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UNIVERSITY OF LOUISVILLE

A HISTORY OF THE LOUISVILLE CITY HOSPITAL

A Dissertation

Submitted to the Faculty

Of the Graduate School of the University of Louisville

In Partial Fulfillment of the

Requirements for the Degree

Of Master of Arts

Department of Sociology and Social Work

By

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Year

1936

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A HISTORY OF THE LOUISVILLE CITY HOSPITAL

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INTRODUCTION

The Louisville City Hospital established in 1817 is the general municipal hospital for the care of the sick poor of Louisville. The purpose of this study is to give the history of this institution in the light of the developing social consciousness of the city.

As society becomes increasingly complex, organizations and institutions evolve in order to meet the needs which are demanded by members of the community. By evolution one does not mean a growth in size (while this may and in many instances does occur it is not a criterion). Evolution relates to quality and not quantity. We find that in this type of action the change which takes place is always revealed in the form and structure of the object; that it does not involve partial factors only; the whole subject is involved in the process; that evolutionary change makes it possible to adapt to environment; and that the change reveals more completely the nature and attributes of the object itself.

With increased knowledge and invention man has become less dependent upon his environment than he formerly was in a simpler society. In spite of the advantages brought to us by many of our inventions we have produced evils which we now find we must attempt to eradicate.

The automobile has brought many injuries which because of the need, have been studied and a means of alleviating them been practiced. The modern industrial system with inadequate wages resulting in poor living conditions generally accounts for many of our prevalent diseases. In fact most of our diseases can be attributed to some maladjustment in the social system, if we are willing to look at the problem objectively.

"The individual does not stand alone, but is being constantly acted upon by the social environment in which he is placed".¹ Since this is true and since it is increasingly understood that man is determined by his heredity plus his environment (and by environment is meant everything with which man comes in contact) our society through organized means attempts to provide some basis of provision for the needy.

People have to see and understand why a thing is beneficial before they will accept it among their values of life and before they will demand its adoption in the lives of others. There are other motives which explain why things are accepted or rejected, but their discussion does not come within the confines of this dissertation.

Man in his attempt to progress has unwillingly beset himself with plagues equally as serious in their effects as the epidemic diseases. As serious, I say,

1. Jesse Steiner, Community Organization, Chap., 1

because industrial diseases, automobile accidents, bring more than immediate disaster. Many times the resultant problems are more demoralizing and painful in their consequences than was the initial injury or disease. Personality maladjustments occur not only in the patient but also in the family group. We are strong or weak only in relation to our environment, and it is society which contributes toward the perpetuation of disease.

Because of these changes in our mode of living, man has been brought face to face with a complex reality. Accidents occur every day increasing the functions of our hospitals and health agencies. As long as we value articles which necessitate the expenditure of energy which results in such diseases and injuries we must provide adequate medical care.

The field of x-ray has sprung up in order to help diagnose injury, orthopedic surgery has become specialized because of the need of special treatment for cases of sprains, fractures, and other injuries of the skeletal system; physiotherapy has become a recognized service to help in the rehabilitation of crippled patients. Knowledge increases bringing to the front these services which we can enlist to help us if we so desire. Fortunately we have been eager to adopt new means of treating disease, and have not only demanded the latest improvements for

those economically independent, but also have realized their value for the indigent.

We can no longer sit back complacently and say "let the sick take care of themselves." We no longer believe in the theory of *laisse-faire*. Why not? Because we realize that such indifference is disastrous. We must concern ourselves with others in society. Everything and everybody is related, entangled, and tremendously interdependent one with the other. What affects one touches the other, if not directly then indirectly. Our whole public welfare movement recognizes this vital principle and it is from this basic concept that a constructive program is today being planned.

The leaders are looking to underlying factors and are changing these as public opinion allows. Because public welfare attempts to protect from disaster, preserve the worthwhile, and prevent rather than cure problems its desired program is a broad one aimed at adequate housing, employment, recreation, in fact minimum standards of living in all branches of life itself.

Thus man has used the hospital and related health agencies in his fight to adapt himself to his environment. He has specialized and differentiated fields of study (medicine being one of many) as knowledge has increased, understanding has broadened and values become acceptable.

Units cannot come into being as isolated services. Any new element coming into being causes a change of equilibrium in all the parts. Everything must attain a new degree of balance in relation to these added members. This appears in the relation, for example, of the Hospital Admitting Office to the Social Service Department, or in the relation between clinics and wards. Clinics and wards are not isolated services, but must work together in closest co-operation in order to effect a maximum cure for the patient.

Adequate medical care is impossible of attainment without efficient medical social work and vice versa; both depend upon efficient administration, and each depends for full efficiency, upon the co-operation and services of the other.

The hospital is a vital developing institution, and the resources with which it has to work, the attitudes displayed towards the sick and indigent patients applying for care, are all products of its past history in conjunction with the present social approach to the care of the sick. The policies and attitudes, the resources furnished for a working basis are in large part influenced by the community in general.

Has the Louisville City Hospital kept pace with the demands of a growing community? Has there been an evolution of functions, policies, attitudes? What is the

present organization and management of the hospital?
What are its standards of personnel? How has the social
approach to disease influenced the care of the sick?

This study is an attempt to answer these questions
and on an introductory basis to evaluate something of the
program of the institution. It will attempt to show
trends through a study and interpretation of significant
findings and to present some authoritative thinking in the
field of hospital organization and management.

CHAPTER I.

THE LOUISVILLE CITY HOSPITAL: Its History and Functions As a Municipal Institution

The town of Louisville was established by an act of Virginia in the year 1780 with a population of thirty, and was destined, due to its advantageous position at the Falls of the Ohio, to become one of the important centers of commerce of the country. The acquisition of Louisiana by the United States in 1803, thus opening up the Mississippi for trade, and the introduction in 1811 of steamboat navigation, gave an impetus to the growth of Louisville. The newly established Kentucky town immediately assumed an important role in the commerce and navigation on the Ohio River. When the river was at low tide barges and boats of all kinds had to be unloaded at the head and reloaded at the foot of the falls. Very soon word was spread by mariners and others of the hospitality extended by the citizens of Louisville, and river travelers as well as those coming through the Cumberland Gap frequently made a stop at this port.

Very soon, because of the many mariners who fell sick due to long voyages and exposure, the need for a hospital was recognized. At first the citizens assumed the responsibility of caring for sick mariners, but it became apparent with the growth of the city, and the prominence which the town was acquiring in the field of commerce, that the great number of men becoming ill on the river could no longer be cared for merely by the good intent of the people of Louisville. The pioneer community saw the

urgent need for an institution which would provide medical care for the sick, and on February 5, 1817, at a time when the population of the city numbered about 4,000, an act of the General Assembly of Kentucky was passed for the establishment of the Louisville Hospital Company.

Section 1 of the act reads "Be it enacted by the General Assembly of the Commonwealth of Kentucky, that Robert Breckinridge, Levi Tyler, Thomas Bullitt, Thomas Prather, David Fetter, Richard Ferguson, John Croghan, Peter B. Ormsby, James H. Overstreet, William S. Vernon, Paul Skidmore and Dennis Fitzhugh be, and they are hereby appointed a body corporate and politic, with the name and style of the Louisville Hospital Company, and by that name, style and title are hereby made able and capable in law and in equity to procure by purchase, donation, or otherwise, within the town of Louisville, or contiguous thereto, any quantity of land not exceeding three acres, to them and their successors forever, whereon to erect the necessary and suitable buildings for the hospital aforesaid; and they are hereby authorized to raise by subscription, donation, or otherwise, any sum not exceeding \$50,000.00 for the purpose of procuring the land and building the houses aforesaid - - - -"1

The site for the hospital was secured through the

1. Collection of Acts Concerning the City of Louisville,
An Act to Establish a Hospital in the Town of Louisville.
(Section 1.)

generosity of Thomas Prather and Cuthbert Bullitt who donated five acres and two acres respectively, at a location which is now the corner of Preston and Chestnut Streets, where the present hospital is located. It was not, however, until November 30, 1821, that \$10,000.00 was appropriated by the State of Kentucky for the purpose of erecting the building. During the following year it was recognized by the General Assembly of Kentucky that the appropriation was not large enough for the completion of the hospital and on December 10, 1822, \$6,000.00 in addition to the first appropriation was allocated to this undertaking.

The hospital which was finished and ready for the reception of patients in 1823 was supported from a two per cent auction duty levied on all auction sales, except on articles grown or manufactured in the state. The annual revenue from this source was about \$3,000.00 and a yearly grant-in-aid of \$500.00 was contributed by the Federal Government from the hospital fund.

The opening of the hospital, which begins the public health program, marks an important step in the progress of both city and state.

In the administering of any public hospital there are two legal methods of approach, namely:

1. That included in the pauper laws which empower and require the public authority to care for the poor.

2. That of the Public Health Laws which are concerned with the care of the sick.

Poor or Pauper Laws are those laws set up with the express purpose of providing that public authority assume responsibility for the "poor".²

Some hospitals are administered under the Pauper Laws, one such being the largest general hospital in the United States, Cook County Hospital in Chicago. There a poor person has a claim to medical care in accordance with statutes calling for such services.

The Louisville City Hospital, on the contrary, is a municipal institution under municipal public health administration.

From 1817 until 1836 the institution, organized to meet a certain specific need, (in the first instance, to care for mariners), was styled the Louisville Hospital Company and was administered by a "body corporate and politic". The management of the hospital was given over to the managers of the corporation, who could elect a president and any other officers they might deem necessary for the organization and management of the institution. The managers were also authorized to make, ordain, establish and put into execution such by-laws, ordinances and regulations as they should deem necessary and convenient for

2. "A poor person or pauper is one destitute, helpless and in extreme want; so completely destitute of property as to require assistance from the public".
(Bouvier's Law Dictionary-Baldwin's Revision)

the good government of said corporation.³

During this early period the city had already begun to realize the need of some place for the isolation of contagious diseases.

A Board of Health was set-up in 1822 to cope with the dreadful epidemic of yellow fever which was widespread throughout the west. Louisville, however, was hard hit because of many ponds and a lack of sanitary facilities, and at this time the town was called the "graveyard of the west".

Because of successive epidemics the city administration was awakened to action and a Board of Health, consisting of Doctors Galt, Smith, Harrison, Wilson, and Tompkins, was appointed to examine into the cause of the disease and to make a report of their findings together with methods for eradicating it. Had this board been appointed earlier, much suffering might have been prevented, but already epidemics of small pox and yellow-fever had made great inroads on the population.

In 1828 the Board of Health was given increased power, and proceeded to appoint a health officer and to establish regulations for the maintenance of health in Louisville.

By 1830 the population of Kentucky was 687,000 and in respect to numbers, the state ranked sixth in the

3. Collection of Acts Concerning the City of Louisville, An Act to Establish a Hospital in the Town of Louisville. (Section 1.)

union. Louisville with a population of 10,341 numbered among its industries, casting of iron for mills and steamboats, tobacco, pork packing, crude lumber and flour mills.

By this time Louisville was no longer dependent on river trade for population; industry was bringing permanent residents to this section and by the year 1835 the population was 19,967.

The city officials had been for some time aware that the protection of the public health was one of the first duties of government. They accepted the task of removing the causes of epidemics and as early as 1833 when cholera again broke out in the city, it did not present so serious a problem because the Board of Health had been active and in the preceeding five years intensive work had been done in the city in improving sanitation, and grading, building and laying off streets.

In order to meet further the needs of an organized community, it was evident that municipal institutions must be set-up. Accordingly, by an Act of Legislature, February 29, 1836, the Management of the Louisville Marine Hospital⁴ was given over to the Mayor and Council of the City of Louisville who should annually appoint a Board of Trustees, make rules and orders for the government and management of said institution, "employ a keeper, health officer,⁵ physicians, mates, nurses, and attendents therefore, - - -

4. Note change of name from Louisville Hospital Company.

5. Provided for by An Act in the City Charter approved February 13, 1828.

and provide bedding, clothing, fuel, provisions, medicine and such other articles as shall be requisite therein or empower the Trustees of said hospital to do so, and they shall have the general superintendence thereof - - -⁶"

The Mayor and Council were given "the right to prescribe rules and regulations by which persons other than those mariners who shall have paid hospital dues⁷ shall be entitled to the benefit of said hospital - - -⁸"

Before this date the hospital was supported by a subsidy from the Federal Government, some income arising from the hospital dues, and some accruing from a two per cent tax on all auction sales in the city; since 1836, the hospital has been maintained as a city institution supported almost wholly by city taxation.

6. Collection of Acts Concerning the City of Louisville, An Act to Provide for the Management of the Louisville Marine Hospital. (Section 2.)
7. In the port regulations of 1836 we find that 20¢ per month was deducted from the wages of every hand on every boat landing at the port of Louisville (with the exception of slaves and apprentices. This money was to be used for the hospital, and in the event that hands were unable to pay, the captain and owners were liable to the collector. (City Directory 1836).
8. Collection of Acts Concerning the City of Louisville, An Act to Provide for the Management of the Louisville Marine Hospital. (Section 5.)

At this date also, begins the policy of providing not only for such persons as have paid hospital dues, but for the sick poor of the city generally.⁹

A gap in our history of the hospital between the years 1836 and 1857 is due to the fact that the official reports are missing from the records. We do know, however, that in 1851 the Dispensary in connection with the hospital was authorized by a City Ordinance.¹⁰

In these years the scope of the hospital was greatly widened with the correlation of the medical school to the hospital in the year 1833 and the growth of the city's population, reaching 68,000 in the year 1860.

The Annual Report of the Louisville Marine Hospital from the year 1857 shows the policy of the administration toward the acceptance of pay patients. It was stated that several of the rooms set apart for private patients needed furniture. "If several of these rooms were supplied with proper quantity and quality of furniture, they might be kept filled with private patients the entire year, and prove a source of revenue to the city. In their present condition

9. Collection of Acts Concerning the City of Louisville, An Act to Provide for the Management of the Louisville Marine Hospital. (Section 6.)

10. A Collection of Acts Concerning Louisville and the Charter of Louisville, 1851, pp. 641 Article 151.

it is impossible to afford such accomodations as private patients usually require." 11

In March 1865 the first freedman's bureau was created, and a supplementary act to continue it was passed over President Johnson's veto on July 16, 1866. Under the act, the Secretary of War could issue provisions to destitute and suffering refugees and freedmen. In 1868, however, the freedman's bureau was withdrawn from Louisville and it then became the city's responsibility to care for the freed negro.¹²

The trustees realized the necessity for enlarging the building which was insufficient for the poor sick of the city,¹³ and asked the Mayor to consider an appropriation for this purpose. In this year it was also recognized that in order to furnish effective and competent medical care to the sick poor a regular hospital staff consisting of surgeons and physicians must be established.

During this same year provision was made for furnishing free of all charge whatever, medicine, and medical

11. Annual Report of Louisville Marine Hospital 1857

12. Messages and Papers of President Johnson pp. 442
Louisville Municipal Report 1868 pp. 25

13. Annual Report of Louisville Marine Hospital 1866

and surgical aid to persons who because of poverty could not otherwise procure this care.¹⁴

An ordinance passed in 1869 called for the establishment of dispensaries in the Eastern and Western sections of town where indigent persons could apply for medicine and medical care and where patients unable to pay for vaccine could be vaccinated. The physicians were also expected to make home visits in urgent cases. Here we have the beginnings of our city doctors and outlying health clinics. On August 1, 1869 the Western Dispensary was opened on Rowan Street between 12th and 13th streets.

Realizing the need for improved accommodations, the General Councils of 1868, 1869, 1870 appropriated approximately \$39,100.00 for the remodeling of the hospital, and during 1870 the hospital was remodeled with two new ells, doubling the capacity of the original building. It was thought at this date that with some additional appropriations the building could be made one of the very best of its kind anywhere, but the report of the following year showed that already the facilities were becoming inadequate to meet increasing needs.

In 1869, \$3,636.22 was derived from pay patients while in 1870 only \$553.35 was collected. The reason for

14. Laws of Kentucky, An Act to Incorporate the Louisville Dispensaries, 1866, Chapter 524, pp 466

the decrease in amount was due to the removal of the United States Marine patients. It would appear that some of these patients were cared for in the Almshouse until 1873, at which time the United States Marine Hospital was opened. The United States had paid in 1869, \$3,157.47 for the care of these men.

In 1876, 2,192 patients were admitted to the hospital and in 1877, 2,037 entered, but of these numbers, 339 in 1876 and 132 in 1877 were admitted not as patients because of illness but as "homeless". The custom of admitting homeless persons was abolished in June 1877. The board of the hospital asked for the removal of all persons not in need of hospital care, if residents and paupers, to the almshouse; if "vagrants" i.e. non-residents, to be sent to their places of residence.

During the next year a careful investigation of admissions was made and the figures showed of the total admitted, 1,945, fully one-third of the number were non-residents.

In 1880 the percentage of deaths of the total admissions was sixteen percent, but our attention is called in the annual report of the hospital to those factors which undoubtedly accounted for the high rate. The report reads:

- "1. Many cases of accident, often resulting in speedy deaths are brought here.
2. Many patients in the wards die from old age.

3. Often patients brought here after several weeks illness die, not so much from the original disease as from previous bad nursing and neglect.
4. The hospital is, and of necessity, has been for many years, the home of the homeless consumptive for whom there is no cure".¹⁵

During this decade the need for improved accomodation was seriously felt and requests made for money for buildings. The need of limiting admissions was emphasized and in 1886 a report by the superintendent to the City Council reads: "We have been imposed upon but very little during the year. Nearly all cases treated were worthy there being very few pretenders or imposters and but few non-residents. This was due principally to the caution taken by the members of your honorable board in issuing permits of admission".¹⁶

By 1890, however, the hospital facilities were so inadequate that during the crowded seasons, fall and winter, mattresses had to be placed upon the floors for the patients. In 1892 some improvements and repairs were made in the hospital, and a new building was erected on Madison Street which increased, to some extent, the hospital capacity for the next twenty-two years.

15. Louisville City Hospital Report 1880

16. Louisville City Hospital Report 1887

The Last Twenty-five Years - - - 1911-1936

1911 is a memorable date in the history of the hospital. On August 15th the superintendent was notified to move the equipment, employees and patients to temporary quarters at the old University Building on Center Street between Walnut and Chestnut Street in order that a new million dollar hospital might be erected on the old site.¹⁷

The tuberculou^s/patients who had been treated for the past three years in an annex were moved on August 22nd to Waverly Hills and the Louisville City Hospital was vacated on August 23rd.

The hazards at the temporary hospital were great. The patients were housed in separate buildings with very inadequate facilities. It was recognized that if fire broke out at night the only employees on duty, the night nurses, would be powerless to deal with the situation.

Three years later, February 11, 1914, the new structure was dedicated. This hospital was recognized as one of the great municipal hospitals in America. As

17. Money for this building was raised by a bond issue. The bill creating a commission for the construction was drawn by Judge Alex P. Humphrey and introduced by Senator H.D. Newcomb, January 7, 1910. This bill became a law and Mayor Head appointed as commissioners Major John H. Leathers, Judge Arthur Peter, Messrs. Joseph Hubbuch Sr., and S.A. Culbertson--Journal of Labor, September 5, 1914.

The building cost \$942,000.00 because \$58,000.00 was deducted from the million dollars raised by bond issue. This sum (\$58,000.00) was used to cover expenses during the erection of the hospital, and also to provide for patients at Waverly Hills Sanatorium.

compared with the year 1912-13, in the year 1914 the number of days stay in the hospital per patient decreased from 22 to 17 and the death rate diminished from 11.12% to 9.89%. These figures are significant because they show how great an influence physical set-up has in obtaining good medical care. The pleas during the old days were always for more adequate physical facilities in order to enable the medical and surgical services rendered to attain their maximum effects, and we see during the very first year of the use of the new structure the great diminution of deaths and also of days of treatment per patient, bringing a saving not only in money costs but also in human lives.

When the new structure was erected it was necessary to omit one of the stories originally planned, due to the reduction of the original million dollars by \$58,000.

By 1915 this lack was felt. The surgical wards especially were "dangerously overcrowded from the beginning".¹⁸ The annual report reads "if this story had been built we would have had ample space for the needs of the hospital for twenty years to come, but it is now manifest that in order to perfect the hospital it will be necessary to build an out-patient department where all the dispensary work can be done and the top story utilized for the housing of incurables and tuberculosis emergencies".¹⁹

18. Report of the Louisville City Hospital 1915.

19. Report of the Louisville City Hospital 1915.

The report also claimed that in order to care temporarily for the overcrowding on the wards it would be necessary to expend about \$3,000.00 to fit up a Children's Fresh Air Ward on the roof, so that it could be used as a regular ward winter and summer for both white and colored children. It was planned then to remodel the two children's wards into adult wards, in order to care for all the patients with comfort for the next few years. This ward, however, was not equipped and used until the influenza epidemic of 1918-19. At that time it was furnished to accommodate sixty to eighty patients.

In 1917 the clinical work of the Waverly Hills Tuberculosis Sanatorium became affiliated with the City Hospital, and the clinic was housed in the hospital. The Waverly Hills staff co-operated with the hospital in the transfer of cases to the sanatorium.

In this year also the working relations between the medical school and the hospital were strengthened by the appointment of the Dean of the Medical School as Superintendent of the hospital. This relationship continued until December 4, 1922, and its significance is discussed in the next chapter.

It is interesting to note that the construction of the out-patient department recommended in the report of 1915 was started on March 11, 1936.

WARDS

The Louisville City Hospital is a general hospital caring for all chronic and acute curable diseases except tuberculosis. It has a rated capacity of 423 beds and 44 bassinets,²⁰ and in the fiscal year 1934-35 had an average daily patient population of 395.

The hospital has fifteen wards as follows:

Four surgical wards - male and female-white and colored.

Four medical wards with the same classification.

Two obstetrical wards - white and colored.

Two children's wards - white and colored.

Two psychopathic wards - male and female

One isolation ward (housed in a separate building.)

There is a resident physician in charge of the ward, with an assistant resident and three senior internes. The junior internes rotate every twenty-eight days receiving training on the wards, in the clinics and in the emergency room.

Patients are admitted to the wards after referral by the doctor from the clinic or the emergency room and after an investigation by the Hospital Admitting Office.

20. Report of the Louisville City Hospital 1934-35.

CLINICS

Clinics or dispensaries, as they used to be called, were established originally to dispense medicines. With the growth of preventive and curative medicine these places where one could go to get a salve or a lotion have become centers of activity where the patients are given needed medication or other treatment only after thorough examination and diagnosis.

The clinics serve a three-fold purpose. They are used for the prevention and cure of disease and for the rehabilitation of patients.

Diseases many times are prevented from becoming chronic by treatment rendered in clinics. Much preventive work is also done not by medicine but by education which is made available to the patients by doctors, nurses, and social workers and by the establishment of well-baby clinics and educational programs for the dissemination of knowledge.

In cases where hospital confinement is indicated, the patient is admitted and after discharge from the institution the patient frequently returns to the clinic where follow-up rehabilitative work is done.

By 1922 the following clinics had been established:

1. Medicine
2. Surgery
3. Gynecology
4. Pediatrics
5. Orthopedics
6. Neurology
7. Proctology
8. Tuberculosis
9. Eye
10. Ear, Nose and Throat

11. Dental
12. Heart
13. Prenatal
14. Venereal
15. Dermatology

By 1936, the clinic organization included:

1. Medicine
2. Surgery
3. Gynecology
4. Cystoscopic
5. Pediatrics
6. Dermatology
7. Proctology
8. Neurology
9. Male Genito-urinary
10. Ear, Nose and Throat
11. Eye
12. Dental
13. Fracture
14. Varicose Vein
15. Post-operative
16. Orthopedics
17. Prenatal
18. Post-partum
19. Wassermann
20. Salvarsan
21. Mercury

This division still retains the major services, but due to specialization has enlarged the number of units. Whereas hertofore many types of diseases were treated under a particular clinic, today we differentiate the clinics more specifically in accordance with a more complete classification of illnesses.

The clinics which are in charge of the medical staff²¹ are used extensively for the instruction of medical students.

21. Discussed in detail in Chapter V.

"All actual medical and surgical care is given by the school of medicine through its faculty members without recompense from the City Hospital",²² There are seventeen full time physicians and several part time physicians paid by the University of Louisville who superintend the professional services in the clinics.

Clinic space has been most inadequate, but during 1935 a new clinic admission office, with entrance on Madison Street was opened to alleviate the congestion when patients used an entrance in the ambulance driveway on Floyd Street. A large waiting room is now provided and patients no longer have to stand in long lines in the basement halls while waiting to obtain their clinic charts. Further expansion is indicated and a recent appropriation from the Federal Government through the Kentucky Emergency Relief Administration makes possible a new clinic building on hospital ground to the west of the Floyd Street entrance of the present hospital. This new building which is now under construction will include facilities for the clinics, x-ray department, record room and social service departments.

There is no investigation as to the financial status of patients entering the clinics, but it is planned to have such a service available before very long.

22. R.A.Griswold, University of Louisville School of Medicine and Louisville City Hospital, Reprint from the Kentucky Medical Journal, October 1935.

Medical social service is rendered in the medical, surgical, pediatric, and obstetrical clinics. Social problems not presented under these four main divisions are handled through the general social service office.

SOCIAL SERVICE DEPARTMENT

The social service department at the Louisville City Hospital, since its establishment in December 1917 has not only grown in size, but has evolved in the scope of its activities. From a small department mainly concerned with financial investigation it has grown until today it is an integral part of the medical, surgical, obstetrical, pediatric clinics and wards and related fields coming under these services.

In 1915 the District Nurses Association with its volunteer follow-up work with patients discharged from the hospital, set-off a spark which set things going. It showed the need for such work on a larger and more thorough scale; it brought before the hospital officials the importance of treating disease in its social setting and in the report for that year we find the superintendent enthusiastic about such a department. It was hoped that soon the hospital would be able to have a social service department of its own.

By 1917 the department was a reality. At this early time the work was chiefly concerned with financial investigation although some dealt with social investigation and referrals to the District Nurses Association, Babies Milk Fund Association, Board of Tuberculosis Hospital and the Board of Education. During this year a start was made on the work with the heart patients who were

treated on the wards and in the clinics. Mentally retarded patients were placed in the Feeble-minded Institute at Frankfort, Kentucky, on recommendation of the physician; homes were found for homeless patients and through an arrangement with the Associated Charities, orthopedic shoes and braces as well as relief were furnished to City Hospital patients.

A prenatal clinic was established in November 1919 and social work saw a beginning on the Obstetrical Wards. The importance of keeping incipient cases from becoming chronic was strongly felt and as early as this we find mention made of the great need for a convalescent ward. During the fall of 1920 a post-natal clinic was started and extensive work was done with syphilitic mothers and babies. The nurses were an integral part of the post-natal clinic; they followed the patients for a period of six weeks, and saw to it that the mothers returned at the end of that time for a final examination.

The next year a hospital library was started whereby the patients on the wards were supplied books by volunteer workers. This service has since been discontinued, but church groups now visit and distribute periodicals and newspapers.

In 1923 there were but two workers in the social service department, and because of this very inadequate

staff the work could only be superficially covered, and the only attempt at intensive work was done with patients on the obstetrical and psychopathic wards. A problem which began to be manifest was that of the chronic incurable cases which composed such a large percentage of the population on the medical wards. A plea was made for a municipal home for the incurables, and this still remains today a primary need. Although there are several fraternal and church institutions giving such care, the accommodations in these homes are limited; the waiting lists are long, and it is next to impossible to get one of the hospital patients there for care.

In 1923 the University of Louisville equipped and maintained a rehabilitation shop at the Louisville City Hospital which department was active for the next several years. The majority of patients receiving this rehabilitative aid were disabled World War Veterans.

In 1924 it was estimated that 25% of the entire hospital and clinic population needed some sort of social service, but could not be cared for by the limited staff.

This same year the social service department was admitted to membership in the Louisville Community Chest, which organization immediately took an active part in the formation of principles and policies for the department and furnished funds for two additional workers.

Medical social service departments, in general, have had a hard time proving their value to the hospital administrators, hence it has been necessary for the larger part of medical social work to be carried on by already existing agencies in the community or by funds contributed through private sources. The department at the Louisville City Hospital has been fortunate in obtaining financial and material support from the city administration as well as from the Community Chest.²³ Although the tie-up between the social service department and the Community Chest has been satisfactory such an arrangement is not accepted as the best form of administration. Hospital social service departments should be an integral part of the hospital set-up under the control of the hospital administrator.

The Portland Health Center which was established in October 1926 was carried over its transitional period from an individual social agency to a department of the City Hospital, (1930) by funds contributed by the Community Chest. A social worker was maintained at the clinic until lack of funds necessitated her resignation in December 1931.

The Highland Park Health Center which opened in 1930 had the services of a social worker for a period of seven months until funds were depleted.

23. The City of Louisville pays the salaries of employees in the social service department. The Community Chest appropriates approximately \$1,000.00 per year to the department for special diets, etc.

Membership in the chest has always been highly esteemed by the social service department and its board. At a meeting of the Hospital Social Service Association²⁴ and the Board of Public Safety in 1930 there was discussed the possibility of the city taking over the entire control of the Hospital Social Service Department without the yearly subsidy from the Community Chest, but the part played by the organization in connection with the social service department was keenly felt, and members of the association protested against severing relations with the private agency. Reasons for the protest arose out of the desire to keep the department on a professional basis and the ability to do this was feared greatly if the Community Chest was asked to withdraw its material as well as professional support. It was felt also that Community Chest funds could be used for articles which would make medical treatment more effective, (special diet, milk, and surgical supplies).²⁵

24. This association gives invaluable help in an advisory capacity to the chief of the Executive Staff of the hospital and to the social service department. It helps in making policies and in determining the program for the department, and is held responsible by the Community Chest for all expenditures of chest funds within the hospital. Through this board additional supplies have been secured through city funds. Annual Report of the Social Service Department September 1934-1935

25. For the past one or two years city funds have been appropriated for some surgical supplies, car checks, crutches and canes.

HOSPITAL ADMITTING OFFICE

In 1932 a report was made by the Committee on Medical Economics of the Jefferson County Medical Society.²⁶

Several times throughout this study it was stated that the social service at the Louisville City Hospital was inadequate and gave as proof the fact that "no serious attempt is made to determine the financial status of patients in either the dispensary or in the hospital".²⁷

Such a statement is fallacious, because the function of a social service department is not that primarily concerned with financial investigation. The physicians felt that many patients who entered the Louisville City Hospital were able to pay for medical care, x-rays and laboratory fees and condemned the social service department because it was spending time doing social case work. It is possible that some of the doctors themselves were partly responsible for the condition which they were condemning.

If patients in moderate circumstances have to pay for x-ray and laboratory reports they may be unable to pay doctors' fees, and for this reason patients in moderate circumstances may have been sent to the Louisville City Hospital.

26. Report on Medical Economics: Kentucky Medical Journal February 1935

27. Report on Medical Economics: Kentucky Medical Journal February 1935 pp 63

The social service department recommended that an admitting department be set up and this was done on June 1934. The department is in charge of a social worker and the assistant is a public health statistician. The purposes of this department are threefold:

1. To see that indigent persons with residence in Louisville are given needed medical care.
2. To see that those who are financially and by residence ineligible for care at the Louisville City Hospital are referred for care elsewhere.
3. To see that those who are admitted because of insufficient funds pay something for their care, if they are able.

Many who are admitted free to the hospital are patients who because of large families and limited incomes are unable to pay; others are patients who have recently obtained employment after a protracted spell of unemployment. All relief clients are admitted free of charge. A number of patients are admitted after signing a contract to make certain payments as they are able.²⁸

NON-RESIDENTS

Persons who have not lived in the city for six consecutive months are non-residents and are ineligible for admission. Such persons are referred to their home town officials i.e. county judge and county health officer,

28. Information as to the policies of the admitting office in determining eligibility on this basis is not at present available. A study in detail of this subject is proposed by the admitting office.

providing they are indigent patients. If the non-resident is financially ineligible for free medical service in his home town he is referred to any private hospital or physician whom he chooses. If he is unfamiliar with either of these a physician is secured through the Jefferson County Medical Society Exchange (two hundred Louisville physicians and surgeons are listed with this exchange), and the doctor secured recommends a hospital (all eight hospitals in Louisville co-operate on the part-pay plan). Non-resident emergencies are cared for but are discharged at the earliest possible moment.

JEFFERSON COUNTY PATIENTS

No resident of Jefferson County is admitted to the hospital unless permission is granted through the Jefferson County Health Officer. If a county patient is admitted, the City Hospital renders a bill to the County Health Officer and he is responsible for the payment.

COMPENSATION CASES

These cases are not admitted unless they are emergent. If such a case is admitted arrangements are made to transfer patient to the company physicians, to a private hospital or both, at the earliest time.

INSURANCE CASES

All accident cases are charged at the rate of \$3.00 per day plus costs of x-rays and extra supplies. If

an emergent accident case is admitted and the department later finds that the patient or the one who caused the accident carries insurance a bill is rendered to the patient and to a collection agency (connected with the hospital admitting office), at the above rate, and the patient is sent to a private hospital at the earliest possible time.

A patient who has no insurance claim and who is financially unable to pay at the above rate, signs a contract, the amount of which is determined by the individual's ability to pay.

Every patient who is admitted to the hospital on a pay basis signs a contract. An attempt is made to have the amount and the rate of payment set by the patient. If the bill is unpaid on the specified date the office then sends a reminder. If there is no reply the bill is then given over for collection to an agency.

During the months of June, July and August, 1934, 2,832 applicants were admitted to the wards. Seventy-three, or 2.48%, were referred to private doctors, private hospitals, and home county officials. Five hundred and thirty-one patients, or 18.5% of the total admitted, signed contracts to pay for their care. During this three months period, \$1,122.01 was collected in cash by the admitting office.²⁹

During the fiscal year September 1, 1934, to August 31, 1935, 11,070 applicants were admitted to the

29. The Louisville City Hospital Annual Report Sept.1933-August 1934

hospital, 759 applicants were referred to private physicians and hospitals and to their home county officials. 1,077 or about 11% of the total admitted as bed-patients signed contracts to pay for services rendered. The department received \$6,787.46 during the year for these services. Of the total, 759, referred away from the hospital, 370, or 48.6% were non-residents of the city of Louisville.

Of the total, 759, referred elsewhere, 344 or 45.5% were found to be financially ineligible for care at the Louisville City Hospital. Of the total, 759, 45 or 5.9% were compensation cases.³⁰

30. Compensation cases are those cases of persons who are injured while in the performance of their duties as industrial employees, or as the result of automobile accidents.

CHAPTER II.

THE RELATION OF THE HOSPITAL TO THE
UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL

The Louisville City Hospital, as well as being a treatment center for the sick poor of Louisville, is also a teaching institution for the young medical student. The relationship between the medical school and the hospital is not of recent origin, but dates back to the year 1833, when the Louisville Medical Institute was established by an act of the State Legislature in which act it was stated "That the Trustees of the Louisville Marine Hospital may confide the medical department of said hospital to the Institute, and the Mayor and Council of the City of Louisville may confide the Medical Department of the poor house and hospital to said Institute".¹

The event which brought about the actual setting-up of the Institute centered about a difference of opinion between the Faculty of Transylvania University and the citizens of Lexington; the Louisville Medical Institute being the direct descendent of Transylvania University.

Because of its advantageous position on the Ohio, Louisville at this time was assuming a prominent place in the development of the state, and on March 6, 1837, the Mayor and Council of the city passed a resolution designating the square bounded by 8th and 9th, and Chestnut and Magazine Streets, for college use and appropriated \$30,000. for the erection of buildings, provided the Board of Trustees raised by subscription or otherwise, a sufficient

1. Collection of Acts Concerning the City of Louisville
An Act for the Establishment of the Louisville Medical
Institute. (Section 6)

sum to purchase a library and apparatus.

This action was taken following the dismissal of the Medical Faculty of Transylvania in 1837, and because the citizens of Louisville were strongly in favor of a Medical School in this city, the Mayor and Council lost no time in passing resolutions for the granting of the site and for the appropriation of funds to be used for buildings and equipment.

In spite of the fact that during the year 1837 the city of Louisville as well as the nation was passing through a serious economic depression, the city administration managed to raise \$70,000.00 (by the sale of lots at a considerable profit). Of this sum \$45,000.00 was used for the building and \$20,000.00 for apparatus.

This action on the part of the city officials indicates the great interest which Louisville and its citizens have manifested toward health problems throughout the city's history.

There were eighty medical students and twenty medical jurisprudence students in attendance. At the opening of the Institute the following professors gave instruction: Doctors Henry Miller, Charles Caldwell, John Esten Cooke, Lunsford Pitts Vandell, Joshua Parker Flint, Jedediah Cobb.

On March 2, 1838, the first commencement was held

in the Second Presbyterian Church, and twenty-four candidates received the degree of Doctor of Medicine.

The following is a statement from the first catalogue of the institute setting forth the requirements for graduation:

"The candidate for the degree of Doctor of Medicine must have attained the age of 21 years, and be of good moral character; must have been engaged in the study of medicine for not less than a term of 2 years; and have attended 2 full courses of lectures in some respectable medical school, one of which, at least, must be in the Institute; except, that 4 years reputable practice will be received in lieu of one course of lectures. The candidate must also pass a satisfactory private and public examination and write an acceptable thesis on some subject relating to medicine, in the English, French, or Latin language".² These requirements were standard in most of the best medical colleges of the United States at this period.

As the building of the Medical School was not completed until the end of 1838, the first session was held in a hall in the City Workhouse in the fall of 1837, following the establishment of the Louisville Medical Institute on October 31st of that year.

The cornerstone of the Louisville Medical Institute was laid on February 22nd, 1838, with Masonic Orders and

2. A History of the Louisville Medical Institute and of the Establishment of the University of Louisville and its School of Medicine, 1833-1846. Emmet Field Horine, M.D. Filson Club History Quarterly, July, 1933

the building on the South West corner of 8th and Chestnut Streets, was ready for occupancy by the end of the same year. The structure which was destroyed by fire in 1856 was soon replaced. In 1908, when the school moved to the North West corner of First and Chestnut Streets the structure became the Administration Building of the Louisville Board of Education and in 1935 became a Colored High School.

The Louisville Marine Hospital, as was previously stated, was affiliated with the Institute in 1837, and during the second session, 1838-9, of the school, Professor Caldwell who had come to Louisville from Transylvania delivered the first clinical lectures in its wards. At this time, 1839-40, there were twenty-four medical schools in the country and the Institute ranked next to the University of Pennsylvania and Transylvania University in number of students.

Due to Professor Caldwell's enthusiasm, interest and effort, a clinical amphitheatre, the first west of the Alleghanies, was added to the Louisville Marine Hospital and opened on November 5, 1840.

Dr. Daniel Drake, who was internationally known, came from Cincinnati in 1839 to accept the Professorship of Clinical Medicine and Pathological Anatomy. In an address at the dedication of the clinical amphitheatre Dr. Drake said:

"The erection and opening of this Hall may, indeed, without ostentation, be regarded as an era in the history of medical instruction in the West. It completes the circle of opportunities and prepares the way for making those opportunities as precious and productive to the student, as those afforded in any other city of the Union. Henceforth, there will exist no difference between your young alma mater, and the oldest schools of the nation, but what is found in the men who administer here, compared with those of the most ancient seminaries".³

The fees at the Institute were higher than at any western school and were more than at any of the eastern schools. This was due to the larger faculty, eight full time professors. The total fees were \$125.00, and an additional fee of \$10.00 for the dissecting ticket for those students who wished to take advantage of such a course.

In 1840 Dr. Joshua B. Flint, Professor of Surgery resigned and his place was filled by Dr. Samuel D. Gross, author of the first book in English on pathological anatomy and soon to be recognized as one of the world's outstanding surgeons. For ten years Dr. Gross taught in Louisville but resigned in 1850 to accept the Professorship of Surgery in the University of the City of New York. This position he held but one session; returning to Louisville he again took up his former position and did not resign until 1856 when

3. A History of the Louisville Medical Institute and of the Establishment of the University of Louisville and its School of Medicine, 1833-1846. Emmet Field Horine, MD

he accepted the Chair of Surgery at the Jefferson Medical College, his alma mater.

On April 23rd, 1846, the Louisville Medical Institute became the Medical School of the University of Louisville and now ranks as the oldest of its seven faculties.

In 1859 facilities were enlarged for the clinical instruction of students. The Eastern Dispensary was established, thus offering students the opportunity of seeing the examination and treatment of all types of medical and surgical diseases. There was some actual practice allowed the advanced students. The instruction was held once a week and hacks carried the patients to and from the College.

In 1864 Doctors Satterwhite and Goodman, who had established the Eastern Dispensary entered into a contract with the University trustees and a dispensary, known by the name of the University Dispensary, was built upon college grounds.

When in 1908, the University of Louisville Medical School moved to its present quarters at First and Chestnut Streets, (the city being too limited a field for five medical schools) the Kentucky School of Medicine (1850), the Louisville Medical College (1869), the Hospital College of Medicine (1873), and the Medical Department of the University of Kentucky (1898), merged and became part of the Medical School of the University of Louisville.

The relationship between the City Hospital and the University was meanwhile unbroken and became further strengthened when in 1917 the Dean of the Medical School was also made superintendent of the hospital. This relationship lasted until December 4th, 1922.

Prior to 1920 the medical faculty of the University provided the visiting staff of the hospital during the school year. At this time the city requested the faculty to assume responsibility for the professional care of patients during the entire year.

This responsibility was assumed by the University and more than \$40,000.00 is paid annually in salaries to members of the medical, surgical and laboratory staffs at the hospital. At the present time there are 17 full time and several part time physicians and surgeons on the staff of a total of 127.

The positions of head of the School of Medicine and Staff Executive at the hospital have been combined. These relations between the Hospital and the School of Medicine are based on an agreement signed on December 4, 1922, between the University and the city authorities.

In 1920 the University of Louisville equipped a Medical Research Laboratory at the City Hospital through a fund donated by a member of the faculty.

Surgical Pathology Conferences were begun in 1924.

Through these meetings it became possible for the students to gain practical experience. They could follow surgical cases from admission through all stages to a final diagnosis made in the pathology laboratory.

In a Hospital report of 1925, we find the following: "After ten years, the benefits of the union of the School of Medicine and the Louisville City Hospital in the Department of Pathology are established. It has given the hospital a complete modern service at practically no expense to the City in comparison to the cost of service anything like it in a private hospital. It has afforded the school excellent opportunities for service and research. It has correlated medical science and clinical medicine in an ideal way. Its influence upon the grade of hospital work in wards and dispensaries has been great".⁴

The hospital, though under the Department of Public Health, has all the medical activities supervised by the Medical Department of the University of Louisville.

Prior to 1923, the medical services of the hospital were all on a voluntary basis, but in this year the professional services of the hospital were all turned over to the supervision of the Medical School of the University of Louisville. Until this time there were only thirteen internes which was a very inadequate number to care for the number of ward patients. The doctors who volunteered in

clinics many times received emergency calls during clinic time and the system was regarded as unsatisfactory.

TRAINING OF STUDENTS:

The medical student has his first practical experience with a patient during his sophomore year in Medical School. The student meets this patient under the supervision of the Staff Executive and makes all examinations and engages in any laboratory or research work which the case demands. In the junior year, the class is divided into a ward group and a clinic group, each group having equal practice on these services. In the clinic a senior student acts as guide to two junior students. Students train on the following services - Medicine, Surgery, Obstetrics, Pediatrics, Pathology and Psychiatry, (from which service the student is compelled to make home visits in order to take a thorough and comprehensive history).

In 1924, when the hospital was still under the supervision of the Board of Safety, some of the agreements were revised. Three agencies for the administration of the hospital were set up by an agreement as follows:

- (1) Superintendent
- (2) Staff Executive - Professor in the Medical School - appointed by Director of Health on recommendation of the Dean of the Medical School.
- (3) Hospital Executive Committee.

The staff executive was to have charge of all the profess-

ional services in the hospital, the superintendent to have charge of all non-professional services and the hospital executive committee to act in the capacity of an advisory and policy forming body.

The city furnishes funds for the administration of the non-professional side of the hospital which is in charge of the superintendent appointed by the Director of Health of the City of Louisville. The Director of Health makes all professional appointments to the staff, but nominations are first made by the Dean of the Medical School after consultation with the Hospital Staff Executive Committee, consisting of the Dean of the Medical School, a salaried teacher of Medicine, a salaried teacher of Surgery, the Professor of Pathology, one member of the clinical staff appointed by the Director of Health after consultation with the President of the University, and one other member of the clinical staff appointed by the Dean with the approval of the President.

EQUIPMENT:

The Medical School is located on the North West corner of First and Chestnut Streets. Recently an addition was completed through a loan of \$182,000.00 (total cost \$260,000.00) made by the Public Works Administration of the National Emergency Relief Administration. The old building was also remodeled. The finished structure now gives not only adequate library

space, but also doubles the facilities for research and teaching. The various clinical department headquarters are located in the hospital.

The University uses the hospital for the practical training of the medical students. Lectures are held at the hospital and clinic and ward work is done by the junior and senior students.

The University also has affiliations with the Children's Free Hospital, Waverly Hills Tuberculosis Sanatorium, Babies Milk Fund Clinics and The Mental Hygiene Clinic.

"Since 1931 all candidates for matriculation in the Medical School have been required to take an Aptitude Test, given under the auspices of the Association of American Medical Colleges".⁵

The following are the requirements for graduation:

1. The candidate must be 21 years old.
2. He must have studied medicine for four years of not less than thirty-two weeks each. The last year must have been in residence in this school. He must have satisfactorily completed the required work; and must have attained grades of not less than 75% in all courses.
3. He must have satisfied the Committee on Admissions and Promotions that he is a man of ability and character".
4. He must have discharged in full all financial obligations to the University".⁶

The student pays on entrance a matriculation fee

5. University of Louisville Bulletin, School of Medicine 1935-1936.

6. University of Louisville Bulletin, School of Medicine 1935-1936.

of \$5.00. During the 2nd, 3rd, and 4th years a registration fee of \$5.00 is charged. The tuition for regular students is \$320.00 per year if paid in advance, or \$192.50 a semester if paid by the semester.

The degree of Doctor of Medicine is conferred by the University and "is recognized by every State Board in the United States for both licensure and reciprocity; also for licensure examinations by the National Examining Board, and by the British Conjoint Board⁷". This recognition is proof of the excellent rating of the school and facilities furnished by its teaching adjunct, the Louisville City Hospital. The school is rated "A" by the American Medical Association.

The Louisville City Hospital and the Medical School of the University of Louisville are so interdependent that the services of each are dependent on the other.

The city administration provides its indigent citizens with a hospital, a place where they may apply for medical care. The hospital, without professional men to study, diagnose and treat the patients would be a total loss. In like manner the University of Louisville maintains staff and means for pursuance of the basic studies needed by the physicians and surgeons, but without patients, clinics, hospital facilities for practical application of their knowledge, they would be handicapped to an extent which it is impossible to estimate.

7. University of Louisville Bulletin, School of Medicine 1935-1936.

In the set-up of the Louisville City Hospital and the University of Louisville Medical School, we can see how well-organized co-operation has contributed to the welfare of both institutions.

Not only have the University and the Hospital gained, but the patients also have benefitted by the modern physical plant and equipment furnished by the city, and the latest developments in medical science and practice furnished through the University of Louisville.

Authorities in the field of hospital management are of the opinion that the teaching hospital is the one most to be desired. Reasons for this opinion are indicated in a Louisville City Hospital Report of 1918 in which Dr. Harold C. Goodwin, Superintendent of the Albany Hospital summed up the advantages of a teaching Hospital as follows:

- "1. To the patient because of the complete equipment such a plant provides;
2. To attending men who must keep to the front or be superseded;
3. To internes, who are fortunate enough to secure appointments;
4. To the student body, which is allowed the freedom of the hospital;
5. To the training school for nurses, which always has before it the example, of well trained men doing careful work;
6. To the surrounding community, which as a result, has a higher standard of practicing doctors in its midst;
7. To the doctors in the surrounding country, who are able to see, in consultation and otherwise, the best men in their respective specialties;

8. To science, because in the teaching hospital, new therapeutic and diagnostic methods can be studied, by means of its trained clinicians and laboratory workers, which cannot be done in the non-teaching hospital since the latter has neither the properly qualified staff nor the equipment".⁸

CHAPTER III.

THE CONTROL OF THE HOSPITAL

From 1817 to 1836 the Louisville Hospital Company was administered by a "body corporate and politic". This body was composed of the managers of the corporation and had power to elect a president and any other officers it might deem necessary for the organization and management of the institution, which was to develop into the Louisville City Hospital. The managers also were authorized to make, ordain, establish and put into execution such by-laws, ordinances and regulations as they deemed necessary and convenient for the good government of said corporation.

Funds for the administering of the hospital at this time came from subsidies appropriated by the Federal Government and the State of Kentucky, from hospital dues paid by mariners and from a 2% auction sales tax.

A change in the status and control of the institution, however, was made in 1836, when the Louisville Hospital Company became a municipal institution known as the Louisville Marine Hospital and was administered under municipal public health laws and regulations.

With this new set-up the hospital came under the jurisdiction of the Mayor and Council of the City of Louisville who were empowered to appoint annually a board of trustees for the government and management of the institution. As a municipal institution the administration of the hospital since 1836 has been influenced by the set-up

of the city administration and when a Board of Charities was instituted in Louisville in 1870 the hospital came under its jurisdiction.

Meantime, however, the health services of the city were developing and in 1893 an ordinance gave the Director of Health exclusive control of all matters relating to the supervision of the City Hospital.

The hospital is a general one administered primarily for the care of the sick poor of Louisville and to this end all efforts are directed. Secondly, the hospital serves as a laboratory for the medical student, and the sick patient serves as material for his study and research.

As has been pointed out in the preceding chapter, such an arrangement is advantageous to both the University and the hospital. The medical profession cannot carry its experimentation and research to a point where it will interfere with the welfare of the patient; one department should not develop at a pace which means impeded growth in another branch; these are principles which are recognized in the Louisville City Hospital.

In 1917 the Dean of the Medical School was made superintendent of the hospital, a relationship which lasted until 1922. Such a combination of duties as is implied here is not recognized as the best method of administration, because of the fact that it places too much work on the

shoulders of one person and may result in a conflict of interests, especially when political influence plays a part in hospital administration.

On December 4, 1922, an agreement was entered into by the University of Louisville and the city officials. The results of this agreement gave the Director of Health power to appoint a superintendent who would have control of the business administration of the hospital, the budget for these non-professional services to be furnished by city funds. At the same time it was agreed that "the professional appointments to the staff should be made by the Director of Health, but only on nomination of the Dean of the Medical School (also staff executive) after approval by the Hospital Staff Executive Committee consisting of the Dean of the Medical School, a salaried teacher of medicine, a salaried teacher of surgery, the professor of Pathology, one member of the clinical staff appointed by the Director of Health, after consultation with the President of the University and one other member of the clinical staff appointed by the Dean with the approval of the President".¹

Under this set-up the responsibility for the administration of the hospital belongs chiefly to the Director of Health who is appointed by the Mayor. The Director of Health in turn appoints a superintendent to administer the non-professional side of the hospital's activities.

1. University of Louisville Bulletin, School of Medicine 1935-36

In hospitals not closely allied with a medical department of a university, where the medical staff is composed of paid physicians from the community, the professional as well as the non-professional activities can be under the superintendent. However, where a university is affiliated, as our University of Louisville is with the Louisville City Hospital, it becomes necessary to have the Staff Executive (Dean of the Medical School) superintend the services derived from the University. Theoretically it is generally accepted that a hospital should be divided into departments, whose heads are all directly responsible to the superintendent. This arrangement would necessarily imply that the superintendent be trained in hospital management.

In 1924 Dr. Haven Emerson and Miss Anna C. Phillips were brought to Louisville by the Community Chest to make a survey of the Hospitals and Health Agencies of Louisville and as a result a progressive public health program for Louisville was planned and recommendations made concerning general policies for the city and county administration of health agencies.

In his report following the 1924 survey, Dr. Emerson, as a public health specialist, suggested that a city-county health unit be formed in charge of a full time professionally trained health officer appointed

on the basis of his qualifications and made secure in his position by civil service standards and principles.

The report further recommended the appointment by the Mayor of a Board of Trustees of the Louisville City Hospital, the appointees to be familiar with and qualified to direct hospital activities. The board should serve without pay and would serve the same functions as those commonly met by the boards of trustees of privately controlled hospitals.

Such a board would have the power to select the superintendents of the hospitals under its jurisdiction, who would be responsible for the non-medical personnel. The recommendation was that they should be accountable to the Board of Safety for the preparation of annual budgets.²

Such a set-up as that recommended in 1924 is one which as yet has not been accepted in the minds of our citizens; non-political control of welfare and health agencies is a modern principle and presupposes the realization that trained persons are the only ones who should control the administration of these programs.³

Combining of city-county health activities under an adequately trained health officer would do much to

2. Since 1930, with the new city government set-up, the superintendent has been accountable to the City Health Department, through the Director of Health.
3. For further discussion see Chapter V.

strengthen administrative policies at the Louisville City Hospital. Under such a director the hospital would no longer be under political control, the Director of Health would be chosen on the basis of his qualifications through civil service, and the superintendent would be selected by a non-partisan board; the professional control of the institution would remain under the University of Louisville which is of course a non-political institution.

In this reorganization as recommended by Dr. Emerson, indigent Jefferson County patients who live outside of Louisville would be cared for under a central hospital set-up.⁴ At present, Jefferson County patients are admitted to the Louisville City Hospital only after being recommended for admission by the County Health Officer and the County Health Department is responsible for payment of the bill.⁵ Since February 1936, only emergent county patients have been approved for admission by the County Health Officer and other patients have been cared for in space provided in the basement of the Jefferson County Poor Farm in Jefferson-town, Kentucky.

4. The 1930 census lists the population of Jefferson County at 355,350, and the population of the city of Louisville at 307,745. Thus the population of Jefferson County exclusive of Louisville was 47,605 in 1930
5. This administrative policy dates from 1914

The question may well be asked whether or not the need of indigent patients coming from Jefferson County, outside the city limits, presents a large enough problem to warrant the change from a City Hospital to an institution maintained for all Jefferson County patients out of combined city and county tax funds.⁶

In 1935 Louisville was awarded a Survey and Appraisal of the Health Activities and Needs of Louisville, Kentucky, in connection with the 1935 City Health Conservation Contest. The study was made by Dr. Carl E. Buck, Field Director of the American Public Health Association.

The survey was awarded to Louisville as a prize in connection with the 1934 Inter-Chamber Health Conservation Contest for cities. This contest, which is nationwide is held annually under the joint sponsorship of the Chamber of Commerce of the United States and the American Public Health Association. Each year a free health survey

6. During the year 1934-35, 368 county patients were admitted to the wards, and 499 patients received clinic care. (Totaling 867 county patients). The number of hospital days for county patients totaled 3,509, and the clinic visits numbered 773.

. The trend is for a combination of city and county hospitals. "In both county and municipal hospitals the number of beds has increased during recent years. In 1923 there were 64,599 beds in city hospitals, 46,571 beds in county hospitals, and 4,701 beds in hospitals maintained jointly by city and county. By 1931 the beds in city hospitals had decreased to 61,351 but the beds in county hospitals had increased to 77,373; the greatest percentage of increase was in beds maintained by both city and county governments, the figure for 1931 being 14,348". Recent Social Trends pp. 1087

is awarded a city which has participated in the contest. The award to Louisville was made "not because of its health record or achievements, but rather on the basis of its need for, and its likelihood of making effective use of, such a free health survey".⁷

The introduction to the report reads "The Grading Committee chose Louisville because in its opinion Louisville not only needed a survey but also presented the most convincing evidence that it would make effective use of such a study. Letters from your Mayor, your Health Officer, your Board of Trade, from the University of Louisville, the Board of Education, and from all the member organizations of the Health Council, together with numerous others, all pledged their co-operation in seeing to it that recommendations, made as a result of this study were put into effect".⁸

First and most important among Dr. Buck's recommendations is that one which states that Louisville's "public health and specifically the Louisville City Health Department must be taken out of politics and kept out of politics".⁹ He goes on to state unless all officers, agencies and citizens of Louisville are willing to co-operate to take the department out of politics and to help it develop on a

7. Survey and Appraisal of Health Activities and Needs of Louisville, Kentucky, 1935, Dr. Carl E. Buck
8. Survey and Appraisal of Health Activities and Needs of Louisville, Kentucky, 1935, Dr. Carl E. Buck
9. Survey and Appraisal of Health Activities and Needs of Louisville, Kentucky, 1935, Dr. Carl E. Buck

sound professional basis, the American Public Health Association will have wasted its time and the City of Louisville will have received no benefit from the survey. If this change is to be made the importance of co-operation and unified participation on the part of every member of the community cannot be over-emphasized. A broad and comprehensive program which a change such as this would necessitate cannot be met by the skill and efforts of a few leaders in the field. Everyone must be called into play, for only when the majority of citizens understand such a program and are willing to co-operate in its support, can we hope to have it accepted and made part of our city's policies.

Dr. Buck further recommended the appointment of a city-county Board of Health and Hospitals to be appointed by the Mayor and the County Judge. The Board would be appointed on a non-partisan basis, and would consist of eight members, three of whom would be physicians. Each member would serve for eight years, the appointment of the original board being made in such a manner that one member's term would expire each year. The members would serve without compensation. This body would be policy forming, with judiciary but not executive functions. The Board would have the power to draw up rules and regulations for

the administration of the Hospital and the rules and regulations made by such a body would have the effect of law, provided they were not in conflict with existing state legislation or the rules and regulations of the State Department of Health.

This Board would also have the authority to appoint the Director of Health and the superintendent of the hospital or hospitals (should the proposed chronic-convalescent hospital become a reality). These officials would serve at the pleasure of the Board, and each would be chosen on the basis of his experience and training in the respective fields.

In the above proposed set-up the Director of Health would be executive officer of the Department of Health and the Superintendent of the Hospital would be executive officer of the hospital. Both these officials could make recommendations to the Board concerning appointments of personnel in their respective departments, but the recommendations would be approved or disapproved by the Board.

In the opinion of Dr. Buck the success of such a plan as that stated above would depend upon:

1. The Board being so strongly composed and doing such a good piece of work that the party in power would not see fit to change it.
2. The extent to which the Department of Health develops and makes a record for itself under this type of administration.
3. And the extent to which the Board of Trade, the member agencies of the Health Council and the press provide active backing for the plan and succeed in developing substan-

tial public opinion favorable to this type of administration.¹⁰

Dr. Buck's report in 1935, though made some eleven years after Dr. Emerson's, simply re-evaluates the problems and makes recommendations almost identical to those made in 1924. The policies in the main, are the same in both surveys though the boards recommended differ slightly in their set-up and functions. These points of difference are not important, the principal issues being the change in set-up, from separate city and county officers and boards to a combined unit, and removal of health activities, including administration of the hospital, from political control.

The recommendations relating to the organization and control of health agencies made in 1924 have not been carried through. Just when the policies recommended in 1924 and again re-emphasized in 1935 will be incorporated in our community thinking and organization is an uncertainty, but one may hope that the day for the change is not far distant. The recent depression has possibly been responsible for developing generally the social consciousness in respect to public welfare and public health. This is evident in the relation of the Federal Government to state and local authority, in legislation passed in the fields of public welfare and public health, and in the attitude

10. Survey and Appraisal of Health Activities and Needs of Louisville, Kentucky, 1935, Dr. Carl E. Buck

in general of our citizens who perhaps more than ever before are eager to know what is happening in public affairs.

Our educational program no doubt accounts in part for this interest in human relations. Radios and newspapers, periodicals and literature are also agencies for making us conscious of conditions of poverty, ill health, and social conditions in general. Man is coming to realize the great interplay of social factors one upon the other, he is gradually learning that the less fortunate group in our midst, as regards health, economic stability, and social adjustment has a claim on society for better living conditions.

Charity is in part a confession that our social system has failed. Today the vast majority of the millions of men and women out of work are not willingly idle; their economic insecurity is due, in the main, to factors residing in the environment. It is a well established fact that the "individual does not stand alone but is being constantly acted upon by the social environment in which he is placed". It follows that society is responsible to the individual for some basis of security and means of obtaining at least minimum standards in all branches of living.

With the above social philosophy becoming a part

of our education and our lives we cannot but feel that progressive measures recommended by authorities in the field of public health will be recognized as essential components of a program to deal with the complex problems in our modern society. With such recognition we should be assured that our hospitals will become entirely divorced from control which hampers the continuity and efficiency of their services. Such institutions will be administered as part of a larger social program by men and women especially trained and appointed on the basis of their ability.

The City Hospital is set up by ordinance as the hospital division of the Department of Public Health and the following divisions are recognized in the hospital unit:

1. Office
2. Medical
3. Nursing
4. Engineering and Maintenance
5. Housekeeping
6. Commissary
7. Social Service

A staff is authorized by ordinance for each of these departments but in actual practice the staff assigned is different from that authorized. The Griffenhagen Report on the Municipal Government of the City of Louis-

ville 1934-1935¹¹ points out that this "is not intended as a criticism of the hospital authorities for failing to follow the organization indicated by the ordinance but rather to show that there is, in actual practice, no formal organization which would provide for satisfactory lines of authority".¹²

The general control is at present very weak. The lines of authority are not clear and too many employees report directly to the superintendent or the staff executive without intermediate supervision.

The Griffenhagen Report recommends the reorganization of the departments into nine major subdivisions, each service to have a head who will be responsible to the superintendent. The services recommended are as follows:

- "1. Administrative service, under a head clerk responsible for all record-keeping both clinical and fiscal, the purchase and storage of supplies, the ambulance, and collecting from pay patients.
11. "During the campaign of 1933, the present Administration pledged that if elected, it would cause to be conducted a complete audit and survey of the city government. In fulfillment of that promise, the Board of Aldermen on March 27, 1934, passed an ordinance authorizing and directing the Mayor to cause a comprehensive audit and survey to be conducted and made an appropriation to defray the expenses thereof. Mr. Millard Cox was selected to outline the program and direct work of the audit and survey, which was begun on April 1, 1934". Foreword-i. A Report on the Municipal Government of the City of Louisville 1934-35
12. A Report on the Municipal Government of the City of Louisville, 1934-35. pp. 49

2. Food service, headed by a dietitian responsible for the operation of the general kitchen, cafeteria, and diet kitchens.
3. Housekeeping service, under a head housekeeper responsible for all cleaning service throughout the institution including the employees' and nurses' homes, and for all sewing in the making of clothing for employees or patients and in the making of towels, sheets, bandages, and like items.
4. Laundry service, under a head laundry supervisor.
5. Operating and maintenance service, headed by a chief power plant operating engineer who would have charge of the operation and maintenance of the plant, of the lawn, and of watchman service.
6. Welfare service, headed by a social service supervisor responsible for making all investigations into financial conditions, home living conditions, and all other case work; and for admissions to the hospital in so far as the social service and financial angles are concerned.
7. Nursing service, headed by a superintendent of nurses responsible for all nursing service in the hospital.
8. Medical service under the Staff Executive which should include sections as follows:
 - (a) Surgery
 - (b) Medicine
 - (c) Obstetrics
 - (d) Pediatrics
 - (e) Dentistry
 - (f) Psychiatry
 - (g) X-ray and Radiology
 - (h) Laboratory
 - (i) Clinic

9. Out-patient service, under a supervisor of clinics responsible for the administration phases of the operation of clinics and health centers".¹³

The only service which would not be directly accountable to the superintendent would be the medical.

These recommendations of the Griffenhagen Report are not presented as final but are quoted as the recommendations of efficiency rather than professional experts.

Under the proposed set up there would be supervision of employees by service heads and centralized control through the superintendent which would make for efficiency of service.

13. A Report on the Municipal Government of the City of Louisville, 1934-35. pp. 49-50

CHAPTER IV.

THE PHYSICAL SET-UP OF THE HOSPITAL

Until the first quarter of the twentieth century it has been stated by Dr. Michael M. Davis that our hospitals and clinics were simply institutions for the relief of the sick poor; since that time they have become institutions for the practice of medicine.¹

The reasons why hospitals were nothing more or less than places where one could be confined to bed with some little medical treatment, was because knowledge was so limited. It was only eight years before the establishment of the Louisville Hospital Company that Dr. Ephraim McDowell had undertaken to do an abdominal operation for removal of a tumor. "It was an unheard-of risk to take. No such operation had ever been carried out. The dressing of wounds, the care of broken bones and sprains, amputation, stones, ruptures, tracheotomies; these were at that time the whole scope of surgery. A serious abdominal surgery did not exist".²

With the advent of antiseptics and anaesthetics during the middle of the nineteenth century the whole field of medicine and surgery was revolutionized. Along with these changes in techniques and methods of treatment necessarily came the need for a different physical set-up which would include facilities to care for these new services. Such has been the problem throughout the history

1. M. M. Davis, Clinics, Hospitals, and Health Centers
Chapter 2, pp. 10

2. Sigerist, Henry, American Medicine pp. 88

of the hospital; there has been a continuous plea on the part of the administration for physical facilities equal to the medical and surgical services rendered. It has been noted by the writer in reading over the annual reports that not in any instance has the professional service been referred to in a condemnatory manner; the staff has always been of highest standing in its profession, but in some instances it has been hampered by too limited a number of men. Weaknesses in administrative policies and physical set-up have sometimes been cited, however, and probably with justice.

The original hospital which opened in the year 1823, was described in the City Directory of 1832 as a spacious building which consisted of a center edifice of three stories and two wings of two stories each. The capacity of the building cannot be ascertained definitely, but it was probably built to accomodate about seventy-five patients.

As has been stated elsewhere in this paper no records of the happenings of the hospital can be found between the years 1836-1857.

When we do take up the story again, however, we find that the population of Louisville had grown from 4,000 inhabitants in 1823 to about 68,000 in 1857. The hospital had endured great wear and tear and its capacity

had become obviously inadequate. The trustees realized the necessity for enlarging the building which they said was insufficient for the poor sick of the city.

In the years 1868-69-70 the General Councils of the City of Louisville appropriated a total of approximately \$39,100.00 for the remodeling of the hospital. The new addition, consisting of two ells, contained a kitchen, wash room, dead house, two dining rooms for convalescent patients, nine additional wards containing 250 beds (two of these wards contained fifteen beds each and were set aside for pay patients). The remodeling did not include a modern laundry which was urgently needed as all laundry was being done by hand and this improvement did not take place till 1884. In 1887 an entire new system of plumbing was added. Nevertheless, inadequacies in the physical set-up continued to be felt; changes do not come about overnight, and recommendations had to be made and remade before they were finally put into actual practice.

In 1890 it is reported that the hospital facilities were so inadequate that during the fall and winter, (crowded seasons) mattresses had to be placed upon the floors for the patients.

By 1892 knowledge had increased to such an extent that surgery was becoming a specialized service with particular techniques. In order to care for cases needing this type of treatment operating rooms were installed.

It is recognized that in order to raise standards of diagnosis and treatment, physicians and surgeons must be interested in the reasons for their failures as well as their successes. To this end the hospital constructed and put into use in the year 1897 an autopsy room.

In 1899 an electric light plant and cold storage system were installed; two children's wards and two emergency rooms in connection with the operating rooms were added by partitioning off useless space.

In 1900 the clinical amphitheatre was completely remodeled and five rooms were partitioned and furnished for the care of cases of insanity, delirium tremens, and contagious and infectious diseases which could not be sent to the Eruptive Hospital. Two children's wards were furnished and an intercommunicating interior telephone system was installed. A unit separate from the main hospital building for the treatment of infectious and contagious diseases of childhood and one for tuberculosis patients were greatly needed.

In 1901, 147 active cases of tuberculosis were treated in the public wards. When viewed in the light of our present accepted standards of control, this was an appalling situation, but in 1901 policies as to segregation were not so well defined.³

3. The Cincinnati Hospital had already established a branch for consumptives in 1898, thus alleviating the congestion on the wards and segregating the tuberculous from the non tuberculous incapacitated patient.

In 1904 the National Tuberculosis Association was organized and the impetus given the United States by its educational program was probably responsible in part for the opening of a tuberculosis annex in September 1908. Tuberculosis patients were cared for in this unit until August 22, 1911, when they were transferred to Waverly Hills Sanatorium, a city-county institution.

By the beginning of the 20th century some relation between diet and certain diseases, such as diabetes and typhoid, was being recognized. Special diets were being used in treatment and in 1904 a diet kitchen was opened.

On January 7, 1910 the bill creating a commission for the construction of a new hospital to be built on the original site was drawn up. This bill became a law, and money for the erection of the building was raised by a bond issue.

The new hospital costing \$942,000.00 was opened on February 11, 1914. The hospital is of yellow brick construction, and consists of a group of eleven buildings, separated by open courts. Three of the buildings, isolation, nurses home and employees home are situated as a separate group, and the other eight are connected by a long corridor running east and west.

On the fourth floor are the offices of the staff executive, medical laboratories for blood chemistry, basal

metabolism, and electrocardiographic work. On the third floor is a complete and modern x-ray and radiology department, operating rooms and four surgical wards and internes quarters.

On the second floor are two obstetrical wards, two pediatric wards and the female psychopathic ward (caring for both white and colored females) and record room.

On the first floor, around the main lobby are the offices of the Superintendent, Superintendent of Nurses, Social Service, and a waiting room where some staff meetings are held. There are also four medical wards, a male psychopathic ward (caring for both white and colored males), a psychiatry office and an office for the Director of the Social Service on this floor. At the rear are the cafeteria, nurses' dining room, internes' dining room, and dining room for those employees and social workers who desire to buy their meals in this fashion. Also in the rear is a large amphitheatre for lectures and clinics for junior and senior year medical students.

In Hall I in the basement is housed the emergency room, hospital admitting office, venereal dispensary office, and drug store.

In Hall III are the elevators, diet kitchen, and matron's office.

In Hall V we find the morgue, autopsy room, pathological and bacteriology laboratories, and recently the City Health Department moved their laboratory to the hospital.

Halls I, II, and IV have housed the clinics, but the number of patients applying for clinic care has grown to such proportions that this space is and has been for a number of years inadequate to meet the needs. Clinics are held from early morning until late afternoon, the schedules having been arranged to make maximum use of the limited space.

During the year 1932 the Jefferson County Medical Society appointed a committee to report on Medical Economics. The work done by this committee is similar to that carried out by the Committee on the Costs of Medical Care.⁴

An extract from the Jefferson County report reads, "It is clearly demonstrated that increased dispensary space is needed when the existing physical plant actually fails to care for the city's sick poor".⁵

This is simply a reemphasis of a request for a clinic building made as early as 1915, mentioned in nearly every annual report, and recommended by Dr. Emerson in 1924.

4. Published as Medical Care for the American People, The Final Report of The Committee on the Costs of Medical Care, University of Chicago Press

5. Kentucky Medical Journal, Volume 33, No.2, February 1935 Report on Medical Economics, pp. 60

A period of twenty-one years has been necessary to create in those in authority a desire strong enough to demand for the sick poor of Louisville adequate facilities for their ambulatory needs. Due to the aspirations and efforts on the part of our present administration \$446,000.00 has been obtained from Public Works Administration Funds for the building of the long needed clinic. Ground was broken on March 11, 1936 and the structure is expected to be completed within six months.

The building which is to be erected west of the present hospital, on ground formerly used as a space for a tennis court for internes and doctors, will increase the capacity of the present accomodations by eighty beds. The construction will follow that of the main building and clinics will be housed here.

This is just one instance of permanent improvements which are being made under the Public Works Administration's program, and is evidence of the developing social consciousness of our day. When this building is finished, the City Hospital will have advanced another step along the way in providing for the city's sick poor.

During the early part of 1935 the hospital was enabled, with the aid of Kentucky Emergency Relief Administration labor to build an extension of three rooms in the basement. Two of these rooms are used to store

supplies, which are now bought in wholesale lots. The other extension, with entrance on Madison Street provides a large waiting room which cares for patients waiting their turn to obtain charts at the clinic window. This space alleviates congestion in the basement hall where patients formerly had to stand while waiting to see the clerk at the desk.

Much, however, remains to be done in the way of physical improvements.

The facilities for the treatment of acute communicable diseases in the City of Louisville are inadequate. The only provisions for the confinement of such cases are made in the isolation ward at the City Hospital. As early as 1924, Dr. Emerson reported: "The provision for hospital isolation for cases of acute communicable diseases at the City Hospital is not only insufficient in amount but of a character that fails to meet the minimum requirements for the prevention of cross infections and of cleanliness or comfort for the patients".⁶

A later study made in 1932 by the Committee on Medical Economics voices the following indignation regarding facilities for isolation in Louisville. "The particular tragedy of the City Hospital is Isolation. It is the

6. Emerson and Philips, Hospitals and Health Agencies of Louisville, 1924, pp. 14

city's and county's pest house. It has housed leprosy. It contains measles, scarletina, erysipelas, whooping cough, chicken pox, and fulminating cases of syphilis, also diphtheria. One would imagine this would be a large building so arranged that this terrible array of diseases could be kept free from cross infection. It should be, but this Pandora's box consists of only fourteen rooms and twenty-eight beds and no disease is really isolated, so that a victim entering with one disease usually acquires other diseases in this miserable place of cross infection. It has no operating room, so that the operating rooms in the main hospital have been compromised by these cases in operative complication. The staff feels, has felt for years, that isolation is a disgrace to the city and a menace to a great many people, most of them babies".⁷

7. Kentucky Medical Journal, Volume 33, No. 2, pp. 60
Report on Medical Economics

CHAPTER V.

THE PERSONNEL OF THE HOSPITAL

No other part of our hospital study deserves more attention than does that of personnel. Particularly is this true today in our era of specialization. Formerly, when knowledge was limited, practically all services could be rendered by the family physician in the home. The first hospitals cared for the indigent only and were little more than boarding places with nursing care, but this is no longer true; now our hospitals render service to those who can pay as well as to those who cannot and include modern diagnostic and therapeutic facilities for all classes of patients. The services in the hospital have enlarged in scope as knowledge has extended. No longer is the doctor able to give isolated service; he must call upon his colleagues, upon the hospital, the dietician, the physiotherapist, the social service worker in order to make his treatment effective. These professional services presuppose certain training and although we may have had untrained workers in the past who have made a real contribution on the job, we are no longer content to have such conditions continue. It is recognized that only through training can the specific techniques peculiar to each profession be acquired, and that work can be adequately done only through the exercise of scientific principles.

Although private agencies have been able to take the lead in employing trained personnel, today we find

public agencies following in the same direction, possibly because of two reasons; our public official^s have had proved to them that professionally trained people can do the job more efficiently thus curtailing expenses, and have, through public opinion, been roused to provide for those applying to public agencies, services as adequate as those provided for under private auspices.

The Louisville City Hospital which has been administered as a municipal institution since 1836 has been affected by changing city administrations. Regardless of the efficiency attained at any one time in the non-professional services, there has never been continuity of program due to the change of personnel with each changing city administration.

The personnel of the Louisville City Hospital is composed of those persons having duties under the non-professional administrator,¹ the director, and those performing professional or semi-professional services² under the staff executive of the hospital.

In 1832³ the resident physician and surgeon also

1. This group consists of employees having to do with administration, upkeep and maintenance.
2. Professional and semi-professional groups include medical and surgical staff, social service, nursing, dietetics and medical record staff.
3. The Louisville City Hospital was at this time still called the Louisville Hospital Company.

acted in the capacity of superintendent.⁴ From that date until the 60's the men who took over the supervision of the hospital were nearly all trained in the medical profession. During the 60's and for a period of nearly twenty-years thereafter, the Louisville City Hospital was in charge of a woman superintendent. No findings have been made as to her qualifications, but she held the position for approximately twenty years and the annual reports of the City Government remark about her "prudent economy".

The majority of superintendents have been laymen and from 1893 until the present, a period of thirty-seven years, the hospital has had twelve superintendents, making the average length of stay for each man thirty-seven months. After a superintendent takes control at least twelve months is spent in learning the hospital set-up, in dismissing the former and training the new personnel. Under the most favorable circumstances it is impossible to have a smoothly running organization under these circumstances. The old staff, instead of spending full time discharging its duties must take time to train the new workers. Such a system is a poor one and this fact has been recognized by authorities in the field of hospital management.

A portion of a study made in 1922 by the Committee

4. His salary was derived from a charge of 40¢ per day on each patient received into the hospital.

on the training of Hospital Executives reads as follows:
"most of the present hospital superintendents have either drifted into the work without special training or have come up through a system of apprenticeship - - - The latter plan has rendered an excellent contribution but represents a method of preparation for professional work now largely abandoned in other fields. Education in general has passed through the phases of apprenticeship, didactic instruction, demonstration instruction, and is now evidently entering a phase of disciplinary training".⁵

There have been several hospitals which have set up some formal training for hospital superintendents. During the fall of 1935, a six weeks course was held at the University of Chicago for training in hospital administration.

The preceding report further states,- "With proper elasticity in interpretation, a university degree or its equivalent should be a prerequisite for the training. While it may not be possible to prescribe the content of the preparation, it obviously would be desirable that it include the elements of such subjects as biology, psychology, social science, bacteriology, chemistry and physics. Those with medical training and a fund of knowledge, aptitude and ability in administration have the greatest opportunity to

5. Committee on the training of Hospital Executives, Principles of Hospital Administration and the Training of Hospital Executives, 1922 pp. 18

contribute to the broad program. These requirements are in themselves insufficient without evidence or promise of executive capacity as such, the imagination to visualize programs and policies distinct from details, ability to manage personnel and groups and to act upon as well as to make wise decisions".⁶

The would be administrator should be given theoretical as well as practical work in hospital-community-health problems.

The Committee presented a program designating the relative importance of each subject for a well-rounded preparation for hospital administration.

1. Public Health (20%)
2. Social Science (15%)
3. Organization (15%)
4. Hospital Functions and History (10%)
5. Business Science (10%)
6. Institutional Management (10%)
7. Personnel Administration (5%)
8. Community Hospital Needs (5%)
9. Physical Plant (5%)
10. Jurisprudence (5%)⁷

In addition, of course, to the theoretical courses which would cover a period of at least nine months, six months of practical work should follow under educational supervision. It was pointed out that the course would

6. Principles of Hospital Administration and the Training of Hospital Executives, 1922 pp 19
7. Principles of Hospital Administration and the Training of Hospital Executives, 1922 pp 21-24

provide only a good foundation for an executive.

These educational standards laid down by the Committee on the training of Hospital Executives indicate that the position of Hospital Administrator is at last placed on a plane with the other professions.

As to types of superintendency, this same Committee in 1927 reported that from a study made of 6,830 hospitals in the United States the following served as administrators:

Physicians 2,668 (39.1%)
Registered Nurses 1,283 (18.8%)
Lay Persons in Charge 2,810 (41.1%)
Unknown 69

It is possible that we may have been justified in the past/using untrained hospital administrators, but with increased educational facilities for Hospital Executives and the inauguration of the merit system even in politically administered institutions we should no longer be limited to this standard of service.

In 1924, after having surveyed the hospitals and health agencies of Louisville, Dr. Haven Emerson of the College of Physicians and Surgeons of Columbia University recommended "that the entire personnel of the Department of Health of the City of Louisville be put upon civil service status and that no appointment be made except on qualifications, and no discharges except for cause".⁸

8. Emerson and Philips, Hospitals and Health Agencies of Louisville, 1924, pp 164

With such a set-up the superintendent of the hospital would not change with each administration, but could look forward to security according to civil service standards.

In the past several months a bill for the incorporation of such a system has been drawn up by the Director of Health in co-operation with the head of the Department of History and Political Science of the University of Louisville. Its political fate has not yet been decided.

Under the present system the superintendent is a political appointee usually untrained, and we find that the Director of Health has to take a very active part in the administration of the hospital. According to authorities on hospital organization a division of authority, such as a set-up as this necessitates, is not the best arrangement for efficiency.

All non-professional employees are under the supervision of the superintendent. The annual salaries range from \$378.00 for laundresses to \$2,220.00 and full maintenance for the superintendent.

The Committee on training of hospital executives of the American Hospital Association has outlined the essential status of a hospital superintendent.⁹

9. "First and foremost, then, a superintendent must be recognized as having complete administrative charge of all the departments and is the first administrative authority in all matters concerning the welfare of the hospital and its patients -- The centralization of authority in the superintendent is not an arbitrary conclusion but involves a fundamental principle of organization. It is necessary in a hospital that the superintendent be held responsible for its adminis- (con't)

It was suggested by the Griffenhagen Efficiency experts that in order to secure a fully trained hospital executive¹⁰ residence requirements should be waived and salary should be increased.

- 9 (con't) tration and it is unreasonable that he be held accountable unless he is given sufficient authority to control conditions upon which the patient depends. If his authority be in any way curtailed, he then can be held responsible only to the extent of his authority". Report on the Municipal Government of the City of Louisville, 1934-35 pp.47
10. "In order to secure proper administration of a hospital the size of the City Hospital, it will be found necessary to employ a physician who can meet such minimum qualifications as the following: Graduation in Medicine from an institution of recognized standing; 8 years of experience as a practicing physician or hospital executive, of which five years shall have been in the capacity of Superintendent of a general hospital, or of first Assistant to the Superintendent of a large, high ranking institution of like kind; thorough knowledge of the principles and practices of medicine and surgery; a high degree of demonstrated ability to plan, supervise, and direct the work of a hospital and all its services; tact, superior judgment, and good address". - - - "Appointment should be made by the Director of Health from a list of Nominees submitted by the University, acting through the Dean of the School of Medicine and the President of the University". Report on the Municipal Government of the City of Louisville, 1934-35 pp. 47

PROFESSIONAL SERVICES:

MEDICAL:

In 1832 the medical care of patients was provided for by five attending physicians and a resident physician and surgeon who also acted in the capacity of superintendent.

By 1848 there were ten attending physicians and surgeons, six consulting physicians and surgeons, and three resident physicians. The nursing was done by three male and one female nurses.

In 1873 the visiting staff consisted of six physicians, six surgeons, four clinical professors, two oculists, and four resident graduates.

Until 1922 the University of Louisville Medical School provided a hospital visiting staff only during the school year. The care of the patients during the summer months was provided through appointments made by the Board of Public Safety. At this time, however, an agreement was made between the City Administrators and the Board of Trustees of the University of Louisville. Through this agreement the professional side of the hospital was placed under the direction of the School of Medicine, the faculty of the school becoming the staff of the hospital.

"The faculty at present consists of 127 members, 17 of whom are on a full-time salaried basis and do not do

any outside work. There are several part-time teachers. More than \$40,000.00 is paid annually in salaries by the University to the full-time and part-time members of the Medical, Surgical, Obstetrical, Pediatric and Pathological Departments, as well as to the interne staff of the Louisville City Hospital".¹¹

The remaining staff members give their services gratis and are outstanding specialists in their respective fields.

The appointments to the hospital medical visiting staff are made by the Director of Health. The Dean of the Medical School submits to the Director of Health a list of nominations for such appointments after the list has been approved by the Hospital Staff Executive Committee.

The Director of Health may reject any of the names and call for other ones, but he agrees not to appoint anyone else to the visiting staff except on nomination by the Dean with the approval of the Hospital Staff Executive Committee.

The Junior and Senior Internes and residents are appointed by the Director of Health after having been recommended by the Dean of the Medical School.

Heads of the professional and semi-professional

11. R. A. Griswold, University of Louisville School of Medicine and Louisville City Hospital, Pamphlet

services which include:

1. Medical and Surgical service
2. Medical records and library
3. X-ray
4. Laboratories
5. Special therapy
6. Diagnostic aids
7. Anaesthesia
8. Pharmacy
9. Nursing care
10. Nursing education
11. Dietary
12. Social service
13. Out-patient department

are appointed by the Director of Health. The Staff Executive may submit to the Director of Health for such appointments, nominations which have been approved by the Hospital Staff Executive Committee.

Removals can be effected only by the Director of Health. The Superintendent or the Staff Executive, however, may prefer charges against any resident or member of the visiting staff, and these charges must be considered by the Hospital Staff Executive Committee, and the Committee must grant the accused the right of a hearing. The Committee makes recommendations which are given over to the Director of Health for final disposition. The Staff Executive may request the removal of any of those employees directly concerned with the care and treatment of patients if he feels them guilty of neglect, misconduct, or general incompetence. Likewise the Superintendent may request the removal of any of the internes or other employees connected with the professional staff, provided he first

notifies the Staff Executive of his intent to do so, and gives the University authorities reasonable opportunity to rectify any undesirable condition under their control.

SOCIAL SERVICE

In the early days of the Social Service Department there was a feeling of inadequacy expressed by the Director of ^{the} Welfare League¹² regarding the personnel of the Social Service Department. An attempt was made during these years to secure standards of an adequate set-up from centers of activity such as the Lakeside Hospital, Cleveland, Ohio, and the National Organization of Hospital Social Service Association. The need for trained personnel was keenly expressed, but the Department of Public Safety¹³ was not yet ready for such services. The years preceding 1929 were formative ones, and their contribution cannot be underestimated, but throughout this time there was a feeling of insecurity, of instability, and of uncertainty. There was very little continuity as to personnel and few of the workers were trained in the social service field. With the appointment in 1929, ^{of} a trained medical social worker from the University of Chicago the department came under a person with professional standing, and that fact in itself meant a distinct step forward in the standards of the department.

The Griffenhagen Associates in their recent report recommend that the director of the Social Service Department be appointed from nominations made by the head of the

12. Became the Community Chest in 1924

13. The Social Service Department at this time was sponsored by this department

Department of Sociology and Social Work of the University of Louisville, the Dean of the Medical School and the President of the University. The obvious intention of the recommendation is to place the position of the Director of Medical Social Service on a genuinely professional basis. It recognizes the opportunity offered by the University to develop the standards of social work personnel as well as medical personnel in the hospital.

At the present time the department consists of a director, seven social workers, two full time stenographers, one county worker, one full time clinic clerk and three half time clinic clerks. One of the weaknesses of the department still lies in its inadequately trained personnel. Of the director and seven social workers on the staff, only the director and two workers are qualified to hold membership in the social workers' professional organization, The American Association of Social Workers (see appendix A), and only the director is a member of the American Association of Medical Social Workers (see appendix B). Such a condition can be explained chiefly by the fact that professional services in this field are not as yet sufficiently understood by the general public or the municipal administration.

Because of the partial acceptance of professional social services in the hospital, funds are not made available to bring experienced workers to the Louisville City Hospital. Only when the public realizes the value of employing trained personnel and is prepared to pay salaries, accordingly, will this condition be remedied.

The salaries in this department range from \$618.00 and one meal per day for a senior stenographer to \$2,430.00 and one meal per day for the director.

NURSING:

The School of Nursing of the Louisville City Hospital was chartered in 1889. At the present time the school consists of one hundred students. The candidates for admission to the School of Nursing should be between 18 and 32 years of age, preferably between the ages of 21 and 25. They must be in good health and sound physical condition and must be graduates of recognized high schools and stand in the upper third of the class. Married women, widows, divorcees or applicants who have been in any other school are not considered for admission.

The three year course includes, in addition to practical work on the wards and in the clinics, courses in medicine, surgery, obstetrics, pediatrics, contagion, psychiatry, operating room technique, and dietetics. The hospital employs 45 graduate nurses, 10 of whom supervise and instruct the student nurses. In addition to courses given by the nurses, lectures are delivered by the visiting staff physicians.

Prior to 1932 the students were each paid \$18.00 per month in addition to room, board and laundry, but at that time, the cash allowance was discontinued and now the student entering school must pay \$50.00 the first year.

According to the Griffenhagen Report nursing education at the Louisville City Hospital is not of the high-

est grade because of the inadequate number of really qualified instructors among the nurses employed by the hospital. The hospital, in order to provide recognized nursing training must employ a number of nurses with post-graduate education in specialized fields.

The present superintendent of nurses has been employed by the City Hospital for the past twenty years, at one time in the capacity of operating room supervisor. She was educated at a time when only two years of formal nursing education was required for graduation, and has had no post-graduate work. The director of nursing in any hospital, is the head of the nursing organization of the hospital.¹⁴ Working under her authority are the required assistants, the supervisors of departments or sections, head nurses, nurses on general duty, and such adjunct nursing personnel as orderlies and attendants. A position such as this necessarily requires a person of wide training and experience.

Another recommendation made by Griffenhagen Associates was that the School be transferred to the University of Louisville, as an affiliate of the School of Medicine. Through such an arrangement, nurses would receive their technical training under instructors provided by the University of Louisville, and would use the hospital

14. Malcolm MacEachern, Hospital Organization and Management, pp. 391

for the practical application of their knowledge. The plan would be much the same as that which now exists between the University of Louisville medical students and the hospital, the difference being that student nurses would receive room, board and laundry in return for services rendered. Until such a plan could be completed it was recommended that the student body be reduced from one hundred to seventy-five students and that the hospital budget provide for the employment of additional graduate nurses.

RECORD ROOM

This department established in 1923 is under the direction of a registered medical records librarian¹⁵ who has held the position since 1928. The Lambert System of Classification of diseases is used, but plans are being discussed by the staff for the use of a code, known as the Standard Classified Nomenclature of Disease. This system is in use in many of the hospitals, and it is probable that the system will become standard for all record libraries recognized by the American College of Surgeons.¹⁶

15. The name of the professional organization for medical records librarians is known as the "Registry of Records Librarians"
"Qualifications for Registration: The following shall be the qualifications for registration. 1. The candidate shall be of the full age of 21 years, ethical and of good moral character. 2. The candidate shall be a graduate of a school for records librarians approved by the Association of Records Librarians of North America or 3. She shall have had a preliminary education equivalent at least to a full course in a recognized high school and shall have acted in the capacity of chief records librarian in a hospital approved by the American College of Surgeons for a period of not less than two out of the past five years. 4. Any records librarian who is unable to qualify under clauses 2 and 3 of this section may submit her application for registration, which application shall state in detail the qualifications of the applicant as well as her experience and training during the past five years. The Board of Registration shall make a thorough investigation and shall have power to register such applicant provided it is satisfied that such registration fulfills the purpose of the registry as herein set forth". MacEachern, M. Hospital Organization and Management, pp.658
16. Minimum Standards Set up by the American College of Surgeons include: "That accurate and complete records be written for all patients and filed in an accessible manner in the hospital, a complete case record being one which includes identification data; (con't)

The Unit System of recording such as is found in many of the hospitals including Cook County in Chicago is not as yet in use at the Louisville City Hospital. Under the present system clinic charts and hospital charts are different in content and physical structure and are filed in separate quarters. Under the Unit System, on the other hand, clinic and ward records are filed together. It is probable that ultimately such a system will be established at the Louisville City Hospital.

In addition to the head of the department there are two full time assistants and one part time worker. The annual salaries in this department range from \$756.00 and three meals per day for a full time record room stenographer to \$1,080.00 and one meal per day for the head worker.

16. (con't) complaint, personal and family history; history of present illness; physical examination; special examinations, such as consultations, clinical laboratory, x-ray and other exams; provisional or working diagnosis; medical or surgical treatment; gross and microscopical pathological findings; progress notes; final diagnosis; condition on discharge; follow-up and, in case of death, autopsy findings".
MacEachern, M., Hospital Organization and Management
Introduction

CHAPTER VI.

PROVISIONS FOR THE WELFARE OF THE PATIENTS

Mrs. W. came to clinic with her two small children who were found to be malnourished. After studying the social situation it was found that Mr. W. was earning \$35.00 a month as a janitor and that his attitudes and behavior were very peculiar. Arrangements were made so that Mrs. W. could do her husband's work as janitor and after much persuasion he entered the Psychopathic Ward for observation. A diagnosis of Paresis was made and treatment at the Central State Hospital, Lakeland, Ky., was recommended. He was there for a few months and has returned much improved and is now working in his old job. During this period milk was supplied for the children and they have had many illnesses. In fact one child is still in the hospital with infantile paralysis; however, the others are near normal weight and in good condition. Mr. W. is still under the care of the doctor and at times it takes all the persuasive power of the social worker to keep him under treatment.

Jim, a six year old white boy, was admitted to the hospital three years ago with a serious cardiac condition. He came from a family where work was very irregular and where there were five children of school age. Much time was spent interpreting Jim's condition to his parents and they were found to be co-operative and understanding. After months of hospitalization Jim was transferred to the Convalescent Home where he remained for many more months. The social worker's interest continued and she was as happy as the family when he was allowed to return home. The child attends clinic, has been in school regularly all year, and the social worker continues her interest in the family. When work is irregular the social worker supplies milk and his diet is carefully watched. The school and church have been particularly helpful in understanding this child.

An old colored man was admitted to the hospital as an emergency, with a diagnosis of Acute Urinary Retention. This man had been wandering from place to place and it was impossible to establish legal residence. Finally, a daughter was located in western Texas and the fact that she could give him a home was verified. After the patient reached his daughter's home the following letter was received by the social worker at the hospital. "Pleas excuse me for not writing sooner as to let you and the ladys no that I arrived home safely and how glad they were to see me - - - they don't even want me to go out of the house. I arrived sooner than they were looking for me - - - Oh Miss X what nice lunch were in my

boxes. I got to Bville Sat 6:20 sharp - - - my daughter belongs to the church and her prayers is Bless the social service for sending her daddy home to her as being only two of us after seventeen years apart. I may of never seen my baby if not been for you - - - Well Mrs. X I feel very well at times if feeling bad I never let on. The Lord above no everything but Dr. S. and them save my life. they are killing hogs today I were telling her how nice all of the ladies were to me. here they never no of ny one sending people to their homes unless the money well Mrs. X God bless the social service and you and doctors. don't forget the ladies that is in office with you my daughter send her best wishes and regards to you also I close with a heart full of love to all in the hospital in Louisville, Ky."

Mr. E. had a severe epileptic seizure on the street and was brought into the hospital where he was admitted as a patient. He and his family consisting of his wife and small children lived on a small truck farm at the edge of the city and Mrs. E. gave a history of repeated seizures of Mr. E. and a difficult time. Mr. E. improved, the necessary diet which he must follow on his return home was explained carefully to Mrs. E. and she understood that he could not do many things which he had been accustomed to doing. He is under observation continuously and it has been possible to secure Mothers' Aid for the family.

Alice, an old negress, presented herself at Medical Clinic where a diagnosis of Diabetes was made. Alice came from a rural section and was the only member of her family to come to Louisville; she had been here many years working as a cook. When she first became ill, she left her job, thinking that rest would solve her problem. Her earnings were gone when she came to the clinic. It was found that she could return to her relatives and have a comfortable home. The doctor felt that she should be under the care of a specialist for a few months and then the case might be transferred to a country doctor. A home was found in Louisville by the social worker where Alice's only duties were to care for the children and be in the house with them when the parents were away. The social worker furnished transportation for her back and forth to clinic and when she was able to go to the country

made the necessary arrangements for her to return to her relatives and have the required medical care.

Mr. K., an able bodied man, age 52, with no dependents, was the victim of a severe accident while at work. He was rushed to the City Hospital as an emergency case. Months of hospitalization followed and he was finally sent to the Convalescent Home where he remained a year. Both arms were paralyzed as a result of his injury. His only relative was a brother who lived alone and had a very meager income. Finally through the Compensation Board a settlement of \$1,500.00 was made and this made it possible for Mr. K. to live with his brother and employ someone to stay with him during his brother's work hours. With the establishment of the Physiotherapy Clinic, he has been receiving treatments twice weekly and has improved to such an extent that he is now able to dress and shave himself. The prognosis is fair, but he undoubtedly can never return to his old occupation of a carpenter, and the case calls for continued observation and social as well as medical treatment.

R., a little girl 13 years of age, came to Eye Clinic having been sent by the school. A diagnosis of Trachoma was made. Immediate care was necessary and school attendance was prohibited. The family were poor and ignorant and it took a great deal of effort to persuade the parents to bring all of their children to clinic for examination. A diagnosis of Trachoma was made on three of the children and the mother. Frequent clinic visits were made and each time it was necessary for the worker to explain the great necessity for continued care. The mother and two of the children have been discharged as cured.

Mr. H., a white man aged 32 years, during an illness learned to know the social worker and later when his wife was not well he appealed to her for help. The wife was brought into clinic and a diagnosis of early Carcinoma was made and surgery advised. This presented a real problem because Mr. H., who at one time had earned

1. This clinic was established during the latter part of the year 1935. The department was set up after the Poliomyelitis epidemic in Louisville during August and September, 1935. Through the efforts of a department of the Louisville Courier-Journal, Fresh Hope Fund, funds were raised, and it is from these funds that the work of this department is carried out.

\$50.00 a week, at this time had only a few days work a week and a weekly income of about \$14.00. There were five children, ages 2 to 10 years. After a conference between Mr. and Mrs. H., the doctor and the social worker, an operation was advised. The worker wrote to Mrs. H's mother who lived in the country and arrangements were made for her to stay with the children during Mrs. H's hospitalization. This operation was performed two years ago and Mrs. H. is now in good condition. Subsequent examinations show no recurrence of the disease. Mr. H. is still working on part time, but recently he has had more days of work. The social worker is still in touch with the family; the woman needs to be under observation and several times when the children have been ill, help has been necessary.

M., an attractive young white girl, 20 years of age, presented herself in Prenatal Clinic. She was unmarried and living with her widowed mother whose only source of income was the earnings of a 22 year old son. M. requested hospital care and also requested that the social worker place her baby for adoption. The worker visited the home and found the mother distracted and eager to shield her daughter and thought adoption of the baby the only possible plan. The baby was born in the City Hospital. After interpretation of the problem by the social worker, the mother's attitude changed and M. went home with her baby and was welcomed by her mother and brother. The worker kept in close touch with the family, became acquainted with the father of the child and found he was apparently very sincere in his affection for M. The baby is now a year old; its mother and father were married six months ago and are now in their own home, which is apparently established on a satisfactory basis.

A 13 year old white child was hospitalized twice during the past year for Pyelitis. After returning home she showed anxiety and self-pity and was inclined to think of herself as an invalid. Her school attendance was irregular and she complained continuously of a pain in her side. The father was unemployed and the mother was doing day work, supporting the family. One other child with a deformed foot and the maternal grandmother made up the household. After re-examination the patient was

found to be in good physical condition. The doctor, social worker and mother conferred and the case was interpreted as a social rather than a medical problem. Recreational opportunities were developed, the father was assisted in securing employment, the case was interpreted to the visiting teacher, the child was helped in making up the work which she had missed in school. The broken church connection was re-established and arrangements have been made for the maternal grandmother to spend some of her time with her other children. The brother has been seen by an Orthopedic Surgeon and special shoes have been provided for him.

The preceding brief statements are given to show some of the typical medical-social problems which are presented by patients when they apply at the Louisville City Hospital for medical care.

Our theories in regard to disease in the past century have been greatly modified by the contributions of bacteriology, of sanitary engineering and of mental hygiene. With increased knowledge we have made progress in explaining disease and in providing treatment. We no longer think of disease as an entity, it is rather that of an individual reaction to certain disturbing stimuli, with indications as to treatment and outcome.² Viewing disease in the light of this concept it became clear to the physician, by the end of the last century, that man as a physical being could not be separated from man in his social setting; man in his entirety or as near entirety as

2. Wm. A. White, M.D. The Meaning of Disease

possible must be studied and treated. Bacteria, bad housing, lack of rest, malnutrition, inadequate wages, etc., are all factors which act as stimuli and contribute to the disturbance which we have come to call disease. In order to make treatment effective we are beginning to see that it is necessary to enlist the services of a professional person skilled in the study and interpretation of the whole patient, including his hereditary, environmental, developmental, physical, psychological, emotional, economic and educational history. This contribution in the understanding of disease was made in the first instance by the general practitioner and is increasingly understood because of the services of the modern medical-social worker.³ She has learned ^{to know} man as an individual, as a member of a family group, a community group, as a participant in an industrial system which frequently does not supply him with wages adequate to provide for his family during periods of illness; she has learned to understand the attitudes and emotions of the patient and those of his family and friends toward illness and sees wherein they are valuable or detri-

3. It was Dr. Richard Cabot who introduced the social worker as a definite factor in medical treatment. The first medical social service department was established at the Massachusetts General Hospital, Boston, in 1905. By 1932 there were 529 social service departments in 6,093 hospitals in the United States with an estimated total of 2,000 medical social workers. Of the 100 hospitals in Kentucky, two institutions, exclusive of the Louisville City Hospital, The Children's Free Hospital, Louisville, and the John M. Norton Memorial Infirmary, Louisville, have beginnings of departments in the work which is being done by a social worker at each of the hospitals.

mental in helping the patient in his medical-social adjustment.

Working together, the physician and social worker must take cognizance of the assets and limitations of the patient and make medical-social plans, which, with the patient's co-operation, will help him re-adjust to society on a physical and social level which he will be able to achieve.

The social service department at the Louisville City Hospital is still in the process of developing. The department recognizes its limitations which are due in part to various circumstances. (1) An inadequate staff, not all members of which are professionally trained. (2) The great intake on the wards and in the clinics and the rapid turn over both keep the social worker busy with slight service cases, and does not allow enough time for continued social case work. (3) Many tasks, such as placing ambulance runs, referral of physician's orders to the Public Health Nursing Association, are done by the social worker. Clerical help should be provided for these routine services, in order that the social worker may have more time to spend doing constructive work. (4) Many medical-social plans which are made cannot be carried out because of the lack of community resources. Such is true

in cases of chronic incurables, and in those cases which are in need of vocational rehabilitation.

In spite of the limitations mentioned, the services which are rendered by the department are recognized as an integral part of medical treatment, they are widening in scope and genuine attempts are being made to raise standards of personnel, of case work for patients, and of organization and administration of the department.

CONCLUSION AND RECOMMENDATIONS

The preceding study has attempted to show the Louisville City Hospital as a vital municipal institution which is evolving to meet the needs of the indigent sick of Louisville. This evolution has been possible, in part, because of the developing social consciousness of the citizens of Louisville.

Only when we view the institution in perspective and in its totality can we understand and interpret its policies and practices. The present character of the hospital has been influenced by numerous factors; the changing city administrations, the awakening of the citizens of Louisville to problems of social well-being, the relation of the Hospital to the University of Louisville Medical School, the recent social approach to the treatment of disease, these and various other factors have played a part in determining the current provisions for the sick poor of the city.

Louisville has had made, in the past twelve years, four important studies in respect to its health agencies and practices, and sections of these have been quoted in the body of this dissertation. The conclusions reached and recommendations made were the result of serious investigation by men with professional skills, authorities in the fields of public health and hospital

organization, management and efficiency.

With these men, our own brief study concludes that it is possible for this city to provide adequately and efficiently for all the needs of its sick poor, but in order to do so further evolution must take place, and higher social standards be achieved.

Judging from recent trends, we believe ourselves justified in stating that before too long the health services of the city will be removed from political control, that personnel appointments will be made on the basis of ability and professional training, that improved accommodations for the isolation of communicable diseases and more adequate professional nursing services will be provided, that the social service department will be staffed more adequately and with fully qualified workers, and possibly that the health department and the hospital will be changed from a city set-up to a city-county unit supported from combined city and county taxes and administered for the entire sick poor population of Jefferson County.

Through the years, since the establishment of the Louisville Hospital Company in 1817, we see that there have never been radical changes in the history of the hospital. Progress which has been made has been slow, but has brought with it an increasing understanding of

the needs of those not secure enough economically to provide for their own medical care. A slow tedious educative process is necessary before theories, new ideas and practices, such as non-political control of the hospital, trained personnel, etc., are accepted by the community in general, but once this group does incorporate these new standards into their plan of community organization, the new practices are destined to be accepted by the public, because their values have not been forced, but have been understood and evaluated accordingly.

We conclude, therefore, that new administrative practices will be introduced gradually, more adequate funds allocated for trained personnel, and further advancement/^{made}in hospital organization and management, as the evolution of the Louisville City Hospital keeps step with the progress of a democratic community.

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APPENDIXES

APPENDIX A.

THE REQUIREMENTS FOR MEMBERSHIP IN THE AMERICAN ASSOCIATION
OF SOCIAL WORKERS

Qualifications for Junior Membership

- (1) Minimum age of 21 years.
- (2) Completion of at least two years' work in an approved college.
- (3) Three additional years of general education, technical training or employment in an approved agency. This requirement may be satisfied in either one of the two following ways:
 - a. Completion of two additional years work in an approved college plus one year's work in an approved school of social work.
 - b. Three years spent in some combination of: attendance at an approved college, attendance at an approved school of social work, or employment in an approved agency, provided, however, that the applicant has satisfactorily completed:
 - 15 semester hours of social and biological science in an approved college or school of social work
 - 10 semester hours of approved technical social work courses.
 - 300 hours of supervised field work in connection with technical social work courses.

- (4) Employment at the time of application in an approved agency.

Qualifications for Membership

Applicants for Membership shall after July 1, 1953, have the following qualifications for admission to membership in the Association:

- (1) Completion of at least two years' work in an approved college.

- (2) Five additional years of general education, technical training or employment in an approved agency. This requirement may be satisfied in either one of the two following ways:

a. Graduation from an approved college plus one year in an approved school of social work, plus two years of employment in an approved agency.

b. Five years spent in some combination of: attendance at an approved college, attendance at an approved school of social work, or employment in an approved agency, provided, however, that the applicant has satisfactorily completed:

20 semester hours of social and biological

science in an approved college or school
of social work

24 semester hours of approved technical
social work courses.

300 hours of supervised field work in con-
nection with the technical social work
courses.

Two years of employment in an approved agency.

(3) (Substitute for requirements 1 and 2)

Graduation from a four year college plus
completion of a two year graduate course
in an approved school of social work shall
be regarded as fulfilling requirements 1
and 2.

Section 5. No one may continue as a Junior Member
after he becomes eligible to full member-
ship. No one may remain a Junior Member
more than five years unless granted exten-
sion for cause by the Executive Committee.

Section 6. The Executive Committee may in exception-
al circumstances elect to membership persons
who do not technically meet the requirements
specified above.

THE QUALIFICATIONS OF TRAINING AS REQUIRED FOR ELIGIBILITY
TO MEMBERSHIP IN THE AMERICAN ASSOCIATION OF MEDICAL
SOCIAL WORKERS

Graduated from a school of social work approved
by the Executive Committee as hereinafter
specified.

Completed a full course in medical or psychiatric
social work and having one year's experience in
the practice of the same, or as an alternative,

Taken a full course in any other type of social
work and having 18 months' experience in the
practice of medical or psychiatric social work.

Obtained a bachelor's degree or its equivalent
(to be determined by the Executive Committee),
at least two years of supervised case work ex-
perience in a recognized social agency (this
being understood to include a medical social
agency meeting the requirements of minimum
standards of the American Association of Medi-
cal Social Workers), and has had in addition
18 months' experience in the practice of medi-
cal or psychiatric social work.

Completed at least two years of supervised case
work experience in a recognized social agency
(this being understood to include a medical
social agency meeting the requirement of mini-
mum standards of the American Association of
Medical Social Workers), and has had in addition

3 years' experience in the practice of medical or psychiatric social work.

Considered by the Executive Committee to be a person of exceptional ability who lacks sufficient formal educational experience, but who has had five years or more of experience in social work of which not less than three years have been spent in the practice of medical or psychiatric social work.

Graduated from an accredited high school or its equivalent and has graduated from an accredited school of nursing, and has had at least 2 years of supervised case work experience in a recognized social agency and has had, in addition, 18 months' experience in the practice of medical or psychiatric social work.