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ORIGINAL COMMUNICATIONS.

THE FUNCTIONS OF A WOMAN'S HOSPITAL IN A LARGE CITY.*

BY

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NEVER in the history of the world has woman been held in higher esteem than at present. Since the day when a mother in France having lost four sons in the present war held aloft her six months' old boy and shouted "Vive la France," this respect for woman and motherhood has steadily increased. The medical problem of our Army and Navy in this war is the conservation and reconstruction of men. The function of a woman's hospital is the conservation and reconstruction of women. This function implies equipment for social service, obstetrics and gynecology, and any distinction in the comparative importance of these three branches of the institution would be invidious. Every board of managers and every donor of a woman's hospital must realize at the start that a hospital should never be a fixed quantity. However complete a hospital may appear on the day of its opening to the public, its completeness is extremely shortlived. A modern woman's hospital must be a thing of life and growth if it is to meet the needs of the community, its surgical staff, its nursing staff and the university with which it should be connected. There have been several periods in the life of the Sloane Hospital for Women, over which the writer has the honor to preside, when in the opinion of its managers it was nearly complete and yet, on looking back, it seems strange that such an idea should have entered our heads. To the building itself there have been

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three additions and each has been larger than the original plant. To the original obstetrical department there have been added the gynecological and the social service departments, each of which we now consider an indispensable part of the hospital. These three departments with their individual functions will now be considered separately.

The Social Service Department.—Although the youngest child of the organization, its growth has been very rapid. Starting in seven years ago last July with one social service worker, we now have four full-time workers and, as often happens in a household, the activities of the family center around the youngest child. This will be seen from the following: With the present demand for child welfare and conservation of mothers, no woman's hospital is regarded as performing its duty unless its social service department follows a patient from the day of her application to the hospital for obstetrical care until, subsequent to her confinement, this patient is able to return to her work and the child is put in touch with the proper milk station or other organization which will be responsible for its future care. This means many calls by the social service workers—antepartum calls and postpartum calls. During this last year our social workers have made 3341 calls on maternity cases. This very need has recently opened the eyes of some of our hospitals in New York to the inefficiency of their work. There has been a terrible waste of time, of energy, of shoe leather and of infant lives. Each hospital has accepted patients from all over the City of Greater New York, from the Bronx to the Battery and Brooklyn. This plan is less objectionable in the gynecological department where an individual operator may attract patients from a distance and where no baby enters the problem, but even here follow-up work is made more difficult. In the Obstetrical Department, however, this acceptance of patients from all parts of a large city spells *inefficiency* at a time when *efficiency* and *saving of waste* should be written large. The solution is a limitation of the field from which the obstetrical clientèle of a woman's hospital should be drawn, so that the social service department can do intensive work, making frequent antepartum calls with prenatal instruction and postpartum calls with numerous varieties of follow-up work useful alike to the patient and the hospital. This can be done with comparative ease in a limited. crowded district. It cannot be done in an unlimited one. To further this ideal the obstetrical hospitals in New York have met recently and have organized a "Maternity Service Association," agreeing to limit the field from which they will accept patients to certain well-defined districts,

furthermore agreeing to refer applicants from other districts to the hospital in whose district they reside. The only objection raised to this plan has been the fear that the service of the individual hospital might be reduced below its needs for teaching purposes. It is firmly believed, however, by some of us who have studied the problem, that if each hospital is honest in carrying out its agreement to refer to the hospital in their district applicants at a hospital outside the district wherein they reside, the service of each hospital will be ample. Moreover, it is agreed between the members of this Maternity Service Association that special cases referred to the hospital by physicians and all emergency cases may be admitted at any time without regard to the district from which they come.

Another advantage of this Maternity Service Association lies in the attempt to standardize the care of expectant mothers. Each member of the Association agrees to adopt at least the minimum standard of obstetrical care of its patients. This minimum standard may be briefly outlined as follows:

Each hospital or clinic member agrees:

1. To make strenuous effort to induce all patients to apply early in pregnancy.

2. To urge patients to return to the hospital or clinic every four weeks up to the end of the sixth month and every two weeks thereafter. If they do not do so, a postal shall be sent and if there is no answer in two days the patient shall be visited by a nurse or social worker.

3. To instruct each patient to bring a specimen of the urine at each visit.

4. To give each patient printed instructions on prenatal care, prepared either by the hospital or by the Children's Bureau at Washington.

5. That the medical examination shall include: *a*. A thorough physical examination. *b*. An examination of the urine every four weeks up to six months, then every two weeks thereafter. *c*. A blood-pressure estimation at each visit. *d*. A Wasserman test in every suspicious case. (At the Sloane Hospital, a Wassermann test is made on every applicant to the Obstetrical Department.)

6. Each hospital agrees to accept cases during pregnancy which need bed care, owing to some definite obstetrical condition.

To assist in the campaign for better education, better nursing and improved social condition of expectant and parturient mothers and babies, it is proposed to establish in each hospital district one or more so-called "maternity centers," in which lay representatives

from different organizations such as the New York Milk Committee and The Women's City Club will unite their efforts with those of the medical profession.

Thus far we have been discussing a function of a woman's hospital in which the Social Service Department has been chiefly concerned, but, of course, this social service is so intimately connected with the obstetrical and gynecological departments that all three work as one. A social worker is present at both the obstetrical and gynecological clinics of the Sloane, makes note of the address and social condition of the patient, sees that she has the circular of instruction and not only notes when the patient is told to return but follows her up with a postal or a call if she does not return. While the patient is in the hospital she is visited by the social worker, who gains her confidence, helps her in home problems, hunts up the father of the illegitimate child where called for and often arranges for the marriage. In her last annual report the head of our Social Service Department reported as follows: "We have brought about fifteen marriages in and outside of the hospital. All seem to have turned out well with one exception."

Before leaving the hospital the social worker instructs all mothers in the care of their babies and arranges for institutional care of mother, or baby, or both where necessary. She sees to it that the baby is put in touch with the proper milk station and visits the mother and baby in their home. The value of the follow-up work in the Gynecological Department can scarcely be overestimated. Many obstetrical patients even of the best maternity hospitals have pelvic conditions needing gynecological treatment. These conditions may have resulted from obstetrical injuries of years' standing or may be pelvic growths. If the patient does not make a good recovery after leaving the Obstetrical Department the social worker brings her to the Gynecological Department for examination and treatment. This is the reconstructive work of the hospital. Again, the follow-up work in the Gynecological Department gives the operator accurate knowledge of the success or failure of his operations and tends to secure the return of his failures to him for correction rather than allowing them to drift into other hands.

The Obstetrical Department.—The functions of the obstetrical department of a woman's hospital are twofold: (1) Humanitarian and (2) Educational. Regarding the humanitarian function little need be said. The benefit of skilled hospital care of pregnant and parturient women is self-evident and need not occupy our time at present. The day has passed when a hospital can be considered as

performing its full duty to the community and to the medical profession when it just cares for the sick and furnishes experience and material for papers for its one to four or five attending physicians. To-day, a hospital must be considered a teaching center and is best connected with a medical school and a university for which the hospital facilities are available. This applies as well to a woman's hospital as to a general hospital. This means that the attending obstetrician and gynecologist expects to see sections of students at work in the antepartum obstetrical clinic, in the gynecological clinic, in the delivery room, and in the wards. With the present State Board requirement that a medical student before graduation must have attended a certain number of women in confinement, it means that the woman's hospital of a given medical school must have an obstetrical service of a certain size for each hundred medical students. At the Sloane Hospital, undergraduate students are allowed to deliver only multigravidæ, the primigravidæ being reserved for the resident staff. The importance of having our medical students thoroughly drilled in pelvimetry, palpation, diagnosis, blood pressure taking, etc., in the antepartum clinic before his work in the delivery room of the hospital and especially before being sent into the tenements, is easily understood. With the Sloane Hospital for Women under the control of the combined chair of Obstetrics and Gynecology, this sequence of training is easy. Students of the fourth year are assigned to the hospital for two months of intensive training in obstetrics and gynecology and the time is about equally divided between the two Departments.

The Gynecological Department.—This is the reconstructive department of the hospital. Aside from patients referred from the College clinic in Gynecology and from the medical profession of the City, every patient who has been confined in the Obstetric Department of the Hospital and who is found by the social worker on her visit to the home not to have a good convalescence is sent for examination and treatment if needed to the Gynecological Division of the Hospital. This has many advantages, among which may be mentioned the restoration of womanhood, the protection of the reputation of the hospital, and the furnishing of ample material for instruction of doctors, students, and nurses. Those of us who have had the privilege of many years of service in a woman's hospital (before the war we used to speak of it as a "Frauen-Klinik"), feel that no maternity hospital is complete without its gynecological department. The obstetrical and gynecological departments are interdependent. Chronic obstetrical injuries and complications are dealt with in the

gynecological department. Gynecological operations are subjected to the test of maternity in the obstetrical department. Womanhood is conserved and reconstructed.

For several years the general surgeon has been preaching funeral sermons and performing the last rites over the supposed corpse of gynecology. Yet gynecology is not dead and never will die so long as women marry and bring forth children. The name "gynecology" may die and "obstetric surgery" may take its place but the work will still be needed. The general surgeon does a great deal of gynecology and probaby will do a great deal in the future but that which is bound to keep gynecology, or the same branch under another name, alive, is obstetrics. The conditions furnishing a large part of gynecology are the complications and injuries of obstetrics. In these conditions the general surgeon never has sufficient interest to give him either wide experience or ripe judgment. He never sees enough obstetrics to make him the best judge as to whether a pelvic tumor complicating pregnancy should be operated upon or not and if so when. He never has interest enough in obstetrics to make him the best judge as to whether a child will come through a given pelvic canal or not. He seldom has interest enough in plastic work on the parturient canal to make him study it in its relation to parturition, hence the general surgeon is seldom the best man to perform plastic work on the parturient canal. So little interest do general surgeons usually take in plastic pelvic work that instances have occurred in which orders have been given to their dispensary staff not to send plastic cases to their wards. These are certainly not the best men for plastic work.

Many years ago I was urged by one of the authorities at the College where I have the honor of occupying the chair of Obstetrics and Gynecology, to give up gynecology and devote myself solely to obstetrics. This I refused to do on the ground that no one could justly carry the responsibilities of the Sloane Hospital, then only a maternity hospital, unless he kept up his work in gynecology. This decision has never been regretted by me and now that the hospital is a complete woman's hospital devoted both to obstetrics and gynecology, the decision seems justified. The man who is best fitted for obstetrics with its complications and injuries is the man with gynecological training and experience. The man best fitted for gynecological work is the man not only with surgical but with obstetrical training and experience. The hospital best equipped for the conservation and reconstruction of women is a woman's hospital with a social service, an obstetrical and a gynecological

department. A City with one or more such hospitals is rich. A City without one such hospital is poor.

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