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are serving to strengthen the relations between
the fields of medicine and social work.

CHAPTER I -- INTRODUCTION

Definition of

Purpose:

The purpose of this thesis is to trace how the clinic, as one type of institution providing public service, has grown in numbers, effectiveness, and functions; and what part it is playing today in efficient medical service to the community.

The general movement is first traced, as it developed in the country as a whole; and next the clinic movement in the city of Richmond is studied, both in its growth and in its present work, to ascertain its status and its contribution to the community. The clinic, as a social agency, plays an important role in the field of humanitarian benefit to the individual and to the community.

Social work has discovered and demonstrated the important part played by sickness both as a cause and a result of poverty and other social maladjustments. Many social agencies, such as settlements, child welfare, and relief societies of all types are turning to the clinic for medical examination, advice, supervision, or treatment for their clients. These deepening interrelations between social agencies and clinics

are serving to strengthen the relations between the fields of medicine and social work.

Definition of Dispensary:

The name dispensary, to the work of which our modern clinics are heirs, merely suggests the giving of medicine. It is a misnomer for the present type of work done by the majority of institutions receiving ambulatory patients; service is now their prime function and not the dispensing of drugs.

Early History:

The free dispensary had its birth in London in the seventeenth century. The Apothecaries Guild was imposing upon the poor of the city prohibitive prices for drugs, and the physicians resorted to the dispensary as a means to protect the sufferers.

On December 22, 1696, fifty-three leading "Spirits" signed an agreement of ten pounds apiece to Dr. Thomas Burwell, one of their number, which sum was to be used for medicines for the poor.

"Thereupon the first dispensary in the English speaking world was opened in the building of the College of Physicians." *

There is no record of the number of patients treated during the first five years of this first dispensary in London, but there is a record of

*Davis, Michael M., and Warner, Andrew R., Dispensaries, P. 2,3.

20,000 prescriptions having been given out. There was a complaint among the physicians that the dole of medicine was more highly regarded by the public than the freely given services of the physicians. Medicines and medical services were doubtless thought of as a dole to the needy.

We have no record of the later history of the first London dispensary. There seems to be a gap in the dispensary records of more than a hundred years. Not until the latter part of the eighteenth century are dispensaries again noticed in London, three having been established within twelve years time.

Dr. Lettsom, one of the first physicians of the General Dispensary in London, gave the following report:

"Fifty thousand poor persons are relieved annually, one-third of whom are attended at their own dwellings; a mode of relief which keeps the branches of the family from being separated and affords the wife an opportunity of nursing the sick husband or child, or the husband to superintend and to protect the sick wife. And by this mode of conveying relief to the bosoms and houses of the poor, the expense is trivial indeed, as one guinea which is the annual subscription of a governor, affords the means of relief to at least ten patients.*

Dispensaries were not established in America until after the Revolution. The first dispensary in the United States was the Philadelphia Dispen-

*Davis, Michael M., and Warner, Andrew R., "Dispensaries" P.4

sary, established on Independence Square in 1786. This building has been remodeled at various times and over 30,000 patients are treated in it annually.

The New York Dispensary was established in 1790, and has moved its location several times, enlarging as it moves.

The Boston Dispensary was established in 1796 on Washington Street where a restaurant known as "Thompson's Spa" now stands. The following report was given by a Committee of the Boston Dispensary in 1796:

"It having been found by experience both in Europe and in several capital towns in America that Dispensaries for the medical relief of the poor are the most useful among benevolent institutions, a number of gentlemen propose to establish a public Dispensary in the town of Boston, for the relief of the sick poor; which they presume will embrace the following advantages:

1. "The sick, without being pained by a separation from their families, may be attended and relieved in their own homes.
2. " The sick can in this way be assisted at a less expense to the public than in a hospital.
3. # Those who have seen better days may be comforted without being humiliated; and all the poor receive the benefits of a charity, the more refined as it is the more private."*

The benevolent desire to help the sick poor was the primary motive leading to the establishment of all the early dispensaries.

The London system of admission of patients,

*Davis, Michael M., and Warner, Andrew R., "Dispensaries" P.5, 6.

upon the recommendation of a donor who had contributed as much as five dollars, was retained in the three early American dispensaries. The aim of this system was to give the donor a spiritual return for his contribution as well as to insure the worthiness of the applicant. A person suffering with alcoholism or venereal disease was not admitted for treatment. He was considered a victim of his own sinful indulgence, and therefore, deemed unworthy.

From these original little prescription mills, which had their birth in the seventeenth century in London and were called dispensaries, the institutions furnishing medical service to the sick who are not confined to bed have extended their work in two ways, namely, hospital out-patient departments, and health centers.

"The patient joined a slowly moving line and eventually found himself before a bearded and bespectacled doctor seated at a desk behind a large ledger. After the doctor had inspected the permit from the contributor, he entered the name, address, age, sex and complaint on one line of his ledger. He inspected the sufferer's tongue, felt his pulse, probably inquired about his appetite, sleep, and bowels, then wrote a diagnosis in his book with several numbers indicating medications. These numbers were copied on a slip and handed to the patient, who was told to report back if not cured when the medicine gave out,"

according to a report of Anna A. Richardson and H. Davis."

CHAPTER II.

OLD TYPES OF DISPENSARIES

AND THEIR SURVIVALS.

Eighteenth Century Dispensaries:

The way of the sick poor was much harder a century ago than it is today. A sufferer could not go to a dispensary and a doctor unless he first sought out one of the donors to the dispensary and convinced this charitable person that he was not only poor and sick, but also "worthy". If the donor had not already reached his quota of "worthy poor" when the sick man applied, he might be given a card of recommendation for admission to the dispensary.

*Davis, Michael H., and Richardson, Anna A., "How Slipped for Old J. P. L. & Co. 1818, N.Y.

"The patient joined a slowly moving line and eventually found himself before a bearded and bespectacled doctor seated at a desk behind a large ledger. After the doctor had inspected the permit from the contributor, he entered the name, address, age, sex and complaint on one line of his ledger. He inspected the sufferer's tongue, felt his pulse, probably inquired about his appetite, sleep, and bowels, then wrote a diagnosis in his book with several numbers indicating medications. These numbers were copied on a slip and handed to the patient, who was told to report back if not cured when the medicine gave out,"

according to a report of Anna M. Richardson and M. Davis.*

"The patient next passed to the pharmacy where the numbers were interpreted into prescriptions. If the medication consisted of herbs to be steeped at home, he usually carried it away in his hat, or if a salve were indicated, was expected to produce a clam shell or other container to receive it."**

The Physical examination was practically unknown in the early Dispensaries, but the doctor felt obliged to name the condition so he could enter a diagnosis in his ledger. This need of a name made it to his advantage not to individualize his cases, lest he could not define the condition by a single term. False ideas as to causes of diseases resulted in needless suffering to the patients through such practices as blood-letting, cauterization, etc. The old case books and the annual reports are full of such diagnosis as rheumatism,

*Davis, Michael M., and Richardson, Anna M., "New Clinics for Old." P. 1,2.

**Ibid, P.2.

plague, plethora, and many others, which are only symptoms and not a disease.

In 1837, the famous Dr. Oliver Wendell Holmes, then a physician in the Boston Dispensary, made a complaint to the Board of Managers of that institution about the inconvenience of admitting patients on the recommendation system. Previous to this time the dispensaries of London and New York had dropped the old admission system, and had established clinics on the modern principle by which the physician treats ambulatory cases at a given time and place, thus dropping the informal conference at the apothecary shop. The Boston Dispensary finally dropped the old admission system and established the present clinic system, in 1856.

In 1866, the law establishing the health department of New York City was passed by the State Legislature, against much political opposition. Dr. Stephen Smith and others who were instrumental in getting this law passed, attribute their success largely to the facts assembled by the physicians of the early dispensaries.

In 1800, there were only three dispensaries in the United States, which number had increased to about 100 in 1900. During the first half of the nineteenth century there were seven dispensaries in New York City. These were conspicuous institutions as shown by the prominent families represented on the boards of directors.

These were the days before public health work was established in the United States, and the public was often alarmed by periodic scares of cholera, smallpox, typhoid, and typhus. In the New York dispensaries, from one-eighth to one-third of the work was vaccination. In some years when smallpox was a great menace, appropriations were made by the City and State governments toward the cost of vaccination. In a sense, these old dispensaries served as public health stations.

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Nineteenth Century Dispensaries

"Dr. Stephen Smith's famous little book, 'The City That Was' quotes from the reports of these dispensary physicians the convincing evidence which placed on the statute books a law which was the model for every public health department in the United States," says Dr. Richardson.*

Dr. James Smith says, "In America the institution has developed largely as an adjunct to medical teaching. Thus it has both a philanthropic and an educational aim. These dual functions are not only compatible one with another, but are mutually helpful. The standards of instruction given the students and of treatment given the patient are usually about the same."**

tains the following facts:

Table 1 -- New York Dispensaries in 1862

| Name | Patients | | | | | |
|-----------------------------|---------------|-------|--------|--------------------|---------|-------|
| | Found A.D. | Sex | | Where Treated | | Total |
| | | Male | Female | At Dis- pensary | At Home | |
| New York | 1790 | 18761 | 26002 | 34364 | 7299 | 41763 |
| Northern | 1827 | 8263 | 14179 | 18215 | 4227 | 22442 |
| Eastern (Good Samaritan) | 1834 | 15142 | 17963 | 26004 | 5501 | 32108 |
| Demilt | 1851 | 18411 | 17963 | 24548 | 5561 | 30106 |
| Northwestern | 1852 | 5274 | 7498 | 10415 | 2347 | 12762 |
| Northeastern | 1862 | 2550 | 2613 | | 1121 | 5163 |
| Manhattan | 1862 | 112 | 145 | 224 | 33 | 267 |

*Davis, Michael M., and

* Richardson, Anna Mann, M. D. "New Clinics for Old," P. 7.

** Smith, James H., M. D., "The Free Dispensary As a Municipal Health Agency" Bulletin of the Medical College of Va., 1915.

Nineteenth Century Dispensaries

In 1862, the population of New York City was about 830,000. Practically all of the city's population resided on the lower part of Manhattan Island, which was divided into seven districts, in each of which a dispensary was located to aid the sick poor. In the records of the Northern Dispensary was found a sheet compiled with the leading statistics of the seven dispensaries of New York for the year of 1862, which contains the following facts:*

Table 1 -- New York Dispensaries in 1862

| Name | Patients | | | | | |
|-----------------------------|-------------|--------|--------|--------------------|---------|---------|
| | Found ed | Sex | | Where Treated | | Total |
| | | Male | Female | At Dis- pensary | At Home | |
| New York | '1790 | '15761 | '26002 | '34364 | '7399 | '41763 |
| Northern | '1827 | '8263 | '14179 | '18215 | '4227 | '22442 |
| Eastern (Good Samaritan) | '1834 | '15142 | '17963 | '26604 | '6501 | '33105 |
| Demilt | '1851 | '12411 | '17965 | '24545 | '5561 | '30106 |
| Northwestern | '1852 | '5274 | '7488 | '10415 | '2347 | '12762 |
| Northeastern | '1862 | '2550 | '2613 | ' | '1121 | '5163 |
| Manhattan | '1862 | '112 | '145 | '224 | '33 | '257 |
| Total... | ' | '59513 | '86085 | '118409 | '27189 | '145598 |

*Davis, M.M. and Richardson, Anna Mann, M.D. "New Clinics For Old" P.6.

Dispensary Service in Richmond, Virginia.

"From other columns of the original table, which are too detailed to reproduce here, we note that 81,000 of the 145,000 visits were recorded as from patients of foreign birth, the remaining minority 64,000 being from the American born. The form of medical care originally provided by these dispensaries had been the visitation of the sick in their homes by physicians sent by the institutions. By the year 1862 this was still an important portion of the work, though relatively much smaller than that with the ambulatory patients who came to the dispensary to see the doctor. An interesting commentary upon the character of medical practice at the time this table was prepared is brought out in the figures showing that an average of two and one-sixth prescriptions for medicine were given to each patient at each visit. In modern clinic practice, the proportion of prescriptions has sunk to a quarter of this, or less. The table also shows that excluding the two institutions founded in 1862, which were just getting under way, the average cost per visit was thirteen and one half cents, a figure which, even allowing for the change in the purchasing power of money, is only a fraction of the expense of well-organized clinic service at the present day. A large proportion of the expenditure in 1862 was for the purchase and dispensing of the medicines."*

No antiseptic precautions were taken in dispensary work of the nineteenth century. If a surgeon dropped an instrument on the floor while he was operating, he usually picked it up, wiped it on his sleeve or on a towel, and continued to use it.

No trained nurses were in dispensaries in those days. Some woman usually served as an attendant in the woman's clinic, but her main duties were to keep the building clean.

*Davis, M.M., and Richardson, Anna Mann, M.D.
"New Clinics For Old" P.6

Dispensary Service In Richmond, Virginia.

According to the report to the Governor of Virginia in 1916 by the State Board of Charities and Corrections, there were then only four general dispensaries and three tuberculosis dispensaries within the State.

During the latter half of the nineteenth century, the influence of medical education was responsible for a number of teaching clinics in the United States. Among these were the clinics of Stanford University in California, of the Western Reserve Medical School in Cleveland, and of the Medical College of Virginia in Richmond.

The dispensary or outpatient department of the Medical College of Virginia was established in 1867 by the aid of an appropriation of the city of Richmond. The indigent sick daily received medical and surgical treatment at this dispensary and were supplied with medicine without charge.

The following report was given in the Medical College of Virginia Bulletin, in 1868:

"An important addition has been recently made to the clinical facilities of the Medical College of Virginia by the establishment of the City Dispensary in the college building. This benevolent enterprise which owes its origin to the united efforts of the city authorities and the Freedman's Bureau, has been in successful operation for the past three months. Numerous cases are daily prescribed for, many of which afford interesting

and instructive illustrations of various important forms of disease. During the session of the college the valuable clinical material thus made available, will be diligently employed for the benefit of the class."*

In 1883-1884, the College dispensary was apparently composed of the six following clinics:

1. "Diseases of the Nervous System, Kidney, Skin, and those of Malarial Origin. Dr. Thomas Gordon, Supt.
2. "Diseases of Women and Children. Dr. R. O. Cowan, Supt.
3. "General Surgery. Prof. J.S.D. Cullen, Consulting Surgeon.
4. "Diathetic Diseases, and Diseases of the Heart, Lungs, and Digestive Organs. Prof. M.L. James, Consulting Physician.
5. "Disease of Eye, Ear, and Throat. Dr. Charles Shields, Consulting Surgeon.
6. "Obstetrics and Disease of Puerperal State. Prof. R.O. Coleman and Prof. Christopher Tompkins, Consulting Obstetricians." **

In 1885, reference is made to 10,000 visits to the dispensary and in 1885-1886, 13,000 visits were reported. In 1889 from 14,000 to 15,000 visits were reported. Hospital facilities at the College were poorly developed which probably accounts for the large number of clinic visits.

* Bulletin of the Medical College of Virginia 1868.

** Bulletin of the Medical College of Virginia 1884.

In 1895, the Medical College of Virginia and the Old Dominion Hospital established an outside obstetrical service. The object of this was to give skilled obstetrical service to indigent women in their homes. This service was the outpatient department of the Old Dominion Hospital and through it a great deal of material was supplied. Each member of the graduating class was required to deliver a number of cases, exclusive of the number of cases delivered before the class as a whole.

Students were assigned to waiting obstetrical cases for the purpose of instructing patients in the hygiene of pregnancy and preparation of labor; also of making pelvic measurements, and urinalyses. Students were required to keep accurate records of all cases delivered, including after care of both mother and child.

In 1897 the following report was given in the College Bulletin:

"Women expecting to be confined come to the Obstetrical Department of the Dispensary or to one of the receiving stations situated at convenient points in the city; here they are carefully examined and registered, their name, address, date of confinement expected and so forth, recorded and the patient instructed to send for the attending physician when she is taken in labor. A trained nurse is also sent to the case from the Old Dominion Hospital. In difficult or operative cases, one of the consulting obstetricians is called by the attending physician. The service guarantees to the poorest woman in the city

the best treatment possible in her confinement at her own home and by skilled obstetricians and nurses. Members of the graduating class who have not had practical obstetrical training are required to attend in turn these cases in company with the attending physician and will be permitted to assist in the delivery. Students will thus have an opportunity of witnessing supervised cases." *

In 1915, 20 years after the obstetrical department of the dispensary was established, a report was given of over 2,000 deliveries having been successfully made in homes of the patients. Only one other clinic in the world was reported as having a lower mortality rate than this one.

At the beginning of the session of 1897-1898 a new department was added to the six departments then in existence at the City Dispensary, located in the College Building. This new department was known as the "Diseases of Children", which was formally combined with the Department of Women. The Bulletin stated as follows:

"Particular emphasis will be given to infant feeding and hygiene. Bacteriology will be given an important place in the teaching of children's diseases. The general dispensary and other charitable institutions will afford much material for this department." **

In 1905, the department of the "Diseases of Children" was changed to the Pediatric Section.

*Bulletin of the Medical College of Va. 1897.

** Bulletin of the Medical College of Va. 1898.

In 1911-1912, the City Free Dispensary or out-patient department of the Medical College of Virginia was enlarged to nine departments in comparison to six in 1883-1884, which were as follows:

1. Pediatrics
2. Gynecology
3. Neurology
4. Practice of Medicine
5. General Surgery
6. Orthopedic Surgery
7. Abdominal Surgery
8. Genito-Urinary Surgery and Venereal Disease
9. Disease of the Eye, Ear, Nose, and Throat.

In 1905, the clinic visits were 6444; in 1906, 6017; in 1908, 7,693; in 1909, 8007. In 1922 there were 25,838 visits. This subsequently fell off to 23,350 in 1925-26. Since then the number has increased steadily until a record of 40,000 was reached in 1930.

Table II. shows the situation of the old dispensaries in New York in 1921.

"The figures are taken from annual reports. Actual inspection of these institutions when this table was prepared in 1921 led to the conclusion that in most instances the service was below standard, although this proved impossible to demonstrate to the satisfaction of some boards of trustees."

All but two of these ten old New York dispensaries were then comparatively small. Either of

Richardson, Anna Mann, M.D. and Davis, Michael K.,

"New Clinics For Old" P. 15

"Davis, Michael K., and Richardson, Anna Mann, M.D.

"New Clinics For Old." P. 15.

Dispensaries First Quarter of Twentieth Century:

The old established dispensaries in New York City remained about the same as they were a generation before in spite of the rapid advancement made in medicine and in other institutions for out-patient service, according to a report made by the Committee on Dispensary Development in 1921.

The following report was given by the Committee on Dispensary development in 1921:

"A doctor with hat on, coat off, and feet on desk, sits back in his swivel chair smoking a cigar. As each patient enters his small office he reaches over to the file boxes on his desk and pulls out the 5 by 8 card corresponding to the number on the patient's ticket. He reads the brief notes on the card and either gives the patient a scrap of paper with a number on it and the name of a clinic or he asks a few questions and renews a prescription by number, or he takes down the name and address and promises a home visit."*

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All but two of these ten old New York Dispensaries were then comparatively small. Either of

Richardson, Anna Mann, M.D. and Davis, Michael M., M.D.

* "New Clinics For Old" P. 15

** Davis, Michael M., and Richardson, Anna Mann, M.D.

"New Clinics For Old." P. 13.

the two Dispensaries, the New York or the Good Samaritan received more visits a year from patients than all eight of the smaller ones together. The cost per visit averaged more than a dollar.

"At the present time adequate, high grade service in well organized out-patient departments of hospitals, including all the chief specialties of medicine and surgery, can be furnished for about one dollar per visit, with physicians unpaid,"*

said Drs. Davis and Richardson. It was estimated that the high cost per visit was primarily due in most instances to the limited amount of work done in proportion to the size of the plant and staff carried. About 25 or 30 per cent of the cost of these old dispensaries was due to the small salaries paid to their physicians.

These old dispensaries were supported largely by invested funds. Over 50 per cent of the expenses of the eight smaller institutions were paid from invested funds.

"The annual reports of these institutions showed in 1921, and have shown in other years, a surplus of total receipts over current expenses. The endowments of the eight smaller institutions totalled about \$300,000.00 in 1921 and the value of real estate owned was judged to be about \$200,000.00 or over."**

*Davis, Michael M., and Richardson, Anna Mann, M.D.
"New Clinics For Old" P. 15

** Davis, Michael M., and Richardson, Anna Mann, M.D.
"New Clinics For Old" P. 15.

"This survey of the institutions in 1921, as apparent from the figures presented in the table, supplemented by personal inspection, led to the following conclusions: Most of these old-established charities were conducted at a low level of service; they were declining rather than advancing in relation to the community needs for which they were founded; their trustees were unable or unwilling to alter antiquated charitable policies or out-of-date medical methods." *

The above information covers all data available on old dispensaries for the first quarter of the twentieth century. It is supposed that these old types of institutions will continue just as they have for many years on account of the endowments from which many of them are supported.

Cost of Medical Services

The cost of medical services to the working-man's family has been ascertained by the Metropolitan Life Insurance Company by sending its trained visiting nurses into the homes of its industrial policy-holders and asking for the information. They learn how much is spent by each family for the care of teeth, for the care of eyes, for the doctor, and for medicines, nurses, hospital care, and operations.

In January, 1929, these nurses called upon families in the industrial centers of practically every state of the Union, and distributed schedules in the form of questionnaires, which the patients filled out.

*Davis, Michael M., M.D. and Richardson, Anna Mann, M.D., "New Clinics For Old" P. 16.

CHAPTER III.

CLINICS: NEW TYPE OF MEDICAL SERVICE

I. CHIEF FACTORS INFLUENCING DEVELOPMENT:

There are five chief factors that have influenced the historical development of clinics; namely, the cost of medical service, the public health movement, organized social work, teaching of medical students, and the rise of specialists. These five factors supplement each other. They pull in different directions, but they are capable of being coordinated and jointly utilized for a common aim.

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In January, 1929, these nurses called upon families in the industrial centers of practically every state of the Union, and distributed schedules in the form of calendars, on which the policy holders were requested to keep a daily record for six months of

what their families spent for all items of expenses incurred on account of sickness or injury. The families were instructed by the nurses as to how the various columns were to be filled in, who continued to visit them each month to assist in keeping the records accurately. At the close of six months the calendars were collected and returned to the Company. The schedules gave evidence of having been kept accurately. The following report was obtained from these schedules:

1. "Practically every family had to make some expenditures for medical services during this period. Among 3,281 families, consisting of 17,129 persons, only 198 families reported no expenditure.

2. "The total amount disbursed by all families was \$230,907, an average expense of \$70.00 per family for six months or \$140.00 estimated for a complete year.

3. "A large share of this outlay fell upon a small proportion of the families; 64 per cent. of total amount was expended by one-fifth of the total number of families.

4. "Private physicians received the largest share, 43 per cent. of the total amount expended. But if expenditures for the care of teeth, care of eyes, and extra household disbursements are excluded, this ratio for physicians amounts to 54 per cent. One fourth of all the money paid out went for medicines and hospitals, about an equal share for each.

5. "Eighty-two per cent. of the families used the services of a private physician and 83 per cent. needed medicines during this period. Thirty per cent. of the families reported expenses for care of the teeth and 9 per cent. for care of eyes. Hospitals

were used by 15 per cent. of the families. More than one-third of the families reported extra household expenses as a result of sickness or injuries.

6. "Families that had the services of a private physician paid him an average of \$37.00 over a period of six months. Those that required hospital care paid an average of \$60.00 for this service, and those that had operations paid an average of \$74.00 for this special service.

7. "Members of large families could not afford to pay as much for medical care as can those in smaller families. Persons living alone paid out an average of \$75.63 in six months for medical care, whereas those in families of nine or more persons paid out only \$6.64 during the same months."

The data clearly indicate the fact that sickness is as great a hazard of life as is death and accident. The latter have been provided for through insurance, and loss of wages through illness has also been provided for through insurance. It was hoped that the knowledge obtained through this and other studies on the Cost of Medical Care would form a definite basis for insurance methods in this field.

Ernest E. Irons, M. D., in an article published in the Journal of the American Medical Association, July 1930, entitled "Telescopic Vision And Medical Care", gives some reasons why the cost of medical care has increased. He states that the increased cost of medical care is the result of several causes which include: increased cost of all necessities; increasingly expensive tastes and requirements of the people who are sick,

* Frankel, Lee K., Cost of Medical Care -- 1929.

and increased cost by reason of the advance in medical knowledge.

The cost of medical care among the wage-earning group has become a serious problem. This is not due to heavy average per capita cost, but to unequal distribution, whereby a large proportion of the cost is borne by a small fraction of the group. Dr. Irons maintains that the burden has fallen more heavily on the small salaried man compared to the well-to-do and to the poor, who are provided for by charity. A large group of workers whose salaries were formerly adequate to maintain their families in moderate comfort, are no longer able to do so on account of the change in values.

Public Health Movement:

Remarkable advances were made during the nineteenth century, in both preventive and curative medicine. It became a science and not an art, and knowledge replaced guess work. This was accomplished by the brilliant researches begun by Pasteur and carried on by Koch and others. The experiments by Pasteur put an end to superstition and empiricism and substituted the bed-rock on which modern medical science is founded.

In 1850, Lemuel Shattuck published a remarkable article which attracted a great deal of attention in the medical world. This article was "A Report of The Sanitary Conditions of Massachusetts," in which he suggested a state board of health and outlined the functions in detail. Partly as a result of this publication, 134 cities in the United States had adopted some form of health board by 1873. The boards lacked uniformity and were inadequate, but were a step forward. The influence of bacteriology and the growing importance of laboratory work became essential to health officers and boards of health for diagnostic purposes.

Over 500 tuberculosis clinics have been established in the United States since the organization of the National Tuberculosis Association in 1905. The primary motive was a militant endeavor to combat the menace of tuberculosis to public health by providing additional facilities for the prevention and control of the disease.

The National Association for the Study and Prevention of Infant Mortality was begun in 1909. The same two elements appeared as in the anti-tuberculosis movement, namely, the education of the medical and lay public and enlargement of facilities.

TABLE II - Ten Old Unattached "Dispensaries" in New York City, 1921.

| Name of the Institution | Date Established | Visits in 1921 (a) | Average Vis. per day (b) | Current Expenses | Cost per visit | Total Current Income (c) | Per cent from Endowment. | Percent from patients. | Percent from contri-butions. |
|--|------------------|--------------------|--------------------------|------------------|----------------|--------------------------|--------------------------|------------------------|------------------------------|
| 1. Brooklyn City | 1846 | 3,914 | 13 | \$5,850.42 | \$1.49 | 4,647.12 | 27 | 50 | 13 |
| 2. Brooklyn Eastern District & Homeopathic | 1872 | 5,899 | 19 | 2,041.29 | .34 | 1,256.45 | 16 | --- | 84 |
| 3. Bushwick & East Brooklyn | 1878 | 8,047 | 27 | 6,429.48 | .79 | 4,870.96 | 8 | 82 | 9 |
| 4. Harlem | 1868 | 2,711 | 9 | 3,759.54 | 1.38 | 7,160.25 | --- | 52 | 48 |
| 5. Northeastern | 1861 | 18,677 | 62 | 8,946.92 | .47 | 13,224.66 | 43 | 47 | 10 |
| 6. Northern | 1828 | 10,675 | 36 | 10,451.52 | .81 | 12,871.47 | 58 | 17 | 25 |
| 7. Northwestern | | | | | | | | | |
| 8. Stuyvesant Poly-Clinic | 1883 | 36,752 | 122 | 14,024.41 | .81 | 17,487.86 | --- | 70 | 30 |
| Total | | 89,562 | 298 | 56,834.59 | \$.63 | 62,769.15 | 25 | 49 | 26 |
| 9. New York | 1794 | 49,382 | 498 | 48,022.20 | .33 | 51,237.19 | 21 | 43 | 36 |
| 10. Good Samaritan | 1832 | 117,964 | 393 | 39,391.29 | .24 | 44,725.66 | 21 | 79 | --- |
| Total | | 267,346 | 891 | 187,423.49 | .32 | 26,962.25 | 21 | 60 | 19 |
| Grand Total | | 356,908 | 1189 | 144,258.08 | .40 | 158,752.00 | 23 | 56 | 21 |

(a) In the case of institutions Nos. 6, 9, & 10, a small proportion of these visits are paid to the patient in the home.

(b) Expenditures for reinvestment of securities and for buildings are excluded

Another public health movement of major importance has been that to promote the health of school children. Medical school inspection began with the endeavor to control contagious diseases among children in the public schools, but has broadened far beyond the original scope.

The study of insanity and of mental defects led to the foundation of national and local Committees on Mental Hygiene. In 1925 there were approximately 400 mental clinics in the various parts of the United States. The three main groups of mental clinics may be described as follows:

1."The psychiatric clinic for diagnosis and treatment of mental diseases and mental defect, receiving cases of all forms and degrees of mental abnormality.

2."The psychiatric clinic for special groups, which may take the form of a consultant service to other medical and social workers, or of a clinic held for the clients of a particular agency, like a court, an industry, or a particular society, or of a clinic for an institution such as a school, college, or prison.

3."The mental hygiene clinic, in which the emphasis is upon preventive mental hygiene, and the majority of cases present problems of mental adjustment for more healthy living rather than of treatment for a diseased condition."*

The program against venereal disease, as defined and promoted by the United States Health Service, the American Social Hygiene Association, and other

* Davis, Michael M., "Clinics, Hospitals And Health Centers", P. 428.

national and local organizations, has included important educational and legal as well as medical, measures. In 1925 between 800 and 900 venereal clinics existed in the United States.

All public health movements have followed similar courses, and all have developed a large number of clinics in order to serve the public.

A recent survey made by the Committee on Municipal Health, covering 83 of the large cities of the United States, found that 81 of these cities had Well Baby or Child Welfare Clinics, 78 Tuberculosis Clinics, 68 Prenatal Clinics, and 31 Mental Clinics, maintained by the city health department. The survey found that each of these public health movements began along specialized lines.

As a result of these efforts for disease control, an enlarged sense of responsibility for the protection of health and life has developed throughout the country. Financial support to medical colleges has greatly increased, as well as to hospitals and diagnostic laboratories, since the public has begun to feel this growing responsibility for the protection of human life.

The development of public health, originating with the idea of prevention, has now been enlarged to include cure. Today the forces of prevention and of

are mingling. They are in need of such organization and understanding as will establish the proper relation of the two.

Organized Social Work:

Organized social work has shown the necessity of medical care for its clients. In recent years sickness has been recognized as one of the greatest causes of poverty. The possibility of relieving and preventing dependency by proper medical service is well established today.

A survey was made of 19 large American cities in 1928 for the purpose of ascertaining the relation of illness and dependency. This showed that there were 21,299 families, as an average, on the first of each month, under the care of private and family welfare agencies, or an average of 4.8 families per 1000 population. It found about 2 per cent. of the families in each of these 19 cities to be dependent.

The report of the English Poor Law Commission of 1909 says:

"Sickness is admittedly one of the chief causes of dependency, and the more chronic its character and the longer its duration, the greater the likelihood of its producing dependence. We estimate that at least one half of the total cost of pauperism is swallowed up in direct dealing with sickness."*

*Brune, Frank J., "Illness And Dependency, A Miscellaneous Contribution on The Cost of Medical Care: No.9

A patient coming to a clinic from a social agency

Dr. E. T. Devine, then General Secretary of the Charity Organization Society of New York City, made a careful study of 5,000 of the families known to the agency in 1910. His report was, "Perfect health, full of enthusiasm, physical vigor, and overflowing animal spirits is much more rare among dependent families than the moral virtues." *

According to the records of the Association for Improving the Condition of the Poor and the United Hebrew Charities of New York City, four fifths of all family emergent problems each year are of a physical and mental nature. Among 1,000 families examined by physicians under the auspices of the Committee on Dispensary Development, only 5 per cent. were without defects or latent disease. It was found that 98 per cent. of the adults and 92 per cent. of the children showed diseases or defects involving economic capacity.

The amount of diseases or defects has probably not increased in recent years, but agencies for welfare and relief have been giving increased attention to health conditions of their clients during the past few years.

*Bruno, Frank J., Illness And Dependency, A Miscellaneous Contribution on The Cost of Medical Care: No 9.

A patient coming to a clinic from a social agency is usually not suffering from any acute condition, but is brought by a worker of the social agency for a general examination. He requires more time for examination than the average patient because his problems are usually more complicated and because a report of his condition must be made to the agency. Social agencies require a highly individualized service, far beyond which most agencies are themselves able to provide. Sometimes these demands are out of proportion to the number of patients they refer to the clinic. In New York City, patients from social agencies constituted less than 3 per cent. of clinic attendance in 1925. Sometimes difficulties arise on account of the unfamiliarity of some social workers and social agencies with medical institutions and with the medical point of view. These difficulties are gradually reduced in a clinic where there is a trained social worker who acts as an intermediary between the agency and the medical staff.

On account of the difficulty of securing adequate medical services for their clients, social agencies in some cities provide their own examinations and sometimes treatment for their clients, instead of

patients which could not be met in medical insti-

using out-patient departments of hospitals or unattached clinics. An example of examining service maintained by a social agency is the Health Examination Dispensary of the Brooklyn Bureau of Charities, where any social agency may bring its clients for a general medical examination. Both medical and social agencies are given the same report for permanent record. The responsibility for following up the treatment is sometimes left with the medical-social worker and sometimes with the outside agency. This type of service is also illustrated in Cleveland, where the chief hospitals and family welfare agencies are included in a plan which has been in operation for over five years.

The problem of serving social agencies in clinics is a difficult one in New York City. The family-welfare agencies refer clinics to practically every hospital and clinic in the city, but the majority are referred to about 25 clinics. Efforts were made in 1923 to 1925 to establish satisfactory relationship between the two groups, and a steering service was inaugurated for the member agencies, to provide not only for the medical needs of the family-welfare clients but for social needs of clinic patients which could not be met in medical insti-

tutions.

Teaching of Medical Students:

A number of teaching clinics supported by medical schools have been established during the latter half of the nineteenth century for the purpose of teaching diagnosis and treatment of diseases. Examples of these clinics are Cornell and Bellevue in New York, the Medical College of Virginia, and Vanderbilt University.

The teaching motive has been a stimulus to such historic out-patient departments as Johns Hopkins Hospital in Baltimore and the Massachusetts General Hospital in Boston. Most of the clinics supported directly by medical colleges have become out-patient departments of affiliated hospitals. In 1910, there were less than 150 clinics in the United States, two thirds of which were affiliated with medical schools and the others with out-patient department of hospitals.

The presence of medical teaching in a clinic insures the best medical service to the patients, generally. This is due to two causes; the best medical talent in a community is generally attracted to the staff of a medical school; and the presence of

the students stimulates instructors to more careful study of the patient. Service and satisfaction should be the criterion of success of the out-patient clinic.

At the Children's Hospital in Boston one or two students working with an instructor are assigned spaces in the examining room. One new patient is assigned to the students in each room at the beginning of each clinic period. They are expected to take a thorough history, perform a routine physical examination and make any other clinical or laboratory tests which they consider essential. While the students are engaged in the examination, the instructor may see other clinic patients, but being close at hand the student may call upon him for advice. The students' histories and physical examinations are checked by the instructor, and the cases are then discussed by the group as to diagnosis and treatment. By this method, a student sees one new patient each day and two or three old ones.

Rise of Specialists:

Specialization in medicine during the latter part of the nineteenth century has required hospitals

*Callaway, S. S., M.D. -- "The Specialist: What Shall We Do With Him?" Journal American Medical Association, Vol. 28, 1927.

in which to develop its technique. These hospitals usually have out-patient departments. The charity motive of providing needed service to the poor was thus combined with the desire to secure professional development.

Specialists require for their use a distinctive department in hospitals in which groups of patients can be studied and new methods of treatment can be investigated, also where medical graduates can be trained to become specialists. These facilities the small general hospital cannot supply. The small hospital is at another disadvantage because it cannot afford a high grade laboratory organization for diagnostic purposes and research.

The medical center has been suggested as a remedy for the hazardous isolation of the specialized hospital and for the limitations of a small general hospital. The bringing together in a single locality a large number of highly developed specialized institutions into a medical center would bring about the cooperation between the heads of such institutions in the treatment of an individual patient. *

Another suggestion to bring about a solution of the problem caused by the highly specialized hospital and the small general hospital, is that modern

*Goldwater, S. S., M.D. -- "The Specialist: What Shall We Do With Him?" Journal American Medical Association, May 28, 1927.

medicine can be most effectively practiced in a general hospital, not too large to use up the time and strength of the specialist or to separate the clinical departments from working in cooperation. This suggestion has met with less criticism than the suggestion for a medical center. *

"There is great need in this country for proper facilities for those graduates in medicine who desire to specialize in internal medicine, general surgery, or such subjects as ophthalmology, or otolaryngology. Adequately equipped and properly organized out-patient departments are the proper educational centers, and the system of clinical assistants is the method of providing the proper foundation for such special preparation. Instructions by short intensive courses and clinics, as provided in our so called graduate schools, do not provide the proper training, even when continued over a period of months or years. Proper training consists in the student doing the actual work himself. When the student has finished his undergraduate course, the period for spoon-fed instruction should be over. From this time on he must do his work independently under direction but not by course taking."

This is the opinion of Dr. George E. Shambaugh stated in his article "The Educational Function of An Out-patient Department."**

* Goldwater, S. S. M.D. - "The Specialist: What Shall We Do With Him?" Journal American Medical Association,

May 28, 1927.

** Shambaugh, George E. "The Educational Function of An Out-patient Department" - Journal American Medical Asso. Oct. 1921.

II. TYPES OF CLINICS:

A clinic is defined by Dr. Davis as follows:

"A clinic is an institution receiving ambulatory patients for diagnostic, therapeutic, or preventive service." "The word clinic preceded by an adjective such as "medical" or "surgical" designates a special division or service."*

Clinics, like hospitals, represent an organized form of medical service that has increased in number and scope because efficient and economical service can be thus rendered. There is economy to the patient and to the community in caring for certain types of diseases in the ambulatory stages rather than bed stages," states Dr. Davis.**

The Committee on Dispensary Development adds, "In medical scope, therefore, the clinic corresponds to the doctor's private office, just as the hospital, treating bed patients, corresponds to the bedside care of private patients in their homes." ***

In 1929, the number of clinics in the United States was estimated by Dr. Davis to be about 6,000. About two thirds of these have been established since 1917.****

Clinics in the United States are of many varieties. The following table gives the number of clinics in June, 1926:

*Davis, Michael M., "Clinics, Hospitals, & Health Centers." P. 43.

** Davis, Michael M., "Clinics, Hospitals, & Health Centers." xiii.

*** The Cornell Clinic 1921-1924.

**** Davis, Michael M., "Clinics, Hospitals, & Health Centers," P. 37.

| | |
|---|------------|
| Out-patient departments | 1790 |
| Of medical schools | 50 |
| Of general hospitals . . . (excluding federal and industrial | 1252 |
| Of special hospitals | |
| Nervous and mental. | 197 |
| Tuberculosis | 107 |
| Children's | 52 |
| Women's | 49 |
| Eye, ear, nose & throat | 37 |
| Orthopedic. | 26 |
| Other | 20 |
| Unattached clinics | 2793 |
| General | 347 |
| Tuberculosis | 585 |
| Venereal disease | 350 |
| Baby and child hygiene | 1000 |
| Mental | 79 |
| Red Cross clinics & health centers | 350 |
| Dental | 57 |
| Other | 25 |
| Clinics serving special groups | 923 |
| Federal | |
| Industrial | |
| Group clinics | <u>220</u> |
| Total | 5726* |

In addition to the above four types of clinics there has developed since 1912 another important medical institution in the United States, the health center. Several hundred of these institutions have been established. They vary in scope from extensive medical and educational activities to the giving of general health information.**

* Peebles, Allon - "A Survey of Statistical Data on Medical Facilities in the U.S." P. 44.

** Ibid P. 45.

Out-Patient Departments:

An out-patient department is that division of a hospital which furnishes service to ambulatory patients. The common abbreviation, "O.P.D.", is the convenient title for an out-patient department.*

Before 1900, it was exceptional for a general hospital not connected with a medical school to have an out-patient department. ** In 1917, it was estimated that there were 4,000,000 persons receiving medical care in the United States. The American Medical Association estimated the number to be 8,000,000 in 1922. This rapid increase of persons needing medical care has brought about an increase in out-patient departments.*** In 1926, the Committee on Dispensary Development in cooperation with the Modern Hospital Magazine Committee estimated the number of out-patient departments in the United States to be 1,790.****

Organized medical service for ambulatory patients is divided into two great branches, curative

* Davis, Michael M., - - - - - "Clinics, Hospitals, And Health Centers" P.44.

** Ibid, P.37

*** Ibid P.xiii.

**** Ibid P. 38

and preventive. Curative medicine has its traditional subdivisions of Medicine, Surgery, and Pediatrics, from which the various specialties have arisen such as neurology, psychiatry, gynecology, obstetrics, ear, nose and throat, and eye and so forth. These specialties have been coordinated into the out-patient department.

Preventive medicine for ambulatory patients consists of the various services which have arisen from the numerous health movements that began in the first two decades of the twentieth century. Examples of these are the campaigns against tuberculosis and venereal disease, soon followed by other preventive branches such as prenatal care, child-welfare, mental hygiene and many others. These specialties have been coordinated into the health center.*

Four different aims for the establishment of the early dispensaries or out-patient departments were as follows:

(a) "The original dispensaries were founded because of a charitable desire to help the sick poor by medicines and medical advice.

(b) "The rise of organized clinical teaching as a part of medical education has caused dispensaries to be developed as parts of medical schools or under their control.

*Devis, Michael M., --P. "Clinics, Hospitals & Health Centers" P. 29.

(c) "The public health movement has in recent years resulted in the establishment of hundreds of dispensaries for the treatment and especially the prevention of certain diseases.

(d) "Finally, we have the dispensaries organized for cooperative practice of medicine on a scientific basis, or which the Mayo Clinic is a type." *

For an out-patient department to be efficient it must have the following requirements:

A medical staff, adequate in number for each clinic; a cooperative organization for the dispensary as a whole; proper space and adequate technical equipment for diagnosis and treatment; adequate written records; a follow-up system; nursing assistance; social service for the purpose of assisting the physician in the education of the patient and the control of the environment; executive assistance to the physician; and assistance such as social workers and executive officers; also, periodical estimation and tabulation of medical and social results.**

The out-patient department of the Medical College of Virginia is partly supported by the Community Fund in addition to a small fee being paid by each patient admitted.

*Davis, Michael M., and Andrew Warner -
 "Dispensaries". P. 59
 ** Ibid, P. 75

Some years ago the Committee on Dispensary Development and the Presbyterian Hospital in New York undertook a cooperative experiment, extending over several years. The object was to make a practical demonstration of an out-patient department, which, so far as possible, would be a model illustrating unified medical and administrative organization. Before the close of the demonstration, the out-patient department worked in complete accordance with the five main principles or standards of out-patient service laid down by the Associated Out-Patient Clinics as follows:

- I. "The out-patient and the bed services should be regarded as intimately associated phases of hospital work, and should be unified as fully as possible as to medical staff and as to administrative organization.
- II. "The number of patients accepted for care should be limited and regulated according to the facilities of staff, space, and equipment.
- III. "Adequate records should be maintained of the medical work, the attendance, and the income and expenditure. All medical records of a patient should be filed together.
- IV. "Adequate laboratory service should be made available for the out-patient department.
- V. "Nursing service, social service, and clerical service should be provided. Physicians should be able to devote their time to their patients and be freed from mechanical and clerical duties." *

Before the introduction of the system regulating the attendance of patients, the Presbyterian out-

* "Medical Care For A Million People" - A Report On Clinics in New York City And Of The Six-Years' Work Of The Committee On Dispensary Development Of The United Hospital Fund. 1920-1925. P 13.

patient department received on the average of 300 patients in 1920. The department was considerably crowded, often long waiting lines extending outdoors. When the scheme of the appointment system was worked out in 1922, this condition was entirely relieved, for each patient was given a special appointment by day and hour when he is to return.*

The Committee on Dispensary Development undertook another demonstration in cooperation with the Cornell University Medical College. Medical efficiency and self support were the two objectives in this. **

The results of the demonstrations made by these two institutions were not only of value to the two institutions and to the patients served, but to the public at large, and to the cause of organized medical service as a whole. ***

Unattached Clinics:

An Unattached or Pay Clinic may be defined as an organization dealing with a group of persons of limited means who are in need of medical service, for which they are not able to pay except on a cost basis. This is the commonly accepted

*"Medical Care For A Million People" - A Report On Clinics in New York City and Of The Six-Years' Work Of The Committee On Dispensary Development Of The United Hospital Fund. 1920-1926. P 14.

** Ibid P. 15

*** Ibid P.16

definition of a Pay Clinic as distinct from clinics in which the fees paid by the patient represent only a part of the cost, with frequent cases in which the fee is entirely remitted.*

The Unattached or Pay Clinic seems to be distinctly of American origin. It has been developed in recent years to meet the same demands for the ambulatory patient that have been met for the hospital patient of moderate means by the ward, the semi-private room, and most recently, by the Baker Memorial connected with the Massachusetts General Hospital.

In 1913, the first Pay Clinic was established at the Boston Dispensary for persons who needed more adequate service than could be rendered by opticians, and who found it impossible to pay \$5 to \$10 to an oculist for refraction and from \$10 to \$20 more for glasses. In 1914, a genito-urinary and a dermatological Clinic, chiefly for the treatment of gonorrhoea and syphilis, were added. These were followed by other clinics and in 1918 a General Medical Clinic was added. In 1929, a Surgical Clinic was opened two evenings a week. All of these clinics are open in the

*Wing, E. F., M.D., "Pay Clinics" - New England
6th
Journal of Medicine - Nov. 1930.

evening only, some meeting twice a week, and others three times.

While these clinics were being developed in the Massachusetts General Hospital, before the World War, pay clinics for the treatment of gonorrhoea and syphilis were also established at the Brooklyn Hospital, at Lake side and Mt. Sinai Hospitals in Cleveland, and at the Central Free Hospital attached to the Rush Medical College in Chicago. Since the War there have been clinics charging \$1.00 or more per visit at the New York Hospital, the Neurological Institute, the Cornell Clinic, and the Vanderbilt Clinic connected with the Columbia-Presbyterian Medical Center in New York.*

During the first year in which the Evening Clinics were operated the management adhered to the principal of offering an opportunity to working people of limited means to secure medical service at or near cost without loss of time or wages; but a certain amount of experimentation proved necessary to determine how high the fees would have to be. More stress was laid on establishing the principle than on making the clinic

*Wing, E.F., M.D., "Pay Clinics" -- New England Journal of Medicine, Nov. 6th, 1930.

fully self-supporting for the first few years. During these years the cost ranged from 73.3 cents to \$1.29 per visit, an average of \$1.10.

In 1913, when the Pay Clinic was opened at the Massachusetts General Hospital, it started on a fee schedule of \$1.00 for the first visit and 50 cents thereafter. This continued until 1917, when the subsequent fee was raised to 75 cents. During 1930, the average cost per visit was \$1.07, and the average visit receipt was 75.1 cents.

Patients are admitted according to their economic status, which is determined by the admitting officer, whose training enables her to learn the patient's occupational and financial condition, and to see the relation between the patient's present disability and the probable length and cost of treatment.*

The Pay Clinic has two limits of exclusion, the patient whose income is above and the patient whose income is below the amount established as within the range of eligibility to utilize the service. A \$35.00 salary for a single person would not permit him to use the clinic service,

*Wing, E.F., M.D. "Pay Clinics" -- New England Journal of Medicine, Nov. 6, 1930.

but with dependents he would be eligible. To provide food, clothing, shelter and sundry essentials for a family, \$30. a week or \$1500. a year is a small amount. It is difficult to see how a family on this income can meet the cost of private rates of physicians without serious deprivations in other ways. Yet this income is above the average of a high percentage of wage earners. With the cost of medical services at the present level of \$3. to \$5. per visit, it is evident that a large wage earning population cannot afford to employ private physicians. Therefore, pay clinics remain a social and economic necessity.*

Cornell University Medical College has operated a Clinic in the College building since 1900, offering service at nominal charge, or free. This was the usual type of dispensary that existed in large numbers in New York, primarily to serve the poor.

The new Cornell Clinic opened in 1921 with the aim of serving a different social group, providing an adequate medical service, and charging a fee approximating cost, so that persons might receive the

clinic service without feeling objects of charity.**

*Wing, E.F., M.D., "Pay Clinics," New England Journal of Medicine Nov.6, 1930.

** The Cornell Clinic 1921-1924. A Report of the Committee on Dispensary Development of the United Hospital Fund.

A fee of \$1.00 was fixed at a flat rate, with special fees for laboratory tests, medicines and so forth. The physicians were put on a salary basis.

Other pay clinics preceded the opening of the Cornell Clinic, but this differed from most of its predecessors in offering service only on a cost basis. It accepts no charity patients, though exceptions are made in emergencies and for purposes of medical education or research.

Afternoon sessions were arranged daily except on Saturday, and for the convenience of persons employed, on two evenings a week sessions were held from 5 till 7 o'clock.

On the opening day over a thousand patients applied for treatment. This placed the Clinic under a great strain, but appointments at the nearest possible future date were made for those who could not be cared for the day they applied. The College expanded the personnel and equipment of the Clinic as fast as possible. The applicants averaged 450 daily the second year the Clinic was operated.*

From the opening of the Clinic in November
*The Cornell Clinic 1921-1924. A Report of the Committee on Dispensary Development of the United Hospital Fund.

1921, to the end of October, 1924, patients made 340,796 visits, a total of 54,535 individuals receiving treatment. If old and new patients for each year are added together the average is 20,000 individuals, making 113,000 visits during a year.

The Clinic offers 14 departments. General Medicine attracts the largest number of patients and a number of sub-divisions of General Medicine were formed. A laboratory, X-ray Service, pharmacy, facilities for baking, electro-therapy, and massage were provided. Each department is under a clinic chief who is responsible to the professor in charge of the corresponding department in the Medical College. Administration of the Clinic is controlled by a Director responsible to a Clinic Committee of the Faculty.

The Cornell Clinic provides two services: one a Diagnostic Clinic, or consultation service for patients referred by private physicians; the other the Health Clinic, offering a general examination to persons not sick who wish to follow the advice of modern preventive medicine.*

Large numbers of applicants were found unable

*"The Cornell Clinic 1921-1924" A Report of the Committee on Dispensary Development of the United Hospital Fund.

to pay the rates; during the first year nearly 25 per cent of the applicants being of this class; but this has since been reduced to about 10 per cent. These are referred to free clinics. About 10 per cent have been found questionable in regard to ability to pay the fees. There have been about 20 such persons each day requiring individual inquiry by the admitting officer.

"The aim of the Clinic is to serve those persons who are unable to pay for the medical service which they needed at private office rates, and whose financial status made them inappropriate patients for the free dispensary which provides service at a nominal cost."

Three principles were established to guide in determining the eligibility of the applicants for treatment in the Cornell Clinic:

- "(1) Income of the individual or family.
- (2) Size of family or other responsibilities of the patient.
- (3) Usual cost, at private rates, of the kind of medical care required in the individual case."

On this basis, certain groupings were established.*

After three years, the Clinic raised the admission fee from \$1.00 to \$1.50 with no extra charges for X-ray fees and so forth. This was sufficient to cover the current costs of the service.

*The Cornell Clinic 1921-1924 - A Report of the Committee on Dispensary Development of the United Hospital Fund. P. 21.

"The characteristic Cornell patient is a member of a family of two or three members, with an income of about \$2400.00 per year. The average wage of a Cornell patient is about \$1800.00 per year, there being on the average somewhat more than one wage earner to the family. When the family income is more than the amount just named the family is generally of considerable size and several of the children are wage earners."*

Clinic patients average about 5.5 visits each.

The cost to the patient is low for the services received at Cornell Clinic in comparison to the cost of a private physician for the same services. Estimates have been made after conference with physicians accustomed to treat heart disease of the cost of diagnosis and treatment for a period of a year for an adult with organic heart disease. Private physicians usually charge \$10.00 for an office visit for this disease. The cost would amount to about \$300. in a year's time, while the same service would be received at Cornell Clinic for \$50.00.

Clinics Serving Special Groups:

Some of the clinics serving special groups in the United States are the industrial clinics, family clinics, public school clinics, labor union clinics, and steering service for client-patients, and others.

* The Cornell Clinic 1921-1924. A Report of the Committee on Dispensary Development of the United Hospital Fund. P.21.

Industrial Clinics:

Industrial medicine has been practiced in the United States since about 1912. It has gradually taken a distinct meaning and the industrial physician a specific classification.

The Confederate Board of Physicians in Industry has recently defined the industrial physician:

"The physician in industry is one who applies the principles of modern medicine and surgery to the industrial worker, sick or well, supplementing the remedial agencies of medicine by the sound application of hygiene, sanitation, and accident prevention; and who, in addition has an adequate and cooperative appreciation of the social, economic and administrative problems."*

The basic activities of the medical department have always been:

1. "Physical examination of applicants for employment.
2. "Treatment of accidents and sickness occurring within or outside the factory.
3. "Preventive medical measures.
4. "Supervision of sanitation.
5. "Nursing service."**

It is now recognized that whenever it is possible the examination should be made before the employment at the factory, and by a physician.

The object of the examination is to determine whether the applicant is physically suited for

*Clark, W. Irving, M.D. "Industrial Medicine In 1922" Journal of Industrial Hygiene March 10, 1923,

P. 474.

*Ibid

the work to which he is assigned by the employment department.*

Watson has listed certain conditions to which specified attention should be given:

- (1) "Active pulmonary tuberculosis.
- (2) "Cardiac diseases.
- (3) "Venereal disease.
- (4) "Actual contagious diseases.
- (5) "Potential and active focal infection.
- (6) "Defective vision and hearing."* *

"Where a serious defect is discovered and the applicant placed at suitable work, he is reexamined at intervals, his condition recorded, and advice is given. The type of patients receiving special attention are those with cardiac diseases, nephritis, arrested tuberculosis, and hernia.

"Every large factory is a community within itself and presents the public health problems of a small village. Epidemics must be controlled, sanitation must be kept at a high standard and industrial diseases due to specific poisons must be eliminated. As a result of these needs, industry requires a certain amount of public health knowledge and activity in its medical department. Instead of diagnosing and treating individual cases, the health condition of the factory as a whole is considered and morbidity statistics are kept and reviewed at frequent intervals. In some factories a health insurance plan is carried out, whereby a portion of the employee's wages are paid to him when he is out sick."* * *

Emphasis in industrial medicine is placed upon prevention, and efforts are made to check beginning colds, stomach disorders, and similar conditions. Treatment of sickness is very minor.

*Clark, W. Irving M.D., "Industrial Medicine In 1922".
Journal of Industrial Hygiene, March 10, 1923.

** Ibid.

*** Ibid.

The following up of heart, kidney, and goiter cases is another function which is being elaborated upon. Many patients are referred to specialists for treatment of the eyes, ear, nose and throat. As a result of this, the general and special practitioner is cooperating with the industrial physician more freely each year."

"Mental hygiene of industry is concerned not only with prevention of mental disease, but with mental health and vigor of employees."*

The number of workers with actual mental disease is very small, but the group that is ordinarily called "peculiar", "irritable", "Disagreeable" etc., constitutes a very large class of industrial workers.* *

About 50 per cent. of the clients of social agencies, according to Dr. Jarrett, belong to one of the above classes. They have some mental disease or some mental or nervous peculiarity that must be reckoned with.

Adequate industrial medicine and sanitation is applied to only about 4 per cent. of the country's industries. There are only about

* Jarrett, Mary C., M.D. "Mental Hygiene In Industry" Mental Hygiene Oct. 2, 1920. P. 867.

** Ibid

5,000 factories and mercantile establishments that employ one or more physicians in the United States. These do not include mining, forestry, industry, railroad surgeons, public service, banking, and education, which is classed as borderline practice. There are about 12,000 physicians employed in this class of practice and they receive about \$54,000.00 a year, which is a small amount for such services.*

Health problems of workers in industry entail a loss annually of about eight billions of dollars. Some industries are attempting to reduce this loss, and others are indifferent.

Family Clinics:

Family Clinics are now being established in different sections of the country to meet the needs of people whom social agencies are unable to help. One of the most prominent of these clinics is The Washington Life Adjustment Center, 1410 Columbia Road, Washington, D. C., founded in the fall of 1928 by the Rev. Moses R. Lovell, former minister of the Mount Pleasant Congregational Church, Washington, D. C.

*McCord, Carey P., M. D. "The Economics of Industrial Medicine" Journal of American Medical Association, April 9, 1932.

The Washington Life Adjustment Center has been described as "a mental hygiene clinic for normal people." The purpose of this Center as described

by its founder is, "To minister effectively to the individual and intimate problems of men and women, regardless of class, race, and creed; through private and confidential conferences to bring together at one point three factors, the individual problem, a scientific technique, and the religious ideal of abundant life, physical, moral, mental, and spiritual."*

The Center is really a mental hygiene clinic with other factors which tend to emphasize the positive factors of greater usefulness and an increasing capacity for happiness rather than the negative side of merely preventing nervous and mental diseases.**

"In the season extending from Oct. 1, 1929 to June 15, 1930, the director reports that 581 persons have visited the Center, including 136 men, 382 women, and 63 children. The total number of appointments with staff members is 1,327 and is distributed according to the type of ailment as follows:

| | <u>Men</u> | <u>Women</u> | <u>Children</u> | <u>Total</u> |
|-----------------------|------------|--------------|-----------------|--------------|
| Psychiatrists | 104 | 270 | 59 | 433 |
| Clergymen | 49 | 36 | - | 85 |
| Lawyer | 12 | 50 | - | 62 |
| Physicians | 10 | 31 | 1 | 42 |
| General Counselor | - | 6 | - | 6 |
| Director of Religious | | | | |
| Education | - | 1 | 77 | 78 |
| Psychologist | - | 12 | - | 12 |
| Dietitian | - | 3 | - | 3 |
| Psychoanalyst | 3 | 40 | - | 43 |
| Social Worker | 7 | 556 | - | 563 |

*Lovell, Moses R., Rev. - Written Report of the Washington Life Adjustment Center, Washington, D. C.

**Ibid.

"Each of the persons coming to the Center with his problems which have resulted in anxiety, fear, bewilderment, regret, and sometimes despair, is first give an opportunity to tell his story in his own way to a staff member who is sympathetic, understanding, and above all, non judging. This in itself is often a relief to one who has kept his difficulties to himself, either because he did not want to worry any of his own family or because he felt ashamed to do so.*

"The staff member must determine the real cause which has produced the unhappy and unsatisfactory emotional state, both within the individual and his environment."**

The next step is to help the individual to understand the causative factors, so that he may know why he feels as he does; to help him understand something of why his family and neighbors act as they do and often to help him make his environment more satisfactory or to change it; and the last step is to help the individual by giving him help, hope, and encouragement which he must have in addition to knowledge of himself and others if he is to make a satisfactory adjustment.

The degree of success of this organization cannot be evaluated by statistics. It is evident that the Center is accomplishing part of its purpose, because persons who have come to the center once often return again, sometimes months after-

* Lovell, Moses R., Rev. ‡Written Report of the Washington Life Adjustment Center, Washington, D. C.

*Ibid

wards, to again express their gratification of the help received.*

Private Group Clinics:

A Private Group Clinic is a group of physicians, each working for himself around a central admitting room or under a co-partnership arrangement, who undertake to furnish medical service at a profit to themselves. Probably the best known example of this type is the Mayo Clinic in Rochester, Minnesota.**

The Committee on the Cost of Medical Care assembled data during the spring and summer of 1930 on 55 group clinics. This report presents certain economic and administrative aspects of private group clinics in the United States.***

The Committee on the Cost of Medical Care defines a private group clinic by several characteristic features, professional, financial, and administrative.

- (1) Its physicians and dentists engage in cooperative and contiguous medical practice, and use many facilities in common, particularly office space, laboratories, and medical equipment.
- (2) Its physicians are associated with the clinic on a full-time basis.

*Lovell, Moses R., Rev. - Written Report of the Washington Life Adjustment Center, Washington, D. C.

** Wing, E.F., M.D. - "Pay Clinics," New England Journal of Medicine, Nov. 6, 1930.

Rorem, Rufus, - "Private Group Clinics," A Report on the Costs of Medical Care. 1930.

(3) Its services include two or more medical specialties, and an attempt is usually made to hold available complete facilities for the patients accepted by the clinic, although some groups avowedly exclude from their services such as obstetrics, ophthalmology, or dentistry.

(4) Its patients are the responsibility of the entire group, not merely of individual physicians, although when consultations and special diagnoses are not required, one practitioner may alone treat a given case.

(5) Its income is "pooled" and its practitioners have little or no direct financial relationship with patients.

(6) Its members determine individual incomes by contract among themselves, rather than from their services to patients.

(7) Its administration is carried on by a business man as far as non-medical matters are concerned.

(8) Its credit investigations and collection policies are the specialized functions of a business manager rather than the incidental concerns of the several practitioners."*

"There are about 150 group clinics in the United States, with an average of about 12 doctors per clinic, most of them in the middle West. The average income of 301 doctors in 27 private group clinics was \$9,747. in 1929. The facilities and personnel of group clinics enable them to render medical care with economies which may be shared with the patients of such organizations,"** states

the Committee on the Cost of Medical Care.

The types of quarters occupied by a group clinic are similar to those of a hospital out-patient department or of an office building devoted primarily to medical care. Most group clinics do not own or operate hospitals, but depend upon close affiliation with specific institutions. The clinics

*Rorem, Rufus, Private Group Clinics - A Report of the Committee on the Cost of Medical Care - 1930 P.

usually own and control all equipment and apparatus used in the treatment of ambulatory patients.

The classes of patients served in the private group clinics are persons of moderate means, with a considerable number who might be classed as well-to-do, and a few others who are very poor.

Group clinic fees, according to the statement of 43 clinic managers, are regarded by the general public as neither higher nor lower than those of the general practitioner. The average total fee per patient in 15 clinics serving 60,000 different patients in 1929, was about \$35. Fees in the several clinics tend to vary directly with the percentage of patients hospitalized, and with the number of office visits per patient.*

It is the opinion of the majority of the private group physicians that the personal relationship between physicians and patients is fully as strong in group clinics as in private practice. Some independent practitioners in the communities where clinics are located share this opinion although the majority do not.

"Private group clinics, though their available equipment and their coordination of medical specialists, are in a position to fulfill the basic requirements of good medical care with economies

*Rorem, Rufus - "Private Group Clinics" - A Report of the Committee on the Cost of Medical Care - 1930.

from which either or both the clinic members and the public may benefit."*

Health Centers:

The term "Health Center" means in its broadest application, "A community organization for both preventive and curative medicine centering around a hospital as its institutional expression, and around an organization of medical men, health authorities, and laymen as the means whereby the institutional facilities might serve the whole population," according to Dr. M. M. Davis.**

A Health Clinic at Cornell offers a general examination to persons who are not sick but who wish to follow the most advanced teaching of modern preventive medicine, and to have a periodic medical examination to detect diseases or defects, and to promote better hygiene.***

"The organized health movements which have spread over the United States during the past twenty years have each begun as a specialized activity dealing with tuberculosis, infant or maternal mortality, venereal disease, mental disease, or child health, and each has tended toward having its specialized staff. To a certain extent this has been wholesome and necessary, but after the experimental stage, the application to the population of a small local area of several specialized medical and health programs becomes confusing and self-defeating. Coord-

* Rorem, Rufus - "Private Group Clinics" A Report of the Committee on the Cost of Medical Care. 1930.

** Davis, Michael M., "Clinics, Hospitals And Health Centers" P. 341.

*** Cornell Clinic 1921-1924, A Report of Dispensary Development of the United Hospital Fund of New York.

dination of clinic services and home visiting services of nurses and other field agents in given areas was an outstanding problem before the war, to which the health center frequently offered a solution."*

In Boston during 1912-1915 the Maverick Dispensary gradually developed into a coordinating center for a number of health activities in East Boston without any coherent central organization.**

The American Red Cross advocates the health-center idea and the dissemination of health information throughout the country.

During the post-war period the chief development has been so called "demonstrations," intending to work out a method of applying certain programs to a community or district. These projects have generally been financed by foundations or by some special group, rather than by the community at large. Among these have been the Framinghouse Tuberculosis and Health Demonstration supported by the Metropolitan Life Insurance Company, and others for similar purposes. Such demonstrations have involved the establishment of the health center idea.***

The aim of the Judson Health Center, New York

*Cornell Clinic 1921-1924 A Report of Dispensary Development of the United Hospital Fund of New York.

** Davis, Michael M., "Clinics, Hospitals And Health Centers." P. 342.

*** Davis, Michael M., "Clinics, Hospitals And Health Centers." P. 343.

City is threefold; and may be applied to all health centers:

1. "The encouragement of the people of the district to undergo thorough physical examination at stated periods.
2. "Through the use of curative measures to correct such physical defects as the examinations disclose, and to make such curative measures the media through which preventive health lessons may be taught.
3. "The education of the people of the district in proper habits of diet, exercise, rest, cleanliness, and general hygiene."*

District Examining Stations conducted in New York City by the Committee on Dispensary Development in 1927 recorded 970 people examined during the year, 45 of whom came of their own accord, while the rest were sent in as "special problems" from social agencies. Finding a solution of these "special problems" revealed to the Committee the unsatisfactory situation social workers face in obtaining medical care for their clients. The overcrowded condition of out-patient departments made it very difficult for social workers to obtain a diagnosis for clients who were not obviously in need of some definite form of treatment. Therefore, after the first year's experience with the examining stations, health service

*Davis, Michael, M.D. "Clinics, Hospitals, And Health Centers" P. 345.

for the social dependents was considered a special problem and worked out in cooperation with the various community agencies.*

The results of the examination of 1,000 individuals of the type dependent on family agencies, including 82 men, 340 women, and 578 children, showed that 2 per cent of the adults and 8 per cent of the children were free from physical defects needing treatment. Twelve per cent. of the adults and 61 per cent of the children had defects that needed treatment, but were not interfering with their activities at the time of examination. These included dental caries, enlarged tonsils, pediculosis, acne, moderate flat feet, nasal obstruction, and slightly defective vision. Seventy-four per cent of the adults and 28 per cent of the children were partially incapacitated by conditions that under ideal circumstances could be relieved. These included such conditions as malnutrition, obesity, rheumatism, bronchitis, flat feet, and abdominal ptosis. Twelve per cent of the adults and 3 per cent of the children were permanently handicapped. This group was made up of those suffering from active tuberculosis, cardiac lesions, mental defects, nephritis, and late syphilitic infections."**

This report was given by the Committee on Dispensary Development.

The above figures give some idea of the medical needs of dependents in a city community. It would require a staff three times the size of workers available to define the possibilities of a cure of the 48 per cent. of this group temporarily handicapped, of relief and arrests of symptoms of the 7 per cent. temporarily handicapped, and the preven-

*Richardson, Anna Mann, M.D. "Health Services In Clinics" P.4.

** Ibid P. 10.

tion that could be practiced in the 40 per cent. with incipient defects.

Dr. Richardson states that the problem is not the mere correction of defects, but that health includes ambition and interest in life as well as a good physical machine, so that in most cases the supplying of incentives to the clients to get themselves in condition, rather than the actual correction of defects, should be the objective of the social worker.*

After the health examination is given, this is the beginning of the service. It increases the responsibility of the social worker in obtaining treatment, but it relieves her of the uncertainty as to need for treatment.**

The treatment in health service differs from the accepted idea of medical care. Its primary object is to move the client to do something for himself, to make a better performance in the art of living.

Return visits within a month for checking up are important if any improvement in health is achieved.***

* Richardson, Anna Mann, M.D. "Health Services In Clinics" P. 11

** Ibid P. 14

*** Ibid P. 19.

III. PATIENT AND CLINIC:

Patients who attend clinics may be classified sociologically according to age, sex, race, nationality, and economic grouping.

The school ages are largely represented at clinics because school medical inspectors discover the diseases of defective eyes, throats, ears, hearts, nutrition or posture and recommend the children for care.

More women attend clinics than men, because men are employed during clinic hours and the loss of wages is a serious matter. Women coming primarily to a clinic to bring their children may incidentally seek medical attention for themselves. Men have a tendency to come with diseases to clinics in more advanced stages than women. Clinics in the late afternoons or evenings would correct the small number of men in attendance at clinics.*

"The Central Free Dispensary in Chicago reported in 1924 that among 500 consecutive new patients there were 32 different races or nationalities, from American and Assyrian to Ukrainian and Welsh. On the other hand a local clinic in an Italian section of New York City shows nearly 100 per cent. of that nationality, and a preponderance of one or two groups is characteristic of a clinic serving local areas which have been colonized by particular

*Davis, M.M., "Clinics, Hospitals and Health Centers"

racess of foreign-born groups.

"Clinics were historically designed for the poor, but poverty is relative and our question, 'What kinds of people attend our clinics?' must be answered in economic as well as in medical and racial terms," according to Dr. Michael M. Davis.*

The most reliable studies of distribution and income have been made by the National Bureau of Economic Research. These studies were based on data covering 37,569,060 individuals. About one third of these fell in the \$500.00 to \$1,000.00 group, and another third in the \$1000.00 to \$1500.00 group. It is noted that 86 per cent of all persons in the United States have incomes less than \$2,000.00 per year, that 94 per cent have less than \$3000.00, and 98 per cent less than \$5,000.00.

Incomes vary in different states. "If it were possible to get the facts, we should find every income group represented among the patients of clinics."**

Very wealthy as well as many very poor patients attend the Mayo Clinic. Many families are represented in clinics who are just above the level of self support and others are just below it.

The following sketch by Mrs. William and Charles Mayo is given concerning certain economic policies

*Davis, Michael M., "Clinics, Hospitals and Health Centers." P. 55

** Ibid, P. 57

in the Mayo Clinic:

"Early in his practice Dr. William W. Mayo adopted the business policy that each patient should pay according to his means, and this policy has been followed by his sons and the Clinic through all the subsequent years. Patients are cared for regardless of their ability to pay. No form of treatment is priced in advance. After the work is completed a charge is made which seems fair according to the services rendered and the patient's financial resources. Every patient who is able to pay a fee is required to do so. A note has never been taken from a patient. Neither has any mortgage ever been permitted to be placed on property in order that the Clinic might be reimbursed. The patient's promise to pay has been considered sufficient. Fees are not accepted from community funds, lodges, or other organizations for the care of the poor, because it is assumed that these organizations investigate the cases they refer to the Clinic and find them worthy of charity. In the main such arrangements have been satisfactory to all concerned. Patients have felt that their interests have been considered and that arrangements are not arbitrary. About 30 per cent of the patients pay nothing to the Clinic, and 25 per cent pay barely enough to cover the cost of examination. The hospitals in Rochester are not owned by the Clinic, and patients must be provided with money for their hospital expenses."*

The problems which bring patients to a dispensary or a clinic are medical and may be classified in the following groups, according to Dr. James H. Smith of Richmond, Virginia, who was Superintendant of the out-patient department of the Medical College of Virginia for

*Mayo, Drs. William and Charles -- "Sketch of the Mayo Clinic And Mayo Foundation." P. 112.

The third and fourth groups of patients require many years, and is now Director of the McGuire Clinic of Richmond, Virginia:

1. "Those with simple ailments or accidents that can be satisfactorily treated on the floor of the clinic.

2. "Those needing hospital care.

3. "Those who need the services of a nurse at home to carry out the treatment prescribed in the dispensary or for the protection of the family and neighbors.

4. "Those whose physical disease is complicated by the pressure of social conditions."*

The largest number of clinic patients come in the first group. Many of these would get well without treatment, but prevention of infection in wounds and the proper treatment given to wounds already infected save much time for the laborer and employer. Orthopedic conditions, treatment of eyes, ears, nose, throat, and oversight of pregnant women constitute the majority of patients in this class.**

The second group is composed of the patients coming to a dispensary who are found to need hospital treatment. This group represents about 5 per cent of all cases applying for treatment. It is found necessary that a clinic be affiliated with a hospital to care for this group of patients.***

*Smith, James F., M.D. - Bulletin of the Medical College of Virginia, Sept. 15, 1915.

**Ibid.

*** Ibid.

The third and fourth groups of patients require the services of nurses and social workers in the homes. The work of the visiting nurse in the home is supervision of treatment prescribed in the clinic for tuberculosis cases, infantile feeding, skin lesions, the reeducation of muscles in orthopedic cases and in many other conditions she can make effective the treatment prescribed.

The social worker devotes her time largely to the fourth group whose physical disease and its treatment are directly related to a social handicap.

Frankel analyzed the cases of 100 persons applying for relief to a charitable organization in New York, and found that in 62 the destitution was due to illness.*

"The mere fact of poverty does not in itself constitute a call for alms. Nor is the task of the social worker the distribution of alms. Her activities are hedged about by the constant danger that, instead of constructive work, she may add to the public burden of social parasites. It is no field for the sentimentalist. The particular relation of the social service worker in the dispensary is with the patient as a person and an individual. Her function is not that of a nurse, though in small communities she must often be one and the same person. She must study the environment of the patient in its bearing on his disease, and as far as possible, remove the obstacles to effective treatment."

*Smith, James F., M. D. - Bulletin of the Medical College of Virginia, Richmond, Va., Sept. 15, 1915.

says Dr. James F. Smith.*

Community And Clinic:

On April 1, 1926, there was held in Washington an informal conference attended by 14 persons representing the fields of physicians, sanitarians, and economists, for the purpose of discussing problems regarding the economics of medicine. At the close of the conference a committee of five persons was appointed to formulate a tentative series of studies concerning the economic aspect of medical service. This committee was composed of Michael M. Davis, Walton H. Hamilton, C.E.A. Winslow, Llewellyn F. Barker, and H. H. Moore, Secretary.**

The next conference met in Washington May 17, 1927, at the time of the annual meeting of the American Medical Association. This conference was attended by approximately 60 persons representing the various interested fields, and resulted in the creation of the Committee on the Cost of Medical Care.

The primary purpose of the Committee was to formulate a comprehensive series of studies on the economic aspects of medical service and to

*Smith, James F., M.D. - Bulletin of the Medical College of Virginia, Richmond, Va., Sept. 15, 1915.

**The Five-Year Program Of The Committee On The Cost Of Medical Care - Feb. 13, 1928. 910 Seventeenth St. N.W. Washington, D.C.

execute these studies with the aid of various interested research organizations. It was believed that a systematic study will throw much light on many perplexing problems, and it is hoped that such study may point out the way to a more adequate organization of medical services, both curative and preventive.*

The groups most interested in the program are the 140,000 physicians of the country, the nurses, dentists, and sanitarians. The physicians have much at stake. Their earnings are reduced by free work among clients, free work in hospitals, and dispensaries. Failure to charge for preventive work and the high cost of equipment have been the cause of many physicians not having sufficient income to enable them to keep abreast of the times.

Public spirited contributors to medical institutions, investors, and tax-payers, are also interested; for approximately five billions of dollars have been invested in the hospitals of the country and millions more are being spent each year. This group of persons should know to what extent hospitals are operated for profit.

The group most concerned in the cost of illness

*The Five-Year Program Of The Committee On The Cost Of Medical Care - Feb. 13, 1928.
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is composed of the 119,000,000 persons in the United States who sooner or later become sick or require the services of physicians, nurses, dentists, or other kinds of medical service. The great mass of people of moderate means constituting 75 to 90 per cent of the population, who desire to pay for what they get, are beginning to complain.

The Committee's actual program, therefore, consists of the three following groups of study:

1. "Preliminary surveys of data showing the incidence of disease and disability requiring medical services and of generally existing facilities for dealing with them.

2. "Cost to the family of medical services and the return accruing to the physician and other agents furnishing such services.

3. "Analysis of specially organized facilities for medical care now serving particular groups of the population."*

It is the hope of this Committee that the completion of the program outlined will throw a substantial degree of light upon the following fundamental questions:

"The extent to which the burden of the cost of the medical care and incidents of sickness falls upon various economic and social classes in various types of communities and the variation of cost to individual families; the proportion of the cost of medical care in typical communities borne

* The Five-Year Program Of The Committee On The Cost Of Medical Care - Feb. 13, 1928.
910 Seventeenth Street, N.W. Washington, D.C.

by the patient, community, and the physician himself; the financial returns to the physicians; and the comparative adequacy and economy of medical care under diverse plans and under diverse programs of emergency or distributed payment."*

At the close of the "Six-Years' Work" of The Committee On Dispensary Development Of The United Hospital Fund 1920-1926, the following recommendation was made:

- (1)"Pay Clinics for persons of moderate means, with adequate remuneration to the physician.
- (2)"Extension of preventive service.
- (3)"Improvement in Standards of service.
- (4)"Adequate city appropriations for municipal clinics.
- (5)"Need for more clinic service in certain districts.
- (6)"More clinics in certain specialties.
 - (a) Dental
 - (b) More prenatal clinics.
 - (c) Mental Hygiene.
- (7)"Promotion of Health Centers.
- (8)"Coordination of clinics and social agencies.
- (9)"Revision of Dispensary Law
- (10)"Research
 - (a) The efficiency of medical service in clinics.
 - (b) Home service to the sick poor with relation to chronic cases.
 - (c) The functions of industry in establishing clinics."**

*The Five-Year Program Of The Committee On The Cost Of Medical Care - Feb. 13, 1928. 910 Seventeenth St., N.W., Washington, D.C.

**"Medical Care For A Million People"--A Report on Clinics in New York.

The Committee is of the opinion that with the above recommendation carried out, the community would be well provided for in the medical lines.

" More broadly stated, the chief measures in sight for diminishing the economic burden of sickness, the suffering, the shortened lives, and the family breakdowns due to its weight, are to deal with preventable and curable diseases through prompt discovery, preferably by health examinations and subsequent therapeutic aid, or to ward them off entirely through health education; to discover and correct remediable defects in the earliest possible years of childhood; and to make accessible to the adult adequate service for those diseases which while not curable, one can live with, and live well, if under skilled medical supervision and guidance. In this vast field with such promises of humanitarian as well as economic benefit to the individual and to the community, the clinic has an important role to play."*

*"Medical Care For A Million People" A Report on Clinics in New York and of the Six-Years' Work of the Committee on Dispensary Development of the United Hospital Fund, 1920-1926.

CHAPTER IV.

CLINICAL FACILITIES OF RICHMOND, VIRGINIA.

The clinical facilities of Richmond, Virginia, consist of the Medical College, with its out-patient department which holds about sixteen different types of clinics, and the school of dentistry which operates a free clinic for adults and children daily; the Instructive Visiting Nurse Association; the City Welfare Department, which conducts seven different types of clinics; the Community Health Work such as the Children's Memorial Clinic, Woman's Relief Association and others; and of the State Welfare Work.

Medical College of Virginia:

The Medical College of Virginia was founded in 1838 as a department of Hampden-Sidney College and has been in continuous operation since that time. It was then located at Nineteenth and Main Streets in the old Union Hotel. The first year it had only six instructors and forty-six students.

In 1844, the citizens of Richmond became interested in the school and contributed the sum of \$2,000. for the purchase of a site for a new building. The same year the General Assembly of Virginia lent \$15,000. for the educational fund of the State to aid in the construction of the Egyptian Building on a new site at Marshall and College Streets. The next year the State lent an additional sum of \$10,000 for the completion of this building.

A request for separation from Hampden-Sidney College was granted by legislative enactment, and the College was chartered February 25, 1854, under the name of the Medical College of Virginia. For twenty-two years the College struggled along without any appropriation or endowment.

In 1860, the Civil War brought a double enrollment to the Medical College of Virginia, also the first State appropriation of \$30,000. The College was then deeded to the State by the faculty because the burden was too heavy for them to carry during those perilous days.

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In 1860, the Civil War brought a double enrollment to the Medical College of Virginia, also the first State appropriation of \$30,000. The College was then deeded to the State by the faculty because the burden was too heavy for them to carry during those perilous days.

Two classes were graduated each year during the war in order to supply the army and navy with an adequate number of surgeons. Faculty, students, and alumni joined in organizing hospitals and personnel to care for the wounded soldiers in the city of Richmond, and as many as 40,000 were cared for at one time. The population of Richmond was then only about 30,000 inhabitants.

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college developed and soon attained a high position among other medical schools.

In January 1910, the main building of the University College of Medicine was destroyed by fire, which was a great loss to the city and State. But the citizens of Richmond rallied to the support of the school and contributed more than \$100,000.00 for a new building.

This was formally opened in 1912 and was equipped with every facility to serve advanced methods of teaching. In 1913, the two medical schools in Richmond were consolidated and this building is now used as a teaching unit of the Medical College of Virginia.

In 1917, when the World War became the prime business of the homeland, the Medical College of Virginia again found its place in the service of the country through its contribution to the McGuire unit, officially designated as the United States Army Base Hospital, No. 45. This organization was called over seas and cared for 17,438 serious cases. As in other wars, the college did its part through training for service.

At the present time the Medical College of

Virginia owns and controls three hospitals and an out-patient department for the care and treatment of patients without regard to race, creed, or color: The Memorial Hospital which was deeded to the college in 1913; the St. Philip Hospital which was erected in 1920 on the site of the Old Dominion Hospital, the Dooley Hospital Hospital which was opened in 1920; and the Outpatient department in the old Virginia Hospital.

The Crippled Children's Hospital was opened in the spring of 1928 as the orthopedic department of the Medical College of Virginia for white children. The staff, internes, and student nurses are furnished by the Medical College of Virginia, but the institution is under a separate board who takes care of the finances.

The hospitals of the Medical College of Virginia have been designated by the United States Public Health Service as a station for the diagnosis and treatment of ex-service men and others who are eligible to this Service. An electro-therapeutic apparatus has been installed for this work.

Cabaniss Hall, the women's dormitory, chiefly for the School of Nursing, was completed in September, 1928. It was built from funds raised in the spring of 1926 and named for Sadie Heath Cabaniss.

After many years of negotiations the Medical College of Virginia received in 1930 gifts of \$120,000.00 for the construction of the St. Philip Hospital school of nursing dormitory and educational unit for colored nurses. The Julian Rosenswald Fund of Chicago granted \$40,000.00 of this sum and \$80,000.00 was given by the General Education Board.

An appropriation of \$125,000.00 was made by the State for a library in 1931, which is now under construction, in association with the library and home of the Richmond Academy of Medicine.

One of the great needs now of the Medical College of Virginia is a new hospital for white adults and a new out-patient department, which the College hopes to build in the near future. The out-patient department is now housed in the old Virginia Hospital, which is not considered

safe by the city authorities. In spite of the many handicaps of the out-patient department, its work has continued to grow and develop. The number of visits in this division of the work has almost doubled during the past five years. The number of visits during the year of 1930-1931 was 42,123.

One of the greatest improvements that the Medical College of Virginia has made during the past few years has been in the out-patient division, which is now composed of the following departments:

I. Medical

1. Allergic
2. Dermatology and Syphilology
3. Gastro-Intestinal
4. Medicine
5. Neuro-medical
6. Pediatrics

II. Surgical

1. Ear, Nose, and Throat
 2. Eye
 3. Genito-Urinary
 4. Gynecology
 5. Gynecology Children
-

Surgical, con.:

- 6. Neuro-Surgery
- 7. Orthopedics
- 8. Surgery General

III. Obstetrical.

During the fiscal year ending July 1, 1929, 34,609 visits were made to the out-patient department. 290 obstetrical deliveries were made in the homes of the patients, and 10,000 visits were made by patients to the dental infirmary. 19,326 prescriptions for hospital and ambulatory patients were filled.

There is a medically trained hospital superintendent of the three hospitals and of the out-patient department of the Medical College of Virginia. Many problems arise in all teaching hospitals, in relation to the student on one hand and to the public on the other. His position as executive head of the service makes him responsible for the policies and organization of the department.

The out-patient department is provided with a director, who is medically trained and has the ability to deal with all kinds of people tactfully. He is directly responsible to the su-

in the near future, adequate provision will

perintendent of college hospitals. He acts as a consultant for his subordinates; has supervision of the out-patient department records; and is general director of the clinical departments and the follow-up work.

Each department of the out-patient work of the Medical College of Virginia has a chief and one or more assistants in charge. The chief is responsible for the diagnosis and treatment of the patients and for the detailed personal work of his clinic. The chief visits the clinic on specified days of each week in some of the departments, but in others he is present at each clinic session.

The social service department of the Medical College of Virginia has charge of the admission and registration of patients. The present system of social service work is limited in its scope on account of crowded conditions and the lack of space for this department, but in spite of these many handicaps the number of patients passing through the division has almost doubled in the past five years.

When the new out-patient facilities are developed in the near future, adequate provision will

be made for a social service department that will not tie down social workers to mere executive or clerical duties. It is estimated that from twenty to thirty per cent of all patients need intensive social case-work and about fifty per cent need some attention from the social service department. The future plans call for a well organized social service department to meet these needs, which will include a Head of the Social Service Department responsible to the director of the out-patient department, and responsible for all details of the organization in her department, as well as for case-work. It is planned that medical social workers will be assigned to different clinics, who will be responsible for social diagnosis and for securing the facts on which this must be based. Efficiency in each department will be promoted by specialized medical social workers along the lines of the particular medical problems of each clinic.

The task of a medical social service department, according to Mrs. E. R. Day, is as follows:

"The medical-social worker is essentially the diagnostician of the patient's needs. To make this diagnosis she must have the knowledge which investigation yields. To meet these social needs

she calls upon those agencies in the community which are best able to cope with the special problem involved."*

It is also the plan of the Medical College of Virginia to include space for a Diet Clinic in connection with a Well Baby Clinic in the new out-patient building. Diet problems have been one of the greatest handicaps in the treatment of a great number of patients, and it is believed that a Diet Clinic will correct this.

The nursing situation is well taken care of in the out-patient department. It is conducted under the supervision of a trained superintendent.

Instructive Visiting Nurse Association:

The Nurses' Settlement was organized in 1900 by a class of pupil nurses in the Old Dominion Hospital with Miss Sadie Cabaniss as their inspiration. The idea was obtained from the work Lillian Wald was doing in New York. It was developed in Richmond by first hand knowledge of the need and opportunity for such work, obtained by observing ward patients in their homes and seeing conditions.

Miss Cabaniss and seven newly graduated nurses

*Davis, Michael, M. and Warner, Andrew, R. "Dispensaries" P. 105.

from the Old Dominion Hospital, seeing the need for nursing care in hundreds of homes, gave all their spare time to sufferers in these homes and to instructing mothers in home nursing and hygiene. They rented a house on North Seventh Street, which friends helped to furnish. These brave women struggled along for eighteen months, at the end of which time an appeal was made to the public, which brought about the organization of the Instructive Visiting Nurse Association, made up of representatives of all religious denominations in the city, who raised funds by subscriptions from members of churches. They were able to pay the salary of three district nurses, who carried on nursing in the homes, and with the help of the part time settlement nurses started mothers' clubs in different sections of the city.

The Instructive Visiting Nurse Association was supported by a "Tag Day", which was held from year to year. Since becoming a member of the Richmond Community Fund in 1924, it has made no separate appeals for the raising of funds. Church organizations still render great assistance to the association. A loan closet of sick room necessities and layettes for mothers who are unable to supply

which was located in Clarke County, for under-
them for their babies is furnished by friends
of the association.

The Instructive Visiting Nurse Association was
responsible for a nurse taking charge of nursing
at the City Home, formerly done by the inmates;
for the first woman probation officer with the
Juvenile Court, who was a district nurse; for the
first school nurse; for the first social service
nurse; and for the first nurse placed in a tobac-
co factory.

The Association began looking after the sick
policy holders of the Metropolitan Life Insurance
Company in 1910. Two other insurance companies
have since turned their nursing over to the Asso-
ciation.

In 1911, Miss Grace Arents lent the Association
the house at 223 South Cherry Street for its work
and also rooms at St. Andrews Mission for kinder-
garten work and club work for boys and girls of the
neighborhood.

Camp Merriwood under the supervision of the
Richmond Tuberculosis Association was consolidated
with Camp Harrison in 1913, and formed a new camp,

which was located in Clarke County, for under-nourished children of the city of Richmond.

This was done by the girls' auxiliary of the Instructive Visiting Nurse Association.

The Instructive Visiting Nurse Association was responsible for the founding of the Crippled Children's Clinic, which was opened in 1917 in the basement of Dr. W. T. Graham's office at Fifth and Franklin Streets. The clinic was begun with a staff consisting of Dr. Graham and his office staff with the assistance of Miss Minor and several other nurses from the Instructive Visiting Nurse Association. The clinic was held twice each week and at the close of the first year there was an enrollment of 98 children. Many of the children, brought to the clinic in their parent's arms, were able to walk again after corrective treatment was given. Many children were put into Bradford frames, in which they had to remain for a year or more; but by the assistance of the nurses from the Instructive Visiting Nurse Association who visited them daily, giving them massages and alcohol baths the treatment was successful.

After seven months, the Crippled Children's Clinic was removed from the basement of Dr. Graham's office to the Medical College of Virginia, where it has steadily grown in scope and usefulness.

In 1923, the Kiwanis Club recognizing the invaluable work of the Instructive Visiting Nurse Association, presented the association with the well equipped administrative building on Cherry Street that the scope of the work might be increased. There were nineteen nurses employed at the settlement at that time and their field was the city of Richmond, which was divided into eighteen districts.

The Instructive Visiting Nurse Association was responsible for a Tuberculosis Clinic being established in Richmond, and also for the settlement now known as William Byrd Community House.

A Social Service Nurse was furnished the Medical College Dispensary by the Instructive Visiting Nurse Association in 1917. Many of the patients referred to the Dispensary were lost, either from ignorance or the terror of going to

a hospital, so the services of such a worker proved to be valuable. Miss Florence Black was selected for this position and at the end of eight months submitted the following report:

"443 patients referred to social service worker. 224 of the 443 were admitted to the hospital, and 125 were referred to the I.V.N.A. 30 of these refused treatment, and 7 could not be located."*

The Instructive Visiting Nurse Association in close cooperation with the Chief of the Obstetrical Department of the Medical College of Virginia has built up a large maternity service. In 1917, after care was given to 910 maternity cases and 816 new born babies, 405 of these were delivered by students of the Medical College. Prenatal instructions were given to 387 pregnant women enrolled at the I.V.N.A. Prenatal Clinic on Cherry Street. The Prenatal Clinic is held twice a week under the supervision of Dr. M. P. Rucker. The ideal of obstetrics has been reached in this Clinic, only one mother having been lost in 1,000 cases.**

*The Seventeenth Annual Report of the I.V.N.A., 1917.

**The Twenty-fifth Annual Report of the I.V.N.A., 1925.

There is a clerical staff in the office who carry on the large amount of filing necessary, a card being made out and kept for each patient. In 1925, the nurses made 50,074 visits to 5,815 patients. About 42 per cent of the budget is given by the Community Fund. The 85 cent fee is paid by a small per cent of the patients treated by the visiting nurses.

City Welfare Department:

There are seven different types of clinics held under the auspices of the Municipal Department of Public Welfare, namely, tuberculosis, child welfare, prenatal, nutrition, labor, venereal disease, and vaccination.

Tuberculosis Clinic:

The Instructive Visiting Nurse Association started the first tuberculosis dispensary in Richmond. It was opened in about 1900 in a patient's room on Oregon Hill in cooperation with one of Saint Andrews' deaconesses.

The Richmond Board of Public Health was reorganized in 1907 with Dr. E. C. Levy as Chief Health Officer. Under his direction,

the tuberculosis dispensary on Oregon Hill was taken over by the City at the request of the Instructive Visiting Nurse Association, with bedside nursing done by the visiting nurses.

The new dispensary was located on Third Street, between Marshall and Clay, and was known as the "Dispensary for Communicable Diseases". It held two clinics, one for white patients, and another for colored. The city was divided into five districts with a nurse in each district who did the follow-up work of the dispensary in the homes of the patients.

In 1909, another dispensary for white patients was opened in the Ballard House at Fourteenth and Franklin Streets. After a few months this new dispensary was consolidated with the Dispensary for Communicable Diseases and was moved to a location on Capitol Street.

In 1910, the Instructive Visiting Nurse Association, realizing the great need of a place to which tuberculosis patients could be sent for proper care, strongly backed the Tuberculosis Camp Association that established Pine

Camp Sanatorium in the suburbs of Richmond. This institution was opened with a capacity of only 20 beds, but continued to grow. It was taken over by the City in 1916 and the capacity was soon increased to 92 beds.

The Richmond Anti-Tuberculosis Association was organized in 1918. It holds free examinations at regular intervals throughout the City, thus discovering many cases of tuberculosis.

A trained social worker was employed by the Tuberculosis Dispensary in 1918. She rendered valuable service to patients needing special attention, or requiring hospital or sanatorium treatment. During the session of 1918-1919, students from the School of Social Service and Public Health did work at the Tuberculosis Dispensary, four students being assigned every six weeks.

In 1920, there were 225 deaths in Richmond from pulmonary tuberculosis, 113 white and 112 colored, this rate being 130.1 per 100,000 population, which was the lowest rate ever recorded. In 1906, the death rate was 251.5 per

100,000 population in Richmond, but has been steadily declining since then.

The Division of Tuberculosis was unaugurated in the Public Health Department of Richmond in 1921, to consolidate the tuberculosis activities of the Department of Public Welfare, thus making coordination possible among all agencies which are interested in the Department. Dr. Dean B. Cole was appointed Chief of the Division of Tuberculosis, where he still serves in this capacity. He supervises all work at Pine Camp and the tuberculosis work at the City Home.

In 1918, the Tuberculosis Dispensary was moved to 1108 Capitol Street, where it remained until 1927, when it was moved to its present location at Eleventh and Clay Streets in the Medical College of Virginia. This clinic is supported and operated by the Public Welfare Department of Richmond, and is a separate clinic from the Medical College.

There were 620 patients examined and treated at the City Tuberculosis Dispensary in 1930, of whom 240 were tuberculosis, 318 non-tuberculosis, and 62 undetermined. Seventy-nine of these were sent to sanatoriums.

Child Welfare Stations:

Early in the Twentieth Century the movement for the reduction of infant mortality began in the United States. In 1913, the Bureau of the Census reported the first national statistics for infant mortality, under the title "Mortality Statistics for 1910." This statistical report showed that the greatest number of deaths under one year was due to the prenatal period, and that measures for their prevention must be concentrated on the mother for many months during her period of pregnancy. Using this knowledge, as well as through efforts along other channels, infant mortality in the United States was reduced from 100 in 1915 to 68.1 in 1929.

No definite vital statistics were kept in Richmond until the Public Welfare Department was reorganized, as already mentioned, although a city ordinance requiring the reporting of births went into effect in 1900. In that year there were 213 infant deaths for every 1000 live births. The nurses of the Bureau of Public Health began definite work in infant welfare work in 1910.

The nurses planned a program for education of

mothers before and after birth, and for improvement of their general living conditions. The next year, 1915, provision was made to supply milk to children whose parents were unable to pay for it.

In 1917, it was discovered that the death rate of infants under two years of age had increased 6.1 over the preceding year. Bad living conditions in the poorer section of the city were apparently one of the causes of the high rate. This brought about a recommendation for an adequate housing law in Richmond. Another result was the Venable Street Child Welfare Clinic and Milk Station. This was financed by the Mothers' Clubs and managed by the Bureau of Health. Only babies under one year were visited in the homes by the nurses and mothers were urged to bring their children up to twelve years of age to the Child Welfare Clinics.

The second Child Welfare Clinic was opened in the City home in 1918, known as Station No. 2. This Clinic was financed and managed by the Board of Health of Richmond. It cared for 59 cases during the first summer. Both Child Welfare Clinics of Richmond were closed in the fall of

1918 and were not opened until the next summer.

Another Child Welfare Clinic was established in 1922 at 1104-A West Cary Street under the Department of Public Welfare. In 1923, there were 2,147 children treated at the three Child Welfare Clinics of Richmond. It was now evident that there was a decreasing death rate among children; this was largely attributed to the untiring efforts of the doctors in charge and to the Public Health Nurses.

In 1925, a Child Welfare Clinic was established at 1018 Hull Street, known as Station No. 4. This was equipped and financed by the Southside Welfare Club. It has had a large attendance since its opening. This Clinic has been moved to a location on East Twelfth Street, as it had outgrown the old quarters. Two nurses are supplied by the City for this Clinic.

A Child Welfare Clinic was opened in 1926 at 812 Louisiana Street for white children and another at 819 State Street for colored children. These Clinics have been aided by churches and Mothers' Clubs of Fulton, a district of the city of Rich-

Pre-natal Clinics:

mond, but are managed by the Public Welfare Department of the City.

It has had to emphasize education over the feeding, and has finally shifted from feeding to motherhood. The Federal Children's Bureau has endeavored to wake up the public to the unnecessary suffering and death among mothers and babies by devoting much attention to the subject of prenatal and obstetrical care, with the hope of alleviating this.

The standards of pre-natal clinic visits, as reported by a special committee of the Federal Children's Bureau in Washington, are:

1. "Detailed history of the patient with special reference to infectious diseases, accidents, operations, together with details of menstrual and obstetrical history, including the present pregnancy.
2. "Physical examination complete, comprising blood pressure, urinalysis, weight measurements, and vaginal examination. Inoculation tests are advised.
3. "Instruction of the patient in the hygiene necessary for her special condition."

The nurses of the pre-natal clinics are responsible for the follow-up work of the patient

"Davis, Michael M., Gynecology, Obstetrics, and Health
Journal, P. 368.

Prenatal Clinics:

The infant welfare campaign in this country began with the baby, with emphasis upon feeding. It has come to emphasize education more than feeding, and has finally shifted from feeding to motherhood. The Federal Children's Bureau has endeavored to wake up the public to the unnecessary suffering and death among mothers and babies by devoting much attention to the subject of prenatal and obstetrical care, with the hope of alleviating this.

The standards of pre-natal clinic routine, as reported by a special committee of the Federal Children's Bureau in Washington, are:

1. "Detailed history of the patient with special reference to infectious diseases, accidents, operations, together with details of menstrual and obstetrical history, including the present pregnancy.
2. "Physical examination complete, emphasizing blood pressure, urinalysis, pelvic measurements, and vaginal examination. Wassermann tests are advised.
3. "Instruction of the patient in the hygiene necessary for her special condition."² -

The nurses of the pre-natal clinics are responsible for the follow-up work of the patient as well as for assisting the doctors in the clinics.

*Davis, Michael M., Clinics, Hospitals, and Health Centers. P. 368.

Pre-natal work was begun in Richmond, Virginia, in 1895, when the Medical College of Virginia and the Old Dominion Hospital opened an out-side obstetrical service. The aim of this service was to furnish pre-natal and delivery service to any woman who needed free medical attention. This department of the Medical College has developed until it now is making over 500 deliveries each year, with a low mortality record that has been surpassed by only one other out-patient department in the world. It is hoped that in the near future the Medical College of Virginia will have a more complete cooperative service with the three other pre-natal clinics now in operation.

The next pre-natal clinic was opened in 1919 by the Instructive Visiting Nurse Association on West Cary Street, which has since been moved to its present home at 223 South Cherry Street. The following report of this clinic was given in 1926:

"The pre-natal clinic is held twice a week which, under Dr. Rucker, has grown until the ideal of obstetrics has been reached, only one mother having been lost in 1,000 cases."*

*Annual Report of Nurses' Settlement of Richmond, Virginia, 1926.

The Venable Street Pre-natal Clinic was opened at 2431 Venable Street in 1920, and is one of the largest clinics in the city, with the exception of the pre-natal clinic of the Medical College of Virginia. A Mothers and Children's Clinic, or a Blood Clinic, has been established in connection with this clinic.

In August, 1926, a pre-natal clinic was opened at 1018 Hull Street for the expectant mothers of the Southside. This clinic is operated in connection with the Child Welfare Station, which soon outgrew its quarters on Hull Street and is now located on East Twelfth Street.

The pre-natal clinics are well located and are accessible to mothers in various sections of the city.

The institutions for free delivery service are the Evangeline Booth Home, Spring Street Home, Sheltering Arms Hospital, Memorial Hospital, and St. Philip Hospital. The Evangeline Booth Home and the Spring Street Home are not under the supervision of the Medical College of Virginia, but are under the supervision of private physicians who give their services without re-

muneration. These institutions combine delivery and post-natal services for illegitimate babies.

All patients of the pre-natal clinics, except those registered at the Medical College of Virginia, are transferred by the physicians in charge to the free delivery service of the Medical College of Virginia. This service is not ideal, as a patient is often transferred from the physician who has given her pre-natal care for several months, to a fourth year medical student at the Medical College for delivery.

Nutrition Clinic:

A Nutrition Clinic was established in April, 1921, in connection with the City Tuberculosis Clinic, then located at 1108 Capitol Street. Both clinics are now located at Eleventh and Clay Streets in the Medical College of Virginia. This Nutrition Clinic is intended to serve all children under sixteen years of age, but children under school age are especially urged to attend. A special effort is made to reach under-nourished children of tubercular contacts. Many of these children's parents are patients of the City

Tuberculosis Clinic.

Each child is given a physical examination, defects are noted, and where possible corrected. Mothers are urged to come to the Clinic for instruction in feeding and other care. Children who should be in open air schools are classified in groups of one, two and three according to urgency, and their names given to the Director of Medical School Inspection. Much tuberculosis is found in this Clinic; it is treated and an effort made to prevent it.

A patient of the Nutrition Clinic may have tonsils and adenoids removed at the Memorial Hospital without charge, if unable to pay. There were 119 operations for the removal of tonsils and adenoids during the first year the clinic was operated, with an average monthly attendance of 25.3. This Clinic has continued to grow and the number of patients operated on has increased each year.

Labor Clinic:

In 1927, the Labor Clinic was moved from the Tuberculosis Clinic on Capitol Street to the Clinic room of the Bureau of Health. This ar-

angement has proved very satisfactory as it has put the children and parents in closer touch with the Health Department. This Clinic is held on Monday and Thursday afternoons for the purpose of giving physical examinations to children between the ages of twelve and sixteen applying for permits to work, as required by the State Welfare Laws.

In 1930, there were 764 children examined, and 325 were given permits on the first visit, 409 children were delayed in receiving permits until their defects could be corrected. Some of these children were sent to the City Home Dental Clinic for correction of dental defects.

This work is done at the expense of the Bureau of Health by a staff of doctors and nurses, employed for this purpose.

Venereal Disease Clinics:

The Venereal Disease Clinic is held daily at the Medical College of Virginia and was formerly conducted jointly by the City Bureau of Health, the State Board of Health, and the Medical College of Virginia. However, in 1923, the State Health Department discontinued

its assistance to the venereal control work, and soon thereafter the city Bureau of Health made arrangements with the out-patient department of the Medical College of Virginia to take over the work entirely, the City paying 20 cents per patient and 10 cents for medicine, for its patients.

There are two Venereal Disease Clinics or Blood Clinics maintained entirely by the Bureau of Health. One of these is conducted in connection with the prenatal-clinic at 2431 Venable Street, and the other for the inmates of the City Jail once each week.

Another Venereal Disease or Blood Clinic is conducted by the Instructive Visiting Nurse Association at 223 South Cherry Street in connection with the pre-natal clinic.

All pre-natal patients are referred to the Blood Clinics for routine Wassermann tests. Those from the Southside Pre-Natal Clinic are referred to the Venable Street Blood Clinic. All positive cases receive treatment and the negative cases return at intervals of six months until three negative reports are made.

The regulations of the State Board of Health require that all persons convicted of being vagrants, prostitutes, keepers, inmates, employees, and frequenters of houses of ill-fame, prostitution, and assignation shall be turned over to the Board of Health for examination and held in quarantine until declared to be free from such venereal disease by the Health Officer.

Under the above regulations there were 153 persons turned over to the Richmond Health Bureau by the Juvenile Court and the Police Courts in 1930. A large number of these were placed in quarantine in the City Jail and were treated till non-infectious. The trial court was then notified of this and if their fines had been paid and their time served they were released.

Persons suffering with syphilis but who were non-infectious were notified to report to the United States Health Clinic at the Medical College of Virginia until their Wassermann was negative. A report of the City Venereal Disease Clinic in 1930 was as follows:

1. Syphilis 1,282 cases
2. Gonorrhoea. 506 cases

Total number of treatments 11,450

"In the Venereal Disease Service follow-up work is done for the Venable Street Blood Clinic and the Medical College Dispensary; This service also includes a blood clinic held once a week at the City Jail. The following summary shows a decided increase in the number of patients instructed at the Medical College Dispensary, and the number of visits to new patients during the past year.

| | |
|---|-------|
| Hours in district..... | 1,506 |
| Hours in office | 801 |
| Hours in dispensary | 989 |
| Hours in jail | 284 |
| Total hours on duty | 3,580 |
| Wassermanns made at jail | 83 |
| Patients instructed at dispensary.. | 8,408 |
| Patients attending clinic after visit from nurse | 488 |
| Visits to new patients | 960 |
| Visits to old patients | 1,900 |
| Total visits | 2,860 |

Venereal diseases reported to Health
Bureau during 1930:

| | | |
|----------------------|--------------------|--------|
| Gonorrhoea | Syphilis | Total |
| 352 | 1,061 | 1,413* |

have helped reduce the number of cases of
ably.

During 1930, there were 38 cases of typhoid
fever recorded, with 4 deaths. From 1928 to
1934 inclusive, the typhoid fever cases varied
from 51 to 84 cases except the year 1931
when it dropped to 44 cases.

There was only one case of smallpox reported
to the Health Department in 1930. This patient
had had exposure in another state.

*Report of the Department of Public Welfare, Rich-
mond, Va. 1930.

Vaccination Clinic:

A Vaccination Clinic is held on the fourth floor of the City Hall Annex six days each week, for the purpose of immunizing adults and children against some of the communicable diseases. Vaccines for typhoid fever, diphtheria, and smallpox is given by the physicians in charge to any one who wishes to take the treatment.

In 1930, diphtheria was less prevalent than in any previous year in Richmond. There were 159 cases against 261 the previous year. The anti-diphtheritic immunization has been carried on extensively for several years and is believed to have helped reduce the number of cases considerably.

During 1930, there were 38 cases of typhoid fever recorded, with 4 deaths. From 1918 to 1924 inclusive, the typhoid fever cases varied from 51 to 54 cases except the year of 1918 when it dropped to 44 cases.

There was only one case of smallpox reported to the Health Department in 1930. This patient had had exposure in another state, and was isolated in the Smallpox Hospital of Richmond for

over three weeks.

There were 266 single treatments given in 1930 to 19 persons for protection against rabies. There were no human deaths from rabies during that year. The fourteen dose Semple treatment is given to each patient.

Vaccinations are made at each of the public schools in Richmond by physicians from the Bureau of Health and also at the parochial schools. This service is under the supervision of the Medical Director of the public schools, but is done by the physicians of the Bureau of Health who make the Vaccinations at specified intervals.

IV. Community Health Work:

Community health work in Richmond consists of the Children's Memorial Clinic, Woman's Relief Association, and the school clinics.

Children's Memorial Clinic:

The Children's Memorial Clinic was organized in Richmond in 1925 for the purpose of studying personality and behavior traits so as to prevent mental disorders and delinquency and to help the patients make a happier adjustment to life.

The clinic accepts for study children under

18 from the city of Richmond and from the county of Henrico who are referred by the public, private, and parochial schools; and also from the thirty-nine agencies of the Richmond Community Fund, from the Juvenile Court, and from private physicians.

The Clinic renders two types of service which may be classified as full study: first, Clinic staff and cooperative cases, and second, mental health service. In the Clinic staff the patients are given a complete examination including the four phases, physical, psychological, social history, and psychiatric examination. The physical examination is given with reference to present disorders; the psychological examination is given with reference to the measurable abilities and disabilities of the patient; the social history is recorded by an examination of the environmental situation and background of the child; and the psychiatric examination is given for the estimation of the total personality. Treatment for the child is worked out after this data are secured.

The mental health service is a form of study rendered to meet the demand for quick service

of a Board of Managers composed of infants
men and women, who worked faithfully during the
in the schools, social agencies, juvenile courts,
and other referring agencies. A short social
history is furnished by the agency involved or by
the clinic on a basis of a single interview, and
in either case the Clinic does the physical exam-
ination and laboratory tests, psychological, and
psychiatric examinations. A treatment plan is
reported to the referring agency.

Woman's Relief Association:

The Woman's Relief Association was organized
in Richmond in 1923, for the purpose of meeting
the demand of a class of women who need medical
and surgical treatment, but are not financially
able to pay for the services of physicians and
hospitals.

Dr. and Mrs. J. W. Henson were impressed by
the need of many deserving women for medical aid,
who were in financial straits due to illness and
other misfortunes, and decided to launch out on
this humanitarian project. With the assistance
of a few interested friends and without any fi-
nancial backing, this brave physician and his good
wife opened the Woman's Relief Association at 10
North Cherry Street. The organization consists

of a Board of Managers composed of influential men and women, who worked faithfully during the early days to raise money to carry on the work.

Since the organization of the Community Fund, the Association receives \$3,000.00 a year toward its support. Each patient pays a registration fee of 50 cents. With the income from these two sources, supplemented by funds raised by the Board members from various benefits, the Association is able to meet its expenses.

It has a staff of seven physicians and two nurses. The physicians give their services gratis, but the nurses receive a salary. This staff is one of the few that has a woman physician, Dr. Mary Baughman, who is a skilled gynecologist and whose services are bound to be a great asset to the Association.

The Association has no clinic service, but meets three afternoons each week. Patients receive the same service as in a private physician's office.

The Association averages 25 and 30 patients each day, who come from churches, physicians, social agencies, friends, and their own initiative. Emergency cases are given relief and the financial status of all patients is investigated before ex-

pensive treatment is given. In 1931, the services given patients by the Association would have cost them between \$11,000. and \$12,000. if received from private physicians and hospitals.

Arrangements are made with several hospitals for cases needing hospitalization. Types of services given are medical, surgical, including cystoscopic treatment, diathermy, metabolism, X-ray, ultra-violet-ray, and others. The home of the Association is not equipped to give all these services in its present location, but arrangements for these have been made with physicians and hospitals.

The patients who receive medical and surgical attention through the Woman's Relief Association are made to feel that they are not the recipients of charity, but that the service is rendered to them as a personal service to humanity.

The advantages to the patients are as follows: Each patient is under the charge of a member of the staff who is personally responsible for the management of her case. She receives the advice of various specialists as necessary. She has the benefit of laboratories equipped with instru-

ments of modern diagnostic precision. She is systematically examined and abnormal conditions, of which she was ignorant, are often discovered in time for arrest or cure. The patient is not charged anything for the services received.

School Clinics:

Medical inspection and health supervision of the Richmond Public School children have resulted in many demands on the out-patient service of the Medical College of Virginia and on the Children's Memorial Clinic, on the former for eye, ear, nose, and throat service, nutrition, orthopedics, dentistry, and on the latter for mental hygiene service. As a rule, the public schools have not attempted the provision of medical treatment, and have not undertaken systematic clinic service even for examinations.

Nursing service is provided in all the city schools. The school physicians with the assistance of the school nurses supervise the health of the pupils. Parents are notified of the physical defects of children, and if not financially able to have the necessary corrective work done, the children are provided with medical

service at the different clinics.

Dental Clinic:

Dentistry as a profession has only been recognized during the past hundred years, but work on the teeth for pain, extraction, and relief has been known for centuries.

During the past thirty years the service of dentistry has been transformed from a mechanical art to a professional service intimately related to the practice of medicine. It has only been about thirty five years since the discovery was made of the cure of rheumatism and other infectious diseases by the extraction of teeth. This discovery has been greatly advanced by the development of the X-ray in diagnostic dental work.

The public has been stirred during the past few years on account of the large number of dental diseases and defects discovered among children of school age. A similar condition was discovered by examination of the soldiers during the World War. As a result, dental clinics have been established in all of the larger school systems, and dentistry is being included in

hospital and outpatient services.

A Dental Clinic for the white children of the city of Richmond is held five afternoons each week and on Saturday mornings, in the basement of the Medical College of Virginia in connection with the School of Dentistry.

Colored children are likewise given free dental service, provided in the offices of colored dentists appointed for this service.

The Dental Clinic for white children of the Richmond public and private schools is held in two large rooms in the basement of the Medical College of Virginia. These are fitted up with the latest dental equipment, including three dental chairs and other necessary furnishings. The clinic is in charge of a dentist and four assistants who are junior and senior dental students. On account of the lack of a larger clinic, needy children are given precedence. Preventive dentistry is the slogan of this clinic.

The school children are given instructions in mouth hygiene and rendered such services as extraction, filling, cleaning, and orthodontic work.

A Dental Infirmary is conducted by the School of Dentistry of the Medical College of Virginia. It

is under the supervision of a Superintendent and several assistants. Third and fourth year dental students are given an opportunity for training. They are required to handle the infirmary patients according to the most approved methods followed in private offices.

Any individual in the community is eligible to service in the Dental Infirmary of the Medical College of Virginia. Fees are charged which do not exceed the cost of the service and are often omitted for persons seriously in need of dental care who are unable to pay for it. Special provisions have been made by some of the welfare agencies with the Infirmary for taking care of clients' dental needs.

The teaching of dental hygiene is one of the main purposes of the Infirmary program.

During the year of 1931, 2,285 patients attended the Infirmary, and during the month of March, 1932, 2,188 patients were in attendance.

V. STATE WELFARE WORK:

The Mental Hygiene Clinic which is held in the State office building is the most important work done by the State Welfare Department in Richmond.

The term mental hygiene, which has come so much into use in recent years, is not new. In 1843, William Sweetser published a book entitled "Mental Hygiene or An Examination of The Intellect."

The purpose of a mental hygiene program in a state is to reduce delinquency, crime, nervous disorders, drug addicts, dependency, and alcoholism by the application of mental hygiene principles. It also attempts to reduce mental disorders and defects of every kind.

There are in the United States about 7,000 hospitals that provide about 900,000 beds for all classes of patients. Of this number more than 44 per cent are for mental, nervous, and feeble minded patients. In 1929 there were about 8,000 patients in institutions, 52 per cent. of whom were nervous and mental patients.

Dr. George S. Stevenson of the National Committee of Mental Hygiene says that it is estimated

that there are 450,000 persons in the United States who are complete social liabilities because of mental disease; 600,000 who are handled by courts, prisons, and reformatories every year because of major crimes; and more than a million on account of their low intellectual endowments are prevented from being social assets. These groups are costing society millions of dollars each year, to say nothing of the waste of human beings and their powers for constructive contributions and the unhappiness wrought upon others.

Psychiatric hospitals were being operated in at least nine states in 1929. Admission to psychiatric wards is for study, diagnosis, and outline of treatment.

It was estimated that there were about 900,000 imbeciles, idiots, and feeble minded persons in the United States in 1929. In every state the prevention of feeble mindedness and the control of mental defectives is a troublesome problem. Three methods for control and care and prevention of such cases have received consideration; namely, segregation in institutions; community

supervision; and sterilization. The sterilization law in Virginia is only applicable to certain patients in the institutions for the insane, feeble minded, and epileptic.

Dr. Drewry is of the opinion that all mentally defective children and problem children in schools, juvenile offenders and inmates of prisons and industrial schools should have a place in any state mental hygiene plan.

The State Conference of Social Work in Virginia was organized in 1900 by a small group of men, who immediately began a program relative to the various social problems in the State such as insanity, feeble mindedness, epilepsy, delinquency, crime and dependency in which individual and public welfare was concerned. This group was soon joined by other interested groups. This interest led to appropriate legislation, to better care and treatment of the State's wards, and ultimately to the organization of the State welfare work.

In 1908, The State Board of Charities and Corrections was established, which has developed into the Department of Public Welfare.*

*Drewry, William F., M. D. "A Mental Hygiene Program", Virginia Medical Monthly, Dec. 1929.

The first constructive work of the Department of Public Welfare was to establish the Epileptic Colony. Colonies for the feeble minded were soon established, and humane work was begun in 1912 among children by removing them from jails and almshouses.

In the Children's Bureau a division of the State Department of Public Welfare, established in 1922, was begun a study and treatment of children committed to Juvenile court. The Bureau of Mental Hygiene was opened with a staff composed of a pediatrician, two psychologists, a psychiatrist who was director of the Bureau, two psychiatric social workers, and an office force. This Clinic is in session from 8:30 to 5 P.M. every day and examines about 700 children up to 18 years of age. All children who are wards of the State are given a physical, psychological, social history, and psychiatric examination. The Juvenile courts and practicing physicians can refer patients to the Bureau.

CHAPTER V.

SUMMARY

The findings summarized below are based upon facts relating to varying numbers of clinics according to information on the specific clinics discussed.

1. The primary motive for establishing the first dispensaries in the United States was to help the sick poor, and this was the underlying motive behind all dispensaries.

2. Beginning with the nineteenth century a new element, which powerfully reinforced the charitable desire to help the sick poor, appeared in the dispensary movement; namely, the interest of physicians in acquiring medical experience and in teaching medical students at a clinic.

3. The two motives to serve charity and to advance knowledge and education have been responsible for a great number of clinics.

4. Since the beginning of the public health

movement in the United States, clinic development has gone forward in leaps and bounds.

5. Hospitals, in increasing numbers, are coming to recognize that an out-patient department is an essential part of their organization. Each year hospitals throughout the country are adding out-patient departments, and in many new hospitals, much attention is given to the housing, organization, and equipment of this important institution.

6. The rising cost of medical care has been the chief cause for establishing the following clinics for the benefit of the self respecting wage earner who is not classed as a dependent, nor is able to pay private physicians' prices for prolonged medical attention:

- (a) Pay clinics
- (b) Health centers
- (c) Consultation and diagnostic clinics
- (d) Industrial clinics
- (e) Evening clinics

7. Clinics have established as a part of the machinery of State boards of health, and as effective agents for disease prevention and promotion of health.

8. Out-patient departments and clinics have developed as an essential part of such public health movements as the anti-tuberculosis campaign, the social hygiene movement, and the campaign for the conservation of maternal and infant life and health.

9. Organized social work has revealed the necessity of establishing clinics for its clients in some of the larger cities.

10. The development of mental clinics has increased rapidly within the past ten years.

11. The clinical facilities of Richmond, Va., are composed of the sixteen clinics in the out-patient department of the Medical College; the City Welfare Department with its child welfare stations, prenatal clinics, tuberculosis clinics and others; State Welfare Clinic; and community clinics.

12. Richmond provides excellent clinic health care for its children and adults through the Children's Memorial Clinic, child welfare stations, school clinics, Out-patient Department of the Medical College of Virginia, labor clinics, prenatal

clinics, tuberculosis clinics, and nutrition clinic.

In general, these developments of clinics have resulted from the recognition of these facts:

1. That if medical service is to be adequate in relation to community needs it must be organized.

2. That the most fruitful efforts directed toward the prevention of infectious diseases lies in the treatment of infected individuals.

3. That the clinic can be made an efficient and economic organization of medical resources for the combating of disease.

4. That for a hundred years or more clinics were regarded solely in the light of charitable institutions for the poor.

5. That a great change has recently come about as the result of a wide-spread public demand, which has arisen from four main sources:

- (a) The higher cost of medical service.
 - (b) The greater efficiency of medical service.
 - (c) The enhanced interest on the part of individuals and communities in securing
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good medical care.
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