First 100 medical and surgical cases

MGH physicians research early MGH medical records

IN THE NEARLY TWO CENTURIES since the MGH received its first medical patient, a saddler with syphilis, and its first surgical patient, a sailor with a severe case of hemorrhoids, the hospital has been visited by millions of patients from around the world seeking leading-edge treatment and compassionate care. As part of the commemoration of the MGH’s 200th anniversary, two members of the MGH History Committee – Morton Swartz, MD, former chief of the Infectious Disease Unit, and Stephen Dretler, MD, emeritus director of the MGH Kidney Stone Center – researched the first 100 medical and surgical cases at the hospital and compiled their notes for the hospital community.

The physicians logged many hours searching the original case records of the earliest patients, who were seen beginning in 1821, ten years after the MGH charter was signed on Feb. 25, 1811.

Among the more interesting cases Swartz uncovered had to do with the first medical patient. The 30-year-old saddler was admitted on Sept. 3, 1821, with secondary syphilis. Because he was the first patient at the hospital, he received much attention from caregivers. His treatment – the notes of which span more than 20 pages in the first volume of MGH medical records – included twice-daily doses of mercury, boiled milk and lime water along with a carrot poultice. Eight months after he was admitted, the saddler died at the MGH, most likely from mercury poisoning. The records show (Continued on page 2)

Bicentennial CORNER

ON FEB. 25, 1811, “An act to incorporate certain persons by the name of the Massachusetts General Hospital” was enacted in the Massachusetts General Court. Among those “certain persons” were former president of the United States, John Adams, and his son, future president John Quincy Adams, who was serving as the American ambassador to Russia and living in St. Petersburg. John Adams was nominated to serve as the moderator at the first meeting of the hospital corporation on April 23, 1811. The following is an excerpt from a letter to his good friend Dr. Benjamin Rush, describing Adams’s reaction to his nomination:

“The Legislature, of Massachusetts in their last Session, created a Corporation for the purpose of establishing a Public Hospital and were pleased without my knowledge to appoint me, a most Useless and unworthy Member of it. I know of but [one] Service I can possibly render to this honourable Institution and that is by presenting [them] with your learned and experienced Lecture up[on] this human and noble Subject.”
02.25.11

Lunder Building fifth floor houses infrastructural hub

This summer’s opening of the Lunder Building is creating buzz and excitement in the MGH community. MGH Hotline continues its series of articles describing each of the programs and services moving into the building with an article focusing on the building’s infrastructural hub – the fifth floor level, which is devoted entirely to housing the heating, ventilation, air and cooling (HVAC) and other mechanical, electrical and plumbing (MEP) systems.

**IN ORDER TO FIT** the tremendous amount of duct work, pipes and electrical, cooling and filter systems, the fifth floor is a two-story level approximately 30 feet high and 40,000 square feet. Walking through the maze of equipment, one immediately notices the massive silver-colored sheet metal ducts and huge insulated water pipes that send heated and cooled air and water throughout the building.

“The HVAC system in the Lunder Building is one of the most advanced systems around,” says Jim Guiry, MGH senior construction manager. “There are 13 air handler units, each the size of a tour bus, that heat or cool the air. The heated or cooled air is distributed either up to the top floors or down to the lower floors. It’s more efficient to locate the system in the middle of the building, because the air and water are only being sent halfway up to the top floors and halfway down to the bottom floors rather than all the way up or down the entire building.”

In outfitting the mechanical room with the major pieces of HVAC and MEP equipment, architects used the Building Interior Management System (BIMS), a three-dimensional computer software program, to precisely design where each piece of machinery would be located. Before construction of the exterior walls of the building was completed, workers used a large crane to lift the larger pieces of equipment, including the air handler units, into place through the unfinished opening.

“Architects used BIMS to determine in what order to place each piece of machinery – much like a puzzle – through the opening and onto the floor,” says Guiry. “Then, once everything was in place, we continued construction and closed things up.”

MGH Buildings and Grounds will maintain the fifth floor systems. “We are very excited about the state-of-the-art equipment and systems chosen for the building infrastructure,” says George MacNeil, director of MGH Buildings and Grounds. “We are looking forward to the challenge of operating and maintaining such a complex facility.”

For more information about the Lunder Building, access [www.massgeneral.org/lunderbuilding](http://www.massgeneral.org/lunderbuilding).

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**First 100 medical and surgical cases**

*(Continued from page 1)*

that his wife – in order to help pay for his care – worked at the hospital as an untrained nurse.

“Aside from the general way of treating patients back then, other interesting facts were the breakdown of the diagnoses of these early patients,” says Swartz. “Thirty-five percent of the admissions were related to cardiac disease. Next, there were patients who were admitted due to ailments related to pulmonary, nervous system, vascular and metabolic disorders.”

Dretler, who for six months spent most Wednesday afternoons researching the MGH archives, also found intriguing information about the first 100 surgical cases.

“The majority of surgical cases the hospital saw in the early 1800s were orthopaedic trauma cases – such as leg and ankle fractures,” explains Dretler, who says that the most difficult part of his research was deciphering the 19th century handwriting, which had many flourishies and abbreviations. “In addition to the handwriting being difficult to read, the language and terminology were quite different. Researching the project was tedious, but the information was really very interesting.”

He adds, “Because the first surgeries occurred before the general use of anesthesia, many patients endured tremendous pain. Also, there was little to no understanding of infection control, so there was a lot of infection back then. And there was no pathology, so if they surgically removed something, they didn’t know what it was.”

The most dramatic case, Dretler says, was a cataract surgery, during which MGH surgeons used a small device that spread and held the eyelids open. They then used a “couching needle,” which was put into the eye to break up the cloudy lens and used it to push the broken-up lens back into the vitreous. Dretler notes that many of the medical records of these procedures included a common note that “the patient tolerated the procedure with fortitude.” He also says patients often would later have the procedure performed on the other eye.

For more information about MGH history, access [www.massgeneral.org/history](http://www.massgeneral.org/history).
Carl Bell, MD, receives first Frances J. Bonner, MD, Award

A PHYSICIAN in the Department of Psychiatry for five decades, Frances J. Bonner, MD, was both the first African American woman resident and first African American woman faculty member at the MGH. To honor her contributions to the hospital and promote diversity and inclusion in the psychiatric community, the MGH Department of Psychiatry and the MGH Psychiatry Diversity Committee have established the Frances J. Bonner, MD, Award. The annual award recognizes an individual who has made significant contributions to the field of mental health or the care of minority communities.

The inaugural recipient of the award is Carl Bell, MD, director of the Institute for Juvenile Research, clinical professor of Psychiatry and Public Health, and director of Public and Community Psychiatry at the University of Illinois in Chicago. Bell also is president and CEO of the Community Mental Health Council and Foundation, Inc., a comprehensive community mental health center located on the south side of Chicago.

Nearly 100 guests – including Bonner’s daughters, Carol Bonner and Dale Murphy – attended a celebration of the newly established award and a lecture by Bell Feb. 17 in the Ether Dome. Jerrold Rosenbaum, MD, chief of the Department of Psychiatry, welcomed attendees and described the life of Bonner, who dedicated most of her career at the MGH to clinical practice and the supervision of residents in individual psychotherapy.

“Dr. Bonner was an amazing woman, and it is a privilege and honor to recognize her,” said Rosenbaum at the event. “She was a pioneer in crossing racial and gender boundaries within medicine.”

Rosenbaum then introduced Bell, who presented “Prospects for the Prevention of Mental Illness: New Developments and New Challenges.” Bell discussed the need for a paradigm shift in psychiatric care, especially in regard to young people. He emphasized that factors that increase the risk of developing mental health disorders, such as traumatic childhood experiences, do not predetermine the development of such mental health disorders. In light of this, Bell argued, more should be done to identify and build upon the reasons why some individuals with significant risk factors for mental health disorders do not develop them. He also asserted that improving mental health and preventing psychiatric disorders on a broad scale is only possible through a cohesive, community effort.

Bell described multiple studies and trials that have achieved success in both preventing psychiatric illness and promoting good mental health, explaining that mental health is not simply the absence of disorder. Despite the success of such research, Bell said, not enough is being done to implement the findings.

“Implementation is the problem,” he said. “We need to put our knowledge into practice.”

Following the lecture, a luncheon was held in the Trustees Room, where Peter L. Slavin, MD, MGH president, congratulated Bell on his achievements.

For more information about Bell’s work, access www.psych.theclinics.com/current.
MGH Senior HealthWISE

MGH Senior HealthWISE will offer a free hypertension screening for seniors ages 60 years and older. March 7 from 1:30 to 2:30 pm at the Hill House, 127 Mount Vernon St. For more information, call 617-724-6756.

Blum Center events

The Maxwell and Eleanor Blum Patient and Family Learning Center is hosting two upcoming lectures: “Healthy Kidneys,” March 3 from noon to 1 pm with Laurie Biel, RN, BSN, CNN, of the MGH Center for Renal Education, as part of its National Health Observances series, and “Eating with Color,” March 9 from noon to 1 pm with Tara Linitz, a nutrition intern in Nutrition and Food Services, as part of its Healthy Living series. Both events will be held in the Blum Center, located in the White Building, Room 110. These programs are free and open to all. Registration is not required. For more information, contact Jen Seal at 617-724-3823.

DSC seminar series

The Disparities Solutions Center (DSC) is hosting “Patient Characteristics and Physician Quality Scores: Implications for Racial/Ethnic Disparities,” March 17 from noon to 1 pm in theYawkey Center, Room 10-660, as part of its seminar series, “Racial and Ethnic Disparities: Keeping Current.” The seminar will feature a presentation by Clemens Hong, MD, MPH, a primary care physician at the MGH Charlestown HealthCare Center. This event is free and open to the public. A light lunch will be served. For more information or to register, e-mail disparitiessolutions@partners.org or call 617-724-7658.

Patient Safety Awareness Week presentation

In honor of National Patient Safety Awareness Week, the MGH/MGPO Center for Quality and Safety will present “Listening to the Voices of Patients and Families” March 9 from 1 to 2:30 pm in the O’Keeffe Auditorium with guest speakers Dave deBronkart, also known as “e-Patient Dave,” a leading spokesperson for the e-Patient movement, and Seta Atamian, of the MGH Pediatric Patient and Family Advisory Committee.

Applied biostatistics for clinical trials

The MGH Clinical Research Program and Biostatistics Center are sponsoring “Applied Biostatistics for Clinical Trials” on Mondays from March 7 through 28 from 3 to 4:30 pm in the Simches Research Center, Room 3.110. This four-session seminar series is focused on statistical approaches to problems commonly encountered in research. The course is intended for investigators who are interested in clinical research.

MGH television channel unfolds hospital history

AS PART OF the MGH bicentennial celebrations, an in-house MGH history channel launched Feb. 25 on closed-circuit televisions across campus. The channel, which can be found on channel 45, highlights important moments in the MGH’s 200-year history as well as departmental milestones and events.

Among the videos that will air are an eight-minute historical documentary narrated by Mallika Marshall, MD, of the MGH Chelsea HealthCare Center. Also featured are interviews with Peter L. Slavin, MD, MGH president, and David F. Torchiana, MD, MGPO chairman and CEO, who discuss the significance of the bicentennial and what it means to them personally.

MGH staff are encouraged to set televisions in waiting rooms and other public areas to channel 45, which has also been made the default channel in patient rooms. All members of the MGH community are invited to submit additional videos for consideration for the history channel by e-mailing the Public Affairs Office at pa@partners.org. Only finished videos that have been appropriately produced and edited will be considered.

Harris Center public forum

The Harris Center for Education and Advocacy in Eating Disorders at MGH is hosting its 14th Annual Public Forum with guest speaker Diane von Furstenberg, a business leader and fashion icon, and David Herzog, MD, director of the Harris Center, March 8 from 6 to 7:30 pm in the Burden Auditorium at Harvard Business School. The forum is free and open to the public. Registration is required at www.harriscentermgh.org.

Introduction to new research subject payment system

The MGH Clinical Research Program is sponsoring “An Introduction to Accounts Payable’s New Electronic Research Subject Payment System” March 9 from noon to 1 pm in the Simches Research Center, Room 3.110. On March 14, Accounts Payable is launching a new electronic Research Subject Payment System (eCheck) that will increase the efficiency of the previous system. Although this course is geared toward research nurses and coordinators, all are welcome to attend. To register, access http://hub.partners.org. For more information, contact Lauren Michaels at lmichaels@partners.org.