surgery in a teaching institution is the financing of a geographically full-time nucleus which is so essential to the overall success of the program. This has been made the subject of editorials and articles by those who may be particularly interested in this matter. Also, there is the problem of the many lean years which confront the clinicians after their training is completed before they acquire a practice of consequence.

There are three sources of income at the present time to support such a program; the budget derived from the university, support from the teaching hospital which is available in some institutions and not in others, and income from private practice. It is impossilbe for the full-time nucleus to earn enough from private practice to obtain an adequate income and still emphasize their other duties. Consequently, subsidy from these other sources is needed.

Departments of surgery in all leading teaching institutions are now organized around a so-called full-time nucleus. This has been the case in this institution for the past three years. The early proponents of this plan, Johns Hopkins and Harvard and their affiliated hospitals, have functioned in this manner since 1913. In order to initiate this plan in this institution and the Boston University School of Medicine it was necessary to establish the Smithwick Foundation. Through this medium, the private practice of the geographically full-time nucleus was effectively organized. This has made it possible to supplement income available from other sources.

It is desirable that this plan be expanded in order to include a larger number of surgeons in the so-called full-time nucleus

and also to provide a source of income for the young clinicians. To make such a program as effective as possible it seems advisable that a well rounded representative group be organized. This ideally should include the so-called geographically full-time members of both the medical and surgical services as well as clinicians. Adequate office facilities for such a group are essential. During the past year the necessary physical facilities have been acquired by the Hospitals through the purchase of properties at 203 and 205 Commonwealth Avenue. It is hoped that these facilities will soon be available for use.

It would also seem desirable that a new medium be set up following in principle the organization of the Smithwick Foundation, so that the group can be more inclusive and the many problems associated with such a development handled most effectively. It has been suggested that this group be called the Associates of the Massachusetts Memorial Hospitals.

I believe that such an organization will work to the advantage of the patients, the members of the staff, the hospitals and the medical school. Similar plans are either in operation or in the process of organization in various teaching centers in this country. At the University of Chicago, for instance, all members of the clinical faculty are appointed on a full-time group practice basis. The proportion of time spent in the care of patients, teaching, and research can be flexible and vary with the individual. Such a plan brings to a university and its teaching hospitals the potential advantages of group practice which has achieved outstanding success in a number of institutions during the past half century, the oldest and largest of which is the Mayo Clinic. The coordinated efforts of a well rounded group, which in addition to the care of patients assumes the responsibility for clinical instruction of medical students, the training of physicians, and research, would appear to have great possibilities. The establishment of a University Hospital Bulletin during the past year will further help to coordinate the efforts of the two institutions.

I wish to thank the members of the surgical staff, our medical colleagues, Dean Faulkner, and the trustees for their cooperation, assistance and advice during the past year. I hope to be able to report in the not too distant future that the status of the surgical

service is entirely satisfactory and that no major problems exist. In the meantime, the annual report affords a welcome opportunity to discuss the questions that are foremost in my mind.

REGINALD H. SMITHWICK, M.D.
Surgeon-in-Chief

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REPORT OF THE OBSTETRICIAN-GYNECOLOGIST-IN-CHIEF

The creation of the new Department of Obstetrics and Gynecology during the past year has been a step in the right direction for the Massachusetts Memorial Hospitals. Much favorable comment has been received and there has been a great increase in applications for training in this field.

Among the many reasons for this change of organization was the need of a combined service for resident training to qualify for the American Board of Obstetrics and Gynecology. Under a new ruling a candidate must have formal training in both obstetrics and gynecology. Training in gynecology on a general surgical service is not accepted as formal training. Also it was felt that a combined department would give the medical student a clearer understanding of the intimate relations of the two fields and the important physiological approach to their common problems.

With the recent growth of radical major surgery in the treatment of malignancy of the female pelvis, there is a feeling among some surgeons that gynecology should be separated from obstetrics and made a surgical specialty. As the great majority of gynecological surgery is the result of damage from childbirth, and is closely related to the physiology of the pregnant and non-pregnant woman it is felt that one well grounded in both these fields, will have better judgment and results in treating these problems. Radical surgery for cancer is a specialty of its own which requires special training. The general surgeon is no better qualified for this type of work than is the obstetrician-gynecologist. Throughout the country obstetrics and gynecology are recognized and taught as a combined specialty.

As is true in all new ventures, many old problems reappear and new ones are created. The facilities for the care of obstetrical patients were excellent as far as accommodations were concerned, but new delivery rooms were needed. Due to the interest and generosity of the Trustees and the Director, a new delivery suite has been built and is now in operation. Except for the recondi-

tioning of the old delivery and labor rooms into semi-private wards, and the modernizing of the patients dressing room on Robinson 5, nothing further is needed. I feel that we are now as well equipped for obstetrics as any hospital in Boston.

There have been three recent additions to the active staff in Obstetrics and Gynecology: Dr. Daniel J. McSweeney, Dr. Archie A. Abrams, and Dr. J. Russell Barker. These men are all well established and prominent in their specialty, and will add greatly to the strength of the staff.

The occupancy of the private beds in Obstetrics has averaged about 90 per cent during the past five months, and will increase during the coming year. I feel quite certain that we shall soon be running at capacity.

The ward service is a different problem. We have about held our own with the previous year. The prenatal clinic has started to grow and I believe that we shall show improvement during the year to come. From a long range point of view, if and when there is some form of medical insurance for the low income and indigent group, I am sure that we can develop the ward service to any extent we wish. This is not our problem alone, as all ward services in obstetrics have fallen off greatly, except those in which patients are treated free of charge.

The nursery under charge of Dr. Edward Smith, has been active and has been running smoothly. The facilities are excellent, although some form of air conditioning is a very desirable goal for the future. Two nurseries are full and it appears that the third nursery will have to be put in commission before this year is finished. We are fortunate in that Dr. R. Cannon Eley and Dr. Stewart H. Clifford have accepted appointments as Consultants to this service

The Gynecological Service, under the direction of Dr. Langdon Parsons, has made good progress. The private service has been active. The ward service, has been developing well and is becoming an excellent training ground for both obstetrical and surgical residents. It will take another year or two before this service reaches a desired level, but there is no doubt that this will be achieved. Various improvements have been instigated by Dr.

Parsons and these are already beginning to show results. It is hoped that a specific area in the hospital may be allocated to this service in the course of its development.

It is important for our future that original investigative work be produced by our Department. A certain type of mind and the requisite time is necessary to produce good original work. Our present staff are all practicing physicians who give what time they can to teaching and hospital work. They are doing a fine job and have a large amount of clinical experience which is of untold value to the hospital. However, they do not have the time to devote to investigate work. It is essential for our future development that some sort of research funds or budget be arranged so that proper research facilities may be created and the proper personnel be acquired.

At present three research projects have been undertaken in obstetrics. They are largely of the clinical type as is necessary under present conditions.

In gynecology important work is being done in the field of cancer. Both the development of surgical treatment and newer methods of diagnosis are being investigated. As the work is based on the actual studies on patients with disease, there is a crying need for some free beds.

In building for the future, the development of a graduate training program will be a great service to the community. This must be sponsored by the Medical School. A refresher or training course in obstetrics and gynecology designed for the practicing physician will fill a great need. Many physicians are desirous of spending two weeks or a month in learning the latest developments in their field. General practitioners doing obstetrics are particularly desirous of such an opportunity. It is certainly the obligation of any medical center to make such facilities available and it is hoped that this can be accomplished in the near future.

A consultation clinic for obstetrics and gynecology is also needed. This type of clinic should offer the practicing physician a place to which he could refer his problem cases. There are many medical and surgical complications in our field which need

the help of members of these departments. As a community service this would be a great advantage to the Hospital. These cases could be studied by the various specialists on the hospital staff. Then the patient, with a full report of the findings and recommendations, would be returned to his doctor.

From small beginnings come great things. We hope that this may be true in our Department. This will take work and funds. With the help of our friends we feel that the desired goal will be attained.

BENJAMIN TENNEY, JR., M.D.
Obstetrican-Gynecologist-in-Chief

REPORT OF THE DIRECTOR
THE EVANS MEMORIAL

DEPARTMENT OF CLINICAL RESEARCH AND PREVENTATIVE MEDICINE

During 1949 the staff of the Evans Memorial has continued its varied activities in the field of medical research. At the end of the year the staff consisted of 9 members, 4 associate members, 3 assistant members, 15 research fellows and 41 technicians and secretaries

The service rendered by the Evans is very great indeed. The institution maintains a large research staff, all of whom take an active part in the treatment and care of all medical patients in the entire hospital and in the outpatient department. Also, the institution maintains the inpatient medical service of the hospitals so that deficits that arise from patient care on this service are covered from the income from endowment. No funds are received from the Community Fund to support this essential and vital part of the work of the hospitals.

In order that we may carry on all of the functions of the Evans it has been necessary to obtain outside fluid funds over and above our income from investments for a large part of our research. During the past year this amounted to $132,757.00. This is a reflection of the quality of work that is being carried out by the men on our staff. An analysis of the source of these funds shows that $66,620.00 came from private sources and industry and 66,137.00 came from governmental sources.Much of this money was paid to fellows in medicine directly. The other funds were paid to the hospitals or medical school for the support of personnel and research in the Evans and Haynes divisions of the institution.

It is seen, therefore, that we have been keeping a balance between funds derived from our endowment, from the government and from outside private sources and industry. In my opinion we should continue to work and develop a formula that will not dry up or discourage private sources of money. By maintaining a proper balance between government grants and private grants, we do not need to feel that we are discouraging

any donors and the interests of everyone concerned can be protected.

I should like to say something today about the importance of medical research in hospitals and medical schools, both the humanitarian benefits as well as the economic consequences.

Let us take as an example penicillin and streptomycin, two of the outstanding antibiotics. There are those who take the narrow view that the benefits that have flowed from the discovery of these agents and their use in man are purely humanitarian in that they have saved lives, relieved suffering and shortened illness. Others say that their discovery has increased the cost of medical care and reduced the total number of days of illness in hospitals.

But let us look at the other side of the picture, the positive economical consequences of this discovery. I can list only a few, but first of all by saving lives men and women continue to live and are able to produce and remain self supporting. Those who are insured continue to pay life insurance premiums instead of the life insurance companies paying out benefits. Therefore, the life insurance companies have gained many millions of dollars of assets. Next, an entirely new industry has been developed, an industry that amounted to the sum of $148,676,400.00 in 1948 or 60 per cent of the total dollar volume of sales of synthetic medicinals at the manufacturers' level. This industry represents a big investment. It means many new jobs, greater employment, greater buying capacity for the worker, and better health. It means a solid return to the investor.

Research in these fields has more than paid its way. Many voluntary hospitals contributed to this development through their departments of research. In fact, the original discovery was made in a small hospital bacteriology laboratory in a voluntary hospital in England. No government supported this laboratory.

Research in hospitals then has a more important place than most people appreciate since both basic and applied research in the medical field has an impact that frequently extends far beyond the individual patient who is benefited by it.

All of these facts should be fully appreciated by all members

of the community and are strong evidence for continuing support of research in our private institutions from non-governmental sources.

Prior to the War, money to support medical research came from private foundations, from industry, from income from endowment of universities and hospitals, from private donors. No money came to private university medical schools or hospitals for medical research from the government. Times have changed so that today the government is spending large sums in its own institutions as well as in private non-governmental institutions for medical research. From all indications, the government will continue to do so. There are many reasons for this state of affairs that I don't need to go into now, but I should like to say once again that in my opinion a proper balance should be maintained. Medical research should not be wholly supported by the government. Some should be supported by contributions from private sources, some should be supported by the government. It is a fair question and one that cannot be answered at present, namely — how far should we be willing to go in the support of medical research from public funds. This is a question that all of us should ask and examine constantly. The one way to prevent complete control of medical research by the government is to maintain a proper balance between private funds and governmental funds. This is now being done in the field of heart disease, cancer, poliomyelitis, tuberculosis, and many other fields. Let us keep the proper balance.

Now let me turn to the accomplishments of the institution during the past year. The individual reports of the members of the staff are attached to this report for purposes of the record.

Division of Cardiovascular Diseases

During the year the members of the staff published 71 papers and gave 206 speeches before scientific assemblies.

Aside from the importance of the research activities of the Evans, the service rendered by this unit of the hospitals is very great indeed.

The research in this division continues with the study of prob-

lems that are referable to the heart and blood vessels. Emphasis has been placed upon fundamental studies of circulation, that is to say a study of factors that control blood flow to different organs in people with normal blood pressure and those with high blood pressure. These investigations include many tests that aid one in understanding some of the fundamental mechanisms of the circulation.

Studies on a group of drugs that lower blood pressure are being continued with two objectives. First, to find out how the blood pressure is lowered by drugs, and secondly, to select drugs that will lower blood pressure and improve patients. This work has been carried forward with the support of the Squibb Institute for Medical Research.

When blood clots are carried to the lungs from the legs or other parts of the body, death commonly follows. It has been estimated that about 6 per cent of all deaths from both medical and surgical diseases are caused by these blood clots to the lungs. For several years now research has been carried out to determine the cause of blood clots in the legs following surgical operations and following bed rest in patients with medical diseases. Dr. Stanton and his associates have shown that the blood tends to clot in the veins of the legs at the sites where the veins are dilated and the blood current is slow. It has also been demonstrated that the return of blood from the legs can be accelerated by slight compression of the extremity as with an elastic stocking. Dr. Mixter and his group with the aid of two nurse-technicians have been studying the effect of elastic stockings, a project that is being sponsored by Bauer and Black Company and has run one year. The results, while not statistically significant, suggest that elastic compression of the limbs may possibly be of prophylactic value against pulmonary embolism or blood clots in the lung.

Division of Metabolism and Endocrinology

One of the important functions of the kidney is the regulation of water and salt retention or excretion. A disturbance of this function leads to a retention of water and salt in the body with resulting dropsy. An excess loss of water and salt leads to dehydration and serious effects. Studies are in progress in this

division under Dr. Burnett to determine the various factors that are concerned with water and salt metabolism. The two hormones that have been produced in larger quantities during the past year, ACTH and Cortisone, are being used in this research since both of them act on the kidney and produce changes in salt and water metabolism. These studies should yield fundamental information that will be helpful in our understanding of the mechanism of action of these important hormones.

During the year, a newly organized Metabolic Service has been established to study the effects of citrus fruits on acid and base balance, another very important function of the kidney. This is being supported by the Citrus Fruit Growers Association.

When potassium is lost from the body as in the case of diabetic coma, there is a profound weakness and sometimes paralysis of the extremities. To understand the mechanism of loss of potassium in various diseases, a study of radioactive potassium is being made by Dr. Burnett and his group in association with Dr. Ross. These studies are fundamental to the understanding of disturbed potassium metabolisms.

Hematology

In cooperation with the National Blood Program of the American Red Cross and a committee on Blood Fractionation and Preservation, Dr. Emerson has been making studies to improve the preservation of blood and the blood elements. One of the practical things that has emerged from this work is the use of a new agent that prevents the clotting of blood. It is hoped that by the use of this agent it will be possible to preserve blood for a longer period of time. This group has complete charge of the Blood Bank of the hospital.

Our Genito Infectious Disease Clinic in the Outpatient Department is one of the largest and most important clinics. Dr. William Fleming, who is in charge, has been actively concerned for many years in studying the processes of resistance and immunity in syphilis. Laboratory studies are progressing to determine whether it is possible to vaccinate animals against syphilis. Also, syphilis of the central nervous system is being studied in rabbits.

Great progress has been made in the treatment of syphilis since the introduction of penicillin, but too many people continue to acquire syphilis and the most serious forms of the disease are those attacking the brain and the blood vessels. Now that we have good nontoxic agents for the treatment of syphilis it is necessary to continue an aggressive attack upon the disease so that the late and serious effects can be prevented, as well as to develop methods of preventing it. To give you some idea about the magnitude of the problem, there were more than 200,000 American soldiers treated with penicillin for syphilis during the period of the War.

Gastroenterology

To gather more information about the relief of pain in the stomach and intestines, research has been done in patients with different diseases. These studies have been carried out in patients who have been sympathectomized as well as in those who have an intact sympathetic nervous system. The full cooperation of Dr. Smithwick and his staff has been obtained in these studies. Progress has been made in understanding pathways of pain, and methods for relieving intractable pain are being improved.

Ways and means of relieving cramps and spasms of the gastro intestinal tract are being investigated.

Cancer

An extremely active team has been studying the methods of early diagnosis of cancer. This work is under the direction of Dr. Lemon and his associates who are working jointly in the hospital and medical school. A new laboratory to study hormones in cancer has been set up in the medical school building to provide facilities for further research of the use of hormones in the treatment of cancer. It may be of interest to say that considerable progress has been made in the past 10 years in the palliative treatment of cancer with hormones, especially cancer of the prostate in men and cancer of the breast in women.

This division of cancer research in the medical school and hospital continues to grow and I am pleased to report that it is making excellent progress in exploring this field — the Number 2 Killer in the United States.

Division of Allergy and Clinical Immunology

The Public Health Problem Number 1 is the common cold. Dr. Lowell and his associates have set up a large scale cold study at Boston University to determine the effectiveness of antihistaminics. This is being carried out with the full support of the officers and staff of the University. This study is being supported by Schenley and Company.

Research in the control of asthma goes forward and various drugs are being tested on asthmatic subjects.

Division of Radioactive Isotopes

The atom bomb continues to command the attention of the public. One of the beneficial things that has emerged from the use of atomic energy is the use of radioactive isotopes in the treatment of cancer of the thyroid gland, and hyperactive thyroid glands, also their use in the treatment of leukemia, and in the study of the total survival of red blood cells.

Another benefit that is flowing from the development of atomic energy is the application of various isotopes to the fundamental problem of disease. Thus, radioactive iron, phosphorus, zinc, sodium, potassium, sulphur, iodine, and carbon are being studied in our institution and it is planned to include gold and cobalt in the near future.

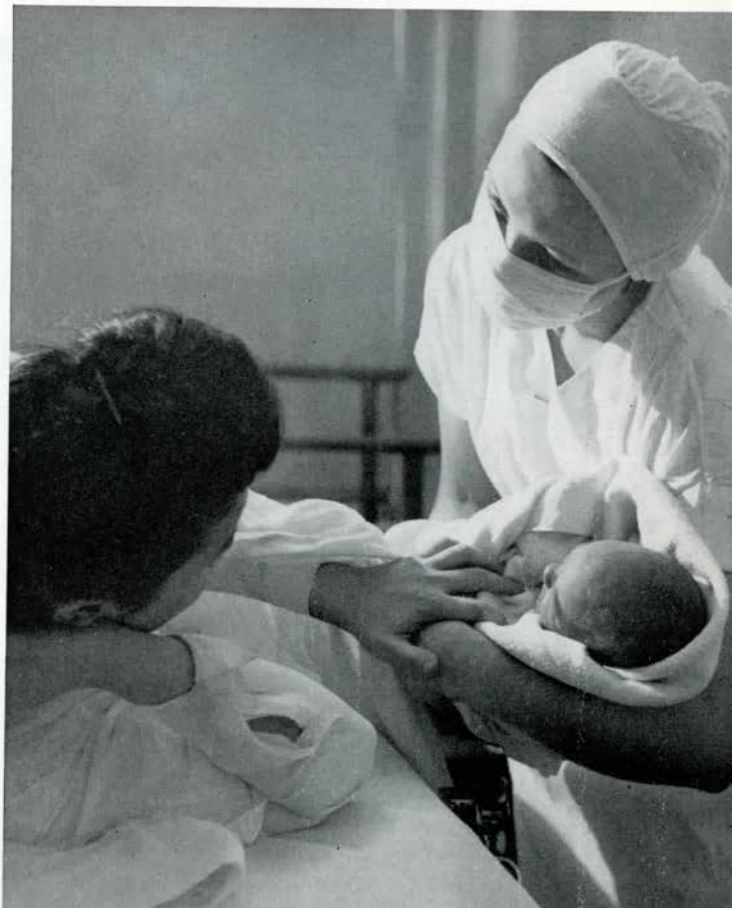
The effects of ACTH and Cortisone on the blood are being studied by Dr. Ross and also the new chemicals for the control of leukemia and cancer of the lymph nodes are being carried on.

Infectious Diseases

Research in the infectious diseases is being carried out at the Haynes and in the Main House. Dr. Weinstein and his associates have been studying the effect of treatment of scarlet fever with widely spaced doses of penicillin. It has been found that penicillin given twice a day by mouth is entirely adequate for the treatment of scarlet fever.

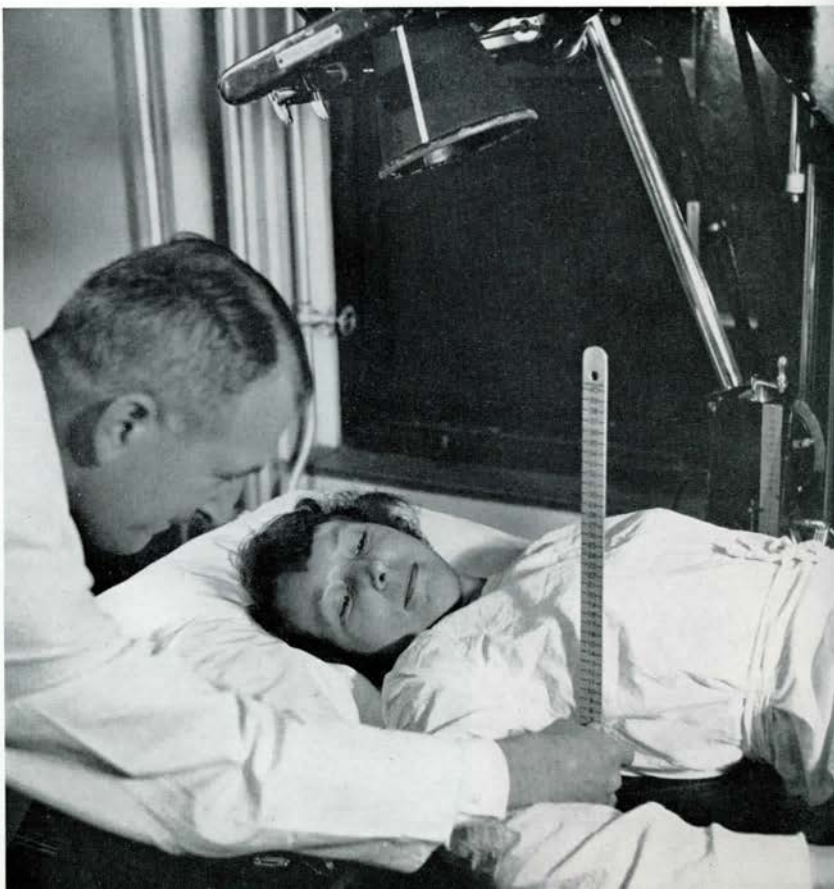
Whooping cough and Influenza bacillus infections are being investigated with aureomycin. It proves to be excellent in the case

FOR HEALTHIER PEOPLE TOMORROW—



At a bedside consultation the experience of a chief of service benefits both patients and house officers.

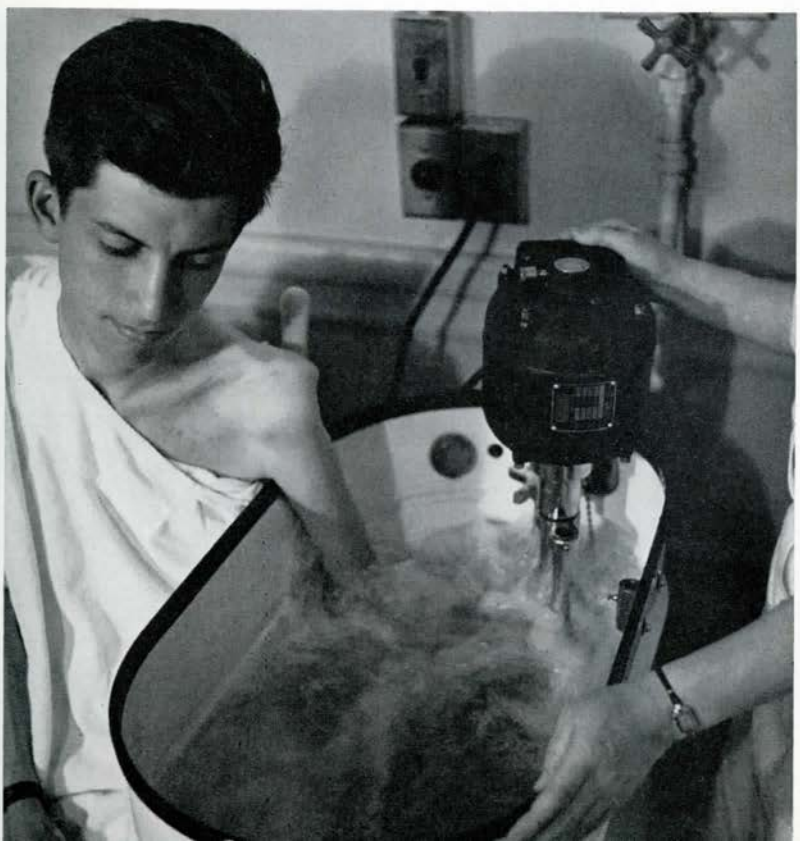
THROUGH PATIENT



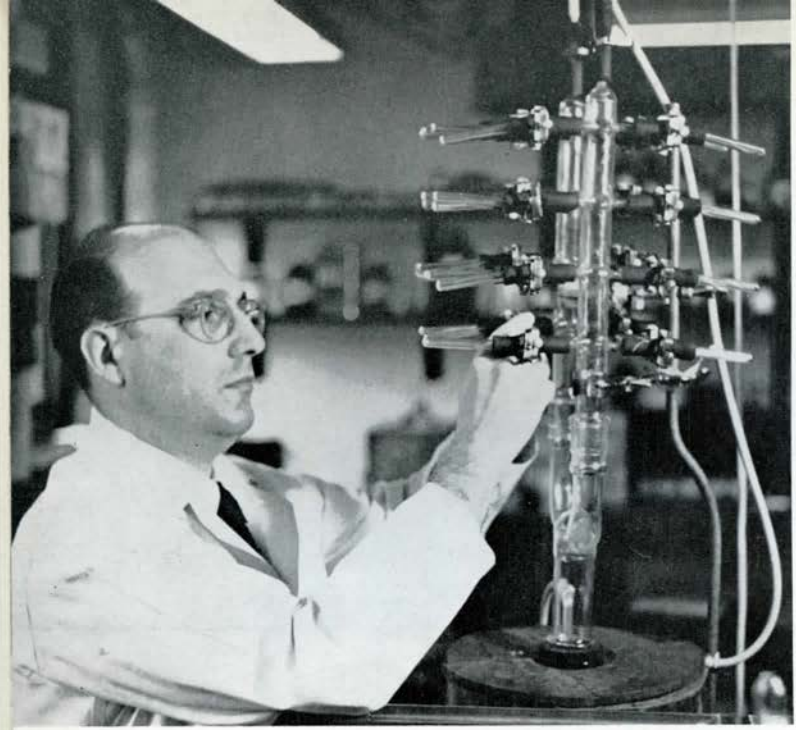
Diagnosis is aided by special X-ray equipment which penetrates overlying tissue to give a picture at any desired depth of the body.

Chemistry, hematology and bacteriology laboratories completely equipped for diagnostic and treatment studies — stand ready day and night.

CARE and . . .

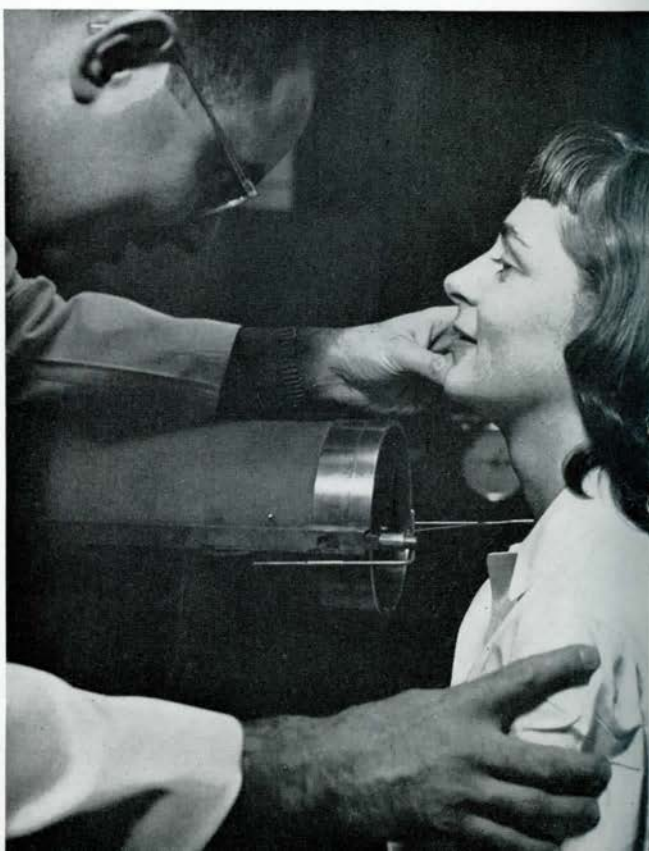


Fractures, arthritis, poliomyelitis and peripheral nerve injuries are benefitted by the warm waters of physiotherapy's whirlpool bath.

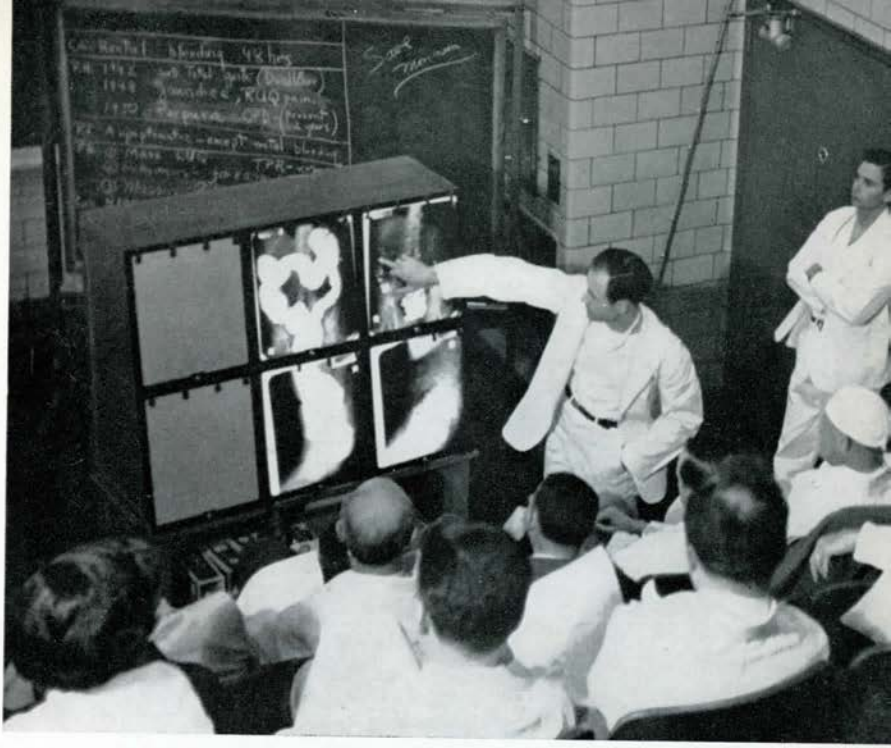


The lyophilizer at the Haynes Department of Infectious Diseases enables long-term storage, by drying, of bacterial cultures used in research programs.

RESEARCH and



In the Atomic Age radioactive iodine and the Geiger Counter assist in thyroid studies.



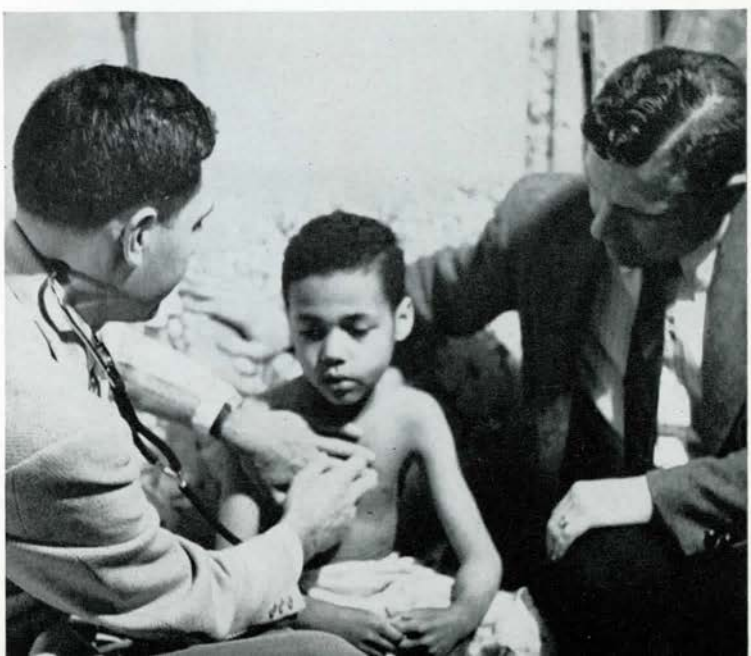
EDUCATION . . .

By discussion of cases at weekly Grand Rounds both patient care and educational purposes are served.

Supervised experience in caring for patients is part of Nursing Education.

The gift cart knocks on every door — another welcome volunteer service.

THE MASSACHUSETTS MEMORIAL

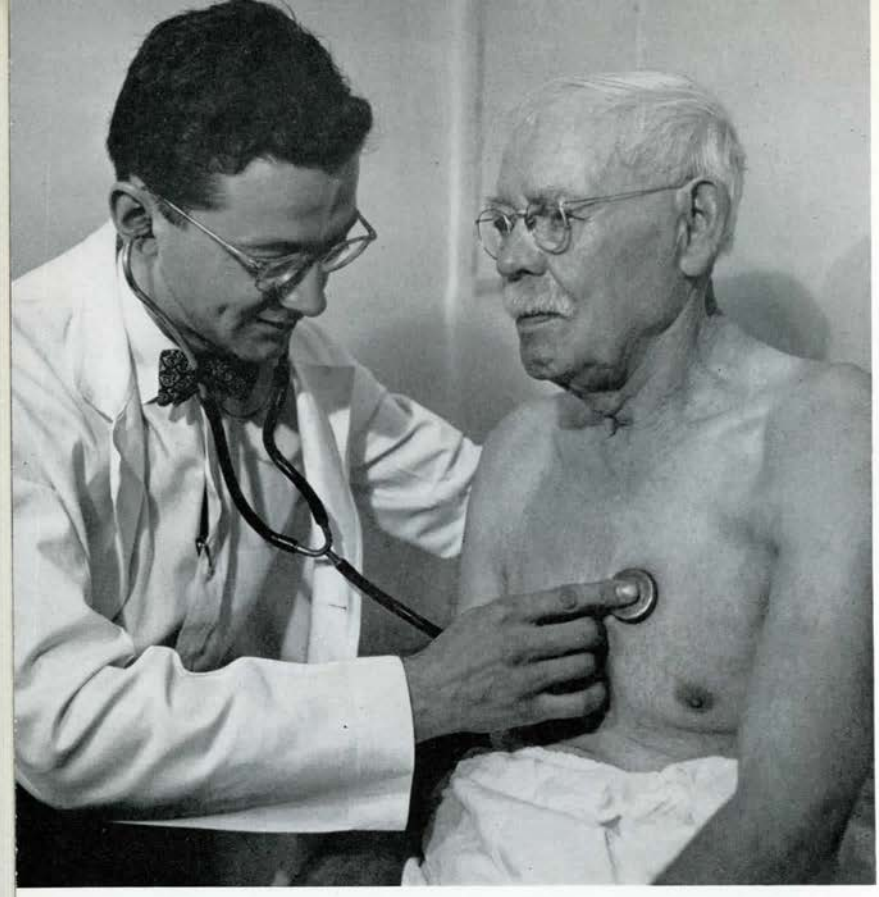


Illness calls for a home visit by a member of the Home Medical Service, under the supervision of an experienced preceptor.

Last minute check of a patient's tray.

HOSPITALS ARE DEDICATED TO . . .

Social Service discusses another season at summer camp to protect the health of a junior miss.



COMMUNITY SERVICE TODAY

of the latter infection and unimpressive in whooping cough.

During 1949 there were 420 cases of poliomyelitis admitted to the Haynes. The records are now being analyzed. Fifty per cent of patients were adults. Poliomyelitis in the new born and the heart complications are being analyzed.

Two other important studies are being made — the effect of Cortisone in Bright's disease following streptococcic infections and a study of the mechanisms involved in streptococcic infections and their relationship to rheumatic fever and glomerular nephritis. New methods have been developed for the production of lesions in animals that resemble the lesions of rheumatic fever in man.

At the Evans, the Chemotherapy unit with Dr. Hewitt and Dr. Williams has been studying the effects of chloromycetin in infections. This new antibiotic is being studied in cases that have been resistant to penicillin and streptomycin. We have then another agent that is effective in some diseases that were heretofore not influenced favorably by antibiotics.

I want to take this opportunity to express to you on behalf of the members of the staff and myself our great appreciation for the opportunity to carry on the work of the institution. We have had the full cooperation of the Administrative Staff of the hospitals and of the School of Nursing. It is a pleasure to acknowledge our gratitude to all who have made this report possible.

CHESTER S. KEEFER, M.D.
Director

REPORT OF THE DIRECTOR OF THE SMITHWICK FOUNDATION

The staff of the Smithwick Foundation during its third year consisted of eleven physicians, three assistant physicians, and nineteen nurses, secretaries and technicians. This represents an expansion in membership over previous years because of the addition of Doctors Tenney, Parsons, Krumbhaar and Kenney to the group.

A large number of patients were cared for, having medical, surgical, obstetrical and gynecological disorders. In addition, the department of anesthesia continued to function within the Foundation. The members of the Foundation were active in both undergraduate and graduate teaching programs. Thirteen articles were published and twelve are in press. Thirty-two papers were presented at medical meetings. Twenty-nine investigative projects or papers are in progress or preparation.

The investigative activities of the group continue as in previous years at both the clinical and research levels. Among the investigative activities is an extensive follow-up study of the surgical and non-surgical treatment of hypertensive cardiovascular disease. This particular project has been in progress for twelve years and it will be a number of years before it can be completed. I mention this to indicate that long range programs are necssary in the study of certain diseases. This requires the combined efforts of physicians, nurses, secretaries and technicians. The expense of such a study is very large. Other cardiovascular problems are being investigated as well. We have emphasized the study of cardiovascular diseases since they are responsible for the largest number of deaths each year.

Members of the Foundation have been active in the study of the cancer problem both at clinical and research levels. This is the second leading cause of death. Studies relative to the use of antibacterial agents in the control of infections are in progress and are proving to be of value. An interesting project having to do with the physiological effects and relative merits of the various operations in use in the treatment of peptic ulcer is in progress.

Voluntary contributions, grants-in-aid for research to individual members and to the Foundation as a whole totalled approximately $22,000 during the past year. This includes a grant of $10,000 from the King Fund which was recently renewed for another year. By far the largest source of income was derived from the care of private patients. While this remained about as in previous years, the expenses of the Foundation increased materially. Also, because of the increase in the cost of hospitalization and economic trends, professional fees per patient declined. The net result was a slight increase in the assets of the Foundation. I hope that it will be possible to obtain additional support for our research activities during the coming year.

As indicated by the report of the surgeon-in-chief, the establishment of the Foundation in the fall of 1946 made it possible to begin the organization of a geographically full-time nucleus within the department of surgery. The importance of such a nucleus to the hospitals and the medical school cannot be overemphasized. I sincerely hope that this essential development will not be lost sight of in the event of a change which would transfer the clinical activities of the Foundation to a larger and more inclusive group. This development of a full-time nucleus should be continued and expanded in order that the department of surgery and its specialties can function in a manner which will bring credit to the hospitals and to the medical school.

REGINALD H. SMITHWICK, M.D.
Director

REPORT OF THE DIRECTOR OF NURSING

During the past year it has been somewhat easier to obtain graduate nurses for the general staff nurse group which has resulted in a more effective and more efficient nursing service. At the close of the year there were 217 members of the Nursing Department.

We continue to have a group of volunteers from the Red Cross and also a fairly large number of independent workers. During the past year two classes of Red Cross Nurses Aides received their nursing practice with us.

The recent epidemic of poliomyelitis resulted in a very marked increase in admissions to the Haynes Unit of Infectious Diseases. In these days of personnel shortages, even though emergencies such as these can be predicted some weeks in advance, it is impossible to provide additional personnel until the need is actually felt. It was our privilege to see the good neighbor policy actually at work. Twenty-five agencies assisted us by providing eighty-two nurses and several other workers. Some worked as volunteers. Mrs. Marie Andrews, Nurse Co-ordinator appointed by District No. 5 of the Massachusetts State Nurses' Association to work with the National Polio Foundation, the Red Cross, and the local hospitals, gave generously of her time and effort to bring us help as we needed it. It is impossible for us to express adequately the gratitude that we feel toward the individuals and the agencies concerned.

The progressive and continuing reorganization of all the hospital departments has naturally made itself felt in the department of nursing. The development of a separate budget, a new system of requisitions, clearly defined policies, etcetera, have done much to clarify responsibilities.

The School of Nursing

During the past year, fifty-three students were admitted to the school. Twenty-eight were graduated and eleven withdrew—four to be married, three for reasons of health, three for personal reasons, and one for inability to maintain her class standing. One-hundred and five were admitted for affiliations in infectious

disease nursing and medical and surgical nursing. The current registration in the school is ninety-eight students plus twenty-two students on affiliation from other schools.

We have long felt that the program of nursing as offered by our school needed some revision. To that end, plans were made and a new program evolved which we are presenting for the first time to the students who entered the school in September. All class work in the home school will be given in three educational blocks—one of eight months in the first year, a second of six weeks in the second year, and a third of three weeks in the third year.

During these blocks, the students will divide their time between classroom assignments and closely supervised practice periods on the wards. For the remainder of their program, except when the students are on affiliation, they will be assigned full time to the wards for experience. We are aware that adequate supervision and teaching must be maintained for the purpose of relating what the student has learned in the classroom to her nursing at the bedside of the patient; otherwise, a program such as this might well be less good than the one we have had. To safeguard against this possibility, careful plans have been made for a strong continuing program of teaching at the bedside. To effect this bedside teaching program, we plan to make use of the classroom instructors and the clinical supervisors under the direction of the clinical instructors.

We feel that this new program of study will be a better one for the students and that, in turn, its benefits will be demonstrated in better nursing care for our patients. The student will be able to give her full attention to her class work during the class blocks and to the patients in the experience blocks. It will obviate the necessity for classes when students are on the night duty, on days off, etc. Nursing has reached a stage where research is of vital importance. We hope that our first attempt will be successful.

Two of the students in the class of 1952 were awarded Trustee Scholarships which cover the cost of tuition and books. Two others in the same class, received scholarships from their high schools. This makes a total of ten students in the school who have received financial aid from their high schools, private organizations, or from the hospital.

Marie Ellen Manton of the class of 1951 was one of seven young women in the United States who received the Clara Barton Scholarship of $250, awarded by the Auxiliary of the United Spanish War Veterans.

There were two new appointments to the Advisory Committee to the School of Nursing, in January. Dr. Chester Keefer, our Physician-in-Chief replaced Dr. Samuel Vose who had served on this committee for several years. Miss Ethel Inglis, President of the Massachusetts Organization for Public Health Nursing replaced Miss Ethel Brooks who had served for two years.

An interim classification of the Schools of Nursing throughout the United States was made by the Committee for the Improvement of Nursing Care of the six national nursing organizations. Schools were classified in quartiles. Our school was rated as falling into the second quarter of the upper fifty per cent.

This coming year promises to be a busy one. The new program which we are developing presents some difficulties as it progresses which need our constant attention. The curriculum committee of the Faculty Organization continues to work on plans for better integration of the teaching done in the classroom with that which the student receives at the bedside of the patient. Our aim is better nursing care for our patients as a whole. It is our considered opinion that the quality of all the nursing care which is given throughout the hospital will be in direct ratio to the quality of the instruction which we give the students in the School of Nursing.

The Board of Trustees, the Advisory Committee to the School of Nursing, the Hospital Aid Association and the Alumnae Association of the School have all given generously of their time and effort as well as financial assistance as it has been needed. The personnel of all other hospital departments have continued to give us their willing cooperation, as have the faithful group of volunteers who came to us that our patients may receive more attention and care. The medical staff gives many hours to the teaching of our students and to the medical care of all of our nursing personnel. We are very grateful to all of these various groups

FLORENCE FLORES, R.N., B.S.
Director, School of Nursing
and of Nursing Service

REPORT OF THE AID ASSOCIATION

As I look back upon my first year as President of the Massachusetts Memorial Hospitals Aid Association, it is with mixed emotions. There is so much the Aid can do to help the Administrator and the Hospital which has not been accomplished, but there is also the thrill one gets from the eagerness with which the Aid members undertake any task the President assigns to them.

Excerpts from the Annual Report of Committee Chairman which follow, gives some idea of the accomplishments both in money raised and service rendered, but it cannot express the real joy and satisfaction one experiences in Hospital work. Our aim is service to our Hospital and our goal is to act as Ambassadors of Good Will at all times.

This year two representatives attended the four day Conference of the American Hospital Association in Cleveland. They returned brimming with ideas and enthusiasm.

Four meetings of the Committee of Hospital Auxiliaries of Metropolitan Boston were attended, the March meeting being an all-day meeting of the New England Assembly.

For Aid Activities: The Interior Decorating Committee has accomplished so much — New drapes in the nurse's dining room and copper hanging pots filled with philedendrons. Five waiting rooms on Collamore have been redecorated and the "Hostess" room on the first floor has been done over; the main lobby in Robinson has been made very bright and pleasing. Work also has been done on decorating at Haynes and soon it too will take on the "New Look." The addition of our latest aid project, the Gift Shop, to Robinson Lobby has made it a most attractive approach.

As to Finances: the Board made $7000 available for the building and equipping of the Gift Shop. They voted $2000 for interior decorating and $100 toward training three volunteers for Orthopedic work at Haynes. We raised in money — $5,952 in the Coffee Shop; $831.76 profit from a "Pops" Concert and $1,564.92 from a very successful Rummage Sale.

We have had excellent publicity for our Teas, Sales and Gift

Shop opening. The Sewing, Surgical and Holiday Favor Committees do their tasks quietly month by month. The Aid is planning a garden at Vose Hall. Blueprints have been approved by the Administrator and work will be started as soon as weather permits. One bed is to be made up of medicinal plants and a framed chart will be hung in Vose Hall explaining their uses.

With the passing of the years and the steadily broadening scope of our activities, it seemed wise to have all the past records of the Aid Association written and assembled. The task was assigned to a member of long standing, who, together with a past president, has provided us with a complete record of the past 25 years.

This, in brief, is the report of our year's work. There isn't space to tell of the hours of devoted, loyal volunteer service which made these accomplishments possible.

MARIE A. HUNTER
(Mrs. Louis J.)
President

REPORT OF THE TREASURER

While the Hospitals continued to operate at a loss, I am glad to report that the loss applicable to our General Funds in 1949 was about one-third of what it was in 1948. All of our major divisions reflected improvement except the Outpatient Department where the 1949 loss was approximately $29,000 greater than in 1948. The over-all result was achieved despite a decrease in patient days, except at Haynes, where there was a substantial increase due chiefly to the polio epidemic of last Fall. While costs continued to mount, revenues went up more sharply due to rate increases. The Hospitals' grant from the Community Fund was $30,000 less than in 1948, but that reduction was substantially offset by increase in grants from other sources. Income from our General Fund investments increased $21,000 during the year.

The income on Evans Funds exceeded expenses by $19,494. Securities sold during the year for that account netted gains of $104,000. These two items go to increase the Evans principal. Grants from various sources by the Evans staff were nearly doubled in 1949 as compared with 1948.

The funds of the Smithwick Foundation increased by $51,000 during 1949 and now total nearly $300,000.

On our combined investments, interest and dividend income during 1949 resulted in a yield of 5.47% on book-values (average of first and end of year). For the 14 years ended December 31, 1948, income and net taken profits on our combined funds have averaged a little over 12% per annum on average book-values.

The effect of this rate of growth is illustrated by the record of the Evans Funds during the last 15 years. At the end of 1934 the combined Evans Funds had a net asset value of $2,088,000. Since then, Evans expense for research has been substantially equal to its income, and there were no important gifts or bequests during the period. Nevertheless, the net asset value of Evans Funds at the end of 1949 is $6,240,000. Thus, the funds have tripled in value during the last 15 years.

During 1949 the Hospitals were helped greatly by bequests totalling over $850,000. Of these just under $90,000 were restric-

ted, the balance unrestricted. The major portion of the unrestricted legacies came to us under the will of Geneva M. Brown, widow of the late Leroy S. Brown. From these two great friends of the Hospitals we have now received legacies with a combined total of nearly one and a half million dollars.

Equally gratifying is the substantial amount received during 1949 as donations and grants to the Hospitals. They totalled $156,000. This was of great help in meeting certain operating needs, in providing essential equipment and renovations and in financing important research activities. We are grateful for the recognition implied by such gifts coming to us from the Hyams Fund, the Permanent Charity Fund, the Theodore Edson Parker Foundation and numerous drug and chemical concerns.

Like other hospitals, we have many pressing needs. There are numerous important projects for which gifts are urgently desired. Important as these things are, our continuing basic need is for a greater use of our facilities; that alone will bring us the largest help in meeting our financial problems.

We are prepared to supplement this condensed report by all detailed figures which may be requested.

LOUIS J. HUNTER
Treasurer

MASSACHUSETTS MEMORIAL HOSPITALS

SUMMARY OF OPERATIONS FOR THE YEAR 1949

GENERAL FUND

Robinson-Collamore:			
Gross Revenue from Patients	$906,716.31	$	$
Less: Allowances	159,213.35		
	747,502.96		
Miscellaneous Income	96,302.24	843,805.20	
Operating Expenses		1,048,901.77	
Operating Loss			205,096.57
Out-Patient Department:			
Revenue from Patients		137,482.86	
Operating Expenses		246,568.22	
Operating Loss			109,085.36
Haynes Memorial:			
Revenue from Patients	419,604.71		
Less: Allowances	37,077.89		
	382,526.82		
Miscellaneous Income	14,115.33	396,642.15	
Operating Expenses		433,100.20	
Operating Loss			36,458.05
Private Pavilion:			
Revenue from Patients	306,126.50		
Less: Allowances	20,125.68		
	286,000.82		
Miscellaneous Income	12,062.55	298,063.37	
Operating Expenses		349,191.49	
Operating Loss			51,128.12
Operating Losses, above			401,768.10
Corporation Expense			4,483.59
Total Operating Loss			406,251.69
Non-Operating Revenue:			
Income on Investments		103,029.64	
Income on Owned Real Estate		5,896.59	
Income on Investments held by Others		6,279.49	
Greater Boston Community Fund ..		145,000.00	
Unrestricted Donations		20,063.30	
Application of Grants		40,781.69	321,050.71
Net Loss for Year			85,200.98

MASSACHUSETTS MEMORIAL HOSPITALS

COMPARATIVE BALANCE SHEETS AS OF DECEMBER 31, 1948, AND DECEMBER 31, 1949

GENERAL FUND

ASSETS

			12/31/49	12/31/48
Cash on Hand in Banks				
Treasurer's Account		$ 96,720.87	$	$
Supt's Operating Accts.—R/C		254.37		
S.F.		8,065.20		
Cash on Hand		25,279.35		
Cash Items Suspense		556.62		
Petty Cash		898.20	131,774.61	122,172.87
Cash due from Other Funds				
Evans Funds			28,290.73	22,916.97
Accounts Receivable—Patients				
R/C Active	6,978.60			
Inactive	51,017.13	57,995.73		
Less: Reserve		12,442.29	45,573.44	46,467.54
H. Active	64,638.37			
Inactive	80,934.95	145,573.32		
Less: Reserve		7,996.96	137,576.36	39,903.71
P.P. Inactive	10,013.04	10,013.04		
Less: Reserve		2,330.42	7,682.62	740.02
Other Accts. Rec.			11,187.01	283.89
Acc'd Invest. Inc. Receivable			16,552.50	7,675.00
Grant Receivable			7,500.00	0
Inventories				
Pharmacy		24,072.31		
Food		4,919.23		
Linen		15,828.31		
Misc. Supplies		10,292.25	55,112.10	85,913.12
Investments				
Securities (at Book Values)		2,040,646.57		
Real Estate		303,958.02	2,344,604.59	1,607,997.16
Agency Transactions		9,016.87		
Less: Reserve		4,000.00	5,016.87	0
Deferred Assets				
Prepaid Insurance		15,610.71		
Divs. Rec. on Mutual Policies		8,500.00		
City Taxes under Appeal		3,417.63		
Bequests Receivable		31.00	27,559.34	26,576.96
Land and Buildings Used for Hospital Purposes				
General		1,544,574.16		
Private Pavilion		372,665.09	1,917,239.25	1,922,239.25
			4,735,669.42	3,882,886.49

MASSACHUSETTS MEMORIAL HOSPITALS

COMPARATIVE BALANCE SHEETS AS OF DECEMBER 31, 1948 AND DECEMBER 31, 1949

GENERAL FUND

LIABILITIES

		12/31/49	12/31/48
Accounts Payable and Accrued Expenses		$ 56,914.73	$ 39,816.21
Salaries and Wages Payable		36,925.41	38,844.50
Advance Payments from Patients		5,461.50	5,530.00
Reserves			
For Fluctuation in Val. of Secs.	$ 41,053.00		
For Real Estate Taxes	945.72		
For Employees Pers. Injuries	5,368.43		
For Bequests Rec.—Contra	31.00	47,398.15	55,403.72
Unspent Balances of Receipts for Special Purposes		37,406.93	31,044.26
Smithwick Foundation			
Fund Balance		294,929.09	253,259.11
Due to Evans Funds		0	163.94
Restricted Funds			
General Purpose	1,261,903.17		
Special Purposes	346,182.63	1,608,085.80	1,514,113.91
Fds. Expended on Plant and Equipment		1,917,239.25	1,922,239.25
Unrestricted Funds		708,414.27	0
Operating Deficit			
Bal. at 1/1/49	0		
Net Loss for year	85,200.98		
	(85,200.98)		
Unrestricted Bequests Applied	55,200.98		
	(30,000.00)		
Transfer from Suspense Acct.	30,000.00	0	0
Suspense Account		22,894.29	22,471.59
		4,735,669.42	3,882,886.49

( )= Red figure

MASSACHUSETTS MEMORIAL HOSPITALS

SUMMARY OF OPERATIONS FOR THE YEAR 1949

EVANS FUNDS

Gross Revenue from Patients		$291,268.40
Less: Allowances		56,951.97
Net Patient Revenue		234,316.43
Expense of Patient Care and Research		521,210.98
Operating Loss		286,894.55
Other Income:		
Income on Investments	$322,211.83	
Miscellaneous Other Income	222.32	322,434.15
		35,539.60
Less: Corporation Expense		6,150.17
Net Gain for Year		29,389.43

MASSACHUSETTS MEMORIAL HOSPITALS

COMPARATIVE BALANCE SHEET AS OF DECEMBER 31, 1948 AND DECEMBER 31, 1949

EVANS FUNDS

ASSETS			12/31/49	12/31/48
Cash on Hand and in Banks				
Treasurer's Account			$312,577.52	$139,208.48
Cash due from Other Funds				
Smithwick Foundation			0	163.94
Accounts Receivable				
Patients—Active		$ 8,948.81		
Patients—Inactive		17,467.87		
Other		2,425.94		
Total		28,842.62		
Less Reserve for Doubtful Accounts		4,510.31	24,332.31	17,993.25
Accrued Investment Income Receivable			31,796.25	22,634.17
Combined Funds Investments			4,180,166.53	4,194,806.58
Deferred Assets				
Prepaid Insurance			478.21	4,892.00
Land and Buildings Used for Hospital Purposes				
Evans Memorial Bldg. & Equipment		872,304.14		
Power Plant	$219,280.22			
Less: Deprec. Res.	57,679.98			
Amort. Res.	75,205.39			
	132,885.37	86,394.85	958,698.99	964,468.79
Total Assets			5,508,049.81	5,344,167.21
LIABILITIES				
Accounts Payable and Accrued Expenses			1,023.82	16,574.96
Salaries and Wages Payable			2,959.88	10,972.07
Cash Due to General Fund			28,290.73	22,916.97
Unspent Balances of Receipts for Spec. Purposes			46,838.06	31,775.91
Reserve for Fluctuation in Value of Securities			110,000.00	110,000.00
Evans Funds				
Restricted—Endowment			793,388.52	773,485.32
—Honorarium			68,241.29	63,443.61
Invested in Plant and Equipment			1,091,584.36	1,091,584.36
Unrestricted (Residuary)				
Opening Bal. 1/1/49		3,233,414.01		
Add: Sh. of Secs. Profits Taken		82,591.21		
Other Additions to Fund		40,328.50		
Net Gain for Year		29,389.43		
		3,375,723.15		
Less: Grant to Gen. Fd.		10,000.00	3,365,723.15	3,223,414.01
Total Liabilities			5,508,049.81	5,344,167.21

THE STATISTICAL RECORD FOR 1949

Patient Care

Patients Admitted	9,080
Days of Care Furnished	107,440
Average Stay Per Patient	11.8
Average Daily Cost Per Patient	$20.61
Net Average Daily Income Per Patient	$16.03
Visits to the Out Patient Department	57,947
Average Cost Per Visit To the Outpatient Department	$4.26
Average Income Per Visit To the Outpatient Department	$2.37
Days of Patient Care Paid For at Regular Rates	80,259
Days of Patient Care Paid For at Less Than Regular Rates	22,660
Days of Patient Care Furnished Free	4,521
Personnel—Full Time	712

Education

Graduates of School of Nursing	28
Students in School of Nursing	98
Student Affiliates in School of Nursing	105
House Officers	90
Fellows	29
Affiliates From Other Schools of Nursing	105
Graduates of School of Medical Technology	11
Graduate and Undergraduate Students Boston University School of Medicine	267

Research

Money Expended	$300,000.
Papers Published	84
Personnel	105

Hospital Organization

STAFF LISTS

MEMBERS OF THE CORPORATION

1950

Mr. Nelson W. Aldrich
David L. Belding, M.D.
Mr. Marshall G. Bolster
Mr. Allen W. Bryson
Mr. C. Rodgers Burgin
Hon. Charles C. Cabot
Edward S. Calderwood, M.D.
Mr. Frank Carmichael
Mr. Lowell T. Clapp
Mr. Russell S. Codman
Mr. William F. Davis, Jr.
Mr. Frank S. Deland
Rev. E. Joseph Evans
James M. Faulkner, M.D.
Mrs. Russell G. Fessenden
A. McKay Fraser, M.D.
Mr. Henry S. Grew
Mr. Joe E. Harrell
Mr. Stephen W. Heard
Miss Mary Holbrook
Mr. Nelson D. Hooe
Mr. Ralph Hornblower
Mr. James M. Hunnewell
Miss Alla A. Libbey
Mr. Stephen C. Luce, Jr.
Dr. Daniel L. Marsh
Mr. Gordon Marshall
Mr. R. W. Maynard
Mrs. Allyn B. McIntire
Mr. Robert H. Montgomery
Harold J. Morgan, D.M.D.
Gordon Morrison, M.D.
Mr. Robert H. Morse, Jr.
Mrs. William B. Mossman
Mr. William F. Morton
Mr. Robert C. Nordblom
Mr. Samuel Norwich
Mr. William H. Nye
Thomas H. Peterson, M.D.
Mrs. Cornelia H. Pfaff
Charles A. Powell, M.D.
Mr. Charles J. Prescott
Mr. Elwyn G. Preston
Mr. Roger Preston
Mrs. Anna R. Ross
Mr. Arthur G. Rotch
Mr. Henry E. Russell
Mrs. John A. Sargent
Mr. Lee P. Stack
Mr. Russell B. Stearns
Hon. Thomas F. Sullivan
Miss Mary Thacher
Willis M. Townsend, M.D.
Mr. Frederick A. Turner
Mr. Albert Tweedy
Mr. Harold D. Ulrich
Conrad Wesselhoeft, M.D.

Ex-officio

Hospital Administrator
Chiefs of Service
President, Hospitals Aid Association
President, M.M.H. Nurses Alumnae Association

OFFICERS OF THE CORPORATION
AND
TRUSTEES

Jerome Preston, *President*

Louis J. Hunter, *Treasurer* Glenwood J. Sherrard, *Vice-President*

Bailey Aldrich, *Secretary* George R. Blodgett, *Vice-President*

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Mr. Alfred H. Avery	Mr. William A. Parks
Mr. William A. Barron, Jr.	Henry M. Pollock, M.D.
Mr. Daniel L. Brown	Mr. Laurence O. Pratt
Mr. George P. Glidden	*Mr. Jacob Shapiro
*Frederick L. Good, M.D.	Mr. Benjamin J. Shoolman
*Charles J. E. Kickham, M.D.	Mr. George W. Treat
Wesley T. Lee, M.D.	Mr. Walter R. Whiting
*Mr. Henry W. Minot	Mr. Arthur E. Whittemore

Mr. David E. Moeser

*State Trustees

ADMINISTRATION

1950

Administrator

PHILIP D. BONNET, M.D.

Director of Out Patient Service
Henry J. Bakst, M.D.

Director of Social Service
Miss Deborah H. Barus, A.B., B.S., M.S.

Plant Superintendent
William N. Brownlie

Personnel Officer
Mrs. Dorothy B. Buck

Director of Personnel and Service Manager
Edward J. Dailey

Chief Admitting Officer
Mrs. Marjorie J. Elliott

Assistant Administrator Haynes Department
Donahue L. Emerson

Assistant to Comptroller
Francis J. Farry

Credit Manager
Miss Alma Flanagan

Director of Nursing
Miss Florence Flores, R.N., B.S.

Purchasing Agent
Walter M. Gray

Housekeeper
Mrs. Agnes S. Harkins

Medical Artist-Photographer
Miss Jane Holbrook

Office Manager
Charles J. MacDonald

Head Chauffeur
Thomas McGann

Chief Engineer
Wilbert Myntti

Physiotherapist
Mrs. Nina G. Nichols, A.R.P.T.T.

Chief of Maintenance
Frederick O'Toole

Record Librarian
Miss Beatrice Peck, R.R.L.

Chaplain
Rev. Leicester R. Potter, Jr. A.B., A.M., S.T.B.

Director of Volunteers
Mrs. Marion Potter

Director of Public Relations
Allen S. Richmond

Dietitian
Miss Marjorie Shea, B.S.

Comptroller
Worthing L. West

1950

MASSACHUSETTS MEMORIAL HOSPITALS MEDICAL STAFF

CHESTER S. KEEFER, M.D., *Physician-in-Chief*

MEDICAL SERVICE

Visiting Physicians

Charles H. Burnett, M.D.
Charles P. Emerson, Jr., M.D.
Franz J. Ingelfinger, M.D.
Joseph F. Ross, M.D.
Francis C. Lowell, M.D.
Robert W. Wilkins, M.D.

Associate Visiting Physicians

Belton A. Burrows, M.D.
Henry M. Lemon, M.D.
Arnold Relman, M.D.

Assistant Visiting Physicians

Henry J. Bakst, M.D.
Norman H. Boyer, M.D.
Meyer H. Halperin, M.D.
Samuel E. Leard, M.D.
Irving W. Schiller, M.D.
Herbert H. Smith, M.D.
Moses J. Stone, M.D.

Assistants in Medicine

Morton S. Berk, M.D.
Donnell W. Boardman, M.D.
Bruce R. Brown, M.D.
Harold L. Chandler, M.D.
David Dove, M.D.
Fedele M. Faillace, M.D.
Oscar Feinsilver, M.D.
Jacob Gottler, M.D.
Harold Karlin, M.D.
Dera Kinsey, M.D.
Philip Kramer, M.D.
Rodney C. Larcom, Jr., M.D.
Maurice A. Lesser, M.D.
Harry R. Mushlin, M.D.
Paul I. Ossen, M.D.
Iver S. Ravin, M.D.
Louis A. Sieracki, M.D.
Edith D. Stanley, M.D.
Edward J. Welch, M.D.

DERMATOLOGICAL SERVICE

John G. Downing, M.D., Chief of Service

Associate Visiting Dermatologists

Salvatore J. Messina, M.D.
Francesco Ronchese, M.D.

Assistant Visiting Dermatologist

Alfred Hollander, M.D.

Assistants in Dermatology

Otis F. Jillson, M.D.
Louis G. McGoldrick, M.D.
Walter J. McDonough, M.D. (and Genito-Infectious Diseases)

GENITO-INFECTIOUS DISEASE SERVICE

William L. Fleming, M.D., Chief of Service

Assistants in Genito-Infectious Diseases

Jacob L. Grund, M.D.
Augusta Hayek, M.D.
Walter J. McDonough, M.D. (and Dermatology)
O. Draper Phelps, M.D.
Benjamin Rossman, M.D.
George W. Waring, Jr., M.D.

PEDIATRIC SERVICE

Herman C. Petterson, M.D., Chief of Service

Visiting Pediatricians

H. Arthur Berson, M. D.
Ewdard C. Smith, M.D.

Associate Visiting Pediatrician

Gabriel J. Rubin, M.D.

Assistant Visiting Pediatricians

L. Curtis Foye, M.D.
Anna H. Kandib, M.D.
Nina Litton, M.D.

PSYCHIATRY AND NEUROLOGY SERVICE

William Malamud, M.D., Chief of Service

Associate Visiting Physicians

Bernard Bandler, M.D. (Psychiatry)
Joseph M. Foley, M.D., (Neurology)

Assistant Visiting Physicians

I. Charles Kaufman, M.D. (Psychiatry and Neurology)
Peter Knapp, M.D. (Psychiatry)
Eleanor Pavenstedt, M.D. (Psychiatry)

Assistants in Pyschiatry and/or Neurology

Benjamin Cohen, M.D. (Psychiatry)
Justin M. Hope, M.D. (Psychiatry and Neurology)
Robert E. Moss, M.D. (Psychiatry)
Richard Palmer, M.D. (Neurology)
Donald H. Russell, M.D. (Psychiatry)
Lazarus Secunda, M.D. (Psychiatry)
E. V. Semrad, M.D. (Psychiatry)
C. T. Standish, M.D. (Psychiatry)

CLINICAL LABORATORIES

Chester S. Keefer, M.D., Acting Director

Norman H. Boyer, M.D., Physician in Charge (Electrocardiogram and Basal Metabolism)
Charles H. Burnett, M.D., Physician in Charge (Chemistry)
Charles P. Emerson, Jr., M.D., Physician in Charge (Hematology)
Alice McDonald, A.B., Bacteriologist in Charge

DEPARTMENT OF INFECTIOUS DISEASES

Chester S. Keefer, M.D., Physician-in-Chief
Louis Weinstein, M.D., Chief of Service

Visiting Physicians

Charles H. Burnett, M.D.
Franz J. Ingelfinger, M.D.
Francis C. Lowell, M.D.
Joseph F. Ross, M.D.
Robert W. Wilkins, M.D.

Associate Visiting Physician

John Worcester, M.D.

Assistant Visiting Physician

Norman H. Boyer, M.D.

Assistants in Medicine

Edith D. Stanley, M.D.
George W. Waring, Jr., M.D.

Assistant in Psychiatry

Donald H. Russell, M.D.

Radiology

George Levene, M.D.

Pathologist

Rudolf Osgood, M.D.

Anesthesiologist

Julia G. Arrowood, M.D.

ROBERT DAWSON EVANS MEMORIAL

Chester S. Keefer, M.D., Director

Members

Charles H. Burnett, M.D.
Charles P. Emerson, M.D.
James M. Faulkner, M.D.
William L. Fleming, M.D.
Sanford B. Hooker, M.D.
Franz J. Ingelfinger, M.D.
Francis C. Lowell, M.D.
Joseph F. Ross, M.D.
Reginald H. Smithwick, M.D.
Robert W. Wilkins, M.D.
Philip D. Bonnet, M.D. (Ex Officio)

Associate Members

Belton A. Burrows, M.D.
Arnold Relman, M.D.
Henry M. Lemon, M.D.
Louis Weinstein, M.D.

Assistant Members

Joseph M. Foley, M.D.
William E. R. Greer, M.D.
Meyer H. Halperin, M.D.
Samuel E. Leard, M.D.

SURGICAL STAFF

REGINALD H. SMITHWICK, M. D., *Surgeon-in-Chief*

SURGICAL SERVICE

Visiting Surgeons

Ralph Adams, M.D.
Hollis L. Albright, M.D.
Thomas J. Anglem, M.D.
Frank E. Barton, M.D.
Robert E. Gross, M.D.
(Pediatric Surgery)
Donald Munro, M.D.
John W. Strieder, M.D.
Charles Sziklas, M.D.

Associate Visiting Surgeons

Eugene A. Gaston, M.D.
Francis J. Hanley, M.D.
Chester W. Howe, M.D.
Knowles B. Lawrence, M.D.
Joseph P. Lynch, M.D.
Patrick J. Mahoney, M.D.
(Pediatric Surgery)
Walter R. Wegner, M.D.
George P. Whitelaw, M.D.

Assistant Visiting Surgeons

Phillips L. Boyd, M.D.
Martin L. Bradford, M.D.
John W. Chamberlain, M.D.
William Croskery, M.D.
Arthur L. Hanrahan, M.D.
A. Price Heusner, M.D.
Francis R. Kenney, M.D.
Charles W. Robertson, M.D.

Assistants in Surgery

Maurice E. Costin, M.D.
John H. Crandon, M.D.
Douglas A. Farmer, M.D.
Roger Kenworthy, M.D.
Richard C. Kerr, M.D.
William F. Lee, M.D.
Irving Madoff, M.D.
Harold I. Miller, M.D.
Edward J. Palmer, M.D.
Paul F. Ware, M.D.

ORTHOPEDIC SERVICE

Louis G. Howard, M.D., Chief of Service

Visiting Orthopedic Surgeon

Kenneth Christophe, M.D.

Associate Visiting Orthopedic Surgeon

Theodore A. Potter, M.D.

Assistant Visiting Orthopedic Surgeon

Robert S. Hormell, M.D.

Orthopedic Roentgenologist

Albert B. Ferguson, M.D.

OTOLARYNGOLOGICAL SERVICE

Leighton F. Johnson, M.D., Chief of Service

Visiting Surgeons in Otolaryngology

Nathan L. Fineberg, M.D.
Gustave B. Fred, M.D.
Edgar M. Holmes, Jr., M.D.

Associate Visiting Surgeons in Otolaryngology

Harold W. Ripley, M.D.
Bernard Zonderman, M.D.

Assistant Visiting Surgeons in Otolaryngology

Kendall B. Crossfield, M.D.
Sidney R. Wilker, M.D.

OPHTHALMOLOGICAL SERVICE

Ralph H. Hopkins, M.D., Chief of Service

Visiting Surgeon in Ophthalmology
Joseph J. Skirball, M.D.

Associate Visiting Surgeons in Ophthalmology
Henry R. Bloom, M.D. A. William Collinson, M.D.
Paul M. Runge, M.D.

Assistant Visiting Surgeons in Ophthalmology
John McIver, M.D. Earl S. Seale, M.D.
Elmer A. Shaw, M.D.

Refractionist
Elmer A. Shaw, M.D

UROLOGICAL SERVICE

Samuel N. Vose, M.D., Chief of Service

Visiting Surgeons in Urology
Myron J. Hahn, M.D. David B. Stearns, M.D.

Assistant Visiting Surgeon in Urology
Grant M. Dixey, M.D.

Assistants in Urology
Joseph D. eBrgin, M.D. Melvin K. Lyons, M.D.
Howard M. Tfarton, M.D.

DENTAL SERVICE

Harold A. Carnes, D.M.D., Chief of Service

Visiting Dental Surgeon
Forrest T. Bangs, D.M.D.

Associate Visiting Dental Surgeons
Gilman W. Haven, D.M.D.
Thomas J. Sullivan, D.M.D.

Assistants in Dental Surgery
David J. Butters, D.M.D. Robert J. McGuane, D.M.D.
John L. Hickey, D.M.D. Clinton W. Pickering, D.M.D.
William C. Tannebring, D.M.D.

RADIOLOGY

George Levene, M.D., Chief of Service

ANESTHESIA SERVICE

Julia G. Arrowood, M.D., Chief of Service

Anesthetist
Dorothy K. Heerdegen, M.D.

PATHOLOGY AND IMMUNOLOGY

Rudolf Osgood, M.D., Pathologist
Sanford B. Hooker, M.D., Immunologist

DIVISION OF OBSTETRICS AND GYNECOLOGY

BENJAMIN TENNEY, JR., M.D., *Obstetrician-Gynecologist-in-Chief*

C. Wesley Sewall, M.D., Chief of Obstetrics
Langdon Parsons, M.D., Chief of Gynecology

Visiting Gynecologist

Samuel Meaker, M.D. (Obstetrical Privileges)

Visiting Obstetricians and Gynecologists

Douglas G. Krumbhaar, M.D.
Daniel J. McSweeney, M.D.

Associate Visiting Obstetricians

Andrew D. Elia, M.D.
Bernard Lederman, M.D.
Owen C. Mullaney, M.D.
Sigmund Simons, M.D.

Associate Visiting Obstetricians and Gynecologists

Archie A. Abrams, M.D.
John R. Barker, M.D.

Associate Visiting Gynecologists

Burton C. Grodberg, M.D. (Obstetrical Privileges)
James C. Janney, M.D. (Obstetrical Privileges
James A. Lamphier, M.D. (Obstetrical Privileges)

Assistant Visiting Obstetricians

David E. Kopans, M.D.
John L. Morrison, M.D.

Assistants in Obstetrics

James M. Kenney, M.D.
Thaddeus J. Slomkowski, M.D.

Assistant in Gynecology

Masao Yatsuhashi, M.D.

Visiting Pediatrician

Edward C. Smith, M.D.

Associate Visiting Pediatrician

Herman C. Petterson, M.D.

Assistant Pediatrician

Marshall B. Kreidberg, M.D.

HONORARY STAFF

Solomon G. Fuller, M.D. (Neurology)
Nathan H. Garrick, M.D. (Neurology)
Henry M. Pollock, M.D. (Psychiatry)

CONSULTING STAFF

Harold L. Babcock, M.D., Otolaryngology
Edward S. Calderwood, M.D., Medicine
Henry Emmons, M.D., Ophthalmology
Eleanor Ferguson, M.D., Anesthesia
Milo C. Green, M.D., General Surgery
William A. Ham, M.D., Obstetrics
Clifford D. Harvey, M.D., General Surgery
Wesley T. Lee, M.D., Dermatology
Harold L. Leland, M.D., Urology
G. Kenneth Mallory, M.D., Pathology
Leroy M. S. Miner, M.D., Oral Surgery
Richard H. Norton, M.D., Oral Surgery
John A. Rockwell, M.D., Medicine
Conrad Smith, M.D., Otolaryngology
Edwin W. Smith, M.D., Obstetrics
Joseph E. Sternberg, M.D., Ophthalmology
William J. Taylor, M.D., Radiology
W. K. S. Thomas, M.D., General Surgery
Albert B. Toppan, M.D., Pediatrics
Helmuth L. Ulrich, Medicine

Nursery

Stewart H. Clifford, Pediatrics
R. Cannon Eley, Pediatrics

Department of Infectious Diseases

Raymond D. Adams, M.D., Neurology
John G. Downing, M.D., Dermatology
Geoffrey Edsall, M.D., Infectious Diseases
Cannon R. Eley, M.D., Infectious Diseases
Roy F. Feemster, M.D., Infectious Diseases
William L. Fleming, M.D., Preventive Medicine
Joseph M. Foley, M.D., Neurology
John E. Gordon, M.D., Infectious Diseases
Ralph H. Hopkins, M.D., Ophthalmology
Louis G. Howard, M.D., Orthopedics
Leighton F. Johnson, M.D., Otolaryngology
Knowles B. Lawrence, M.D., General Surgery
William Malamud, M.D., Psychiatry
Langdon Parsons, M.D., Gynecology
Edwin H. Place, M.D., Infectious Diseases
David D. Rutstein, M.D., Infectious Diseases
Edward C. Smith, M.D., Infectious Diseases
R. H. Smithwick, M.D., General Surgery
John W. Strieder, M.D., Thoracic Surgery
Benjamin Tenney, Jr., M.D., Obstetrics
Samuel N. Vose, M.D., Urology
Conrad Wesselhoeft, M.D., Infectious Diseases

MASSACHUSETTS MEMORIAL HOSPITALS

COURTESY STAFF

1950

Edward E. Adams, M.D., Medicine
Fred Alexander, M.D., Medicine
David Ayman, M.D., Medicine
Myles P. Baker, M.D., Medicine
Benjamin M. Banks, M.D., Medicine
Hollis G. Batchelder, M.D., Medicine
Samuel B. Beaser, M.D., Medicine
Harold Bengloff, M.D., General Surgery
Edward F. Bland, M.D., Medicine
Richard A. Bloomfield, M.D., Medicine
Harris E. Bowmar, M.D., Medicine
Charles A. Bradford, M.D., Orthopedic Surgery
Robert J. Brennan, M.D., Obstetrics
Elliott Bresnick, M.D., Medicine
Joseph H. Burnett, M.D., General Surgery
Glenn V. Butler, M.D., Medicine
John J. Byrne, M.D., General Surgery
Bradford Cannon, M.D., Plastic Surgery
Edward G. Carey, M.D., General Surgery
Paul J. Catinella, M.D., Medicine
Edwin F. Cave, M.D., Orthopedic Surgery
Earl M. Chapman, M.D., Medicine
Samuel C. Cohen, M.D., Medicine
William D. Colpoys, M.D., Medicine
Leon W. Crockett, M.D., Medicine and Obstetrics
James H. Currens, M.D., Medicine
David Davis, M.D., Medicine
Harry A. Derow, M.D., Medicine
Emmanuel Deutsch, M.D., Medicine
Roger T. Doyle, M.D., General Surgery
Sydney Ellis, M.D., Obstetrics and Gynecology
Sawyer Foster, M.D., Medicine
Sidney Friedman, M.D., Medicine
George E. Gardner, M.D., Medicine
Bernard I. Goldberg, M.D., Medicine
Archie D. Goldshine, M.D., Medicine
John R. Graham, M.D., Medicine
Peter P. Gudas, M.D., Medicine
Eugene Guralnick, M.D., General Surgery
Burton E. Hamilton, M.D., Medicine
James Harrison, M.D., Medicine
Thomas M. Hearne, M.D., Obstetrics
Otto J. Hermann, M.D., Orthopedic Surgery
Louis Hermanson, M.D., General Surgery
William R. Hill, M.D., Medicine
Harry J. Inglis, M.D., Otolaryngology
I. R. Jankelson, M.D., Medicine
Herbert J. Johnson, M.D., General Surgery
Kermit H. Katz, M.D., Medicine
Manuel Kaufman, M.D., Medicine
Varazstad H. Kazanjian, M.D., Plastic Surgery
John F. Kelley, M.D., Medicine
Charles J. E. Kickham, M.D., Urology

Richard B. King, M.D., Medicine
Samuel J. Kowal, M.D., Medicine
Philip Kramer, M.D., Infectious Diseases
John G. Kuhns, M.D., Orthopedic Surgery
James A. Lamphier, M.D., General Surgery
Timothy Lamphier, M.D., Surgery
Wyland F. Leadbetter, M.D., Urology
Norman Lenson, M.D., Surgery
George M. Lepehne, M.D., Medicine
Walter S. Levenson, M.D., Surgery
Spencer Levin, M.D., Pediatrics, Nursery
Leon Levinson, M.D., Medicine
Charles W. McClure, M.D., Medicine
John F. McManus, M.D., Medicine
Jacob Mezer, M.D., Obstetrics and Gynecology
G. Stanley Miles, M.D., Surgery
George F. Miller, M.D., General Surgery
Leo R. Milner, M.D., Medicine
Henry A. Mosher, M.D., Ophthalmology
John M. Murray, M.D., Medicine
Louis H. Nason, M.D., General Surgery
Joseph H. Nicholson, M.D., Medicine
H. Allan Novack, M.D., Medicine
William R. Ohler, M.D., Medicine
Eugene E. O'Neil, M.D., General Surgery
John P. Rattigan, M.D., Medicine
John R. Richardson, M.D., Otolaryngology
Joseph Riseman, M.D., Medicine
Melvin D. Roseman, M.D., Medicine
Henry N. Rosenberg, M.D., Medicine
Leon Rosenfield, M.D., General Surgery
Leon Ryack, M.D., Medicine
John J. Sacco, M.D., General Surgery
Benjamin Sachs, M.D., Ophthalmology
Nelson R. Saphir, M.D., Medicine
Harry Savitz, M.D., Medicine
John B. Sears, M.D., General Surgery
Arnold L. Segal, M.D., Surgery
Maurice S. Segal, M.D., General Surgery
John Seth, M.D., General Surgery
Robert Shapiro, M.D., General Surgery
Cornelius Shea, M.D., General Surgery
John Shortell, M.D., Orthopedic Surgery
Arnold Starr, M.D., General Surgery
Samuel Stearns, M.D., Medicine
Frederick W. Stetson, M.D., Medicine
Richard P. Stetson, M.D., Medicine
William R. Stevens, M.D., Medicine
Melvin I. Sturnick, M.D., Medicine
Russell F. Sullivan, M.D., Orthopedic Surgery
Howard K. Thompson, M.D., Medicine
Joseph P. Thornton, M.D., Medicine
Bernard Tolnick, M.D., Medicine
Carl E. Trapp, M.D., Medicine
James E. Vance, M.D., Medicine
Norman A. Welch, M.D., Medicine
Ralph H. Wells, M.D., Medicine
Paul D. White, M.D., Medicine
Walter E. Wilson, Jr., M.D., General Surgery
Luman A. Woodruff, M.D., Obstetrics

FELLOWS AT THE MASSACHUSETTS MEMORIAL HOSPITALS

1949

Fellows in Medicine

Charles Colburn, M.D.
George Daikos, M.D.
Edward Freis, M.D.
William Hewitt, M.D.
Walter Judson, M.D.
Philip Kramer, M.D.
Julius Litter, M.D.
Frank C. Moister, M.D.
Raymond Seltser, M.D.
Joseph Stanton, M.D.
Clarence M. Tinsley, M.D.

Research Fellows

Henry D. Beale, M.D.
Belton A. Burrows, M.D.
Roger M. Cole, M.D.
Franklin H. Epstein, M.D.
Heddy Frank, M.D.
William Franklin, M.D.
Margaret N. Lewis, Ph.D.
Donald G. McKay, M.D.
Herbert P. Minkel, M.D.
Arnold S. Relman, M.D.
David Toll, M.D.
Bryan Williams, M. D.
Henry R. Wolfe, M.D.

Fellows in Gastroenterology

John R. Bingham, M.D.
Napier Burson, Jr., M.D.
Albert I. Mendeloff, M.D.

Fellow in Surgery

John J. Kneisel, M.D

Fellow in Allergy

Clarence Denton, M.D.

Fellow in Anesthesiology

Francis X. Mack, M.D.

Fellow in Radiology

Charles B. Perkins, M.D.

HOUSE OFFICE AT THE MASSACHUSETTS MEMORIAL HOSPITAL

1949

Residents in Medicine

William E. R. Greer, M.D.
Samuel E. Leard, M.D.
Thomas S. Perrin, Jr., M.D.
Alexis Shelokov, M.D.

Assistant Residents in Medicine

William H. Baker, M.D.
Robert B. Chodos, M.D.
Louis A. Craig, Jr., M.D.
Lamont E. Danzig, M.D.
William Franklin, M.D.
Job Fuchs, M.D.
Monte Greer, M.D.
Charles T. Marrow, M.D.
Raymond Seltser, M.D.
Edward Wasserman, M.D.
Milton L. Wiggins, M.D.

Interns in Medicine

Walter A. Cervoni, M.D.
Robert K. Davis, M.D.
W. L. Jack Edwards, M.D.
George Entwisle, M.D.
John T. Farrar, M.D.
Louis Z. Fauteux, Jr., M.D.
John W. Geibel, Jr., M.D.
Robert B. Giles, Jr., M.D.
Gunnar Gunderson, M.D.
William E. Huckabee, M.D.
David S. Johnson, M.D.
Carl M. Pearson, M.D.
Erwin H. Shell, Jr., M.D.
George T. Shires, M.D.
Janice Stevens, M.D.
Clement P. Stodder, M.D.
Paul B. Sullivan, M.D.
J. Edwin Wood, M.D.
Roger H. Wright, M.D.

Residents in Surgery

George Mixter, M.D.
Jesse Thompson, M.D.

Assistant Residents in Surgery

Fred H. Aves, M.D.
Charles L. Minor, M.D.
William C. Wigglesworth, M.D.

First Assistant Resident in Surgery

Gordon D. Arnold, M.D.

Second Assistant Residents in Surgery

John W. Bell, M.D.
Charles A. Beskin, M.D.
Edmund Billings, Jr., M.D.
Leicester S. Johnston, Jr., M.D.
Armas S. Kyllonen, M.D.
Paul B. Metcalf, M.D.
Marshall G. Morris, Jr., M.D.
William J. Porell, II, M.D.
John H. Selby, M.D.

Third Assistant Residents in Surgery

Kenneth R. Greenleaf, M.D.
Garry deN. Hough, III, M.D.
Ralph J. Palermo, M.D.
Charles N. Peabody, M.D.
George F. Pratt, M.D.
Theodore Thayer, M.D.

Interns in Surgery

Paul M. Burke, M.D.
Joelle C. Hiebert, Jr., M.D.
Thomas G. Parker, M.D.
John H. Stritch, M.D.
Harold I. Tarpley, Jr., M.D.
William A. Whitcomb, M.D.

Resident in Dentistry

Gordon M. Freeman, M.D.

Residents in Ophthalmology

James A. Fisher, M.D.
Robert G. Holt, M.D.

Resident in Pathology

William E. Jacques, M.D.

Assistant Resident in Pathology

Russell H. Pope, M.D.

Intern in Pathology

Jack E. Presberg, M.D.

Residents in Otolaryngology

Hector R. Silrva, M.D.
Robert Sumner, M.D.

Residents in Urology

Joseph D. Bergin, M.D.
Frank L. Collins, Jr., M.D.

Assistant Residents in Urology

Roger C. Baker, Jr., M.D.
Joseph F. Nates, M.D.

Residents in Anesthesiology

Charles P. Boyan, M.D.
Lloyd G. David, M.D.
Sidney M. Gardner, M.D.
Joseph O. Hayes, M.D.

Assistant Residents in Anesthesiology

Melvin S. Kaplan, M.D.
Yvette Mentha, M.D.
Elizabeth Wittenstein, M.D.

Resident in Obstetrics

John A. James, M.D.

Assistant Resident in Obstetrics

Joseph F. Arico, M.D.

Second Assistant Resident in Obstetrics

Lee W. Richards, M.D.

Intern in Obstetrics

Joseph S. Sands, M.D.

Resident in Gynecology

John A. James, M.D.

Assistant Resident in Gynecology

James F. Kenney, M.D.

Residents in Dermatology

Joseph P. Farrell, M.D.
Otis F. Jillson, M.D.

Residents in Radiology

Dolores C. Arnois, M.D.
Paul Massik, M.D.

Residents in Psychiatry

Warren M. Brodley, M.D.
George H. Carter, M.D.
James W. Dykens, M.D.
Samuel Rosmarin, M.D.
Louis W. Sander, M.D.
Jacob Swartz, M.D.
Ervin Teplin, M.D.

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The Massachusetts Memorial Hospitals, as the name implies, were built predominantly through endowments and bequests. Without the fine bequests which have been given in the past, this hospital would not have grown in stature and prestige. A memorial gift to this hospital will be an enduring and constructive monument to whomsoever it is ascribed. For the benefit of anybody interested in making a bequest, the sample form below may be used as a guide. Every contribution, no matter how small, brings comfort, help, and happiness to some sick person.

FORM OF BEQUEST

I give and bequeath to the Massachusetts Memorial Hospitals, 750 Harrison Avenue, Boston 18, Massachusetts, a corporation established under the laws of the Commonwealth of Massachusetts, the sum of .....
dollars to be applied to the use and purpose of the corporation.