

Hospitals and their relation to medical colleges and the training of interns / by Christian R. Holmes.

Contributors

Holmes, Christian R. 1857-1920.
Council on Medical Education (American Medical Association)
National Library of Medicine (U.S.)

Publication/Creation

[Chicago, Ill.] : [American Medical Association], [1914]

Persistent URL

<https://wellcomecollection.org/works/mcc9xtz9>

License and attribution

This material has been provided by This material has been provided by the National Library of Medicine (U.S.), through the Medical Heritage Library. The original may be consulted at the National Library of Medicine (U.S.) where the originals may be consulted.

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

**wellcome
collection**

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Holmes (Chm)

WITH THE COMPLIMENTS
OF THE AUTHOR

C.R. Holmes.

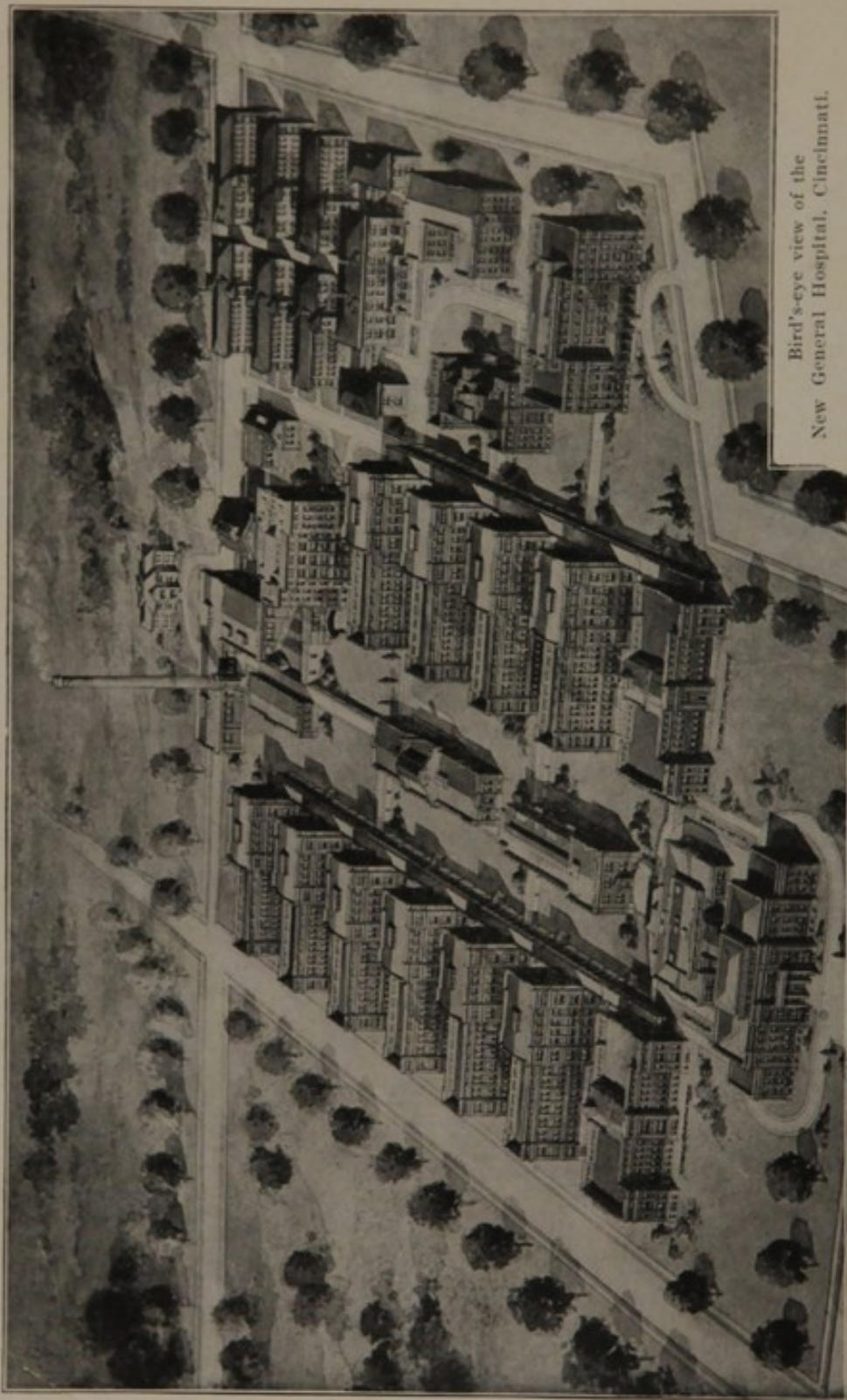
Hospitals and Their Relation to
Medical Colleges and the
Training of Interns

LIBRARY
DEC. 23. 1915
SURGEON GENERAL'S OFFICE

Box 231

no card

CHRISTIAN R. HOLMES, M.D.
Dean of the Medical College of the University of Cincinnati
CINCINNATI



Bird's-eye view of the
New General Hospital, Cincinnati.

HOSPITALS AND THEIR RELATION TO MEDICAL COLLEGES AND THE TRAINING OF INTERNS *

CHRISTIAN R. HOLMES, M.D.

Dean of the Medical College of the University of Cincinnati
CINCINNATI

I realize that it is not alone the buildings of the new hospital and their arrangement which aroused interest and prompted the invitation to me to present to you the illustrations of it, but also the fact that we of Cincinnati have the unique distinction of being the first in this country to possess a strictly municipal university with the medical college an integral part thereof, and a large municipal general hospital, which is the clinical and pathologic school of the medical department — an organization resembling those found in Germany, which I believe we all agree is the best, and which, let us hope is the type that will, in the future, largely be accepted as the standard in this country.

I disclaim any desire to detract in the slightest from the praise due privately endowed or sectarian hospitals, for the splendid service they have rendered and are rendering, and grant that many of them through their fine buildings and superior equipment and excellent teaching facilities were the means of causing (by their example) great improvement in the upkeep and management of municipal institutions; yet, with few exceptions, they are not the type that furnishes the best means for teaching and developing medicine, because in most of them the number of free or charity beds is comparatively limited, and the private or pay patients are usually not at the disposal of the staff for teaching purposes to classes of medical students. Being private institutions, they can elect just what kind of diseases they will or will not admit — infectious and contagious diseases are always excluded. Many of the hospitals

* Read at the Tenth Annual Conference of the Council on Medical Education, Chicago, Feb. 24, 1914.

specialize, thus greatly restricting their usefulness to the student. To see all kinds of cases he must visit other hospitals, often far apart. We have continued to crowd more subjects into the student's curriculum until every moment is valuable. Therefore, if the student's work can be concentrated, it will mean conservation of his time and strength and greater efficiency. Nowhere can he obtain that so well as in a large general hospital where all diseases and conditions can be found and freely studied.

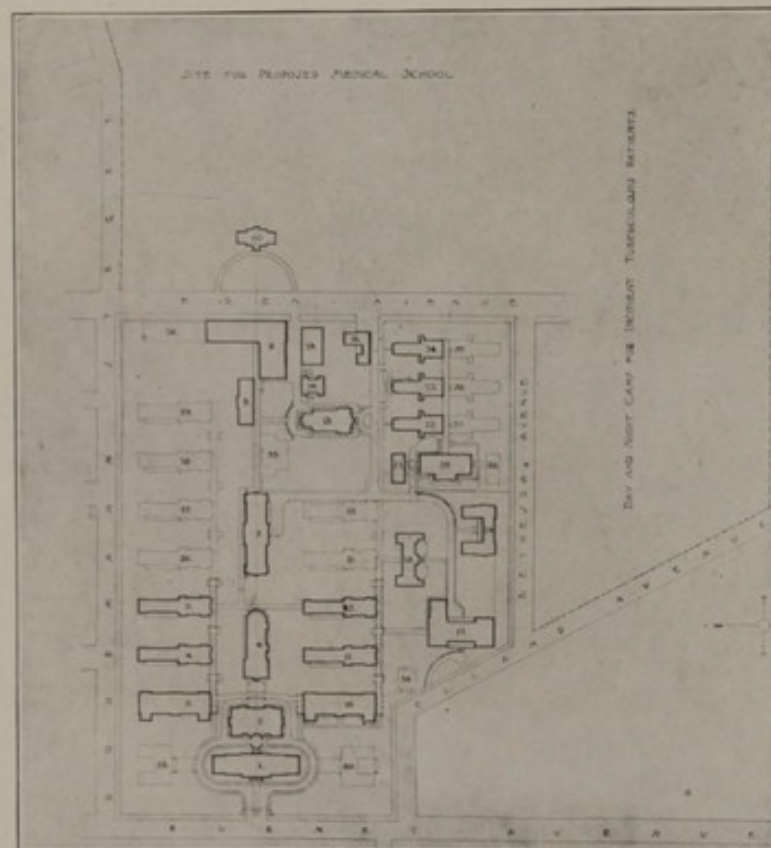


Fig. 1.—Block plan of New General Hospital, Cincinnati; building schedule: 1, administration building; 2, receiving ward; 3, Ward A; 4, Ward B; 5, Ward C; 6, operating-pavilion; 7, kitchen and dining-hall; 8, male dormitory and linen department; 9, power and laundry-building; 10, Ward H; 11, Ward J; 12, Ward K; 13, pathologic institute and chapel; 14, detention ward; 15, disinfecting station; 16, garage and stable; 17, nurses' home; 18, Ward N; 19, female dormitory; 20, administration building of contagious group; 21, isolation ward; 22, Ward O; 23, Ward P; 24, Ward Q; 25, pay ward; 26, Ward D; 27, Ward E; 28, Ward F; 29, Ward G; 30, clinic; 31, Ward L; 32, Ward M; 33, gymnasium and bath-house; 34, superintendent's residence; 35, private ward; 36, coal yard; 37, Ward R; 38, Ward S; 39, Ward T; 40, special contagious ward.

In order that all our municipal hospitals shall render the best service, they must not alone care for the sick entrusted to them, but also aid in every possible way to broaden our knowledge of how to combat and prevent disease, and that can be accomplished only by making them *teaching hospitals*.

In Cincinnati the staff positions in the City Hospital are almost exclusively filled by members of the faculty of the medical department of the university. The appointments to the staff have since two years been made by the mayor or his service director on nomina-



Fig. 2.—Administration building of the New General Hospital, Cincinnati.



Fig. 3.—Ward buildings of the New General Hospital, Cincinnati

tions by the staff, but he has the power to disregard their wishes.

A charter commission, elected last year, is now preparing a new charter for Cincinnati, which is to be submitted to the vote of the people this year, and, we hope, will be adopted. This commission is fortunately composed of broad-minded men who are fully alive to the best interests of the medical college and the New Hospital, and it may interest you to know how they propose to safeguard both.

The following is copied from the proposed new charter:

DEPARTMENT OF HOSPITALS
ORGANIZATION AND POWERS

Section 139. The head of the Department of Hospitals shall be the Board of Hospital Commissioners, consisting of the dean of the Medical Department of the University of Cincinnati, the director of social welfare, the chief executive health officer of the Board of Health, one person nominated by the Board of Directors of the university and appointed by the mayor, and three other persons, citizens of the city appointed by the mayor. The terms of each of the last four named shall

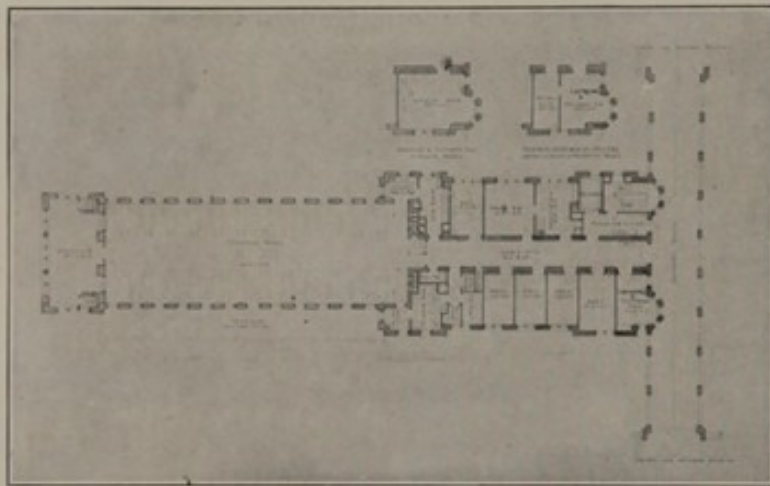


Fig. 4.—First-floor plan, typical ward building, New General Hospital, Cincinnati.

be six years, provided that of the first appointees under this charter, the term of one of said three selected by the mayor shall be four years and of another shall be two years, and thereafter each of their successors shall be appointed for a term of six years. Members shall serve without compensation. This department shall manage and supervise all the hospitals of the city.

MEDICAL STAFFS

Section 140. Appointments to positions on the medical staffs of the hospitals shall be made only upon nomination by the Board of Directors of the university. The Board of Directors of the university shall deter-

mine the manner in which medical work and teaching in the hospitals shall be organized and conducted, the regulations under which the teaching of medicine may be done in the hospitals, and the stage in their medical course at which students may be admitted to the teaching facilities in the hospitals; but such teaching facilities shall be open to the students of any medical college in Cincinnati recognized by the State Medical Board.

From this you will see that the medical department of the hospital is placed completely under the jurisdic-



Fig. 5.—Pathologic institute.

tion of the university, which is, as it should be, while the business administration of the hospitals is vested in a board of directors, the composition of which is, I believe, a most effective one.

The board of health in Cincinnati is non-political. This board appoints the health officer (a physician) selected for his ability regardless of his political tenets, and is not subject to the vicissitudes of political changes. Hence we felt that he would be a valuable member on the board.

As a rule, the municipal hospitals in this country have so far devoted themselves only to the care and cure of the sick, but have neglected the social service side, which will look after the families of the patients while the latter are in the hospital, keeping in touch with, following and aiding the convalescent patients after they leave the hospital until they again become bread-winners. It is true that in some instances private

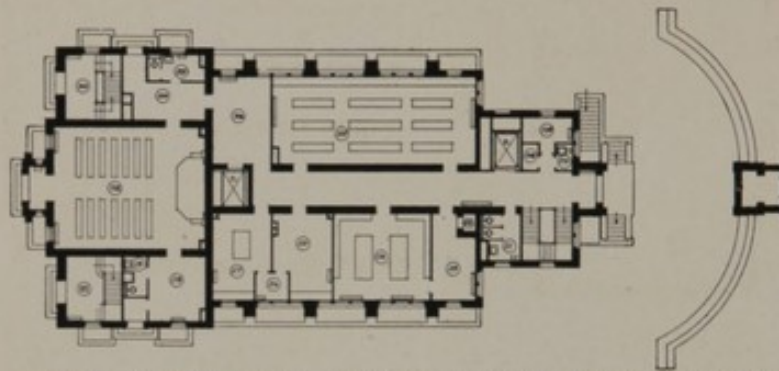


Fig. 6.—First-floor plan, pathologic building, New General Hospital, Cincinnati; schedule of rooms; 101, stair hall; 102, chapel; 103, stair hall; 104, lobby; 105, minister's robing-room; 106, undertaker's room; 107, laboratory; 108, closet; 110, slop-sink; 111, water-closet; 112, vault; 113, custodian's office; 114, reading-room; 115, chemical laboratory; 116, spectroscope; 118; family retiring-room; 119, water-closet.

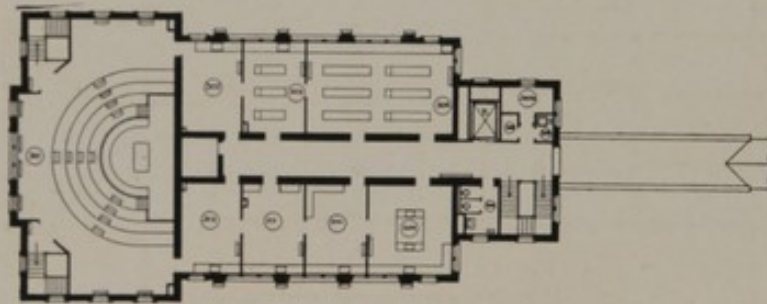


Fig. 7.—Third-floor plan, pathologic building; schedule of rooms; 301, amphitheater; 302, 303, 304, 309, 310, 311, 312, laboratories; 305, closet; 307, slop-sink; 308, water-closet.

social-service organizations have rendered commendable service, but as a rule because of lack of funds and full-time workers they cannot equal in efficiency a well-organized and powerful municipal social-service organization. For that reason it was thought well to put the social-service director on the board. The dean of the medical faculty is made a member because, by virtue of

his office, he should be in position to give valuable council to the board on medical questions. The other four members will probably be laymen, selected because of their business ability and influence for good in city affairs.

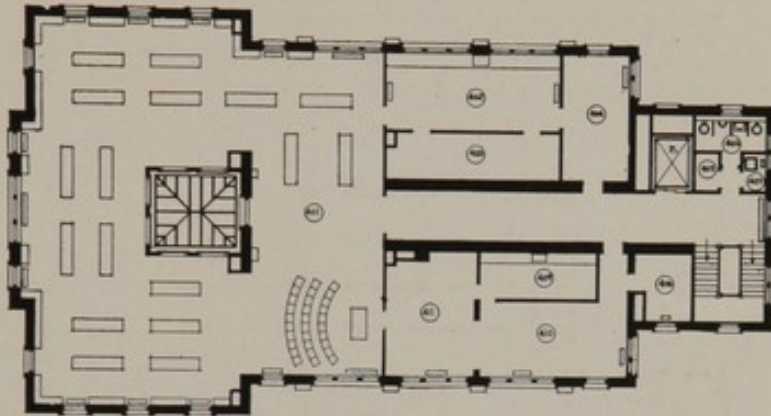


Fig. 8.—Fourth-floor plan, pathologic building; schedule of rooms: 401, museum; 402, curator's work-room; 403, store-room; 404, curator's office; 405, closet; 406, water-closet; 407, slop-sink; 408, negative store-room; 409, dark room; 410, photographic laboratory; 411, photomicrography.

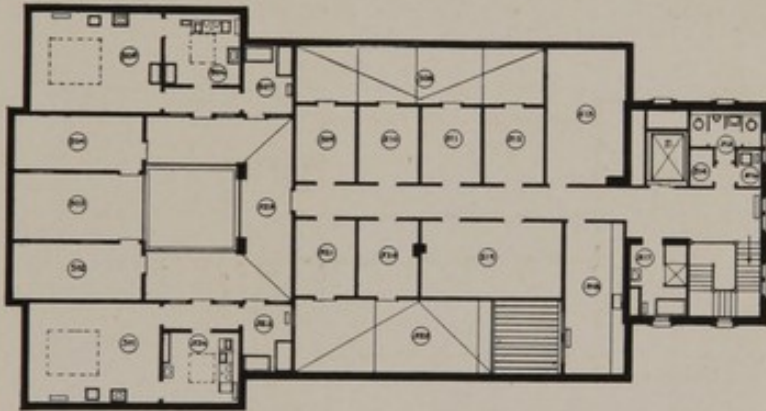


Fig. 9.—Fifth-floor plan, pathologic building; schedule of rooms: 501, surgical operating-room; 502, 504, 509, 510, 511, 512, 520, 521, animal pens; 503, 508, 522, open yards for animals; 505, pathologic-bacteriologic operating-room; 506, preparation room; 507, 517, 523, bath-rooms; 513, fan room; 514, closet; 515, water-closet; 516, slop-sink; 518, feed room; 519, store-room; 524, sterilizing-room; 525, open court.

The hospital superintendents and all employees must pass a civil service examination, which is open to any one whether he resides in or outside of Cincinnati.



Fig. 10.—Contagious group.



Fig. 11.—Roof garden—south end of ward A.

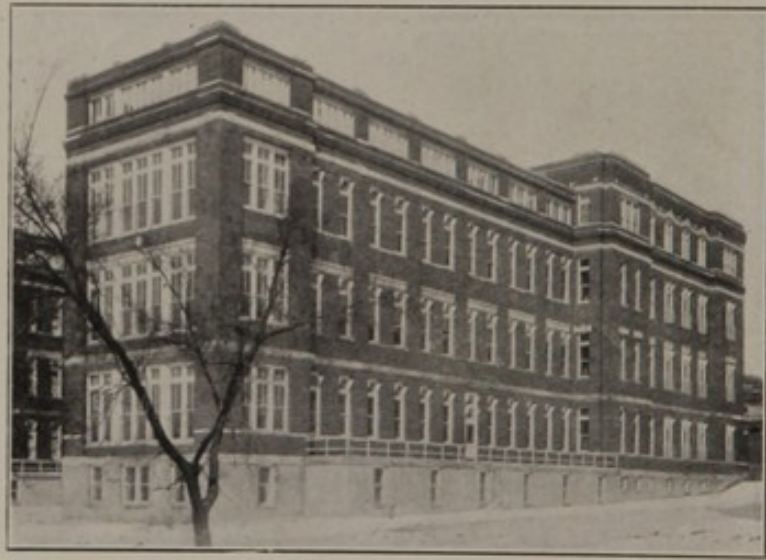


Fig. 12.—View of typical ward building (looking north).

We believe that, conducted under such conditions—as outlined above, the municipal hospitals in this country will rise to the exalted position which they occupy in Germany, the pride of every city in which they are located, and one of the most potent factors responsible



Fig. 13.—Roof garden on typical ward building (looking towards the head-house).



Fig. 14.—View in one of the cross tunnels.

for the supremacy of Germany to-day in the world of medicine.

Cincinnati is fortunate in having a mayor who is in full sympathy with this movement. At a dinner given recently in honor of Professor Welch of Johns Hopkins,

Mayor Frederick S. Spiegel said in concluding his address of welcome:

In conclusion I desire to say that I am in full agreement with the efforts of our city to establish not merely a hospital but a clinical hospital. To many of our fellow citizens this term may be a strange one, but if they had studied in Vienna or in the cities of Germany, they would know that there the hospital is always a corporate part of the medical school.

Let us hope that the chief executives and those having charge of hospitals in every other large city in this country may be imbued with the same progressive ideas.



Fig. 15.—View of main tunnel near power plant. (Note large size of hot-water pipes.)

Granting then that the large municipal hospitals are the best suited for medical teaching, it becomes our duty to endeavor to raise their medical standard, their organization and administration to the very highest point of efficiency. I am strongly in favor of municipal hospitals, because there is no valid reason why the support of the sick poor should fall on the shoulders of the

comparatively small number of charitable citizens, which is the case when hospitals are supported by voluntary contributions. *The municipal hospitals should be made equal to the best, and their maintenance being paid out of the general taxes will compel that large percentage of the population who are abundantly able to contribute, but never do, to bear their just part of the burden.*

I know that the argument will be advanced that politics in city affairs will prevent the carrying out of



Fig. 16.—View of surgical pavilion.



Fig. 17.—View of admitting department and out-door clinic.

the high ideals mentioned above. To my mind that depends on the leaders of the profession themselves. If in every city a few of them will stand together and give freely of their time and energy to educate the people as to what is right, and to the best interests of the sick and the city in general, I doubt if there is any community in which the majority of the people will not rally to their support and help to bring about the desired results. True, it takes time and perseverance, but I am

firmly convinced that the old adage that "truth is mighty and will prevail" will also be proved correct under these conditions.

With the raising of the standard of medical teaching and the hospitals becoming the clinical departments of universities, there must also come, in the interest of hospital efficiency and teaching, the abolition of the



Fig. 18.—Neurological building.



Fig. 19.—Isolation pavilion.

rotating service of the chiefs of departments. That this will encounter some opposition there can be no doubt, but it is bound to come, and judging by the number of institutions in which this change has been effected, its adoption in the near future by the leading municipal hospitals appears reasonably certain.

The paying of salaries to the heads of the departments of surgery, medicine, obstetrics and gynecology appears

to be the best solution. I realize that at present few, if any, public institutions can adopt this standard; but so long as the fundamental branches are taught by first-class full-time men, the clinical side will, till the higher ideal can be accomplished, maintain its standard for efficiency under the guidance of carefully selected practicing physicians who serve without compensation.

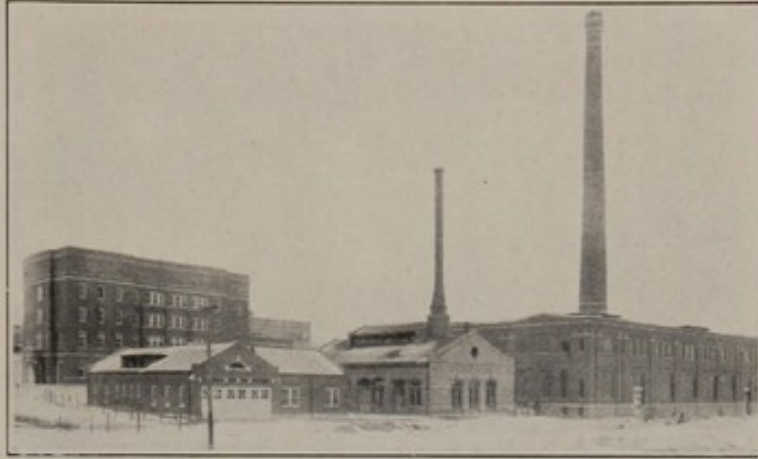


Fig. 20.—From left to right, ambulance station, public disinfecting station, power plant with laundry and shops.



Fig. 21.—Contagious group. Private patients' pavilion and administration building.

In considering how best to regulate the services with payment of salaries to some or all of the heads of departments, we take cognizance of three methods:

1. The heads of all clinical departments shall be paid a salary for devoting a specified amount of time each day to the hospital, but are permitted to carry on their private practice, as is generally done in Germany, certainly with most satisfactory results.

2. The heads of the departments of medicine, surgery, gynecology and obstetrics shall be paid a salary, but are enjoined from carrying on private practice, excepting consultations — the latter not limited to the hospital in which the heads of above-named departments are serving — and for which the physicians retain the fees.

3. The heads of the departments of medicine, surgery, gynecology and obstetrics shall be paid a salary and their consultations limited to cases brought to their own hospital, with the fees for such consultations going to the hospital fund, instead of to the physician.



Fig. 22.—View on open corridor of contagious group.

My personal views are unhesitatingly in favor of the first proposition.

The wonderful work so successfully performed of investigating, classifying and standardizing the medical schools of this country, as carried out by the Council on Medical Education and the Carnegie Foundation, as set forth in Abraham Flexner's classic reports, is rapidly eliminating the undesirable, low-standard medical schools. May the work of standardizing the hospitals, which is now under way, be equally successful at an early date. It is perfectly evident that the action already taken by the states of Minnesota, Pennsylvania

and others, and the feeling both among leading physicians and among laymen, that every man who is going to practice medicine should have at least one year's service in a hospital, will soon be adopted in many other states. As Dr. Herrick has so aptly said:

If he (the student) does not get his training in this safeguarded manner before he is a licensed practitioner, he is forced to get it in his private practice on your child or on mine with no counseling voice of senior to keep him from sins of omission and commission. How many sad, even fatal blunders, are made through lack of proper practical training no one can tell—it is best not to tell!

I am strongly in favor of the hospital year, and believe that the time has arrived for united action on our part, directed toward having laws passed requiring

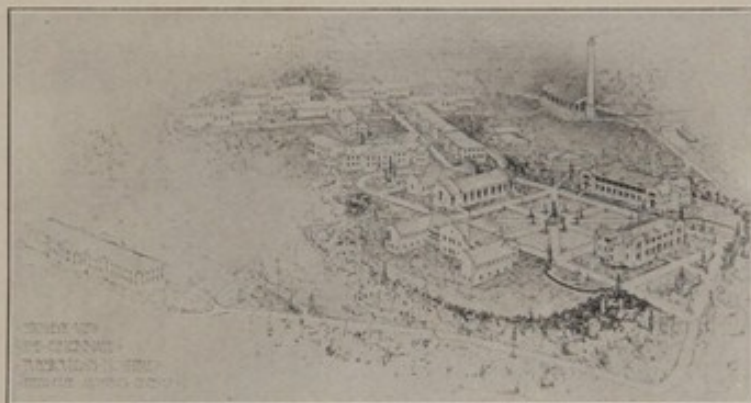


Fig. 23.—Bird's-eye view of tuberculosis hospital (500 beds) located in the country.

the hospital year before a license is granted to practice medicine.

If the hospital work is compulsory, then the student has a right to know that the institution he enters is up to the standard requirements. The serving for pay during the hospital year should be prohibited; only poorly conducted institutions will pay, and the small temporary reward can in no way compensate for the loss to the intern of efficient hospital service.

As it was realized several years ago that the hospital year was bound to come, the accommodations for interns in the Cincinnati New General Hospital were planned spacious enough to meet all requirements. According to the comprehensive report of the Council on Medical

Education to the House of Delegates, June 16, 1913, on "The Hospital Intern Year," there are in this country about 4,500 medical graduates each year.

There are 924 hospitals having 100 or more beds, and 1,500 having from twenty-five to 100 beds, a total of 2,424 hospitals.

Of these, 852 hospitals have 3,000 interns, while 1,572 hospitals have no interns, and as there are only 1,500 medical graduates left for whom to provide internships, or less than one intern to every hospital not supplied, there seems no valid reason why there should be any difficulty in providing every candidate with a hospital internship.

Many colleges report that some of their graduates do not desire internships, either because they are going directly into practice or "they were married." One reason for this is no doubt to be found in the fact that, owing to faulty planning, or no planning at all, of the premedical education, the average age of the students graduating in medicine in this country, including a hospital year, is about 28 years, while in England and Germany it is about 25 years.

It therefore seems plain, as so forcibly set forth by Dr. Bevan and others, that the premedical education should be so planned as to graduate our students at the age of 25 instead of 28. This would save three years at that period of life when the fire and ambition of youth with the power of assimilation and adaptability are at their best and count for so much when the graduate is beginning the struggle for an honorable position in his chosen vocation.

*Reprinted from The Journal of the American Medical Association
March 14, 1914, Vol. LXII, pp. 829-833*

Copyright, 1914

American Medical Association, 535 N. Dearborn St., Chicago

