An Account
of the
Pine Street Portion
of the
Pennsylvania Hospital.

In the following account of the Pennsylvania Hospital, it is my purpose, so far as possible, to make use of material collected by personal observation, or obtained directly from persons employed in the institution. The details of the history of the Hospital may be more satisfactorily learned from the handsome book devoted to that subject. A minute description of the buildings, while it appeals to neither interesting nor very instructive. These parts of the subject will therefore be treated as summarily as possible, more space being devoted to the actual treatment of patients.
The history of nearly all matters relative to
the facts and figures of his

Shelby's family life and personal

The fall of the

and the events that followed it. The

and the results of these events. This

and the years that followed.
establishing a hospital in Philadelphia. So early as 1704 they had begun to consider the project, but it was not until 1751 that an energetic beginning was made. In that year, Dr. Thomas Bond, a prominent physician of Philadelphia, began to agitate the matter vigorously. He was unsuccessful in his efforts to secure the financial aid of his fellow citizens, until he secured the support of Benjamin Franklin with the backing of Franklin. However, sentiment in favor of a hospital grew rapidly. The project was explained in the newspapers, and subscriptions were collected from those wit
ing to contribute. After some
measurings the Assembly was
induced to promise £2,000 as
an endowment for a hospital
on condition that the citizens
contribute a like amount.
The offer of the Assembly was
used as an inducement to
contribute with such effect
that the required amount and
more was raised. The Assembly
faithfully performed its
part of the contract.
With this financial backing
of over £4,000, the friends of the
hospital felt justified in select-
ing a site. One was selected
which it was believed would
prove satisfactory. A petition
concerning it was sent to the Coo-
The citizens in England. They were unwilling to grant the ground selected and proposed another site. This was believed by the citizens to be unsuitable, because of the marshy character of the ground. Neither side was prepared to yield its point, so the friends of the project employed the time of discussion in organizing thoroughly and in collecting further subscriptions. I had already collected first President of the Board of managers, and Buj Franklin, Clerk of the same. The managers were impressed with the desirability of making some immediate use of their funds, a private house on market St.
was hired and fitted up as a temporary hospital, and the voluntary aid of three physicians secured.

Finally, in despair of obtaining from the Proprietors the plot of ground desired, either by gift or purchase, the managers appealed to the citizens. The block now occupied by the Hospital (except a small strip on Space St., later given by the Proprietors) was purchased for $500.

After careful deliberation a plan for the hospital was prepared and approved. The building was so planned that a fairly large multi-fast part could be erected first, and the remainder later.
attached, no increase of funds and patronage should warrant. According to the plan adopted, the East Wing, now occupied by the nurse-midatical wards, was erected in 1755.

During the troubled times which closely followed the Declaration of Independence, the Hospital suffered its full share of hardships. Into an account of these interesting events it might be I have not time and space to relate. Suffice it to say that, by the liberality of the citizens, and by the noble devotion, the untiring faith, industry, and self-sacrifice of the Managers and others in charge, the Hospital survived the ordeal. It had been tried
as by fire, and had abated the best.

After recovering from the severe strain, the Hospital entered upon its uninterrupted course of growth and improvement. One by one, as the need became manifest, new buildings were erected. The idea embodied in the original plan was first carried out by the erection of the Central Building and the West Wing. As greater accommodations were required, the interiors were altered and additions made. This process is still going on, as a new laboratory is now building, and other improvements are under contemplation.
Present Condition.

As it stands today, the hospital front on Pine St. On this side only is there still space remaining for a lawn between the buildings and the street. This lawn is traversed by paths leading from Patton on Pine St. to the central part of the building as originally planned. On the lawn near the building is a statue of Juni Penn. A crazy man once told my grandfather with all earnestness that upon a certain day in the year, all the drivers in Philadelphia came and bowed down before this statue. There is now no provision for admitting visitors or other.
The Place of his residence, the entrance
leading him toward the Old Fort and River.
The illustrations opposite give a fair idea of the Pine St. front, and shows the hospital about as it was originally planned. The new buildings have been erected to the north of, that is, back of the old building as here shown. The oldest part of the structure, the East Wing, is to the right in the view.

At the present entrance, the brick wall, elsewhere nearly continuous along 8th St., is broken by an arched gateway. On the south side of this is a small building occupied by the gatekeeper, while opposite it is another small structure used for various purposes.
Except while wagons of some sort are within the walls, the gateway is closed by a heavy gate of iron and metal works. Near the street there are also heavy folding doors which are closed at 10 P.M.

All visitors, of which for the present I will suppose myself to be one, must secure their wants to the venerable gatekeeper (John by name) or to his representative. I will suppose that an acquaintance to look over the hospital. He listens politely and says: "Tell me first step up and ask at the office, please." He points the way, we step out toward the west. We are then in position to see the arrangement of most
of the buildings. This is shown better by the accompanying plan, better than it could be by description. Directly in front is the octagonal building, which and for many years used as a clinical amphitheatre. It is now used as a chapel, and, as I understand, is to be removed in the near future. (This building is not shown in the plan.)

The way to the office (indicated on the plan by a dotted line) leads us between the octagonal chapel and the East Wing, to a covered passage way above that marked "Basement 1st Floor." Turning to the left but we enter a large hall in the centre of the Old Building. On the right is the Reception
Room for visitors, very comfortably furnished, and decorated with pictures. The corresponding room to the left is the Office of the Superintendent of Nurses.

Passing these rooms, we notice on either side a large stair case rising to the height of the ceiling. At the top of these stairs, case is a passageway at right angles to the hall. Beyond this again, there is on the left the Day room, on the right the Administration Office which we are seeking.

Taking care provided for that purpose, near the Office door, we have been to examine our surroundings more closely and to watch one very small part of
the work of the Hospital. Upon
the walls are large painted por-
traits of men who have been
closely identified with the in-
titution as managers, physicians
or otherwise. Near the foot of the
staircase mentioned above, are
marble tablets, bearing the seal
of the Hospital — the good San-
itarian leaving the wounded
man at the inn — and stat-
ing that 'free beds have been
established in this Hospital
in the following manner.' (The
name follows). The door at the end
of the hall opposite the one th
which we entered, shows another
tablable, especially by its curu-
brues brass latch, that it is
a survivor from the past. Tho
The glass of the door we look out upon the lawn, and Pine St. beyond.
While we made these few observations, people of various sorts come and go. Young doctors in white uniforms enter the Office or Drug Room and return. A man in citizen's clothes comes in, he hears him asking how so and so is. On learning that he is much improved, he leaves a bag of oranges. This properly marked and an office disappears with it toward one of the wards. He hears the Steward telephoning for supplies to some business house in the city. Some, one, two, and desires to see one of the nurses. The obliging Secretary
telephones first to her ward, then to the nurses' home, and reports that she has just left for her home, this being her afternoon off duty.

Two men evidently from the lower walks of life enter, one of them limping, the other on crutches. They wish to see some particular one of the doctors. Som a bell in the hall rings a certain number of times. After a short interval it rings again. These are other similar bells all over the hospital. These all ring simultaneously. As each doctor has a particular call, the one决胜 is soon found, and appears before the two men. The one on crutches, with some dif-
ficulty makes the doctor's num-
ber that the he had treated the
man for some injury of the
knee. After further talks, the
man gives the doctor some legal
papers, and we gather that
the man desire the doctor's cer-
tificate as an aid in recover-
ing damages. A gangman
and witness are theusual-
line. They are told at once that
they have been sick for because
their brother is well. They
immediately ask for one of the
wades, evidently well knowing
where their relative is to be
found.

After a short talk with the Stew-
and we start to examine the
buildings underneath of Ego.
a man who has grown old in faithful service of the institution. He leads to first inter of the music medical study, or the first floor. (in a description of oun of these in to follow I will not further expand here.) He takes an elevator, rises to the second floor, and passes through the upper music medical study back and more into the Central Building. Here we are shown the Library, a large room lined with cases containing quantities of books. Private rooms for the steward and his family are across the way from the Library. In this part of the building we are also shown the rooms for the accommodation of the resident doc
stores, and the old clinical amphitheatre, after becoming, with the one in the Cornell Building the museum for practice indeed, yet the work went here was considering the development of surgery at that time, undoubtedly good. George, above in a room in his annex and told us that in this little room with its north ward exports away up near the roof, there had been performed upon him a successful operation.

He finds the American Medical, Harde very stimulating number and announced to those for forming occupying corresponding positions later the sick building. Returning through three doors with
ing point near the office, we are next led to the octagonal amphitheatre before mentioned. It
stands a moment before the famous painting by West of Christ Healing the Sick; then passes
over a wide, raised, uncovered passage-way to the middle portion of the Monnig Memorial
Building.
The opposite illustration shows
the three stories of this building,
the view being taken from a
direction exactly opposite to that
from which we are supposing
ourselves to approach. This
building is devoted almost en-
tirely to surgical cases, being
supplied with nurses' wards for
men and for women, private
operating rooms, and small
rooms where patients who are
willing to pay for it, may be put
for a short time at the seat of the
surgery, and all things neces-
sary for fulfilling the ends of
modern surgery.
We enter one of these wards
and notice briefly what is going
on. A few convalescent patients
are sitting about in arm-chairs, reading or apparently thinking about something far away in space or time. Others lie in bed. Some are able to look at us with only one eye, the other being covered with a white bandage. At the foot of one bed we see a pile of weights hanging upon a black cord which connects with a nurse’s leg. He recognize the arrangement as part of the treatment for a fractured femur. Others have their legs in boots or plaster-cast bandages.

In one corner of the room, two nurses are engaged in dressing a patient previously spudged on for empyema (pus in the pleural cavity). The patient is an old-
ian boy who understands Eng-
lish but can make little use
of it himself. The nurses bring
to the bedside the large-shouldered
carrier, designed especially for
use on the Surgical Hauls. It
is composed of a strong frame
work of iron, bearing plates
of heavy glass. Upon these glass
plates, kept scrupulously clean,
are stored all the usual ap-
pliances for removing old due-
rings, or applying new ones
according to the best methods
of antiseptic surgery. The whole
thing is mounted on rubber-
tired wheels.
To the nurse's astonishment! Well,
for how do you feel today? Joe
makes a feeble response not
intelligible to me, and begins to rise to a sitting or reclining posture. He is clothed in a festal night-gown which spans all the way down the back. This is removed, and Joe lies down again. His chest is seen to be enveloped by a many-tailed bandage (scultetoo), the ends of which are folded across his breast and fastened by ordinary pins. The bandage, and a large soft pad of cotton lying beneath it, are removed quickly. Two or three small pads of gauze, now soaked by the escaping fluid, are removed with more care and tenderness. The operation must be nearly painless, but Joe starts to whimper.
now Joe, I'm not going to hurt you," says the nurse. The skin about the incision must at the time of the first operation, be carefully washed. The opening shows as a short, red scar, parallel to, and between a pair of the patient's ribs. From the middle of it extends the end of a drainage tube, which is prevented from retracting by a shield—pink, runs through the tube, close to the skin.

"Now Joe, turn over on your side. Isn't your cough a little? Joe performs these actions in a half-hearted way. The pin, displaced by the coughing, drops from the tube and is caught in a deep glass dish held for the purpose.
after this has continued long enough, some antiseptic solution is applied so as to cleanse both the inside and outside of the cavity, and is allowed to drain through the tube. New dressings, similar to the old ones, are applied, and the nurse has all day occupation of looking at the elixir and thinking.
Leaving the nurses' building by an underground passage, we reach the nurses' home, entering the basement on the east side. (The one shown in the view.) The nurses' home is under the present regime, forbidden ground for men in general, but under the escort of George we felt fairly safe from personal accident. In the basement are a dining room for the nurses, and a room in which the "pupil-nurses" listen to lectures delivered by various physicians and surgeons connected with the hospital. These rooms do not occupy the whole basement, but what there may be in the rest of it, I am sure I cannot tell.
the last floor we are shown. The sitting rooms are very comfortably and tastefully furnished, and supplied with a small library. Large windows face for us a glimpse into one of the nurse’s private rooms, which occupy much of the building. We leave the house with some slight feeling which one has when escaping from a place where the place’s notice glare at him from all sides. He comes upon open space and enter the laundry. The work is just completed and the women seem very glad that it is so. I need scarcely enter into a description of the machines, centrifugal washers, drying clothes, etc.
which we see, each in its place. Sufficient to say that everything is arranged with a view to doing rapidly an enormous amount of examination. The boiler, and other simmering apparatus in the basement, are built on the same scale.

The next visit is to the large laboratory standing close to the building of the main building. As the laboratory is not yet completed, a description of it as it now is, would be useless to it proper function. It is to be used for laboratory, pathological and other, for the care of the dead, and for post mortem examinations. It is also to contain a pathological museum.
George nett led us through the Everett building to the Garrett Memorial Building, situated in the angle formed by 8th and Spruce Sts.

GARRETT MEMORIAL BUILDING—NORHEAST EXPOSURE.
for private surgical operations,
for the accommodation of the
surgeon; for changing, for working
the ray apparatus, and for the
storage of instruments. I may
remark here that the instru-
ments are carefully kept by one
of the head-nurses, and are
stored in closed cases made of
glass and iron. All the knives,
bistouries, etc., after being used
once are sent away to be chap-
ered and are then restored to
their proper places upon the
flour plate in the cases near
the case of appliances for
completely sterilizing the in-
struments just before use.

In the third floor, at the south-
ern end of the building we
killed into the children's ward. We are at once struck with the difference in appearance between this ward and the others which we have seen. This is largely due to the structure and arrangement of the beds. Of course they are small. Each one is provided with a metal railing of sufficient height to prevent the small patients from escaping. Instead of being arranged in rows along the side of the room, as in other wards, the beds are scattered over the room. Two nurses are bearing long bandages, to the huge delight of a small convalescent, encircling his neck and placed upon the floor. "Kongo!" cried we, that
when he takes women over the hospital, he always has difficulty in getting them away from the children's ward.

On the first floor we find the receiving ward. The accompanying view shows the entrance to this
would, to which all persons, desiring to be admitted to the Hospi-
tal, are directed for examination. Just within the doorway shown in the view, sits a recorder before a large book. The duty is to ascertain and record various details in regard to the patient. A little beyond, a doorway opens from the main hallway into a room on the right, while a similar one opens to the left. The former admits to the room for the examination of men, the other, for women and children. Other rooms intended for various purposes are in turn beyond these already mentioned.
Treatment of Patients.

As all patients begin their connection with the Hospital, at the Receiving Ward, it seems proper for me to begin this part of the subject, by telling one of the things which I have seen there.
The accompanying plan is intended to show the arrangement of rooms. The patients enter at the "Carriage Porch." Some have been able to walk to the hospital; others are brought by the patrol wagon, and others by the hospital ambulances.

I will suppose myself to be, through the courtesy of the doctors and orderly in charge, within the room marked "M. R. "watching whatever is to be seen. The orderly "Buv", and "Gurd" are setting things generally in order, after a small operation. A man brings in his son, who has been bitten by a dog. The boy lies upon a bed. The wounds are cauterized with a stick of lemon cauticid.
The man talked in some tongue unknown to me, the boy asked by plain English, while the doctor answers in German: "Das ist nicht so schlecht."

The next man has sprained his back. It is properly painted with iodine, and is told that is the only thing that will cure him. The next patient is a boy with a broken arm. Another man limps in with a bruised foot. Another Julie generally rich. He lay down to await the doctor's decision. But presently a more exciting case appeared. Two stelers, pasted insinuating cues appeared. Two stalkers pasted insinuating cues appeared. A boy with a most well-begone countenance partly concealed by a bloody handkerchief. The boy is above...
When the bandage is removed, the nature of the injury is at once apparent. The boy, as we learn, had been stuck full in the face by a rapidly ascending elevator. His lower lip is cut through to the teeth from each corner of his mouth up to a cut about an inch long, but seeming much longer on account of the blood spread about. If it were not so far from a laughing matter to the boy, his appearance would be almost ludicrous. "But," says afterward: "He looked as if he could whisper into his own ear."

As the doctor examines him, the boy cries: "Oh! don't hurt me, don't! Don't, you give me other!
I can't stand the pain! "He is
assured that ether will be given
and soon he is stretched un-
conscious on the operating table.
The treatment is simple. The
wound is washed and carefully
examined. It is found to be a
simple cut, the teeth and jaw
bones are uninjured. Swiftly and
carefully the doctor sews together
the edges of the wounds, on their
side of the mouth, with black
silk thread, on the outside with
cat-gut. The protruding lips are
dressed, on the outside with
form or absorbable in a thin
coating next the skin. This is
covered by a small pad of cotton
and the whole is made smooth,
firm, and even, by a coating of
collections, applied as a liquid, and drying rapidly. The boy's head is bandaged so as to leave only one small hole where his mouth should be. His lower jaw is also bandaged just so that he cannot tear out the stitches by opening his mouth.

I went inside the building and found another patient of the hospital, just in time to miss a lively scene. A young man had come in with a crushed finger. He had been laid on the operating table, and the order is just becoming thoroughly unconsciousness under ether. He is held down by two men and two strong strapes. Before succumbing he had been quite violent, wriggling out from under the...
shape, leaving off the doctor's apron, and swinging his face. Of course, all this was perfectly in-terest-ful. Then I enter he is still under control. He tries to raise his hands, but they are held fast.

His breathing was difficult, as though interrupted by something. The doctor is throwing other upon a cotton Hankie, laid over the patient's mouth and nose. The nurse in white uniform stands beside the table of glass and iron which holds all the appliances necessary to the operation.

After a while, the doctor opens one of the nurse's eyes and says that the pupil does not contract with the light, so he is all ready to begin our. The doctor--
examine the injured finger. It had been caught in a soap dish and about an inch of the end cut off except one tendon. This is severed with a pair of scissors handed by the nurse directly from an antiseptic solution. The other bottle, supplied with a spout and spring cork, had been left by the patient's head. The slight wetness of the mass causes the doctor to say to me: "Would you mind holding that bottle?" Of course I don't mind."

With a sharp knife the doctor separates the flesh from the finger bone, and punches it back so as to leave the bone projecting about a third of an inch.
The bone is cut off close to the flesh with bone forceps. The doctor, perhaps thinking not to be a medical student, asks me to give the man more ether. I do this and turn the cotton pad, without a hint that I had never done the like before. Whenever the doctor says so, I pour on the ether, but presently the man's breathing becomes very difficult and almost ceaseless. He becomes blue in the face, while I am wondering whether I have been too full with the ether, the nurse also his condition, and says: 'He has undressed his tongue.' (This means that his tongue has fallen back so as to cover the gout tie.) She quickly comes to his head, puts a bismuth wash on each side of
the nails, and press his lower
finger forward. This procedure
indicates relief.

The doctor now transected the bleb-
ing stumps of the fingers. It was
to clearly see at the time of in-
jury that it needed no trimming.

The opposing edges of flesh are
taken neatly together by stitching
with a straight, triangularly
running cat-gut as thread. Reni
remarked, 'He will get a good stump
out of that.'

As the operation is now nearly
over, the patient is given no more
other. While the bandages are be-

ing applied, the man becomes
restless, crooks his fingers, kicks
about with his feet, and dicamarya-
the bandages. 'I'll have to wrap
This man says, says the doctor, all attention to come devoted to re-

chaining the patient, who has throughout been uncooperative.

He struggled violently but is still fast. After several violent coughs,

up comes his决定. This is followed by vigorous expectoration

in many directions. The doctor and

his helpers do not disturb them,

feet up, but keep their heads down

and look over their shoulders,

now and then a fist and yet able
to see the chief.

Presently signs of returning intelli-

gence appear. The patient speaks incoherently, and looks about in

a dumby dazed, way. Tacitly in his peculiar accent: "Yes,

you're all right young man!"
you're doing well, too. The patient answers, "Kiss me your hand."

He allows the Professed hand, while he continues: "The

next Tuesday's Easter.

no, this is Habitation I know that

so Sunday week's Easter. This con-

vincing logic meets with general

approval, so he tries to arise from

the table. He is with some diffi-

culty persuaded to lie down a

second. He fears that more than

to be given him, and enter an

emphatic protest.

While the doctor proceeds with

bandaging broken arms and in-}

jured head, belonging to other sufferers, our

friend the 20-foot thunder dozes

away the effects of the strain and

the disturbance of his stomach.
The cases mentioned so far have nearly all been complications, but medical cases also have been dropping in. When the ambulance is to be sent for a patient, a steam whistle is blown. The ambulance should be as quickly as possible from the stable in the rear of the Out Patient Department on Spice St., and come to the 8th St. entrance. It is here met by the regular ambulance doctor, who has also heard the whistle and has learned at the office where the patient is. I will briefly describe the treatment of one ambulance patient.

He enters the Receiving Ward walking without help, yet by no means briskly. His flushed face indicates
that he is one of the numerous fever cases. He lies down, and the doctor proceeds to examine him. A thermometer is placed under his tongue. "How long have you been sick? Had any bleeding from the nose?" By these and similar questions and by present symptoms, the doctor decides that he has typhoid fever. The thermometer reads 102.3°. Usually the patient, when received, is given a bath before being sent to a ward. This is omitted in the present case, for reasons not known to me.

"About," one of the orderly, asks me if I would not like to go with him and the patient to the men's medical ward. This suicid
exactly. The man, flung up by name, is placed on a wheel- strecher. "Albert" pushes this be- fore him, while I follow. We pass through the Kennett Building to the basement of the Movie Building, then by the "Basement Way," and the basement of the Old Building to the East Wing. He here rises by elevator to the upper ward. "Albert" reports to the head nurse in charge, and is directed as to which bed the patient is to occupy. He is taken thither, and an orderly (the one belonging to the ward) is soon sent to re- move his clothes. "Albert" leaves me to the tender mercies of the head nurse, to whom I need no introduction, and utracistics
steps to the Receiving Ward.
As the plans of the East Wing indicaties, the Medical Ward where I have been left, is of a shape.
Two only of the projections of the two furnished with beds, the other one, extending northward, being divided into smaller rooms, used for kitchen, laboratories, dining rooms etc. The longer, or west room, is used for those patients who are not very ill, the South room for those in more critical condition. The beds are ranged in rows along the side of the room. At the foot of each is a small chair. From the middle of the ceiling hangs a row of chandeliers. From one of these, in each room, is suspended
an ordinary thermometer, if convenient places, framel, Norfolk Island pine, and other potted plants are arranged, giving a cheery aspect to the room of suffering and waiting. Above each patient's head is his name, heavily engrossed, and his temperature chart. On this are recorded all observed changes in the patient's temperature with the time of observation. New sections of the chart are attached as needed so that in slow fever cases, the chart may become some feet in length.

Close to the door of the west room is the music room. This is provided with a wash stand, table, one or two chairs, and a
medicine case. Here are kept all
the records of the medicine to
be given to each patient. At the
proper times the head nurse
pours the medicines, assigned
by the doctor, into small glasses
of uniform size, which rest in
a tray, divided into numbered
sections. The medicines are car-
rried and given by the pupil
etc. (Two mistakes in giving med-
icines are sufficient to cause the
discharge of a pupil nurse.) The
diet, and any other treatment,
sponging, for example, which the
doctor prescribes, is recorded and
carefully observed.

It would certainly be unwise for
me to attempt a description of
the treatment of the sick, except
in the most general way. Each morning the patients are bathed, their backs receiving special attention, with a view to preventing bed-sores. These are accounted a great disgrace to the ward and the nurses in charge. At fairly regular intervals the resident physicians in charge of the ward make his rounds of examination. The "chief," an experienced doctor from outside, also examine the patients from time to time.

The patients who are confined to bed, have their meals brought to them by the nurses or such of the convalescents as are able for the work.

Each day the head nurse sends to the main kitchen, in the
basement of the Old Building.

an order for the patient's meal.

At the proper hour the meals are sent to the ward kitchen. With this as a base of supplies, the individual portions are prepared in the dining-room, except those for patients on liquid or diet.
All patients, on admission to the ward, begin with "liquid" diet (broth and milk) and continue it until the doctor orders something else. This, however, fruits purée serve as a transition to "soft" diet. This consists largely of milk, toast, and milk.

"Soft with extras" is the next grade. This comprises, beside what is given for "soft", oatmeal, tea, bread, butter, fruit for supper, and chicken for dinner. "House" diet is the highest grade reached, comprising meat, vegetables, and the other articles which constitute the ordinary fare of well persons.

On three afternoons a week, people are admitted to the ward to visit their sick friends or
PENNSYLVANIA HOSPITAL.

Daily Order.

<table>
<thead>
<tr>
<th>Ward</th>
<th>189</th>
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</thead>
<tbody>
<tr>
<td>No. of patients on</td>
<td></td>
</tr>
<tr>
<td>House Diet</td>
<td></td>
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<td>Soft Diet</td>
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<td>Liquid Diet</td>
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<td>Total</td>
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Milk, pts.

Eggs

Butter

Bread

at the

sent

this

divid

inv.

for pr
All patients, on admission to the ward, begin with liquid diet (broth and milk) and continue it until the doctor orders something else. This answer was hand-written:

"The title sheet is to include the whole table in which the arrangements in final form.

J. D. C.

for the diet, fruit for supper, and chicken for dinner. "House" diet is the highest grade reached, comprising meat, vegetables, and the other articles which constitute the ordinary fare of well persons.

On three afternoons per week, people are admitted to the ward to visit their sick friends or..."
relative. These are trying times for the nurses, since it requires their utmost care to prevent the visitors from ruining their friends by giving them improper cattables.

On 'Visitor's Day' the scene at the gate is an interesting one. A mixed crowd of Jews, Italians, negroes, Americans, and I knew not what beside, is pushing up to the doorway. Thus they get man stands, ticket-punching hand. Many of the people already have yellow cards, bearing the names of their friends. They present these and are passed on, not more than two persons at once, proved to be admitted on one card, but the people evade this rule by...
passing their card back to their friends, through the metal gate herein before mentioned. Those who have no cards make known the name of their friend. The gatekeeper selects the proper card from his handful, punches it, and gives it to the visitor. All buties are rigorously excluded.

Inside the gate, the visitors wait to the various wards. On the 'men's medical,' the head nurse sits before a table, placed so as to command the approaches to both the rooms in which the patients are lying. A woman and a boy, dark-skinned and black-haired, enter and seem so wish to pass unchallenged. "How do you want to see? What's your card," asks the
the boy's answer, "I'll be back in a minute." "Oh yes, but "26. You'll find him in the room." (The nurse had pointed the way.) "But what's this?" The nurse's watchfulness had detected an unusual waddling under the woman's shawl. A low, crackling noise of wrapping paper is the only answer. Evasion is impossible, so a bag of oranges and another of cakes is reluctantly produced. "Leave those here, and get them when you come back." "Oh, I was going to take the crackers home with the rest." (This is the nurse's..."
lieb paraphrase of what was really said in answer. "Well, you leave 'em here." It is needless to say that they are left in the visitors' place on the murder marks. "He don't hurt much, though people are in a hurry."

As an example of the evil effects of unlawful catabolism I cite the following natural case. One day after the visitors had gone, they are discovered at 11 P.M. — one of the habitual cases who had had no visitors was found to be much worse. The temperature which had been normal for nearly a week, had suddenly leaped to 104°. No remains of catabolized were to be found. The man confessed however that he had eaten an apple which one of the visitors
had given him, probably intend-
ing to do him a favor.

The patients are allowed to have
whenever spiritual advice thy
desires, and these are allowed
to visit the patients at any time.
With a view to the benefit of those
especially who have no visiting
priest, certain people from outside
occasionally sing hymns on the
ward. Moreover, a gentleman named
Charles Dr. Morley, has made it his
concern to visit the patient
frequently, to become personally
interested in such ones, and to
devote to give all the spiritual
help possible.

He is also the moving spirit in the
chapel meetings. These are held
twice weekly, in the octagonal
Clinic building. One of them I will attempt to briefly describe. Soon after the bell has ceased sounding the people begin to assemble. Some are those employed in the institution; others are interested visitors, like myself, but the majority are patients. Some limping along with canes, some have an arm in a sling, some bandaged head, while several wheel themselves along in wheel chairs. They are a mixed company of both sexes, and diverse age and color. As I entered with the rest, Mr. Morton takes me by the hand very cordially, and says: "What would you most comforted? I take one of the raised seats, so as to see better. Hymn books are passed around.
The leader proceeds to furnish the
which all who care to join. The
singing is accompanied by an or-
gano and violin which are play-
ed by persons from outside. The
Service begins, after singing the
leader offers prayer ending in
the Lord's prayer, in which all
join. Hymn numbers are sung, and
or a member of the Salvation Army
offers prayer. Then, Morton reads
from the Bible the account
of the Israelites crossing the Red
Sea, and follows this reading by
an explanatory and hortatory
address, based on the account
read, after more singing, the meet-
ing closes solemnly. The leader
shakes hands with most who
pass him. Then I tell him that
I am not a patient, but an interested visitor, he says: "Tell young men come again."

Free Medical Instruction. During the winter months public clinics are held from 10 a.m. to 12 noon on the 14th Street.
The preceding view shows the exterior of the front of the Barrett Building on which the clinics are held. The door above the corner of the building is shown in the daylight above the stage of the hall. At the times mentioned above, the door shown near the corner, and a gate in the iron fence of the building on 8th St., are open for the admission without challenge of any respectable looking individual. A sunray leads from this door to the top of the iron fence of raised steps. The roof of the roof gives a better idea of the room than I can by words.

Medical clinic comes first. I chose for description only one of two.
The room is well filled with spectators; probably nearly all medical students or physicians. Dr. de Costa appears, amid the mild but enthusiastic applause of the students. He begins: I am very
glad, gentlemen, to be able to show you our improvements and in treating cases of cerebrospinal meningitis or spotted fever. I would ask you please to allow the room to be as quiet as possible, to avoid exciting the patient; let a signal from the doctor in the rear of the room be given, and the patient is brought into the room. He is unrolled in a clean blanket and laid upon a wheelbarrow, so he is wheeled to the center of the floor. The doctor continues the history of the case. This patient is a boy, 8 years old. His family history is good, until he was struck by his disease, he was an unusually strong, healthy, boy. Three days before
admission he returned from school with a severe headache. He was put to bed, and became delirious and very restless. He was troubled by persistent vomiting but had no chills. While giving this history, the chief (DaCosta) frequently asked questions of the younger doctor who stood beside him, so that all could hear. The younger man consulted his records and answered quietly. His reply was spoken aloud by the chief, who then continued his description: "One day before admission, the patient had become rigid; his neck was contracted, throwing the head strongly backward; his back became stiff and arched; his legs, especially the left, were bent at the knees by the
powerful contractions of the thigh muscles, and could not be straightened in the least without causing extreme pain.

After further description, the chief continued: 'Now, gentlemen, we have the history of this case, and the symptoms. What is the disease? There are three diseases, besides scarlet fever, which might cause some of the symptoms. These have all been considered and rejected. (He gives the disease and the reasons for their rejection.) We are very glad to say that the patient is now convalescent. That is, he will probably recover so far as the preservation of his life is concerned; but, we
are not sure that he will not always be troubled by these serious affections which so often follow this dreadful, and very generally fatal disease. After explaining the treatment of the case, and mentioning some peculiarities, the chief concludes with the remark that it has been observed in other countries as well as our own, that an outbreak of spotted fever often comes at once, after a time of rest.

Surgical clinics were next shown, in which uniform habits in different directions. Small iron tables with glass tops and shelves are set in, and placed in handy reaching distances from the operating table, which stands in
The center of the surgical floor-space. On that table are all the instruments, antiseptics, suture and bandages thought to be desirable for the coming operation. Basins filled with cold water and with solutions of corrosive sublimate color fluids are placed in frames near the instrument table. The surgeon, and all who are to assist in the operation, clean their hands with most scrupulous care.

When all is ready, the patient is wheeled in upon a stretcher and is laid on the operating table. (Again I select one case from the considerable variety which I have seen.) The patient has been thu-
ized in one of the small rooms designed especially for that purpose. All through the operation one doctor stands at the patient's head and administers the ether whenever needed. The surgeon states that the patient, a boy, has a needle deeply imbedded somewhere in his heel. The boy's foot is elevated for a short time to allow the blood to flow toward the body. Then beginning at the foot, a strap is wound spirally and tightly around the leg as far as above the knee. A bandage is placed here to prevent the blood from entering the foot again. The foot has been examined by the x-ray, and the plate is on hand to assist the surgeon.
in finding the needle. He makes a deep incision in the sole of the hub and searches for some time without success. In most operations upon a member of this size, the flow of blood is prevented by grasping the bleeding vessel with a hemostat which never like to let hold until it is safe. In this case, however, the flow of blood is insignificant because of the previous strapping. All this while the surgeon has been explaining to the audience, just what he has been doing. After further search and consultation of the 'trophograph,' he discovers a bit of thread. Following up this clue, the needle is found and at once extracted. The wound is carefully sterilized.
 cured up, and bandaged, and the next patient called for.

I must now conclude this rambling account, very incomplete though it is, with a few general remarks. The work of the Hospital is chiefly free. No pay less than a dollar a day is received from a patient. The Hospital is kept to be for the good of the suffering poor. I have seen a man turned away because he had abundant means to go elsewhere. The work of all the physicians and surgeons except the resident chief is done gratis. To give a faint idea of the magnitude of the work of the Hospital, I append a few figures. For the year ending April 23rd, 1898, the number of patients admitted
was $104,722.16.

In conclusion, I would say that the amount of good done by the Hospital Pennsylvania, by instruction of nurses and medical students, and especially by satisfying the needs of the souls and bodies of its patients, is simply incalculable, and will never be known until the judgment is set, and the books are opened.

Just B. Carter, M.D.