

Fiftieth anniversary of the Boston City Hospital, June 20, 1914.

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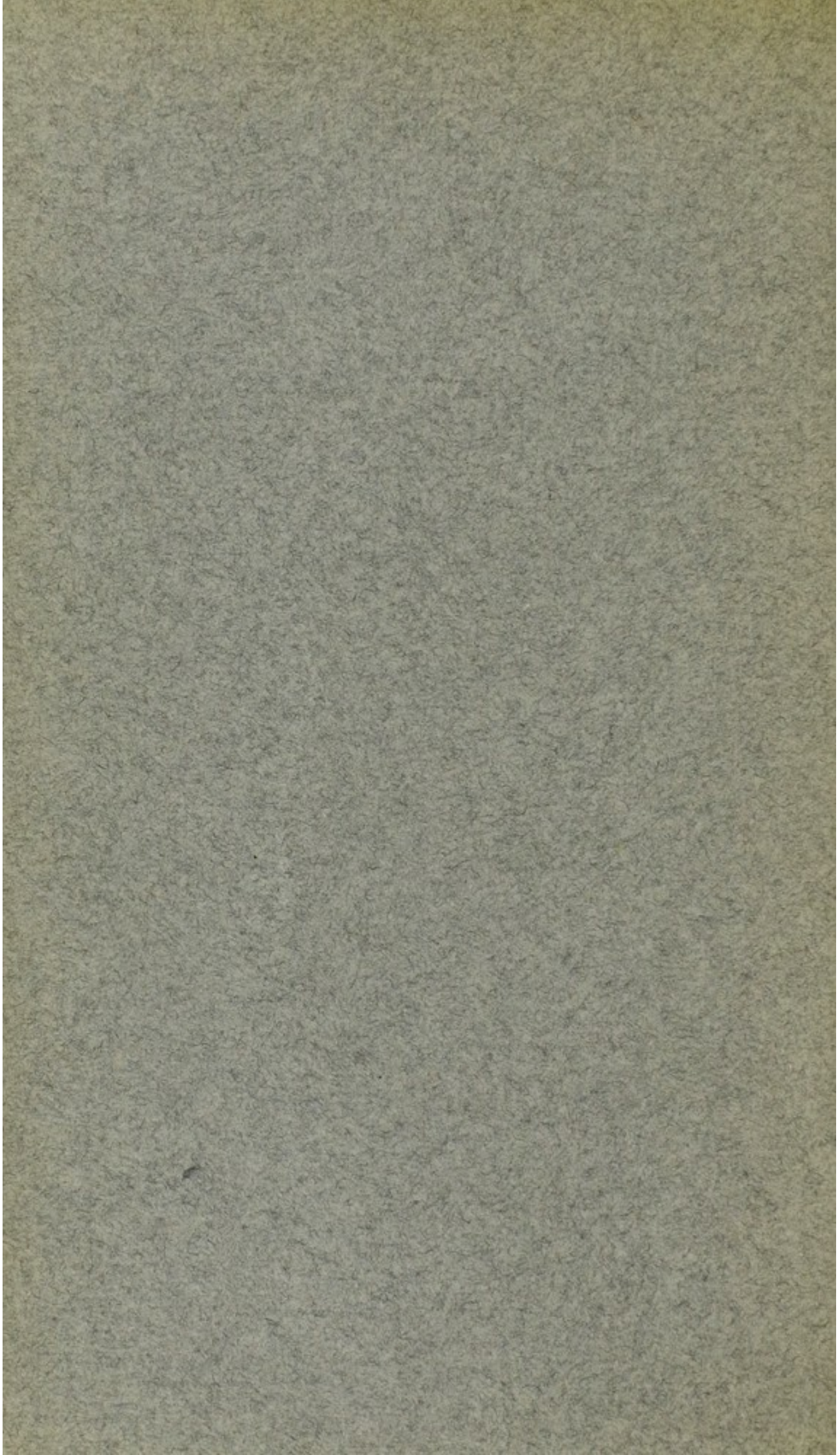
Fiftieth Anniversary
OF THE
Boston City Hospital

June 20, 1914

*Reprinted from the Boston Medical and Surgical Journal
Vol. clxxi, No. 3, pp. 89-98, July 16, 1914*



BOSTON
W. M. LEONARD
101 TREMONT STREET
1914



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THE UNIVERSITY OF CHICAGO

1967



FIFTIETH ANNIVERSARY OF THE BOS-
TON CITY HOSPITAL, JUNE 20, 1914.

THE fiftieth anniversary of the opening of the Boston City Hospital was observed with appropriate exercises at that institution on Saturday, June 20. The addresses on that occasion deserve preservation in permanent form since they are a valuable contribution to the medical history of this community. The half-century in which has fallen the activity of the City Hospital has been a time of important progress in medical science, whose growth has been ably represented in its work. One of the most notable and creditable of the advances in which the hospital had a pioneer part was the early demonstration of the practical use and efficacy of von Behring's diphtheria antitoxin by Dr. John H. McCollom, now superintendent, then chief of the south department, of the hospital. This was a work of which the hospital and the Boston profession may well be proud.

The Boston City Hospital is to be cordially congratulated and commended on the completion of its first fifty years of growth and activity, and has the best wishes of the medical profession for a future of equal distinction, progress and success.

Introductory remarks of the HONORABLE A. SHUMAN, President of the Board of Trustees.

It gives me much pleasure to welcome, on behalf of the Trustees,—His Honor the Mayor and representatives of the City Government; members of the Staff, past and present; the Alumni; and other guests, to this observance of the Semi-Centennial of the Boston City Hospital.

On May 24, 1864, after many years of earnest endeavor on the part of public-spirited citizens, the Boston City Hospital was dedicated to the cause of the sick and suffering of our city, who without its beneficence would be unable to command the necessary care and treatment for the alleviation of the "ills that flesh is heir to."

The half century that has passed since then has been one of marvellous progress, not only in the growth of the hospital itself, but in the advancement of medical and surgical science, and the work done by those earnest and devoted men who have given so liberally of their time and skill for the mitigation of pain and the restoration to health of their fellow men. I gladly take this opportunity of offering my personal tribute to this long line of high-minded, stout-hearted men, many of whom it has been my pleasure to know well during my long connection with the hospital, who have from the foundation to the present day, done so much to raise it to its enviable position. Two members of the original staff, Dr. David W. Cheever and Dr. John G. Blake, are still with us, to participate in these exercises, and look back with just pride and satisfaction on the work in which they have played so important a part.

It may be interesting to review briefly the successive steps that have been taken in the develop-

ment of the hospital during the fifty years of its existence. Four buildings constituted the original group: the administration building, two pavilions, and the boiler house on Albany Street. The bed capacity was 208. Today we have 46 buildings with a bed capacity of 1061. The number of patients treated has increased from about 800 in 1864, to 116,729 in the last fiscal year. This includes both ward and out-patients. On June 20, 1864, there were 16 patients in the hospital; today, fifty years later, there are 892. The maximum number of patients for the past year was 1067 on March 16th. The original medical and surgical staff consisted of 21 members; the present complete staff consists of 103.

While some of this wonderful growth is due, of course, to the natural increase in the population of our city, the greater part is due to the fact that the pleasant surroundings, the skill and humanity of the physicians, and the faithful and sympathetic care of the nurses and attendants have gradually overcome the almost superstitious dread of hospitals that formerly possessed the general public. It is not now a question of finding patients for the beds, but of finding beds for the patients.

In 1864 no rubber gloves were worn in operating; there was no sterilizing of surgical dressings; catgut ligatures were rarely used; instruments were not sterilized. Sera for the treatment of diseases were unknown. Scientific feeding for certain diseases had not received any attention. The x-ray had not been discovered. The radium treatment for superficial cancer was unknown. There were no microscopes in use at the hospital that at the present time would be worthy of the name of a scientific instrument. When all these things are taken into account, it

will readily be seen that it is much more expensive to carry on a hospital today than it was fifty years ago, yet in spite of this fact the per capita cost has been but slightly increased during that time. In 1865, the cost per patient was \$1.77 per day; in the last fiscal year it was \$1.81. This showing is a tribute to the business principles of strict economy on which the hospital is conducted. All purchases are made by competition from specifications prepared by the Trustees, and contracts are awarded to the lowest bidders. All appointments, professional and otherwise, are made strictly upon merit. This method has brought the hospital to its present high standard of efficiency.

It is a matter of pride and satisfaction that the Boston City Hospital has never had to take a low position in the ranks of such institutions. From its inception until the present day, the generous appropriations of the City Government have enabled the Trustees to keep it abreast of the times, and in many cases ahead.

Let us glance at some of the achievements of the hospital during this half century. Chief among them, it seems to me, has been the triumph over the dread scourge of pyemia and sepsis. The present generation has little knowledge of the horrors and dangers that attended the surgery of those early days. Our hearts should be filled with gratitude to those who by their labors and researches have made possible the present happy conditions.

In later years the discovery of the x-ray and the use of radium have opened up unlimited possibilities for good. Wonderful results in the treatment of surface cancer, in the early diagnosis of pulmonary tuberculosis, the more exact knowledge of fractures and diseases of the bones,

and in the location of foreign bodies, have been attained by these agencies. The hospital has been most fortunate in having the incalculable benefit of the knowledge and skill of Dr. Williams in this important branch of the service.

The x-ray department occupies the entire lower floor of the Lamont G. Burnham Memorial Building. Mr. Burnham became a trustee in 1896, and realizing the good work the hospital was doing, soon became greatly interested, particularly in the x-ray department. He died in 1902, bequeathing to the hospital the munificent sum of \$150,000, from which has been erected the building which bears his name.

The great good accomplished by the South Department must not be overlooked. Opened in 1895, it was the first separate hospital in this country for the care and treatment of infectious diseases. A volume could be written and still not do justice to the noble work that has been done by this department in the saving of human life and the relief of suffering, as well as the prevention and control of epidemics of scarlet fever, diphtheria and measles in our city and community. As an evidence of what this department has accomplished let me merely say that in 1894 the death-rate in Boston from diphtheria was 18 out of every 10,000 inhabitants; in 1913 it was two and a fraction. This diminution of mortality is largely due to effective isolation, fresh-air treatment, and especially the use of anti-toxin. Equally gratifying results are recorded in the treatment of scarlet fever and measles. Through the generosity and coöperation of the former Mayor and the Honorable City Council, the Trustees are now engaged in an extensive addition to this department, follow-

ing the latest and most approved methods for the construction of such hospitals.

Fifty years ago, there was no ambulance station. Patients came to the hospital in hacks or carriages. The hospital now has four-auto-ambulances for the main hospital and three horse-ambulances for the use of the Relief Stations.

The two Relief Stations are of great benefit to the citizens of Boston in the rendering of prompt and efficient aid in emergency cases, while the Convalescent Home is a boon for women who are considered well enough to be discharged from the hospital, and yet who, through lack of proper home surroundings, need care and comfort in their convalescence.

The history of the Boston City Hospital for the past fifty years is a history of faithful, unselfish, devoted service on the part of all who have contributed to its growth: superintendents and their assistants, members of the staff, house officers, nurses and other attendants, employees of all grades—all by their earnest efforts and attention to duty, combined with the labors and coöperation of successive mayors, boards of aldermen and city councils, and the long line of trustees, have contributed to the success and progress of the hospital, and placed it in its present high rank among such institutions.

Many names come to my mind worthy of special mention, many men to whom the hospital and the community are especially indebted, but I feel that I should be lacking in appreciation if I did not call your attention to two names; those of Dr. G. H. M. Rowe, superintendent from 1879 to his retirement in 1909, to whose wise and able administration the hospital owes much, and Dr. John H. McCollom, the present efficient incumbent, who has given the hospital

most faithful and distinguished service, not only in this position but in his former capacity as head of the south department.

We, who are gathered here today, cannot foresee what the future may hold for the Boston City Hospital. But we have faith to believe that the traditions of the past will be a source of inspiration to those who will come after us; that the activity, intellect, skill and loyalty that characterized the men who, in the face of almost insuperable obstacles, attained success and victory, will animate their successors through many generations to come, so that the Boston City Hospital and the welfare of the people may be safe in their hands.

We are fortunate in having with us this day, the chief executive of the City of Boston, a warm friend of the hospital as alderman, councillor, and mayor; in full accord with the trustees in their endeavors to carry on its work and maintain its high standard; who has the confidence, sympathy and support of the people of Boston in his efforts to give them a wise and economic administration. It affords me much pleasure to present to you HIS HONOR THE MAYOR.

Mr. President, Trustees of the Hospital, Members of the Alumni Association, Ladies and Gentlemen:

It is exceedingly unfortunate that the duties of the office which I hold are such as to make it extremely difficult to apply the amount of thought, attention and study that is necessary to an address, brief though it may be, delivered on an occasion as important as the occasion

which we are gathered here today to commemorate.

However, it has been my good fortune at all times to be in close touch during the last 14 years, in some measure, with the work performed at the Boston City Hospital. And if there is anything that I may say here today that may be in the nature of criticism, it is intended solely for the good of the institution in which we are all interested, and which has accomplished so much for our city.

No institution of a similar character in the entire country has occupied a place in the field of medicine and surgery such as has been held by the Boston City Hospital; and it is my desire, and I believe I voice the wish and thought that are uppermost in the mind of every woman and man present, when I say, I sincerely hope that in the next half century we shall continue to occupy first place among institutions of this kind.

To my mind, the two most important essentials to the accomplishment of this most necessary and laudable object are brains and money. Boston is essentially the birthplace on this continent of brains and service. That it is possible for us to supply the brains for the future, no man can question. And that it should be possible for the municipality to supply the money, no man is justified in contending against. I wish to say that it is my purpose to aid in every way the matter of furnishing the money to make possible the first place among institutions of this kind in the United States of the Boston City Hospital. I depend upon the trustees and upon the staff to supply the brains!

I recognize that we have been lax in some particulars with respect to the City Hospital. It is

my experience that the service rendered by a low-paid official is usually in proportion to the wages received; and if increased wages to nurses and other employees is going to make more successful the work of the physicians and surgeons, I believe it is the duty of the city to supply the money.

We are expending this year in new buildings and improvements for the City Hospital, \$400,000; for maintenance, \$600,000; making a total expenditure of approximately \$1,000,000. It is my purpose, during my administration, to take up one department after another and place each department on a first-class basis. The work has begun at our institution known as the Boston Infirmary Department at Long Island. And if I am compelled to practice economy in every branch of the city service in order to provide the money that is necessary to make this institution the best of its kind in the country, I am prepared to do it. I believe that it will require probably an increase of approximately 16 to 20 per cent. to provide the necessary additional help, and to provide a reasonable living-wage for those employees who serve as nurses, orderlies, or in other capacities.

I do believe, Mr. Chairman, that perhaps more publicity would not do the City Hospital a bit of harm. It would serve to dissipate that undercurrent of criticism on the part of patients. People come to the hospital in pain of body and distress of mind; and it is only natural that they become critics. But if the general public were aware of the number of cases treated monthly, in a little publication, it is my opinion that the City Hospital might occupy a more enviable position in the mind of the entire public than it does at the present time.

I believe there is a great field for our convalescents' hospital; and the city has the available area on which to erect the necessary buildings. If a system might be devised by which we could give greater care to the men or women who, because of crowded conditions, are consigned to the out-patient departments and who, thereupon, become chronic critics, I think most of such criticism might be allayed.

I want to say that I stand ready to do my part to provide such funds as may be necessary to increase the amount of good possible for this institution to accomplish. We are gradually placing the various city departments on an efficiency basis. I believe your institution has always been on an efficiency basis. I believe you can expend more money to advantage in this institution. Every time \$100,000 is saved in other departments, we ought to allow at least one-tenth of that sum,—and it *will* be available—for the Boston City Hospital. And *that* is not an inconsiderable sum; for, in the last four months, by merely insisting on old-fashioned honesty, we have succeeded in saving approximately \$800,000—without serious injury to any individual who was rendering honest service in return for his salary, and with increased efficiency in every branch of the city service.

Finally, if the City Hospital exceeds its appropriation this year by thirty, forty, or fifty thousand dollars, I shall make it my business to secure the necessary money. If the trustees will map out a definite program anticipating the needs of this community for the next twenty or thirty years, I shall make it my business next year to provide the necessary money. In short, I'll furnish the money, if the trustees will furnish the ideas, the program, and the brains.

The President then introduced DAVID WILLIAMS CHEEVER, M.D., LL.D., former president of the Massachusetts Medical Society, demonstrator of anatomy, professor of surgery (1882), professor of surgery emeritus (1892), surgeon at the Boston City Hospital since 1864, as an eminent surgeon, a careful, pains-taking teacher, whose lectures at the Medical School were models of concise and accurate English and conveyed more information than that of most lectures, and whose example has had an important influence in elevating the standard of the medical profession in New England.

Mr. President, your Honor the Mayor, Trustees of the Hospital, my Colleagues, Members of the Alumni Association, Ladies and Gentlemen:

Fifty years is a long while. The history of the Boston City Hospital is the history of my life. I was here as one of its surgeons when its doors were opened, and I am still connected with it in an honorary and sinecure position. But I do not stand alone. By my side for fifty years has been my medical colleague, Dr. John G. Blake. His *bonhomie* has cheered us on our way.

Although tempted to speak on personal matters, I will first address to you some plain truths, interesting to you all.

This hospital numbers 1000 beds; it is as large as those of Paris, Vienna, Berlin, and excels them in lavish comfort. It is in just proportion to the growth of the city. In 1864 the hospital had 200 beds, and Boston about 150,000 inhabitants; in 1914 the hospital has 1000 beds, and the city 700,000 inhabitants. It

is large enough. It should be allowed to grow *no larger*. One administrator cannot do justice to a larger one.

This hospital for fifty years has been free from any scandal, pecuniary or moral. It is a municipal hospital, and the municipal government has always been more than liberal to it. This is a good deal to say, but it is true. One member of its board of trustees has served over a quarter of a century, and, as president of the trustees, has been its wise financial adviser. Mr. Sprague also served twenty-eight years as a most valuable trustee, and secured the incorporation of our governing board. We owe very much to our trustees. It is apt to be forgotten that they, as the staff do, give time, and labor, and oversight without salary.

In fifty years we have had only four superintendents, and one of these is in office now. Our first had administrative talent widely trained; our second brought the rigid virtue of a regular army officer; our third was strenuous and faithful to the last; our fourth, as a caretaker too solicitous, but always to be remembered as a great saver of human life in contagious diseases.

The staff of doctors of this hospital has maintained harmony by compromise; has, above all, been coherent and united; and it is noteworthy for its stability. With one exception no one has been dropped from it by the trustees; that exception being in a minor appointment, in the earliest years of the hospital, when personal pique resulted in an unjust substitution. The staff has ejected not less than two of its own members for cause. It has purified itself; it has called on the trustees to remove men for gross neglect of duty, and for bad personal habits.

A high standard of devotion to duty and to humanity has been its aim. I would not say this, were it not true, and I believe I am not prejudiced.

I dwell especially on its stability, freedom from change, permanent appointments and promotions. In this, it contrasts favorably with its sister institutions in Boston. The young doctor who devotes his earlier years to service here, has a good assurance of the advantages and rewards of the highest positions. The privilege of nominating its colleagues—the competitive examination of its house doctors—the establishment of trained nurses—clinical teaching year after year—the publication of its professional experiences in hospital transactions for fifty years: these are the accomplished facts of our medical staff.

At this twenty-fifth anniversary of our hospital student alumni, I can count up a body of 750 practitioners of various ages, educated by us, and scattered over all New England and even all the United States, as creditable results of our hospital teaching.

We have advanced medical knowledge by some novel operations, by some pathological discoveries. We have furnished medical literature with sixteen volumes of hospital reports on professional subjects.

So we stand today, honorable and honored, one of the best municipal hospitals in our country. This is no boastful record. It is strictly true.

But to me personally has everything always been so agreeable? Let me recall the dark days of my youth, when blood-poisoning cursed surgery, and death followed our hardest efforts. Let me give an example. During one winter, I was called up here sixteen winter nights to re-

lieve suffocation by opening the windpipes of children suffering from membranous croup, as diphtheria was then called. Heavenly relief and calm sleep followed. But how many cures? Within three days, twelve of the sixteen would die and four recover. He who saved one in four did well; he who saved one in three was a hero.

Now, for 1913, the statistics of laryngeal diphtheria in our hospital show a mortality of 27.73 per cent., and of recovery, 72.26 per cent. Formerly three out of four died. Now three out of four recover. Alas! Those discouraging days! Well I remember walking home one day tired and depressed from a bad case,—an unexpected death after operation,—and saying to myself, “I cannot go back!” Before I reached home a voice within me said, “You must go back!” I used to call the City Hospital a sink of misery. We all labored hard to relieve, and a fair percentage recovered; but many died then who now would live.

The undiscovered appendix was causing fatal peritonitis without recognition and without redress. Acute peritonitis was almost always fatal. Compound fractures lay for months unhealed, and if they finally required amputation, amputation was often fatal; the mortality of thigh amputations at the middle third rising to 50 per cent. Wounds suppurated before they healed, and suppuration not infrequently ended in pyemia. In this respect we were not worse than any hospital of that time. The dregs of the great Civil War were in 1864-66 drained into all civil hospitals, and brought us the legacy of hospital gangrene. Meanwhile, the surgeons toiled hard and exhausted every known means of remedying these sad evils. Sometimes wards were emptied for two weeks; cleansed, painted and

whitewashed. Hospitalism was a fact and not an idea. Home was safer than the hospital, even if a poor home. Obstetric cases were interdicted from general hospitals on account of the increased risk of puerperal fever and sepsis. Ovarian cysts were allowed to distend until the general health was influenced before the desperate operation of ovariectomy was justifiable. Trephining was a critical operation, not to be lightly undertaken.

Surgery was external or surface surgery. Tumors were removed, plastic operations begun, amputations practised, but I have seen a poor victim of a large burn of the back die of exhaustion because we knew not the possible relief of healing by transplanted skin.

A sombre picture, not overdrawn; and yet surgery was the only resort open; and the anxious and care-taking surgeon toiled and toiled, maintaining the cheerfulness of hope, which alone held death aloof.

Such were the conditions, when half way down my surgical journey, twenty-five years ago, asepsis dawned, and slowly, like a summer morning, brought on the perfect day,—gradually, little by little, step by step, first carbolic antiseptics and carbolic spray, then corrosive sublimate, then heat, then alcohol, then dryness and sterilized gauze and gloves; until suppuration vanished, surgery became a joy, recovery was the rule, and death was often not unjustly ascribed to a failure of technic.

Now surgery advanced boldly and assailed the vital cavities of the body, until today no region is sacred from the surgeon's knife,—the abdomen, which means *hidden*, the chest, and even the heart, and finally the brain, were safely and beneficently entered, and treated.

What a glorious future this meant to human-kind! Who can measure, who can estimate?

In medical cases, as great an advance has been made in preventive medicine.

Such is hospital life and hospital practice to-day. The surroundings are the same, the personnel the same, the skill and devotion no greater, but science has enabled us to reap a ten-fold harvest of lives saved. What wonder that I, lingering on the threshold, wish that I could begin again?

A word for the dead. Fifty years has thinned the ranks of my colleagues down to two. May we not reasonably expect that the good they did here in this hospital may count to their credit in moulding their characters? And, when, swinging on the tide, the moment comes that the hawser parts, and the bark is swept away into the illimitable sea, they finally may float into the calm waters of the river of Lethe, of Oblivion (as Virgil puts it) which skirts the shores of the Elysian fields.

*"Interea videt Æneas in valle reducta
Seclusum nemus, et virgulta sonantia sylvis
Lethaeumque, domus placidas qui praenatat, amnem."*

*"Animae, quibus altera fato
Corpora debentur, Lethaei ad fluminis undam
Securos latices et longa oblivia potant."*

"In the meantime Æneas sees in a sequestered valley a retired grove, the whispering twigs of a wood, and the river Lethe swimming before the quiet homes."

"Those souls to whom it is given by fate to enter other bodies drink in, by the Lethean wave, care-free waters and long oblivion."

It now becomes my pleasure to introduce JOHN GEORGE BLAKE, M.D., connected with the Boston City Hospital since 1864. The kind and skillful physician, whose presence at the bedside has always brought hope to the patient, whose medical knowledge and tact have served as an example to other practitioners. Many of the younger men of the profession, particularly those who have been house officers at the Boston City Hospital, owe much to Dr. Blake for his careful instruction in the diagnosis of obscure cases.

Mr. President, your Honor the Mayor, Trustees of the Hospital, Members of the Alumni Association, Ladies and Gentlemen:

Fifty years ago, the medical cases at the City Hospital were exactly as they are today—rheumatism, pneumonia, pleurisy, stomach difficulties, kidney diseases, heart diseases, diseases of the nervous system, etc.

The treatment of them is very different. Take rheumatism for example. Articular rheumatism, with pain and swelling of the joints, was a very painful disease. The old remedy, six weeks in bed, was irksome and, as I go back fifty-five years in medicine, the only remedy I recall was propylamin which had but very little influence on the disease. In the early days of the hospital, our hospital, the alkaline treatment was becoming popular, and with the claim that the heart was free from complication and the duration of the disease lessened, most cases getting well in four or five weeks. There is a record of five hundred cases reported in the first volume of the reports of the City Hospital. In our day, under salol and its different preparations, the time comes down to about one week.

Pneumonia was a common disease treated largely by alcohol in some form and terminating usually in about one week. In our day, the use of alcohol has largely diminished in this, as in other diseases, and also the use of drugs, so that on the score of economy the city's finances are the gainer. Pleurisy with effusion was treated largely by aspiration, and empyema by permanent openings. Dr. Gross, while on a visit to Boston, learned of our success in this affection and reported, in his work on surgery, a list of twenty cases.

In the diseases of children we have made a great success. In the twenty years of the South Department, as the following letter will show, we have saved according to its figures about eight thousand lives.

“The South Department was opened on Aug. 31, 1895. To Jan. 1, 1913, 45,434 patients have been admitted. The diphtheria mortality at the Boston City Hospital, from 1888 to 1895, including 3067 cases, was 43.2%. The diphtheria mortality at the South Department from 1895 to 1914, including 25,590 cases, was 10.43%. If the previous rate of mortality had continued, there would have been lost 8385 persons who are now saved.”

Typhoid, we have in diminishing numbers. If we could only vaccinate the community in its entirety, we could exterminate this disease, as we have smallpox. This has been done in the army; we are doing it in our navy. The treatment of the disease has not changed, as the writer can testify from personal knowledge thirteen years ago.

Stomach diseases, resisting medical treatment, are now sent to surgeons and a fair amount of success has attended their operations. Physi-

cians and patients are inclined to avoid surgery and the mortality attending the operations on members of the medical profession has not been hopeful. Modern gastric treatment at the hands of skillful men, such as our staff contains, prolongs life until the stomach affection, probably malignant, becomes almost hopeless for the surgeon. This is also true of diabetes. Dr. Joslin, for example, keeps his patients alive year after year, and, by careful attention to diet enables them to enjoy life and attend to their business in a reasonable degree. And so of renal and cardiac diseases.

The advance in the treatment of medical diseases has been due to the presence on the staff of a large number of eminent men who cordially cooperate in their scientific work with the visiting physician. Among these, we may name Dr. Williams of the X-ray Department, who lights up our insides and pours in light, where before all was darkness, and curing epithelial cancers in large numbers; Dr. Sanborn with his vaccine therapy; Dr. Overlander with his care of the structure and function of the kidneys; Dr. Granger with his electric department in its different varieties. The fresh air method of treating disease with which all the modern structures will be equipped; the Wassermann reaction; the examination of spinal fluid; examination of the blood and the blood pressure; the nursing system; the uterine ward; and a host of other subjects which time will not allow me to allude to are all deserving of praise and skill.

What I desire to show is, that the medical department of the City Hospital is up to date. That its staff, composed largely of young men, are in the front rank of their profession and that their whole heart and soul is in their work

for the relief of suffering and for enhancing the hospital's reputation.

This condition is very different from what it was in my day. It was the old man then, it is the young man now; that is right. Let the young men do the work, and, if they want any advice on ancient history, I shall be only too glad to volunteer. I think I can speak for my friends, Drs. Gay and Cheever. We all see their work. I won't be misunderstood if I take for example Dr. David Cheever and a couple of boys in whom I take a deep interest. If there is anything that pleases the paternal heart, it is to see his boys following a noble profession. There is no fortune to be gained by money-making, but the love and friendship from life prolonged, pain saved, and loved ones saved from death. This is the mission of the City Hospital.

As time goes on and the city grows in population, new buildings, one of which I now call to mind, the Thorndike Hospital for deformed children, will be added; the present buildings will be enlarged and the out-patient relief stations, to accommodate a greater number. We need a convalescent home for men quite as much as for women, and we don't want to be a home for delirium tremens for all time, as we are now. Our hospital was never intended for this and has never been fitted up to treat the disease according to the modern methods in mental institutions. We tried last year to have a bill passed to have such a hospital and succeeded till it reached the governor, who did not approve of its form. Perhaps another year we may be more successful. Most of these cases go to the Relief Station but many come to us, and we are called upon to treat them. Their presence and violence

disturb other patients and it is on this account that we object.

In this short paper, one can give only slight and incomplete impressions of the life in a great hospital managed as ours has been by very able and competent men as superintendents. From Mr. Cutler, our first, to our present worthy incumbent we have had but two, Dr. Cowles and Dr. Rowe. After several years, Dr. Cowles went to the McLean as superintendent and his place was taken by Dr. Rowe, who served us faithfully for 30 years. The modesty of the present incumbent is so marked that I will only state that he is as efficient as he is modest and possesses the entire confidence of the trustees and staff.

And now in closing, a word about the trustees. Half a century ago, we had Otis Norcross, Theodore Metcalf, Dr. Lawrence, Thos. L. Amory, and men of their class. They were earnest and devoted. Today, we have men equally qualified, serving us with their whole strength. Take our chairman for example. Thirty years ago on a trying occasion, he rang true as steel and that has been his attitude ever since. A statesman by nature, diplomatic, persuasive, heart and soul in his work for the hospital, he always succeeds in getting us the large sums needed for the hospital. Long may he be spared to us!

I have great pleasure in introducing GEORGE WASHINGTON GAY, M.D., A.M. (HON.), former president of the Massachusetts Medical Society, distinguished surgeon, house officer of the Boston City Hospital in 1867, connected with the hospital since 1869, surgeon to out-patients, visiting surgeon and senior surgeon. He has per-

formed many of the most difficult operations in surgery, and his skill as a surgeon is known and recognized throughout New England. He has accomplished much for the advancement of public health as a member of the Committee on State and National Legislation of the Massachusetts Medical Society.

Mr. President, your Honor the Mayor, Trustees of the Hospital, Members of the Alumni Association, Ladies and Gentlemen:

The Boston City Hospital has three important functions in its keeping. First and foremost, the care of the sick and injured. Second, the instruction of physicians who are to care for the communities in which they live. And third, the training of nurses. That the institution has been faithful to its trusts is shown by the fact that, in its fifty years existence, it has cared for nearly two millions of patients; it has graduated 752 house doctors, and has given instruction to several times that number of medical students; it has graduated 1154 nurses and given instruction to many others; and for many years, the institution has occupied a leading position among those of its kind the world over. Its record is clean and satisfactory.

Since opening its doors on that Wednesday morning fifty years ago, the hospital has never been closed a moment to those for whom it was intended. Its policy has been a liberal one. It has received every legitimate applicant that it could accommodate and has striven to do its duty for the welfare of the community.

That the professional services rendered to the patients have been of a high standard, is shown by the character and high standing of the gentle-

men who have served upon the staff. No hospital could fail to do good work that has upon its roster such men as the Cheevers, the Buckinghams, the Thorndikes, the Williams, the Bowditches, the Reynolds, the Stedmans, the Blakes, the Homans, the Arnolds, the Coolidges, a Borland, Upham, Sinclair, Derby, Thaxter, Ingalls, Curtis, Post, Bradford, Watson, Councilman, Mallory, Shattuck, Rotch, Doe, Jackson, Mason and a host of others who have achieved an enviable position in the community.

Through the courtesy of the public-spirited trustees, the staff has been enabled to publish sixteen volumes of medical and surgical reports and papers, giving an account of much of the work done here. These publications speak for themselves. They have received commendation from those high in authority in such matters and have been received with much satisfaction by the profession. A history of the hospital of 432 pages was published ten years ago.

The hospital began its career with a staff of 21 physicians and surgeons; it now has 103. There were four internes and one externe; there are now 42. Each physician and surgeon had one house officer while now he has four. During the first complete year of the hospital's existence, 1167 patients were treated in its wards and nearly as many more in the out-patient departments. Last year over 18,000 received ward treatment and nearly 100,000 came to the numerous out-patient departments. So much for the figures as showing the growth of the institution in its first half century.

Fifty years ago, few well-to-do persons sought relief in hospitals and dispensaries, it being considered derogatory to one's character or to his financial standing in the community. Only the

poor resorted to these places. In the early days of this hospital, between one and two per cent. of the population of this city applied for treatment; while last year, over 16 per cent. came here for that purpose. There are about one hundred hospitals and dispensaries in this city for the care of the sick and injured. The number receiving treatment therein every year is equal to about half the population. The public has been quick to realize the advantages to be obtained in a well-conducted hospital and has governed itself accordingly.

The house officers of this hospital have always been chosen by competitive examination, thereby eliminating favoritism as much as possible, and also securing the best men, who apply for the positions. That the system has given good results is shown by the character and standing of the graduates, who are to be found all over this country. The reader trusts that it will not seem invidious on his part, if he ventures to mention the names of a few of the 752 gentlemen, who have served as internes in this hospital.

First upon the list should be placed the name of Dr. R. H. Fitz, writer, teacher, and the "discoverer," *i.e.* the elucidator of modern appendicitis. Gen. Leonard Wood, M.D., brilliant organizer, efficient sanitarian, and successful commander; L. F. C. Garvin, politician and for two years the Governor of Rhode Island; George F. Jelly, for years the leading alienist in New England; H. L. Burrell, organizer, teacher and president of the American Medical Association; George B. Shattuck, for many years the accomplished editor of the BOSTON MEDICAL AND SURGICAL JOURNAL; Frank W. Draper, the first medical examiner in Suffolk County and for twenty-eight years the most efficient incumbent

of that important office; J. H. McCollom, the present superintendent and medical director of the hospital, a leading authority in contagious diseases and the originator of the practice of giving mammoth doses of antitoxin in diphtheria, thereby demonstrating the fact that no one need die of that disease, if this agent be applied in the proper manner and at the proper time; W. P. Bolles, inventor of numerous surgical appliances; O. F. Wadsworth, C. H. Williams, and L. S. Dixon, well known oculists; C. J. Blake, G. A. Leland, aurists; F. I. Knight and E. O. Otis, specialists in pulmonary affections; C. F. Folsom, Morton Prince and Henry Hun of Albany, neurologists; George T. Tuttle, superintendent of the McLean Hospital; Charles P. Bancroft, superintendent of the New Hampshire Insane Asylum; John B. Walker and George E. Brewer, prominent surgeons in New York; Royal Whitman, J. E. Goldthwait and R. W. Lovett, orthopedists; H. L. Smith, who did so much to establish the acute angle treatment of certain fractures of the elbow; E. E. Southard, medical director of the Psychopathic Hospital; George B. Magrath and Timothy Leary, medical examiners of Suffolk County; Charles F. Withington, president of the Massachusetts Medical Society, and a host of others too numerous to mention who occupy positions of trust all over the country. Our graduates, wherever located, have done and are doing most commendable service. They are an honor to this hospital and to their profession.

At the close of the annual dinner of the Massachusetts Medical Society at the Vendome in June, 1888, Dr. Rufus A. Kingman invited a dozen or more of the graduates of this hospital to meet in an adjoining room for the purpose of

considering the formation of an alumni association. The proposition met with the heartiest approval and the Alumni Association of the Boston City Hospital was created then and there. Five hundred and fifty-two of the 752 graduates have joined the Association. Annual meetings are held, known as the "Hospital Day." The members are invited to visit the hospital, see patients, witness operations, and accept the courtesy of the trustees at luncheon in the library. A banquet at some hotel or club in the evening with the usual post-prandial exercises terminates a very happy occasion. The interest of the graduates in the hospital and its work is hereby fostered, old associations are kept alive, professional enthusiasm is stimulated, a fine camaraderie is maintained and a faithful loyalty to the institution is encouraged.

A marked influence in the same direction is exerted through the clinical meetings, held by the staff every season for the alumni and others interested in hospital work. Patients are shown, cases described, discussion invited, etc. The interest in these meetings has justified their continuance for several years. This is only one of many functions looking to the advancement of the medical science in this vicinity. Medical teaching has always been a prominent activity in this hospital. It is to be hoped that it will never be less prominent than it has been in the past.

Did time permit, it would be interesting to contrast the present system of nursing the sick with that in vogue in some of the foreign hospitals a century or more ago. In some instances, only the most depraved class of women were employed there as nurses. This is not surprising in view of the manner in which they were

treated. To quote a few lines from Nutting and Dock's interesting *History of Nursing*, they were "lectured by committees, preached at by chaplains, scowled on by treasurers and stewards, scolded by matrons, sworn at by surgeons, bullied by dressers, grumbled at and abused by patients, insulted if old and ill-favored, talked flippantly to if middle-aged and good natured, tempted and seduced if young and well-looking." They received no consideration whatever, being poorly paid, ill fed and compelled to sleep on a pile of rags or shavings in the wards, or any out-of-the-way corner. As might be expected, they were a brutal, drunken set, fighting and quarrelling among themselves or with their patients and totally unfit to care for the unfortunate victims committed to their charge.

No one needs to be told that the conditions existing in the nursing world today are just the reverse of the foregoing. The nurse of the present age is a woman of high character, faithful, intelligent, considerate and well trained. She is a blessing in the sick-room. As the result of this marvellous development, the sick and helpless were never so well cared for as they are today, and in no country do they receive better care than in our own.

No factor has had a greater influence in bringing about the present high standard of nursing than the modern training school. In 1878, the fifth training school for nurses in the United States and the first one to be organized and controlled by a board of hospital trustees, was established in this institution by the superintendent, Dr. Edward Cowles. Miss Linda Richards, the Florence Nightingale of America, was the first superintendent of nurses. Having received the first diploma ever issued in this country from

the first school established here at the New England Hospital for Women and Children in 1872, she devoted many years to the organization of these schools, her activities extending even to Japan. Her career has been one of singular usefulness and success.

Today, over 200 nurses are necessary for carrying on the work of this hospital. The course of instruction comprises three years of theoretical and practical nursing and study, including a probationary period of three months. During the 36 years of this school's existence, 1154 nurses have graduated and received their diplomas. Quoting from an interesting paper by the assistant superintendent, Dr. Frank A. Holt, their careers after graduation are as follows: executive positions in hospitals, 114; public health work, 53; missionary work (in China), 4; private nursing, 561; married, 315; died, 75; retired from active work, 32. Our nurses are to be found all over this country rendering services of which their teachers need not be ashamed and for which the public should be profoundly grateful. There can be no question as to the wisdom of the founders of this school; the work speaks for itself.

There have been but four superintendents of nurses in this school. Miss Richards was followed by Miss Amelia C. Davis, who did good work for three years. In 1885, Miss Lucy L. Drown was appointed and occupied the position for a quarter of a century, when by reason of ill health, she was compelled to resign. She had much to do in raising the school to its present high standard. Quoting from Lavinia L. Dock's *History of Nursing*, "Miss Lucy L. Drown must be singled out for honors for her long years, as superintendent of nurses in the Boston City

Hospital and for her classic New England type; so high-minded; so scrupulously submissive where she thought her duty lay, so gentle, so immovable, with such an unexpected little flash of revolutionary spirit! With her retirement went one of the cherished figures of her time.''

Miss Emma M. Nichols succeeded Miss Drown and most ably has she maintained the standard of efficiency established by her predecessors. On the National Committee of the Red Cross Nursing Service, composed of representatives of the United States Army and Navy, the Red Cross Society and the American Nurses' Association, three of the nine nurses are graduates of the Boston City Hospital Training School. Miss Nichols is one of the three. She is also president of The Massachusetts League of Nursing Education. By reason of her appointment upon the National Committee of Nursing and Health, she becomes a national figure in the field of nursing education. Miss Nichols thus honors her alma mater and her profession.

The rich and the poor in this vicinity are well supplied with nursing in time of need; the former by the trained nurse, and the latter by the hospitals, district-nursing associations, etc. A much larger class in the community, however, is at a disadvantage from the fact that many of them cannot afford to pay three to ten dollars a day for nursing, nor can they be admitted to the hospitals for obvious reasons. They are obliged to accept the services of a domestic, or non-graduate nurse, who may have had little or no systematic training and who, therefore, is able to work for less money. While this service may be satisfactory in many instances, yet if these attendants, receiving from eight to fifteen dollars per week, could have a few months' training in

a hospital, it would add very much to their efficiency without additional expense to their patrons.

Is it not possible for this hospital to devise and put in operation some plan by which these attendants can be given six months' training, more or less, at little or no expense to themselves? The one and two dollar a-day nurses are here to stay. The public need demands them. Why should they not be made as efficient as possible? The suggestion has received the approval of many leading authorities in our hospitals and training schools. It would seem worthy of further consideration.

Ten house doctors and thirty-two nurses have died while on duty in this hospital during its first half century. Ten perished from typhoid fever. None have died from this disease, however, since the introduction of preventive vaccination in 1910. Seven have died from diphtheria. The fatalities from this malady among our house force would seem to be at an end from the fact that since the introduction of antitoxin in 1895, 488 cases of the disease among our house officers, nurses and employees have been treated with this agent and every one has recovered. There has not been a death from this affection among the employees of this hospital since 1894. About two thousand cases of contagious diseases are treated in this hospital every year. Considering the constant and unavoidable exposure of these faithful servants to contagious and infectious disease in this institution, it is remarkable that so few have lost their life from these causes.

These faithful men and women perished while doing their duty on the firing line. Ought they not to receive a more prominent recognition by

this institution than has hitherto been accorded their memories? It has been suggested that their names be inscribed upon a tablet placed in an appropriate position in the hospital, as a token of our appreciation of their faithful devotion to duty and of their sacrifice in performing the same. It is to be earnestly hoped that some appropriate tribute may be paid to their memories in the near future.

Finally, it may be said that the record of the house officers and of nurses of the Boston City Hospital for fifty years has been one of credit and general satisfaction. Character has been developed; professional loyalty has been encouraged; efficiency in the considerate care of the sick and injured has been the constant aim of all in authority. May the coming half century be productive of even more faithful and efficient service in the welfare of the community!

It is now my pleasant duty to introduce FRED BATES LUND, A.M., M.D., lecturer in surgery, Harvard Medical School, connected with the Boston City Hospital since 1895. A wise surgeon. A brilliant operator combining boldness with caution—a rare combination. He has performed some of the most difficult operations in surgery.

Mr. President, your Honor the Mayor, Trustees of the Hospital, Members of the Alumni Association, Ladies and Gentlemen:

The changes in the character of the surgery at the City Hospital since my connection with it, which covers a period of nineteen years, have been considerable and important. Refinements in

technic have made operations less dangerous, and modern aids to diagnosis—such as the x-ray, the cystoscope, and the bronchoscope—have substituted accurate observation for more or less blind guessing in diagnosis, in a manner to conduce very greatly to the safety of the patient, the peace of mind of the surgeon, and the comfort of the patient's friends.

The added safety given to surgery by modern technic has rightly increased the confidence of the medical public in the safety of seeking surgical aid, and cases, especially acute cases, are sent to the hospital in time for the operation to accomplish its object; and results not only in the sparing of the patient's life, but in the shortening of his convalescence, which is usually free from the horrors of suppuration, frequent dressings, their attendant agony and pain, and exhaustion of the patient's vitality.

The mortality in acute appendicitis in the hospital, twenty years ago, was three or four times what it is now; the patients came late, and the technic had not settled into quick, accurate, and efficient methods, which are now so successful.

Compound fractures in those days were well treated, and the results of some of our staff were usually aseptic and remarkably good. Operative interference in simple fractures, however, was rare, although we were fast beginning to operate upon fractured patella. The advent of the x-ray has wonderfully aided in the accurate diagnosis of fractures; and certain operative methods, such as the use of steel plates and bands, and even the transplantation of pieces taken from the uninjured bones of the patient and used as natural splints, have enabled us in many of the most peculiar cases, which used to

be the opprobrium of the hospital,—lying here for months till we were all heartily tired of them, and then leaving with a permanent deformity,—to obtain in less time and with infinitely less trouble accurate anatomical and functional results, which means straight and useful arms and legs for our patients.

The technic of our work in the hollow viscera has also improved, so that we no longer approach an operation in the stomach or intestine with anxiety; and short-circuiting of the intestines and resection, and of tumors of the stomach can be performed without undue risk, thus extending the benefits of our art to many sufferers from benign and malignant disease, who have hitherto been incapable of relief or cure.

In the diagnosis of obstruction and ulcerative disease, the x-ray aided by the bismuth meal has again come to our aid and greatly assisted in the accuracy of diagnosis and the consequent safety and facility of treatment.

We have been enabled also to invade the cavity of the skull with a view to the treatment of tumors and other diseases of the brain, with greater safety than in the old days; but the physical conditions existing within the cranial cavity have so far prevented our efforts from being of great permanent value to the majority of the patients, though pain has been relieved and comfort secured for long periods, often resulting in almost perfect health. Surely, a period of months or years of comfort stolen from death's oblivion are results worth the trouble and effort.

Our modern technic, the employment of plenty of accurately-made instruments for the several purposes and their management by skilled nurses and assistants who know their business, have

greatly improved our results by shortening the time of operation, lessening hemorrhage and trauma, and making shock almost to disappear.

The improvements in anesthesia, a practical knowledge of the benefits and the possibilities of local anesthesia, the use of the non-toxic novocain, etc., have extended our field of work to a class of cases hitherto beyond surgical aid, and vastly increased the safety and comfort of border-line cases. Intratracheal anesthesia has made possible extensive operations in the chest wall, and the possibility of radical operations upon the lungs, esophagus, and even the heart, has been demonstrated. The trustees, by the appointment of visiting anesthetists to the hospital, have greatly facilitated the progress of our surgical work.

Time is not given me to touch on many other directions in which our art has progressed; such as, transplantation of muscle and tendons, nerve anastomosis, joint mobilization, etc. This progress which we can see so plainly, when we stand off a little way and look back upon it, has not been easy nor accomplished without hard work and study, and occasional mistakes and many discouragements.

The satisfaction of having contributed something permanent to the relief of human illness and pain, will, we hope, cheer us in the future, as it has in the past, over many difficulties. Much has been accomplished. In some directions, we seem almost to have reached the limits of human possibility; but he would be a rash prophet who would assert that the future does not hold for us fresh wonders in store as great, perhaps greater than those which we have seen and perhaps have helped to bring to pass.