

HOW HOSPITALS ARE CURING THEIR ILLS

by Lawrence Galton

time. Some think this plan has its drawbacks when a mother may be physically exhausted. But the Oklahoma terminal rooming-in plan is different. In the first days after birth, the mother sees the child only at feeding times, as at most hospitals. But on the final day, she has her baby in with her all day.

A nurse spends the better part of an hour orienting the mother on baby care in general and on her own infant's daily routine. All during the day she has the opportunity—as does her husband—to get to know her child, and to feed, handle, change and otherwise care for him.

SOME HOSPITALS have been devising better methods of care for sick children. One of the most heart-warming is the Mother's Bank at Chicago's Children's Memorial Hospital. The bank is composed of volunteers—most of them grandmothers, all of them kindly and experienced—whose job it is to "mother" sick babies, especially those with emotional disturbances. Each hospital "mother" is assigned to one baby during its entire stay. She is with the child six hours a day, not only feeding, bathing and changing it, but also holding and playing with the baby as much as possible.

Los Angeles Children's Hospital is meeting another problem. When a child is hospitalized, parents want to know what is being done. If they're ignored or given only a smattering of information, their worry might be communicated to the child. Leaving the problem to doctors and nurses isn't always satisfactory. Its solution was to appoint Marie Brotherton, a nurse out of uniform, to be Director of Parents' Public Relations. The hospital's operating room supervisor for 26 years, Miss Brotherton performs a host of valuable functions. When a child is to have an operation, she is the link between parents and operating room, providing information about the surgery and enabling the parents to be with their child immediately afterward.

Perhaps the most crucial medical problem today is the skyrocketing cost of hospital care—up 132 percent in eight years, while the consumer price index rose 37.6 percent.

Dr. Lowell T. Coggeshall, assistant to the Secretary of Health, Education and Welfare, has suggested that what we may need is a new concept of hospital operation to include "do-it-yourself" projects for patients to help bring down costs.



A start has been made with a new rehabilitation pavilion at Michael Reese Medical Center in Chicago. Probably the only facility ever built specifically to cut the time and cost of rehabilitation for convalescent patients, it is called "a bridge on the road to recovery between the hospital bed and the patient's own home," by Dr. Robert C. Levy, staff president.

Costs are cut by discouraging pampering. Accident victims, patients recovering from heart attacks and strokes and others on the mend are encouraged to eat in a community dining room. There are no hospital beds; instead, there are day beds that can be made up as studio couches. Patients are expected to care for themselves as much as their doctors allow. Not only are room rates in the "do-it-yourself" pavilion lower, but recovery periods are considerably shorter.

IN OTHER WAYS, hospitals are using new approaches to old problems.

There's the matter of gifts, often a headache for relatives and friends who puzzle over their choices, patients who are inundated with duplications of flowers, candy and fruit and hospital workers with extra cleanup work.

The Reading, Pa., Hospital's solution, a happy one, is a "Guest Card" plan. The card, sold by the hospital, reads: "Dear _____: This card indicates that you are my guest in the Reading Hospital for the day. I wish for you a speedy recovery. Sincerely, _____." The donor pays for one or more days of hospital care, signs the card and sends it to the patient. In addition to simplifying gift choices, the guest cards ease the financial burden of hospital care without embarrassment.

Hospitals are among the most complex of man's institutions, but a fresh approach can help solve most problems, with benefit to everybody concerned.



Intercom systems now permit patients to tell nurse their needs, thus saving her an extra walk from her desk to bed.

Cafeteria-style dining for patients who can walk replaces tray feeding, cuts down on expenses and boosts morale.



Getting patients off bed and on feet soon after operations is speeded up with a therapeutic handrail device.

**"No Sugar to add
to this Eagle Brand
Recipe"**

says Elsie, the
Borden Cow



10-Minute Magic Macaroons

$\frac{1}{2}$ cup ($\frac{1}{2}$ 15-oz. can) Eagle Brand
Sweetened Condensed Milk
3 cups shredded coconut
1 teaspoon vanilla extract
 $\frac{1}{4}$ teaspoon almond extract

Try my quick-mix way to melt-in-your-mouth cookies! The secret? Borden's Eagle Brand Sweetened Condensed Milk—ready-blended, nourishing milk and sugar pre-cooked to a creamy smoothness.

1. Mix Eagle Brand with coconut and flavorings. 2. Drop by teaspoonfuls onto greased baking sheet, about 1 inch apart. 3. Bake in moderate oven (350° F.) until a delicate brown, 8 to 10 min. 4. Remove from pan. (Makes about 30 delicious cookies.)



Try Eagle Brand on cereal, in coffee

FREE!

Get Elsie's 28-page
full-color recipe book



The Borden Company
Dept. FW-99, Box 171
New York 46, N. Y.

Please send me Elsie's free recipe
book, *Borden's Eagle Brand 70
Magic Recipes*.

Name _____

Street _____

City _____ State _____



**Borden's
Eagle
Brand**
Sweetened
Condensed Milk