

IMPORTANCE OF PUBLIC AND PRIVATE HOSPITALS  
IN THE EDUCATION OF YOUNG PHYSICIANS AND  
NURSES, AND THE CLINICAL INSTRUCTION  
OF PRACTITIONERS.<sup>1</sup>

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THE private hospital continues to live, and I think probably in the midst of a lot of supervised general hospitals the institution is quite as important, from an educational point of view, as it was in its early history. I regard the private hospital as largely responsible for the important specialties, and I value it most highly for the great work it has done along these lines. I insist that in educational centers, like New York, Boston, Baltimore, Philadelphia, Chicago, and New Orleans, the specialties should be advanced. If it is necessary to send your wife or child to be operated upon it is acknowledged that the best is not too good, and you want the ablest and the most refined specialist whose services can be obtained. I think we should aim in our work at that refinement that has been acquired in the treatment of diseases of the eye or in any of the specialties we have under consideration here.

Private hospitals had their origin in this country, and they gave us the specialties. They also gave us the nursing profession, another specialty which we esteem and value very highly. Our advances are largely due to the assistance and support we have had from the nursing specialty. All of us have seen recent allusions to the death of that queen of nurses, Florence Nightingale, which tell the whole story. With the decimation of wounded and afflicted in the English and allied forces in the Crimea, the mortality was reduced under her administration from 50 or more per cent. to 2 per cent., and the pest-houses were soon cleaned up. And this little queen of nurses met the prejudice of all classes for a time against her progressive humane work. She met an officer and asked him to open number six or seven. He refused and she politely told him he would save her the trouble of breaking the doors. But

<sup>1</sup>Read at the Twenty-third Annual Meeting of the American Association of Obstetricians and Gynecologists held at Syracuse, September 20-22, 1910.

it was a curious and interesting thing that this refined military commander, recognized not only the genius but the woman that possessed all these redeeming attributes of women. When he learned that she was ill he called for his orderly and horse and drove to her cabin, tapped on the door, and was informed by a Sister of Mercy that Florence Nightingale was ill with fever, and he could not see her. She recognized the voice of this military commander, tapped on the wall, told him that she was sick with fever, and that it would be dangerous for him to be admitted. The military commander said, "Madam, I fear nothing."

From this small beginning grew the private institution for that class of women that were going to do the work of mercy, not the scientific work, that came to her helpers. It was along these lines, in following her early efforts, we have the origin of Stone's work, and McDowell's work, who made a private hospital of his home, where his early work was very successful. It was free from sepsis, free from abscesses and the sequelæ of surgery which are so common now, and which give us what I have termed surgical junk.

It was precisely the early work of Sims with his private hospital, a little chicken-house, or wooden shed, or wagon shop, that enabled him to do so much, and he made those successful efforts after the profession had deserted him. If we will study his early trials and tribulations and the object lessons given by Sims in the direction of development of specialties, making trips to New York, New Orleans and Baltimore, we will find them very interesting reading. Sims made his way to New York and to Paris; but it was through Jefferson College, Philadelphia, the Gross School, the Pancoast School, that so many geniuses, so many specialists, received their education. Battey went South and gave us early surgery for obscure diseases of the female reproductive organs, for which he received much unjust censure. That simply meant ignorance on the part of the profession.

If you read carefully you will recognize that Battey's work was honest and done with pure motives. He established a private hospital and educated the members of his profession. Sims did the same, and so did McDowell and Hunter McGuire. Hunter McGuire not only created a private hospital and a new school for nurses, thus giving the people in the South a nursing profession, but he reeducated his profession. He created

schools and specialists in large numbers. No man has lived who made more good surgeons than Hunter McGuire. The doors of his private hospital were always open; you could enter without ringing or knocking. I rejoice that he has a son who is doing precisely the refinement of surgery that the father had practised so successfully. His mantle has fallen upon worthy shoulders.

There has been a prejudice against private hospitals, but they have never suffered from that warfare and condemnation and irregularity that have characterized many other institutions, simply because they have been managed by a class of men far removed from the possibility of irregular practices. Exceptionally do the private hospitals publish reports of any character of the work done in them. If I were to publish a report of my last year's work, giving the number of cases of ectopic pregnancy and the cases of suppurative forms of ovarian disease, the number of cases in which the appendix was removed, and the cases of peritonitis treated, the members of my profession would say at once, "What is wrong with Price?" I have never published a report of any character, and but few private hospitals in America have ever done so.

Beginning with the pioneers in the specialties, they did much work and created specialists. The nursing profession is doing much work at home and abroad; it is doing a great missionary work through Japan and China, through India and Africa, and I sometimes think that we are perfectly blind to the enormity of the missionary work which the members of the nursing profession are trying to do at home and abroad. This country is filled with a band of advanced thinkers and workers among the nursing profession, and they carry their counsel and good work into all the provinces. Many of these young women in acting as pupil nurses receive from ten to twelve dollars a month; they have labored night and day for three years before graduation, and their records of usefulness, their prominence, their great work of mercy have been larger than mine. In short, I would like to share more of their deserved prominence. Remember, I am talking about pupil nurses now.

I have alluded to the work of Battey and Sims and Hunter McGuire, and I probably have overlooked a few of equal prominence, but it will be impossible for me to mention all of them in this short talk. That past master, Emmet, continued to perfect the work of Sims with his ingenious operations for the repair of all

lesions incident to parturition, and these lesions are numerous and important and should be repaired. About a year ago I repaired some lesions, due to the premature use of high forceps, in the wife of a Harvard graduate and president of a college. He was a handsome fellow and she a lovely little woman. She was badly mutilated, with huge lips everted, and the lower end of the uterus larger than the upper end. I repaired her cervix, after the ingenious operation devised by Emmet for the repair of such lesion and then made a new pelvic floor for her. I promised her conception. I had many delightful chats with that intelligent little woman. I told her I wanted her to be a mother, and a few days ago she sent me a dear little note telling me that my hopes were realized.

And I rejoice that such a man as Emmet lived; he has been the means of arresting race suicide. But there is no one present who could not relate experiences of this character. Race suicide is due in many instances to pathological conditions. We have a great variety of race suicides. Social evils and vices are at the bottom of race suicide. It is difficult, if not impossible, to stop these evils. But we have made wonderful progress along these lines through the growth and development of our private hospitals and specialties. When I first talked about the social evils, after I read the paper of Noeggerath on the Latency of Gonorrhoea which he wrote in 1876, at the beginning of our scientific progress, I met with a good deal of opposition on account of the views I then advanced. I was even asked to leave Philadelphia, whereas now it is simply impossible for me to accept all the invitations I receive to deliver lectures on the subject, even from the church pulpit with a big Bible to lean upon.

Following the work of these early pioneers, we had them all—Emmet, Gaillard Thomas, Paul F. Munde, Goodell, and the second school of great specialists, which gave us men like Clark, Kelly, Deaver, and a great number of advanced specialists such as I see before me—all serving our schools and hospitals throughout this country. Later appeared the specialists in the Southwest, the Middle West, and the East. These private hospitals serve as landmarks and as teaching institutions. They have always been wide open and, when running at their best, have been made more attractive and interesting than society meetings. Two years ago I happened to have had an abundance of clinical material during the meeting of the American Medical Association

at Atlantic City. The good practitioners from around the country paid me the compliment of coming to see what I was doing. They asked me many questions about the patients I was operating on, and many of them were so intensely interested in the surgical work and what they saw that they did not even attend the meeting of the American Medical Association. These practitioners get in private hospitals what they cannot get by attending meetings of the American Medical Association or in general hospitals. One distinguished practitioner, who has done so much theoretically and practically for his profession, was at my clinic and told me he had closed his private hospital. I asked him what was the trouble and he said he had been speculating in stocks.

I am sure we are all gratified to see that many of our general hospitals have been remodeled and that they are no longer pest-houses. It was the private hospital that cleaned up the pest-houses. Now, it would be an excellent thing if we could clean up medical colleges and make them fit for students to sit in. The average medical college is a dirty place, too dirty even for poultry or animals. In my private hospital doors are wide open. Practitioners can enter the operating-room at any time, and they come in at all hours without interfering with my surgical work. Some time ago there was a controversy between the ministers and doctors as to whether hospitals should be open to practitioners of medicine. I was asked to serve on the staff of one of them and I said that I would not serve on the staff of any hospital that was closed to my professional brethren; neither would I permit the trustees of such a hospital to tell me when I should do an operation or how I should do it. I find that some of the church hospitals throughout the country are closed to the profession, and I am ashamed that there are still brother practitioners who will serve such institutions. They ought to resign unless they can use their influence with success in reforming such hospitals.

I have presented simply the educational side of our private hospitals, and I know from a study of these institutions at home they have done great work. I find men distributed over Kansas, Texas, and other portions of the South and West who have had only meager opportunities, but who, after witnessing a few operations, have gone home with new and fresh knowledge and have done splendid surgical work unless, perchance, they are members of the Ananias Club. At all events, they have written me letters which I prize, and it is difficult to deceive about one's work

nowadays, because there are too many men watching and seeing what is being done. They talk about it, and if you lose a patient they know it in California in an hour or so, the news being transmitted by wireless.

I find that same condition of affairs in associating with members of my profession from abroad, and nothing gives me more pleasure than to allude to the kindness of our foreign specialists. I still go to all of their clinics whenever I have an opportunity to do so. I lunch with them, dine with them, travel with them, and I have received every kindness and attention possible in witnessing their operations. Men like Messieurs Keith, Tait, and Knowsley Thornton, and the old school of specialists, deserve monuments erected to their memories, because they have distributed throughout the the provinces of England a class of specialists that could not be developed in any other way. The general hospitals are not giving us the class of men and specialists that it should. There is something of which they are afraid. They have a peculiar self-consciousness. I asked Deaver not long ago why it is we are not making more surgeons, and he replied, "Damn it, they are too busy playing poker."