

## **Annual report of the Peter Bent Brigham Hospital : 1940.**

### **Contributors**

Peter Bent Brigham Hospital.

### **Publication/Creation**

1941

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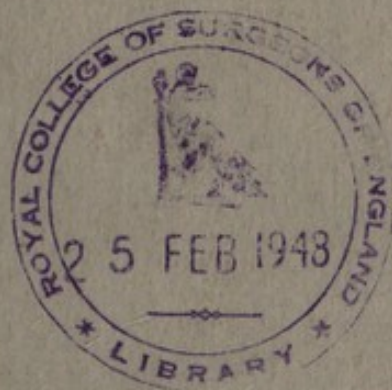
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# PETER BENT BRIGHAM HOSPITAL --- BOSTON

## TWENTY-SEVENTH ANNUAL REPORT FOR THE YEAR 1940



1941

Member of Greater Boston Community Fund



## THE FINANCIAL PICTURE AT A GLANCE

The total operating receipts of the Hospital in 1940 were	411 thousand dollars
The total cost of operating the Hospital in 1940 was	667 thousand dollars
Resulting in an operating DEFICIT* of	256 thousand dollars

## THE DEFICIT OF THE HOSPITAL WAS MET IN THIS WAY

1. From Endowment Income (Treasurer's Office)	84 thousand dollars
2. From Greater Boston Community Fund	146 thousand dollars
Total help towards the Deficit	230 thousand dollars
3. Which means that Capital Funds of the Hospital must be depleted to make up the remaining DEFICIT by	26 thousand dollars

\* THIS DEFICIT IS THE AMOUNT WHICH THE HOSPITAL SPENDS FOR THE CARE OF THE INDIGENT SICK OF SUFFOLK COUNTY ACCORDING TO THE TERMS OF ITS CHARTER IN EXCESS OF ITS OPERATING RECEIPTS.



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TWENTY-SEVENTH ANNUAL REPORT  
OF THE  
PETER BENT BRIGHAM  
HOSPITAL

FOR THE YEAR  
1940



1941


Member of Greater Boston Community Fund



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## President's Report

THIS YEAR our financial picture looks a little better on account of a \$25,000 bequest and a large rebate on taxes due to our having paid previous taxes under protest and the court having substantially reduced our Real Estate Valuations to a fairer basis. We can hardly expect to do as well in the future without donations and bequests in spite of the great aid of the Community Federation. Our number of charity cases among the indigent is very large.

Mrs. Roger B. Merriman and other members of the Social Service Committee have greatly enlarged the number of ladies interested in the Hospital under the name "Friends of the Peter Bent Brigham Hospital" who will continue the previous work and cover a new and larger field. We are grateful to them for the work they have done and look to a useful future.

We lost two Trustees during the year, one through being called to service in the Navy and one to accept we hope a temporary political office which made it wise for him to resign all his civilian positions of responsibility.

Dr. Marshall Fulton resigned as Physician but is still a member of the Staff as Senior Associate in Medicine. Dr. John Homans resigned as Surgeon and now holds the title Consulting Surgeon; Dr. William C. Quinby resigned as Urological Surgeon and was appointed Consultant in Urological Surgery.

According to our usual custom, Dr. Joseph Capps, Professor of Clinical Medicine, University of Chicago, and Dr. W. J. Merle Scott, Associate Professor of Surgery, University of Rochester, each served for a week as Physician-in-Chief and Surgeon-in-Chief respectively.

PETER BENT BRIGHAM HOSPITAL

We undoubtedly gained many new ideas from this service.

Several new arrangements and consolidations are in process which will increase our efficiency and in some cases reduce our expense. The most conspicuous, if not the most useful, is the rearrangement and improvement of our entrance, the success of which is largely due to the kind help and advice of H. R. Shepley.

WILLIAM AMORY,  
*President.*

DECEMBER 31, 1940.



## Gifts to the Hospital During the Year 1940

### *For Special Purposes:*

Bernard G. Beckhafer	}	for :	\$ 10.00
L. H. Hinkle			5.00
Mrs. Herman Loeb			10.00
Katherine B. Milligan			5.00
E. J. Sullivan			100.00
Dora B. Haines			2.00
J. R. Hastings			25.00
Lucy D. Ramsay			5.00
David H. Thompson			10.00
B. Alma Wright			10.00
Florence A. Micklus			7.50
Nellie B. Warren			50.00
Virginia C. Ruffin			25.00
Gertrude H. Haskell			500.00
Howard B. Kirchner			15.00
Dr. Sven Hedin for Alma Hedin			50.00
Harvey Cushing Memorial			
Alumnae Association of the Peter Bent Brigham Hospital			
School of Nursing for :			
Carrie M. Hall Free Bed Fund .....			1,000.00
Mrs. Thatcher P. Kimball for :			
Fund for Research in Renal and Vascular Disease.....			1,000.00
Anonymous Donation for :			
Surgeon-in-Chief Fund .....			2,500.00
Anonymous	}	for :	100.00
Elizabeth M. Garrett			100.00
Pernicious Anemia Fund			
Anonymous Donation for :			
School of Nursing .....			5,000.00
Committee of the Permanent Charity Fund, Inc., for :			
Relief Cases .....			800.00
Nelson E. Weeks Fund .....			1,500.00
Mead Johnson & Co., for :			
Research in Gastro-Enterology .....			2,500.00
Anonymous Donation for :			
Central Supply and Sterilization Room .....			8,737.22
George Harrington Trust Fund for :			
Research in Psychiatry .....			1,500.00
Anonymous Donation for :			
New Flooring for Hospital .....			600.00
Trustees u/w G. Gorham Peters for :			
Special Nursing Fund .....			200.00
Mr. Benjamin Joy	}	for :	75.00
Richard C. Curtis			100.00
Theodore Lyman			500.00
The Resident Staff Health Improvement Fund			



## PETER BENT BRIGHAM HOSPITAL

Anonymous Donation for	
Installation of Safety Devices on Plumbing Fixtures .....	4,000.00
Theodore Lyman for :	
Improvements in Rotunda .....	500.00
Friends of the Peter Bent Brigham Hospital for :	
Various Purposes .....	832.00
	<hr/>
Total .....	\$ 32,373.72
	<hr/> <hr/>

### *For the Social Service Department:*

Benton Fund .....	\$ 395.00
The Frederick E. Weber Charities Corp. ....	192.50
Trustees u/w of Lotta M. Crabtree .....	121.00
Lida B. Bird .....	1.00
The Jewish Family Welfare Association .....	1.50
Lend-A-Hand Society .....	57.25
Disabled Veterans Christmas Remembrance Fund .....	10.00
Mary Frost .....	20.00
Junior League .....	10.00
Anonymous .....	454.02
Barbara M. Harrington .....	1.00
We Ten .....	30.50
Martin Frank .....	15.00
Catholic Charity Fund .....	33.50
John Clark Fund .....	24.00
Waldron Auto Supply Co. ....	25.00
Park Street Church—Deacon's Fund .....	12.00
Sale of Flowers, etc. ....	394.75
	<hr/>
Total .....	\$ 1,798.02
	<hr/> <hr/>

## GIFTS TO THE HOSPITAL

*For General Operating Purposes:*

Committee of the Permanent Charity Fund, Inc. (For Social Service Department) .....	\$ 2,000.00	
Arthur D. Nock .....	10.00	
Dr. Walter B. Cannon .....	20.00	
Dean Welfare Trust .....	50.00	
Simon Hirschberg Trust .....	5.00	
Photius Fiske Fund (for poor and needy colored patients) .....	175.00	
A. C. Ratshesky Foundation .....	200.00	
Trust u/w Dr. Ruey B. Stevens .....	500.00	
	<hr/>	\$ 2,960.00
Community Federation of Boston (on account of 1940 quota) .....	\$146,540.00	
Less:		
Community Federation of Boston (reimburse- ment on account of 1939 quota) .....	39.45	
	<hr/>	146,500.55
Total .....		<u><u>\$149,460.55</u></u>

NOTE.—The Hospital's endowment funds for general purposes were increased during 1940 by the receipt of \$25,761.11, the balance 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, 1940

Alexander Cochrane .....	\$10,000.00
Carrie M. Hall .....	\$10,000.00
(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 .....	700.00
In memory of D. W. ....	10,000.00
In memory of E. S. B. ....	10,000.00
M. R. A. (1) .....	700.00
W. A. ....	10,000.00
M. R. A. (2) .....	800.00
M. R. A. (3) .....	900.00
M. R. A. (4) .....	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, 1940

## Schedule A

### SUMMARIZED STATEMENT OF INCOME AND EXPENSES

#### *Income from Endowment Funds:*

##### Interest:

Bonds .....	\$ 22,561.51	
Savings Bank Deposits .....	296.67	
Mortgages .....	2,481.46	
		\$ 25,339.64

Dividends .....		39,317.45
Real Estate (net*) .....		21,242.19

\$ 85,899.28

<i>Less:</i> Adjustment of Income Allocated to Special Funds .....		2,210.50
---	--	----------

<i>Total Income from Endowment Funds for General Purposes .....</i>		\$ 83,688.78
---	--	--------------

#### *Deduct: Treasurer's office expenses:*

Bookkeeping .....	\$ 1,200.00	
Securities Custodian .....	474.15	
Annual Audit .....	700.00	
Sundry .....	715.20	
		3,089.35

<i>Income from Endowment Funds Available for Hospital Operations .....</i>		\$ 80,599.43
--	--	--------------

#### *Deduct: Deficit from Hospital Operations:*

Hospital Expenses .....	\$667,515.70	
Hospital Revenue .....	410,608.19	
		256,907.51

<i>Net Deficit Before Donations for General Operating Purposes .....</i>		\$176,308.08
--	--	--------------

#### *Deduct: Donations for general operating purposes:*

Community Federation of Boston .....	\$146,500.55	
Miscellaneous .....	3,360.00	
		149,860.55

<i>Net Deficit for Year .....</i>		\$ 26,447.53
-----------------------------------	--	--------------

\* After deduction of real estate taxes (\$46,397.68) and charges for maintenance and upkeep (\$6,508.49), insurance (\$977.96), wages (\$4,507.34), management (\$5,279.37), and heat, light, water and miscellaneous (\$8,927.24).

# PETER BENT BRIGHAM HOSPITAL

## Schedule B

### BALANCE SHEET AS OF DECEMBER 31, 1940

#### ASSETS

<i>Cash:</i>	
Superintendent's Fund .....	\$ 20,000.00
General Fund .....	119,786.82
Special Fund .....	33,425.67
	\$ 173,212.49
<i>Investments of General and Special Endowment</i>	
<i>Funds (at cost or appraised values):</i>	
Real Estate .....	\$ 630,000.00
Mortgages .....	49,825.25
Bonds .....	371,284.89
Stocks .....	807,068.34
Miscellaneous Securities .....	10,087.65
	1,868,266.13
<i>Hospital Plant, etc.:</i>	
Land, buildings, furniture and equipment...	\$2,294,432.40
Supplies .....	29,897.16
	2,324,329.56
<i>Total Assets</i> .....	\$4,365,808.18

#### LIABILITIES AND FUNDS

<i>Accounts Payable</i> —Portion of City of Boston real estate taxes on investment real estate for year 1940 pending application for abatement .....	\$ 6,678.70
<i>Endowment Funds:</i>	
Hospital Plant, etc. ....	\$2,344,329.56
General Purposes .....	\$1,722,307.04
Special Purposes .....	289,055.17
	2,011,362.21
	4,355,691.77
<i>Miscellaneous</i> —Unexpended special purpose income and gifts .....	3,437.71
<i>Total Liabilities and Funds</i> .....	\$4,365,808.18

# REPORT OF THE TREASURER

## Schedule C

### SUMMARY OF CHANGES IN GENERAL ENDOWMENT FUNDS

For the Year Ended December 31, 1940

*Balance, January 1, 1940:*

Hospital Plant, etc. ....	\$2,349,168.93	
General Purposes .....	1,754,580.95	
		<u>\$4,103,749.88</u>

*Additions:*

Receipt of balance of the legacy to Hos- pital by Grace M. Edwards.....	\$ 25,761.11	
Real estate tax abatement* (1934-1939, net) .....	71,713.28	
		<u>97,474.39</u>

<i>Total</i> .....		<u>\$4,201,224.27</u>
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*Deductions:*

Loss on sale of real estate.....	\$ 12,500.00	
Loss on sale of securities.....	84,915.14	
Special improvements to real estate.....	10,725.00	
Net deficit for the year 1940.....	26,447.53	
		<u>\$ 134,587.67</u>

*Balance, December 31, 1940:*

Hospital plant, etc. ....	\$2,344,329.56	
General purposes .....	1,722,307.04	
		<u>\$4,066,636.60</u>

\* The taxes to which these abatements apply were paid from general endowment funds in years when there were large deficits.



# PETER BENT BRIGHAM HOSPITAL

## Schedule D

### SPECIAL FUNDS

As of December 31, 1940

(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) .....	10,000.00	.....
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 .....	700.00	.....
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) .....	700.00	.....
W. A. Free Bed .....	10,000.00	.....
M. R. A. Free Bed (2) .....	800.00	.....
M. R. A. Free Bed (3) .....	900.00	.....
M. R. A. Free Bed (4) .....	1,000.00	.....
Harvey Cushing Memorial .....	1,638.27	.....
Harvey Cushing Fellowship .....	33,573.44	\$ 1,428.85
Francis Weld Peabody Loan .....	1,608.29	.....
Research in Renal and Vascular Disease .....	611.74	.....
John P. Reynolds Medal .....	1,000.00	110.00
John P. Reynolds Scholarship .....	2,500.00	251.85
Surgical dressings .....	10,000.00	.....
Henry Clay Jackson .....	58,000.00	.....
Surgeon-in-Chief Fund .....	2,580.01	.....
Roentgenological Fund .....	166.67	.....
Pernicious Anemia Fund .....	252.56	.....
William Amory Fund for School of Nursing..	13,709.04	.....
Student Nurses Scholarship Fund .....	10,000.00	.....
Blanche Parker Bequest .....	3,609.65	.....
Nelson E. Weeks Special Fund for Needy Patients .....	749.32	.....
Anonymous—Memorial Fund .....	56,000.00	1,016.15
Gastro-Enterology Fund .....	2,201.95	.....
Central Supply and Sterilization Room .....	8,569.86	.....
Harrington Trust Fund for Research in Psychiatry .....	1,081.08	.....
Out Patient Department Construction Fund...	868.60	.....
George Gorham Peters Trust—Special Nursing Fund .....	200.00	.....

## REPORT OF THE TREASURER

The Resident Staff Health Improvement Fund	487.98	.....
Fund for Installation of Safety Device on Plumbing Fixtures .....	4,000.00	.....
Friends of the Peter Bent Brigham Hospital..	1,546.71	.....
	<hr/>	<hr/>
<i>Total</i> .....	\$289,055.17	\$ 2,806.85
	<hr/>	<hr/>
<i>Summary:</i>		
Principal .....		\$289,055.17
Unexpended income .....	\$ 2,806.85	
Unexpended gifts .....	630.86	
	<hr/>	3,437.71
		<hr/>
		\$292,492.88
		<hr/>

FRANKLIN DEXTER,  
*Treasurer,\**

RICHARD C. CURTIS,  
*Assistant Treasurer.*

\* On October 25, 1940, Robert Cutler resigned as treasurer.



## Report of the Superintendent

IT IS with considerable satisfaction that I am able to report that during 1940 the hospitals in this community agreed to accept a uniform system of accounting. To accomplish this, it has been necessary for nearly all the hospitals to discontinue operating under the cash system and change to the accrual—no small task. Accordingly, this year marks the end of our traditional bookkeeping methods. The new system is that of the United Hospital Fund of New York, which, as I pointed out in last year's report, had been in use successfully for several years in New York and which allows intelligent comparison of the financial aspects of hospital care. The respective boards of trustees, the Community Federation of Boston, and the contributing public should know and understand clearly what it costs to operate hospitals and whether hospitals rendering comparable service to the community show similar operating expenses.

Attention is called to the financial reports which show that despite the most rigid control of operating expense and an increased operating revenue of a little over 12%, the Hospital again closes with a deficit. This loss must be met by drawing on our capital. The operating expenses increased but 3%, part of which was due to the addition of much needed personnel in certain departments which will add to the better care of our patients. Founded as we are for care of the indigent sick of Suffolk County, we cannot look for further increase in operating receipts—indeed we shall do well to equal it next year, for it is our duty to care for these patients regardless of inability to pay. That we have been able to care for so many is due in part to the Greater Boston



## REPORT OF THE SUPERINTENDENT

Community Fund's financial aid to the Hospital, made possible by those citizens who contribute to this great community enterprise and to whom we are deeply grateful.

Of great medico-economic importance to the hospital field is the dramatic improvement in caring for two types of hospitalization cases—patients suffering with fractured hips and those affected with certain types of infectious disease. Prior to 1931, the treatment of a fracture of the neck of the femur was chiefly the application of a plaster cast followed by weeks and even months of hospitalization. The patient suffered a great deal, the mortality rate was high due to complications, and the cost to the community great. Today, these patients are treated by nailing the fracture using small steel nails. Patients leave the hospital in two weeks or less, getting about on crutches, and the mortality rate has shown a marked decline.

The treatment of respiratory diseases, pneumonia in particular, and a few genito-urinary diseases, includes new chemo-therapy methods which have not only resulted in a most striking effectiveness but have reduced the cost of nursing care and shortened the length of stay in the hospital.

While these new therapeutic procedures have added to the operating cost of hospitals, they have allayed suffering, saved life and permitted us to care for more patients.

The outstanding improvement during the year was the reconstruction and equipment of the second floor in the Out-Patient Department. This was paid for by a grant of \$13,000.00 from the Department of Public Health of the Commonwealth of Massachusetts as part of its program in controlling the great social problem—



## PETER BENT BRIGHAM HOSPITAL

genito-infectious disease. By removing the interior walls, it was possible to completely rearrange the floor plan and use steel cubicles resulting in more than double the number of facilities for the examination and treatment of patients. In addition, careful planning of traffic lanes permits the handling of a continuous stream of patients with a minimum of professional effort. Modern equipment and lighting contribute toward making this unit a most effective ambulatory clinic. A study of "before and after" plans shows what can be accomplished by intelligent designing and use of available space and is concrete evidence that the economic life of a hospital building can, in many instances, be prolonged as successfully as though it had been torn down and a new one erected. This experience must serve as a source of encouragement for the future in modernizing other sections of the Hospital. We wish here to record our gratitude to Dr. Nels A. Nelson of the Massachusetts Department of Public Health for his patient and helpful cooperation.

For several years, the appearance of the rotunda has been the target of criticism by visitors and patients alike. Architecturally this lobby, as everyone knows, is a gem but its beauty has been hidden.

Through the kind and generous services of Mr. Harry Shepley and his artist, Mr. Hertka, of the firm of Coolidge, Shepley, Bulfinch and Abbott, also of Mr. Perry, this interior was completely redecorated. The transformation has met with the greatest approval and adds richly to the *esprit d'corps* of those who use the Hospital. It should be recorded that any expense which was considered beyond ordinary Hospital maintenance was met by private contribution. The rotunda has been provided with fresh flowers and plants by Mrs. Richard C. Curtis.



## REPORT OF THE SUPERINTENDENT

A careful investigation of space showed it possible to remove a large heating duct in the northeast corner of the rotunda and by combining this with an adjacent clothes closet, a convenient room could be made to house the switchboard. The night operator commands the lobby satisfactorily through a window in this room, thus doing away with the necessity of a night clerk. During the day, a shade is drawn affording the busy operators privacy, and resulting in increased efficiency in the telephone service. Thus the lobby has been converted to a quiet place where the business of the Hospital goes on in an unobtrusive manner.

Modernization of the pathological laboratories is now in progress which will provide essential, adequate space for the efficient operation of this department.

A system of heat control was installed in the Administration, Out-Patient, and Nurses' Home buildings. While it is too early to make a report, there is every indication that this system will result in a substantial reduction in the cost of heating these units. Of equal importance is the degree of comfort afforded by the optimum working conditions which now prevail.

During summer months, the high temperature and humidity in the fluoroscopy rooms has always made it uncomfortable for both patients and personnel. A gift of Dr. David Cheever permitted the purchase of an air-conditioning unit for which the Hospital is most grateful.

In November a group of enthusiastic ladies, under the leadership of Mrs. Roger Merriman, organized a new society to be known as the "Friends of the Peter Bent Brigham Hospital." This Society is an outgrowth of the Ladies' Social Service Committee and has greatly widened its scope of activity. In addition to the officers,



## PETER BENT BRIGHAM HOSPITAL

there are various committees each headed by a chairman representing a particular phase of the hospital work. Every one looks forward with enthusiasm to its success. The Hospital is deeply grateful to Mrs. Merriman and her associates who have so skilfully organized the new group.

The Gray Ladies of the American Red Cross have again rendered valuable service to our patients under the continued and excellent guidance of Miss Clara Mead. Nearly one hundred books were added to the Patients' Library through gifts from friends.

An important change in personnel this year was the resignation of Miss Gertrude McDonald, our Dietitian, who left us to accept a similar position at the Beth Israel Hospital. After completing a course as student dietitian here, she returned as Chief Dietitian, a position she has held for nearly ten years. During this time she not only did her work efficiently and cooperated fully, but by her pleasant personality became an outstanding member of the organization. We wish her well in her new position. Mrs. Bonita Simmons, who was an assistant in the department, succeeded Miss McDonald.

In July, Dr. Thomas C. Todd, our second Assistant Superintendent, resigned to take a similar position at the University of Michigan Hospital. His position was filled by Dr. H. Weston Benjamin, a graduate of Rush Medical College, who has been associated with the Boston Dispensary.

In closing, I wish to express my appreciation to the Board of Trustees for their confidence and unfailing support. The enthusiasm, the generous giving of their time, counsel, and money, would be valuable to any institution, but with our financial problems, this aid is beyond measure. No one will ever know the hard work and long

## REPORT OF THE SUPERINTENDENT

hours devoted to our struggle by our former Treasurer, Mr. Robert Cutler. His resignation was a great loss to the Hospital, as well as a distinct personal loss, as was that of the Secretary, Mr. Nathaniel T. Winthrop.

To Mr. Amory, as always, go my particular thanks for his sound advice, regular visits, and generous financial assistance on so many special projects. To the Executive Committee of the Staff and employees, I express my appreciation of their cooperation.

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

DECEMBER 31, 1940.

### Table I

(This table is being omitted this year)



PETER BENT BRIGHAM HOSPITAL

Table II  
Comparative Table of Statistics

HOSPITAL WARDS AND SINGLE ROOMS		
	1940	1939
Patients in hospital first of year:		
Medical .....	92	81
Surgical .....	100	84
Total .....	192	165
Patients admitted during the year:		
Medical .....	2,304	2,148
Surgical .....	3,044	3,042
Total .....	5,348	5,190
Patients treated in hospital wards and private rooms during the year:		
Medical .....	2,396	2,229
Surgical .....	3,144	3,126
Total .....	5,540	5,355
Patients discharged during the year:	5,042	4,818
Died .....	317	345
Total .....	5,359	5,163
Patients in hospital end of year:		
Medical .....	99	92
Surgical .....	82	100
Total .....	181	192
Total patients days' treatment:		
Paying patients .....	46,216	44,273
Free patients .....	28,386	35,060
Total .....	74,602	79,333



## REPORT OF THE SUPERINTENDENT

	1940	1939
Paying patients .....	62—	57—
Free patients .....	38+	43+
Total .....	100	100
Average patients per day:		
Paying patients .....	128	123—
Free patients .....	78—	94+
Total .....	206—	217+
Medical .....	91—	90+
Surgical .....	115—	127+
Total .....	206—	217+
Average time per patient in hospital..	14—days	15—days
Daily cost per capita for provisions for all persons supported .....	.40+	.40—
Patients were admitted as follows:		
Paying regular rate .....	3,350	2,747
Paying less than regular rate ...	789	1,085
Free .....	1,209	1,358
Total .....	5,348	5,190

### OUT-DOOR DEPARTMENT

Number of cases treated .....	6,188	6,598
Medical .....	2,350	2,209
Surgical .....	3,651	4,132
Urological .....	187	257
Number of visits .....	80,963	83,994
Medical .....	41,147	41,016
Surgical .....	33,851	37,137
Urological .....	5,965	5,841
Cost of maintenance of Out-Door De- partment .....	\$63,335.14	\$62,422.69

# PETER BENT BRIGHAM HOSPITAL

## Table III

YEAR	Expenses	Receipts	Number of patients 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
1940	625,521.33	410,608.19	5,348	74,602	14—days	63,335.14	6,188	80,963

*From 1923 cost of special nurses not included.*



# REPORT OF THE SUPERINTENDENT

## Table IV Expense and Revenue Statement

FOR TWELVE MONTHS OF 1940

### ADMINISTRATION EXPENSES

	1940	1939
Salaries and wages .....	\$ 47,159.17	\$ 47,501.36
Supplies .....	6,803.18	8,096.84
Miscellaneous .....	7,892.21	9,418.32
Total administration ..	\$ 61,854.56	\$ 65,016.52

### DIETARY

Salaries and wages .....	\$ 22,791.66	\$ 22,627.49
Food:		
Bread .....	3,265.92	3,043.71
Milk and cream .....	17,793.21	18,523.43
Groceries .....	17,450.82	13,040.27
Butter and eggs .....	11,490.31	11,014.55
Fruit and vegetables .....	9,279.29	9,206.24
Meat, poultry and fish .....	27,023.02	26,518.42
Supplies .....	2,807.94	2,604.54
Miscellaneous .....	2,283.06	2,251.27
Total dietary .....	\$114,185.23	\$108,829.92

### HOUSE AND PROPERTY

<i>Housekeeping:</i>		
Salaries and wages .....	\$ 28,628.24	\$ 28,935.50
Supplies .....	11,180.74	12,946.24
	\$ 39,808.98	\$ 41,881.74
<i>Laundry:</i>		
Salaries and wages .....	\$ 15,678.92	\$ 15,974.06
Supplies .....	2,196.54	1,917.25
	\$ 17,875.46	\$ 17,891.31
<i>Heat, Light, Power and Water:</i>		
Salaries .....	\$ 3,253.33	\$ 3,257.71
Supplies .....	3,327.95	1,565.29
Miscellaneous .....	65,107.03	64,649.53
	\$ 71,688.31	\$ 69,472.53
<i>Maintenance and Repairs:</i>		
Salaries and wages .....	\$ 16,182.96	\$ 14,584.10
Supplies .....	11,402.46	6,819.76
	\$ 27,585.42	\$ 21,403.86
Carried forward .....	\$156,958.17	\$150,649.44



# PETER BENT BRIGHAM HOSPITAL

	1940	1939
<i>Brought forward</i> .....	\$156,958.17	\$150,649.44
<i>Motor Service:</i>		
Salaries and wages .....	\$ 641.20	
Supplies .....	\$ 3.00	69.34
Miscellaneous .....	2,251.07	1,785.40
	\$ 2,254.07	\$ 2,495.94
 Total house and property	 \$159,212.24	 \$153,145.38

## PROFESSIONAL SERVICES

<i>Medical and Surgical Service:</i>		
Salaries and wages .....	\$ 27,411.03	\$ 26,653.25
Supplies .....	32,344.41	26,912.10
Miscellaneous .....	49.08	.....
	\$ 59,804.52	\$ 53,565.35
<i>Nursing Service and Education:</i>		
Salaries and wages .....	\$106,324.06	\$103,221.98
Supplies .....	4,322.26	5,022.68
Miscellaneous .....	598.16	1,537.51
	\$111,244.48	\$109,782.17
<i>Medical Records and Libraries:</i>		
Salaries and wages .....	\$ 11,351.76	\$ 11,855.43
Supplies .....	1,303.86	1,557.40
Miscellaneous .....	800.00	800.00
	\$ 13,455.62	\$ 14,212.83
<i>Social Service:</i>		
Salaries and wages .....	\$ 10,933.27	\$ 10,154.80
Supplies .....	295.38	202.69
Miscellaneous .....	223.57	461.68
	\$ 11,452.22	\$ 10,819.17
<i>X-ray Service:</i>		
Salaries and wages .....	\$ 23,177.91	\$ 23,453.31
Supplies .....	16,561.85	16,383.98
Miscellaneous .....	42.70	449.00
	\$ 39,782.46	\$ 40,286.29
<i>Laboratories:</i>		
Salaries and wages .....	\$ 17,784.25	\$ 14,251.01
Supplies .....	9,734.20	7,158.48
Miscellaneous .....	256.50	190.53
	\$ 27,774.95	\$ 21,600.02
<i>Pharmacy:</i>		
Salaries and wages .....	\$ 5,527.53	\$ 5,452.16
Supplies .....	175.67	184.27
	\$ 5,703.20	\$ 5,636.43
<i>Operating Room:</i>		
Salaries and wages .....	\$ 10,249.58	\$ 9,026.84
Supplies .....	11,876.64	13,306.42
	\$ 22,126.22	\$ 22,333.26
 Total professional services	 \$291,343.67	 \$278,235.52

# REPORT OF THE SUPERINTENDENT

## OUT-DOOR DEPARTMENT

	1940	1939
Salaries and wages .....	\$ 23,262.57	\$ 22,120.46
Supplies .....	12,818.06	13,101.50
Total out-door department.	\$ 36,080.63	\$ 35,221.96

## SPECIAL FUNDS

Surgeon-in-Chief Fund .....	\$ 2,696.68	\$ 9,069.93
Renal and Vascular Disease Fund .....	1,302.71	1,284.72
Social Service Special Gift Fund .....	1,151.92	1,904.72
Special Permanent Charity Fund .....	707.08	686.61
Harvey Cushing Fellowship Fund .....	1,533.36	500.00
Medical Relief for Welfare Cases .....	698.78	937.95
William Amory Fund—School of Nursing .....	4,205.97	4,934.10
Benton Fund .....	386.01	.....
Central Supply Room .....	919.43	.....
Out-Door Department Construction .....	12,308.40	.....
Research in Psychiatry .....	418.92	.....
Squash Court Fund .....	187.02	.....
Blanche Parker Fund .....	1,390.35	.....
Pernicious Anemia Fund ....	350.00	22.44
Fiction Library .....	4.89	27.26
William Amory Scholarship Fund .....	50.00	50.00
Theodore Lyman Gift Fund...	5.00	1,903.09
Coolidge Flagpole Fund ....	7.30	492.70
Renovating Record Room ....	91.91	.....
Genito-Infectious Clinic A ...	1,500.00	.....
Nelson E. Weeks Fund .....	1,534.49	216.19
Laboratory Rearrangement Fund .....	14.26	8,485.74
Diuretic Research Fund .....	.....	500.00
Emergency Committee in Aid of Displaced Foreign Physicians .....	.....	600.00
Hyams Fund .....	.....	15.00
Reynolds Scholarship .....	.....	100.00
Rotunda Fund .....	1,100.00	.....
Genito-Infectious Clinic B ...	135.00	.....
Research in Gastroenterology.	298.05	.....
Total Special Funds .....	\$ 32,997.53	\$ 31,730.45



# PETER BENT BRIGHAM HOSPITAL

## SUMMARY

	1940	1939
<i>Expenses:</i>		
Total administration .....	\$ 61,854.56	\$ 65,016.52
Total dietary .....	114,185.23	108,829.92
Total house and property .....	159,212.24	153,145.38
Total professional services .....	291,343.67	278,235.52
Total out-door department .....	36,080.63	35,221.96
	<hr/>	<hr/>
	\$662,676.33	\$640,449.30
Inventory adjustment .....	4,839.37	963.19
	<hr/>	<hr/>
Total Hospital expense .....	\$667,515.70	\$641,412.49
<i>Revenue:</i>		
Board of private ward patients .....	\$102,907.21	\$ 94,742.17
Board of ward pay patients .....	107,112.72	93,094.93
Board of special nurses .....	4,276.83	4,050.51
Special nurses .....	38,664.28	36,417.28
Medicine and supplies .....	14,364.46	8,548.92
Motor vehicles .....	2,398.82	2,352.88
Special professional services:		
Operating room .....	20,578.07	17,375.95
X-ray service .....	47,948.61	43,157.21
Laboratories .....	18,362.96	11,213.41
Physiotherapy .....	3,774.79	3,386.00
Other special services .....	2,251.25	3,545.94
Miscellaneous earnings .....	6,048.72	4,971.30
Out-door department .....	41,919.47	41,853.50
	<hr/>	<hr/>
Total Hospital receipts .....	\$410,608.19	\$364,710.00

## Statement of Stock on Hand

	1940	1939
Administration supplies .....	\$ 3,026.13	\$ 3,861.11
Dietary .....	1,832.65	2,813.63
House and Property .....	7,876.90	10,519.72
Medical Service .....	17,161.48	17,542.07
	<hr/>	<hr/>
	\$29,897.16	\$34,736.53

## Report of the Roentgenologist

"ALL THAT is human must retrograde if it does not advance" said Gibbon in his "Decline and Fall of the Roman Empire." A department or an institution is not ordinarily considered as human, but it comes under the same law of progress or decay, because its standing and its accomplishments depend entirely upon the human element controlling and participating in its every day functions. But what shall we consider an advance or a mark of progress in reference to our X-ray Department? Shall it be an increase in the amount of work done during a calendar year? Shall we consider only the income from the year's work or the amount of money expended for professional services or the quantity of free work done during the period? Or shall our measure of advance be the mathematical accuracy attained in our special field, or the amount of suffering relieved by our particular brand of therapy or the percentage of all cases in the Hospital which have been aided by our endeavors? Not one of these is a true measure of progress in my opinion, for as Seneca wrote in his Epistles "The greater part of Progress is the desire to progress" (*Magna pars est profectus velle proficere*). The *quality* of the work done in our Department is the most valuable standard of achievement, not the quantity. True, the quantity has increased again this year to the amazing number of 16,865 patient-visits, well over 1,200 patients a month!

But to do first-class work any skilled workman must have first-class tools and our tools in the X-ray department are rapidly becoming antiquated. Specifically, to make good diagnoses from X-ray films, one must have good films. Still more specifically, our equipment for



## PETER BENT BRIGHAM HOSPITAL

the past several years has been below the standard of any average community hospital, whereas in a teaching hospital with the reputation we have, it should be of the best. Furthermore, the housing of our department is inadequate, the arrangement haphazard (as it was fitted into a space never meant for such type of work), and many of the machines are still dangerous from exposed high-tension where they could all be made shock-proof with modern equipment.

Before we can advance, therefore, and before we begin to slip backward in the quality of our work, we must have better equipment. The chief requirement is a modern high-powered unit for fast radiographic work, equipped with a rotating anode tube. High speed exposures of one-twentieth to one-sixtieth of a second are practical with such a unit and the rotating anode tube, a recent development which has now stood the test of several years in busy X-ray departments, has made fine detail possible in combination with speed. Formerly, detail had to be sacrificed to obtain speed, or speed had to be given up to secure fine detail on the X-ray films. Now both can be obtained from one unit, and the improved radiographs make possible better and more accurate diagnoses. The equipment recommended is not an experimental one, but has been well tested in many X-ray departments. In fact, nearly every hospital X-ray department in and around Boston has at least one such modern unit, one of our sister teaching hospitals has 8 or 10 in its department, and yet we are struggling along doing the best we can with our old machines—and we should be among the leaders! We have Seneca's "desire to progress" but it certainly is difficult to keep up with a modern automobile while limited to a velocipede! We have tried unsuccessfully to raise the money for the



## REPORT OF THE ROENTGENOLOGIST

needed equipment ourselves. Now we hope that some of the friends of the Brigham can find a sympathetic ear and work the miracles we so badly need.

Another need of the department, not a necessity, as is the rotating anode unit, is a medium voltage therapy unit for our superficial treatment work, especially for skin diseases and the skin cancers. At present we are forced to use our deep therapy unit for our skin cases, a practice which is inefficient and also somewhat dangerous. It is rather like using a pile driver to drive a nail. The extra power inherent in the deep therapy apparatus is wasted and the soft unfiltered rays of the type most useful in skin lesions cannot be obtained from this particular tube. It is quite satisfactory for the treatment of other tumors and deeper cancers and we are greatly indebted to the trustees of the Godfrey M. Hyams Fund who gave us the unit four years ago. The new superficial or skin therapy unit would be an addition and not a replacement, broadening the scope of our work and improving our accuracy to the benefit of our patients.

A third type of X-ray machine which we need is one known as a "planigraph" or "tomograph." This is not an improvement on an already existing machine, but is a new type of unit using the X-rays for diagnosis in an entirely different manner. Previously, all X-ray films have been made with the tube, the patient and the film stationary; in fact, they must all three be immovable during the exposure to secure the best results. The rotating anode tube makes possible exposures so short that good films can be obtained of parts of the body which are ordinarily in motion, for example, the heart or the stomach. But it is still true that every part of the patient's body between the tube and the film will cast its part of the shadow on the X-ray film. Our radiographs



taken by ordinary means, therefore, are the sum total of all densities between tube and film, and too often important shadows are obscured by other structures lying above or below the one which we wish to study. This new apparatus can make radiographs of any desired level in the body, blurring out the other shadows above and below the desired section. For this reason, it has been named the "planigraph" or "tomograph"—sometimes it is spoken of as "body section radiography." The principle is simple. If one holds a cane near one end and rotates or moves the other end, obviously the cane will still be straight and one end will always be in a line with the other end. But the only point in the cane which is always in the same line is the point at which it is held, or on which it rotates—the axis. Similarly if an X-ray tube can be put on one end of a stiff metal bar or metal arm and the X-ray film is fastened to the other end of the arm they will move in exact relation to each other depending on where the axis lies. In actual use, the axis is fixed on a level with that part of the patient's body which we wish to study; for example, the bifurcation of the trachea behind the heart and in front of the spine. Then, if the exposure is made while the X-ray tube is moving in one direction and the film in the opposite direction, only the part at the level of the axis will cast a detailed shadow on the film and the parts above and below it will be blurred out of the picture, just as a person is blurred out of a Kodak time-exposure if he moves continuously during the exposure. This machine also is not a necessity, as is the rotating-tube unit, but it would be of great interest to all of us, of value in both medical and surgical cases, and it would give us an added possibility of making a correct diagnosis in doubtful cases.



## REPORT OF THE ROENTGENOLOGIST

The fourth and final need in our X-ray department is one which probably cannot be obtained very soon as it has to do with adequate housing of the department, and the requirement is one of space and its most efficient arrangement rather than equipment. For all of the years since the Hospital was opened, the X-ray department has been crowded into one section of the ground floor, and as our work has steadily increased, the traffic jams have gotten worse until our corridors around the department resemble Commonwealth Avenue at five in the evening. It makes no difference to any one patient that 64 other patients must also have their X-ray examinations made in that same department that same day. He is concerned only about his own painful back and the cause of it and the possibility of relief from his pain. Furthermore, each and every examination must be individualized, in relation to the particular symptoms presented by the patient. Some examinations take only a few minutes, others take half an hour and require several different procedures, as in gastro-intestinal studies, and a few require repeated examinations spread out over half a day or even a whole day. We cannot mechanize our work very much, nor adopt mass production technics satisfactorily unless all of the examinations are exactly the same type or static variations of certain types. Anyone practicing adequate medicine knows that this is possible only to a limited degree—and if carried too far gives the patient the sense of being “material” rather than an individual. Therefore, I have insisted that one of our staff (technician, nurse or physician) be entirely responsible for each single examination from start to finish. He or she must first find out just what information is wanted, arrange the patient properly, make the exposures, develop the films and see that they are satisfactory and adequate



## PETER BENT BRIGHAM HOSPITAL

before the patient is allowed to leave. Then if special films or special examinations are decreed necessary, they can either be made at once, if possible, or arranged for a more suitable time. By this individualized-technic method we have saved the patients many extra trips, have established a lower rate of "re-takes," and have in addition cut the costs by using fewer films per patient than most hospitals. Our average for several years has been 2.5 films per patient, well below the average of other hospitals when compared some years ago. It is, of course, essential that we have an adequate idea of what information is desired, so that the proper type of examination can be quickly selected and performed or arranged. Fortunately, we have the whole-hearted cooperation of nearly every one on the staff in this regard, for when a patient arrives with a request merely for "skull" or for "abdomen," it takes our time and our attention to obtain an adequate history and to decide whether we should search for a pituitary tumor or platybasia, renal tumor or gall stones. And, of course, we do not always get it right the first time, to the mutual detriment of our time and material, and the patient's time and, sometimes, discomfort. Rightly or not, I consider our work as a consultative service, not merely the taking of pictures, and a good examination is a prerequisite for a good diagnosis.

But to return to the problem of adequate space. There is obviously a limit to the amount of work which can be done under our present conditions and with 16,865 patients this year, we are practically at that limit. As it is now, we have no adequate facilities for taking care of private patients. Practically 75% of our technical work is done on only two machines, and private patients, ward patients and dispensary patients must cross each other's bows to get the work done in time. If we had a separate wing or a separate department, I am sure that we would



## REPORT OF THE ROENTGENOLOGIST

have an increased patronage from private physicians with a consequent increased income for the use of the department and the Hospital. We also need more privacy for our staff—at present we are like the proverbial goldfish, with barely a corner which to call our own, and no place at all for interviews, confidential talks or private matters between doctor and patient or conferences with other doctors. It certainly would seem like the millennium to have a real office with a rug on the floor and curtains at the windows, and a little bit of privacy! Eventually, too, we will need another technician, an assistant secretary to help with the records, and another full time orderly. Most of the complaints from patients which have reached my ears have concerned waiting in corridors (with plenty of traffic going past) for an orderly or a nurse to escort the patient back to his or her ward. This is particularly true in case a patient has to be examined between 5 and 6 p.m. when it seems that all of the orderlies in the whole institution completely disappear from sight. But they, too, must eat and have their time off, and there are many other things to be done at that all-too-busy hour. It would help cut down complaints and avoid dissatisfaction if another orderly could be added to our service, and his hours staggered to cover the twilight hours when so many emergency examinations seem to be necessary. In general, the waiting period is after the X-ray examination has been made, for it is our policy to call patients from the wards only when we are ready to examine them and a preliminary wait occurs as a rule only when an emergency case gets the right of way or when a machine breaks down as any machine may do occasionally.

This is the summary of our needs and I shall hope to report next year that some, if not all, of the improvements have been accomplished. We have not been en-



tirely neglected during the past year, as Dr. Cheever very generously gave us an air conditioner for our fluoroscopic room. This was indeed a most welcome addition, as the tightly closed fluoroscopic room was a most uncomfortable place on hot summer days, and now it is a popular place in very hot weather. Another improvement in the work of our department and of the surgical service as well, was the establishment of a separate room for fracture work providing both fluoroscopy and films at any time during manipulation. For this purpose Dr. Wilhelm kindly assigned us the night telephone operator's room across the hall from cystoscopy. Dr. Cutler purchased a new combined fluoroscopic and radiographic unit for that work particularly (which can also be used as a portable unit in the operating room) all from his surgical budget. The fracture work, under the direction of Dr. Carl Walter, has been handled much better than it was before we had these new accommodations, and, by taking some of the load off of our other machines, the other work has gone more smoothly. If the fracture work and the equipment should be moved to the operating room, as has been suggested, the present room could best be used for the new tomograph and other special examinations which are time consuming and out of the ordinary routine.

As a final note of improvement in the department, we must mention the pleasure and delight of our whole staff when the walls of the department were repainted, not the old Brigham gray, but a two-tone buff and beige, giving a much more cheerful effect, particularly with the new Venetian blinds in the office.

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The outstanding event of the year for the roentgenologists of New England was the forty-first annual



## REPORT OF THE ROENTGENOLOGIST

meeting of the American Roentgen Ray Society in Boston the first week in October. As the presiding officer and the chairman of the program committee, your Roentgenologist spent much of his spare time during the year arranging the details of the program and making the thousand and one preparations which are so essential if such a meeting is to be successful. And it seems to have been most successful, in large part due to the hearty cooperation of the local roentgenologists who served on the committees and carried a large part of the responsibility. I am particularly indebted to Drs. Hare and Marks, each of whom cared for essential parts of the program and carried their assignments through without a single hitch. Dr. Hampton, my colleague at the General, was similarly successful in arranging a most interesting and instructive scientific exhibit, as well as caring for the visitors in his official position as president of the New England Roentgen Ray Society. It is a pleasure to record here that Dr. Hampton has been selected to follow Dr. Holmes as head of the department at the Massachusetts General Hospital when "The Chief" retires next year. The other men who helped make the meeting a success, and who deserve much of the credit were Dr. Holmes, who gave the annual Caldwell Lecture, Dr. Butler, Dr. Blackett, Dr. Moloney, Dr. O'Brien, Dr. Ritvo and last, but not least, Dr. Vance, who arranged that most important part of any such medical meeting, the banquet and entertainments.

The meeting lasted the whole week, with papers in the mornings and instruction courses in the afternoons. These latter are on trial in our societies, but seem to be very popular and will no doubt become an integral part of future programs. They are one-hour clinics or demonstrations by leaders in special fields, given to groups of not more than fifty at a time, with the privi-



lege of questions, discussion and argument emphasized. Ten or fifteen of these were run simultaneously, to accommodate the entire attendance, and they were most carefully arranged by Dr. Kirklin, of the Mayo Clinic, so that there would be no conflict in the special subdivisions of roentgenology. The papers were not all technical and were not all radiological primarily, nor were they given only by members. We drew heavily upon Boston's medical, surgical and scientific resources to add interest and variety to the program, and to acquaint our visiting members with the excellent work which is being done in Boston. About twenty Boston physicians were on the program and another dozen helped us out with pertinent discussion. Many of the local men who presented the results of their work to the audience of 500 to 800 were not roentgenologists, but their work was of particular interest to us as it was applicable to our special field—a field which is in contact with almost every branch of medicine and surgery. There were many interesting features in the meetings, but this is not the place to detail them, nor will I attempt to do so. Having also helped arrange the program for the Radiological Section of the American Medical Association in New York in June, I feel almost as if I knew how to arrange a program and run a meeting! I feel sure that the success of our meeting was due primarily to two factors—1, the insistence of the chairman that every session and every presentation be run off exactly on time (a valuable lesson which I learned from The Professor), and 2, the deliberate choice of speakers who not only had the goods but could deliver them in neat and attractive packages! The program at no time dragged nor got behind, in fact, it began with a bang and ended with a bang, and yet there was plenty of time allotted and used for discussion and questions. The paper which received the most favorable comments was



## REPORT OF THE ROENTGENOLOGIST

the final one of the meeting, an hour lecture by Fuller Albright on "Osteoporosis" and it richly deserved the spontaneous ovation which followed. Of almost equal popularity and value were the papers by Shields Warren, by William Castle, the symposium on unusual forms of pulmonary disease by Don King, Ted Badger, Max Ritvo, Lowry Davenport, Chester Kiefer, and Bob Reeves, and the symposium on Gastro-intestinal Bleeding by Ed Benedict, Richard Schatzki, Aubrey Hampton, Kirklin and Weber. Probably the most interesting and amusing presentation was an "Information Please" in which Doctor Schnelle, of the Angell Memorial Hospital, presented numerous X-rays of dogs and cats, and the visiting "experts" made snap diagnoses from their similarity to human X-ray appearances, and with, I might add, very few errors.

\* \* \*

*Personal and Personnel*—We regret to record here the deaths of two of our former co-workers in roentgenology. Phil Edson, who was volunteer assistant with us for 6 months in 1925 after finishing his tour on the medical service, died suddenly at his home in Pasadena, California, July 6, 1939. Phil was a vigorous, active, enthusiastic young man and was doing very well in internal medicine when he died so unexpectedly. Our hearty sympathy goes to his widow and his two children.

Another more recent death in December, 1940, quite sudden and unexpected, was that of Barney Barr Smith of Buffalo, New York. Barney was the second house officer in roentgenology here at the Brigham, serving for a year under Larry Reynolds from April of 1920 to April, 1921. He was doing excellent work in the private practice of roentgenology in Buffalo, New York, when he died. Edson had given up his part-time use of roent-



genology and was devoting his full time to internal medicine.

Two other deaths in Boston have removed two of the outstanding personalities from our medical circles. Hans Zinsser, unfortunately, did not shed the light of his learning and his wit on our department or on our Brigham clinics very often, but we shall miss him and his influence even if we were without direct and intimate contact. His autobiography "As I Remember Him" should be read and pondered by all medical men as it gives his credo and his philosophy interwoven with his intellectual and scientific development and it is done in a most interesting manner. He died September 4, 1940, at the Memorial Hospital in New York, where he had gone to try radioactive phosphorus for his leukemia.

The other outstanding medical individual—and he was more than an individual, almost an institution—also died of leukemia. Ernest Amory Codman was in his seventy-first year when he died on November 23, 1940. Roentgenologists are indebted to him for many things, particularly for the Registry of Bone Sarcoma, which brought light out of darkness and facts from chaos and confusion for many of us and for the pathologists as well. His life-long belief in the end result study of cases was his gospel, just as his avocation and release were the pursuit and outwitting of the wily partridge. We count ourselves fortunate who have had the privilege and pleasure of hunting trips under his direction and guidance. A more upright man I have never met.

We almost lost Dr. Quinby, too, from a streptococcus infection of a finger, acquired during an operation, but the Gods compromised for half of one finger—and that fortunately not his trigger finger. Dr. Quinby is one of the Big Three who are retiring this year because of the age limit, the others being Dr. Cheever and Dr.



## REPORT OF THE ROENTGENOLOGIST

Homans. We shall miss all three of them very much indeed, as they are all an integral part of the Hospital, and inextricably woven into the fabric of its personality. We hope that they will be with us much and often, either consulting or visiting, and for many years to come, at least until the retiring age catches up with me, too.

\* \* \*

Dr. Levine and I enjoyed a barnstorming tour through Wisconsin in April of this year, taking part in another experiment in post-graduate education. In this particular experiment there was a "faculty" of 8 speakers and 3 directors or managers and the one-day-and-night program was brought to the local medical societies in different parts of the State on successive days. The overnight hops from one town to another were made in a special Pullman and all together it reminded me of my glee club trips while at the University, and covered some of the same territory—Milwaukee, Wausau, Watertown and LaCrosse. Judging by the attendance, the interest, and the questions, the experiment was only partly successful although very much enjoyed by the peripatetic professors.

Another contribution of the Brigham group to medical education was the symposium on heart disease as related to roentgenology, which was first presented at the Eastern Conference of Radiologists in Boston in January and repeated by request before the Section of Radiology of the American Medical Association in New York in June. The papers were later published in the *Journal of the American Medical Association*. Our thanks go to Dr. Weiss, Dr. Burwell, Dr. Levine, Dr. Eppinger, Dr. Gross, and Dr. Fulton for their cooperation and for their excellent presentations. One of the nice things about being associated with such a group as the Brigham staff is the



## PETER BENT BRIGHAM HOSPITAL

hearty cooperation of all of the able men when it comes to working out a project or putting on a program for a medical meeting or a visiting group of physicians.

\* \* \*

The teaching of Roentgenology in the Harvard Medical School is still rather haphazard, depending largely upon the generosity of the departments of Medicine and Surgery with their allotted time. At present, each third year section in medicine gets about 10 hours of instruction in small groups of about 16 students each. This varies in context, in method and in time with each of the three hospitals where the teaching is done. This is the only required work in roentgenology in the four years. A few men in the surgical sections during their third year get a chance to observe some of the routine work, particularly in relation to fractures as seen in the dispensaries. The fourth year elective month in roentgenology (or Medicine IX as it is listed) continues to be very popular with the students and we always have more applicants than we can accommodate. This year, for the first time, an attempt has been made to acquaint the first and second year students with X-ray films and methods using material from the Brigham files. A series of films showing normal anatomy as seen by X-ray examination has been set up in the department of Anatomy, and one particular exhibit demonstrating the growth, appearance of ossification centres, and maturation of the epiphyses of the hand and wrist has been set up as a permanent exhibit. The latter series of films was borrowed from Dr. Harold Stuart who is supervising studies on physical development in children. These should be of great value to the first year men in their anatomy, as most of them will see their anatomy only by X-ray after they finish their dissection and their pathology. The



## REPORT OF THE ROENTGENOLOGIST

class in Physiology availed itself of the opportunity to see the gastro-intestinal tract by fluoroscopy during the spring term. This was made optional and was done in the evenings with small groups alphabetically arranged, with the instructors in Physiology correlating what the students saw with what they had seen or heard in lectures and demonstrations. To my mind this is an excellent and important method of teaching and might well be amplified and extended. This latter series of demonstrations will be repeated by request in 1941 and some new aspects will be added.

\* \* \*

The President and Fellows of Harvard College honored the Brigham by appointing its Roentgenologist as Clinical Professor of Roentgenology and this was confirmed by the Board of Overseers at their meeting of May 13, 1940. While I have always considered a Clinical Professorship as a sort of sidetrack from the main line of academic prestige, nevertheless the honor is appreciated. With the retirement of Dr. Holmes in 1941, the new Clinical Professor will have charge of such teaching as is done in this specialty. It is my hope to amplify it and have it included in more of the third and fourth year work, as now too much dependence is put upon a report from the department rather than upon an evaluation of the films and the findings in relation to the other signs and symptoms. It is undoubtedly true that many of our graduates will not have as good X-ray service in their practice as they have depended on in the teaching hospitals, and for that reason it is important for them to learn not only how to evaluate an X-ray examination, but also to learn what can be depended upon in X-ray examinations, how and when mistakes can be made, and, in fact, how best to use and when to trust the roentgenologist. It is my



## PETER BENT BRIGHAM HOSPITAL

hope eventually to have a separate Department of Roentgenology in the Medical School with an endowed chair. Certainly the X-ray is as important in the curriculum and in the practice of medicine and the care of the patient as is Physical Chemistry, Otology and Laryngology, or Comparative Pathology and Tropical Medicine, all of which rate professorships. If the amount of teaching done is to be the criterion of academic standing, it should be recognized that we full-time roentgenologists in the teaching hospitals do a great deal more teaching than we are given credit for doing, although formal lectures are, thank heaven, limited to five or six a year.

\* \* \*

There have been several changes in the personnel of our department, in addition to the usual progression of assistants. Dr. Wallace Miller finished his third year with us on June 30, 1940, and is already being swamped with work in Gloucester and Lawrence. Dr. Robert M. Crowder and Dr. Ralph C. Moore were promoted to Senior Assistant Resident and Junior Assistant Resident respectively. Dr. Mark S. Donovan was appointed as House Officer and started his service July 1, 1940, having graduated from the University of Michigan Medical School in 1935, and having worked at the New York Hospital, the New York State Hospital at Raybrook, St. Margaret's Memorial Hospital in Pittsburgh and the Parkland Hospital, Dallas, Texas.

There has been a definite increase in the number of applicants for our one annual appointment in Roentgenology, and a definite improvement in the quality as well. This year, instead of trying to get one good man interested as we had to do 15 years ago, we had a hard time choosing from a dozen well qualified applicants out of the thirty who sent in applications. The position open

## REPORT OF THE ROENTGENOLOGIST

July 1, 1941, has been awarded to Dr. Robert P. Sager-son, a graduate of the University of Pennsylvania Medical School, now serving his internship at Mercy Hospital in Pittsburgh.

We sometimes take on an extra man as Voluntary Graduate Assistant, usually one who has had considerable experience in radiology, and we find him very useful and helpful, both in bringing new ideas, and also in covering vacation periods and special work. Dr. George Leclercq acted in this capacity from January 1, 1940, to June 30, 1940, following which he enjoyed a similar position in the X-ray Department at the Massachusetts General Hospital. We were also very glad to welcome Dr. Theodore (Ted) Greene, and have him work with us in March of this year. Ted was home on a year's furlough from his hospital in Tsinan, Shantung, China, where he has charge of the X-ray work as only one of his many duties. He has since returned and is again at work in spite of the war in China.

It was a great loss to our department when our always-cheerful Irish technician, Jack Henegan, accepted a much better salary in Marysville, California. His place, however, has been very adequately filled by John Daly, who was trained in our own department. Jack left us after four years of very conscientious and cooperative work, departing with tears in his eyes on The Professor's birthday, February 17, 1940. Our affection and our best wishes went with him.

\* \* \*

We have already mentioned the increase in the amount of work done this year, which was 1,200 more patient-visits than last year, averaging almost exactly 100 more per month. I am very happy to announce that there was also a very decided increase in the cash receipts for the



## PETER BENT BRIGHAM HOSPITAL

year 1940, which, with a slight decrease in actual expenses, gives us a handsome balance of approximately \$8,000 net for the year. This, of course, is based upon actual cash expended and is before deductions for our share of heat, light, electric current, bookkeeping, administration expense, and other items properly chargeable to our budget. Even with those charges subtracted, we will have a net balance for the year above anything we have had since the onset of the First Depression. The credit for the increased cash receipts largely belongs to the assistant superintendents who have cooperated very well in the attempt to collect as much of the established fee as possible without working a hardship on those who can pay but a part of those fees. No patient of Suffolk County has been refused X-ray examination requested by proper authority, even if unable to pay, and many free X-rays have also been made for the benefit of staff members doing research work on special subjects. Next year we expect to know not only how much has been collected, but also how much we have earned, as a new accounting system will be set up January 1, 1941, and our account will be credited with the value of the work done according to our rather low rate of charges, with a separate account for actual collections.

In closing this, my nineteenth annual report, may I express again my appreciation of the willing and earnest support of my assistants and staff; of the hearty cooperation of all of the other men on our sister services; of the sympathy and help from the administration in our attempt to improve our service and our working conditions; and our gratitude to Dr. Cheever for that boon to our summer comfort, the air conditioner in the fluoroscopic room. And finally may I utter a heartfelt request

## REPORT OF THE ROENTGENOLOGIST

for better equipment with which to work in the coming year.

MERRILL C. SOSMAN,  
*Roentgenologist.*

DECEMBER 31, 1940.

### TABULATION OF DATA, AT FIVE-YEAR INTERVALS

Year	1915	1920	1925	1930	1935	1940
Ward Patients ....	...	2919	3948	4945	4393	6737
O. D. D. Patients ..	...	2896	3479	4602	4967	6965
Private Patients <sup>1</sup> ..	...	409	1163	1252	1286	1955
All Others <sup>2</sup> .....	...	140	228	496	712	1208
Treatments .....	...	609	809	1302	2358	3648
Total Patient Visits	4572	6364	8818	11295	11358	16865
Total Films <sup>3</sup> .....	8719	7180	18366	26523	18059	30310
Expenses .....	\$10,900	\$13,500	\$25,000	\$44,500	\$34,780	\$39,800
Cost Per Case <sup>4</sup> ....	\$ 2.37	\$ 2.12	\$ 2.95	\$ 3.94	\$ 3.06	\$ 2.36

<sup>1</sup> Patients referred directly to the Roentgenologist by staff physicians or outside physicians.

<sup>2</sup> Mostly hospital staff, hospital employees and medical students.

<sup>3</sup> Does not include dental films, of which 4980 were taken and interpreted in 1940.

<sup>4</sup> Total expense divided by total patient visits. Expenses do not include charges for heat, light, electric current, bookkeeping service, administration, housekeeping or rent for space in use or for storage.

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## Report of the School of Nursing

IN REFLECTING on the activities of the School of Nursing during this past year, it is more difficult than usual to think of it in other than a long-range view, or to see the School except in relation to its past as well as to its possible future. This is a School of Nursing conducted by the Hospital, one of the social agencies in the community. We are committed to prepare young women to care for the sick as well as possible in order that they may in turn render that service in the community, wherever it may be needed.

Today the world is again being swept along by a force which few can understand and none dare predict an outcome. We know that in this country we must prepare to meet new issues and possibly defend ourselves. We know, also, that in any program of defense, the services of the nurse are greatly needed in maintaining health and preventing illness. Shortly after the founding of this School, our country was engaged in the World War, at which time Miss Hall and eight of our graduates gave their services under the American Red Cross Nursing Service. Since that time, we have graduated 880 nurses, many of whom are now ready to serve in our country's program if needed. Our School is, therefore, faced with the problem of maintaining the high standards of nursing education established over a period of years in order to continue to prepare nurses adequately for public service, and at the same time, to maintain a satisfactory quality of nursing service within the Hospital.

It is important that we see our School in its relationship to the profession as a whole, and to the services which that profession is expected to render in the com-



munity. At the present time, the nursing profession is attempting to set up the machinery whereby its forces may be mobilized to serve most effectively now or in any emergency. To do this, a Nursing Council on National Defense has been organized. This council is composed of representatives from our national nursing organizations, the American Red Cross Nursing Service, the Army Nurse Corps, the Navy Nurse Corps, the United States Public Health Nursing Service, the Veterans Administration Nursing Service, the Bureau of Indian Affairs Nursing Service, and other bureaus. This council plans an inventory of nursing forces of the country, in order that they may know the numbers available when a need arises. As part of this survey, the National League of Nursing Education is engaged in a study of the actual and potential numbers of students in schools, and the actual and potential numbers to be graduated between 1935 and 1945.

This program of preparedness is based on the assumption that an efficient service must be maintained in civilian hospitals, while at the same time a rapid expansion in military hospitals may be necessary and that new civilian services may be required, especially in the field of Public Health in relation to industry, and in zones surrounding military establishments.

In outlining its functions, this Nursing Council has stated one of its responsibilities to be "to insure the continuance of the high quality of nursing schools and services, in order that effective nursing may be maintained in a national emergency." It has been estimated that were the good schools in the country to increase their enrollment 10% at this time, that this increase in numbers with the consequent expansion of the facilities of existing educational programs would be sufficient to meet our emergency needs. It would then be possible for



## REPORT OF THE SCHOOL OF NURSING

most of our civilian institutions and agencies to release a limited number of their personnel for military service, without seriously impairing their own services. It may, also, be that a greater use of nurses' aides in military and civilian hospitals and nursing agencies may be possible if there is adequate supervision by graduate nurses. These are problems with which our profession is coping today, and of which we, in schools of nursing, must be cognizant, for it is our responsibility to see that the students which we graduate are prepared to render those services most needed. And while we may increase enrollments, we must safeguard our services by the selection of mature and educationally qualified young women.

It should be recognized that any need for an increase in numbers at this time is in relation to an emergency, and that need cannot be met by short-term courses which increases the ill-prepared or partially-prepared nurse. At no time is there a greater need for safe-guarding sound principles of nursing education in order to maintain an adequate nursing service than at such times as this.

During this year, we have made few changes in our program, but have endeavored to maintain it at a high level of adequacy. We have accepted more students in the School during the year, in the belief that we have the facilities for teaching them and that there is a need for their services at this time. They have been carefully selected on the basis of personal qualifications and academic preparation and, given good preparation, they should be able to render a professional service of high quality.

We are constantly evaluating our program and welcomed this year the survey of the School made by the visitors from the National League of Nursing Education in connection with its newly initiated program of



accreditation of schools of nursing throughout the country. This is a program similar to that conducted in other fields of education, and designed to improve the practice of the group studied. In setting up this program, leaders in nursing sought the advice of representatives from the fields of general and professional education. They sought special assistance from the field of medical education and from the American Hospital Association, because of our close relationships. The method of study used is patterned after that of the North Central Association in the field of general education, and the surveys are on a voluntary basis. Data concerning the schools accredited will appear in a published list which will be available to prospective applicants for schools of nursing, and to advisors in schools and colleges. Such an evaluation will bring recognition to those hospitals which are making an effort to offer sound educational programs in nursing.

Because the accreditation committee believed nurses who were conducting schools of nursing qualified for making such surveys, the Principal of this School was invited to assist with the program this fall, and was granted a three-month leave of absence during September, October, and November for this purpose. During this period I was given the opportunity to study the program in twelve hospitals and five affiliating institutions in other parts of the country. I consider this both a personal privilege and a reflection of the standards of this School. During my absence Miss Frances Bowen, Assistant Superintendent of Nurses, conducted the affairs of the School in a most efficient manner.

Throughout the year many changes in personnel have occurred, either to permit advanced study, or for members of our staff to go to advanced positions, or for a change of position. We are proud to record the release



## REPORT OF THE SCHOOL OF NURSING

of Miss Esther Kinney, who has been in our employ since January 2, 1931, and in charge of the Operating Room for the past two years, to accept the appointment as Operating Room Supervisor at Camp Edwards, where she has volunteered her services under the American Red Cross Nursing Service. Miss Bridget Egan, P. B. B. H. 1935, has been promoted to Operating Room Supervisor, and Miss Madeleine Phaneuf, Simmons College School of Nursing, 1939, has been promoted to Instructor in Operating Room Technique, and Miss Anna Macuga, P. B. B. H., 1936, to first assistant in the Operating Room. In September, Miss Elsie Campbell was given a year's leave of absence to study for her Master's Degree at Teachers College, Columbia University, and is being relieved by Miss Mary O. Jenney, a graduate of St. Luke's Hospital School of Nursing, in New Bedford. At the same time Miss Ethel Jordan resigned, also to study at Columbia University, and is being replaced temporarily by Miss Winifred Drislane, P. B. B. H., 1918. Miss Helen Ward returned during the summer after a year's course in Public Health Nursing at Simmons College, to replace Miss Harriett Winters, as assistant in the Out-Door Department. There have also been changes in the head nurse staff, Miss Madeline Condon having left to become an air stewardess, Miss Jeanne Gervais, Miss Miriam Worrad and Miss Madeline Currier to do private nursing, and Miss Sara Emery to marry. Miss Celia Beaudet was replaced in August as an anaesthetist by Miss Helen Riefel, Strong Memorial Hospital School of Nursing.

Among our chief concerns in the School are the limitations placed upon us by our dependence upon the Hospital for financing. Though we are conscious of a sympathetic understanding of this problem on the part of the superintendent and the trustees, it still remains a



# PETER BENT BRIGHAM HOSPITAL

major problem. It has, therefore, meant a great deal to the School during these last three years to have the William Amory Fund, and Mr. Amory's continued interest in the School. That he has contributed to that Fund again this year, is most encouraging to those in the School, for many of the improvements in our program during this period were made possible only by this Fund.

Though we know that good nursing care may be given with limited physical facilities, there must be sufficient personnel for both patient care and for supervision of that care. For some time we have recognized the inadequacies of our staffing during certain periods, and in some departments. This has been met to a very slight extent by assigning more nurses during the evening period, and by placing one more nurse in the operating room. We are aware that the need still exists for additional nursing personnel during the night period, and in the Out-Patient Department. The limitations of our housing and classroom facilities are a constant handicap. These latter, as well as our clinical facilities, are a deciding factor in the size of the School.

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 Anaesthetists .....	3
Graduate Nurses—X-ray Department.....	3
Graduate Nurse—Out-Door Department in employ of State Department of Health .....	1
Graduate Floor Duty Nurses.....	31



## REPORT OF THE SCHOOL OF NURSING

Graduate Nurse—Metabolism Laboratory, part-time .....	1
Student Nurses .....	113
	<hr/>
Total .....	180

Fifty-six students have entered; thirty-five have been graduated; nineteen 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 eight 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. We have continued to provide the clinical field for the freshman students from the Simmons College School of Nursing for their first six weeks of instruction and practice in nursing in our Hospital during the summer session, and have released Miss Sinclair to give this instruction. During the year, two of our recent graduates who had had college work before entering nursing have been given field experience in teaching; Miss Lorraine Toolin in Science teaching, during the spring term, and Miss Janet Clark in teaching Nursing, during the fall term. Because of the growing need for qualified nurses in teaching, it is encouraging that our graduates are seeking opportunities to prepare themselves, and we are glad to be able to give them this experience.

The twenty-sixth annual graduation exercises were held in the Assembly Hall at Simmons College on December 6, 1940. In the absence of Mr. Amory, President of the Corporation, Mr. John J. Robinson, a member of the Board of Trustees, presided. Thirty-one nurses were presented for diplomas. The Dr. John P. Reynolds gold medal for general efficiency in nursing was awarded to



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Margarita Mary Farrington. The John P. Reynolds Scholarship for highest rank at the end of the second year was awarded to Mildred Flora Dorothy White. The exercises this year were of especial interest to both students and alumnae of the School as Miss Carrie M. Hall, the founder of the School of Nursing, honored us by giving the address. There are now 880 graduates of this School of Nursing.

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

DECEMBER 31, 1940.

## Report of the Social Service Department

FOR THE Social Service Department the year 1940 has been one of introspection and study, yet through this period there has been much activity and change. During this transitional period, which undoubtedly was difficult for individuals both within and without the Department, the Director experienced from all in the Hospital only loyalty, interest, and support in her endeavors. The "Brigham Spirit" which has been referred to many times but no more sincerely than now, has been a tremendous power in facilitating the many changes.

The dissolution of the Social Service Ladies Committee, with its many years of splendid service, has made us all keenly cognizant of what this lay group has meant to the spirit, growth and development of the Department. We realized the strengths and potentialities of such a body of lay women and believe the Hospital is fortunate in having the newly organized Friends of the Peter Bent Brigham Hospital. Mrs. Roger Merriman, formerly Treasurer of the Social Service Ladies Committee for many years and its very enthusiastic Chairman the past two years, has a great deal to give as the first Chairman of this new organization. We welcome the interest which The Friends may have in Medical Social Service but appreciate their broadened interest in other Departments of the Hospital. With the appointment of Mrs. F. Murray Forbes as Chairman of the Social Service Committee of The Friends, we look forward to the valuable assistance which this Committee will render the Department. Already, through a special Committee of The Friends under the chairmanship of Mrs. Robert E.



Gross, the spreading of Christmas cheer to a number of patients known to the Social Service Department was handled most efficiently. We at the Hospital have a responsibility to interest and make The Brigham Friends intelligently aware of our work so that they may better interpret the Hospital to the community which we serve.

The Volunteer Service in the Out-Door Department, excluding the Gray Ladies Group for which the Social Service Department is not responsible, has continued much the same as last year with a carefully selected and purposely limited number of individuals giving valuable and faithful service. During the year 37 individuals served as volunteers in the Out-Door and Social Service Departments. Two thousand five hundred and forty-seven (2,547) hours or 318 working days were rendered by this conscientious group of workers. The Director of Social Service has been solely responsible for the volunteer program without enough time to organize or supervise the work adequately, and without any Chairman of Volunteers present each day to be directly responsible for the volunteer on the job as is the general practice in other hospitals. After much study and careful consideration of this whole problem, it would seem that this Hospital would greatly benefit by a Chairman of Volunteers perhaps only part-time each day, who would have the time, ability, and personality to supervise carefully the detailed work of each volunteer, foresee further services which the volunteer might render, arrange for an apprentice and educational program, improve volunteer personnel practices, in short, bring our volunteer program up to the accepted standards of other hospitals. It is believed impossible to obtain such a person unless she is paid by the Hospital or some interested group, and given an official standing on the Hospital Staff. To whom she would be responsible and other details of a



## REPORT OF THE SOCIAL SERVICE DEPARTMENT

reorganized volunteer program would have to be worked out carefully before such a person was obtained. We are not only suffering directly from an inadequately organized volunteer program but indirectly as it is well recognized that lay individuals who give of their time and strength to volunteer work in a well organized set-up become intensely interested in the hospital which they are serving and thereby are excellent interpreters of the hospital's work and needs.

The Red Cross Volunteer Motor Corps has continued its excellent and indispensable service in transporting to and from the Hospital our patients who physically were unable to travel in public conveyances and financially were unable to afford taxi service. During the summer months when the Red Cross Service was cut to a very minimum and in August completely shut down, a small volunteer group was efficiently organized under the direction of Mrs. Stanley Hoerr, to assist us with our many demands for motor service. During the year 1,662 calls for motor and ambulance service were adequately handled by the Red Cross Motor Corps and our own Volunteer Group.

The reorganization of the Genito-Infectious Service has been of great concern during the past year. We are conscious of our responsibility not only to the Medical and Surgical Services and to the patient, but also to the Massachusetts Department of Public Health, as a co-operating Clinic, in creating a structure whereby the most efficient service may be rendered. Due to the public health aspects of this work and the many agents interested in the treatment of each patient it was clearly seen that unless each member of the clinic staff saw his or her contribution in relation to that of another, and all work was intelligently integrated, that chaos would prevail. Various changes in Social Service personnel were



necessary and we were fortunate in obtaining Miss Marguerite Flood, formerly of the Massachusetts General Hospital, as Clinic Executive and in charge of follow-up. Centralizing this basic and routine service in one person has released the medical social case worker for her important first interviews with newly diagnosed patients, adjusting any social factors preventing treatment or related to the patient's disease, following up contacts, and for a large amount of social administrative work which such a clinic presents. Since October 1, 1940 with the new and well planned physical set-up the work of the Social Service Department in this clinic has been much more effectual and satisfactory. We are gratified to mention that our new set-up has already won recognition in the community yet there is much to do which thus far has been untouched.

Patients with amputations in general present a problem not only in adjustment to their life handicap but also one in the proper selection of prostheses. This past year the Department has arranged for all patients with amputations, for whom surgically appliances were indicated, to have temporary limbs before discharge from the Hospital. This has shortened the period of invalidism, made the patient more able to care for his personal needs, and prevented atrophy of muscles by disuse. The patients are then followed carefully during the next year, and arrangements made when advised by the surgeon for permanent prostheses. Several patients have been referred to the Massachusetts Division of Rehabilitation for retraining in a job which was within their physical limitations.

The requests for medical social case work service, the central focus of the Department, has increased in 1940 even though all our work, except for the Genito-Infectious Service, has been placed on a consultation basis. It



## REPORT OF THE SOCIAL SERVICE DEPARTMENT

has been realized that only when the social factors are well integrated with the medical can we render our best service to the patient. During the year 2,498 patients have been served, 34% of these more intensively than the others. We are aware that many times more efficient work might have been rendered had we a larger staff, particularly on the Surgical Service, where there is only one case worker serving both the Surgical Wards and Out-Door Department Clinics, and where the demand for medical social service is as great as on Medicine. The Hospital is aware of this need, and it is hoped that another case worker may be added to the Surgical Service in the very near future. Extra assistance is also very much needed in the Medical Clinics.

Not only are the demands on the Department greater for service to patients, but our teaching responsibilities have increased as well. We welcome this additional responsibility for it is generally accepted that a department or institution which is used as a teaching center must invariably maintain standards of performance, we are dependent on good recorded social case work as well as a block of free time as a prerequisite to a teaching program. Participation in the Friday Therapeutic Conferences, sponsored by the Medical Service for medical students, is stimulating for the Staff and has helped us to think clearly what contribution we have to make in the medical care of the sick individual.

The Department this year was accepted as a field teaching center by the Simmons College School of Social Work, and a second year Master student was placed under the supervision of Miss Elma Jones on the Medical Service. We greatly appreciate the time and interest the Medical Service gave this student as well as the opportunity for her to attend Medical Clinics and Rounds. We look forward to further association with our nearby



professional School of Social Work as we feel keenly our responsibility in educating medical social workers in order that there will be available trained professional people to meet the increasing demands for medical social work in both the private and public fields.

Another new project which the Department has instituted at the request of the Medical Service has been formal Medical Social Ward Rounds. These take place weekly on each ward, led by the senior interne who is responsible for reviewing briefly with the social worker the important medical and social factors which directly or indirectly affect the patient's diagnosis and treatment. If following the brief discussion of each patient further social study is indicated the patient is then referred to the Department for further consideration. Not only does this tend to systematize refers to the case worker so she can more efficiently plan her work and keep abreast of current practice, but it assists the young physician to think of his patient in relation to the social environment from which he came and to which he must return, and to formulate plans for further medical care not only around the patient's disease but around the particular patient who has a certain disease. The Medical Resident and Director of Social Service are ultimately responsible for the progress of these Medical Social Rounds.

We have enjoyed rearranging the very crowded Social Service quarters, and tucking away the case workers in this niche and that where they might have relative quiet and privacy in which to interview patients. The Administration, with great ingenuity, constructed a small interview room for us in a section of the corridor on the ground floor of the Out-Door Department but it has been necessary to house the Surgical Social Worker there as it was found impossible to do any constructive work in the busy Main Social Service Office. We greatly need

## REPORT OF THE SOCIAL SERVICE DEPARTMENT

more space, especially one or two offices nearer the wards. At the present time all our office space is in the Out-Door Department although equally half of our work is centered on the ward with patients and their relatives. The difficulty in working in this physical set-up is apparent.

We close this year gratified with the general progress in the Department and the loyal support given it by each and everyone in the Hospital, and look forward to another year with courage and enthusiasm to undertake the work which is ahead.

EMILY D. RICE,  
*Director of Social Service.*

DECEMBER 31, 1940.

## SOCIAL SERVICE DEPARTMENT

### *Director*

EMILY D. RICE, A.B., B.S.

### STAFF

#### *Medical Clinics*

MARGERY L. CROTHERS

#### *Medical Wards*

ELMA C. JONES, M.S.

#### *Surgical Service*

BARBARA N. HARRINGTON, B.S.

#### *Genito-Infectious Service*

MARGUERITE FLOOD, *Clinic Executive*

RUTH GEROFSKI, M.S., *Case Worker*

#### *Psychiatric Clinic*

GERNA S. WALKER, A.B., B.S.



## Friends of the Peter Bent Brigham Hospital

FOR MANY years there has been a Ladies Committee of the Social Service Department at the Hospital, and out of this has grown our new organization, "The Friends of the Peter Bent Brigham Hospital." The time has come when there is need for a much larger group, with diversified activities. Because of this real need and the wonderful foundation of loyalty which we had to build on, we have high hopes for the "Friends." Within this group are members who wish to work on various committees, and others who wish to help in whatever other way they can—even though they cannot be tied to committee work, and still others who are interested to belong although they cannot do more than that.

The chief object of the "Friends" is to promote a better understanding of this really great Hospital, to "spread its gospel," and to interpret the Hospital to the community.

The fact that this is not primarily a money-raising organization has been strongly emphasized, but that does not mean that individual committees or small groups of people within the "Friends" may not be moved to raise funds for special needs of the Hospital which particularly interest them. There are many such needs, of course, and by working for a specific object, each group will feel that they are of real importance to the Hospital.

Of the three yearly meetings, one has already taken place. All three are to tell us the various important functions of the Hospital. The first meeting was presided over by Mr. Amory, who welcomed the new "Friends"

FRIENDS OF PETER BENT BRIGHAM HOSPITAL

in the name of the Trustees. Dr. Wilhelm, Dr. Cutler and Dr. Weiss each spoke.

The officers appointed by the Trustees, to serve until May, 1941, are: Mrs. Roger B. Merriman, President; Mrs. L. H. H. Johnson, Secretary; Mrs. Franc D. Ingraham, Treasurer; Mrs. F. Murray Forbes, Chairman, Social Service Committee; Mrs. Robert E. Gross, Chairman of Surgical Dressings Committee; and Mrs. Francis Blake, Jr., Chairman of Equipment Committee.

DOROTHEA MERRIMAN,  
*President.*



## Report of the Pathologist

As THE report of the Pathologist for the year 1940 is being written, carpenters, plumbers and electricians are busily at work in the Pathological Laboratory. No previous report of the Pathologist has been written under these conditions since the opening of the Brigham Hospital.

Following the report of last year, the Board of Trustees has considered the needs of the Department of Pathology and has recommended several changes along the lines suggested by the report. I am very much pleased with the interest shown in this Department during the past year, an interest indicated not only by the new equipment and repairs which have been voted but also by the visits of several members of the Board of Trustees and administrative staff to the Pathological Laboratory.

The amount of space available for the Pathological Laboratory has decreased considerably in the past few years. Some rooms have been given over to the Department of Bacteriology and another to the Surgical Service for a Solution Room. Accordingly, when changes in the laboratory were contemplated, it was difficult to see where space could be obtained. After considerable discussion, the room used by the Surgical Service for a Solution Room was returned to the Pathological Department when the new Solution Room was finished. As for the rest, the changes to be described will make possible more satisfactory use of the space already available.

Among the facilities which these changes have made possible, is a record room. Owing to lack of space, our records have been in various parts of the Laboratory as shelf room could be found. Now they will be grouped



## REPORT OF THE PATHOLOGIST

together so that they may be used with less difficulty. There will be work space in the record room for the use of members of the other services. They will then be able to study the records without the interruptions which the routine of the Laboratory imposed upon them when they had to work in the same room in which dictation and examination of surgical specimens were done.

The old slide room has become completely filled. I believe it is important to have available in one room all the slides of postmortems and surgical specimens since the opening of the Hospital. It is then possible to review them easily when a patient returns for further study and to compare unusual lesions seen in previous years with new specimens which come in from time to time. A complete slide file is of great value in teaching members of the house staff and the voluntary assistants. A new slide room is planned which will house all the slides we now have and will provide space for about 20 years more.

The space for the general laboratory routine will be curtailed somewhat but it will be arranged so that it is more convenient than the present room. The room for the secretary will be larger and better lighted than the present one. Rooms have also been provided for the resident and for the associate pathologist.

A small room has been set aside for housing a collection of gross specimens. These will serve for teaching in our Department and in clinics. It will also permit us to retain some of the more important gross specimens for further study and comparison when the occasion presents itself.

Considerable new equipment has been added to the Department. This is badly needed since very little new equipment has been bought for the Department during its 27 years of existence. Even the most carefully used equipment shows signs of wear in 27 years. Facilities for



## PETER BENT BRIGHAM HOSPITAL

cutting sections of bone have been provided for the first time. A new electric paraffin oven has replaced the antiquated leaking gas oven which has been in the Department for many years. Two microscopes and several microscope lamps have been purchased. A new camera for photographs of gross specimens will improve the quality of our protocols. This seems especially important because of the frequent demands of the clinical services for illustrations for their publications and for their teaching material.

There have also been some changes in personnel. One of our technicians has been transferred to the Department of Bacteriology and has been replaced by a new technician who devotes her full time to Histological Technic. We therefore have two technicians, as has been the case for many years.

During the year, there has been an unusually large group of voluntary graduate assistants in the laboratory for varying periods of time, in each instance filling in an interval before beginning a clinical house officership.

DR. ROBERT GRANT, July 1-October 1, 1940. Medical Service, P.B.B.H.

DR. FIELD LEONARD, July 1-March 1, 1941. Surgical Service; P.B.B.H.

DR. RICHARD FORD, July 1-March 1, 1941. Surgical Service, B.C.H.

DR. ALFRED KAHN, July 1-January 1, 1941. Medical Service, Michael Reese Hospital, Chicago.

DR. ERNEST GOULDER, July 1, 1940-July 1, 1941. Medical Service, Billings Hospital, Chicago.

DR. JOHN KNEISEL, September 1-January 1, 1941. Surgical Service, P.B.B.H.

These men have contributed in many ways to the work of the Laboratory. They have an opportunity to do postmortems and, in some instances, surgical speci-



## REPORT OF THE PATHOLOGIST

mens. Each has an opportunity to see as much of the material which goes through the Department as he wishes. This acquaintance with the routine of a Pathological Laboratory makes it possible for a clinician to use the Laboratory facilities in ways which would not otherwise suggest themselves and to select material for pathological examination more intelligently. While the presence of a number of voluntary graduate assistants in the Laboratory increases the teaching responsibilities of the staff, it seems time very well spent. We hope to continue to have a small group each year.

We have still two house officers with the same status as in former years. Dr. Victor G. Balboni finished his service February 1, 1940 and was followed by Dr. Archibald Edington. Dr. Richard Owens left September 1, 1940 and was followed by Dr. Fathollah K. Mostofi.

Dr. Orville T. Bailey was added to the staff of the Department September 1, as Associate Pathologist. This position is intended to occupy half Dr. Bailey's time, the rest being spent at the Medical School in research. The duties are entirely unspecified but it is hoped that a greater continuity will be given the laboratory by having one man in addition to myself in direct contact with the routine over a longer period of time. The teaching responsibilities within the laboratory have also become so great that it is impossible for the resident staff to carry them without some help. During the present period of transition, Dr. Bailey has devoted almost his entire time to the reorganization of the laboratory. It is hoped that from now on he will have more opportunity for his research.

The organization of the laboratory still revolves about the Resident. On him falls the direct responsibility for the routine of both surgical specimens and autopsies. The addition to the Department of an Associate Pathol-



## PETER BENT BRIGHAM HOSPITAL

ogist may seem on the surface to have lessened the opportunities for the Resident, but every effort has been made not to have it so. The amount of routine and teaching for which the Resident has been responsible is greater than one man can carry satisfactorily. Furthermore, it is essential that a man of the calibre which we expect of our Resident should have some time for independent study and investigation. Thus the presence of an Associate Pathologist has increased, rather than decreased, the value of the residency. Dr. L. E. Rector completed a year as Resident in August and went to the People's Hospital, Akron, Ohio, as Pathologist. He was succeeded by Dr. Walter H. Sheldon, who, after preliminary training in Germany and Italy, has been in the Pathological Department of The Children's, Boston Lying-In and Women's Free Hospital.

The relations of the departments of Bacteriology and Pathology have been very satisfactorily arranged during 1940. The men in Pathology receive some training in bacteriology by doing the bacteriological examinations from postmortems. It is to be hoped that from time to time some of our men who are going to remain permanently in laboratory work will spend a few months in the Department of Bacteriology as voluntary assistants. We stand ready to serve as consultants for the Bacteriological Service, if we should at any time be needed, just as we do for the other services of the Hospital. There is some interchange of technical services in that tissue sections required by the Department of Bacteriology are cut for them by our technicians, and on the other hand, our media and tubes required for cannulating bodies after postmortem examination are prepared by the technician who has been transferred from our Department to the Department of Bacteriology.

## REPORT OF THE PATHOLOGIST

These arrangements have proved satisfactory to the Department of Pathology, and, I believe, to the Department of Bacteriology. I feel very strongly that they should be continued so long as the present personnel remains. When there are changes, the situation should be reconsidered. The new Department of Bacteriology has immeasurably improved the bacteriological routine of the Hospital. Interest in bacteriological problems of special nature has been greatly stimulated by having in the Hospital a large and active research laboratory devoted to these problems under Dr. Janeway's able direction. We appreciate his willingness to advise us on problems connected with the bacteriology related to our post-mortems.

The volume of routine work for the year 1940 remains essentially the same as in 1939.

Autopsies, medical service .....	136
Autopsies, done outside for medical service .....	5
Autopsies, surgical service .....	50
Autopsies, done outside for surgical service .....	1
<hr/>	
Total number of autopsies .....	192
Autopsy percentage: Medical .....	58%
Surgical .....	59%
Total .....	58%*

The number and percentage of autopsies at 5 year intervals are as follows:

1935 .....	182	63.0
1930 .....	192	64.4
1925 .....	204	70.7
1920 .....	155	58.2
1915 .....	101	47.6

\* In previous years, medico-legal cases have been excluded, but due to a change in method of keeping statistics by the administration this was not possible this year.



# PETER BENT BRIGHAM HOSPITAL

The number of surgical specimens at 5 year intervals is as follows:

1940 .....	1,972
1935 .....	1,632
1930 .....	1,182
1925 .....	1,095
1920 .....	784
1915 .....	1,030

In spite of the volume of routine and teaching in comparison to the size of the Department, publications appear each year. The investigations are supported by the Medical School Department of Pathology and would be impossible otherwise. For the year 1940, the publications are:

- WOLBACH, S. B.: Rickettsial Diseases—A General Survey. Symposium on Virus and Rickettsial Diseases, Harvard School of Public Health, June 12-June 17, 1939. Cambridge, Harvard University Press, 1940, pp. 789-816.
- WOLBACH, S. B. (and BESSEY, O. A.): Relative Overgrowth of the Central Nervous System in Vitamin A Deficiency in Young Rats. The Explanation of the Neurological Lesions Occurring in this Deficiency. *Science*, 91:599-600, 1940.
- WOLBACH, S. B. (and BESSEY, O. A.): Relative Overgrowth of the Central Nervous System in Vitamin A Deficiency in Young Animals. Abstract of Paper of the National Academy of Sciences. *Science*, 92:483-484, 1940.
- WOLBACH, S. B.: The Scientific Work of Hans Zinsser. *Harvard Medical Alumni Bulletin*, 15(Supplement):7-10, 1940.
- BAILEY, O. T. (and CUTLER, E. C.): Malignant Adenomas of the Chromophobe Cells of the Pituitary Body. *Archives of Pathology*, 29:368-399, 1940.
- BAILEY, O. T.: Histologic Sequences in the Meningioma, with a Consideration of the Nature of Hyperostosis Cranii. *Archives of Pathology*, 30:42-69, 1940.
- BALBONI, V. G.: Multiple Pulmonary Thrombi Associated with Cyanosis and Right-Sided Cardiac Hypertrophy. *New England Journal of Medicine*, 223:896-900, 1940. (Massachusetts Medical Society Prize Essay for Internes.)

## REPORT OF THE PATHOLOGIST

Thus far we have come in 1940. Some of our most urgent needs have been met but much remains to be done. Perhaps the most pressing matter at the present time is a thorough revision of the autopsy room. There should be a floor slanting toward a central drain so that it may be washed. A new autopsy table is badly needed. If the present rate of increase in volume of material continues, two tables will be urgently required in the near future. The Hospital should look forward to the time when it can support at least a modest research program if it intends to retain the best men in its Pathological Department.

We feel that the enlargement and the improvement of equipment in the Pathological Department are important for the Hospital as a whole. The additional facilities thus made available affect each of the other services as well as the pathological laboratory and tend to improve standards throughout the Hospital.

S. B. WOLBACH,  
*Pathologist.*

DECEMBER 31, 1940.



## Report of the Surgeon-in-Chief

THE END of 1940 finds this Hospital settling into its second quarter century in better spirits than we could have hoped for a few years ago. The all-important successions to Dr. Christian and to Dr. Howland have been happily consummated, and the new team is now in full swing and already is showing the direction of its efforts. The amount of diligent study on our wards and in our laboratories is greater than ever, and such study should bear fruit as the years go by.

The Administration under Dr. Wilhelm, in spite of great financial limitations, has improved the facilities of the Out-Door Department, the laboratories, and the wards. Redecorating the entrance lobby reflects the new spirit at an important point of contact with the public, and brightening the surroundings, as well as expanding and remodeling working quarters, encourages workers and lightens their labors. The renovation of the second floor of the Out-Door Department with government funds not only has aided in better care for patients with syphilis and gonorrhea, but has stimulated similar improvements elsewhere. The changes now occurring in the Pathological Department, the improvements in our methods of handling sterile supplies, the painting and acoustical improvements in the Students' amphitheatre—all reflect a healthy, progressive tendency. The Administration and the Trustees deserve the cordial thanks of us all.

Could we point to some great increase in our endowment funds, it would be a happy day. But even if we cannot, the tension in our financial structure seems easier, and our deficit has decreased. Former members



## REPORT OF THE SURGEON-IN-CHIEF

of our staff may wonder why the clinical staff should bother with such affairs. To these we can now say, since our house is in better order, that grave years full of worry lie close behind us—years in which the united efforts of us all seemed vital, even to keep the Hospital in existence. We are certainly not on "Easy Street," yet for the first time in years we can now take an easier breath.

The establishment of the "Friends of the Brigham Hospital," a group of interested laymen, is another evidence of our progress. A hospital is a community undertaking, and the more widely its roots are spread, the safer will its branches be. The formation of this group and the distinguished rôles our Trustees have played in the Community Fund Drives in Boston, two of them as chairman, Ripley L. Dana and Robert Cutler, seem to insure our continued growth in the affections of the community in which we live. Others, as individuals, have generously aided us, notably Professor Paul J. Sachs, Dr. Weiss' father-in-law, who donated beautiful reproductions of famous pictures to decorate our wards.

But much still lies ahead to be done. We need immediately an enlargement of the Out-Door Department, an addition to the Nurses' Home, an expansion of laboratory facilities, and a new Surgical Building. The construction of a new Surgical Building would free the present two-story Surgical Building for medical laboratories, thereby doubling the laboratory facilities of the Department of Medicine, and would permit the Department of Pathology to expand into two floors of the building now jointly occupied by medicine and pathology.

It may seem unkind to bring before a group of devoted Trustees, so greatly harassed by our present financial situation, any request for improvements, especially when we know of their great personal generosity



throughout this trying period. At the same time we would be but poor servants if we did not indicate that the enviable position which this hospital holds can only be maintained by incorporating in our routine all advances in the care of the sick. Indeed the very fact that our desires are largely for laboratory facilities should emphasize that the tradition of the Brigham Hospital for careful study, in an effort to push forward the frontiers of modern medical practice, is still as vigorous as ever.

The interdependence of the laboratory and clinical services is nowhere better emphasized than in the relations between the Pathological and Surgical Services. Through its successive Chiefs, Dr. Councilman and Dr. Wolbach, the Pathological Department has provided leaders to whom the Surgical Service has constantly turned for council and advice. And since the Department of Pathology is frequently the birthplace of the good surgeon as well as his chief source of support in later years, it is no surprise to find that 49 per cent of our surgical publications have a pathological background. Of the 1,112 surgical publications, 1913-1939, 542 originated as a pathological study or utilized to a large extent the findings of the Department of Pathology.

It is a particular source of satisfaction to the Hospital as a whole that the Department of Pathology has this year been allowed to increase the scope of its work. This has come about in part through the appointment as Associate Pathologist of Dr. Orville T. Bailey, previously Resident Pathologist in this Hospital, and in part from improvements in the field of bacteriology. This branch of the Department now has renovated quarters, modern apparatus, and a new professional stimulus through the labors of Dr. Charles A. Janeway, a valued member of the Medical Staff.



## REPORT OF THE SURGEON-IN-CHIEF

And now to turn to the Surgical Service. In an attempt to continue in the Brigham Hospital the tradition of a single surgical service, with the surgical specialties as integral parts and not separate divisions—a method best suited to the education of our house staff and the students—and at the same time to permit a few to dig deep in special fields, a system of topical assignments has been set up. Assignments are as follows: Genito-Urinary Surgery, Drs. Quinby and Harrison; Orthopedic Surgery, Dr. Brewster and Associates; Otolaryngological Surgery, Dr. Richards and Associates; Plastic Surgery, Dr. MacCollum; Dental Surgery, Dr. Strock and Associates; Fractures, Drs. Walter and Quigley; Surgery of the Esophagus, Stomach, Duodenum, and Biliary System, Dr. Zollinger; Peripheral Vascular Disease, Drs. Gross and Walter; Thoracic Surgery, Dr. H. F. Newton; Large Bowel Surgery, Dr. F. C. Newton; Surgery of the Anus, Rectum, Rectosigmoid, and Pilonidal Sinus, Dr. Dunphy; Septic Hands, Neurological Surgery, Thyroid Surgery, Dr. Cutler. These special assignments have been made not with the idea that the men assigned to a special field will do all the operating in that field, but rather that they may serve as consultants on our wards in the special fields and that in addition they may standardize our procedures.

The standardization of surgical procedures has always seemed to me desirable from an educational point of view. The young surgeon should not be taught all methods and procedures, for he becomes confused by great diversification. What he needs in his formative years is thorough training in a few procedures, that he may learn well the principles of surgery.

The creation of special assignments has already proved particularly fruitful in the field of fractures. Here Dr. Walter and Dr. Quigley have revolutionized our care of



patients through the utilization of modern apparatus, by which accurate reduction of fractures may be assured. I know of no single step in this Hospital in the last ten years which has brought greater benefit to our patients. Such an advance, however, entails expense. We need immediately \$2,500 to acquire a portable x-ray machine for use in our operating rooms in the reduction of fractures, a new fracture table, and certain new apparatus for the better mechanical reduction of fractures.

The assignment of septic hands to the Surgeon-in-Chief represents a sense of responsibility to our patients. I recognize no field for surgical endeavor more difficult than that involving the septic hand. Here the surgeon is confronted with a complicated anatomy and the problems arising from bacterial invasion of the body. Moreover, mistakes may result in the most serious economic alterations in the family status, for to the laboring man the health and happiness of a family depend upon his hands.

As time has gone by and increased work has been thrown on our internes, especially the laboratory man in his first four months, we have reached the point where the necessary daily work may be more than our staff can perform without undue physical strain. The "old timers" may think that the newer generations are unwilling or unable to work as hard as they did. That is not true. Our interne material is of the highest possible order. But modern medicine is ever devising new medicaments and new means of therapy which add new labors to those which were accomplished by the house staff in years gone by.

Thus through our present knowledge of blood chemistry we can gauge accurately the condition of the very ill patient, but this requires of our internes the collection of samples of blood daily. Now that intravenous fluids



## REPORT OF THE SURGEON-IN-CHIEF

are produced safely in the Hospital, intravenous therapy is being used more and more to feed patients and to achieve fluid balance, again increasing the work of our internes. Modern chemotherapy brings an additional burden. For example, the administration of sulfapyridine, sulfathiazole, or sulfanilamide requires a daily check of the blood level and often of the urine level, if the drug is to be given to critically ill patients in therapeutic concentration. This may double the work of the internes when there are many patients in the Hospital with infectious diseases.

In fact we have reached the point where the laboratory man has had to be relieved of some of the routine work by a trained laboratory technician, who at present is paid from a special fund of the Department of Surgery. Although this is still in the experimental stage, it appears that we may need two technicians, for the work on the private wards is a heavy load on our "pups." Either the Hospital must hire such technicians for us or, as the Department of Medicine has done, we shall have to increase the number of internes on the Surgical Service, an even greater expense to the Hospital.

That an increase in our house staff is necessary may be seen from Table B at the end of this report. We have the same number of internes in 1940 that we had in 1914, and yet in 1914 there were 1,361 operations performed as opposed to 2,335 in 1940, and the total discharges were 1,474 as opposed to 3,244. In addition to the increased work in the house, there is a similar increase in work in the Out-Door Department. There the visits to the surgical clinics amounted to 17,018 in 1914 and to 39,816 in 1940.

To the interne's labors in the house and Out-Door Department is added the tremendous load of carrying on all our various clinics. For example, for several years



## PETER BENT BRIGHAM HOSPITAL

now we have been running a Tumor Clinic, which has won most favorable comment from the American College of Surgeons. In this clinic we follow indefinitely all cases of diagnosed or suspected malignancy. Another clinic which demands a great deal of effort is our Follow-Up Clinic, to which all patients come who have been operated upon in this Hospital, in order that we may see whether or not the procedure performed was satisfactory.

In addition to the necessity for laboratory assistants, our most vital need is for an Assistant Resident Surgeon who could devote all his time to the Out-Door Department. We need there maturity and a medically-educated sense of responsibility rather than just more hands. I feel certain that with the addition of such a man we would be relieved of many worries and would give our patients far better care.

*Surgeon-in-Chief pro tempore.* The Surgeon-in-Chief *pro tempore* this year was Dr. W. J. Merle Scott, Associate Professor of Surgery, University of Rochester School of Medicine and Dentistry, and Associate Surgeon Strong Memorial Hospital and Rochester Municipal Hospital. Dr. Scott had been at the Brigham Hospital as Arthur Tracy Cabot Fellow, 1922-1923, and as Assistant Resident Surgeon, 1923-1924. In the summer of 1924 he left with me for the Lakeside Hospital, Cleveland, Ohio, where he became our first Resident Surgeon. His happy, stimulating, energetic nature has long made him both a splendid teacher and a worthy investigator, and his ability to see many problems in any sick individual was a source of great benefit to us all. His visit, like that of Dr. Goetsch, the first Resident Surgeon of the Brigham Hospital, presages many happy "Brigham" exchanges in the future, now that so many graduates of this institution have grown to distinguished stature.



## REPORT OF THE SURGEON-IN-CHIEF

*Changes in Staff.* On September 1 at the end of the academic year, Dr. Homans and Dr. Quinby retired by virtue of the age limit. In their withdrawal the Brigham Hospital has lost two colorful and most able surgeons—men who have unselfishly devoted their professional careers to the good of the Brigham Hospital. All who have worked with them realize our loss and join with us in thanking them and in hoping that in the years to come they will find happiness in their continued association with the hospital in a new capacity. Dr. Homans has become Consulting Surgeon to the Hospital. He continues to have private ward privileges and to advise us concerning the special field of peripheral vascular disorders. Dr. Quinby has become Consulting Urological Surgeon, but he has agreed to remain active head of the urological division another year until a successor can be selected.

The consulting rooms vacated by Dr. Cheever and by Dr. Homans have been filled respectively by Dr. Zollinger and Dr. Dunphy. These staff members together with Dr. Francis C. Newton, the latter now ranking surgeon in the Hospital, rotate in their responsibility for public ward patients and teaching rounds.

Whether the young surgeon once his training is complete should attach himself on a full-time basis to a hospital or set up consulting rooms in the community is still a moot point in the academic life of the surgeon. From the point of view of the Hospital a great advantage is achieved by having the man in the Hospital all the time; but from the point of view of the individual this may not be true. All young surgeons cannot expect nor are they suited to lead an academic life, though many continue to do this when they might fit better into their natural niche, if they would mix more with their col-



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leagues in professional life without the walls of an institution.

The rooms vacated by Dr. Quinby have this year been made into consulting rooms for the staff members who serve the Hospital but have offices outside. This adds considerably to the ease with which contact can be made between members of the senior staff and the house staff. Thus a staff member who has his office outside the Brigham Hospital can see in these rooms, possibly for discussion of their joint publication, that member of the house staff with whom he is working. In the intimate contact between the members of the senior staff and the house staff, the Hospital will benefit. Such an office has been planned as a part of the new Surgical Building, should it ever materialize, and the opportunity to use Dr. Quinby's old rooms for this purpose has already certified to the fact that this experiment was well worth carrying out.

Dr. Stanley O. Hoerr succeeded to the post of *Resident Surgeon* July 1, 1940, at which time Dr. Dunphy moved into Dr. Homan's old quarters. Dr. Hoerr had served previously as a surgical interne and Assistant Resident Surgeon at the Brigham Hospital and as Resident in Pathology at the Huntington Memorial Hospital. Here again we have in our most responsible post a man who has had special training in pathology. This training in my mind has always encouraged accuracy, thoroughness, and a desire to see far beyond the simple clinical problem imposed by the case itself. Dr. Hoerr's thoroughness justifies our expectations that he will serve this high post as well as any of his predecessors.

Dr. John A. Sandmeyer, previously one of our internes, continued as *Arthur Tracy Cabot Fellow* and remained in charge of the Laboratory of Surgical Research, Harvard Medical School, until November, when he was



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succeeded by Dr. James B. Blodgett, formerly Assistant Resident Surgeon at the Brigham Hospital and subsequently at the Children's Hospital, Boston. Dr. Sandmeyer ran the laboratory well, made it useful for the other members of the staff, and was able to accomplish productive work of his own.

The *Urological Fellowship*, which had been temporarily filled by Dr. Paul D. Giddings, previously an Assistant Resident Surgeon, was awarded to Dr. Fiorindo A. Simeone February 1, 1940. Dr. Simeone, H. M. S. 1934, had travelled up the surgical ladder at the Massachusetts General Hospital from house officer to Resident Surgeon and had had two years additional training in physiology as Research Fellow in Physiology with Dr. Cannon. This interchange with our sister institution has in every way been a most happy and profitable one to us.

Beginning January 1, Dr. Wayne Y. H. Ho, a graduate of St. John's University School of Medicine, Shanghai, came to us as *Harvey Cushing Fellow* after several years of special training in otolaryngology at the University of Pennsylvania and Temple University. Dr. Ho has acted as Assistant Resident Surgeon to Dr. Richards and his colleagues during the past year and has now left to assume a similar post at the Children's Hospital, Boston.

This assignment of an Assistant Resident Surgeon to a special service was made as an experiment, with the expectation that the Medical School might wish to develop the teaching of otolaryngology at the Brigham and the Children's Hospitals. It is my impression that the latter will not be fulfilled and that this extra post would be of more value to the Hospital if it were filled by an extra Assistant Resident Surgeon who could devote full time to the Out-Door Department. The change to this sys-



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tem cannot be made until another six months has passed, because we have already been committed to a successor to Dr. Ho.

In addition to his other titles and in order to help out our budget, Dr. J. Hartwell Harrison was given a *Harvey Cushing Fellowship* for the past year. He has acted as Dr. Quinby's associate and has been of the greatest assistance to us in a teaching capacity.

The *George Gorham Peters Travelling Fellowship* is being filled this year by Dr. Horace E. Campbell. Although this fellowship was originally granted for travel and study abroad, the military crisis in Europe has made this impossible, and the Trustees have liberated the funds to me to use as I thought best. Dr. Campbell was an Assistant Resident Surgeon of mine at the Lakeside Hospital, Cleveland, Ohio, 1924-1925. He then spent the intervening years in China. For the past two years he has been working in the laboratory at the Medical School on a problem in splenomegaly, an interest aroused in China where he saw many patients with enlarged spleens.

The succession of *Assistant Resident Surgeons* has been as follows: Dr. John F. Bell left us in March to become an orthopedic house officer under Dr. Ober at the Children's and Massachusetts General Hospitals. He was succeeded by Dr. Robert S. Myers, formerly an interne at the Brigham Hospital. On July 1, Dr. Stanley O. Hoerr was in turn succeeded by Dr. Thomas W. Botsford, previously an interne at the Brigham Hospital, Resident Surgeon at the Children's Hospital, and George Gorham Peters Travelling Fellow. Dr. Robert D. Whitfield left us November 1, and is now in practice in Albany, New York. His long training both here and in Albany should insure his success. He was succeeded by Dr. John A.



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Sandmeyer, formerly an interne and Arthur Tracy Cabot Fellow.

*Joint Interneship with the Children's Hospital Service.* The rotation has been as follows: Dr. Robert S. Myers completed his service January 1 and became Assistant Resident Surgeon. Dr. McChord Williams left March 1 and has joined the house staff at the Boston City Hospital as Assistant Resident Surgeon. Dr. Robert R. White left May 1 and went to the Children's Hospital, Boston, to serve as Assistant Resident Surgeon. Dr. Rutledge W. Howard unfortunately became ill with pulmonary tuberculosis in a minimal stage before the end of his service in July. He was hospitalized here for two months, and was then sent to Saranac Lake, where he is making splendid progress. He will return to us as a special research fellow in July, 1941. Dr. Richard S. Neff left October 1 and has become Assistant Resident Surgeon on the Fracture Service at the Presbyterian Hospital, New York City. Dr. Charles L. Dimmler left November 1 and has become Assistant Resident Surgeon at the Children's Hospital, Boston.

These men were succeeded as follows: January 1 Dr. Frederick P. Ross, H. M. S. 1939, who had been studying pathology at Wayne University College of Medicine, Detroit, in the interval since graduation; March 1 Dr. John E. Adams, H. M. S. 1939, who had been working in the Pathology Laboratory of the Brigham Hospital in the period since graduation; May 1 Dr. Henry Swan, 2nd, H. M. S. 1939, who had been working in the Department of Pathology at the University of Colorado, Denver, in the interval since graduation; July 1, Dr. Arnold Porter, H. M. S. 1940; September 1 Dr. William B. Bacon, H. M. S. 1940; and November 1 Dr. John J. Lowrey, H. M. S. 1940, who had been working in the



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Pathology Laboratory at the Children's Hospital, Boston, prior to coming on service.

Dr. Ernest A. Meuser, *Dental house officer*, left July 1 to set up practice in Providence, Rhode Island. He was succeeded by Dr. John A. Reiling, Northwestern University Dental School, 1940, the brother of a former house officer on the Surgical Service.

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*Statistics.* Tables A and B really speak for themselves. Table A is the score card I like to keep to be sure that there is sufficient diversification for teaching purposes. Since there has been no major variation this year, it needs little comment. The large number of intravenous pyelograms represents the frequency with which simple tests are utilized in clinical medicine, and the absence of a listing of even a single transfusion means that the old direct method has given away entirely to the indirect or citrated method. It is a commentary on the perfect faith we now have in our parenteral therapy—another compliment to the work of Dr. Carl W. Walter in this Hospital.

Table B is a list over which I hope our house staff ponders now and then. We can report this year the lowest mortality ever achieved on the Surgical Service, 2.3 percent. The increasing number of patients passing through our wards is reflected in a slight increase in the number of patients operated upon. It is again, however, a compliment to the house staff that only two-thirds of the patients admitted to the Surgical Service actually undergo a surgical operation. The percentage of surgical autopsies, 69.4 percent, is on a par with past performance.

The upheaval in the world and the recent events in Europe are reflected in the activities of the Brigham Hospital staff. As a part of the feverish preparations for defense now going on, the 5th General Hospital (Harvard University unit) of the United States Army has been reformed. This unit, which left Boston, May 7, 1917, with Dr. Harvey Cushing as director, had an enviable record in the first World War. The present unit is comprised of



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representatives from the departments of Harvard University and many of its affiliated hospitals. Eager to become a part of this unit in which, during the first World War so many members of the Brigham Hospital Staff distinguished themselves, a large portion of the present staff volunteered for service. They are as follows:

Elliott C. Cutler, Lt. Colonel, Director	J. E. Dunphy, Captain
Andrew W. Contratto, Major	Stanley O. Hoerr, Captain
Eugene C. Eppinger, Major	Lee G. Kendall, Captain
J. Hartwell Harrison, Major	T. B. Quigley, Captain
Charles A. Janeway, Major	John Romano, Captain
Eugene A. Stead, Jr., Major	Fiorindo A. Simeone, Captain
Moses S. Strock, Major	Harry Stone, Captain
Robert Zollinger, Major	Charles L. Dimmler, Lieu- tenant
Thomas W. Botsford, Captain	John A. Reiling, Lieutenant
Robert M. Crowder, Captain	

Should this unit be called to active duty, arrangements could be made with our Emeriti and the Consulting Staff to "take over" during the emergency.

In closing, it is a great pleasure to record the harmonious relations among all the services and the encouragement which an increasing liaison between the Staff and the Trustees has brought us.

ELLIOTT C. CUTLER,  
*Surgeon-in-Chief.*

DECEMBER 31, 1940.

# REPORT OF THE SURGEON-IN-CHIEF

## TABLE A

STATISTICAL STUDY OF VARIETY OF CLINICAL MATERIAL  
Based on Operations Performed

Neurological:								
Central Nervous System:	1933	1934	1935	1936	1937	1938	1939	1940
Major .....	76	70	38	42	34	34	33	31
Minor .....	80	80	78	66	52	42	56	37
Peripheral Nervous System.	20	2	11	11	6	9	9	17
Thyroid .....	75	89	59	52	54	55	52	66
Thorax:								
Major .....	54	69	79	54	36	13	9	9
Minor .....	20	36	14	20	25	26	16	18
Bronchoscopy .....	8	17	15	27	31	17	45	37
Breast .....	47	32	38	42	51	37	52	42
Circulatory System:								
Heart and Pericardium ....	1	1	3	1	1	5	2	1
Blood Vessels .....	23	19	36	70	88	112	105	97
Abdomen:								
Stomach .....	38	45	43	46	35	30	48	55
Gallbladder .....	99	88	92	81	85	101	111	127
Appendix .....	155	165	135	144	175	159	181	167
Small Intestine .....	11	11	10	14	15	17	20	17
Large Intestine:								
Major .....	69	50	39	47	64	57	65	51
Minor .....	107	82	70	55	88	71	98	95
Hernia .....	128	169	120	100	123	107	147	123
Bones and Joints:								
Fractures .....	10	33	35	30	35	37	53	84
Other Diseases .....	76	54	53	41	81	79	115	102
Plaster of Paris Dressings ..	66	91	85	86	69	87	103	106
Gynecology:								
Major .....	193	192	185	191	154	178	201	164
Minor .....	167	152	119	129	149	127	125	131
Radium .....	35	25	24	23	48	17	46	28
Genito-Urinary:								
Major .....	162	273	159	181	175	155	179	181
Minor .....	...	...	36	58	41	31	34	27
Cystoscopy .....	468	641	579	632	508	566	759	716
I. V. Pyelograms .....	58	97	111	123	180	168	278	379
Miscellaneous Major Operations	64	35	106	95	62	81	126	69
Minor Operations:								
Nose, Ear, Throat .....	145	170	195	188	182	220	199	174
Dental .....	102	96	68	95	67	83	89	82
Transfusions .....	28	76	58	71	23	16	11	...
Miscellaneous .....	210	268	225	326	249	270	281	321
Total .....	2,795	3,229	2,918	3,141	2,986	3,007	3,656	3,554



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TABLE B

HOSPITAL STATISTICS—DEPARTMENT OF SURGERY  
1913-1940

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
1940	3244	84	2.59	69.4	2147	66.2	2335	54	2.5	2.3

## Report of the Physician-in-Chief

THE YEAR 1940 has been characterized chiefly by efforts to consolidate and extend changes made during the preceding year. The Report of the Physician-in-Chief last year summarized certain activities introduced into the Medical Clinic during the last four months of the year 1939. At the time, however, when the Twenty-Sixth Annual Report was prepared, it was possible to give only the reasons for instituting these changes. After the lapse of a year, it is fitting to give an account of the results and function of these innovations.

The addition to the staff of a highly trained and able chemist has yielded rich returns. The centralized chemical laboratories function effectively and economically. Some procedures have been eliminated, and practical and exact new methods have been introduced. The chemical work of the Hospital has been further centralized by affiliating with the main Chemical Laboratory the smaller outlying laboratories, including the one in the Out-Door (Out-Patient) Department. That the Chemical Laboratory has earned a reputation for good organization and reliability is attested by the fact that during the past year it has been consulted not only by several hospitals, but also by some departments in the Harvard Medical School. Such effective function of the Chemical Laboratory has significant bearing on the better care of the patients. During the year 1940 the Chemical Laboratory did 12,983 quantitative determinations. The distribution over the year was as follows:

January .....	984	April .....	938
February .....	1166	May .....	1037
March .....	1137	June .....	889



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July .....	1073	October .....	1189
August .....	1062	November .....	1195
September .....	940	December .....	1373

About 50% of these tests were performed for the medical service and 50% for the surgical. It is of interest to point out that the number of laboratory procedures performed continues to increase in spite of repeated efforts to instruct the staff to reduce their demands for these procedures. That these efforts to reduce the load of work on the Chemical Laboratory have not been entirely successful is an indication of the faith which the staff places in the determinations now done by that laboratory.

It is with equal satisfaction that the Physician-in-Chief reports on the activities of the Bacteriological Laboratory. With the remarkable advances made in the field of chemotherapy, the importance of clinical bacteriology in the diagnosis and treatment of both medical and surgical conditions has increased substantially. Since no leading hospital can give its patients with infectious diseases adequate care without the aid of highly trained bacteriologists who are in as close contact with the patients as are the cardiologists or gastroenterologists, we are indeed fortunate in possessing a well trained bacteriologist as well as such a well conducted bacteriological laboratory. The scope of the work of this laboratory has widened considerably. The total number of bacteriologic tests done in 1940 was 9,327. Of these determinations 2,740 were performed on patients from the Medical Service, 2,123 on patients from the Surgical Service, 1,137 on patients from Ward A, 1,023 on patients from the Genito-Urinary Clinic, and 2,339 on patients from the Out-Door (Out-Patient) Department. The increased demand in the Bacteriology Laboratory may be



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demonstrated by comparing the 568 determinations done during the month of November, 1939 with the 850 determinations done during November, 1940. This increase has occurred in spite of the fact that here, as in the Chemical Laboratory, a constant effort is made to eliminate unnecessary tests.

At the request of the Pathologist the bacteriological work of the Surgical Department, formerly done by the Pathological House Officer, has been transferred to the Medical House Officer working in the Bacteriological Laboratory and to the bacteriological technician. It is hoped that by liberating the time of the Pathological House Officer, this change will foster effective work in the Department of Pathology.

The newly established Physiological Laboratories have proved useful not only in promoting research but also in providing means for the better diagnosis and care of patients with perplexing conditions. The quality of the publications bearing on physiological problems included in the list of staff publications testifies to the work already accomplished in these laboratories.

In September, 1940, Dr. Edwin B. Astwood joined the staff of the Medical Clinic of the Peter Bent Brigham Hospital. Dr. Astwood's association with this clinic and the establishment of his laboratories in the Department of Pharmacology at the Harvard Medical School mean that we now have increased laboratory facilities for chemical and biological assays in the field of internal secretion. This expansion in the field of endocrinology has already been notably helpful to the Hospital.

The methods by which it was hoped to provide improved psychiatric and neurologic care in this clinic were outlined in last year's report. The activity in these branches of internal medicine has been found to be highly beneficial from several points of view: it contributes to



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the welfare of the patients; it provides better and broader training for both the house staff and the visiting staff. Closely related to this aspect of medical science is the better cultivation of the social components in medicine. The credit for improvement in this phase of the Hospital's work is due to the skilled staff appointed in the Social Service Department. Here again close liaison relations between two departments have benefited the patients and their families. Special weekly conferences have been instituted which are designed to present patients illustrating therapy administered through the combined efforts of physician, psychiatrist, and social worker. Furthermore, ward walks are now made at regular intervals by a social worker and the house physician, providing an excellent opportunity for discussion of the best approach in remedying the social problems of the patients.

A room has been provided for gastroscopy conducted by Drs. Benedict and Emery for patients referred from the surgical and medical wards and from the Out-Door (Out-Patient) Department. It is too early to express an opinion on the function of this service.

Certain alterations have been made in the laboratories used for basal metabolic tests and heat therapy. Financial aid received from the state now makes it possible to provide heat therapy for a larger number of cases.

In the care of the patients on the wards, special emphasis has been placed on therapeutics. The training of clinical clerks, interns, and residents stresses constantly the importance of treating the patient as a psychophysical unit and of selecting the most reliable measures for treatment. The choice of drugs listed in the new hospital formulary was influenced by the same considerations. Adequate post-graduate education of the House Staff is provided by staff conferences and teaching semi-



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nars, and further fostered by encouraging them in self-education. These conferences are supplemented by instruction and demonstrations by specialists in various fields. Indeed, our present problem is chiefly one of preventing further increase in the number of teaching exercises and of eliminating, after due consideration, those exercises which are least useful.

An aspect of medicine which is recognized today as being of primary significance is the practice of preventive measures as exemplified by meticulous care of the patient with incipient manifestations of disease. This type of medicine is practiced in the Out-Door (Out-Patient) Department. On this Department, too, falls the care of patients with "minor maladies." It is in this division of the Hospital, also, that our hope lies for the more positive cultivation in the future of individual and community health work. During the past few years the long waiting period which ensued between the time a patient applied for an appointment and the time he was finally seen, coupled with the lack of an admitting physician who would see all new patients coming to the Medical Clinic of the Out-Door (Out-Patient) Department, resulted in the failure of an appreciable number of patients to keep the appointments given them by the clerk. With the full support of the Superintendent, Medical House Officers are now assigned in rotation to act as the admitting physician in the Out-Door (Out-Patient) Department. This physician now sees all new patients immediately upon their arrival in the Out-Door (Out-Patient) Department, and refers them at once to the ward, if admission to the house is indicated. Patients who can be treated as ambulatory cases are then taken care of by the House Officers in charge in the Out-Door (Out-Patient) Department. If a waiting period must ensue before the patient's regular appointment, he is



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given medical advice by the admitting physician. As a result of this change, all patients are now assured of seeing a physician at once, and the waiting period for appointments has been cut down from a matter of weeks to as little as twenty-four to forty-eight hours.

The efficiency of the general medical clinic in the Out-Door (Out-Patient) Department has been further strengthened by assigning to this clinic two or three clinical clerks who work under the supervision of a visiting physician. These clerks help carry the load of work, and the presence of the visiting physician affords guidance for the House Officers. A weekly referred clinic in which a limited number of patients with difficult or unusual problems are studied has been established and has become a stimulating joint meeting of the students, house staff, and visiting staff.

Physical alterations in the Out-Door (Out-Patient) clinic for syphilitic patients and employment there of technical help sponsored by the state have resulted in great improvement which it is hoped can be augmented in the future.

In the last year a distinct advance has been made in the education and instruction of patients at the time of their discharge from the Hospital. It has been felt for some time that the instructions given by hospitals at the time of discharge to patients and their relatives as to the general nature of the patient's condition and suggestions for management of that condition are not specific and indeed often inadequate. As a result, the patient failed to gain the maximal benefit from the painstaking and expensive study conducted in the Hospital. Under the system now established in the Medical Clinic, the patient receives detailed instructions, both verbal and written. The written instructions include an outline of specific measures to be followed and, if advisable, an explanation



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of the general nature of the condition. What has been accomplished in the education and management of patients with diabetes might well serve as an example for the care of patients with many other diseases. There is an important practical field here, as yet inadequately explored.

The records of a hospital are a mirror of the work done there. The excellence of the records in this hospital is by now traditional. Effort is being made to maintain the high standard set in the past by insisting to the students and physicians on the staff that the records contain accurate descriptions of all the changes occurring during the patient's hospital stay. I take this opportunity to express my deep appreciation of the excellent work done by the staff of the Record Room.

The relation of the medical clinic to physicians in the community has been satisfactory. We take every opportunity to welcome them at our conferences and meetings, on the wards, or in the Out-Door (Out-Patient) Department. They are invited to participate actively when discussions on ward rounds concern the problems of their patients. Requests referred by them to the Hospital are carried out conscientiously, and detailed reports are sent to them when their patients are discharged from the Hospital.

As the attached summary of medical statistics states the total number of medical admissions in 1940 was 2,343, which is an increase of 149 admissions over the total number for the preceding year.

*Investigation and Clinical Studies:* During the year 1940 the members of the staff have been active in investigative work. A summary of some of the investigations in progress may add to the completeness of this picture of the work of the medical clinic.



Continuing their investigation of the circulatory changes occurring in collapse and shock, Drs. Stead and Ebert have defined the bodily changes resulting from acute blood loss in normal man. Again using normal male subjects, they have made a study of the significance of blood reservoirs in man. They have investigated the pathogenesis of the shock picture in acute infectious diseases and in certain types of heart failure. These investigators have also made an effort to clarify certain problems in the determination of the blood volume, particularly in regard to the error in measuring the red cell volume and the total blood volume from the plasma volume and hematocrit reading. More recently they have made observations on the effect on the plasma volume in traumatic shock of injecting a solution of dried plasma. In collaboration with the Department of Physical Chemistry of the Harvard Medical School and with Dr. Janeway, they are engaged in an investigation of the use of animal proteins in the treatment of shock. All these investigations have special significance in the light of the national preparedness program.

Dr. Gibson has worked out a method for determining the proper transfusion requirements in cases of acute blood loss and chronic anemia. In collaboration with the Massachusetts Institute of Technology, he is engaged in the study of a method for measuring red cell volume in animals and humans by means of radioactive isotopes.

Drs. Levine and Rosenbaum investigated the progress and prognosis in patients with coronary diseases, by analyzing the possible significance of various clinical features. Dr. Levine is now engaged, with Dr. Erlanger, in a study of the comparative prognoses of right and left bundle branch block.

Drs. Burwell, Eppinger, and Gross are continuing a systematic investigation of the dynamics of congenital



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heart disease. A survey is also being made in their laboratory of the data bearing on cases of pericarditis in this Hospital during the last five years.

Dr. Schales is engaged in a systematic investigation of the chemical and pharmacologic characteristics of the pressor and depressor substances in the kidney. He is also investigating a rapid chemical test for the diagnosis of pregnancy.

Dr. Haynes and I are continuing our experimental work on the bodily changes developing in patients suffering from toxemia of pregnancy. In cooperation with the Departments of Pathology and Roentgenology a study is being made of the nature and types of pulmonary edema. Drs. Haynes and Hoobler are engaged in a study of the vasopressor substances in the blood of hypertensive and normal persons.

Dr. O'Hare and Dr. Wolff are continuing their extensive studies correlating the clinical and pathological material in a group of patients with vascular and glomerular nephritis. Dr. Winer, under the supervision of Dr. O'Hare, is working with insulin and diodrast clearance tests in an investigation of the specificity of various diseases in their effect on the glomeruli and the tubules of the kidney. An investigation is also being continued on kidney function in patients with diabetes insipidus before and after the administration of pituitrin.

Dr. Murphy is continuing his study of the treatment of chronic leukemia by keeping the leukocyte level as nearly normal as possible with small dosage of X-ray applied by the spray method. Also in progress is an investigation of the treatment of polycythemia vera with intramuscular injections of liver extract.

In addition to the work with Drs. Stead and Ebert, Dr. Janeway, again in collaboration with the Department of Physical Chemistry, is studying the immunologi-



cal reactions of animals and men caused by purified protein solutions prepared from bovine plasma. He also has under way a systematic clinical and experimental investigation on infectious mononucleosis. The agglutinins for the genus *Listerella* in the blood of patients with infectious mononucleosis have been investigated. Studies are being carried on with the cooperation of the Stillman Infirmary, in an attempt to grow certain types of organisms from the blood, throat, and lymph nodes of these patients. Dr. Beeson and Dr. Janeway are studying the immune mechanism in patients with subacute bacterial endocarditis. The results so far indicate that contrary to the usual belief, patients with subacute bacterial endocarditis do not have increased bactericidal power for their own infecting organisms. While the agglutinins are in a very high titer, this finding does not indicate that the blood possesses a great capacity for killing the organisms in the blood stream. It was observed also that patients with subacute bacterial endocarditis who are treated with sulfapyridine, gradually develop a condition of sulfapyridine-"fastness." This explains the clinical observation made before that patients given sulfapyridine improve considerably at first and then begin to lapse.

Dr. Grabfield has continued his investigation on the effect of the renal nerve supply on the activity of diuretics and has completed one phase of a study on the relative efficacy of various sugars and polyhydric alcohols on diuresis and uric acid excretion.

Dr. Friedgood and Dr. Myers are attempting to develop methods for assay of cortico-adrenal hormones in the urine. They are also studying various endocrinopathies in an effort to determine the differential diagnosis and prognostic significance of the urinary excretion of various hormones. A significant investigation was com-



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pleted by Drs. Fieser, Wolfe and Friedgood on the isolation of certain crystalline ketosteroids from the urine of a patient with cortico-adrenal tumor. Clinical studies in this laboratory have been concerned with the clinical picture of various forms of menorrhagia and metrorrhagia due to endocrine disorders.

Dr. Astwood is investigating the control by the pituitary of the function of the *corpus luteum*. Another study concerns itself with the mechanism of general bodily resistance against damaging agents and the participation of the pituitary-adrenal system in this resistance.

*Publications for 1940:* It is a well founded axiom that the quality of the care received by the patient in a hospital is proportionate to the quality of the teaching and investigation conducted by members of the staff.

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*Changes in Staff:* On September 1, 1940 Dr. Marshall N. Fulton, Physician since September 1, 1934, resigned from that post and was appointed Senior Associate in Medicine on that date. This change was effected in order that Dr. Fulton might devote more time to the practice of medicine. On December 31, 1940 Dr. Nathaniel K. Wood, Associate in Medicine since December 12, 1912, and Dr. Roger P. Dawson, Associate in Medicine since July 1, 1938, severed their connection with this clinic.

The following appointments and promotions were made during 1940. On December 28, 1939 Dr. Joseph C. Aub, Senior Associate in Medicine since May 24, 1928, became Physician. On December 12, 1940 Dr. James P. O'Hare, Senior Associate in Medicine since March 8, 1928, and Dr. Samuel A. Levine, Senior Associate in Medicine since March 8, 1928, were appointed Physicians. Also on December 12, 1940 Dr. Donald J. MacPherson, Associate in Medicine since September 12, 1919; Dr. G. Philip Grabfield, Associate in Medicine since November 12, 1925; and Dr. E. Stanley Emery, Jr., Associate in Medicine since May 10, 1926; became Senior Associates in Medicine. Likewise on December 12, 1940, the following members of the clinic were appointed Associates in Medicine: Dr. Harry B. Friedgood, Junior As-



#### PETER BENT BRIGHAM HOSPITAL

sociate in Medicine since October 8, 1936; Dr. Eugene C. Eppinger, Junior Associate in Medicine since July 16, 1937; Dr. John G. Gibson, 2nd, Junior Associate in Medicine since October 14, 1937; Dr. Austin M. Brues who was appointed on December 28, 1939 as Junior Associate in Medicine; and Dr. Edwin B. Astwood who was appointed on September 1, 1940 as Junior Associate in Medicine. Dr. Brues received his A.B. degree from Harvard University in 1926 and his M.D. from Harvard Medical School in 1930. He served his internship at the Massachusetts General Hospital. Dr. Brues had been for some time associated with the Collis P. Huntington Memorial Hospital and the Harvard Medical School, and continues this association in conjunction with his association with the Medical Clinic of the Peter Bent Brigham Hospital. Dr. Edwin B. Astwood who was appointed Assistant Professor of Pharmacotherapy in the Harvard Medical School on September 1, 1940, had formerly been associated with Johns Hopkins Hospital as Fellow in the Surgical-Pathological Laboratory from 1935-1937 and as Associate in Obstetrics in Johns Hopkins University and Assistant Obstetrician in the Johns Hopkins Hospital from 1939-1940. From 1937-1939 Dr. Astwood was a Fellow of the Rockefeller Foundation, and from 1938-1939, Research Associate in Biology, Harvard University. He received his B.S. degree from Washington Missionary College in 1929; his M.D. from McGill University in 1934; and his Ph.D. from Harvard University in 1939.

Appointed as Voluntary Graduate Assistant on October 7, 1940 and promoted to Associate in Gastrosocopy on November 14, 1940 was Dr. Edward B. Benedict, Assistant Surgeon at the Massachusetts General Hospital and member of the consulting staffs of the Massachusetts Eye and Ear Infirmary, the Newton Hospital, and the



## REPORT OF THE PHYSICIAN-IN-CHIEF

Cambridge Hospital. Dr. Perry C. Baird, Jr., who has been for seven years engaged in the private practice of dermatology in Boston, and who is a member of the consulting staffs of the Newton Hospital and Phillips House at the Massachusetts General Hospital, was appointed Associate in Dermatology on October 11, 1940.

On January 25, 1940 Dr. Joseph R. Frothingham, a graduate of Trinity College (1933) and Harvard Medical School (1937) was appointed Junior Associate in Medicine. Dr. Frothingham completed a medical internship at the Peter Bent Brigham Hospital and a year as Assistant Resident Physician in the New York Hospital before becoming associated with the Visiting Staff of the Medical Clinic.

On December 12, 1940 the following members of the Medical Clinic were appointed Junior Associates in Psychiatry: Dr. Gaylord P. Coon, Voluntary Graduate Assistant since November 7, 1938; Dr. Knox Finley, Voluntary Graduate Assistant since December 18, 1939; and Dr. Jackson Thomas, Voluntary Graduate Assistant since February 5, 1940.

Appointed as Voluntary Graduate Assistants during 1940 were the following: Dr. S. Howard Armstrong, Jr., on July 8; Dr. Richard C. Dickman on July 8; Dr. Lloyd R. Evans, October 7; Dr. Raymond Gelfman, September 9; Dr. Marshall G. Hall, October 7; Dr. William E. Hay, September 9; Dr. Albert Y. Kevorkian, October 7; Dr. Ralf Martin, July 8; Dr. Nahum J. Winer, January 21; and Dr. John K. Wolfe, March 5.

The following men who had held title as Voluntary Graduate Assistants, severed their connection with the Peter Bent Brigham Hospital: Dr. Lewis Dexter who is spending a year in the Physiological Institute of the University of Buenos Aires, working under the direction of Dr. B. A. Houssay; Dr. Richard C. Dickmann, who has



#### PETER BENT BRIGHAM HOSPITAL

entered private practice in Glendale, California; Dr. Richard Horswell to enter private practice in Bristol, Indiana; Dr. John A. Leutscher, Jr., to accept a position as Assistant Resident Physician at Johns Hopkins Hospital; Dr. Ralf Martin to enter private practice; Dr. Lemuel C. McGee who has become Medical Director for the Hercules Powder Company in Wilmington, Delaware; and Dr. Harold Sugarman, to become Resident Physician at the Mount Zion Hospital, San Francisco.

The following changes were made in the Resident and House Staff: Dr. Paul B. Beeson, Resident Physician since November 1, 1939, resigned on December 15, to become Physician-in-Chief of the Harvard-Red Cross Hospital for Infectious Disease being sent to England. He was succeeded by Dr. Jack D. Myers, Assistant Resident Physician in the Peter Bent Brigham Hospital since July 1, 1939.

In 1940 Drs. Gustave J. Dammin, Franklin K. Paddock, George A. Perera, Francis R. Rosenbaum, and Roger Downs terminated their connection with this clinic. Dr. Dammin is now associated with the Department of Pathology, College of Physicians and Surgeons, Columbia University; Dr. Paddock has entered private practice in Pittsfield, Massachusetts; Dr. Perera is a Research Fellow at New York University, working with Dr. Homer Smith, Professor of Physiology, and on July 1, will begin work as Assistant Resident Physician at the Presbyterian Hospital, New York City. Dr. Rosenbaum is Resident Assistant in Medicine, working with Dr. F. N. Wilson, at the Heart Station of the University Hospital, Ann Arbor, Michigan. Dr. Downs has entered private practice in Farmington, Connecticut. Succeeding these men were the following: Dr. Herman Erlanger, M.D., Washington University School of Medi-



#### REPORT OF THE PHYSICIAN-IN-CHIEF

cine, 1937, formerly Medical Interne, Boston City Hospital, and Research Fellow in the Department of Medicine, University of Michigan; Dr. Sibley W. Hoobler, M.D., Johns Hopkins Medical School, 1938, formerly Medical Interne and Assistant Resident Physician, University of Michigan Hospital; Dr. Abraham J. Kauvar, M.D., University of Chicago, 1939, formerly Medical Interne, Billings Memorial Hospital, Chicago; Dr. Ernest Saward, M.D., University of Rochester, 1939, formerly Medical Interne, Barnes Hospital, Saint Louis; and Dr. Alfred F. Goggio, M.D., University of Toronto School of Medicine, 1938, formerly Ellen Mickle Fellow in the Sherrington School of Physiology of St. Thomas Hospital Medical School, London, and Junior Rotating Intern at St. Michael's Hospital, Toronto.

The following House Officers completed their term of service and commenced other work: Dr. Charles Neumann, M.D., Cornell University, 1936, to become Assistant Resident in Medicine at the Hospital of the Rockefeller Institute; Dr. Robert E. Moss, M.D., Boston University, 1938, to take a four months' appointment as Resident Physician at the Boston Sanatorium to be followed by a post as Assistant Resident in Medicine at the Evans Memorial Hospital, Boston; Dr. Donald B. Fletcher, M.D., Harvard University, 1938, to become Assistant Resident in Roentgenology at the University Hospital, Ann Arbor, Michigan; Dr. Adolph B. Schneider, Jr., M.D., Harvard University, 1938, to become Assistant Resident in Medicine at the Lakeside Hospital, Cleveland, Ohio; Dr. Edwin N. Irons, M.D., Harvard University, 1938, to become Resident Physician at the Municipal Contagion Hospital, Chicago; Dr. Henry W. Ryder, M.D., University of Chicago, 1937, to become Instructor in Medicine at the Cincinnati General Hospi-



## PETER BENT BRIGHAM HOSPITAL

tal; Dr. Ralph E. Dolkart, M. D., Northwestern University, 1937, to enter private practice in Chicago; Dr. William H. Riser, Jr., M.D., Emory University, 1938, to become Assistant in Pathology at Emory University until 1941, when he will become a Resident in Pathology at the Mallory Institute of the Boston City Hospital; Dr. Sidney G. Page, M.D., Medical College of Virginia, 1938, to become Assistant in Medicine at the Medical College of Virginia and to enter private practice in Richmond, Virginia.

The following House Officers took up their duties in 1940: Dr. Carlton J. Casey, M.D., University of Virginia, 1939; Dr. William A. Davis, M.D., Harvard University, 1939; Dr. John A. Dillon, M.D., Yale University, 1938; Dr. Sam. T. Gibson, M.D., Emory University, 1940; Dr. Paul S. Hagen, M.D., University of Minnesota, 1940; Dr. Walter W. Hamburger, Jr., M.D., University of Chicago, 1940; Dr. Robert P. Grant, M.D., Cornell University, 1940; Dr. John R. Hickam, M.D., Harvard University, 1940; Dr. Edward S. Miller, M.D., Harvard University, 1940.

*Death of Dr. Hans Zinsser:* The death of Dr. Hans Zinsser, Charles Wilder Professor of Bacteriology and Immunology, Harvard University, occurred, after a long illness, on September 4, 1940. Consulting Bacteriologist of the Hospital since April 12, 1923, his influence on the affairs of this institution was significant. A physician with a brilliant mind, scintillating imagination, and unceasing, restless activity, he was always ready to help. In his soul romance and science were blended inseparably. His stimulus, his criticism, and his help will be greatly missed by us all. His memory will endure.

*Retirement of Dr. Cheever, Dr. Homans, and Dr. Quinby:* In accordance with the rule of the hospital



## REPORT OF THE PHYSICIAN-IN-CHIEF

concerning the retiring age, three illustrious members of the staff have terminated their active service. This represents another milestone in the history of the institution. To us younger men and newcomers, these three colleagues, whom we are privileged to count as friends, are the personification of the high ideals of our profession and of the best in Bostonian Medicine. Dr. David Cheever, aristocrat by instinct and by heritage, has typified to us the skilled surgeon and the scholar with broad interests and wise judgment. To him we have turned frequently for professional help, for counsel and encouragement. Dr. John Homans, scion of a family of distinguished physicians, gained our admiration and affection by his originality and his inexhaustible fund of information, which he shared willingly. An outspoken and picturesque personality, the center of many legends, Dr. William C. Quinby has shown us that a speciality cultivated by a man of broad ability and skill can become a dominating influence in Medicine. His dexterity, precision, and keen diagnostic ability won our admiration. Here we can but pause to express our gratitude, and our hope that we may long continue to benefit from their active help, guidance, and influence.

*Physician-in-Chief pro tempore:* In 1940 Dr. Joseph A. Capps, Professor of Clinical Medicine in the School of Medicine of the Division of the Biological Sciences at the University of Chicago, and Senior Attending Physician at St. Luke's Hospital, Chicago, Illinois, came to serve as our Physician-in-Chief *pro tempore* from March 25 to 30. A distinguished alumnus of the Harvard Medical School, an original clinical investigator, a skilled physician, and a peer of the profession, Dr. Capps conducted ward walks and informal discussions which were genuinely appreciated by the students as well as by the house



staff and visiting staff. His direct, methodical, and clear thinking, and his discernment in separating the known, the half-known, and the unknown were a great stimulus to us all. We are deeply grateful for his generosity in being willing to come to us as Physician-in-Chief *pro tempore*.

*Needs of the Medical Clinic and the Hospital:* I am starting this part of my report with a repetition of the statement I made last year: "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 principle here expressed has both a spiritual and an economic implication. We cannot afford to delay the solution of urgent problems until larger gifts are made to the Hospital. If problems requiring large expenditures of money cannot be solved, we should none-the-less work unceasingly on the solution of problems, often just as important, which require little or no financial outlay. The value of such an attitude can be clearly demonstrated by results already achieved, but we must continue our efforts indefatigably. We must watch constantly for the need of improvement in all branches of the Hospital work. We must rejoice as much in the improvements in general administrative procedures, and in the services performed by the Departments of Nursing, Surgery, Pathology, Roentgenology, and Social Service, as in those in our own clinic. We all find satisfaction and already reap benefit from the innovations now in progress in the Department of Pathology. The appointment of Dr. Orville Bailey to the staff of that department will yield much to us professionally and will contribute to the welfare of the patients. Further physical improvements in the Departments of Nursing, Roentgenology, and Social Service are



## REPORT OF THE PHYSICIAN-IN-CHIEF

highly desirable. Here, however, I shall discuss only those problems which bear on the Medical Clinic and on the Hospital in general.

Among the problems awaiting solution *within the Medical Clinic*, the following are outstanding. For the past twenty-five years the Electrocardiographic Laboratory, under the excellent and faithful direction of Dr. Levine, has served the Hospital efficiently. Relatively few alterations have been made there during that period, notwithstanding the fact that the demands for this work have greatly increased. It is to be hoped that the needed improvements will soon be carried out.

There is need for a larger number of single or double bedrooms on each ward for patients gravely ill or with highly contagious diseases. With certain alterations, the addition of two single rooms to each ward will be feasible.

Crowded conditions in the special clinics in the Out-Door (Out-Patient) Department and the lack of an adequate number of technicians and social workers there make it difficult to provide the best possible care for the patients referred to those clinics. Particularly pressing is the need for a full-time social-psychiatric worker. It is now time seriously to consider further expansion in the Out-Door (Out-Patient) Department. The physical alterations completed recently contribute much in making more effective and useable the space already available. This, however, does not eliminate the need for more space. In the ideal modern hospital, the center of activity should be the Out-Patient Department. Here adequate space, equipment, and personnel should assure the practice of the best type of preventive and curative medicine. Indeed, the place above all others in which adult medicine can learn a valuable and constructive lesson from pediatrics is in the Out-Patient Department,



## PETER BENT BRIGHAM HOSPITAL

where the aim should be to practice the positive cultivation of health. One may prophesy that in the not too remote future this will be one of the important functions of medicine. The Out-Patient Department, too, is the place in which the proper education of patients in the better management of their own diseases should be fostered. The expense of establishing such an Out-Patient Department is more than balanced by the service rendered.

An important step forward in the medical care of the patients would be achieved by the establishment of a small ward for patients with contagious diseases and another for special care of metabolic diseases. The need to create special wards of this type has been recognized by nearly all the outstanding medical clinics in the country.

Among the problems related to *the Hospital in general*, the following seem to me to be of special importance. It is essential that the community become better acquainted with both our activities and our problems. Here, in particular, the Friends of the Peter Bent Brigham Hospital can be of great service to us. The numerous misconceptions on the part of the public as to the nature of the Hospital and its work are surprising. That the Hospital is primarily a general charitable institution and that its existence depends on public donations and on the support of the community is often not appreciated. It is essential that we publicly confess to our poverty. It is essential, also, that the public be better informed of the varied services we render.

After the passing of a quarter of a century, general repairs and improvements are badly needed throughout the Hospital. The renovations completed in the Rotunda and now in progress in the Lecture Hall are an auspicious beginning. It is imperative that similar alterations be



## REPORT OF THE PHYSICIAN-IN-CHIEF

made on the wards, in the nurses' home, in the house officers' quarters, and in other parts of the Hospital. Frequently the need is felt for a conference room in the Hospital which would accommodate sixty to eighty persons.

The urgent need for a suitable unit record system in the Out-Door (Out-Patient) Department to replace the antiquated and unsatisfactory system now in use there, has been repeatedly discussed and approved by the Executive Committee. One of the few, but nevertheless fundamental, advantages of a Hospital built on the pavilion system is that it offers the possibility of providing more esthetic surroundings for the patients. The grounds of this Hospital lend themselves ideally to appropriate landscaping. Much could be accomplished with relatively little financial outlay.

The establishment of a new building for private patients is becoming more and more a necessity. In many respects the facilities of the present building fall below modern standards. Furthermore, with increasing frequency, members of our staff are forced to admit patients to other hospitals because the quota here is full. As pointed out before, this practice dissipates the energy of the staff members and diminishes their chances of rendering service to this Hospital. Detailed plans have been worked out for the radical alteration and modernization of the Hospital. These plans entail building a new pavilion for private patients, new operating rooms, and a new centralized building for laboratories.

And so we close another year! We have striven to maintain the fine traditions of the past and to add what we thought was wise. As Dr. Christian wrote: "Time and conditions change rapidly; always must there be a willingness to meet changing conditions by changed ways of doing things."



## PETER BENT BRIGHAM HOSPITAL

Again I wish to express my deep appreciation to all members of the staff. We have all been working hard for the common good and for the betterment of medicine in Boston. And while bearing the burden of responsibilities, we have also enjoyed good comradeship; and we have benefited by stimulating and friendly discussions. This year, as last, I have found receptiveness, good-will, and full cooperation whenever problems had to be solved by joint action. From the Trustees and the Superintendent I have received sympathetic attention, wise counsel, and support. To the Trustees, the Superintendent, the Principal of the School of Nursing, the Director of the Social Service Department, the Roentgenologist, the Pathologist, and the Surgeon-in-Chief, go once more my sincere appreciation and thanks.

SOMA WEISS,  
*Physician-in-Chief.*

DECEMBER 31, 1940.

## Summary of Medical Statistics

JANUARY 1, 1940 TO JANUARY 1, 1941

Total number of medical admissions in 1940.....	2,343	
Total number of medical cases remaining in the wards, January 1, 1940.....	92	
	—	2,435
Total number of medical readmissions discharged in in 1940 .....	587	
Total number of medical new cases discharged in 1940 .....	1,749	
	—	2,336
Total number of medical cases remaining in the wards, January 1, 1941.....	99	
	—	2,435
Total number of deaths.....		233

## 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
Feb.	13, 1936	ROBERT CUTLER	Resigned October 24, 1940
Sept.	27, 1938	NATHANIEL T. WINTHROP	Resigned October 24, 1940

\* Appointed by the Governor of Massachusetts.



# Officers of the Institution, 1941

## *President*

WILLIAM AMORY

## *Treasurer*

FRANKLIN DEXTER

## *Assistant Treasurer*

RICHARD C. CURTIS

## *Secretary*

ALLYN B. McINTIRE

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### *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
Jan. 25, 1940	FRANKLIN DEXTER	30 State St.	Boston
June 16, 1909	*IRVIN McD. GARFIELD	30 State St.	Boston
Sept. 26, 1940	BENJAMIN JOY	41 Beacon 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

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THEODORE LYMAN

### *Committee on Finances*

T. JEFFERSON COOLIDGE, <i>Chairman</i>	BENJAMIN JOY
RICHARD C. CURTIS	RICHARD S. RUSSELL
FRANKLIN DEXTER	

\* 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, 1939. Commission expires July 24, 1942.

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IRVIN MCD. GARFIELD, *Chairman*      THEODORE LYMAN  
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### *Committee on Nominations*

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### *Committee on Rules*

RICHARD S. RUSSELL      JOHN J. ROBINSON  
FRANKLIN DEXTER

### *Budget Committee*

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<i>Superintendent</i>	MRS. GEORGE C. SHATTUCK
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MRS. ROBERT E. GROSS, *Chairman, Surgical Dressings Committee*  
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## VISITING COMMITTEE FOR 1941

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



PETER BENT BRIGHAM HOSPITAL

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SOMA WEISS, M.D.

ELLIOTT C. CUTLER, M.D.  
NORBERT A. WILHELM, M.D.,  
*Secretary*

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*Superintendent*

NORBERT A. WILHELM, M.D.

*Superintendent-Emeritus*

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*Assistant Superintendents*

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MEDICAL DEPARTMENT

SOMA WEISS, M.D., *Physician-in-Chief*  
HENRY A. CHRISTIAN, M.D., *Physician-in-Chief Emeritus*  
JOSEPH C. AUB, M.D., *Physician*  
C. SIDNEY BURWELL, M.D., *Physician*  
SAMUEL A. LEVINE, M.D., *Physician*  
JAMES P. O'HARE, M.D., *Physician*  
CLIFFORD L. DERICK, M.D., *Senior Associate in Medicine*  
E. STANLEY EMERY, JR., M.D., *Senior Associate in Medicine*  
MARSHALL N. FULTON, M.D., *Senior Associate in Medicine*  
G. PHILIP GRABFIELD, M.D., *Senior Associate in Medicine*  
DONALD J. MACPHERSON, M.D., *Senior Associate in Medicine*  
ROBERT T. MONROE, M.D., *Senior Associate in Medicine*

## OFFICERS OF THE INSTITUTION

WILLIAM P. MURPHY, M.D., *Senior Associate in Medicine*  
 EDWIN B. ASTWOOD, M.D., *Associate in Medicine*  
 HARRY H. BLOTNER, M.D., *Associate in Medicine*  
 AUSTIN M. BRUES, M.D., *Associate in Medicine*  
 EUGENE C. EPPINGER, M.D., *Associate in Medicine*  
 JOHN M. FLYNN, M.D., *Associate in Medicine*  
 HARRY B. FRIEDGOOD, M.D., *Associate in Medicine*  
 JOHN G. GIBSON, 2ND, M.D., *Associate in Medicine*  
 LYMAN H. HOYT, M.D., *Associate in Medicine*  
 CHARLES A. JANEWAY, M.D., *Associate in Medicine*  
 F. WILLIAM MARLOW, JR., M.D., *Associate in Medicine*  
 H. HOUSTON MERRITT, M.D., *Associate in Medicine*  
 JOHN ROMANO, M.D., *Associate in Medicine*  
 EUGENE A. STEAD, JR., M.D., *Associate in Medicine*  
 I. CHANDLER WALKER, M.D., *Associate in Medicine*  
 PERRY C. BAIRD, M.D., *Associate in Dermatology*  
 EDWARD G. BENEDICT, M.D., *Associate in Gastroscopy*  
 ANDREW W. CONTRATTO, M.D., *Junior Associate in Medicine*  
 ROBERT FLEMING, M.D., *Junior Associate in Medicine*  
 JOSEPH R. FROTHINGHAM, M.D., *Junior Associate in Medicine*  
 DAVID L. HALBERSLEBEN, M.D., *Junior Associate in Medicine*  
 EARLE A. HARVEY, M.D., *Junior Associate in Medicine*  
 GEORGE W. LYNCH, M.D., *Junior Associate in Medicine*  
 CHARLES F. WALCOTT, M.D., *Junior Associate in Medicine*  
 HARRY A. WARREN, M.D., *Junior Associate in Medicine*  
 GAYLORD P. COON, M.D., *Junior Associate in Psychiatry*  
 KNOX FINLEY, M.D., *Junior Associate in Psychiatry*  
 JACKSON M. THOMAS, M.D., *Junior Associate in Psychiatry*

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Nov. 1, 1939-Nov. 15, 1940 PAUL B. BEESON, M.D., *Resident Physician*  
 Aug. 1, 1938-Oct. 1, 1940 FRANCIS F. ROSENBAUM, M.D., *Assistant Resident Physician*  
 July 1, 1939-Nov. 15, 1940 JACK D. MYERS, M.D., *Assistant Resident Physician*  
 Aug. 1, 1939-Aug. 1, 1940 FRANKLIN K. PADDOCK, M.D., *Assistant Resident Physician*  
 Sept. 1, 1939-Sept. 1, 1940 GUSTAVE J. DAMMIN, M.D., *Assistant Resident Physician*  
 Sept. 1, 1939-Sept. 1, 1940 ROGER DOWNS, M.D., *Assistant Resident Physician*  
 Dec. 1, 1939-Dec. 7, 1940 GEORGE A. PERERA, M.D., *Assistant Resident Physician*  
 Nov. 15, 1940 JACK D. MYERS, M.D., *Resident Physician*  
 Oct. 1, 1939 RICHARD V. EBERT, M.D., *Assistant Resident Physician*  
 July 1, 1940 ABRAHAM J. KAUVAR, M.D., *Assistant Resident Physician*  
 Sept. 1, 1940 ALFRED F. GOGGIO, M.D., *Assistant Resident Physician*  
 Sept. 1, 1940 SIBLEY W. HOOBLER, M.D., *Assistant Resident Physician*  
 Oct. 1, 1940 HERMAN ERLANGER, M.D., *Assistant Resident Physician*  
 Feb. 1, 1941 BURNES E. MOORE, M.D., *Assistant Resident Physician*



PETER BENT BRIGHAM HOSPITAL

SURGICAL DEPARTMENT

ELLIOTT C. CUTLER, M.D., *Surgeon-in-Chief*  
DAVID CHEEVER, M.D., *Surgeon-Emeritus*  
FRANCIS C. NEWTON, M.D., *Surgeon*  
ROBERT ZOLLINGER, M.D., *Surgeon*  
FRANK R. OBER, M.D., *Orthopedic Surgeon*  
LYMAN G. RICHARDS, M.D., *Otolaryngological Surgeon*  
TRYGVE GUNDERSEN, M.D., *Ophthalmological Surgeon*  
HARLAN F. NEWTON, M.D., *Senior Associate in Surgery*  
ALBERT H. BREWSTER, M.D., *Senior Associate in Orthopedic Surgery*  
CARLYLE G. FLAKE, M.D., *Senior Associate in Otolaryngology*  
J. HARTWELL HARRISON, M.D., *Senior Associate in Urological Surgery*  
J. ENGELBERT DUNPHY, M.D., *Associate in Surgery*  
ROBERT E. GROSS, M.D., *Associate in Surgery*  
LEE G. KENDALL, M.D., *Associate in Surgery*  
CARL W. WALTER, M.D., *Associate in Surgery*  
WILLIAM T. GREEN, M.D., *Associate in Orthopedic Surgery*  
MEIER G. KARP, M.D., *Associate in Orthopedic Surgery*  
DONALD W. MACCOLLUM, M.D., *Associate in Plastic Surgery*  
FRANC D. INGRAHAM, M.D., *Associate in Neurosurgery*  
MOSES S. STROCK, D.M.D., *Dental Surgeon*  
JAMES B. BLODGETT, M.D., *Junior Associate in Surgery*  
THOMAS B. QUIGLEY, M.D., *Junior Associate in Surgery*  
LESLIE H. VAN RAALTE, M.D., *Junior Associate in Surgery*  
GEORGE F. WILKINS, M.D., *Junior Associate in Surgery*  
WILLIAM A. ELLISTON, M.D., *Junior Associate in Orthopedic Surgery*  
PAUL E. HUGENBERGER, M.D., *Junior Associate in Orthopedic Surgery*  
HARRY STONE, D.M.D., *Junior Associate in Dental Surgery*  
ALVIN E. STROCK, D.M.D., *Junior Associate in Dental Surgery*  
DAVID P. CORDRAY, M.D., *Junior Associate in Otolaryngology*

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Sept. 1, 1939-July 1, 1940	J. ENGELBERT DUNPHY, M.D., <i>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>
Jan. 1, 1940-Jan. 1, 1941	WAYNE HO., M.D., <i>Harvey Cushing Fellow and Assistant Resident in Otolaryngology</i>
July 1, 1940-Nov. 1, 1941	STANLEY O. HOERR, M.D., <i>Resident Surgeon</i>
Feb. 1, 1940-June 1, 1941	F. ANTHONY SIMEONE, M.D., <i>Urological Fellow</i>
Jan. 1, 1941-July 1, 1941	CHARLES A. TUCKER, M.D., <i>Harvey Cushing Fellow and Assistant Resident in Otolaryngology</i>

## OFFICERS OF THE INSTITUTION

### *Service began*

Nov. 1, 1939-Mar. 1, 1941	GEORGE AUSTEN, M.D., <i>Assistant Resident Surgeon</i>
Mar. 1, 1940-July 1, 1941	ROBERT S. MYERS, M.D., <i>Assistant Resident Surgeon</i>
July 1, 1940-Nov. 1, 1941	THOMAS W. BOTSFORD, M.D., <i>Assistant Resident Surgeon</i>
Nov. 1, 1940-Mar. 1, 1942	JOHN A. SANDMEYER, M.D., <i>Assistant Resident Surgeon</i>

## CLINICAL LABORATORY

OTTO SCHALES, Ph.D., *Chemist*

## PATHOLOGICAL DEPARTMENT

S. BURT WOLBACH, M.D., *Pathologist*  
 ORVILLE T. BAILEY, M.D., *Associate in Pathology*  
 WALTER H. SHELDON, M.D., *Resident Pathologist*

## ROENTGENOLOGICAL DEPARTMENT

MERRILL C. SOSMAN, M.D., *Roentgenologist*  
 HUGH F. HARE, M.D., *Associate in Roentgenology*  
 JOSEPH H. MARKS, M.D., *Associate in Roentgenology*  
 ROBERT M. CROWDER, M.D., *Senior Assistant Resident in Roentgenology*  
 RALPH C. MOORE, M.D., *Assistant Resident in Roentgenology*  
 MARK S. DONOVAN, M.D., *House Officer in Roentgenology*

## MEDICAL HOUSE OFFICERS

<i>Service began</i>		<i>Service ended</i>	
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	
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	

### *Service will end*

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



## PETER BENT BRIGHAM HOSPITAL

<i>Service began</i>			<i>Service will end</i>	
Feb. 15, 1940	CARLTON J. CASEY, M.D.....	Nov. 1, 1941	Nov. 1, 1941	
Feb. 15, 1940	WILLIAM A. DAVIS, M.D.....	Nov. 1, 1941	Nov. 1, 1941	
Mar. 15, 1940	JOHN A. DILLON, M.D.....	Nov. 1, 1941	Nov. 1, 1941	
June 15, 1940	SAM T. GIBSON, M.D.....	Mar. 1, 1942	Mar. 1, 1942	
June 15, 1940	WALTER HAMBURGER, JR., M.D.....	Mar. 1, 1942	Mar. 1, 1942	
June 15, 1940	PAUL S. HAGEN, M.D.....	Mar. 1, 1942	Mar. 1, 1942	
Oct. 15, 1940	JOHN HICKAM, M.D.....	July 1, 1942	July 1, 1942	
Oct. 15, 1940	ROBERT P. GRANT, M.D.....	July 1, 1942	July 1, 1942	
Oct. 15, 1940	EDWARD S. MILLER, M.D.....	July 1, 1942	July 1, 1942	
Feb. 15, 1941	JOHN MARCHAND, M.D.....	Nov. 1, 1942	Nov. 1, 1942	
Feb. 15, 1941	RAYMOND LATHAM .....	Nov. 1, 1942	Nov. 1, 1942	
Feb. 15, 1941	LLOYD R. EVANS.....	Nov. 1, 1942	Nov. 1, 1942	

## SURGICAL HOUSE OFFICERS

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

<i>Service began</i>			<i>Service ended</i>	
Sept. 1, 1937	ROBERT S. MYERS, M.D.....	Feb. 1, 1940	Feb. 1, 1940	
Nov. 1, 1937	McCHORD WILLIAMS, M.D.....	Apr. 1, 1940	Apr. 1, 1940	
Jan. 1, 1938	ROBERT R. WHITE, M.D.....	June 1, 1940	June 1, 1940	
Mar. 1, 1938	RUTLEDGE W. HOWARD, M.D.....	Aug. 1, 1940	Aug. 1, 1940	
May 1, 1938	RICHARD S. NEFF, M.D.....	Oct. 1, 1940	Oct. 1, 1940	
July 1, 1938	CHARLES L. DIMMLER, M.D.....	Dec. 1, 1940	Dec. 1, 1940	
Sept. 1, 1938	DEAN K. RIZER, M.D.....	Feb. 1, 1941	Feb. 1, 1941	
			<i>Service will end</i>	
Nov. 1, 1938	MARION L. CONNERLEY, M.D.....	Apr. 1, 1941	Apr. 1, 1941	
Jan. 1, 1939	HAROLD R. HOOVER, M.D.....	June 1, 1941	June 1, 1941	
Mar. 1, 1939	CHILTON CRANE, M.D.....	Aug. 1, 1941	Aug. 1, 1941	
May 1, 1939	ORVAN SWENSON, M.D.....	Oct. 1, 1941	Oct. 1, 1941	
July 1, 1939	DONALD D. MATSON, M.D.....	Dec. 1, 1941	Dec. 1, 1941	
Sept. 1, 1939	EBEN ALEXANDER, M.D.....	Feb. 1, 1942	Feb. 1, 1942	
Nov. 1, 1939	EDWARD V. FERGUSON, M.D.....	Apr. 1, 1942	Apr. 1, 1942	
Jan. 1, 1940	FREDERICK P. ROSS, M.D.....	June 1, 1942	June 1, 1942	
Mar. 1, 1940	JOHN E. ADAMS, M.D.....	Aug. 1, 1942	Aug. 1, 1942	
May 1, 1940	HENRY SWAN, II, M.D.....	Oct. 1, 1942	Oct. 1, 1942	
July 1, 1940	ARNOLD PORTER, M.D.....	Dec. 1, 1942	Dec. 1, 1942	
Sept. 1, 1940	W. BENJAMIN BACON, M.D.....	Feb. 1, 1943	Feb. 1, 1943	
Nov. 1, 1940	JOHN J. LOWREY, M.D.....	Apr. 1, 1943	Apr. 1, 1943	
Jan. 1, 1941	JOHN J. KNEISEL.....	June 1, 1943	June 1, 1943	

## DENTAL HOUSE OFFICER

<i>Service began</i>			<i>Service will end</i>	
July 1, 1940	JOHN A. REILING, D.M.D.....	July 1, 1941	July 1, 1941	

## PATHOLOGICAL HOUSE OFFICERS

<i>Service began</i>			<i>Service will end</i>	
Aug. 1, 1940	FATHOLLAH K. MOSTOFI, M.D.....	Aug. 1, 1941	Aug. 1, 1941	
Feb. 1, 1941	CLINTON V. HAWN, M.D.....	Feb. 1, 1942	Feb. 1, 1942	

## OFFICERS OF THE INSTITUTION

### SCHOOL OF NURSING

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

LUCY H. BEAL, B.S., R.N.,

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

CARRIE M. HALL, R.N.

*Assistant Superintendent of Nurses*

FRANCES W. BOWEN, B.S., R.N.

#### *Instructors in Science*

GLADYS EKMAN, B.S., R.N.

MARY O. JENNEY, M.A., R.N.

*Instructor in Operating Room Technique*

MADELINE PHANEUF, B.S., R.N.

#### *Supervisors*

HELEN L. AIKINS, R.N.

WINIFRED J. DRISLANE, R.N.

BRIDGET EGAN, R.N.

NANNIE IGLEHART, B.A., R.N.

KATHERINE G. MCPHAIL, R.N.

#### *Night Supervisors*

ROBERTA C. COBB, R.N.

RUTH MILLER, R.N.

### Chief—Social Service Department

EMILY D. RICE, B.S.

#### **Dietitian**

BONITA S. SIMMONS, B.S.

#### **Apothecary**

HARRY H. COMAN

#### **Office Manager**

ROBERT P. SIMMONS

#### **Record Librarians**

##### *House Records*

EDITH M. ROBBINS



PETER BENT BRIGHAM HOSPITAL

*Out-Patient Records*

BARBARA BENSON

**Housekeeper**

ANN M. LEWIS

**Chief—Mechanical Department**

ELLIOT W. TARR







### 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.



