

# Beginnings of Hospitals in United States—Part I

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**T**HE organizations which a society sets up, the institutions which it establishes, grow out of its consciousness of needs which those organizations and institutions may help it meet, and are the concrete expression of its conception of the nature and purpose of such establishments. Consequently, if we are to understand the beginnings, the progressive development, and the present form and status of social organizations and institutions, we must acquaint ourselves with the social and economic conditions existent when and where they were founded and as they developed. Such products of social thinking and planning are not, as a rule, created *de novo*, springing, as it were, full-fledged from the mind of some Jove, but evolve from pre-existent social organisms, which they resemble but from which they differ in both purpose and structure. We cannot properly appraise them if in our thinking we lift them out of the matrix in which they took shape or apart from the time, the place, and the social, economic, and political atmosphere in which they were created and have developed.

## Evolution of the Modern Hospital

Thus, if we are to understand and appreciate the evolution of the modern hospital, we must follow the course of its early prototype as it emerged from among the institutions which gave succour to the homeless, the friendless, the wayfarer and the infirm, to become a specialized institution for the care of the sick. We must know something of the status of society at the time of the birth of the hospital as an institution and something of the evolution of the social, economic, philanthropic, political, and scientific forces which have influenced its progressive development from that early day, even until now.

We must also be able to perceive that the modern hospital as we know it today, is not a static thing but that, now as always, it is being molded and modified by the same forces that brought it into being, kept it plastic to the changing needs of a developing society and caused it to use the increasingly more effective instruments and tech-

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niques which man has invented and perfected as he has advanced in knowledge and skill.

Creation is an evolutionary process. Man and his institutions were born and as long as they live they grow.

We have come to consider hospitals so essential to our well-being that it is difficult to appreciate that there was a time in the history of this country when the majority of the population thought of them, if at all, as neither necessary nor desirable. Of course it is easy to understand that during the early period of settlement of the provinces which later constituted the thirteen original states, the population was so scattered, the towns so few and small, the physicians so limited in number and the majority of them so poorly trained, that had hospitals been considered desirable, their establishment would have been impracticable.

## European Influence in Early American Hospitals

With the exception of the Dutch in New York and the Swedes in Delaware, the majority of the early settlers came from England. Their traditions, their prejudices, their habits of thinking and living were those of the classes of English society from which they sprang. It may be well to consider for a moment the state of medical knowledge and practice and the status of hospitals in England during the century between 1650 and 1750 which was the period during which almost all of our colonial forebears established their homes along our Atlantic seaboard.

Scientific medical knowledge and medical practice, as we know it, hardly existed in England in those times. Though the seventeenth century has been called the Age of Science, its science was pretty rudimentary judged by modern standards. In the field of medicine it saw the beginning of

the use of the microscope. The renowned architect of St. Paul's Cathedral, Sir Christopher Wren, suggested intravenous medication, William Harvey discovered the circulation of the blood, John Floyer began counting the pulse, Sir Thomas Sydenham differentiated scarlet fever from measles and made other contributions to our knowledge of communicable diseases, magnesium sulphate and quinine appeared as effective remedies. Yet medical practice lagged far behind in the application of these scientific discoveries, particularly, since it was not limited by law to those qualified by training to care for the sick. Sickness might be caused by spells cast by witches many of whom were burned or hanged for their evil deeds. The scrofulous sought the royal presence to be cured by the King's Touch. It was an age during which myth, superstition, and credulity had greater influence than truth and scientific fact. But if seventeenth century medical practice was poor, that of the eighteenth century was worse. In England its chief scientific medical accomplishment was the discovery and application of immunization against smallpox. John Hunter was the chief luminary in its galaxy, made up almost entirely of stars of much lesser magnitude.

Dr. Victor-Robinson, in his *Story of Medicine* says:

"Eighteenth-century England is remembered as the Golden Age of Quackery, a situation due largely to the wretched creatures, male and female, who sat on the throne and patronized charlatans. Queen Anne, suffering from weak eyes and a weaker understanding, insulted the medical profession and turned her country into a Paradise of Quacks by transforming a mountebank into Sir William Read, principal oculist to her majesty."

But the great mass of the English population was too poor of purse to employ either quacks or physicians of good repute. When they were sick they usually doctored themselves or let nature take its course. They made wide use of medicinal herbs and like their long line of unschooled ancestors discovered and demonstrated the medicinal value of many plants of their own fields and forests, and purchased from the apothecary botanical remedies imported from foreign shores.

For centuries before the beginning of English settlement in America, England had been a country of many hospitals. Mediaeval England with a population less than that of modern London had upwards of 750 charitable institutions, many of which were called hospitals. But with rare exception these institutions were not hospitals in the modern use of that term. The hospital was

a hospice and only incidentally cared for the sick. Rotha Mary Clay, in her *The Mediaeval Hospitals of England*, says:

"It will be well to make clear what the hospital was and what it was not. It was an ecclesiastical, not a medical institution. It was for care rather than cure; for the relief of the body when possible, but pre-eminently for the refreshment of the soul . . . Faith and love were more predominant features in hospital life than were skill and science."

Likewise, during the first hundred years of English colonization of America there were many institutions in England bearing the name "hospital," few of which were they existent today, would bear that designation. Almost all of them were homes for the aged, orphanages, or other types of custodial institutions. In fact there were but two general hospitals in all of England prior to the beginning of the eighteenth century. These were St. Bartholomew's and St. Thomas's in London, which date from the twelfth and thirteenth centuries. Even these institutions, in the earlier centuries of their existence were hardly hospitals as we use the term today. Sir D'Arcy Power, in his *Foundations of Medicine*, says of St. Bartholomew's:

"The hospital was less fortunate on the medical side. The need for a physician was not felt for some years, and when one was at last appointed, he was that Doctor Lopez, the Portuguese Jew, who was hanged, drawn, and quartered in 1594, for encompassing the death of Elizabeth."

Evidently in that day it behooved a physician to cure his patient, particularly, were she of royal blood.

As to the early service of these hospitals, we may get some idea from a poem written by Robert Copeland in 1535 or 1536, entitled *The Highway to the Spital House*. This poem describes a visit to a London hospital, probably St. Bartholomew's and is made up in part of a dialogue between the author and the Porter or Admitting Officer of the institution. In answer to Copeland's question—"Who hath of you relief?" the Porter replies:

"Forsooth, they that be of such mischief,  
That for their living can do no labour,  
And have no friends to do them succour,  
As old people, sick and impotent,  
Poor women in childbed, have here easement,  
Weak men sore wounded by great violence  
And sore men eaten with pox and pestilence,  
And honest folk fallen in great poverty,  
By mischance or other infirmity,  
Wayfaring men and maimed soldiers  
Have their relief in this poorhouse of ours;  
And all others which we seem good and plain  
Have here lodging for a night or twain,  
Bedrid folk and such as cannot crave  
In these places most relief they have,

And if they hap within our place to die  
They are buried well and honestly;  
But not very unsick stubborn knave,  
For then we should over many have."

#### **Philanthropy in the Eighteenth Century**

The eighteenth century was an age in which philanthropy expressed itself in Great Britain by the establishment of many institutions for the care of the poor and the helpless. It was particularly marked by the erection of a large number of hospitals in England, Scotland, and Ireland. In London, Westminster Hospital was established in 1720, Guy's in 1724, St. George's in 1735, the London Hospital in 1740, and three maternity hospitals between 1739 and 1750. The Bristol Royal Infirmary was opened in 1735, the Liverpool Royal Infirmary in 1745, and the Manchester Royal Infirmary in 1752. In Scotland, the Royal Infirmary of Edinburgh was founded in 1736 and that of Aberdeen in 1739. In Ireland, several Dublin hospitals date from 1718 to 1745.

These hospitals were established and maintained by voluntary contributions and though they existed for the purpose of providing hospital care for the poor and the homeless, many abuses in the form of restrictions, fees, and bribes crept in.

Garrison, in his *History of Medicine*, speaking of eighteenth century hospitals, says:

"Hospital management was bad in the seventeenth century the world over. It was worse in the eighteenth. There was the same overcrowding; several patients occupying one bed or pallet, the same absence of ventilation, the same presence of vermin and filth, the same lack of appreciation of the need for isolation of contagious diseases, the same misdirected effort at nursing, the same fatal issue following every attempt at major surgery."

It is unlikely that many of our early settlers had been patients in hospitals in their native land. These early settlers did not as a rule establish themselves in towns and villages. The majority of them became farmers and as there were few doctors, the people treated themselves when sick, employing the remedies they had used in England and learning of others from the Indians. Medicinal herbs were widely used. Women cared for each other in childbirth. Men with some mechanical skill reduced fractures and set broken bones. Clergymen sometimes ministered to sick bodies as well as to sinful souls.

#### **Few American Hospitals Before the Revolutionary War**

The settlement of America was accomplished slowly. There were 168 years between the first English settlement at Jamestown in 1607 and the outbreak of the Revolutionary War; 135 years between Plymouth Rock and Bunker Hill. No

census was taken until 1790 but there was a listing of British subjects in the several Colonies in 1755. This gives a total population of the 13 American Colonies of 1,046,000 exclusive of Negroes, Indians, and British soldiers. This is  $1\frac{1}{2}$  times as many people as lived in Cleveland, Ohio, in 1940. In 1790, New York City was about the size of present-day Lexington, Kentucky, having a population of 49,401; Philadelphia with 28,522 compares with Burlington, Vermont; Boston's 18,320 made it about the size of Fort Lauderdale, Florida, and Baltimore with 13,503 was of the size of 1940 Annapolis.

These facts and conditions are sufficient explanation of the reason why practically no hospitals were established in the Colonies before the Revolutionary War.

The first occasion for any considerable need for hospital service in America was the outbreak of the Revolutionary War in 1775. Though the revolt against England had been brewing for a number of years, the actual beginning of hostilities found the American Colonials in many ways unprepared. Not the least of the unpreparedness was their almost total lack of well-trained physicians and surgeons and the supplies and equipment needed to set up temporary hospitals for the care of sick soldiers and the casualties of battle. Some of our military officers and a few doctors had had experience with the British Army in the wars fought on American soil between English and French armed forces. The British Army had a well-developed medical and hospital service. It was logical that this should be the pattern on which the early American military hospital system was planned. The British military hospital system consisted of what were then called flying hospitals, but later, field hospitals which were tents set up close to the field of battle for first aid and essential emergency surgery. From these the wounded were evacuated to regimental hospitals at some distance behind the lines, and from them to general hospitals which might be still further removed from combat areas. In the regimental and general hospitals those who became sick in camp were hospitalized. Naturally, the first hospitals were established in and around Boston, the scene of the opening hostilities of the war.

#### **Military Hospitals**

The Battles of Lexington and Bunker Hill resulted in casualties demanding surgical treatment. Houses in Cambridge and other villages suburban to Boston were commandeered and converted into hospitals. Like in almost all other wars, however, more of the soldiers in our armies during the Revolutionary War needed medical and hospital care because of illnesses incidental

to camp life than required surgical treatment of wounds sustained in battle.

There is a long story of lack of competent physicians and surgeons and of medical and hospital supplies, of political interference, malfeasance in office, professional jealousy, inefficiency and graft, all of which conditions the development of this our first organization of military hospital service. But there is also another long story of planning and operating those early temporary hospitals under conditions of great difficulty, of professional ingenuity when essential medicines and surgical instruments were lacking, of devotion to the care of the sick and wounded, of carrying a heavy load when others shirked, of which the medical department of the Army may be justly proud. Fortunately, Shakespeare to the contrary notwithstanding, we emulate those of our ancestors who were patriotic, loyal, and efficient, and try to forget those who were not.

Though, all in all, the beginnings of our military hospital system were not particularly significant, the organization of the medical department of the U. S. Army, which dates from these same Revolutionary War years, has largely followed the pattern which we borrowed from the British Army and adapted to our own conditions and needs.

#### Hospital Service in 1812

As far as hospital service is concerned, we did not much profit by the experience gained during the War for Independence. When, in less than 35 years after the close of that war, we were again in armed conflict with England in the War of 1812, the hospital service and facilities provided for our soldiers and sailors were as bad or worse than those of Revolutionary War days. Dr. James Mann, in his *Medical Sketches of the Campaigns of 1812-13 and 14*, says—

“The medical, with other departments of the army, at the commencement of the war, wanted a system. Military hospitals were to be formed by gentlemen, little versed in hospital establishments for an army. These were evils, the necessary consequences of our civil polity, and long period of peace, and which all new military establishments have to encounter.

“The medical staff of the Army of 1812, possessing no documents relative to the management of military hospitals, nor the diseases to which our armies were exposed, to direct them to the most suitable means of obviating, or the most successful methods of treating them, which in many instances, assumed forms different from those which occur in domestic practice, necessarily had recourse to English treatises on military hospitals and diseases of the camp.”

The author goes on to say that these did not always fit conditions in America. There were hospitals at Plattsburg, New York, Greenbush, New York, Brownville, New York, and Malone, New York.

#### First Non-Military Hospitals

Our early needs for other than military hospitals were those which first became apparent in the towns which were later to develop into our Atlantic seaboard cities.

The first hospital to be established in the territory which later became the United States of America was in what is now New York City. In 1658, at the suggestion of Master Jacob Hendricksen Varrevanger, Surgeon to the Dutch West India Company, a hospital was erected for the care of sick soldiers, who previous to that date had been billeted on private families. It also served the Negro slaves of the Dutch West India Company. New York City, then called New Amsterdam, had a population of about 1000, of whom a considerable number were Negro slaves. In 1680, this hospital building, then known as the “Old Hospital” or “Five Houses,” was sold and a new and more modern building erected in its place. Though modern hospitals have a tendency to become obsolescent, if one had to be replaced after twenty-two years of use, its superintendent would probably be asked to resign and its architect and builder not employed to design and build the plant that was to replace it.

All of the larger towns in the Colonies were seaports and all of them—Boston, New York, Philadelphia, and Charleston—faced the necessity of establishing isolation hospitals, pest houses, or quarantine stations in which patients suffering from contagious diseases, especially smallpox, might receive aid. The purpose of these institutions was primarily the protection of the well and only secondarily the care of the sick. Samuel Drake’s “*History of Boston and Antiquities*,” published this quotation from the archives of the town of Boston—May 15, 1717,

“The selectmen are authorized to lease land on ‘Dere’ Island, not exceeding one acre, for a Hospital or Pest House, but for a period not to exceed 99 years.”

We know that there was a pest house in Charleston prior to 1752, for there is a record that in that year a hurricane flooded the city and among its damaging effects, carried the Sullivan’s Island pest house several miles up the Cooper River, drowning nine people. It would be interesting to know whether or not it continued to function in its new location. There was a similar institution in New York City in 1757. Philadelphia’s early pest house was on Fisher’s Island.

*Part II will appear in the January issue.*