profitably be made a little higher than it now is and that a good deal of the drudgery which he now does could be put upon permanent clinical clerks. The routine work could easily be done by such personnel and in that way the interne could be freed from a great deal of the work that is uninteresting and unimportant. In that way, too, he could have more time for the really important sides of his work. For instance, he might be taught the art of history taking, so that he could do that well. The average practising physician has not always a good idea of how to write up a history. The interne can learn how and is much more ready to learn than the older man, who considers it entirely unnecessary. I think that this subject is one of great importance and worthy of the consideration of the Society.

SOCIAL SERVICE AND FOLLOW-UP WORK.

BY RICHARD M. SMITH, M.D., BOSTON.

THE activities of the modern hospital are manifold and are constantly changing and enlarging. It is no longer considered that the hospital has done its entire duty to the patient in attempting to make a diagnosis or in writing a prescription or in performing an operation. The purpose of the hospital is to diagnose and cure the malady with which the patient is afflicted. If we limit our interest entirely to the patient as he presents himself in the hospital, we find that frequently we are unable to make a satisfactory diagnosis. If, however, we are successful in this first part of the work and an operation is advised or a line of treatment suggested we discover that the benefit we sought to accomplish often does not follow. But if it happens that we are successful even thus far and relief is obtained, the complaint may recur, and the patient presents himself again for treatment. Therefore, purely from the professional point of view, we have failed at one or another stage of diagnosis or treatment. From the economic point of view, the hospital money has been wasted. From the point of view of the patient, he is where he was before he went to the hospital, and in many instances worse than he was before his first visit. He is discouraged because of the return of his trouble and because of the financial loss involved in the first treatment.

We realize now that the diagnosis and cure of diseased persons demand that the hospital extend its activities beyond its four walls. It must consider the causes of disease and study the means of removing these causes or of making them inoperative for that particular individual. The hospital must then, if it is to accomplish the thing for which it was founded, become interested in the prevention of disease. As soon as interest is aroused in this matter—and few fail to appreciate its importance—we discover that again it cannot limit itself to a study of bacteria or of chemical variations or yet of cell metabolism. These are extremely important matters and must be thoroughly investigated with reference to each patient, but they do not encompass the whole problem of disease. The individual cannot be detached entirely from his surroundings.

The environment in which he lives and in which disease has developed must be considered also, in many instances, if an accurate diagnosis is to be made. This social background must be studied and modified if a permanent cure is to be effected.

The facts in regard to the living or working conditions of the hospital patients, the social service worker furnishes to the physician or surgeon. In the majority of instances it is impossible for the doctor to make proper investigations of this sort for himself. In private practice these facts either are obtained by the doctor or, in many instances, are already known to him because of long acquaintance with the family. Environment is quite as important here as in the hospital. Most physicians find themselves floundering in the slough of despair many times a day in attempting to adjust the difficulty in home or business which is recognized clearly as a controlling factor in the patient's proper treatment. And what physician has not had a difficult diagnosis suddenly made clear by a new bit of information about the patient's life or habits? In the hospital, the patients come without anything being known about them other than the fact that an individual is present with a certain number of complaints. The picture is impersonal. The background must be painted. For a complete understanding of the situation and finding the proper solution not only is it necessary to consider the pathological condition present but it is essential also to recognize the influences which have been at work in the individual's life and which are

to continue to operate after he leaves the hospital. The methods by which the unfavorable facts in his environment are to be modified or eliminated, as well as the discovery of these facts, is the part of the cure contributed by the social service worker.

The advantage of thus socializing or humanizing hospital practice is not confined to the doctor. It has its effects also upon the patient. The patient is made to feel by the kindly interest of the social service worker that the hospital is more than an institution and the doctor more than a part of a feelingless machine. Many times the consent for an operation or the willingness to follow advice is dependent solely upon the confidence in the word of the social service worker.

It is of interest to record that the expansion of our military and naval hospitals due to the present war has brought to these institutions the realization of the need of social service workers. The Naval Hospital at Chelsea has already established a trained social worker, and others are adopting the same practice.

It will be seen from this statement of hospital social service that the work must be done in the closest coöperation with the physician. If the social service worker makes her investigation of the patient's social history independent of its medical connection, she will not obtain the facts the physician desires for an accurate diagnosis, or if she tries to modify his after-hospital life without careful directions from the physician in charge, she will not accomplish the things which are essential for his recovery. The social service worker is really another set of eyes, ears and hands to carry out the work of the physician in making a diagnosis and accomplishing a cure of the individual patient.

The success of social service work depends upon careful medical work, since the plan for the patient must be adopted in accordance with the true state of the patient's condition. Not infrequently the social service worker is insistent upon a detailed statement by the doctor when such a statement is difficult to make. This is an uncomfortable situation but is of advantage to the doctor and to the patient. The social service worker may be of distinct assistance in requiring the doctor to be specific in his diagnosis and definite in his directions for treatment.

A hospital may deliberately omit to install an expensive piece of apparatus, such as an x-ray machine or hydrotherapeutic outfit because of the financial obligation, and yet may give to many patients a perfect diagnosis and adequate treatment. For the number of cases requiring x-ray examinations or hydrotherapeutic treatment compared with the total number of patients in a hospital is relatively small. A hospital may limit the kind of cases admitted by omitting certain specialties, such as orthopedic diseases and children, and yet do one hundred per cent. perfect work for those patients admitted. I venture to say, however, that the absence of a proper social service department limits the efficiency of diagnosis and treatment in all but a small number of cases admitted to any hospital, *i.e.*, a failure to consider the patient's home, occupation and environment prevents one hundred per cent. perfect work in the majority of cases, even though the kind and number be carefully limited.

It is, of course, inevitable that in the investigation of individual patients the social service worker will become involved in many broad social problems which demand correction in order that the patient and others like him may be spared from the recurrence of the disease with which he is afflicted. This part of the social service worker's job demands from her initiative and constructive thought and action, frequently independent of consultation with the physician. The proper solution of the social problem, however, out of which the medical condition has arisen, demands in many instances medical leadership. In this field also the doctor must be ready to offer assistance and advice.

Social service has come as a part of the hospital equipment in response to a need for help felt by the medical staff. It is making its contribution to the discovery of the causes of disease and to the methods of cure. We can as little do without it as without the use of our eyes and ears in getting the medical history or for the examination of the patient, or our hands in writing a prescription or using a scalpel in effecting a cure.

Another function of the social service department which has been increasingly appreciated is the help which can be given in facilitating the discharge of patients from the wards, especially when they are not able as yet to re-

turn to their homes. This is particularly true with patients requiring institutional care, either in chronic hospitals or hospitals for special diseases as tuberculosis. If all the beds in a hospital for acute cases are allowed to be filled with cases of chronic disease, the usefulness of the hospital to the community and to the Staff is materially curtailed, and its output relatively limited because of the small number of patients to whom it can minister. The social service worker is able to see that patients ready for discharge are transferred promptly to their homes or to other institutions or to whatever place the physician may decide is the suitable one for further treatment.

It is also possible through the social service worker to follow up cases after their discharge from the hospital in order that the patient may report again to the hospital for subsequent examinations or perhaps for further treatment, and also to see that the treatment advised at discharge is accurately carried out. A brace for the back which is hung on the wall in the kitchen cannot do much toward correcting a curvature of the spine.

Another important duty of the social service worker is to see that patients given appointments in advance either for admission to the ward or for the out-patient department come at the appointed time. This, so far as the ward is concerned, prevents beds remaining vacant for any period of time waiting for patients to be brought in, and in the out-patient department makes a continuity of treatment possible which is ordinarily not accomplished, if the patient is left to his own resources to report at a given time.

The machinery of this follow-up work may be modified to suit the needs of the various hospitals, but some card system is essential in every case. For its successful operation two things are necessary. First, the careful directions or instructions from the hospital as to what is needed for the patient or that appointments are made; and second, some one who can go to the patient and see that the things are done. The doctor does the first and the social service worker does the second.

There are two points which it seems to me most important to bear in mind in connection with any social service department. In the first place, the work is primarily and essentially to be done with the leadership and coöperation

of the medical and surgical staff. The problems involved are medical and social problems. It is necessary for the doctor to follow the work in detail if the best results are to be accomplished. In the second place, it must be recognized that a social service worker requires special training. It is necessary to know how to get essential medical facts out of a social history and how to deal with the social problems in the community which affect the individual patient. The worker must be familiar with the resources of the community available for treatment and must be able to use these resources to advantage. Training as a nurse may be advantageous, but whatever preliminary training the person may have had, the responsibilities of a social service department must be given only to individuals who have had training and experience in this particular field. If these two facts are borne in mind the development of social service in any particular hospital will be saved from many pitfalls which will otherwise surely come.

DISCUSSION.

MR. MICHAEL M. DAVIS, JR., Boston: Dr. Smith has spoken of the contribution of social service to the hospital. I think there is one misconception which sometimes interferes with the development of social work in hospitals and that is its relation to physicians. To my thinking social service in a hospital has primarily a medical function and its essential reason for being in the hospital is to help to achieve medical efficiency in the diagnosis and treatment of disease.

When social workers were first employed it was sometimes thought that the first and most important requisite for this work was a kind heart. As Dr. Smith has pointed out, it is now generally recognized that a good part of the work is such that it requires special training in dealing with people and in getting at the facts, such as occupations, income, and other more personal matters. The social worker must also be trained in knowledge of the way to get things done, what the community resources are for properly placing a patient in a certain kind of institution; how to get a man another job or change his present one for the sake of securing better working conditions.

To get such a worker or workers requires money. Today we have difficulty in getting