hospital and the children's ward is, as a rule, the happiest ward in the building. Of course they must endure a certain amount of suffering; that is to be expected.

It is not only the attending physician that gives the children encouragement. The doctors, resident physicians, the nurses and, in fact, all who come in contact with the children take pleasure in ministering to their wants.

I think that Minnesota is fortunate in being able to do so much for these children with so simple a law and such a small expenditure of money.

Much good, in a similar way, might be done along other lines. For example, in Philadelphia the "Free Hospital for Poor Consumptives" was organized in 1895. In a sense, this was a misnomer, for there was no hospital connected with the organization. It was a society of charitably inclined people which placed poor consumptives in a hospital where the services were paid until their death. Less than two thousand dollars was spent in this way in 1895. The expenditures gradually increased amounting in 1901 to over ten thousand dollars, and in 1902 to over forty thousand dollars. With this increased expenditure of money in 1902, provision was made for the care of consumptives who were slightly affected and had a chance of recovery, as well as for those who were not expected to live.

Now a few words on Dr. Clark's paper: I do not think the doctor meant to convey the idea that it was necessary for county commissioners to receive bids for taking care of the poor. These commissioners can, as a rule, secure the best medical assistance in the county for the poor if they choose so to do. It is not possible for one physician to take proper care at all times of the poor throughout the entire county. The distances to cover are too great. It seems to me that a fund should be provided to be under the control of a medical commissioner, as suggested by the doctor, in order that the nearest physician might be secured temporarily to look after a distant needy case. Too often there is a tendency to try to save money even to such an extent as to cause neglect of the poor. The question of care for the sick poor is an important one and the medical profession is generally found ready to do its share. Many physicians care for the poor in their districts without any compensation whatever, and the county commissioners may not hear of these cases at all. The question of securing the best results is the one that should be considered in dealing with the sick poor.

MR. HALL: Mr. Chairman,—I want to say a word in regard to medical relief for the poor. A good many suggestions have been brought out here, and I wish to state briefly how we are doing this in Olmsted County. We do not advertise for persons to do the work. They made us this offer. We simply pay for a patient's care in the ward one dollar a day, for from one to three weeks, or four weeks. So that no poor person in Olmsted County need go without proper medical care or surgical treatment. In a great many of those surgical operations perfect health was restored, and persons saved from being county subjects all their lives.

MR. JACKSON: The one point that I would like to call attention to is that the humane proposition stated by the representative from Olmsted County indicates the value of counties being absolutely under the control of one political party. It is not that party it is, but that it is one party. They then are not obliged to make the poor the football of the politicians for a few votes. General Brinkerhoff says that in war each side had respect unto the mcaimed of the other. But in politics each party exploits the mcaimed for the politicians' benefit. That is one of the chief troubles with public official care. The poor, whether they are sick or well, are used for politics.

MR. ECKSTEIN: Mr. Chairman,—There is one thing I would like to bring before this Conference at this time in regard to Dr. Clark's paper. My sentiments agree with those of Capt. Faulkner. Mr. Jackson made a good suggestion in regard to the county physician, to the effect that each commissioner be allowed to select one or two physicians in his district. I would modify it thus: Let the commissioners, instead of advertising for county physicians, make an agreement or have an understanding, with all the physicians in the county, that whenever county work for the poor is required, they do it. The poor have the same preferences as we have. I have often seen paupers that wouldn't go to the county physician; they would rather go to some other physician for treatment, because they preferred him. That is the arrangement we have in our county, and it works admirably so far.

MR. HALL: There is one objection to that proposition. Some of the physicians would have a bill in for treating poor persons from whom they could not collect a fee. It is a pretty plain rule, that after making one call, physicians cannot draw pay for further calls without instruction from the commissioner in that district. We found out that some doctors would accept temporary relief as well as some of the poor. (Laughter.)

MR. PALMER, County Commissioner, Brown County: In our county, as has been stated, the physician may treat the poor. They receive 60 per cent of the regular charge, but such bills must be 0. K.'d by the commissioner of the district before they receive recognition before the board.

MR. ECKSTEIN: There is one more point I want to bring out that Mr. Palmer forgot. When a physician is called to treat the poor in our county he immediately notifies the commissioner of the district. Hence we have a check on everything that goes before the commissioner.

MR. MARTIN: Let me state the system we are working under at the present time. Preceding this year our county physician was called upon to go anywhere, subject to call from the commissioner; and, as I told you our county is quite large. Oftentimes in an emergency case another physician would be called, and quite a bill would be presented. We felt a better way would be to have a physician in the outlying towns, so that in emergency cases the commissioner would know just whom to call upon. He was to be subject to the county physician and look to him for his pay. We adopted that system last year. So, in all of our outlying towns, a physician is under the control and pay of the county physician. We have (and I think Mr. Jackson would bear me out in saying) one of the best infirmaries in the state.

MR. JACKSON: It is altogether the best.

MR. MARTIN: Dr. Weeks, our physician, has performed thirteen major operations this year, and he has not lost a case. He has been assisted by physicians from Lake Park and Moorhead, and of course no bill therefor has come to the county. It seems that the county commissioners cannot all be governed by ironclad rules, but the system of letting the chief physician employ physicians in the outlying towns to aid him is working to complete satisfaction in our county.

DR. CLARK: Mr. Chairman,—I will take but a moment. My few remarks can hardly be dignified as a "paper." It is what I call a "teaser," to bring out discussions among the most valuable part of this meeting. I am not familiar with the practice of selecting the county physician in the different counties of the state and I am glad to hear these gentlemen speak. I think that the county board should select a reputable physician and allow him a reasonable compensation. In
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ST. BILLS which affect them and their children. By establishing in connection with the county hospital a system of visiting nursing, just as it is established in the city, the family in need could have a nurse sent to them. The presence of this nurse in the house for a few days, setting it in order, teaching the family how to care for the bed and bedding, how to keep the patient clean and comfortable and to ventilate the sick room, how to prepare the diet and administer the food and medicine, how to secure the necessary quiet, and at the same time keep the patient cheerful, would work wonders, and in a great many cases do away with the necessity of making the family a public charge on account of illness.

So far as the future of this work is concerned, I do not know of anything that would be more useful than persistent effort to educate public opinion to appreciate the necessity for the county hospital, and the elimination of the poorfarm and poorhouse entirely, because they have become obsolete and "lag superfluous on the stage." The establishment of a county infirmary in connection with the hospital to care for the helpless would do away entirely with the necessity for a poorhouse.

MR. MAHONEY: I do not think it is necessary for me to say anything further except simply to impress on the members of this body the charity of calling the attention of people to the work which is being done for crippled children. That is what we desire of you more than anything else. We get out an annual report and send 1500 copies of it to the different physicians throughout the state and to public officials, and yet every day we find physicians and public officials who never heard of this hospital. I do not think you need have the slightest hesitation in saying that this hospital is a beautiful place for any crippled child to go. I have no hesitation in saying that no children in the state of Minnesota had a more beautiful Christmas than the children in the hospital for crippled and deformed children had. The people of St. Paul take the deepest interest in those little people. Every one of them had from six to ten presents last Christmas; we had a Christmas tree as high as this ceiling, lighted by electric lights and decorated in every way; we had a Santa Claus, and everything was very beautiful; and all of this was without any expense to the state. It is a beautiful place for children to go, and the remarks of the chairman just made confirmed our position, namely, that it is necessary to send these crippled children to the hospital. They can not be properly treated anywhere else. They must have hospital care, nursing, proper food, and constant attention. I want to say also that I have been most profoundly impressed by the deep interest which the physicians in St. Paul and Minneapolis have taken in this work. I have had more regard for the medical profession since I have been connected with this work than I ever had before. Not only do those little children receive attention in orthopedic work from Dr. Gillette, but if any of them is taken sick with any other disease there is a specialist to be found either in St. Paul or Minneapolis, and the whole medical fraternity in these two cities is constantly at the beck and call of these little children. If there is anything the matter with their eyes an oculist is called in, and he most promptly and cheerfully responds. Therefore I say to you, ladies and gentlemen, that what we desire of you chiefly is that you make this institution known to the people and, so far as you can, have them send their children to it. I know you can do a great deal in this respect, and I know it because one of your members connected with charitable work, Mr. Withrow of Duluth, whom I have not had the pleasure of seeing here, has taken a special interest in this, and you would be astonished to see the number of crippled children that he has found about Duluth and the mining districts away up in Northern Minnesota. If other persons connected with charitable work would make equal effort we would have a great many more children.