Address.**CONTINUOUS VERSUS INTERRUPTED HOSPITAL SERVICE.***

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THE discussions which have taken place of late years with reference to the relation of hospitals to the public and to medical education have brought into strong contrast the comparative merits of a continuous and an interrupted service, with and without salaries, for hospital physicians and surgeons. Dr. J. G. Mumford, at the last meeting of the Alumni Association of the Massachusetts General Hospital, has outlined the changes which have been made in the surgical service of that institution. Its physicians lately have recommended similar changes for the medical service of the hospital. At the recent meeting of the Æsculapian Club of Boston, Drs. Edsall and Janeway spoke of the organization of the medical clinic in relation to research and to teaching. It seems, therefore, not inappropriate to call to your attention certain of the features of this important question, especially as they may affect the administration of the Boston City Hospital.

With the full recognition of the value of a continuous service in certain hospitals to those who appreciate its obligations and comply with its conditions, I am unable to admit that it should wholly displace the interrupted service in all hospitals. These institutions may be regarded as having a threefold purpose: First, the care of the sick; then, the study of disease, and finally, the teaching of medicine. Any plan which shall harmonize all these interests and at the same time develop each to its utmost would appear to be the most desirable. It is a question in my mind, however, whether such a plan can successfully be devised applicable to all hospitals and in all communities with or without medical schools. I can imagine that differences in organization and in administration may arise according to the degree of co-operation which exists between the hospitals and the public on the one hand and that between the hospitals and the medical schools on the other. This degree of co-operation must be influenced as the hospital is maintained by the endowments of the benevolent or as it is supported by the taxation of citizens. From this point of view it is conceivable that the arrangement of the medical and surgical services at the Boston City Hospital may legitimately differ widely from that at the Massachusetts General Hospital or at the Peter Bent Brigham Hospital or at any other of the hospitals now or to be clustered about the Harvard Medical School. Endowed hospitals may be expected at any time to break away from time-honored methods, successful in their day, and make new departures. Some of them have definitely been established to serve the conjoint purposes of medical teaching and of medical charity, and all of them are in a position to foster

the highest interest of combined educational and charitable obligation. Their foundation and support are the gifts of individual benevolence, managed by boards of trustees who have no other motive than the greatest good of their beneficiaries and the increasing of the influence of their trusts throughout the widest possible territory. In selecting the Peter Bent Brigham Hospital and the Massachusetts General Hospital as the most conspicuous illustrations of this group of endowed hospitals we shall hope to find in them examples of what can be done, if less completely and less effectively, by other hospitals in this city. The former has the unique opportunity of being able to carry out with ample funds and intelligent control the most advanced ideas in combining medical education and medical benevolence. The highest standards of medical education demand that the best equipped and most promising teachers shall be selected from the world at large, and the best available be obtained. The ideal hospital physician should be as renowned for his qualities as teacher and investigator as for his success in the treatment of the individual patient. A hospital which intends to secure the highest type of physician or surgeon must be able to offer such inducements as will tempt him to leave fewer opportunities for greater possibilities.

In the harmonious co-operation of Harvard University and the Peter Bent Brigham Hospital the great resources of the former are freely placed at the disposal of the latter. The hospital in its turn offers to its physicians and surgeons continuous service, a salary sufficient to permit largely the refusal of extramural practice, the selection of assistants and such control over the medical and surgical care of its patients as shall permit the study of disease to be of equal importance with the care of the sick person. Harvard University appoints the physician and surgeon of the hospital its professor of medicine and of surgery, it being understood that in the selection of these incumbents the choice has depended upon professional activity, achievement and the approval of competent judges.

At the Massachusetts General Hospital the conditions are quite different. Until the recent changes a large and efficient visiting staff, each member of which had equal privileges and obligations, had developed in the course of years. Nominations for appointments from residents of Boston were made to the trustees by this staff, which thus became indirectly responsible for the various appointees. The hospital has furnished abundant opportunity for the progressive development in science and practice of its physicians and surgeons. Those who are teachers have had the fullest opportunity of bringing students and patients into close relation, and all have felt that the welfare of the hospital has prospered under this wise and liberal supervision. Some of the physicians and surgeons, especially those who are teachers and investigators, desire a longer if not a continuous service in which to carry on their work. Others may be content with a shorter service, and the more exacting the

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demands of private practice, the more welcome is the respite. With the twofold function of training teachers and practitioners it seems desirable that continuity of service should be permitted to the former and interruption of service to the latter. The establishment of a continuous service might permit, in co-operation with Harvard University, the selection of a distinguished or promising teacher, practitioner and investigator from elsewhere, who could establish a parallel medical or surgical clinic, thus supplementing and stimulating the teaching and research to be carried on at the Peter Bent Brigham Hospital. A concurrent, interrupted service with appointments through merit and not from seniority of service in a subordinate position would be useful in the development of aspirants and they and the holders of the continuous service would mutually be helpful in example and achievement. Any change of plan must be regarded as experimental and to that extent provisional. Those in charge of the present movement apparently united in the desire of a prolongation of service have selected a different method for producing this result. Still another plan may be suggested where competition is keen and ardent and patients are many. This is to halve the number of beds in each service and double its length. Such a scheme has much in its favor, especially in giving more opportunities to earnest workers and in affording a desirable period of rest between what should be arduous labors.

The question of a continuous or interrupted service at the City Hospital presents itself in a somewhat different light. This institution, to which every member of this association owes so much for the opportunities for development it has given him, has but little endowment and is maintained almost wholly at the cost of the taxpayers of Boston. Its chief purpose is the care of the sick, and especially of the sick poor of this city. Its next obligation is the welfare of the taxpayer who is responsible for its support. It seeks, therefore, for physicians and surgeons of promise, residents of this city, whose services shall be useful to the sick and whose increasing and varied experience shall enlarge the number of more thoroughly trained physicians and surgeons at the call of the citizen. It goes without saying that in so far as its physicians and surgeons are identified with the teaching of medicine and surgery their interest in the patients under their care will be intensified and the time and thought they will give to these patients will be extended without stint. But in an institution as large as the City Hospital more physicians and surgeons are needed in the interest of the patients than can well be utilized in medical teaching, and there are many experienced and skillful practitioners who are not successful as teachers.

It seems to me, therefore, that within certain limits it is decidedly to the advantage of this community that the City Hospital should possess a large staff, numerically, in order that many physicians and surgeons may have the manifest advantages coming from personal contact with

numerous patients afflicted with various diseases, under the constant and careful supervision to be obtained in a well-regulated hospital. This can best be accomplished by an interrupted service which permits a more frequent rotation of the members of the visiting staff, each of whom can readily give to the hospital a considerable portion of his time for a few months, but might find it difficult to increase largely the amount of his services to the institution unless he should become a salaried officer. An interrupted service of four or six months would more liberally meet this demand for a larger number of experienced physicians than a continuous service throughout the year. In case of unusual qualifications, of productive power, and of skill in teaching on the part of one or more of the staff, especial opportunities might be offered by prolonging their period of service. When, however, the exceptional man is to be selected from the country at large it may well be questioned whether the civic hospital as at present supported and maintained is justified in limiting the care of its patients to the few whose active interests are mainly confined to the hospital instead of to the many who also are serving largely the immediate medical and surgical interests of the community concerned.

In brief, the question of the introduction into hospitals of a continuous or an interrupted service seems to me to depend, first, upon the source from which the hospital derives its funds, that is, from endowment or taxes. Although all hospitals are for the immediate benefit of the sick, in a civic hospital opportunities for teaching and research must be subordinate. They are called for and justified on the ground that through them a better grade of physician and surgeon can be secured for the hospital and can be developed in it. The endowed hospital is less urgently called upon than the civic hospital to maintain an interrupted service, for taxpayers are justified in the demand that it is more important for them to have many well-trained practitioners at their call than fewer but more highly trained physicians and surgeons. In endowed hospitals, unless thoroughly identified with teaching, a combination of continued and interrupted services, open only to competition through merit, offers more favorable opportunities for more highly trained practitioners and producers than a continuous service alone. An endowed hospital so situated and so controlled as to place research, teaching and the care of the sick on an equal plane, and able to induce the exceptionally qualified man, wherever he may be found, to assume charge of these threefold interests, should come to such terms with him as to control of service, appointment of assistants, equipment and salary as would urge him to relinquish all but the most exclusive practice and thus assure his acceptance of a position which necessitates leadership.

OPHTHALMIA IN ARABIA.—The Moslems of Arabia are said to be subject to a peculiar ophthalmia caused by the irritation of the shifting sands blown about by the prevailing winds of the desert.