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SOME HISTORICAL REMINDERS IN HOSPITALIZATION

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In the history of medicine, historians are still searching antiquity for the origin of the basic idea resident in hospitalization. In prehistoric times, the biological process of mating probably carried with it consideration of the handicaps and the ills of mates and offspring. Historic time is being extended and expanded as fossils, tablets of clay, writings on papyrus, and hieroglyphic markings in caves are eagerly sought out, preserved, and translated.

Ancient China practiced medicine of a sort some thousands of years before the Christian era. The Chinese were medically guided by the aphorisms of their legendary emperor, Huang-Ti (2698-2598 B. C.) alone for 4,000 years. The materia medica of that medical system was as extensive as it was inaccurate; its anatomy and its physiology were fantastic; and, great efficacy was ascribed to acupuncture and to the moxa. The Huang-Ti system of medicine was followed by the Chinese until well into the 14th century A.D.; since which time there has been a gradual infiltration of other medical ideas. The leaven of Kung-fu-tse (Confucius, 551-478, B. C.) was added in the 4th century B. C.

Some historians think the Egyptians and the Assyro-Babylonians were the oldest purveyors of medicine. Their papyri and steles disclose an extensive materia with an associated chemistry and pharmacy. The priests of their time had specialists who attended separately to eyes, ears, teeth, and other parts of the body, but, beyond the limited cutting apart of tissues common to embalming, dissection was a sacrilege. On a stele of Nineveh dating from between 1,000 to 2,000 B. C. is recorded what is judged to be the oldest illustration of infantile paralysis. The Ebers Papyrus was written about 1552 B. C.

Ancient India, too, is rich in medical lore. Its Vedic literature, conservatively estimated as having been collected and composed about 4,000 B. C., contains much of medical interest. Certain of the books of the Susruta Samhitas are especially valuable inasmuch as they record some of the attainments of Susruta I (Ca. 600 B. C.), the father of Hindu surgery. Susruta II is credited with having discovered cataract-couching unknown in his time to the surgeons of ancient Greece and Egypt. The
The Oath of the Hindu Physician, not very dissimilar from the Hippocratic oath, was in effect and adequately recorded before the birth of Hippocrates.

The Greeks have been accredited the real founders of medicine and the prominence of Hippocrates (460-377 B.C.) and his works are such that the credit seems well founded. The father of Hippocrates was a priest of the Aesculapian Temple of Cos, which temple was only one of some 80 similar temples of ancient Greece. Although Walsh seems unwilling to concede that hospitals worthy of the name existed prior to the birth of Christ, it may be judged that these Hellenic temples and the hospitals of a kind in old India and in ancient Ireland should be looked upon as the prototypes of our present day hospitals.

The designation hospital is difficult of precise definition, but prominent in its meaning is the Roman hospes denoting a guest (W. Aryan, ghostis). The etymology of the words hospice and hospitium is likewise dominant in implying welfare and asylum. That the patient be respected as the guest of his physician and a hospital be regarded as a guest-house is probably part of a basic concept. Such a concept has been beset by many variables throughout the centuries and still is to this very day.

In the third century B.C. edicts of Asoka, the great Buddhist emperor of Hindustan, were carved on rocks and pillars throughout his kingdom. Wise states (p. 390) that some of these edicts, "relate to the establishment of a system of medical administration throughout the dominions of the supreme deports of medicine for the sick of man and animals." Wise holds that these are the first hospitals on record. Withington records that in the Maharansa, or Cingalese chronicle, it is related that when King Duttha Gamane was on his deathbed in 161 B.C. he ordered the record of his deeds to be read to him. It included: "I have daily maintained at eighteen different places hospitals providing suitable diet and medicines prepared by medical practitioners for the infirm."

The origin of the prechristian Greek hospitals is inextricably interwoven with the Aesculapian temples of healing, the most notable of which was that at Epidaurus.

Among the hospitals of the early Christian era the following must be mentioned: The hospital built at Byzantium by Emperor Constantine in 330 A.D.; The Hospital of St. John of Jerusalem built by Emperor Justinian in 350 A.D.; and the hospital founded by Caliph Welid for the Arabs in 707; but the most famous of the Moslem hospitals were those of Damascus and Cairo, especially the Mansuri Hospital of Cairo. We are told that Ahmed ben Toulon, first independent ruler of Egypt, founded a hospital there in 874 at a cost of about £30,000. That hospital included "a department for insane patients." As a type of the mediaeval hospital, the Hôtel Dieu of Paris stands out. It is said to have been founded in 660 by St. Landry, then Bishop of Paris. It was enlarged by St. Louis in the 13th century.

In England the earliest record of a hospital is connected with the name of Archbishop Lanfranc, who about 1070 built wooden tenements outside the west gate.
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of Canterbury for the reception of persons suffering from the king's evil. The Priory and Hospital of St. Bartholomew's were founded by Prior Rahere in 1102. St. Thomas' Hospital by the Prior of Bermondsey in 1213, and the Prior and Hospital of Bedlam in 1247.”

It is declared that hospitals were present in Mexico long before the discoveries of Christopher Columbus. The first hospital in the Western Hemisphere of clearly known origin was that built by Commander Ovando in Santo Domingo, 1501-1508. He named it San Nicolás after his own patron saint. Cortés had barely wrested Mexico City from the Aztecs, when probably about 1523, or even before, he laid the cornerstone of the Hospital de la Purísima Concepción at Huitzilán. Cortés left funds in his will for its completion and support, and his ashes are buried there. The name of the hospital was later changed to Hospital del Marqués, and still later to Jesus Nazareno, under which designation “it still continues its useful life, the oldest of all hospitals at present on American soil.”

The first asylum for the insane in America was San Hipolito in Mexico City, organized in 1566 or 1570 by Bernardino Alvarez, “who after devoting ten years of his life to caring for patients at La Concepción (the oldest existing hospital in America) had seen the need of such an institution. The first asylum for insane women was organized by Sayago, a carpenter, in 1700.”

In Canada, the founding of Quebec by Samuel De Champlain (1567-1635) in 1608 soon awakened need for hospital care for the sick of whatever type. Through his surgeon, Bonnerme (died 1609), his friend, Louis Hébert, and a second surgeon, Adrien Duchesne (to Quebec in 1618) Champlain strengthened his medical needs. When Quebec was restored to the French by the Treaty of St. Germain-en-Laye (March 29, 1632), the foundation of the Hôtel Dieu was planned. It was one of the chief objects of Father le Jeune duly set forth in his writings “The Relations of the Jesuits.” These Madame de Comballet, Duchess d'Aiguillon, niece of Cardinal Richelieu, read, and was so impressed that she began correspondence on the subject with Father le Jeune in 1636. Funds were subscribed, a twelve acre grant of land obtained, and temporary quarters provided. Thus, Hôtel Dieu of Quebec came into being under the full name, Hôtel Dieu du Precieux Sang, in 1639.

Hôtel Dieu de St. Joseph in Montreal was established in 1644. In the history of its founding, the organizing efforts and the nursing care given by Jeanne Mance (1606-1673) are so outstanding that it should not be amiss to style her the Florence Nightingale of Canada.

The first hospital building distinctly for the mentally ill of Canada was a small dwelling erected by Monseigneur de Saint Vallier (John Baptiste Vallier, 1653-1727), second Bishop of Quebec, near Hôtel Dieu in 1714. This small building was given over largely to the care of insane women. Hence, very shortly, under the superintendency of the Bishop, a similar dwelling was erected nearby to accommodate 12 insane men patients.
The time and the place of the first hospital of recent times to be located within the present area of the United States is differently given by various writers. Moll gives Manhattan Island in 1663. MacQuiddy states: “The beginning of the hospital system in the United States proper is very difficult to follow. Some would have us believe that in 1663 there was a small hospital established on Manhattan Island to care for the sick soldiers and Negroes in the East India Company. The history, however, is meagre, and we do not know what became of this institution.” Ransom says: “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.”

Foote states (p. 489) : “Early in the eighteenth century pest-houses for contagious diseases were established in various towns on the Atlantic coast. A permanent hospital for these ailments was built in Boston in 1717.”

Records of a monthly meeting held August 25, 1709, by the Society of Friends of Philadelphia, state:

“Thomas Griffith is ordered to pay Edward Shippen to the value of Eight Pounds Sterling when there is stock in his hands, towards defraying the charges of negotiating matters in England in relation to the School Charter and one that is endeavored to be obtained for an Hospital, according to the agreement and concurrence of the Meeting some time past, and was accordingly to send over by Isaac Norris to request of Gov. Penn who was willing to grant the same; but, upon advice thought it proper to have the School and Hospital in one which this meeting desires may be moved again by James Logan, who is now going over to England.”

This seems to have been the first effort toward establishing a hospital in Philadelphia, but this beginning smoldered until it received more and more the attentions of Dr. Thomas Bond (1712-1784) and Benjamin Franklin (1706-1790). Both were very influential in presenting a petition “To the Honourable House of Representatives of the Province of Pennsylvania January 23rd, 1751.” After a second reading of the petition, January 29, 1751, favorable action followed. Judge John Kinsey’s mansion on the south side of Market Street below Seventh was leased as a temporary hospital. On February 10, 1752, Margaret Sherlock, one of the sick poor, “was the first patient received and also the first one cured . . . the first lunatic pay-patient, a woman, was admitted March 5, 1752.” Thus was permanently established the Pennsylvania Hospital with first thought to, the “insane” and “the sick poor.”
very pertinently states: "The opening of the Pennsylvania Hospital inaugurated a new epoch in the treatment of lunatics in this country, as it began by receiving them as patients suffering with mental disease, to be subjected to such treatment as their cases required, with a view of their ultimate restoration to reason, instead of simply confining them as malefactors."

Manhattan Island and its environs were early a vortex of colonial interests and problems. In 1736, the City of New York completed the construction of its first "Poorhouse, Workhouse, and House of Correction." In the cellar of the west end of this building, special dungeons were built for the insane. The failure of this institution to provide adequate care for the mentally ill led progressively to the founding of the New York Hospital. Its royal charter was granted in 1771, but due to a devastating fire, the Revolutionary War, and post-war conditions, its construction was delayed. It was finally opened in 1791. Its first mental patient was admitted on September 18, 1792. Within five years, cellar care of the insane was found so inadequate that a third story was added to each of the two hospital wings and by 1806 it was decided to erect a separate building for the insane. On July 14, 1808, the "Lunatic Asylum" of the New York Hospital, then located on Broadway at Worth Street, was opened for the reception of patients. "Today (1941) it would be called the psychopathic or psychiatric department of the general hospital." Lack of space for enlarging this asylum on the grounds of the New York Hospital and to provide improved facilities led to its removal in 1821 to new Bloomingdale Asylum in the country. The Pennsylvania Hospital made a similar separation in 1841.

Bellevue Hospital, New York City, had its origin in the "Publick Workhouse and House of Correction of the City of New York" (See above). Its original site was where the old City Hall now stands. "The site ultimately chosen (1811) was part of the old Kips Bay Farm containing slightly more than six acres. On this site there stood at that time the first building to bear the name of Belle Vue Hospital and this location is the site of the present Bellevue Hospital." Bellevue's "Insane Pavilion" was not constructed until 1879. It was planned to serve only for detention and observation. Out of this "Insane Pavilion" gradually evolved the psychopathic hospital of Bellevue within "the largest general acute hospital in the world."

The first institution planned and organized solely for the care of the mentally ill in the United States was opened at Williamsburg, Virginia, in 1773. It was then given the title, "The Court of Directors of the Public Hospital for Persons of Insane and Disordered Mind." It is now called the Eastern State Hospital of Virginia.

If we were to study closely the rises and the falls in the life history of the hospitals enumerated in the foregoing pages, it would be found that appropriate care of the sick, especially the mentally ill, had been more often lost than adequately regained. This is true of our own day.

Just when the designation hospital added onto itself the supplement — general — is not clearly recorded. Apparently it was a very gradual increment added to imply that
certain hospitals were organized and equipped to care for all types of patients; yet, at the same time, there were notable exceptions. Any patient requiring special or prolonged care was all too soon set aside from other patients. This has been, and still is, the lot of the mentally ill patient most of all. Segregation, always segregation, is too much in the fore.

Hurd in quoting from "Fifth Geo. IV* Appendix No. 1 to Report to Legislative Council, 10th February, 1842, by special committee" remarks: "The lengthy report submitted by the committee gives various interesting statistics and other details concerning the insane confined in the Hôpital Général at Quebec, the Hôpital Général at Montreal, both of which establishments were under the charge of the Grey Nuns . . ." Hamilton remarks: "The first and second general hospitals in the United States, the Pennsylvania Hospital and the New York Hospital, both antedate the Revolution . . ."

"Nerve clinics" for the treatment of nervous disorders were established in Philadelphia in 1867 and in Boston in 1873. The outpatient department in the mental hospital dates from 1885 when such service was provided the Pennsylvania Hospital in Philadelphia. Provisions for the hospital care of the mentally ill have varied directly with the requirements of nations, states, provinces, and communities. Indirectly, arrangements have varied with location and relationship of the hospital or parts thereof to teaching institutions, whether they have been operated as independent units, or connected with a general hospital. It is in connection with the last mentioned relationship that we desire here to make a few emphases.

The Albany Hospital was opened in 1849 in a building previously used as a jail. In 1898 these quarters were abandoned for a new institution in the suburbs of the city. The new hospital consisted of a series of buildings connected by corridors. This construction granted opportunity for the addition of a pavilion for the mental disorders. "Pavilion F." was added, and opened to patients on February 18, 1902.

This example of the connecting corridor was not granted the importance it merits and hospital buildings for the care of the mentally ill, often on the grounds, but separate from the parent, of general hospital buildings, became common. A few may be mentioned: The State Psychopathic Hospital at Ann Arbor, 1901-1906; The Psychopathic Hospital of the Boston State Hospital, 1912; The Henry Phipps Clinic of Johns Hopkins Hospital, 1913; Iowa State Psychopathic Hospital at Iowa City, 1920; Colorado Psychopathic Hospital at Denver, 1925; and, the Galveston State Psychopathic Hospital at Galveston, Texas, 1931. These hospitals, of course, are connected with teaching institutions. All the more might be the desire to see in them better examples of close relationship rather than isolation.

*The expression, "Fifth Geo. IV" is just an official way of quoting documents presented to the Canadian Parliament: 1824 is the fifth year of the reign of King George IV of England.
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Schooled in the thoughts of Thomas W. Salmon (1876-1927), Heldt in 1923 was offered the opportunity to organize a Division of Neuropsychiatry in the Henry Ford Hospital. Heldt insisted that such Division should be an integral part of the central organization of the general hospital and a component part of the Department of General Medicine. These premises were granted and neuropsychiatric inpatients of all types, psychotic and nonpsychotic, have been accepted continuously since August 1, 1923. The primary requisite for the founding of a division of neuropsychiatry in a general hospital is a full-time well qualified neuropsychiatrist who is thoroughly intent on the project and willing, night and day, to give it his undivided attention. All other things, however important and helpful, are secondary. Administrative demands call for patience and adaptation, especially during active military periods. An outpatient clinic was maintained from the beginning and a mental hygiene program was always in evidence. A division of neuropsychiatry can be conducted successfully and profitably in any general hospital willing to give adequate time and thought to this urgent need. Isolation is avoided, no heavy locked doors or barred windows, the sexes are not separated, the seriously psychotic patients do gravitate to a first floor ward but borderline neuropsychiatric patients are admitted and treated in all parts of the hospital “mixed in” with other type of patients.

Bennett states that since 1924 he has been actively engaged in establishing psychiatric divisions or wards in general hospitals, four in the hospitals of Omaha, and more recently that of the Herrick Memorial Hospital of Berkeley, California. The Psychiatric Department of the Bishop Clarkson Memorial Hospital of Omaha was established in January of 1936. The opening dates of the psychiatric departments fostered by Bennett in the other three Omaha hospitals are not available at this writing. That the administrative problem of conducting a division of neuropsychiatry within a general hospital is not an easy task must be granted by all who undertake it. Bennett has mobilized his experiences well, and has graphically portrayed them in exhibits before the American Medical Association in 1950 and 1951, and the American Psychiatric Association.

In 1926, “when the Strong Memorial and Rochester Municipal Hospital was opened a psychiatric ward was included.”

In 1929, a Psychiatric Unit was opened in the Mercy Hospital, Canton, Ohio. O’Brien very appropriately comments: “The treatment of mental disorders in a general hospital is not new, the question in my mind is why was it ever discontinued?”

In 1933, the Elizabeth General Hospital and Dispensary, Elizabeth, New Jersey, opened its inpatient department for neuropsychiatric patients, “12 beds . . . in a separate wing.” MacLeod, as lay superintendent, very encouragingly remarks: “We feel genuinely proud to have foreseen the demand for facilities in general hospitals for the care of the psychiatric patient by five years and to have been among the pioneers.”
In 1934, the Colorado General Hospital of Denver organized its psychiatric services under the guidance of Ebaugh and Billings, and Stanley Cobb established a psychiatric ward in the Massachusetts General Hospital.

In 1938, Ebaugh organized a psychiatric unit in Queen's Hospital, Honolulu, with both inpatient and outpatient facilities. In the same year, Harris outlined the psychiatric services of the John Sealy General Hospital in Galveston. Since 1938 there has been less hesitancy in adding psychiatric services to general hospitals, albeit too often as annexes.

Hamilton (1878-1951) stated: "In 1844, ... there were twenty-two public and corporate institutions for the mentally ill and three private institutions in the United States; one in New Brunswick, one in Ontario, and psychiatric services were attached to two general hospitals in Quebec." Ninety-five years later, in 1939, Heldt listed 153 hospitals, looked upon as general hospitals, which would admit psychiatric patients. Now, in 1951, Bennett reports 328 general hospitals in the United States which grant psychiatric service. Favorable progress is slowly going forward.

In considering the background of attitudes, perspectives, and trends, it is well to reread the lectures of Farrar to the senior students of the Johns Hopkins Medical School in 1907. Overholser, in his "An Historical Sketch of Psychiatry," reminds us that Hippocrates stated that the art of medicine consists of "the physician, the patient, and the disease." Overholser closed his scholarly epitome in 1949 with these words: "The crying need today is for a synthesis of all the schools of thoughts and methods of approach; no one method has a monopoly of the truth." Russell (1863-1951) very aptly records the "hospitalization of the asylums." In addressing the American Psychiatric Association in May, 1925, Pratt declared: "... until the psychiatrist shall become as familiar a figure on the wards of the general hospital as the surgeon and the internist, medical science cannot hope to discharge its fullest duty to those who are commended to its care." Dribben and Barrera tell us in 1951 what has happened at Mosher Memorial Pavilion since 1902. All is very much to the good.

Priorities are usually more relatively contemporary than events rigidly fixed in chronology. Furthermore, viewed in various lights and in different perspectives, they often blend inconspicuously into the natural settings of their time. Only recently, September, 1951, Adele, in her article: Care of the Mentally Ill in the General Hospital reported: "At the 690-bed St. Francis Hospital, the mentally ill were cared for in a specially organized department as early as 1880, when a Sister became mentally ill. ... She was admitted to St. Francis Hospital as their first psychiatric patient ... and in 1884, this Hospital applied for a state license." Diller in March of 1905 emphasized the status of this Hospital in these words:

"St. Francis', a general hospital of Pittsburg, with its four well-equipped wards for patients who exhibit departures from normal health, has for years exemplified the ideas above advocated. I know of no similar hospital in this country. The new city hospital of Nuremberg has provided a small number of beds for "insane" patients; and in a few other general hospitals in Europe similar provision is made."
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In May of 1906, Diller further stressed general hospital care of the mentally ill as follows:

“Many patients with acute psychoses recover within two or three months; and how well it is if the recovery takes place in a general hospital rather than in a “lunatic asylum.” It means to the patient and his friends that he has been sick rather than “insane” and that the stigmata of insanity and the lunatic asylum do not attach to him.

Chronic patients or those who become chronic should not be treated in the general hospital, nor should those who are manifestly incurable. This rule should, to my mind, apply to all patients whether suffering from psychoses or not.

There are other practical advantages which would accrue from treating acute curable psychoses in general hospitals. Physicians in attendance would unlearn the old fallacy that disease manifested itself either by mental or physical symptoms and would learn instead that it exhibited both kinds of symptoms; they would learn a saner, broader and more comprehensive conception of disease; psychiatry would be recognized to be what it really is — an intimate part of clinical or internal medicine. . . . It is a practical illustration in concrete form of the argument advanced in this paper.

Henry, in 1929, critically reviewed the case histories of 300 neuropsychiatric patients seen in the medical and surgical wards of the general hospitals of New York City and drew several conclusions, among them: “All general hospitals should have a psychopathic department and at least one attending psychiatrist.” Gayle in 1951, is hopeful that general hospitals are becoming “general in reality.” Collier, in 1931, asked whether our general hospitals are doing their duty in the care of psychiatric patients, and stressed the need of lightening the load of our state institutions. His point of view is still very applicable. Farrar, addressing the annual convention of the Ontario Hospital Association in 1931, stressed the importance of “Dispensing with legal formalities” in admitting patients to general hospitals. Wilson, Medical Director of John Sealy Hospital in 1938, asked: “Can a hospital truly be classified as a general hospital when it limits its admissions only to medical, surgical, and obstetrical patients and does not provide facilities for the care of a vast number of the more common types of illness.” Hamilton, in 1938, declared: “Psychiatry is a branch of medicine that has not been especially welcome in the general hospital. It is commonly expected that one psychiatric patient will squirm and grimace, another will be noisy and a third will commit suicide. We may retort that since the epidemic of encephalitis we have become tolerant of the person who grimaces and squirms; that the children’s service and the obstetric service are much noisier than any psychiatric service; and that in spite of a very vigorous policy of applying mechanical restraint and using huge doses of sedatives when an abnormal mental condition is found among patients in medical and surgical wards, nevertheless suicides occur there.”

The hysteriac bids for sympathy, attention, understanding, and extends his desire “to belong” to the rest of the human herd; the psychotic is less vocal, but probably thinks no less as he is certified to be confined within the cold walls of locked doors and encased windows, final proof to him of his “rejection” by the rest of us. A patient with known psychiatric symptoms still is more readily admitted to a jail than to a general hospital. This is not as it should be in our days of culture and vaunted
civilization. It is hoped that public education and public relationships will foster progressively a more wholesome understanding of the psychiatric patient and his needs.

Many bridges of understanding must still be built before general hospital personnel, medical and lay alike, will have removed segregation, incarceration, and fearsome surveillance from the care of the mentally ill.

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