

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 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 their expenses 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 but 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 county physicians, but at our annual meeting in January each commissioner has the liberty to appoint in his own district one or two (as the case may be) leading physicians to do the work. They receive 60 per cent of the regular fee for making visits, and the county pays the medicine bills. As was brought out in the paper, there is always some objection raised by certain individuals to having the county physician. If a physician has been accustomed to doctoring a family when they were able to pay, and they become dependent upon the county, he keeps that family on his list right along, if he be notified to do so by the county commissioner, without compensation, the county paying for the medicines. Then there are emergency calls. Here the county patient may call the nearest physician, so as not to have any delay in getting a physician in case of serious sickness, and he is entitled to one visit under pay. It is a very good provision. After that, the physician must notify the commissioner in the district, and then is subject to instructions as to whether he shall continue to treat that patient or whether the case shall be turned over to the county physician in the district. Now, many times that physician may be several miles nearer the patient than the county physician. In that event he treats the case on the same basis, 60 per cent of the regular fee, and mileage is thus saved. Those who are in need of surgical operations are sent to St. Mary's Hospital, under an arrangement whereby, on the order of the county commissioner, the surgical operation is performed by the doctors there free of charge. 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 what 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 maimed of the other. But in politics each party exploits the maimed 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. Hall has 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 hill in for treating poor persons from whom they could not collect a fee. Hence the reason for the 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, any physician may treat the poor. They receive one-half of the regular charge, but such bills must be O. 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. Previous to 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 will bear me out in so 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 iron-clad 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 discussion, which I consider 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

this manner they can secure a man of ability and of standing in his profession. Such a man will be able to secure expert assistance, at small cost, when needed. Let the board select the physician, allow a reasonable compensation for services the physician to appoint such deputies as are needed, their bills to be referred to him as to their correctness.

In Washington County, the offices of county physician and poor commissioner for the city of Stillwater, have been held by the same individual for the last eighteen years, under a special law. This has worked well and resulted in a very thorough placing of dependent and defective children in the several state institutions, provided for them. I think it a good plan where practicable.

THE PRESIDENT: Before calling upon the reader of the second paper to close the discussion, the chair would ask the indulgence of the Conference to say something on this subject, because he is particularly interested in it.

I want to speak of the county hospital, and the still-to-be-established visiting nursing system in the county. First as to the county hospital. Those of you who are familiar with the care of the poor in the different counties, know that the conditions under which the poor live, and are placed by their illness, add very materially to the difficulty of caring for them; and, not only that, but these conditions handicap the physician in his efforts, prolonging the illness, and interfering very seriously with the convalescence of the patient. So we might say that, under ordinary circumstances, an acute illness may be prolonged considerably or made fatal by want of proper care; while a chronic illness may be prolonged indefinitely. In either case the county is put at considerable expense that might be avoided by the provision of proper means for the care and treatment of the poor who are ill. Then, too, unfortunately, very few of these people are competent to give intelligent care to their relatives when they are ill. They are not alone in this, however, because illness occurs so seldom in the ordinary family, that its members have small chance to become familiar with the art of nursing. Very few people know how to care properly for their sick. They do not know what that care should be, and have no facilities to administer it if they did. Besides they do not know how to use, to the best advantage, even the simple appliances at their command, in the care of those who may be ill. For this reason the county hospital is an institution of inestimable value, and also a means toward the more economical care of the county poor; because if they can be properly cared for and nursed in one place, properly equipped for such purpose; not only less of the physician's time would be required, but the expense of the personal care of the patient would be lessened. The patient, having the proper treatment and care, being separated from all conditions in his environment which would interfere with his recovery, would get well that much quicker. Then comes the question of proper nursing. In the county hospital this can be provided without difficulty; and the patient will not only recover more rapidly, but he will go back home with some knowledge of how to care for himself, and how to apply such simple hygienic measures as might be necessary to retain his own health and that of the members of his family.

Again, in a great many disease conditions there enters the mental element; not necessarily in so far as to involve mental disturbance, but sufficient to produce serious depression, and interfere not only with the immediate welfare of the patient, but also seriously with his future, so far as complete recovery is concerned.

Now the environment in a properly conducted hospital, with the complete change in the surroundings of the patient, the presence of new conditions, the feeling of inspiration which comes from the confidence of every one in the measures to be used, in the sureness of their accomplishing the results anticipated, and even the regime of system and order which exist in such places, all have the effect of stimulating the sick individual. Besides the absence from all care, and of the conditions in his own home which might irritate and disturb him, aid materially in bringing about his recovery.

Now let us consider the county nurse. The establishment of the county hospital involves the necessity for the trained nurse to take charge of it. Consequently the hospital becomes a training school for nurses, who would find their usefulness not only in private work, but as instructors and educators of the families in which they worked as to how to take care intelligently of the ordinary simple

ills 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 orthopaedic 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.