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THE CHANGING DISTRIBUTION OF PRIVATE PRACTICE
PHYSICIANS IN THE CHICAGO METROPOLITAN AREA, 1950-1970

by

Donald R. Dewey

A DISSERTATION

Presented to the Faculty of
The Graduate College in the University of Nebraska
In Partial Fulfillment of Requirements
For the Degree of Doctor of Philosophy

Department of Geography

Under the Supervision of Professor Dean Rugg

Lincoln, Nebraska

May, 1973

TITLE

THE CHANGING DISTRIBUTION OF PRIVATE PRACTICE

PHYSICIANS' OFFICES IN METROPOLITAN CHICAGO, 1950-1970

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CHAPTER I

INTRODUCTION

Since Malcolm Proudfoot's classification of retail shopping areas in 1937, many studies examining the commercial structure of large American cities have been published.¹ The majority of these studies, however, focused on only one aspect of the commercial structure -- retailing -- while the service sector has been virtually ignored. Much of the information we do have about the internal structure of the service sector came simply as a by-product of studies examining the retail structure of cities. For example, James Vance's study examining the effects of post World War II decentralization on commercial structure focused primarily on retailing, but did give some passing

¹

Malcolm J. Proudfoot, "City Retail Structure," Economic Geography (1937), Vol. 13, pp. 425-428.

Raymond Vernon, The Changing Economic Function of the Central City, (New York: Metropolitan Region Study, 1959).

James E. Vance, Jr., "Emerging Patterns of Commercial Structure in American Cities," proceedings of the IGU Symposium in Urban Geography, Lund, 1960, Lund Studies in Geography (Series B, Human Geography; Lund, Sweden: Royal University of Lund, 1962) pp. 485-518.

Robert C. Weaver, "Emerging Patterns," Our Changing Cities, (J. B. Tucker edition, Washington, D. C: Public Affairs Press, 1960).

attention to changes in the service sector.² After focusing attention on the decline of retailing in the Central Business District (CBD), Vance indicated that he felt the CBD was only "changing rather than decaying" and that the result of these changes would be that the CBD would become "a place of offices rather than large stores."

In Vance's study, as in most of the other studies of commercial structure, the term office is used as a common denominator for all nonretailing commercial activity in the city. This suggests that there is little variation in the locational factors of nonretailing commercial activity. In reality, however, the service sector of the commercial activity of cities is equally as complex as the retail structure and needs the same detailed classification. The need is particularly acute in times such as the present when questions are being asked about the availability of goods and services to all inhabitants of metropolitan areas.

One service for which data have scarcely been gathered, much less analyzed, is health care delivery -- or, more specifically, the distribution of physicians' offices. Pierre de Vise clearly identified this specific need in his study delimiting hospital study districts for metropolitan

²Vance, 1960, Op. cit.

Chicago in which he stated:

The changing locational trends of physicians offices are not a matter of indifference to those concerned with the provision of adequate medical care to the city's poor and with the future of central city hospitals. cursory studies in Chicago, Cincinnati and Cedar Rapids suggest significant decentralization of physician's offices out of downtown and neighborhood locations in the central city to the greener pastures of medical buildings and group clinics in new suburban developments.

The paucity of market knowledge about medical organization is hard to reconcile with our large social and economic investment in health care and with our high levels of achievement in medical knowledge -- especially when contrasted against the vast literature extant on changing locational trends of, for example, the fruit and vegetable markets in American cities.³

To date, little has been written about the distribution of physicians' offices. There has been some interest by governmental agencies, including some preliminary work done by the Hospital Planning Councils for the Chicago and Cincinnati Metropolitan Areas.⁴ There also have been a few studies of the national distribution of physicians,⁵ as well as studies on state-wide distributions by several

³ Pierre de Vise, "Hospital Study Districts for Metropolitan Chicago: A Geographic Analysis and Methodology," Technical Report, No. 2 (Hospital Planning Council for Metropolitan Chicago, 1966) p. 19.