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Sunday, Mar. 11, 1945

Behind the Door



DR. HAROLD M. COON

The Guest Editorial

Hospitals and the Public

By DR. HAROLD M. COON

(Superintendent, Wisconsin General Hospital)

SATURDAY WAS HOSPITAL DAY IN THE UNITED STATES, A DAY once marked by open houses and teas in institutions which used the occasion to strip any remaining mysteries from their operation and to sell their worth to the public.

But yesterday, the practice of holding open house and giving teas was all but discontinued in Wisconsin in favor of continued operation at fullest extent in serving the public these war days.

Today, the public, rather, has the obligation of using the hospitals wisely, not abusing their privileges, and—in many instances—aiding in their operation through voluntary assistance.

WISCONSIN HAS A FORTUNATE place on the hospital map of the United States. No part of the state has suffered actively for want of needed service, despite the drawing off of hundreds of doctors and nurses to the war fronts. The remaining doctors are working longer hours, the remaining nurses are aided by scores of volunteer auxiliaries.

This is the general picture in Wisconsin, according to figures of the American Medical Association (AMA), for 1944:

There are 122 general hospitals in Wisconsin on the AMA listing. The 122 hospitals have a total of 18,366 beds. The 18,366 beds were occupied by 299,870 persons during 1944; the average daily census for the 18,366 beds was 1,075, in the neighborhood of 70 per cent. The average length of stay was eight and a half days.

Considering the state's population of 3,800,000 persons, this means that one-tenth of the total state population spent more than one week in a general hospital during 1944, a figure large enough so that it is difficult to dismiss suffering.

IDEAL — BUT RELEASER, IF EVER, reached — standards set up by the United States Public Health Service call for four and a half beds per 1,000 patients. Translated into Wisconsin needs, this becomes 18,366 beds. The state has 18,366 beds. (But, after noting this, the occupancy rate is only 70 per cent.)

The ideal standards call for 1,750 tuberculosis beds. Wisconsin has 2,500.

The ideal standards call for 3,000 physicians. The state has 2,100 physicians members of the Wisconsin State Medical Society alone. More than 800 of these physicians are serving in the armed forces. It might be deduced that the remaining physicians are doing double duty as contrasted with the "ideal" conditions.

Many of them are.

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WITH REGARD TO THE CARE FOR the mentally ill, the picture is not so favorable. The ideal figures call for 1,100 beds for the care of the mentally ill. Figures of the department of public welfare for the state institutions and the 34 county institutions show beds for 10,642 persons, not far short of the "ideal" figure.

But the records show that, while there are beds listed for 10,642 persons, actually the institutions house 15,000 persons. The overcrowding in the institutions for the mentally ill, therefore, is a serious problem.

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WITH REGARD TO THE QUALITY OF the hospitals:

The AMA report shows that 28 of the 122 general hospitals in the state accommodate an average of more than 100 persons daily, the number above which hospitals operate at the greatest efficiency. It further shows that these 28 hospitals handled 184,891 admissions in 1944, more than half the total admissions load of the state.

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ALL HOSPITALS HAVE LOST HEAVILY in operating personnel, both doctors and nurses. Wisconsin General Hospital has lost a third of its doctors to the armed forces. Its complement of nurses has been cut from 225 to 85. Yet other hospitals, particularly those farthest from the heaviest concentrations of population have been hit harder, are more completely dependent upon volunteer assistance.

A referral system—part of a trend evident before the war—is alleviating and will continue to alleviate—the problem in more sparsely populated districts. Small, existing hospitals, with limited numbers of beds and only moderate diagnostic facilities, now receive patients who need added care or diagnosis in secondary hospitals where extended care can be given them.

And from the secondary hospitals, if necessary, the patient may be taken in another not difficult jump to the largest hospitals with their extra diagnostic and other facilities.

Geographically, however, Wisconsin has two areas which are not particularly well served: the southwest and the northeast corners of the state. The population and the wealth of the former is sufficient to provide hospital facilities.

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One of the most important problems of the future is to provide hospital beds for returning veterans. At present, following the suggestion of Dr. W. F. Lorenz, the Wisconsin Hospital Association is making progress toward a plan which will provide for hospitalization, when needed, in the veteran's home community. This will distribute the load, which necessarily will come, in a manner which

ought to obviate many of the difficulties of the past in caring for veterans.

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HOSPITALS HAVE PRIMARILY SUFFERED during the period between the two World Wars. Radiologists, for one thing, are now required in all hospitals to read and interpret X-rays. For another, pathologists are required, a post which insure added training in hospitals through observation of techniques in the particular hospital, as well as evaluation of treatment from a scientific viewpoint.

Once a place where people went to die comfortably, hospitals have become places where people come for continued and better living. Once solely the property of individuals, they are now, in the main, built, owned, and supported by the public as basically equipped workshops for the doctors providing for the people.

Because of hospital insurance, the public is using the hospitals to an extent previously unreached of and it is expecting more and more services to be given them by the hospitals. They have the right to expect, and get, more and more from the hospitals.

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There are some luxuries which the public must not expect from their overburdened hospitals. The insistence upon a private room and a private nurse must give way to the hospital's statement that it is not permitted by the present needs of the general public.

Visitors are another luxury. It is probably true that they improve the morale of the patient, but it is also true that their present problems to hospital staffs working at their fullest capacities.

As for flowers...their gift constitutes a kindly and a friendly gesture, but it should be remembered that somebody who can better devote his or her time to caring for human beings must devote that time instead to caring for inanimate luxuries.

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ANOTHER HOSPITAL DAY WILL COME in yet another year, and the hospitals of the nation will throw open their doors to the public in proud review of their facilities.

But for now, there must be patience and assistance from the public.

Electronic Tubes

300 Years Old

Electronic tubes are far from being new—in fact, they are just about 300 years young.

This startling disclosure about the tube which gives life to electronics, the youngest and latest branch of electrical engineering, was revealed recently by an engineer at Detroit, Mich.

The forerunner of the tube dates back 300 years to the period of Otto von Guericke, who invented a primitive vacuum pump and electrostatic friction machine. Guericke's pump removed air from a glass vessel, a basic principle in electronic tube and electric lamp manufacture. It was found later, that by attaching two electrodes inside the evacuated glass vessel a gas discharge could be attained.

However, science failed to capitalize upon this invention and it wasn't until 1873 that scientific studies were begun by William Crookes, a British chemist, and Wilhelm Hartel, a German.

As a result of Crookes' study of the gas discharge tube the way was cleared not only for the development of all modern electronics, but it also brought about the modern revolutionary electron theory of matter, and changed the entire philosophical background of science.

YESTERDAYS

125 Years Ago . . . May 11, 1820

Eugene V. Debs, who is serving sentence for violation of the espionage act in the Atlanta penitentiary, today was nominated as the presidential candidate of the Socialist party.

Katherine Schmedeman, a junior at the University of Wisconsin, plans to leave at the close of school to join her parents, Mr. and Mrs. A. G. Schmedeman, in Norway. Schmedeman is serving as United States minister to Norway.

118 Years Ago . . . May 11, 1828

Unless the city council of Madison reaches an agreement with the Royal Airways Corp. before June 1, the city probably will lose its airmail privileges, mail authority said today.

Prajogil Hansen, the famous Norwegian explorer, died today at the age of 88.

118 Years Ago . . . May 11, 1828

Master Ingolf Johnson, 58, vice-president of the Gilbert Machine Co., died of appendicitis today.

All of Poland is mourning today for Marshal Jozef Pilsudski, greatest of her national heroes, who died last night.