The Formation of the Swiss Hospital System (1840–1960)

An Analysis of Surgeon-Modernisers in the Canton of Vaud

Pierre-Yves Donzé

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Preface to the English Edition

This volume is the English edition of a book initially published in French under the title *L'ombre de César. Les chirurgiens et la construction du système hospitalier vaudois (1840–1960)*, by Editions BHMS. I offer my sincere gratitude to the publisher who has granted me the opportunity to produce an English edition. This book was based on a dissertation submitted in 2005 to the University of Neuchâtel, Switzerland, for the degree of Doctor of Philosophy. Research for the dissertation was conducted under the joint supervision of Professor Laurent Tissot (University of Neuchâtel) and Professor Vincent Barras (University of Lausanne). Nearly twenty years after the completion of this work, it is again a pleasure to express my deep gratitude to both for their guidance during my formative years as a historian.

Why publish an English version of this work today? My career has given me a unique opportunity to broaden my academic horizon. I have been carrying out research on the global dynamics of various industries, from watchmaking to luxury and fashion, food and medical devices. Moreover, I have had the chance to expand the scope of my interests and to analyse the formation and development of the healthcare business in Japan and globally. In recent years, I have benefited from friendly collaboration with several business historians and historians of medicine who have contributed to the renewal of my research interests. I would like to extend my warmest thanks to Paloma Fernández Pérez (University of Barcelona) with whom I share the desire to explore new dimensions of the history of healthcare industries to understand properly how this field has emerged and grown as a global business. My respectful acknowledgement goes to Akihito Suzuki (The University of Tokyo) who guided me through the twists and turns of Japanese historiography during my first years in this country. I wish also to thank Ken Sakai (Tohoku University, Sendai), Maki Umemura (Cardiff University), Ben Wubs (Erasmus University, Rotterdam) and Julia Yongue (Hosei University, Tokyo) for the fruitful discussions and exchanges on the business history of medicine. Finally, I offer my

deep gratitude to Takafumi Kurosawa (Kyoto University) for all the academic and friendly debates we have had for so many years.

Beyond my personal career, the field of the business history of health and medicine has developed considerably during the last decade. Further to this, the shock of the COVID-19 pandemic and its deep impact on healthcare systems will undoubtedly attract attention to the historical foundations of health and medicine and the way they have developed over the years. Upon considering the book that I published in French in 2007 could contribute to a better understanding of these issues, I decided to prepare an English edition, addressed to a global audience. This book is not a mere translation of the original version. The introduction has been largely rewritten to include the contributions of new works published during the last twelve years. Moreover, details relating to Swiss local history and politics, which do not hold much meaning to the global audience, have been omitted. The English version is hence shorter than the original and more focused on the core arguments developed throughout the book: surgeon-modernisers became major actors in the formation of modern hospital medicine, and the hospital system is the appropriate scale to investigate this transformation.

Osaka, Japan
April 2022

Pierre-Yves Donzé

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CHAPTER 1

Introduction

Over the course of the twentieth century, the hospital has become one of the major and indispensable institutions of our contemporary societies. On an economic level, first of all, hospitals occupy a central place at the heart of public health, a sector that today represents more than 10% of GDP in most European countries (11.3% in Switzerland) and 16.8% in the United States.[1] Moreover, hospitals are often the main employers in their localities and operate with annual budgets that can exceed one billion francs.[2] The importance of today's hospital also has a social dimension, in that it has become a place of passage for the overwhelming majority of the population. Important stages of life, such as birth and death, now take place in hospitals. Finally, at the scientific level, the hospital appears to be the main place for the constitution and transmission of medical knowledge.

Compared to the largely marginal institution it was in the nineteenth century, intended primarily for a poor population, the hospital underwent a fundamental upheaval, not only in scale, during the first part of the twentieth century. This phenomenal growth leaves one wondering. What, indeed, may explain such a transformation? The classic and widely accepted interpretation—i.e., the development of medical knowledge, increases in the complexity of the techniques used and new scientific discoveries; in short, the march towards

[1] OECD figures for 2019, https://data.oecd.org/healthres/health-spending.htm (accessed 10 February 2022).

[2] In 2020, the Geneva University Hospitals, the largest hospital centre in Switzerland, employed more than 13,500 people, including more than 2500 doctors, and had an operating budget of more than two billion francs. Source: HUG website, https://www.hug.ch/faits-et-chiffres (accessed 10 February 2022).

P.-Y. Donzé, *The Formation of the Swiss Hospital System (1840–1960)*,
https://doi.org/10.1007/978-981-19-3911-2_1

a triumphant profession leading to larger and better-equipped hospitals—is insufficient, although it remains omnipresent in traditional historiography.[3] Medicine did not develop in a linear and constant manner. Nor did it have causal links with the hospital establishments in which it developed.

1 Influence of the Social History of Medicine

Since the 1970s, historians have endeavoured to bring the interplay of actors into new focus to show that the construction of hospital medicine not only responds to scientific imperatives, intrinsic to medical knowledge, but also to political, social and economic issues. The functions of the hospital in the city are indeed multiple and go beyond the singular framework of medical discoveries. For the most part, this new history of medicine has been structured around "medicalisation", a concept developed by Michel Foucault when he examined the reorganisation of hospitals that occurred at the end of the eighteenth century.[4] Thought of as the refocusing of these establishments on the care of the sick through the increasing intervention of doctors, medicalisation was then considered as a consequence of "the introduction of disciplinary mechanisms into the disordered space of the hospital".[5] This perspective has greatly inspired historians, particularly Anglo-Saxon ones,[6] who in turn have left their mark on research into the social history of medicine, such as that carried out by Othmar Keel on the transformation of hospitals into centres of medical practice and clinical education. Keel identifies hospital medicalisation as a decisive stage in the affirmation of the anatomical-clinical paradigm and defines it in this context as "the transformation […] that takes place in various European countries in the eighteenth century of certain institutions of assistance or social regulation into therapeutic and medical-scientific institutions".[7] In Germany, Foucault's influence is also evident and historians make medicalisation an essential basis for social disciplining (*Soziale Disziplinierung*) in the nineteenth century. The strengthening of the sanitary police, the development of health insurance and the development of hospitals are generally interpreted as elements intended to ensure control over the working classes.[8]

[3] Jean Imbert (ed.), *Histoire des hôpitaux en France*, Toulouse: Privat, 1982.

[4] Michel Foucault, *Naissance de la clinique*, Paris: PUF, 1963.

[5] Michel Foucault, "L'incorporation de l'hôpital dans la technologie moderne", *Dits et écrits*, vol. 3, 1998, p. 517.

[6] Colin Jones and Roy Porter (eds), *Reassessing Foucault: Power, Medicine and the Body*, London/New York: Routledge, 1994.

[7] Othmar Keel, *The Advent of Modern Clinical Medicine in Europe, 1750–1815*, Geneva: Georg, 2001, pp. 29–30.

[8] Alfons Labisch and Reinhardt Spree, "Neuere Entwicklungen und aktuelle Trends in der Sozialgeschichte der Medizin in Deutschland - Rückschau und Ausblick", *Vierteljahrschrift für Sozial- und Wirtschaftsgeschichte*, 1997, pp. 171–210 and 305–321 and Francisca Loetz, *Von Kranken zum Patienten. "Medikalisierung" und medizinische Vergesellschaftung am Beispiel Badens 1750–1850*, Stuttgart: Franz Steiner Verlag, 1993.

However, the notion of medicalisation was diversified during the 1980s and 1990s, as in the work of the French historians Jacques Léonard, Jean-Pierre Goubert and Olivier Faure. For such authors, medicalisation is not only a process imposed by the ruling classes on the people, but the result of a real cultural revolution, in the sense that it is largely based on the internalisation by the population of new healthcare practices.[9] Today, medicalisation appears to be a polysemous concept whose use poses a number of problems. It is very rarely defined explicitly in the various studies and the term is used to define diverse realities, on a variable chronological scale. In general, medicalisation can be said to express an idea of process, moving from a state *before* to a state *after*, the latter being distinguished by a new situation in which medicine occupies a reinforced position. Several types of processes have been described by historians as medicalisation. For example, technical innovations (anaesthesia, antisepsis, bacteriology, genetics), the professionalisation of certain care functions (doctors, nurses, midwives), institutional reorganisations (such as the separation of the sick from the elderly in hospitals) or changes in the population's attitude (such as recourse to hospital care), have all transformed the practice of medicine and the consumption of healthcare. Faure highlights the deterministic nature that can result from the use of the term: "Identified as early as the Middle Ages by a greater presence of doctors, medicalisation would have developed unabated with clinical medicine, pastoral medicine and then the opening up to all of a hospital that had previously been reserved for the poor".[10] As he points out, the problem is that medicalisation is the bearer of a linear, deterministic, even teleological conception of the development of medicine over the last few centuries, with each innovation—and the new social uses it implies—being perceived as a step from the "less medicalised" to the "more medicalised".

2 Medicine as a Sociotechnical System

Research into the history of techniques, and more broadly into economic history, makes it possible to consider the construction of hospital medicine from a different angle. The notion of the "technical system" appears to be much more appropriate.[11] According to Bertrand Gille, technical systems are the result of a balance between various interacting techniques at a given time.[12] In this perspective, historical analysis highlights phases of equilibrium

[9] Jacques Léonard, *Les médecins de l'Ouest au XIXe siècle*, Paris: Champion, 1978; Jean-Pierre Goubert (ed.), *La médicalisation de la société française, 1770–1830*, Waterloo: Historial Reflections Press, 1982; Olivier Faure, *Genèse de l'hôpital moderne: les hospices civils de Lyon de 1802 à 1845*, Lyon: Presses universitaires de Lyon, 1982.

[10] Olivier Faure, "Vingt ans d'histoire de la santé", *Revue historique vaudoise*, 1995, p. 322.

[11] For a first approach to technical systems in economic history, see François Caron, *Les deux révolutions industrielles du 20e siècle*, Paris: Albin Michel, 1997.

[12] Bertrand Gille (ed.), *Histoire des techniques*, Paris: Gallimard, 1978.

and phases of readjustment of the system when a new technique appears or evolves. Moreover, the technical system is not autonomous but linked to other systems (economic, political and social), which have their own logic, and with which it is in constant interaction. However, Gille does not give a primary role to the actors: for him, the technical system results more from a cumulative process of all the techniques implemented at a given time than from a constructivist process resulting from the interplay of the actors.[13] It is thus quite conceivable and easy to apply Gille's model to medicine. The "medical-technical system" could thus be understood as the set of medical techniques existing at a given moment and grouping together machines and objects (e.g., operating tables, forceps, scalpels, stethoscopes), gestures gathered into bodies of doctrine (collected in books and taught in universities) and products (e.g., chloroform, catgut, cocaine, drugs). The appearance of a new technique, such as anaesthesia in the mid-nineteenth century, radiology in the 1890s or antibiotics in the 1940s, would then upset the balance of the medical-technical system, forcing it to readapt. Such an interpretation, even if it takes into account the interaction with other systems is, however, not sufficient. There is a great risk of giving too much importance to medical technology itself in explaining the construction of hospital medicine, and the use of Gille's concept only reinforces the evolutionary interpretation.

The notion of technical system conceptualised by Gille in the 1970s has greatly evolved, particularly thanks to the reflections of constructivist sociologists such as Thomas Hughes. The technical system, as the latter understands it, is not the mere accumulation of machines, tools, knowledge and technical gestures, but the interaction between these elements and modes of management, organisational models, financing policies and industrial interests. Technical systems are not autonomous products but are constructed and directed by actors.[14] Hughes thus uses the concept of a "sociotechnical system", i.e., a system that contains both technical and organisational elements.[15] The economic, political and social are not reduced to the environment, as is the case with Gille, but are considered as elements of the sociotechnical system. Applying the same perspective, François Caron highlights the problem of the transition from one sociotechnical system to another. He shows that certain dysfunctions or innovations, whether of a technical, political, economic or other nature, accelerate the instability inherent in any technical system and the search for a new equilibrium: industrial revolutions are thus seen as periods of profound upheaval which see the transition from one sociotechnical system to another.[16]

[13] Yves Cohen and Dominique Pestre (ed.), "Histoire des techniques", *Annales: Histoire, Sciences sociales*, 1998, pp. 735–738.

[14] Thomas P. Hughes, *Networks of Power: Electrification in Western Society, 1880–1930*, Baltimore: Johns Hopkins University Press, 1983.

[15] Ibidem, p. 465.

[16] François Caron, op. cit.

This way of understanding the history of technology and science has directly influenced the history of medicine. Several sociologists and historians have included medicine in their reflections on innovation and technical change. Following the work of researchers such as Thomas Hughes, Wiebe Bijker and Trevor Pinch in the 1980s,[17] some authors have taken an interest in the technical development of medicine and "there has grown a 'new school' which treats medical technology as another element in the social, political, and economic history of medicine, relating it to professionalisation, changing notions about disease, and the organisation of medical care".[18] Stuart Blume uses the example of medical imaging to show that the development of medical technology is the result of a social construction process.[19] In France, Bruno Latour's work on Pasteur and the construction of science in laboratories, which influenced a whole generation of historians of science,[20] should be highlighted.

Inspired by the work of Bijker and the sociologists of innovation, John Pickstone includes medicine within a broader context that he calls *Science, Technology and Medicine (STM)*, in reference to the acronym STS (Science, Technology and Society) used in the sociology of technology. He demonstrates that the evolution of medicine depends on the surrounding culture, on a society that is transforming and industrialising, and on changing intellectual training sites. The link between medicine and society allows a holistic history of the development of medicine.[21] Several authors close to Pickstone have studied particular aspects of the development of medicine from the STM perspective.[22]

In Switzerland, the social history of medical techniques is still underdeveloped and it is worth highlighting Thomas Schlich's excellent study on the development of osteosynthesis as the preferred method for treating fractures in the post-war period. By focusing on the social and economic dimension of this

[17] Wiebe Bijker, Thomas Hughes and Trevor Pinch (eds), *The Social Construction of Technological Systems. New Directions in the Sociology and History of Technology*, London/Cambridge: MIT Press, 1989 and Wiebe Bijker, *Of Bicycles, Bakelites and Bulbs: Toward a Theory of Sociotechnical Change*, London/Cambridge: MIT Press, 1995.

[18] Jennifer Stanton, "Making sense of technologies in medicine", *Social History of Medicine*, 1999, p. 438.

[19] Stuart S. Blume, *Insight and Industry: On the Dynamics of Technological Change in Medicine*, London/Cambridge: MIT Press, 1992.

[20] Bruno Latour and Steve Woolgar, *Laboratory Life: The Social Construction of Scientific Facts*, London: SAGE Publishing, 1979.

[21] John Pickstone, *Ways of Knowing: A New History of Science, Technology and Medicine*, Manchester: Manchester University Press, 2000.

[22] Roger Cooter, Mark Harrison and Steve Sturdy (eds), *Medicine and Modern Warfare*, Amsterdam: Rodopi, 1999; Jennifer Stanton (ed.), *Innovations in Health and Medicine: Diffusion and Resistance in the Twentieth Century*, London/New York: Routledge, 2002; Ilana Löwy (ed.), *Medicine and Change: Historical and Sociological Studies of Medical Innovation*, Paris/London: INSRM/John Libbey Ltd., 1993.

therapeutic innovation, he shows that the adoption of various technical discoveries by the medical world is, above all, the result of social power relations. In this case, osteosynthesis owes its existence to a group of young German-speaking surgeons who were socially downgraded—they were not involved in an academic career. They wanted to assert themselves in the surgical world and found alliances in the industrial world to impose their innovations.[23] In a similar way, Monika Dommann and Mariama Kaba have developed innovative work in recent years on the rise of radiology and the development of orthopaedics, respectively.[24]

However, this new field of research has still only rarely integrated the economic dimension into its reflections. The overwhelming majority of studies in the social history of medicine do not address the material framework in which innovations take place.

3 The Business History of Medicine and Hospitals

The application of analytical methods and concepts from the field of business history is still relatively rare. The few historians who have taken the step are mainly American and British.[25] The dramatic demographic growth and very strong urbanisation that the United States experienced at the end of the nineteenth century led to a profound restructuring of healthcare facilities, such as dispensaries and hospitals, to ensure the care of a constantly growing population. The change in scale that American hospitals underwent around 1900 implied a managerial and organisational reform that has not escaped the attention of historians.[26] The impact of Alfred Chandler's work on large American companies,[27] to which several historians of medicine (Thomas

[23] Thomas Schlich, *Surgery, Science and Industry: A Revolution in Fracture Care, 1950s–1990s*, Basingstoke: Palgrave Macmillan, 2002. A similar approach was followed by Takahiro Ueyama, "Capital, Profession and Medical Technology: The electro-therapeutic institutes and the Royal College of Physicians, 1888–1922", *Medical History*, 1997, pp. 150–181.

[24] Monika Dommann, *Durchsicht. Einsicht. Vorsicht. Eine Geschichte der Röntgenstrahlen, 1896–1963*, Zurich: Chronos, 2003 and Mariama Kaba, *Une histoire de l'orthopédie: L'Hôpital orthopédique de la Suisse romande dans le contexte international (18e-21e siècle)*, Lausanne: BHMS, 2018.

[25] Pierre-Yves Donzé and Paloma Fernández Pérez (eds), *The Business of Health: New Approaches to the Evolution of Health Systems in the World*, New York: Routledge, 2022.

[26] Charles Rosenberg, "Inward vision and outward glance: The shaping of the American hospital, 1880–1914", *Bulletin of the History of Medicine*, 1979, pp. 346–391.

[27] Essentially his book, *The Visible Hand*: *The Managerial Revolution in American Business*, Cambridge: Belknap Press, 1977.

Goebel,[28] Joel Howell, Barbara Bridgman Perkins,[29] Neil Larry Shumsky,[30] Paul Starr,[31] Steve Sturdy[32]) explicitly refer, should also be emphasised here. Sturdy states, for example, that it was not so much medical discoveries that influenced the development of medicine at the end of the nineteenth century but that "the most important changes in medical practice were to be found in the sphere of what might best be termed medical administration".[33] Taking the example of the city of Sheffield, he sees in the developments of medicine in the twentieth century a concern to rationalise an increasingly divided work on the industrial model in which the city was immersed. A similar approach was adopted by other British historians, such as Roger Cooter in his study of the organisation of orthopaedic surgery in the early twentieth century.[34] As for Shumsky, he argues that "the world of contemporary medicine is one of structure, bureaucracy, and organisation"[35] and explains the functioning of the San Francisco Municipal Clinic on the basis of Chandler's work. Finally, Bridgman Perkins demonstrated that the restructuring of American hospitals in the years 1900–1930 was based on organisational methods imported from the industrial sector that allowed the affirmation of medical specialities. The most convincing work on the role of administration and management in the transformation of hospital medicine remains, however, the classic and widely cited work by Joel Howell.[36] Using patient records from two American hospitals—New York Hospital and Pennsylvania Hospital in Philadelphia—from the years 1900–1925, he shows how medical technology asserts itself within hospitals and argues that hospital growth is as much about management as it is about technical aspects. The great merit of the book is indeed to show that the arrival of a new type of management makes it possible to think of the hospital in terms of growth. In the same spirit, Paul Starr links the development of hospitals, as well as the abandonment of their philanthropic nature, to the

[28] Thomas Goebel, "American medicine and the 'organizational synthesis': Chicago physicians and the business of medicine, 1900–1920", *Bulletin of the History of Medicine*, 1994, p. 640.

[29] Barbara Bridgman Perkins, "Shaping institution-based specialism: Early twentieth-century economic organization of medicine", *Social History of Medicine*, 1997, p. 420.

[30] Neil Larry Shumsky, "The municipal clinic of San Francisco: A study in medical structure", *Bulletin of the History of Medicine*, 1978, pp. 542–559.

[31] Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*, New York: Basic Books, 1982, p. 148.

[32] Steve Sturdy, "'The political economy of scientific medicine: Science, education and the transformation of medical practice in Sheffield, 1890–1922", *Medical History*, 1992, p. 130.

[33] Sturdy, op. cit., p. 128.

[34] Roger Cooter, *Surgery and Society in Peace and War: Orthopaedics and the Organisation of Modern Medicine, 1880–1948*, London: Macmillan, 1993.

[35] Neil Larry Shumsky, op. cit., p. 542.

[36] Joel Howell, *Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century*, Baltimore/London: The Johns Hopkins University Press, 1995.

affirmation of the medical profession and declares that "surgery had [...] made hospital care profitable".[37] Several local or regional monographs have highlighted the detailed process of this organisational transformation.[38] According to the sociologists Marc Berg and Stefan Timmermans, the standardisation of the American hospital infrastructure at the beginning of the twentieth century was the first step in a movement that affected all medical practices in the 1980s and 1990s, and which saw the generalisation of "evidence-based medicine" built on standardised guidelines on a generally international scale.[39]

The actual financing of the hospital system has also been the subject of a significant body of work. Examples include the researches of Stephen Kunitz and Christy Ford Chapin on the American health insurance system,[40] and Steven Cherry, as well as Martin Gorsky and Sally Sheard, on hospital resources in Great Britain.[41] This type of study focusing on the problem of hospital financing has also been addressed since the 1990s outside the Anglo-Saxon sphere, with works such as those by the German historian Reinhard Spree on the development and financing of the German hospital system during the nineteenth century.[42] In Spain, the numerous publications of Margarita Vilar-Rodríguez and Jerònia Pons-Pons should be mentioned, as well as Pedro Pérez Castroviejo's innovative article on hospital management in the Basque Country in the years 1800–1936.[43] In the same vein, in France, Jean-Paul

[37] Paul Starr, op. cit., p. 157.

[38] David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1885–1915*, Cambridge: Cambridge University Press, 1982; Morris J. Vogel, "Managing medicine: Creating a profession of hospital administration in the United States, 1895–1915", in Granshaw Lindsay and Porter Roy (eds), *Hospitals in History*, London/New York: Routledge, 1989, pp. 243–260; Joan Lynaugh, *The Community Hospitals of Kansas City, Missouri, 1870–1915*, New York/London: Garland, 1989; James M. Wishart, "Class difference and the reformation of Ontario public hospitals, 1900–1935: 'Make every effort to satisfy the tastes of the well-to-do'", *Labour/Le Travail*, vol. 48, 2001, pp. 27–62.

[39] Marc Berg and Stefan Timmermans, *The Gold Standard: The Challenge of Evidence-Based Medicine and Standardization in Health Care*, Philadelphia: Temple University Press, 2003.

[40] Stephen Kunitz, "Efficiency and reform in the financing and organization of American medicine in the progressive era", *Bulletin of the History of Medicine*, 1981, pp. 497–515 and Christy Ford Chapin, *Ensuring America's Health: The Public Creation of the Corporate Health Care System*, Cambridge: Cambridge University Press, 2015.

[41] Steven Cherry, "Accountability, entitlement, and control issues and voluntary hospital funding c1860–1939", *Social History of Medicine*, 1996, pp. 215–233; Steven Cherry, "Before the National Health Service: Financing the voluntary hospitals, 1900–1939", *Economic History Review*, 1997, pp. 305–326; Martin Gorsky and Sally Sheard (eds), *Financing Medicine: The British Experience Since 1750*, New York: Routledge, 2006.

[42] Reinhardt Spree, "Krankenhausentwicklung und Sozialpolitik in Deutschland während des 19. Jahrhunderts", *Historisches Zeitschrift*, 1995, pp. 75–105 and Alfons Labisch and Reinhardt Spree (eds), *Krankenhaus-Report 19. Jahrhundert. Krankenhausträger, Krankenhausfinanzierung, Krankenhauspatienten*, Frankfurt: Campus Verlag, 2001.

[43] Margarita Vilar-Rodríguez and Jerònia Pons-Pons, "The historical creation of the hospital system in Spain: Private hospital sector strategies in relation to the development

Domin's recent work has shed light on the financial and political context of French hospital development in the nineteenth and twentieth centuries, renewing Maurice Garden's classic work on the Hospices Civils de Lyon.[44] Lastly, in Switzerland, a few rare publications address the issue of hospital financing and management from a historical perspective.[45]

Finally, the first attempts at an international comparison of hospital development have been made recently, often from an imperial and cultural history perspective, but also with the aim of highlighting different organisational and financial models.[46] In this context, the book *The Emergence of Modern Hospital Management and Organisation in the World 1880s–1930s*, published in 2021 by Paloma Fernández Pérez, stands out.[47] This work, based on rich original data and offering a truly global perspective, from Europe to Latin America, via the USSR and the United States, demonstrates how the adoption of new medical technologies and the transformation of hospital organisation are issues that affect all countries, regardless of the institutional framework. In most cases, Fernández Pérez highlights the obstacles, sometimes insurmountable, encountered by the pioneers of the new hospital medicine. Facing opposition from local authorities, philanthropists and other doctors, their modernising project was generally limited to a few hospitals before the Second World War.

4 The Interest of the Swiss Case

Through the lens of Fernández Pérez's book, the case of Switzerland offers the rare example of a successful early modernisation of the hospital system as a whole. It shows how a new generation of surgeons succeeded in transforming

of the public system", in Martin Gorsky, Margarita Vilar-Rodríguez and Jerònia Pons-Pons (eds), *The Political Economy of the Hospital in History*, Huddersfield: University of Huddersfield Press, 2020, pp. 17–59 and Pedro M. Pérez Castroviejo, "La formación del sistema hospitalario vasco: Administración y gestión económica, 1800–1936", *Transportes, Servicios y Telecomunicaciones*, 2002, pp. 73–97.

[44] Jean-Paul Domin, *Une histoire économique de l'hôpital (XIXe–XXe siècles)*, Paris: Comité d'histoire de la sécurité sociale, 2 vols, 2008 and 2013 and Maurice Garden, *Histoire économique d'une entreprise de santé: Le budget des Hospices civils de Lyon, 1800–1976*, Lyon: PUL, 1980.

[45] Vincent Barras and Marie-France Vouilloz Burnier, *De l'hospice au réseau santé. Santé publique et systèmes hospitaliers valaisans, XIXe–XXe siècles*, Sierre: Monographic, 2004; Thierry Christ, "De la bienfaisance privée à l'Etat social? Mise en place, financement et contrôle du réseau hospitalier et institutionnel (orphelinats, hospices) à Neuchâtel (1815–1914)", *Revue historique neuchâteloise*, 1997, pp. 23–51; Pierre-Yves Donzé, *L'hôpital bourgeois de Porrentruy*, Porrentruy: CEH, 2000; Pierre-Yves Donzé, *Bâtir, gérer, soigner. Histoire des établissements hospitaliers de Suisse romande*, Bibliothèque d'histoire de la médecine, Geneva: Georg, 2003.

[46] Mark Harrison, Margaret Jones and Helen Sweet (eds), *From Western Medicine to Global Medicine: The Hospital Beyond the West*, New Delhi: Orient Blackswan, 2009; Gorsky et al., op. cit.

[47] *Paloma Fernández Pérez, The Emergence of Modern Hospital Management and Organisation in the World 1880s–1930s*, Bradford: Emerald, 2021.

the hospital organisation in collaboration with the local authorities. The process was not without conflict: the surgeon-modernisers faced opposition from other doctors, who defended their own interests as general practitioners; from philanthropists, who wanted to retain control of the private hospitals they had founded, and; from traditional local elites, who fought against the rise of centralised investment in the university hospital. However, the negotiation between the various actors and the search for consensual solutions, under the aegis of the state, enabled Swiss hospital medicine to undergo a profound transformation in the first half of the twentieth century.

Of course, Switzerland is a federal state in which public health depends on the cantons, of which there were 22 during the period analysed in this book. The process of modernising hospital medicine was carried out in different ways in the different cantons. While generally succeeding in the urbanised regions that included medical faculties, the rural and Alpine cantons remained on the sidelines of this development until the second half of the twentieth century.[48] The case study chosen for this work is the canton of Vaud (see Fig. 1). It has several characteristics that make the analysis of the construction of its hospital system particularly relevant. First of all, of the five cantons with a medical faculty and a university hospital (Basel, Berne, Geneva, Vaud, Zurich), it is not limited to one city, like Basel or Geneva, but includes a vast hinterland,[49] which saw the establishment of various types of hospital establishments designed to care for a population that almost doubled between 1880 (235,349 inhabitants) and 1960 (429,512 inhabitants).[50] The relatively limited size of its territory (3200 km^2), nevertheless, makes it possible to examine in detail all the existing establishments within the system and not just the large ones. The role occupied by the secondary and peripheral hospitals, as well as the sometimes conflicting relations they have with other establishments, appear to be structuring elements of the hospital system. Moreover, the territory of Vaud did not evolve in a linear and homogeneous way during the period under consideration. The demographic growth and strong urbanisation that characterised these years called into question the territorial organisation of the canton. The relationships between the various hospitals were also affected by these structural changes. Finally, the canton of Vaud was governed throughout the period under consideration by the Radical-Democratic Party, which made the cantonal state an omnipresent and interventionist agent in the construction, and then the management, of the hospital system. The Vaud hospital system is therefore very diversified, with a public university hospital (Cantonal Hospital) and private specialised establishments (ophthalmology, orthopaedics and paediatrics) in the city of Lausanne, as well as about fifteen private general hospitals in the rest of the canton (local infirmaries/regional hospitals) and

[48] Donzé, *Bâtir*…, op. cit.

[49] Vaud is the fourth largest canton in terms of surface area, after Graubünden, Berne and Valais.

[50] *Annuaire statistique du canton de Vaud – 1985*, Lausanne: SCRIS, 1985.