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THE HOSPITAL AS A FACTOR OF INTEREST TO THE MEDICAL PROFESSION *

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The hospital as a factor in civilization began almost back in the dark ages when military commanders, chiefs of clans and monarchs were compelled to maintain some place in which to take care of their sick and hurt soldiers. The principle underlying the hospital in those days was a wholly selfish one and contemplated merely the fighting strength of the army.

At a later day some of the religious orders began to care for the homeless and helpless within their domains. One hundred years ago society as a whole began to consider its obligations to the poor and helpless who were sick, and the first civil hospitals were created. Little by little and step by step these hospitals grew in grace, physicians began to frequent them in their studies of medical science, and it is from this period that the hospital dates as a real factor for the common good. Many can remember when the hospitals in this country were places to which might be sent only those who could not be cared for elsewhere, and no one who had a comfortable home and the means of employing physicians and nurses ever voluntarily went to the hospital.

With the improvement of methods employed in the cure of disease, and the better equipment of the hospitals, came a new period, and in desperate cases surgical patients were ordered to hospitals since these furnished better facilities in which to do surgical operations. Then came the germ theory of disease and antiseptic surgery, and the patient's home was recognized as no longer furnishing the field for a surgical operation or the facilities to perform one. The hospitals in those days reeked with vile odors of carbolized oils and iodoform and iodine and other ill-smelling stuffs supposed to have the magic power of destroying germs of disease.

Then followed a better day than all, the days of aseptic surgery and aseptic medicine, in which cleanliness was regarded as the very acme of godliness. We had a period in which the hospitals were clean and sweet, in which the sweetness of flowers was permitted to pervade the atmosphere of the sick-room and the corridors. It was then that people began to frequent the hospitals voluntarily — they no longer felt that an order to go to a hospital was a sentence of death. This brings us to a period perhaps ten or fifteen years ago. Within that time the practice of medicine and surgery has made vast strides; pathology has come to mean much, and bacteriology even more. We have learned

that certain pathologic conditions of the system are made manifest by certain conditions of the blood and the secretions; we have devised means of ascertaining these conditions and of measuring their significance, and by these various means we are now able to diagnose disease more certainly and more accurately than ever before. Moreover, we have learned to treat disease far differently and to use physical apparatus, electrical instruments and devices of various sorts that are now recognized as the equipment of the modern hospital.

A period has come in which all men, women and children who suffer with even the ordinary ills of life — all actually sick persons — must be taken to the hospital if they are to receive that care and those means of cure which the science of medicine is now able to provide; so that the whole problem of our civilization so far as the sick is concerned has shifted, and to-day it is not the homeless and the helpless alone who are permitted the benefits of the hospital, but all sick mankind.

A few years ago the adequately equipped hospital was a clean house with clean floors, clean walls, a clean bed, indifferently trained nurses and a doctor whose sole means of diagnosis were his ear, his eye and his touch at the bedside of the patient. To-day such a hospital is inconceivable, and the modern hospital must be equipped with a laboratory of pathology to aid the surgeon or physician in his diagnosis, a laboratory of bacteriology, in which the heterovaccines and autovaccines are made and employed, a department of physical therapeutics for various sorts of exercise of the various parts of the body, for hydrotherapeutic and electrotherapeutic treatment, a department of dietetics in which patients may be fed by the doctor's prescription and their food measured in terms of calories and chemical constituents; an operating department, aseptic, with all which that term implies; a milk laboratory for the formulation of food for infant-feeding, and a vast list of machinery such as blood-pressure apparatus, instruments for measuring the hemoglobin, microscopes and instruments for counting the blood-cells, x-ray outfits not alone for diagnosis of fractures of the bones but for diagnosis of lesions of the soft tissues and for treatment of certain parasitic diseases and for the treatment of certain neoplasms, including cancer forms, apparatus for introducing normal salines and other fluids into the blood-stream subcutaneously or intravenously, and so on down the list almost *ad infinitum*.

In this modern hospital the division of units must be made so clear and convincing that an infinite variety of diseases may be treated without fear of cross-infections. The communicable diseases of childhood must be cared for so that a child brought in suffering from one disease may not contract another before it leaves the institution. The idiopathic erysipelas of the medical ward must not be allowed to communicate the infection to the surgical

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

department. In the maternity department there must be such rigid technic and such inviolable rules of conduct that the puerperal woman may be cared for and cured without endangering the health of the other patients in the department. It is impossible always to prevent the occurrence of thrush or ophthalmia neonatorum, but it is no longer forgivable that one case shall be followed by another. We recognize the epidemic forms of cerebrospinal meningitis and poliomyelitis, but we do not forgive the establishment of these epidemics in the wards of the modern hospital.

From these fundamental principles of hospital administration has grown a profession in which the architect in all his branches must co-labor with the pathologist, the bacteriologist and the specialist in all the branches of medicine and surgery, a profession which we have come to call hospital administration.

Now let us retrace our steps a moment for a brief review of what has been accomplished in this direction. As far back as 1863, Florence Nightingale published a book on the hospital of that day. Her plans down to the minutest detail show the hospital unit almost precisely as it is to-day—the ward flanked by the service-room, the bath, the toilet, the slop-sink room, the convalescents' dining-room, the linen room, the surgical dressing-room, the supply-rooms and the medicine-closets. We have not gone far to improve on this old unit—it is the same to-day as it was then, but the details are vastly different. The hospitals of that day ignored cracked floors, carpeted wards, holes in the walls, pictures hanging on moldings, upholstered furniture, crevices everywhere as an abiding-place for microbes. The structures were of wood, literally tinder-boxes, with a power plant in the basement as an added danger of fire.

To-day our units are the same, but our construction is steel and concrete, the monoliths and polyoliths; we have no carpets and dust-catchers; our furniture is of white enamel, not only to deny an abiding-place to micro-organisms but also in order that the supervisor may see where there is dirt. We have forsaken the old-time heat registers with their dust and soot; we have steam radiators that give nothing into the sick-room; we have screens on our windows to deny admission to the fly and the mosquito and other insects that may carry the organisms of disease. We know that sunlight is one of God's ways of curing disease and that fresh air is one of the greatest physicians in the world, so that we build our modern hospitals with windows facing to the sun, with air-space measured in terms of cubic feet for the sick.

We have serving-rooms for feeding the sick as they did in Florence Nightingale's day, but our method of feeding is vastly different; the pathologist has told us that the diabetic must be fed on certain kinds of food carrying certain chemical constituents, that the nephritic must be fed on very different foods, and that those suffering from certain other disease must have their diet measured in rigid terms, so that to-day we have advanced in this department to a stage at which the physician may measure his chemical skill by means of practical metabolism against the unrhythmical and unhealthy functions of the organs of the body, and so by testing the laboratories as they are constituted he may build up a warring frame, and at the same time withhold those chemical poisons that are responsible for the patient's downfall. We have reached a time when we may see through the microscope and by our various scientific means the very processes of functional activity, looking almost as it were through a glass on the inner workings of the various organs of the human body.

Some of these thoughts must present themselves to us as we meet here to-day to inaugurate the Section on Hospitals of the American Medical Association. We meet for the first time to recognize a new specialization in the science of medicine—that of the hospital administrator, that of the specialist whose duty it is to present to the modern physician the facilities which he needs for the care of his patient. In the creation of this section, the House of Delegates, our governing body, has given a new impetus to the principle long ago recognized by some of us—that the hospital administrator must be one who is versed in at least the principles of the science of medicine, in order that he may coordinate the activities of the hospital and its varied facilities with the scientific work of the physician in charge of the patient. Many years ago a few medical men were placed in charge of hospitals, but mostly they were men who had failed in the practice of their profession, or were broken down in health and no longer able to bear the hardships of practice; they were usually men unskilled in commercial activities. Our profession is one that notoriously unfits men to deal with other business in the marts of trade—with the buying and selling of supplies, the handling of help and the management of employees, in the critical review and approval or disapproval of architectural plans, the economies of the power plant and the various physical activities incident to the administration of a hospital. Is it any wonder then that these men failed in their task? And they did fail, and in their failure brought reproach not only to their profession, but to the hospital in which their activities were employed. But within the past few years there has grown up among us a new class of men, men reared in the colleges, graduated from the best medical schools, trained in the fundamental principles of their profession, in internship and staff positions in the hospitals and who then, prompted by some special fitness that has been demonstrated in their careers, have selected for themselves the medical specialty of hospital administration, just as other men had selected other specialties. There are not many of these roundly equipped and practically trained medical men to-day, but their number is growing and the demand for their services is great.

If this section of the American Medical Association is to achieve anything—and we are solemnly impressed with the fact that it is to achieve something—then its greatest field of usefulness will be found in that junction between the medical practitioner and his work in the hospital. We are not alone attempting here to help the hospital administrator grow great in his field of usefulness, but as practitioners of medicine we expect him to help us grow great, to learn many things in hospital procedure, the use of apparatus, methods of doing new things, and of doing old things in a new way. We expect him to help us train our interns in order that the younger men in the profession may be better in this community of interest.

So let us join hands, this little body of men who are here, and let us say to each other: Here is a nucleus for a great field, for a great work; we will help each other and bring in others to help us and themselves to the end that the hospitals of this broad land may be better built, better equipped and better administered, and in order that the medical man of to-day and to-morrow may do his work better because of these physical and moral improvements, all to the common end that humanity may profit by this, the small beginning that we meet here to celebrate to-day.

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