

(April 4th.)

The Toronto General Hospital.

BY J. W. FLAVELLE.

ADDRESSING the Canadian Club, on the subject of "The Toronto General Hospital," Mr. J. W. Flavelle said:

As an institution in a young community, the Toronto General Hospital has rendered long and honorable service. It was established in 1819, through the efforts of the military surgeons then resident in Toronto. The population of the village then numbered about 1,000. The chairman of the medical board was Dr. Christopher Widmer, who held the position for thirty-five years. He was the recognized leader of the profession at that time. Upon his death in 1858, a meeting of the prominent members of the medical profession was held, and it was resolved that a full-length portrait of the deceased be painted and placed in the board room of the General Hospital until such time as the contemplated Medical College should be erected. Visitors to the present Toronto General Hospital will find this portrait of Dr. Widmer hanging in the reception room.

The first building was erected in what was known as the Hospital Block, where the present Arlington Hotel is now situated. This block, as well as the adjoining one, is still held by the trustees of the General Hospital, and the rents received assist in meeting the cost of maintenance. The main building of the present hospital was erected in 1850, and bears tribute to the size and vision of the men who had courage to construct such a set of buildings at so early a date.

With the forethought characteristic of the men who early established public institutions in Canada, a large block of land in Toronto was set aside for hospital purposes. The first grant to the Toronto General Hospital was 386 acres, mostly in the easterly part of the city. Subsequently some 20 acres in the west were added, which had been set aside for a military hospital.

Mr. J. W. Flavelle is not only one of the successful business men of Toronto, but he is also an active and public spirited citizen. He is Chairman of the Board of the Toronto General Hospital and has taken a leading part in the campaign for the erection of the new hospital buildings.

The difficulty in finding sufficient money to maintain the hospital, led successive bodies of trustees to sell for a mere pittance, important portions of the property. At one time the shortage of money for maintenance was so acute that the hospital was temporarily closed. Later, Mr. A. F. Miller, who has for 35 years been continuously the secretary-treasurer of the trust, carried the judgment of his board in the determination to sell no more of their lands, but to seek to maintain the hospital from revenues received from other sources. To this wise policy the present board is indebted for the revenues arising from the residue of lands thus retained, and which last year produced in net rentals a sum exceeding \$30,000.00. Severe economy in administration by Dr. O'Reilly, and the careful nursing of the lands other than those occupied by the hospital, by Mr. Miller, led to surpluses being secured, which with \$10,000 from the Government, \$25,000 from Messrs. Gooderham, Worts and Cawthra, and \$12,000 from the trustees of the Burnside Trust, produced the means necessary for the construction of the remaining buildings at present used by the hospital.

The critical spirit frequently displayed towards the administration of the Toronto General Hospital and other hospitals, does not arise from unfriendliness, but is occasioned by sensitiveness due to a common concern in the care of the sick, and of indignation easily aroused if errors are committed. It is well, however, to remember that in every field of activity there are the inevitable slips arising from weakness incident to all human effort. When you reflect that we have 380 sick people to-day in the wards of the hospital, that each sick person has an average of say five interested friends who are sensitive as to the attention which may be given, and whose normal judgment is disturbed through anxiety for the sick one; when you remember that there are resident in the hospital 14 physicians and surgeons, 145 nurses and 130 servants, and that there are 54 visiting physicians and surgeons, all of whom are daily performing duty for the sick in the wards, you will perhaps not wonder if from time to time you learn that some act of carelessness has to be reported, and regrets expressed by those who are in charge.

I am persuaded, however, that the general character of the service is one in which a high type of efficiency and fidelity is displayed; that there are to be found in few places in the world a body of women more dependable, more faithful, or more unselfish than the women who are trained as nurses in

the Toronto General Hospital. Miss Snively, who has been Superintendent of the Training School for 25 years, has earned distinction for herself and the hospital, in the type of nurse graduated from the school.

I question, too, if in the general exercise of duty there are professional men more worthy of respect for good work than the professional men who are, and have been, upon the staff of the Toronto General Hospital. It would be a wonder, indeed, if complaints were not made from time to time. Is it not, however, a greater cause for comment and wonder, that those who are benefited by the unselfish, efficient service, all of it unpaid, forget too often, in the minor complaints, the great body of benefits for which they as patients, and their friends, and we as citizens, should be grateful?

The plan in force in the city of Toronto to provide for the maintenance of the sick poor is designed to establish a fair distribution of the burden between the municipality, the Government, and private benefaction. The various hospital trusts receive from the Government 20c. per day for each patient for whom 70c. per day or under is charged. The municipality, upon the order of the medical health officer, pays to the various hospital trusts 70c. per day for each poor patient who is unable to pay for himself or herself. The balance, 56c. per day per patient required for maintenance in the Toronto General Hospital (in addition to the cost for the care of patients for whom no one will pay), is secured by the trustees from profits made upon the charge to private patients, from direct contributions from private citizens, from the proceeds of endowment funds invested, and from rentals from property owned.

This statement, you will note, deals only with maintenance, and makes no provision for the capital required for buildings and equipment. It will be observed, therefore, that by the plan in force the municipality pays but a moderate proportion of the cost for the care of the sick poor, and is freed from capital expenditure upon buildings and equipment, except in so far as grants may be made from time to time when building operations are undertaken.

I believe I am accurate in the statement that the grants four years ago to the Toronto General Hospital, and fifteen months ago to the Western, Grace and St. Michael's, represent the only contributions to hospital buildings which have been made at any time by the city of Toronto, excluding, of course, the present municipal hospitals for the treatment of diphtheria and scarlet fever and smallpox.

The present hospital facilities in this city are inadequate. Persons requiring medical and surgical aid are from time to time denied admittance in each hospital because there are no unoccupied beds. I may add frankly that too large a percentage of the accommodation in daily use in the Toronto General and other hospitals is unworthy, the redeeming feature being the faithfulness and efficiency of doctors and nurses, who secure highly creditable results notwithstanding the poor material equipment.

The decision of the city council to build for the accommodation of contagious diseases less serious than diphtheria and scarlet fever, promises relief from conditions too long left unrelieved. There is at present no place in the city, other than in private homes, where strangers or boarders who have contracted measles, can be accommodated. Trustees of general hospitals cannot take in such cases now, as was the practice years ago, since the regulations of the Provincial Board of Health forbid it. Distress of a very cruel character is suffered by strangers and poor emigrants for want of such provision.

The proposed new General Hospital establishment will cost for land, buildings and equipment, \$2,500,000. Towards this expenditure the University of Toronto was authorized by the Government to assume responsibility for \$300,000. At the time this grant was made the trustees of the hospital were under the impression that their expenditure would be \$1,250,000. Later, when the enterprise assumed larger proportions, requiring increased property and greater capacity in buildings, and calling for an expenditure of twice the amount originally named, the Government authorized the University to give an additional \$300,000. The city of Toronto, by a vote in council four years ago, gave \$200,000 towards this \$1,250,000 enterprise, and are now asked, in the proposed by-law to be voted upon next Saturday, to give a further \$200,000 toward the \$2,500,000 enterprise. If the ratepayers approve of this course, the University and the city will contribute toward the buildings and equipment \$1,000,000. Private citizens will contribute the remaining \$1,500,000. Of this \$1,500,000 there has been promised or paid in \$950,000. The trustees are now confronted with the task of securing the remaining \$550,000. They are of the opinion that the citizen body will look upon the contribution of \$400,000 by the municipality as being but a moderate charge in a \$2,500,000 enterprise which is for the benefit of the sick poor, and almost exclusively for the poor of this city. I am of the opinion that from time to time as

other hospital enterprises having the same purpose in view, ask the city for contribution toward buildings, that the contributions should be and will be made. The method adopted by the Toronto General Hospital to provide for the payment of the new buildings and equipment will bear critical examination from the standpoint of a moderate charge upon the municipality. Before many years pass I hope that the centre of the city will be served efficiently by the newly-constructed Toronto General Hospital, the newly-constructed St. Michael's Hospital, the newly-constructed Western Hospital, the present Grace Hospital, as well as the Sick Children's Hospital, of which we are all so justly proud. In later years there must follow a modern and well-equipped hospital in the extreme west of the city, and an equally well-equipped hospital east of the Don.

The new establishment of the Toronto General Hospital will accommodate 450 public ward patients and 100 private and semi-private. In addition the out-patient department will provide facilities for caring for 350 people daily. Through the beneficence of two ladies, whose interest was aroused through the kindly offices of Dr. N. A. Powell, an emergency hospital will be built and equipped with ambulances, which will be ready to proceed to the scene of any accident with doctor and nurse, so that first aid may be given where the accident has occurred, and life may sometimes be saved by the promptness with which the aid is given. The Burnside will be perpetuated in the new obstetrical building. The special departments of eye, ear, nose and throat will have increased accommodation and better facilities for good work. The University will build, at their charge, a pathological building of common advantage to the hospital and University. The nurses' home will accommodate 175 women, who will, for the most part, have individual bedrooms; the building will also contain class rooms, where their lectures are given. A thoroughly equipped diet kitchen will be established, in which the nurses will be required to spend a period of their training, that they may learn how to prepare delicacies required for patients in the hospital, and which will add to their efficiency when, after graduation, they wait upon the sick in private homes.

It is very natural that the entire medical profession should desire the benefit of attendance upon patients in the public wards of the various hospitals in the city. It is alleged that real hardship is sometimes suffered by professional men who are denied this privilege. With sincere regard for the recovery of some of their poorer patients, they recommend their

admittance to the public wards of some one of the hospitals. By the regulations commonly in force, they are unable to pay professional visits to such patients. They frequently complain that, after the patient has left the hospital, they lose them as pay patients in later sicknesses, because in the critical sickness which necessitated their being at the hospital, they have turned from their old physician to the one who attended them in the hospital. Again, surgeons who desire the right to operate upon their patients, feel it a hardship that they are unable to make use of the theatre and the public wards in the hospital for this purpose. Frequently societies, too, desire that the lodge doctor be allowed to follow their members into the public ward.

These conditions are not singular to Toronto. They exist wherever hospitals are found. Pressure therefore is brought to bear upon the trustees of hospitals, asking that the public wards be opened to all members of the profession in the municipality in which the hospital is placed. Where the municipality is a small one, and the number of doctors limited, such a course is commonly taken. Where the municipality is large, it has been found, practically the world over, that such a course cannot be followed if the highest interests of the sick are to be considered. Recognizing as they must, that the primary duty is the service which can be given to the sick, rather than the service which can be given to the doctors, trustees of hospitals have found it necessary to observe the practice of choosing a hospital staff, to whose care alone are committed all the patients in the public wards. To avoid confusion through disorganization, and to make efficient use of nurses, resident physicians and surgeons, and visiting physicians and surgeons, they place the public wards and the patients in them under the direction of a certain number of senior physicians and surgeons, who assume responsibility for the care of the patients, and who direct their assistants, nurses and house physicians in their attention to the need of the sick. Thus, that orderliness is secured which is necessary if good work is to be performed, and which would not be possible if each physician and surgeon in the city had the right to come to the public wards, at such times and under such conditions as his personal practice and convenience would permit. You have but to consider the confusion which there would be in the wards of the hospital to-day if at will the 400 physicians and surgeons in the city visited the sick in the wards. Nurses and resident physicians would become disorganized and much confusion and inefficiency result. Moreover, it is necessary

that the trustees should have the right to command the services of the members of the staff, and to hold them responsible for the various services in the hospital; otherwise there would be unfortunate delay in relieving suffering, and a lack of that disciplinary condition necessary for the wise administration of the institution.

It would be unfortunate if what I have said were read as being stated in a controversial spirit. I fully recognize the difficulties that many physicians and surgeons labor under because they have no hospital appointment, and the surprise felt by members of societies because their lodge doctor cannot follow their members into the public wards of the hospital; but these difficulties, serious and important as they are to those primarily concerned, do not weigh against the advantages to the sick for whom the trustees are responsible. In the years I have been identified with the Toronto General Hospital, I have not once heard a patient complain that his or her doctor was not in attendance.

All physicians and surgeons in the city can follow their patients into the private and semi-private wards in the various hospitals. In addition, the Toronto General Hospital provides semi-public wards, which are open for the use of all physicians and surgeons in the city. The only difference between these semi-public and public wards is that the cost for the patient is \$7.00 per week in place of \$4.90, and that the physicians and surgeons in attendance have the right to collect fees from the patients in these wards. No professional fees are collected from patients in the public wards. It was expected, when these semi-public wards were set aside for the use of general practitioners, that the patients in them would be chiefly those sent in by the physicians and surgeons who were not members of the staff. In practice this has not been the case. There are in the hospital to-day 55 of these semi-public patients. Of this number 5 only have been entered under the care of physicians and surgeons who are not members of the staff, and 50 have been entered under the care of members of the staff.

The Toronto General Hospital is one that is known as a teaching hospital. Much prejudice has existed in the past against the use of public ward patients as clinical material for the schools. Happily and wisely this prejudice is passing away. A teaching hospital renders a great service to the community, not only in securing the highest type of medical and surgical skill to wait upon the patients, but in the benefits secured to the body of students who later in every town and village, and hamlet in this country will minister to the suffer-

ing sick. I think it will be widely accepted among those who know, that in place of clinical work as carried on in a hospital meaning less care of the sick, it means greater care. The men who are teachers are chosen from the prominent leaders in the profession. Their classes, meeting at regular hours in the hospital, require their regular and constant attendance; they perform their professional duties under the observation of a body of keen, alert students. The physician or surgeon is quickened to perform better work under such conditions. There are, too, the benefits which come from the spirit of scientific inquiry invariably associated with the schools, and I think I but voice the opinion of those who have been privileged to associate in hospital work, when I say that the identification of the Toronto General Hospital with the University of Toronto confers at once a privilege upon the trustees, and a benefit to the sick who are waited upon in the wards of the hospital.

A great hospital is a noble institution, and is the one place where suffering men are treated without regard to money consideration. The surgeon who requires a fee of \$500 or \$1,000 for an operation upon the master of the house in the private ward of the hospital, will perform the same operation, with the same fidelity and attention, for the servant in the public ward, and from whom he receives no pay whatever.

While we rest at night, while we play or work during the day, if we worship on the Sabbath or spend the Day of Rest in a distant town, one set of institutions in the city goes on without interruption, rest or holiday. All night long as well as the day, each working day as well as the Sabbath, nurses and doctors and servants wait upon the sick in the wards of the hospital. It is meet, therefore, that all minor differences and jealousies and misunderstandings be laid aside. The building of a great hospital like the Toronto General, should be a matter of common pride to the common citizen body. I know it will be if the character of the work sought to be performed is really understood.