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*Hospitals and health care in
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DAVID ROSNER

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Preface

This book began with a relatively simple premise: that the organization of health and hospital services was, in a variety of ways, a reflection of historically determined societal values and interests. It was my purpose to investigate these relationships and to understand how certain practices arose and how they changed over time. Of particular interest to me was the history of the relationship between patients, professionals, trustees, workers, and politicians, all of whom had different ideas and distinctly different goals at crucial moments when the modern health system was formed. To address the history of health care in any meaningful way it was necessary to understand the perspectives and interests of the different actors.

My own perspective was shaped by my experience as an administrator in New York's health system as well as by my training in the history of science and American social history at Harvard. It was this background that prompted me to use the tools of urban and social historians to analyze health policy issues of concern to health professionals. This book centers on the historical roots of distinctions in services based upon geography, income, race, and employment status – referred to as “access” and “availability” issues by planners and policy makers; the changing nature of trustee and staff relationships; and the development of new models of hospital and health care – which are often borrowed from business enterprises rather than from other social services. Hospitals have a role in shaping the life of the city through their control of land and capital. The degree to which the latter augment or undermine the primary service role of the hospital demands historical investigation.

All of these issues – class and race, professional and work relationships, politics and urban development, and business and management ideas in American institutions – have been central to the work of urban, labor, and other social historians over the past two decades. This book is aimed at integrating these general social history interests and techniques with the more traditional concerns of medical historians.

The cartoons that appear throughout the book are from the lead page of a national journal entitled *Hospital Management*. First published

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in 1915, this was one of the country's early hospital administration journals. It continually sought to educate its readers about modern ideas of management – through articles, news notices, and illustrations – and it advocated the adaptation of general principles of business management to the hospital. The illustrations, which appeared just after the period this book covers, indicate the growing national interest in transforming the older charity hospital into a modern, business-like, “scientifically” managed medical enterprise. Although I focus on the arguments about paying patients, private resources, and the abandonment of charity care in New York and Brooklyn, the same arguments for the transformation of the hospital were being discussed nationally. In the late 1910s and 1920s a vigorous hospital-standardization movement began, which led to the organization, in 1951, of a national accrediting agency, the Joint Commission on the Accreditation of Hospitals (JCAH). More recently, other attempts to standardize hospital care have resulted in regulatory activities by the federal government.

As some of these illustrations indicate, the alliance between the hospital as a businesslike enterprise and the hospital as a charitable human service has been uneasy from the start. It is still a problematic relationship. The intent of this book is to remind us that, first and foremost, health care must be a human and social service. Only insofar as business methods improve the care of patients do such practices deserve society's support.

Many people aided and supported me in the writing of this book. Especially important in the development of the ideas embodied herein was Barbara Rosenkrantz, who provided constant intellectual support. Stephan Thernstrom, Gerald Markowitz, and Elizabeth Blackmar have all offered valuable comments on various sections of the work. Susan Reverby, with whom I have previously collaborated and with whom I continue to share ideas and information, deserves special thanks for her many valuable comments. Kathlyn Conway provided a critical eye and constant support during the entire time this volume was being written. Her substantial editorial skills added immeasurably to the clarity of the prose.

A number of individuals have aided me with helpful suggestions and comments regarding various aspects of the work: Harry Marks, Craig Zwerling, Richard Lewontin, Everett Mendelsohn, Roy Rosenzweig, Warren Leon, Martha Verbrugge, Harry Rosen, Charles Rosenberg, Karen Reeds, Elliott Sclar, and Robb Burlage. Also, there are others who have helped in a variety of less tangible but equally important ways: Alex and Sophie Rosner, John and Joan Conway, and Zach Rosner.

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I would also like to acknowledge the substantial financial support provided to me by two organizations during my years at Harvard. The Josiah Macy Foundation supported me as a Macy Fellow in the History of Medicine and Biology for three years. During this time, I formulated many of the questions addressed in this volume. The National Center for Health Services Research of the Department of Health and Human Services (then the Department of Health, Education and Welfare) also awarded me a generous grant, from June 1976 through March 1978.

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New York City
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David Rosner