

GOLDSTEIN (M.A.)

The Hospitals of Europe.





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## The Hospitals of Europe.

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**I**N THE consideration of a subject of so wide a range, it will be scarcely possible to enter into detailed descriptions of hospital construction, sanitation and statistics of the numerous European institutions referred to. My endeavor, therefore, will be to present a medley of observations, gathered during a recent sojourn abroad; to sketch comparatively, the advantages of the hospital systems of Europe and America; to note a variety of new methods adopted, and to offer for consideration a few suggestions for the improvement of our own hospital management.

In the preparation of this sketch, I have selected the representative towns of the different countries visited, usually the capitol city. The hospitals of Germany and Austria, England, France, Switzerland, Holland and Belgium, Italy and Scandinavia,—all have been visited, and an effort made to note the characteristic features of each.

Perhaps the most scientifically and systematically conducted, most richly equipped, accommodating the largest number of patients, representing the greatest variety of diseases—are the hospitals of Germany and Austria. Berlin, as the acknowledged queen of the scientific world and of exact scientific work, offers to the student of medicine most brilliant advantages in hospital experiences. Opportunities of appointments on the hospital medical staff are rarely offered to the foreigner, yet the many and special privileges accorded him are numerous; the wards are always open for inspection; admission to the special departments is easily obtained.

The density of the population in Germany demands very large hospital accommodations, as evidenced by the numerous hospitals of Berlin, Hamburg, Leipzic, etc. This necessitates, to a certain extent, the grouping of diseases for treatment, thus surgery, gynecology and obstetrics, pediatrics and the other specialties, all have their representative hospitals. The direct benefit to the patient, as a result of this "specialization system," is at once apparent, as the equipments of such institutions are far superior to those of general hospitals, and the work accomplished usually of a higher grade.

The teaching in the hospitals of Germany and Austria is eminently practical as well as scientific. The direct relationship of the anatomical and pathological institutes with the hospitals facilitates the most thorough instruction in these important branches of medical science. Legal provisions are made permitting an autopsy on all patients who die while inmates of the hospitals. These post-mortem examinations are usually performed before the classes in pathological anatomy, with some members of the hospital staff present to cite the history of the case; thus, the most advantageous opportunities are offered for studying disease in every clinical and anatomical phase. Pathological anatomy is a branch of medicine to which great importance is attached in European Universities, and most detailed study demanded of the student.



The system of construction and arrangement of hospitals in Germany and Austria is thoroughly in accordance with the demands of modern medical science. Perhaps less stress is laid on arrangement than on equipment. The condition of many of the wards may not bear the test of a rigid sanitary inspection, yet every provision is made for the comfort of the individual patient. The food is substantial, but somewhat coarse. An excellent feature of the dietary system is the accompaniment of that valuable tonic and strengthening agent, good wine, which, owing to the cheapness of that luxury, can be furnished the patient in abundance, when required.

The tub-bath as an antipyretic in typhoid fever still ranks as a favorite method of treatment. Iodoform in gauze and powder, and hydrarg. bichlorid. in gauze and solution are the antiseptics used; the sterilization of instruments with the steam-sterilizer immediately before operating, is at present in vogue, and ether is the favorite anesthetic.

The principles of practice in the hospitals of England vary considerably from these popular measures in Germany and Austria. Thus, the cold sponge has been substituted for the tub bath; Lister's double cyanide of mercury and zinc gauze is most extensively used; in addition to the steam sterilization of instruments, they are kept during the operation in a 5 per cent carbolic acid; Prof. Watson Cheyne, Surgeon of King's College Hospital, closes all clean wounds completely, without drainage, and I have seen amputations of the leg closed absolutely, with a continuous suture, not even the smallest drainage tube or gauze strip being inserted; Lister's double cyanide gauze applied with compression, and the dressings remain intact and undisturbed until removal of sutures. On removal of sutures, a fresh dressing is applied, and allowed to remain for several weeks. No discharge ensues, the dressings being removed perfectly dry. Temperature chart during entire period indicated but slightest rise. This is a radical, ideal Lister's dressing, and has been recently adopted by some of England's most prominent surgeons.

Too much cannot be said in praise of the Nursing System of the English hospitals. Here is undeniably a proof positive of the successful results of strictest discipline and careful training. The patrons of the hospital and members of the medical staff take a lively interest in the welfare of the Training School, and a perfect harmony exists, rarely seen in our own hospital management.

The scope of work of the officers of the English hospitals is limited, partaking more of the nature of a division of labor. The ward physicians attend to the wants of the patients exclusively, not being encumbered by the additional work of history, writing—and other routine. This agreeable task is assigned to "clinical clerks." "Dressers" on the surgical side are assigned to work in the amphitheatre, the surgical staff operating, assisting, and attending the patients in the surgical wards.

The rules of the ambulance system requiring a physician to accompany each ambulance, as recently adopted in St. Louis and other American cities, have been in operation in the metropoles of England for many years.

A novel system of ambulance is carried out in Italy by the ancient order of monks, "The Misericordia." They may often be seen in their

dismal-looking black garments, completely enveloping their bodies with the exception of two holes for the eyes; running along the streets, carrying their stretchers and instruments on their shoulders, while responding to an emergency call or burying the pauper dead.

In the past decade Italy's improvement in hospital systems has been great; and the large hospitals of San Spirito and San Salvatore in Rome, though of very ancient origin, have been modernized, remodeled and completely equipped for exact scientific work, and stand today as fitting memorials of Italy's energetic demands for the accommodation of her pauper poor. The Nursing Service is in charge of the ever active Sisters of Mercy, whose work by the bedside, at home and abroad, is always a credit to womankind.

The greatest advancement in Italian medical circles, however, was the construction of the Grand Polyclinico, perhaps in size and furnishings, in design and finish, the finest series of clinic buildings in the world. The site on which this magnificent hospital is built is situated beyond the Porta Pia in the highest portion of Rome. The imposing block of stone buildings cover an area of nearly 200,000 square feet. Each department is amply provided for in separate buildings; the accommodations are perfect, and nothing which art and science could supply has been omitted, to make this grand enterprise, guided by the ability of a Baccelli, a brilliant success and a credit to the Italian nation. The Eleventh International Medical Convention convened, section for section, in these spacious quarters of the new Polyclinico.

Italy and Germany are at present engaged in a spirited rivalry as to the efficiency and practicability of their respective new military hospitals. The claim of the German Military Commission of substantiability of their hospital pavilions is counterbalanced by the Italian idea of simplicity in construction. Both have the latest improvements in pavilion-fittings and accommodations, the German pavilions being, perhaps, more comfortable and elaborately furnished, the Italian more compact and practical. The general arrangements and hygienic details carried out in the construction of these military hospitals may be considered one of the most decided advancements in sanitation and hygiene of the present era.

In the statistics of decrease in disease, exophthalmic goitre plays an important role in the hygienic improvements of the Alpine valley. An investigation in many of the hospitals of Switzerland failed to substantiate the frequently described prevalence of cretanism in this section. Even in the well-known localities of Rapportswiel and Appenweier, but few cases of typical exophthalmic goitre are now known. The marked improvements in sanitation in Switzerland the past few years, and the isolation of these unfortunates, has finally cleared the country of a heritage which, at one time threatened to undermine the strong constitutions of these sturdy mountaineers.

Simple goitre (uncomplicated enlargement of the thyroid gland) is still prevalent in Switzerland. I have seen Professor Kocher of Berne, (considered by many the most skillful operator in continental Europe,) remove the greater portion of the thyroid gland without administration of an anesthetic. Even the days of preanesthesia in surgery could be recalled in wit-

nessing a powerful Swiss peasant submit to an amputation of the upper third of the leg unflinchingly, while perfectly conscious. Notwithstanding the high altitude of Switzerland, and the pure, rarified air, it is surprising and distressing to find phthisis pulmonalis making its inroads with almost the same severity and steady pace as in other sections of the country.

In the hospitals of Zürich and Geneva I have noted a marked conservatism in the introduction of new methods of treatment.

It may be of interest to note that medical coeducation has been adopted in Switzerland, and the University of Zürich is becoming quite popular in its reception of medical students of the gentler sex, flocking thither from all parts of Europe.

As the mountains and valleys of Switzerland differ from the lowlands of Holland, so does the radicalism of the latter differ from the conservatism of the former, as applied to medical progress. The Hollander has been aptly termed the "Yankee of the North," and in the commercial aspect, industrial and charitable enterprise, and sanitary condition of the country, this title is a merited one. Nowhere in Europe is there a greater regard for cleanliness, and even the hospitals partake of the general scrupulousness and tidiness; nowhere in Europe is a stricter regard shown for the welfare of the patient. The newest methods of treatment, the most modern surgical technique—all receive full consideration.

Paris, as one of the great, recognized medical centres of Europe presents to the scientific investigator a vast field for work and observation. The hospitals are conducted on a more private basis; the individual patient is not regarded solely as so much scientific material; the laboratories, however, and work in the clinics, especially in ophthalmology and neurology, are of the highest order; original research is warmly encouraged.

In conclusion, permit me to pay a small tribute to the energy and industry of the busy workers on the Scandinavian peninsula. Nowhere in Europe have I seen an institution for the care of the sick more delightfully situated; so handsome in structure and appearance; more complete in hygienic details and general arrangements, than the "Commune Hospidale" of Copenhagen. The building is modern, and is a perfect treasury of latest sanitary and scientific improvements; the wards are arranged in rotunda style, five and six in a series; each ward is well lighted, every bed standing between two windows. At each bedside is an electric bell, communicating with an indicator in the nurse's quarters in the centre of the rotunda; the surgical operating room is a "thing of beauty," and judging from its substantial construction, will be "a joy forever." The disinfection and cleansing of the room is by means of hot water. A hose of steaming hot water washes ceiling, walls and contents of the room daily. The building is practically fireproof; ventilation by rotating fans in numerous air shafts is perfect; in short, no effort has been spared to construct an ideal hospital.

With this medley of observations I have endeavored to add a slight stimulus to the interest in our own hospitals, and if a stray suggestion may develop some activity and encouragement in local hospital proceedings, the mission of these lines has been fully accomplished.

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