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New Directions in Health Care, March 1981

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GOOD SAMARITAN MEDICAL CENTER

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Milwaukee, Wisconsin 53233

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Milwaukee, Wisconsin 53233

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The cover photo of the Good Samaritan was produced by Paul Damien with Patrick Young. The stained glass window once graced a waiting room in the 1885 Milwaukee Hospital. Many of the windows placed in the 1885 hospital and chapel were produced in England and given to the hospital by the Alexander Mitchells — General Billy Mitchell’s family. Although no one knows for sure, the Good Samaritan may have been part of that gift.

Thank you to:
Sister Gladys Robinson,
W. Barbara Altreuter, Sister Rose Kroeger, Sally J. Zabransky, Milt Steffandes, Ruth Klug, Mary Callahan Rogers, Susan Lane, Earl A. Schiefelbein, William A. Romo, John R. Parker, Sarah Kelly,
Sharon Winterbottom, Delores Nix,
Ralph E. Houseman, Robert Durkin, Bradley D. Hoffmann,
Transnational for expert printing.
March, 1981

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sharing their lives to care for you.
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good health starts with the basics . . .
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The editor of NEW DIRECTIONS has received The 1980 Journalism Award for Print from the American Heart Association of Wisconsin. The publication also received a 1980 Communications Review Award of Merit from the Wisconsin Hospital Association/Wisconsin Hospital Public Relations Council, a 1980 Award of Merit from The Milwaukee Advertising Club, and a 1980 Award of Excellence from the Society for Technical Communication.
Kenneth S. Jamron, president of Good Samaritan Medical Center, has written this comment.

"New Directions" is precisely the theme of Good Samaritan Medical Center. In the history of both Lutheran and Deaconess Hospitals are the seeds for continuing processes which have blossomed throughout the years.

One of our directions is to continue to provide health care in an area of Milwaukee where both hospitals have played so vital a role for over 100 years. To this end we are dedicated and committed. As we pledge to pursue our goals, to adhere to our established traditions and to maintain the high standards which guide us, we nevertheless turn to our community for the support necessary to sustain us. We are confident that our civic leaders, both public and private, will not let us down.

With this landmark issue of NEW DIRECTIONS as an historic publication of Good Samaritan Medical Center, we spotlight a turn in a continuing road that has been paved with the selfless efforts of the Deaconess Sisterhood, the Lutheran Churches and the United Church of Christ, as well as thousands of individuals including physicians, personnel and volunteers throughout these many years.

Our direction is forward with a supportive Board of Directors, Medical Staff and nearly two thousand employees.

Kenneth S. Jamron
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In 1863, The Milwaukie Infirmary (later, Milwaukee Hospital) was a farm house on the outskirts of the city.
Chapter 1, 1863

In 1849, Milwaukee was one of the newest cities in the Northwest, and, like care of the sick, on the verge of spectacular change and growth.

The city of 28,000 people had two buildings to house the sick. An almshouse — or poorhouse — provided custodial care for some sick, poor Milwaukeeans. A pesthouse — or deathhouse — provided temporary shelter for a few of the shunned victims of cholera and smallpox.

During the worst siege of cholera in 1849, the city lost 6 to 7 people a day; sometimes whole families died, writes Robert Wells in his book *This is Milwaukee*.

Cholera wiped out at least 300 people in 1850 — perhaps more; apparently an effort was made to conceal the actual number because news of the disease might depress the booming real estate market, continues Wells.

Health care for the poor in time of sickness and injury was absolutely inadequate. (Some called it disgusting.)

Up until the late 1800s, Milwaukeeans who were able to afford medical care were treated at home by general practitioners.

Not only was that the respectable means of care but most all of the therapeutic aides of the day were available in the physician’s bag and buggy.

Surgery was performed at home, often on the kitchen table. And although some physicians had the knowledge to perform complex procedures, the patients could not endure the pain. Recovery from surgery was sporadic; infections claimed many lives.

The First Influence — Religion

It was, at first, the influence of religion, especially the Christian ethic of the good Samaritan — to care for the sick — which accounted for the establishment of hospitals in this country.

In the midst of Milwaukee’s raging 1850s cholera epidemic, German Lutheran ministers, led by Rev. J. Muelheuser, pleaded with William A. Passavant to come to Milwaukee from Pittsburgh to help start a hospital.

The year before, with the help of 4 women called deaconesses, Passavant had established the first Protestant hospital in the country. The women, who supervised and nursed the sick in Passavant’s Pittsburgh hospital, had been trained in Germany at Kaiserworth on the Rhine, the place where Florence Nightingale later trained.

In 1850, Passavant made his first trip to Milwaukee via, in part, wagon train and “apostolic feet.” But before a hospital site could be found, he was called back to Pittsburgh because of an outbreak of cholera there.

The Rev. William A. Passavant, Director of the Institution of Protestant Deaconesses, Pittsburgh, Pennsylvania, founded the first Protestant hospital west of Pittsburgh in 1863. That year, the hospital was called (and spelled) The Milwaukie Infirmary.
A Second Influence — War

By the time Passavant returned thirteen years later, Civil War was splitting the nation. Like religion, war has also strongly influenced the development of hospitals in this country.

Although temporary battlefront hospitals were set up to treat the many wounded and diseased Civil War soldiers, there were few places to treat them behind battle lines.

The war illustrated the need for permanent hospitals and trained nurses and doctors to work in them. In 1863, the year of the Battle of Gettysburg, Muelheuser again pleaded with Passavant to return to Milwaukee, and he did.

The men searched in vain for days to find a suitable rental in the city to house a hospital. It seemed that no one wanted a “pesthouse” in the neighborhood.

Finally, the searchers heard of a brick mansion on the outskirts of the city. The farmhouse, on ten acres, was “within the city limits yet in the country.”

The “Milwaukee Infirmary” (later named Lutheran Hospital of Milwaukee) opened that year as a 20 bed hospital. It was the first Protestant hospital west of Pittsburgh. Deaconess sisters were at work the day the first patient — a Norwegian sailor — sought care.

Milwaukee soldiers, wounded in battle, were also treated at the new hospital.

The pioneer hospital’s objectives were “the treatment of extreme and dangerous cases of indigent sick, and a hotel for invalids…”

Deaconess Sisters Provided Care

Since Passavant lived in Pittsburgh, the daily administration of the hospital was under the direction of a Board of Managers of the Institution of Protestant Deaconesses.

The directing Sister, Barbara Kaag, had received her Kaiservorth-type training at Pittsburgh Hospital. But she answered President Lincoln’s call for nurses at the start of the Civil War in 1861 and served as a nurse in the Military Hospital at Fort Monroe near Washington, D.C., under Dorothy Dix before taking charge of the Milwaukee Hospital.

From 1863 to 1903, all nursing care provided at “The Passavant” in Milwaukee was done only by Deaconess Sisters. (By 1903, the need for nurses outside the religious life of the diaconate called for the birth of the Milwaukee Hospital Training School for Nurses.)

In setting up the hospital, Passavant had also secured the cooperation of 4 well-known Milwaukee physicians who donated their services to the hospital in three month rotation. The hospital set a few basic regulations including the request that the physician caring for patients visit at least 4 times a week but “as a general rule, not later than 5 o’clock in the evening.”

And convalescent patients “shall, if desired, assist in taking care of those patients whose weakness is greater than their own, in cleaning the wards, mending or making the linen for the house; or in such employment as the Matron or Sister of their ward may think proper,” stated an 1873 regulation.

Hospital Outgrows Farmhouse

By 1873, the Board reported an “immediate and pressing demand for a new and larger building.”

The hospital had outgrown the farmhouse, “and at times of unusual sickness in the community, many have had to be refused admission because there was no room,” wrote Passavant.

During that year, 163 patients had been treated, “and the results of the medical treatment and nursing are seen in the gratifying fact that of this number, one hundred and fourteen were discharged cured, six much improved, and eight materially relieved. Seventeen deaths occurred during the year, of which nine were from confluent smallpox, and four from consumption,” Passavant’s report continued.

Although generous support came from the community, not everyone was convinced of the need for a new hospital, especially one that might harbor victims of contagion.

Passavant had built a 4 ward isolation cottage apart from the first main building. But it was closed in 1877 when the city opened its own isolation cottage.

By 1883, with the foundation laid on the farmhouse hill for a new hospital building, a resolution was introduced in a Milwaukee Common Council meeting “for an ordinance prohibiting the maintenance of pesthouses, hospitals or infirmaries within certain city limits. Despite the resolution (aimed against Milwaukee Hospital), plans progressed, wrote Herman Fritschell in his History of Milwaukee Hospital, “The Passavant,” 1863-1943. But the following year, when the new 70 bed Milwaukee Hospital was under roof, it was gutted by an arson fire.

Again, the community at large was generous. Donations came, as in the past, from individuals and congregations. (Some even sponsored yearly “free beds” by gift or legacy.) One congregation kept the ice house stocked; another donated a cow. Night shirts, chickens, oatmeal, preserves and linen for bandages were always welcome gifts.
Records show that some of the money donated to the hospital in 1872 had been used to pay the $93.23 it cost to supply medicine and medical instruments and to defray the $172.03 it cost to keep the horse and cows.

And by this time, the hospital had another form of support. The Board of Visitors of 1873 had suggested "It being considered that, in addition to the reception of patients in destitute circumstances, great benefit might arise from admitting such persons who may be able to pay for their boarding and accommodation..."
Emerging Scientific Medicine

The cream brick building that finally did open in 1885 was an impressive 3 story landmark. And for the next 2 decades it housed a revolution in medical care.

It was the practical application of monumental discoveries in general science that propelled medical care — like a starship — into the 20th century. In the late 1800s people actually began to seek rather than avoid care in pioneer hospitals.

Attitudes about cleanliness and sanitation demonstrated so effectively by Florence Nightingale in the European battlefield hospitals of the Crimea began to trickle through American medical minds.

But first, “adherence to old beliefs had to be overcome before the benefits of anesthesia, antisepsis and laboratory sciences were wholeheartedly accepted and applied to the improvement of hospital service,” states a history book called Hospital Care in the United States.

Scientific medicine was beginning to emerge. Like religion and war, advances in surgery became a major influence on the way American hospitals developed. In 1874, Dr. Nicholas Senn became the physician-in-charge-of-patients at Milwaukee Hospital. And there, he began an innovative and daring surgical career that would lead him to world fame.

Senn’s success in surgery kept the beds filled. “Dr. Senn’s reputation brought pay-patients not only from the city, but likewise from the state,” wrote Fritschell. The rate for pay-patients was $5.00 a week.

“At the height of his career Senn was one of the most distinguished surgeons of America . . . In the late 1870s and middle 1880s the most advanced surgery in the Northwest was performed in Milwaukee,” said Fritschell. Senn laid the foundation for the hospital’s long history of successful surgery.

He began his surgical career in the wards of the farmhouse hospital. “Screens were placed around the ‘operating table’ so patients could not see what was happening . . .”

“In the new (1885) building . . . a room was set apart as an operating room.” There Senn began an investigation to reduce infections. He was one of the first operators to wear boiled cotton gloves during surgery.

“At once there was an almost startling improvement in results in his cases,” wrote an observer, Dr. Horace M. Brown. “Next Senn asked his admiring ‘gallery’ of onlookers to back up so that perspiration from their beards would not enter patients’ wounds.”

Senn and his fellow surgeons were also aided by the discovery and introduction of anesthetic agents . . . “A whole spectrum of new surgical procedures were possible; the patient was now free from pain.”

And about this same time the microscope was being incorporated into hospital use. Organisms that caused specific diseases were being isolated. And inert disease bacteria was used to produce immunization — a revolutionary concept in the control of communicable diseases.

The cream brick building opened in 1885 after fire destroyed construction of the new 70 bed Milwaukee Hospital (started in 1883).
One more 19th century discovery immediately, and, later, profoundly, affected hospital development.

It was in 1895 that a Milwaukee druggist, Jake Janssen, read a newspaper account of the discovery of x-ray by a German scientist named Roentgen.

Within a year, Janssen had put together his own x-ray machine. At the time, however, he and several doctor friends merely played with the machine, detecting hidden metal objects and experimenting — until they photographed a broken wrist. That experiment pointed the way to the potential of this new ray in hospitals.

By the turn of the century the laboratory had its beginning at Milwaukee Hospital with the donation of a microscope.

And by 1902, part of a room was set aside for Jake Janssen's x-ray equipment.

A new century in hospital care had begun in an atmosphere of startling advances in scientific medicine.

The man behind the machine: Jake Janssen — Milwaukee's x-ray pioneer.

A group of Deaconess Sisters and Milwaukee Hospital board members and administrators posed in 1923 for this 75 year celebration photograph.
The original Evangelical Deaconess Hospital that opened in 1910.
Chapter 2, 1909

By 1900, an estimated 3,000 hospitals dotted the nation. Many were of religious origin.

On June 9, 1909, the Evangelical Wisconsin District stopped its regular meeting to discuss a special proposal.

Wisconsin’s German-preaching pastors of the Evangelical Synod of North America led by Rev. Henry Niefer moved that: “whereas, during the past years, the ‘Deaconess cause’ was often mentioned, and whereas, the necessity of such an institution was felt more and more, we deem it necessary to start a Deaconess Home within our district without delay.”

And at that meeting, the “friends” of the cause planned to organize a Deaconess Society.

At its first meeting on August 2, 1909, the “Evangelischer Diakonie Verein des Wisconsin Distrikts der Deutschen Evangelischen Synode von Nord Amerika” picked bustling Milwaukee — the most Germanic city in the country — as the site of its hospital.

By the turn of the century, many Protestant denominations had formed deaconess groups in order to establish hospitals.

“It was during this period that hospitals underwent a drastic evolution in purpose, function and number,” says Hospital Care in the United States.

“From supplying merely food, shelter, and meager medical care to the pauper sick, to armies, to those infected with contagious diseases, to the insane, and to those requiring emergency treatment, they began to provide skilled medical and surgical attention and nursing care to all people.”

On August 2, 1909, at that first meeting of the “Evangelischer Diakonie Verein” of Wisconsin, a board of directors was chosen. It consisted of “five pastors, five laymen and five women.”

The Evangelical Deaconess Hospital opened on December 10, 1910, at 1807 Grand (Wisconsin) Avenue in the former home of the Milwaukee physician, Dr. Wurdeeman. The “Evangelischer Diakonie Verein” had purchased the house for $20,000 and added $5,000 worth of alterations.

The first patient to enter the 15 bed hospital was a “poor Catholic woman who was accepted as a charity case.” The eight other patients admitted were cared for by two sisters trained at the Deaconess Hospital in St. Louis.

One Sister, Anna Mayer, became Head Sister; the other, her assistant.

The new hospital reflected the nation’s changing attitude toward hospital care.

Not only was it founded to “exercise charity,” but to “support a Home and Training School where Deaconesses and nurses shall live and be educated,” stated the Board of Directors.

By the turn of the century, nursing was viewed as an acceptable career choice for women — an alternative to teaching school that was also good preparation for motherhood.

And it was increasingly evident that the novelities of scientific medicine applied by physicians in hospitals with women trained to care for the sick resulted in lower death rates. Public confidence grew.

A School for Nurses:

By 1917, the Evangelischer Diakonie Verein was able to open an impressive 4 story red brick hospital with a 65 bed capacity. One room in the building was set aside as the classroom for the new Evangelical Deaconess Hospital Training School for Nurses.

The first students were a few Deaconess Sisters and preachers’ daughters from Protestant congregations around the state. Diakonie-Bote, a German monthly publication of the Evangelical Synod of North America, made an appeal to send dedicated young women to enter training. >
By 1916, a new 65 bed hospital was built, and the original Evangelical Deaconess Hospital became the nurses' home.

Irene (Recht) Vornhart (second from left) and a few classmates pictured in 1925 as students at the Evangelical Deaconess Hospital Training School for nurses.
Most training was immediate hands-on patient care although occasional lectures were given by nurse instructors and doctors who also shared the school's lone classroom.

"A small library of books and a set of charts of the human body were the only extra aids to our studies," wrote Irene Vornhart, one of the first nursing students.

She added, "No funds were available to 'board' me in town so I could attend high school. I was a pupil in a country school for two years; then I helped at home until I came to Milwaukee in time for the Dedication of the (new) Evangelical Deaconess Hospital, June 9th, 1917.

"I worked as a 'diet-kitchen' girl and was planning to co so until I would be 18 in January, 1918. However, they were so short on nurses, that I was urged to start training as a deaconess-nurse on August 4, 1917.

"From our first day in training we were on floor duty being taught bedside nursing by the floor supervisor and other older students and practical nurses," wrote Vornhart.

"The first year, due to the shortage of nurses, we had very few lecture courses.

"Again, because of the shortage of nursing help, the second year lecture schedule was about as sparse as the first.

"We had a four month affiliation with the Milwaukee Children's Free Hospital (a rather huge old residence on 10th & Wells St.)... This included 'follow-up' work in the homes of babies and children who had been discharged."

Back at the "home" hospital, related the R.N., "we had nine cribs in the small nursery on the third floor — no running water.

"There were a few trips to Milwaukee Emergency Hospital to observe psychiatric patients. There was also a field trip to Sacred Heart Sanitarium to observe their work in Hydrotherapy.

"Our rates for hospital rooms were $2.50 per day in a four-bed ward, $3.00 for a double room or small private rooms and $3.50 for a few larger corner rooms. In the O.B. department $1.00 a day extra for Nursery care...."

In 1919 Miss Charlotte Pfeiffer, R.N., a former Deaconess, was engaged as Principal of the School of Nursing, and worked toward getting the School of Nursing accredited in the State of Wisconsin. She was very capable and succeeded in meeting the requirements of the Wisconsin State Board of Health, Committee on Nursing Education, Madison, Wisconsin, by 1921."

According to Miss W. Barbara Altreuter, R.N., who headed the School of Nursing for 17 years, "At the time when Miss Pfeiffer left her position, May 1, 1923, the nurses' residence which was the original hospital building had been refurnished, and separate class and demonstration rooms had been equipped. In those days, these facts were important, as they were innovations. A comprehensive curriculum was in operation."

> W. Barbara Altreuter, R.N., (right) as a senior nursing student in 1927 at the Evangelical Deaconess Hospital School of Nursing. From left: Evelyn Lemke, Jefferson, WI; Elizabeth Kassube, Jefferson, WI; Minnie Altreuter, Fort Atkinson, WI.

The nurses dormitory as it appeared in 1927 at 1807 Grand (Wisconsin) Avenue.
The aim of "centralized instruction" was: "To ensure a standardized curriculum for the nursing schools of Milwaukee; to ensure to the students better grade and a richer curriculum; and to go one step further in placing their nursing schools on a sound educational basis" writes Altreuter.

The nursing profession, like the medical profession, was growing up. Affiliations and accreditations were sought after by increasingly respectable hospitals.

Local technical schools, young-inspecting state Boards of Health and infant national professional organizations were beginning to set standards.

Modern Medicine — 1917

Scientific medicine in 1917 meant that, "chloroform was still being used by some doctors for surgery and obstetrics," wrote Irene Vornhart. Other physicians used ether.

She recalled, "Sitting for hours on end with ether patients following surgery until it was safe to leave the bedside — no 'railings' on beds in those days. Patients had much nausea, vomiting — couldn't have water to drink for many hours — no intravenous to relieve their thirst.... I recall patients here and there that would drink water out of a vase or hot water bottle they were so thirsty and dehydrated."

Following surgery, "morphine was the drug used to kill pain. Most patients were given morphine 1/4 or 1/6 gr. per hypo. We usually alcoholized the syringe or boiled it... the needles were boiled in a bent teaspoon over an alcohol flame, and I think we used some of the sterile water to dissolve the morphine tablets....

"Dishes from 'infectious cases' were boiled in the small diet-kitchen in a dishpan — three times a day — we had a small glass plate in the 'dressing room' where we could boil catheters and the like.

"All drinking tubes were of glass and 'how easily broken' — and what an extra job to get the broken little pieces off the floor.

"Pneumonia cases had to have windows open in the bedroom, regardless of how cold it was.... We nurses would wear sweaters to give baths to reduce temperatures....

"After infectious cases, the room with all the furnishings were thoroughly washed with lysol solution... then the room was 'fumigated' for 24 hours... Formaldehyde used.

"We made all the dressings for surgery and floor use, also the cotton balls and toothpick applicators and our own vaginal pads and plaster of paris bandages."

It was in 1923 that five schools of nursing in Milwaukee including the Milwaukee Hospital Training School for Nurses and the Evangelical Deaconess Hospital Training School for Nurses affiliated with the Central School (forerunner of the Milwaukee Area Technical College) for formal lectures and laboratory instruction.
Chapter 3, The Decades Leading To Today

The word doctor means teacher. Even in pioneer America, doctors recognized hospitals as places to learn and to teach. And as the body of scientific knowledge that evolved out of the 17th and 18th centuries spread into the 20th century, there was more to learn.

But hospitals were scarce (even though new ones were sprouting and existing ones were being renovated at an estimated 1 million dollars a day by 1900). Affiliations with the best of them — either as a staff member or student — were prized.

And by 1913, a new national professional organization called the College of Surgeons (a forerunner of the powerful, present-day Joint Commission on Accreditation of Hospitals) was setting standards for surgeons and hospitals and certifying those that met the standards.

So it was that at Milwaukee Hospital, the medical staff, organized in 1895, enlarged and completely reorganized in 1918 in order to meet College of Surgeon standards.

Likewise, by 1922, an organized medical staff formed two years earlier at the Evangelical Deaconess Hospital sought and received approval from the College.

The staff had been hand-picked by the board of directors after recommendation of each physician by prominent members of the community.

By that time, appointment to either hospital’s staff was considered both an honor and a symbol of professional success for “the men of rank” in Milwaukee.

And during the decade, affiliations for formal training of interns began with schools such as the Milwaukee College of Medicine that later became the Marquette University School of Medicine that later became the Medical College of Wisconsin.

Early in the 20th century, hospitals across the country affiliated with medical schools in order to integrate clinical practice into formal professional medical school training.

Said Charles M. Rosenberg in “The Origins of the American Hospital System”: “Advances in medical science required and inspired a well-educated, trained and competent medical profession.” And the public was living longer. The average expected life span of 42 years in 1880 had stretched to 54 years by the 1920s.

By 1930, another accrediting body, the American Medical Association, had granted their coveted approval for internship training to the Evangelical Deaconess Hospital. At the time, one intern was working in each of the four hospital services. The hospital also had three orderlies — one on duty in the operating room and two on the floors.

By the 1960s, both hospitals had separate departments of Medical Education and had engaged physician-directors for those departments. >
microscope, a few test tubes, and a centrifuge comprised the total equipment, today's laboratory includes a maze of electronic and automated gadgetry requiring the employment of highly trained, skilled technologists.

The School of Medical Technology founded in 1948 helped these 'scientific fact-finders'... make use of hundreds of scientific procedures that have been devised to disclose the subtle changes that disease produces in the body.

By the late 1950s, the combined knowledge and effort of specialty physicians and departments had enabled Deaconess Hospital to receive grants from the Ford Foundation to install the first cobalt deep therapy treatment unit in Wisconsin. (In 1975, a linear accelerator replaced the cobalt unit.) And the John A. Hartford Foundation granted the hospital funds to conduct artificial kidney research and clinical and experimental studies in hemodialysis.

The first hemodialysis unit in Milwaukee opened in an expanded hospital in 1963. And enlarged facilities for radiology, pathology, physical medicine and rehabilitation, pharmacy, central supply and surgery were indicative of hospital growth that continued across the country.

In August of 1966, Deaconess hired its first professional lay Chief Executive Officer, Mr. Kenneth S. Jamron. Prior to this appointment, all past administrators had been ordained ministers in the tradition of today's United Church of Christ.

By 1970, an ICU-CCU (Intensive Care Unit and Coronary Care Unit) opened at a cost of $250,000. And the ultra-modern facility became a nationwide model for the use of electronic monitoring devices.

Meanwhile, 4 blocks away at Lutheran Hospital, Sister Gladys Robinson, who had served as Director of Pharmacy Services for 38 years, described "the explosion of knowledge and discovery in drugs" that took place when

1934-1935 Milwaukee Hospital Interns:
From top left: Dr. John Borsma, Dr. John Miller, Dr. Frederick Heinen.
Bottom left: Dr. Walter Gager, Dr. Frederick J. Hofmeister, Dr. Earl Weir,
Dr. Arthur W. Hankwitz

One of them, Weston D. Gardner, M.D., described the evolution in 1961 by writing: "Ever since the founding of Deaconess Hospital, its physicians have demonstrated their acceptance of a principle of their Hippocratic Oath which requires that they will instruct young men who follow them in the profession. Over the years many of these young men have become the mature practitioners of the staff who in turn have assumed leadership in practice and teaching."

It was in 1964, that three young men became the first male students to enroll in the hospital's school of nursing.

The hospitals evolved as training centers for professional and practical nurses, aides and orderlies, interns, residents and then technicians, who worked in unique new areas of service called laboratories and pharmacies and x-ray departments.

The New Technologies
First, there was the microscope. And then, in the early 1900s progressive pioneering hospitals set aside space in a room - perhaps in the basement of the hospital or nurses' residence - for microscopic examination of blood and tissue. And as the value of the information provided by the new tool became evident in the treatment of illness, a whole department of laboratory medicine evolved. Sophistication in new instruments meant there was a need for specially trained physicians to direct and instruct and then to interpret the data provided by a new breed of hospital worker called a technician.

Scientific medicine swept into the new century to cause extraordinary changes in the structure and organization of hospitals. During times of economic prosperity, hospitals spread their wings in order to accommodate new technologies and bulging urban-industrial populations.

The departments of laboratory medicine and x-ray occupied "pivotal positions in the modern hospital, providing the principal facilities for the diagnosis of disease," noted a 1961 Deaconess Hospital "Deacon Lite."

"The quality of work and the quantity of work done here are important measures of the caliber of the institution as a whole and are used as criteria for appraisal by national and state accrediting agencies."

"Whereas years ago a
she started her career in pharmaceutical services. In 1934, Sister Gladys entered the Lutheran Deaconess Motherhouse located at Milwaukee Hospital for instruction and nursing education, and then trained at the University of Wisconsin's College of Pharmacy. After graduating with high honors, she became the first director of the hospital's pharmacy. “At the time, few drugs were available for patient care, and there was some doubt if they needed a full time pharmacist,” she said.

But by the late 1930s and early 1940s, “the sulfa drugs were discovered and widely used . . . . What hadn’t been available to kings or presidents at any price was now available to everyone . . . .” And it was during World War II, that the first antibiotic — penicillin — was developed and used for the wounded soldiers. Its use quickly spread to hospitals in order to help control infections — especially those following surgery.

“Today’s great interdependence and cooperation between surgery and pharmacy had begun.”

Long, complicated surgical procedures were made possible by the additional new array of drugs that became available to the anesthesiologist working in a surgical department made famous by the first chief of staff, Nicholas Senn, and his noted successors to that position, Drs. Harry A. Sifton, Curtis A. Evans, Orville R. Lillie, and Carl W. Eberbach, in whose honor an Eberbach Surgical Professor is named each year at the Medical College of Wisconsin.

Complexities Grow
The Great Depression of the 1930s followed by war in the 1940s crimped hospital growth across the country just when demand for care surged through the general population.
And the war had added additional technologies, specialties and discoveries that to one observer meant: “In modern medicine, the push and feel method of diagnosis has given way to laboratory determination.”

It became increasingly evident that medical knowledge was expanding — like the life span — at a pace never before possible in human history. More people looked to hospitals for more kinds of care.

Progressive hospitals (those that were to survive) needed to house the apparatus and people of evolving technologies, the cost of which had to be added into the budget.
But space was at a premium. And so was professional help. Graduate nurses from the schools of nursing left their "home" hospitals — along with physicians — to serve in military base hospitals throughout the world.

Once again, hospitals turned to their communities for help. Some even began to accept government subsidies in order to support charity care patients — the beginning complexity of government intervention.

But voluntary help from the community was the most precious resource.

Women trained by the Red Cross became Red Cross Nurses' Aides: "To our hospital, as well as to all others, this service is providential; it is a veritable gift from God, sent to us at a time when the steady withdrawal of nurses would bring about a dilemma of far-reaching consequences," reported Administrator Rev. A. H. Schmeuzer, in a 1943 Deaconess Hospital bulletin.

Health Insurance Added
Food was scarce but patients weren't. Milwaukee hospitals were filled to capacity. It was the birth of the "Blues" (Blue Cross and then Blue Shield) in the late 1930s that made hospital care available to middle Americans. Prepaid hospital insurance plans enabled more people to purchase care. The hospitals gained another means of financial support and another layer of financial complexity.

Milwaukee Hospital was one of 5 in the state to sign the Blue Cross application for charter by the State of Wisconsin in 1939. Administrator

The Rev. Herman L. Fritschell, Director of Milwaukee Hospital from 1902 to 1943. Fritschell became a charter member of the Board of Directors of Blue Cross plan in 1939.

Inoculation for a young Milwaukeean in the new 1933 outpatient department of Milwaukee Hospital.

The Deaconess Hospital School of Nursing Class of 1941. During the war years, professional nursing help was at a premium, as graduate nurses left their "home" hospitals to serve in military base hospitals throughout the world.
Herman Fritschell became a charter member of the Board of Directors.

By 1940, an estimated 12,000,000 Americans had some type of health insurance plan. Twenty years later, the number had reached over 130,000,000 and utilization was high. Third party payment for care had “become essential for a sense of security or peace of mind to individual families,” stated the “100th Anniversary History of Milwaukee Hospital.”

An American pattern of hospital use had been set in motion. In 1960, Rev. Schmeuzer had cautioned Deaconess Hospital group plan employees about the “extremely high use of Blue Cross-Blue Shield Plans,” that were jointly paid for by employer and employee.

“Because of extraordinarily heavy utilization on the part of members, our rates for the coming year will be increased. . . .

“I am quite confident that the payments we are asked to make for this health protection are not extravagant. We must, however, plan to use our hospitalization contracts and doctors’ contracts wisely or only when necessary for in so doing we will lower our costs.”

Expansion Time
Costs of operating hospitals rose — like the buildings themselves — during the financial and baby boom following World War II.

By 1945, hospitals were building again — a trend that lasted another two decades. The “Deaconess Spokesman” of 1945 appealed to its church community for a new building, “reasoning that a modern hospital, having all the essential facilities for practically every type of hospital service should have a capacity of at least 200.”

In 1945 “Milwaukee papers [have] called attention to the urgent need for new hospital facilities, pointing out through their editorials that a shortage of one thousand one hundred beds exists in this area.

“All Milwaukee hospitals, for the past few years, have recorded a constant occupancy far in excess of the 80% established by authorities as the maximum for community safety.

“Besides this, a modern aggressive hospital cannot stand still. It is under obligation to the community it serves to move forward with new developments in medicine, methods and techniques.” >

During times of economic prosperity, hospitals spread their wings in order to accommodate new technologies and bulging urban-industrial populations.
In 1945, "Milwaukee papers had called attention to the urgent need for new hospital facilities."

And so, like hospitals across the country, Milwaukee's hospitals tried to catch up to the demand.

It was about this time that the federal government got into the voluntary hospital business by enacting the now famous Hill-Burton Act — pouring money into construction of hospitals that provided care for the indigent and then surveying those hospitals that accepted the money — adding another layer of complexity to an increasingly regulated American institution.

Wrote Dr. Rosenberg: “Despite the intent of some of its advocates, the money provided in this measure for hospital construction was never tied to any commitment as to criteria for such construction or the policies to be followed in institutions built with Hill-Burton funds …”

From the mid 1940s on, the American medical system rose to a pinnacle position in the world.

Hospitals indulged by public pride and government funds met (and then exceeded) demand for growth just about the time the population shifted and started to decline.

It was a period when many general hospitals attempted to provide all available services to all people, including, for some, the increasingly costly clinical training of nurses, physicians and technicians. And to provide the best contemporary care, individual hospitals continued to incorporate the costly new, yet necessary and successful, technologies.

By the mid-1940s hospitals were building again in an effort to fill the shortage of beds. At Deaconess Hospital, in 1953, long-time administrator Rev. A. H. Schmeuezer (flanked on the right by Milwaukee’s Mayor Frank P. Zeidler), dedicated groundbreaking for a new addition.

In 1945, “Milwaukee papers had called attention to the urgent need for new hospital facilities. . . .”

Ground-breaking was a press-worthy occasion in 1953 for the expansion of Deaconess Hospital. This Milwaukee Journal featured photo shows student nurse Barbara Runkel, resident Dr. Brian Pepper and nursing supervisor, Mrs. Freda Inglis.
Complexity Continues

By the mid-1960s the government had shifted emphasis and instead of funding construction, began to pour billions of dollars into new social programs to ensure health care services for the poor and elderly. And with the federally mandated, state-run Medicaid and Medicare programs came the bulging bureaucracy that would monitor hospitals.

About this same time, new local regional health planning agencies, like the 1963 Greater Milwaukee Hospital Area Planning Committee, started suggesting changes.

Evidence of the massive alterations ahead appeared in moves like Deaconess Hospital’s 1969 decision to phase out its obstetrical unit because of the “declining birth rate and a recognized lack of need.” The hospital became “the first in Milwaukee in modern times to eliminate major services in the interest of avoiding duplication of services in the local area.”

The following year, the pediatrics program was closed, and an agreement with across-the-street Milwaukee Children’s Hospital provided for voluntary elimination of costly duplication in the same neighborhood. By that time, Lutheran Hospital had also closed its pediatrics program and, instead, added one of the state’s first cardiac intensive care units.

Other specialized hospital services were strengthened and new programs such as Deaconess Hospital’s treatment for sickle cell disease were added. It was a phenomenon that was taking shape in different forms across the country.

By 1973, Lutheran Hospital had closed its historic 75 year old school of nursing that had granted diplomas to 2,107 nurses. Deaconess Hospital became one of only two private hospitals in Milwaukee to continue operation of a diploma school of nursing.

By 1975, regional planning agencies gained significant clout when the National Health Planning Resource Development Act created Health Systems Agencies across the nation.

The federally mandated agencies required ‘every state to pass a Certificate of Need Law which required each health care institution to get approval of a local agency and the state for expenditures of $117,000 or more,” said Southeastern Wisconsin’s Health System Agency Director, Russell Julian.

And like sticky rolling snowballs, hospitals picked up layers of bureaucratic complexity. They became highly regulated, financially complicated and technologically intense places.

Yet the most basic mission — to care for the sick and injured in the best possible way — had to be met every single day.

By the 1970s, it became increasingly evident that in order to do that job best, many justifiably proud and independent hospitals had to merge. Terms such as “multi-hospital systems” and “shared-services” were now part of the nation’s health care vocabulary.

In 1975, Lutheran Hospital was granted approval by the planning authorities to purchase a magnificent new diagnostic machine — a whole body CT scanner that would be shared with area hospitals.

In 1977, the radiology departments and their accompanying schools of technology at Lutheran and Deaconess Hospitals joined to share services and conserve costs.

In 1979, Lutheran Hospital closed 100 of its 411 beds in order to help reduce Milwaukee’s excess hospital bed situation.

And then, on October 1, 1980, after several years of arduous labor by administrators, board members, medical staffs and business leaders nudged by health planners and challenged by bureaucrats and the press, Milwaukee gave birth to the Good Samaritan Medical Center — offspring of 1863’s Milwaukee Infirmary and 1910’s Evangelical Deaconess Hospital.

Its purpose — to provide the city (and indeed, the state) with a strong, contemporary, teaching hospital that will provide primary care to the community and continue to bring Christian compassion to the healing arts.

The historic signing of merger papers occurred on September 29, 1980 at the office of the Southeastern Wisconsin Health Systems Agency. Pictured (from left) are Harold N. Seemann, John R. Parker, Ralph E. Houseman and Kenneth S. Jamron of the Good Samaritan Medical Center.

Today, as President and Chief Executive Officer, Mr. Jamron faces the challenges of melding the two hospitals into one homogenous health care institution.
Good Samaritan Medical Center
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Photos by Paul Damien
Good Health Starts With
The Basics: Just Ask The
Bucks! Exercise, Rest,
Healthy Diet, Weight
Control, Regular Check-
Ups, Conscientious
Health Care (No
Smoking, Limited
Alcohol), and A Winning
Attitude Toward Life
Mean All Systems Grow —
Go Bucks, Go!

Photos by Paul Damien

Dr. Conrad Heinzelmann and Quinn Buckner

Lois Horne, R.N., and Marques Johnson

Former N.B.A. star and current Buck’s announcer
Jon McGlocklin and Carol Carter, R.T.