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THE HOSPITAL PROBLEM *

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Progress in the development of hospitals, as an economic, beneficent factor in human experience, was painfully slow. During the long ages which produced the masterpieces of sculpture, of architecture and painting, and which gave to the world its splendid models of classic literature, the institution which to-day is foremost in making existence tolerable, and life sweeter for the afflicted was but a mockery. At every stage of progress, ancient, medieval and fairly modern, hospitals afford glaring and altogether pathetic examples of blind groping, hopeless indirection and wasted energy. Up to, and well past the middle of the last century, their best achievement was little more than an expression of the primitive, the pitiable, the grotesque. Universally deplored, they were shunned by the intelligent and became the final refuge of the helpless.

During the Revolutionary War, on the authority of the Surgeon-General of the American Army, Dr. Benjamin Rush, hospitals were more a menace than a benefaction. "They were the sinks of human life, having robbed the United States of more citizens than the sword."

Within the memory of many of us, hospitals of wide repute and proud tradition, presided over by men who knelt at this shrine of human endeavor, the master spirits of their day, formed a stage on which were enacted an endless series of tragedies.

Patiently, but hopelessly, a solution of the problem was sought. But the efforts of the church, powerful in organized ecclesiasticism, of governmental authority, with its open treasure house and tremendous interest in the welfare of its subjects, and of private beneficence, with its limitless zeal in the promotion of human happiness, were alike barren of results.

In the middle of the eighteenth century, Hogarth, inspired child of the Renaissance masters, seems to have had prophetic vision of future possibilities, when he placed beneath the roof of St. Bartholomew's, his world-famous fresco, "The Good Samaritan." This bit of color, the silent voice of imagery, was veritably the handwriting on the wall.

But light came not from the vatican or from the sanctuary; the crown exchanged its gold for ashes, and the dream of the artist was not realized until the test-tube and the microscope divulged their secret, and gave new meaning to the magic word *cleanness*.

Pasteur, working beyond the confines of medical science, became the law-giver. His researches ushered in a new era and cleared the way for him who made a new thing of surgery. Sir Joseph Lister, more than any other, rescued the hospital from reproach and made it what it is to-day, a necessity for the multitude, a luxury for the few, a blessing for all. Through his work the hospital at once became the chief unit in surgical technic, the birthplace and home of modern surgery, and it may be added, that from this time, surgery became the chief incentive and inspiration in hospital evolution. Few human interests have been more helpful; none have elicited more generous support.

The world's hospital system, as it exists to-day, justly holds a conspicuous place among social, economic and educational institutions.

Like every other institution, its units present many types and varying degrees of productiveness and of excellence. Society, altruistic always, though sometimes apathetic in its attitude toward hospitals, has a serious task to perform in encouraging the best, in fostering the less favored and in eliminating the unworthy. Fundamental faults, be they technical or ethical, are intolerable. Definite standards of morality and of efficiency should be established and rigidly adhered to, and hospitals may justly be expected to maintain such standards, or cease to exist.

MATERNITY HOSPITALS

In recent years, the public has learned to place a correct estimate on the maternity hospital, and there is already a keen appreciation of its appropriateness. Slowly but surely the institutional is supplanting the residential lying-in room, and for manifold reasons, this tendency should be warmly encouraged by the medical profession.

Well-regulated maternity hospitals offer a maximum of comfort and safety, at a minimum outlay. In point of efficiency, the affluent and the poverty-stricken are on parity. Such hospitals constitute the best possible schools for the attendant and the nurse, and in them is being reared a type of men and women who are willing to work efficiently and exclusively in this specialty.

At every stage of delivery, the attendant is in full command of an adequate equipment. Emergencies may be met promptly and without embarrassment, and, not infrequently, a calamity is averted. Serious complications or fatalities, in this department of medicine, possess a peculiar significance.

The maternity hospital which is worthy of the name is intolerant of loose methods, of shabby subterfuge or ill-masked pretense, and is insistent on strict observance of scientific law. With rare, though conspicuous exceptions, this phase of our hospital system seems not to have elicited the interest and support which it merits.

* Chairman's Address before the Section on Surgery of the American Medical Association, at the Sixty-Third Annual Session, held at Atlantic City, June, 1912

The lying-in wards of county and municipal hospitals have been much neglected and the service rendered therein is too often indifferent, if not unsafe. Some of the so-called private hospitals which invite this character of work are of low standard and without reason or justification for their existence.

Society needs to be reminded that the highest obligation of man to woman lies in his safeguarding and protecting her during that trying period of approaching motherhood.

PRIVATE HOSPITALS

Private hospitals, though of recent origin, occupy a large place in the general system. Physically, they present every phase, from the architectural model to the ill-favored and the squalid. In their equipment and conduct, there is a similar range from the artistically and ethically perfect to the incongruous and disreputable.

As the name implies, they are the creature of proprietorship and their real status is measured by the character and morals of their owners and professional patrons. As exemplified by the better types, these institutions are an acceptable unit in our hospital system, as they certainly are a permanent factor in modern life.

But the function of the private hospital is, in the main, that of a hotel for invalids. Inviting a promiscuous patronage, it does not admit of an official staff or a well-defined policy, and team work is impossible. As a rule, there is no executive head. Such clinical records as are kept, are the private property of its patrons, and statistics are wholly ignored. Logically, the work of such institutions is of a perfunctory, routine character. There is a notable lack of scientific interest and of that fine sense of responsibility which is manifest in more highly organized institutions.

The physician-owned hospital is very generally regarded as of doubtful propriety. Whether run for profit or convenience, a certain degree of odium attaches to it. There is, possibly, too close an analogy between such enterprises and the physician-owned drug-store.

It cannot be denied, however, that in many communities, regardless of tradition, prejudice, or financial considerations, physicians are forced to provide their own facilities or withhold hospital benefits from their patrons. The exactions thus entailed are a source of much vexation, and with few exceptions, are sharply resented. It would be a fortunate thing for all concerned, and for many reasons, if physicians could divorce themselves from hospital ownership and relegate the financial undertaking to private capital.

There is another matter pertaining to private hospital conduct which may be considered with profit. With increasing frequency, private hospitals are the recipients of private benefactions. Such funds are to be regarded always as a sacred trust and should be scrupulously dispensed for charity. Free beds, thus endowed, should never become a source of financial gain to the physician. It should be clearly understood that any person entitled to occupy a free bed is equally entitled to free service. If such patient can, at any time, in a small way, make financial return for such service, the hospital fund should have first consideration.

I come, now, to the consideration of a phase of this problem which cannot, and ought not to be approached in any other than a spirit of absolute frankness. It is high time that public attention be called to a considerable number of irresponsible, unspeakable establishments

which exist in every large community under the misnomer of private hospital. Behind its closed doors, there is found opportunity for the professional derelict, and under the veil of secrecy, encouragement for practices that are both nefarious and criminal. Responsibility for the correction of this growing evil rests with the medical profession. The remedy lies in close scrutiny, full publicity and, finally, a resort to the courts, based on clearly established evidence.

MUNICIPAL HOSPITALS

A discordant note proceeds constantly from the executive side of municipal hospitals. There is a strange discrepancy between the financial support accorded to them and the woeful lack of wisdom and, not infrequently, of common decency in its expenditure.

Structural conditions are not only tolerable, but acceptable. Standardized buildings and adequate equipment are by no means exceptional. Architects have displayed wise forethought in the methods of heating, lighting and ventilation. From the kitchen to the laboratories, every detail essential to convenience and comfort has been carefully worked out, but too often do we find illustrations of what is perfectly obvious that neither architectural design nor physical conditions are the main essentials in hospital efficiency.

Considered as a class, from the county poor-house to the imposing group of buildings which stand for the metropolitan hospital, a low order of intelligence seems to be the rule in administrative organization. Everywhere are seen the finger-prints of the politician; the ward boss and the political healer exert their baneful influence without check or scruple. Tenure of office, for the chief executive, rests on his status as a henchman, rather than on his moral or intellectual fitness. The value of experience and training has been largely ignored and staff appointments are distributed for personal or political reasons, rather than for professional worth.

Few men have participated in the daily routine of ward work (the really serious side of hospital service) who have not experienced the disheartening influence of inefficient executive management. Reckless waste and utter disregard of all that makes for high efficiency (the veriest curse of many of our public hospitals) find no parallel in industrial enterprises. With here and there a conspicuous exception, it may be safely said that, not until municipalities are emancipated from a vicious system which makes place preferment depend on political service, can we hope for radical betterment of hospital conditions.

ORGANIZED CHARITY HOSPITALS

Hospitals founded and liberally supported by organized charity are an evidence that the faith mankind has in the ultimate righteousness of society is not misplaced. Eloquently they speak for the finer attributes of human character—generosity, sacrifice, human sympathy. These words are from Gethsemane and after many years became the inspiration of Hogarth.

The world fortunately has high regard for social efficiency—a phrase that applies, very properly, to that large class of wage-earners who, in self-respect and intelligence and respectability maintain homes, rear and educate children, and possibly set aside a pittance for the future, but whose income is barely adequate to meet their daily needs. Normally, they are able to defray the daily cost of living, while an emergency is a circumstance fraught with terror.

For this class, a hospital experience without liberal and well-timed aid means dissipation of modest savings, the incurring of indebtedness and sacrifice of future comfort. More than this, it means mental worry which disheartens the bread-winner and disintegrates the home. Here organized charity through its hospitals finds splendid opportunity; and many who have played their part know how cheerfully it has borne its burden.

A word of caution to those entrusted with the control of this important interest. Trustees and executive officials should take heed lest through their desire for patronage, which is little less than greed of gain, the charity hospital be degraded and demoralized by the wide-open door for promiscuous professional service. The reputation of an institution depends manifestly on a wise administration and carefully selected staffs, and it is equally true that no hospital can afford to become sponsor for the untrained and inexperienced.

ACADEMIC HOSPITALS

The last and most conspicuous hospitals in this category are those of academic type. The subject can scarcely be approached without entering on the broader and more attractive field of medical education with which its interest is interwoven. For ages there has existed an interdependence between existing hospitals and medical teaching. Through this relationship, both interests have profited, though it is always to be remembered that betterment of hospital conditions has been affected through the initiative work of the teacher whether intra- or extraneural. It is probable—in fact, certain—that in all hospitals which welcome and encourage the teaching function, it will continue, and that there will result a perfect correlation of interest between many municipal and charity hospitals and medical schools.

Very tardily and after much halting, a respectable minority of American universities have awakened to their real duty as regards medicine, and in good faith are studying its needs. Immediately, the necessity for a new type of hospital, that finest and most productive of all laboratories, became imperative, and governing bodies are expected to assume a new responsibility.

Regarded as laboratories, it is fundamental that they be owned and operated by the parent institution. A few universities grasped this bit of knowledge very early, but to the most it came as a rude awakening. There is no escape from the conviction that medical education cannot advance under an inhospitable roof, nor attain large results under a domination that is not in harmony with approved methods and high ideals.

The financial problem here involved is, to say the least, formidable. Regardless of the size of classes, the number of beds necessary for logical sequence in teaching is not elastic. Flexner insists that as many beds are required for twenty students as for a much larger number. Laboratories, costly accessories and multiplicity of apparatus complicate the situation, and it becomes apparent that universities which foster medicine must either draw heavily on university funds, seek legislative appropriations or enter on a strenuous campaign for private benefactions.

When fully installed and under way, there is the comforting assurance that worthy institutions of this type have rarely, if ever, closed their doors for lack of financial support. The truth is that mankind has high regard for the producer, and there is a ready market for the thing of value. If the signs of the times are not

misleading, it will happen, in the near future, that public benefactors and legislative bodies will heed the cry of those who labor in the service of productive scholarship.

It is unnecessary to warn heads of departments and the teaching staff of academic hospitals that there is in store for them a big sacrifice on behalf of higher medical education, in point of time exaction, sustained effort over long periods and meager compensation. Under the present and proposed policy, there can be no compromise. The one controlling factor in this scheme lies in the intimate association of teacher and pupil in the laboratories, in the wards and in the operating-room. Private interests are to be held subsidiary to university requirements, and the time will come in the near future when the life-work of the medical teacher will be, in large measure, within the walls of the university buildings.

I cannot leave this subject without speaking an earnest word in behalf of the hospital intern. It is to be recognized that the intern staff is indispensable in carrying on the work of any hospital, and more particularly, those of the academic type. The intern belongs to the class of highly skilled labor. Opportunity is his compensation, and there should be no exaction of drudgery. Hence, it becomes the duty of those in authority to see that he has such opportunity as is worthy of his earnest effort. The intern is the aid-de-camp of his superior; his hours of work are not limited; his personality is lost in that of his chief. It is asking not too much that provision be made for his comfort and physical welfare in the way of adequate quarters, an inviting, well-cooked cuisine and library facilities. Some provision should also be made for recreation and physical exercise, in the way of gymnasium facilities and ball or tennis courts. By an observance of this admonition, hospitals will make a substantial gain both in the type of students who will enter their service and in service rendered by the individual.

This audience, representative of the best there is in American medicine, is reminded that the hospital as an institution is of your creation; it is in every sense your ward, and responsibility for its uplifting is yours. It would be a splendid thing if a wide-spread movement could be initiated for the classification of all civil hospitals within your jurisdiction. Such a measure would tend to elevate standards and gradually to eliminate the unworthy. It would materially aid the general public in the selection of wisely conducted, well-equipped institutions; it would afford a safe criterion for the bestowal of private benefactions or for the appropriation of public funds. There is scarcely to be found a wider field for the exercise of fine discrimination between sterling merit and pressing need, on the one hand, and varying degrees of unworthiness from the imperfect to the impossible, on the other.

Believing that helpful criticism and full publicity will find a hearty welcome in hospitals of the better type, I respectfully recommend: That the American Medical Association, through its component bodies, inaugurate a system of organized inspection and classification of all American civil hospitals; that for this purpose commissions be created, either by state or county societies, under instructions to report their findings to the Council of the parent Society. It is further recommended that an appropriation to be determined by the Council be made for the prosecution of this enterprise.

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