of syphilis are of extragenital, non-venereal origin, it seems perfectly fair to assume this position, and the experience of the last few months would indicate that ten per cent. is too low rather than too high; this does not include the cases of marital syphilis or congenital syphilis. When these groups are added, it brings the number of absolutely innocent victims well up toward the fifty per cent. line. Of the cases I have reported in private practice, I think that a trifle less than 33 1/3% have been of extragenital infection. Some of these cases were unusually troublesome where syphilis was recognized, but the point of infection not determined or suspected. They have included primary infection of lip, tonsils, tongue, anus and abdominal wall—the lips and tonsils leading in frequency.

The State clinics should take, as Dr. Kelley states, a prominent position as teaching centers for the dissemination not only of arsphenamine but also of the knowledge of the disease, because syphilis is such an adept imitator there is hardly a skin lesion that it may not simulate. We have had quite a number of cases of pityriasis rosea sent to the clinic with the diagnosis of syphilis and a request to give arsphenamine. This resulted unfortunately for several individuals where the employer had been told the wrong diagnosis, which was promptly followed by a discharge from employment.

Certain of the benign infections other than pityriasis rosea are often confusing. There is among doctors as well as patients an optimistic tendency to consider a lesion of slight importance, calling it a chafe or boil, etc., without employing at that time a means of positive diagnosis, namely the dark field microscope. Bear in mind that practically a primary lesion of syphilis is never seen too early to apply this test successfully. The highest percentage of positive results is obtained in the early part of the primary stage of the disease, *i.e.*, during the first four weeks. From this time on the likelihood of a positive dark field diminishes while the probability of a positive blood Wasserman steadily increases until the development of the second stage, when the serum shows a positive reaction in approximately 100%.

I cannot miss this opportunity for urging study of the natural history and general characteristics of the disease as well as its various manifestations. The laboratory methods have

supplemented but in no way supplanted the clinical observations; and please cultivate the habit of routine examinations but make the treatment individualistic. Take careful histories. Many feel that all syphilitics are liars and that it is useless to try to take accurate histories, but in many cases a careful history is of distinct value. If a dark field is unavailable, satisfactory results can be obtained with Wright's blood stain on smears from primary lesions or mucous patches.

Consider syphilis as a chronic contagious disease rather than a venereal disease or a sex problem. The venereally infected are no worse off, and no injustice will be done the individual who is suffering through no fault of his own.

THE DUTY OF THE HOSPITAL TRUSTEE AND HIS RELATION TO THE STAFF.

BY MR. C. H. W. FOSTER, BOSTON,

Trustee, Massachusetts General Hospital.

PRESUMABLY the definition which we should put upon the word duty as used in the above title is that which indicates procedure,—proper or requisite procedure. What, then, is expected of me is that I should tell you what my experience as a trustee leads me to think is a desirable procedure in the organization and management of a hospital. But as the time allotted is short, it seems best to attempt only an outline sketch of such a hospital and in the sketch give prominence only to those points which may seem most likely to lead to discussion.

Assume the hospital is a charity hospital with a charter from the State and the usual corporation officers and a board of managing trustees. This board will have the ultimate and entire control over all the affairs of the institution, will make all appointments to the staff and to the administration, and in order to keep all its affairs in hand, all appointments, salaries, and other contractual matters will be made for the current year only. Of course, one of the first duties of the trustees of such a hospital will be to make such plans as will enable them, with the means in hand, to do the greatest good to the greatest number, medically speaking, that is, within the terms of their charter as a charitable institution. The interpretation of the word "charity" has occasioned many a discussion. Formerly the pauper only was concerned with it, but nowadays

a broader view prevails. A satisfying and, it is said, a legal definition of the word charity is: "A gift in trust for promoting the welfare of the community." Now a community is an assemblage of individuals, each of whom consists of clothes, a body, and, we will say, a soul. A hospital trustee is concerned with each of these. Every member of a community, rich or poor, should have access to the hospital equipment and organization, and it would be uncharitable to deny to them this necessary privilege; but the trustees may properly and, in fact, should, divide the community in the hospital plant, in accordance with their clothes, using this word to signify station in life. This should be done not only to conform to the whims of society, but because it is helpful to a patient's composure to be placed with those of his own standard of living and to have his surroundings and food correspond approximately to those to which he is accustomed. This means that in planning the hospital plant there will be a building for people of means with luxuries to which they are accustomed; a building equally comfortable but less luxurious and expensive for people of moderate means; and third, a building for the poor. The people of means will pay full price, the people of moderate means as much as they can, while the poor will pay little or nothing. Of course, any profit made in one branch of the institution will be used to pay a deficit made in another branch,—which in the case of a charitable institution has been ruled a proper proceeding by the Massachusetts Courts. Furthermore, this seems to be a wise interpretation, for not only does it provide additional funds for the needy but by treating all classes in the community with the same medical organization there is avoided the grading of the medical profession which might take place if the rich and poor had separately chartered hospitals. So much for the clothes,—now what will be the trustee's duty as to the body and soul of the community individual? He must see that the same professional treatment, the best that is in the doctors, is given to each and every patient alike, no matter what the clothes; and as to the soul, he must insist that sympathy, kindness, and tender care to all must be atmospheric in every part of the hospital.

Something now of the hospital organization: There will be three divisions:

1. *Professional*—having to do with the treatment and direct care of the patients.

2. *Administrative*—concerning the housing, feeding, and financial questions of the hospital.

3. *Educational*—and Scientific Department.

The Professional Division will have

The Medical Director,

The General Executive Committee,

The Resident Physician,

and the staff nurses, orderlies, etc.

The Medical Director. He should be a man of prominence in the profession. He will be appointed by the trustees and by virtue of his office will be chairman of the executive committee, but without a vote. He will be expected to concentrate all his professional activities at the hospital and may receive a salary. He will be the principal adviser of the trustees as to the medical policies of the hospital, will represent the hospital on important medical occasions, and meet medical men of prominence, and, in general, will concern himself with the medical progress and reputation of the hospital. He will take a paternal interest in the physical welfare of the hospital people and harmonize and inspire the professional work going on in the various departments. He will have no routine duties but will have authority to order the resident physician or administrator to suspend any person or action until the matter can be referred to the executive committee or trustees. In regard to the professional activities of the hospital, he will not only be considered as having every authority to investigate and interview, but he will be expected to do so—with the idea of coöperating as well as of becoming informed.

Executive Committee. It will consist of seven members, the two chiefs of the medical services, the two chiefs of the surgical services, two special department chiefs, and a junior medical or surgical man. The latter member will hold the office only during his months of service and the medical and surgical will rotate in filling the position. The medical director will act as chairman and the resident physician as secretary, without power of voting.

Resident Physician. He will have the immediate superintendence of the medical and surgical departments, except as to the direct treatment of patients, and the control of internes, externes, nurses, orderlies, and apothecaries. He will admit and assign patients to the hospital and will in general see that the rules of the trustees and the orders of the doctors as

to the treatment of patients are carried out. He will give his whole time to the hospital and will be paid.

Administrator. Before making mention of the staff, let us say a word in regard to the Administrative Department. The head of this department will be the administrator. He will be appointed by the trustees, upon nomination of their finance committee and treasurer, whose agent he will be in regard to all money matters and accounting at the hospitals. In general matters he will be accountable to the trustees, through their chairman or committee. He should be a man of business ability and experience. He will have charge of the plant and building operations, and the housing, feeding, purchase of supplies. He should create a budget of the income and expense at the hospitals, keep the various department heads informed concerning their part in it, and in general coöperate with and advise the hospital people as to proper financial transactions. All financial procedure at the hospital will be from the trustees through their finance committee to the treasurer, and thence to the administrator. Any difference of opinion or doubt regarding a money matter at the hospital will take a reverse course.

Staff. The trustees will generally ask the executive committee for nominations to the staff positions but will reserve to themselves the right to appoint any other candidate. There is an endless discussion as to the composition and duties of a staff, but let us accept this form. There will be two medical services, each with its chief, and two surgical, each with its chief. One medical and one surgical will be continuous services, the others will be so-called clinical services, in which each participating doctor will serve only a certain number of months per annum. The welfare of the community will find a distinct value in each type of service. The continuous service will provide the better opportunity for research work and the training of men therefor, while the clinical service will enable a larger number of men to get the hospital training necessary to a proper medical experience and time to engage in private practice. The introduction of a continuous service plan brings up instantly the question of a living for those who under this plan will give practically their whole professional time to the hospital. The clinical service men, with

their short hospital services, will still have time for a remunerative private practice, but how to provide for the continuous service men is the question. One plan is that the latter will be given the preference in the allotment of patients coming to the building for people of means and to the building for the great middle class—both of which classes will pay a professional fee. Furthermore, in some just way the hospital should regulate the fees and collect them for these full-time doctors and thus relieve them of the thought of a living and give them full time and thought for their professional research work. There is plenty of evidence, at least here in this eastern part of the country, that there is being lost through two sources an ample living for all the continuous service and research men who might wish to work in the hospital. That is through the abuse of medical charity and through the fact that the hospitals have not provided accommodations for people of moderate means who would willingly pay a moderate professional fee. There is no question but what there are hundreds of would-be patients who are actually avoiding treatment and suffering thereby because they cannot afford the modern-day costs of specialists and expensive medical needs. These people must be treated in some such co-operative way as is possible in a hospital, and in that way save professional time and other costs. And in regard to the abuse of medical charity, there is the legitimate and the illegitimate charity; the former where the doctor gives up his fee to get for his patient the hospital treatment, and the latter where the patient pretends to be a pauper in order to get something for nothing.

A word or two as to the duty of the trustees in their appointments to the staff. Experience seems to show that in the long run it is good policy to fill vacancies on the staff by promotions, but not necessarily by seniority. But the prestige of the hospital will fall under this plan unless the greatest care is taken in the earliest appointments. The right sort of a reputation and the proper traditions will be maintained only if good judgment is shown in the selection of the young men and opportunity and encouragement are given to them to develop. It has been contended that this plan of promoting from within is liable to make a non-progressive and self-satisfied staff and that it

is stimulating to introduce new blood by an occasional appointment from without, and there are notable examples where this has been true, but much of this stimulation might be obtained by inviting celebrated medical men to visit, lecture, and operate; and perhaps even there might be some sort of an exchange professor idea as in vogue between colleges.

Educational and Scientific Division will include the various laboratories, x-ray, and special investigation work, autopsies, record rooms, medical libraries, and the relations of the hospital to medical schools and other medical institutions. There will be a committee of at least three from the men in the hospital most interested in this work, and this committee will study the welfare of the division and further its development. The chairman will be appointed by the trustees and with others in this division, if continuous service men, should receive in some way a living from the hospital. The medical director should either be a member *ex-officio* of this committee or at all events be in constant touch with its doings and the men concerned; for as the principal medical adviser of the trustees, he will find in this department the force which attracts the young men of greatest promise and through its discoveries, the making of a great reputation for the hospital.

A final word as to the personal relations between the trustees and the staff. On the part of the trustee let it be that of an intensely co-operative paternalism,—which will show firmness when needed but which will aid and encourage to an accomplishment the ambitions and efforts of the members of the staff. But it must be a just and considerate paternalism. It must recognize the fact that the doctors and hospital people are human, that they are, as a rule, over-worked, and that as to money and recreation they are denied their fair share. Their compensation lies largely in the success of their work. The trustee must establish standards which will create respect and make effort worth while, then encourage all hands to forget themselves in the accomplishment—and we will have a real hospital both in name and spirit.

THE RELATION OF THE MEDICAL STAFF TO THE TRUSTEES AND ITS DUTY TO THE HOSPITAL.

BY EDWARD H. NICHOLS, M.D., BOSTON.

THE duties of the medical staff and of the trustees are reciprocal, and not opposed. This fact is not always appreciated, for sometimes the two bodies appear to act at cross purposes. When staff and trustees do so act, it always implies lessened efficiency of the hospital. It should not be a question as to which body has the greater authority—it is a question as how best to divide authority to produce the best administration of the hospital for the benefit of the patient. Some of the duties are obviously divided. The trustees naturally should have entire charge of finances—partly because doctors, as a class, are notoriously poor business men. The “hotel” end of the hospital also should be entirely in the hands of the trustees—that again is a purely business proposition. The doctors must have entire control of the medical and surgical care of patients as that is purely a professional question, about which trustees, as a class, can have no intelligent understanding. When it comes to questions of hospital policy, for instance, what classes of patients should be treated, how cases are to be assigned to hospital services, the relations between friends of patients and the hospital, the question of free or paying patients, and many similar questions, the best of advice of both trustees and staff is needed to settle these matters wisely, and such questions should be settled only after conference of both bodies. Any assumption by either body that it possesses sole authority and wisdom, is likely to lead to a one sided decision, dissatisfaction, friction, and inefficiency. While it may be said that legally trustees have the greater authority, it also is true that the medical staff is what makes a hospital first class, mediocre, or poor. A good board of trustees with a poor staff cannot make an efficient hospital. Yet a board of trustees composed entirely of medical men is very undesirable—on all hospital boards of trustees, the medical men should be in a distinct minority. Therefore, for an effective hospital, trustees and staff must coöperate.

What does the staff owe the trustees? Primarily, professional work done to the best of its ability. Members of a hospital staff are given unusual clinical opportunities which should make them more competent than the general run