

Address.**THE BOSTON CITY HOSPITAL.¹**

BY CLARENCE J. BLAKE, M. D., BOSTON.

Forty-one years ago, in Boston, with a population of one hundred and thirty-six thousand, the principal provision for the house care of the sick poor, other than that to be found in their own homes and in public institutions, was afforded by the Massachusetts General Hospital; the larger part of the out-patient service of the city being shared by it with the Boston Dispensary and, for special cases, the Massachusetts Charitable Eye and Ear Infirmary. At that time, in 1849, an epidemic of cholera made especial call upon the hospital resources of the city, and stimulated the demand for more accommodation of this kind; the project for the establishment of a City Hospital first took shape, was earnestly favored by the principal physicians in the town, one of whom wisely suggested the reservation of city land for that purpose, and there was prospect for speedy realization, but, the cholera subsided, the necessary order passed by the Board of Aldermen was lost in the Common Council and the hospital without its reserved lapd to build even a hope upon existed only as a purpose in the minds of those of the medical profession who, working among the sick poor, best appreciated the need existing and to come. This purpose found its voice again in 1856, when the medical profession and the officers of charitable institutions, uniting, urged upon the public in various ways and upon the Council of 1857, through the earnest advocacy of the then Mayor, Hon. Alexander H. Rice, the importance of establishing a hospital which should be at the service of the inhabitants and under the control of the government of the city, but the objection made by certain citizens to the use, as was proposed, of the Lying-in Hospital in Springfield Street again blocked the way, and it was not until 1860 that the land at present so fully and usefully occupied was appropriated for that purpose, and in the following year the foundations for the buildings, to consist of a central structure, two wings or pavilions, and in the rear of the centre the necessary boiler and engine rooms and laundry, were begun.

In May, 1864, the hospital was first opened for the reception of patients, one of the pavilions being devoted to medical and the other to surgical cases, the house-officers, resident graduates as they were called, two in each department, dividing the service between them by an imaginary line, running the length of each pavilion from top to bottom, the single rooms in the basements being used as examination and accident rooms and for isolating purposes.

The conditions of that first year's service as necessarily imposed upon the visiting staff were most onerous, a new building, inexperienced house-officers and untrained nurses, a lack of definition of the authority of the staff, which had to insist, in a building still in part in progress of construction and not yet fully in running order, upon the "benefit to the patient" as the primal object of its existence; these made a combination of difficulties met and overcome with a patient persistence which laid the foundation of the present success of the hospital as a medical institution.²

The first hospital year was of but seven months duration, and within that time there were 475 patients admitted, 129 accident cases received and 271 out-patients treated; in the next year, 1865, there were 1,066 patients admitted, 242 accidents and 1,143 out-patients; in 1875, 3,424 admitted, 756 accidents and 8,732 out-patients; in 1885, 4,031 admitted, 676 accidents and 12,005 out-patients; while, in the year just ended, there were 6,157 patients admitted to the house, 888 accident cases received and 13,605 people treated as out-patients.

A review of the table in the comprehensive and valuable report of the superintendent,* from which these figures are taken, shows that while the increase in house-patients has proceeded at a fairly steady pace, the number of out-patients was less by 636 than in 1884, eighteen years only after the opening of the out-patient department.

A consideration of the growth of the buildings of the City Hospital during the past twenty-five years will serve to explain this apparent discrepancy. Beginning in 1864 with the central buildings and wings, which had been expected to afford ample provision for at least a decade to come, in 1872, eight years later, the justifiable demand upon the hospital was so great that, in addition to the beds provided for small pox patients in buildings on the water side of Albany street, beds were placed in the private rooms and in every other available spot to the extent of fifty more than the original provision. The dangers of an overcrowded hospital were fully appreciated by the visiting staff, now increased in numbers, and in their report of that year they set forth the need of more ward room for both medical and surgical cases, adequate reception rooms for accident and for lying-in cases, and the substitution of a suitable operating amphitheatre for that which, situated in the dome of the rotunda and necessitating lengthy transportation of patients, had sufficiently demonstrated its unfitness in the surgical experience of the first year. In 1873-74, a medical superintendent having been in the meantime appointed, the overcrowded condition of the hospital was again reported and the especial need of better surgical accommodation in the out-patient department as well as in the house was urged, and was met by an appropriation (\$190,000), made by the City Council in that year for the "enlargement or extension of the buildings," the result being the addition of two main buildings for medical and surgical cases respectively, two one-story buildings and a kitchen building, the whole giving an increase in house accommodation of eighty-five beds. In the same year the drainage, plumbing and ventilation were thoroughly overhauled, and the single rooms in the basements of the pavilions, half underground, were abandoned as wards, for obvious sanitary reasons.

At the beginning of its second decade, therefore, the hospital had five new buildings, a considerable increase in its accommodations in the house, and a proportionate enlargement of its working staff, there

M.D.; J. Baxter Upham, M.D.; J. N. Borland, M.D.; J. G. Blake, M.D.; John P. Reynolds, M.D.

Visiting surgeons: † C. H. Stedman, M.D.; † C. E. Buckingham, M.D.; † D. McB. Thaxter, Jr., M.D.; † Charles D. Homans, M.D.; Algernon Coolidge, M.D.; David W. Cheever, M.D.

Resident graduates. Medical: † John Dole, M.D.; Clarence J. Blake. Surgical: M. F. Gavin, M.D.; D. F. Lincoln, M.D.

Ophthalmic Surgeon, Henry W. Williams, M.D.; Admitting Physician, † Howard F. Damon, M.D.; Pathologist, Charles W. Swan, M.D.; Ophthalmic Externe, Edw. G. Loring, M.D.

* Those with the dagger (†) prefixed have since died.

* Twenty-sixth Annual Report, Boston City Hospital.

¹ Read at the Annual Meeting of the Boston City Hospital Club, June 10, 1890.
² The visiting and resident staff, 1864:
Visiting physicians. † W. W. Morland, M.D.; † Fitch Edw. Oliver,

being ten out-patient surgeons and physicians and thirteen house-officers, five of that number acting as externes.

In 1878 the work of overhauling the old pavilions and correcting the defects in arrangement was fairly completed, and another step had been taken in the development of the hospital upon a scientific basis in the establishment of the training-school for nurses which, in addition to the public benefit afforded by it outside of its own walls, has served to provide efficiently for one of the most important needs in the successful conduct of a hospital.

At the end of the first year there were in the hospital three head-nurses, graduates of the training-school, nine other head-nurses in charge of wards, twenty-seven assistant or pupil nurses and eight others not belonging to the school. The number of graduates the first year of the school was six and in 1889 twenty-eight. The number of nurses employed today in the hospital work is seventy-seven.

In 1879 the reservation of additional land was advised; in 1880 the need of a separate building as a home for the increasing staff of nurses was recommended and the ambulance system, improved in previous years, was well established.

At the end of its second decade the hospital, while enlarged, as has been said in its main departments, had only the same accommodations for contagious cases as that provided in 1866, seventeen years before; the population of the city had in the same time increased over fifty per cent., and the nurses, crowded out by the demands for room for patients, were most inadequately lodged, and the out-patient department equally cramped for want of room, now numbered eight services and received over 40,000 visits per annum. In 1886 the house capacity had been increased to 425 beds, and in the annual report for that year it was shown that over 44,000 out-patient visits had been received and treatment given in a building, which was justly stigmatized, because of its want of accommodation, as "a great blemish and the most disagreeable feature of the hospital establishment"; on the other hand, the nurses' home had been in the meantime completed and was giving satisfactory evidence of its usefulness, and the new contagious wards which were completed two years later were projected.⁴

As it stands to-day, the City Hospital has nine large buildings devoted to the accommodation of patients, and additional buildings for administration, cooking, heating, and otherwise providing for the maintenance of the medical service, two out-patient buildings and a nurses' home, it has 480 beds for patients and these are usually full, it has, in addition to its large amphitheatre, smaller operating rooms in connection with wards in certain special departments of its house service;⁵ its new out-patient building is admirably equipped in all respects. There is a visiting and consulting medical and surgical staff, numbering twenty-four members, an out-patient staff of twenty-five, and a staff of house-officers which will be increased after July 1st next, to twenty-two; fifteen internes and seven externes.

While all of this growth has had in view the primal object of such an institution, in the relief of human suffering, that other and equally essential duty of a

⁴ During the past year 210 cases of diphtheria and 88 of scarlatina were treated in these wards.

⁵ The number of surgical operations in 1864 was 464; during the last year, 1,116.

hospital, the furthering of medical education has been kept in mind. In the very first rules and regulations, this function is recognized in the clause setting forth the conditions under which students may be admitted, and the provisions made for this purpose and the opportunities afforded for clinical instruction in the present City Hospital make it, in this respect, the equal of any hospital in this country, so far as I am aware. It has all the material and nearly all the provisions of a great educational institution, and the spirit of progress is shown in the further improvements already in contemplation, which include provision for discharged convalescents, the still more exact isolation of and provision for contagious cases and for the study of such diseases as may come under this head, and the erection of a fireproof building for the preservation of the clinical records, which already make a substantial library of over eight hundred manuscript volumes, containing the detailed records of more than one hundred thousand cases. As a supplementary library the morgue and autopsy room furnish already thirteen volumes of records of autopsies, of which the average during the past winter was sixteen a month, in addition to medico-legal examination.

In relation to the use of selected material for instruction, the City Hospital affords, therefore, not only in its large number of house cases⁶ and its valuable records, but also in its new out-patient buildings, where arrangement is made for the accommodation of student as well as patient,⁷ an opportunity which is individually sufficient for a most thorough and complete system of clinical instruction.

Original Articles.

DISORDERS OF SLEEP: INSOMNIA.¹

BY CHAS. F. FOLSON, M.D., CO-REFEREE,
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In studying the disorders of sleep I have confined myself to insomnia, partly because of the inherent difficulties and extent of the subject; partly as my material is so crude and undigested as regards the more abstruse phenomena, that I have left them to the wider experience of our referee, who, as Schiller said of Goethe, need only shake the limbs to have the mature fruit of a ripe knowledge fall in abundance. I find that nearly every physiologist has attempted some theory of sleep, without adding materially to our knowledge why or how we sleep, although the result has been to indicate many of the phenomena which occur while we sleep. Duval calls the suspension of cerebral activity in sleep a function of the brain — the passive condition following the active as regularly as an interval of rest succeeds the heartbeats. Lasègue speaks of the appetite for sleep,

¹ A paper read at the meeting of the Association of American Physicians, Washington, May, 1890.

⁶ For purpose of comparison may be mentioned the in-patient services of the following hospitals connected with medical schools: New York Polyclinic, 40 beds; New York Post-Graduate Hospital, 85 beds; Bellevue Hospital, 800 beds; Long Island College Hospital, 150 beds; Jefferson Medical College Hospital, 125 beds; University of Pennsylvania Hospital, 139 beds.

⁷ The number of out-patients (now cases) treated last year were: medical, 3,133; surgical, 5,823; diseases of eye, 1,512; diseases of ear, 336; diseases of skin, 353; diseases of women, 577; diseases of nervous system, 538; diseases of throat, 614.