Original Article on the History of Political Parties and Medicine

THE ROLE OF THE HOSPITAL IN THE HEALTH POLICY OF THE GERMAN SOCIAL DEMOCRATIC MOVEMENT BEFORE WORLD WAR I

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In this article, the author aims to contrast the traditional architecture-oriented history of hospitals with an empirical sociohistorical approach. The main topic discussed is the hospital's role in health policy as seen by German Social Democrats in the late 19th and early 20th centuries. Social democratic hospital policy developed as a compromise between two extreme positions: the party theoretician's abstract ideals on the one side and the rank and file's pragmatic view on the other. Thus, the social history of the hospital can illustrate how, around the turn of the century, the political labor movement in Germany shifted from radical revolutionary aims to pragmatic social reform in everyday political practice. At the same time, the hospital underwent a fundamental social change from a charity institution to a municipal center of modern medical care. This implies that any static or one-sided interpretation of the hospital's history and sociology is inadequate: its social role constantly changes according to broader social change and different interests of social groups and organizations. As for the social history of medicine in general, modern medicine's development can not be adequately understood from the narrow perspective of medical institutions themselves. It has to be seen in the broader context of socio-economic and sociocultural development.

In the Federal Republic of Germany, the history of hospitals concentrates primarily on the history of their architecture; their social history has hardly been taken into account. Since the method and current situation of German research on hospital history have been discussed elsewhere (1), this article deals with the content of the social history and historical sociology of the German hospital system around the turn of the century. The main issue discussed here is the ideological and practical hospital policy of a nonmedical group of society, namely the Social Democratic labor movement, considered against the background of the prevailing society.

The place of the hospital in the political theory of the Social Democratic Party of Germany (SPD) on the one hand, and the practical hospital policy of the Social Democratic labor movement on the other hand, can be seen as poles of a development between which a pragmatic hospital policy finally developed into an integral part of municipal policy.

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THE PLACE OF THE HOSPITAL IN THE THEORETICAL HEALTH POLICY OF KARL KAUTSKY AND EDUARD BERNSTEIN IN THE EARLY 1890s

In 1892, Karl Kautsky (1854-1938) published a short article entitled "Medizinisches" (On medicine) in *Die Neue Zeit* (New Age), the theoretical organ of the Social Democratic Party in Germany (2). The starting point for this article was a pamphlet by the well-known racial hygiene expert Wilhelm Schallmayer (1857-1919) on the threat of physical degeneration of "Kulturmenschheit" (civilized man) and on the nationalization of the medical profession (3).[1]

According to Schallmayer, natural selection was being prevented by advances in medicine and hygiene. On the basis of this hypothesis Schallmayer concluded that medicine and hygiene should be placed in the service of natural "Zuchtauswahl" (selective breeding) to prevent unfit individuals from reproducing. For this Schallmayer suggested the introduction of "Krankenpässe" (health passports) in which every illness was to be registered. The resulting statistical material was to be put at the disposal of medical research and studies on heredity. All of this would only be possible if the medical profession no longer practiced in free, private medical competition: instead the physician was to become a civil servant. From this Kautsky drew the following conclusion: "What the physician is asking for in the *interests of science* and his *profession* is the same as what Social Democracy is demanding in the *interests of the underprivileged social* classes" (2, p. 647; emphasis in original).

Using this identity of interests, which arises from totally different starting points, Kautsky goes on to consider the organization of the health system. Amongst the demands of the Erfurt Program of the SPD in 1891, which were to be put into effect under the existing governmental situation, were "free medical aid and medicaments," demanded under point 9. In this Program there were no statements on the organization of the health system, but "in our opinion such an organization necessitates the nationalization of the medical profession" (2, p. 647). According to Kautsky it was merely a question of how this could be best carried out and what effects this would have on the way in which medicine was practiced. In his opinion a particular occupation could be nationalized only if it were already organized on a social basis. The independent occupations of individuals–and thus the private practice of doctors–could not be nationalized. However, there were already public institutions in the form of hospitals, in which the doctor was a state or municipal servant (2, p. 648):

> In our opinion they [the hospitals] and not the private practice of doctors are the starting point for all attempts at nationalization of the medical profession and at the implementation of the medical aid and medicaments. The most important step in implementing these endeavors is an appropriate expansion and improvement of free public health care.

According to Kautsky, the general development fitted in with these social democratic demands. The effects of industrialization on the traditional family units and on

[1] For a further discussion of Schallmayer see reference 4.

living conditions made it impossible for the sick to be cared for in the family, as had previously been the case. At the same time, health care expectations were rising because of technical developments in medicine. "Just as modern productive technology can unfold its beneficial effects only in large-scale enterprises, modern medical technology can also only do so in large health care facilities" (2, p. 649). For the great majority of the population, private health care must therefore be replaced by public health care. The number of hospitals was insufficient, the buildings and equipment were out of date, and doctors and staff were overworked and poorly paid. Therefore, a considerable expansion and improvement of public health care was unavoidable (2, p. 649; emphasis in original):

> But this can only happen if it becomes *a matter for the state*. In this way it is possible to create a magnificent system of medical institutions of all kinds–hospitals, maternity clinics, spas, health resorts, etc., etc.,–which are open free of charge to every sick person as a matter of course, a system within which a relevant place of healing will be assigned to him. This will satisfy the demand for free medical care on the one hand and the demand for nationalization of the medical profession on the other.

Only a short time after Kautsky's article was published, the second most important theoretician of the SPD, Eduard Bernstein (1850-1932), gave his opinion on the organization of the health system (5). His article was also based on the work of a bourgeois doctor and scientist–Havelock Ellis's book on the nationalization of health care (6). In his book, Ellis discussed numerous problems of health care, ranging from particular common illnesses to illness statistics, factory investigations, and industrial medicine.

The hospital system plays a crucial role in Ellis's book. According to the author, the old structure of the health system has been rendered obsolete from the point of view of organization, economy, and efficiency by modern developments in the fields of medical science and industry. Ellis claims that, in health care, the fight against the causes of illness must be given priority over curative medicine. Reorganized and publicly administered hospitals must form the core of medical care and must act in close cooperation with health authorities. Under such a plan, all doctors in a region would be employed at the large hospitals, and the whole population would be taken care of by a network of health organizations; private medicine would be prohibited. But the reorganization of the hospital system would only be one part of the nationalization of health care; just as important would be the supervision and guidance of industrial work. After all, argues Ellis, it is unhealthy working conditions that put so many people in hospitals. According to Bernstein, Ellis's book showed that: "Contemporary society itself is increasingly producing both the economic and the political, social and moral elements which will one day work together to form the foundation of socialist society" (5, p. 716).

In Germany as in other countries, a revolution in the professional status of doctors was occurring. This forced an increasing number of doctors into the economic and social position of lower civil servants, if not of proletarians. To Bernstein the change in the position of doctors is a process that is unavoidable at a particular phase in the development of bourgeois society. Admittedly health insurance legislation and the

National Health Insurance system were accelerating this development. But the main reason was the development of medicine into a complex science, which continually demanded more specialists, but which lacked one advantage of the traditional family doctors: "the knowledge of the general constitution of patients based on years of acquaintance and observation" (5, p. 718).

Bernstein concludes that precisely for these reasons–which applied to both Germany and Britain–Ellis was demanding a total restructuring of health care (5, p. 718; emphasis in original):

> All the above mentioned factors–the obvious disadvantages of the National Health Insurance system, the technical specialization of medical science and practice, if we may say so, and other evils which are becoming obvious today–lead Mr. Havelock Ellis to plead for a complete restructuring of health care, for the *nationalization* and *socialization* of the system ([6], p. 22).

Bernstein continues that, according to Ellis, the seeds of future development, which have actually been sown already, are provided by (5, p. 719; emphasis in original):

> the *hospital*, which combines the advantages of division of labor with the qualities of universality, just as the technically up-to-date industrial system, which is founded on scientific principles and run according to these, provides [the seeds of future development] in the production sector.

General Conclusions

In the medical field, Kautsky and Bernstein were merely laypeople. They approached questions concerning the organization of the health care system from their standpoint as Marxist social scientists and politicians. Admittedly, the organization of the health system had been brought into the limelight by the health policy debate within the party, a debate that had up to that time been predominantly theoretical in nature. However, expert authors still had to provide the party theoreticians with the practicable framework and the medical foundations for this discussion. Various ideas found support, but they were given an entirely new direction when they were fitted into the SPD program, which was, after all, based on a socioeconomic analysis of society as a whole. This exchange of arguments becomes particularly clear in Kautsky's commentary on Schallmayer's publication: though Schallmayer and Kautsky envisaged a comparable organization of the health care system, their approaches and goals differ totally. Admittedly, Kautsky deals with Schallmayer's medical and eugenic approach, but he bases his further considerations on the degree of societal organization of production. This model of the development of productive forces is transferred to the organization of medical activity–private practice or hospital. The general social development, embedded in the development of production conditions–the destruction of the extended family and living-conditions–and medical technical developments point to the hospital as the center of future medical care. Thus for Kautsky there is a close connection between the health policy of the Erfurt Program and the general economic, social, and medical developments, which are considered as given and recognizable. Additionally, the Social Democratic demands made in the interest of the lower social classes are in accordance with the demands of well-known middle-class doctors concerning the organization of medical activity.

THE BOYCOTT OF THE ROYAL CHARITÉ IN BERLIN IN 1892 AS THE BEGINNING OF THE PRACTICAL HOSPITAL POLICY OF THE WORKERS

Almost at the same time that theoretical discussion on the task of the hospital within the Social Democratic health policy was published in *Die Neue Zeit*, the first Social Democratic politicians in Berlin focused on the problem of hospital provision. They had an urgent reason to do so and to apply their very solid methods. When the last great cholera epidemic raged in Hamburg in 1892, the faction of Social Democrats in the city council of Berlin condemned as insufficient the planned precautions taken for Berlin. But their request for the creation of a municipal health department to combat systematically all unhygienic circumstances could not be passed. Therefore Ignaz Zadek (1858-1931), one of the first few doctors to enter the SPD, called on the workers to take their own initiative. In *Vorwärts* (*Forwards*, the daily periodical of the SPD, simultaneously published under the title *Berliner Volksblatt*), Zadek made an appeal on September 11, 1892. He demanded that, owing to the insufficient public health provisions, the workers themselves should turn to self-help and implement their own sanitary controls. Thereupon more than one hundred persons, among them several doctors, declared their readiness to assist. A provisional committee of workers, technicians, and other professionals took over the preparatory work—among them Gustav Dietrich (1851-1940), a founder of another self-help organization of workers, which later gave rise to the "Arbeiter-Samariter-Bund" (ASB, Working Men's Samaritan Federation (7)). On October 6, 1892, the "Arbeiter-Sanitätskommission" (ASK, Working Men's Sanitary Commission) was founded under the chairmanship of Ignaz Zadek (8). Under professional management and stringent self-control, the ASK conducted regular investigations into hygiene. The results of these investigations were published in *Vorwärts* or in ASK pamphlets.

The ASK did not spare the venerable Royal Charité. Not only the sanitary conditions but also the treatment of the patients—most of them workmen and workwomen—were felt to be deplorable. However, in their dispute with the Charité the workers did not have to consider the benevolence of the authorities. On the contrary, the Charité, being a professional training establishment, depended on patients. So the ASK called the attention of workers and their health insurance providers to how the management of the Charité could be forced to treat sick workers with dignity. In the ensuing time—according to Bernstein—the income of the Charité from payments of different local Berlin sick-funds decreased, according to insurance information, from 79,278 RM (Reichsmark) for the four quarters of 1893 to 18,422 RM (Reichsmark) for the first three quarters of 1894.

According to Bernstein, it was never admitted in public that the bad conditions were eliminated because of the boycott. Scheibe (?-1924), the later medical director of the Charité, reported in his study on the history of the Charité that negotiations about the remodeling and new construction of the Charité had been carried on since the 1880s, though at first without results. On November 16, 1894, a joint inspection of the Charité by the "ministers of culture, of war, of public labor and finances" took place. This inspection led to the unanimous conclusion "right away to set in hand" reconstruction and redesigning the hospital (9). After extensive preparatory work, the bill on the new formation of the Charité was approved by the Prussian King on

March 11, 1897, and on April 6, 1897, and passed by the Prussian legislature. There are considerable reasons to suspect that the boycott of the Charité served high ranking officials in the Prussian ministry of culture–especially the famous and mighty Althoff (1839-1908)–as a pretext for reform and rebuilding of the old-fashioned Charité (10, p. 604).

Bernstein probably overestimated the influence of the boycott. In any case, through this boycott the hospital reached an advanced position within the practical health policy of the Social Democratic labor movement. Furthermore, statutory health insurance providers joined the workers' interest in hospital policy. The boycott of the Charité was carried out for obvious reasons and pursued manifest goals. In one article in *Vorwärts*, the investigation of hospital hygiene was put in a larger context (11):

> The hospital treatment gains constantly growing significance; on the one hand, an increasing range within the population is dependent on the hospital due to deterioration of their economic situation, inadequate living conditions, and home nursing. On the other hand, year by year the advancing knowledge of infectious diseases, that call for isolation from the healthy, grows. Hospital treatment and treatment in spas and sanatoriums is ubdoubtedly the treatment of the future for every severe disorder of health. In all surgical operations, deliveries, etc. hospital treatment will replace home treatments, since the control of immaculate cleanliness, the sterilization and antiseptic disinfection, can only be carried out there.

General Conclusions

At first only the unhygienic conditions were the causes of the boycott of the Charité. These conditions were used to judge and criticize general attitudes to people, as well as nursing and medical treatment of patients, as below the standard of the new requirements of hospital care. Complaints about unhygienic conditions resulted in a detailed catalog of demands concerning the treatment of patients in hospitals. These criticisms, which concentrated on the internal organization of the hospital, were voiced by both the workers and their insurance providers. They brought about a total rejection of the traditional role of workers as hospital patients; workers no longer were the willing objects of a medicine that required volunteers for instruction and demonstration purposes.

The right to medical provision of the most advanced standards was justified by the payment for treatment. With the financing of hospital care, a political task fell to the workers' health insurances providers, which–almost ten years after the creation of legal health insurance systems–was formulated and presented to the public.

THE HOSPITAL WITHIN THE FRAMEWORK OF SOCIAL DEMOCRATIC MUNICIPAL POLICY IN BERLIN: THE INTERFERENCE OF QUALITATIVE AND QUANTITATIVE DEVELOPMENTS IN HOSPITAL POLICY

When Social Democrats were represented in city councils beginning in the 1880s, their attention was also drawn to the municipal hospital system. In Berlin a specific reason for complaints to the Social Democratic city councilors was the overcrowding of the municipal hospitals. Paul Hirsch (1868-1940) (12, pp. 106-118) wrote that, according to official reports by the council, the hospitals of Berlin were short of 400

beds in 1893, 700 in 1898, and at least 1000 beds in 1900. The Social Democratic parliamentary group therefore repeatedly put forward the motion to rent additional suitable rooms and to begin with the construction of a fifth municipal hospital. The fourth municipal hospital, the Rudolf Virchow Hospital, was not finished before 1904. The health insurance providers participated in this discussion and supported further enlargement of the hospital system.

During the debates at a city council meeting it transpired that the city administration was still clinging to the idea of the hospital being an institution of poor relief. The Mayor of Berlin, Kirchner (1842-1912), for example, took (12, p. 108):

> the purely legal view that the city was not obliged to take care of every inhabitant who requested hospital treatment or who had a doctor requesting this for him. but that the administration only had the responsibility to take care of those patients they were legally obliged to, namely the poor.

After the completion of the Rudolf Virchow Hospital in 1906, conditions in the municipal hospital system improved. Paul Singer (1844-1911), the leader of Berlin's Social Democrats in those years, raised the issue that numerous patients were rejected by hospital administrations because of lack of space. Dr. Weyl (1866-1925) therefore suggested separate convalescent homes, particularly for those patients that were admitted because of their social situation, having no other institutions to turn to. The idea of the modern hospital being an institution with the sole purpose of healing was to be strictly enforced.

In their deliberations, suggestions, and demands the Social Democratic city councilors were at first not guided by fiscal considerations. They therefore opposed every increase in treatment and food charges. These increases, however, inevitably took place. When state-run hospitals raised their cost of maintenance–as for example the Charité did in 1899 and 1906–the Berlin city council was forced to do the same; on the one hand, they had to pay compensation to the state-run institution for treatment of Berlin citizens, and on the other hand, they feared that the cheaper municipal hospitals would soon be overcrowded.

Grievances within municipal hospitals were raised by the Social Democratic city councilors. They attributed the insufficient care of insane persons to low wages and long working hours, which prevented availability of well-trained medical staff. The Social Democrats therefore demanded in every budget debate improvement of the position of hospital nurses. Moreover, beginning in 1894 the Social Democrats called for a reform of doctor's conditions of service in hospitals, especially for an increase in the number of doctors. Ignaz Zadek insisted in 1894 on at least one doctor and two assistants for every 100 patients.

The same claim was made by the Berlin Central Panel of Doctors' "Standesverein" (professional association). During negotiations at the meeting on July 21, 1894, Zadek pronounced the following program "in the name of the working Class . . . so that progress in medicine benefits them" (12, p. 116):

> The pressure of conditions through poor housing in Berlin forces a constantly growing section of the population to go to hospital. On the other hand, as a result of the growing knowledge of the infectious nature of certain diseases, constantly

> increasing numbers of patients will come to our hospitals in the future. The working class therefore has all the more an interest to ensure that all arrangements that exist in the better equipped hospitals elsewhere are introduced in Berlin as well.

According to the Berlin medical historian Stürzbecher (born 1928), around the turn of the century the public hospitals in Berlin–and probably in Germany in general–were considered to be poor-houses (13). Only after 1900 did the proportion of paying insurance patients reach 50 percent. Patients that were in arrears with their payments of hospital charges lost the right to vote. Around 1910, the proportion of paying private patients reached only 4 percent. The paying middle-class citizens, consisting of small tradespeople, craftsmen, and "Subalternbeamte" (clerks), could only with difficulty raise the money for private health insurance and by this time increasingly demanded admission to public hospitals. In return for their relatively high payments they expected better treatment than was common in municipal hospitals. Beginning in 1908, these requests were put forward by the bourgeois city councilors in the City Council meetings in Berlin.

Against the foundation of "Bürgerkrankenhäuser" (bourgeois hospitals) the Social Democratic city councilors went into action. Dr. Weyl condemned the usual treatment as insufficient; the conditions of hospitals would have to be improved in general. Among other things Dr. Weyl explained (13, p. 509):

> At least I consider it a regrettable step back, and in no way a step forward, if a class system is created in our institutions. The little that is granted nowadays would not benefit the lowest paying classes. At least this is the opinion of our insurance patients who have a chance to go into private hospitals. They know what it means to be a first, second or third class patient. If the middle class does not approve of the way our hospitals are, they should join in our struggle to improve them.

City councilor Weigert, who explained the cautious standpoint of the City Council, drew attention to the complete change of tasks of the hospital. The first municipal hospital at "Friedrichshain" (a suburb of Berlin) was intended to serve the poor and only had a small proportion of beds for paying patients; by 1908 the paying patients, in particular those who were insured, constituted 50 percent of the patients. The hospitals were no longer institutions for the poor, but hospitals for the broad mass of the population. Hence it follows that the change in the social function of hospitals provided a changed basis for the health policies of local authorities.

On the issue of installation of different wards, the differing standpoints of bourgeois and Social Democratic city councilors found no agreement during the following years of negotiation. Nevertheless, objections to the installation of such wards were also expressed by the bourgeois city councilors. Dr. Nathan (1857-1927), for example, concluded that, to the advantage of a small circle of self-paying private patients, a considerable disadvantage arose for the great mass of insurance patients who were forced to conclude that they were no longer treated according to hygienic conditions and that considerably more would be done for them if they could pay more. However, the majority of city councilors finally agreed on the installation of a ward for private paying patients in the municipal hospital of Moabit. It was not until the 1930s that the prejudice of the middle class against public hospitals was finally dissolved, because it was not until this time that public hospitals were used by all

social groups. The Social Democrats' claim that even the poorest have a right to medical treatment in the hospital caused the issue of new hospital construction to be the main subject of their hospital policy. A rapid development of the hospital system in Berlin took place. The significance of the Social Democratic demands can be verified in figures on the development of the hospital in Berlin (14–18).

In the year 1880, the number of beds in the three municipal hospitals, in the state-run hospitals, in the other charitable hospitals, in prison infirmaries, and in private clinics amounted to a total of 4602 hospital beds (16, 18, 19). At that time the total population of Berlin was 1,123,749. In 1900, the six municipal hospitals had 3108 beds. In total, there were 8050 beds in Berlin. The total population had risen to 1,888,313. In 1914, the year of the outbreak of war, the number of beds in the municipal hospitals was 5906; state-run hospitals, the other public charitable hospitals, prison infirmaries, and private clinics, along with the municipal hospitals, gave a total of 11,707 beds. By the end of that year the total population of Berlin rose to 1,945,684 (Table 1).

The number of beds in the municipal hospitals of Berlin underwent a high rate of growth; within a period of about 40 years they quadrupled while the population increased far less (about 75 percent). At first sight this casts doubt on the constant complaints of the Social Democrats. If one calculates the proportion of municipal, state-run, and public charitable hospitals–that is, all hospitals that are basically open to patients without financial means–the number of beds per 10,000 inhabitants, *decreased* from 1880 to 1900, from 38.5 beds per 10,000 inhabitants in 1880 to 35.4 in 1900. The Rudolf Virchow Hospital, which in 1914, for example, had 1988 beds, increased the number of hospital beds in public general hospitals to 46.3 per 10,000 inhabitants in 1914. Considering these numbers for the municipal hospitals–and actually those alone were of interest to Social Democratic city councilors since they

Table 1

Numbers of beds in hospitals in Berlin from 1880 to 1914[a]

	1880	1900	1914
Municipal hospitals	1,535	3,108	5,906
State hospitals	1,562	1,621	1,152
Public charitable hospitals	1,236	1,970	1,968
Prison infirmaries	95	239	626
Private hospitals	174	1,112	2,055
Population of Berlin	1,123,749	1,888,313	1,945,684
Number of beds in municipal, state-run, and public hospitals, per 10,000 inhabitants	38.5	35.4	46.3
Number of beds in municipal hospitals per 10,000 inhabitants	13.6	16.4	30.3

[a]Source: references 14–18.

considered hospital provision to be a task of the community—the following statistics result: in 1880 there were 13.6 beds per 10,000 inhabitants; this ratio increased only slightly until 1900, to 16.4 beds per 10,000 inhabitants. In this case also, the Rudolf Virchow Hospital influenced the increase in the number of beds in municipal hospitals to 30.3 beds per 10,000 inhabitants by 1914.

Especially interesting are the figures for patient admissions (Table 2) (18, p. 326). The patient admissions per 10,000 inhabitants almost doubled from 345.5 in 1886, to 451.8 in 1900, and to 628.4 in 1911. For public hospitals, admissions amounted to 330.3 per 10,000 inhabitants in 1886, 393.3 in 1900, and 496.5 in 1911. Unfortunately these data give no separate figures for the municipal and the other public hospitals. Such statistics make the expansion of private institutions in the field of patient provision evident. An almost five-fold increase of admissions into private institutions proves a change of attitude about hospital treatment, especially among the wealthy class, the class that in former days came in touch with the hospital only as beneficiary or after economic ruin. From 1903 to 1915, the percentage of private hospital patient admissions even exceeded the percentage of private hospital beds.

General Conclusions

The data quoted above for the municipal hospitals show the difficulty in comparing the increasing number of hospital beds with increasing population growth rates: simultaneously with the rise, the people made increasing use of these hospitals. The growth of the population of Berlin and the increase in the need for hospital treatment consequently overlapped. This two-fold quantitative increase in demands on medical provision in hospitals inevitably had to lead to a shortage, especially since hospitals were simultaneously in transition from welfare institutions to centers of medical provision. If one takes into consideration that many of the migrant workers were

Table 2

Patient admissions in hospitals in Berlin during 1886, 1900, 1911, and 1914[a]

	1886	1900	1911	1914
Total admissions	46,223	84,252	130,192	111,113
Admissions per 10,000 inhabitants	345.5	451.8	628.4	547.4
Admissions to public hospitals				
Total	44,191	73,349	102,873	88,538
Average	330.3	393.3	496.5	463.1
Admissions to private hospitals				
Total	2,032	10,903	27,319	22,575
Average	15.1	58.4	131.8	111.2
Average as percent of admissions per 10,000 inhabitants	4.4%	12.9%	21.0%	20.3%

[a]Source: reference 18.

separated from their families and from the patronage of the lord of the manor or of their former guilds, and that social welfare on the state and community level was in its infancy, the basis for the hospital policy of Social Democratic health politicians becomes obvious.

THE POSITION OF THE HOSPITAL IN THE SOCIAL DEMOCRATIC MUNICIPAL POLICY PROGRAM: FROM A REVOLUTIONARY TO A PRAGMATIC HOSPITAL POLICY

It seems doubtful that the development in the hospital system and the demands for intensive nursing and medical care in the hospital caused a corresponding change in the workers' attitude toward the hospital. This problem was considered by Social Democratic municipal politicians. During the second conference of Social Democratic community representatives of the Brandenburg District in December 1900, the Berlin city councilor and doctor Freudenberg gave a lecture on the "task of the community in the field of health care" (20, pp. 29-35). Freudenberg introduced his lecture with the words (20, p. 29):

> Virchow's statement of 1848: "Politics is nothing else but medicine on a large scale" applies more to the communal policy than to the "high policy" of states and countries. There is hardly any field of communal welfare that is not interrelated with issues of public health care.

With regard to nursing, Freudenberg discussed the early isolation of infectious patients, in particular veneral disease patients, in hospitals. In more advanced countries such as Sweden, Norway, and Denmark, hospital treatment of venereal disease patients at state expense had been introduced. Since this could not be expected to happen in Germany on a state level, this task had to be undertaken by the community, particularly the cities. Freudenberg demanded, especially for single women, pregnancy, birth, and childbed nursing care in institutions known as "Heimstätten" (convalescent homes). The Berlin city councilor and chemist Emmanuel Wurm (1857-1920) disagreed (20, p. 35 ff.):

> We can achieve something positive in the field of hygiene because the interests of the proletariat and proprietors overlap at least partially, since diseases do not stop in front of palaces once they are there. As much as I agree with the speaker, I still cannot give my consent to the "either-or position" in which his demands culminate. The intended protection may turn into harm in most of the cases if we say: either institutional treatment or nothing.
>
> After all, in the population is an aversion to perfectly administered institutions (very true!). Moreover if a woman in childbed goes to an institution, the home is deserted and her grown-up children have no care (very true!). Therefore organized home care has to be provided without the stigma of charity. . . . Treatment in institutions will be advantageous only for the unmarried. For the rest one has to endeavor to get the necessary care at home for pregnant women and women in childbed, including babies.

At stake in this dispute were two totally different concepts of nursing–hospital care or home care. It becomes obvious that a very hesitant attitude toward institutional care existed amongst the working class. The goals of the hospital policy expressed

by Social Democratic doctors ignored the wishes of the working class which (at least this can be concluded from Wurm's speech) would have preferred home care. But the Social Democratic doctors, being familiar with the system of modern hospital treatment and thinking in terms of medical science, tried to dissipate the hesitations of the workers. Therefore the expansion and acceptance of scientifically oriented medical treatment among the working class can be largely ascribed to these Social Democratic doctors (21).

The restriction of the Party's planned program of demands by the general social political development and practical politics indicates a dispute between Ignaz Zadek and Emmanuel Wurm at the third conference of Social Democratic municipal representatives of Brandenburg in 1909 in Berlin (22, p. 70 ff.). In an article about Social Democracy in the community, Zadek pointed out that: "with the setting up of our communal program we wisely refrained from taking over a demand like free nursing from the Erfurt Program" (22, p. 70).

According to Wurm, however, in the Erfurt Program the demand was not for free nursing but only for doctor's services, including obstetrics and medicaments. Zadek replied that, in his opinion, this would include free hospital treatment because (22, p. 70 ff.; emphasis in original):

> It is easier to demand free hospital treatment, which can easily be provided any day, than to ask for free doctor's services, which would presuppose the nationalization and municipalization of doctors. This cannot be accomplished at the present. But I consider it wrong to demand free hospital treatment in our communal program. Our hospitals experienced a rapid boom since the eighties when we introduced the state health insurance–*because treatment in them is paid for*. In Berlin for example many hundred thousands [of Reichsmark] are being contributed to these hospitals because of the health insurances. Thus they totally lost the character of poor hospitals and improved in equipment, medical services, etc., such that even the proprietors lay claim to admission. This would change immediately if payment would be abolished. Just imagine the consequences if such a motion was brought forward by us and would pass! Either the services of hospitals would return to former conditions or else the rising numbers of hospital visits and stays would increase to infinity. It would result in the hospital becoming finally distressed. The hospital budget, which is now borne by the city alone, would become a burden on every taxpayer. However likely it is that free hospital treatment will be in the distant future the first step towards free nursing, at the present it would be a step back, and an impossibility. I therefore repeat, it was wise not to take such a demand over from the Erfurt Program into our Communal Program, which is intended to only determine the currently appropriate, the feasible.

The discussion between Zadek and Wurm not only provides evidence on the controversial interpretations of the health policy of the Erfurt Program, but also makes it apparent that leading Social Democrats recognized the necessary steps to realize the policy. Because of the circumstances, however, they postponed these demands for an unlimited time and preferred to work for the accomplishable. It is not without a certain historical irony that Zadek ascribed the qualitative and quantitative progress of the hospital system to the payment of treatment by the workers' health insurance. The Social Democratic parliamentary group in the Reichstag had previously rejected the health insurance law with the words: "The law concerning the health insurance of workers' does neither as a whole nor in its parts meet the requirements which the working class has a right to demand of such a law. In many ways it even means a

change in the present conditions for the worse" (23). In contrast, Zadek's statements admitted that the legislature did after all promote the medical provision of the working class. In spite of his former fundamental criticism of labor insurance, though agreeing on mandatory insurance (24), Zadek now took the actual situation of health insurance as a starting point and basis for his further medical demands.

In 1904 the SPD had passed a municipal political program in Bremen (25, 26). This program had been drawn up by the municipal political expert of the SPD, the lawyer Dr. Hugo Lindemann (1867-1950). Lindemann is believed to have coined the expression that "a doctor belongs to where there is no sun." The fundamental change from revolutionary theory to practical reform was shown in principles such as, where poor housing could not be improved, social hygiene was to be the chief task of municipal policy. He verified his very brief and general program in a work on city administration in which he dealt in detail with the public hygiene of cities (27). While the first part of this work was on the preservation and care of health, the second part was devoted to the fight of disease.

Lindemann dedicated a separate paragraph to the hospital, discussing the basic issues and developments of the municipal hospital system. In his opinion, very different elements combined in the development of the hospital system: medical, technical, social, political, legal, and financial. In order to emphasize the process of development concerning the differentiation of hospitals, Lindemann included in his study numerous examples of municipal hospital development and various statistics. One item that received considerable criticism was the development of public welfare for the insane.

General Conclusions

Based on statistical analyses, Lindemann stated that within 17 years, from 1883 to 1900, the number of general municipal hospitals in Prussian cities with over 50,000 inhabitants rose from 29 to 36, while at the same time the number of beds almost doubled from 8,981 to 15,451. The increase in the number of beds was in most cases larger than the rapid increase in population. According to Lindemann this proved that hospitals were used by the population to an increasing extent and in preference to home care. Concerning the issue of hospitals, he stated (27, p. 326):

> at least in the large cities the municipal administrations face the problem of quantitatively and qualitatively growing need–the solution of which they tackle reluctantly and fragmentarily. A substantial piece of work still has to be accomplished in this field. It is not so much the need to establish the sufficient number of well equipped institutions, but it is more a task of changing the whole character of health care provided by the city.

SUMMARY

With his discussion of a municipal hospital system based on political practice and administration by the municipalities, Lindemann marked a temporary cessation in the development of the early Social Democratic hospital policy. Kautsky and

Bernstein were influenced by bourgeois doctors' theoretical, medical, and health policy proposals on the hospital system. Based on a socioeconomic analysis, they regarded the hospital as a center of nursing, developing according to the dictates of social, economic, and scientific progress. According to the Social Democratic program, hospital care should be free of charge.

Based on their own experience, the Social Democratic working class of Berlin instead fought for immediately realizable goals: they wanted to improve nursing and medical care in the hospitals. The workers' complaints reveal the basic change in the patients' attitude to the hospital from the former poor relief to scientific medical provision. The participating doctors integrated the political fight into the theoretical health policy and propagated it as a health policy concept of modern medical provision in the hospital.

The hospital policy of Social Democratic municipal politicians of Berlin was backed up by workers' experiences and reports of workers' health insurance providers. Without regard to financial constraints, the Social Democratic parliamentary group pursued at first very long-term goals, mainly for the quantitative expansion of the municipal hospital system. A comparison of the population size and numbers of hospital beds and patient admissions demonstrated the necessity for such an expansion. Moreover, bourgeois politicians and advocates of social hygiene made comparable demands.

The development of national social insurance and the gradual change toward a practical social policy in the municipalities on one hand, and the growing participation of Social Democrats in the municipalities on the other hand, led to a clear separation between the overall social aims and the practical Social Democratic demands.

A pragmatic policy was inevitable because of the daily needs of the industrial workers, but this policy could only be formulated and maneuvered through the respective parliaments if the existing societal, legal, and financial circumstances were regarded. The contradiction between the directions of the demands in the entire party and everyday policy was finally overcome by the pace-setting programs of municipal policy and by the corresponding explanations of Lindemann. The realization of higher goals was postponed to an unpredictable future. The practical health policy became part of communal politics. The main task of the communal health policy was primarily the management of effective provisional health care through communal social hygiene, such as communal health departments, municipal garbage disposal, drinking water supply, food control, etc. In the fight against disease, the hospital was finally to lose its function as a welfare institution. The task was to help workers and their families in times of illness out of their physical, financial, and legal despair, and to create by means of municipal hospital provision an easily accessible and free center of modern medical provision.

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