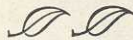


*The History
and Development
of . . .*

**HOMER G. PHILLIPS
HOSPITAL**

THE HISTORY AND DEVELOPMENT
of
Homer G. Phillips Hospital



WILLIAM H. SINKLER, M.D.
Medical Director

SADYE COLEMAN
Medical Secretary

FOREWORD

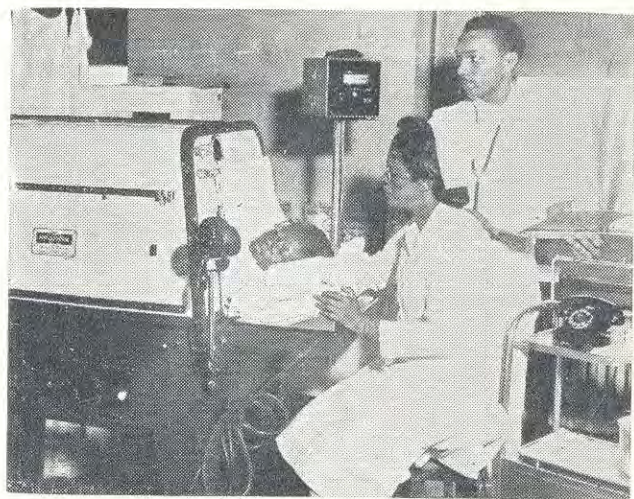
The many inquiries concerning the history, organization and development of Homer G. Phillips Hospital has prompted the writing of this booklet.

Its objective is to inform the laity as well as the medical profession of the history and development of Homer G. Phillips Hospital, and of the future plans of the administration and medical staff. An attempt has been made to contrast the early operation and services offered with the present facilities that are now available.

The Hospital began 26 years ago as a necessity for the care of the increasing numbers of indigent sick, and at the same time provide a place where Negro physicians could improve their skill and keep abreast with the rapid advancement of medical science; and as training school for young women desiring to enter into the nursing profession.

The material for this booklet has been gathered from old records, from individuals working in the hospital at the time of its beginning, and from those who gave generously of their time to help establish and maintain this as a first-class institution.

We wish to express our appreciation to all who contributed in making this booklet possible.



Fever Session

THE HISTORY AND DEVELOPMENT OF HOMER G. PHILLIPS HOSPITAL

In September, 1915 a meeting was held at the Booker Washington Theater, 23rd and Market Streets, which was attended by several colored physicians and business men of the City of St. Louis. At this meeting a formal demand was drafted and subsequently forwarded to the Mayor and the Director of Public Welfare insisting upon the admission of colored internes and nurses to the St. Louis City Hospital.

Many conferences were held during the next three years, and finally in 1918 a compromise was effected whereby the City of St. Louis agreed to establish a separate hospital for colored indigent patients provided funds could be obtained for that purpose. Julius Weil, a clerk in the Comptroller's Office, who had extensive knowledge of the City's finances, informed the Committee that there was an unexpended sum of \$165,000 in the City Treasury for welfare purposes. A portion of this money was used to purchase the buildings formerly used as a school and hospital by the Barnes Medical College at the corner of Lawton and Garrison Avenues. These buildings were purchased, alterations were made and in November, 1919 City Hospital No. 2 (the predecessor of Homer G. Phillips Hospital) was formally dedicated and opened for the acceptance of patients. Up to this time the colored indigent sick had been cared for at City Hospital No. 1, where they occupied the rear of the second and third floors.

The opening of a city hospital in 1919 added much to the scientific development of the Negro medical profession of the country. This statement is a truism because at that time there were only three or four standardized hospitals in the country whose doors were open to Negro medical graduates for hospital training. These hospitals accommodated at most twenty-five men yearly, while the medical schools graduated a total of seventy or seventy-five men.

BUILDINGS

City Hospital No. 2 was a building of six floors and in 1920 the hospital annex was opened; The first floor provided living quarters for junior internes, assistant resident physicians and the superintendent of nurses; the administrative offices and the admitting room.

The second floor was used for male surgery, which was entirely too small for the needs at that time. The ambulatory patients were sent to the Infirmary to sleep at night.

The third floor, housing male medicine, was very crowded. Some rooms on this floor were reserved for tubercular patients,

but because of the crowded conditions at Koch Hospital, the transfer of these patients was slow. This necessitated the placing of tubercular patients on the general wards.

The female general ward, located on the fourth floor, was used for the care of all conditions: Medical, surgical, neurological, gynecological, eye, ear, nose, throat and venereal. It soon became necessary to place beds in the hall and every corner of the fourth floor to relieve the congestion. Convalescent patients were sent home before time in order to make room for those more acutely ill.

Obstetrics was located for a while on the fifth floor, the same floor housing the operating rooms and the quarters of the superintendent and resident house staff. Later obstetrics was moved to the sixth floor.

The Infirmary inmates were housed in the hospital annex and its capacity was taxed to the utmost. Male urological patients (and later male medicine) tubercular and certain neurological cases were moved into the hospital annex after the infirmary cases were moved to the City Infirmary.

As early as 1920, the Manager (Superintendent) recognized the need for a more commodious and modern building to be erected in a quieter location. In the Annual Report for the year ending March, 1925 his recommendations included: "That the proposed hospital provided by the \$87,000,000 Bond Issue be erected as soon as possible in a more desirable location".

ADMINISTRATIVE ORGANIZATION

The responsibility for the management of the City's Eleemosynary Institutions were centralized in the Hospital Commissioner.

Dr. R. C. Haskell of this city was appointed the first Manager (Superintendent) of the City Hospital No. 2 on December 18, 1918. He immediately began training for this position at City Hospital No. 1 under the supervision of the Hospital Commissioner and the Superintendent of that hospital. Dr. Haskell served in this capacity until November, 1925 and was succeeded by Dr. O. F. Perdue, who was Superintendent to September, 1926. Dr. F. K. Slaughter was then appointed and served until May, 1933. Dr. Oral S. McClelland was appointed Superintendent at that time and served until August, 1941.

There was no Medical Director at City Hospital No. 2 until May, 1933, at which time Dr. H. E. Hampton was appointed. He acted as the representative of the Hospital Commissioner and was considered as a member of each unit of the Visiting Staff. He supervised the work of the Resident Staff, seeing to it that the orders of the Visiting Staff were promptly and efficiently carried out.

MEDICAL ORGANIZATION

The Visiting Staff

In order to meet the requirements of the American College of Surgeons, the American Hospital Association and the Council on Medical Education, the following provisions were set up:

The work of the Visiting Staff of City Hospital No. 1 and City Hospital No. 2 was divided into three units or services, two of which served at City Hospital No. 1 and the remaining unit at City Hospital No. 2. Unit No. 1 was composed of physicians connected with Washington University Medical School and Unit No. 2 of members of the faculty of St. Louis University Medical School. Unit No. 3 was composed of independent white physicians not connected with either university. Appointment to Unit No. 1 and Unit No. 2 was made by the Hospital Commissioner on satisfactory recommendation of Washington and St. Louis University Medical Schools. Appointment to Unit No. 3 was made by the Hospital Commissioner from among white physicians not connected with the universities.

Associate Visiting Staff

From the time of its opening to January, 1936, the Negro physicians of St. Louis occupied the positions of associate staff members only at City Hospital No. 2. They had no cases assigned to them except those that were verbally delegated by the visiting staff and privileges in the hospital were largely governed by the resident, who received his authority from the visiting staff. Doctors E. T. Taylor, A. N. Vaughn, W. B. Christian, G. B. Key, A. W. Cheatham, S. P. Stafford and C. E. Herriott were some of the members of this staff.

Medical Services

Each unit was composed of the following medical departments: Internal medicine, neuro-psychiatry, pediatrics, dermatology and syphilology, general surgery, orthopedic surgery, urology, eye, ear, nose and throat, gynecology, obstetrics and dental surgery. Each department elected a department head. He served in this capacity for one year and represented his department at the unit meetings and was also a member of the Hospital Advisory Committee.

Hospital Advisory Committee

This committee was formed in order to standardize and correlate the work of the units with each other and with the Medical Directors and Superintendents of City Hospital No. 1 and City Hospital No. 2. This committee was formed at each institution.

Conference Committee

In order to correlate the work of the three units, a Conference Committee was formed, composed of the presidents and secretaries

of all three units, the Medical Director of City Hospital No. 1, the Superintendent or Medical Director of City Hospital No. 2 and the Hospital Commissioner. It was the duty of the physicians of all three units to utilize the clinical material for the teaching of the Resident Staff and student nurses.

Resident Staff

From November, 1918 through June, 1925 the Resident Staff consisted of a resident surgeon, a resident physician on general medicine, one senior interne on each of these services and eight junior internes. The resident spent one year on his respective service, the assistant resident spent six months on surgery and medicine respectively and the interne spent six weeks on each medical service. The duties of the resident physicians and their assistants were to take care of all the medical and surgical needs of patients hospitalized. The internes assisted them in history taking, physical examinations, etc. and any procedures asked to be done by the resident or the assistant.

Teaching Program

The Visiting Physicians of all three units utilized the clinical material of the hospital for teaching of the Resident Staff and student nurses and also for the teaching of "undergraduate students of medicine and dentistry". The teaching activities were conducted in accordance with the schedule approved by the Medical Directors and Superintendents of City Hospitals No. 1 and No. 2, to prevent interference with the routine ward activities and professional work. Insofar as practical, instructors from the universities did not interfere with the treatment and care of patients without the full approval of the Visiting Physician, who had charge of the patient or the head of the particular department concerned. Under no consideration were students permitted to perform minor surgical operations either for diagnosis or treatment. Clinical conferences and bedside clinics were held on the respective services for teaching purposes.

NURSING DEPARTMENT

Organization

The Nurses' Training School was established in the first quarter of 1919 and was accredited by the Missouri State Nurses' Board in 1920. Miss Gertrude Martin was the first Superintendent of Nurses. She was succeeded by the following: Misses Merkel, Helmkamp, McQuire, Norelius and Harrison. Mrs. Estelle Massey Riddle, graduate of City Hospital No. 2, was the first colored Superintendent of Nurses to be appointed on January 1, 1940.

The school did not grow as rapidly as it had been hoped because it was new and not so well-known throughout the country. However, even at the early date of 1922, our nurses were receiving thorough training, evidenced by the fact that one of the five stu-

dents graduating passed the State Board Examination with an average of 90.5%.

Housing

The Nurses' Home soon became so crowded, due to an increase in numbers, that it was necessary to move some of the nurses into the building occupied by the Infirmary inmates. This arrangement was only temporary, however. Later in 1925, a building at 3100 Pine Street was placed in condition for the Nurses' Residence.

Other Staff Members

There was a nursing staff of approximately thirty when the hospital opened. This was too small a staff for the number of patients in the hospital. It was the duty of seven nurses, one attendant and one orderly to take care of from 190 to 230 patients at night.

The Training School

There were five nurses in the first graduating class in 1922, namely: The Misses Beatrice Finch, Beatrice Wilkerson, Bessie Newsome, Agnes Smith and Nellie Steele (Mrs. Nellie Mischeaux of the present nursing staff). The students were taught by the Superintendent of Nurses, her assistant and the Staff physicians. Miss Merkel, who later became Superintendent of Nurses, was the first Nursing Arts Instructor. It was necessary for the dietitian to come from City Hospital No. 1 to teach dietetics at City Hospital No. 2. In 1924 it was impossible to give the students a course in dietetics because of the resignation of the dietitian at City Hospital No. 1. This situation was improved with the appointment of a dietitian at City Hospital No. 2 in August, 1927.

CLINICAL DEPARTMENTS

X-Ray

The X-Ray Department was housed in one room in the basement of the hospital and the plates made were so cloudy and dim that the greatest diagnostic acumen was needed to interpret the shadows. The department was under the supervision of Dr. Sante of City Hospital No. 1 who came to the hospital for an hour each morning to read the plates. He subsequently taught Dr. J. J. Peters to operate the one x-ray machine. Dr. Peters was carried on the payroll as a senior interne while doing practically all of the x-ray work of the hospital. In July, 1922 he was appointed as Radiologist's Helper and occupied this position until October, 1926. At the present time Dr. Peters is Head of the Department of X-Ray at Veterans Hospital, Tuskegee. Dr. W. M. Wright was appointed as Radiologist's Helper at that time and in November, 1930 as Assistant Roentgenologist. It was at this time that Dr. E. W. Spizig, Roentgenologist, was sent from City Hospital No. 1 to head the department and Mr. Ernest Mowery assisted as technician. They were assisted by an attendant.

Dr. Wright was Assistant Roentgenologist to the time of his death in July, 1941. Dr. W. E. Allen was trained in this department and appointed as Roentgenologist's Helper and later to Assistant Roentgenologist.

Laboratory

The Laboratory was located in a small room on the third floor and was one of the Snodgrass Laboratories (City Laboratory) with Dr. Sherry as Pathologist. Internes and resident physicians did blood counts, urine and gastric analyses and other tests which they might be called upon to do. Cultures, blood chemistry examinations, etc. were sent to the Main Laboratory at City Hospital No. 1, however, this arrangement was most unsatisfactory because the reports were usually late in returning.

In 1934, Dr. J. Owen Blache was appointed Resident Pathologist and during this same year Dr. Sam Gray was appointed to succeed Dr. Sherry as City Pathologist. In anticipation of a new hospital being built, laboratory technicians were trained to fill the positions that would be open in the laboratory. Dr. Blache was promoted to Pathologist in January, 1937.

Cancer Service

There was no special service for the treatment of cancer. However, cancer patients were accorded the medical procedures in use at that time. They were sent to City Hospital No. 1 for post-operative irradiation and radium treatment.

Clinics

There were no special clinics in City Hospital No. 2. However, patients who returned to the hospital for subsequent treatment were seen in the dressing rooms on the various wards. Some patients were sent to City Hospital No. 1 for treatment and dressing following surgery, etc.

Neuro-Psychiatry

Neuro-Psychiatric patients were sent immediately to the observation ward at City Hospital No. 1, if it could be determined at the time of entry that difficulties would be encountered in caring for the patients on the ward. Those cases that entered the ward and became hard to manage were also transferred. Other neuro-psychiatric patients were housed in the hospital annex.

Occupational Therapy

Occupational therapy was not organized at City Hospital No. 2, but was supervised by the nurses on the wards. School teachers assisted in this work.

Cardiology

More intensive study of the heart was instituted at City Hos-

pital No. 2 in 1936. At that time the department had no equipment, but operated with machines borrowed from various companies.

Anesthesia

Anesthesia was formerly given by internes and resident physicians at this hospital. The first nurse anesthetist to head the Department of Anesthesia was Mrs. Louisa Jekel, appointed in October, 1930. She was succeeded by Dr. J. M. Walker in 1935 who occupied this position to June, 1936.

Operating Rooms

Operative teams were composed of doctors only. The junior internes served as scrub nurses for instruments and sutures and assisted the surgeon until about 1926.

The following table illustrates the number of operations performed at City Hospital No. 2 over its first ten-year period.

YEAR	NUMBER
1920 - - - - -	267
1921 - - - - -	398
1922 - - - - -	383
1923 - - - - -	442
1924 - - - - -	464
1925 - - - - -	507
1926 - - - - -	595
1927 - - - - -	663
1928 - - - - -	586
1929 - - - - -	604
1930 - - - - -	802

Dentistry

Because it was thought that dentistry should play an important role in the care of the indigent sick, efforts were made in 1933 to establish a Dental Department at City Hospital No. 2. No funds were available for such a program, however, Dr. A. M. Brooks, who had recently graduated from Howard University Dental School, offered his services. Beginning in May, 1933 Dr. Brooks gave three days weekly gratis to the patients of City Hospital No. 2. He was subject to call at any time. He served in this capacity, using his own instruments, until 1937.

Drugs

All drugs used at the hospital were sent from City Hospital No. 1 and all prescriptions were taken there to be filled.

Admitting Department

This department consisted of one small room located on the first floor of the hospital. Junior internes examined and admitted

all patients into the hospital. They were assisted by graduate and student nurses.

Social Service

The Social Service Department was organized under the supervision of Miss Bond, who directed departments both at City Hospital No. 1 and No. 2. Mrs. Walter Meyers was the first social worker appointed by the City of St. Louis. Her activities were supervised once a week when Miss Bond visited the hospital. Mrs. Meyers was assisted by Miss Edith Mason, who volunteered her services for one year. With the resignation of Mrs. Meyers, Miss Mason became the only paid worker in the department. Until 1930 the department functioned with only one other worker, a volunteer.

During this time the responsibility of the social worker was to obtain social information on patients for the physician; to contact the agencies, relatives, employers, etc. regarding patients; to transfer patients to the City Infirmary; and to keep in touch with obstetrical and tubercular cases referred for follow-up. These duties were performed without a departmental secretary.

Four Social Service Directors have been appointed since 1933 to the present, including the Misses J. Hallie, M. Randolph, G. Martin and Mrs. C. B. Bonner. Until 1936 the department functioned with two paid workers and volunteers.

Medical Library

There was no Medical Library in the City Hospital No. 2, but a few books were kept in the Superintendent's Office. These were issued by him to the members of the Resident Staff.

Medical Records

Medical Records were kept in the Office of the Chief Clerk, Mrs. Isabella Crum, the first Chief Clerk appointed at City Hospital No. 2. She had the services of a stenographer, who was shared by the Superintendent of the hospital. Because of the lack of adequate personnel and equipment, it was impossible to file histories of patients to meet the minimum standards set up by the American College of Surgeons.

Below is a typical card used on each patient admitted to the hospital from 1919 to 1936 :

Shakespeare, Wm.	A-1
1023 N. 2nd Street	39
December 15, 1927	No. 5344
Hemiplegia (Rt)	
Result: Discharged December 28, 1927	
Final Diag:	64 (10)

An index was kept on each patient registered :

DISCHARGED				ADMITTED			NAME	Div. Trans. Trans. Trans.	REMARKS
Month	Day	Disch.	Trans.	Month	Day	Reg. No.			

DIETARY, MAINTENANCE AND HOUSEKEEPING SERVICES

Dietary Department

When the hospital first opened, the steward supervised the kitchen and dining room and the nurses on the wards had charge of the patients' food, since there was no dietitian.

Mrs. P. F. Green was the first dietitian to be appointed in August, 1927 and she resigned in May, 1928. Miss Abbie Vinson was appointed in February, 1929 and served until September, 1931. Mrs. Green was reappointed at this time and served until August, 1933. Mrs. Minnie Dames was dietitian from September, 1933 to November, 1939.

Laundry

City Hospital No. 2 had no Laundry, but sent all its linens, etc. to City Hospital No. 1 to be laundered.



The Homer G. Phillips Hospital

ESTABLISHMENT OF HOMER G. PHILLIPS HOSPITAL

Because of crowded conditions, City Hospital No. 2 soon became so inadequate that it was necessary to send some of its chronic patients to St. Mary's Infirmary and Peoples Hospital. The City of St. Louis paid for these patients' care at a cost of \$2.00 per hospital day. During the month of March, 1934, \$6,620 was paid to St. Mary's Infirmary for 3,310 hospital days. This is one instance of many, that such payments were made for the care of these patients.

The services rendered at City Hospital No. 2 were good, but the housing was not adequate for the needs of the colored indigent sick of St. Louis. In 1922 a Bond Issue of \$87,000,000 was floated, making it possible for the building of a new hospital.

After much delay, construction of the service section of the new building (from separate City funds—\$360,000) was begun in 1932. Additional funds obtained by Federal Grant completed the building.

The Homer G. Phillips Hospital was opened and formally dedicated in the Spring of 1937. The name was given the institution in honor of the late Attorney Homer G. Phillips, who rendered so much service in the securing of favorable consideration for the building of a new hospital rather than the building of an annex to City Hospital No. 1. The value of the hospital at this time is about \$3,000,000.

BUILDINGS

The structures of the Homer G. Phillips Hospital are five buildings, namely: The central or administration building; north and south ward buildings; service building; the nurses' home with an annex for apartments of the Superintendent and Medical Director and quarters for internes and resident physicians. Resident physicians and internes are also housed on the sixth floor of the administration building.

ADMINISTRATIVE ORGANIZATION

In accordance with the provisions of the Charter of the City of St. Louis, the responsibility for the management of the City's Eleemosynary institutions have been centralized in the Office of the Hospital Commissioner.

Dr. Oral S. McClelland was the first Superintendent of Homer G. Phillips Hospital and Dr. H. E. Hampton was the first Medical Director. Dr. W. B. Christian succeeded Dr. McClelland in August, 1941 and served in this capacity to July, 1945. He was succeeded by Mr. Virgil McKnight, former Chief Clerk of Homer G. Phillips Hospital. Dr. W. H. Sinkler was appointed as Medical Director in

August, 1941 to succeed Dr. Hampton and is presently serving in this capacity.

In the early history of the institution the budget was very limited, however, the hospital was run fairly well despite this handicap and the patients received good care. In 1941-42 the budget for the entire hospital was only \$569,000. This year, 1944-45, the budget is \$978,000, an increase of over \$400,000, brought about by the institution of the merit system.

Hospital Personnel

WPA and NYA personnel assigned to the hospital in 1937 rendered much service in various capacities throughout the hospital. They were employed as clerks, occupational therapists, attendants, porters, dietary workers and laundry workers. Their withdrawal in July, 1942 was a severe handicap to the service and maintenance needs of the hospital. However, in February, 1943 an allotment of sixty-one additional employees was granted, which materially aided in overcoming the acute personnel shortage. Since this allotment, approximately thirty-five employees have been added, making our total personnel, six hundred and one at the present time. This number includes professional and non-professional employees.

MEDICAL ORGANIZATION

The Hospital

Homer G. Phillips Hospital is a Class "A" General Hospital of 777 beds, and is approved for junior internships, assistant residencies and residencies by the American Council on Medical Education and the American College of Surgeons. All types of injuries and diseases are treated with the exception of communicable diseases. However, note should be made that there is one ward set aside for the observation of patients who are believed to be tubercular. With the establishment of a diagnosis, disposition is made of these cases.

Scheme of Organization

To assure the patients of Homer G. Phillips Hospital of the best care and treatment which medical science affords, the Hospital Commissioner has appointed a staff of eighty-seven Visiting Physicians, who serve the hospital without pay.

The Medical Director is the representative of the Hospital Commissioner and acts in the capacity of liaison officer between the former and the Medical Staffs of the hospital. He supervises the work of the Resident Staff and sees that the orders of the Visiting Staff are carried out.

Standing committees of the Staff are as follows:

Medical Executive Board

The Medical Executive Board is composed of the Chief of

Staff, Vice-Chief of Staff, Hospital Superintendent, Medical Director, Director and Associate Directors of the Departments of Surgery, Obstetrics and Internal Medicine. This Board acts as a liaison group between the Visiting Staff and the Administration of the Hospital. Its duties are to consider and act on all matters which are not of a clinical nature; to investigate the credentials of all applicants for membership to the Staff; to investigate any breach of ethics reported; to review any records referred by the Medical Director and arrive at a decision regarding the performance of the Staff members; to make recommendations for the granting of privileges and to appoint members to the various divisions and departments.

Medical Records Committee

The Medical Records Committee consists of three members of the Visiting Staff. This Committee meets weekly to review the medical records of all patients discharged during the week and reports to the Visiting Staff the names of those who are persistently delinquent in the completion of their records. The Medical Records Committee also notifies the Program Committee of any cases that should be presented before the Visiting Staff.

Program Committee

The Program Committee consists of three members of the Visiting Staff who are responsible for the preparation and presentation of the program of all Staff meetings.

Interne Committee

The Interne Committee consists of three members of the Visiting Staff and acts as an advisory committee in the selection of internes, in the outlining of courses of instruction for the Resident Staff and in assisting the administration in matters of government and discipline of the Resident Staff.

Committee on School for Nurses

This committee consists of five members of the Visiting Staff. It receives any complaints pertaining to nursing from the standpoint of the nurses, the hospital or the doctors, and in all cases of persistent controversy reports its findings to the Medical Executive Board. The Committee confers with the Medical Director on the formation of a lecture staff for student nurses, and sees that the rules of the ethics of nursing are properly promulgated and maintained.

Educational Program for the Resident Staff

Because of the availability of a large amount of clinical material, excellent equipment and an efficient staff selected from the most outstanding men in the medical field, the Resident Staff of Homer G. Phillips Hospital receives excellent medical training.

This program includes monthly staff conferences, which are of a clinico-pathological type; monthly tumor conferences and weekly or semi-monthly departmental conferences. These conferences are augmented by instruction in the radiological, pathological and bacteriological laboratories, ward rounds and individual instruction by the Visiting Staff.

After graduation from medical school, a large number of states require an internship of one year in a Grade "A" Hospital, before issuing a license to practice medicine in those states. However, some physicians spend a longer time depending on their desire to receive more specialized medical training under competent supervision. Thus evolves the junior internship, the senior internship, the assistant residency and the residency, each covering a period of one year.*

* The War Manpower Commission established the 9-9-9 plan in 1943, whereby the senior internship was abolished for the duration of the war and the other residencies cut to nine months each.

A junior interne rotates through the following medical services: Medicine, pediatrics, neurology, tuberculosis, surgery, gynecology, obstetrics, genito-urinary diseases, eye, ear, nose and throat, fractures, anesthesia, receiving room, x-ray, pathology and an out-patient dispensary. For the first time in the history of the hospital, junior internes are further being trained in the management of tuberculosis at Koch Hospital and in contagious diseases at City Hospital No. 1 on the Isolation Unit.

The junior interne is responsible to the visiting physician and to the resident physician for the supervision and care of patients on the ward to which he is assigned. He examines and prescribes for all cases admitted to the wards (under supervision of the Resident Physician and the Visiting Physician) and is familiar with all factors of history, physical examination and treatment of his patients. He plans the method of procedure for various examinations necessary to establish a diagnosis and enters into the record of the patient the initial physical examination as well as subsequent notes on the course of the illness. The junior interne keeps accurate progress notes on patients at least every four days, however, notes are kept on serious patients as often as a change in their condition occurs. It is his responsibility to see the relatives of patients concerning their medical condition and disposition.

A large number of junior internes serve at Homer G. Phillips Hospital and to insure impartiality of selection of the advanced house staff, they are graded on each medical service. This is done on the basis of professional character, skill in diagnosis, history taking and physical examinations, attitude toward patients and technical skill. The junior interne is promoted to senior interne.

Senior internes rotate through the major clinical services, serving approximately two months on each service over a period of one year. Such rotation aids him in deciding in the particular branch of medicine in which he would like to specialize. The senior interne carries out the duties assigned to him by the resident physician and he directly supervises the ward work of the junior interne, assisting him in routine ward procedures.

Homer G. Phillips Hospital encourages specialization in medicine by promoting the senior interne to assistant resident physician on one of the medical services of the hospital. As assistant resident physician he assumes the duties of the resident physician when he is absent from the hospital and performs any duties assigned him by the resident. These duties vary with the type of patient he is treating. Before appointment as resident physician on the major services he must spend at least four months on pathology and chemical laboratory procedures.

The assistant resident physician is appointed to resident physician on the service which he has served for one year. The resident physician on the various services is responsible to the visiting physician and the director for the conduct of his service. In the absence from the hospital of members of the visiting staff, the resident physician represents them in all accidents or emergencies which may arise. However, he promptly reports these emergencies at the earliest opportunity. The resident physician has direct supervision of the assistant resident physician and the senior and junior internes.

The Education Committee

The Education Committee has been able to secure scholarships from the Rosenwald Fund for two of the former resident physicians, Drs. H. P. Venable and H. J. Erwin. Dr. Venable studied Ophthalmology at New York University College of Medicine and is now Ophthalmologist of Homer G. Phillips Hospital. He was recently certified by the American Board of Ophthalmology. In the interest of keeping the Department of Ophthalmology informed about current trends, Dr. Venable is now doing Research Work in Ophthalmology at St. Louis University.

Dr. Erwin studied Neuro-Psychiatry at the College of Physician and Surgeons, Columbia University; New York Neurological and Psychiatric Institute; Harvard Medical School and Massachusetts General Hospital. He is now Medical Director of the Neuro-Psychiatric Service at Homer G. Phillips Hospital. Dr. Erwin has been certified by the American Board of Psychiatry.

Through the efforts of Dr. Robert Elman, Director of the Department of Surgery at Homer G. Phillips Hospital and Associate Professor of Surgery at Washington University Medical

School, one of our former resident physicians, Dr. C. R. Merry, was associated with the National Research Council last year. He was placed in charge of all burn cases. Statistics now on file show that these patients received better treatment during the year 1943-44 than had been evidenced in the past history of the institution. Dr. C. E. Beguesse has succeeded Dr. Merry in this work.

In addition to the above mentioned, there are thirty-seven diplomats of the various National Boards who are members of the Visiting Staff of the Hospital.

Since the opening of the hospital in 1919, approximately four-hundred fifty internes and resident physicians have been trained. Out of a total of about 4,000 colored physicians in the country, about nine percent have received their hospital training at Homer G. Phillips Hospital (City Hospital No. 2 included). This percentage will be greatly increased in the future as our quota of junior internes has been raised to thirty-six instead of the usual twenty-five or thirty.

The following is a list of the Resident Staff of Homer G. Phillips Hospital; for the year beginning January 1, 1945 to September 30, 1945, incl.:

RESIDENT PHYSICIANS

Dr. Clovis Beene	Internal Medicine
Dr. B. F. Murphy	Internal Medicine
Dr. R. E. Tisdale	Surgery
Dr. A. A. Griffin	Surgery
Dr. W. C. Calloway	Obstetrics-Gynecology
Dr. L. E. Courtney	Obstetrics-Gynecology
Dr. J. C. Luck	Pediatrics
Dr. Alva Moore	Tuberculosis
Dr. R. E. Dawson	Eye, Ear, Nose and Throat
Dr. C. V. Weekes	Urology
Dr. W. R. Johnson	Fractures-Orthopedics
Dr. E. B. Williams	Neuro-Psychiatry

ASSISTANT RESIDENT PHYSICIANS

Dr. G. B. Brothers	Internal Medicine
Dr. T. G. Grimes	Internal Medicine
Dr. W. L. Walker	Surgery
Dr. A. L. Brewer	Surgery
Dr. C. E. Beguesse	Surgery (Burns)
Dr. C. A. Hancock	Obstetrics-Gynecology
Dr. R. M. Haskins	Obstetrics-Gynecology
Dr. T. E. Blevins	Pediatrics
Dr. W. B. Bernard	Tuberculosis
Dr. A. C. Hansen	Eye, Ear, Nose and Throat
Dr. C. L. Hunt	Rotating
Dr. C. Moorhead	Rotating

JUNIOR INTERNES

Dr. C. Atkinson	Dr. A. J. Hackett
Dr. P. O. Batipps	Dr. W. H. Harrison
Dr. B. O. Beguesse	Dr. A. C. Johnson
Dr. E. V. Bennett	Dr. G. Lawrence
Dr. J. F. Benson	Dr. R. Manuel
Dr. F. A. Biggs	Dr. J. Mason
Dr. B. H. Bower	Dr. M. J. Mosely
Dr. E. F. Bynoe	Dr. D. C. Northeross
Dr. A. H. Coleman	Dr. W. D. Patton
Dr. W. E. Crew	Dr. T. J. Barefield-Pendleton
Dr. O. L. Daniels	Dr. B. H. Phillips
Dr. L. C. Fisk	Dr. L. D. Samples
Dr. M. Frazier	Dr. J. S. Selden
Dr. C. Frazer	Dr. T. H. Selden
Dr. C. Giscombe	Dr. E. P. Thomas
Dr. E. M. Green	Dr. R. Wilson
Dr. H. P. Green	Dr. J. E. Walters
Dr. J. E. Green	Dr. F. H. Bryant

Visiting Staff

The Visiting Staff of Homer G. Phillips Hospital is made up from representatives of the two medical schools located in the city—Washington and St. Louis Universities—and Negro physicians not connected with either medical school.

The school exerts a measure of control over the staff because the directorships of the major clinical divisions are held by their designated representatives. (Washington University now in service). The Chief of Staff is nominated by the university unit in service and the Associate Chief of Staff by the Mound City Medical Forum (Local Negro Medical Society). These nominees are approved by the Hospital Commissioner. In each medical department of the hospital there is a director from the university and an associate director from the Mound City Medical Forum. They are responsible for the functioning of the clinical organization of the hospital and the keeping of careful supervision over the clinical work in all divisions and services. The advancement of colored members of the staff is made on the basis of professional efficiency and interest in the educational program as carried out under the supervision of the university.

The Visiting Staff is divided into consulting, active and assistant groups. The Consulting Staff consists of recognized specialists who are active in the hospital or who are willing to accept such appointment. These may be Fellows of the American College of Surgeons, or of the American College of Physicians or diplomats of one of the national boards of medical specialties. The duties of this group are to give advice and service on request of the Visiting Staff.

The Active Visiting Staff consists of physicians who have been selected to attend patients in the hospital. It is required that the members be well-skilled in the particular branch of medicine to which they are assigned. They are limited to the care of those patients assigned to their service. Such limitation again has helped to bring about more specialization in medicine by the colored physicians of St. Louis who are associated with the hospital.

Homer G. Phillips Hospital offers its facilities to the doctors of St. Louis. Here there is an interchange of medical knowledge in the form of consultations, conferences and bedside clinics. This association has in turn meant better care of the sick, not only in the community, but of the nation, because our resident physicians, after having received four years of supervised hospital training, two of which are in one branch of medicine, go forth into the various communities of the nation to help relieve the suffering and to combat disease.

The Assisting Visiting Staff consists of junior and less-experienced members or of physicians who have not been actively engaged in the work of the hospital, but have expressed a wish to become active as vacancies occur on the active staff. They are assigned to services in the same manner as provided for the active staff and associate as junior members in the treatment of both in and out patients.

The following is a list of the members of the Visiting Staff of Homer G. Phillips Hospital:

Visiting and Assisting Staff

Consulting Staff

MEDICINE

Dr. William Beaton
 Dr. E. J. Gregg
 Dr. W. E. Hill
 Dr. F. L. Lovings
 Dr. S. E. Moore—Assistant Director
 Dr. S. E. Smith
 Dr. A. M. Townsend
 Dr. T. L. Walker
 Dr. W. W. Yerby
 Dr. W. A. Young—Associate Director

Dr. Harold Bulger—Director and
 Consultant (Metabolic Diseases)
 Dr. Alfred Goldman (Chest)
 Dr. Harold Scheff (Gastroenterology)
 Dr. John Smith (Cardiology)

SURGERY

Dr. H. S. Brookes
 Dr. Blair W. Carter
 Dr. Charles Eckert
 Dr. Robert Elman—Director
 Dr. J. E. Eubanks
 Dr. G. A. Gaikins
 Dr. Carl J. Heifetz
 Dr. R. E. Long
 Dr. O. S. McClelland

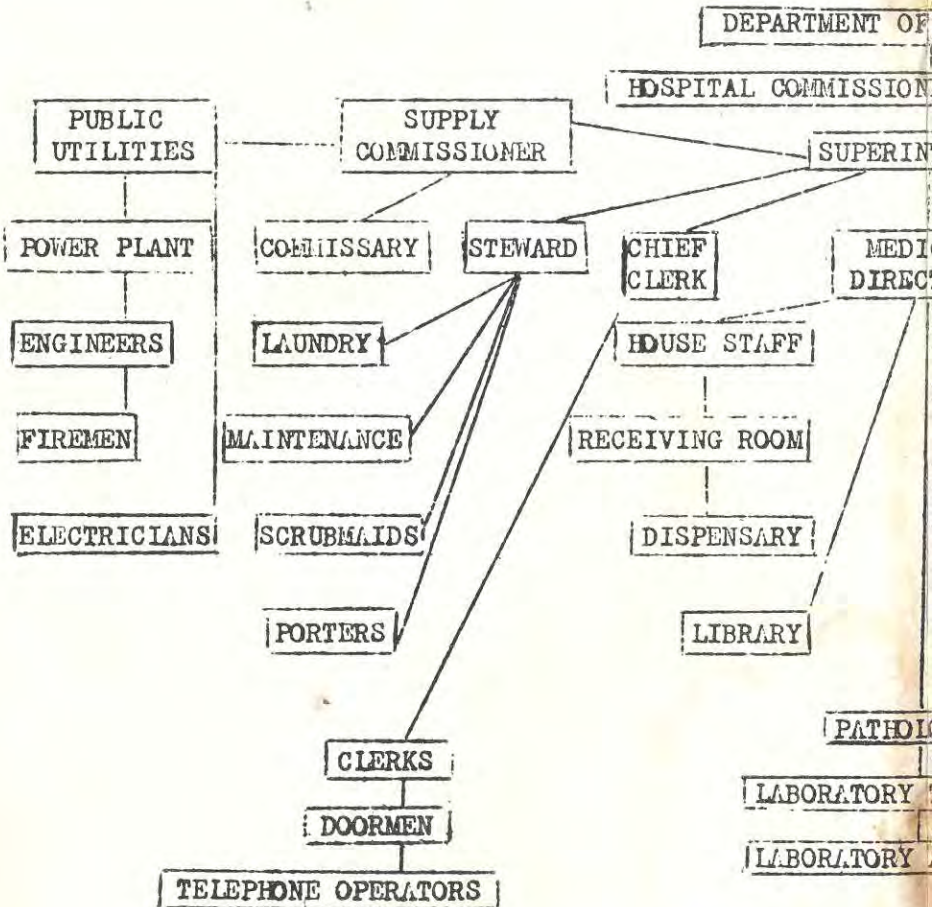
Dr. Evarts Graham
 Dr. A. O. Fisher
 Dr. M. G. Seelig

Specialties

Dr. F. H. Ewerhardt—
 (Physical Therapy)
 Dr. A. M. Jackson (Proctology)

S C H E M E O F
 Homer G Phil
 St Louis,

M A



ORGANIZATION

lips Hospital
Missouri

Y O R

PUBLIC WELFARE

ER AND ASSISTANT COM.

TENDENT

MEDICAL
EXECUTIVE BOARD

MUNICIPAL
NURSING BOARD

CAL
TOR

CHIEF OF STAFF

X-RAY

DIETITIAN

SUPT NURSES

PHYSICAL THERAPY

MEDICAL RECORDS

SOCIAL SERVICE

VISITING PHYSICIANS

LOGIST

TECHNICIANS

ASSISTANTS

COOKS

DIET MAIDS

DINING RM SERVICE

NURSING SERVICE

NURSE INSTRUCTION

OPERATING ROOM MAINTENANCE

STERILE SUPPLIES

RADIOLOGISTS

RADIOLOGIST HELPERS

Visiting and Assisting Staff

Consulting Staff

SURGERY (Cont'd)

Dr. J. G. Probstein
Dr. W. H. Sinkler
Dr. J. J. Thomas
Dr. A. N. Vanghn
Dr. H. H. Weathers—
Associate Director
Dr. R. W. White

Dr. Frank McDowell—
(Plastic Surgery)
Dr. Carl J. Poppe (Chest Surgery)

ORTHOPEDIC SURGERY

Dr. H. L. Thieme—Director
Dr. E. D. Johnson

Dr. J. Albert Key

UROLOGY

Dr. J. T. Aldrich
Dr. W. B. Christian—
Associate Director
Dr. Harry Cutler
Dr. Rogers Deakin—Director

Dr. D. K. Rose

OTOLARYNGOLOGY

Dr. Monroe H. Little
Dr. W. D. Norman—
Associate Director
Dr. J. W. Nofles

Dr. T. E. Walsh—Director

OPHTHALMOLOGY

Dr. H. P. Venable

Dr. W. H. Meinberg
(Director-Consultant)
Dr. L. T. Post

PEDIATRICS

Dr. Leroy Dabbs
Dr. Dorothy Jones—Director
Dr. Leroy Reynolds
Dr. Park J. White

Dr. Alexis F. Hartman

OBSTETRICS-GYNECOLOGY

Dr. S. R. Barrett
Dr. G. J. Dixon
Dr. H. E. Hampton
Dr. L. B. Howell
Dr. G. B. Key
Dr. K. C. Morrin—Acting Director
Dr. R. M. Scott
Dr. Léon Smart
Dr. W. L. Smiley
Dr. E. T. Taylor—Associate Director
Dr. J. F. Winston
Dr. E. F. Woodson

Dr. W. M. Allen
Dr. T. K. Brown—Director
Dr. Otto H. Schwarz
Dr. Carl R. Wegner—
(Toxemias of Pregnancy)

NEURO-PSYCHIATRY

Dr. H. J. Erwin
 Dr. A. B. Jones
 Dr. Irwin Levy

Dr. Edwin F. Gildea—Director

NEUROLOGICAL SURGERY

Dr. E. A. Smolik

Dr. Ernest Sachs

DERMATOLOGY AND SYPHILOLOGY

Dr. J. C. Sherard

Dr. Irwin H. Eskeles
 Dr. A. J. Reiches

DENTISTRY

Dr. E. C. Brooks—Director
 Dr. W. E. Koch
 Dr. D. S. Miller
 Dr. W. B. Spotts
 Dr. R. E. Martin

NURSES' TRAINING SCHOOL**Personnel**

The Department of Nursing has greatly increased in size since its beginning in 1919. The personnel now includes 1 Superintendent of Nurses; 5 Assistant Superintendent of Nurses; 6 Instructors; 10 Supervisors; 1 Social Director; 1 Resident Director; 25 Head Nurses; 100 General Duty Nurses and 90 Attendants. Two stenographers are also employed in this department.

Buildings

The Nurses' Residence is a modern five-story, fireproof building, which provides living quarters for 147 students and 14 faculty members. It is adjacent to the hospital with which it is connected by a tunnel.

The Training School

The Nursing School is under the supervision and control of the Municipal Nurses' Board of the City of St. Louis. Such supervision serves to emphasize the scientific aspects of nursing education and assures the maintenance of the highest professional standards.

There are 147 students enrolled in the Homer G. Phillips Hospital School of Nursing at the present time. Courses are offered in the biological and physical sciences, social and medical sciences, nursing and the allied arts such as nutrition, gynecological nursing, surgical techniques, etc. These courses aim to give the student a sound knowledge of the principles underlying all nursing pro-



Cadet Nurses' Corp

cedures. Members of the House and Visiting Staffs aid in the teaching program of the school.

Cadet Nurses' Corps

The United States Public Health Service approved the Homer G. Phillips Hospital School for Nursing for the United States Cadet Nurse Corps Training in July, 1943. Under this plan the student is provided with uniforms, tuition, board, registration fees and books, as well as a monthly allowance.

Outstanding Graduates

To date two hundred seventy-five nurses have received their diplomas from the Homer G. Phillips Hospital School of Nursing (including City Hospital No. 2), the majority of whom are now gainfully employed in their chosen profession.

Mrs. Bessie Newsome Cole of the first graduating class, is now employed on the Visiting Nurses' Association Staff of this city. Of the second class, one outstanding graduate who has contributed much to the profession is Mrs. Estelle Massey Riddle. She is a graduate of Teachers' College, Columbia University and has served as consultant of the Rosenwald Fund on Rural Education; Educational Director, Freedman's Hospital and former Superintendent of Nurses at this hospital. Mrs. Riddle also served as President of the National Association of Colored Graduate Nurses and is author of a number of professional articles. At the present time she is Consultant of the National Nursing Council for War Service and is teaching at New York University.

Miss Ella Mae Jackson, a graduate of City Hospital No. 2 School of Nursing, and former Assistant Superintendent of Nurses at Homer G. Phillips Hospital, will finish her course of study at the University of Minnesota in June. She has been asked to serve as Medical Supervisor at the University.

Graduates employed in the City and holding administrative, teaching and supervisory positions are as follows: Miss H. E. MacCarthy, Assistant Superintendent of Nurses; Miss A. B. Adkins, Assistant Superintendent of Nurses; Miss Olivia Moore, Nursing Arts Instructor (Orthopedic Scholarship to Columbia University); Mrs. L. J. Caldwell, Anesthetist (University of Minnesota, now heading the Department of Anesthesia at Homer G. Phillips Hospital); Miss Alma Jones, Nursing Arts Instructor, is attending Columbia University; Miss Kathryn White, Assistant Nursing Arts Instructor, attended University of Minnesota; Miss Corelia Ray is the first Negro Supervisor of a Public Health Clinic in St. Louis; Miss Frankye Thomas, graduate of West Virginia State College and with advanced work at Western Reserve, is the second Negro Public Health Consultant appointed at Homer G. Phillips Hospital; and Miss Viola Terrell, a graduate of New York University, is

Nursing Arts Instructor of John A. Andrew Memorial Hospital, Tuskegee, Alabama. A number of graduates of the Homer G. Phillips Hospital School of Nursing are now attending various universities and colleges and are serving throughout the United States in practically every state of the Union.

CLINICAL DEPARTMENTS

X-Ray Department

The X-Ray Department is still under the direction of Dr. E. W. Spinzig, Roentgenologist, who is certified by the American Board of Radiology. He is assisted by Dr. V. C. Payne, Acting Assistant Roentgenologist. Dr. Payne came into the department as Roentgenologist Helper, working at nights, in September, 1941. He was appointed to his present position to fill the temporary vacancy left by Dr. W. E. Allen (Major Allen) on Army leave to Head the Department of X-Ray at Fort Huachuca, Arizona.

In addition to the above named persons, there is one supervising technician, five technicians (to take films); one therapy technician (to administer deep x-ray treatments and radium); one photographer; two clerks and two attendants. The Department is recognized for the training of internes and resident physicians by the American Council on Medical Education and the American College of Surgeons.

The X-Ray Department occupies the entire fifth floor of the administration building consisting of a fluoroscopic room; superficial therapy room and an examination and radium treatment room. All of these rooms are fully equipped to make x-rays and administer deep x-ray and radium treatment.

Laboratory

The Laboratory continues to affiliate as a member of the Snodgrass Laboratories under the direction of Dr. Sam Gray. Dr. J. Owen Blache, on Army leave since 1941, has been temporarily replaced by Dr. W. L. Smiley as Pathologist. The Snodgrass Laboratory holds weekly clinico-pathological conferences, at which time members from the pathological departments of all city institutions take part.

The personnel of the Laboratory has been greatly increased and fully equipped to do all types of standard laboratory tests. Connected with this department is a Solution Room, in which is made all the solutions used in the hospital—saline, glucose, dextrose, sodium citrate, novocaine and any other on request. There are nine technicians, one bacteriologist, one chemist, three laboratory helpers, one morgue keeper and two stenographers employed in this department, which occupies practically the entire second floor of the administration building. Each ward has its own laboratory, equipped to do simple procedures.

The Department of Pathology was recognized by the American Council on Medical Education and the American College of Surgeons for the training of internes and resident physicians in 1942. At the present time there are seven student technicians in training in this department.

The Blood Bank, under the supervision of the Laboratory, was begun in 1939. From a simple beginning when one individual drew the bloods, stored them in the icebox and issued them to the various wards on demand, it has grown to its present state, where several groups of individuals are concerned with the securing, processing, storing and issuing of both blood and plasma. The blood is secured for patients in the hospital from voluntary donors. Since the opening of the Blood Bank, 3,924 persons have donated their blood to the hospital, making a total of approximately 1,962,000 cc's of blood given for patients in the hospital. However, all of this blood has not been needed, but has helped in the building up of a plasma reserve which will assure the patients of immediate and adequate medical care in any eventuality. This reserve has not been built at the expense of patients in the hospital. At no time have patients needed blood or plasma that it has not been available to them immediately.

Formerly autopsies or post mortem examinations were performed by junior internes. Now these examinations are done at this hospital by a skilled pathologist or a resident physician under his direct supervision. There has been and still exists vast ignorance of the scientific purpose of post mortem examinations. There is a widespread belief that pathologists wantonly and unnecessarily mutilate dead bodies. To allay these suspicious ideas, every effort is made by the Medical Staff to interpret to relatives and those persons concerned that there is no disfigurement of the corpse.

The lay person is not aware of how dependent the physician's knowledge is upon facts obtained from these autopsies. The knowledge obtained in the post mortem room is applied to the advantage of those patients suffering from similar complaints.

Tumor Service

In recognition of the fact that cancer is such a complex problem and that proper therapy pervades all of the recognized specialties, the Tumor Service was organized in order to offer the best possible care to cancer patients at Homer G. Phillips Hospital in September, 1938. The Tumor Service is the joint responsibility of the representatives of the various specialties and offers a coordinated scheme of diagnosis and treatment of neoplasms.

The Tumor Committee is a distinctly organized service and includes the Roentgenologist, the Pathologist and a representative from the service requesting tumor consultation. The services

of a secretary are available to the Committee for recording data in regard to diagnosis and treatment and for the maintenance of indices and cross-indices of patients and diseases. A social worker is also available to the Tumor Committee for the maintenance of an efficient follow-up system, to rehabilitate the patient, secure community aid and supervise home care.

Cancer patients of Homer G. Phillips Hospital are treated with x-ray, radium, surgery or symptomatic treatment only, if the disease has advanced too far. In 1943-44 a total of 1,190 x-ray treatments were administered and 98,498 millicurie hours of radium were given. Therapy patients made a total of 298 follow-up visits and 34 consultations were answered by the Committee.

Clinic

Prior to September, 1941, all patients seeking out-patient care with a few exceptions, were treated in a large, pool clinic. Since that time the clinic has been reorganized and all new patients are given complete physical examinations and referred to one of the special clinics for further medication. The following clinics are maintained: Medical, gynecological, skin, fracture, orthopedic, chest, surgical, prenatal, eye, ear, nose and throat, venereal disease, heart, pediatric, diabetic and bronchoscopic. The appointment system has been instituted which makes provision for patients to come at specific times for medical treatment. This has facilitated the filing and keeping of clinic records and patients are now given more thorough examinations. Medical students from Washington University, under the supervision of an instructor, have aided in the care of patients in the surgical clinic.

CLINIC SCHEDULE

CLINIC	DAY	TIME
REGISTRATION FOR MORNING CLINICS 8:00-10:30 A.M.		
DIAGNOSTIC	DAILY	8:00 - 10:30 a.m.
MEDICAL	DAILY	8:00 - 10:30 a.m.
SURGICAL	DAILY	8:00 - 10:30 a.m.
HEALTH	{ MONDAY	10:30 - 8:00 p.m.
WOMEN	{ THURSDAY	9:00 - 3:00 p.m.
	{ FRIDAY	5:30 - 8:00 p.m.
MEN	{ WEDNESDAY	10:30 a.m. - 8:00 p.m.
	{ FRIDAY	10:30 a.m. - 8:00 p.m.
EXAMINATION (Male and Female) (New Patients)	TUESDAY	9:00 a.m. - 12 noon
MEN AND WOMEN	TUESDAY	8:00 a.m. - 3:00 p.m.
	SATURDAY	9:00 a.m. - 11:00 a.m.
CHILDREN (Male and Female)		
DIABETIC	MONDAY	7:00 - 8:00 a.m.
HEART	WEDNESDAY	7:00 - 8:00 a.m.
CHEST	TUESDAY	8:00 - 10:30 a.m.
DENTAL	DAILY	8:00 - 10:30 a.m.
RECTAL	MONDAY	8:00 - 10:30 a.m.
FRACTURE-ORTHOPEDIC	TUESDAY	8:00 - 10:30 a.m.
REGISTRATION FOR ALL AFTERNOON CLINICS—12:30 - 1:30 P.M.		
GENERAL MEDICINE	DAILY	12:30 - 1:30 p.m.
GENITO-URINARY	WED. & FRI.	12:30 - 1:30 p.m.
PEDIATRICS	MON. & FRI.	12:30 - 1:30 p.m.
GYNECOLOGY	MON., WED. & FRI.	12:30 - 1:30 p.m.
PRENATAL & POST-NATAL	TUES. & THURS.	12:30 - 1:30 p.m.
NEUROLOGY	WEDNESDAY	12:30 - 1:30 p.m.
SKIN	THURSDAY	12:30 - 1:30 p.m.
EAR, NOSE & THROAT	MON. & FRI.	12:30 - 1:30 p.m.
EYE	TUES. & THURS.	12:30 - 1:30 p.m.
BLOOD DONORS	DAILY	
	SUNDAYS	9:00 a.m. - 3:30 p.m.
	SATS. & HOLIDAYS	12:00 - 3:30 p.m.

NOTE: CLINICS CLOSED ON ALL
NATIONAL AND STATE HOLIDAYS

The Public Health Department of the hospital is doing an excellent job in the instruction of the patients in the clinic. Here they are taught personal hygiene, prenatal and post-natal care. Definite instructions are given to diabetic and cardiac patients, patients of the venereal disease clinic, tuberculars, etc. This training is enthusiastically received and the patients state they are greatly benefited by it.

The student nurses of Public Health show great interest in the welfare of the needy patients who attend clinic. They go into the homes, rendering any services that will be of benefit in contributing to the health and successful living of those with whom they come in contact. The patients in turn have been very cooperative with the workers, who have been most cordially received.

Neuro-Psychiatry

Dr. H. J. Erwin as Medical Director of the Neuro-Psychiatric Service of Homer G. Phillips Hospital has made very definite improvements in the treatment of the patients on his service. Fever therapy, hydrotherapy and occupational therapy have been maintained on a high level of efficiency. Dr. Edwin Gildea is Director of the Department. The Service has worked more closely with Drs. Ernest Sachs and E. A. Smolik, neuro-surgeons from the staff of Washington University School of Medicine.

Two convalescent rooms with special furnishings and equipment have been set aside for those patients who should be kept apart from the more disturbed group. In 1942 the department was approved for the training of internes and resident physicians by the American Council on Medical Education and the American College of Surgeons.

The Department of Occupational Therapy, which operates in conjunction with the Department of Neuro-Psychiatry, was supervised by WPA workers when Homer G. Phillips Hospital opened. Their work was supervised by Dr. Fingert of the Washington University Medical School Staff. In July, 1943, with WPA workers moved from the hospital, Miss Decomer Lacy was placed in charge of this department under the supervision of Dr. Erwin.

The work of the department is a part of the treatment afforded the mentally ill of the hospital. Music, painting, handicraft, carpentry, sewing and games are some of the activities taught these patients to hasten their recovery. The classes average about twenty patients daily. The type of work done by these patients is very instrumental in helping them to properly adjust.

Cardiology

With the purchase of the necessary equipment for operation,

Dr. W. A. Younge, Associate Director of Internal Medicine, became supervisor of the Department of Cardiology in August, 1937. Mrs. Willie Straham assists as technician.

Heart patients require no special accommodation and are admitted to the general wards when necessary, otherwise they are treated in the Heart Clinic. Since 1937, 9,000 electrocardiograms have been made. Consultations are answered from all departments of the hospital including the out-patient clinic. Very few operations are performed in this hospital without first securing an electrocardiographic report on the patient.

Several resident physicians have been trained in this department: Drs. W. E. Hill, A. L. Lewis, H. J. Lyman, Jarone Johnson, S. E. Smith, C. H. Beene, B. F. Murphy and T. G. Grimes.

Physiotherapy

The Department of Physiotherapy was opened in July, 1938 with a nurse technician acting as supervisor. In September, 1941 Miss Ida B. Paul, physiotherapist, became head of the department. She is assisted by three technicians, one orderly and two attendants.

This department of the hospital renders invaluable therapeutic service to patients. The results of the therapeutic procedures are seen most markedly in orthopedic and fracture surgery. By the use of physical therapy, muscle function is maintained until its return to normal; during enforced periods of rest, joints are prevented from stiffening and muscles and tendons from contracting. However, physiotherapy also cooperates with the neuropsychiatric service in the giving of fever sessions and sedative tub baths.

During the fiscal year, 1943-44, 800 patients were registered in the Department of General Physiotherapy; 5,381 treatments given and 358 fever sessions, totaling 6,539 treatments. The type of treatments given includes infra-red rays, ultra-violet rays, diathermy, fever therapy, scotch douches, massages and active and passive movements.

Anesthesia

Upon the opening of Homer G. Phillips Hospital, Dr. W. J. Williams became Head of the Department of Anesthesia. In September, 1940 Mrs. L. J. Caldwell, R.N. was appointed to succeed Dr. Williams. Mrs. Caldwell, trained at the University of Minnesota School of Anesthesia, is one of the two colored members of the American Association of Nurse Anesthetists in the country. She is assisted by two anesthetists and one junior interne, who rotates through this department.

Anesthesia is an important service in the hospital inasmuch as it is an essential factor in operative procedures. Because of its importance, it has become a specialty in itself, necessitating special equipment and efficiently trained personnel.

The Anesthesia Department of Homer G. Phillips Hospital is equipped to give spinals, continuous spinals, caudal blocks, refrigeration, general anesthetics as ether, insufflation, nitrous oxide, ethylene, cyclopropane, vinethene, avertin, sodium pentothal and intra-tracheal. This hospital is one of the two St. Louis hospitals administering intocostrin (curare) anesthesia.

Equipment consists of four types of machines for the administration of gas; four resuscitators (one on obstetrical ward, one on premature unit and two in the main operating room). Oxygen therapy is administered by mask and tent and BLB.

During the fiscal year, 1943-44 a total of 1,833 anesthetics were given by the department. Oxygen therapy was administered in 353 cases.

Operating Service

Homer G. Phillips Hospital has its own unit for the performance of surgical operations located on the third floor of the administration building. This unit includes a supervisor's office, anesthetist's office, four fully-equipped operating rooms (with shadowless overhead, portable lights and emergency lights) the nurses' lounge, visiting physicians' lounge, resident physicians' lounge, two scrub rooms, one linen room, one utility room, one stretcher room, one gas room and a preparation room. Two of the operating rooms have amphitheaters for the instruction of students. Bronchoscopic, esophagoscopic, gastroscopic and cystoscopic examinations are performed in special rooms located in the x-ray department, where patients may be easily x-rayed or fluoroscoped during or after surgical procedures.

Dental Service

A fully-equipped Dental Department situated in the Out-Patient Department was opened for the first time in the new Homer G. Phillips Hospital in 1937. Dr. A. M. Brooks was designated to head the department. In this position he supervised the entire Dental Clinic, including WPA Dentists. The WPA Dental Service was discontinued during the summer of 1942.

The service includes the extraction of teeth, curettage and sealing, gingivectomies, alveolectomies, irrigations and drainage, the treatment of periapical infections, reduction and fixation of fractured jaws and any emergencies.

During 1943-44, a total of 2,145 patients were treated in

the Dental Clinic; 214 on wards and 87 student nurses. A total of 45 fractures of the jaw were reduced and fixed.

With such rapid growth manifested in the department, in 1942 the Medical Director began plans to set up the department for the training of dental internes. In 1943, through the cooperation of Dr. H. B. G. Robinson (later became Director) of the faculty of Washington University Dental School, plans were completed and in July, the Dental Service accepted its first interne. Dr. G. R. Lewis, Jr. of Meharry Dental School was appointed. Dr. Lewis is now a member of the faculty of Meharry Dental School.

The Dispensary

The Dispensary is the most extensively used of the therapeutic facilities of the hospital. This department supplies both the in-patient and out-patient services with all drugs, whether they be stock drugs and solutions or prescriptions. The drugs of Homer G. Phillips Hospital are valued at approximately \$80,000 (including equipment).

The Drug Room has two licensed pharmacists. They are assisted in the keeping of records and reports by two clerks.

Admitting and Emergency

All patients of Homer G. Phillips Hospital are admitted through the Receiving Room. The Receiving Room occupies the entire basement of the administration building (with the exception of the morgue). It includes two fully-equipped emergency rooms, a room for contagious diseases and poison cases; one male and one female diagnostic rooms; two tub rooms where patients are bathed when necessary; the physicians' office; the nurses' office; the clerks' and interviewers' office; one stretcher room and a waiting room for the relatives of patients or for ambulatory patients who may have to wait their turn for treatment.

Four full-time physicians are employed in the Receiving Room on different shifts throughout the day. They are assisted by junior internes and graduate and student nurses.

Patients sent to the wards are assigned in the regular order of their admission and distributed among the various sections in accordance with the following:

- 1 The Section of Internal Medicine—Includes acute and chronic medical disorders, endocrine states and metabolic disturbances, except such diseases which are generally recognized as one of the specialties. These patients are housed on 1_a and 2 North.

- 2 The Section of Neuro-Psychiatry—Psychiatry includes

organic and functional mental diseases, acute alcoholics and drug addicts. Neurology includes all cases of organic diseases of the brain, spinal cord or peripheral nerves and all cases with non-traumatic cerebral hemorrhage. This section also supervises the anti-luetic treatment of all patients having nervous system involvement. Ward 2-South.

3 The Section of Pediatrics—Includes all patients under twelve years of age suffering from medical and surgical conditions. Ward 5-South.

4 The Section of Dermatology and Syphilology—Includes all patients suffering with diseases of the skin. This section acts in the capacity of consultants in syphilology (primary and secondary stages) in order to standardize as much as possible the treatment of all cases of syphilis in the hospital.

5 The Section of General Surgery—Includes all patients with acute or chronic surgical conditions, suppurative joint lesions except those conditions which are covered by the surgical specialties. Wards 3-4 North.

6 The Section of Orthopedics and Fractures—Includes all congenital skeletal deformities, fractures, acute osteomyelitis, chronic joint and spine lesions, chronic gonorrheal joints and all cases requiring the application of corrective apparatus. Ward 5-North.

7 The Section of Urology—Includes all surgical diseases and tumors of the male genito-urinary tract and of the urinary tract of the female, pyelitis, cystitis as well as cystoscopic examinations, urethral catheterizations and venereal diseases in the male. Ward Basement-South.

8 The Section of Otorhinolaryngology—Includes all diseases of the ear, nose and throat as well as foreign bodies in the trachea, bronchi and esophagus. Ward 5-North.

9 The Section of Ophthalmology—Includes all diseases and injuries of the eyes and eyelids. Ward 5-North.

10 The Section of Gynecology—Includes all diseases of the female genital tract including gonorrheal infections of the urethra and bladder in women and female children as well as acute or threatened abortions, up to the period of seven months. Ward 3-South.

11 The Section of Obstetrics—Includes all cases of pregnancy, after seven months' gestation, except certain medical, psychiatric and surgical conditions, the treatment of which demands priority over the pregnancy. All cases of Caesarean Section are under the jurisdiction of this service. Ward 4-South.

12 The Section of Dental Surgery—Provides dental treatment and consultations to all patients requiring the same upon written request of the visiting physician.

All patients with open wounds are routinely administered 1500 units of tetanus anti-toxin. All cases are examined and evaluated in the Receiving Room and classified as follows:

1 Minor injury or illness—Patient does not need hospitalization; given first aid treatment and referred to the clinic or private physician for subsequent care (as financial status permits—determined by social worker).

2 Sick Case—Patient needs hospitalization, but not an emergency. Patient may be referred to private institution, if financial status warrants it.

3 Notify Staff—Patient needs immediate hospitalization, and regardless of financial status, is admitted.

Medical Library

The Medical Library opened in April, 1941 and at the present time there are almost 1,000 volumes of the latest medical textbooks and bound journals. The Library subscribes to 65 periodicals. It is under the supervision of a trained librarian and one assistant. There is a patient's library, which also serves the personnel. It operates with the cooperation of the Public Library. The book cart is taken to some ward each day. Reports received from the nurses, doctors, and the patients themselves, indicate that this service is worthwhile.

Social Service

The Department of Social Service has increased to a staff of one director, 5 social workers, 3 interviewers and 3 clerical helpers.

This department determines the patient's social eligibility for care in the hospital from the standpoint of residence and financial inability to seek private care; and renders medical social service including such duties as planning with the patient in vocational rehabilitation, making adjustments in the home and community, effecting transfers of patients because of larger services elsewhere and securing social histories for the physician, etc.

The department has further been assisted by a number of outside agencies, both public and private. The Junior Service League, a lay group, is most helpful in contributing funds for surgical appliances and carfare for patients who are discharged from the hospital without means of transportation.

Medical Records Department

The Medical Records Department is often referred to as "the mirror of the hospital" as it reflects the work done by the professional staff. The work of the staff of ten clerks is audited by the head of the department, a Registered Records Librarian and the quality appraised by the Medical Records Committee. These things are done to measure the work of the hospital and to maintain standards for medical records.

This is an illustration of the type of card now used in the admission of each patient to the hospital.

Name

Hist. No.

Homer G. Phillips Hospital

RECORD ROOM

Alphabetical Index Form 423

NO. of Admissions

LARRY

GIVEN NAME

SMITH

LAST NAME

EVANS

8:20 P

M. ON

7-1-45

TO-DIV.

1

STREET ADDRESS

E 7383

AT

N

SINGLE

M. ON

7-1-45

TO-DIV.

1

NUMBER

18

SEX

M

RACE

AT

MO

STATE

COUNTRY

AGE

31

DAY OF

ST

LOUIS

STATE

MO

COUNTRY

SEPARATED

DIVORCED

BORN ON

CITIZEN OR

SUBJECT OF-CITY

LABOR

EMPLOYED BY

HENRY SMITH

AND BIRTHPLACE

MO

FATHER'S NAME

MOTHER'S

GERTRUDE JACKSON

AND BIRTHPLACE

2952 CLARK

LAST PREVIOUS

ADDRESS

SHOW

CAME FROM

FRIEND

ACCOMPANIED BY

STRETCHER

ST

CAR

WALKER

X

RECEIVING

PHYS.

LOVINGS

M. D.

OF

CAME IN

J

MILLER

RECEIVING

PHYS.

LOVINGS

M. D.

OF

FRIEND

RESTRAIN

CLERK

X

CONSCIOUS

SERIOUS

CRITICAL

PROB LOBAR PNEUMONIA

PRIOR HISTORIES

BATH

RESTRAIN

ADMISSION

DIAGNOSIS

IN CASE OF CRITICAL

ILLNESS OR DEATH NOTIFY

GERTRUDE SMITH

RELATIONSHIP

MOTHER

Diagnosis, Last Admission

(Primary only)

ADDRESS

DIVISION

1

NO

SERVICE

M

MED

UNIT

8:30 P

ASSIGNMENT

M.

DISCHARGED AT

M.

19

EXPIRED AT

M.

19

TO

LARRY

DIV.

1

TRANSFERRED

SMITH

NOTIFY

STAFF

1

NO

DIV.

1

NO

RES.

PHYS.

BEENE

M. D.

M.

19

RES.

PHYS.

M.

RES.

PHYS.

BEENE

M. D.

M.

19

RES.

PHYS.

M.

RES.

PHYS.

BEENE

M. D.

M.

19

RES.

PHYS.

M.

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BEENE

M. D.

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PHYS.

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M. D.

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BEENE

M. D.

M.

19

RES.

PHYS.

M.

This department cooperates with the physicians of the hospital in the compiling of statistical data on cases treated in the hospital. The Medical Records Committee encourages the analysis of cases in Homer G. Phillips Hospital to compare our results with those obtained in other hospitals, thereby giving the staff a measuring rod as to the work done in the institution. These comparisons, favorable or unfavorable, serve the patient in his present illness and serve the hospital and medical staff, should the patient become ill at some future time.

Statistical reports obtained from ten of the largest general hospitals in the country, show the Homer G. Phillips Hospital ranks in the upper third. These statistics were based on the number of admissions, deliveries, discharges, deaths, clinic patients (general and venereal disease), emergency treatments, the general and operative mortality rate, the cost per hospital day and the number of visiting and resident physicians for the past four years.

The Statistics following indicate only partially the amount of work done in this department:

	1924-25	1937-38	1940-41	1941-42	1942-43	1943-44
Admissions (Births Included).....	6,230	10,837	12,306	12,602	11,912	11,536
Deaths.....	621	1,114	1,025	937	1,011	1,086
Discharges.....	9,297	11,317	11,317	11,660	11,114	10,477
Emergency Treatments.....	1,414	2,315	.....	21,823	.....	65,849
Operations.....	507	1,543*	1,792*	1,774*	3,121**	2,727**
Autopsies and Percentages.....	.....	246	258	212	197	192
Laboratory Procedures.....	57	45,141	51,198	57,031	56,798	53,029
Operative Mortality Rate.....	.....	1%	.5%	.....	.....	0.25%
Daily Averages:						
Admissions.....	.....	30	31	34	33	31
Discharges.....	.....	25	31	22	30	28
Births.....	1†	3†	3†	3†	4	4
Deaths.....	1†	3	2†	2†	2	2
Patients on Wards.....	200	518	594	595	570	557
Operations.....	1†	4†	5	4†	8	7
Length of Stay per Patient.....	.....	18	18	17	16.3	17.6
Minimum Patients.....	163	276	526	569	511	459
Maximum Patients.....	232	645	696	619	626	626
Stillbirths.....	65	98	154	145	138	135
Mortality Rate, General.....	10%	12%	9%	8%	9.3%	10%

PROCEDURES IN PATIENT CARE

The excellent training afforded the Resident Staff of Homer G. Phillips Hospital cannot help but lead to more scientific and wholesome service to its patients. In order to achieve the desired efficiency, the hospital is divided into the major clinical departments, as above outlined, and all work together for the best interests of the patient.

Two visiting physicians are assigned to each medical service in the hospital and serve for a definite period of time in rotation with other staff members of that service. Cases received on the service are alternated between them. The visiting physician visits the hospital regularly and is subject to call at any time.

New patients are seen and examined (immediately, if an

emergency) by the interne within twenty-four hours of admission. His findings are recorded in the patient's history. Routinely, blood counts, hemoglobin determinations, urinalyses and serologies are done on each patient, and any other laboratory procedures that are indicated. The patient is also examined by the assistant resident and resident physicians, who also leave a note in the history. Facts thus obtained from the patient's history are correlated with the physical findings and presented to the visiting physician on his next visit to the hospital. If the case is an emergency, the visiting physician is called. He may either come out and personally supervise the case or give instructions per telephone if he feels the resident capable of managing the case. *Under no circumstances* does a member of the resident staff proceed with any major surgical or medical procedure without the consent of the visiting physician or his alternate. If neither can be reached, the Medical Director is called.

The patients of Homer G Phillips Hospital are given the benefits of all facilities available to aid in the correct diagnosis of their cases. The visiting physician takes a personal interest in the training of the interne by checking the clinical data and histories written, the various methods of treatment, the prognosis and the psychological aspects of the art of medical practice.

Except in the cases of emergency, the preparation of patients for operation is made in writing the day before the day of operation. Before a patient is operated, it is necessary to secure written permission to do so. If an adult, he signs for himself; if the patient is unconscious or mentally incapable, the nearest relative; and in the case of a minor, the legal guardian.

Ward rounds are made once each day by the visiting physician, the resident, the assistant resident and the junior internes on each service. However, if the patient's condition warrants it, the number of visits is accordingly increased.

Critically ill patients are placed on the seriously ill list and relatives are notified. These patients may be visited at any time, otherwise, visiting hours are as follows:

Every day from 1:00 — 2:00 p.m. and Tuesday and Thursday nights from 7:00 — 8:00 p.m. with these exceptions:

1-South — Tuberculosis — Sundays 1:00 — 2:00 p.m.;
Thursdays, 7:00 — 8:00 p.m.

2-South — Neuro-Psychiatry — Sundays and Thursdays,
1:00 — 2:00 p.m.; Tuesday, 7:00 — 8:00 p.m.

4-South — Obstetrics — Sundays and Wednesdays, 1:00—
2:00 p.m.; Tuesdays and Thursdays, 7:00 — 8:00 p.m.
(Mothers and Husbands Only)

5-South — Pediatrics — Sundays and Thursdays, 1:00—
2:00 p.m. (Mothers and Fathers Only)

The "Notify Staff" Case:

MB - C-4443 - Female, age 24, entered the receiving room of Homer G. Phillips Hospital via the ambulance with a chief complaint of "I have just been shot in the abdomen".

Patient taken to emergency room, wound of entrance in to abdomen cleansed, hemorrhage controlled by pressure bandage and 1500 units ATS administered intra-muscularly. TPR, 99.2, 100 and 28. Blood Pressure, 100/40.

Patient immediately sent to Ward 4-North—Female Surgery. Nurse on ward has been notified by receiving room physician that a "Notify Staff" is coming to the floor (In the meantime she has notified the junior interne of the case). She is prepared to meet the emergency as soon as it comes to the floor.

Physical Examination is done immediately by the junior interne. TPR taken by nurse, 99.2, 100 and 30. Blood Pressure checked by interne is 90/50. Physical examination is essentially negative except for recent abdominal wound in right lower quadrant, through which the intestines protrude. The resident physician and his assistant reach the floor and all three physicians examine the patient together. Sterile dressing re-applied to abdominal wound after examination. Blood is drawn by the interne for emergency typing and cross-matching, serology, blood count and hemoglobin. The visiting physician advises immediate exploratory laparotomy and states he will be out to supervise the case. The resident then notifies the operating room and anesthesia department of the operation.

Patient taken to operating room one-half hour before scheduled operation and prepared by pre-operative medication and catheterization. Intra-venous plasma and whole blood infusion begun prior to incision. Visiting physician is present and operation proceeds with resident as first operator: Under spinal anesthesia, abdomen opened through a right rectus muscle splitting incision. Fresh blood is found in the abdominal cavity. Intra-abdominal organs explored, perforations repaired and hemorrhage controlled. Five grams of sulfanilamide powder snowed into the cavity and abdomen closed in layers without drainage.

Patient returned to ward, placed in Trendelenberg position, Wagensteen suction instituted; and two-and a half grams of sodium sulfadiazene in 1,000 cc of 5% glucose, intra-venously given twice daily for three days. 20,000 units of penicillin, intra-muscularly, every three hours. Fluids are given very moderately per os during this time. Patient observed for urinary retention and suppression. Temperature, pulse and respiration checked three times daily and once at night. No peritonitis developed so patient placed on liquid diet on the fourth post-operative day; a soft diet,

the fifth post-operative day and a regular diet on the sixth post-operative day. Sutures removed on seventh postoperative day. Patient discharged on tenth post-operative day with wound heal per primum. Patient to return to clinic in four weeks for check-up. Advised not to return to work before this time.

BUSINESS OFFICE, MAINTENANCE, FOOD SERVICE AND HOUSEKEEPING SERVICE

The business department of the hospital is headed by the Chief Clerk, whose duties are to keep a record of all expenses, all cash receipts, disburse funds and keep a record of the time of all employees of the hospital and make the payroll.

All purchasing is done by the Purchasing Department, which is under the control of the Supply Commissioner. This department also disburses all hospital supplies to the various departments for further distribution to wards.

Service Building

In order for the skilled mechanics to do their best work, adequate work-shops are provided in the service building. This building includes a paint shop, carpenter shop, electric shop, sewing room, power plant, refrigeration room, laundry, kitchen and dining rooms.

The Carpenter

The duties of the carpenter consist of repairing and keeping the building and equipment in good condition.

The Painter

It is fully recognized that attractive surroundings have a therapeutic effect on the patient. Therefore, in keeping with this truism, Homer G. Phillips Hospital has the services of a full-time painter, who is kept busy in keeping the buildings attractive and clean.

The Electrician

This position is held by a licensed electrician and he is assisted by two other electricians. These workers keep all electrical lines, fuses and installations in repair.

The Plumber

The plumber's duties consist of the maintenance of all water supply and sewage lines of the hospital.

Mechanical

This department is under the supervision of a licensed engineer and is concerned with the production of light, heat and power.

in the hospital. The personnel of this department is held responsible for the management of boilers, pumps, etc. and for the care of conduction lines and machinery throughout the entire hospital. The hospital has a central refrigeration plant for the supplying of refrigeration throughout the hospital.

Dietary Department

The Dietary Department is under the supervision of a dietitian and two assistants. Additional personnel consists of 5 cooks, 1 baker, 1 butcher, 1 food service supervisor and 50 food service helpers.

The department is subdivided into the main kitchen, the special diet kitchen, the bakeshop, 11 diet kitchens located on each ward, the butcher shop, the vegetable preparation room, storage and refrigeration room and two main dining rooms (each room divided for administrative personnel in the nursing department and for resident physicians).

Food is transferred from the main kitchen to the diet kitchens in electrically heated carts for service to patients; and transferred to steam tables located in the dining rooms for service to personnel. The Dietary Department has some of the very best equipment available as dishwashing machines, utility mixing machines, bread slicers, etc.

In the special diet kitchen 128 persons are served per meal including 12 different types of diets. Tubercular patients are served a special diet.

e Laundry

The Laundry of any hospital is a large item of expense and in view of this fact, the Homer G. Phillips Hospital operates its own laundry.

The personnel of the department consists of one supervisor and 35 laundry workers. The equipment used is of the most modern type, conveniently arranged and well-balanced.

For the fiscal year, 1943-44 a total of 946,012 lbs. of laundry were washed and ironed. This number includes the laundry of all the wards of the hospital and of the nurses' and doctors' residences; doctors' personal laundry and uniforms, resident doctors' coats, uniforms for 139 student nurses, 148 graduate nurses, 54 nurse maids, dining room and kitchen helpers, 21 orderlies, blankets in general circulation and the laundry of the Superintendent and the Medical Director.

Linen Room

A centralized linen room is maintained under the supervision of a linen-room clerk for the disposition of all hospital linen.

Sewing Room

The sewing room is provided with a staff of three seamstresses, who operate power machines for the repair of linens and uniforms. These seamstresses, also make uniforms for the operating room, masks, etc. Linen is constantly being torn and is repaired in this department. Many items that are too badly damaged to be of further service in their original form, are manufactured into other items, or are utilized for cleaning, etc.

Housekeeping Service

Custodial workers are employed in this department for keeping the hospital clean. These workers are also responsible for keeping clean the quarters of the physicians and nurses.

THE FUTURE PLANS AND OUTLOOK FOR HOMER G. PHILLIPS HOSPITAL

It is an accepted fact today that health, individually and collectively, is the most valuable asset of any community. This is so obvious and self-evident that no supporting argument is necessary. However, the method for improving and maintaining the health of a community at the highest possible level has been a debatable question. Experience has taught us that hospitals constitute one of the most potent agencies in the health service of any community. Further, those hospitals serve best whose administrators have the vision and foresight to comprehend the needs of their clientele and at the same time the wisdom to adjust and expand their organizations, to meet these needs adequately. Buildings and other physical appurtenances, important as they are, do not make a hospital. The sound of a hospital, the essence of its service, is its professional personnel; and these must be adequate in number and in training to be effective.

In our considered judgment, the time has come for a very definite expansion and re-organization of the employed professional personnel of Homer G. Phillips Hospital. This is necessary in order that it may serve its patients in a larger and better way and more fully achieve its objective as a health agency in this community. Because of the uniqueness of this hospital, America expects rapid strides in medical education and research from it. Homer G. Phillips Hospital is the largest of its kind in the world and with its university connections, the quality of training it offers is greatly enhanced.

Any well-considered plan of expansion must take into consideration improved facilities for the instruction of internes. It will be remembered, in this connection, that in meeting the War emergency, many of these men were given but nine months of training. This is far too short a time to make good doctors. It is incumbent upon Homer G. Phillips Hospital, as well as other hospitals, to make provisions for the further training of these men.

Our present program is several years old and for that reason it is now becoming obsolete. Many advances in the basic sciences have been made during this time and these must be correlated properly to clinical medicine. Thus, it is very essential that our present program be strengthened and expanded to make it more modern and effective.

In the light of these truths, the Medical Executive Board of Homer G. Phillips Hospital is now making plans to meet the post-war medical educational needs of the large number of medical men whose training was curtailed by their call into the Armed Forces.

To this end questionnaires were sent to former internes and resident physicians of Homer G. Phillips Hospital to determine the number that would be interested in such a Post-Graduate Training Program. The response was whole-hearted! All these men are intensely interested in such a program and expressed deep gratitude that such plans were being made for them.

In the past twenty years and particularly in the last ten, post-graduate education has grown at a rapid pace. But in the twelve states in which the most satisfactory figures are obtainable, it appears that in any one year less than 25% of all physicians are taking some form of post-graduate work. This figure might indicate that the practitioner's under-graduate training as it was conducted in the past, did not develop a strong enough desire for continued education to overcome the many obstacles arising in his life as a practicing physician.¹

This program would also be made available to medical men throughout the nation to aid them in properly correlating present trends in medicine with those of former years.

The high standards attained by the medical profession would have been impossible without the development of the modern hospital. This development has given the physician practical experience to enrich his theoretical training.

Such a training program will mean better care to the patients of the Homer G. Phillips Hospital, the citizens of this community and to the medical profession at large. This is indeed a fact, because training for the physician means better care for his patients.

Much time and money will be spent in this educational program, however we believe that it is justifiable, for if we are to take our place along with the other groups in the fields of medicine it is absolutely essential that we have more and better specialists. If we are to claim our place in this great field, there can be no let up in our efforts to know all that is known and seek to know more. There is a premium on research and post-graduate training such as we have never seen before. These are indeed great days for medicine and Homer G. Phillips Hospital shall certainly meet the challenge.

1 Council on Medical Education and Hospitals of the American Medical Assn.

