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King Edward's Hospital Fund for London

A BRIEF REVIEW
of
SOME OF THE HOSPITAL PROBLEMS COMMON TO GREAT BRITAIN AND AMERICA

being an extract from a Report of a Visit by Sir Ernest Pooley and Mr. A. G. L. Ives in May, 1948.

10 OLD JEWRY, E.C.2

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Being an extract from a Report of a Visit by SIR ERNEST POOLEY *and* MR. A. G. L. IVES *in May*, 1948.

Through the kindness of the Rockefeller Foundation and the Commonwealth Fund of New York, Sir Ernest Pooley and I were able to visit the United States and Canada in the early summer of 1948.

Our main purpose was to exchange ideas with the large American Foundations whose activities run to some extent parallel to those of the King's Fund. Much of the material gathered as a result of the tour is therefore of interest chiefly to those concerned with the policy of the Fund, and is not here reproduced. But since the interests of the Fund extend over a wide field, the visit offered an opportunity to form impressions on a range of topics. These included the progress now being made in the provision of advisory services, and the training of personnel, in nursing, catering and so on, and in the attempts being made to achieve objectives similar to those of regionalisation in Britain. Some of this material may be of general interest, and is here printed in the hope that it may be of some assistance to others visiting America.

In planning the tour we had the advantage of the keen interest of Dr. John Grant, European representative of the International Health Division of the Rockefeller Foundation. Dr. Grant has for the last two years been engaged in a survey for the Foundation of medical care in Australia, New Zealand, Canada, Great Britain, Denmark, Finland, France, Holland, Norway, Sweden, Switzerland, South Africa and the United States. His advice and help have proved invaluable. We have also had the advantage of Captain Stone's report, which although primarily directed towards a rather different purpose—viz., a survey of hospital progress and facilities—to some extent overlapped the same field and afforded much useful data.

The programme took me first to New York for preliminary contacts: to Chicago (by plane in $2\frac{1}{2}$ hours) where are located the

headquarters of the American Hospital Association, the American College of Surgeons, and other bodies specially concerned with the training of hospital personnel; to Battle Creek, where I spent two valuable days with the Kellogg Foundation; to Toronto, where are the headquarters of the Canadian Hospital Association; to Boston, where besides spending some time at the Massachusetts General Hospital, I saw the Bingham experiments in regionalisation; to Washington, where Sir Ernest Pooley joined me, and where we met the authorities of the United States Public Health Service; and back to New York for consultations with the Rockefeller Foundation, the Commonwealth Fund and others. Hospitals I saw only incidentally to the main purpose of the tour, but those seen included the Billings Hospital in Chicago (a brief visit), the Toronto General, St. Michael's and the Sunnybrook Hospital at Toronto, the Massachusetts General, the Eye and Ear Infirmary and the Pratt Diagnostic Hospital at Boston; and the New York Hospital and the Presbyterian Medical Centre at New York, besides other less well-known hospitals. To have visited hospitals as such would have required a much longer tour and a very different itinerary.

A sum of $1,000 was generously placed at our disposal by the Commonwealth Fund, and all arrangements for hotel bookings, mail, etc., were made through the kind offices of the Rockefeller Foundation.

A. G. L. IVES.

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Hospital Development in America.

Hospital development in America has been broadly parallel to that of Great Britain, and indeed springs from a common stem. The close association of university medical faculties with bedside care of the patient was first developed in the Netherlands and especially at Leiden in the latter part of the seventeenth century, and in the early years of the eighteenth century a similar association was developed at Edinburgh under the influence of men returning from Leiden. The eighteenth century voluntary hospital in Britain was paralleled by a similar movement in America directly traceable to the influences from Edinburgh. On both sides of the Atlantic development was rapid after the great advances of the middle and latter part of the nineteenth century.

Until about 1910, hospital development in America lagged behind that of Great Britain. Since the famous Flexner report on Medical Education in 1914 and the reforms subsequently initiated through the American College of Surgeons, rapid progress has been made and the hospital provision has been multiplied many times over. The voluntary system has in America, as in Britain, been supplemented by the provision of city and state hospitals mainly catering for the indigent and for mental illness, and there has been equally little connection between the administration and standards of the two types of hospital. After World War I there occurred in America between 1921 and 1928 probably the greatest boom in hospital building that the world has ever seen, money was given freely, and there were in operation in America in 1928 more hospitals numerically than ever before or since. With the depression, many of the smaller ones closed their doors, though the total number of beds increased a little by concentration in the larger units. Between 1930 and 1938 there was comparatively little building. Nor was there much demand for private or semi-private accommodation, until the development during the last decade or so of the insurance schemes known as the Blue Cross Plans, which now cover some thirty million persons and have led to a great increase in the demand for middle class accommodation. When the war came no building was allowed, except that which was Government-aided, but a sum of $100,000,000 from Federal funds went into the erection of hospitals near the great manufacturing plants.

At the end of the war, American hospitals were therefore (in general and with exceptions) suffering from fifteen years of neglect

with a great need for hospitals to serve the smaller rural communities. Just before the war, the Commission on Hospital Care had recommended Federal aid. The lack of sufficient voluntary support, the increased demands due to the development of Blue Cross plans, the rising costs both of building and of maintenance, and especially the increased public appreciation of the value of hospital care, have led to the Hill-Burton Act under which Federal funds are made available to the extent of $75,000,000 per annum for capital purposes. Each State is required to prepare and submit a series of priorities, which may and generally do include voluntary hospitals, before aid is made available, and in no case will aid exceed more than one-third of the cost. This large building programme is now in full swing under the supervision of the United States Public Health Service which aims at securing the development of hospitals with good diagnostic facilities in the most needy places. Standards of construction have been laid down (probably for the first time in history) and a substantial staff with nine district offices in various parts of America is available to help the states with their programmes. Every state is moreover required to establish a system of " hospital licensure " with minimum standards of sanitation, staffing, safety precautions, etc. Whether assistance with maintenance will have to follow is still uncertain, but the increasing financial difficulties, due to inflationary tendencies throughout America and to many other factors, suggest that such assistance cannot long be withheld. Great efforts are being made to obtain still larger payments from the patients, although payment already plays a much larger part in the hospital system in America than it does in Great Britain. The high cost of hospital treatment for any except the indigent is a source of public criticism and lends support to the movement for a compulsory health and insurance plan for all, now being vigorously advocated by Mr. Truman and equally vigorously opposed by the medical profession in America. Very great interest is being taken in the National Health Service developments in Britain and in the progress of regionalisation.

This sketch of hospital development in America may help to underline the obvious scope for interchange of information with this country. One of the dominant impressions made by the tour was the fact that there was much to be learnt on all hands, both what to imitate and what to avoid. Speaking generally, hospital administrators in London know little of what is going on in America ; relatively few even see the two best American hospital journals (" Hospitals " and " The Modern Hospital "). Before visiting America, I had an impression that American hospital personnel would prove to be better informed, but in fact it appeared to me that the position was very similar to that in Great Britain. Literature from this country does not appear to circulate at all freely in America, and even in the

large Bacon Library in Chicago it was noticeable that information about developments in Great Britain was often deficient. Comparatively few American administrators have visited this country.

The almost total absence of any proper system of cross-reference between Great Britain and America* is a defect which ought to be remedied. To use American language, the public investment in hospitals in both countries is so great that failure to have heard of the lessons learnt or of standards attained elsewhere must be very costly; and the extent of subject-matter is vast, ranging from such major matters as the finding of means to combat shortages of staff to details of hospital construction and equipment. By way of example in matters of detail I noticed that wherever the provision of individual washbasins and sanitary items was included in the bedside lockers, the practice was warmly commended by the nursing staff, but I do not recall ever having come across this in Great Britain. The influence of the American College of Surgeons does not appear to extend beyond strictly medical matters and there does not appear to be any central body in America which visits hospitals with an eye to non-medical matters, as has been the practice of the King's Fund. There seems therefore, as Captain Stone has pointed out, to be a great need for building up a system of interchange of information or advisory service which does not stop short at the national level; and it seems that one of the greatest services that the King's Fund can render to the London hospitals, and incidentally, to the hospital world at large, would be the provision of such a service at a really high level of accurate and up-to-date information. The need for provision for travel grants both ways between the two countries—especially in the field of hospital administration—is also very apparent.

A reference may be made here to the attempt now being made to re-establish an international hospital organisation. Whilst in New York, Dr. Donald Smelzer of Philadelphia, Chairman of the International Committee of the American Hospital Association, sought an interview with us and explained the present position. The old international hospital association of pre-war years, which used to publish a well-known journal called "Nosokomeion" and held periodic international gatherings, went into liquidation with the war, having in its latter years fallen largely into German hands. Tentative approaches are now being made towards the establishment of a new body to be called "The International Hospital Federation" and a small gathering of those interested was held in Brussels on June 28–29, to consider the matter further.

* Canada is included without specific reference, as the Canadian hospitals participate in American Hospital Conferences and American hospital organisation.

Dr. Smelzer said that the Americans felt that in the present state of Europe it was scarcely practicable for the headquarters to be established elsewhere than in Great Britain. Their preference would be for London and he was anxious to know whether the Fund would be willing to interest itself in the organisation. The King's Fund has, since the date of this Report, authorised Captain Stone to act as Honorary Secretary of the Federation.

Hospital Administration and Training of Personnel.

The great expansion of the American hospital system now in progress has led to a grave shortage of trained personnel in almost all fields. For administrative purposes, many of the smaller American hospitals have nurse-administrators or laymen who are drawn from business without any knowledge or experience of hospital work; and all authorities were unanimous in condemning this feature of American practice. There is in consequence a great demand for trained administrators, and nine universities are offering courses in administration, usually comprising a year spent studying hospital subjects and social sciences and a year's internship in hospital. These courses evidently vary a good deal and much depends on the capacity of the administrator under whom the year's internship is spent. Comparing the system adopted with our own recent system of bursaries given to men of some (and often considerable) administrative experience, one was struck by three things.

First, there is apparently little or no real selection at the outset. One administrator of a large hospital ventured an opinion that many of those taking the course were *Beta minus*. It is, indeed, difficult to see how any real selection for managerial capacity could be exercised if candidates are accepted and may proceed to a degree in their early twenties. I discussed this matter very thoroughly with several administrators. They agreed that they were doubtful whether the present American approach is likely to produce more than a very small proportion of leaders in hospital administration. The association of the training with the universities in America seems to be part and parcel of the American tendency to carry back vocational training into the university period—a practice which is almost invariably condemned by British opinion.

Secondly, the system whereby the internship is usually spent in one hospital under a single guiding hand appeared to suffer by comparison with our own system whereby a man spends some six months in each of three hospitals. There is no feature of our own

scheme about which our bursars are more eloquent than the value of seeing different administrative systems at work : they are thereby freed from the idea that there is something sacrosanct about any one way of doing things, and they are able to observe for themselves what is good and what is not so good.

Thirdly, one was impressed, and in this case favourably, by the emphasis placed on the student getting some introduction to public health activities outside the hospital, and the association of some of the courses with public health activities of a university centre can scarcely fail to benefit the student and broaden his outlook.

The university scheme is supplemented by courses of " in-service " training for those already holding appointments in hospitals. Many such courses are conducted under various auspices. The courses usually take the form of five-day " institutes " and their value is clearly dependent upon the ability of those who conduct the courses. There is no doubt need in this country for much more than is at present being done on these lines. Some further reference to this subject follows later in connection with training of the various categories of " medical auxiliaries."

Nursing.

The shortage of nursing staff is, together with the shortage of doctors, by far the most serious problem with which the American hospitals are confronted and the issues are so important and so closely related to our own problems that they deserve a much more thorough discussion than is possible here. I was able to discuss them with the Rockefeller Foundation (Miss Mary Tennant) which has played a prominent part in financing nurse training schools all over the world ; with the Directors of nursing at three large hospitals (Miss MacFarland, Toronto General ; Miss Ruth Sleeper, Massachusetts General ; and Miss Dunbar, New York Hospital) ; with Miss Kathleen Russell, the University School of Nursing at Toronto ; with Miss Lucile Petrie, Director of the Division of Nursing of the United States Public Health Service ; and with Miss Mary Roberts, Editor of the American Journal of Nursing. The shortage as in Britain affects most gravely the City and State hospitals, and it is evident that the standards of care at some of the city hospitals in New York and Chicago are very low indeed ; but it extends also to great and famous hospital training schools such as the Massachusetts General which has 100 beds closed for lack of nurses and is now a quarter under complement on the wards at present open, and the New York Hospital, which is unable to open 170 badly needed beds for lack of nursing staff.

Statistical data are largely lacking but it is evident that the shortage is colossal and threatens to bring down in ruins all the present effort for the extension of hospital services. The root cause of the trouble—apart from the rapid growth in demand—was described to me by Mr. Prall of Chicago as tendencies in American secondary education extending over the last 15–25 years which have produced "a great mass population don't want do anything," i.e. anything that does not appeal as something rather superior and definitely non-manual. Mr. Prall predicted that the present educational movement in Britain for the extension of secondary education to all would produce similar catastrophic results.

Stimulated by a situation more acute even than exists in Britain, the American hospital world is seething with efforts to find remedies—some of which seemed to be headed in the right direction, that of building up a larger body of trained nurses in the hospitals, and others, which appear to be dominant, headed in directions which can only lead to a general lowering standard of bedside care. Taking the latter first, one is everywhere struck by what seems to be a growing conviction that the development of new techniques in medicine—blood transfusions, penicillin treatment, and so forth—will absorb practically all the highly trained good quality nurses that are likely to be forthcoming, and that therefore most of the routines of ordinary bedside care must be relegated to a second grade of nurse. Schemes for the training of "practical nurses" have been receiving great publicity and are being widely commended and coupled with a nation-wide poster appeal of the kind undertaken in Britain during the war and now happily abandoned. Copies of the recent Report of the Working Party in Great Britain are circulating freely in nursing circles and are being interpreted intelligibly (but perhaps wrongly) as support for this movement, which would divide nursing into two categories. The leaders of the profession who have for many years past been encouraged to look to the link up of their nurses' training schools to the universities as an ultimate goal, find themselves in an uneasy alliance with this movement, for it is only too apparent that the numbers of university trained nurses can never be sufficient to meet the wholesale needs of the hospitals. Few seem to have their eyes open to the admission implied in this double movement—that a large proportion of bedside care in American hospitals may be reduced to a level below the standards attained for fifty years past in the best hospitals in Britain and America under the influence of the Nightingale tradition.

It would be a mistake, however, to conclude that this drive towards the academic training for the few and "practical" training for the rest is all that American experience to-day has to offer us.

In each of the larger hospitals I visited there were strenuous efforts afoot to arrest the loss of trained graduate staff from the hospitals which in America, as in Brtiain, is the real core of the problem. In some of our own training schools, the care of the patients may be entrusted to a " team " in the proportion of four or five student nurses to one trained nurse, implying a ratio of students to trained staff which makes talk of student status almost a contradiction in terms. It is the failure of our Working Party Report to grasp this problem or to begin to suggest remedies for it that makes that report a doubtful guide in our present perplexities.

Any steps being taken in America with the object of enabling the trained staff to find greater satisfaction in work in the hospital —or what in the end leads to the same result, to improve the quality of the training of the student nurses—are, therefore, of the greatest potential value to us. Under the pressure of necessity many steps are being taken to employ trained staff. Some of these steps are still looked upon askance in England but appear to be fully justified by results. At the Massachusetts General, for instance, despite the overall shortage the proportion of trained staff is relatively high, amounting in the non-paying part of the hospital to more than one-third of the total staff. The pay of the trained nurse has been raised and is on a cash basis. The nurse pays $25 a month for her room and buys her own meals in the cafeteria, where she mixes freely with doctors and other workers. There is a substantial group of married nurses at this hospital, a total of 75, who have a special Monday to Friday time-table ; and a further group of part-time trained nurses equivalent to 34 full-time nurses. Arrangements of time table initially presented trouble, but the difficulties have been successfully overcome. There is a definite plan for " in-service education " for the trained nurse. A welcome is given to the newcomer from a small hospital, including a tour round the whole of the hospital, followed by twelve classes taken in hospital time dealing with such matters as the history of the hospital and of the training school, an explanation of its objects and ideals, and talks by medical men on the research programmes of the hospital staff. These classes are followed by others of an explanatory character, the programme being built up on the basis of requests received for information. There is a trained nurses' committee on personal problems, one of the objects of which is to associate some half-a-dozen bedside nurses with senior staff in this side of the work. All trained nurses have their latch keys and there is no signing either out or on. Every effort is made to avoid shifting trained nurses round the hospital—" if you are going to stay with us a year, we will give you first choice of where to work and leave you there." Those who are only prepared to stay a month or two are treated as " floaters." " And," said the Director of Nursing, " we try to say ' you have done well '—

it doesn't come easily ; we were brought up in the Puritan tradition, but we try ! "

Turning to the students she emphasised the important part played by the " clinical supervisors," *i.e.*, teaching staff employed almost exclusively in the clinical units as distinct from the classrooms. She explained the student nurse organisation whereby under a little guidance the students settle their own constitution and handle privileges of late leave, etc., in order that they may be helped to grow up into independence. She described the arrangements for consultation between authorities of the training school and the students on such matters as the scale used by the tutors for assessing achievements ; and the successful addition to the staff of a " Counsellor," *i.e.*, full-time person always freely available to the students for helping in personal problems. This appointment was said to have brought about an entirely new atmosphere in the school. If the students do well, a report is sent to their High School commending them. This is said to please the schools and to bring other good candidates. If they fail to do good work their parents are written to instead, perhaps hinting unsuitability or asking for possible help from the parents. With one group of students experiments are being tried out with a shorter course of 28 months without pay, followed by eight months internship with pay. Students are allowed to marry in their last six months before graduation and no inconvenience to the hospital has resulted from this practice. At a graduation ceremony (not at Massachusetts General), said Miss Petrie " every hand that reached for the diploma wore a wedding ring."

A somewhat similar series of measures are being taken at the New York Hospital where the staff ratios are 521 trained nurses, 170–250 students, and 370 supplementary workers of various grades. Here the Nurse Training School is organised as the Cornell University School of Nursing. Administrative responsibilities (such as control of admissions to the school and promotions) are delegated, apparently with complete success, to special committees composed of senior staff, thus relieving the head of the training school of much of her administrative burden. The prospectus of the training school both here and elsewhere strikes a happy educational note which might well be followed with advantage in Great Britain.

The details already given will be sufficient to show that much experience is being gathered which may be highly pertinent to the problems now confronting nursing in Great Britain, and that it may well be that some of these American schools are going successfully forward with loosening rigidities which still stand fast in Britain.

Much could, one feels certain, profitably be learnt by an objective survey of these developments seen through British eyes. The matrons from our hospitals who attended the Congress in America last year were, I think, instinctively right in their comment that American nursing was too " academic " and was losing much of great value that we still possess in the best nursing traditions in Great Britain, for it seems clear enough that the leaders of the profession in America have become entangled in the university concept which is such a prominent feature of American life, and that this concept has created great confusion in regard to nursing.* But the steps being taken to open up the way for the trained nurse to remain in hospital service fall into quite a different category.† They are fully in line with the views we have expressed to the Ministry in our Comments on the Working Party Report. If the best of this experience could be made available to nursing in Great Britain great benefit might accrue, for unless the path in this direction is clearly mapped out, it seems only too possible that pseudo-solutions will sooner or later occupy the whole field.

Catering.

In hospital catering this country is many years behind American standards, for the training and employment of dietitians in hospitals in America was already well established in the 'twenties. Since the publication of our King's Fund Memorandum on Hospital Diet in 1943 the London hospitals have generally accepted the principle of making catering a separate department under a specially qualified person, but shortage of suitable personnel is now holding up further advance and many hospitals have recourse to caterers with experience in the commercial world but who have had no training in nutrition and can scarcely be expected to take a deep interest in it. Discussing this situation with dietitians in charge of their departments in large American hospitals, one was met by the question : " But do not

* Reference must in this context be made to the small University School of Nursing at Toronto. This school has been supported by the Rockefeller Foundation, and the Rockefeller Report refers to " the outstanding research programme produced under Miss Russell's leadership, scholarly ability, and insight into the community's nursing needs . . . Toronto is one of the peaks of nursing training in the world." Yet the principle of linking up nurse training schools with the universities creates problems of its own. It may be held to cream off those who should leaven the nursing training schools as a whole, and to give an academic bent to nursing which may well prove to have been after all a false trail. The true line of development appears to be to offer financial independence to the training schools and to allow them to evolve a professional training free from the bias towards the academic which association with a university is bound to encourage.

† The one bright feature in an otherwise gloomy picture of nursing in America is the substantial increase in the number of staff nurses in hospitals with training schools, which is said to have risen from 20,000 in 1946 to 50,000 in 1948 ; but it must be remembered that the former figure was very low indeed and it is uncertain how far the latter includes part-time nurses.

your hospitals train dietitians and select the best of them for managerial posts?" In a large American hospital, *e.g.*, the Massachusetts General, the New York Hospital and the Presbyterian, New York, one finds an active school for students in hospital dietetics whose background is a four-year university course in "home economics," and there are also some 15–30 dietitians employed about the hospital under the chief dietitian. With an intake of perhaps a dozen carefully chosen students per annum it is comparatively easy for the hospitals to select the best to fill posts of varying degrees of responsibility, and to supply others to hospitals without training schools.

This arrangement contrasts markedly with the British system whereby a comparatively small intake of students in dietetics in King's College of Household Science and elsewhere have been given a heavy dose of academic knowledge of nutrition recently, unaccompanied by any extensive experience of the managerial side in hospital or elsewhere; and it is not surprising that a large proportion of this very limited supply fail when suddenly confronted on taking posts with the responsibility of acting as dietitian or assistant dietitian in control of catering staff. Through Miss Broatch's introduction I was able to see, besides the hospital schools, the commercial catering establishment of Messrs. T. M. Eaton in Toronto, where also a school of dietetic instruction is maintained similar in principle to those in the hospitals. The school appeared to be more highly organised than the hospital schools; there is heavy competition for places in it and I was at once impressed by the high quality of the students to a number of whom I was introduced. Many of these find their way to hospital posts.

The Fund appears, therefore, to be on the right lines in seeking to break the bottleneck which now prevails in Britain in regard to the supply of trained personnel by establishing a school where high standards would be taught and where training on the managerial side would be interwoven with knowledge of nutrition. It seems also that great benefit to the hospital service as a whole might result if at least two or three of the London hospitals could be encouraged, by way of grants or otherwise, to go much further with the establishment of schools for those who already possess domestic science qualifications, on the lines of the schools maintained by the large hospitals in America. Small hospital schools of this kind already exist at the London Hospital, at University College Hospital, at the Middlesex and at Hammersmith (at the London and the Middlesex these schools are run by dietitians who visited America eighteen months ago with Rockefeller grants obtained through the King's Fund). The American hospital schools pursue an active recruitment policy in the

colleges in an effort to interest students of good ability, and so far as I am aware little of the kind is attempted in Great Britain.

There must be very few of the caterers in our hospitals who would not benefit greatly from a visit to America. For those who already hold responsible positions a visit of say six weeks or two months should be ample to enable them to obtain a grasp of what is going on in America.

In one respect the catering in American hospitals seems to be open to serious criticism. The last meal of the day for the patients was going to the wards in the hospitals I visited at about 5 p.m. or 5.30 p.m., and in one case about 4.30 p.m. Although it was said that further nourishment (? milk and biscuits) would be given later, and although it is usual to take the evening meal in America somewhat earlier than in Great Britain, all those with whom I discussed the matter were agreed that the meal was much too early. It is due of course to the universal wish to work an eight-hour day; and insufficient effort appears to be being made to overcome the difficulties in the interests of the patients. Breakfast appears to be served at much the same hour as in British hospitals. One noticed the abundant provision for the supply of coffee. This is not usually available in our hospitals, and it is assumed that the patients prefer tea. This is surely open to doubt, since coffee is commonly preferred and much used in popular restaurants in England. The high standard of the salad preparation was also most noticeable, special kitchens being devoted to salads as are special kitchens to pastry in some of our hospitals.

The supervision of the domestic staff in American hospitals is normally entrusted to " housekeepers " whose responsibility, as in British hospitals, seems to vary from domestic supervision as we understand it to that of personnel management. " Institutes " are being energetically arranged for housekeepers under the auspices of the American Hospital Association. A notable feature is the use of booklets containing personnel policies given to each employee, with the object of instilling enthusiasm for the ideals of the hospital and helping to curb the high rate of turnover of such grades of staff. The booklet used in the New York Hospital is carefully drafted and entitled " Introducing the New York Hospital to You." It includes a map of the hospital and full particulars of all terms of employment, and of the facilities available to the hospital's personnel.

In all these fields, therefore, much may be learnt from keeping in close touch with developments in America—by way of exchange of information, visits designed to explore special aspects of the subject and travel grants to selected personnel.

Training of Technical Personnel.

The programme arranged by the Rockefeller Foundation offered glimpses of training courses in certain other fields. The development of hospital services in all countries in the past decade or two implies a vast programme for the training of subsidiary personnel. In America a whole group of such activities has been stimulated by the impact upon the hospitals of the requirements of the American College of Surgeons, with its system of minimum standards and regular visitation of practically all hospitals in the States and in Canada. These standards affect mainly medical matters, with strong emphasis upon provision of first-class medical records and diagnostic facilities (especially X-ray apparatus and laboratories). The result has been a movement for the establishment of training facilities—both schools for newcomers and refresher courses for those already in employment—which is not paralleled in this country. The new regional boards here will, as they get into their stride, no doubt begin to probe into these matters, and it is a fair guess that the demand for such training facilities here will soon become much more insistent.

Medical Record Librarians.

This is a field in which American experience may well have something of value to offer us. As Captain Stone pointed out in his report, there are now eleven schools for the training of medical record librarians in Canada and the United States and the librarians are linked together in an active association.

The movement in America dates back to the wave of interest in medical record keeping that followed the introduction of minimum standards by the American College of Surgeons. Each hospital as it came under the impact of the very definite requirements of the American College of Surgeons—failure to comply with which seriously affects the status of the hospital—felt the need for trained medical record keepers. I saw an excellent example in the training school at St. Michael's Hospital in Toronto. When the Canadians founded their association in 1936, they chose this hospital for the training school. Sister Paul, who is in charge, described the condition of the department in the early 'thirties as chaotic. They then started the unit system and with the help of the two keen residents adopted the Standard Nomenclature. For the first three or four years the school grew slowly, but the department now houses an obviously successful school; they have "a great long waiting list," and also a waiting list of hospitals offering posts to trainees on completion of their training. One cannot

visit such a school without querying whether similar schools in Great Britain would not prove an asset to the hospital service.

Everywhere I was told of the value of the " Institutes " which are found to be very useful as refresher courses for medical record librarians and other grades of department personnel.

The comparative quality of medical record keeping in British and American hospitals is not easy to assess : but Dr. Grant, when asked about the main defects of the British hospital system on the whole as he saw it, said without much hesitation " Your medical records are atrocious." The American system in the larger hospitals, however, differs from the British in that there appears to be no one who carries functions corresponding with those of medical registrars in our hospitals.

Experiments in Regionalisation in America.

Deep interest was everywhere shown in the set-up of the National Health Service in Great Britain, and there are in America several parallel movements towards regionalisation. The conception in England derives from the Report of the Consultative Committee of 1920 (" The Dawson Report ") with its plan of primary and secondary hospitals. Though long dormant, the main principles of this Report are now embodied in the hospital provisions of the National Health Service Act. In Dr. Grant's words we in Britain have now got the right framework ; but the question is whether we can succeed in " putting the content into it." It will prove ineffective unless we can " articulate the peripheral with the base hospitals and provide a two-way flow of high level diagnostic consultant and continuing education services." As yet our regional boards have scarcely been in a position to concern themselves with these matters as they are fully occupied with the preliminaries of seeing that the hospital services function without a breakdown on July 5. But consideration of these questions of content cannot be indefinitely postponed.

Dr. Grant therefore included in my schedule an opportunity to see something of one or two of the parallel developments in America. In America as in Great Britain there is a wide gap, perhaps even greater than in Britain, between the quality of the work done in the teaching centres and that in the outlying rural hospitals whose diagnostic facilities are often conspicuous by their absence. This has long been the subject of comment, and Sir William Osler used to make emphatic observations on the matter as long ago as 1908–10. Since about 1930 definite attempts to provide such facilities have been made under various auspices, and I was able to see something of the

experiments at Boston (the Bingham Associates), and in Michigan (the Kellogg Foundation). A similar movement is in progress at Rochester under the auspices of the Commonwealth Fund. The Bingham organisation appeared to me to offer the clearest pattern, and is worth describing in some detail.

The Bingham programme is now well established. The centre piece is a small but highly organised diagnostic hospital (the Pratt Hospital) in Boston, with a post-graduate medical school of university status, and quite exceptionally extensive laboratory facilities. The hospital is a modern unit of 83 beds built in 1939, and now in process of extension. With the help of the Bingham Fund, which has an income of approximately £20,000 a year, a friendly working relationship has been developed with a group of fair-sized hospitals, known as regional hospitals, in Maine and Massachusetts, and with a much larger number of " community " hospitals, *i.e.*, general practitioner hospitals, most of which would in England rank as cottage hospitals. One of the main objects is to encourage the staff of these hospitals to send patients for diagnosis first to their regional hospital and, if the case is beyond that hospital, to the Pratt Hospital. This process is now very extensively developed and the central hospital always has a waiting list. No treatment, except a little surgery, is undertaken and the patients' stay is usually four-five days. As soon as the diagnosis is made, the case is sent back to the general practitioner with a very detailed report, and an abstract of the latest relevant material from medical publications.

The programme covers a wide field of activities. First, there is the direct flow of patients to the Pratt Hospital mentioned above. With this is combined a system of post-graduate instruction for the general practitioners, whereby courses are given for two or five days at a time in the spring or autumn. The tuition fee is met by a grant from the Bingham Fund, and grants are made to meet the expenses of the general practitioners attending—it is hoped soon to provide residential facilities. A special series of X-ray and pathological conferences is in full swing. The radiologists from the small hospitals are encouraged to come twice a month (often some 200 miles or more) with films upon which they would like advice. I was able to spend half an hour in one of these conferences or " seminars," at which some 60-80 radiologists were taking an intense interest as films were thrown upon a screen, described by the local radiologist who had taken them, and then discussed by a member of the staff of the Pratt Hospital. It was obvious that the process was highly educational—one could have heard a pin drop !—and the fact that the conferences are so well attended and that the demand warrants their being fortnightly, is

eloquent testimony to their value. Small grants from the Bingham Fund are used to encourage the process; thus, general practitioners can recover expenses incurred in attending and the members of the staff of the Pratt Hospital receive a modest tuition fee. Cardiography is also encouraged. Each community hospital is offered the chance to send one of its staff for a free course in cardiography if the hospital will agree to purchase a cardiograph.

Thirdly, there is a programme for providing residents for community hospitals. When medical men began to come back from the war with a view to settling in the townships as general practitioners, they were offered a three-months' corrse at the Pratt Hospital, followed by six months in one of the regional hospitals, and a further three months in the community hospital in the town in which they would eventually settle as general practitioners. This besides its clear educational value ensured that they became well acquainted with all the facilities available. The programme also offers opportunities for those who wish to specialise, with up to four years of post-graduate experience "rotating" in different hospitals, as the needs of the particular specialty may require.

Fourthly, the community hospitals are encouraged to develop their diagnostic services; often a department is subsidised until its value has been proved and the hospital is willing to maintain it. Technicians for all these hospitals are offered two-three month courses, and an itinerant technician is provided to take their place whilst they are up at the centre receiving instruction. If need be scholarships are offered to meet the expenses of the course. Further courses for technicians are maintained at the regional hospitals in conjunction with local technical colleges.

Fifthly, a special programme has been developed in anæsthetics. The view has been formed that in rural community hospitals doctors do not as a rule reach a satisfactory standard in anæsthetics and that the work is better done by properly trained nurse-anæsthetists. Nevertheless, one-day seminars are arranged for doctors in anæsthetics, when the use of modern apparatus and methods is demonstrated. Arrangements are made upon request when specially difficult cases are encountered for a skilled anæsthetist to be sent out from the central hospital for a three-hour session, and incidentally give instruction in the course of his visit. The Pratt Hospital also provides advice on general administrative questions upon request, and will send down an administrator to the smaller hospitals to help over staff difficulties.

Dr. Samuel Proger, the Director of the Bingham programme, placed great emphasis on the importance of securing the voluntary

co-operation of all those concerned, and of striking a happy medium between organisation on the one hand and voluntary co-operation on the other. The monies of the Bingham Fund, although not large, have been sufficient to cement the organisation, but it remains (and, in Dr. Proger's view, must remain) essentially a voluntary organisation in the sense that no doctor or hospital can be compelled to make use of the services offered.

The implications for the British experiment in regionalisation are plain. The results now being achieved in these American experiments are of the kind which we should like to see as a result of regionalisation in Britain. It seems clear, therefore, that it would be a great advantage if some of those responsible for developing regionalisation in Britain could have the opportunity of studying these American programmes and seeing at first hand what is being achieved. It also seems clear that great advantage in developing such a project in Great Britain might accrue from the participation of a disinterested voluntary fund which could help in the initial stages of each step by offering the modest financial assistance which at every turn is necessary to encourage individuals to take advantage of the various facilities for training, etc. Many of these are of an experimental and voluntary character and might lose their appeal if made part of the official organisation.

The possibility of developing a somewhat similar programme in one or all of the London regions with the active participation of the King's Fund in a rôle somewhat similar to that of the Bingham Fund on its smaller scale might therefore be carefully examined. The importance of "putting the content into regionalisation" needs no emphasis.

Printed by
Geo. Barber & Son Ltd.,
Furnival St., London, E.C.4.
(A46830*)