November 30, 1942

Dear Folks,

I am writing all of you together because I want each of you to know the same things. I will write separate letters as soon as I can.

Saturday night there occurred here the biggest public disaster Boston has ever known—second only to the great Chicago fire. About 10 PM during the rush hours after the big Boston College—Notre Dame football game, the crowded Coconut Grove night-club caught fire. Over 1000 people were there doing their Saturday night celebrating. The fire swept through the place like a tinder box, and of the 1000, not 3 out of 10 escaped. About 500 are now dead. We have 150 at the Boston City Hospital—most of them severely burned, and many of whom will surely die.

I first heard the ambulance sirens about ten, and went down to the accident floor. The injured were flowing in like a mighty stream—many already dead, most of them terribly burned. Several of us immediately began giving morphia to the most injured of the living. Many were Army and Navy officers, some were dentists, entertainers, orchestra personnel, hat-check girls etc. Many were out of town people here for a good time over the week end—many were defense workers. The scene was simply indescribable—men and women with charred and blackened faces, all hair burned off, skin hanging in shreds—and most of them in great pain.

After the morphia administration was fairly well organized and underway, some of us with surgical training went up to the operating rooms, where the worst cases were sent as soon as possible. I started the first room—cleaning off wounds, cutting off dead skin under anesthesia and dressing wounds as fast as possible—one case would be rolled out and another in at the same time. Before long all 12 operating rooms were going with everybody working like fury. While I would be doing the debriding somebody else would be giving anesthesia and a third man giving intravenous plasma transfusions. Numbers of outside civilian doctors, Army and Navy doctors, Navy nurses, soldiers, and sailors came in to help (the latter as porters, taking patients to the wards, operating room, and surgeons) from the WAACS case in carrying coffee and sandwiches to the doctors and nurses at 4 AM.

I worked in the operating room for four or five hours until things began to quiet down for a little while, then went to the wards, where all the patients were sent eventually. Many patients needed further or initial local treatment and dressings and nearly all needed plasma (after all the plasma in Boston had been used, a special plane flew more up from Washington). Undoubtedly plasma saved many many lives that would certainly have been lost because of shock a few years ago. Later back to the operating room for more work. I did one case under pentothal (intravenous) anesthesia given by a medical intern
who had never given one before. It was either that or nothing.

I could go on for pages like this but I think you all must have the general idea by now.

Nearly all of us knew some of the victims. One of the saddest – to us at any rate – was the case of Gordon Bennett, who finished a surgical internship at Boston City Hospital less than a month ago. Gordon was one of the best loved and most respected people I have ever known. He was a year ahead of me at Harvard and six months ahead of me at Boston City Hospital. He was always quiet, polite and cheerful – even at the Boston City Hospital, which is a real tribute. Captain of the Dartmouth football team in 1927, and an outstanding hockey player, he was a good student and an able and efficient house officer. For him, who never drank or smoked and who had never been to a night-club more than two or three times, to be killed in a night-club, is truly ironic. He went with his fiancée and a couple who were celebrating their first wedding anniversary. The couple were both killed, the fiancé had one hand slightly burned, and Gordon died today. The boys on T Surgical – his own service – took care of him. Two special nurses were in constant attendance and seven outside doctors – some of the best in Boston – were on the case; but all to no avail. He lived 24 hours but never regained consciousness.

So the Boston fire takes its place alongside the Chicago fire. Two good things will come out of it – (1) we had a preview of a real public disaster of large proportions – which by and large was handled very well by the hospital personnel and from which we will learn a lot; and (2) we have an excellent opportunity to learn about burns. Equipment and help is coming from all over the country. The government is very interested in the treatment methods and results for Army, Navy and civilian cases during the war. Individually now every one of us at the Boston City Hospital should be an expert on the subject by the time all these people are treated.