

**THE FIFTIETH ANNIVERSARY OF THE NEW  
ENGLAND HOSPITAL FOR WOMEN AND  
CHILDREN, DIMOCK STREET, BOSTON,  
MASS; OCTOBER TWENTY-NINE;  
NINETEEN HUNDRED TWELVE**

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The Fiftieth anniversary of the New England Hospital for Women and Children, Dimock Street, Boston, Mass; October twenty-nine; Nineteen Hundred Twelve by Various

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**VARIOUS**

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The Ffiftieth Anniversary  
of the  
New England Hospital  
for Women and Children

Dimock Street, Boston, Mass.

October twenty-nine  
Nineteen Hundred Twelve



BOSTON  
PRESS OF GEO. H. ELLIS CO.  
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THE FIFTIETH ANNIVERSARY  
OF THE  
NEW ENGLAND HOSPITAL FOR WOMEN  
AND CHILDREN

DIMOCK STREET, BOSTON, MASS.

OCTOBER 29, 1912.

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A glorious October day greeted the celebration of the Fiftieth Anniversary of the New England Hospital. The grounds presented a gala appearance with decorations of flags. Soon after 9 A.M. invited guests began to arrive, to attend the clinical demonstrations offered by the Medical Staff in all departments of the Hospital. Each guest, as well as the Medical Staff and the Directors, on their arrival were presented with badges of white satin ribbon, on which in gold letters was the following: "1862-1912, New England Hospital for Women and Children, October 29," thus adding a festive character to the occasion.

Every department of the Hospital was open to inspection until 12.30 P.M., and many new, as well as old friends, took advantage of the opportunity of visiting them. At 1 P.M. a bountiful luncheon was provided in the Recreation Room of the Goddard Home for Nurses. The doctors connected with the Hospital were the hostesses, with Directors and Consultants as their guests. Twelve round tables, each seating eight, filled the space; each table having its medical hostess. The ample hall was decorated attractively with greens and flags; while a large panel, on which in raised gilded letters were the names of the founders, Lucy Goddard, Marie E. Zakrzewska, and Ednah Dow Cheney, occupied the place of honor on one of the walls.

Each guest was provided with a boutonniere of yellow rosebuds to pin above the badge. An hour was passed in pleasant

64816

intercourse and the discussion of an attractive repast, after which Dr. Culbertson, as Toast Mistress, came forward, and in a happy vein began as follows:—

Dr. CULBERTSON. We have been discussing a luncheon in some contrast to the corn-meal mush and molasses which was the staple diet of the original founders of this Hospital so many years ago. They lived on the very cheapest food they could get, and so they had corn-meal mush and molasses for breakfast; and for supper, when they wanted variety, they took corn meal and milk, the object being to save every penny.

I want you all to realize a little more about those wonderful pioneers and the wonderful work by which we now profit, and I ask Dr. Hobart, who knew Dr. Zakrzewska and Dr. Sewall, to speak about the early workers:—

Dr. HOBART.

They who never turned their backs,  
But marched breast forward,—  
Never doubted clouds would break,—  
Never dreamed, though right were worsted,  
Wrong would triumph,  
Held we fall to rise,—  
Are baffled to fight better,  
Sleep to wake.

These lines give the key-note of our pioneer physicians, Dr. Zakrzewska, Dr. Helen Morton, and Dr. Lucy Sewall. To many of us these names stand for strong personality, for enthusiasm, for inspiration,—more than all else, for loyalty to this Hospital which they founded and loved and served, and to the wider cause of the education of women physicians.

In responding to this toast, it is proposed that we rise as an expression of our united greeting to Dr. Morton and Dr. Keller, who are unable to be present, but who are with us in spirit at this joyous anniversary festival.

Dr. CULBERTSON. And the work of these pioneers would have been infinitely harder,—it was hard enough, but it would have been infinitely harder,—had it not had the support and the loyal championship of some of the “grand old men” of Boston,—Dr.

Samuel Cabot, Dr. Henry Bowditch, and other of their successors. They stood behind them, and made it possible for the women to do things. They stood sponsor for the women. Their successors have continued that policy in their loyalty and aid, and I am going to ask Dr. Withington to speak of *Our Consultants*.

Dr. WITHINGTON responded in part as follows:—

Ladies and gentlemen, I am very much honored in being here to-day to help you celebrate your golden anniversary. The City Hospital, with which I have myself been connected most of my life, is not quite as old. We shall celebrate our anniversary two years hence.

The changes that have come in medical work in the last fifty years, and which are so requisite, have to be provided for at greatly increased expense. It is a very important thing for people to understand, and they do not always understand, that those changes are elements of increased cost. To look back, there were no blood examinations made in those days, no means of telling whether a person had true malaria, no examinations to determine tuberculosis, no examinations to determine typhoid fever, no laboratory picture, no toxins in diphtheria and cerebro-spinal meningitis, and things of that sort, the very nature of whose existence was in darkness in those days.

Some of you may know that within two or three days apparently a distinct step has been made in the detection of the methods of transmission of that dread disease, Infantile Paralysis. Those are a very few of all the achievements that have been going on within the last fifty years, and in the progress of which this Hospital has had its measure.

Nursing was done in an entirely different way then and now. Sairy Gamp and her sisters did a good deal of nursing in those days in private and, I think, in public hospitals.

The training of nurses and caring for those who are sick came in the latter part of this time. And all those things, as I said a moment ago, are elements of increased expense in hospitals. We have to have a laboratory now, as you did not have then, and sometimes it is difficult to persuade people to give money for these things. I think one of the most remarkable things the city of Boston has done is to let themselves be persuaded a few years



ago to give to the City Hospital \$125,000 exclusively for a laboratory. Thus men are made to see how that sort of thing has become an absolute necessity in every hospital. That thing has come to stay, and requires now additional expense in every hospital. Setting up X-ray apparatus and furnishing radium are striking examples of increased cost. I do not know what the cost of radium is quoted at now, but a few years ago a piece of radium covered with the head of a pin cost \$6,000.

Now the question has arisen in some hospitals, which may possibly become a vital element in this hospital, based upon the requirements of law for the industrial compensation of persons injured at their work. Every hospital has a standard, a tradition of what the expense of maintenance is per capita. The Massachusetts General Hospital a few years ago, as I remember it, fixed the sum of \$1.50 as the cost at that time for patients willing to pay and for whom the Hospital was under no special obligation to give gratuitous service.

It costs them now nearly \$3.00 per patient per day, and in carrying on the new industrial liability law the insurance companies are paying it. The insurance companies are obliged to care for the injured person two weeks. They come to hospitals,—and sometimes they may come to this hospital,—they come to hospitals, and say, "You take care of other people for nothing: you must take care of the people we send in here at the same price." The Hospital replies: "We can't do that because it costs us that sum. We are willing to do it for the public at large, but we are not quite willing to do it for the insurance companies, which we realize are not in business for their health." And that question is very sharply drawn, the insurance companies taking the ground and arguing that the hospitals are open for all they send in at the same price that they furnish the public at large, and do not really realize the increased cost of laboratories, X-ray facilities, and everything that goes to make up the modern hospital.

You have asked me to say something about the Consulting Staff. I have been connected with this Hospital for a dozen years, or more, and this is one where the position is not a sine-cure.

The work of the consultant in the hospital is interesting work, but it differs from private practice. When one comes to the hospital and sees a patient, he is generally able to save time and great

effort to himself by getting results from the laboratory before he sees the patient, which he cannot get of course from patients in private life. But the consultant sees the patient once, makes a photograph of him, medically speaking: whereas the physician in charge has a cinematograph of him, so to speak, sees the patient day after day. Then, of course, the consultant is put to disadvantage in the matter of treatment, in that a certain line of treatment may be necessary and very desirable for a short time which would be undesirable for any length of time.

I will take no more of your time. A great deal, of course, will be said this afternoon by way of reminiscence and outlook for the future.

The old aphorism of Hippocrates applies here:—

“Life is short, art is long, the occasion constant, experiment perilous, decision difficult.”

Hippocrates himself never dreamed—could have had no conception—of the infinitely increased difficulty.

I hope this Hospital will go on in the next half-century along the line of highest advance in medical life and service.

MISS KIMBALL. Dr. Withington does not know one thing that is rather striking. When we came to this Hospital, it was supposed that the old Maternity Building would only last ten years, as it would be too infected in that time to be of further use.

DR. CULBERTSON. It is pleasant to realize how large a part our modest little staff has had in the progress of fifty years. We founded the first training school for nurses. We first started the practice of outside care and district nursing, and in those respects we really headed the advanced methods of medical work. Of course, the line of cleavage from the organization of our original pioneers came, and the first cleavage was, when the Hospital separated from the Dispensary.

I am sure the younger doctors do not realize how this Dispensary service was preserved for our observation and experience and practical work. Personally, we owe a great debt of gratitude to the second generation of pioneers who kept up that Dispensary, who shouldered the burden and carried it on, gave up their social life, gave up chances for pecuniary advantages and financial

standing in connection with professional work, and simply stayed right by the Dispensary. I hope you will all join in a toast to the *Dispensary* and Doctors Augusta and Emily Pope and Dr. Call who kept up the Dispensary. Dr. Emily Pope will respond.

Dr. EMILY POPE. One-half of the Doctors Pope will speak for both in reply to this toast. Our connection with the Dispensary is so far in the past in relation to the younger members of the Medical Staff that no doubt it seems to them like ancient history, for active work there ceased for us in 1887, when with Dr. Call we two were appointed Attending Physicians on the Hospital Staff. But from our first connection with it in 1871 until 1887 we were crowded with work there. Especially until the beginning of the '80's we three gave so much of our time throughout the entire year that vacations were myths. There were so few workers that, unless those on hand gave that amount of time, it was a question of the continuance of the work.

When more helpers could be had, so that the work of the Dispensary could be divided into Medical (including Surgical), Gynecological, and Pharmacy Departments, with separate heads, we counted it a great advance.

Since we severed our connection with it, the Dispensary, as all know, has grown and been able to embrace new methods and ideas in treatment as they have developed, and I am far from underestimating the amount and quality of the work done to-day by our successors.

We carried in the early days a great load of responsibility, as almost pioneers of women in medicine, realizing that on our bearing depended to a great degree the future success of other women in the profession. That load was not lifted until the Massachusetts Medical Society in 1885 voted to admit women to its ranks on the same terms as men.

Dr. CULBERTSON. The next division of the work came when the Surgical was separated from the Medical Department, and we had hoped we might have had with us to-day our earliest regular surgeon, but serious ill-health has prevented. I will ask Dr. Sabine to read a letter received from Dr. Keller.