

OBSTETRICS AND GYNECOLOGY UNDER IDEAL CONDITIONS IN A GENERAL HOSPITAL*

FREDERICK C. HOLDEN, M.D.

Fellow of the American College of Surgeons; Clinical Professor of Obstetrics and Gynecology, Long Island College Hospital; Obstetrician and Gynecologist in Chief, Greenpoint Hospital

BROOKLYN

There is at the present time a remarkable spirit of unrest in medical centers and in medical organization throughout this country. We have but recently seen the curriculums leading to the degree of doctor of medicine expanded from an indefinite course covering two or three years to a scientific course of four and in some cases five years. Clinical and laboratory instruction have almost entirely superseded the old didactic methods, outpatient services are being highly organized and medical educators are discussing now the advisability of a compulsory fifth or hospital year.

These remarkable changes may be attributed to two factors: first, the ever increasing and exacting demands of science, and second, the pressure from the industrial world for greater and greater efficiency. The reflection of this demand for an increase of scientific precision and industrial efficiency is markedly shown in present-day hospital management. Hospital organization and management were, and are still in some places, regarded as political spoils. For this reason it has seemed to me that it may be of interest to you to hear of the organization of an obstetric-gynecologic service in a city hospital, under the direct control of the department of charities of the city of New York, which from its foundation is an attempt at better and higher things, both from the points of scientific work and industrial efficiency.

The Greenpoint Hospital is located in a densely populated and growing section, with a capacity of 200 beds, devoted to the care of acute cases. It is a modern hospital with modern equipment, made up of three departments, medicine, surgery and obstetric gynecology, each of which is under the direct and continuous charge of a chief; with well-equipped pathologic and Roentgen-ray laboratories, under the care of paid residents, and a trained resident in each of the three departments, six interns on a rotating service of two years, and fourth year medical students as clinical clerks.

The description of this service would perhaps better begin with the arrangement of our staff, which may be considered under three divisions, (1) visiting staff, (2) dispensary staff and (3) house staff.

The visiting staff consists of a gynecologist and obstetrician in chief, in direct charge of a fifty-bed service, twenty-five obstetric and twenty-five gynecologic beds. The service is continuous. There are two associate gynecologist-obstetricians, also on continuous service, alternating every four months, one being on the obstetric division while the other is on the gynecologic division.

The dispensary staff is intimately associated with the hospital, one of the associates serving directly on this staff. The dispensary staff is divided into two sections, each section taking three days a week, there being two men in each section.

The house staff consists of a resident, intern and clinical clerks (fourth year medical students), the resident being a well-equipped ex-intern who serves for an indeterminate period of time, receives a small remuneration, \$480 a year, in addition to the experience he of necessity acquires. The intern is a part of the general hospital rotating service; he serves four months as gynecologic-obstetric intern and then passes to the next position.

The points about this service which I wish to emphasize are as follows:

1. A gynecologic-obstetric service of fifty beds under the supervision of one chief on continuous service.

2. A dispensary staff intimately associated with the hospital.

3. A house staff in charge of an experienced man who is not subject to a regularly recurring change.

The desirability, even the necessity, of these points in a modern hospital should be apparent. The old and in the past ever annoying question of interns is well cared for by having the service during the absence of the visiting under the supervision of a resident who is sufficiently trained to assume responsibility, and will as a rule serve at least a few years. This man comes to know the desires of his chief, and takes a more personal interest in his work, for he is not to change to another service in three, four or six months' time. The resident acts as senior to the rotating intern, assisting and guiding him in his work.

The dispensary staff, which is intimately associated with the hospital, is necessary for the mutual benefit of both the hospital and the dispensary. High-type men soon become restless under the old routine of dispensary work, but open up to them the occasional privilege of personally following a case through its entire hospital course and work which in the past was considered dull and routine becomes intensely interesting. Such a dispensary staff also serves as a continual check on the character of work done in the hospital, for these men, being capable of interpreting operative results, will call continuously to the attention of the chief the ultimate character of treatment being received by the patients.

A continuous service for the chief means a higher average standard of treatment for the patient, which is the primary factor to consider in regard to hospital efficiency. It means a wider opportunity for scientific endeavor and therefore a more satisfactory service from the standpoint of the chief.

Within the memory of many of us the obstetrics in most of the general hospitals was under the direct care of men in charge of medical service, who made no claim to special obstetric knowledge, and in fact at the present time it is notorious that the gynecology in many general hospitals is still being cared for by the general surgeon.

Much credit is due to commissioners John A. Kingsbury and Henry C. Wright, who were directly responsible for the staff arrangement of the hospital. They conceived the idea and decided on the advisability of the appointment of an advisory committee from the various departments of medicine consisting of six of Brooklyn's foremost men, whose duty it was to nominate three men whom they considered suitable to act as the three chiefs. The original advisory committee plus the three chiefs form an advisory board, who act in conjunction with the commissioner for the best interests of the hospital.

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The general character and quality of the work done in each of the three departments are regularly inspected and reported on by the members of the advisory committee.

ABSTRACT OF DISCUSSION

DR. JOHN OSBORN POLAK, Brooklyn: This paper shows what may be accomplished by the combination of obstetrics and gynecology under one head. By combining these two departments the service rendered is improved and fundamental pathology in women becomes better understood, which entitles us to recognition even from the general surgeon. Dr. Holden has presented the organization in a city hospital, and in our organization at the Long Island College Hospital we have the same general plan of one head, controlling both departments, a resident and an intern staff. From my experience of twenty odd years, hospital obstetrics cannot be well done without the assistance of trained help. The intern after two or three months of obstetrics does more harm and as bad work as the ordinary practitioner. With the resident system well developed one can keep his men for from two to five years and give them sufficient work to train them. These men gradually supersede the assistant visiting staff. The routine work is taken off of the shoulders of the attending physician, yet the responsibility is placed with him because he has to check up everything that is done. These men go from these institutions and develop better obstetrics and better gynecology in other places. It has been a most illuminating experience to see what the proper development of residents in obstetrics and gynecology will do for a service. We had a service for nearly twenty years which did not run above 300 cases a year. Since the introduction of the resident system some six years ago the cases have increased from 300 to 1,500 a year. Under this system these residents work in the dispensary, follow the case to the hospital and have operative privileges under the direction of the chief.

DR. CHARLES S. BACON, Chicago: It is interesting to observe how rapidly patients are going to the hospital for confinement. In several of the large city hospitals from one eighth to one fourth of all the beds are taken by obstetric patients. In the description of the hospital given by Dr. Holden two things seem to be lacking. One is an arrangement for teaching students. That the hospital should not be made use of for medical students is a great pity. They could obtain so much benefit and be of so much use to the hospital. Another thing which is lacking is provision for research work. The laboratory in such a hospital ought to be under the control of the obstetrician and his resident and there should be ample provision for laboratory work.

DR. HENRY P. NEWMAN, San Diego, Calif.: We should congratulate students who are privileged to profit by such instruction, but it must be recognized that, in order to fit one for the practice of obstetrics as a specialty, and the same is true of gynecology, requires, as a paramount essential, a much wider experience, a more thorough working knowledge of the intricacies of complicated cases, and a more intimate understanding of the individual patient than can be obtained in the class room or from textbook formulas.

DR. FREDERICK C. HOLDEN, Brooklyn: We have senior medical students who act as clinical clerks. They come in groups of six for three months, one month in each of the three departments. The second floor of the laboratory building has five large rooms used for pathologic work and animal experimentation. We have a paid resident pathologist and his work is supervised by an attending pathologist. There is also a large clinical laboratory on the fourth floor of the hospital where urine, blood, etc., are examined. We secured necropsies in 50 per cent. of our fatal cases. The building and equipment cost approximately \$900,000.