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# ROCHESTER HISTORY

## The Legacy of 179 Lake Avenue: A Small Private Hospital's Service to the Community

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*This class portrait shows the student nurses at the Lee Private Hospital in 1900.*

*Front cover: The Lee Hospital, at 179 Lake Avenue, founded by Dr. John Mallory Lee in 1897. This 1905 photograph shows the westside expansion of the beautiful former private residence.*

*Except where noted, all photographs in this issue of Rochester History were provided courtesy of the collection of the Rochester Public Library, Local History Department.*

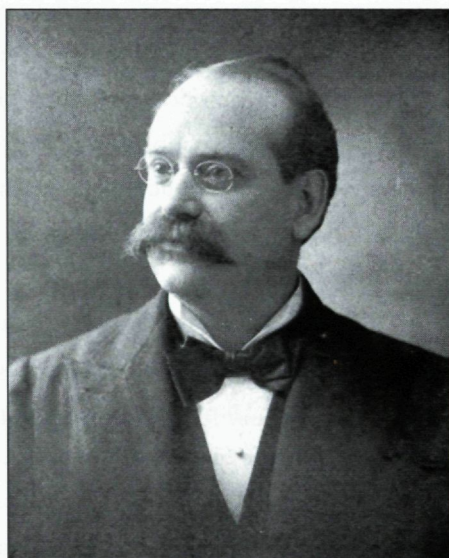


# A New Hospital in Rochester

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On November 11, 1897, Dr. John Malory Lee purchased the expansive Victorian brick mansion at 179 Lake Avenue in Rochester that was to become the Lee Private Hospital.

For 20 years, Dr. Lee had honed his medical skills at large, well-equipped, and well-established institutions. After nine years of general medical practice in Rochester, Lee decided to pursue surgery, and enrolled in post-graduate courses at two new and leading-edge institutions in New York City, the New York Polyclinic, and the New York Post-Graduate school



*Dr. Lee in 1885, in his mid-30s.*

of Medicine. When he returned to Rochester, Lee became a founding member of the Rochester Homeopathic Hospital (later Genesee Hospital) and its Training School for Nurses, eventually working his way up to vice president of the hospital's medical and surgical staff and Surgeon-in-Chief.

But like many physicians in the waning years of the nineteenth century, Lee desired the independence that came with the establishment of a private hospital—a hospital in which he could build his own private medical practice as well as develop a specialty. Yet the purchase of the magnificent Lake Avenue building must also have been bittersweet. Just one month before, Lee's wife of 21 years, Sarah Ives Lee, had died suddenly of consumption. This deep personal blow was also a professional one. The daughter of a doctor, Sarah had defied gender norms, graduating from the University of Michigan Medical School, the same alma mater as Mr. Lee, and they had practiced medicine side-by-side. Although it can never be known for sure, it is likely that the Lee Private Hospital was a dream the two meant to carry forward together. Regardless, after Sarah's death, Lee persevered, obtaining from a Michigan

couple the mansion and its grounds, including a two-story carriage house and an adjoining stable, for \$119,000.

The interior was spacious and welcoming, with polished oak floors, butter-nut doors, and a huge crystal chandelier. It would take an investment of an additional \$26,000 to remodel and outfit the home as a surgical hospital. When the work was complete, the first floor would consist of a large and luxurious reception room, several private offices, a library, a kitchen and dining area, an operating room, and seven patient beds. On the second and third floors were additional patient rooms, as well as beds for twenty-eight patients and private quarters for the resident physicians and staff.<sup>1</sup>

The Lee Private Hospital opened for business on January 8, 1898. For the next 64 years, 179 Lake Avenue would be home to a small proprietary hospital. The Lee Private Hospital prospered until Lee's death in 1926, and continued after its purchase by a staff physician, Charles C. Teresi, as the Lake Avenue Hospital until Teresi's death in 1961. Over time, Teresi developed the hospital in ways markedly different from Lee. Yet this fact reflected as much the changes in the social and economic aspects of medicine, as the differences between the two physicians in specialty, social background, or personal inclination. To be sure, such differences played a role. Lee became a nationally-recognized figure in radiation therapy, while Teresi was a gastroenterologist. Lee's Anglo-Saxon, pioneer roots gave him ready access to a well-heeled clientele, while the Sicilian-born Teresi attracted a large and loyal patient base among the extended family networks of Rochester's Italian community. But in spite of the obvious differences between the men and their practice of medicine, at least two factors remained consistent at 179 Lake Avenue. First, both physicians were dedicated to treating the psychological as well as the physical factors of illness. As a result, physicians such as Lee and Teresi were distinguished by the degree of time and emphasis spent on careful listening and other factors that contributed to a relationship of sympathy and trust between doctor and patient.<sup>2</sup>

Second, both Teresi and Lee were independent physicians who, apart from the medical mainstream, met needs in the community not adequately addressed by the business model of an increasingly organized and uniform medical profession.



# The Lee Private Hospital: 1898-1926

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When Lee was born in Steuben County, New York, in September 1852, American medicine was in its infancy. It would be the Civil War itself that sparked the changes to medicine that would take place over the next one hundred years. The transformation of the medical profession from an individual affair, where most physicians practiced independent of affiliation with medical institutions, to the present, where the great majority of physicians practice medicine within institutionally-based health systems, began in the decades following the Civil War. The typical American physician in the mid-1800s treated patients in their homes instead of in an office or hospital. The system of military hospitals that was established during the Civil War provided a new model for the construction of similar civilian institutions in the decades following the War.

The Civil War also allowed for the development of medical specialization. Specialization occurred as a natural by-product of the medical research conducted after the war from the Army's patient records. Only in large institutions where a high volume of treatments were performed and data collected, could medical research take place. For this reason, large banks of records detailing the treatment of specific injuries and illness did not exist prior to the war.

Hospitals, research, and technology all grew prodigiously from the 1870s through the 1940s. But while many hospitals expanded in size and scope, smaller, specialized private hospitals also proliferated. Over time, the financial, regulatory, and public restraints of the health care industry would spell the demise of these small institutions. But in the early twentieth century, they thrived; and it is in this context that the Lee Private Hospital was established and flourished.

Although Lee became a nationally-respected figure, as a homeopath he began his career outside the medical mainstream. During the nineteenth-century, the practice of medicine became divided into various schools of treatment. The two major schools were the traditional practice of allopathic medicine, based on scientific positivism, and homeopathic medicine. Homeopathic medicine had many characteristics, but its central one concerned its philosophy of treating illness. It was based

on the “law of similars,” or, “like cures like.”<sup>3</sup> Whereas allopathic doctors treated the symptoms of an illness, prescribing an antibiotic for an infection, or pain medicine to relieve discomfort, homeopathic doctors treated illness with natural remedies that would produce similar symptoms in healthy patients. Their underlying premise was that these remedies would activate the body’s natural systems to fight disease, making reliance on many of the drugs allopathic physicians prescribed unnecessary. Much of the concern of homeopathic doctors was rooted in their opposition to the highly invasive “heroic therapy” allopathic physicians administered in the mid-nineteenth century. These measures included blood-letting, strong doses of mercury, and other treatments homeopathic physicians viewed as demonstrably harmful.<sup>4</sup>

In his autobiography, *Campus Shadows*, Dr. Harold Trott, a physician who mentored with Lee at 179 Lake Avenue, revealed Lee’s philosophy concerning the practice of homeopathy and the use of drugs. “Dr. Lee was not one to prescribe drugs for a psychological defect, nor a pill for a man with an abscessed arm...[Lee] instructed me, the very first day I was employed there, I recall, that I was never to prescribe a coal-tar product, such as aspirin, phenacetin, or acetanalid, in his hospital. If any alleviation was needed for a pain that a hot water bottle wouldn’t relieve...I was to use morphine, since morphine in proper quantities harmed no organs.”<sup>5</sup>

Dr. Trott further explained that Lee had seen many patients die from an allergic sensitivity to coal tar products. Trott revealed Lee’s sense of humor by recalling his notion of the difference between an allopathic and a homeopathic physician: “His conviction was that the drugs of neither did much good, but a homeopath had a heart—he only prescribed such infinitesimal doses of the drugs he did use that, while they did no good, they did no harm either.”<sup>6</sup>

Homeopathy had traditionally attracted the loyalty of an urban elite, and Rochester became an important center for its practice and advancement. The Sibley and the Watson families, founders of the Western Union Telegraph Company, were prominent clients of homeopathic physicians and a major source of philanthropic support for the Rochester Homeopathic Hospital. Both Hiram W. Sibley and his brother-in-law James Sibley Watson served on the hospital’s board.<sup>7</sup>



Still, within the local medical community, homeopaths occupied a marginalized place for many decades. In part this was due to developments at the national level. The establishment of the American Medical Association in 1847 marked a turning point toward uniformity in medical training and practice. State branches of the AMA proliferated, and among their first actions was the establishment of a “loyalty oath” in which members would foreswear professional mingling with homeopaths. But as the Rochester doctor and medical historian Edward C. Atwater wrote, “this rule against consultations, intended to drive the homeopaths from the temple, damaged its perpetrators as much as those at whom it was aimed.” As hospitals grew in the post-Civil War era, the AMA was successful in keeping homeopaths off the staffs of many of them. But homeopaths responded by establishing their own hospitals, in some cases competing effectively with the orthodox, allopathic institutions. In Rochester, homeopaths were excluded from Rochester City Hospital in 1868, a move that eventually resulted in the establishment of the city’s two major homeopathic hospitals, the Rochester Homeopathic Hospital and the Hahnemann Hospital (later the Highland Hospital).<sup>8</sup>

It was through his affiliation with the Rochester Homeopathic Hospital that Dr. Lee obtained his prominence in homeopathic medicine. When he opened his hospital in January 1898, its primary focus was surgery, coupled with a training school for homeopathic nurses. There were many reasons such a combination made sense. Above all, it was an efficient means of procuring a nursing staff.



*Staff pose in front of the hospital in 1899.*

The field of professional nursing was relatively new in the late nineteenth-century. With the advent of institutional medicine, the need for nurses became crucial as physicians began to shift practice from primary patient care to specialized medical treatment. Prospective nurses had to be recruited, especially by the smaller specialized hospitals. The students received wages for their education, and later as a staff nurse, rather than pay tuition. In the 1890s, advocates of nursing called for professional accreditation for nurses, not only to standardize the education requirements but also to legitimize the nursing profession. In New York State, this advocacy led to the Nurse Practice Act of 1903, which required the registration and oversight of nurses and nurse training programs by a state governing board. Lee's nursing students lived on the premises, in the nurses' quarters located directly behind the hospital. The foundation of the training program was similar to the modern collegiate nursing curriculum in that the first year primarily focused on academic instruction in the fundamentals of physiology and medicine and limited service in the wards. The second and third years progressively introduced more practical application of the academic fundamentals or what is referred to today as "clinical work" into the student's educational routine. The third year of studies specifically allowed the students to gain practical experience outside the hospital in various aspects of medical nursing. Students would accompany members of the consulting physicians staff in treating private patients in the community. As proprietor of the hospital, Lee oversaw all aspects of the training program.

Within a year of its opening, the Lee Hospital was on solid footing. Having started business with seven beds, by December 1898, it had twenty-five. Lee's life was flourishing on a personal level as well. On June 20, 1899, he remarried Carrie Thompson of Battle Creek, Michigan. The second Mrs. Lee became the doctor's professional partner and most loyal advocate. Many years later, members of the staff and patients would remember Carrie Lee for her gracious compassion and encouragement to patients as well as for her steadfast support of the hospital.

By 1903, Lee had expanded his hospital's services to include obstetrical, maternity, and general medical care. To accommodate more patients, he added a rear extension to the main building, increasing his number of beds to fifty-one.<sup>9</sup> He also added more advanced technological equipment and began to take a new professional

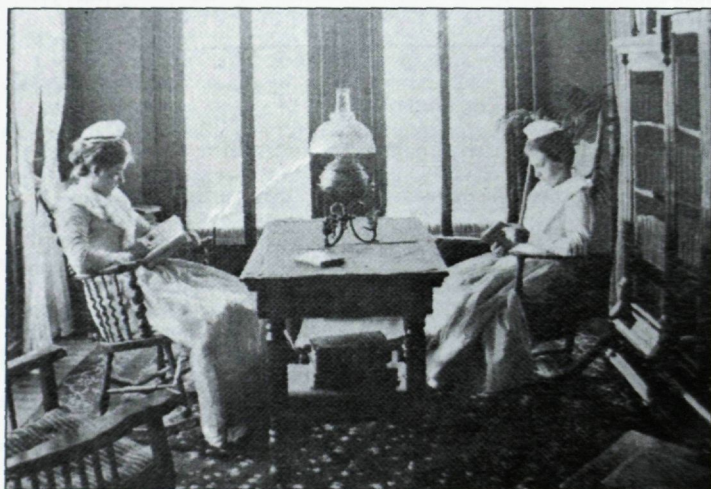




*These maternity room nurses pose with newborns in 1905. The hospital had begun to provide obstetrical and maternity care two years earlier.*

direction: the treatment of malignant tumors. As Lee became more advanced in the practice of surgery, and more specialized, he followed a national trend (reflected in homeopathic strongholds such as Rochester, as well) toward the integration of homeopathy and mainstream medicine. The advancement of science made the aggressive and invasive treatments homeopathy challenged, more rare. Lee's pursuit of advanced technology was consistent with his homeopathic commitments in that it promised to treat patients less, rather than more, invasively. In fact, Lee envisioned a time when surgery would become "free from the knife." He became associated with Dr. Gioacchino Failla, a renowned physicist of the Memorial Hospital in New York City, who had spearheaded the treatment of malignant tumors with the use of radium and deep therapy X-ray. Lee embraced this new technology and eventually began to use this treatment on his patients. Lee received national acclaim from his medical contemporaries for work in cancer treatment with the use of radium.<sup>10</sup>

The Lee Private Hospital prospered through the early years of the 20th century. In the fall of 1922, the hospital had installed a new radium emanation plant and deep X-ray therapy equipment. Dr. Failla oversaw the installation of the hospital's radium plant, which was only one of twelve such in the nation. This type of therapy consisted of destroying cancerous cells by injecting radium fluid into the tumor and then, depending on the condition of the disease, using deep therapy X-ray waves to destroy the remaining cancerous cells. As a last resort, surgery could remove any remaining diseased tissue. This treatment became the most advanced cancer treatment possible in the early 1920s. The radium treatment required the use of small glass tubes, called capillaries, that Lee developed at his hospital to inject radium fluid into the tumors. By the mid-1920s, these capillaries were used nationwide. At this time, the Lee Private Hospital was the only hospital in Rochester with this advanced medical therapy, and Lee opened a free radium clinic, open on Fridays to anyone needing the treatment. Quite often patients did not require surgery, which allowed them to continue their normal routines. Lee, his house physicians, and a cadre of 35 visiting physicians, staffed the free clinic.<sup>12</sup>



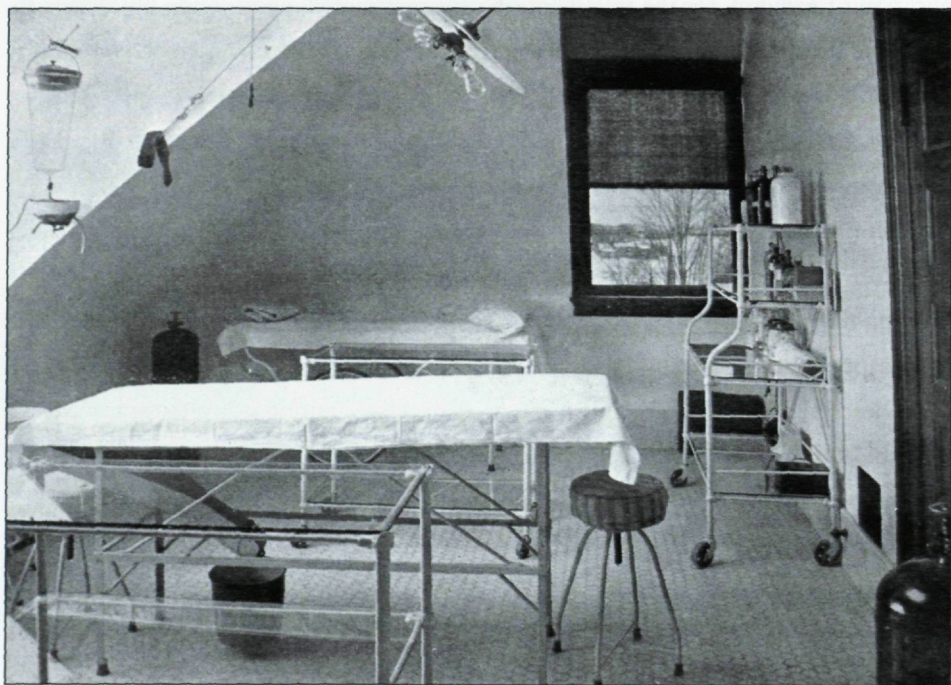
*Student nurses study in the Lee Private Hospital Library, circa 1900.*



Although new forms of radiation therapy have replaced radium emanation therapy, the use of X-ray technology has continued to the present. Dr. Lee used the X-ray as both an alternative and a supplement to radium treatment. Whereas the radiation wavelengths of the radium were short and most effective in treating specific smaller areas around the tumors, the X-ray waves were longer and could affect a larger surface area. Dr. Lee commented in a newspaper article about the radium and X-ray technology, "that the day will come when the surgeon cannot conscientiously recommend the knife [surgery] in cases where he formally did. In certain cases, I still would recommend an operation, supplementing this form of surgery with radiation. The combined methods make it, in my opinion, complete surgery. These poor people who come here diseased are entitled to the best treatment to be had."<sup>13</sup>

The Lee Private Hospital became a valuable resource for new physicians seeking their residency. Lee's reputation as an exceptional surgeon and a leader in the practice of homeopathy and "one of the state's leading exponents of the application of radium" for the treatment of cancer attracted many young physicians to complete their residency at Lee's hospital.<sup>14</sup> Dr. Trott related how Lee offered him a position as a resident physician and provided postgraduate training in New York with Dr. Failla in the techniques of radium emanation and deep therapy X-Ray. Lee's generosity and mentorship left a permanent impression on Trott, who was physically disabled and had to wear leg braces. Though he feared that the stigma of his handicap would limit his opportunities, the disability did not discourage Lee from offering the young doctor a position as a resident physician. In fact, Lee was himself handicapped, having lost two fingers on his right hand.<sup>15</sup> In spite of this disability, Trott described Lee's "deliberate stroke of the scalpel, cutting down to, but not cutting, the abdominal peritoneum," in performing a hysterectomy. "I realized it was the demonstration of perfection that comes only with long years of practice and that this man who wielded his instruments with such unerring, instinctive accuracy must have to his credit innumerable such incisions during his long and useful life of active surgery."<sup>16</sup>

By 1925, Lee's reputation as a gifted surgeon and practitioner of homeopathy had brought him national recognition, as well as sharp criticisms from his detractors. One controversy the hospital experienced concerned the nursing training program. The New York State Board of Inspectors of Nurses' Training Schools inspected the hospital in early 1925. The inspectors noted discrepancies in the training program and called for changes to the curriculum, threatening to withhold the New York State certification for Registered Nurses (RNs) if these changes were not made. This came at a time when the State Board of Certification of Nurses had set out to curtail the numerous small private nursing schools and standardize the certification criteria.<sup>17</sup> The State University of New York had responsibility for defining the training standards required for certification of RN degrees. Lee acquiesced to the demands by replacing the superintendent of the Training School with Miss Jessie Harrod, R.N., charging her with the alignment of the hospital's nursing curriculum with the standards put forth by the State Board.<sup>18</sup>



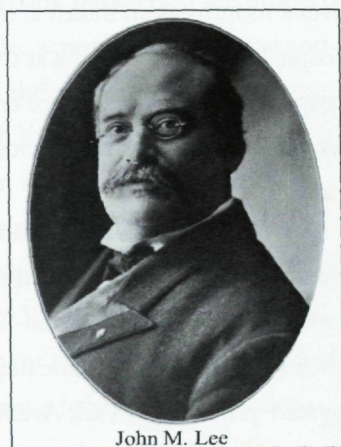
*The Lee Private Hospital operating room, as it appeared in 1900.*



During this same period, Lee faced accusations of willfully deceiving patients who came to him for radium treatment. These accusations were never substantiated. In response to these charges came a wealth of letters from his contemporaries flooding in from institutions such as the Medical College of Pennsylvania and Johns Hopkins Hospital that came to his defense, hailing Lee's work and offering their own testimonials of the success they were having treating patients with radium therapy.<sup>19</sup>

These charges came at the same time as great changes in the medical industry. The wide-spread adaptation of technological and scientific advancements fostered by emerging corporate industries shaped the growth of the medical profession into a field very different from when Dr. Lee first founded his hospital. Modern scientific discoveries had forced both homeopathic and allopathic medicine to evolve, and differences between the two separate medical communities slowly dissolved. Evidence of that trend came in 1926, when the Rochester Homeopathic Hospital changed its name to the Genesee Hospital.

With the changing landscape of medicine, many private hospitals were forced to close due to the high cost of medical technology, governmental regulation, and pressure from competing corporate medical interests. Lee's advancing age and these changes in the medical field spelled the eventual demise of his hospital. His death on January 12, 1926, was a tremendous loss to the hospital staff. His visionary leadership had created an important chapter in Rochester's medical history. Although Carrie Lee carried on as director of the hospital after her husband's death, by the fall of 1927, she decided to sell the property. The buyer was a member of the hospital's staff of visiting physicians, Dr. Charles Teresi.<sup>20</sup>



John M. Lee

*Photograph from Notable Men of Rochester, by George C. Bragdon, 1902.*

# The Lake Avenue Hospital: 1927-1962

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Charles Carmello Teresi was born on November 14, 1894, in Palermo, Sicily, and grew up in Rochester's heavily Sicilian-American Sixteenth Ward. His father, Cologero (Italian for Charles), worked as a candy maker at the Stacy Candy factory on State Street, while his mother, Luisa, was the center of the Teresi home. When the family arrived in America in 1899, they first settled in Batavia, before moving to Geneseo, then to Rochester. Charles' education started in Rochester at Corpus Christi parochial school, and he graduated from East High School. He went on to the University of Buffalo, first earning a bachelor of science degree and then graduating with a doctorate in medicine in 1917. After his graduation, he served several months as an intern at the Erie County Hospital and three months at the Hahnemann Hospital in Rochester, before entering the U.S. Army Medical Corps for service in the First World War.<sup>21</sup>

After returning as a captain from the war in early 1919, Teresi continued his medical career by briefly joining the staff of New York City's Lying In Hospital. When he returned to Rochester in 1920, he established a practice in his home neighborhood at 413 North Street and became a visiting staff physician at Park Avenue Hospital. Over the next several years, Dr. Teresi would take post-graduate training at the Institute of Surgical Technique in Chicago, leading to his employment at the Lee Private Hospital.

Young and ambitious, he realized that having ownership and complete autonomy to run a hospital his own way would afford him opportunities to grow his



*1st Lt. Charles C. Teresi, MD, U.S. Army Medical Corps, 1918. Dr. Teresi spent several months as an intern at the Erie County Hospital and three months at the "orthodox" homeopathic Hahnemann Hospital in Rochester before joining the service. He returned to Rochester at the end of the Great War, establishing a private practice in the Italian-American community, on North St., and joining Dr. Lee's staff of visiting physicians. Photograph courtesy of Mrs. Robert (Patricia) Allen.*



practice and pursue other interests in medicine that were not possible as a member of a traditional hospital staff. Thus, in 1927 he purchased the Lee Private Hospital from Lee's estate and immediately began plans to renovate. He moved his practice from North Street to 179 Lake Avenue and changed the hospital's name to the Lake Avenue Hospital.<sup>22</sup>

Teresi's initial plans were to renovate and completely overhaul the hospital's buildings. The initial capacity of sixty-four beds in 1928 was to increase to ninety-five when complete. He retained Lee's staff of approximately 42, planning to increase the staff as the improvements were completed. With the hospital under new direction, he anticipated it would qualify for approval of physician internships. Teresi also planned to carry on Lee's tradition of training nurses.

It is not known how many of his initial renovation plans were realized. In time, the most significant feature of the Lake Avenue Hospital would be its clientele, drawn from Rochester's large Italian-American community. The hospital would prosper for the next few years under Teresi's management, continuing to offer medical, surgical, and obstetrical services.

In the early 1930s, however, in the midst of the Great Depression, Teresi faced his first major setback. On March 30, 1932, the Rochester Trust and Safe Deposit Company foreclosed on Teresi's mortgage. The bank transferred the property to John J. Sully, the appointed referee in the foreclosure action between Teresi and the bank.<sup>23</sup> Although Teresi had lost legal custody of the property, he refused to vacate and continued his practice. It is likely that both the foreclosure, and Teresi's insistence on maintaining the hospital, stemmed from a commitment to treating patients who could no longer afford the cost of their medical care. Regardless, the worsening state of Rochester's economy actually worked in the doctor's favor. Teresi knew that in the economic environment of March, 1932, the Rochester Trust and Safe Deposit Company would not easily find a buyer for the hospital. This allowed Teresi to work out a solution with the bank and continue to reside and practice at 179 Lake Avenue.<sup>24</sup>

The 1940s and the early 1950s saw the Lake Avenue Hospital endure the uncertainty of the World War II years and adapt to the conditions in the community. Teresi's medical practice rebounded financially and remained a source of moral

strength for him and his staff. The tight-knit nature of the Italian-American immigrant community fostered loyalty between the doctor and his patients, and would hold the hospital together in the postwar period just as it had during the Depression.

Also, the hospital was a source of employment in the community. Teresi employed many Italian-American workers, cooks, and tradesman around the hospital, in addition to many of his family members, including Francis J. Allenza, who would become a key factor in the hospital's success. Born in 1909, Allenza grew up in the Teresi home, and by the early 1940s, had assumed the responsibilities of the hospital administrator. He would remain at the hospital until the end. Francis' sister, Theresa Allen, worked at the hospital managing the payroll and bookkeeping. Francis H. Allenza, son of the hospital's administrator, remembers the time he lived at the hospital in the late 1940s as a happy time in his youth. He remembered that the whole family would assemble nightly at 6 o'clock to enjoy the family meal, a time to hear about each other's day, share laughter, break bread, and bond as a family. The virtues of loyalty and commitment that exemplified Teresi's family relationships were reflected in the doctor's dedication to his career and devotion to his patients.<sup>25</sup>



*Dr. Teresi (right) with Francis Allenza, c. 1950. Photograph courtesy of Francis H. Allenza.*





*This second or third floor patient room is difficult to distinguish from the bedroom it was when the hospital was a private home.*

Doctor Charles Teresi never married. The hospital and his family were the center of his life. "His patients adored the doctor," recalled Patricia Allen, who worked as the hospital's receptionist from 1958 until 1960. Mrs. Allen would later marry Theresa's son, Robert Allen, in 1961. Patricia Allen remembers Francis J. Allenza as an excellent administrator and recalls, "The hospital could not have run without Mr. Allenza. He kept the administrative and business affairs running smoothly."<sup>26</sup> Teresi became the primary care provider to large extended families. Working as the receptionist at the hospital in the later years, Patricia Allen described her difficulty in learning all of the similarly named patients: "I had a hard time remembering which family had arrived for their appointment. I would tell the doctor that 'Mrs. Antonio was here for her appointment,' and the doctor would ask, 'which Mrs. Antonio, the Clinton Avenue Antonios or the Scio Street Antonios?'" Often, Teresi would take care of whole neighborhoods. Mrs. Allen remembered how generous the doctor was with the staff, his family, and patients. Many times, when cash was low, patients would bring fresh breads, flowers, and foods to Teresi and he would accept those gifts as payment for his services. Up until the end of his life, the doctor still went on house calls.

In a practice common among American immigrant doctors, Teresi fostered a form of social insurance within his community. The Patients' Club, as he called

it, relied on the pooled resources of the Italian-American community to insure that patients could afford their medical care and, consequently, the Lake Avenue Hospital could remain in business. As Patricia Allen explained, "Patients would pay the doctor pre-determined payments as insurance for medical coverage." Francis H. Allenza recalled that representatives of the Blue Cross/Blue Shield insurance company approached Teresi and proposed that it take over the management of his Patients' Club. Teresi adamantly refused.

The Patients' Club contained a social element as well. Francis H. Allenza recalled the two annual parties that the hospital would host for the members of the Club and the other patients and staff, as well as other celebrations, such as Teresi's birthday in November, and Christmas. The hospital would have a local florist decorate the hospital during the holiday season, where great wreaths and beautiful flower arrangements would adorn the reception room.<sup>27</sup>

Out of necessity and a keen business sense, by the 1950s, Teresi expanded the hospital's medical scope to include long-term care. The large two-story carriage house, located in the rear of the property and once used as the nurses' quarters, became an overflow ward for recovering ambulatory patients and eventually a supervised boarding home. Wounded and displaced veterans returning from the war were admitted as semi-permanent patients. This strategic shift in the hospital's services eventually led to the incorporation of the Decarr Supervised Boarding Home. From 1951 until the closing of the hospital in 1962, the hospital experienced its most active years, with geriatric health care as the primary service and the major source of revenue. The hospital's patients would come to know and trust Dr. Teresi as a physician and a friend.<sup>28</sup>

But the end for the Lake Avenue Hospital would come in the fall of 1961. By this time, rather than a staffed hospital, it had become merely Teresi's residence and office where he saw patients and supervised the residential patients. When Teresi fell ill on Thanksgiving day 1961, he was taken to the Genesee Hospital with acute stomach pains. He had suffered from stomach ulcers for a great many years, which had prompted him to seek post-graduate training in gastroenterology. Dr. Teresi passed away on December 13, at the age of 67, from a chronic duodenal ulcer and pyloric obstruction.<sup>29</sup>



Theresa Allen and Harold Teresi were the last remaining corporate officers listed on the certificate of dissolution that ended 179 Lake Avenue, Inc., on December 20, 1963. They went about the difficult process of making arrangements for the sale of the hospital, and Harold, as the executor of the doctor's will and now president of 179 Lake Avenue, Inc., transferred the property and equipment to Geri-Care, Inc., on February 1, 1963.<sup>30</sup> The hospital continued as a nursing home but never again embodied the vitality and character of its past.

The century from the American Civil War until the 1960s will be remembered as an era of momentous progress in the field of medicine. The wide-spread creation of civilian hospitals over the nation became the foundation on which advancements in medicine could prosper. Yet this contest between well-established medical theory and practice and the challenge of advancement by trial and error and innovation were played out in the arena of private hospitals as well as major medical institutions. This story of how a small private hospital adapted to the changing landscape of American medicine is typical of many hospitals around the nation, and others in Rochester. From its founding in 1898 until its closing in 1962, the Lee Private Hospital and later the Lake Avenue Hospital were reflections of the changing world and the home base for two physicians who worked to meet a community's medical needs in innovative ways.

## End Notes

1. Harold W. Trott, *Campus Shadows* (Hemlock, NY: Crosset and Williams, 1944), 233; Lee Private Hospital, The Second Report of the Lee Private Hospital (Rochester, 1902). Preface courtesy of the Rochester Historical Society and the Rochester Public Library, Local History Division.
2. Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 96-102.
3. Although the German physician Samuel Christian Friedrich Hahnemann is considered the originator of homeopathy, its laws were described by ancient Hindu sages in the tenth-century B.C. and by the ancient Greek physician Hippocrates in 400 B.C. The word "homeopathy" is derived from the Greek words *homoios* (similar) and *pathos* (suffering or sickness). The fundamental principle of homeopathy is based on the law of similars, or "Like cures like." Accordingly, homeopathic physicians believed that a remedy can cure a disease if it produces in a healthy person symptoms similar to those of the disease. See Maesimund B. Panos, M.D. and Jane Heimlich, *Homeopathic Medicine at Home: Natural Remedies for Everyday Ailments and Minor Injuries* (New York: Penguin Putnam, 1980), 9-11.

4. Starr, 94.

5. Trott, 244. Phenacetin has an interesting history. The origin of the Bayer aspirin that we know today was a pharmaceutical product called acetophenetidin. Bayer marketed this new product as Phenacetin. This new pharmaceutical marked the beginning of the modern drug industry. For the first time a drug had been conceived, developed, tested, and marketed by a private company. From: *Aspirin Intrigue*, Pharmaceutical Achievers, accessed at <http://www.chemheritage.org/EducationalServices/pharm/asp/asp80.htm> on 4 March 2005.

When journalists and physicians began focusing on the narcotic contents of the patent medicines, some of their makers began substituting the toxic analgesic NSAID known as acetanilide, discovered in 1886, for the laudanum they used to contain. This ingredient change probably killed more of the nostrum's users than the narcotics did since the acetanilid was toxic to the liver and kidneys. Patent Medicines and Advertising, accessed at [http://www.quicklyfind.com/info/patent\\_medicine.htm](http://www.quicklyfind.com/info/patent_medicine.htm) on 4 March 2005.

6. Trott, 244-245.

7. Edward C. Atwater, "The Heyday of Homoeopathy in Rochester (1880-1920)," *The Bulletin: Medical Society of the County of Monroe*, 33 no. 5 (May 1975), 170.

8. Atwater, 166.

9. E.R. (Mary) Huddleston, Presentation Honoring the Twenty-Fifth Anniversary of the Hospital's Opening 8 January 1898. Courtesy of the Rochester Historical Society and the Rochester Public Library, Local History Division.



10. Ibid.
11. Ibid.; "Large Plant to Treat by Radium Put In Hospital," Rochester newspaper article of unknown origin, dated August 1922. Courtesy of the Rochester Historical Society and the Rochester Public Library, Local History Division.
12. Huddleston.
13. Ibid.
14. Trott, 221.
15. Philip G. Maples, former director of the Baker-Cederberg Museum and Archives, related that it became a common occurrence for early physicians who worked with radium, to have missing fingers due to sustained contact with radium. Doctors F.D. Andrew and Louis Weigel of the Rochester General Hospital both suffered physically from their earlier work with radium.
16. Trott, 235.
17. Huddleston.
18. Ibid.
19. Ibid; "Hospital Staff Extols Dr. Lee- Draws Resolution to Show Esteem at Meeting," Rochester Democrat and Chronicle, February 7, 1926.
20. "Lee Hospital Bought by Dr. C. Teresi," Rochester Evening Journal and Post Express, September 30, 1927.
21. "Dr. C.C. Teresi Dies at 67; Operator of Lake Avenue Hospital," Rochester Democrat and Chronicle, December 14, 1961; Journal of the American Medical Association, 180 no. 3 (April 21, 1962), 256.
22. Ibid.
23. Monroe County property indenture, Liber 1599, page 101.
24. Interview between the author and Francis H. Allenza, 30 December 2004. Allenza recalls that the bank twice foreclosed on the property, but Dr. Teresi remained steadfast in his refusal to vacate the premises.
25. Ibid.
26. Ibid; interview between the author and Patricia Allen on 20 January 2005.
27. Ibid.
28. Ibid.
29. "Dr. C.C. Teresi Dies at 67; Operator of Lake Ave. Hospital," Rochester Democrat and Chronicle, December 14, 1961; Journal of the American Medical Association, 80 no. 3 (April 21, 1962), 256.
30. Certificate of Dissolution of 179 Lake Avenue, Inc., filed with the New York State Department of State, December 20, 1963.

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### Reader response to Previous Issues of *Rochester History*

We are grateful to receive kudos, questions and comments on the stories contained in this publication. After the last issue, *Bloomers & Bicycles: Health and Fitness in Victorian Rochester*, Gordon Jarvis, a long-time Rochester cycling enthusiast pointed out that our assertion on page 8 that a bicycle “chain spreads the power equally between the two wheels” is inaccurate as the chain is attached to only the rear wheel. The “stability of the “safety” is primarily a consequence of the two equally-sized wheels and of most of the rider’s weight being over the rear wheel. The innovation of the chain, connected to the rear wheel, made it possible to have two equally-sized wheels.”

He also pointed out that the side-bar on the same page, states that the illustrated bicycle has hard tires. “I believe that it has pneumatic tires; note the valve stems for inflating the tires with air ... Consequently, the illustrated bicycle is not “one of the earliest safety bicycles.” We thank Mr. Jarvis for his observations.

If you have a comment, a correction, or more you would like to add to this story, please e-mail us at [mkeller@rochesterhistory.org](mailto:mkeller@rochesterhistory.org). Appropriate comments and addenda will be published in the next issue of *Rochester History*.



DR. LEE'S HOSPITAL, ROCHESTER, N. Y.



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