

XVIII.

THE EVOLUTION OF THE MODERN HOSPITAL

Helen Shonyo

PREFACE

To conduct a study of the modern hospital--its beginnings and its growth, its failure and its triumphs, its needs and its future--is indeed fascinating. To determine a means whereby the routine care given the hospitalized patient may be accomplished by the hospital organization in a manner most conducive to the recovery and happiness of the patient, and most efficient in time and expenditure of effort has been the purpose of the study. It is my belief that this interest secretly haunts the conscience of every nurse, be she student or graduate and I feel that this summary of what we are doing today and what we could do theoretically may prove of interest.

Helen Shonyo '39

The Evolution of the
Modern Hospital

There has since the beginnings of society been a deep inner chord of feeling struck in the human soul by the suffering of his fellows. It is only natural that the need created through this impulse should find its expression within the religious temples of the civilizations. For, example, all that we know of the medical practices or the hospitals in the era of Hindu and Egyptian civilization is through their church records. Here, too, we find account of the many drugs that were known and used, and here occasionally the mention of the great surges of epidemic diseases which probably had much to do with the downfall of their respective civilizations and the resulting loss of the medical progress they had made.

The people of Greece depended, too, for much of the curing of disease on the religious precepts set down by their priests. Their hospitals were often temples built in the country, on a hill, so that the patients might profit from the atmosphere of peace and quietude. The Greeks believed in sunshine and used it much in their therapy as well as hot and cold baths and the cleaning of wounds by the "holy" snakes. The snake was a symbol of the Grecian medical diety, Esculapius. The whole medical practice was overshadowed by religious superstitions, yes, but they did much to lay a foundation for our present science. It was here that the first clinical records were kept and it was in 460 B.C. in the temple of Kos that the man we call "the father of medicine," Hippocrates, was born to a mother herself a midwife. If these Greek temples gave nothing more than the environment for the growth and development of Hippocrates, they contributed much to both hospitals and medical science.

When Rome had conquered Greece and absorbed her culture into the Empire, the great Hippocrates was coming into his own. Through his enthusiasm the hospitals were applying many of the better principles of medical practice and nursing care.

The military hospitals of Rome must have been important since the Roman world was one of endless conquest and battle. We must realize that these hospitals, crude as they were, served conquering armies.

In Rome too, were almshouses and hospitals devoted to the care of crippled and orphaned children, which were endowed by men grown rich from the spoils of battle. Following the death of Hippocrates, Galen continued the great physician's work and proved many of his principles at the same time setting down records which we value highly today.

"The story of the birth and evolution of the modern hospital is an accurate index of the triumphs of civilization over barbarism, of altruism over egotism, of a slow but certain upward struggle against individualism and of a progress toward an ideal as characterized by a whole hearted interest in the welfare of the community as a whole."¹ It is, therefore, not surprising that the precepts put forth by the Christian religion should increase the growth of hospitals. In 364 A.D. Justinian was instrumental in building the great of St. Basil at Ceasarea. It was in itself a whole community for the sick, aged, and orphaned. In the few following years Fabiola endowed a public hospital as a religious penitence. "Nursing inspired by religion was gentle and considerate, but the medical precepts of Hippocrates and of the Greek physicians were unfortunately discarded because of their pagan origin, while mysticism and theurgy were steadily creeping in."²

¹MacEachern, Malcolm T.: Hospital Organization and Management: p9

²ibid. p 12

As the "gandeur that was Rome" crumpled into the dust of the Dark Ages there came a period of darkness in the study of medicine. However, when the Christian world began to make Crusades to the Holy Land the need for hospitals increased, especially along the route of the Crusades. The feudal system gave men an existence, little more, "They were born and died in due time. It was the will of God, so be it. Humanity was helpless against illness for there was no impetus to be otherwise. But when the people began these pilgrimages to the Holy Land, they began to have a purpose in living. Besides, the adverse travelling circumstance gave fertile ground for great plagues. It is not then surprising that this need should be first seen by the order of monks it being their affair to offer comfort to the pilgrims. Out of this recognized need grew the Order of St. Johns Hospitallers, and others who organized refuges, hostels, for the ill and road-weary Crusaders. Some of these orders founded at that time still exist in Switersland and offer help to lost or injured mountain climbers.

During the Mediveal period there was a surge of hospital growth seen both on the continent and in England. Established at this time we "three famous London institutions--St. Bartholomew's in 1157, St. Thomas' before 1207, and St. Mary's of Bethelhem in 1247."³ St. Bartholomew's cared for the sick poor not merely as an almshouse but taking obstetrical cases as well. St. Thomas' burned in the London fire and was rebuilt in 1228. "St. Mary's of Bethelhem was the English hospital used exculsively for the insane. Shortened to the name of Beddelem and later to Bedlem this institution was so notable as to give a new word to the English language."⁴

³ ibid. p 15

⁴ ibid. p 17

"The Hotel Dieu of Paris, regarding which there is abundant historic material, was probably typical of the better hospitals of the Middle Ages. Organization of service at Hotel Dieu was somewhat similar to that of modern hospitals. Each department had a chief, one of the brothers bought food, another was responsible for drugs, a sister was in charge of the laundry, another saw to the making of bandages. Twice each year the provisor, prototype governing body made an inspection of the entire building. "The institution was quite self-contained in that it maintained a bakery, an herb garden, and a farm.....Often times, patients who had fully recovered remained at the hospital to work on the farm or in the garden a few days in appreciation of the service which had been rendered to them."⁵

At this time there were many hospitals in Paris not, surely, as excellent as the Hotel Dieu, but giving relief to many suffers through the kindly nursing care of the sisterhoods.

All hospitals during the Middle Ages were not so efficiently managed even as the others in Paris. "Pictures as well as records prove that in many of them it was common practice to crowd several patients into one bed, regardless of the type or seriousness of their disease. It made no difference if one was suffering from a contagious disease. The individual who was only mildly ill might be placed in the same bed with him, and it was not uncommon for a patient, on awakening to find a corpse beside him. Segregation of the more serious cases was not generally practiced. There were too few beds but many attendants. Much efficiency was lost through lack of discipline and improper

⁵ ibid p 20

supervision by ecclesiastical authorities."⁶

Due to church interference the practice of surgery was forbidden, as was the study of anatomy. "Medieval therapy was deplorable. The favored methods of treatment was based on the principle of "similia similibus", treating jaundice with yellow flowers, blood disorders with the juice of red herbs, and disgusting diseases with even more disgusting remedies. These failing the saints were invoked, St. Vitus to cure chorea, St. Anthony to heal erysipelas and so on. The church, all powerful, forbade dissection and opposed experimentation in any form. Even nursing care degenerated among many of the orders which, on becoming powerful, swerved from their original purpose and neglected the sick"⁷

However, in contrast to the general deterioration in medicine, were the efforts of the monks who copied by hand the writings and precepts of Hippocrates and kept them for the basis of modern scientific knowledge.

There came, with the Renaissance a new interest in scientific knowledge as well as in aesthetics and we see the development of the Long-robed surgeons and the ~~Barbar~~surgeon(who probably did superior work in that period). In 1506 the Royal College of Surgeons was organized and has continually made progress in their study of the human mechanism.

In England at this time, due to the reformation, hospitals were ordered closed and the sick turned into the street. Resulting conditions were so terrible that the citizens petitioned King Henry the Eighth to allow the buildings to be used again to care for the sick. Some of these citizens also gave financial support. As a result St. Bartholomew was restored in 1541.

A recently published diary of John Knyveton a surgeon in 1751 gives us a picture of St. Batholomew's as it was two centuries after

its restoration. Speaking of his first days there as a student he says:

"Doctor Urquhart at the entry changes his peruke for a tie wig and put on a short coat as his fine full skirted one would brush the walls and sweep from them the lice and other insects which infect them. The wards at first sight are rather curious; the beds of moderate width and containing not more than three to four patients, but these placed so that the feet of one to the head of another so that each receives not the tainted effluvium of their respective complaints. In the infants wards there were of course anywhere from six to eight in one bed. Pregnant women have their own ward to which they are taken when the pains seize them but from the press those in the earlier stages are frequently put to lie with those about to die, so that comfort is had by both. The air rather foul, especially in the surgical ward, which lies at the end of the great Hall where all the general cases lie, but this of course no more than can be expected since the windows cannot be allowed open. For the safety of those that minister to them it is customary for these to carry some prophylactic which can be held to the nostrils; the attendants as a rule carry a sponge soaked in vinegar."⁸

It is rather interesting to note that about this time a frenchman invented an apparatus to pump stale, foul air out of public buildings. This attained somewhat large usage on the continent in both hospitals and hotels. We may suppose it to be the embryo of the modern air-conditioning systems which have played such an important part in the advance of comfort for both summer and winter in not only hospitals but trains and theatres ect.

"Although institutions for the care of the sick were numerous, the first half of the nineteenth century stands as a dark period of

⁸ Knyveton, John; Gray, E: The Diary of a Surgeon 1751-2, 1937

hospital history. Surgeons of the day had sufficient knowledge of anatomy to lead them to perform many of the ordinary operations, and as a result more surgery was probably undertaken than at any previous era. But there was one important difference; whereas the medieval and ancient surgeons had sought to keep wounds clean, even using wine in an attempt to accomplish this purpose, nineteenth century surgeons believed suppuration desirable and encouraged it".⁹

As a result the stench of the surgical ward was almost unbearable (if it were such to the doctors and attendants who write of it, what must it have been to the patients?). All surgical complications were as common as measles in childhood. Far more died of infection hemorrhage and gangrene than recovered. "Nathan Smith early in the second decade of the century, courageously advocated the use of bichloride of mercury solution to reduce infection, but his ideas did not even provoke ridicule; they were simply ignored."¹⁰

Nursing was, if possible, on even a lower plane than surgery. In the eighteenth century lay people continually replaced the religious attendants who in spite of the ecclesiastical supervision had rendered "untiring and devoted service" to the sick. The lay people were of a low class both mentally and morally and were unable to meet the needed long hours of physical strain that had been met by the religious orders. Often the nurses were of a criminal class, they not only abused the patients but stole their belongings and in other ways exploited the patients who fell into their hands. Thus was the status of nursing until Florence Nightingale began her struggle for new methods and higher standards both for the nurses and the service rendered.

⁹ Op. Cit. 1, p 25-29

¹⁰ ibid p 29

"To the modern hospital worker who takes for granted hospital cleanliness and kindly treatment of the sick, the magnitude of Florence Nightengale's service may be incomprehensible. To properly appreciate her work it must be remembered that for more than a century previous to her organization of nursing service, hospitals had resembled the worst kind of prisons where those who were so unfortunate as to be ill were at the mercy of attendants who were both heartless and ignorant."¹¹

Though the first hospitals on the American Continent were built as early as the sixteenth century, the first in the United States was not built until 1663 when one was opened on Manhattan Island for the care of the sick soldiers. Following this, shortly other small hospitals were opened in New Amsterdam, as well as pest houses in Salem, Mass., and Charleston, N.C.

In most of the towns there were only almshouses which in an emergency sheltered the sick poor. Among these was the Philadelphia almshouse, which in 1732 was rebuilt on the Blockley township and thenceforth became known as "Old Blockley". By 1742 the almshouse "Old Blockley" had become a hospital in the current sense of the word and shortly the care of the sick became its chief duty. "Tracing its history back to "Old Blockley", the Philadelphia General lays claim to being the oldest hospital in the United States."¹²

"Philadelphia was also the site of the first incorporated hospital in America, the Pennsylvania, which has become an outstanding medical institution. It had its origin in the desire of Dr. Thomas Bond to provide a place where Philadelphia's physicians might treat their private patients. With the active aid of Benjamin Franklin he besought a charter for such an institution which was granted by the Crown in 1751. Franklin helped to design the structure and in 1755,

¹¹ ibid. p 20

¹² ibid. p 21

the hospital, quite modern in plan with a center administration unit and two wings, was opened to the public. The first staff consisted of Dr. Phineas Bond, Dr. Lloyd Zachary, and the founder, Dr. Thomas Bond, all of whom gave their service without remuneration for three years. Benjamin Franklin was its first clerk and served as president from 1755-1757. One of its most prominent staff members in later years was Benjamin Rush."¹³

Twenty years later New York was still without a hospital, even though there were nearly 300,000 inhabitants. There had been no hospitals since the previous century. In 1771 with the aid of funds from English citizens the Society for the New York Hospital headed by Dr. Jones, who had written a noteworthy treatise on the disgraceful conditions existing in Europe, received permission to build a hospital. It was indeed to be a model structure. The plans included only eight beds to a ward, good ventilation and all the facilities that were known in caring for the sick at that time. Though the interior burned before the building was completed, it was rebuilt in 1776 and used by the British troops during the Revolution as both a barracks and as a military hospital.

Later this hospital gave instruction in nursing, supervised by Dr. Valentine Seaman. Here were to be many of the highlights of the growth of medical service in the United States such as the first use of vaccine for smallpox and the first ambulance service. "Although the main divisions of the New York Hospital were moved in 1870 to a new building, the institution is regarded as having given continuous service since the time of the Revolution."

Like "Old Blockley", Bellvue hospital, traces its ancestry to a public almshouse, New York Public Workhouse, "in which one large room was devoted to the care of the sick." In 1796 it was moved to

¹³ibid. p 23

¹⁴ ibid. p 24

the site where it stands today. Since 1820 when it was given an additional fever hospital, it has progressed to the institution it is today.

There were at this time many other noteworthy institutions among which were the Massachusetts General, the French Hospital in New York, and the Boston Lying-in Hospital. "The movement continued to spread until every important town in the United States had a hospital of some kind.

Following Florence Nightengale's experience at the Kaiserworth of Pastor Theodore Fleidner and his wife, and her administrative experience at the Crimean war base, she returned to England to be instrumental in founding the Nightengale School for Nurses at St. Thomas' Hospital. Through this school she has pioneered the nursing education of the whole world.

About the time Miss Nightengale was beginning her school in England there was a great awakening in the field of medical science and with this progress came the discovery of surgical anathesia, the organization of the American Medical Society, the work of Semmelweis and Holmes in the research on puerprel fever, and the discovery of the cause a few years later by Pasteur. We must mention the work of Lister as he lay the foundation of modern surgery through his use of antiseptic technic. "The discovery of anathesia and the principle of antiseptis are to be regarded as two of the greatest influences in the development of the modern hospital. True, patients did not flock immediately to the hospitals as the result of these discoveries. Indeed, as late as 1873 there were only one-hundred forty-nine hospitals in the United States with a total bed capacity of 35,453. But ground was being prepared for the remarkable growth of the tweintieeth century." ¹⁵

¹⁵ibid. p 22

The Twentieth Century
Hospital

"Looking back upon hospital progress from 1850 to 1900, the period is seen as one in which the science of biology, cellular pathology, clinical microscopy, bacteriology, and physiology were founded. It was a period of intensive work and remarkable achievements in the abstract sciences as contrasted with the present emphasis on the individual patient and his ills. But an increased knowledge in the abstract sciences was a necessary forerunner to the modern clinical laboratories, the X-ray department, the operating room, the physiotherapy department; all of which have transformed hospitals into veritable oases of health. Though the medical and nursing professions of the latter half of the nineteenth century did not reap the full reward of the discoveries made by them or during their time, they provided the present century a firm foundation on which to build."¹⁶

With a century of struggle behind it the twentieth century hospital became more than an unfeeling institution. It became the expression of the community realization of the right to health which belongs to every citizen, rich or poor. It became the symbol of "man's inalienable right to keep well."

"This right and this responsibility belongs to all strata of society: to the indigent who must depend entirely upon the community for his care; to the man of the moderate earning class who cannot and will not accept charity but who, if he as an individual were required to pay for all the means of diagnosis and treatment, would be forced to be without these services; and the wealthy man who is both willing and able to pay for all he needs or desires,"¹⁷

There is then four functions requisite to complete the purpose of the hospital. They are first, to care for the sick and injured, secondly, to educate physicians, nurses and other personnel; thirdly to prevent disease and thereby promote health; and lastly, to

¹⁶ibid p 22

¹⁷ibid p 29

advance scientific research.

"The primary function of the hospital, the one which has never been lost sight of throughout the whole of its evolution is to care for the sick and injured, while other important functions have developed, they are subordinate and are recognized as part of the responsibility of the hospital because they contribute indirectly to the care of the sick."¹⁸

The first requisite for the care of the sick is adequate accommodations. It is gaged by the physical condition of the patient. The man who is very ill or who is very sensitive should be provided with a private room; but the patient who is convalescing may be aided in recovery if he is with other people. In this case wards of two or more beds are suitable. To an extent financial status must be considered. So far as that if the patient who is able to pay wishes a private room throughout his illness, it should be provided.

Proper facilities for diagnosis and treatment constitutes a part of the hospital's duty in the service of humanity. Probably next most important is the nursing care and the next the food service. It has been said that "the way to a man's heart is through his stomach" and the adage is just as true of the sick man. It takes great imagination and understanding as well as skill to make the diet of the sick patient both wholesome and appetizing and to make the tray attractive. Within recent years diet therapy has advanced and dietetics has become a science in itself, it requires therefore the administration of trained dietetic authorities.

All the knowledge that has been accumulated by society in the years of experience must be available to the patient. Not only must it be there, but the patient must be made to feel that it is there--at the very finger tips of those responsible for his care.

And not only must his care be according to the best scientific principles but it must necessarily be sympathetic and considerate. Nor should adequate care stop when the patient is released from the hospital, his illness must be followed through before the case should be closed. Strange as it may seem this service is more often lacking among the middle and richer class than with the indigent.

In order that the primary function, to care for the sick, may be carried on successfully a competent administrative staff must head the functioning hospital. Since a hospital is such a complex organization highly trained and specialized people must be employed. "Some of these receive a part of their education elsewhere but in nearly all cases a definite portion of their training and experience¹⁹ can be secured only in the hospital." Though a hospital may not always be a laboratory for the instruction of students it is always a teacher to the nurse(who learns continually even though she is no longer a student), to the patient who must learn to adjust to the hospital situation, and to his friends who must be taught to understand the policies of the hospital and the limitations of disease.

It follows then that the hospital which is a laboratory of instruction provides education for the doctor, the nurse, the patient and his friends, the attendant, the maid and the orderly. They all must be taught "the value of work rightly done" if the primary function is to be carried on most efficiently.

As a third function the hospital aims to promote health. This requires both the teaching of the patient and his friends who come in direct contact with the hospital and the cooperation with other health promoting agencies in the community. "Preventive medicine is rapidly taking an equal place with curative medicine,

and it is the duty of the hospital with its medical staff, trained personnel, and specialized equipment to cooperate to the fullest extent with the public health departments and other bodies working in this field."²⁰ Many disease not necessarily communicable could be prevented if they were known early enough. Therefore, the hospital should advocate thorough physical examinations. It must then do its part in the education of the public to recognize signs of preventable diseases such as cancer, early heart disease, and syphilis. The public must learn the channels through which they must go to receive treatment. It must be made easily accessible to them.

To advance scientific research is the fourth function of a hospital. Clinical bedside research may be carried on by the hospital but it should include the whole illness even after the patient has long returned to his home. However, the only place where satisfactory research in bedside nursing and its problems which pertain to the care of the sick may be carried on is the hospital. All good work must necessarily contribute somewhat to research as also must clinical records and case studies.

"During the earlier years of the twentieth century the advancement in medical science and improvements in hospital service resulted in a new attitude of the public toward the hospital. People realized the advantage of hospital care and were becoming accustomed to the use of the hospital to such an extent that the existing institutions were found inadequate to meet the demand. The result was that between the years of 1920 and 1929 a wave of hospital construction swept the United States and Canada, at one time involving an expenditure of approximately a million dollars a day. So rapid was the increase in the development of hospital equipment that today the investment represents a sum of more than 3,500,000,000 dollars."²¹

²⁰ ibid p 30

²¹ ibid p 41

At the present there are many types of hospital classification. They depend upon the country, the medical economic system, and the type of patient for which care is offered. "While hospitals may be classified as governmental or non-governmental, pay or free, organized for profit or not for profit, church fraternal, or otherwise, the functional functions of the hospital must be expressed in the institution itself and vary in the degree to which they are carried on, depending on the physical and financial resources and the community needs. Sometimes the so-called private hospital or institution organized for profit is looked upon as commercial in its organization and functioning. Where the administration and medical staff of such an institution are characterized by a true humanitarian spirit no such accusation can be made."²²

"It is possible to make a more intangible classification of hospitals, which typifies the spirit of humanitarianism and places all hospitals in one of the six following groups: stagnant, mediocre, minimum, eminent, and progressive. Every institution worth of the name, hospital, should belong to the eminent and progressive group."²³

Problems in relation to hospital organization and management have become more complex in the twentieth century than ever before in history due to the complexity of all human endeavor, the higher standard, the greater speed communication and living in general. The years have taught us many a lesson but there are yet many to learn. Related in objectives, ideals, and purpose the hospitals of the East and West vary greatly in several phases such as the actual organization, the financial background, the type of architecture, and the type of service given. They vary too in such immediate problems as the employment, training, and licensing of the subsidiary worker, and the acceptance of the principles of

²² ibid p 41

²³ ibid p 41

medicine socialized.

The Western hospital of today has been built as have all western institutions on the detrimentation of the western pioneer, pioneers who braved the frontier and who stirred within the hearts of the people the interest in the need for medical centers, for good western hospitals. It was without great endowments and with only the support of the none too rich that the hospitals of the West became reality. There has prevailed throughout the years a spirit of humanitarianism which prompted the hospitals beginnings and which has kept them the kindly, generous, less formal than cultured institutions which they are. They are not so many as the Eastern and neither are they so huge but their foundations are firm, there is room to grow.

We would then build a hospital in the West for it is more familiar to us and the stretch of imagination need not be so great. The Oregon country, especially the Willamette Valley is so ideal of climate, so filled with beauty and with so great a soul, that a hospital in such a setting would be worthy of the old Grecian theory of the therapy of the peaceful world.

To be of utopian character it must be free of financial worry, yet there must be a sense of economy present that the money available is used to the best advantage. Let it be most ideally a hospital of and for a middle class people; people who would not be able to accept charity, and who could not afford the best medical service. yet to whom under a truly democratic economic system would have it available to them. This paper cannot consider in scope the solution of the problem but serves only to set the theme of the hospital utopia.

General Specifications of
The Ideal Hospital

The first step in the building of a hospital is to arouse the interest of the public who will be both the backbone and the beneficiaries of such an institution. Usually a preliminary organization is formed to consider the feasibility of the idea, the need, the ability to finance and the availability of a site along with other details. It may be sponsored by a lay, governmental, or a professional group with slight variation in organization but with equal success.

"As soon as the preliminary organization is given authority to act it will select a competent surveyor or hospital consultant who will be instructed to make the survey and report back to the committee. In order to make a proper selection the committee must know the qualifications required of a consultant or surveyor. He must be a man who is capable of ferreting out details of the status of individuals or organizations, with the ability to select the true from the false, that is, he must be a judge of men; he must be reasonably familiar with hospital construction in its relationship to cost; he must have knowledge of community problems as they are met and solved by the hospital; he must know hospital administration, he must have had experience as a hospital administrator; he must have the honesty which will enable him to draw conclusions from the facts as he finds them, regardless of the prejudiced views which will be presented to him; and finally, he must have that fearlessness which will prompt him to report his honest convictions, whether or not they agree with the preconceived ideas of the committee."²⁴

Preferably he will be a professional consultant from outside the community, unbiased in his opinions and able to give the expert advice needed in planning a stable institution. In arriving at conclusions and making a report the surveyor will sum up the whole situation. In this he will require a keen, judicial mind

which has been trained by experience." This report being favorable and the financial support being available the governing body should be appointed and by them the acting consultant who would be directly in charge of the project should be selected. The employment of the architect, the preparation of plans and specifications, and the selection of a site are the next problems. At the same time arrangements for the medical staff should be considered.

We must keep in mind continually that the purpose of the hospital is to care for the sick. Even in selecting the site this is important. The selection will usually be made by the hospital consultant, based partly on the recommendations of the surveyor and with the following considerations in mind.

- "1. Accessibility to transportation and communication lines. The site chosen must be close to public transportation and good roads. It is necessary to consider this accessibility to the community in its relationship to patients and visitors; of equal importance, also, is transportation of the large amounts of supplies which will be used. Transportation costs are expensive; if the site is difficult of access it will reflect the cost of operation.
2. Availability of public utilities. The hospital will require sewers, water, gas, and electricity. Before a site is finally selected the governing body must be certain that these utilities will be available to adequately supply the need of the institution,
3. Proper elevation for good drainage and general sanitary measures. This is a universal principle which should apply to all institutions where people are congregated in large numbers. Such a consideration applies particularly to a hospital.
4. Freedom from nuisances such as noise, smoke, and odors. The reaction of the patient to such conditions is sensitive. Therefore,

if the welfare of the patient is given best consideration there must be quiet and an abundance of clean air which is not contaminated by the vapors of traffic or industry.

5. Adequate provisions for a maximum of air and light to all parts of the building. Air and light are important factors in the treatment of every patient and cannot be placed in the background. In addition the health of the personnel in the institution must be taken into consideration. There should be unobstructed exposure to prevailing winds; the site must favor orientation of the building to allow a maximum exposure to sunlight.

6. An environment conducive to the comfort of the patient. The physical and mental reaction of the patient to his surroundings should be such as will be conducive to his pleasure and comfort. The outlook must not be unnecessarily limited. Undoubtedly being able to see beautiful scenery is an advantageous factor in the patients' convalescences and recovery.

7. Possibility of expansion. Experience has proved definitely that on the average every hospital needs expansion every ten to fifteen years. The time to provide for expansion is when the new building is being planned. It is wise, if financially possible, to secure a site which is much larger than required for immediate needs.

8. Costs. In a smaller community all of the above considerations may be provided in a site locate on the outskirts of the town where a large tract of ground may be available at a lesser cost, than in the more populated part of the city. In a larger city however, it may be impossible to obtain a site on the outskirts because of the greater competition in availability, accessibility and utilities."²⁵

Thus a site far above a city on a hill where yet the mountainous wilderness exists in all its naturalness, yet where the ground has been broken so far as utilities and transportation is concerned is an ideal location. Not too far from the population center yet far enough for quietude, not high enough to make transportation difficult but of an elevation which would allow for the fourth, the fifth, and the sixth recommendations. The governing body, thus having selected the site, thus having at their fingertips financial backing to be used frugally and wisely but fully in the development of a fine and lasting institution; and having appointed someone trained and experienced in hospital construction to go ahead with the planning in cooperation with the architect, have accomplished their beginning.

Built to serve the middle class it must not be too elaborate in structure and design but must be simple, in good taste always, a building of endurance and in itself a symbol of peace. The plans must be made slowly by people who have an understanding of the working hospital and of the requirement and limitations of illness. It will require as well as knowledge and skill, time, patience and the utmost cooperation between those concerned. When the plans are being made is the time to see that all detail is complete. After it is in the hands of a contractor it cannot be changed without a great amount of trouble and anxiety to all the parties concerned. So far as possible the unestimated expense should be excluded. The block type of architecture has been generally accepted in the twentieth century for the hospital caring for the general surgical, medical, and obstetrical hospital. Fireproof structures are of course the rule rather than the exception. The building is permanent and through modern means can be made to stand the stress of every known nature.

As necessary in the modern hospital as fireproof construction is air conditioning. In recent years it has been proved that the installation of air-conditioning systems bring important dividends in the comfort of both patients and personnel. In the nursery and in the control of pneumonia air conditioning has no substitute. It is now available for a reasonable sum, and the maintenance is little more than the ordinary heating system. Windows may remain permanently closed thus doing away with the hazard of drafty cross ventilation, insect pests, and the danger the open window affords to the irrational patient.

Floors, walls, and ceilings are to be sound proof. The numerous products on the market of good sound deadening qualities and excellent durability may be purchased at a reasonable cost. Rest and quiet are the prerequisites in the treatment of every disease. Noise must then, be eliminated as much as possible and sound proofing on construction in the first step.

Angles have no place in the hospital. All wall angles are to be eliminated by concrete coves and rounded in the plaster finish. They are important for the housekeeping standpoint and because they eliminate in part the damage done to walls by carts and bed castors. The finish is usually more pleasing to the eye and therefore more conducive to rest.

Elevators are to be considered in the number to be used to adequately fill the need, the noise, and the cost of operation, the size and the type of elevator to be used differing with the purpose (the passenger elevator will differ from the service elevator). So far as possible simplicity of design must be adhered to.

"The hospital should be planned in units of service, all rooms for any specific unit being grouped together, and so arranged as to facilitate coordination. There will be units set apart for administration for the accommodation of patient, for each adjunct diagnostic and therapeutic facilities, for special services such as operating rooms, obstetrics, dietary department, and emergency for storerooms, laundry, and engineering department."

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It has been found most successful to group all administrative offices together. That is the office of the director of the hospital the director of nurses, the social service departments, the office for admission and the record department. The group should be centrally located and since the business office should be easily accessible to the public it should be near the main entrance hall. There should be both a desk for information and a cashiers window and all the needed equipment for a business office is of course provided. Hospital records are of so great importance in the furtherance of scientific research and in preventing legal difficulties that they must necessarily play an important part in the business of the hospital as of any complex organization. To complete the telephone exchange should be in adjoining rooms.

The accommodation for the patient should be divided according to the type of the diagnosis and the therapy being administered. Each unit should contain single, double, and four to six bed wards. They should be constantly decorated in good taste, in colors which will afford rest, with a theme of moderation and peacefulness throughout. Daylight may be regulated by venetian blinds, and night illumination may be regulated by having indirect light, a reading light at the head of each bed, and a floor, or night light which enables the nurse to see without disturbing the patient.

Baths adjoining a few of the private rooms are essential for their use as temporary isolation units, and to accomodate an occasional type of patient.

Screening is an ever present problem and has been solved only in part. The portable screen are useful in single or double rooms but in larger ward the curtain sliding on rods from the ceiling is probably the most satisfactory. They of course are of washable material and may be changed frequently.

When the hospital is planned complete consideration of the signal system for both the bedside and to call the resident medical staff must be made. The most satisfactory system involves the call bell on a flexible, washable cord fastened to the patients' bed and easily turned on by even the weakest patient; a pilot light shows above the patients bed, above the room door, at the desk of the supervisor, at the chart desk, utility room, treatment rooms, where nurses are apt to congregate at their work. Calls should be always answered promptly, if they are not the cause should be investigated and an adjustment made in the staff. The resident call system most satisfactory at the present is of the loud speaker type. It is not so annoying as bells, and not so confusing as lights and offers besides this a more versatile use.

It is wise to provide several cheerful and more or less informal sitting rooms for the use of patients' friends and relatives who will be inclined to spend long hours at the bedside to the injury of the patient rather than the help. It is better to provide a small room on each ward rather than a large formal, room for the use of the whole hospital which would necessarily be more or less depressing. They may be furnished with comfortable chairs, current magazines and with good lighting facilities; decorated to give an atmosphere of comfort and in a measure help to allay the mental suffering of those

who must use it. Each sitting room should be provided with a hostess, who may be one of the senior student nurses, who could do much in educating the visitors in the policies of the hospital, in the rules having to do with the patients, and in the facilities offered by the hospital. Simple conversation avoiding topics of the immediate illness may help the mental attitude of the visitor who must wait for many hours. Sometimes too it has been found satisfactory to offer a tray service at a small sum to these people. Though generally it is better for them to leave the hospital for a little and thus help to release part of the mental strain. Simplicity, comfort, and an atmosphere of peacefulness is stressed here as much as in any department of the hospital.

Living accommodations for the resident medical staff need not be spacious but the rooms should be large and comfortable allowing for both relaxation and study. A central living room is found advantageous but the sleeping rooms should not be shared. More and more we are realizing the value of a few minutes alone toward mental and nervous health.

Cleanliness, and convenience are the first two considerations of the dietary department. It is most conveniently located on the ground floor where adequate light and ventilation is provided and which is accessible to the service entrance. It should be divided into the main kitchen, the food storage rooms, the special kitchen, and the offices of the dieticians. Each floor is equipped with a diet unit supervised by a dietician under whom work students and maids who prepare the trays for the nurse who serves them. The kitchen should be finished in tile, or easily cleaned material and no corner should be left unlighted. The equipment of course is of the better quality because that means greater economy in the long run.

The department designed for emergency admission should be apart from the admitting department and should be readily accessible for ambulances. It should include all first aid methods to stop bleeding and should be directly connected with the ward units. There should be someone on duty at all times ready to act quickly when the emergency arrives.

Storage space is again a problem. It is more economical to buy supplies in gross lots and provision must be made for their storage and distribution as they are needed. This may be cared for by the purchasing agent and his assistants. The storage rooms should be cool, dry, easily accessible, and provided with adequate light and ventilation. Clothes storage may be taken care of on the unit and has been found very satisfactory.

These and many other details go into the planning of a modern hospital. Each detail must in turn go into the construction of that hospital to be used in the long years of service ahead. Complete in all these many months later the hospital stands a finished structure ready to be opened to an eager public. Its first reputation is the one that will set the pace for its standing in the years which are to come, so the best cannot be too good. Standing perfect in detail, new, modern in every feature, in a setting unexcelled it depends for this reputation of the service it renders on the people who will enter its doors, to the community to which it owes its beginning.

The Ethics and Social Attitude
of the Ideal Hospital

Since the days of Hippocrates a strict code of ethics has governed the relationship of physicians to the hospital and their relationship to the patients whom they serve. This code has provided a friendliness and understanding, a solution to misunderstanding between hospitals, physicians, and the public. The Oath of Hippocrates and the Laws set down by him have been the pattern for the ethical and legal doctrine of hospitals throughout these many years. We quote here The Oath and The Laws.

"The Oath of Hippocrates"

"I swear by Apollo, the physician, and Aesculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation--to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system or regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will

abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the Art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!"²⁷

"Laws of Hippocrates"

"1. Medicine is of all the Arts the most noble; but, owing to the ignorance of those who practice it, and of those, who, inconsiderately, form a judgment of them, it is at present far behind all the other arts. Their mistake appears to me to arise principally from this, that in the cities there is no punishment connected with the practice of medicine (and with it alone) except disgrace, and that does not hurt those who are familiar with it. Such persons are like the figures which are introduced in tragedies, for as they have the shape the dress, and the personal appearance of an actor, but are not actors, so also physicians are many in title but few in reality.

"2. Whoever is to acquire a competent knowledge of medicine, ought to be possessed of the following advantages: a natural disposition; instruction; a favorable position for the study; early tuition; love of labor; leisure. First of all, a natural talent is required; for, when Nature opposes, everything else is in vain; but when Nature leads the way to what is most excellent, instruction in the art takes place, which the student must try to appropriate to himself by selection, becoming an early pupil in a place well adapted for instruction. He must also bring to the task a love of

labor and perseverance, so that the instruction taking root may bring forth proper and abundant fruits.

"3. Instruction in medicine is like the culture of the production of the earth. For our natural disposition is, as it were, soil; the tenets of our teacher are, as it were, the seed; instruction in youth is like the planting of the seed in the ground at the proper season; the place where the instruction is communicated is like the food imparted to vegetables by the atmosphere; diligent study is like the cultivation of the fields; and it is time which imparts strength to all things and brings them to maturity.

"4. Having brought all these requisites to the study of medicine, and having acquired a true knowledge of it, we shall thus, in traveling through the cities, be esteemed physician not only in name, but in reality. But inexperience is a bad treasure, and a bad friend to those who possess it, whether in opinion or reality, being devoid of self-reliance and contentedness, and the nurse both of timidity and audacity. For timidity betrays a want of powers, and audacity a want of skill. There are, indeed, two things, knowledge and opinion, of which the one makes its possessor really to know, the other to be ignorant.

"5. Those things which are sacred, are to be imparted only to sacred persons; and it is not lawful to impart them to the profane until they have been initiated in the mysteries of the science."²⁸

"This oath and the resulting laws, although variously interpreted at different periods of history to meet the needs of a changing civilization, have always been and still are the foundation of all ethical relations in the practice of the healing art."²⁹

²⁸ The law of Hippocrates, MacEachern's Hospital Organization and Managment.

²⁹ ibid p 765

The code governing hospital ethics has been formulated only in recent years being based on the Oath and Laws of Hippocrates.

"The code is applicable to the governing body and the administration to the physicians associated on the medical staff and to those directly or indirectly employed in the care of the sick of all classes who are admitted to the hospital for care, or who otherwise make use of the facilities of the institution."³⁰ It is upon this code that all activities of the medical and nursing staff, all routine involving the patient, all provision made for the patient and his friends, is based. Upon this code rest many of the laws of state and city governing hospitals. It stands as the backbone for all ethical and legal practices involving the hospital.

1. The primary objective of the hospital is the care it can render the sick and injured, reward, financial gain, and other activities being secondary considerations.
2. The ethical principles governing the hospital and its entire personnel are the same as those governing the physician as an individual.
3. Patience, delicacy, and respect for confidence are regarded as characteristic of the acts of all those dealing with the sick and injured in the hospital.
4. The hospital is expected to employ only those of upright character and sound morals.
5. The hospital has a duty to disseminate to the public, information concerning its functions and the manner in which they are performed, but self-aggrandizement or other breach of ethical conduct is to be avoided.
6. The hospital is expected to play a prominent role in health education

³⁰ ibid p 765

7. It is the duty of the hospital to aid the constituted authorities in exposing unethical hospitals, unqualified physicians, and unworthy members of other professions attempting to care for the sick and injured.
8. The hospital is expected to cooperate with other agencies functioning for protection of public health.
9. Social service and allied organizations working for the good of the patient merit the support of the hospital.
10. It is the duty of the hospital to see that the patient is not neglected and that he is protected against unnecessary, illegal, or incompetent treatment.
11. When dangerous manifestations arise in the course of disease, the hospital will confer with the attending physician, and unless instructed to the contrary will give timely notice to the relatives and friends.
12. The patient is under no obligation to remain in the hospital and may take his discharge or be transferred to another institution should he so desire.
13. The hospital has the right to receive compensation for service rendered but excessive and irregular charges are to be avoided.
14. Dispensing or otherwise furnishing secret remedies, or the manufacture or promotion of their use, is unethical.
15. The ethical hospital may admit to membership on its staff only qualified regular physicians legally licensed in the state or province; professional association and assistance rendered to a person not legally qualified to practice regular medicine are not permitted.
16. The hospital and its medical staff cannot function to best advantage unless both use every endeavor to promote and maintain harmony and cooperation in their mutual relationships.
17. Punctuality in keeping appointments constitutes an important regard for the rights of others.

18. "Members of the medical staff give gratuitous service to patients to whom the hospital is giving free care unless there is some other recognized ethical arrangement by which they are compensated by the community.

19. It is unethical for the hospital or any person connected with it to receive compensation which has not been earned or commissions for patients referred.

20. The patient should have free choice of physicians; when more than one physician is called, the first to arrive will take charge of the case, unless the patient desires otherwise.

21. Should the patient wish to change his physician he may do so, but the hospital may not give advice regarding any such change nor may it recognize the second physician until notice has been given in writing that the first physician has been properly released.

22. The attending physician is responsible for the care of the patient and shall not be interfered with unless he is employing unethical methods of treatment or is violating the known policies of the hospital.

23. In the absence of the regular physician, any member of the medical staff may be requested in case of necessity to attend a colleague's patient, and he will be expected to show the same consideration he would wish to have shown to one of his own patients under similar circumstances; on the return of the regular physician he will retire from the case.

24. Consultation among physicians on the medical staff is advisable in all serious and doubtful cases and is required when the treatment proposed may terminate a known or possible pregnancy.

25. The consultant may not become the attending physician of the patient in the illness for which he was called in consultation except with the written consent of the physician who requested his advice.

"26. A consultant may not discuss or offer an opinion concerning a patient to any person other than the attending physician.

27. The strictest caution and reserve are to be observed in all contacts which a member of the medical staff may have with a patient under the care of another physician.

28. The members of the resident medical staff are required to render to the physicians practicing in the hospital that deference and obédience which are due a senior; on the other hand, the attending staff has a duty to show proper consideration for the members of the resident staff and to give them all possible instruction and assistance.

29. Solicitation of patients by the hospital or by any person connected with it is unethical.

30. The hospital may not admit patients at a rate below the cost of actual care except in dispensing acknowledged charity.

31. Physicians, nurses, and others actively employed in hospital work are to be given treatment at the actual cost of the service rendered.

32. The individual hospital is expected to uphold the honor and dignity of the hospital field.

33. Ethical members of the different professions and specialties embraced in the hospital organization will uphold the dignity and honor of their own special lines of endeavor and of the hospital as a whole by becoming members of their respective societies and by devoting time, energy, and means to the elevation and advancement of their own particular field."³¹

"Education in ethics will, in some cases, be carried on in formal classes. Department heads will always instill the principles and practice in the minds of those under their control. In the hospital as a whole and in every ramification of its organization there will be a constant endeavor to prevent those breaches of ethics

which are so likely to occur in the modern struggle for existence."³²

The internal organization of the hospital must be complete in detail. The director should be well rounded in personality and human understanding. He should be a leader in his community and have the interest of the hospital at heart. Responsible to him are the heads of each department, he is in turn responsible to the governing body. Among these departments the nursing is headed by the Director of Nurses in collaboration with the department of nursing education which is often affiliated with an university. Under the guidance of the director of nursing and her assistant are all the nursing activities of the hospital, the teaching supervisors, the head nurses, the staff nurses and the students. Each being responsible to her immediate senior and in turn to the director and the hospital itself.

The first function of the nursing department--the primary function of the hospital--is to care for the sick and injured. The relative relationship of the school to the care of the patient must never be confused. Modern teaching depends so much on the efficient care of the sick that the two must be necessarily interlocked.

Dr. Emmet Bay says in this consideration:

"The combination of service and science is not easy. The demands of medical teaching and more particularly of research are intolerant of financial considerations. The integrity of investigation demands intellectual aloofness. The urge of the investigation demands a high degree of specialization. Everyday human demands of the patient may be obscured. The need of informing the sick or the convalescent upon matter important to his recovery and equanimity may be forgotten. Nevertheless, the union of science and service

within a modern teaching hospital is evidently imposed by the very nature of the organization and is so clearly its goal, that this union must be striven for with the best effort that the best minds can summon."

Most nursing schools today of good repute are requiring pre-college education and are affiliated with outstanding universities through out the country.

"Nursing does not take place 'in vacuo' as it were. It involves close and peculiar contact with human beings in a condition of peculiar need, and the strenuousness and tension which are involved in its pursuit call for a personality that is peculiarly rich in inner resources and the means of preserving balance and sanity. In a word, it calls for just those refined and developed human traits that it is the business of liberal education to provide."³⁴ Since a college background furnished much to stabilize the individual and at the same time to make his personality more pliable, more easily molded to fit with other personalities which make up a world. In this sense University affiliation has been found to be a decided advantage to the nurse and in turn to those who fall into her care.

To a large extent the hospital reputation and 'personality' depends on the nursing staff. Efficiency, charity, scientific spirit and progresiveness are the qualities and attributes as necessary to the modern hospital as fireproof construction and pleasing decorations. "Personality, actually, may not be as fundamentally essential as a highly trained staff, competent nurses, and good equipment,.....but whatever value if the hospital does not have the confidence of the community. Moreover confidence is a plant of very slow growth and one that is easily withered." ³⁵

³³ Michail M. Davis, Bay, Emmet B. The Quality of Care Rendered by the U of Chicago Clinics, 1932, Julius Rosenwald Fund, Chicago

³⁴ Clark, F., "Life Profession, and School" The Canadian Nurse, 1932 Aug.

³⁵ Agnew, H. "Personality and Psychology in the Hospital" Hospital Dec 193

"The patient physically ill is always mentally ill, impressed by minor incidents impersonal to him. The hospital attitude must be a delicately balanced mixture of cold science and warm compassion."³⁶

"The patient expects his nurse to keep him as comfortable and as contented as the illness permits. He expects her to take an interest in him as well as his illness. It is not what she does, but what she knows.....It is expected that the nurse, like the soldier, should be competent, courageous, loyal disciplined, and able to face hardships with cheerfulness and composure. Like the religious sister, she should be devoted, patient, virtuous, and kind.....In order that they may bring about such integration, they, (nurses) must themselves be competent and willing to function in any capacity that the need of the patient and the patient and the nature of the situation demands. No artificial limits can be set either on the lower or higher level. In nursing, no service, however humble, can be common or unclean."³⁷

Everyone within the hospital as well as the nurse must develop a sense of graciousness, a characteristic nearly lost in this age of "cold efficiency and plain dealing". The physician expects a personal loyalty as well as expert care of his patient he has a right to depend on the knowledge and experience of the nurse.

To provide adequate nursing care which we have tried to define in part, it must be directed by hands skilled in supervision. The graduate staff must be kept continually progressive. There must be "adequate theory combined with adequate practice, libraries and research. laboratories must be easily accessible. Teaching

³⁶
ibid p 47

³⁷ Johns, Ethel, Pfefferkorn, Blanche, An Activity Analysis of Nursing, Under the auspices of the Grading Committee of Nursing Schools, New York 1934 p 14.

facilities must be complete and the supervisor must have time to devote to teaching on the wards.

The hospital may be placed as to the type of nursing service rendered in two categories, the functional type and the case assignment type. The modern tendency leans toward the case assignment method. It has been found that the patient is happier under the latter, the nurses skill is increased and consequently the comfort of the patient. The nurse sees the patient as a whole, she studies him as a problem and her work is more complete, her attention less divided. Through this greater responsibility is developed and because the study is more concentrated the student learns more quickly. The patient who needs rest and quiet is rendered a better quality nursing care. However, the functional method is cheaper, saves time, especially in large ward where there are not patients who require aseptic technic, and where there are mainly clinical and chronically ill patients.

"It requires but slight exercise of the imagination to picture the innumerable and inevitable combination of circumstances and conditions that complicate or bear upon the problems of nursing care.....A fact to be faced by hospital and nursing administration is the impossibility of doing two hours' work in one hour of time and maintaining good standards. So long as either the graduate or the student nurses are assigned tasks which cannot possibly be accomplished in the time available, several things must happen.

"From the standpoint of the patient, all nursing orders may be carried out but with the possibility of faulty technic, ineffectual results and the traumism of infection; or, only part of the work will be covered and the patient will not get the routine nursing care necessary for personal comfort; or, the discrepancy between

nursing time required and nursing time provided may be such that special treatments as well as routine procedures will be omitted. From the standpoint of the student, she loses educational opportunity and incurs physical fatigue and may incur permanent physical damage."

"There are few problems more difficult to solve or subjects to more divergent views than the relation of theory to practice. Some concerned with the application of theory to practice conceive instruction and administration as separate almost unrelated functions; others believe that successful integration of theory and practice demands of the administrator those qualities inherent in the educator; vision, broad knowledge, and the ability to transmit."³⁸

Nevertheless before quality nursing can be done the student must be taught by the one who will naturally guide her, her supervisor. There must be an adequate nurse patient ratio, which it is now felt should seldom be more than four to one and should be administered under the case assignment system wherever students are being taught and where acutely ill patients are involved.

"To summarize, what constitutes quality nursing: Quality nursing is the cooperative care of the patient with the physician, and family, et cetera, which produces results as follows: (1) It increases the patient's physical and mental comfort during illness. (2) It assists the patient to improve his state of health. (3) It assists the patient to avoid recurrence of the same condition. (4) It raises the norm of health (both physical and mental) and accomplishes these ends with: (a) the maximum of safety and comfort to the patient; (b) the minimum expenditure of time and effort on the part of the nurse; (c) a maximum economy in the use of supplies; (d) a maximum harmony in relations with the hospital or home in which the patient is cared for."³⁹

³⁸Pfefforkorn and Rottman, Clinical Education in Nursing, p 55

³⁹Eldredge, Adda, "What is Quality Nursing?" AJN Nov. 1932

To do high quality nursing the nurse should be an university woman and one equipt physically, emotionally, and mentally to do adequate nursing. The nurse is an individual and it is the responsibility of the hospital to provide an adequate chance for recreation. The nurse who is happy will be able to cope with more difficult hospital situations and to assume more responsibility than the nurse who is not.

A modern trend is toward the nurse living away from the site of the hospital. As yet, however, this is only a trend and most hospitals maintain a dormitory for at least its student nurses. If a residence is maintained it should carry through the idea of restfulness and quietude that has been the decoration theme of the hospital. It should be comfortable, never stiff, and at all times with personality. Separate sleeping rooms, for study and relaxation are to be provided. Graciousness and thoughtfulness should pervade the atmosphere of the dormitory, the student council groups, and the recreation activities as well as the work a day world of the student.

Hospital Routine
Today and Tomorrow

Like all institutions having to do, closely, with humanity, hospitals have established traditions, customs and habits. The first and second give a sense of well being, maturity, and stability, but the third is inexcusable in the hospital which terms itself modern and progressive. Around many of the military customs have sprung our traditional seniority and similar customs and we accept them as readily as any youngster accepts the rhymes of Mother Goose. Are we too ready to accept in the same manner the abitudinary routine in the care of the patient? We go on preaching the doctrine of 'rest cure', yet we awake the patient at four-thirty, five-thirty or at the latest six o'clock in the morning to wash his face.

Routine has been wisely seen by leaders to be an essential in carrying for the sick. The patient should not have to make his own decisions, at what time he is to be awakened should be determined by the nurse, but with the consideration of the patient foremost in her mind. With the assistance of the subsidiary worker, and with the wisely educated nurse, tutored in the methods of organization and good technic, a routine could be worked out that would mean greater satisfaction to the patient, the hospital, the physician and nurse.

"Orderlies and attendants are being used extensively to supplement the work of the nursing staff.....They have a recognized place and can be employed to an advantage, relieving the nurse of non-technical procedures and permitting her to confine her efforts to the skills of nursing. In order that they may be used successfully they must be properly trained and the duties specifically defined."⁴⁰ Careful supervision should be carried on by the nursing and housekeeping departments and there should be a limit of activities at a line drawn around the bedside of the patient. To continue the education of the subsidiary worker without limitation

⁴⁰ MacEacherns, Hospital Management, 9 247

of the work to be done by him is to endanger nursing employment and defeat the purpose for which nursing standards have been raised. Nursing has to do with the sick man. When we delegate any of the care to untrained hands we are as a hospital cheating our patient of a right that is his--the right to the best care available. However, housekeeping duties, the conveyance of carts, and the keeping of supplies relieves the nurse of unnecessary burdens. These limits must be recognized by the hospital, the physician, the subsidiary worker himself and the lay person.

To begin the patient's day at seven is very plausible, the rule being a flexible one adapted to the severity of illness. The nurse, under the case assignment method, would come on at seven, receive morning report and go to her ward by seven-fifteen. Here she would take the temperature, pulse and respiration of the patient and would receive the wash water from the cart of the attendant. If necessary she would wash the patient's face and assist him with his oral hygiene. When the wash water was picked up the waste and materials which might clutter up the ward would be taken out and the patient's pillows arranged and him made comfortable for his morning tray. The trays would be served in the kitchen by the dietary staff, consisting of a student dietician, a student nurse, and as many maids as the task commanded. They would be delivered to the ward, received by the ward nurse and served by her to the patient. She would feed him if necessary. The subject of menus is more or less debatable. It is helpful in the convalescent ward and may encourage a better mental attitude, however, during acute illness it is not generally considered advisable.

Bathes, medications, treatment, and doctors rounds take place between eight and eleven. The use of a treatment room where all trays are prepared by a student, or students, in rotation for the ward nurse who assist the doctor has been used with success.

The student may work straight hours or she may be off for classes or ward conference. Her work is carried on by the graduate staff. In consideration of evening care, if it is done following visiting hours it may mean greater relaxation, quicker more restful sleep. Backrubs given properly at a time when the patient wishes to relax becomes an excellent sedative.

The material consideration of distribution and maintenance of the staff of a large hospital are many and too great to treat in the scope of this paper.

Occupational therapy and the hospital library have been seen to play an important part in the recovery and rehabilitation of many a patient. To give adequate care the nurse should know the mental attitudes, and the personality of the patient, and to do this she must do more than care for his physical needs. She might have the pleasure of assisting with his recreational program which would be carried on under the supervision of authorities trained in that field. For example the hospital library should be under a trained librarian and the occupational therapy under a specialist in recreational activities.

Each department must strive toward a goal of the functioning unit. This goal expressed in the words of Virchow of Berlin is to treat the man while we treat the disease. We hear his motto echoed in the hearts of the executives, and the workers of the great progressing hospitals of the world.

A hospital utopia, created with the patient, his comfort and well-being foremost, in an ideal setting, with a full staff, alert to the needs of a changing civilization and using the finest technics, the best methods of teaching; attempting to eliminate drugery and thinking in terms of the mental as well as the physical well-being, is theoretically complete.

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