



Photo by Hiram Myers

IT DOESN'T HURT, IT TICKLES!

This exuberant young person smiles out of a booklet in which St. Mark's Hospital presents its plans for a new service for New Yorkers of moderate means

Industry's Answer

How a Railroad Safeguards Its Employes in Health and Sickness

By PHILIP KING BROWN, M.D.

IN the rush to the gold fields in 1849-50, men came from all over the world and San Francisco grew alarmingly in numbers with all too inadequate provision for health. Our French and German argonauts promptly banded themselves together to form the French and German general benevolent societies to provide relief for members and particularly to provide medical help in a country where doctors were too few. Both organizations still live.

Ten years later the building of railroads was started and in 1864 the first Central Pacific trains were run in the state and plans for the transcontinental line were made. The country was sparsely populated; the employes of the road were men who came west in the spirit of adventure, generally without families. Few saved for the rainy days. When sickness came, most of them found themselves in dire circumstances. There was no accident compensation, and charity of fellow-workers and of the company provided what care these men received. In consequence the company, almost at the start, organized a hospital department from which has grown the oldest industrial health insurance plan in the world and one of the most successful, through which the Southern Pacific now cares for the health as well as the sickness of between 60,000 and 70,000 men.

In 1867 an old residence in Sacramento was converted into a hospital for the care of any sick or injured employe. This building was replaced in 1869 by a \$64,000 hospital with 125 beds, and for many years most of the medical work was done there. Each employe paid a fee of fifty cents a month, known as hospital dues. It is reported in the History of Sacramento County that the fifty cents dues "were sufficient together with the company's contribution to defray the current expenses of the hospital." There was no real nursing, and while the medical and surgical care was the best that could be had, the compensation to doctors was very small. An uninterrupted service has been provided to employes ever since, although the dues were raised in 1925 to seventy-five cents and in 1927 to one dollar.

TODAY—sixty-two years later—there is a central hospital in San Francisco with 300 beds, a resident staff of 120 graduate nurses, nine physicians, and six technicians; and a visiting staff of eight surgeons, five physicians, twenty consulting specialists, many of whom come daily, a roentgenologist, a pathologist, a consulting pathologist, a consulting director of research, and an epidemiologist. In the last few years the staff of the hospital has trebled, until now every field of medicine and surgery has been covered. There are also six contract hospitals between Portland, Oregon, and El Paso, Texas; fourteen emergency hospitals, and in addition 456 physicians along the line, outside of San Francisco.

The dollar a month represents the total sum within which

all expense must and does come, except that all traveling expense of patients to and from the central hospital, food, nursing attendance, and ambulance are met by the company, as well as all expense connected with the care of patients injured on duty. The fact remains, however, that the advances in medicine and surgery represented by better methods of study, more expensive equipments, drugs, nursing, and service generally, make the present rate too small to do all the work as well and thoroughly as it should be done. With the further addition of 100 beds for medical cases and a sanatorium operated for tuberculous patients, dues must be raised to one dollar and a half.

Epidemics must be studied. Dentistry is an essential in modern medical practice. Drugs are vastly more refined and most of them many times higher in cost than those used several decades ago. The standard of health applied to people today makes for constantly finer diagnostic methods to reveal physical defects in the very beginning, that they may be remedied before great damage is done. In the past ten years the total number of days of care given to patients has increased just 50 per cent, drugs 40 per cent, surgical dressings 45 per cent, commissary department (food handlers) 35 per cent, nursing 140 per cent, materials used in the x-ray and chemical laboratories, 650 per cent. The increase in salaries for conducting laboratory investigations in the ten years has increased 285 per cent and, due to the appointment of specialists in every department on the staff, medical salaries 380 per cent.

IF we employ men with correctable physical defects, as very often we must, it is desirable to correct these defects in their early stages. To deal fairly with labor, someone must care for conditions uncovered by careful physical examination. It has not been the rule to treat syphilis acquired before employment and in many organizations it is not treated at all. Obviously this produces a grave situation and our present chief surgeon has ruled that since many of the correctable defects are progressive and incapacitating later on, it is wise to correct them no matter how long before employment the man may have acquired his trouble. The clearing up of focal infections, therefore, is an enormously growing part of our work.

The organization of this vast enterprise for the care of between 60,000 and 70,000 men has been a matter of years of work, and credit for its excellence is due to the remarkable genius for organization of Dr. Frank K. Ainsworth, our late chief surgeon. He was a pioneer himself in the wilds of Arizona and well understood the needs of the employes in distant fields, far from skilled help in time of sickness.

Medicine has developed with giant strides and the repair-shop of twenty and ten years ago has grown into a constructive institution where every angle of sickness may be investigated and every need for surgery can be met. More