



Edward Franklin Bland



Edward F. Bland died suddenly Sept. 27, 1992, the day after returning from a European vacation. Thus ended an outstanding medical career at Harvard Medical School and Massachusetts General Hospital. He was 91.

His family was Virginian dating back to 1640, well before the founding of Williamsburg. A forebear, John Bland, published a pamphlet, entitled “An Inquiry Into the Rights of British Colonies,” which influenced Jefferson’s thinking about the need for a bill of rights in both Virginia’s and the United States’ constitutions.

Dr. Bland received his M.D. degree from the University of Virginia. He then received medical training, and entered a cardiac residency at the Massachusetts General Hospital under Paul Dudley White. There were clinical publications by him even then—for example, his study of the use of Southey tubes for the relief of edema. A Dalton Fellowship gave him a year of research with Sir Thomas Lewis in London.

Upon return to MGH, he reported with Paul White and Joseph Garland on the first clinical description of the anomalous origin of the left coronary artery from the pulmonary artery. He became particularly involved in the problems of rheumatic fever, then the leading cause of death in young people. Working at the House of the Good Samaritan with T. Duckett Jones (of the Jones criteria), he made many contributions to our knowledge—most important, the 10-and 20-year follow-up studies of 1,000 cases of rheumatic fever. These remain the classics on the natural history of this disease.

During World War II, he served with the U.S. Army’s 6th General Hospital in North Africa and Italy, publishing studies of typhus, rheumatic fever, and foreign bodies in and around the heart. At the request of the surgeon general of the Army, he prepared the section on heart disease for the official “History of Medicine in World War II”.

Back at the MGH in 1946, with heavy practice and teaching responsibilities, he also published important reports on multiple pulmonary embolism, the treatment of bacterial endocarditis, the Bland-Sweet shunt to

relieve pulmonary edema in mitral stenosis, the first successful removal of a left atrial myxoma in this country, and the use of the Hufnagel ball valve in the descending aorta for severe aortic regurgitation.

In 1949, when Paul White assumed an important role in the new National Heart Institute, Dr. Bland became the chief of cardiology at MGH, and presided over a period of change and rapid growth. He established an annual nine-month cardiac postgraduate course which helped train a remarkable international group of physicians, many of whom became leaders elsewhere.

Ed Bland was a superb chief, but he was first and foremost a master clinician. His notes were concise marvels of clear thinking and expression. His personal example of ethical standards and clinical wisdom guided generations to follow. Louise Wheeler, his secretary for 48 years, noted how well he managed time. He was convinced that most one-hour committee meetings could do the work in 15 minutes. His calm good sense and outward composure prevailed, despite the presence at times of grievous personal circumstances.

He retired as chief of cardiology in 1961. But he remained in clinical practice another 25 years. When in his 80's, with stethoscope under his arm, Daniel Federman asked him he was still working full time. With typical economy he answered, "Aren't you?" At age 86, as if to mock the passage of time, he gave us another gem of cardiac literature: "Rheumatic Fever: The Way it Was", published in *Circulation* in 1987.

It is hard to envision a better example for those who would aspire to excel as teacher, investigator and physician than Edward Bland, a courtly gentleman from Virginia.

Respectfully submitted,

Allan L. Friedrich, *chairman*

Benedict F. Massell

Oglesby Paul

E. Louise Wheeler