

Annual report of the Peter Bent Brigham Hospital : 1939.

Contributors

Peter Bent Brigham Hospital.

Publication/Creation

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PETER BENT BRIGHAM
HOSPITAL --- BOSTON

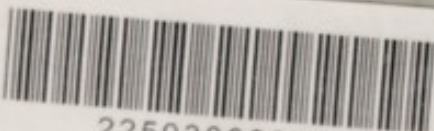
TWENTY-SIXTH
ANNUAL REPORT
FOR THE YEAR 1939



1940

FORM OF BEQUEST

I give and bequeath to the Peter Bent Brigham
Hospital, a Corporation established under the
laws of the Commonwealth of Massachusetts, the
sum of.....dollars,
the same to be used for the furtherance of its
charitable work.



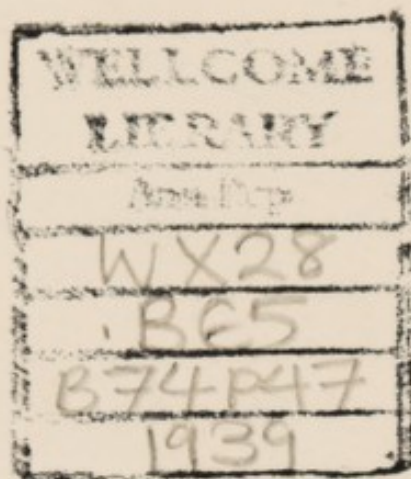
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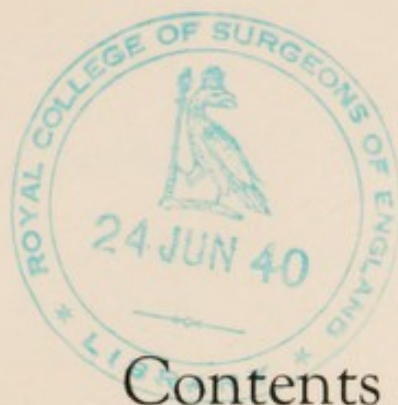
TWENTY-SIXTH ANNUAL REPORT
OF THE
PETER BENT BRIGHAM
HOSPITAL

FOR THE YEAR
1939




1940





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President's Report

THIS HOSPITAL is still doing an exceptional amount of charity work for the very poor of Boston and in spite of theoretically better times we have found no appreciable decrease in the number of very poor needing surgical and medical treatment. This is a severe drain on our endowment funds and in spite of the great assistance of the Community Federation we are in real need of gifts and bequests to keep up our efficiency.

We want to thank all those who have helped us with financial gifts by bequest or gifts for special purposes which we could not have got along without.

There have been several changes in the personnel at the Hospital during the past year. Drs. H. A. Christian, David Cheever, and Robert T. Monroe have left us. Dr. Soma Weiss, Dr. Christian's successor, joined us in September and has already instituted some valuable changes leading to increased efficiency in the Medical Department.

Miss Alice M. Cheney, after serving the Hospital as Chief of the Social Service Department with the greatest devotion and efficiency for many years, resigned last summer and has been succeeded by Miss Emily Rice.

Miss Lida E. Crawford, our head accountant since the opening of the Hospital, has also left.

We have lost through death some valued associates: Dr. Harvey Cushing, whose brilliancy as a brain surgeon enhanced the reputation of the Hospital so much, and Mr. Ripley L. Dana, our Treasurer, whose devotion to duty and able advice will be greatly missed.

Instead of the usual custom of having one Physician-in-Chief *pro tempore*, Dr. Christian invited the following men to serve as Physicians-in-Chief *pro tempore*,

PETER BENT BRIGHAM HOSPITAL

all of whom had served previously in this capacity during Dr. Christian's service at the Hospital:

DR. LEWELLYS F. BARKER, Emeritus Professor of Medicine, Johns Hopkins University, and Visiting Physician, Johns Hopkins Hospital.

DR. FRANCIS G. BLAKE, Sterling Professor of Medicine, Yale University and Physician-in-Chief, New Haven Hospital.

DR. ALVAH H. GORDON, Physician, Montreal General Hospital.

DR. DUNCAN GRAHAM, Professor of Medicine, University of Toronto, and Physician-in-Chief, Toronto General Hospital.

DR. JAMES B. HERRICK, Professor of Medicine, Rush Medical College, and Attending Physician, Presbyterian Hospital, Chicago.

DR. WARFIELD T. LONGCOPE, Professor of Medicine, Johns Hopkins University and Physician-in-Chief, Johns Hopkins Hospital.

DR. O. H. PERRY PEPPER, Professor of Medicine, University of Pennsylvania School of Medicine.

DR. DAVID RIESMAN, Professor of Clinical Medicine, University of Pennsylvania, and Physician, Philadelphia General Hospital and University Hospital, Philadelphia.

DR. ROLLIN T. WOODYATT, Clinical Professor of Medicine, University of Chicago, and Attending Physician, Presbyterian Hospital, Chicago.

These men were all here for various exercises between April 22 and April 29.

The Ladies' Social Service Committee, the Advisory Committee of the School of Nursing, and the Gray Lady Service of the American Red Cross have given their valuable time and have been of great service to the Hospital.

WILLIAM AMORY,
President.

DECEMBER 31, 1939.

Gifts to the Hospital During the Year 1939

For Special Purposes:

Minnie J. David	}	for	\$ 50.00
Maurice F. Graubart			10.00
Mrs. O. G. Westmoreland			25.00
Lewis W. Thompson			25.00
W. A. Knollin			5.00
Fred T. Honeyman			25.00
Julia Allen Keeney			10.00
L. C. Oben—net			131.75
William Amory			475.00
Harvey Cushing Memorial			
William Amory for:			
Student Nurses Scholarship Fund			10,000.00
Anonymous donation for:			
Fund for Research in Renal and Vascular Disease			1,000.00
Maltbie Chemical Co. for:			
Diuretic Research			500.00
Anonymous	}	for:	4,000.00
William Amory			2,500.00
Surgeon-in-Chief Fund			
Anonymous Donations (3) for:			
Pernicious Anemia Fund			325.00
William Amory for:			
School of Nursing			5,000.00
William Amory for:			
Laboratory Rearrangement Fund			2,000.00
Blanche Parker (bequest) for:			
Research in Cancer			5,000.00
Emergency Committee for:			
Aid of Displaced Foreign Physicians			600.00
Committee of the Permanent Charity Fund, Inc., for:			
Relief Cases			800.00
Nelson E. Weeks Fund			1,000.00
Anonymous—Memorial Fund			60,000.00
Anonymous for:			
New Flag Pole			500.00
Theodore Lyman for:			
Renovating Record Room			2,000.00
Boston Council of Social Agencies for:			
Medical Relief for Welfare Cases			1,111.61
Charles P. Curtis	}	for:	50.00
Mrs. F. E. Feton			2.00
Anonymous			7.00
Fiction Library			
Total			\$ 97,152.36

PETER BENT BRIGHAM HOSPITAL

For the Social Service Department:

Benton Fund	\$ 860.00
Lend-A-Hand Society	125.50
We Ten	46.00
Stearns Fund	10.00
Mrs. Reginald Fitz	5.00
Mrs. Isabel K. Whitney	3.00
Mrs. Ellen M. Greenleaf	5.00
Miss Betty Sawyer	10.00
Social Service Committee	769.56
St. Andrews, St. Vincent de Paul Society	5.00
Lindsley Loring	12.00
Relief Committee Scots Charitable Society	5.00
Carl G. Beede	10.00
Christmas Fund—Geo. A. Parker, Trustee	100.00
The Junior League of Boston, Inc.	10.00
Mary R. Frost	20.00
Armenian Women's Welfare Assn.	5.00
John Clarke Fund	50.00
Mrs. W. E. Dexter	10.00
Women's Italian Club of Boston	6.00
Miss Phoebe Edwards	10.00
Thomas Long	10.00
M. L. Weld	3.00
Miss E. R. Merritt	5.00
Sarah P. Stevens	1.00
Mrs. Daniel Staniford	10.00
M. A. Chick	2.00
Walnut Hill Christian Association	20.00
League of Women for Community Service, Inc.	10.00
Mrs. Flora O. West	2.00
Alice A. Spencer	10.00
The Frederick E. Weber Charities Corp.	30.60
Eleanor Smith	40.00
Mrs. Van Der Veer Taylor	5.00
American Legion Auxiliary	21.00
Antique Sale	3.00
Miss I. O. Anderson	2.00
Miss Sarah Mock	2.00
Eugenia B. Herring	25.00
Helen Taylor	5.00
Mrs. A. Lee L. Stevenson	10.00
Mrs. Clara Hunt	2.00
Misses Emily and Mary G. Woodman	5.00
Richard Friedman	5.00
Mrs. Ursula Burrage	5.00
Miss Annie L. Holbrook	2.00
Miss K. French	5.00
Miss Louise K. Nichols	5.00

GIFTS TO THE HOSPITAL

Anonymous	63.20
Proceeds of Food Sale	258.00
	<hr/>
Total	\$ 2,643.26
	<hr/> <hr/>

For General Operating Purposes:

Committee of the Permanent Charity Fund, Inc. (for Social Service Department)	\$ 2,000.00
Dr. Albert J. Erdmanns	500.00
Simon Hirschberg Trust	9.00
Photius Fiske Fund (for poor and needy colored patients)	175.00
Dean Welfare Trust	50.00
A. C. Ratshesky Foundation	200.00
Trust u/w Dr. Ruey B. Stevens	500.00
	<hr/>
	\$ 3,434.00
Community Federation of Boston (final pay- ment on account of 1938 quota)	\$ 565.20
Community Federation of Boston (on account of 1939 quota)	143,539.00
	<hr/>
	144,104.20
	<hr/>
Total	\$147,538.20
	<hr/> <hr/>

NOTE.—The Hospital's endowment funds for general purposes were increased during 1939 by the receipt of \$25,000 on account of a legacy under the will of Grace M. Edwards. See Schedule C of the Treasurer's Report, following.

Free Bed Funds

AS OF DECEMBER 31, 1939

Alexander Cochrane	\$10,000.00
Carrie M. Hall	9,000.00
(Alumnae Association of the Peter Bent Brigham Hospital School of Nursing)	
Henry Saltonstall Howe	5,000.00
Walter Hunnewell	10,000.00
Aimee Lamb (In memory of Mrs. Winthrop Sargent)	5,000.00
Theodore Lyman	800.00
In memory of D. W.	10,000.00
In memory of E. S. B.	10,000.00
M. R. A. (1)	800.00
W. A.	10,000.00
M. R. A. (2)	900.00
M. R. A. (3)	1,000.00

The Hospital welcomes gifts for Free Beds. A Free Bed may be established for one year by a gift of \$100.00, for ten years by a gift of \$1,000.00, and in perpetuity by a gift of \$5,000.00 or over. The donor may nominate the occupant of the Free Bed for such period of time as will exhaust, at current ward rates, the sum given—in one year in the case of a \$100.00 Free Bed or at the rate of \$100.00 a year in the case of a \$1,000.00 Free Bed. In the case of a \$5,000.00 (or over) Free Bed, the donor during his or her life, and thereafter the donor's nominee, may nominate the occupant of the Free Bed, for such period of time in any year as will exhaust, at current ward rates, the income credited in such year on the sum given.

Report of the Treasurer

For the Year Ended December 31, 1939

Schedule A

SUMMARIZED STATEMENT OF INCOME AND EXPENSES

Income from Endowment Funds:

Interest:

Bonds	\$ 24,125.75
Savings bank deposits	20.01
Mortgages	2,901.21

\$ 27,046.97

Dividends	37,035.10
Real estate (net*)	6,588.37
Real estate tax abatement	3,731.53

\$ 74,401.97

*Less: Adjustment of Income Allocated to
Special Funds*

1,511.58

*Total Income from Endowment Funds for
General Purposes*

\$ 72,890.29

Deduct: Treasurer's office expenses:

Salaries	\$ 600.00
Bookkeeping	1,200.00
Securities custodian	498.66
Annual Audit	700.00
Sundry	962.52

3,961.18

*Income from Endowment Funds Available
for Hospital Operations*

\$ 68,929.11

Deduct: Deficit from Hospital Operations:

Hospital expenses	\$641,412.49
Hospital revenue	364,710.00

\$276,702.49

*Net Deficit Before Donations for General
Operating Purposes*

\$207,773.38

Deduct: Donations for general operating purposes:

Community Federation of Boston	\$144,104.20
Miscellaneous	3,734.00

147,838.20

Net deficit for Year

\$ 59,935.18

* After deduction of real estate taxes (\$57,368.22) and charges for maintenance and upkeep (\$8,711.90), insurance (\$4,181.36), wages (\$4,600.36), management (\$4,535.98), and heat, light, water and miscellaneous (\$11,306.58).

PETER BENT BRIGHAM HOSPITAL

Schedule B

BALANCE SHEET AS OF DECEMBER 31, 1939

ASSETS

Cash:

Superintendent's Fund	\$ 20,000.00	
General Fund	2,726.42	
Special Funds	33,219.57	
	<hr/>	\$ 55,945.99

Investments of General and Special Endowment

Funds (at cost or appraised values):

Real estate	\$ 650,000.00	
Mortgages	43,611.75	
Bonds	499,527.62	
Stocks	842,667.87	
Miscellaneous securities	12,031.95	
	<hr/>	\$2,047,839.19

Hospital Plant, etc.:

Land, buildings, furniture and equipment...	\$2,294,432.40	
Supplies	34,736.53	
	<hr/>	2,329,168.93

<i>Total assets</i>	<hr/> <hr/>	\$4,432,954.11
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LIABILITIES AND FUNDS

<i>Accounts Payable</i> —City of Boston real estate taxes on investment real estate for years 1934, 1935, 1936 and 1937 pending appeal	\$ 55,498.06
--	--------------

Endowment Funds:

Hospital plant, etc.	\$2,349,168.93	
General purposes	\$1,754,580.95	
Special purposes	270,562.80	
	<hr/>	2,025,143.75
		4,374,312.68

<i>Miscellaneous</i> —Unexpended special purpose income and gifts	3,143.37
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<i>Total liabilities and funds</i>	<hr/> <hr/>	\$4,432,954.11
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REPORT OF THE TREASURER

Schedule C

SUMMARY OF CHANGES IN GENERAL ENDOWMENT FUNDS

For the Year Ended December 31, 1939

Balance, January 1, 1939:

Hospital plant, etc.	\$2,350,132.12	
General purposes	1,801,346.33	
	<hr/>	\$4,151,478.45

Additions:

Profit on sale of securities	\$ 6,136.75	
Receipt of 50% of the \$50,000 legacy to the hospital by Grace M. Edwards	25,000.00	
Transfer of unexpended balance in re- serve for fire loss	435.61	
	<hr/>	31,572.36

Total \$4,183,050.81

Deductions:

Transfer to Pernicious Anemia Fund ...	\$ 225.00	
Loss on sale of real estate	17,770.75	
Loss on sale of mortgage	1,370.00	
Net deficit for the year 1939	59,935.18	
	<hr/>	\$ 79,300.93

Balance, December 31, 1939:

Hospital plant, etc.	\$2,349,168.93	
General purposes	1,754,580.95	
	<hr/>	\$4,103,749.88
		<hr/>

PETER BENT BRIGHAM HOSPITAL

Schedule D

SPECIAL FUNDS

As of December 31, 1939

(Includes Free Bed Funds Listed on Earlier Page)

	Principal	Unexpended Income
Alexander Cochrane Free Bed	\$ 10,000.00	.....
Carrie M. Hall Free Bed (Alumnæ Association of the Peter Bent Brigham Hospital School of Nursing)	9,000.00	.....
Henry Saltonstall Howe Free Bed	5,000.00	.....
Walter Hunnewell Free Bed	10,000.00	.....
Aimee Lamb Free Bed (In Memory of Mrs. Winthrop Sargent)	5,000.00	.....
Theodore Lyman Free Bed	800.00	.....
Free Bed in Memory of D. W.	10,000.00	.....
Free Bed in Memory of E. S. B.	10,000.00	.....
M. R. A. Free Bed (1)	800.00	.....
W. A. Free Bed	10,000.00	.....
M. R. A. Free Bed (2)	900.00	.....
M. R. A. Free Bed (3)	1,000.00	.....
Harvey Cushing Memorial	809.05	.....
Harvey Cushing Fellowship	33,573.44	\$ 1,787.14
Francis Weld Peabody Loan	1,608.29	.....
Research in Renal and Vascular Disease	914.45	.....
John P. Reynolds Medal	1,000.00	75.00
John P. Reynolds Scholarship	2,500.00	164.35
Surgical dressings	10,000.00	.....
Henry Clay Jackson	58,000.00	.....
Surgeon-in-Chief Fund	2,776.69	.....
Roentgenological Fund	161.03	.....
Pernicious Anemia Fund	402.56	.....
William Amory Fund for School of Nursing..	12,915.01	.....
Student Nurses Scholarship Fund	10,000.00	.....
Laboratory Rearrangement	14.26	.....
Blanche Parker Bequest	5,000.00	.....
Nelson E. Weeks Special Fund for Needy Patients	783.81	.....
Anonymous—Memorial Fund	56,000.00	158.86
New Flag Pole	7.30	.....
Anonymous—Memorial Fund	56,000.00	158.86
Renovating Record Room	96.91	.....
Genito-Infectious Clinic Fund	1,500.00	.....
<i>Total</i>	<u>\$270,562.80</u>	<u>\$ 2,185.35</u>

REPORT OF THE TREASURER

Summary:

Principal		\$270,562.80
Unexpended income	\$ 2,185.35	
Unexpended gifts	958.02	
	<hr/>	3,143.37
		<hr/>
		<u>\$273,706.17</u>

ROBERT CUTLER,
*Assistant Treasurer.**

** Ripley L. Dana, Treasurer, died December 19, 1939.*

Report of the Superintendent

THE YEAR 1939 marked the end of the Hospital's first quarter century and the beginning of the second with many resultant changes in personnel and policy.

Dr. Howland retired after an illustrious career in hospital administration, twenty years of which were devoted to this Hospital. While many deserved honors have come to him during his active life, I dare say he derives his greatest satisfaction from the knowledge that having voluntarily chosen the difficult task of teaching young physicians interested in hospital administration, he can now look about and see a creditable list of such men whom he has trained. For reasons of economy, the Register of Former Members of the Staff is to be published only in the years preceding each five-year reunion and, therefore, it may not be amiss to list these men here.

GEORGE H. STONE, M.D., Superintendent, Worcester Memorial Hospital, Worcester, Mass.

LEROY E. PARKINS, M.D., in private practice, Boston, Mass.

B. HENRY MASON, M.D., Superintendent, Waterbury Hospital, Waterbury, Conn.

LESLIE H. WRIGHT, M.D., Superintendent, Genesee Hospital, Rochester, N. Y.

CHARLES L. CLAY, M.D., Superintendent, Long Island Hospital, Boston Harbor, Mass.

WILSON W. KNOWLTON, M.D., Superintendent, Boston Lying-In Hospital, Boston, Mass.

With characteristic modesty, Dr. Howland closed his last report with no mention that it was his final. To him go our kindest wishes that he may have a long and happy time of it as the "Squire from Hingham."

Taking up the duties of my distinguished predecessor was to me a thrilling challenge. Faced with a shrunken endowment and increased cost of providing modern

REPORT OF THE SUPERINTENDENT

hospitalization for our patients called for the nicest kind of teamwork between the clinical chiefs and the administration. It is with satisfaction that at the end of my first year, I look back over the period as one of wholehearted and intelligent cooperation. Two of the most optimistic features of the Brigham, as we start on this second twenty-five-year period, are this spirit of cooperation and the philosophy of those most vitally concerned with the future of the Hospital, that an intelligent display of ability and work somehow, some way, will command financial aid.

Financially the Hospital experienced a better year than the preceding one by an increased revenue of 14% whereas operating expenses increased but 5%. This control of expenses is concrete evidence of the cooperation that exists in the Brigham family, particularly in view of the fact that this year both patients admitted to the Hospital and total patient days' treatment reached an all-time high.

Attention should be directed to the unreasonable practice of using "per capita" costs as a measure of efficient hospital management. Hospitals dissimilar to ours excepting for size, having a small resident staff of physicians, an inadequate nursing staff and the bare essentials of professional equipment, proudly point out that their "per capita" cost is no higher than ours, whereas a comparison of the two types of service rendered justifies only lower costs.

Institutions of similar type rendering the same quality of service unfortunately have different methods of accounting and one is unable to determine whether certain costs have been included or excluded in arriving at a per capita cost, thus making comparison odious. An example of this problem under present conditions is seen in a recent study being made among neighboring hos-

pitals to determine if it would be advisable to organize a joint hospital laundry service. One hospital showed a cost of $1\frac{1}{2}$ cents a pound whereas another in the group $4\frac{1}{2}$ cents a pound. Such a variation in cost is absurd and it would be foolish for one to think that the one laundry is being operated with marked efficiency and the other with inefficiency. What it does mean is a wide variation in their respective cost accounting.

To make satisfactory financial comparisons between different hospitals, uniformity in accounting methods is essential. It is misleading to compare two sets of figures unless they have been compiled in the same manner. A few years ago, the United Hospital Fund of New York City made a study of this problem and adopted a uniform method of accounting that permits intelligent comparison. Every participating hospital uses this system. It has been in effect long enough to show that such a system has real merit.

In the field of hospital administration, one of the most important developments in recent years has been the advance in aseptic technique. A grave responsibility is placed on a superintendent in protecting patients by providing adequately sterilized instruments and supplies. While it is the legal responsibility of the surgeon to know the material he uses is sterile, practice has resulted in the assumption that the article supplied has been sterilized. As a result, a serious moral responsibility rests on the hospital and the superintendent. Fortunately for the physician, and more so for the patient, most organisms are destroyed with relative ease. It is the possible presence of the spore-bearer, that heat-resistant organism so difficult to destroy, which demands our eternal vigilance and attention to the laws governing sterilization.

There is a general misunderstanding and lack of knowledge concerning these problems. An example is

REPORT OF THE SUPERINTENDENT

the common assumption that the vapor pressure curve of water which establishes the ratio of temperature to pounds pressure of steam, holds when applied to an autoclave so that a gauge reading 15 pounds pressure shows automatically the desired temperature of 250° F. While this assumption is justifiable under ideal conditions, investigation has shown that a clogged exhaust line, for example, will result in the retention of air and building up of a pressure which has no relation to the temperature. The ever-present danger of supplies being removed before complete sterilization calls for a device that locks the load in the autoclave for the required time at the necessary temperature. The need for such a mechanism was recognized and satisfactorily developed in this Hospital. A thermostat is placed in the exhaust line, recording accurately the temperature of the steam being used in the chamber. This is connected to an electric timer and a magnetic lock on the door. Once the door is closed, the load is impounded so that it is impossible to open the door until the contents have been exposed to 250° F. for thirty consecutive minutes. Should the temperature drop at any time below this degree, the electric timer automatically reverts and starts the cycle over again. As a result, it is impossible to remove the load until sterilization is complete. The principle is somewhat similar to that of the electrically locked bank vault. This scientific procedure does away with the numerous chemical tell-tale indicators which are known to be both unreliable and expensive.

In addition, the proper sterilizing of supplies requires a logical plan of packaging and loading, otherwise air becomes trapped in the chamber or in such contents as closed metal containers, or drums, causing inadequate sterilization. Man resists change, therefore we see indifference and even contempt for these new principles, par-

ticularly because hospitals often go for years without any difficulty, forgetting in their smugness that most bacteria can be excluded by mechanical cleansing with soap and water. Any break in technique or the appearance of virulent organisms invites disaster unless reliable methods of sterilization are used routinely.

Hospitals disregarding these laws will inevitably come to grief by having an epidemic of post-operative infections and possibly deaths. The wisdom of adhering to traditional technique is to be questioned when modern sterilizing procedures insure safety for the patient, save time and labor for the operating room staff, and decrease the cost of operation and supplies for the hospital.

A few years ago, the administration of parenteral fluids was both expensive and dangerous. Patients receiving these injections frequently experienced chills and fever. Investigation in our surgical laboratory led to the discovery of the cause and as a result, a system has been devised whereby hospitals can economically prepare safe parenteral solutions. Accurately kept cost accounting has shown hospital-made solutions to be 50% to 60% less than the cost of commercially prepared solutions. In addition, these costs cover the maintenance, preparation and sterilization of tubing and needles used in the administration of fluid. This inexpensive supply of safe fluids permits adequate parenteral therapy for all patients because cost is not a limiting factor.

The outstanding change in personnel during the year was the retirement of Dr. Christian. His departure was a distinct personal loss for his friendly interest had always been stimulating.

In September, Dr. Soma Weiss joined us as Physician-in-Chief. He has been most cooperative and understanding of our financial condition.

REPORT OF THE SUPERINTENDENT

Dr. Knowlton left in April to become Superintendent of the Boston Lying-In Hospital. Having been trained under Dr. Howland, we are confident he will do a good job. Dr. Osgood advanced to first assistant superintendent in his place, and the position of second assistant was filled by Dr. Thomas C. Todd, a graduate of Harvard Medical School, 1935. He had just completed a rotating internship at Bellevue Hospital, New York, before coming to us.

Miss Alice M. Cheney retired after twenty-five years as head of the Social Service Department. Under her able guidance, this department, which began as a pioneer piece of work, has developed into an integral part of the Hospital. She takes with her our esteem and good wishes. We are fortunate in securing Miss Emily Rice to succeed Miss Cheney. Miss Rice is a graduate of Simmons College School of Social Work, and has served as social worker at the Massachusetts General Hospital, where she gave evidence of unusual ability.

Miss Lida E. Crawford, Clerk to the Hospital, and Mr. John Aitken, Chief of the Mechanical Departments, resigned after faithful and loyal service which began with the opening of the institution. The Hospital extends its best wishes for a pleasant retirement.

It has been obvious for some time that a large number of structural changes had to be made in the most economical manner possible, which meant doing the work with our own mechanical staff. Few people realize a mechanical staff is engaged principally for maintenance of the plant. Any new work must be pieced in between the regular repairs. To do this calls for intelligent planning and distribution of labor. Accordingly, it was felt advisable to appoint a graduate engineer as chief of the Mechanical Departments. We were successful in securing the services of Mr. Elliot W. Tarr, a graduate of

PETER BENT BRIGHAM HOSPITAL

Massachusetts Institute of Technology. The number of improvements executed since he has come, using our regular crew and not permitting maintenance to be neglected, is testimonial enough of the wisdom of our decision.

For historical purposes, it is felt necessary to record structural changes and improvements in an annual report.

IMPROVEMENTS

1. The medical and surgical chemical laboratories were centralized in quarters formerly occupied by allergy, serological and general medical laboratories. New chemistry tables and modern equipment were installed.

2. The floor space in part of pathology was rearranged, an enlarged and improved bacteriology laboratory was built with considerable new equipment.

3. Metabolism laboratory was moved to A-ground and the former metabolism laboratory rebuilt into a physiology laboratory.

4. The Library in the Record Room was fitted with sound proofing to centralize the clinical stenographic work.

5. As part of a heat conservation plan, the archways on both sides of the X-Ray Department were bricked in. New and large winter vestibules were built for the front and rear entrances of the Administration Building.

6. New parking areas were made in the court behind the Domestic Building.

7. A new flag pole was erected on top of the Lodge at the entrance gate, replacing the one lost in last year's hurricane.

8. A-ground was officially closed for housing of patients and this area turned over to allergy and metabolism laboratories, to fever therapy and the patients' library.

REPORT OF THE SUPERINTENDENT

After deliberate consideration, a departure from tradition was made by permitting the Superintendent of Nurses to reside off the Hospital property. The additional cost was balanced by rearranging Miss Beal's apartment to accommodate three graduate nurses who previously had been paid for living out. This new arrangement has worked out satisfactorily.

A second break in tradition was the substitution of quiet private interviews for patients' relatives in the doctors' offices instead of the former public interviews held in the lobby.

Confronted with the problem of replacing a ten-year-old ambulance, a survey was made which revealed it to be more economical to use a commercial service. Accordingly, an arrangement was made whereby the Hospital has the services of a new ambulance. This service was operated for the first time without a loss and no patient was refused transportation because of inability to pay.

During the last few years, the increasing size of delivery trucks has prevented their passing under the arch between Ward A and the Administration Building, resulting in the unloading of freight in that area instead of at the receiving platform. The noise was disturbing to the patients in our private pavilion and the presence of these large trucks a constant source of irritation to staff members whose cars were parked in that space. A study showed freight could be handled through the Shattuck Street gate, and this plan was adopted.

A gift from Mr. Theodore Lyman permitted improving the clinical stenographic work. New dictating and transcribing machines have been installed and stenographers centralized in one room. Each worker is now required to transcribe both medical and surgical cylinders which assures a steady flow of work. Administra-

PETER BENT BRIGHAM HOSPITAL

tive control is exercised by requiring a daily report of all work completed. This has resulted in having patients' records typed promptly and despite the increased census, has abolished the nuisance of overtime or the periodic employing of relief stenographers. The personnel was reduced by one and one-half workers, making an effective saving.

Last fall the Superintendent's Office was moved to a more quiet, larger space on the mezzanine. My warm thanks to Mrs. William Amory, who generously furnished a rug for this new office, and to Mr. Nathaniel Winthrop, who contributed a beautiful old escritoire.

A matter of great importance to the Hospital is the need of declaring a new and broader policy for the Ladies' Committee. Changes in the financial program of the Hospital since the organization of the Community Fund have brought about an absorption of the original purpose of this Committee. Social Service is no longer an appendage of the Hospital but an integral part of the institution, and new plans must be made to utilize the interests and loyalty of this splendid group of ladies. Possibly a guild patterned somewhat after that of the English hospitals would be desirable. Whatever the new course, arrangements must be made to have a wide non-medical membership in the group. There would be merit in having a Senior and Junior Guild, with equal representation on a Women's Board by which they shall be governed.

The Gray Ladies of the American Red Cross rendered their usual service which has now become so valuable to our patients. Their distribution of books and magazines, the acquiring of new books, the volunteer service in the outdoor department, and the making of dressings, are all services gratefully received. A word should be said about the realization of the responsibility these ladies

REPORT OF THE SUPERINTENDENT

accept when they volunteer their services. Under the guidance of Miss Clara H. Mead, each worker is made to thoroughly understand that a volunteer must not offer her services unless she does so in the same spirit as though she were an employee of the Hospital. This results in a spirit of dependability that has spread to other volunteer workers in the Hospital and has eliminated the resistance Hospital authorities once felt toward these valuable workers.

Aid from the Community Federation has, as in the past, enabled us to care for more indigent sick than would otherwise have been possible. We are profoundly grateful to all civic-minded citizens whose contributions make this work possible.

The course for student dietitians continues under Miss Gertrude McDonald on a high plane and attracts young women of ability. Each year our students are promptly placed in good positions.

I wish to express my appreciation to the President of the Board who has patiently and wisely given me needed counsel, to the Board of Trustees for their loyalty and support, to the Executive Committee for their cooperation during a year that has had an extraordinary amount of activity and to the Brigham staff and employees who have remained so faithful to the Hospital during many necessary administrative changes.

NORBERT A. WILHELM, M.D.,
Superintendent.

DECEMBER 31, 1939.

Table I

(This table is being omitted this year)

PETER BENT BRIGHAM HOSPITAL

Table II

Comparative Tables of Statistics

HOSPITAL WARDS AND SINGLE ROOMS

	1939	1938
Patients in hospital first of year:		
Medical	81	83
Surgical	84	89
Total	165	172
Patients admitted during the year:		
Medical	2,148	1,962
Surgical	3,042	2,622
Total	5,190	4,584
Patients treated in hospital wards and private rooms during the year:		
Medical	2,229	2,045
Surgical	3,126	2,711
Total	5,355	4,756
Patients discharged during the year:		
Well	0	0
Improved	4,374	3,838
Unimproved	424	340
Untreated	20	82
Died	345	331
Total	5,163	4,591
Patients in hospital end of year:		
Medical	92	81
Surgical	100	84
Total	192	165

REPORT OF THE SUPERINTENDENT

	1939	1938
Total patients days' treatment:		
Paying patients	44,273	35,786
Free patients	35,060	34,321
Total	79,333	70,107
Percentage:		
Paying patients	57—	51+
Free patients	43+	49—
Total	100	100
Average patients per day:		
Paying patients	123—	98+
Free patients	94+	94+
Total	217+	192+
Medical	90+	90+
Surgical	127+	102—
Total	217+	192+
Average time per patient in hospital..	15—days	15+days
Daily cost per capita for provisions for all persons supported .....	.40—	.41+
Patients were admitted as follows:		
Paying regular rate	2,747	2,062
Paying less than regular rate ...	1,085	1,126
Free	1,358	1,396
Total	5,190	4,584

OUT-DOOR DEPARTMENT

Number of cases treated	6,598	6,552
Medical	2,209	2,252
Surgical	4,132	4,097
Urological	257	203
Number of visits	83,994	84,365

PETER BENT BRIGHAM HOSPITAL

Medical	41,016	40,517
Surgical	37,137	38,803
Urological	5,841	5,045
Cost of maintenance of Out-Door De- partment	\$62,422.69	\$62,333.75

Table III

YEAR	Expenses	Receipts	Number of pa- tients admitted to wards	Total days' treatment	Average stay in hospital	OUT-DOOR DEPARTMENT		
						Cost of maintenance	New cases treated	Visits
1913	\$190,510.41	\$36,571.58	1,370	25,157	20—days			
1914	256,423.25	69,251.23	2,843	49,295	17+days	\$10,081.39	8,347	30,434
1915	269,913.46	88,651.55	3,417	60,242	18—days	12,108.39	8,536	36,523
1916	308,413.81	116,519.00	3,712	65,291	18—days	16,551.07	9,810	47,687
1917	324,777.80	138,512.48	3,674	65,129	18—days	19,140.56	10,995	53,405
1918	321,547.28	154,026.47	4,025	66,669	17—days	18,989.10	7,952	45,153
1919	377,253.15	193,741.63	4,282	65,546	15+days	20,557.07	7,631	49,972
1920	453,853.94	262,413.29	4,316	69,541	16+days	25,033.43	7,862	49,572
1921	483,921.52	301,918.05	4,315	68,556	16—days	25,694.39	7,707	52,116
1922	492,676.00	325,667.28	4,685	70,695	15+days	28,157.67	8,111	58,014
1923	540,524.41	367,369.45	4,775	74,854	16—days	29,510.51	8,801	57,967
1924	535,531.70	354,083.78	4,658	72,539	16—days	32,218.89	8,846	59,336
1925	557,252.24	365,749.62	4,422	72,411	16+days	33,753.42	7,081	60,291
1926	578,207.16	389,781.57	4,402	75,742	17+days	36,188.43	6,192	55,632
1927	620,177.85	412,568.64	4,607	78,645	17+days	35,696.05	7,699	60,671
1928	636,392.29	431,017.71	4,523	77,691	17+days	42,276.58	8,164	57,162
1929	663,064.84	456,916.54	4,472	78,743	18—days	48,802.11	7,849	75,593
1930	676,080.08	447,258.14	4,121	77,852	18—days	53,963.24	7,784	76,523
1931	652,391.94	418,586.38	4,056	72,256	18—days	51,456.67	7,595	71,188
1932	554,140.48	331,787.15	4,220	68,301	16+days	47,962.10	8,173	78,786
1933	512,849.91	257,739.65	4,272	64,642	15+days	46,715.77	7,976	80,272
1934	527,423.88	294,231.34	4,373	69,372	16—days	47,748.57	7,571	83,533
1935	515,187.70	285,814.91	4,422	68,108	15+days	44,743.52	7,461	77,728
1936	538,047.36	321,937.86	4,712	68,437	15—days	51,442.85	6,756	76,149
1937	574,046.49	325,131.55	4,714	70,515	15—days	57,337.39	6,582	81,175
1938	574,956.31	319,745.06	4,584	70,107	15+days	62,333.75	6,552	84,365
1939	602,371.49	364,710.00	5,190	79,333	15—days	62,422.69	6,589	83,994

*From 1923 cost of special nurses not included.

REPORT OF THE SUPERINTENDENT

Table IV

Expense and Revenue Statement

FOR TWELVE MONTHS OF 1939

ADMINISTRATION EXPENSES

	1939	1938
Salaries and wages	\$ 47,501.36	\$ 42,668.33
Supplies	8,096.84	7,183.05
Miscellaneous	9,418.32	6,088.32
Total administration ..	\$ 65,016.52	\$ 55,939.70

DIETARY

Salaries and wages	\$ 22,627.49	\$ 22,637.26
Food:		
Bread	3,043.71	3,055.82
Milk and cream	18,523.43	17,359.58
Groceries	13,040.27	15,649.87
Butter and eggs	11,014.55	11,926.90
Fruit and vegetables	9,206.24	9,267.83
Meat, poultry and fish	26,518.42	25,380.52
Supplies	2,604.54	3,126.72
Miscellaneous	2,251.27	2,079.11
Total dietary	\$108,829.92	\$110,483.61

HOUSE AND PROPERTY

Housekeeping:

Salaries and wages	\$ 28,935.50	\$ 27,848.98
Supplies	12,946.24	8,401.17
	\$ 41,881.74	\$ 36,250.15

Laundry:

Salaries and wages	\$ 15,974.06	\$ 15,747.17
Supplies	1,917.25	1,685.74
	\$ 17,891.31	\$ 17,432.91

Heat, Light, Power and Water:

Salaries	\$ 3,257.71	\$ 3,342.21
Supplies	1,565.29	988.58
Miscellaneous	64,649.53	66,755.94
	\$ 69,472.53	\$ 71,086.73

Maintenance and Repairs:

Salaries and wages	\$ 14,584.10	\$ 16,582.91
Supplies	6,819.76	3,374.16
	\$ 21,403.86	\$ 19,957.07

Carried forward	\$150,649.44	\$144,726.86
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PETER BENT BRIGHAM HOSPITAL

	1939	1938
<i>Brought forward</i>	\$150,649.44	\$144,726.86
<i>Motor Service:</i>		
Salaries and wages	\$ 641.20	\$ 2,348.29
Supplies	69.34	342.19
Miscellaneous	1,785.40	479.72
	<u>\$ 2,495.94</u>	<u>\$ 3,170.20</u>
Total house and property	\$153,145.38	\$147,897.06

PROFESSIONAL SERVICES

<i>Medical and Surgical Service:</i>		
Salaries and wages	\$ 26,653.25	\$ 26,163.83
Supplies	26,912.10	26,031.24
	<u>\$ 53,565.35</u>	<u>\$ 52,195.07</u>
<i>Nursing Service and Education:</i>		
Salaries and wages	\$103,221.98	\$ 87,614.54
Supplies	5,022.68	7,092.53
Miscellaneous	1,537.51	1,168.86
	<u>\$109,782.17</u>	<u>\$ 95,875.93</u>
<i>Medical Records and Libraries:</i>		
Salaries and wages	\$ 11,855.43	\$ 11,848.31
Supplies	1,557.40	1,323.66
Miscellaneous	800.00	807.35
	<u>\$ 14,212.83</u>	<u>\$ 13,979.32</u>
<i>Social Service:</i>		
Salaries and wages	\$ 10,154.80	\$ 9,878.81
Supplies	202.69	134.46
Miscellaneous	461.68	387.00
	<u>\$ 10,819.17</u>	<u>\$ 10,400.27</u>
<i>X-ray Service:</i>		
Salaries and wages	\$ 23,453.31	\$ 23,529.73
Supplies	16,383.98	13,911.84
Miscellaneous	449.00	323.70
	<u>\$ 40,286.29</u>	<u>\$ 37,765.27</u>
<i>Laboratories:</i>		
Salaries and wages	\$ 14,251.01	\$ 14,006.15
Supplies	7,158.48	6,125.70
Miscellaneous	190.53	235.61
	<u>\$ 21,600.02</u>	<u>\$ 20,367.46</u>
<i>Pharmacy:</i>		
Salaries and wages	\$ 5,452.16	\$ 5,532.03
Supplies	184.27	112.73
	<u>\$ 5,636.43</u>	<u>\$ 5,644.76</u>
<i>Operating Room:</i>		
Salaries and wages	\$ 9,026.84	\$ 9,158.75
Supplies	13,306.42	13,551.17
	<u>\$ 22,333.26</u>	<u>\$ 22,709.92</u>
Total professional services	\$278,235.52	\$258,938.00

PETER BENT BRIGHAM HOSPITAL

OUT-DOOR DEPARTMENT

	1939	1938
Salaries and wages	\$ 22,120.46	\$ 21,944.81
Supplies	13,101.50	12,591.35
Total out-door department.	\$ 35,221.96	\$ 34,536.16

SPECIAL FUNDS

Surgeon-in-Chief Fund	\$ 9,069.93	\$ 3,598.62
Renal and Vascular Disease Fund	1,284.72	2,354.56
Social Service Special Gift Fund	1,904.72	1,380.20
Special Permanent Charity Fund	686.61	869.84
Harvey Cushing Fellowship Fund	500.00	1,507.54
Medical Relief for Welfare Cases	937.95	1,098.24
Pernicious Anemia Fund	22.44	355.00
Fiction Library Fund	27.26	17.08
Twenty-fifth Anniversary Fund		6,675.00
Diuretic Research Fund	500.00	
Wm. Amory Fund—School of Nursing	4,934.10	2,150.89
Wm. Amory Scholarship Fund	50.00	
Emergency Comm. Foreign Physicians	600.00	
Nelson E. Weeks Special Fund	216.19	
Theodore Lyman Gift Fund..	1,903.09	
Coolidge Flag Pole Fund	492.70	
Hyams Fund	15.00	2,953.50
Laboratory Rearrangement Fund	8,485.74	
Reynolds Scholarship Fund..	100.00	100.00
Reserve for Hurricane Loss..		1,352.90
Total Special Funds	\$ 31,730.45	\$ 24,413.37

REPORT OF THE SUPERINTENDENT

SUMMARY

	1939	1938
<i>Expenses:</i>		
Total administration	\$ 65,016.52	\$ 55,939.70
Total dietary	108,829.92	110,483.61
Total house and property	153,145.38	147,897.06
Total professional services	278,235.52	258,938.00
Total out-door department	35,221.96	34,536.16
	<hr/>	<hr/>
	\$640,449.30	\$607,794.53
Inventory adjustment	963.19	384.92
	<hr/>	<hr/>
Total Hospital expense	\$641,412.49	\$607,409.61
<i>Revenue:</i>		
Board of private ward patients	\$ 94,742.17	\$ 79,122.73
Board of ward pay patients	93,094.93	79,640.72
Board of special nurses	4,050.51	3,550.83
Special nurses	36,417.28	31,938.39
Medicine and supplies	8,548.92	6,153.56
Motor vehicles	2,352.88	2,039.90
Special professional services:		
Operating room	17,375.95	14,984.45
X-ray service	43,157.21	39,493.35
Laboratories	11,213.41	10,374.90
Physiotherapy	3,386.00	3,353.85
Other special services	3,545.94	1,958.37
Miscellaneous earnings	4,971.30	5,354.44
Out-door department	41,853.50	41,779.57
	<hr/>	<hr/>
Total Hospital receipts	\$364,710.00	\$319,745.06

Statement of Stock on Hand

	1939	1938
Administration supplies	\$ 3,861.11	\$ 3,463.09
Dietary	2,813.63	6,148.74
House and Property	10,519.72	7,345.50
Medical Service	17,542.07	18,742.39
	<hr/>	<hr/>
	\$34,736.53	\$35,699.72

Report of the Roentgenologist

THE YEAR 1939 has been a year of change, of confusion, of disturbance and upsets, yet withal it has been the busiest year we have ever had in our X-Ray Department. Two of the most pleasant and enjoyable episodes during the year were the birthday celebration for Dr. Cushing's seventieth anniversary at New Haven on April 8 and the "Old Home Week" for the former Physicians-in-Chief *pro tempore* during the week of April 24 to 29. The birthday celebration at New Haven was under the auspices of the Harvey Cushing Society, and climaxed the three-day meeting of the Society. This group of forty-eight of the younger enthusiasts is unique among the special societies, in that its membership is made up of neurosurgeons plus the interested men in all of the ancillary sciences connected with neurosurgery. There must be by the rules not more than 50% of the neurosurgeons with the other 50% made up of selected men in pathology, roentgenology, neurology, psychiatry, ophthalmology, physiology and psychology, who are particularly interested in studies of the intracranial contents and their functions. Singly and as a group they try to carry on and perpetuate the ideals which Harvey Cushing so ably demonstrated in his professional work. Any one can see at once what an ideal group this would make for discussion, for experiment, for stimulating arguments, with several experts in each field to "ride herd" on the others and to criticize, correct and help in that spirit of team play which characterized Dr. Cushing's work at this Hospital. Interestingly enough, of the forty-one papers and demonstrations presented at this three-day meeting, only twelve directly concerned brain or spinal cord tumors, the others being scattered all the

way from platybasia and athetosis to the tarsius monkey who made a personal appearance with her son, Tarsius, Junior. Dr. Cushing himself gave a short but interesting summary of the surgical end-results in his series of 338 patients with verified pituitary adenomas. Copies of the complete and very interesting follow-up report by Henderson¹ which was published as a Festschrift in honor of Dr. Cushing's seventieth birthday, and which had just been received by special delivery that morning, were distributed. Five other independent publications were issued in his honor and for the occasion.

The story of the whole delightful birthday party will be issued by the Society² to share some of the warmth and stimulus of the occasion with the many who would have liked to pay him homage in person. It was a day, a time, and an event long to be remembered and cherished by those fortunate enough to have been there. Of all the distinguished guests, former pupils, colleagues, and admirers, none was more warmly welcomed by "The Chief" than Adolph, known to every Brigham generation since 1918.

Of Harvey Cushing's sudden death on October 7, 1939, I can say very little except that it seems impossible that such a vital force can ever be taken away from those of us who knew him. He is and always will be a part of us, continually playing his part through us and our successors in that spirit of teamwork and that striving to completely encompass each problem which above all characterized him in my opinion. He died as he had lived, suddenly, decisively and unexpectedly.

Of the other quite different but none the less pleasant celebration, more will be said no doubt in the other por-

¹ W. R. Henderson: *The Pituitary Adenomata. A Follow-Up Study of the Surgical Results in 338 cases.* *British Journal of Surgery*, Vol. 26, pp. 809-921, April 1939.

² *Harvey Cushing's Seventieth Birthday Party.* C. C. Thomas, Springfield, Ill., 1939. 146 pp.

REPORT OF THE ROENTGENOLOGIST

tions of these reports. The "Old Home Week" was a delightful and stimulating gathering of some of the best medical brains in the country, at Dr. Christian's invitation and under his direction. At one of the clinics in the Brigham amphitheatre when most of the Professors-in-Chief *pro tempore* and "The Professor" were all in the front row, a student was heard to remark, "There are more medical brains in that one row than have ever been accumulated in a single row anywhere." Those of us who heard the clinics and lectures, and attended the ward rounds, would readily agree. It was another and a superlative demonstration of the respect and admiration which the other great men in medicine hold for our Professor-in-Chief now *Emeritus*. Furthermore, it was proof of the hold which the Brigham Hospital exerts upon any one who has ever been a member of its staff—that so many of the "Pro-Tems," as they are cordially known, should return at such a busy time to walk the long corridors, sit in the hard seats and take part in one more of the characteristic Brigham family meetings.

But what of our own little X-Ray Department? It has had the busiest year in its existence, with a total of 15,679 patient-visits, some 3,800 of them for X-ray treatments and the others for diagnostic procedures. In analyzing the increase in work done, it is found that all sources have contributed—medical wards more than surgical wards, medical out-door department less than surgical out-door department, and private patients less than either. The greatest single source is the surgical out-door department, whence come some 5,000 patients each year, many of them for fracture X-rays or follow-up X-rays. Unfortunately we do not have the clerical help necessary to index and cross-index our

valuable records in detail, and to record the various types of examinations as they change from year to year. It has seemed to me, however, that there has been another increase in the gastro-intestinal work so that now we are busy five afternoons a week in the fluoroscopic room, with ten to twelve patients a day, and an appointment list filling up two weeks in advance. Another definite increase is in the genito-urinary work, with more pyelograms and urograms than ever before, an unusually busy, interesting and productive clinic for a relatively small department. The widespread use of the intravenous method of making studies of the kidneys and urinary tract and the comparative ease and comfort to the patient in this method have naturally resulted in increased work of this type in our department. True, the intravenous method does not always give the detailed information which the retrograde method affords, but it gives the information wanted or needed in most of the cases and it is in addition a rough functional test of the kidney's ability to excrete and concentrate at that particular time and under the conditions then present. Like the gall-bladder test, it is physiological and functional rather than purely anatomical as are retrograde pyelograms.

The work in X-ray therapy has again increased, at times reaching the daily capacity of our present set-up. Much of this increase is due to the greater number of treatments given to individual patients, many of them receiving as many as thirty-two to forty consecutive daily treatments in one series. We, in company with most other radiologists, have increased our total doses far beyond what we dared give fifteen years ago, and in most of the cases where we are attempting to cure a cancer now use doses large enough to actually blister the patients' skin in several different areas through which we are "cross firing" the neoplasm. Permanent dam-

REPORT OF THE ROENTGENOLOGIST

age, however, rarely results, unless repeated protracted series of treatments are given through the same portals. The nausea, vomiting and prostration of "roentgen sickness" have largely been abated by the use of nicotinic acid, 50 mg. twice a day during treatment, adopted after a trial following a suggestion by Tom Spies, former pathological house officer, now an expert in pellagra and similar deficiency states.

Another increase, not visible in the records, is in the amount of teaching, particularly post-graduate work. Qualified physicians by arrangement with the Harvard Medical School, are accepted for periods of study and training of one to three months, sometimes in collaboration with adjacent hospitals or the Massachusetts General Hospital. Some of these men are "brushing up" for the examinations offered by the American Board of Radiology but most of them are men wishing to perfect themselves in roentgenology which may be only a part-time specialty in their work. Even more marked is the demand for extra-curricular post-graduate teaching with "assemblies" and "institutes" and "courses" springing up all over the country, doubling and trebling the demand on the men who are willing or able or unwise enough (depending on how you look at it) to accept such invitations. Your Roentgenologist gave sixteen lectures or clinics to different groups throughout the year, from Minnesota to Atlanta, and mostly to non-roentgenological audiences. One of the most interesting and unusual arrangements was on the campus of the University of Minnesota where we took part in a course in "Neurological Roentgenology" which lasted three days and nights, and in which many of the University and Mayo Clinic staff joined us. The University possesses ideal facilities for short, intensive post-graduate courses. The building which houses the graduate students, the

guest instructors and the full-time administrative staff, also contains the lecture rooms (with *very* comfortable seats), a dining room, a library and a commons or lounging room. The "Center for Continuation Study," as it is called, is a veritable club house in its atmosphere, is efficiently managed and self-supporting, and ministers to many different groups in the State of Minnesota primarily, but in some cases to the whole mid-west area. About 40% of the meetings and courses or seminars are for medical groups. Such an arrangement, of course, is not suitable for large diversified medical meetings, nor is it intended to compete with them. It is primarily for earnest, intense study of special problems, and as such might well be emulated by our University or by an Academy of Medicine, if we only had an Academy!

The undergraduate teaching has continued unabated, with the fourth-year elective month in our department still popular in spite of the beating which the monthly pair of students takes. As I grow older and more experienced, I realize more and more that each teacher must develop his own methods and systems and not try to stick to formalized pedagogical procedures. X-rays naturally lend themselves to teaching—visual, easily appreciable, concrete, definite subjects all being readily available, and covering fields of widest possible range and interest. My own particular and personal method has at last been named, after a football technique popularized by Dick Harlow, when the two December students departing for the holidays left behind them as a Christmas gift a mouse trap! There have been many requests for permission to observe or join our daily work and these have been readily granted as far as possible. Unfortunately the lack of space automatically precludes admitting more than four or five observers during fluoroscopic examinations, which form a large part of our daily work. No

REPORT OF THE ROENTGENOLOGIST

more than four can really see well at any one time, therefore more students or visitors merely crowd the room and interfere with each other. There is space available, however, during the film-reading sessions each morning, and we have welcomed visitors from the different services as well as doctors from greater Boston or the surrounding communities. Some of these men come fairly regularly throughout the year, often staying for other lectures and clinics, sometimes bringing in unusual films or patients for special examinations or treatments. Thus we are doing a bit to further establish the Brigham as a center where advice and help are readily obtainable.

Undergraduate teaching and post-graduate teaching are relatively unimportant *in the advancement of our specialty*. Efforts along these lines are usually centrifugal, often superfluous, frequently wasted on sterile ground. Exceptions to this statement are some of the post-graduates who stay with us for several months and then go away refreshed and perhaps better able to carry on their roentgenological work. But the main chance to improve the specialty is by turning out a reasonable number of well-trained young men, imbued with the proper spirit and the wholesome attitude toward medicine, their fellow practitioners and their patients which, above all else, the Brigham can give. Experience again has taught me that the most important step in the three-year course of training is the selection of the right kind of candidate at the very outset. The prospective house officer must, of course, be a graduate of a Class A school and must have had at least one year of internship to give him the experience of caring for patients as well as the beginnings of clinical judgment, that *sine qua non* on which all his subsequent work must be based. Above all, however, must be the ability to learn, and, on the whole, the grades acquired during the four-year medical course are as good

an index of this ability as any I have found. Intensity of desire for the position and intensity of purpose, as evidenced by long-range planning have led me to select certain of our men. Personality of course is important, as the incumbent must be able to get along with a great many different kinds of fellow house officers and with the widest possible range of individual characteristics in his patients. I am always delighted when one of our patients returns and asks for one of my assistants rather than myself, as it indicates to me that I have chosen wisely in selecting that assistant. Furthermore I feel very strongly that the communal life led by a group of house officers such as ours is most conducive to learning, and that much of their valuable knowledge of a non-technical character is acquired outside of the department in conversations, in lectures, ward rounds and clinics, at autopsies, and evening meetings. Discussions at meals, arguments while shaving, even bets during an idle hour at cards often lead to important acquisitions of knowledge by investigating the problem under contention. On the whole, we actually do very little teaching directly applied to or for the benefit of our house officers. Rather we encourage them to learn by giving them the opportunity to study with us, and by allowing them responsibility in the routine work of the department according to their abilities. If they lack the initiative to go ahead on their own it is of no help to try to spoon-feed them, rather it is a waste of time and effort. If our work is really to be classed as a profession rather than as a trade, then we must teach our men not skill in film reading but a method of approach based on both experience and intellectual discipline, as President Conant so aptly put it. To impart this method of approach is my chief function. The acquisition of information, then the mixing of its distillate, knowledge, with experience, and finally the

REPORT OF THE ROENTGENOLOGIST

crystallization of clinical judgment from those previous elements in solution are all the responsibility of the house officer himself. He retains it best who acquires it himself.

The personnel of the department changes from year to year, of course, making it a pleasure to note some promotions and a regret to record some losses. Dr. John Larkin, after some practical experience as a *locum tenens* during the summer and fall, is now at work in Berkeley, California, with the stimulating group who are experimenting with Lawrence's amazing invention, the cyclotron. Dr. Miller and Dr. Crowder have been promoted, respectively, to Senior and Junior Assistant Residents. The position of house officer was awarded to Dr. Ralph C. Moore, a graduate of the University of Nebraska Medical School in 1937. Dr. Moore came to us fresh from his twenty-months tour on the medical service of the Hospital, a training which certainly started him off on the right track. There were about thirty applicants for the one position, ten of whom were fully qualified—a good index of the increasing demand for roentgenologists. Dr. H. Peter Mueller, voluntary assistant since July 1, 1938, completed his service December 31, 1939, and was fortunate enough to secure the appointment as resident on the new Harvard roentgenological service at the Cambridge City Hospital for the ensuing year.

Miss Helen Sargent resigned during the year to get married, and Miss Elizabeth Cassily, class of 1934, has been appointed in her place. After many years of faithful service as file clerk, Ruth McWilliams resigned, her position having been filled by promoting Ida Rabinovitz from messenger.

Of great importance to the future development of the X-ray department is the sympathetic and cordial

PETER BENT BRIGHAM HOSPITAL

support given us by our new and energetic superintendent, Dr. Wilhelm, who has the cooperation of every one in his earnest attempts to improve conditions in the Hospital. Many of them are already successful and others are awaiting fruition.

No less valuable and perhaps even more important are the encouragement and help given the department by the new Hersey Professor of the Theory and Practice of Physic, Dr. Soma Weiss. As prophesied in last year's report, his boundless energy and his omniverous enthusiasm have been most stimulating, in fact he and his retinue of eager, enthusiastic lieutenants, Drs. Janeway, Romano, Stead and Beeson, have all added considerably to the interest in our routine work.

Our cordial relations with the other departments remain, we hope, unstrained. The year as a whole has been a successful one, again out of the red financially, work enough to keep us too busy to grouse about the lack of new equipment, and many problems of unusual interest, only a few of which have been investigated. We look forward to another busy year, a particularly busy one, as the forty-second annual meeting of the American Roentgen Ray Society is to be held in Boston in October, 1940, and your Roentgenologist is responsible for the program, which must, of course, be the best ever given before the Society.

We submit below our modest bibliography for the past three years, and also comparative figures of the work done this year compared with previous years at five-year intervals.

MERRILL C. SOSMAN.

DECEMBER 31, 1939.

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TABULATION OF DATA, FIVE-YEAR PERIODS

YEAR	Ward Cases	O. D. D. Cases	Private	All Others	Totals	X-ray Treatments	Films Taken	Dental Films
1919	2,511	2,812	143	136	5,602	43	11,067	2,200
1924	3,869	3,283	1,031	200	8,383	916	15,408	3,530
1929	5,092	4,606	1,296	534	11,518	1,277	27,842	3,603
1934	4,092	4,942	1,047	505	10,586	1,830	17,669	4,266
1939	6,035	6,722	1,973	949	15,679	3,806	30,058	4,579

Report of the School of Nursing

AS ALWAYS, activities in nursing in the Hospital are concerned with two major problems.

1. *Nursing Service* or the maintenance of a staff sufficient to provide adequate nursing care for the patients within the Hospital, whether on private or public wards, or in special departments.

2. *Nursing Education* or the conduct of an educational program to prepare students in nursing to qualify them to go into the community to give the kinds of nursing care needed by the public.

NURSING SERVICE

One of the major responsibilities of the Hospital is to furnish adequate nursing care to all patients, regardless of their ability to pay for it. This means furnishing the amount of nursing care essential to provide proper treatment for the well-being and recovery of the patient. Just how much of such service an individual patient requires for adequate care is difficult to estimate. Obviously more care is needed during acute stages of illness and more during the waking hours than when asleep. Patients requiring complicated and long treatments will require many hours of nursing and helpless patients more than those who can to some degree help themselves.

In a hospital such as ours, which has always depended largely upon students for its nursing service, it should be remembered that student service is unskilled service, and constantly changing; that the services of the beginning student are not of the quality of the third-year student or the graduate and should not be valued as highly.

Studies of nursing in hospitals, based on our present practice, would indicate that an average of three and one-half hours of nursing care per patient in twenty-four hours is probably sufficient to give adequate nursing care to ward patients, and on private wards, because of the set-up, four hours to four and one-half hours of nursing care per patient in twenty-four hours is essential. This is generalized nursing care and includes all those services which make for the sick person's comfort and meet his hygienic, nutritional, and therapeutic needs. Beyond this, the Hospital does not provide care from its general nursing staff and private patients wishing more than the essentials of good nursing care, should expect to pay for this additional service by the employment of special nurses. The engaging of a private room does not include nursing service other than the general service provided for all patients.

In staffing the Hospital this year, a daily record has been kept of the hours of nursing service available. As a standard, the above-mentioned figures have been taken, that is, three and one-half hours per patient in twenty-four hours on our wards and four hours per patient in twenty-four hours in private rooms. Though our staff has been increased by a few nurses, it has not been increased sufficiently to give this number of hours because of the consistently higher census maintained for the greater part of the year. With the daily average of patients increasing from 192+ in 1938, to 217+ in 1939, and with fluctuations from 163 patients in January to 250 patients in November, the nursing service has been taxed beyond what can possibly be considered adequate. The stabilization of a nursing service with a continuous fluctuation of patients, both in number and degree of illness, cannot be attained unless an adequate staff is

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maintained for optimum conditions, and some plan devised to meet temporary increase or decrease.

To adequately staff our Hospital, a somewhat larger student body could be maintained with an increased number of graduate nurses permanently employed to stabilize and supplement the student group. But to meet the temporary increase in number of patients, the Hospital should be prepared to secure graduate nurses on a temporary basis and not to rely upon our present overworked nursing group. In this way, the desirable standard of three and one-half hours of nursing care could be maintained at all times.

It should be remembered in evaluating our nursing service that there is no greater menace to the quality of that service than the placing of more work upon the shoulders of nurses than they are able to do and do well. No problem in the Nursing School this year has been of so great concern as that of providing an adequate nursing service. Perhaps no problem in our Hospital's service is demanding of more attention than that of providing an adequate nursing staff.

NURSING EDUCATION

The preparation of the nurse is a constant and provocative problem, because under our present system the student group provides most of the nursing service, and because the constantly changing course of medical sciences affects the practice of nurses and calls for adjustments in their educational program.

This year our greatest need seemed to be a study of our curriculum, to see wherein changes might be made to better prepare our students to meet these changing needs in nursing. This was made possible only because of the new appointments to the faculty the previous year. Through regular faculty conferences our program has

been studied as to content, arrangement, and class load of both students and faculty. As a result, instruction has been spread further into the first year, there has been some rearrangement of subject matter and a slight increase in the number of hours of instruction to include subject matter considered important. The course in Principles and Practice of Nursing has undergone revision with the inclusion of more of the health and social aspects of nursing. A new course called Introduction to Medical Science is taught following the elementary sciences, and preceding the study of medical and surgical conditions. Through group conferences of Head Nurses and Supervisors, an analysis of our opportunities to teach nursing while actually caring for the patient has been studied and a planned program of continuous teaching is being conducted during the students' experience on the Hospital wards and in the out-patient department. Always considered one of our most valuable teaching opportunities in nursing, we feel that this is a real improvement. Since the responsibility for this type of teaching rests largely with head nurses, whose time is mostly consumed with administration of a ward unit, one of the greatest contributions which could be made to our educational program at this time to insure better supervision of nursing practice would be the appointment of a supervisor whose duties would be solely supervision of nursing practice at the bedside of the patient.

During the year, Miss Sinclair, with the aid and advice of medical and nursing colleagues, has made the fourth revision of our Nursing Procedure Manual.

In September, 1939, the course in Public Health Nursing at Simmons College was shortened to two months. This makes it possible to give this experience in community nursing to twelve rather than eight students each

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year. It is an introductory course in Public Health Nursing, giving the student experience in health work in the family, which is desirable for all nurses to have to round out their basic course, and is not intended to prepare nurses as specialists in this field.

In June the School was surveyed by the Supervisor of the State Board of Registration of Nurses. She commended us for the well-qualified faculty which is carrying on the educational program, and for the improvement which had been made in our program through the revision of the curriculum. Several helpful suggestions were also made which should challenge our attention. They refer mainly to adjustments in working hours previously mentioned in these reports, and are a matter which should receive attention this coming year. A working week of fifty-one to fifty-six hours, exclusive of classes, is incompatible with other standards maintained in our School, and not to be reconciled with our own teaching in health education. A 48-hour week, including classes, is all that is educationally sound, or all that the young woman of the age group of our students can carry without danger of impairing her efficiency or health and diminishing her interest and enthusiasm.

It was also urged that we study our staffing particularly as to hours of nursing service available with a possible increase in the amount of nursing care available after 7 p.m. Crowding in classrooms and in offices for instructors was also noted, as well as the very great need that has been felt in our School, so long, for more adequate reception and recreation space, and for personnel to direct recreational activities.

It is most encouraging to receive the kind of support to nursing education which we are fortunate to have had through gifts of money for improvements in our pro-

gram. We are exceedingly grateful to Mr. Amory for two such gifts this year. The first was a sum of \$10,000 given to the Hospital to establish a Scholarship Fund for Student Nurses. Such scholarships may be awarded to students who need financial aid and whose standing in the School is satisfactory. The second gift is a sum of \$5,000 to the William Amory Fund for the School of Nursing. With hospital budgets so limited and with the demands for an adequate nursing service and sound education in nursing so urgent, it is only through such contributions as this that our problems in balancing nursing care needs and nursing education needs can be met. We wish to take this opportunity to express our gratitude for Mr. Amory's continued interest and support.

Changes in personnel are always inevitable and when they mean promotion, we are glad to see our graduates progress, even though we may lose loyal and valuable members of our staff. Such was the case when Miss Frances Daggett resigned after seven years of expert service as Medical Supervisor to go to Bar Harbor, Maine, as Superintendent of the Mount Desert Hospital. Miss Nannie Iglehart, a graduate of the Yale School of Nursing, was appointed Medical Supervisor in September. To fill head nurse vacancies, Miss Mary I. Allen, Melrose Hospital 1936, Miss Thelma Cole, P. B. B. H. 1938, Miss Sarah Taylor, P. B. B. H. 1938, and Miss Sara Emery, Simmons College School of Nursing 1939, have been appointed. They have all had, or are having at the present time, some special preparation to prepare them for these positions, and have demonstrated their ability as general staff nurses. In March, Miss Elizabeth Casily, P. B. B. H. 1934, was appointed nurse in Cystoscopy and X-ray, and Mrs. Barbara Bridge was appointed Epidemiologist in the Out-Patient Department under the auspices of the State Department of Health. During the

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summer, Miss Jane Hunt and Miss Miriam Worrada, head nurses, were released to study at Teachers College, Columbia University, and Miss Helen Ward is now on a year's leave of absence from the Out-Patient Department for a year's study in Public Health Nursing at Simmons College. Both the offerings at Simmons College and Boston University continue to interest our graduates and some fifteen of our staff are now carrying courses of study in one or the other of these institutions.

The new division of Nursing Education in the School of Education at Boston University is of interest to us for two particular reasons. First, it makes available to graduate nurses here in Boston, advanced courses essential to those wishing to prepare for supervision or teaching. The first and only development of this kind in New England, it will mean much to nurses in this area to have this opportunity for advanced study so near at hand. Our second interest is that the program is under the direction of one of our own graduates, Miss Martha Ruth Smith, 1919, who was appointed Professor of Nursing Education this fall.

Our nurses have long realized that if they are to qualify for advanced positions, or to go into a specialty, further professional preparation is necessary. That many of them have secured this preparation, we have long known. It was, however, brought home to us this fall when the fortieth anniversary of Teachers College, Columbia University, was celebrated. A study of the number of nurses having earned degrees from that one college, the first to have offered collegiate courses to graduate nurses, does naturally show the largest number to be from the older and larger schools in the country. With over 1,300 accredited schools of nursing in the United States for a school the size and age of Peter Bent Brigham Hospital School of Nursing to appear tenth on

PETER BENT BRIGHAM HOSPITAL

such a list, is indicative of the professional status of our graduates.

The year ends with the following staff of graduate and student nurses:

Superintendent of Nurses and Principal, School of Nursing	1
Assistant Superintendent of Nurses	1
Instructors	3
Supervisors	5
Night supervisors	2
Graduate Head Nurses and Assistants in Departments	16
Graduate Nurse Anesthetists	3
Graduate Nurses—X-ray Department	3
Graduate Nurses—Out-Door Department—in employ of State Department of Health	1
Graduate Floor Duty Nurses	32
Graduate Nurse—Metabolism Laboratory part time	1
Student Nurses	110
Total	178

Forty-three students have entered; twenty-seven have been graduated; thirteen have withdrawn. Thirty-three students from the Children's Hospital School of Nursing have been accepted for six months' experience in adult nursing during the year, and six students from the Simmons College School of Nursing for one year of adult nursing, including experience in the out-patient department, diet kitchen, and operating room. Freshman students from the Simmons College School of Nursing were given their first six weeks of nursing instruction and practice in our Hospital during the summer session. Two graduate nurses from Simmons College have been given field experience in teaching nursing, one each semester.

REPORT OF THE SCHOOL OF NURSING

The twenty-fifth annual graduation exercises were held in the Assembly Hall at Simmons College on November 24, 1939. Mr. Amory, President of the Corporation, presided. Thirty-two nurses were presented for diplomas. The Dr. John P. Reynolds gold medal for general efficiency in nursing was awarded to Marion Viola Hill. The John P. Reynolds Scholarship for highest rank at the end of the second year was awarded to Margaret Kilburn. Agnes Gelinas, R.N., A.M., Professor and Director of the Department of Nursing, Skidmore College, gave the address. Miss Gelinas graduated from this School of Nursing in 1920, and it was with great pride that we welcomed her on the occasion of the graduation of our twenty-fifth class.

LUCY H. BEAL,
*Superintendent of Nurses and
Principal, School of Nursing.*

DECEMBER 31, 1939.

Report of the Social Service Department

THE REPORT of the Social Service Department will be brief as the present Director has been affiliated with the Department only three months. This short period has been one of study and evaluation in order to determine not only the present needs of the Social Service Department but also to understand its place in this particular Hospital and in the community in relation to other social and health agencies. Observations have definitely indicated that the Peter Bent Brigham Hospital recognizes medical social service as an integral part of the total service which it renders its patients. As the work of each department within the Hospital is so closely related and dependent upon that of other departments the emphasis in this report will be centered on understanding how the Medical Social Service Department can better dovetail its work with that of other departments within the Hospital and with social agencies in the community so that the most effective service can be rendered the patient. The Department also recognizes its responsibility in the teaching of the social component in medical care to the medical and nursing staffs as well as in the education of its own professional personnel.

The Department is organized under a Director of Social Service and at present there are three full-time and two part-time case workers who assist those patients referred from the wards and Out-Door Department. In the past year 1,680 patients have received definite medical social case-work service and an equally large number have been seen for administrative and interpretive services for whom there has been no statistical count or

REPORT OF THE SOCIAL SERVICE DEPARTMENT

social record. The service rendered this latter group has been very time consuming and with the small number of workers in the Department, it has fostered quantitative rather than qualitative work and has prevented adequate treatment of the more serious medical social problems. It is important to study these small yet important administrative and interpretive services and to work out a more satisfactory handling of them either within the Social Service Department or in conjunction with other departments within the Hospital where they might be more appropriately assigned.

One of the greatest responsibilities facing a medical social service department today is the care of the convalescent or chronic patient when he leaves the hospital as the community offers and finances few resources where there are adequate medical and nursing supervision. With present congested living conditions as they are and with the growing interest in the chronically ill patient the demand for this type of care has increased tremendously. Also, understanding and intelligent care in the community of the emotionally unadjusted patient is still a problem needing attention. The medical social worker must continue to study these and other existing problems in an attempt to find some better solution for the needs which our patients present with the hope that eventually the community will become aware of the problems which now exist and may modify their programs to meet the needs.

With the current trend in psycho-somatic medicine the demand for social case work in the Psychiatric Clinic has increased. This increase has been difficult to meet adequately for several reasons, the most important of which is due to the need for more case-work time for the clinic and for a redefining of the function of the worker in this clinic. At present much of the effort of

the part-time worker is used for other than case-work services; these services could more economically be given by a clerk thus releasing more time for case work, her real function. Further study of this situation should clarify the next steps here.

The whole problem of follow-up of patients who have failed to continue under medical treatment as advised needs careful consideration because of the importance of the continuity of treatment to the patient and to the physician. It would seem well to have some systematic plan which would ensure careful interpretation to the patient of the need to continue under medical care while he is in the hospital or the clinic and when this fails, to supplement it by a specific plan of follow-up to ensure that all patients insofar as possible follow through the physicians recommendations. The importance to the patient in such a system is obvious and the economy to the Hospital and the community clear. In what department the responsibility for the administration of such a system should be placed is a question which merits consideration.

The Ladies' Social Service Committee has continued its interest in the work of the Department by giving material assistance for medical relief and departmental needs and in offering invaluable advice regarding the growth and future development of the Department. We are interested in looking ahead to what may be the future function of this Committee not only in relation to the Department but also to the Hospital, as it is believed that in this Committee are potential services which have not been fully utilized.

The Volunteer Service Group, which is organized under a chairman of volunteers responsible to the Director of Social Service has continued to offer valuable services both in the Out-Door Clinics and in the Social

REPORT OF THE SOCIAL SERVICE DEPARTMENT

Service Department. These volunteers are placed with us from the Junior League, the Boston Council of Social Agencies, private schools, and the general public. What the volunteer can give us in service within the Hospital as well as being messengers in interpreting the work of the Peter Bent Brigham Hospital to the community is already recognized but with a more efficient organization and program for volunteer service we can expect an even greater service to the Hospital. The Gray Ladies from the American Red Cross, although not directly connected with the Social Service Department, have been most efficient and responsible. The Red Cross Motor Corps has continued to offer transportation facilities for our patients too ill or incapacitated to travel in public conveyances. What this service means to the patient and the Department financially is all too clear during the summer months when it is reduced to a very minimum. The whole problem of transportation, including the decision as to who is in need of such a service both physically and financially, and the detailed work in arranging for each trip to the clinic, is one which needs further study and organization.

The work of the Department in furnishing medical relief could not continue were it not for the generous financial grants received from the Community Federation Fund, The Permanent Charity Fund, Inc., The Benton Fund, The Social Service Ladies' Committee, The Lend-A-Hand Society and other interested agencies and individuals. Income from these sources the past year has totaled \$3,962.81.

The past year has seen various changes in the personnel of the Department including its Director, Miss Alice M. Cheney, who had given faithfully of her time and self to the development of medical social service in this Hospital since its beginning in 1914. She has left the

Department a philosophy of an understanding and appreciation of the sick patient which will continue to penetrate its work and help those who follow her to keep a balance between social theory and sympathetic practice. Mrs. Mary Lambert has also resigned after efficient service. The Department is fortunate in obtaining Miss Alma Jones as case worker on the Medical Wards beginning January, 1940. She comes to us well educated in medical social service and with good case-work experience at the Boston Dispensary.

It is not only important to have members of the Department well trained in medical social service but the Department in turn should make available opportunities for staff education within and without the Hospital, in order that members may keep abreast of current thought in the social and medical sciences. Toward this end, the Department is already privileged in having weekly seminars conducted by Dr. John Romano on the inter-relationship of psychiatric and social treatment. These discussions are based on actual case material within the Hospital. Outside the Hospital the opportunities of participating in local and national conferences of social work create a broader understanding of the individual problems which the patient presents and a more intelligent concept of the fields of public and private social work.

Various administrative changes have already taken place within the Department in the last few months such as reassignment of workers to a different group of medical and surgical services; new type of social records and filing; reorganization of the genito-infectious and cardiac clinics; participation in the teaching of medical students in the social component of medical care; routine forms on wards for orders to Visiting Nursing Associations; change in bookkeeping system; restatement in

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Medical and Surgical Precedent Books regarding relationship with Social Service Department; and definite supervisory conferences. It is hoped that these changes and those that may follow will strengthen the Medical Social Service unit and in the end render more complete service in the study and treatment of the patient.

Respectfully submitted,

EMILY D. RICE,

Director, Social Service Department.

JANUARY 11, 1940.

SOCIAL SERVICE DEPARTMENT

Director

EMILY D. RICE

STAFF

General and Special Medical Clinics

MARGERY L. CROTHERS

Genito-Infectious Service

RUTH GEROFSKI

Surgical Service

BARBARA N. HARRINGTON (began 1/2/40)

MARY R. LAMBERT (resigned 12/30/39)

Medical Wards

ALMA C. JONES (began 1/2/40)

Psychiatric Clinic

GERNA S. WALKER

Ladies' Social Service Committee

MRS. ROGER B. MERRIMAN

Chairman

Volunteer Service

ADELAIDE WINSOR

Chairman

Report of the Pathologist

SINCE I took charge of the Pathological Department the volume of routine has greatly increased; the number of post-mortems has doubled, the number of surgical and bacteriological examinations has quadrupled, while indispensable new techniques which have come into use have added to our chores.

For some years I have regarded the situation in my Department as greatly disadvantageous to the Hospital as a whole, a liability to the Medical School, and intolerable for myself. Intolerable, because only by great sacrifice of time and energy and utilization of technical services from the Medical School in routine work has a respectable service been maintained.

In my first report—for the year 1917—I said: "There seems to be little prospect of maintaining more than a fairly efficient routine under present conditions as the laboratory is undermanned medically and technically." I pointed out the need for providing a better bacteriological service and indicated research possibilities in bacteriology. I asked for employment of a woman bacteriologist and a second male histological technician.

In seven subsequent reports between the years 1918 and 1929, inclusive, I pointed out repeatedly the inadequacies of the Department and repeatedly asked for changes and additions which I regarded as imperative for the welfare of the Hospital.

After 1929 I ceased my unproductive efforts to secure the support necessary to create a department worthy of a first-class hospital. The net results had been the addition of one house officer and one secretary and when the responsibility of preparing culture media for the Hospital was added to the Department, the technician for

REPORT OF THE PATHOLOGIST

that purpose was transferred to my direction. The services of this technician are now nearly wholly absorbed by the bacteriological routine under the direction of the Medical Department. The number of autopsies has doubled and the volume of other routine has quadrupled since 1916, as is shown by the table in this report.

The inadequacy of the Pathological Department is only in small part a reflection upon the Trustees, although it is true that on no occasion has any member of that body made inquiry in response to my reports. The status of a hospital Department of Pathology largely rests upon the chiefs of clinical services.

The endeavor of the Pathological Department has been, first to conduct a routine best calculated to serve the various interests of clinical medicine and surgery; second, to do research to make possible research by others. The achievement of these objectives would insure successful teaching to students and to members of all grades of the Hospital staff. Here it may be pertinent to remark that the lines of demarcation between Hospital departments occasioned by the allocation of funds for running expenses and for research have become too sharply defined and too jealously guarded for the best interests of our Hospital. Competitive endeavor between the two clinical departments is the evident reason why the Pathological Department, which serves both, has never been permitted to share in the growth of the Hospital or at any time to receive the support which consideration for the best interests of the Hospital and of the scientific aspects of medicine, in all its branches, clearly demands.

Withal, your Department of Pathology has served the Hospital well. Had opportunity been given at the recent twenty-fifth anniversary celebration, the recital of the high positions now held by its members and the

importance of scientific publications would have been, relative to its size, fully as important and as pertinent as those of the clinical departments. What has been accomplished has demanded service entailing personal sacrifice by its residents and chief and has absorbed more time and energies of the latter than has been compatible with the interests of the Medical School. Only through the professional and technical services of the Medical School Department of Pathology, which I have used freely as reserve forces to be called upon whenever needed, has pathology at the Brigham Hospital been maintained at its present standard. Certain kinds of difficult technical work and specialized knowledge have been contributed routinely from the Medical School.

The deficiencies of my Department have suddenly been magnified and multiplied in prospect of the needs of the Medical Department. I refer now to the new interests which Dr. Weiss has brought to the Hospital and their supporting personnel, which he has added. The problem of adequate bacteriological service which I long ago advocated has been solved, greatly to the benefit of the Hospital, though probably wrong in principle from the standpoint of organization, and attended by the creation of new problems of providing the space for the Department of Pathology as it shortly must become. I shall not present my forecast of what medicine at the Brigham Hospital will require from the Pathological Department. An urgent and major problem because of requisite space, supplies, and technical help, is that of establishing a routine for neuropathological studies commensurate with the new talent brought by Dr. Weiss.

To maintain a hospital department of pathology conducive to the best interests of the clinical departments is no small undertaking because research procedures of today become the routine of tomorrow. This statement

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is almost literally true because new demands upon the pathologist are made almost immediately following publication of information of value, applicable to diagnosis or to investigation.

That I am not making an extravagant presentation of Brigham Hospital needs is very evident from the organization and budgets of several hospitals in Boston which I have obtained and hold on file subject to your interest.

It should be very evident that the Brigham Hospital is beginning a new period, because of staff changes, much handicapped, if there is intention to hold its high position among hospitals.

The staff of the Pathologist at the Brigham Hospital consists of one resident, two internes, one tissue technician, one man of all work, and two secretaries. One secretary would suffice were it not for the innumerable telephone calls and other services in the interests of the Hospital staff as a whole.

The routine services and growth of such work are shown by the following tables:

Autopsies, Medical Service.....	155
Autopsies, Surgical Service.....	71
	<hr/>
Total number of autopsies recorded.....	266
Reports on surgical specimens.....	2,095
Report on bacteriological specimens.....	1,934*
Guinea pig inoculations for suspected tubercu- losis	212
Ascheim-Zondek Tests.....	100
	<hr/>
Total	4,341

There were 345 deaths in the Hospital of which 239 were medical and 106 surgical. Sixteen deaths, four

** Up to October 5, after which the bacteriology of the hospital has been under the direction of Dr. Janeway.*

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medical and twelve surgical, were investigated by the Medical Examiner.

The percentage of autopsies for the year, after deducting sixteen cases taken over by the Medical Examiner proves to be 64+%. The percentage of autopsies for the various services is: Medical 63+%; Surgical 68+%.

The number and percentage of autopsies for all years are:

Year	Number	Per cent
1939	226	64.0+
1938	186	60.0
1937	207	60.0
1936	216	65.0
1935	182	63.0
1934	220	74.0
1933	177	64.0
1932	179	69.0
1931	219	75.0
1930	192	64.4
1929	240	68.6
1928	219	59.6
1927	196	63.4
1926	179	62.0
1925	204	70.7
1924	177	70.0
1923	153	58.0
1922	174	68.0
1921	158	62.8
1920	155	58.2
1919	102	40.0
1918	145	40.0
1917	114	55.6
1916	113	49.5
1915	101	47.6
1913 and 1914	147	58.5

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The number of surgical and bacteriological examinations made each year are:

Year	Number
1939	4,636
1938	4,018
1937	4,111
1936	3,857
1935	3,973
1934	3,593
1933	3,249
1932	2,730
1931	2,615
1930	2,577
1929	2,649
1928	3,497
1927	2,821
1926	3,101
1925	2,613
1924	2,819
1923	2,708
1922	2,391
1921	1,984
1920	1,826
1919	1,628
1918	2,224
1917	1,248
1916	1,140
1915	1,030
1914	847

Not shown by the above tables are three exercises a week to medical students, a weekly clinical-pathological conference, a weekly surgical-pathological conference, attendance at weekly X-ray conferences and tumor clinics, and at any time, regardless of the activities of the moment, attendance in the operating room and the responsibility of an immediate microscopic diagnosis. Finally must be mentioned the many conferences and

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discussions in behalf of patients or in the interests of investigative problems by the clinical departments.

In the above list are several responsibilities which require long experience to meet. Hence the load has been a heavy one for myself and my resident, and on frequent occasions would have been wholly impossible except for the support of members of the Medical School Department of Pathology.

As indicated by the organization and activities given above, the most urgent need is the acquisition of a full-time pathologist with adequate training and competent to direct neuropathological studies. It must be said that no person worthy of appointment in this full-time capacity would find the space and equipment necessary for his personal scholarly and research activities.

Next in importance is the problem of technical help. At least one additional tissue technician is required for immediate needs, and a second one in the near future.

If there is to be any improvement and any addition to the staff, additional space is imperative, space to work in and space to store records, microscopic slides, all kinds of material saved for future reference and teaching and, above all, space to house the animals necessary for research and for the ever-increasing demands in diagnosis. Much of the equipment of the Department is worn out and should be replaced. Some new additions must be made. Not one of the microscopes now in use is owned by the Hospital.

The conclusion is unavoidable that under existing conditions it is impossible for any person to serve Hospital and University satisfactorily in the capacities I have attempted.

I have indicated the minimum changes necessary to meet adequately the needs of the Hospital and to remove the liability now imposed upon the University Depart-

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ment of Pathology. The consequent problems are not of important magnitude in view of the added strength their solution will bring to the Hospital as a whole.

Changes in the staff in the last year were as follows:

- DR. LEWIS E. RECTOR, succeeded Dr. Darrell Ayer as Resident Pathologist.
- DR. VICTOR G. BALBONI, succeeded Dr. Charles M. Campbell as House Officer, February 1, 1939.
- DR. RICHARD OWENS succeeded Dr. Donald C. McCollum as House Officer, September 1, 1939.
- DR. EDWARD V. FERGUSON, Voluntary Graduate Assistant, April 1, 1939 to July 1, 1939.
- DR. JOHN E. ADAMS, Voluntary Graduate Assistant, September 1, 1939, for a period of 6 months.
- DR. CHILTON CRANE continued until March 1, 1939, as Voluntary Graduate Assistant.
- DR. ELIZABETH RANDELL came on as Voluntary Graduate Assistant, September 18, 1939.

Dr. George M. Hass, since completing his residency in pathology, has been a member of the Society of Fellows at Cambridge, instructor and associate in pathology at the Harvard Medical School, and is now assistant professor of pathology at Cornell University Medical College.

Dr. Orville T. Bailey finished his residency in pathology in September, 1937. He is completing his third year as a junior in the Society of Fellows at Cambridge and will resume his work as instructor in pathology at the Harvard Medical School.

Dr. Darrell Ayer, resident in pathology from September, 1937, to September, 1939, is instructor in pathology at the Harvard Medical School and leaves to become pathologist at the Mary Imogene Bassett Hospital.

Dr. Henry Pinkerton, resident pathologist from September, 1926, to September, 1927, after having attained a grade of assistant professor at the Harvard Medical

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School, was appointed professor of pathology at St. Louis University, School of Medicine, on January 1, 1939.

PUBLICATIONS—1939

- WOLBACH, DR. S. B.: Vascularization of the Cornea of the Rat in Riboflavin Deficiency with a Note on Corneal Vascularization in Vitamin A Deficiency. (With O. A. Bessey.) J. Exp. Med., 69, No. 1, January 1, 1939.
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- BAILEY, DR. O. T.: Consequences of Instrumental Dilation of the Papilla of Vater. An Experimental Study. (With C. D. Branch and R. Zollinger.) Arch. Surg., 38, 358, February, 1939.

S. B. WOLBACH,
Pathologist.

DECEMBER 31, 1939.

Report of the Surgeon-in-Chief

INTRODUCTION. The year 1939 will always represent the completion of a cycle in the history of the Brigham Hospital, for in that year occurred many changes in senior personnel. Institutions largely reflect the personalities of those who guide their destiny, and this is particularly true of hospitals, where the materials dealt with are those complex commodities, living human beings and education. It is true that the works and effort of every individual who serves an institution play a rôle in the individuality and usefulness of the institution, but the major characteristics emanate from the example, teachings, and aspirations of those who occupy the senior posts. At the end of 1938 the Hospital lost the services of Joseph B. Howland, who had so long and so well guided its administration. David Cheever resigned in June of this year and leaves an example of loyalty and service, which we shall long emulate. In the summer came the resignation of Henry Christian. His great abilities as a teacher, physician, and organizer were the very foundation stones of the Brigham Hospital. In our family records we are happy to express the institution's gratitude and warmth of feeling for one who has been so intimately concerned with the life and aspirations of all who worked within our walls in the last twenty-five years. We are delighted that he is to remain near us in Boston, and to know that, though he himself is not at the helm, his wise counsel and interest will always be available to help us. On October 7, 1939, occurred the death of Harvey Cushing. His characteristics and accomplishments have already appeared in both lay and professional press from the hands of pupils, associates, and friends. We shall long cherish his example

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and stimulation, and are happy to record that a chief heritage will be the whole-hearted and particular devotion to the individual sick patients here at the Brigham Hospital which characterized all his efforts. What better gift could be made to a hospital than this attitude of mind. Hospitals must always be considered havens to which suffering humanity goes to be relieved of its complaints. Contributions to medical science and education are secondary concerns, though one need never fear that they are jeopardized by the proper care of the patient. The more thorough, individualized, and intimate the study of the material, the more apt one is to unravel the mysteries which still surround the illness of every patient. These great characters have left us a heritage, far more valuable to the Hospital than any financial gift.

During the past year Miss Alice Cheney, who so long and happily directed our Social Service Department, resigned, and she has been succeeded by Miss Emily Rice. The usefulness of social service in a hospital cannot be over-emphasized. It is the contact between illness and the environment in which sick people live. Its proper function makes possible the easier accomplishment of hospitalization, which must come with disease. In Miss Rice the Hospital is fortunate in securing the services of one who, by both training and nature, is admirably suited to head this important department of our institution.

The advent of new directing individuals, Dr. Soma Weiss as Physician-in-Chief and Dr. Norbert A. Wilhelm as Superintendent, has brought inevitable changes, all of which we welcome gladly. The Brigham Hospital has never been a static institution, bound by tradition from which it should not deviate, and it is hoped it never will become such a conventional institution. The world

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changes incessantly, and adjustment to the new mental and physical environment, which continuously shifts before our gaze, is essential to usefulness. In the short period in which our new chiefs have been on duty together, one sees the even closer approximation of the professional services. Several clinics in the Out-Door Department are being served by both physician and surgeon. Exercises for the students have become, in part, joint affairs. Sometimes the physician and the surgeon together, and sometimes the physician, surgeon, pathologist, and roentgenologist air their views to the younger staff and students in a common meeting, in the hope that a more complete picture of disease may be had. Joint undertakings are evident also in the creation of a very well-equipped and well-manned biochemical laboratory—a long-needed adjuvant to modern medical and surgical practice—and also in the addition of personnel and of better bacteriological equipment for the proper study of infectious diseases.

During the past year through a staff member, a citizen of Boston became interested in the Hospital and as a memorial to his wife made a generous contribution of \$60,000 for improvement in the medical laboratory facilities. In addition, he intends that the Hospital shall be his residuary legatee and has thus aroused our deepest gratitude. Now that the Brigham Hospital has become a part of the civic life of Boston and has lived here long enough to escape the thought that it carries an individual's name, which often acts as an obstacle to donors, we can hope that other contributions will come our way to enable the necessary changes in construction which have long been contemplated.

Changes in Staff. With the departure of Dr. Cheever no additions to the senior staff have occurred. The general ward service has been divided as usual into three

parts, served in rotation by Dr. John Homans, Dr. Francis Newton, and Dr. Robert Zollinger. The same system of having one surgeon on duty for the ward service, another surgeon on duty for teaching and teaching rounds, and the third surgeon on duty in charge of the Follow-Up Clinic has been maintained.

Our records continue as complete as previously, and indeed more complete than ever, largely through the activities of the Follow-Up Clinic and the many special clinics. Of these special clinics, the Tumor Clinic is becoming increasingly important. With the broadening of public attitude toward cancer and with the pressure brought by professional groups toward a better professional control of this dread disease, it is essential that a cooperative effort in the care of patients with cancer should arise in every modern hospital. The devotion of the Departments of Pathology, Roentgenology, and Surgery to this problem is a noteworthy omen in our future public relations.

The interchanges in the senior posts of our house staff usually deal with previous internes, who are climbing in the hierarchy of the Hospital. Their progress is a chief concern of ours, since on the shoulders of these young men is some day to fall the responsibility of carrying on the medicine and surgery of another generation. Dr. Robert E. Gross remained with us as *Resident Surgeon* up to September 1, 1939, at which time he was succeeded by Dr. J. Englebert Dunphy. The latter had already been our Resident Surgeon from December, 1936, to March, 1938, and had resigned the residency to become successively *George Gorham Peters Traveling Fellow* and *Arthur Tracy Cabot Fellow* (November, 1938, to September, 1939). The great advantages of having such an experienced and senior individual in a rank of chief importance has been clearly demonstrated

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this year. The Brigham tradition is that teaching must be passed down from Resident to Assistant Resident to Interne, and that only when the Resident himself has the qualities giving inspiration and the desire to teach does our Hospital function properly. Dr. Robert E. Gross, since finishing his residency here, has become a member of the Senior Staff of the Children's Hospital, Boston, Massachusetts. Dr. Dunphy was succeeded as Arthur Tracy Cabot Fellow on December 1, 1939, by Dr. John A. Sandmeyer, who had just completed his service as interne.

The *Urological Fellowship* continued to be filled by Dr. George Austen, Jr., who commenced this service as early as April, 1938. Dr. Quinby's Fellows have always been a strong addition to our House Staff, and Dr. Austen has held up the high level of efficiency of his predecessors. He completed his Urological Fellowship November 1, 1939, and became Assistant Resident Surgeon. He was succeeded for the remaining two months of the year by Dr. Paul D. Giddings, who had at that time just completed his rotation as Assistant Resident Surgeon.

The *Harvey Cushing Fellowship* for 1939 went to Dr. J. Hartwell Harrison. He is a welcome addition to the recent graduates of the surgical service now working in Boston and connected with the Hospital. A second Harvey Cushing Fellowship was granted to Dr. John H. Dougherty, who has been a loyal worker in the urological group throughout most of 1939.

The *George Gorham Peters Traveling Fellowship* is being filled by Dr. Thomas W. Botsford, who was previously an interne of ours and Resident Surgeon at the Children's Hospital and is now studying at the University of Edinburgh, from which he will return next year to be with us as Assistant Resident Surgeon.

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The succession of *Assistant Resident Surgeons* has been as follows: In March Dr. Stanley O. Hoerr, previously an interne here and subsequently Resident in Pathology at the Collis P. Huntington Memorial Hospital, followed Dr. William S. McCune, who went to the Boston Lying-In Hospital; in July Dr. Robert D. Whitfield, previously an interne at the Peter Bent Brigham Hospital and subsequently Assistant Resident in Neurological Surgery at the Albany Hospital, Albany, New York, began his service when Dr. James B. Blodgett left us to become Assistant Resident Surgeon at the Children's Hospital; in November Dr. Austen, after nineteen months as Urological Fellow, commenced his service as Assistant Resident Surgeon, filling the post vacated by Dr. Giddings.

The *Joint Interneship with the Children's Hospital Surgical Service* has continued to be most satisfactory. The rotation has been as follows: Dr. Harold R. Hoover, a graduate of the University of Southern California School of Medicine in 1937, began his service in January, following an interneship at the Huntington Memorial Hospital, Pasadena, California; Dr. Chilton Crane, Harvard Medical School 1938, came on in March; Dr. Orvar Swenson, Harvard Medical School 1937, came on duty in May after being a Surgical House Officer in the Starling-Loving University Hospital, Columbus, Ohio; in July Dr. Donald D. Matson, Harvard Medical School 1939, commenced his service; in September, Dr. Eben Alexander, Jr., Harvard Medical School 1939, came on duty; and in November Dr. Edward V. Ferguson, Harvard Medical School 1939, came on. These men succeeded, respectively, Dr. James W. Hawkins, who moved across the street to the School of Public Health after his interneship; Dr. C. Fred Goeringer, who joined the Orthopedic Service at the Children's Hos-

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pital; Dr. Frederick J. Lesemann, Jr., who left us to become a Resident Surgeon at the Cook County Hospital, Chicago; Dr. John H. Kennard, who left to fill a post at the Women's Free Hospital, Brookline; Dr. Dean W. Tanner, who moved to the Children's Hospital as a Resident Surgeon, and Dr. John A. Sandmeyer, who went to the laboratory as Arthur Tracy Cabot Fellow.

Publications for 1939. The list of sixty-five publications represents to some extent the activities of the Surgical Clinic. The numerous publications by the members of the House Staff are a chief interest. In the fifteen publications from the House Staff we are happy to make special notice of the completion by Dr. Robert E. Gross of the first successful surgical attack upon patent ductus arteriosus. This work which had its inception in the Children's Hospital was subsequently enlarged by Dr. Gross in both our laboratory and clinic. It may be of interest to the alumni to note that three books were published by members of the staff: (1) Dr. Homan's "Circulatory Diseases of the Extremities," (2) Dr. Lyman Richards' "Otolaryngology in General Practice," and (3) an "Atlas of Surgical Operations" by Drs. Cutler and Zollinger.

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Statistical. Table A is of interest to those concerned with hospital work. It is particularly of value to the young man who wishes to study the type of hospital in which he is likely to procure his further education, since it graphically portrays the diversification of work. We are happy in this very diversification, and hope that the

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form of specialization which breaks up surgical practice into small water-tight compartments will never become fixed in this Hospital, which has as one of its responsibilities the education of medical students. There are no great changes, though the increased number of bronchoscopic examinations reflects the advantages of having an expert otolaryngologist on service, and the increased number of orthopedic procedures reflects our increasing cooperative efforts with the Children's Hospital. Gynecology again predominates as giving a major supply of surgery for the young surgeon. The great increase in the number of cystoscopies and pyelograms represents the abilities of our genito-urinary colleagues. It is surprising to me that we can get through in a single year as many procedures as are listed.

Table B again shows our mortality score card. We are happy to record an operative mortality percentage of 3.2, a low figure only twice before equalled in the history of the Hospital. The total discharges is again increased to the record figure of 3,177, and the operations recorded have also reached the record figure of 2,407.

In closing this report I should again like to record our indebtedness to the Board of Trustees as a whole for their vigilant and unceasing devotion to the Hospital during these difficult financial times and to record a personal debt to the Chairman of the Board, whose generosity has enabled this department to overcome many obstacles.

Respectfully submitted,

ELLIOTT C. CUTLER,
Surgeon-in-Chief.

DECEMBER 31, 1939.

REPORT OF THE SURGEON-IN-CHIEF

TABLE A

STATISTICAL STUDY OF VARIETY OF CLINICAL MATERIAL
Based on Operations Performed

Neurological:	1933	1934	1935	1936	1937	1938	1939
Central Nervous System...Major	76	70	38	42	34	34	33
Minor	80	80	78	66	52	42	56
Peripheral Nervous System.....	20	2	11	11	6	9	9
Thyroid	75	89	59	52	54	55	52
Thorax	54	69	79	54	36	13	9
Major	20	36	14	20	25	26	16
Minor	8	17	15	27	31	17	45
Bronchoscopy	47	32	38	42	51	37	52
Breast	47	32	38	42	51	37	52
Circulatory System:							
Heart and Pericardium.....	1	1	3	1	1	5	2
Blood vessels.....	23	19	36	70	88	112	105
Abdomen:							
Stomach	38	45	43	46	35	30	48
Gallbladder	99	88	92	81	85	101	111
Appendix	155	165	135	144	175	159	181
Small Intestine.....	11	11	10	14	15	17	20
Large Intestine.....Major	69	50	39	47	64	57	65
Minor	107	82	70	55	88	71	98
Hernia	128	169	120	100	123	107	147
Bones and Joints:							
Fractures	10	33	35	30	35	37	53
Other Diseases.....	76	54	53	41	81	79	115
Plaster of Paris Dressings.....	66	91	85	86	69	87	103
Gynecology	193	192	185	191	154	178	201
Major	167	152	119	129	149	127	125
Minor	35	25	24	23	48	17	46
Radium	162	273	159	181	175	155	179
Genito-urinary .....	...	...	36	58	41	31	34
Major	468	641	579	632	508	566	759
Minor	58	97	111	123	180	168	278
Cystoscopy	64	35	106	95	62	81	126
I. V. Pyelograms							
Miscellaneous Major Operations...							
Minor Operations:							
Nose, Ear, Throat.....	145	170	195	188	182	220	199
Dental	102	96	68	95	67	83	89
Transfusions	28	76	58	71	23	16	11
Miscellaneous	210	268	225	326	249	270	281
Total	2,795	3,229	2,918	3,141	2,986	3,007	3,656

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TABLE B

HOSPITAL STATISTICS—DEPARTMENT OF SURGERY
1913-1939

YEAR		Total Discharges	Deaths	General mortality %	Autopsy % exclusive medico-legal	Patients operated upon	Case % operated upon	Operations recorded†	Post-operative deaths	Case mortality %	Operative mortality %
1913	.....	690	35	5.00	43.4	477	69.1	693	29	6.1	4.2
1914	.....	1474	83	5.63	43.4	992	67.3	1361	61	6.1	4.5
1915	.....	1869	89	4.76	48.0	1328	71.1	1526	72	5.4	4.7
1916	.....	2014	93	4.61	56.5	1422	70.6	1632	68	4.8	4.1
1917	.....	2021	71	3.66	35.1	1457	72.1	1639	54	3.7	3.2
1918	.....	1856	71	3.82	43.6	1304	70.2	1474	61	4.7	4.1
1919	.....	2123	102	4.80	46.5	1411	66.5	1563	79	5.6	5.1
1920	.....	2090	91	4.35	57.0	1399	66.9	1602	69	4.9	4.3
1921	.....	2195	107	4.87	61.0	1405	64.0	1591	86	6.1	5.3
1922	.....	2274	110	4.83	66.0	1517	66.7	1552	71	4.7	4.5
1923	.....	2397	135	5.62	52.5	1646	68.7	1713	81	4.9	4.7
1924	.....	2508	144	5.74	72.5	1783	71.1	1843	75	4.2	4.1
1925	.....	2578	134	5.19	68.0	1667	64.7	1762	72	4.3	4.1
1926	.....	2415	143	5.92	60.6	1663	68.9	1789	87	5.2	4.8
1927	.....	2474	135	5.95	65.5	1735	70.1	1858	79	4.5	4.3
1928	.....	2577	135	5.24	64.8	1750	67.9	1930	89	5.1	4.2
1929	.....	2574	136	5.28	69.8	1708	66.3	1874	80	4.7	4.3
1930	.....	2388	109	4.14	79.2	1714	71.8	1892	71	4.1	3.2
1931	.....	2375	125	5.68	82.6	1670	70.3	1849	68	4.1	3.7
1932	.....	2407	129	5.36	71.8	1723	71.5	2337	84	4.8	3.6
1933	.....	2636	133	5.04	61.6	1848	70.1	2132	103	5.5	4.8
1934	.....	2747	130	4.73	77.4	1992	72.5	2311	104	5.2	4.5
1935	.....	2600	102	3.92	67.4	1848	71.1	2143	77	4.2	3.6
1936	.....	2918	115	3.94	71.1	1982	67.9	2379	87	4.4	3.6
1937	.....	2905	123	4.23	66.0	1935	66.6	2375	87	4.5	3.7
1938	.....	2781	101	3.63	63.8	1840	66.2	2210	74	4.0	3.3
1939	.....	3177	106	3.34	67.0	2111	66.4	2407	76	3.6	3.2

Report of the Physician-in-Chief

ON SEPTEMBER 1, 1939, Dr. Henry A. Christian, Physician-in-Chief of this Hospital since April 11, 1910, became Physician-in-Chief *Emeritus*. In succeeding Dr. Christian, I am humbly conscious of the responsibility the position brings, not only because of the nature of the post, but also because of the tradition fostered by Dr. Christian since the first patient was admitted to the medical service of the Hospital on March 31, 1913.

Medicine in Boston owes a debt of deep gratitude to Dr. Christian. He created an ideal university medical clinic, and the influence of this service was soon felt both inside and outside the country. It was primarily Dr. Christian's effort which brought about once more the existence of a distinguished school of internal medicine in this city. It was the new spirit of this medical service that inspired other hospitals in Boston to create similar progressive medical units. Throughout the country Dr. Christian's pupils copied what they had learned from their chief. Under his leadership important discoveries and scientific contributions have been made. He has created a spiritual atmosphere of the highest character in this Hospital. As a physician he became internationally known, and his help and advice are widely sought. As a teacher he influenced a generation of students who learned from him simplicity, clarity, conciseness, logic and critique. The Harvard Medical School felt the force of his sound judgment and broad views, always expressed fearlessly. He is beloved by his pupils and associates who have had the privilege of experiencing at first hand the warmth and loyalty of his personality and the keenness of his intellect. May he and Mrs. Christian find happiness in the years to come!

In "stepping into Dr. Christian's shoes" obviously it is wise to continue the policies he has handed down. The best I can do is to carry along the old traditions. With this in mind during the months before I assumed my post, I visited the Hospital in an effort to learn the details of its system. For Dr. Christian's good-will, patient instruction and warm encouragement at that time, I am grateful. As a *vade mecum* I have reread repeatedly in the Hospital's Twenty-fifth Annual Report his chapter, "The Aims and the Spirit of the Medical Service in Its First Quarter Century." As he said in that report, the medical service must remain a general service with all members of the staff having an integral share in its management, and at the same time it must be possible to carry on special studies in any chosen field. "The way of the service must be conceived so as to represent the highest accomplishment of leadership possible to that leader." It is essential to give to our patients the best possible professional care in such a friendly way that each patient will feel that we have been particularly interested in him or her as an individual, and that nothing has been left undone in arriving at a correct diagnosis of the patient's disease and in alleviating its discomforts. Investigation is to be fostered, and students, internes, and associates must receive good training. Finally he advises: "Time and conditions change rapidly; always must there be a willingness to meet changing conditions by changed ways of doing things."

Summary of activities: In planning for the immediate future, since I took up my new duties, I have once more been influenced primarily by Dr. Christian's advice, given in the chapter of his 1937 report, "Unattained Needs of the Medical Service." A second influence has come from a part of the Surgeon-in-Chief's report for the same year entitled "The Next Twenty-Five

Years." Dr. Cutler emphasized the inadequacy of laboratory space and equipment and possible consequences of this situation. Dr. Christian pointed out that in the field of chemistry, more than anywhere else, were to be expected important advances in medicine. He emphasized the fact that certainty concerning the accuracy of many of the laboratory procedures in the Hospital could be assured only by the services of a well-trained chemist. I felt that likewise the bacteriological work on the medical service had not been optimal. Tests in this field were performed by three internes—changing every few months—who often did not have proper supervision in their separate and ill-equipped laboratories. This arrangement did not yield, in my opinion, the best practical results, since bacteriologic techniques, too, have become both complex and numerous in recent years. Thanks to generous benefactors of the Hospital and to the friendly cooperation of the Surgeon-in-Chief and the Pathologist, the chemical laboratory has been newly equipped, and new bacteriological laboratories have been built. Through private donation money was made available also to provide for a Hospital chemist. The space formerly occupied by the chemical laboratory of the surgical service was released for new uses, and all routine chemical procedures have been centralized. At the present time the chemist is conducting critical studies of the accuracy of methods now used and the possibility of improved techniques. There are still a number of problems to be solved in the chemical work of the Hospital, but at least some improvement has been made.

By obtaining the services of a physician who is a well-trained bacteriologist, it became possible to centralize all bacteriological work in the Hospital as a cooperative undertaking of the Departments of Pathology and Medicine. All the bacteriological work for the Medical Clinic

is performed by the internes in rotation, under the supervision of the pathologist and the physician in charge of the Bacteriology Laboratory, and with the assistance of a highly trained technician. This arrangement secures improved bacteriologic service for the patients throughout the Hospital, decreases the chances of break in technique and assures better bacteriologic training for the internes. A small bacteriologic laboratory became available for special investigation, and at times in this limited space as many as four investigators are at work.

In recent years the tools of physiology have yielded valuable information both on the nature of disease and on the mode of action of various remedies. For this reason and because of my special interest in this phase of medicine, two laboratories have been equipped for physiologic studies. Active investigative work is already in progress in these laboratories. It has been felt for some time that the electrocardiograph in the Hospital was hardly adequate for the routine work and that an additional instrument was needed for investigative work. With the aid of University funds a portable instrument was devised and purchased, which combines successfully a number of physical methods for physiologic work. This new instrument has already been found useful in solving otherwise obscure problems. Similarly the new methods are useful in checking the value of certain types of treatment.

The field of internal secretion has reached a stage at last, where it bears in an important manner on diagnosis and treatment. Special and elaborate assays are now available to clarify hitherto baffling problems. It is essential that a progressive clinic should take active part in this branch of investigation. It has been possible to secure a specially trained chemist to work in association with Professor Louis F. Fieser and Dr. Harry B. Fried-

REPORT OF THE PHYSICIAN-IN-CHIEF

good furthering work begun previously by Dr. Friedgood. And with a special donation to the University an assay laboratory in the Medical School has been established, with great benefit to this Hospital.

One of the most important and difficult tasks in the direction of a medical clinic is to maintain the general character of the clinic and at the same time to foster the cultivation of specialized knowledge and techniques. The harmful effect of minute specialization without broad, general knowledge is being recognized. One of the best examples of this problem is the artificial segregation from medicine of neurology, and in particular psychiatry. The untoward effects of this segregation are being felt in each of the three fields involved. As far as medicine is concerned, it became, in many respects "decerebrated." The most important problem of psychiatry, that which is represented in general medical wards and out-door departments, has not been adequate. Students and internes receive little or no training in this fundamental aspect of medicine, and hence are unable to cope with it in their future practice.

An attempt has been made to remedy this situation. A well-trained psychiatrist and neurologist was appointed to a full-time position on the staff. It soon became evident, however, that the practical problems in diagnosis and treatment in psychiatry and neurology, both in the surgical and medical clinics, were so numerous and so time consuming that additional help was needed. To provide better psychiatric and neurologic care, the part-time services of two psychiatrists and neurologists have been added. There are at present seven physicians on the staff whose major interest lies in the field of psychiatry and neurology. It is of particular interest that students, internes, and members of the staff in both the surgical and medical clinics are receptive and coopera-

tive in the cultivation of this aspect of medicine; and the various clinics and teaching conferences related to it are well attended.

In recent years important advances have been made, also, in the social and environmental component of medicine. In association with the Department of Social Service a plan has been worked out which assures the cultivation of this service for the optimal benefit of the patients.

An effort has been made to improve further the care and education of the diabetic patients both in the out-door department and in the house. The various procedures in both departments have been made uniform, and through closer cooperation with the surgical service, it has been possible to arrange uniform care for diabetic patients throughout the Hospital.

The out-door clinic for syphilitic patients had been overwhelmed with the routine of the technique of treatment, and as a result general care had to be neglected. This, and certain other aspects of the conduct of this clinic, will improve the employment of technical help to be paid by the state. The effectiveness of such cooperation with state medical authorities has been demonstrated in the Massachusetts General Hospital.

The health of the house staff has been satisfactory. As indicated by the attached summary of medical statistics, the total number of medical admissions in 1939 was 2,194, which represents an increase of 198 admissions over that in the year 1938.

Investigation and Clinical Studies: The traditional interest in investigation, displayed by members of the medical staff, is revealed in a simple manner by Dr. Christian's statement that during the period 1913-38, 1,029 publications appeared under the authorship of members of the medical staff or their pupils. Dr. Chris-

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tian commented on the most significant contributions of the past in the Twenty-Fifth Annual Report of the Hospital.

During the year 1939 a number of investigations of interest have been conducted by members of the staff. Of the investigations in progress, I should like to mention a few.

Investigators in the field of cardiovascular diseases have been particularly active. In association with Drs. Burwell and Eppinger, a group of younger men studied a number of problems including the circulatory dynamics in patent ductus arteriosus in animals and in man, and the circulatory dynamics of a defect in the interventricular septum in animals. These investigations give valuable information not only on the nature of the symptoms and signs in patients but also on the changes in the circulation after experimental production of various alterations comparable to congenital defects in the heart and great vessels of animals and man.

A series of observations on dogs, with and without vitamin B₁ deficiency, was performed by Drs. Swank, Porter, and Yeomans. These studies were concerned with the production of congestive heart failure in dogs in which this vitamin deficiency existed. An attempt was made to devise a method for increasing the load on the heart so that latent congestive heart failure might be discovered in animals in which its detection would otherwise be difficult. The injection of fluid intravenously was the method chosen, and its application to normal and to vitamin-deficient dogs resulted in the accumulation of significant data regarding many of the phenomena of congestive heart failure. Congestive heart failure was observed in association with vitamin B₁ deficiency. Studies of the circulatory dynamics of constrictive pericarditis were carried further.

Dr. Levine completed a clinical investigation which indicates that the Ewart's Sign is not a specific sign of pericardial effusion, and is apt to occur in association with dilated heart due to rheumatic fever with or without pericardial effusion. Dr. Gibson continued his studies in blood volume and fluid balance in artificial fever, as well as his blood volume studies in congestive heart failure and in other diseases.

In association with Dr. Dexter, we continued our clinical studies of toxemias of pregnancy. In addition to these observations, studies were carried on in an attempt to elicit the cause of the generalized edema in pregnancy. Animal experimentation is under way to determine the relation of the endocrine system to the cardiovascular system and to the formation of edema.

Dr. Stead is continuing a study of circulatory shock. With the aid of the application of the tourniquet over the extremities, it has been demonstrated that about 800 to 1,000 cc. of blood can be shunted in the extremities. This affords an opportunity to make observations of the factors causing and influencing a shocklike state. The therapeutic effect of *a*-N-dimethyl-p-hydroxyphenethylamine (paredrinol) in shock is being investigated.

Dr. Friedgood completed a spectrophotometric study of the colors developed in the Zimmermann reaction for androgen assay. This makes it possible to obtain more exact colorimetric measures for the assay of urinary and crystalline androgens. A joint undertaking with Professor Fieser in the Department of Chemistry, Harvard University, has been launched for the extraction and identification of sterones in the urine of female patients suffering from virilism. In one case an extract was obtained in which over 50% of the androgenic activity of the material was traced to dehydroisoandrosterone.

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Dr. Emery and Dr. McGee are making a clinical investigation of the intestinal contents, which are being obtained by means of the Miller-Abbott tube. It appears that patients who have had resection of the stomach show a decreased intestinal secretion and a decrease in digestion of proteins. The results so far obtained suggest also that patients who have an unusually large secretion of gastric juices will have an increased secretion of intestinal juices. Drs. Murphy and Martin are continuing an investigation on the evaluation of the efficacy of various iron salts in the treatment of hypochromic anemia. Dr. Murphy is continuing his study on the protective value of blood serum to hemolysis of blood cells by means of saponin together with cholesterol determinations in various anemic states. Dr. Paddock accumulated and analyzed a valuable stock of information on the physical and certain of the chemical properties of serous fluids in the body. This data will help in the diagnostic interpretation of these fluids.

Dr. Luetscher, utilizing the electrophoretic mobility of serum albumin and globulin, demonstrated in work done in collaboration with the Department of Physical Chemistry the significant and heretofore unrecognized changes in the presence of certain diseases of the kidney and of the liver. He has demonstrated that even the purest serum albumin contains at least two components. The ratio of the components was found to be quite constant in normal serum albumin, while he demonstrated certain characteristic variations in certain pathologic conditions.

Dr. Janeway and Dr. Beeson are conducting a clinical investigation on the treatment of pneumonia, comparing the efficacy of sulfapyridine and sulfathiazol, together with an investigation of the comparative therapeutic effect of sulfamethylthiazol and sulfapyridine.

A study has been undertaken, also, on the treatment of staphylococcic infections. An attempt is being made to establish an analogous type of infection in rabbits so that experiments in the mechanism of recovery and the therapeutic efficacy of various measures can be continued under controlled conditions.

Dr. Romano is investigating the psychologic effect of ward rounds on patients. He undertook, also, a systematic investigation of various types of deliria.

Publications for 1939: The following is the list of publications by members of the staff:

WEISS, SOMA (with WILKINS, R. W. and TAYLOR, F. H. L.): The Effect and Rate of Removal of Pyruvic Acid Administered to Normal Persons and to Patients With and Without "Vitamin B Deficiency." *Ann. Int. Med.*, 12, 938, 1939.

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Changes in Staff: Dr. Christian's resignation as Physician-in-Chief and his appointment as Physician-in-Chief *Emeritus* has been discussed above. Dr. Robert T. Monroe, Physician since September 1, 1935, resigned from this position in order to devote more time to the practice of medicine. Fortunately for the Hospital, he will continue his association with this clinic in a part-time capacity as Senior Associate in Medicine, to which post he was appointed September 1, 1939. Dr. William T. Salter, Associate in Medicine since December 10, 1936,

REPORT OF THE PHYSICIAN-IN-CHIEF

resigned on September 1 in order to take up his new duties in the Thorndike Memorial Laboratory of the Boston City Hospital.

The following new appointments were made: Dr. Otto Kraye, Associate Professor of Comparative Pharmacology in the Harvard Medical School, was appointed Consulting Pharmacologist on October 26. On November 9, Dr. H. Houston Merritt, Assistant Professor of Neurology in the Harvard Medical School, was appointed Associate in Medicine, in order to make available the services of a physician with a rich experience and training in neurology. On September 1, Dr. Charles A. Janeway, with special training in bacteriology; Dr. John Romano, with special training in psychiatry and neurology; Dr. Eugene A. Stead, Jr., with special training in the physiology of cardiovascular diseases, were appointed to the staff in a full-time capacity as Associates in Medicine. Dr. Otto Schals, Ph.D., University of Frankfurt, trained in chemistry and physics in Germany, Estonia, and Denmark, was appointed Chemist of the Hospital.

Dr. Lewis Dexter, Dr. Richard Dickman, Dr. Florence W. Haynes, Dr. Ralf Martin, Dr. Lemuel C. McGee, and Dr. James V. Warren were appointed voluntary graduate assistants.

The following changes were made in the Resident and House Staff: Dr. Alfred W. Harris, Resident Physician since November 1, 1938, resigned on November 1 and began the practice of medicine in Dallas, Texas, where he is associated with Baylor University. Dr. Harris was succeeded by Dr. Paul B. Beeson, M.D., McGill University, 1933; Interne, Hospital of the University of Pennsylvania, Philadelphia, 1933-35; Assistant Resident Physician, New York Hospital, May-September, 1937; Assistant in Medicine, Rockefeller Institute, September,

PETER BENT BRIGHAM HOSPITAL

1937-September, 1939; Assistant Resident Physician, September, 1937-July, 1938, and Resident Physician, July, 1938-September, 1939, Hospital of the Rockefeller Institute, New York City.

In 1939 Drs. Robert B. Rutherford, Draper Warren, Reno R. Porter, William C. McClure, Roy L. Swank, and William D. King resigned as Assistant Resident Physicians. Dr. Rutherford is doing post-graduate work abroad. Dr. Warren is associated with the King's County Hospital. Dr. Porter became Graduate Assistant in the Cardiac Clinic at the Massachusetts General Hospital. Dr. Swank received an appointment as Fellow from the Commonwealth Fund to do investigative work abroad. Drs. McClure and King entered private practice; Dr. McClure in Oklahoma City, Oklahoma, and Dr. King in Miami, Arizona, where he is associated with the Miami Inspiration Hospital. They were succeeded by Dr. Gustave J. Dammin, M.D., Cornell University Medical College, 1938, formerly interne, Johns Hopkins Hospital; Dr. Richard W. Ebert, M.D., University of Chicago, 1937, formerly House Officer, Boston City Hospital; Dr. Jack D. Myers, M.D., Stanford University School of Medicine, 1937, formerly Interne and Assistant Resident, Stanford University Hospitals; Dr. Franklin K. Paddock, M.D., Harvard University, 1937, formerly Medical Interne, Presbyterian Hospital, New York City; Dr. George Perera, M.D., Columbia University, 1937, formerly Medical Interne, Presbyterian Hospital, New York City; Dr. Roger Downes, M.D., Harvard University, 1936, formerly Medical Interne, Assistant Resident Physician, and Resident Physician, Strong Memorial Hospital, Rochester, New York.

The following men completed their service as House Officers and commenced other work: Dr. Joseph R.

REPORT OF THE PHYSICIAN-IN-CHIEF

Frothingham, M.D., Harvard University, 1937, to become Assistant Resident Physician at the New York Hospital; Dr. David M. Greeley, M.D., Harvard University, 1937, who is associated with the Babies' Hospital, New York City; Dr. Harold M. Horack, M.D., Duke University, 1937, to become Resident Pathologist at the Hospital of the University of Pennsylvania, Philadelphia; Dr. Charles F. Stone, Jr., M.D., Emory University, 1937, to do clinical work at the Boston City Hospital; Dr. Ralph C. Moore, M.D., University of Nebraska, 1937, to serve as House Officer in the Department of Roentgenology, Peter Bent Brigham Hospital; Dr. John C. Nunemaker, M.D., Harvard University, 1937, to accept an appointment as Fellow in the Department of Medicine, Johns Hopkins University; Dr. Daniel W. Badal, M.D., Western Reserve University, 1937, to become Medical Interne at the Boston Psychopathic Hospital; Dr. Albert C. England, Jr., M.D., Harvard University, 1937, to become Assistant Resident in the Rockefeller Hospital, New York City; and Dr. Albert J. Erdmann, Jr., M.D., Harvard University, 1937, to become Resident on the First Medical Service, Bellevue Hospital, New York City.

The following House Officers took up their duties during 1939: Dr. Ralph E. Dolkart, M.D., Northwestern University, 1937; Dr. Sidney G. Page, M.D., Medical College of Virginia, 1938; Dr. William H. Riser, M.D., Emory University, 1938; Dr. Donald J. Bucholz, M.D., University of Nebraska, 1939; Dr. William L. Hawley, M.D., Harvard University, 1939; Dr. Lawrence J. Stuppy, M.D., Harvard University, 1939; Dr. Paul H. Harwood, Jr., M.D., Harvard University, 1939; Dr. Louis H. Hempelmann, Jr., M.D., Washington University, 1938; Dr. Max Michael, Jr., M.D., Harvard Uni-

versity, 1939; Dr. James V. Warren, M.D., Harvard University, 1939.

Death of the first Surgeon-in-Chief: The sad news of the death of Dr. Harvey Cushing came on October 7, 1939. His pupil, Dr. Cutler, has eulogized the value of his contribution to this Hospital and to medicine. Members of the medical staff here acknowledge reverently his leadership, help and stimulus. To him we owe to a large extent the reputation and tradition of the Hospital established in less than a quarter of a century.

Retirement of Miss Cheney: On October 1, 1939, Miss Alice Cheney, Director of the Social Service Department, retired. An able and idealistic worker, performing her duties quietly and with ability and courage, she accomplished much good for patients in this Hospital and their relatives. In the numerous problems of the medical clinic she was always helpful.

Appointment of Miss Rice: The Hospital is fortunate to have been able to obtain the services of Miss Emily Rice as Miss Cheney's successor. Miss Rice with her excellent training, attractive personality, sound judgment, and patience, will accomplish good work in this important department.

Physicians-in-Chief Pro Tempore: The custom of having a Physician-in-Chief *Pro Tempore* each year was inaugurated in the first year of the Medical Service. In the course of years a roster of distinguished physicians has acted in this capacity and by their example and teaching, the physicians and the students have greatly benefited. Following Dr. Christian's invitation on the special occasion of the twenty-fifth Hospital year, and before Dr. Christian's retirement from active service, a group of former Physicians-in-Chief *Pro Tempore* returned once more: Dr. Lewellys F. Barker, *Emeritus* Professor of Medicine, Johns Hopkins University, and

REPORT OF THE PHYSICIAN-IN-CHIEF

Visiting Physician, Johns Hopkins Hospital; Dr. Francis G. Blake, Sterling Professor of Medicine, Yale University School of Medicine, and Physician-in-Chief, New Haven Hospital; Dr. Alvah H. Gordon, Associate Professor of Medicine, McGill University, and Physician, Montreal General Hospital; Dr. Duncan Graham, Professor of Medicine, University of Toronto, and Physician-in-Chief, Toronto General Hospital; Dr. James B. Herrick, Professor of Medicine, Rush Medical College, and Attending Physician, Presbyterian Hospital, Chicago; Dr. Warfield T. Longcope, Professor of Medicine, Johns Hopkins University, and Physician-in-Chief, Johns Hopkins Hospital; Dr. O. H. Perry Pepper, Professor of Medicine, University of Pennsylvania School of Medicine; Dr. David Riesman, Physician, Philadelphia General Hospital and University Hospital, Philadelphia, Pennsylvania; Dr. Rollin Turner Woodyatt, Clinical Professor of Medicine, University of Chicago, and Attending Physician, Presbyterian Hospital, Chicago. The week of ward walks and clinical discussions with this remarkable group of physicians will be long remembered by members of the staff.

Needs of the Medical Service and the Hospital: If, as an institution, we wish to progress, our activities must continuously grow, and we must continuously make plans for the immediate as well as for the distant future. Otherwise we shall stagnate, and be guilty of regression. The problems of the Peter Bent Brigham Hospital are numerous, and in some cases grave. The Hospital is now in a position considerably different from its situation in 1912. There are several reasons for this. When the doors of this Hospital opened, it was a wealthy and well-equipped clinic and few institutions in the country could offer similar clinical opportunities to young and able physicians. During the past two decades, however,

PETER BENT BRIGHAM HOSPITAL

numerous institutions with similar or better physical opportunities have been established throughout the country, offering excellent opportunity in practice, training and investigation. At the same time the endowment of this Hospital has shrunk considerably. It is fully appreciated that the physical equipment of a hospital is of only secondary significance as compared with the quality of the work done. In fairness one must point out, however, that there is a "minimal" standard of equipment, beyond which the physical and mental comfort of the patient suffers and standards in technique cannot be maintained. And while it is acknowledged that some epoch-making discoveries have been achieved by a few geniuses in dark corners of small laboratories, a hospital with progressive spirit cannot base its future on such a principle.

Most candidates, old or young, for positions in surgery, medicine, pathology, social service, nursing or hospital administration will be influenced if the physical standards reach a level below that of other institutions. In this respect the future organization and equipment of the Department of Pathology is particularly important. The Hospital and the Medical School cannot expect to obtain the services of an able group of pathologists unless the facilities are improved, and additional salaries for additional personnel are procured. Notwithstanding the fact that the chemical laboratories have been newly equipped and a chemist's salary is, at least temporarily, available from outside sources, the technical assistants are too few. The Hospital should assume responsibility for expenses of routine work essential to adequate diagnosis and treatment; and routine work well done is time consuming and expensive. It is essential, also, that plans be made for a better equipped X-ray department. There is urgent need, also, for increase in the nursing staff.

REPORT OF THE PHYSICIAN-IN-CHIEF

The facilities of both the Out-Door Department and the private ward are inadequate. Ward A has been filled the greater part of the year, and frequently members of the staff are forced to admit their private patients to other hospitals. This practice dissipates their energy, and in consequence this Hospital suffers indirectly. If provision were made for a new building for private patients great benefit to the Hospital would result.

In the Twenty-fourth Annual Report the Surgeon-in-Chief summarized in greater detail some of the problems of the Hospital. In the same report the Physician-in-Chief discussed the needs of the medical service. These needs still exist. Each year medical care improves and becomes more costly, and it requires more technique and help. Hence each year that passes without the solution of these old and new problems places us under greater disadvantage.

The importance of cementing more firmly an intimate relationship with the community is great. If we expect financial help each of us must do his work to the best of his ability. In conferences repeated emphasis has been laid on this problem and the point has been stressed that every member of the Hospital staff must bear an equal share of this responsibility.

The exemplary *esprit de corps* between the part-time and full-time staff is our most valuable asset. The aims and activities of the two groups must be mutually complementary and satisfactory if a medical clinic is to function well. Similarly the interrelation between the Hospital and University must remain mutually satisfactory.

I end my first annual report with an expression of deep appreciation and thanks to all members of the Hospital staff for their good-will and cooperation. They made me feel at home and permitted me to become at once a member of the Brigham family. To the Trustees,

PETER BENT BRIGHAM HOSPITAL

the Superintendent, the Principal of the School of Nursing, the Roentgenologist, the Pathologist, and the Surgeon-in-Chief goes my particular gratitude.

SOMA WEISS,
Physician-in-Chief.

DECEMBER 31, 1939.

Summary of Medical Statistics

JANUARY 1, 1939 TO JANUARY 1, 1940

Total number of medical admissions in 1939.....	2,194	
Total number of medical cases remaining in the ward, January 1, 1939	81	
	—	2,275
Total number of medical readmissions discharged in 1939	581	
Total number of medical new cases discharged in 1939	1,602	
	—	2,183
Total number of medical cases remaining in the wards, January 1, 1940.....	92	
	—	2,275
Total number of deaths.....		239

Register of Former Members of the Board of Trustees

Elected

May	8, 1902	ALEXANDER COCHRANE	Died April 10, 1919
May	8, 1902	EBEN DRAPER	Died April 9, 1914
May	8, 1902	HENRY S. HOWE	Died March 2, 1931
May	8, 1902	WALTER HUNNEWELL	Died September 30, 1921
May	8, 1902	WILLIAM R. TRASK	Died February 1, 1933
May	8, 1902	LAURENCE H. H. JOHNSON	Died June 24, 1934
Oct.	2, 1902	AUGUSTUS HEMENWAY	Resigned September 12, 1919

Appointed

June	16, 1909	*JOHN P. REYNOLDS	Died December 9, 1920
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Elected

Apr.	15, 1915	CHARLES P. CURTIS	Resigned January 9, 1936
Feb.	7, 1918	FRANCIS L. HIGGINSON	Resigned July 8, 1932
Feb.	7, 1918	CHARLES F. CHOATE, JR.	Resigned March 13, 1924
Dec.	11, 1919	LOUIS A. FROTHINGHAM	Died August 23, 1928
Feb.	12, 1920	WILLIAM H. WELLINGTON	Died February 2, 1925
Mar.	26, 1925	HARRY L. BAILEY	Resigned September 13, 1935
Mar.	26, 1925	PAUL E. FITZPATRICK	Died February 22, 1940
May	14, 1931	CHARLES A. COOLIDGE, JR.	Resigned March 12, 1935
May	14, 1936	RIPLEY L. DANA	Died December 19, 1939

* *Appointed by the Governor of Massachusetts.*

Officers of the Institution, 1940

President

WILLIAM AMORY

Treasurer

ROBERT CUTLER

Assistant Treasurer

FRANKLIN DEXTER

Secretary

NATHANIEL T. WINTHROP

Assistant Secretary

ALLYN B. McINTIRE

MEMBERS OF THE BOARD OF TRUSTEES

Appointed

Jan.	5, 1921	WILLIAM AMORY	160 State St.	Boston
Nov.	8, 1934	HENRY B. CABOT	50 Federal St.	Boston
May	8, 1902	EDMUND D. CODMAN	27 Kilby St.	Boston
June	11, 1936	T. JEFFERSON COOLIDGE	First National Bank, Milk St.	Boston
Mar.	25, 1931	RICHARD C. CURTIS	30 State St.	Boston
Feb.	13, 1936	ROBERT CUTLER	1 Federal St.	Boston
Jan.	25, 1940	FRANKLIN DEXTER	30 State St.	Boston
June	16, 1909	*IRVIN McD. GARFIELD	30 State St.	Boston
Apr.	13, 1933	THEODORE LYMAN	105 Heath St.	Chestnut Hill
Jan.	27, 1938	ALLYN B. McINTIRE	160 State St.	Boston
Apr.	13, 1939	JOHN J. ROBINSON	50 Oliver St.	Boston
Mar.	27, 1924	RICHARD S. RUSSELL	50 State St.	Boston
July	24, 1936	†JOHN H. WALSH	1040 Main St.	Waltham
Sept.	27, 1938	NATHANIEL T. WINTHROP..	1 Federal St.	Boston

STANDING COMMITTEES OF THE BOARD OF TRUSTEES

Building Committee

ALLYN B. McINTIRE	EDMUND D. CODMAN
JOHN J. ROBINSON	N. A. WILHELM, M.D., <i>Secretary</i>

Auditing Committee

THEODORE LYMAN

* Appointed by the Governor of the Commonwealth under an act approved May 8, 1909. Commission expires May 1, 1945.

† Appointed by the Governor of the Commonwealth under an act approved May 8, 1909. Commission expires July 24, 1942.

OFFICERS OF THE INSTITUTION

Committee on Finances

T. JEFFERSON COOLIDGE, <i>Chairman</i>	ROBERT CUTLER
RICHARD C. CURTIS	RICHARD S. RUSSELL

Committee on Heat, Light, and Power

IRVIN MCD. GARFIELD, <i>Chairman</i>	THEODORE LYMAN
JOHN H. WALSH	

Committee on Nominations

NATHANIEL T. WINTHROP	RICHARD C. CURTIS
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Committee on Rules

T. JEFFERSON COOLIDGE	EDMUND D. CODMAN
ROBERT CUTLER	

Budget Committee

WILLIAM AMORY	ROBERT CUTLER
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SCHOOL OF NURSING

Advisory Committee

WILLIAM AMORY	SOMA WEISS, M.D.
ALLYN B. MCINTIRE	ELLIOTT C. CUTLER, M.D.
NORBERT A. WILHELM, M.D.,	PRES. ADA COMSTOCK
<i>Superintendent</i>	MRS. GEORGE C. SHATTUCK
LUCY H. BEAL, B.S., R.N., <i>Principal</i>	MRS. COLLINS GRAHAM

LADIES' SOCIAL SERVICE COMMITTEE

MRS. J. A. LOWELL BLAKE,	MRS. F. L. HIGGINSON
<i>Acting Chairman</i>	MRS. JOHN HOMANS
MISS KATHARINE HOMANS, <i>Secretary</i>	MRS. LYMAN H. HOYT
MRS. ROGER B. MERRIMAN, <i>Treasurer</i>	MRS. WALTER HUNNEWELL
MRS. HARRY C. BLOTNER	MRS. FRANC D. INGRAHAM
MRS. DAVID CHEEVER, JR.	MRS. L. H. H. JOHNSON
MRS. F. D. COCHRANE	MRS. SAMUEL A. LEVINE
MRS. ELLIOTT C. CUTLER	MRS. ROBERT T. MONROE
MRS. GEORGE P. DENNY	MRS. RICHARD C. PAINE
MRS. E. STANLEY EMERY, JR.	MRS. MERRILL C. SOSMAN
MRS. REGINALD FITZ	MRS. S. BURT WOLBACH
MRS. F. MURRAY FORBES	MRS. ROBERT ZOLLINGER
MRS. DONALD MCKAY FROST	

PETER BENT BRIGHAM HOSPITAL

VISITING COMMITTEE FOR 1940

THEODORE LYMAN	January
FRANKLIN DEXTER	February
RICHARD S. RUSSELL.....	March
RICHARD C. CURTIS.....	April
JOHN J. ROBINSON.....	May
ROBERT CUTLER	June
EDMUND D. CODMAN.....	July
WILLIAM AMORY	August
NATHANIEL T. WINTHROP.....	September
T. JEFFERSON COOLIDGE	October
ALLYN B. MCINTIRE	November
JOHN H. WALSH	December

EXECUTIVE COMMITTEE OF THE STAFF

SOMA WEISS, M.D.	S. BURT WOLBACH, M.D.
ELLIOTT C. CUTLER, M.D.	NORBERT A. WILHELM, M.D., <i>Secretary</i>

ADMINISTRATIVE DEPARTMENT

Service began *Superintendent*

Jan. 1, 1939 NORBERT A. WILHELM, M.D.

Superintendent-Emeritus

Jan. 26, 1939 JOSEPH B. HOWLAND, M.D.

Assistant Superintendents

Apr. 8, 1937 WINTHROP B. OSGOOD, M.D.

July 1, 1939 THOMAS C. TODD, M.D.

Executive Assistant

June 18, 1935 EVA MCCOMB THOMAS, R.N.

BOARD OF CONSULTATION

Appointed

Mar. 25, 1912	WALTER B. CANNON, M.D., <i>Consulting Physiologist</i>
Mar. 8, 1928	GEORGE R. MINOT, M.D., <i>Consulting Physician</i>
Apr. 12, 1923	HANS ZINSSER, M.D., <i>Consulting Bacteriologist</i>
Oct. 13, 1932	E. LAWRENCE OLIVER, M.D., <i>Consulting Dermatologist</i>
Jan. 1, 1933	CHANNING FROTHINGHAM, M.D., <i>Consulting Physician</i>
Jan. 1, 1933	LEROY M. S. MINER, D.M.D., <i>Consulting Dental Surgeon</i>
Mar. 8, 1934	J. HERBERT WAITE, M.D., <i>Consulting Ophthalmologist</i>
Oct. 10, 1935	A. BAIRD HASTINGS, Ph.D., <i>Consulting Chemist</i>
Sept. 1, 1936	REGINALD FITZ, M.D., <i>Consulting Physician</i>
May 13, 1937	WILLIAM E. LADD, M.D., <i>Consulting Surgeon</i>
Oct. 26, 1939	OTTO KRAYE, <i>Consulting Pharmacologist</i>

OFFICERS OF THE INSTITUTION

MEDICAL DEPARTMENT

Service began

Sept. 1, 1939	SOMA WEISS, M.D., <i>Physician-in-Chief</i>
May 1, 1912	HENRY A. CHRISTIAN, M.D., <i>Physician-in-Chief Emeritus</i>
Sept. 1, 1931	MARSHALL N. FULTON, M.D., <i>Physician</i>
Sept. 1, 1935	C. SIDNEY BURWELL, M.D., <i>Physician</i>
May 24, 1928	JOSEPH C. AUB, M.D., <i>Physician</i>
July 1, 1915	JAMES P. O'HARE, M.D., <i>Senior Associate in Medicine</i>
Aug. 8, 1919	SAMUEL A. LEVINE, M.D., <i>Senior Associate in Medicine</i>
July 10, 1923	WILLIAM P. MURPHY, M.D., <i>Senior Associate in Medicine</i>
Sept. 1, 1926	ROBERT T. MONROE, M.D., <i>Senior Associate in Medicine</i>
Sept. 1, 1935	CLIFFORD L. DERICK, M.D., <i>Senior Associate in Medicine</i>
Dec. 12, 1912	NATHANIEL K. WOOD, M.D., <i>Associate in Medicine</i>
Sept. 1, 1915	I. CHANDLER WALKER, M.D., <i>Associate in Medicine</i>
Sept. 12, 1919	DONALD J. MACPHERSON, M.D., <i>Associate in Medicine</i>
July 1, 1922	GUSTAVE P. GRABFIELD, M.D., <i>Associate in Medicine</i>
Apr. 24, 1924	E. STANLEY EMERY, M.D., <i>Associate in Medicine</i>
Nov. 1, 1927	LYMAN H. HOYT, M.D., <i>Associate in Medicine</i>
Jan. 1, 1934	F. WILLIAM MARLOW, M.D., <i>Associate in Medicine</i>
Jan. 1, 1934	HARRY H. BLOTNER, M.D., <i>Associate in Medicine</i>
Dec. 10, 1936	JOHN M. FLYNN, M.D., <i>Associate in Medicine</i>
July 1, 1938	ROGER P. DAWSON, M.D., <i>Associate in Medicine</i>
Sept. 1, 1939	JOHN ROMANO, M.D., <i>Associate in Medicine</i>
Sept. 1, 1939	EUGENE A. STEAD, JR., M.D., <i>Associate in Medicine</i>
Sept. 1, 1939	CHARLES A. JANEWAY, M.D., <i>Associate in Medicine</i>
Nov. 9, 1939	H. HOUSTON MERRITT, M.D., <i>Associate in Medicine</i>
Oct. 26, 1933	EARLE A. HARVEY, M.D., <i>Junior Associate in Medicine</i>
Oct. 11, 1934	DAVID L. HALBERSLEBEN, M.D., <i>Junior Associate in Medicine</i>
Oct. 11, 1934	CHARLES F. WALCOTT, M.D., <i>Junior Associate in Medicine</i>
Nov. 1, 1935	HARRY A. WARREN, M.D., <i>Junior Associate in Medicine</i>
Jan. 23, 1936	GEORGE W. LYNCH, M.D., <i>Junior Associate in Medicine</i>
Aug. 1, 1936	ANDREW W. CONTRATTO, M.D., <i>Junior Associate in Medicine</i>
Oct. 8, 1936	ROBERT FLEMING, M.D., <i>Junior Associate in Medicine</i>
Oct. 8, 1936	HARRY B. FRIEDGOOD, M.D., <i>Junior Associate in Medicine</i>
July 16, 1937	EUGENE C. EPPINGER, M.D., <i>Junior Associate in Medicine</i>
Oct. 14, 1937	JOHN G. GIBSON, M.D., <i>Junior Associate in Medicine</i>
Jan. 1, 1940	AUSTIN M. BRUES, M.D., <i>Junior Associate in Medicine</i>
Jan. 25, 1940	JOSEPH R. FROTHINGHAM, M.D., <i>Junior Associate in Medicine</i>

Nov. 1, 1938-Nov. 1, 1939	ALFRED W. HARRIS, M.D., <i>Resident Physician</i>
Oct. 1, 1937-July 1, 1939	ROBERT B. RUTHERFORD, M.D., <i>Assistant Resident Physician</i>
July 1, 1938-July 1, 1939	DRAPER WARREN, M.D., <i>Assistant Resident Physician</i>

PETER BENT BRIGHAM HOSPITAL

July 1, 1938-Sept. 1, 1939	RENO R. PORTER, M.D., <i>Assistant Resident Physician</i>
Aug. 1, 1938-Aug. 1, 1939	WILLIAM C. MCCLURE, M.D., <i>Assistant Resident Physician</i>
Nov. 1, 1938-Aug. 1, 1939	ROY L. SWANK, M.D., <i>Assistant Resident Physician</i>
Jan. 1, 1939-Dec. 1, 1939	WILLIAM D. KING, M.D., <i>Assistant Resident Physician</i>
Nov. 1, 1939	PAUL B. BEESON, M.D., <i>Resident Physician</i>
Aug. 1, 1938	FRANCIS F. ROSENBAUM, M.D., <i>Assistant Resident Physician</i>
July 1, 1939	JACK D. MYERS, M.D., <i>Assistant Resident Physician</i>
Aug. 1, 1939	FRANKLIN K. PADDOCK, M.D., <i>Assistant Resident Physician</i>
Sept. 1, 1939	GUSTAVE J. DAMMIN, M.D., <i>Assistant Resident Physician</i>
Sept. 1, 1939	ROGER DOWNS, M.D., <i>Assistant Resident Physician</i>
Oct. 1, 1939	RICHARD EBERT, M.D., <i>Assistant Resident Physician</i>
Dec. 1, 1939	GEORGE A. PERERA, M.D., <i>Assistant Resident Physician</i>

SURGICAL DEPARTMENT

Service began

Sept. 1, 1932	ELLIOTT C. CUTLER, M.D., <i>Surgeon-in-Chief</i>
Oct. 1, 1912	DAVID CHEEVER, M.D., <i>Surgeon-Emeritus</i>
May 1, 1912	JOHN HOMANS, M.D., <i>Surgeon</i>
June 19, 1916	WILLIAM C. QUINBY, M.D., <i>Urological Surgeon</i>
Mar. 26, 1936	FRANK R. OBER, M.D., <i>Orthopedic Surgeon</i>
Jan. 9, 1936	LYMAN G. RICHARDS, M.D., <i>Otolaryngological Surgeon</i>
June 15, 1924	FRANCIS C. NEWTON, M.D., <i>Senior Associate in Surgery</i>
Oct. 1, 1928	HARLAN F. NEWTON, M.D., <i>Senior Associate in Surgery</i>
July 1, 1934	ROBERT ZOLLINGER, M.D., <i>Senior Associate in Surgery</i>
Mar. 8, 1934	TRYGVE GUNDERSEN, M.D., <i>Sr. Associate in Ophthalmological Surgery</i>
May 1, 1933	WILLIAM T. GREEN, M.D., <i>Senior Associate in Orthopedic Surgery</i>
Nov. 23, 1939	FRANC D. INGRAHAM, M.D., <i>Associate in Neurosurgery</i>
Oct. 7, 1929	MOSES S. STROCK, D.M.D., <i>Dental Surgeon</i>
Oct. 26, 1933	ALBERT H. BREWSTER, M.D., <i>Junior Associate in Orthopedic Surgery</i>
Dec. 13, 1934	GEORGE F. WILKINS, M.D., <i>Junior Associate in Surgery</i>
Mar. 28, 1935	LEE G. KENDALL, M.D., <i>Junior Associate in Surgery</i>
Oct. 10, 1935	FLETCHER H. COLBY, M.D., <i>Junior Associate in Urological Surgery</i>
Nov. 10, 1936	LESLIE H. VAN RAALTE, M.D., <i>Junior Associate in Surgery</i>
July 1, 1937	CARL WALTER, M.D., <i>Junior Associate in Surgery</i>
July 16, 1937	SAMUEL CLINE, M.D., <i>Junior Associate in Otolaryngology</i>
Oct. 14, 1937	CARLYLE G. FLAKE, M.D., <i>Junior Associate in Otolaryngology</i>

OFFICERS OF THE INSTITUTION

Oct. 27, 1938	PAUL E. HUGENBERGER, M.D., <i>Junior Associate in Orthopedic Surgery</i>
Sept. 9, 1938	J. HARTWELL HARRISON, M.D., <i>Junior Associate in Surgery</i>
Sept. 9, 1938	THOMAS B. QUIGLEY, M.D., <i>Junior Associate in Surgery</i>
Dec. 8, 1938	MEIER G. KARP, M.D., <i>Junior Associate in Orthopedic Surgery</i>
Dec. 8, 1938	WILLIAM A. ELLISTON, M.D., <i>Junior Associate in Orthopedic Surgery</i>
Dec. 8, 1938	ROBERT JOPLIN, M.D., <i>Junior Associate in Orthopedic Surgery</i>
Oct. 5, 1939	ROBERT E. GROSS, M.D., <i>Junior Associate in Surgery</i>
Jan. 12, 1939	DONALD W. MACCOLLUM, M.D., <i>Junior Associate in Surgery</i>
Jan. 1, 1940	JOHN A. SANDMEYER, M.D., <i>Junior Associate in Surgery</i>
Oct. 8, 1936	HARRY STONE, D.M.D., <i>Junior Associate in Dental Surgery</i>
Jan. 1, 1940	ALVIN E. STROCK, D.M.D., <i>Junior Associate in Dental Surgery</i>

Sept. 1, 1938-Sept. 1, 1939	ROBERT E. GROSS, M.D., <i>Resident Surgeon</i>
Sept. 1, 1939-	J. ENGLEBERT DUNPHY, M.D., <i>Resident Surgeon</i>
Nov. 1, 1937-Mar. 1, 1939	WILLIAM S. McCUNE, M.D., <i>Assistant Resident Surgeon</i>
Mar. 1, 1938-July 1, 1939	JAMES B. BLODGETT, M.D., <i>Assistant Resident Surgeon</i>
July 1, 1938-Nov. 1, 1939	PAUL D. GIDDINGS, M.D., <i>Assistant Resident Surgeon</i>
Nov. 1, 1938-Mar. 1, 1940	JOHN F. BELL, M.D., <i>Assistant Resident Surgeon</i>
Mar. 1, 1939-July 1, 1940	STANLEY O. HOERR, M.D., <i>Assistant Resident Surgeon</i>
July 1, 1939-Nov. 1, 1940	ROBERT D. WHITFIELD, M.D., <i>Assistant Resident Surgeon</i>
Nov. 1, 1939-Mar. 1, 1941	GEORGE AUSTIN, M.D., <i>Assistant Resident Surgeon</i>
Apr. 1, 1938-Nov. 1, 1939	GEORGE AUSTEN, M.D., <i>Urological Fellow</i>
Nov. 1, 1939-Feb. 1, 1940	PAUL D. GIDDINGS, M.D., <i>Urological Fellow</i>
Sept. 1, 1939-July 1, 1940	THOMAS W. BOTSFORD, M.D., <i>George Gorham Peters Traveling Fellow</i>
Jan. 1, 1939-Sept. 1, 1939	J. HARTWELL HARRISON, M.D., <i>Harvey Cushing Fellow</i>
Nov. 1, 1939-July 1, 1940	JOHN H. DOUGHERTY, M.D., <i>Harvey Cushing Fellow</i>

PETER BENT BRIGHAM HOSPITAL

PATHOLOGICAL DEPARTMENT

Service began

Dec. 1, 1916	S. BURT WOLBACH, M.D., <i>Pathologist</i>
Sept. 1, 1939	LEWIS E. RECTOR, M.D., <i>Resident Pathologist</i>

ROENTGENOLOGICAL DEPARTMENT

Service began

May 15, 1922	MERRILL C. SOSMAN, M.D., <i>Roentgenologist</i>
Sept. 8, 1933	HUGH F. HARE, M.D., <i>Associate in Roentgenology</i>
Dec. 9, 1937	JOSEPH H. MARKS, M.D., <i>Associate in Roentgenology</i>
July 1, 1937	WALLACE C. MILLER, M.D., <i>Senior Assistant Resident in Roentgenology</i>
July 1, 1938	ROBERT M. CROWDER, M.D., <i>Junior Assistant Resident in Roentgenology</i>
July 1, 1939	RALPH C. MOORE, M.D., <i>House Officer in Roentgenology</i>

MEDICAL HOUSE OFFICERS

Service began

Oct. 15, 1937	CHARLES F. STONE, JR., M.D.....	July 1, 1939
Oct. 15, 1937	RALPH C. MOORE, M.D.....	July 1, 1939
Oct. 15, 1937	JOHN C. NUNEMAKER, M.D.....	July 1, 1939
Feb. 15, 1938	ALBERT C. ENGLAND, JR., M.D.....	Nov. 1, 1939
Feb. 15, 1938	ALBERT J. ERDMANN, JR., M.D.....	Nov. 1, 1939
Feb. 15, 1938	DANIEL W. BADAL, M.D.....	Nov. 1, 1939
June 15, 1938	DONALD B. FLETCHER, M.D.....	Mar. 1, 1940
June 15, 1938	ROBERT E. MOSS, M.D.....	Mar. 1, 1940
June 15, 1938	CHARLES NEUMANN, M.D.....	Mar. 1, 1940

Service will end

Oct. 15, 1938	EDWIN N. IRONS, M.D.....	July 1, 1940
Oct. 15, 1938	HENRY W. RYDER, M.D.....	July 1, 1940
Oct. 15, 1938	ADOLPH B. SCHNEIDER, JR., M.D.....	July 1, 1940
Feb. 15, 1939	RALPH E. DOLKART, M.D.....	Nov. 1, 1940
Feb. 15, 1939	SIDNEY G. PAGE, M.D.....	Nov. 1, 1940
Feb. 15, 1939	WILLIAM H. RISER, M.D.....	Nov. 1, 1940
June 15, 1939	DONALD J. BUCHOLZ, M.D.....	Mar. 1, 1941
June 15, 1939	WILLIAM L. HAWLEY, M.D.....	Mar. 1, 1941
June 15, 1939	LAURENCE J. STUPPY, M. D.....	Mar. 1, 1941
Oct. 15, 1939	LOUIS H. HEMPELMANN, JR., M.D.....	July 1, 1941
Oct. 15, 1939	MAX MICHAEL, M.D.....	July 1, 1941
Dec. 26, 1939	JAMES V. WARREN, M.D.....	July 1, 1941
Feb. 15, 1940	CARLTON J. CASEY, M.D.....	Nov. 1, 1941
Feb. 15, 1940	WILLIAM A. DAVIS, M.D.....	Nov. 1, 1941
Mar. 15, 1940	JOHN A. DILLON, M.D.....	Nov. 1, 1941

OFFICERS OF THE INSTITUTION

SURGICAL HOUSE OFFICERS

(Combined Service, Peter Bent Brigham and Children's Hospital)

<i>Service began</i>			<i>Service ended</i>		
Mar.	1, 1937	JOHN H. KENNARD, M.D.....	Aug.	1, 1939	
May	1, 1937	DEAN W. TANNER, M.D.....	Oct.	1, 1939	
July	1, 1937	JOHN A. SANDMEYER, M.D.....	Dec.	1, 1939	
Sept.	1, 1937	ROBERT S. MYERS, M.D.....	Feb.	1, 1940	
			<i>Service will end</i>		
Nov.	1, 1937	McCHORD WILLIAMS, M.D.....	Apr.	1, 1940	
Jan.	1, 1938	ROBERT R. WHITE, M.D.....	June	1, 1940	
Mar.	1, 1938	RUTLEDGE W. HOWARD, M.D.....	Aug.	1, 1940	
May	1, 1938	RICHARD S. NEFF, M.D.....	Oct.	1, 1940	
July	1, 1938	CHARLES L. DIMMLER, M.D.....	Dec.	1, 1940	
Sept.	1, 1938	DEAN K. RIZER, M.D.....	Feb.	1, 1941	
Nov.	1, 1938	MARION L. CONNERLEY, M.D.....	Apr.	1, 1941	
Jan.	1, 1939	HAROLD R. HOOVER, M.D.....	June	1, 1941	
Mar.	1, 1939	CHILTON CRANE, M.D.....	Aug.	1, 1941	
May	1, 1939	ORVAN SWENSON, M.D.....	Oct.	1, 1941	
July	1, 1939	DONALD D. MATSON, M.D.....	Dec.	1, 1941	
Sept.	1, 1939	EBEN ALEXANDER, M.D.....	Feb.	1, 1942	
Nov.	1, 1939	EDWARD V. FERGUSON, M.D.....	Apr.	1, 1942	
Jan.	1, 1940	FREDERICK P. ROSS, M.D.....	June	1, 1942	
Mar.	1, 1940	JOHN E. ADAMS, M.D.....	Aug.	1, 1942	

DENTAL HOUSE OFFICER

<i>Service began</i>			<i>Service will end</i>		
July	1, 1939	ERNEST A. MEUSER, D.M.D.....	July	1, 1940	

PATHOLOGICAL HOUSE OFFICERS

<i>Service began</i>			<i>Service will end</i>		
Sept.	1, 1939	RICHARD R. OWENS, M.D.....	Sept.	1, 1940	
Feb.	1, 1940	ARCHIBALD M. EDINGTON, M.D.....	Sept.	1, 1941	

SCHOOL OF NURSING

*Superintendent of Nurses and
Principal of the School of Nursing*

<i>Service began</i>		
July	1, 1937	LUCY H. BEAL, B.S., R.N.

Assistant Superintendent of Nurses

Aug.	1, 1937	FRANCES W. BOWEN, B.S., R.N.
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PETER BENT BRIGHAM HOSPITAL

Instructors in Science

Sept. 3, 1935 ELSIE L. CAMPBELL, B.S., R.N.
Sept. 1, 1938 GLADYS EKMAN, B.S., R.N.

Instructor in Nursing Arts

Sept. 1, 1929 BERNICE J. SINCLAIR, B.S., R.N.

Instructor in Operating Room Technique

Oct. 1, 1938 BRIDGET EGAN, R.N.

Supervisors

Sept. 1, 1937 ETHEL M. JORDAN, R.N.
Sept. 6, 1937 HELEN L. AIKINS, R.N.
Sept. 6, 1937 ESTHER KINNEY, R.N.
Apr. 1, 1938 KATHERINE G. McPHAIL, R.N.
Aug. 28, 1939 NANNIE IGLEHART, B.A., R.N.

Night Supervisors

Feb. 17, 1936 ROBERTA C. COBB, R.N.
May 10, 1937 RUTH MILLER, R.N.

Chief—Social Service Department

Oct. 1, 1939 EMILY RICE

Dietitian

Aug. 1, 1931 GERTRUDE McDONALD, B.S.

Apothecary

Dec. 2, 1912 HARRY H. COMAN

Office Manager

Feb. 19, 1940 ROBERT P. SIMMONS

Record Librarians

House Records

June 16, 1922 EDITH M. ROBBINS

Out-Patient Records

Sept. 1, 1934 PAULINE E. SMITH



FORM OF BEQUEST

I give and bequeath to the Peter Bent Brigham
Hospital, a Corporation established under the
laws of the Commonwealth of Massachusetts, the
sum of.....dollars,
the same to be used for the furtherance of its
charitable work.

