A Hospital for Maine:
The History of Maine Medical Center
A Hospital for Maine explores the evolution of patient care, education, and research through the milestones of the state’s first and foremost general hospital.

From the days before antiseptic surgery, when the kitchen table was safer than a hospital amphitheater, to the robotic procedures of the 21st century, it is a history of progress.

From the decline of diphtheria, tuberculosis, and polio to the rise of diabetes, AIDS, and new strains of influenza, it is a history of public health and patient safety.

From the revolutionary reforms of Florence Nightingale to MMC’s status as a Magnet® recognized hospital, it is a history of the nursing profession.

From the merger of Maine General Hospital, the Maine Eye and Ear Infirmary, and Children’s Hospital into Maine Medical Center and on to the MaineHealth network, it is a history of collaboration.

A Hospital for Maine is a celebration of the people who have made MMC the award-winning institution it is today: a century-plus snapshot of a history very much in the making.
A Hospital for Maine:
The History of Maine Medical Center
By Martha Fenton
With research and textual contributions by
Susan Dudley Gold and James Hayman
"A tree trunk the size of a man grows from a blade as thin as a hair.
A tower nine stories high is built from a small heap of earth."

Lao Tzu
Foreword

Overseeing the development of this publication has been extremely rewarding for me. As President and Chief Executive Officer of Maine Medical Center, I am a part of the history of this great institution, along with countless others. To read and learn of this history has been fascinating.

As with any historical piece of this magnitude, material for this book was drawn from many sources, including documents and photographs from the Maine Medical Center Archives, histories, journal articles, newspapers, and interviews. We have tried our very best to accurately represent the highlights and many proud achievements of this institution. Accomplishments are rarely attributable to the vision of one person, but involve the talents and abilities of many individuals.

I am honored to be a member of the Maine Medical Center family. This publication pays tribute to all who have made it great.

Richard W. Petersen
President and Chief Executive Officer
Maine Medical Center
2011

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Genesis

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Dedication

To the 6,213 hardworking employees of Maine Medical Center and the untold thousands who have come before, this book is respectfully dedicated.

Dennis Welsh Photography
Although Casco Bay and the White Mountains remain much as they were, the view from Bramhall Hill has changed a bit since that description appeared in the Transactions of the Maine Medical Association in 1870. The “quiet little villages” have grown into cities and towns, and Portland sprawls well beyond its original area—but when it comes to change, the hospital itself has outpaced them all.

As of 2011, Maine Medical Center was an award-winning tertiary care facility with 637 beds, an exclusive teaching hospital, and a world-class research institute. More than 6,000 people worked in its employ, on Bramhall Hill and beyond. It was among the country’s consistently highest ranked hospitals, judged fourth on a list of “50 Exceptional U.S. Hospitals” by Consumer’s Digest, and ranked among the 50 safest hospitals by the Leapfrog Group. It was among only five percent of U.S. hospitals to achieve Magnet® recognition, and many of its clinical departments have earned accolades in their own right.

But Maine Medical Center wasn’t always as big, as complex, or as widely recognized. Its story begins with a brand new general hospital, struggling to define what such an institution should embody in the latter half of the 19th century. It is the story of committed individuals—doctors, nurses, directors, trustees, philanthropists, visionaries, and volunteers—and of the community that embraced them.

In the words of Winston Churchill, “History is a flickering lamp stumbles along the trail of the past, trying to reconstruct its scenes, to revive its echoes, and kindle with pale flames the passion of former days.” This narrative attempts to reconstruct some of the scenes that illuminate our hospital’s history, highlighting milestones, leaders, clinical growth, physical expansion, mergers, and more as it traces Maine Medical Center’s evolution along the current of medical advancement.

Prologue: The Long View

On the one hand, the blue waters of Casco Bay, broadening out into the ocean; on the other, a lovely inland scene, the White Mountains looming up grandly in the distance, woody hills and verdant valleys intervening, with quiet little villages dotting the landscape, and here and there a glittering lake or winding river...
"The life of a man consists not in seeing visions and in dreaming dreams, but in active charity and in willing service."

Henry Wadsworth Longfellow

Part One:

The Rise of Maine General Hospital
The story of Maine Medical Center is rooted in Victorian America and owes much to the social conscience of the time. Great changes were taking place in the years preceding the construction of Maine’s first general hospital. Industrialization, European immigration, breakthroughs in medical science, new public health policies, and the Civil War formed the crucible out of which it emerged. Only 100 years before, such an institution would have been virtually unimaginable.

A Brief History of Hospitals in America

The Pennsylvania Hospital, chartered in 1751, was founded by Benjamin Franklin and Thomas Bond, MD, in aid of the “sick-poor and insane who wander the streets of Philadelphia.” Franklin and Bond chose the story of the good Samaritan as the hospital’s official seal, establishing the spirit of social responsibility at the core of the voluntary hospital movement a century later.

It would be another 40 years before Manhattan’s New York Hospital opened, in 1791. With these notable exceptions, the hospital as an institution dedicated to inpatient care of the sick did not exist in America at the beginning of the 19th century.

The nation’s population geography hardly made such an institution feasible. The vast majority of Americans made their living from the land, and farming communities were widely scattered. In 1800, only 322,000 of the country’s roughly five million people lived in towns or cities with a population greater than 2,500. Maine (part of Massachusetts until 1820), with its millions of forested acres, was predominantly rural. Transportation was slow. Most people couldn’t travel beyond the distance they could walk in a day, where they were sick or injured, travel was out of the question.

The hospital evolved etymologically from its Latin roots as a place of lodging for pilgrims, entering the 19th century in most manifestations as an adjunct to the municipal almshouse. No one who had any choice would willingly have sought treatment in such an establishment, which offered little in the way of care. It was a place to isolate the sick until they either died or got well on their own, catering to the homeless, the destitute, and the luckless traveler who fell ill and had nowhere else to go. Almshouse hospitals were regarded with dread by the general public, and rightly so. With diseases like cholera, smallpox, and typhoid rampant, they were dangerous places.

Chapter 1: Life Before Hospitals

The physician pays a house call.

Apothecary Images, Inc.

A Hospital for Maine: The History of Maine Medical Center

Right, 19th century hospital.

Corbis Images
The Kitchen as Surgical Theater

Throughout the 19th century, the home served as the primary site for medical care. In the second half of the 19th century, many learned from preceptors; others were self-taught. They had few tools and were not able to offer many treatments that were significantly more effective than home remedies. Bloodletting, cupping, and purging were time-honored techniques for ridding the body of illness. As the century progressed, some medical practitioners continued to practice these methods, even as others made important discoveries regarding the nature of disease and the science of medicine.

Doctors plied their trade by making house calls or treating patients in their own offices. Even in the second half of the 19th century, many lacked formal medical training. Some learned from preceptors; others were self-taught. They had few tools and were not able to offer many treatments that were significantly more effective than home remedies. Bloodletting, cupping, and purging were time-honored techniques for ridding the body of illness. As the century progressed, some medical practitioners continued to practice these methods, even as others made important discoveries regarding the nature of disease and the science of medicine.

Portland Bustles

Exploring the state’s ample timber resources, Portland became a major shipbuilding center. Portland-built ships circled the globe and could be found in all the world’s busiest ports. The city boasted one of the largest commercial fleets on the eastern seaboard and was home port to roughly 20 percent of the entire U.S. merchant marine in the 1850s. Ships carrying fish, produce, livestock, and other goods to the Caribbean returned with sugar and molasses. Portland capitalized on the trade by building sugar refiners and rum distilleries.

After developing a process for converting molasses to alcohol, Portland entrepreneur John Bundy Brown, who would become the first president of Maine General Hospital, made his fortune in the molasses trade. Portland capitalized on the trade by building sugar refiners and rum distilleries. Portland’s population, barely 3,700 in 1800, reached 35,000 by 1866, thanks to an influx of immigrants who found work on Maine’s railroads and in its shipyards, lumber yards, and textile mills. Rapid growth produced overcrowding and often squalid conditions. Urban workers lived close together in tenements and boardinghouses, frequently sharing rooms. Portland, like many cities, experienced increases in infectious diseases and had mortality rates that were considerably higher than in rural settings. Injuries on the job were common. Relativistic work was particularly dangerous. Since there were no hospitals, the working, or “worthy,” poor had no place to go for care except to the almshouses. Americans of means soon began to see this as an unacceptable option. Public sanitation was another problem. Excreta from homes and cows was everywhere. The millions poured from two-gallon cans into containers left on residents’ doorsteps without a thought for bacteria or milk-borne disease. Culverts emptying into the sewers were seen as convenient receptacles for “spoiled brine, the carcasses of animals, rotting vegetables, and other refuse.”

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