

original n EC. 4.
 Other Copy sent to Cushing

COPY of a typewritten signed draft in the Osler Library,
 copied as extensively corrected in Osler's handwriting.

13, Norham Gardens,
 Oxford,
 Nov. 25th, 09.

Dear Reynolds,

Everything depends upon just what the Trustees wish to make of the Brigham Hospital — a local one on old, or a national one on new lines.

What I mean by a local one on old lines is a general hospital such as the M.G.H., or the Boston City, with the ordinary arrangements of wards and services, and with physicians and surgeons selected from the best men available in the community. Against such a hospital nothing possibly could be said, except that in the case of Boston the ground is already well occupied by the two just named institutions.

✓ What I mean by a national hospital on new lines is one in which there are a series of departments presided over by men of national reputation, with modern ideas as to the study and treatment of disease -- each department part of a big scheme to be gradually worked out in the course of years. The Trustees have not at present the money available to start a complete hospital on these lines, and it is perhaps as well that this is so. It is much better to begin gradually with two or three units, taking first those which are most needed in the community.

Your motto should be 'Brains not Bricks', so be prepared to spend more money on men than on fancy buildings. Let us take a concrete instance. Boston needs an up-to-date psychopathic institute, in which cases of neurasthenia, Christian Science and other forms of early insanity could be studied and treated. Find a man and arrange with him about the plans for his department, a separate building on modern lines with research laboratories, and such an outfit as Kraepelin had at Munich, perhaps not so elaborate. Concentrate your energies first on two or three important departments, and do not look forward to a complete hospital for many years.

The scheme of buildings will depend upon the system you elect, the old pavilion plan suits best for the general hospital, the separate clinical unit, or block, for the more modern system, in which each department is controlled by a single head.

Lastly, you will have to make your choice of independence or affiliation with Harvard. Either course has difficulties. If the former there will be constant trouble, as the Directors of your big clinics will ask for University positions, will want students, will want the best assistants; and to be frank I do not believe an institution at the very doors of Harvard would get the best men, without holding out these possibilities. On the other

hand, it is not easy to settle on a scheme of affiliation, but the German and Edinburgh plans could be followed, e.g. the Director of your psychopathic clinic could be ex officio Professor of that subject in the Harvard Medical School, and make the University responsible for one half of the salary, and one half of the laboratory expenses. Such a plan is, I believe, perfectly feasible, the appointments being made by a Committee of the joint boards. The Brigham Trustees and the public of Boston have to face the fact that Harvard very shortly will be forced to have some control of facilities for clinical and research work, and it would be a terrible waste of money to duplicate institutions. Now-a-days a University must be able to offer its teachers of practical subjects hospital appointments, otherwise the choice is restricted to local men. For example I would myself have gladly gone to Harvard in 1887 or 1888 (I think it was) could I have been sure of clinical facilities.

I hope these few thoughts on the subject may be of interest to you. I would not be a very satisfactory official advisor, - I am too far away. I should be only too glad at any time to express my views, either privately or publicly.

Sincerely yours,

(Signed) Wm. Osler