

RECENT ADVANCES IN HOSPITALS IN THE AMERICAS

MALCOLM T. MacEACHERN, M.D.

Associate Director, American College of Surgeons

A high average of health is an especially great asset to a nation in time of war, and is at all times a much to be desired attainment. Never does it exist in a country in which there is not earnest and constant striving to conquer disease. It can be realized only through closely integrated work, on a national and international scale, by public health agencies, physicians, research workers, and hospitals. In discussing the work of the latter, I would have it understood that I am thoroughly aware that their effectiveness is conditioned by the degree of cooperation which they give and get from the other forces operating in the interest of health and welfare, and that a large part of the credit for the recent progress of hospitals should be given to the other institutions and organizations with which they are developing better correlation of activities.

Recent advances in hospitals in the Americas may be measured in two different ways. One is to consider any outstanding hospital as it is today, and what its results are, as compared with what it was and what it accomplished 50 years ago. The other is to consider an average person living today, and what benefits he may expect to derive from hospital service, compared with the average person of 1892 and what he could anticipate if he needed hospitalization. It is in the latter province that truly epochal progress has been made, progress that reflects the distinctively American ambition of providing the same opportunities for all, whether it be in the pursuit of wealth or of health.

For Americans it is not enough that the best hospitals in New York City and in Buenos Aires are models of efficiency and obtain the maximum possible results in saving of lives and restoring of health, in accordance with the most up-to-date application of medical science to the cure of disease and the correction of injury. The greater ideal toward which we are striving is to make excellent hospital service available to the greatest possible number of the two hundred and sixty-five million people living in the entire western hemisphere. The great hospitals in our metropolitan centers must cooperate with the small institutions in our villages, through interchange of knowledge and experiences, and, where feasible, of services and equipment, to the end that the general level of hospital care may more nearly approach the high standards that prevail in the best hospitals. In my opinion, the greatest single advance in hospitals in recent history, an advance that has stimulated untold progress in every respect, has been the implanting and the growth and the flowering of a spirit of cooperation among them for the good of the patient.

Almost 50 years ago, in June, 1893, during the World's Columbian Exposition in Chicago, there was held an International Conference on Hospitals at which was planted the seed for the cooperation among hospitals that was to flourish in the XX century. Florence Nightingale, in a paper read at this session, said:

The Chicago Exhibition is a great combination from all parts of the world to prove the dependence of man on man. There is no such thing as independence. As far as we are successful, our success lies in combination. Competition . . . is the enemy of health. Combination is the antidote.

A speaker from Valparaiso, Chile, Dr. Louis Asta-Buruaga, expressed an interesting wish, after describing the hospitals of his country:

It would be most gratifying to me if some day I would see the hospitals in Chile based upon the same laws as the International Conference on Hospitals at Chicago may deem it proper to propose for the construction and management of institutions.

It is not recorded that the Conference took any action in promulgating "laws" to guide hospitals, although several besides the representative from Chile voiced a desire for them. The seed was sown, however, and for practically 25 years it was to ripen, with many papers being written and talks being given at hospital meetings on "uniformity" and "standardization." The American College of Surgeons, shortly after its organization in 1913, appointed International, State and Provincial Committees on Standards to study the subject, and in October, 1917, in Chicago, sponsored the First Conference on Hospital Standardization. At this Conference about 60 leading hospital administrators met with the committees, and the viewpoints of the American Hospital Association, of the Catholic Hospital Association, and of the medical schools were each presented and discussed.

The outcome of the 1917 conference was that the idea of organized standardization advanced among those present from a mere intellectual conception into real enthusiasm, and a committee of 25 members was appointed to revise and to complete the questionnaire upon which data concerning hospitals was to be collected and to formulate a minimum standard of efficiency which would be the basis of Hospital Standardization. The Minimum Standard was duly drawn up, and the program of personal surveys of hospitals, and approval of those that meet the standard, which is now familiar to all the hospital world, was begun by the American College of Surgeons with the cooperation of the hospital associations.

In 1920, Dr. William J. Mayo and Dr. Franklin H. Martin visited Panama, Peru, Chile, Argentina, and Uruguay. They were cordially welcomed and an extract from Dr. Mayo's comments in connection with that visit follow:

The surgeons of Latin America have recognized for a long time the necessity of frequent clinical trips to observe the work of foreign surgeons; of late years many of them have come to the United States; it has been always a pleasure to know them. Their medical schools are splendid institutions with a seven-year course, and are the equal in equipment and methods of theoretic teaching of any in the world. In Latin America 'Commencement Day' means just that, for after graduation the young surgeon begins a special course of surgical training. Instead of carving his way to knowledge and experience by the scalpel, he is tutored for a period of from eight to ten years along lines which we of the United States have accepted only recently under the general term of fellowships in graduate medicine and surgery. The hospitals of Latin-American countries are imposing, built for the tropics, and associated with the medical schools. The hospital records are the best I have ever seen.

Dr. Mayo's comments on the thirty hospitals in Buenos Aires in 1920 are specially interesting:

Many of the hospitals are old, but practically all are in process of reconstruction along modern lines. They have high ceilings, large window spacing, verandas and gardens, well suited to the climate but they are not screened. Trained nurses, as we understand the term in the north, do not exist. . . . However, the general average of education is being raised, and new training schools are being established with American nurses in charge. The records are extraordinarily good.

Dr. Martin commented as follows on one event during a visit in 1921 to the large civil charity hospital in Montevideo:

We saw several operations by Dr. Alfredo Navarro, one on an old man who was suffering with acute obstruction of the bowel. This case had been well worked up with elaborate records, laboratory tests, and x-ray findings. Everything about the operating room indicated that good, safe operating was the accustomed routine.

In general comment, Dr. Martin said:

Everywhere working laboratories, including x-ray outfits, were in evidence and were pointed to with pride. The operating rooms, with few exceptions, were modern, and contained the most approved sterilizing apparatus. Conveniences for diagnostic purposes, and instruments for operating rooms were in abundance. Nearly all had provision for postmortems, and up-to-date morgues. The provision for graduate interns seemed to be adequate, especially in those hospitals connected with teaching institutions. Almost all of the large hospitals had rather complete outdoor dispensary departments. Some were deficient in modern plumbing, but a large percentage of the important hospitals were elaborately equipped with these conveniences. Some had the most approved hydrotherapeutic departments, and modern laundries and kitchens were in evidence in nearly all of the larger institutions. The hospitals which did not have full equipment were nearly all in line for a rapid readjustment. Especially is this true since their teachers are thoroughly alive to the requirements of a modern hospital. The Instituto Modelo de Clínica Médica in Buenos Aires may well be taken as a model for all hospitals built in a similar climate. It is one of the most beautiful

from the standpoint of architecture and grounds, and its equipment, as far as we could judge, with the exception of the nursing organization, is complete in every detail. It was built as a model by the government of Argentina, and is maintained as such, which fact evidences the yearning of the people and the profession of this country for the best that can be devised.

These comments and many others similar to them prove that the desire for good hospitals is, and has been for many years, shared by all of the American countries, and that by 1920 most of them had very creditable hospital systems. Since that time advances have been rapid, stimulated by a growing tendency on the part of workers in each hospital to observe and discuss and emulate improvements that are made in other institutions. In practically every country, associations of hospitals have been formed. These have been supplemented by associations of the hospitals in adjacent countries, and finally in international hospital associations of broad scope.

In 1927 at the Eighth Pan American Sanitary Conference, held in Lima, a vote was passed recommending the study of hospital organization in the United States, and authorizing the Pan American Sanitary Bureau to begin the systematic collection of information concerning the hospital situation throughout the continent. In 1929 the International Hospital Association was organized and the first Congress held in Atlantic City. This worldwide cooperation was possible for only about ten years, for in September, 1939, when the Sixth Biennial Congress was to have been held in Toronto, the outbreak of war just prior to the date set for it, forced its cancellation.

Cooperation so far as it was feasible in a world at war then became the aim. A committee was appointed by the American Hospital Association to study ways and means for the promotion of better inter-American hospital relations. As a result of its recommendations, an Inter-American Hospital Association was formed in 1941 at the convention of the American Hospital Association in Atlantic City. Brazil, Canada, Colombia, Chile, Ecuador, Haiti, United States, Paraguay, the Dominican Republic, Mexico, Panama and Puerto Rico were each represented at the organization meeting by from one to three persons, 19 delegates in all. The officers elected were Dr. José A. Jácome Valderrama, Bucaramanga, Colombia, President; Dr. Malcolm T. MacEachern, Chicago, Honorary President; Dr. Federico Gómez, Mexico City, Vice President; and Mr. Félix Lamela, San Juan, Puerto Rico, Secretary-Treasurer. The following objectives were announced for the new organization: (1) To promote the cooperation and collaboration of hospitals in the Americas (South, Central and North); (2) To promote education and betterment in the organization and management of hospitals; (3) To organize at intervals institutes for hospital administrators and hospital congresses with attendance of delegations for the various countries of the Americas for the purpose of discussing the principal hospital problems and ways and means for improvement of hospitals; (4) To promote organization coordination, and cooperation among national hospital associations of the Americas with the end in view of obtaining the best possible relations in the field of hospital service; (5) To establish an exchange of information in matters of hospital administration through publications and other means of expression; (6) To promote the granting of study and travel fellowships that will provide for interchange of hospital directors, physicians, and technical personnel with the end in view of enhancing knowledge of hospital administration.

A report of Inter-American Hospital Association progress and prospects was presented at a meeting of the Committee on Inter-American Relations of the American Hospital Association at the St. Louis convention on October 12, 1942,

by Mr. Lamela. He reported offers of cooperation from the Pan American Sanitary Bureau, the Coordinator of Inter-American Affairs, and the School of Tropical Medicine under the auspices of Columbia University. Other interested organizations and government bureaus that he named were the American College of Hospital Administrators, the American College of Surgeons, the Children's Bureau, the Catholic Hospital Association, the Department of the Interior, the American Protestant Hospital Association, the Guggenheim Foundation, the Commission on Hospital Service, and the Rockefeller Foundation. He outlined seven main objects of the immediate program: organization work, membership campaign, census of hospitals and hospital personnel, a second Inter-American Institute of Hospital Administrators, publications, a glossary or dictionary of hospital terms, and the publication of a Spanish edition of a Blood Bank Manual. The School of Tropical Medicine has granted a one year leave of absence to Mr. Lamela to enable him to devote his time to the work of the association, which now has headquarters in Washington.

Particularly noteworthy among the plans is the intention to have applications for institutional membership in the association accompanied by complete descriptive information of each hospital, photographs of buildings and other pertinent data, by means of which a census of hospitals and a collection of comprehensive information on them will gradually be obtained. Included in this plan is publication of the information from time to time in a series of articles in suitable journals. It is also proposed to extend the association's services in the translation of hospital articles, and eventually, perhaps, to publish a year book as a medium for interchange of information among North, Central, and South American hospitals.

Especially effective means of inspiring cooperation in hospital work have been the Institutes for Hospital Administrators, held in recent years, under the sponsorship of the American Hospital Association and the American College of Hospital Administrators. The Institute in the United States have been attended by a number of Latin American hospital administrators. In December, 1940, the first Inter-American Institute of Hospital Administrators was held in San Juan, Puerto Rico, with an attendance of 93 hospital administrators from South America, Central America, and the islands of the Caribbean. This was a highly successful event, and the enthusiasm was expressed in a resolution to further the formation of the Inter-American Hospital Association, which became a reality within a few months, and under whose auspices three other Inter-American Institutes for Hospital Administrators are being planned in 1943, probably to be held in Mexico City, Rio de Janeiro and Lima.

All of these evidences of collaboration, and the splendid work in correlating all activities concerned with health which is being done by the Pan American Sanitary Bureau, give great hope for progress. Considerable part of the credit for lengthened lives and better health is traceable to the improved services of our modern hospitals. Prompt and accurate diagnosis of disease is possible with the aid of the hospital laboratory, and early and effective treatment is assured by competent medical, surgical, nursing, dietetic and other professional services, properly organized and controlled, and aided by up-to-date therapeutic equipment and appliances.

In every Latin American country there are hospitals that compare favorably in many respects, and exceed in certain particulars, the best institutions for the care of the sick in the United States. For the hospitals that are being developed under the district system in Puerto Rico, for example, I have the highest praise. This is a development that has taken place within the past few years.

Good hospital service, readily available, has a great deal to do with the fact that in the United States the average yearly death rate from tuberculosis is 47.2 per hundred thousand population, whereas in some other countries it is as high as 250. Sufferers from this disease must be isolated to check its spread, and they must be well cared for if they are to be cured. The average life expectancy in the United States is a little more than 62 years, whereas in some other countries it is under 40. There are reasons of climate, finances, type of population, and nature of occupation that account partly for the great differences. Nevertheless, they can be narrowed if all the Americas unite in fighting such foes as typhus, tuberculosis, smallpox, malaria, yellow fever, and other infectious diseases which, incidentally, are rapid travelers, and in these days of air transportation cannot be considered conquered in any country as long as they exist anywhere else. As has often been said, disease germs are ardent internationalists.

There are some very practical ways in which inter-Americanism in the fight against disease may be practiced. Margaret Culkin Banning suggested one of them in her "South American Journal" published last year. She told of going down into a hotel basement in Buenos Aires with Señora Ana Rosa Martínez de Guerrero, President of the Comisión Inter-Americana de Mujeres, to see a model of a hospital which was being built by the St. Vincent de Paul Society of Buenos Aires, the leading charitable organization there. Señora Guerrero is its president. That hospital is to cost five million dollars and the government gave one million of the amount. The rest must be raised by women. The structure is going up as the money is raised. In early 1941 three stories had been completed. The hospital is being run by women and the money raised by women. It is a hospital for poor working people only, and the reason Señora de Guerrero showed it to Mrs. Banning was that she felt some North American women or their organizations might want to translate their desire for better relations with South America into a friendly gift for this hospital.

My hope is that that suggestion has been acted upon, or if not yet, that it will be. Expressions of inter-American good will, and organizations and conferences for the furthering of mutual understanding, need to be supplemented by tangible proof of sincere interest, such as has been shown by the Rockefeller Foundation, the Pan American Sanitary Bureau and other organizations. It must be recognized that tropical countries have health problems far more difficult to solve than those in the temperate zones. All of our people should be actively concerned about dangers to life and health, and should be familiar with the gallant battles being waged against disease in the Central and South American tropics, battles in which North Americans such as Walter Reed and William Gorgas, Finlay and Bailey K. Ashford have given and are giving substantial help.

That is the goal of inter-American hospital work—to make 62 years or better the potential life span of the people of all the Americas. The very conception of inter-American solidarity among hospitals is an advance of the highest import, the result of which should be to add better health and longer lives to the blessings of freedom and democracy enjoyed by those who live in the New World. The war is uniting us in fighting the aggressor nations, and it is also spurring unity in fighting more destructive forces—diseases that may be controlled by powerful attack. This is one of the most effective ways in which 11,000 hospitals may strengthen America for victory, besides promising greater happiness and usefulness to her two hundred and sixty-five million people, who should be good neighbors all from pole to pole.