

# WOMEN'S SECTION, AMERICAN PHARMACEUTICAL ASSOCIATION

## SOME SOCIAL SERVICE ASPECTS OF THE HOSPITAL.\*

BY MISS BERTHA OTT.

Social Service—the term is scarcely a generation old; the idea underlying it is as old as Christianity, and is the acknowledgment of the fact that “man is his brother’s keeper.” Down through the centuries the Christian hospitals have developed and carried on the great works of Christian charity. The great truth of the social source of disease is not a new nor a startling discovery; it is merely its recognition as lying within the duty of a hospital to combat, that marks a forward step.

Florence Nightingale saw that disease must be combatted by home influence and extraneous help as well as by medication. She impressed this upon her friend Dr. Elizabeth Blackwell, who, when she founded the New York Infirmity for Women and Children in 1859, made home visiting and instruction of mothers a part of the hospital’s functions.

The honor of the introduction of Social Service as a recognized hospital department belongs to Massachusetts General Hospital in Boston. In 1905 a nurse with some settlement experience was installed in the Out-patient department by Dr. Richard C. Cabot, now known as the father of hospital social service. From this seed grew *organized* hospital social service, as a separate entity yet as an integral part of a hospital. Inspired by the success demonstrated by the Massachusetts General Hospital, other hospitals rapidly adopted the idea, until now it either is in operation or contemplated in most of the hospitals in the United States.

It is utterly impossible to deal with certain phases of disease without tracing them to their origin—in bad-housing, in over-crowding, in sweat-shop conditions, in long hours of work, in child labor, in lack of air and sunshine, in under-feeding and in those many and varied social conditions which seem to lie especially within the sphere of the social worker. Failure to count with these conditions explains easily enough why the patient, apparently cured on leaving the hospital, must return there for treatment again and again. *Until the social cause of disease is removed, mere medication will never serve to eradicate disease.* How foolish, for instance, it is to believe that building of *sanatoria* will stamp out the tubercular plague so long as the victims of this dreadful malady must return after their short stay in the healthful surroundings of an out-door hospital, to an environment that is a breeding spot for life-destroying germs.

That hospital falls short in its prime purpose which fails to coöperate with other social, philanthropic and educational forces in the community, and which does not maintain that coöperation both before and after the actual treatment

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of the patient. Emphasis has many times been laid upon the need of continuity in social service on the part of the hospital authorities after the dismissal of the patient, but of equal importance with the study of the social environments *into* which the patient goes after his leaving the hospital, if a permanent cure is to be effected, is evidently the study of the environment *out* of which he comes, if a true diagnosis of his case is to be made. Thus the hospital must realize itself as a great social force and not content itself to be, as unfortunately it frequently is, the mere adjunct, laboratory or experimental station of some medical school or coterie of men.

In large hospitals where the social service department is well established with head workers, assistants and volunteer workers, they are assigned to special departments which deal with children, nervous cases, tuberculosis, sex problems, etc. In a small hospital one or two workers may suffice to take care of all departments. Greater results will be obtained by the social service department when coöperating with same department of the large hospital—and so plan its work that it will not duplicate the work of other agencies of human helpfulness in the community.

An ever-changing procession passes through the wards and dispensaries of a hospital. The overworked physician and nurse treat the disease, but they have little time to become acquainted with the man inside of the body, still less with his usual environments. To investigate and correct these the social worker is called in to supplement the doctor and the nurse.

In a hospital ward lay a man stricken with pleurisy and threatened with a worse malady. When the doctor, on his morning rounds, saw his fear-stricken feverish face, he said to the nurse, "His troubles are bothering him, we'll have to call on the social-service to help us out." The patient, watching them apathetically, wondered what the mysterious "Social Service" might be. Within the hour he knew. The cheery-faced worker from the Relief Bureau soon gained his confidence, and to her he relieved his mind of the worries besieging him, as only a sick man will. The next day his wife came to see him, her face beaming with happiness, as she told him, "The boy is to go to a fine country home where they have real milk and coughs get cured—and the twins would get their shoes." A fortnight later the patient was dismissed convalescent. Assured of the future, he gleefully told the doctor what the medical man already surmised, "that the social service bureau which takes care of a man till he can take care of himself had found him a place as caretaker for a gentleman in the country.—I can have my wife and children with me and the kind of work I can do until I am strong enough for my old job. The Bureau's even got the boss to promise to take me back then." "You can't well decline the help of the Social Service when they give you a chance to even up, if you want," said he, standing out for his manhood.

A difficult task is the securing of suitable employment for discharged patients. If occupation has contributed to the diseased condition, a new occupation must be found. That requires long search and many appeals. In desperation, Dr. Janeway organized a school for the handicapped in New York, where they are trained in metal-work, wood-work, needle-work, etc., suited to their ability—artistic cement work has been developed in Sharon, Conn., and Boston, Mass., for cardiacs.

A most successful pottery in California is operated by convalescent tubercular patients. Many social service departments in the large hospitals throughout our land have adopted similar schools for the handicapped and claim that it gives their convalescent patients not only diversion of mind, but interest in avocations which will always prove helpful to them.

THE CONSTANT AND INCREASING NEED FOR SOCIAL SERVICE WORKERS OPENS UP A  
NEW ACTIVITY FOR WOMEN.

It is generally conceded that a hospital social service worker should be a trained nurse, for she fits better into hospital life and she can understand the nature of the disease to which she must apply a social remedy. The present pioneers in the profession have usually had experience of visiting nurses or nurses attached to free clinics or social settlements, where they have come in contact with people in their habitual surroundings and know them in their human relations, but no amount of training will make her a competent worker unless she be endowed with character, tact, perseverance, resourcefulness, sympathy, humor, and last but not least, a heart filled with a Christ-like spirit. A Christian worker said, "It is easier to help a man on his feet who has been off-set by unsurmountable difficulties than it is to keep him there, unless we assist him to find God, and put his trust in Him."

Women make ideal social service workers. Large contributions have been made by women for the founding of various types of hospitals, both private and public. In instance after instance, the first hospital to make its appearance in a town represents the hard work of the women of that town, in raising money or in the education of the public opinion to demand it. The first hospital ambulance in Chicago was bought by a Woman's Club. Ella Flagg Young brought the open-air idea into public schools by seeing that properly devised window boards were installed, so that school children might regularly study with open windows. Thus women social workers are directly and indirectly doing their bit towards hospital social service work.

The time is past when a public hospital is regarded as a public charity. The theory is now fully recognized that the community owes to its members hygienic conditions of living and medical and surgical attention in just as great a degree as it owes the boon of education.

*Health is not the property of the individual who enjoys it, but of the community; disease menaces not only the sufferer but all with whom he may come in contact.* It is upon this theory that our municipal boards of health operate, that our hospitals are endowed, that hospital social service was organized and that now a national board of health is proposed.

The goals to which the hospital and the social arm are working hand in hand are the reduction of economic waste through preventable illness and death, and the lengthening of human life. In its larger sense hospital social service is the most modern of the many movements seeking to solve the world's old problem of right living. It foreshadows the time when the right to correct living, to health giving light and air, to good wholesome and health-producing food will not be withheld from the humblest in the land.

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