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Medical Center

Health Forum



Medical Center

From the Director/ Richard H. Egdahl, M.D.

BCH/Medical Center relationship flowers. There have been a number of interesting developments recently in the relationship between the Medical Center and Boston City Hospital. Everyone knew when our School of Medicine was chosen to be the school BCH would contract with for professional services that it was a tremendous opportunity and challenge for us, and so it is. This is becoming apparent in the shared services we have worked out.

The pathology services of the two institutions are totally merged now. Pathology is based in Boston City Hospital's Mallory Building, with a pathologist-in-residence at University Hospital being part of the team. Dr. Leonard S. Gottlieb heads that program. Also, consolidation has occurred in both cardiac surgery and cardiac catheterization at the two institutions. Dr. Robert L. Berger is head of cardiac surgery and Dr. Thomas J. Ryan directs the cardiac-catheterization program.

Other types of mutually advantageous shared programs are naturally desirable. A bridge is being planned to link our School of Medicine Instructional Building with the BCH. This link will remove a barrier of geography that has existed in the minds of some. This project is well along in the planning. Hopefully the problems connected with this project, such as costs and certain legal concerns, will soon be resolved. The bridge would be an essential feature for certain joint projects — for instance, the use of the

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Former federal official joins BUMC as deputy director

Wide HEW experience. A noted academic and governmental health administrator has been named second-ranking officer of Boston University Medical Center. Dr. Frederick L. Stone, who had been deputy director of the Health Services Administration of the federal Department of Health, Education, and Welfare, became deputy director of BUMC July 1.

The announcement was made by Dr. John R. Silber, president of the University, and Dr. Richard H. Egdahl, director of BUMC and the University's academic vice president for health affairs.

Dr. Stone is a former director of the National Institute of General Medical Sciences, one of the National Institutes of Health. In this role he oversaw the federal agency with primary responsibility for the development of research and training programs in the academic and clinical medical specialties.

As BUMC deputy director, Stone will work with Dr. Egdahl in directing the financial and operational activities and program development of the service components of Medical Center Headquarters, including development, communications, physical plant and fiscal affairs. He will also work with the program directors of health-services research and development, postgraduate education, hospital affiliations and community-health affairs to evaluate BUMC's possible contributions in such areas as Health Maintenance Organizations, Professional Standards Review Organizations and emergency medical services.

Stone will be a member of the Medical Center's Executive Committee, helping develop long-range plans for the School of Medicine, University Hospital and School of Graduate Dentistry.

Dr. Stone replaces the recently resigned William Bronstein as deputy director of the Medical Center.

In addition to his Medical Center responsibilities, Stone will serve as the University's associate vice president for health affairs, working closely with Dr.



Frederick L. Stone

(Please turn to page 2)

From the Director . . .

(Continued from page 1)

Betatron at University Hospital, the use of mammographic equipment at City. One could move patients back and forth without involving ambulances.

The Department of Health and Hospitals trustees recently approved an interim management step that will develop our close relationship even further, by appointing Dr. Lester F. Williams Jr. as the BCH acting director of professional services. BCH Director Francis E. Guiney, Dr. Williams, Dr. Alan Cohen and I will be meeting at least once every two weeks to discuss problems that come up involving the Medical Center's components and the BCH. In addition, Dr. Williams will work closely with Mr. Guiney, Dr. Jerome H. Shapiro, chairman of the BCH executive committee, the clinical chiefs and a deputy commissioner for ambulatory services (who has not yet been named). The structure gives management a mechanism it has not had in the past.

We have also invited Frank Guiney to join the Medical Center's executive committee, and he has agreed. He will be attending meetings with the deans of Medicine and Graduate Dentistry, the University Hospital administrator and the Medical Center director and deputy director, a further indication that City Hospital is deeply involved in the Medical Center's affairs. Mr. Guiney is also an active participant in the Ingelfinger strategic planning group and is on the search committee for the new School of Medicine dean.

All of these things taken together add up to a strong and unique involvement by the management of a municipal hospital with a medical center. I think that these things bode well for all of us, even though we have differing reporting relationships. A commonality of purpose and mission makes this a relationship of note.

Work in progress: The search for a new dean.

The committee seeking a new dean for the School of Medicine has met a number of times and is considering a large number of candidates. We convene every Monday and plan to continue to do so until we have a dean. Each week, we update the list of names. We have received literally hundreds of them, from university officials, faculty and alumni, and from newspaper advertising. Each week, we spend several hours going over the list and making calls to associates of potential candidates, so that we have candidates who are outstanding in performance at their present institutions. We are looking for experience, a desire to be the dean of a medical school, knowledge of the problems facing medical schools and an appreciation of BUSM's own particular challenges and opportunities.

Every week, we add to the list between 10 and 20 names to sort out into categories of interests, background and ability, and we have now reached the stage where there is a developing group of several

names with fairly uniform support on the committee. These persons all have experience or strong interest in medical schools, enthusiasm to be dean, and seem to have special resources. We plan to have several of these persons visit individually for one-day sessions to meet groups of individuals from the University and the Medical Center — students, basic scientists, administrators, faculty, community people and University President John R. Silber. Then, we will ask a few to return for more intensive discussions with a wider range of individuals. We would like to have the new dean chosen and named by early fall, or as close to that as possible. The selection committee is to present three names to President Silber and the trustees for consideration.

Until a new dean has been selected and has arrived, I will work with the present staff in the Dean's Office in the evolution of effecting interim arrangements. Matters of curriculum, morale, financing and planning must be attended to.

Deputy director named . . .

(Continued from page 1)

Egdahl in his Charles River Campus activities.

Biologist-administrator. Trained as a biologist, Dr. Stone has had wide experience in the federal administration of research and health care and in the management of private-sector academic health centers.

Prior to his role in the Health Services Administration, which he assumed in 1973, he was interim deputy administrator and concurrently special assistant to the administrator of the Health Services and Mental Health Administration of HEW.

From 1970 to 1972, Stone served as president of the New York Medical College and the Flower and Fifth Avenue Hospitals. He also was appointed a professor of community and preventive medicine at New York Medical College, an association which he has maintained.

Previous to 1970, the new deputy director of BUMC served in a wide range of administrative positions with the National Institutes of Health. In addition to his directorship of the National Institute of General Medical Sciences for seven years, he occupied several major posts with the Division of Research Grants.

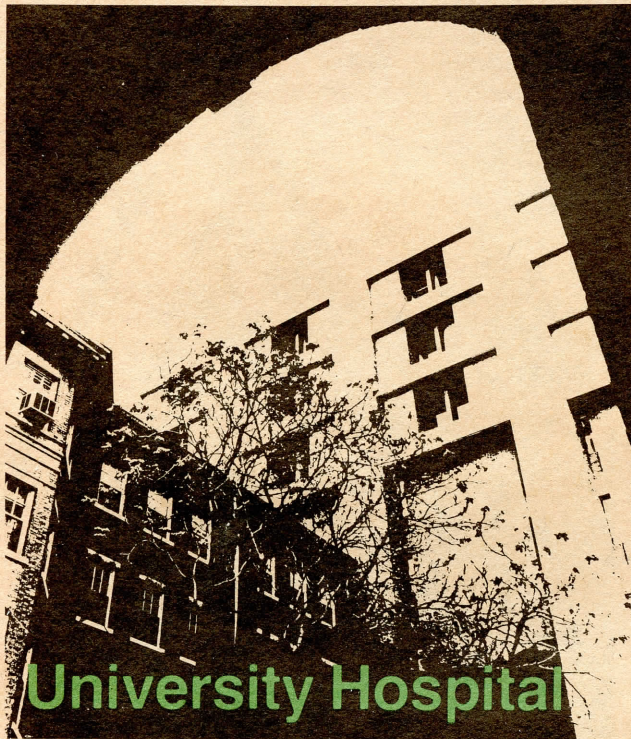
Among other previous appointments, Stone was director of the medical and scientific department of the Multiple Sclerosis Society in the mid-1950s, and he was assistant to the vice chancellor of the Schools of the Health Professions, University of Pittsburgh.

Consultant, juror. Stone served for many years as a juror for the eminent Albert Lasker Medical Research Award. He was a member of the Advisory Council to the biology department of Princeton University and has been a consultant on university structure and function

to the University of Alaska, University of Nevada and the University of South Dakota. He continues as a member of the Medical Advisory Board of the National Multiple Sclerosis Society.

Dr. Stone received his B.A. in chemistry from Middlebury College in 1937. He later received two graduate degrees in biology from the University of Rochester — the M.S. in 1942 and the Ph.D. in 1948.

The native of Biloxi, Miss. has been honored with two major awards from the Department of Health, Education, and Welfare. In 1964 he received the Superior Service Award and in 1966 the Secretary's Special Citation.



From the Hospital Administrator/ John H. Betjemann

University Hospital and its physicians: The buck stops where? In the last issue of *Health Forum*, I set the stage for a series of articles dealing with several broad issues facing us: UH and its physicians; survival, freedom and public policy; new responsibilities of the trustees; our future obligations to education; and meeting community needs. In this issue, I would like to discuss the interrelationships between the hospital and its physicians, from the point of view, "Where does the buck stop for medical care and medical-fiscal accountability?"

Under the corporate bylaws of UH, the hospital

trustees delegate to the medical and dental staff overall authority and accountability for the medical care of patients. Our medical staff is a large and heterogeneous group: Some 600 visiting physicians who maintain private practices admit their patients to UH — and of these, 20 per cent account for 80 per cent of the activity; then, there are more than 100 full-time teaching physicians who are members of the Schools of Medicine and Dentistry faculty; in addition, there is an equally large group of physicians in training (house staff).

Organizational units. These 800 physicians practice medicine within clinical divisions, departments and sections under the leadership of division chiefs, department heads and section chiefs. The organizational units correspond to comparable units at the Schools of Medicine and Dentistry. Our Medical Staff governs itself under a set of bylaws and meets as a total body four times a year to conduct various business matters. Most of the day-to-day decisions regarding medical practice, guidelines, policies and procedures are determined by the Medical Staff Executive Committee, which meets monthly and consists of division chiefs, department heads (on a rotating basis), the administrator for nursing, the hospital administrator and the director of the Medical Center. Then, there is a host of subcommittees, formed by and reporting to the Medical Staff Executive Committee, covering a range of clinical areas (such as the tissue committee, pharmacy committee and patient-care committee) and utilization monitoring.

Several key questions emerge from what appears at first glance to be a rather complex array of practitioners, teachers, students, divisions, departments and committees. First, and simply put, is this: Where does the buck stop for the quality of care and medical-fiscal accountability? Does it stop at the bedside, with the individual practicing physician? Does it stop with the division chief or department head? Or does it stop with the Medical Staff Executive Committee? This question, which sounds like something only a compulsive organizationalist like myself would worry about, has become most important in recent years. At one time, what physicians ordered for their patients, or what clinical departments wanted to do, did not particularly matter to the administrator, because whatever the eventual costs might be, they could simply be passed along to the customer. Hospital management was not a matter of business-like resource-organizing and decision-making; rather, it was more a game of crying poor, while at the same time exercising almost unlimited power to pass all costs along to the public, to meet the insatiable demand for more and better services.

"Game" has new rules. The ballgame has changed now — or, at least there are different rules. With new ceilings on expenditures and increased costs, the fiscal pants must be cut to fit the cloth. Also, until

recently, hospitals were seldom sued for malpractice on the part of their practicing physicians. The new situation, underscoring the ultimate responsibility of the trustees for everything that happens in a hospital, is painfully brought to mind by a court case entitled *Gonzales vs. Nork and Mercy Hospitals of Sacramento*. The court held Mercy Hospital *corporately liable* for damages resulting from the malpractice committed by a staff physician administering medical treatment to a patient as an independent contractor, despite the hospital's adherence to all of the standards of the Joint Commission on the Accreditation of Hospitals, California licensing laws and regulations, and the hospital's own bylaws. The court awarded Gonzales compensatory and punitive damages totalling almost \$4 million. Dr. Nork and the hospital were *both* held liable for Dr. Nork's malpractice.

In light of these changing conditions, it is no wonder that trustees and medical staffs are searching for new means for holding physicians literally accountable, while at the same time avoiding the traditional pitfalls of corporate medical practice and excessive lay control. University Hospital, like all other American hospitals, is pressing forward in the search for a solution.

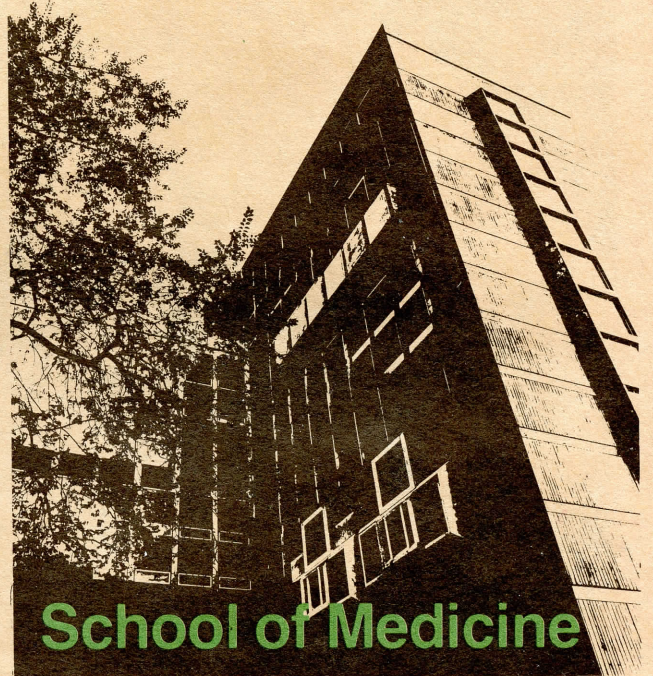
Cost containment and responsibility. In the matter of medical-fiscal accountability, the key fact of life is this: *All* of our costs are directly or indirectly determined by the day-to-day decision-making of physicians in the care of their patients, or by groups of physicians within the medical divisions and departments, as new programs are conceived and planned.

Therefore, if the hospital is to survive as an economic enterprise, it must find ways and means to work the physicians into the management-accountability structure. They must understand the results of their decision-making in terms of the institution's resources and costs, for no economic enterprise can stay in business if it does not command the allegiance and fiscal accountability of its decision-makers. In a real sense, hospital administrators have been their own worst enemies and have made solving this equation more difficult by the ways they have budgeted and held people accountable for expenditures. Hospitals typically structure their budgets along the lines of the servicing departments, rather than the ordering departments. For example, we attempt to hold the chief radiologist and the director of the laboratories responsible for the volume (and hence, the cost) of X-rays and laboratory tests; but, in fact, there is no way that these persons can influence or control the quantity and variety of tests ordered by their physician colleagues.

Perhaps, to really control our costs, we should budget the Divisions of Medicine, Surgery and Psychiatry and the departments within them, for their respective share of the costs for those ancillary services to their patients, whether these ancillary departments be radiology, laboratory or central supply.

Then, when the chickens come home to roost, and priority decisions have to be made, the right people would be making the choices, since in the final analysis, only the division and department chiefs can control and influence the decision-making of the physicians under their supervision. To me, this is an intriguing plan for rearranging the hospital's budgetary and power structure. I feel that it is food for thought, and I would welcome your comments on this and any of the other items I have discussed.

In the next issue of *Health Forum*, I will consider the effects of public policy on the hospital, a matter which is crucial to our institution's survival and freedom.



Medical students honor three 'outstanding' teachers

Three members of the BUSM faculty whose teaching abilities are especially valued by the Class of 1976 received special honors for that talent at a reception organized and hosted by their students at the close of the 1973/74 school year.

The faculty members — Dr. Vinay Kumar, instructor in the Department of Pathology, Dr. Carol Walsh, assistant professor in the Department of Pharmacology and Dr. David Doner, instructor in the Renal Disease section of Biology of Disease — were honored at a wine and cheese reception held in the Hiebert Lounge and attended by numerous mem-

bers of the faculty and student body. The three instructors received letters spelling out the appreciation of the students for the manner in which they conduct their courses.

Emphasis on excellence. According to Andy Levey, one of the medical students who organized the program, the teaching awards were created for three basic reasons: To recognize and express appreciation for teachers who have demonstrated excellence; to highlight those qualities in teachers that contribute to their excellence; and to emphasize the high value that BUSM students place on excellent teaching.

The awards, which will be given annually by the Class of 1976, were established at a class meeting; 80 students in the class of about 120 returned ballots. Teachers eligible were any of those the class had during the school year, except for those who taught small group tutorials in physical or psychiatric diagnosis. Because the students felt instructors in the Biology of Disease sections get less exposure, they selected one section of B.O.D. for an award.

In opening the ceremonies, Levey noted that the first two goals of the teaching award were fulfilled, that the teachers were recognized and their characteristics were highlighted. "However," he said, "we can only *hope* to achieve our third goal — that of emphasizing the value of good teaching. The original idea for an award grew out of a general dissatisfaction with teaching and with our learning experience at BUSM. In addition to being a form of recognition, the award seemed to us to be a way to demonstrate our concern and our willingness to participate in creating a better education for ourselves.

"With the presentation of these awards," Levey continued, "we are also saying . . . that teaching is most important to us. We feel that it is a worthwhile endeavor for the faculty here to participate in. Please teach us! We *can*, we *have* and we *will* recognize your efforts. In this light, especially, we congratulate today's winners on behalf of the second year class."

The admired qualities. In presenting the awards, the students spelled out the qualities they admire in each of the teachers:

Dr. Kumar: ". . . We appreciate your extensive knowledge of the material and your ability to present it clearly and interestingly, both in lecture and laboratory formats. You are interested in what you teach and want us to feel the same excitement about your, and our, work. When we have questions, you are available and approachable. You seem to know what areas are confusing to us and you respond to our questions on the level on which they are asked. This stems not only from a knowledge of our prior course work, but, more importantly, from an ability to hear what we say and ask. This is a quality that reflects a true concern for us as individuals and future physicians."

Dr. Walsh: "This year, the second year class has chosen you . . . to receive this award for your par-

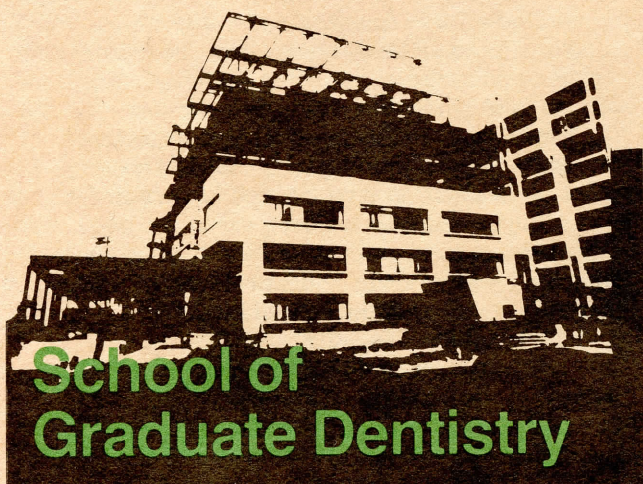
ticipation as a lecturer and lab instructor in Pharmacology. In the words of one student, 'Dr. Walsh presented a well-organized and complete lecture. She demonstrated an understanding of the material and made an effort to convey that understanding to us.' Those who came into closer contact with you saw, in addition, a warm, receptive teacher interested in students and delightful to work with. Those students who participated in your laboratory section felt that your enthusiasm and involvement in the experiments was evident every minute — as was your concern that they were able to understand the meaning of the experiment and that the lab experience was worthwhile. As another student stated, 'Dr. Walsh's interest in students and in teaching were her most outstanding characteristics.' We hope that our appreciation and enthusiasm in giving you this award is recognized by all."

Dr. Doner: "This award for excellence in teaching in



Honored teachers Kumar, Walsh and Doner

Biology of Disease has been awarded to the Renal Disease section. The award is intended to recognize your role in organization of the information presented, the integration of basic science and clinical medicine and the intelligent use of hand-out material and lectures that supplemented this material, the factors that contributed to the success of this section. One student summarized the strengths of the Renal Disease block in the following way: 'The overall organization and presentation of the subject matter helped give me an approach to understanding symptoms, signs and laboratory findings in Renal Diseases. Lab exercises and case discussions emphasized problem solving and differential diagnosis. The Renal Disease faculty as a whole respected the class, understood the level of our prior knowledge of the subject and showed interest and enthusiasm in their teaching in both lectures and labs.' Another student adds that 'the teaching was consistently excellent and the teachers were consistently pleasant, calm, unauthoritarian and coherent.' Another adds that 'the limitation of the number of lectures per day made each lecture more effective.' The combination of excellent organization, excellent teaching and sincere interest in teaching and respect for students is what brings the award for excellence to the Renal Disease section of B.O.D."



Dr. Fillios to direct Nutritional Sciences Dept.

Interdisciplinary resources are key. Dr. Louis C. Fillios, a biochemist and nutritionist, has been named to head a new Department of Nutritional Sciences at the School of Graduate Dentistry. The department was formed in response to what many observers regard as a severe shortage of individuals adequately trained to teach nutrition or conduct nutritional research.

Dr. Fillios, who will continue also as a professor of biochemistry and director of basic sciences at the dental school, said that the new nutritional-science program would emphasize interdisciplinary resources drawn from Boston University's Charles River and Medical Center campuses.

Noting that there are 800 million people in the world today on substandard diets, Dr. Fillios said, "Nutritional science is one of the most important scientific activities in the world today."

Most diseases are related to nutritional status, and it has been established that eating patterns play an important role in cardiovascular diseases, the nation's number one killer. Fillios stated that hunger "is not the only cause of poor nutrition. We must also study the effects of over-nutrition." Dr. Fillios predicts that "new problems will arise because man is always changing his diet."

He said that academic centers have a responsibility to society to train more first rate, top quality scientists, noting that Boston University's new interdisciplinary program will use the existing resources for the "best training at the least cost."

The interdisciplinary approach to nutritional education is "more enriching to all because it is opening the lines of communication at this university and keeping them as wide open as possible, so students get the best education possible."

SGD program draws U.S., foreign dentists

Despite the handicaps of construction work in progress at the School of Graduate Dentistry and travel limitations imposed by the energy crisis earlier this year, the SGD Division of Continuing Education reports that 1973/74 was a successful and active academic year, with more than 1,000 dentists from the United States and a number of foreign nations in attendance for special programs.

Although a majority of its course participants come from the New York/New Jersey/New England area, the Continuing Education Division continues to attract numerous dentists from abroad. Last August, the Division hosted 38 French dentists for two weeks of clinical demonstrations in endodontics, periodontics and prosthetics. In October, 26 Japanese dentists visited SGD for a two-day lecture in endodontics and periodontics given by Dr. Henry Goldman and Dr. Herbert Schilder. Currently, a group of 25 dentists from Italy are on hand for a two-week lecture and clinical demonstration series, while another group from France is scheduled to take a similar course in early November.

The Division reports that a number of new courses added to the program this year have proven valuable. Among them are a series on vitreous carbon implants; a series of implant seminars in memory of the late Dr. Aaron Gershkoff, and Periodontics for the Dental Hygienist, the first in a new series specifically designed to meet the needs of dental auxiliaries.

SGD establishes graduate program for dental hygienists

Dental hygienists who wish to apply their professional abilities to the improvement of the community at large are eligible for a new degree program offered by the School of Graduate Dentistry.

The Master of Science in Dental Public Health program provides a combination of formal course work, small group seminars and individual tutorials in conjunction with a field experience. According to Dr. Anthony Jong, director of SGD's Division of Dental Health Affairs and chairperson of the Department of Community and Public Health Dentistry, the goal of the program is to produce individuals with the necessary knowledge and skills to assume leadership roles in community dental health.

Students will take courses at SGD, the School of Medicine and other units of the University. The program is designed to meet individual needs and will be a minimum of one year in duration.

Further information is available from Dr. Jong at the School of Graduate Dentistry, 100 East Newton Street, Boston 02118; or, by telephone, to 617/262-4200, extension 6562.

Charles River Campus

'Self-pacing' at SON. Students in the School of Nursing baccalaureate program now have a unique means for proceeding through the program at their own pace and have clinical and theoretical skills validated at the same time that they are acquiring new insights in their field. The SON "self-pacing" program gives students the opportunity to either accelerate or decelerate their programs of study, based upon their own individual learning needs, study styles and abilities. The burden for demonstrating mastery of course objectives is on the student, who may use alternate resource materials developed by the faculty as a means of providing flexibility.

Once a student demonstrates mastery of the theoretical and clinical components of a course, he/she may proceed directly into the next nursing science course, even if that occurs at other than the usual time for beginning the subject. The program, which has proven to be highly attractive to Registered Nurse students, medical corpsmen and persons with degrees in other fields, successfully demonstrated in the past academic year that it develops more self-directed and involved learners.

A total of 55 junior and senior students accelerated one or more courses. In addition, 12 students decelerated parts of their program. Eighteen were able to complete all 48 nursing science courses in two semesters, while another 25 successfully accelerated enough of the nursing science courses to complete program requirements this summer. Twelve more are expected to complete their requirements by December.

Seminars probe medical/legal issues. A number of critical medical/legal issues — such as genetics and law, human experimentation and the right to treatment — will be the subjects of a series of five multi-disciplinary seminars to be offered at the Center for Law and Health Sciences at the School of Law during the coming academic year. The seminars are open free of charge to all graduates, including medical students.

The five seminars, briefly, are:

- Children at Risk, an examination of services provided to victims of physical abuse, handicaps, mental illness or retardation, with special attention to the role of government in delivering such care and proposals for change. Joel J. Alpert, M.D. and Leonard H. Glantz, Esq., course leaders.
- Right to Treatment of the Developmentally Disabled Person, an exploration of the current status and treatment of mentally retarded individuals in light of recent court cases and federal legislation. John P. Wilson, Esq. and Gunnar Dybwad, Esq., course leaders.
- The Dying Patient — Medical/Legal and Ethical Issues, a study of truth-telling, psychological impact, active and passive euthanasia and the "living will."

Ned Cassem, S.J., M.D. and George J. Annas, Esq., course leaders.

- Genetics and Law, a course which will focus on the legal and public policy aspects which arise when the regulation of genetic technology is contemplated. It will include the teaching of evolutionary theory, compulsory sterilization, genetic screening, XYY, birth control and abortion. Controversial developments in the genetic modification of man, such as *in vitro* fertilization, cloning and experimentation with human embryos will also be discussed. Seymour Lederberg, Ph.D., and George J. Annas, Esq., course leaders.

- Human experimentation, an in-depth examination covering the types of human experimentation, justification for it, the rights of the subjects and the role of informed consent. George J. Annas, Esq. and Leonard H. Glantz, Esq., course leaders.

Persons interested in taking any of the courses listed above should contact the Center at 353-2910.

Health training investigation. Dr. Leonard M. Bloksberg, professor of social research and chairman of the research department at the School of Social Work, has been engaged by the Council on Social Work Education as a consultant on the design of a study to establish "base-line data" on mental-health training programs in schools of social work. The proposed investigation has been approved by the National Institute on Mental Health, but that body has requested more development of the design and methodology for such an undertaking. As part of his assignment, Dr. Bloksberg has visited and consulted with representatives of 26 schools of social work. The Council on Social Work Education proposal was developed to determine what mental-health curriculum is taught in schools of social work, what methods are used, and in what manner the curriculum could be better integrated with the rest of the curriculum.

Social Work involvement grows. The manifold activities of the School of Social Work's Continuing Education Department have drawn favorable notice in the state Department of Youth Services Newsletter, pointing up the manner in which the program is meeting a variety of needs in local and regional social service agencies. In recent months, Continuing Education has sponsored training programs for public and private agencies in Maine, Vermont, New Hampshire and Rhode Island. A recent example of this successful outreach was a workshop project involving corrections personnel, clergy, physicians, nurses, psychiatrists, psychologists, social workers and paraprofessionals from the Butler-Bradley Mental Health Education Center and the Rhode Island Department of Education. Locally, the department has been involved with such agencies as the Parents' and Children's Services, the Roxbury Multi-Service Center, Family Service Association of Greater Boston, McLean Hospital, Cambridge Training Resources and the Massachusetts Foster Parent Association.

Program to treat handicapped children. An experimental stimulation program for high risk infants aged 0 to 18 months with multiple handicaps, and for deaf children aged 18 to 24 months, began last month under the direction of Eleanor M. Semel, professor of speech pathology and audiology at Sargent College of Allied Health Professions. The three-year project has recently been funded for \$65,000 for the first year by the Department of Health, Education, and Welfare's Bureau of Education for the Handicapped. Objectives of the project, which will be conducted at the Horace Mann School for the Deaf, are threefold:

- Early identification, diagnosis and intensive sensory stimulation treatment for the infants;
- Individualized educational and counselling services for the parents;
- Training of teachers and other health professionals in evaluation and treatment procedures, counselling and program planning.

Development

\$700,000 goal met. Phase One of University Hospital's Emergency Development Capital Campaign has reached a successful end, according to Daniel I. Ross, director of the Medical Center's Development Office. The initial goal of \$700,000 has been met,

primarily through the vigorous efforts of hospital trustees and a specially organized group of physicians, headed by Drs. James C. Melby and Alexander M. Rutenburg. In the face of precipitously rising costs related to the rehabilitation and construction projects funded by Phase One, the Hospital's Board of Trustees has authorized an extension of the campaign for an additional \$300,000.

Alumni Affairs

Alumnus sets up \$250,000 student fund. A retired radiologist who graduated from the School of Medicine in 1929 has established a \$250,000 scholarship fund for BUSM students. Dr. Abraham Fiering, who is retired from practice, set up the fund in the form of an annuity trust, with one half of the principal to be used annually for scholarships or loans for medical students while the other half remains intact, gathering interest. The gift is to be known as the Abraham and Ida S. Fiering Scholarship and Loan Fund.

Dr. Fiering is a graduate of Harvard College and served as an aviator during World War I and as a member of the Medical Corps in World War II. He and his wife reside in Wayne, N.J.

Boston University
Medical Center



Nonprofit Organization

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