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THE SCIENTIFIC DEVELOPMENT  
OF THE  
**PRESBYTERIAN HOSPITAL.**

BY  
**W. GILMAN THOMPSON, M. D.**

(An address read before the Presbyterian Hospital Alumni Association,  
April 10, 1909.)

There are three fundamental types of hospitals: *First*, those which are mere boarding houses for the sick. The majority of hospitals in New York are of this type today, and nearly all, like the Presbyterian, began as such. *Second*, those in which instruction is furnished in greater or lesser degree to students or practitioners of medicine, thereby broadening the philanthropic work of the institution by training a better class of practitioners for the community. *Third*, hospitals in connection with which scientific work or research also is conducted, having for its aim the development of medical science and discovery for the benefit of the world at large—through investigation, experimentation and publication. Thus it happens, as stated in a recent report by Dr. T. C. Janeway to the Scientific Medical Council of the Department of Charities, the functions of the ideal hospital may be grouped as: Administrative, educational and scientific, the administrative function referring to the philanthropic care of its own patients, and being enhanced and in no wise hampered by the other functions when added to it. For whether the managers or trustees of a hospital openly favor medical education within the hospital walls, or not, the institution cannot help exerting far-reaching educational influence. The patients and their visiting friends are educated unconsciously in the value of cleanliness, order and regularity. The nurses and transient staff in the value of thoroughness, system and discipline, and the permanent staff and trustees themselves derive education from the many philanthropic, economic and scientific problems which present for solution. It becomes therefore a logical conclusion that the encouragement of teaching and scientific research



within a hospital broadens and uplifts its accomplishments in all directions.

There is nothing as quickening to the thorough study of a patient's ills as the stimulus of teaching students about them, and the keen interest of pursuit of some scientific investigation for which every facility is at hand.

The whole history of medicine, from the School of Palermo to the Institute of Rockefeller supports the simple postulate that the more teaching and research, the more benefit to the patients. Elementary as this proposition is, what is the hospital situation in New York today?

There exist 63 hospitals for general medicine and surgery in Greater New York, exclusive of hospitals for children and specialties, constituting a heterogeneous collection, founded on 15 different principles—some for language, some for race, some for religion, some for sex, some for age, etc., (I will not stop to enumerate others), yet none, except the projected Rockefeller, exist for the true science of medicine—all of them without co-operation, planted here or there usually without expert knowledge of the needs of the locality, and attempting to treat all kinds of cases without regard to whether they possess adequate equipment,—and finally, not one of them has yet sought alliance with the medical department of any university.

Seventy years ago and more, the three medical schools then existing in New York were all private schools, established by a few physicians, who desired to lecture to students. Laboratories were not thought of and equipment of all kinds was most elementary. But soon better equipment became a necessity, and one by one each school has allied itself to a University, with the result that today each school possesses an equipment for diagnosis and medical research, which no hospital in the city approaches.

What an opportunity lies open to the Presbyterian Hospital today to become a really great institution, to take itself out of the old ruts, to separate from the other 62 hospitals of ordinary class, and become a true medical centre, making its influence felt throughout the medical world. Instead of being known for the softness of the feathers of its endowed beds, let it be sought out because the best means of diagnosis are to be obtained in its wards, and laboratories,



and the best modern means of treatment in its rooms. All this might be accomplished through a close alliance with the neighboring Rockefeller Institute for pure medical science and with one or more of the University Medical Schools. For example, if a patient with diabetes or Bright's is to have anything more done for him than is implied in purely routine treatment, the services of an expert biological chemist are required to analyze his ingested food and all his excreta; if a case of blood poisoning is to be treated according to modern knowledge, the aid of an expert bacteriologist must be secured; if the problems of the varieties of cancer are to be investigated, in the hope of permanently relieving patients, the pathologist, chemist and bacteriologist are all needed. Problems in the diseases of the heart and circulation await solution by aid of the physiologist and physicist; problems in anemia and other blood diseases, require the aid of such a specialist as the clinical laboratory worker; problems in therapeutics may demand the attention of the head of a pharmacological laboratory—all of these scientists working in close co-operation with the clinician, for no one man or two or three men alone in these days can be equally proficient in all these subjects. It is manifestly impossible for any hospital of 200 or 300 beds to employ so many experts. It could not begin to support them, or if it could, the limited service would not fully occupy their time. Yet the universities employ all these experts, pay them well and do occupy their time. I speak from personal knowledge in referring to Cornell University.

This institution pays approximately \$100,000 a year for research and instruction in such work as that to which I have referred, and I presume that Columbia University expends as much for its corps of workers. One of the divisions of Bellevue Hospital has practically all of its laboratory diagnosis and much of its treatment of patients directed by the Cornell University laboratory experts.

In making my daily visits there, I am always accompanied by an assistant visiting physician, and one or more of the experts mentioned, as the cases may require. For example, at the present time I have one man making a chemical study of cancers; another, experimenting with new drugs; a third, studying cardiograms; a fourth, studying the



nitrogen output in obesity and other diseases, etc., besides others who perform the routine blood and urine examinations. It is this system which makes a continuous service worth while, as performed in the English, German and Austrian hospitals. I do not happen to have a continuous service in Bellevue, but the system goes on uninterruptedly when another visiting physician takes charge. At stated times the surgical staff make joint rounds with the medical division and discuss cases of mutual interest.

If this system can be carried out in a municipal hospital, how much better could it be maintained in a private hospital with more elastic resources like the Presbyterian, and how much it would benefit the institution from every standpoint. Up to the past one or two decades, philanthropists had not learned to appreciate the extraordinary value of medical research and the higher medical teaching, nor had medical science more than begun upon its phenomenal expansion. Large gifts were bestowed upon the purely material side of hospital resources, for buildings to house the sick poor and for food and nursing.

Lately the tide has set in the other direction, towards endowing research and education. Instance, the gifts of Mr. Rockefeller, Mr. Phipps, Col. Payne, the Vanderbilts, the Huntington fund and very many others of like purpose.

The really great hospitals of this country are almost without exception closely identified with University methods and University resources. I have only to name the Pennsylvania, the Johns Hopkins, Harvard's new hospital, the McGill and Royal Victoria Hospital and the Western Reserve. It is a wise hospital that seeks a close University Medical College connection—to lift itself above the common level of mediocrity. New York City, with its unequalled clinical opportunities arising from its population and enormous immigration, ought to be the great medical center of the country, attracting both undergraduate and graduate students from everywhere. In reality, it is becoming less so every year owing chiefly, if not entirely, to lack of concentration and co-operation. With three great university medical colleges, without a single genuine affiliation with any of its 63 hospitals, we are confronted with a continual falling off in the number of undergraduate students—there



are not half the number here today that there were five or ten years ago, and graduates are scarcely attracted here at all. This fact has a very important economic bearing for it is becoming increasingly difficult to supply our 63 general hospitals with first class internes. It is even difficult to get enough first-class men to work in all our dispensaries.

Stone walls do not a hospital make  
Nor training schools a lazarette!

We must continue to secure good internes. A hospital without first-class internes is a ship without a crew. The best internes will always be attracted where there is the best teaching and most research. Our Medical Board must arouse itself and do better work than ever before. We should increase the number of the assistant visiting staff. We should be in closer touch with the dispensary workers and share with them the research and teaching facilities of the hospital. Consulting physicians and surgeons should visit the dispensary in our new building. We should arrange many of the therapeutic departments—those of hydrotherapy, mechanotherapy, the X-Ray and many of the specialties for the conjoined use of interne and externe patients, so that as at the Massachusetts General Hospital dispensary, patients may receive *treatment* and not merely pills and potions. We should ally ourselves closely with all those specialists in the pure medical sciences who can aid in elucidating our work. We should maintain a high standard of undergraduate instruction, and should attract graduate students by the thoroughness of our work, and the special facilities for investigation. By these means will the high standard of the institution be maintained above competitors, and our appreciation of the munificence of its present chief donor be manifest. In moving to the River edge, we place ourselves directly opposite what is destined to become at no distant date, the finest hospital plant in the country, that of Blackwell's Island, the plans for which are well under execution. They comprise buildings for 8,000 to 10,000 patients, for at our present population increase we shall need 4,000 additional hospital beds by 1910, when according to our calculated rate of increase, Greater New York will number a population of 7,000,000. This great hospital plant, covering 100 acres with 92 or more contemplated buildings, includes



provision for every kind of special service, every kind of research laboratory and therapeutic treatment, and ample provision of teaching rooms and amphitheatres. Yet with this competitor close at hand, we may still demonstrate that quality may be superior to quantity, provided we prove equal to the magnificent opportunity which the contemplated development of the hospital affords. Should the Presbyterian Hospital take the lead in the manner suggested, other hospitals would doubtless follow, as soon as they had learned to appreciate the full significance of its course. Should it fail to do so, they are bound to outstrip it in reputation, and probably within a decade. Already Bellevue Hospital is considerably ahead of the Presbyterian Hospital in several of the matters to which I have referred. The Governors of the New York Hospital who are considering moving that institution also, have gone so far as to concede that there may be something in these ideas after all, and that most worthy, but ultra-conservative institution on Cathedral Heights has within a year or two for the first time in its history admitted a few students within its Byzantine portals, so that some day it may be heard of in the medical world beyond the Bronx, and I have already referred to the scientific renaissance of Blackwell's Island. Truly the leaven of medical progress has begun to work, and the younger members of this society may live to see the time when some at least of the New York hospitals may receive favorable notice in *Who's Who* in the hospital world, and be mentioned on the same page with other institutions, both in this country and abroad, which are now a generation in advance.

In discussing these broad questions with hospital trustees, (and I am not now referring to anyone connected with the Presbyterian Hospital), I meet with two, and only two objections worth considering:

First; they say that to form an alliance with one college to the exclusion of another would be unfair discrimination like an infringement of interstate commerce. Suppose it did? Let the other colleges affiliate with other hospitals; and suppose it didn't, then one hospital could affiliate with more than one college. As a matter of fact, that is what Bellevue Hospital has done for 40 years. In the Presbyterian Hospital all three colleges are represented today and



nearly every member of the visiting staff happens to be a teacher in a college, although he is not appointed there because he is a teacher.

The same is true of the Board at the New York Hospital, and with, I think, only one to two exceptions at the Roosevelt. The exceptions formerly were college teachers, but resigned. The conclusion is self-evident. The hospital of its own free choice turns to the college to recruit its visiting staff. It deals in the best shop. It continues to do so, yet will not admit it as a definite policy. Why not? The answer concerns the second objection. The trustee says that he is administering trust funds and therefore must not abrogate any of his authority, or divide it with another corporation. That this is an entirely fallacious objection is shown again by the system in Bellevue Hospital.

For forty years, under all sorts of management, the hospital, whether single headed, triple headed, or seven headed as at present, has maintained its college divisions. The trustees have no written agreement with any college, they merely have a by-law of their own, agreeing to fill certain positions from nominees sent them by the college. If they do not care for a candidate, they turn him down and ask for another. If he should misbehave, they put him out. They can rescind their by-law at any moment. The fact that they have not done so in forty years is proof enough that the system works and they are not abusing their trust.

They know that they thus secure good teachers, and necessarily good diagnosticians, or the schools would not retain them and pay them. They know that so long as they maintain their system of appointment on college endorsement, they will get experienced men, and men who will continue active and zealous in their work or the college on its part will call for their resignation, and they know that they will get precisely what the Presbyterian Hospital most needs today for its scientific development—the gratuitous service of a number of experts, all university men, who may be called upon when needed to come in behind the clinician and bolster him up. No outside appointee to a visiting staff, however good a clinician he may be, has any such clientele at his command, nor can the hospital buy such workers to the degree that the university can.



It is difficult to see how such a policy in any manner detracts from the authority of the hospital trustee. As a minor matter, the system advocated would include the definite endorsement of the internes by each college division without the disgraceful scrapping which now exists on the part of some hospitals to hold the first examination of the year.

The university affords the natural facilities for publication of all research, and when connected with a hospital, the dignity of both institutions is augmented. Moreover it becomes easier to raise funds for advancement of the hospital work.

In this short discussion I can do no more than thus briefly point out which way the scientific future of the hospital lies—the way to true eminence—but I cannot close without reference to one qualification to success, ethical rather than scientific, which fortunately the institution possesses already in marked degree, namely, the absolute cordiality and real unity of purpose which exists between the Managers and members of the Medical Board. It is now more than 20 years that it has been my privilege to serve the institution, and during that entire time I can recall no instance of friction of any sort. Honest differences of opinion we have had of course, from time to time, but I am speaking for the entire Board when I say that we have always met with the utmost courtesy and consideration as well as friendly co-operation in every progressive movement which has been advocated. The manner in which we have been invited to participate in all the plans for the new buildings, from the time that moving was first contemplated, is only another illustration of the spirit of the institution, and especially of its President, whom we all so much love, honor, and respect.