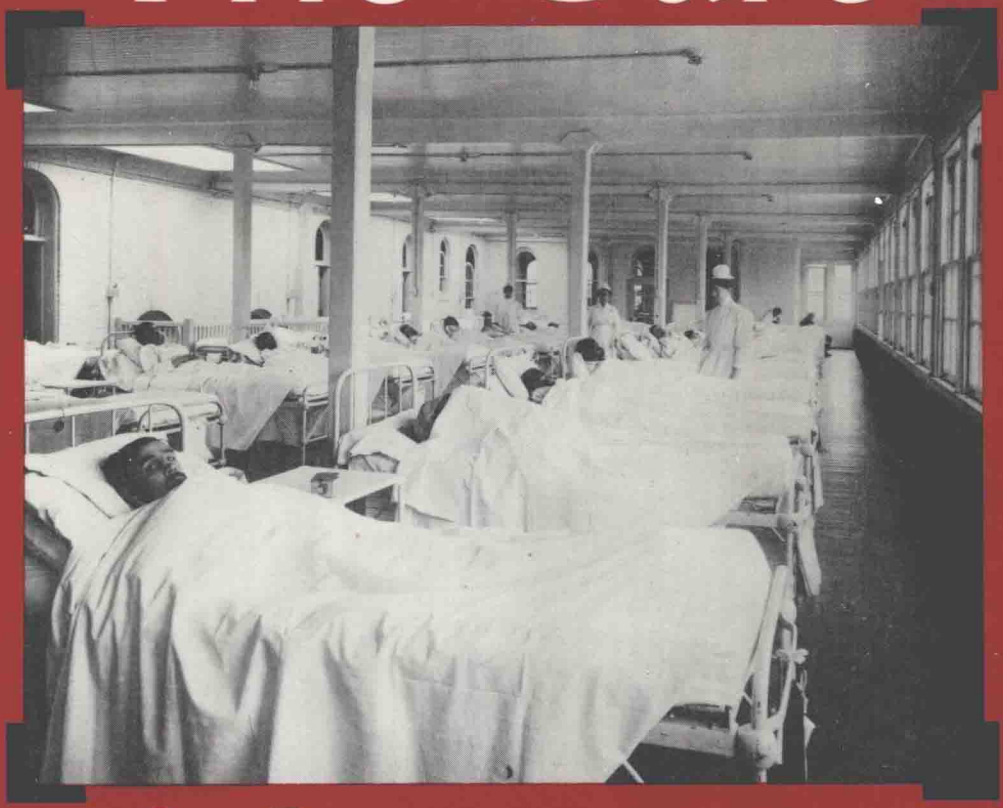
The Care of Strangers



The Rise of America's Hospital System

CHARLES E. ROSENBERG

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THE CARE OF STRANGERS

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For Drew

Acknowledgments

I have been working on this book for almost two decades, much of that time inadvertently, as I studied other aspects of American medical history. It was not until the past decade that I seriously considered writing a book on hospitals. It took shape as I came gradually to realize that the history of twentieth-century medicine, the medical profession, and medical care could not be explained without an understanding of the hospital's origins—and that this history was a revealing microcosm of the changes that have transformed society more generally during the past two centuries. The current debate on hospital policy only sharpened my interest.

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The Care of Strangers

Introduction

Suddenly, it seemed in the late 1960s, the American hospital became a problem. It has remained one. Depending on the critic's temperament, politics, or pocketbook, the hospital appeared a source of uncontrolled inflationary pressure, an instrument of class and sexual oppression, or an impersonal monolith, managing in its several ways to dehumanize rich and poor at once, if not alike. To many such detractors, it seemed the stronghold of a profession jealous of its prerogatives and little concerned with needs that could not be measured, probed, or irradiated. Meanwhile, hospital costs mounted inexorably.

In the 1980s, hospitals became the center of a rather differently focused sense of crisis, but of crisis nevertheless. Today, the debate turns on questions of bureaucratic control and the hospital as marketplace actor. Physicians in both the academic world and private practice—villains in the critique of the late 1960s and 1970s—now perceive themselves as beset by government on the one hand and corporate medicine on the other. The foci of debate over medical policy have shifted, yet the hospital remains at the center of controversy.

This is hardly surprising. The hospital is in some ways peculiarly characteristic of our society. Within the walls of a single building, high technology, bureaucracy, and professionalism are juxtaposed with the most fundamental and unchanging of human experiences—birth, death, pain. It is no accident that both black comedy and soap opera should have found the hospital a natural setting. It

is an institution clothed with an almost mystical power, yet suffused with a relentless impersonality and a forbidding aura of technical complexity. Like the ship of fools that symbolized man's ineradicable frailties in early modern Europe, the hospital can be seen as a late twentieth-century symbol of the gap between human aspirations and necessary human failings—displayed not in the confines of a ship adrift upon the sea, but in an institution that reproduces values and social relationships of the wider world yet manages at the same time to remain isolated in its particular way from the society that created and supports it.

The development of the hospital over time has similarly reproduced in microcosm the history of a larger society. In 1800, the hospital was still an insignificant aspect of American medical care. No gentleman of property or standing would have found himself in a hospital unless stricken with insanity or felled by epidemic or accident in a strange city. When respectable persons or members of their family fell ill, they would be treated at home. If we define "hospital" as an institution dedicated exclusively to inpatient care of the sick, then there were only two hospitals in America: Philadelphia's Pennsylvania Hospital and the New York Hospital.

If too sick to be cared for at home, urban workers were most likely to find themselves in an almshouse, not a hospital. Although envisioned as a "receptacle" for the dependent and indigent, the almshouse had by the late eighteenth century become in part a municipal hospital in function if not in name. Growing numbers of sick in the almshouses of America's seaport cities required the development of separate wards for their care—separate, that is, from the simply destitute, the orphaned, the marginally criminal, and the permanently incapacitated who also populated this warehouse for the dependent. In smaller communities, the few chronically ill, handicapped, or aged individuals in the local almshouse hardly justified a separate wing or building; instead a local physician might call several times a week, and the more severely ill patients were simply placed together in a few wardlike rooms.

By the Civil War, the situation was largely unchanged. Several dozen hospitals had been founded by private groups, but county and municipal institutions were still the major providers of inpatient care—and even in the largest cities and among the working poor, dispensaries and hospital outpatient departments treated a far greater number than were ever admitted to inpatient beds. In our country, as a mid-nineteenth-century New Yorker put it, "the peo-

ple who repair to hospitals are mostly very poor, and seldom go into them until driven to do so from a severe stress of circumstances."[1] In 1873, the first American hospital survey located only 178, including mental institutions; they contained a total of less than fifty thousand beds.[2] Only a few of these were integrated with medical school instruction, while none regarded research as an explicit commitment. Obligatory residency and internship programs, like hospital certification, lay several generations in the future.

Not only did the hospital play a small role in the provision of medical care before the Civil War, it was in its internal structure a very different institution from that we know in the late twentieth century. It was not directed by a bureaucracy of credentialed administrators; it was certainly not dominated by the medical profession and its needs. Lay trustees still felt it their duty to oversee every aspect of hospital routine. The hospital was very much a mirror of the society that populated and supported it, a society rooted in deference and hierarchy, a society in which traditional attitudes toward the responsibility of wealth were very much alive. Medical men needed and used the hospital; they could not control it.

The hospital was not yet dominated and justified, as it has come to be, by an intimidating arsenal of tools and techniques. Aside from a handful of surgical procedures, there was little in the way of medical capability in 1800 that could not be made easily available outside the hospital's walls—at least in homes of the middle class and the wealthy. Physicians could ordinarily do little to alter the course of a patient's illness and almost as little to monitor quality of life on the ward. Contemporary therapeutics offered few procedures that could not be understood and evaluated by a well-informed layman. Much of household medicine was, in fact, identical with hospital treatment; indeed something of the social efficacy of early nineteenth-century therapeutics may well have rested on this very community of understanding.[3] The hospital in early national America was defined primarily by need and dependency, not by the existence of specialized technical resources.

Much of this had changed by the first decade of the twentieth century. The hospital had become far more central, both in the provision of medical care and in the careers of ambitious physicians. In 1909, a census of American hospitals located 4,359 with 421,065 beds (a total that did not include mental or chronic disease hospitals such as tuberculosis sanitariums).[4] Not only had the hospital spread widely in the United States, it had become a potential recourse for

a much larger proportion of Americans; the prosperous and respectable as well as the indigent were now treated in hospitals, frequently by their regular physicians.

And treated in ways that seemed increasingly arcane and impressive. Few laymen presumed an understanding of the disease concepts, the therapeutics, the diagnostic tests, and the surgical procedures that justified the hospital's newly prominent role in medical care. Knowledge, like every kind of work within the hospital, had become increasingly specialized. So too had the hospital as physical artifact. Early nineteenth-century hospitals were architecturally little different from other large public buildings, but by 1900 the hospital had assumed a characteristic physical form, its internal spaces defined by their functions and those functions understood in technical and bureaucratic terms.

The hospital had become easily recognizable to twentieth-century eyes. It had grown in size, had become more formal and bureaucratic, and increasingly unified in authority, consistently reflecting medical needs and perceptions. All of this had come about without dramatic conflict, without formal planning or even informal concert, but within a set of social perceptions, economic relationships, ongoing technical innovations, and professional values—all of which interacted to dictate a pattern of development as precise as anything that might have resulted from formal planning. By the First World War, the shape of the hospital's late twentieth-century descendant was apparent in its already vigorous and expansive predecessor.

Indeed, by 1920 almost all those criticisms of the hospital so familiar to us in the past two decades were already being articulated by critics both within and outside the medical profession. Concerned observers of the hospital pointed toward a growing coldness and impersonality; they deprecated an increasing concern with acute ailments and a parallel neglect of the aged, of chronic illness, of the convalescent, of the simply routine. They warned of a socially insensitive and economically dysfunctional obsession with inpatient at the expense of outpatient and community-oriented care. An understanding of the patient's social and family environment, such Progressive Era critics contended, was necessary to a full understanding both of the cause of sickness and appropriate therapeutics. Medicine had to be brought out of the hospital and into the community—insofar as possible into the home. But such views were not to prevail. Those aspects of early twentieth-century institutional

medicine not centered on the hospital's wards—the independent dispensary, the public health nurse and physician, the hospital's own outpatient facilities—actually decreased in significance as the hospital and its inpatient service grew ever more prominent in the culture of medicine.

The "culture of medicine" is not simply an ornamental phrase; there is such a culture, one accepted and assimilated in generation-specific form by every physician. And it was a formative element in the shaping of the modern hospital. If the creation of the hospital as a quintessentially modern institution is a central theme of the pages that follow, another is the way in which the perceptions, the values and rewards, the career patterns, and, increasingly, the specific knowledge of physicians have structured this development. The evolution of the hospital has reflected a clear and consistently understood vision. That vision looked inward toward the needs and priorities of the medical profession, inward toward the administrative and financial needs of the individual hospital, inward toward the body as a mechanism opaque to all but those with medical training—and away from that of patient as social being and family member. It was a vision, moreover, so deeply felt as to preclude conscious planning, replacing it instead with a series of seemingly necessary actions.[5]

The decisions that shaped the modern hospital have been consistently guided by the world of medical ideas and values. I refer not simply to specific insights such as the germ theory or the new diagnostic and curative tools provided by the x-ray and immunology, but more generally to the attitudes and aspirations that gave the profession its peculiar identity. It has become fashionable in recent years to interpret medical self-conceptions as best explicable in marketplace terms, and obviously economic realities do explain a good deal of that which we see in past medical behavior; individuals do not ordinarily act in ways contrary to their perceived economic interest. But interest cannot be understood in economic terms alone. The honor accorded innovation, the satisfaction of intellectual competence in a world of pervasive mediocrity, for example, are meaningful compensations, if perhaps ultimately no more transcendent than dollars and cents (and possibly more self-deluding). One can hardly understand the evolution of the hospital without some understanding of the power of ideas, of the allure of innovation, of the promised amelioration of painful and incapacitating symptoms through an increasingly effective hospital-based technology.

The ethos of the medical profession elicited change as it defined behavior. The germ theory, antiseptic surgery, clinical pathology, and the x-ray were evidence of that change and seeming proof of the value of medical aspirations. That there could be conflict between aspects—and achievements—of the medical culture and other needs of human beings only occasionally occurred to those physicians who dominated hospital medicine. Given the long-standing unwillingness of federal authority to intrude in the delivery of medical care, the needs and outlooks of medical men coupled with the social attitudes and financial decisions of lay trustees and local governments shaped the modern hospital.

American communities had grown proud of their hospitals; ethnic and religious groups saw their institutions as symbols of community identity and respectability. Small towns saw them as badges of energy and modernity. Initiated in the late eighteenth and early nineteenth centuries as a welfare institution framed and motivated by the responsibilities of Christian stewardship, the twentieth-century American hospital has tended to see itself as a necessary response to scientific understanding and the hope of secular healing. In neither era was it easily subjected to marketplace discipline or balanced considerations of public interest. The hospital conformed to a rationality, but it was a rationality shaped by lay expectations and given specific form by the interests and perceptions of those who worked within it.

The modern hospital is a unique institution. At the same time it has shared the history and displayed many of the characteristics of other large institutions, such as corporate enterprises, urban public schools, and welfare departments. Bureaucratic organization and administration by a stratum of the credentialed, for example, have come to characterize all of these organizations. In this sense, the hospital has to be seen as but one aspect of a new social structure in which a range of functions—education, welfare, and work as well as health care—were moving from the home to institutional sites. By the 1880s, Americans were well aware that many of them no longer lived in small, face-to-face settings; communities would simply have to adjust to these new realities. Families would come increasingly to depend on strangers for care at times of sickness and approaching death.

The patient's experience of that care would evolve as well. Perhaps the most important single element in reshaping the day-to-day texture of hospital life was the professionalization of nursing. In