

1877 - 1948



Providence Hospital

SEATTLE

INFORMATION BULLETIN

of

PROVIDENCE HOSPITAL

SEATTLE

THE SISTERS OF CHARITY
OF PROVIDENCE

"Caritas Christi Urget Nos"

Prepared by

THE MEDICAL STAFF AND DEPARTMENT HEADS

1 9 4 8

Foreword

The purpose of this Bulletin is to supply information relative to Providence Hospital. Modern hospitalization has made tremendous advances in the past several years, and its ramifications are numerous. The general public, and often the physicians themselves, do not fully realize the entire scope of organization necessary to furnish adequate medical care. It is hoped that this Bulletin, prepared by the Staff and the heads of the departments, will furnish the information desired. In a word, "KNOW YOUR HOSPITAL!"

THE BULLETIN COMMITTEE

Frank J. Leibly, M.D., Chairman

Stephen J. Wood, M.D.

Bruce M. Zimmerman, M.D.

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TO THE MEMBERS OF THE STAFF OF PROVIDENCE HOSPITAL,
Greetings:

Just seventy-one years ago, the Sisters of Charity of Providence began to care for the sick and poor of the then small village of Seattle. Did those who labored in the pioneer years see in vision the lovely city that was to be Seattle and the stately structure crowning one of its hills that was to be our hospital of today? Surely so, for is it not the nature of man to hope and dream and build toward a better, fairer future? As we glance back over the years we view with thankfulness the many tangible proofs of dreams come true, and we are encouraged to hope that in God's good time ours, too, will become reality.

We look at the record for 1947: over fourteen thousand patients admitted; a sharp increase recorded in laboratory and X-ray work; more than twenty-five hundred babies born; nearly twenty-five hundred poor treated at the clinic; and we fully realize the need for still greater expansion and improvement in order that all—doctors, nurses and technicians—may continue the high type of service they here give to suffering humanity.

Some plans have already materialized. A personnel manager and a nursing service director have been added to the staff to insure better service throughout the hospital. Our recently renovated surgeries are a dream come true. The cardiograph department is small, but it is a beginning and it will grow. The acoustone on the corridor ceilings will, we hope, mute the unavoidable noises which accompany hospital activities and give restful days and nights to our patients.

Other changes are in course of being made. Our bookkeeping system is being reorganized. Greatly increased warehouse space is being readied to facilitate service to both patients and personnel. The diet kitchen is next in line for renovation and reorganization, and we believe the result will be vastly improved service.

And, most important of all, we hope that the day may not be too far distant when Providence Hospital will have another building—a new and modern maternity center. Property across the street has already been purchased for the purpose.

We deeply appreciate the fact that your fine work and enthusiasm have played an integral part in the making of Providence Hospital and all it stands for. We know, too, how closely your hopes are allied to our own. We are humbly grateful to Divine Providence for your constant support, and we ask Him to bless you all and to prosper the work He has given us to do.

Most gratefully yours,
SISTER PROVIDENCE OF THE SACRED HEART, F.C.S.P.,
Superior.

To the Staff of Providence Hospital and Its Friends:

This book will tell you of the many activities which make up Providence Hospital. It is your hospital. You can be proud of it, and of your share in making it what it is today.

It has been a privilege to serve as President of your Staff. As your President, may I express my sincere appreciation to Sister Providence, Superior, and to all the Sisters, as well as to the members of the Staff and the nurses, for having so faithfully performed their duties during the year just past.

HAROLD L. GOSS, M.D.
Staff President.

Past Staff Presidents

1920 - 1927	GEORGE M. HORTON, M.D.*
1927 - 1928	PHILIP V. VON PHUL, M.D.
1928 - 1929	U. C. BATES, M.D.
1929 - 1930	HARRY A. SHAW, M.D.
1930 - 1931	WILLIAM ANDERSON, M.D.*
1931 - 1932	GEORGE C. MILLER, M.D.*
1932 - 1933	A. H. PEACOCK, M.D.
1933 - 1934	BRIEN T. KING, M.D.
1934 - 1935	A. J. GHIGLIONE, M.D.
1935 - 1936	P. C. IRWIN, M.D.*
1936 - 1937	I. A. WEICHBRODT, M.D.*
1937 - 1938	JAMES W. MITCHELL, M.D.*
1938 - 1939	R. L. ZECH, M.D.
1939 - 1940	CHARLES SHANNON, M.D.
1940 - 1941	HARRY FRIEDMAN, M.D.
1941 - 1942	H. T. BUCKNER, M.D.
1942 - 1943	H. L. GOSS, M.D.**
	J. K. HOLLOWAY, M.D.**
	R. L. ZECH, M.D.
1943 - 1944	H. E. NICHOLS, M.D.
1944 - 1945	DAVID METHENY, M.D.
1945 - 1946	F. E. FLAHERTY, M.D.
1946 - 1947	I. O. MCLEMORE, M.D.
1947 - 1948	H. L. GOSS, M.D.

*Deceased

**Called to U. S. Army

Medical and Administrative Personnel—1947-1948

MEDICAL STAFF OFFICERS

President of Staff	HAROLD L. GOSS, M.D.
President-Elect	ROBERT F. FOSTER, M.D.
Secretary-Treasurer	EDWARD B. SPEIR, M.D.
Immediate Past President	IRA O. McLEMORE, M.D.

DEPARTMENT HEADS

Medical Records	ALEXANDER H. PEACOCK, M.D.
Internal Medicine	ROBERT F. FOSTER, M.D.
Cardiology	ROBERT F. FOSTER, M.D.
General Surgery	RAYMOND L. ZECH, M.D.
Anesthesiology	GORDON A. DODDS, M.D.
Obstetrics and Gynecology	HENRY V. BORIES, M.D.
Eye, Ear, Nose and Throat	LELAND L. BULL, M.D.
Urology	JACK N. NELSON, M.D.
Orthopedics	HUBBARD T. BUCKNER, M.D.
Pediatrics	WALLACE D. HUNT, M.D.
Laboratory	DAVID G. MASON, M.D.

COMMITTEE CHAIRMEN

Intern and Resident Committee	IRA O. McLEMORE, M.D.
Program Committee	DAVID G. MASON, M.D.
Credentials Committee	DAVID MATHENY, M.D.
Record Committee	ALEXANDER H. PEACOCK, M.D.
Medical Staff Library Committee	AUSTIN B. DeFREECE, M.D.
Committee on Orderlies	JACK N. NELSON, M.D.

ADMINISTRATIVE STAFF

Superintendent	SISTER PROVIDENCE of S.H., R.N.
Assistant Superintendent	SISTER CALLISTA, R.N.
Roentgenologist	HAROLD E. NICHOLS, M.D.
Pathologist	DAVID G. MASON, M.D.
Surgery Supervisor	SISTER BARBARA ELLEN, R.N.
Directress of School of Nursing	SISTER ELIZABETH CLARE, R.N., B.S.
Dean, Seattle University School of Nursing	NAZLEH VIZETELLY, R.N., M.A.
Assistant Director of Nursing Education	HELEN LEAVITT, R.N., B.S.
Medical Record Librarian	SISTER PETER OLIVAINI, R.N., R.R.L.
Dietitian	MRS. RUTH WILLIAMS, B.S., A.D.A.
Physical Therapist	ELLEN LUNDSTROM
Pharmacist	SISTER MARY JANVIER, Ph.R.
Director of Nursing Service	MARGARET NEAL, R.N.
Business Office	SISTER MARY CAROLINE
Pay Roll Office	MRS. ROSE LEADLEY
Personnel Director	MR. TOM DRUMMEY
Admitting Office	SISTER CALLISTA, R.N.
Purchasing Office	MOTHER ANNE PHILOMENA, R.N.
Director of Diabetic Clinic	JAMES M. BOWERS, M.D.

ST. VINCENT DE PAUL CLINIC

Advisory Board	RAYMOND L. ZECH, M.D.; FRANCIS E. FLAHERTY, M.D.
Clinic Manager	NINA CARTON

Clinical Committees

AUDITING COMMITTEE:

Dr. Wallace Hunt, Chairman
Dr. Henry V. Bories
Dr. G. S. Carroll

CREDENTIALS COMMITTEE:

Dr. David Metheny, Chairman
Dr. H. J. Friedman
Dr. F. J. Leibly

RECORD COMMITTEE:

Dr. A. H. Peacock, Chairman
Dr. J. M. Bowers
Dr. S. J. Wood

INTERN and RESIDENT COMMITTEE:

Dr. I. O. McLemore, Chairman
Dr. D. G. Mason
Dr. J. K. Martin

LIBRARY COMMITTEE:

Dr. A. B. DeFreece, Chairman
Dr. A. H. Peacock
Dr. J. M. Bowers
Dr. S. J. Wood
Dr. K. C. Whyte

JOURNAL CLUB:

Dr. K. C. Whyte

PROGRAM COMMITTEE:

Dr. D. G. Mason, Chairman
Dr. K. E. Hynes
Dr. R. F. Foster
Dr. J. K. Holloway
Dr. Ed. Case

MEDICAL COMMITTEE:

Dr. R. F. Foster, Chairman
Dr. J. K. Martin
Dr. J. M. Bowers
Dr. K. E. Hynes

PEDIATRICS COMMITTEE:

Dr. Wallace Hunt, Chairman
Dr. Don Evans
Dr. W. B. Seelye
Dr. L. Bradford Ostrum

GENERAL SURGERY COMMITTEE:

Dr. R. L. Zech, Chairman
Dr. J. K. Holloway
Dr. E. B. Speir

UROLOGY COMMITTEE:

Dr. J. N. Nelson, Chairman
Dr. A. H. Peacock

E. E. N. T. COMMITTEE:

Dr. L. L. Bull, Chairman
Dr. F. H. Wanamaker
Dr. Julius Weber

ORTHOPEDECS COMMITTEE:

Dr. H. T. Buckner, Chairman
Dr. B. E. McConville
Dr. I. O. McLemore

OBSTETRICAL COMMITTEE:

Dr. H. V. Bories, Chairman
Dr. R. A. Maves
Dr. John Clancy
Dr. Charles Shannon

TUMOR CLINIC COMMITTEE:

Dr. F. E. Flaherty, Chairman
Dr. H. E. Nichols
Dr. D. G. Mason
Dr. James Blackman

ANESTHESIA COMMITTEE:

Dr. R. L. Zech, Chairman
Dr. L. J. Rosellini
Dr. F. E. Flaherty

COMMITTEE ON

GENERAL PRACTICE:

Dr. B. T. Fitzmaurice, Chairman
Dr. K. C. Whyte
Dr. J. O. Milligan
Dr. K. R. Drewelow

COMMITTEE ON ORDERLIES:

Dr. J. N. Nelson, Chairman
Dr. F. J. Leibly
Edith Heinemann, R.N.

Intern and Resident Roster

1947 - 1948

INTERNS

MARTIN BERGER, M.D.	University of Oklahoma
RAYMOND J. CLARK, M.D.	St. Louis University
WILBUR J. DUGAW, M.D.	Marquette University
WILLIAM S. EDGECOMB, M.D.	University of Buffalo
KEITH G. FOSTER, M.D.	Marquette University
JAMES D. LAYMAN, M.D.	St. Louis University
JOHN H. MCNEIL, M.D.	University of Illinois
LAWRENCE F. NELSON, M.D.	University of Illinois
JOHN D. O'HOLLAREN, M.D.	University of Oregon
THOMAS K. TERRELL, JR., M.D.	University of Buffalo

RESIDENTS

- FREDERICK L. BURROWS, M.D., Resident in Medicine, Creighton University.
- RAYMOND F. HAIN, M.D., Resident in Pathology, Jefferson Medical College.
- EINAR HENRIKSEN, M.D., Resident in Orthopedics, Long Island College of Medicine.
- FRANKLIN L. MURPHY, M.D., Resident in Obstetrics and Gynecology, University of Kansas.
- CALHOUN REGER, M.D., Resident in Surgery, University of Colorado.
- J. WILLIAM EBERT, JR., M.D., Resident in Surgery, Creighton University.

Intern and Resident Roster

1948 - 1949

INTERNS

JAMES A. CHRISTENSEN, M.D. Hahneman Medical College
ROBERT L. ROMANO, M.D. St. Louis University
ROBERT P. SPURCK, M.D. St. Louis University
LAWRENCE H. TARTE, M.D. Creighton University
CLEMENS W. VAN ROOY, M.D. St. Louis University
JESSE L. YARBRO, M.D. University of Oklahoma

RESIDENTS

JAMES L. McDONALD, M.D., Chief Resident in Surgery, St. Louis University.
MARTIN BERGER, M.D., Assistant Resident in Surgery, University of Oklahoma.
WILLIAM J. STAPLETON, M.D., Assistant Resident in Surgery, St. Louis University.
WALTER KIMBALL, M.D., Resident in Orthopedics, Harvard University.
ROBERT J. LOWDEN, M.D., Resident in Obstetrics and Gynecology, Marquette University.
RAYMOND L. CLARK, M.D., Resident in Pathology, St. Louis University.
ROBERT E. BAIRD, M.D., Chief Resident in Medicine, George Washington University.
KEITH G. FOSTER, M.D., Assistant Resident in Medicine, Marquette University.
JOHN H. McNEIL, M.D., Assistant Resident in Medicine, University of Illinois.

Intern and Resident Service

THE FIRST house physician was appointed to Providence Hospital in 1912. He was both hospital anesthetist and laboratory director. The house staff has gradually increased from one member to sixteen. Since the inauguration of an intern and resident service, 137 interns and 24 resident physicians have been trained at the hospital.

Providence Hospital was approved by the American Medical Association in 1906 and by the American College of Surgeons in 1920. Approval for a full one-year rotating internship granted in 1928, was followed in 1945 by approval for resident training in the following services: General Surgery, one year; Internal Medicine, two years; Obstetrics and Gynecology, one year; Orthopedics, one year; and Pathology, three years. Beginning in July, 1948, a three-year resident training program in Orthopedics will be inaugurated in affiliation with the University of Washington School of Medicine. This resident program is set up in affiliation with other Seattle hospitals, and consists of adult and child Orthopedic Surgery, Traumatic Surgery and Basic Science. These are the essential requirements for admission to examination by the American Board of Orthopedic Surgeons, Inc.

Likewise, an educational program in General Surgery, Medicine, Obstetrics and Gynecology, and Pathology has been instituted and accepted by the various other specialty boards. In general, service in the hospital is divided into two sections, General Surgery and Internal Medicine. The head of each section is a qualified board member. The rotating internships cover specialties such as Orthopedics, Obstetrics and Gynecology, Pediatrics, General Medicine, General Surgery, and the various other specialties of surgery. In addition, the hospital is affiliated with Firland Sanatorium for chest diseases.

Facilities for intern education have been quite well developed. They consist of weekly clinical pathological conferences, X-ray interpretations, journal clubs, clinical ward rounds, and monthly staff meetings. An active interest in the weekly clinical pathological conferences, as well as other clinical meetings, is encouraged. Members of the resident staff are encouraged to present at least one paper to the general staff meeting during their calendar year of service. The intern and resident staff is selected from the recognized medical schools. Upon presentation of proper credentials as to scholarship and personal character they are appointed by the Committee on the Intern and Resident Staff for a period of one year, commencing July 1.

The Journal Club

THE JOURNAL CLUB had its inception in 1942. Its purpose is to bring to the attention of the intern and resident staff the newer trends in medicine, as gleaned from current medical publications. The club encourages its members to delve into the voluminous medical literature, and to present some of their interesting findings in discussion and panel groups. The more recent publications are recommended, so that the latest advances in the field may be reviewed. Following each presentation, there is free discussion by the group, and sometimes a member of the hospital staff who is particularly interested in the topic contributes further information on the subject.

Each year, when the incoming interns and residents join the club, topics are either assigned to each or selected by the members themselves. The meetings are held on the second and fourth Thursdays of each month. During the years 1946-1948, Dr. Kenneth Whyte, as moderator, has capably directed the work. Present plans are for an active continuance of the club, with full participation by the 1948-9 resident staff.



Consulting Staff

ACCORDING TO SPECIALTIES

GENERAL SURGERY:

Dr. Howard B. Kellogg
Dr. Edward B. Speir
Dr. Raymond L. Zech
Dr. David Metheny

NEUROSURGERY:

Dr. S. N. Berens
Dr. Paul G. Flothow
Dr. Donald E. Stafford

OTOLARYNGOLOGY:

Dr. Joseph L. Ash
Dr. Julius A. Weber

OPHTHALMOLOGY:

Dr. Harold L. Goss
Dr. Carl D. Jensen

PLASTIC SURGERY:

Dr. Edward O. Schreiner

UROLOGY:

Dr. Jack N. Nelson
Dr. Alexander H. Peacock

GOITER:

Dr. Albert J. Bowles
Dr. Brien T. King

ORTHOPEDICS:

Dr. H. T. Buckner
Dr. Ira O. McLemore

OBSTETRICS AND GYNECOLOGY:

Dr. Henry V. Bories
Dr. John Clancy
Dr. Charles D. Shannon

PATHOLOGY:

Dr. David G. Mason

RADIOLOGY:

Dr. Harold E. Nichols

INTERNAL MEDICINE:

Dr. James M. Bowers
Dr. Robert F. Foster (cardiology)
Dr. Harry J. Friedman (cardiology)
Dr. Kyran E. Hynes
Dr. Frank J. Leibly
Dr. John K. Martin
Dr. Joseph J. Reilly
Dr. K. K. Sherwood (arthritis)
Dr. Bruce M. Zimmerman
(arthritis)

ALLERGY:

Dr. James Stroh

PEDIATRICS:

Dr. Wallace D. Hunt
Dr. Armin Rembe
Dr. F. W. Rutherford (surgery)

The Staff of Providence Hospital

THE STAFF of Providence Hospital is composed of 338 members, of whom 14 are on the honorary staff, 65 on the active staff, 74 on the associate staff, and 185 on the courtesy staff. They may be divided roughly into the following groups of specialties:

General Surgery 57	Hand Surgery 2
Neurological Surgery 10	Internal Medicine 42
Obstetrics and Gynecology 26	Cardiology 2
Ophthalmology 10	Allergy 2
Otorhinolaryngology 10	Dermatology and Syphilology 3
Orthopedics 13	Disease of Lungs 4
Plastic Surgery 3	Neuropsychiatry 7
Proctology 6	Pediatrics 27
Thoracic Surgery 1	Anesthesiology 8
Urology 15	Pathology 1
Coiter Surgery 2	Radiology 4

The remaining staff men are general practitioners, although many have had special training in one or other specialty and place particular stress on it in their practice. The consulting staff is made up of 36 members of the active staff. A creditable number of the men are Fellows of the American College of Surgeons or the American College of Physicians, and are also American Board diplomates of specialties.

☆ ☆ ☆

The Administrative Staff for 1947:

DR. H. L. GOSS, <i>President</i>	
DR. R. F. FOSTER, <i>President-Elect</i>	
DR. E. B. SPEIR, <i>Secretary-Treasurer</i>	
DR. I. O. MCLEMORE	} <i>Executive Committee</i>
DR. F. E. FLAHERTY	
DR. R. L. ZECH	
DR. H. E. NICHOLS	

Honorary Staff

Bates, U. C., M.D.
Calhoun, Grant, M.D.
Carroll, Francis M., M.D.
Chase, E. Frank, M.D.
Crockall, Arthur C., M.D.
Durand, J. I., M.D.
Godfrey, John E., M.D.
Hutchinson, Joseph L., M.D.
Jones, Everett O., M.D.
Lyon, Richard H., M.D.
Shaw, Harry A., M.D.
Thomas, James S., M.D.
Von Phul, Phillip V., M.D.
Wiltsie, Sberald F., M.D.

Active Staff

Ash, Joseph L., M.D.
Balle, Alfred L., M.D.
Benshoof, J. A., M.D.
Berens, Sylvester N., M.D.
Bories, Henry V., M.D.
Bowers, James M., M.D.
Bowles, Albert J., M.D.
Buckley, Michael J., M.D.
Buckner, Hubbard T., M.D.
Bull, Leland L., M.D.
Clancy, John, M.D.
DeFreece, Austin B., M.D.
Dorland, Edison G., M.D.
Fitzmaurice, Bertrand T., M.D.
Flaherty, Francis E., M.D.
Flothow, Paul G., M.D.
Foster, Robert F., M.D.
Friedman, Harry J., M.D.
Goss, Harold L., M.D.
Grinstein, Alexander, M.D.
Hanson, A. George, M.D.
Holloway, Jackson K., M.D.
Hunt, Wallace D., M.D.
Hynes, Kyran E., M.D.
Jensen, Carl D., M.D.
Kellogg, Howard B., M.D.
King, Brien T., M.D.
Leibly, Frank J., M.D.
MacCamy, Edwin T., M.D.
Martin, John Kay, M.D.
Mason, David G., M.D.
Maves, Robert A., M.D.
Maxson, Frank T., M.D.
McConville, Bernard E., M.D.
McKibbin, Wilbur B., M.D.
McLemore, Ira O., M.D.
Metheny, David, M.D.
McMahon, William A., M.D.
Meyers, Henry J., Jr., M.D.
Minkove, Samuel J., M.D.
Nelson, Jack N., M.D.
Nichols, Harold E., M.D.
O'Hollaren, Paul F., M.D.
Ostrom, L. Bradford, M.D.
Peacock, Alexander H., M.D.
Reilly, Joseph J., M.D.
Rembe, Armin, M.D.
Rosellini, Leo J., M.D.
Rutherford, Fred W., M.D.
Schoolnik, Max L., M.D.
Schreiner, Edward O., M.D.
Senecal, Clifford, M.D.
Seth, Raymond E., M.D.
Shannon, Charles D., M.D.
Sherwood, K. K., M.D.
Shiach, John M., M.D.
Speir, Edward B., M.D.
Stafford, Donald E., M.D.
Stroh, James, M.D.
Wanamaker, Frank J., M.D.
Weber, Julius, M.D.
Whyte, Kenneth G., M.D.
Wood, Stephen J., M.D.
Zech, Raymond L., M.D.
Zimmerman, Bruce M., M.D.

Associate Staff

Addington, Ercell A., M.D.
Allen, R. D., M.D.
Allen, Ralph E., M.D.
Battle, James F., M.D.
Berard, William P., M.D.
Billington, Sherod M., M.D.
Brown, J. Harold, M.D.
Burgess, Ernest M., M.D.
Callahan, John J., M.D.
Carroll, Gerhard S., M.D.
Case, Edward F., M.D.
Clein, Norman W., M.D.
Codling, John W., M.D.
Collins, John D., M.D.
Corkle, Robert F., M.D.
Crystal, Dean K., M.D.
Docter, Jack M., M.D.
Dodds, Gordon A., M.D.
Downie, Kenneth E., M.D.
Drew, John H., M.D.
Drewelow, Kenneth R., M.D.
Eggers, Harold E., Jr., M.D.
Evans, Donald G., M.D.
Evoy, Matthew H., M.D.
Fine, Chas. S., M.D.
Foley, Wm. J., M.D.
Geraghty, Thos. D., M.D.
Gateley, John R., M.D.
Godefroy, Wm., M.D.
Gregg, Ralph L., M.D.
Gray, A. Bernard, M.D.
Hillman, Van Kirk, M.D.
Hoffman, Walter F., M.D.
Hutchinson, J. Carl, M.D.
Jaquette, Wm. A., Jr., M.D.
Korey, Herman G., M.D.
LeGrand, Joseph B., M.D.
Lehmann, John H., M.D.
Lindahl, Wallace W., M.D.
Luke, Henry S., M.D.
Lundmark, Vernon O., M.D.
Lundy, L. Fred, M.D.
MacKay, Hunter J., M.D.
Mackenbrock, Fred C., M.D.
MacKinnon, John M., M.D.
McDermott, John P., M.D.
McDermott, Joseph A., M.D.
McElmeel, Eugene F., M.D.
McMahon, Francis H., M.D.
Milligan, John O., M.D.
Mills, Dolores D., M.D.
Murphy, N. Patrick, M.D.
Murphy, Norman W., M.D.
Narodick, Phillip H., M.D.
Noonan, Clayton T., M.D.
Pearce, Earl B., M.D.
Phillips, James Y., M.D.
Pinkham, Roland D., M.D.
Powell, Archie C., M.D.
Riley, John B., M.D.
Rood, Robert L., M.D.
Scheer, Cire C., M.D.
Shigaya, Paul S., M.D.
Spickard, Warren B., M.D.
Suzuki, M. Paul, M.D.
Templeton, F. E., M.D.
Voegtlin, Walter L., M.D.
Vandivert, W. W., M.D.
Wagner, Clyde L., M.D.
Wangeman, Clayton P., M.D.
Weinstein, Wm., M.D.
Wood, Quentin L., M.D.
Wotherspoon, Gordon, M.D.
Yunck, Wm. P., M.D.

Courtesy Staff

Altose, Alexander R., M.D.
Anderson, O. William, M.D.
Aronson, Samuel F., M.D.
Bannick, Edwin G., M.D.
Bell, Allan B., M.D.
Benz, Richard I., M.D.
Bill, Alex H., M.D.
Bingham, Harvey D., M.D.
Birchfield, Geo. I., M.D.
Birkeland, Ivar W., M.D.
Blackman, James, M.D.
Boisseau, David Wm., M.D.
Briggs, Natalie M., M.D.
Brookbank, Earl B., M.D.
Brown, Walter S., M.D.
Broz, William R., M.D.
Bruenner, Bertram F., M.D.
Burns, Keith G., M.D.
Camber, Robert L., M.D.
Campbell, M. Madison, M.D.
Campbell, Robert A., M.D.
Chesley, Ward B., M.D.
Chew, Eric M., M.D.
Clark, John A., M.D.
Coe, Herbert E., M.D.
Cohn, Isadore M., M.D.
Converse, Earl W., M.D.
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Duncan, William R., M.D.
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Mullen, Bernard P., M.D.
Nattinger, John K., M.D.
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Newsom, Bryan, M.D.
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Norgore, Martin, M.D.
Nuckols, Hugh H., M.D.
Ohman, Albert C., M.D.
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Shannon, Clarence, M.D.
Shaw, Joseph Wm., M.D.
Skubi, Kazimer B., M.D.
Slyfield, Frederick, M.D.
Smith, R. Philip, M.D.
Sparkman, Donald R., M.D.
Standard, James F., M.D.
Stobie, Robt. E., M.D.
Stolzheise, Ralph M., M.D.
Stroud, Carl W., M.D.
Stusser, Samuel, M.D.
Sweet, Ralph L., Jr., M.D.
Templeton, Helene M., M.D.
Tennant, Raymond E., M.D.
Thomas, Gerald F., M.D.
Tidwell, Robert A., M.D.

PROVIDENCE HOSPITAL

1877 - 1948

WHEN THE youthful Father Kauten decided to put in his bid for the care of the county poor, away back in 1877, little did he dream that he was tracing the first page of the annals of the future Providence Hospital. In response to his appeal, three Sisters of Charity of Providence from Vancouver, Washington, arrived in Seattle on May 3, to take over the care of the sick and indigent in the new Poor House just being completed on the county farm in Georgetown. They were Sister Blandina of the Angels, Superior; Sister Peter Claver and Sister Mary Aegidius. The Sisters were destined, however, to spend only fourteen months at this first scene of activity. The works of charity at the farm received little encouragement and less support from the citizens, and the Sisters had to suffer much from religious bigotry and from the lack of leadership among the small Catholic population.

On April 25, 1878, Mother Praxedes and Mother Joseph of the Sacred Heart visited the Sisters. It was evident to them that the Sisters had need of more commodious quarters and of a wider field for their zeal. Before returning to Vancouver, they made arrangements for the purchase of the old Moss residence on Fifth and Madison. The property comprised four lots, 120 by 240 feet, and they paid \$5,000 for it from their own funds. The original residence, a story and a half high and forty feet square, contained six rooms. An addition, sixty feet long and twenty feet wide, provided accommodations for thirty-five patients. On July 27, 1878, the three Sisters with four patients left Georgetown for their new home. The hospital continued to be referred to as the "Poor House," and it soon became apparent that unless the name was changed, no person able to pay for medical services would come to the institution. It was Judge Amasa Miller, a non-Catholic friend, who suggested the name "Providence;" and one bright morning the Lynch brothers, Tim and Joe, nailed the caption PROVIDENCE HOSPITAL over the front door. Thus did the present institution come into being.

From this point on, the story is one of steady expansion, which will simply be touched on here, since an account of the first fifty years appears in more or less detail in the *Golden Sheaf*, published at the time of the Golden Jubilee in 1927. By 1882, the Sisters owned the entire block, 240 by 256 feet (including the 16-foot alley), bounded by Fifth and Sixth Avenues and Spring and Madison Streets. The first permanent hospital building

was begun on May 3, 1882. It was a frame structure, three stories and basement, fronting one hundred feet on Spring Street and ninety feet on Fifth Avenue. It could accommodate seventy-five patients, making a total, with the old section, of one hundred five beds. Additions were constructed in 1887, 1888, 1893 and, finally, in 1901, the building affectionately known as the "old Providence" became complete. When the streets were graded, full-size windows were put in the basement, thus making the building four full stories. The hospital faced Fifth Avenue with a frontage of 210 feet; the wing running along Madison Street was 240 feet long, and that along Spring 120 feet. Above the main entrance was a steeple eighty feet high surmounted by a cross. According to the *Chronicles of 1902*, the building could accommodate one hundred eighty patients.

It was not many years before plans for building were again afoot. This time it was to be a modern fireproof structure. The site selected is bounded by Seventeenth and Eighteenth Avenues and Jefferson and Cherry Streets; six hundred by three hundred feet. The Deed dated September 16, 1907, gives the price as \$120,000. In October, 1907, Mother Vincent Ferrier, destined to become Superior within a few months, and Sister Macarius, who was to oversee the building, visited New York, Boston, Philadelphia and Chicago to inspect leading hospitals, in order that the new Providence might benefit of all modern ideas. Lack of funds and the seeming impossibility of securing a loan from local sources retarded construction. On January 26, 1909, the Sisters began fervent prayers for help, and a few days later Bishop O'Dea called to say that he had just received an unexpected offer of a loan from Holland. The Sisters thankfully accepted the offer of the *Amsterdamsch Trustees' Kantoor*, and placed a mortgage of \$250,000 on the Fifth and Madison Street property. Later on, a mortgage of \$400,000 in favor of the same company was given on the new building. The *Pacific Builders and Engineers* of April 3, 1909, announced the issuance of the building permit for \$750,000, the largest permit issued in the City of Seattle up to that time. The cornerstone was blessed by Right Reverend Edward John O'Dea only after the work was quite advanced, on May 1, 1910. The building was completed on September 1, 1911. The floors opened for immediate use accommodated one hundred seventy-five beds.

It is now twenty-one years since Providence Hospital celebrated the Golden Jubilee of its foundation. The babies born in that year—1927—have this year come of age. 1927 also saw the new nurses' home completed and occupied—the fulfillment of a long-felt need. The transfer of nurses from quarters in the hospital increased its patient capacity.

In 1929 much new and costly equipment was installed in kitchen and power-house. The close of 1929 brought a steadily increasing bread line to the kitchen door. Many doctors, patients and other friends, who saw

this sad evidence of economic catastrophe, came forward generously with assistance.

On Christmas Day of 1932, death claimed a greatly loved friend and adviser of many years, the Most Reverend Edward John O'Dea, Bishop of Seattle. He was succeeded the following year by the Most Reverend Gerald Shaughnessy.

The depression year of 1933 found the Sisters again deep in the debt of many doctors and other friends, as the Sisters prayed and their friends labored—and with success—that Senate Bill 219 might be passed exempting the hospital, as a charitable institution, from taxation.

On September 9, 1936, the Silver Jubilee of the new Providence Hospital was celebrated. At the banquet given for the doctors, music was furnished by a harpist, Mary Providence Thomas. It was her birthday; twenty-five years before, she had been the first baby born in the new hospital.

Two years later the present admitting office was opened. In 1939, the X-ray department was enlarged and completely renovated. In April of the same year, the pediatric department was opened. At this time, also, the laboratory facilities were enlarged and new equipment was added.

The new Providence Annex was completed and occupied in 1940. The interns have comfortable quarters on the second floor, while the first floor serves for sewing rooms and central linen storage. The need for additional space for patients was met by remodeling the north wing of the first floor, until then used as interns' quarters. This space gave thirty additional beds for medical patients.

The year 1940 was also marked by the lowering of war clouds—a time of anxiety for all; but, perhaps, especially so for hospitals. On March 7, the hospital had its first blackout—a great success, but an added source of strain for already overworked personnel. The earlier months of 1941 brought no relief—rather, increasing tension—until on December 7, 1941, came Pearl Harbor, and war! The years that followed saw a steady depletion in the number of doctors and nurses, as they responded to the call of Country. The patient census constantly mounted. These years witnessed increasing difficulty in maintaining high standards of patient care. The situation was eased to some extent by the Cadet Nurse Corps, which brought large numbers of young recruits. The departure of the older and experienced staff, however, was only more keenly felt; they were needed not only for patient care, but also for the proper training of the young cadets. However, as always, Divine Providence gave support and comfort, until finally the news of victory brought earnest thanksgivings to the Prince of Peace.

During the war years, equipment and supplies were hard to get; nevertheless, the hospital was fortunate in being able to make certain additions

which helped to compensate for lack of personnel as well as to improve patient care. Two automatic elevators installed in 1941 greatly facilitated transportation and were invaluable time-savers. Increased demand for beds led to the removal of the morgue from the first floor north wing. New equipment was added to the X-ray, laboratory and physical therapy departments.

In 1942, the increase in personnel called for expansion in both dining room and kitchen facilities. It took a number of changes to meet this war-time need. A special diet kitchen was opened to handle all the special diet trays. The tea room was opened on the ground floor of the nurses' home. A bakery was built on the court adjoining the main kitchen. The student nurses' dining room was renovated and completely fitted up with modern cafeteria service.

The formal opening of the reorganized St. Vincent de Paul Clinic was held on March 5, 1943, in a suite of offices furnished by the hospital. Free hospitalization for those patients in need of such is provided by Providence Hospital, but the project is administered by the Catholic Children's Bureau. This year brought a generous gift from Dr. H. E. Nichols—a roentgen machine for chest X-rays. This year, also, the first class of cadet nurses entered the training school. 1943 was the centenary year of the Institute of the Sisters of Charity of Providence; and, hard-pressed though they were, they did take time to celebrate and render gratitude to God.

November, 1945, witnessed the arrival of the personnel manager, and the installation of a time clock to facilitate the preparation of the monthly payrolls. During this year, the central supply room was equipped. The last day of 1945 brought the lamented death of Mother Vincent Ferrier, foundress of the new Providence Hospital and its beloved superior for many years.

In August, 1946, the present Administrator, Sister Providence of the Sacred Heart, assumed the duties of her office.

In 1947, property on the east side of Eighteenth Street opposite the hospital was purchased as the future site of a proposed maternity unit.

February, 1948, saw the completion of the renovation of the operating rooms, including the addition of two major and two minor surgeries, a doctors' rest room, a cardiograph room and enlarged quarters for physiotherapy.

Providence Hospital now has accommodations for three hundred fifty-seven patients, in addition to seventy-two bassinets for the newborn. Providence Hospital was approved by the American Medical Association in 1906, and by the American College of Surgeons in 1920. Since then, the hospital has also received approval for resident and intern training in the various services. Providence Hospital is an active institutional member of the American Hospital Association.

Providence School of Nursing

IN THE YEAR of 1907 seventeen Sisters of Charity of Providence were graduated from Providence Hospital and were registered as nurses in the State of Washington. Up to that time all the nursing in the hospital had been done by Sisters trained for the service. It became apparent, however, that more help would be needed in order to continue good nursing care for the ever-increasing number of patients who were finding their way to the hospital. The administration, therefore, decided to admit selected groups of young women for training in the care of the sick. The first class of twenty-four entered in 1907 and was graduated in 1910. Since that time 1,078 young women have joined the ranks of graduate nurses from the classrooms and wards of Providence.

In 1923 the Providence School of Nursing affiliated with the University of Washington for instruction in certain of the science courses. This affiliation was strengthened in 1934 to place the entire nursing education program on a collegiate basis, leading to a degree of bachelor of science in nursing. The first class to finish under this program received their degrees in 1937. About this time the same type of affiliation was arranged with Seattle College and for a few years students were permitted to select their collegiate affiliation. However, beginning with the class of 1941, all degrees have been granted by Seattle College, and as a consequence, the school became known as Seattle College School of Nursing—Providence Division. Affiliation with the University of Washington is still carried for some courses.

War, in 1941, brought a greater demand for nurses for both the armed services and civilian needs. In response to the urgent request of the United States government for acceleration of the nursing education programs to meet unprecedented demands, it was decided once again to admit three-year classes to Providence. The first of these, called Victory classes, entered in June of 1943.

The U. S. Public Health Service was designated as the agency to administer the Bolton Act passed by Congress July 1, 1943. This Act created the United States Cadet Nurse Corps. Providence was one of the participating schools from the inception of the Cadet Corps, and has graduated 377 cadets under this accelerated program. The last of these students will be graduated in September, 1948. At the time of its inauguration in the school, some students transferred from the collegiate to the three-year

program so that they might be more quickly available for service in the national emergency. However, throughout the war years both programs were carried on at Providence.

Owing to the continued shortage of nurses, Providence is still carrying groups of diploma students, as well as those in the degree courses. The diploma course has been reorganized, however, to cover three and one-half years and grant two full years of college credit. The ordinary three-year course has always been evaluated as the equivalent of only one year, or less, of college work. Consequently, the reorganized course offers a distinct advantage to the student who is unable to afford the straight degree course but who hopes eventually to secure a degree.

Students of the Seattle College School of Nursing—Providence Division—affiliate through the University of Washington at Children's Orthopedic Hospital in Seattle for pediatrics, at Firlands for tuberculosis nursing, at Northern State Hospital, Sedro-Woolley, for psychiatric nursing, and with the Seattle Visiting Nurse Association for practice in health service in the family. On the other hand, Providence Hospital extends opportunity to affiliate in pediatric nursing to students from Providence School of Nursing of Everett, St. Peter's School of Nursing of Olympia, and Mercy School of Nursing of Nampa, Idaho.

Providence Nurses' Home was built twenty-one years ago and is still a modern home, comfortable and well equipped. It accommodates two hundred twenty-five students, some in double rooms, but most of them in single rooms. It has every facility for modern dormitory life and has withal a homelike atmosphere. There are adequate classrooms and offices, an auditorium, a gymnasium and an excellent library.

Sister Elizabeth Clare is Directress of the Training School. The resident student body is organized for purposes of its own government and to plan the program of activities for a well-rounded social life. Through the efforts of Dr. Helen Werby, Professor of Biology at Seattle University, Nu chapter of the Alpha Tau Delta, national nursing honorary society, was formed in June of 1945. This sorority replaced Alpha Mu, which had become inactive at the college. Scholastic standards for pledges are set at a three-point average to be maintained throughout the course.

Providence Alumnae Association was organized in 1914. Its members are found in all parts of this country and in some foreign lands. They are also found in all of the many fields now open to nurses. They have always been represented in the armed services in times of peace, and they served in large numbers during both World Wars. Providence is proud of its graduates, and they, in turn, are proud to be known as Providence graduates. May it always be thus!

Nursing Service Department

A LARGER DAILY census and more rapid turnover of patients, together with the development of many new scientific methods of treatment, have made the problem of good nursing care increasingly important. Add to this the present difficulty in securing a sufficient number of good nurses and the consequent necessity for employing various categories of non-professional personnel for bedside service, and it will be readily understood that the direction of nursing service has become a complex problem. In July of 1947, the administration of Providence Hospital, in order to secure better co-ordination between departments and more efficient organization of the nursing service, employed Miss Margaret Neal as full-time director for this department and made the planning for these objectives her responsibility.

The Director of Nursing Service is directly responsible to the superintendent of the hospital for securing a sufficient number of well qualified personnel to provide a good quality of service and to recommend changes for more effective service. She is also responsible for interpretation of policies to the various nursing personnel and for developing and maintaining a program of staff education and, where needed, of in-service training.

To co-ordinate the program of the school of nursing with that of her department, she attends faculty meetings and works closely with the clinical co-ordinator and the clinical instructors. She is expected to provide sufficient graduate staff nurses in the various departments of the hospital to assure stabilization of the service itself, as well as of the program of the school. It is also the function of this department to provide adequate supervision for students of nursing who render varying amounts of service in the process of learning.

The number of graduate nurses employed in this hospital varies between one hundred forty-four and one hundred fifty-five. In addition to these, there are twelve on the faculty staff. The monthly turnover among staff nurses is about seven to ten, computed on a yearly basis.

The special qualifications required of a nurse for employment in Providence Hospital are based upon the responsibilities to be placed upon her. She must be graduated from an accredited school of nursing and be registered to practice nursing in the State of Washington. All appointments

are made following personal interviews. The selection is determined by educational and personal qualifications, special training and experience. Salary scales and hospital policies for registered nurses are those approved by the Seattle Hospital Council.

Health service for graduate staff nurses is being developed. At the present time they are given a chest X-ray, routine blood examination and urinalysis when they join the staff.

Record Committee

UNDER THE CHAIRMANSHIP of Dr. A. H. Peacock, thirteen meetings were held during the past year. Various rulings made resulted in better records. Summaries of all cases are to be made by interns. Diagnoses are to be coded by the interns, using the terminology of the *Standard Nomenclature of Diseases*. A summary form was adopted and has been in use during the past year. At the September meeting, Dr. F. L. Burrows gave a talk on how to use the *Standard Nomenclature of Diseases*, with special reference to syndromes and manifestations, stressing the importance of complete diagnoses.

Recommendations were made to the Seattle Hospital Council for the adoption of standard clinical forms for the Seattle hospitals. As a result, eight forms have been completed and accepted by twenty hospitals. These forms were approved by the School of Medicine of the University of Washington. In course of time these forms will be supplemented by others until there is a complete set. Needless to say, this will facilitate the keeping of records in the various hospitals and will be an advantage to the patient, the attending staff man and the nurses, who do so much of the recording. A great deal of work has been put on these forms to make them acceptable to the individual doctors and the individual hospitals.

A request was made to Dr. Edward Bennett, Superintendent of King County Hospital, for an emergency record to accompany patients referred

from that institution to private hospitals. Dr. Pullen, his assistant, is to take up this matter. It was voted that whenever a patient is transferred to another hospital a summary record should be sent along with him.

The Committee voted that the following hospital rule be adopted: "That no case records shall be taken from the hospital except by subpoena."

The medical records have improved during the past year. There are still many consultations which are not recorded on the charts. Also, the admission notes have not been written on patients on their entry to the hospital. There has been a great improvement in the completion of records; to date only five per cent are uncompleted on discharge of patients. The number of forms used so far, including all special forms, is nineteen.

A very interesting survey of the improvement in consultation percentages, autopsy percentages, and lowered mortality percentages is as follows:

	1944	1945	1946	1947
Rise in consultation percentages.....	2.9	6.6	11.2	15.6
Rise in autopsy percentages.....	27.3	45.0	41.8	54.4
Lowered mortality percentages.....	3.9	2.7	2.3	2.2

Proposed Plan: Providence Hospital has been recommended by the American Medical Association for a four-year training course for medical record librarians with its affiliate, Seattle University. It is hoped that the course will be fully organized by next year. This will be the first such school established in the Northwest.



Service Analysis Summary

Year Ending December 31, 1947

Patients admitted	11,918
Newborn (alive at birth)	2,556
Out-Patients	5,133

Admissions:

Medical	2,670
Surgical	6,533
Obstetrical	2,715
Newborn	2,556
Total	14,474

Discharges:

Medical	2,703
Surgical	6,432
Obstetrical	2,792
Newborn	2,547
Total	14,474

Hospitalization Days	127,774
Daily Census	353
Average Day's Stay per Patient	8.74
Percentage of Bed Occupancy	81.3
Patients in Hospital 12/31/47	295
Re-entries	4,249

Deaths:

Medical	183
Surgical	75
Traumatic	16
Obstetrical	2
Newborn	49
Stillbirths	40
Total	365

Gross Death Rate, percentage	2.25
Deaths under 48 hours	102 or 0.7%
Net Deaths	223
Net Death Rate, percentage	1.54

Autopsies	168
Autopsy percentage	54.4

Consultations	2,254
Consultation percentage	15.6

LABORATORY DEPARTMENT

Laboratory Tests	90,936
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Tissues:

Gross	1,402
Gross and Microscopic	3,104
Total	4,506

X-RAY DEPARTMENT

Radiographic Examinations	10,468
Fluoroscopic Examinations	1,331
X-Ray Treatments	1,263
Radium Treatments	9

ELECTROCARDIOGRAMS	905
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PHYSICAL THERAPY

Total Patients	8,196
Total Treatments	12,086

ST. VINCENT DE PAUL CLINIC

Clinic Patients	685
Clinic Visits	2,343

Clinics:

Medical	170
Surgical	110
Obstetrical	94
Gynecological	21
Pediatrics	290
Total	685

New Patients for Year	440
Recurrent Patients	245

Service Analysis Summary

Year Ending December 31, 1947

<p><i>Medical Cases</i> 2,028</p> <p style="padding-left: 20px;">Consultation percentage . . . 19.7</p> <p style="padding-left: 20px;">Death Percentage 5.8</p> <p style="padding-left: 20px;">Autopsy percentage 46.6</p> <p><i>General Surgical Cases</i> . . . 1,514</p> <p><i>Special Surgical Cases</i> . . . 4,918</p> <p style="padding-left: 20px;">Major Operations 2,874</p> <p style="padding-left: 20px;">Minor Operations 3,109</p> <p style="padding-left: 40px;">Casts 906</p> <p style="padding-left: 40px;">Blood Transfusions 2,202</p> <p style="padding-left: 20px;">Consultation percentage . . . 16.6</p> <p style="padding-left: 20px;">Death percentage 1.26</p> <p style="padding-left: 20px;">Autopsy percentage 52.6</p> <p><i>Total Obstetrical Cases</i> . . . 2,792</p> <p><i>Obstetrical Cases</i></p> <p style="padding-left: 20px;"><i>Delivered</i> 2,564</p> <p style="padding-left: 40px;">Cesarean Sections 58</p> <p style="padding-left: 60px;">Classical 51</p> <p style="padding-left: 60px;">Porro's 2</p> <p style="padding-left: 60px;">Low Cervical 5</p> <p style="padding-left: 40px;">Consultation percentage . . . 3.1</p> <p style="padding-left: 40px;">Death percentage07</p> <p style="padding-left: 40px;">Autopsy percentage 100</p> <p style="padding-left: 40px;">NEWBORN 2,547</p> <p style="padding-left: 60px;">Boys, 1,250; Girls, 1,297</p> <p style="padding-left: 40px;">Twins (sets) 28</p> <p style="padding-left: 40px;">Consultation percentage . . . 34.8</p> <p style="padding-left: 40px;">Death percentage 1.9</p> <p style="padding-left: 40px;">Autopsy percentage 67.3</p> <p><i>Gynecological Cases</i> 699</p> <p style="padding-left: 20px;">Medical 72</p> <p style="padding-left: 20px;">Surgical 627</p> <p style="padding-left: 20px;">Consultation percentage . . . 6.87</p> <p style="padding-left: 20px;">Death percentage 0</p> <p style="padding-left: 20px;">Autopsy percentage 0</p> <p><i>Eye, Ear, Nose and Throat</i></p> <p style="padding-left: 20px;"><i>Cases</i> 1,187</p> <p style="padding-left: 40px;">Medical 87</p> <p style="padding-left: 40px;">Surgical 1,100</p> <p style="padding-left: 40px;">Consultation percentage . . . 14.7</p> <p style="padding-left: 40px;">Death percentage33</p> <p style="padding-left: 40px;">Autopsy percentage 50.</p>	<p><i>Urological Cases</i> 382</p> <p style="padding-left: 20px;">Medical 58</p> <p style="padding-left: 20px;">Surgical 324</p> <p style="padding-left: 20px;">Consultation percentage . . . 37.7</p> <p style="padding-left: 20px;">Death percentage78</p> <p style="padding-left: 20px;">Autopsy percentage 100</p> <p><i>Orthopedic Cases</i> 594</p> <p style="padding-left: 20px;">Medical 96</p> <p style="padding-left: 20px;">Surgical 498</p> <p style="padding-left: 20px;">Consultation percentage . . . 9.9</p> <p style="padding-left: 20px;">Death percentage16</p> <p style="padding-left: 20px;">Autopsy percentage 0</p> <p><i>Traumatic Cases</i> 941</p> <p style="padding-left: 20px;">Fractures 549</p> <p style="padding-left: 20px;">Open Reductions 102</p> <p style="padding-left: 20px;">Consultation percentage . . . 1.06</p> <p style="padding-left: 20px;">Death percentage 1.7</p> <p style="padding-left: 20px;">Autopsy percentage 18.8</p> <p><i>Plastic Surgical Cases</i> . . . 145</p> <p><i>Pediatric Cases</i> 1,356</p> <p style="padding-left: 20px;">Medical 653</p> <p style="padding-left: 20px;">Surgical 703</p> <p style="padding-left: 20px;">Consultation percentage . . . 9.25</p> <p style="padding-left: 20px;">Death percentage 3.98</p> <p style="padding-left: 20px;">Autopsy percentage 68.</p> <p><i>Dermatology Cases</i> 31</p> <p><i>Communicable Cases</i> 17</p> <p><i>Neoplasm Cases</i> 609</p> <p style="padding-left: 20px;">Malignancy 328</p> <p style="padding-left: 20px;">Consultation percentage . . . 3.78</p> <p style="padding-left: 20px;">Death percentage 12.2</p> <p style="padding-left: 20px;">Autopsy percentage 48.</p> <p><i>Neurosurgical Cases</i> 506</p> <p style="padding-left: 20px;">Consultation percentage . . . 22.7</p> <p style="padding-left: 20px;">Death percentage 1.98</p> <p style="padding-left: 20px;">Autopsy percentage 50.</p>
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Credentials Committee

IT IS THE function of the Credentials Committee to review all applications, together with the two letters of recommendation which must accompany each, in order to verify the place and date of graduation, the internship, any special training the applicant may have had, his ethical standards, and his membership in the King County Medical Society. If the application meets with approval, the name of the applicant is passed on to the Executive Committee for action, after which it is given to the Sister Superintendent of the hospital for final disposition. If the applicant qualifies within the rules of the hospital for appointment to the staff, the Credentials Committee assigns him to his specialty: general practice, nose and throat, or internal medicine, as the case may be. The applicant is expected to have fifty per cent of his hospital practice in accordance with his rating as a specialist.

The Credentials Committee, in conjunction with the different special committees of the hospital, such as general surgery, urology, and others, will then recommend the privileges which the applicant is to receive. If a man has had minor training, he is permitted only minor privileges, and cases which might involve life or serious disability must have consultation, except when emergency prevents. If the applicant has had adequate training, he is assigned intermediate privileges until the quality of his work has been observed by the special committee under which he is working. Upon their recommendation, he can be proposed to the Executive Committee for major privileges.

During the past year, the Credentials Committee has passed upon 126 applications for the Providence Hospital Staff.

Reports on Meetings

CLINICAL PATHOLOGIC CONFERENCES

CLINICAL PATHOLOGIC CONFERENCES were instituted at Providence Hospital in 1945, the first meeting being held on February 24. Since then the meetings have continued weekly. Meetings begin each Saturday morning promptly at 8:00 o'clock and end at 8:45.

Material for presentation and discussion includes medical and surgical cases of both common and unusual types. Those selected are usually cases which have come to autopsy. This is deemed necessary in order that more accurate knowledge of altered anatomy be available to correlate more completely primary and secondary changes relative to clinical signs and symptoms, disturbed physiology and results of other clinical investigation, such as roentgenograms, electrocardiograms, clinical pathologic tests, etc. Also included, though less frequently, are medical and surgical cases not having a fatal termination.

Complete clinical abstracts of the case or cases to be presented are prepared in advance and mailed to the staff doctors' offices, where they arrive two or three days prior to the meeting. This is done in order that those attending will be perfectly familiar with the details of the case, as it appears on paper. This is an advantage in that most of the material is presented as unknown, diagnostic problems. Less frequently, various examples of disease are put on as purely demonstration cases.

The meetings are presided over by a Chairman who is one of the interested medical or surgical staff members. The practice has been to rotate this chairmanship at intervals of two to three months. The Chairman keeps the meeting moving, and sees that those taking part utilize ample but not excessive time in presenting their contributions. A discussant is selected in advance and at the meeting, after the abstract is read by the house physician, he discusses the abstract and all its data from the standpoint of differential diagnosis. Nearly always the nature of the disease is unknown to this discussant, and to most of the other doctors present. Next, pertinent, concise floor discussion is asked for. If roentgenograms are available, these will have been illustrated and discussed by the roentgenologist prior to

all discussion. Presentation and discussion of the pathology then takes place. This is done by the pathologist, who utilizes color photos to illustrate macroscopic organ and tissue changes and a micro-projector to show the histologic alterations. Finally, indicated treatment, proper or improper, as it applies to the case at hand is evaluated.

Attendance at the clinical pathologic conferences has been excellent. This is most gratifying to those who arrange them. The popularity of the meeting is in large part due to the interest and cooperation of those who participate. It is at these meetings that we learn—and this includes, not least of all, humility.

MEETINGS OF THE MEDICAL AND SURGICAL STAFF

Monthly meetings of the visiting and house doctors are held throughout the year. The meetings take place on the second Tuesday of each month at 7:30 p.m., in the auditorium of the nurses' home. Efforts to begin these gatherings promptly on the hour and to end them at 8:30 sharp have been quite successful. Presiding is the President of the Staff, with the Staff Secretary taking notes.

In general, the hour is divided into two parts: first, a ten- to fifteen-minute business portion and, secondly, the scientific program. For the order of business, parliamentary procedure is followed; minutes of the previous meeting are read, old and new business discussed, reports of committees received and announcements made.

As far as possible it has been the policy of the program committee to select and arrange the subject matter in accordance with the objectives of the Committee on Hospitals and Medical Education of the American Medical Association. Broadly, the aim is to bring before the staff examples of medical and surgical diseases and of medical and surgical practices related to these diseases as encountered and practiced at *this hospital*—not as encountered or practiced in another hospital or in some other section of the country. This has been done largely by case illustration wherein the intern resident, attending physician, roentgenologist and pathologist may all at times take part. Dissertations on medical subjects in general having no case connection with Providence Hospital and its activities are not ordinarily desired. With the relatively recent augmentation of the resident staff, due in part to American Board approval of the different residencies, department heads have been asked to assign to their residents fairly early in the training year subjects worthy of presentation to the staff later on. Several such presentations have been given with benefit to the presenting house officer and also to the visiting staff.

As examples of the type and scope of the staff meeting programs, subjects by title are listed below representing the last two years' meetings:

1946 to 1947

- September: Hemolytic Anemia of the Newborn—case examples.
Drs. Mason, Rutherford, Docter.
- October: The Relationship of Laboratory Tests to Geographical Medicine.
Drs. Lippincott and Ellerbrook.
- November: Intestinal Allergy: Angioneurotic Edema Simulating Coronary Disease—case studies. Drs. Hynes, Bowers, Foster, Stroh, Spickard.
- December: Diagnostic Curretage and Hysterectomy, with review of 1945 cases.
Dr. Curry, Resident in Obstetrics and Gynecology.
- January: "The Tilt Test" in Early Detection of Peripheral Vascular Collapse.
Dr. Rood, Resident in Surgery and Drs. Metheny and Green.
- February: Back Pain—a symposium with case illustrations.
Dr. Yocum, Resident in Orthopedics; Drs. Buckner, McLemore, Sherwood.
- March: Current Notes on Cancer and Cancer Treatment. Dr. Addington.
- April: Inguinal Hernia as a Symptom. Dr. Rood, Resident in Surgery.
- May: Torsion of the Testis. Dr. Hawley, Assistant Resident in Surgery; Drs. Peacock, Lundmark, Waggoner and Speir.
- June: Newer Drugs Affecting the Peripheral Vascular System.
Dr. MacMahon, Resident in Medicine; Drs. Spickard and Pearce, Assistant Residents in Medicine; Drs. Hynes, Friedman and Martin.

1947 to 1948

- September: Medical Records. Dr. Burrows, Resident in Medicine.
Acute Meningococemia Fatality—case discussion.
- October: Pernicious Anemia—case discussion.
Methods of Investigating the Anemia Patient. Dr. Hynes.
Treatment of the Anemia Patient. Dr. Foster.
Moving Picture: "Physiology and Pathology of the Hemopoietic Principle."
- November: Diet in the Treatment of Peptic Ulcer.
Hospital Dietary Facilities. Ruth Williams, Dietitian.
Medical Considerations. Dr. Leibly.
Surgical Considerations. Dr. Metheny.
- December: Lower Nephron Nephrosis in Transurethral Resection, Fatality—with case study. Dr. Nelson, intern; Drs. Yunck, Bowers and Mason.
- January: The Effects of Morphine, Scopolamine and Atropine on Human Subjects.
Dr. Wangeman.
- February: Diagnostic and Therapeutic Nerve Block. Dr. MacKinnon.
- March: Review of Fractures of the Femoral Neck.
Dr. Henriksen, Resident in Orthopedics.
- April: Post Mortem Blood Chemistries—Their Significance and Value.
Dr. Hain, Resident in Pathology.

Attendance at the meetings is very good, it being the exception when fewer than a hundred doctors are present. Active and associate members of the staff must attend two-thirds of the meetings, unless excused, if they wish to retain their hospital appointments. During the calendar year of 1947, average attendance was 71.3 per cent.

Departmental Reports

SURGERY DEPARTMENT

PROVIDENCE HOSPITAL, like other general hospitals, has for many years maintained an active surgical department. To keep abreast of the times, the hospital management recently completed an extensive rebuilding program. At an outlay of more than \$100,000, the surgeries have been renovated. There are seven major surgeries and eight minor surgeries. Tile is now installed in all surgeries, and modern cupboards replace open shelving. Modern conveniences have been added, such as mechanical suction and compressed air. The facilities for casts on the orthopedic service have been improved, as well as the facilities for urology and encephalography. Each surgery is equipped with an X-ray view plate, which is easily seen by the operating surgeon. The lights are vapor-proof. Explosion-proof outlets have been installed. The scrub rooms have been modernized. Acoustone on the corridor ceilings serves to reduce noise. The hospital has 138 beds set aside for surgical cases.

The department of surgery is under the supervision of Sister Barbara Ellen, who has a staff of seventeen graduate nurses and eight student nurses, with thirteen auxiliary workers. The department offers excellent training for nurses who are primarily interested in surgical nursing.

The surgical house staff consists of three residents and three interns. The latter serve in a rotating capacity, with ten weeks given to the surgical service. Both services are approved by the Council on Medical Education and Hospitals of the American Medical Association. At present the residency is approved for one year, but it is expected that it will soon be approved for two years' training.

The surgical service is supervised by a committee of three from the active staff. Dr. Raymond L. Zech is chief of the service. He is assisted by Drs. Edward B. Speir and J. K. Holloway. One of the functions of this committee is to provide a teaching program for the surgical house staff. Part of that teaching is given in conjunction with the other departments, but primarily a clinical teaching program is provided. This consists of

weekly conferences of the surgical house staff with attending surgeons. Interesting cases are presented and discussed. Instruction in X-ray diagnosis is provided.

A group of anesthesiologists, headed by Dr. Gordon Dodds, has contributed materially toward safer surgical procedure.

During 1947, there were

2,874 major operations

3,109 minor operations

2,202 blood transfusions

SURGICAL SERVICE

The entire third floor is given over to surgical patients. It comprises three wings and the recovery room. The central dressing room and the intravenous department centrally located on this floor, make it quite a complete and convenient surgical service.

The south wing is the men's surgical floor, with a bed capacity of forty-one. The rooms are private and semi-private, with a few larger wards. There is a urological treatment room in this wing, which the doctors may also use for other types of examination. The largest percentage of cases are urological, general abdominal and upper gastrointestinal, the remainder being other types of surgery.

The north wing is for women surgical patients, and has a bed capacity of thirty-eight. The rooms are private and semi-private, with one four-bed ward. There is a gynecological treatment room on this floor, which is also available for other types of examination. Most of the cases cared for in this wing are gynecological, urological, general abdominal and upper gastrointestinal.

The east wing is reserved for eye, ear, nose and throat surgical cases, both men and women; the bed capacity is nineteen. All rooms in the east wing are private and semi-private. The largest percentage of cases in this section are thyroidectomies and eye surgery. The remainder include all other types of eye, ear, nose and throat surgery.

A helpful adjunct to the service is the recovery room, located in the north wing. This large room is used for patients during their immediate post-anesthetic period. It is equipped with oxygen and carbogen tanks, suction apparatus, heart and respiratory stimulants and whatever else is needed for immediate treatment of shock and hemorrhage. As soon as the patients are fully awake, their beds are wheeled back to their own rooms.

This plan has the added convenience of making it possible for one nurse to care for several patients. The recovery room has been in use for about a year, and has proved to be very satisfactory.

The third floor is under the direction of Sister Mary Janet, assisted by a complete staff comprising a clinical instructor, head nurses, general duty nurses, student nurses, orderlies, practical nurses, ward maids and kitchen help.

UROLOGY SECTION

The urological section comprises one of the active services of the surgical staff. The facilities of the urological department in surgery include a modern cystoscopy room. A new Scanlan cystoscopy table, with attached new General Electric X-ray unit, has made available every facility for adequate and complete urological study. Most of the endoscopic surgery is carried out in this room; efficient electro-surgical units are available for endoscopic prostatic resections and electrocoagulation of lesions of the lower urinary tract. Open procedures are done in the regular surgeries. Recent major alterations in the surgery have enhanced the attractiveness and the efficiency of the cystoscopic and surgical suites.

The staff consists of fourteen members, all qualified urologists serving on the active, associate, and courtesy staffs. So far, there are no regularly designated urological house officers; interns rotate on the service, and residents in surgery and interns assist in surgery.

ORTHOPEDIC AND TRAUMATIC SECTION

On account of the large number of cases treated, the department of orthopedic and traumatic surgery is one of the outstanding surgical services, and the facilities for the treatment of traumatic surgery have been unusually well developed. There are two orthopedic rooms equipped with overhead traction apparatus, as well as special apparatus on the walls for lateral traction. There are also other types of fracture tables, as well as many individual appliances necessary in the treatment of trauma. The hospital has a complete set of orthopedic instruments, but the individual orthopedists use many of their own.

The orthopedic department has a surgical orderly especially trained in the application of casts and other orthopedic appliances. There is a completely trained orthopedic personnel to assist the orthopedists in the treatment of this type of surgical procedure. The orthopedic staff at the present

consists of: four orthopedists on the active staff, three on the associate staff, and seven on the courtesy staff. All of these men are fully qualified as orthopedic surgeons. The active staff makes a definite point of training the orthopedic resident and the interns on service. A complete outline of lectures pertaining to the subject of orthopedic and traumatic surgery is given weekly, as well as a daily ward round on the orthopedic floors.

The service for this department is on the fifth floor. Ninety-six beds are available, in private rooms, semi-private rooms and wards. The beds are fully equipped for the care of these patients, with overhead frames and other apparatus as needed. Supplies for all types of traction are also on hand. There is a combination dressing and surgical preparation room, which also contains equipment for the rehabilitation of patients.

EYE, EAR, NOSE AND THROAT DEPARTMENT

In the surgery six operating rooms are available for this department. Two operating rooms are designated for eye surgery. Both rooms are curtained in such a way that they may be blacked out so as to allow the oculist to do fundus studies without interference of excessive light at the time of surgery. These operating rooms are located at the far end of the surgery suite where there is least traffic and noise. Of equal importance is the designation of the east wing on the third floor for eye patients. The rooms here have blackout curtains to eliminate light and glare. This wing is staffed by nurses who are being constantly trained in the care of eye cases.

Facilities are also offered for every kind of ear surgery, including fenestration.

There are two rooms in the surgery adequately supplied for all types of nose and throat surgery, under either local or general anesthesia. The laryngology and bronchoscopy section has many unusual cases. This type of work was originally done for the removal of foreign bodies. Now, much of the work is diagnostic, for cancer and other growths and for strictures. There are many cases of hoarseness, with benign growths on the vocal cords. In case of cancer, the voice box is removed; but now such cases are usually discovered early enough to cure them by removing one vocal cord. The room set aside for throat surgery is well equipped. Special trays for sterilizing instruments are always ready. A sterile tracheotomy set is always at hand. The nursing care, which is of paramount importance in these critical life-and-death cases, is exceptionally well handled at Providence.

THE SECTION OF NEUROSURGERY

The department of neurosurgery has been one of the more active surgical specialties of late years. In fact, the proportion of neurosurgical cases to general surgical cases is higher at Providence Hospital than in most general hospitals, due, doubtless, to the high regard which many of the neurosurgeons have for its facilities, supervisors and nursing personnel.

The facilities for neurosurgery consist of fully equipped operating rooms for any type of major or minor neurosurgical procedure. Special operating tables, with all necessary attachments, are ready for use. Although the individual neurosurgeons supply many of their own instruments, the bulk of the neurosurgical instruments are to be had at the hospital. The special supplies needed in neurosurgery are readily available, as also are plentiful supplies of blood and plasma from the central supply room and the blood bank.

The neurosurgical staff at present consists of three neurosurgeons on the active staff, three on the associate staff, and two on the courtesy staff. All of these men are fully qualified as neurosurgeons, both in experience and ability. The neurosurgical service is always ably assisted by the anesthesia department, in preoperative preparation of the patient, during surgery, and in the postoperative care of serious cases. The nurses are well-trained in neurosurgical technique, and the operating room supervisor and her assistant are fully acquainted with neurosurgery requirements.

MEDICAL DEPARTMENT

This department is devoted to: (1) the improvement of facilities for the specialized treatment of medical patients, (2) the training program for the resident staff, (3) the nurses' health program.

Medical cases consist for the most part of the following types: (1) diagnostic problems, (2) diseases of the cardiovascular system, (3) diseases of the gastrointestinal tract, (4) acute respiratory diseases. Seventy-three beds are set aside for the exclusive use of medical patients. Facilities for electrocardiographic study are available under the direction of Dr. Robert F. Foster. 905 electrocardiograms were taken during the year 1947. Routine unipolar chest leads, in addition to limb leads, were initiated in November, 1947, and to date over 500 electrocardiograms including these leads have been taken. The resident physician is conducting a study of the information and value to be derived from these additional leads. Many other facilities for diagnosis and special therapeutic measures are available, such

as the measurement of skin temperatures by means of the dermaterm, the measurement of venous pressure, and the measurement of vital capacity. Facilities are available for the various endoscopic types of examinations, including proctoscopy and bronchoscopy. Specialists are available for the performance of gastroscopic and peritoneoscopic examination.

Measures are being taken each year to improve the facilities for the care of the patients. The organization of a diabetic clinic was begun in 1947, under the direction of Dr. James Bowers, through facilities granted by the Sister Superintendent, and with the assistance of the dietitians. By means of charts, lectures and demonstrations, both in- and out-patients are given instructions weekly in the practical care of diabetes.

Providence Hospital is approved by the American Medical Association Council on Hospitals and Education for internship and a two-year residency in internal medicine. To merit this accreditation, an extensive program is carried on by the staff members. The resident staff is responsible for the proper preparation and execution of histories, physical examinations, and the progress of the patients under the direction of the staff member. Each week there is held a meeting of the residents and interns with the chief of the department for purposes of administration. At this time a Cabot case is usually presented for diagnosis and discussion. The plan is to cover most of the diseases in the field of medicine by clinical case study within a period of three years. Each week the resident chooses a case on the ward for group study and discussion under the direction of the attending physician. Grand ward rounds are conducted weekly, when the attending staff member visits each of his patients with the resident staff in attendance. One night each week the medical residents attend postgraduate lectures conducted by the University of Washington for the resident physicians of Seattle hospitals. There is a rotating medical service of six weeks' duration at Firland Sanatorium for the intern staff. This provides valuable experience in tuberculosis not obtainable in the usual private hospital. Daily readings of electrocardiograms are made in which the medical residents participate. Experience similar to office practice is obtained in the St. Vincent de Paul Medical and Pediatric Out-Patient Clinics held weekly. In addition, the interns and residents on the medical service participate in the educational staff activities of the hospital as a whole.

An important activity of the medical department is the student nurses' health program. This consists in daily sick calls, attendance upon student nurses who are ill in the infirmary ward, and semi-annual physical examinations given in clinic fashion. In this clinic examination specialists participate from all departments of the hospital.

PEDIATRICS DEPARTMENT

The pediatric service is located on the second floor in the south wing of the hospital. There are forty beds, including cribs, available. Both medical and surgical cases are admitted. Besides the regular pediatric staff, other specialists are in attendance.

Sister Arcadius is in charge of the department. There are six graduate nurses on the staff, five full-time and one half-time. Between fifteen and twenty student nurses are also assigned to the pediatric service. Besides nurses who come from the hospital's own nursing school, affiliates are received from Providence Hospital, Everett, Washington; St. Peter's Hospital, Olympia, Washington; and Mercy Hospital, Nampa, Idaho.

At present an intern is assigned to pediatrics, but shares his services with the pathology department. It is expected that a full-time intern may soon be secured. Steps are being taken to have the pediatric service approved for a residency. The pediatric department is under the direction of Dr. Wallace D. Hunt.

OBSTETRICAL DEPARTMENT

The maternity department is located on the fourth floor. The north wing is given over to postpartum patients, with fifty-two beds for their use. Private and semi-private rooms and ward beds are available. The east wing accommodates the delivery rooms and the nurseries for the newborn. Three case rooms and six labor beds afford the patients supervised care before and during delivery. The case rooms are equipped to resuscitate the baby if need be. The nursery has seventy-two bassinets, and has everything needed to care for premature babies. Five incubators with oxygen therapy are always ready. An isolation nursery is used for cases of doubtful diagnosis.

This service is one of the special departments of the hospital, and affords excellent training opportunities for the residents, interns and student nurses. A residency approved by the Council on Medical Education of the American Medical Association and the American Board of Obstetrics is offered on this service.

The entire service is under the supervision of Sister Joan Frances. Her staff comprises a clinical instructor, and head nurses, general duty nurses, student nurses, nurse aides and maids according to need. The obstetrical department is directed by Dr. Henry V. Bories (1947) and Dr. John Clancy (1948). The interns rotate through this department. The obstetrical resi-

dent is on call at all times. An anesthetist is also on call twenty-four hours a day. Spinal and caudal anesthesia also may be had.

A new lying-in hospital of approximately one hundred beds is contemplated, to be built on property which has been purchased adjacent to the hospital.

ANESTHESIA DEPARTMENT

During the past fifteen years, surgery has improved to such a degree that almost every patient with a surgical problem may be safely and successfully operated upon. The science and art of anesthesia has endeavored to keep pace with developments in surgery, not only in the use of new anesthetic drugs and techniques, but in the training of physician anesthesiologists. Providence Hospital, in keeping with its ideal of the best service to the sick, is the first private hospital in the State to encourage trained physician anesthesiologists to practice in the hospital. The anesthesia staff now consists of a Chief of Anesthesia, Dr. Gordon A. Dodds, several physician anesthesiologists on call, and three nurse anesthetists. It is contemplated in the very near future to have a resident in anesthesiology. The physician member of the anesthesia department must assume the responsibility for the preoperative visit and evaluation of the patient, write the preoperative orders; and, after surgery, watch for and care for complications.

The anesthesia department, which comprises a workroom and a storage room, is located on the sixth floor in convenient proximity to the surgeries. The department is completely supplied for every type of anesthetic and equipped for any anesthetic emergency.

ANESTHESIA SUMMARY

January to December, 1947

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Local	104	97	133	113	130	120	92	113	92	97	90	92
General (All combinations inhalation)	396	387	464	445	466	507	506	465	327	404	353	372
Spinals	17	11	24	19	22	12	19	14	21	14	17	13
Blocks												
Caudal	2	3	2	1	1	2	3	3	1			
Intercostal	1								1	1		
Field	1						3			2		
Therapeutic blocks	3							3	2	1		
Refrigeration	1											

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Local	1,273
General	5,092
Spinals	202
Blocks	
Caudal	18
Intercostal	3
Field	6
Therapeutic blocks	9
Refrigeration	1
Total	6,586

RADIOLOGY DEPARTMENT

The radiology department occupies a suite of ten rooms on the sixth floor, adjacent to the surgery and laboratory. Additional storage space for filing films is provided on the seventh floor. Here are kept films of cases which were under active treatment in the hospital within the last twelve years.

The roentgenographic division has seven radiographic units, embracing diagnostic equipment of the most modern character. There are four stationary exposure units. One is a 500 milliamper diagnostic unit. The second is a combination 200 milliamper roentgenoscopic and radiographic unit, which permits the recording of the visual image seen on the fluoroscopic screen by means of a "spot film" device. The third, and most recently installed, is a 200 milliamper unit which is specifically adapted to stereoscopic roentgenography of skull cases. This unit is of particular value in obtaining high quality radiographs of patients subjected to encephalography or ventriculography. The fourth stationary unit, a 200 milliamper machine, is used in the cystoscopic room in surgery and is available for urographic cases. There are also two portable 15 milliamper units for bedside radiographs.

The roentgenographic division also has a photofluoroscopic unit which provides an efficient adjunct in the preventive medicine program for the School of Nursing and the hospital employees, and is used routinely for all patients admitted to the hospital. This unit was the first of its kind installed in a private hospital in Seattle, and since its installation in 1945, a total of 222 cases of positive or suspicious pulmonary lesions have been detected by its use.

The therapy division offers both superficial and deep radiation therapy, as well as the use of radium and its breakdown element, radon. The superficial therapy apparatus is a mobile unit which affords the patient who is critically ill radiation therapy at the bedside. The deep therapy facilities consist of a 250 and 400 kilovolt unit for the treatment of malignancies, and other lesions responding to X-ray therapy.

Radium and radon therapy are available after consultation with the radiologist.

Steps are already in progress for the department to take an active role in the newly organized tumor clinic. It also aims to incorporate a training school for technicians, and, ultimately, to see the establishment of a residency in radiology.

The department is under the direction of Drs. Nichols, Addington and Templeton.

LABORATORY OF PATHOLOGY

On the sixth floor, adjacent to the surgery and the department of radiology, is the laboratory of pathology. This unit, with its two main divisions of Pathologic Anatomy and Clinical Pathology, exists solely for the purpose of supplying attending physicians with the results and, not infrequently, with interpretations of all forms of pathologic examinations. The department is directed by David G. Mason, M.D., Diplomate of the American Board of Pathology.

Examinations performed in clinical pathology continue to increase as evidenced by the following tabulation of annual tests done:

	Total Tests
1944	65,356
1945	76,437
1946	77,791
1947	96,217

As is the case with most laboratories, a complete blood count here is listed as being four tests. The total annual tests here, compared with those of laboratories listing a complete blood count as only one test, run approximately 60 per cent higher. The sharp increase of annual tests in 1947 was due to the inauguration on August 1, 1947, of routine admission laboratory work. This includes a complete blood count, routine urinalysis and serology tests. On the basis of the first four months of 1948, it is estimated that total examinations for this year will be approximately 112,000. To older standard procedures, newer types of examinations have been added. These include blood salicylate levels, penicillin sensitivity tests, thymol turbidity test of liver function, bone marrow examinations, Rh grouping and Rh antibody tests, Papanicolaou examination of secretions for tumor. Other tests will be added as their real value is proved.

Examinations in pathologic anatomy continue active. Certain of these, in fact, are precipitously on the increase. Surgical tissue examinations list as follows:

	Macroscopic Only	Macroscopic and Microscopic	Total°
1945	1,235	3,230	4,465
1946	1,399	3,230	4,629
1947	1,480	3,341	4,821**

°Certain of these consist of outside tissues.

**The May, 1948, J.A.M.A. erroneously listed 3,230.

The total number of autopsies performed and the percentage of these have both increased. This is in no small part due to the presence of a resident in pathology (Dr. Frederick Burrows 1946, Dr. Raymond Hain 1947),

to the larger house staff (hence, increasingly available), and to the interest of the Sisters of Providence, who realize the important relationship of proper postmortem examinations to lowered morbidity and mortality figures. Figures of recent years are of importance to show the current trend toward higher autopsy percentages, indicating a real desire on the part of the attending and house staff to follow their fatal cases to a conclusion. In so doing these men are becoming better physicians. The tabular analysis is as follows:

	Total Patients	Total Deaths	Autopsies		Autopsy Percentage
			Hosp. Deaths	Others	
1933	5,096	161	50		31.
1934	5,897	208	52		25.
1935	6,155	233	75		32.
1936	7,237	290	78		27.
1937	7,694	242	63		26.
1938	6,656	270	69		25.
1939	7,860	318	64		20.
1940	10,375	410	82		20.
1941	11,807	335	52		15.4
1942	12,115	452	81		18.
1943	11,526	397	14		3.6
1944	11,228	412	112		27.3
1945	11,649	372	166	3	45.
1946	10,749	310	127	10	42.
*1947	11,920	325	168	13	54.4
**1948	4,108	130	85	2	65.

*The May, 1948, J.A.M.A. erroneously listed a percentage of 43.

**For the first four months.

Personnel to carry out all the above activities include the pathologist and his resident assistant and a competent and cooperative medical technologist group totaling eight technologists, headed by Mrs. Helen Switter, Chief Medical Technologist. In addition, there are four student medical technologists in the laboratory, each serving a year's training period. These students are from Seattle University and receive a degree in Medical Technology from this institution at the end of their training. Non-technical personnel includes a medical secretary, a laboratory clerk and a laboratory maid.

The laboratory offers service from 7:30 a.m. to 12:00 midnight daily, including Saturday and Sunday. The availability of a single night technician thereafter is a unique service amongst Seattle hospitals.

Floor space to carry out the many functions of the laboratory of pathology has, until recently, been inadequate. In August, 1947, the cramping was

partially relieved by the conversion of an adjacent hallway into a modern, well-equipped unit, which is now used for serology and bacteriology. An inter-communication system has also been installed. In 1945, at considerable expense, the hospital renovated and enlarged the autopsy quarters into a neatly tiled, well-lighted and fully equipped room.

PHYSICAL THERAPY DEPARTMENT

Physical therapy is proving more and more valuable. This is particularly true in connection with orthopedic surgery, which is being done so extensively at Providence. Physical measures, such as heat, either infrared or short-wave, in addition to massage and exercise, can reduce the time of recovery about one-third. This is being recognized by surgeons, and the number of such treatments is steadily increasing. A great interest is also taken in the vascular disorders. For many years, this was the only hospital in the Northwest to offer treatments with the Sanders Vasoscillator bed. There are several intermittent occlusion machines also in use. Mecholyl by iontophoresis is also given. By the oscillometric and dermatherm readings, cases are more easily and accurately diagnosed. A cold quartz ultraviolet lamp is used, both for local and general treatments.

The department occupies a floor space of five hundred fifty square feet and has seven beds. Three technicians are employed, two full-time and one part-time. Miss Ellen Lundstrom is in charge.

THE PHARMACY

The pharmacy department is one of the many services offered by the hospital since its foundation. Four rooms on the ground floor comprise the pharmacy. Here supplies are near at hand, and facilities are provided for the compounding and dispensing of prescriptions as requested by physicians. This service is maintained on a twenty-four-hour, seven-day basis, to insure prompt availability of prescriptions.

It is staffed by two full-time licensed pharmacists, Sister Mary Janvier and Sister Odile of the Sacred Heart. They have two assistants. Among the duties of the pharmacists are the following:

- Accepting responsibility for the proper standard and quality of supplies;
- Obtaining the supplies;
- Manufacturing certain pharmaceutical and parenteral medications;

Compounding and dispensing these items on physicians' orders,
and in accordance with the laws of the State of Washing-
ton governing such dispensation;

Maintaining complete and standard files of medical literature.

During the year 1947, despite the development of new drugs such as penicillin and the sulfonamides, there was an average of seventy-five prescriptions filled daily.

OUT-PATIENT DEPARTMENT

Charity and social service work came to Seattle with the coming of the Sisters of Charity of Providence in 1877. The "Sister Visitor" was a familiar figure, and many citizens of Seattle will recall with affection and gratitude good Sister Mary Conrad, for so many years the friend of the poor and unfortunate. As the problem increased and the need for organized action became apparent, the present clinic was developed. The St. Vincent de Paul Clinic was originally operated at the Church of Our Lady of Good Help, Fifth and Jefferson, where it served thousands of the poor of the city for twenty-two years. During these years, the hospital provided a number of beds for the needy recommended by the clinic.

In 1942, in spite of crowded conditions, the Sisters, knowing the great need for such a clinic and wishing to keep up contact with the poor, turned over space for the purpose, and the St. Vincent de Paul Clinic was transferred to Providence Hospital. By means of this merger, the services of the clinic were greatly broadened and extended. In 1945, the space provided by the hospital for clinic purposes was enlarged, and completely re-furnished and modernized. The present suite occupies a convenient location on the first floor and includes five well-equipped examination rooms, a supply room, an office, and a reception room. A number of beds are set aside for the use of clinic patients.

Services are extended to patients entirely unable to pay for private medical and hospital care. All branches of medicine, surgery and the specialties are represented in the care given to clinic patients. A high standard of service is maintained. Each specialty and department is supervised by competent personnel who have met all the requirements of the hospital staff. The clinic operates under the supervision of a Board of Directors made up of members selected from the hospital staff and a representative of Catholic Charities.

The clinic furnishes an opportunity for the training of student nurses as well as the members of the intern and resident staff in the care of ambulatory or out-patient cases.

Plans are being developed for the addition of tumor clinic facilities, with care extended to indigent and part-pay, as well as private patients. This service will ultimately provide diagnosis, consultation, and therapeutic care for all classes of tumor patients.

FOOD AND DIETARY SERVICE

The central kitchen serves the Sisters' and interns' dining rooms, and the student nurses' cafeteria, and supplies the food for the general tray service. It handles an average of twenty-one hundred meals a day. The department is exceptionally well-planned for convenience and compactness. The rooms are bright and attractive. The kitchen is all-electric and fully modern, with stainless steel and aluminum equipment throughout. It has a complete system of refrigeration, including a large cooler and a deep-freeze of five thousand pounds capacity for meat, a refrigeration unit for fruit and vegetables, and a dairy. The salad room adjoins the main kitchen and is furnished with all necessary refrigeration. This room also accommodates the ice-cream freezing unit, with its storage cabinets. The bakery, opening into the main kitchen, is likewise all-electric and modern. It is supplied with dough-retarding and proof boxes with humidity control, and has automatic equipment for mixing, baking and handling every type of bread, cake and pastry. It can turn out fifteen hundred pounds of bread a day. A full-time professional baker is employed. The entire department is under the supervision of Sister Irene Gabrielle.

Providence Tea Room, located on the ground floor of the nurses' home, with Sister Mary Venant in charge, has its own cooking facilities. It is for the accommodation of the doctors, graduate nurses, hospital employees and visitors. It serves an average of five hundred patrons daily.

Since 1942, a special diet service has been in operation, under the direction of professional dietitians. Diet therapy has always been recognized as an important part of the scientific treatment of disease, affording a scientific attack upon disease through clinical procedures. The preparation of special diets requires particular attention to the selection of foods and the weighing of proportions. The dietitian contacts the patient while he is in the hospital to determine his needs according to the physician's instructions, and to observe progress. The diet must not only be well-balanced, but it must also be adaptable to the patient's standard of living after he leaves the hospital. When the patient is discharged, if the diet is to be continued, the dietitian provides him with the prescribed list.

The special diet service is directed by Miss Ruth Williams. The student nurses train for eight weeks in this department, in order to co-ordinate nutrition studies with practical experience. Approximately seventy special diet trays are served each meal.

CENTRAL DRESSING ROOM

The uniting of the individual dressing rooms into one department became a reality when the central dressing room was opened for service in March, 1945. The central dressing room was established in order that all equipment could be centralized, better and quicker service could be afforded, and student nurses could learn a general procedure on dressings, surgical preparations and care of equipment.

Centrally located on the third floor, the department is easily accessible to the entire hospital. It serves as a central supply for the floors, dispensing all the oxygen, carbogen, oxygen tents, catheterization trays, irrigation and enema cans, thermometers, sigmoidoscopy set-ups, and vital capacity and Wangenstein apparatus.

One of the foremost functions of the department is the changing of sterile dressings and packs, and assisting the doctors in special procedures, such as spinal punctures, paracentesis, thoracentesis, encephalograms, sternal punctures, emergency suturing, emergency tracheotomy, and any other procedure requiring sterile equipment and technique. Preoperative preparation of patients also comes under the functions of this department.

The first Sister Supervisor headed a staff of four registered nurses, ten students and two maids. Today, Sister Emile Isidore has ten registered nurses, three students and two maids. The students receive four weeks' training in this service.

INTRAVENOUS THERAPY DEPARTMENT

Since the establishment of the intravenous therapy department in 1940, it has increased in personnel and improved in technique, until now it is considered a specialized field. All intravenous medications are ordered through this department, and dispensed as requested by the doctor.

In order to centralize the service, the department for intravenous therapy has been assigned a room in the suite belonging to the central dressing room on the third floor. The department is staffed by four graduate nurses and two student nurses. The department gives the intravenous injections. An associate takes complete charge of the sterilization and care of equipment. Only disposable tubing is used. The service is operated on a twenty-four-hour basis. The resident in pathology supervises the intravenous department.

ADMITTING OFFICE

The admitting office plays an important role in the life of a well-organized hospital. All patients gain their first contact with the organization of the hospital through this office. The present admitting office was opened in 1938, on the first floor near the ambulance entrance. The entrance is under cover, which is a great convenience for servicing ambulances and cars. The office is equipped with private booths, in-service telephone, reception room, and emergency equipment for service to patients.

Patients are admitted here; the sociological records are filled out for ambulatory patients, and then they are taken to their respective rooms or wards. The personnel consists of Sister Callista, Supervisor, three graduate nurses and four secretaries. Only nurses take physicians' orders over the telephone, so that the patients may be given proper medication immediately upon arrival at the hospital; the secretaries facilitate the taking of the sociological histories. Discharges of patients, as well as admission of patients, all clear through this office. During the year 1947, this department admitted

11,918 in-patients
5,133 out-patients

MEDICAL RECORDS LIBRARY

Medical records are indispensable, from the standpoint of the patient, the physician, the hospital and medical research. They are also legal documents, subject to subpoena. Good medical records are of vital importance in maintaining standards of accreditation for the School of Nursing and of approval for intern and resident training.

The record office of Providence Hospital occupies two rooms on the second floor next to the business offices. The office is furnished with all modern conveniences, including ample vertical and visible filing cabinets, an Ediphone, a transcriber and a shaver. Dictaphones and transcribers are used in the surgery, pathology laboratory, radiology department and staff room. The house staff have access to the dictaphone for writing reports and making summaries. The diagnostic index is available for comparative group analyses or research of any other kind.

The record department has two additional rooms for storing records. These are filed numerically and are easily accessible for readmissions and on request. The records from 1920 to about 1938 are being microfilmed.

The department is headed by Sister Peter Olivaint, a registered Medical Records Librarian. There are four full-time and two part-time assistants,

including a medical secretary who spends part of each morning in the surgery taking dictation of operative reports and transcribing from the dictaphone.

During the year 1947, the department filed 14,474 in-patient and 5,133 out-patient records, exclusive of those of the St. Vincent de Paul Clinic.

MEDICAL STAFF LIBRARY

The members of the staff of Providence Hospital are justly proud of their medical library. It was originated in 1938 with subsidies from the staff, supplemented by donations of books from various doctors. The book shelves were placed in the doctors' room on the second floor. In course of time it was found that the social atmosphere was not conducive to reading or study and, furthermore, many of the books proved to be out-of-date and of little service to the interns and residents. A new start had to be made.

In 1947, the hospital management offered for library use a more commodious and suitable room on the first floor, and had it redecorated for the purpose. With a fine spirit of cooperation and at considerable expense, the members of the active staff, under the leadership of Dr. Austin B. DeFreece, undertook the furnishing of the new library. They chose oak furniture to harmonize with the oak book shelves and an all-over green carpet as the basis for the color scheme. The whole effect is pleasing. The lighting is good and an air of quiet prevails. A few items are still in the planning and will be donated: a fresco to occupy the space above the book shelves and a hand-carved standing book case.

Of the 160 new books that have been gathered since 1945, over 100 were donated by staff members. Among these is an up-to-date Cumulative Index Medicus, and the monthly index of current publications put out by the Army Medical Museum. The library subscribes regularly to twenty-nine journals; these represent all the specialties.

PERSONNEL DEPARTMENT

Hospital business ranks as the fifth largest industry in the United States. Furthermore, since between sixty-five and seventy-five cents out of every dollar taken in goes to pay salaries, it is strictly a service business. It follows, then, that the major problem facing hospital management is that of personnel; if service is to be of a high order, it must come from an efficient and interested personnel. The modern hospital, following the lead of com-

mercial industry, has of late years set up a separate office to handle the problem of employment. The personnel department of Providence Hospital was established in November, 1945, by Mr. G. L. Smith. The office was taken over in March, 1946, by Mr. Tom Drummey as Personnel Director. He is assisted by two clerks and has offices on the first floor.

The prime purpose is to establish and maintain good human relations throughout the institution. A number of factors enter into this. The screening of applicants must be scientifically done so as to get the right person for the right job. This needs to be followed up by a certain amount of on-the-job training, so that the employee fully grasps what is expected of him. The number of employees on the hospital payroll is close to five hundred. The amount paid out in salaries in 1947 was \$1,062,088.40. All employees are on a forty-hour week. To change from a forty-eight-hour week to a forty-hour week cost the hospital last year an additional \$200,000 in salaries.

But salary is only one phase of the personnel problem. Not only must the employee receive wages compatible with self-respect and have reasonable hours and good working conditions, but he must be given a sense of security by knowing that promotion comes from merit and tenure. An employee also wants to be identified as an individual, to feel that he is needed and appreciated, that the administrator knows he is around and is interested in his problems, welfare and success. Providence Hospital gives its employees an annual health check-up, chest X-ray, blood examination and urinalysis, without cost to them. When for any reason an employee leaves or is dismissed, the terminal interview is important, so as to clear up any possible misunderstanding. The director must also develop a good potential labor supply, so that vacancies may be promptly filled. All of which means that the personnel office is a busy place. But it is effort that pays sure dividends in morale and cooperation and, most important of all, in ever-improving service to the sick.

HOSPITAL ATTENDANT TRAINING

The Committee on Orderlies, Dr. J. N. Nelson, Chairman, realizing the benefit to be derived from the proper training of hospital attendants and nurse aides, has outlined a course of twelve lectures covering their attitude toward patients and their responsibility to staff doctors, as well as the various techniques and procedures that they would be required to carry out in the normal course of their service.

It Is True

that Providence Hospital pays a million dollars a year in salaries. This ranks it as a sizable industry and an asset to the City of Seattle. But, lest this large payroll lead to a wrong impression of its financial status, a few facts should be given here.

The forty - year - old building, although as sturdy as the day it was built, is in constant need of modernizing.

Providence Hospital carries a heavy charity load.

Overhead and general upkeep are high.

It is easy, then, to see what becomes of the other twenty-five to thirty-five cents of each dollar.

Often, income falls short of outlay.

Providence needs money for its charitable projects, and would be glad to SHARE WITH YOU its privilege of doing good.

It is the Christian Way of Life.

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