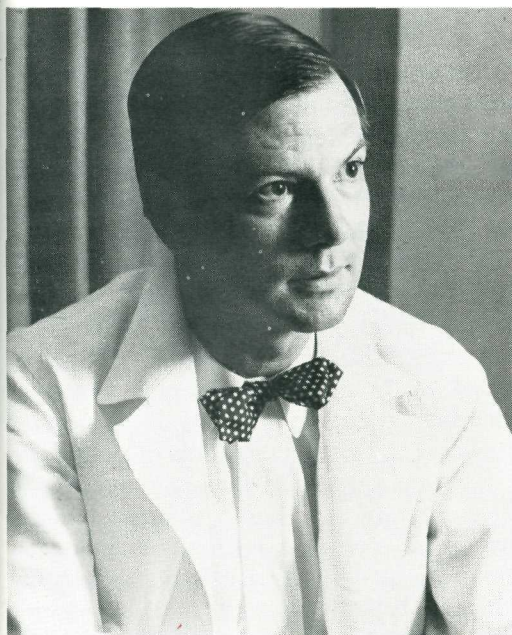


A VISITING PHYSICIAN LOOKS AT THE TUFTS MEDICAL SERVICE AT THE BOSTON CITY HOSPITAL

COUNT D. GIBSON, JR., M.D.*

FOR the centennial celebration of the Boston City Hospital, I have been asked to write a few words from the perspective of a visiting physician to the I and III medical services. Perhaps I am qualified to comment in this particular role since I did not have the good fortune to serve as a clerk or house officer at the Boston City Hospital.



Dr. Count D. Gibson

My first confrontation with this venerable institution took place in 1944 when I made my first trip north as a medical student from Emory University, looking for an internship. With its informal atmosphere and nineteenth century architecture, the milieu reminded me of the old Grady Memorial Hospital in Atlanta. What differed was the presence of internationally known personalities and the sense of being right at the forward cutting edge of medical research.

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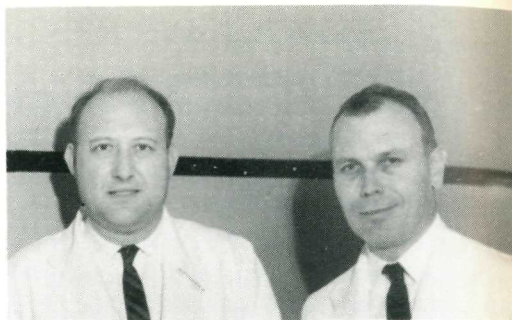
Fourteen years later in 1958 I found myself a new faculty member of the Tufts University School of Medicine at the other end of Harrison Avenue. Although I was plunged into an exciting world of the Boston Dispensary Home Medical Service, I quickly became lonesome for the secure inpatient surroundings in which I had been reared. At this point, Dr. Biguria graciously intervened and invited me to join the visiting staff of the I and III medical services and these assignments have been a high point on my calendar ever since.

Each hospital has its own peculiar combination of patients, traditions, and style of care and the Boston City Hospital is no exception. At present the patient population appears to be a mix of the desperately ill, the exotic, and the pathetic. In the first category, I found myself in the position of the conductor of Hayden's "Farewell" Symphony one day. At 10:30 a.m. the full hierarchy was gathered: four third-year clerks, two fourth year students, three interns, two JAR's, one SAR, and the chief resident. As we began the discussion of a seriously ill new admission, an actively-bleeding ulcer patient was admitted at 10:45 a.m. An intern and two students excused themselves. At 11:05 a patient with acute pulmonary edema arrived on the floor. A JAR, and intern, and two more students disappeared. At 11:15 a.m. a patient with a recent myocardial infarction went into shock and the chief resident and I were left to carry on our analysis of the original patient!

The supply of exotica continues undiminished. The combination of a catchment area of two million people and a collection of astute clinicians provides a steady supply of patients with rare syndromes. The analysis of their unique lesions frequently gives insights into normal physiology which would otherwise be inaccessible.

The pathetic represent those patients for whom the community has not provided appropriate facilities. Many patients are admitted to the Boston City Hospital, particularly the chronically ill and aging, not because they belong there, but because there is an inadequate combination of institutions and organization to afford them optimal care. A partial answer to this problem has been developed through the initiative of Dr. Biguria and myself in constructing an informal linkage between the Tufts Medical Service and the Home Medical Service of the Boston Dispensary. The house staff of the I and III medical services are oriented early each year about the role and potential of an organized home care program for chronic illness. Nearly half of the referrals to the Continuing Care Division of the Dispensary Home Medical Service now come from Dr. Biguria's unit. In turn, when our patients at home require re-hospitalization, they are promptly re-admitted to the I and III medical services. It is clear that this informal demonstration has shown the benefits in money and human dignity that a home care program can bring to a municipal hospital. It is also clear that the Boston Dispensary will not be able to supply all such needs of the Boston City Hospital. Other home care programs are urgently needed, centered either in the hospital or the community to close the gap. The frequent referral of many patients to the hospital from proprietary nursing homes also underscores the need for better linkages between the hospital and these important community resources.

During the six short years I have been privileged to share in the activities of the Tufts Medical Service, I have watched the continued growth of the full-time staff of investigators, such as Drs. Maloney, DesForges, Segal, and others, lead to the fruition of their spacious new research quarters. Thus we can see this unit, old in tradition and architecture, maintain its role as a leader in the biochemical and social advances which today's medical problems require, while, under the tutelage of its wise chief, it never loses sight of its *raison d'être*—the patient in need of skillful and compassionate care.



Dr. Ralph A. Deterling, Jr. and
Dr. Donald C. Nabseth

A MEDICAL LIBRARY DEFINED

On May 12, 1964, at 4 p.m., prominent medical personalities, including Dean Hayman of Tufts Medical School, gathered for the cornerstone ceremonies of the Francis A. Countway Library of Medicine which merges the Boston Medical Library with the Harvard Medical Library. Dr. C. Sidney Burwell, former dean of Harvard Medical School, spoke on a History of Medical Libraries in Boston. In his speech (1) he referred to Dr. Benjamin Spector, Professor Emeritus of Anatomy and of the History of Medicine at Tufts Medical School as follows:

"Our colleague, Dr. Benjamin Spector, in his history of the Tufts College Medical School (2) defines a medical library as follows: 'A medical library is a fortress by which is held the scientific territory which has already been conquered, and which becomes in turn the base for new conquests.' These are good words to bring into this brief account of medical libraries in Boston. Today's ceremony of laying the cornerstone of the Countway Library marks another turning point in the history of medical libraries in Boston. It makes the future brighter for all people interested in medicine and in scholarship, for teachers, for investigator, and for those who care for patients."

1. Dr. C. Sidney Burwell: **The Laying of the Countway Cornerstone**, Harvard Medical Alumni Bulletin, 38: 8 (Summer), 1964.
2. Benjamin Spector, M.D.: **A History of the Tufts College Medical School, 1893-1943**, published by Tufts Medical Alumni Association, 1943, p. 275.