Hospital Social Service

BY ROBERT W. BRUÈRE

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ONE morning, in late February three years ago, I met a member of the visiting staff of Bellevue Hospital out on his private rounds. It was one of those soft, bright days that the Gulf Stream sometimes brings unseasonably out of the tropics. Children danced responsively in the parks, and one was aware of a festive spirit among the men and women abroad in the streets. The physician, however, did not share the general elation. "What's wrong?" I asked, remarking his preoccupation. "I don't like it," he answered, vaguely. "Don't like what?" said I. "This reminder that summer is on its way." I laughed at his borrowing trouble so far ahead, but he was disinclined for laughter. He spoke of the holocaust of little children that annually recurs when the hot weather fills the hospital wards, and deplored the inability of the medical staff to cope single-handed with summer conditions. "What happens again and again," he explained, "is this: We discharge a child from the ward apparently convalescent; in a few days back it comes sicker than ever. Or a working-woman brings her baby to the dispensary; we diagnose and prescribe, and yet, in spite of our treatment, the patient steadily fails, if indeed we ever see it a second time. The fact is that there are home conditions which baffle our science—dirty rooms in dark tenements, insufficient and improperly cooked food, and the thousand other by-products of poverty to which the medical staff has deliberately closed its eyes. It's bad enough, Heaven knows, to send children back to such homes in winter when the microbe is partially ice-bound; but in summer, when everything they touch swarms with noxious parasites, I feel myself an accomplice in the undoing of every child I send out of the dispensary or discharge from the wards. I'm afraid I'm developing a conscience Every warm day like this is a voice that dins in my ears the reminder that unless I am willing to accept the usual results this summer, I must do something to forestall them now."

Accustomed as I was to the routine handling of patients in charity hospitals and dispensaries, this statement impressed me as memorable. I knew from experience the truth of what Dr. Richard C. Cabot has put so effectively in his *Social Service and the Art of Healing*—namely, that "the average practitioner is used to seeing his patients flash by him like shooting-stars—out of darkness into darkness; that, trained to focus upon a single suspected organ, he comes to think of his patients almost like disembodied diseases." Only a few days ago a medical friend invited me to attend his clinic in the dispensary of one of our great charity hospitals. On arriving at the hospital, we found the usual gloomy entrance packed like a subway station at rush hours with sick and crippled humanity. We elbowed our way to the examining-room, which, in sharp contrast with the entrance hall, was perfectly lit, spotlessly white, its very air scoured with disinfectants. While he was yet lifting his arms to the sleeves of his white hospital jacket, the doctor began calling numbers in chain-lightning groups—138-206-140—and the patients who held the correspondingly numbered tickets jostled in. Dozens came and went with surprising speed. In little more than an hour two men had *disposed of* fully forty-five cases. "What work we do," observed the physician, smiling, "is of the most excellent quality, but of course we haven't time to do much. Our first duty, for the performance of which we are held most strictly accountable, is to find material for the professors, who come on regular days, not only to lecture, but to give practical demonstrations before their students. Of ne-

cessity we are all more or less like Dr. Cabot's assistant. You recall the story? 'What is there in the waiting-room?' Dr. Cabot says he asked his assistant on arriving at the hospital one morning. 'A pretty good lot of material,' was the brisk reply. 'There's a couple of good hearts, a big liver with jaundice, a floating kidney, three pernicious anæmias, and a flat-foot.'" This is the characteristic attitude of the medical mind, an attitude which is the natural outgrowth of what in itself is a highly important and extremely valuable development of medical teaching. Medical instruction used to be purely didactic, relied upon text-books and lectures exclusively, and sent the young doctor forth to acquire skill in his art at the cost of his patients in the course of his professional practice. After years of struggle and protest against this slipshod procedure, the best men in the profession forced open the doors of the public and charitable hospitals for their students and taught the art of healing by demonstration on the actual case. This achievement was admirable in that it laid the foundations of scientific and inductive as against didactic medical learning. But the enthusiasm for this method of clinical teaching has tended to exalt the living disease above the living patient. Last November, at the convention of the American Association for the Prevention of Infant Mortality held at Johns Hopkins University, the absence of the medical students was conspicuous. "Aren't you interested in the social bearing of your profession?" I asked a member of the graduating class. "I shall be satisfied if I know something about *medicine* at the end of ten years," was the reply. As a result of this narrowly scientific discipline, the men who conduct the routine handling of patients in charity wards and dispensaries are apt to pass lightly over all cases except those that offer interesting pathological material.

To discover an awakening social conscience in a young physician, as I did that February morning, was therefore a rare and refreshing experience. With a man so minded it was a joy to co-operate. A few days after our chance-met conversation the physician and I were in negotiation with Miss Mary E. Wadley, who since 1905 had been building up a social service department at Bellevue. Miss Wadley knew what was needed to surmount the difficulties the physician had described, but her department lacked the requisite money. I was able to find the money to match her plan, and on the 1st of May a Social Service Nurse began to do Follow-up Work in connection with the children's division of the great municipal hospital that stands at the heart of New York's social repair shops. Those capitalized terms are significant of a very deep change that is to-day taking place in every important hospital and dispensary in the country; precisely what they mean will appear from an analysis of a typical case history.

On the 15th of July a working-class woman brought her sick baby to the Bellevue dispensary. The doctor discovered that the child was under-nourished and ordered its feedings increased. In the old days that order would probably have been the end of the story; the likelihood is that Bellevue would never have seen that mother and child again. Not that the doctor's advice was not excellent from a strictly medical point of view; what, however, it failed to take into account was the woman's social inability to apply it. The nurse's record reveals certain facts which were essential to the radical diagnosis and effective treatment of the case, but which the doctor, untrained to look beyond the hospital's walls, inevitably ignored. I transcribe a few words from the nurse's original notes. "July 15, '08.—Called. Found family in two small rooms on ground floor. Front room is a shoemaker's shop. Back living-room very dirty. There are eight children; six live at home. Husband earns four dollars a week. Mother sickly and nervous; her milk not enough for her child. I bought milk and showed her how to modify it after the doctor's formula. Had milk sent in for the mother, too." It is obvious from this short excerpt that if there had been no one at the doctor's side in the dispensary to give intelligent ear to his instructions, with ability to follow them up and resources to make them effective, that woman would have gone hopelessly back into her "very dirty living-room"—which, you may be sure, she would not have betrayed—and would have sat helplessly by

while her child succumbed to heat-poisoned hunger. Such inept tragedies are of common occurrence. But the nurse was not only trained to execute doctor's orders; she also knew what few physicians could have taught her, the charitable and social resources of the city, and brought these to bear in aid of the family, of whose economic disability the sick child was only a symptom. She secured the co-operation of one society in supplying certified milk, of another in sending a charwoman to scour and wash and clean. On July 31st the record says that the baby was found sleeping in a carriage out in the open air, and a week later the nurse adds: "The house is cleaner than I have ever seen it; both mother and child are doing well." Thus by acting as a "link of connection between the hospital and the outside world," and between the home and the various appropriate charities, the nurse not only prevented the nullifying of the physician's work, but was actually the means of bringing it to its due fruition.

Such in essence is hospital social service, which, by adding a social vision to the highly specialized wisdom of the medical profession, promises to increase an hundredfold the efficiency of public hospitals and dispensaries as instruments of human conservation. The authorship of this effective union between the best medical and philanthropic practice is in dispute; the glimmering origins of hospital social service may be traced through the dusk of many decades back at least to the first half of the nineteenth century. There is no question, however, that the movement owes its recent supereminent impulse to its most ardent evangelist, Dr. Richard C. Cabot, of the Massachusetts General Hospital and the Harvard Medical School. It was through his influence that the social service bureau at Bellevue was started in 1905, the same year in which he published the epoch-making little document significantly entitled "First Annual Report of Social Work Permitted at the Massachusetts General Hospital." "Our blindness to social backgrounds," Dr. Cabot afterward wrote, as if in elucidation of the italics, "is well illustrated by the recent remark of a hospital superintendent: 'I want you to understand,' he said to some one who was laboring to correct some of the results of our habitual blindness to backgrounds—'I want you to understand that we want sense and not sentiment in this work.' As if one should say, 'We want ears, but no eyes, in this work.'"

It was in 1905 that, under Dr. Cabot's inspiration, the authorities of Bellevue appointed Miss Wadley head and sole worker of its social service department, which she has since developed until it is unexcelled in the country. On her staff to-day are three nurses who do service in the children's division, instead of the one with whom we began in 1908. An additional nurse is assigned to the psychopathic ward, where, through measured sympathy and contagious optimism, she persuades fate-vexed minds to return from the border-land of unreason into the sunlight of normal life. Three others devote their energies to general relief among the convalescents discharged or about to be discharged from the hospital; and seven more follow the tuberculous patients into their homes, organize them into classes for instruction in curative regimens, and intercede in their behalf, and in behalf of their families, with the innumerable scattered charities of the city and State, and especially with those that specialize in the provision of milk and eggs and the maintenance of sanatoria. During 1909 this staff, supplemented by the occasional work of volunteers, had 6,792 patients in charge, they made 17,905 visits to tenements, secured admittance to tuberculosis sanatoria for 317 men, women, and children, and sent more than a thousand to fresh-air and convalescent homes. As agents of health, these social service nurses constitute the most important addition to the strength of the modern hospital that has been made since the introduction of microscopy and aseptic surgery.

For a number of years I have had the opportunity of observing at close range the evolution of this important adjunct to our industrial Red Cross organization, and out of this observation two questions have come that must, as I believe, have a determining influence upon its future. The first of these questions is this: How far-reaching is the need which hospital social service is attempting to meet? And the second: Is hospital social service

the most effective available instrument for the promotion of health and industrial efficiency among the members of our working class?

Like the nation at large, like the States and cities, our American hospitals have persistently neglected the social and vital statistics imperatively needed to measure the extent of the social problem with which they deal, and to make scientific and business-like provision for its future solution. Only one of our major hospitals, so far as I have been able to discover, has attempted the collation of data that indicate the scope of the demand for hospital social service. In 1909 the Society of the Lying-in Hospital of the city of New York secured budgetary information about the families of 6,157 women who came to this institution for maternity care. Among this number of households there were 1,781, or twenty-nine per cent., in which the father was unemployed. In three families the husband was earning $2 a week; in 41 families, $3 a week; in 292 families $5 a week. Seventy-six per cent. of the entire number of *employed* husbands were earning $10 a week or *less,* and only *five* per cent. of the 6,157 fathers were bringing home as much as $15 at the time when a child was born! Furthermore, the list of occupations published by the hospital reveals that a large proportion of the employed men were engaged in seasonal trades — that is, were fairly certain of regular work during not more than nine or ten months at best. Ordinarily, in families at this low economic level, one expects to find the father's income supplemented by that of wage-earning children; but the hospital's records show that among 2,664 families, from whom information upon this point was secured, there were only 556, or about one-fifth, in which a child had reached the legal working age of fourteen.

These statistics are, of course, too slight to serve as the basis for aggressive generalizations. As indicating the probable truth, however, they are not without value, especially when considered in connection with other similar bodies of evidence. In 1894, for example, Dr. Henry Dwight Chapin made a study of the social and economic status of 600 families whose children had been brought to the free wards of the New York Post-graduate Hospital, and in 1909 the New York Milk Committee published analogous information concerning a somewhat smaller group of families with which its workers came in contact through its milk depots and mothers' conferences. Only 85, or slightly less than 15 per cent. of Dr. Chapin's 600 families, enjoyed weekly incomes of so much as ten dollars, and in many cases he found a father and mother with several children existing on incomes as low as three and four dollars a week. The families reached by the New York Milk Committee were not, like Dr. Chapin's, primarily charity cases; they were attracted from the tenements by the pure milk and educational advantages offered by seven depots widely scattered about the city. Nevertheless, only 27 per cent. of the 357 families from whom the Milk Committee secured budgetary information had total weekly incomes of as much as fifteen dollars, 60 per cent. had incomes varying between five and fifteen dollars, and 13 per cent. kept alive on less than five dollars a week. Add to all this the statement of the Charity Organization Society, whose experience may safely be taken as typical of all the private philanthropies, that "in three-fourths of our dependent families during 1910 there was some form of acute and chronic disability," and there remains little room for doubt that the demand for such assistance as the social service departments of our hospitals are attempting to render is both far-reaching and urgent. Obviously the sick who come to public dispensaries and hospitals require social as well as therapeutic remedies.

If this conclusion is admitted, then it is time to ask whether social service is the most effective available instrument for the solution of the social problem created by sickness among the working-class poor. The question straightway evokes the inevitably foreshadowed analogy between social service and that type of social insurance which, while increasingly general in Europe, has reached its most notable development in Germany. By way of comparing the European with our American method of promoting physical efficiency among the working class, I am prompted to write down a

message that has come within the hour from an East Side physician who is seeking relief for a man in an advanced stage of tuberculosis. His patient, the physician tells me, has been a hard and steady worker all his days; he is happily married and is blessed with three children. Years ago his doctor advised him to change his occupation for one that would keep him more in the open, and urged upon him the importance of checking his disease at the start by spending a few months at a sanatorium. But the man couldn't afford time to get well. His income had not yielded a large surplus above his necessary expenses, and he feared that if he quit his job his family would starve. So he persevered at his work. In a few years he had completely sacrificed the choice between work and rest; tuberculosis had made such inroads upon his vitality that he had to drop his tools. Then began the inevitable downward progress of the industrially unfit. He shortened rations for himself and his family; he moved into smaller quarters; he pawned his watch and personal effects. Ten days ago he sold his last bed; the entire family now take what comfort they can from the dark bedroom and kitchen floor. He is "so far gone" that our perennially overcrowded hospitals and sanatoria will not admit him; their beds and open-air shacks must be reserved for those in whom disease has not cancelled the hope of recovery. Last week he applied for treatment at Bellevue. There he was told, in the kindest possible way, that Bellevue, like all except one or two hospitals within the city, is not equipped to care for advanced or chronic cases, and that the only place open to men in his desperate condition is the tuberculosis pavilion on Blackwell's Island, where, under the shadow of the penitentiary and workhouse, the Department of Public Charities shelters consumptive paupers in the final stages of their decline. His sense of manhood rebelled against this offensive suggestion. Consequently the charitable society, upon whose good-will he has had to fall back for the sake of his starving children, has followed the usual practice in explaining to him that, except in certain cases of widows with children, the funds of private philanthropy exist to tide over the temporarily disabled, not the chronically dependent. If he is recalcitrant and persists in exposing his children to infection by refusing to congregate with paupers on Blackwell's Island, the charitable society, in conformity to precedent, will be compelled to discipline him by withholding food and rent from his family. His sole alternative is to surrender his children to be "put away" by the Department of Public Charities in some institution for dependent minors, in order that his wife may give her undivided energies to nursing and supporting him until he mercifully dies. In the mean time his mind is embittered, his family goes hungry, under-nourishment exposes his children to infection, and the misery of all five is extreme. The total human loss in this case it is too early to determine; but if the records of similar cases which I have in my possession may be taken as a guide, the actual and potential industrial energy of the entire family will be either wasted altogether or seriously impaired before the charity visitor stamps the case history *Closed*.

How would this working-man have fared under the social insurance of Germany? To begin with, he would have been able to take his doctor's advice while his disease was incipient, because the German law—for convenience in reference I quote or follow the Sage Foundation's recent report on Working-men's Insurance in Europe—which is obligatory and "applies to all working-men and managing employees in mines, quarries, factories, and other industrial concerns, and to all persons employed in stores and offices, provided their yearly earnings are not over two thousand marks, . . . secures insured working-men a certain minimum benefit in case of disability, whether from accident or sickness, for a period of at least twenty-six weeks, which includes: (1) Free medical attendance, medicines, and medical appliances from the commencement of the illness; (2) a sick-benefit, after the third day, of one-half the daily wages, and in special cases free admittance to a hospital, with half the sick-benefit paid to the family for their support." While not so munificent as to tempt him to dissemble, these provisions would have enabled this man to follow good medical counsel with an easy

mind. Moreover, his employer would have had a sound business motive for co-operating with him in his struggle for health, because, under the German law, the employer is a joint contributor with his employees to the sickness insurance funds, and the responsibility for seeing to it that his employees are insured rests upon him. "Whoever employs an uninsured working-man renders himself liable both to fine and to the payment of all costs resulting from sickness or accident. In such cases the local societies — through which the social insurance is administered—assume the care of the disabled employee, pay for medical service, medicines, nursing, and give the usual cash benefit during disability, and for all of this the employer becomes liable."

These are the general and minimum provisions of the law, which, being democratically administered by boards composed of the elected representatives of both employers and employees, vary widely in their innumerable local applications; it is only in its fundamental requirements that the law is mandatory. The probable experience of our sick working-man had he been a German subject will, therefore, become more definite if we imagine him to have been a citizen, let us say, of Leipsic, a city of something more than a half-million inhabitants. The jurisdiction of the local sickness insurance society of Leipsic extends to the forty-two suburbs within a radius of about four miles of the city. At the close of 1908 it had a membership of 161,051 men and women, representing nearly every known industry or trade. Admirably administered by a board of six employers and twelve working-men elected at a general convention in which working-men and employers are represented in the same proportion of six and twelve—one-third and two-thirds—this society has accumulated reserves that in 1908 amounted to 6,500,000 marks. The assessments are limited to three and one-half per cent. of the working-men's wages, one-third of which is levied upon the employer and two-thirds upon the employee. In case of sickness the members receive the following benefits beyond the minimum required by law:

"1. In case of disablement, cash benefits up to as high as fifteen marks ($3.75) per week for a period of *thirty-four* weeks, beginning after the *second* day.

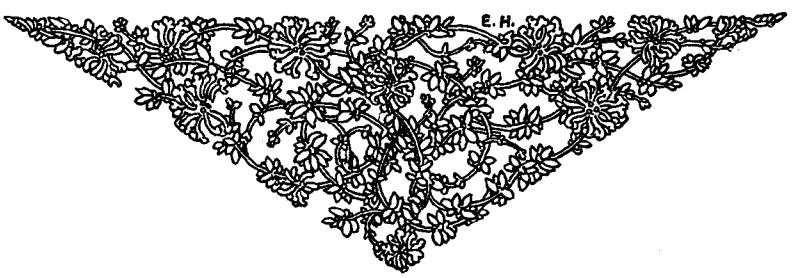
"2. As an alternative to the foregoing, free treatment in a clinic, hospital, or home for convalescents. In this case a cash benefit is granted to the members of the patient's family dependent on his earnings equal to *two-thirds* the cash benefit to which he would have been entitled had he not entered the hospital."

These are the provisions that would have applied to the tuberculous patient, though they by no means cover the full scope of the sickness insurance, which also extends to maternity cases, disabled beneficiaries, funeral expenses, and the like. To execute the terms of this policy the Leipsic Local Society employed, in 1908, 410 physicians, besides 137 specialists, 23 dentists, 55 druggists, and 20 opticians. It held at its disposal three convalescent homes, the most extensive of which contained 200 beds and was fitted out with modern therapeutic apparatus, such as special medicinal baths. Its doctors were specially instructed to notify the management of all cases of tuberculosis which appeared to require sanatorial treatment. Of 1,390 tuberculous members thus brought to their attention in 1908 the management of the society sent 745 to sanatoria; for the remainder they provided day care in a special convalescent home in the woods of a near-by suburb, furnishing, in addition to the ordinary sick-benefits, special food and transportation. All this our working-man would have enjoyed, *not as a charity,* but as a legitimate return on his investment in a strictly business enterprise, in whose democratic administration he would have had an equal voice with his thousands of fellow working-men.

From the point of view of the individual sick working-man and his family the insurance plan would seem, then, to have distinct advantages over hospital social service. But what of the advantages to the community? Here comparison is not readily possible; for while the German insurance is conducted with minute regard for the most advanced and scientific business methods, so that the last penny of cost and also the returns in life saved and health restored are accurately known, our hospital social

service, following the tradition of the charity, of which it is, after all, only a specialized offshoot, is entirely ignorant of what it spends or what it gains. The defence of hospital social service, as of charity, is not an incontrovertible bookkeeper's balance, but the beautiful results attained in individual and exceptional cases. The reports of our social service departments, like those of our scattered and unco-ordinated charities, tell us what they individually spend; but they neither tell us what they all spend together, nor do they relate their activities in any business-like way to the general well-being, or to increased or diminished industrial efficiency in city, State, or nation. It is said that Charity spends in New York City from thirty-five to fifty millions a year; but nobody *knows*. Social service as it exists is kind, but partial and amateurish; social insurance in Germany is impersonal, nation-wide, and efficient. Where hospital social service has had its highest development, as in Bellevue, it reaches directly or refers to other charities a little more than one-tenth of the sick who come as public dependents to the hospital; of the remaining nine-tenths, as of the sick and industrially disabled who escape or avoid public institutions, it never hears. In Germany, according to the statistics of 1907, out of 15,400,000 wage-earners 12,480,502 were protected by the sickness insurance, and 14,958,118 were insured against old age and invalidity. When we are asked what our hospital social service has accomplished, we have no answer except our opinions and a bundle of more or less pathetic stories. The established results of social insurance enable the Sage Foundation to say that "the most striking fact in the remarkable industrial advance made by Germany is the improved condition of the great body of its working-people. On all sides are evidences of greater effectiveness. . . . Whatever the limitations of the system of working-men's insurance at the present time, even its severest critics are agreed that it is effectual."

Years of cordial co-operation with men and women who are striving to socialize our hospitals, and through them the public mind, by extending the work of the hospital beyond the narrow institutional walls into the homes of the people, have given me a deep reverence for their nobility of spirit and the excellence of their achievement in individual instances of sickness, poverty, and social maladjustment. They are undoubtedly right in believing that the establishment of hospital social service departments marks an epoch of momentous significance in the evolution of hospitals as instruments of human conservation. And yet the inevitable contrast between social service and social insurance compels the conclusion that until hospital social service becomes universal in its application, until it evolves some means of reaching the sick poor before their condition is desperate, and especially of protecting them from pauperization, and until it devises a method of measuring its own efficiency in terms of industrial effectiveness, it must stand as an expression of our good intention rather than of our business foresight or scientific acumen.



The Cup We Must Drink

BY LEILA BURTON WELLS

" . . . oft times celestial
benedictions assume this dark disguise."
—LONGFELLOW.

FARNHAM hesitated, his pencil restlessly tapping the desk on which he leaned, his eyes from under ostensibly lowered lashes searching the young teller's face with a cool and merciless scrutiny. He had so patiently perfected that concealed glance that he seldom appeared to be looking at anything and yet nothing escaped him. In common with the majority of bank-examiners, he had an incalculable and intuitive knowledge of human nature and could often "feel" the mental status he was testing before he had advanced a single interrogation.

It was past four o'clock. The cash balance was correct, and Farnham was anxious to push his work through for many reasons; yet a subtle something in the atmosphere deterred him. "Let me see your cash items," he said.

The young teller did not start, but every muscle in his body contracted, as if physical as well as mental fortitude were needed to face some preconceived crisis.

Farnham without another word began to check off the cash items. Young Baird handed him the vouchers with a nervous readiness that was betraying. . . .

At last Farnham's pencil halted menacingly. Baird *knew* without looking.

"What is the occasion for this check?"

"Which check?" Baird leaned forward, striving to focus his eyes on the little slip of white paper.

"This." Farnham laid it on the desk and lifted his head.

"Oh, that?" Baird was speaking carelessly. "Why, that check . . . It was handed in on the fifteenth, wasn't it?" leaning over Farnham's shoulder. "I remember now. The lady said that she would be obliged to overdraw her account. She was pressed for ready money and asked me to hold the check over for a day or two until she could make a deposit to cover the amount. She is expecting funds any minute." The strong young voice sagged a little and fell away on the last words, as if the mental propulsion behind it had suddenly slackened.

Farnham's eyes were cold. He was a man whose inelastic virtues offended even the virtuous. His every action followed an impeccable precedent.

His chest expanded perceptibly now, as he regarded the haggard face of the man before him. Another's misstep always affected him like a pat on the back.

"I don't see," he said, taking up the check and drawing it through his unyielding fingers, "that there is an O. K. on this. By whose authority was the check honored?"

Baird hesitated. "The fact is," he replied, nervously, "I didn't ask for an O. K. I knew—know the party."

Farnham's lips contracted.

"The amount is seven hundred dollars," he stated, fixing his double-lensed eye-glasses on the draft. "That is a large sum to be carrying in your cash items, Mr. Baird, without referring it to higher authority."

"I know, sir, I know!" The teller wet his dry lips. "But in this instance I couldn't very well refuse. You see, I have known the lady a—many years. I have every reason to trust her—I expect her in hourly. I assure you, sir, she is perfectly good!"

"That assurance from you, Mr. Baird, is not enough." Farnham leaned back in his chair, touching the balls of his fingers together delicately. He was endeavoring to render his voice kind; for he told himself he had a very special reason for leniency to-day, as he had in his pocket a note from the lady whom he had been suing (or pursuing) for over a year; stating that she was at last willing, if not ready, to accept his decorous affection and substantial income. So Farnham really wanted to be kind. He