1986

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HOSPITAL OF MEDICAL COLLEGE OF VIRGINIA.

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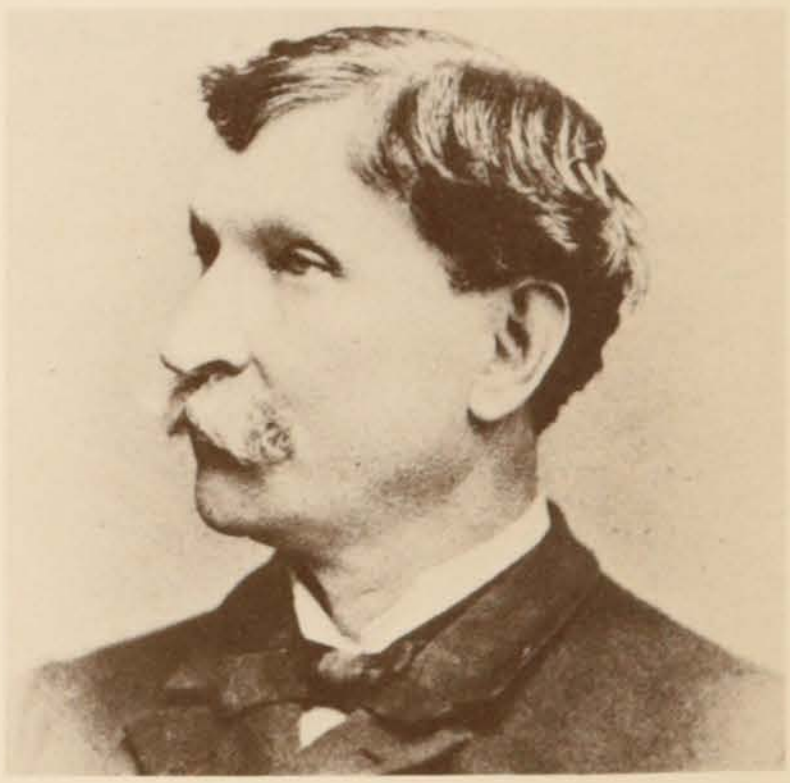
Hunter McGuire, Jr., M.D., chief of surgical services at the McGuire Veterans Administration Medical Center, is an alumnus and a professor of surgery in the School of Medicine. His great-grandfather and his great-uncle were instrumental in MCV Hospitals' early development. McGuire is chairman of the MCV Hospitals' 125th anniversary commemoration committee.

Rented in 1838 by the medical department of Hampden-Sydney College for classrooms, laboratories and patient care, here one observer claimed "more important operations had been performed before medical classes during the past six months than at any public institution in the country."



Dr. James B. McCaw, professor of chemistry in 1868, commanded a 3,000 bed army hospital on Chimborazo Hill and organized what would have been America's first modern nursing service.

The Origin of Public Teaching Hospitals, 1800–38

In 1800, there were only five general hospitals in America: three in New York City and two in Philadelphia. Other institutions were asylums—shelters to quarantine sick travelers or temporary quarters for wounded soldiers. These facilities were usually dirty and had no nurses or effective treatments. The sick were bled, blistered, and purged. Those who had families to care for them stayed at home.

Permanent, general hospitals to treat acute illnesses appeared in the early nineteenth century to meet two needs. Growing cities, like Richmond, with iron works, ducks, and railroads needed places for single and homeless laborers who were sick. And, an explosive growth of scientific knowledge produced medical schools that needed patients to demonstrate and test their new discoveries.

In 1838, the Medical Department of Hampden-Sydney College rented the Union Hotel at 19th and Main Streets for its classrooms and infirmary. Patients were bathed and fed by the Sisters of Charity. In 1845, classes and patients were moved to the new Egyptian Building on Marshall Street. There, each patient was examined by a physician and a surgeon each day. Difficult cases were seen by the entire faculty.

By 1861, the concept of a public teaching hospital had proved so successful that the commonwealth took over MCV property and paid $30,000 for a new three-story, brick building with 75 beds, central heat, and gas lights. Located across the court from the Egyptian Building and at first called the College Infirmary, it was the Medical College of Virginia's first true hospital.

What follows is a brief account of MCV Hospitals since 1861. It reflects astonishing advances in health sciences, growing trust in hospital care, proliferation of private competition, and the emergence of Virginia Commonwealth University as an international leader in teaching, research, and public service. It is a story of extraordinary citizens who gave generously to MCV Hospitals and of people in MCV Hospitals who gave extraordinary gifts to the community and the nation.

The Egyptian Building was built in 1845 at College and Marshall Streets. The chemistry laboratory was said to seat 750 people. In well-ventilated rooms patients were attended by one nurse, a slow-moving aide, a janitor's cook and the entire faculty. Surgery was performed in patients' rooms with chloroform anesthesia.

MCV Hospitals during the War and Reconstruction, 1861–77

MCV's first new hospital was occupied at an auspicious time in the history of medicine but on the threshold of tragedy in Richmond. The discovery of anesthesia was only 15 years old, but already MCV's professor of surgery, Dr. Charles Bell Gibson, had a national reputation for treating strangulated hernia, ligating femoral aneurysm, and excising sarcoma of the mandible. Operating surgeons administered chlorofoam to robust and obstetrical patients, ether to frail ones. They charged $10 for a tonsillectomy, $50 for removal of cataracts. They could operate only in the winter months, however, because cholera, typhoid, and diptheria made the population too weak for surgery in the summer.

There was no hospital pharmacy. Doctors dispensed drugs they bought from chemists on Main Street. Prominent citizens were not among the patients admitted in 1861; they continued to be treated at home. But less fortunate blacks and whites were admitted, mostly for fevers and dysentery. MCV advertised owning a microscope, but it was probably not used for diagnosis: in 1861, bacteria, larvae, and insects were thought to be the results rather than the causes of disease.

MCV's first notable contribution to the community and the nation came from its professor of chemistry, Dr. James B. McCaw. Late in 1861, he left the college to organize and command a 3,000-bed army hospital on Chimborazo Hill in Richmond. When innundated with Civil War casualties in 1862, McCaw secured authority from the Confederate Congress to hire a superintendent matron and two matrons for each ward to prepare beds, administer medicines, and keep patients clean and fed.

Wartime, evacuation, and fire left most of Richmond's business district in ruins, but some lessons from battle improved hospital care in the years that followed. Surgeons learned to operate swiftly and successfully in areas they had previously not dared to touch. MCV's first postwar professor of surgery, Dr. Hunter McGuire, was said to be the world's leading expert on gunshot wounds of the abdomen. He was the first American to ligate an abdominal aortic aneurysm. The most important medical lesson the war, however, was the value of trained, disciplined nurses organized as they had been in McCaw's Chimborazo hospital.

Soldiers and other itinerants through the Confederate capital filled MCV and 14 other local hospitals. Soon after the war, all closed except MCV and one army hospital that became an asylum for blacks. In 1865, worthless currency and inflation required the MCV hospital to sacrifice at auction its primary source of patients—its ambulance horse—for the price of a bale of hay. When that money was gone, patients were removed to the Egyptian Building so that the hospital could be rented as a rooming house. When rental income was insufficient, faculty were taxed for the maintenance of the building.

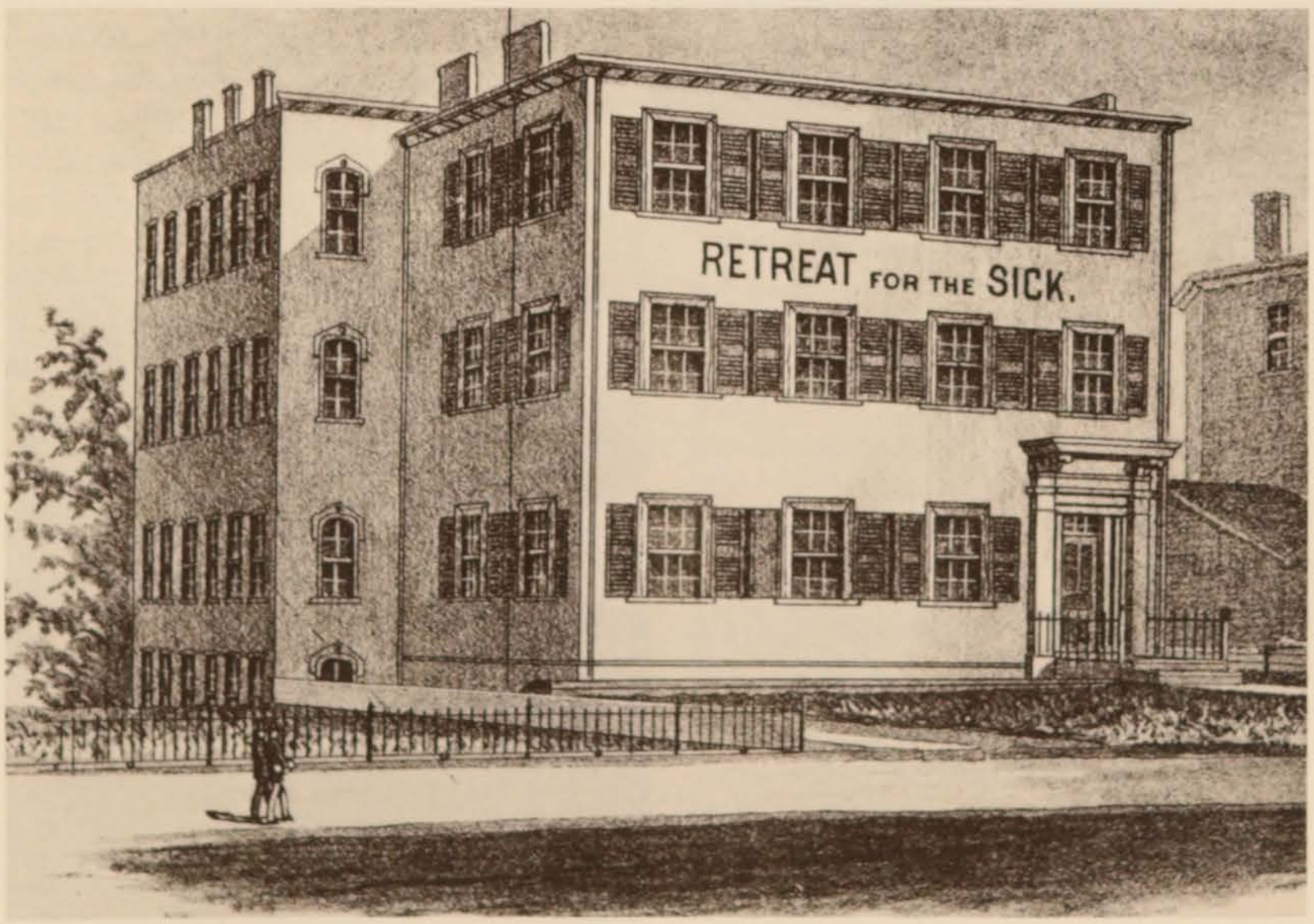
In 1866, the state began to reimburse the faculty for the expense of maintaining its hospital, up to $1,500 a year, and the Freedman's Bureau supported a city dispensary in the Egyptian Building. Hospital patients were returned once again to the infirmary across the court. And the need for the dispensary was apparent in the 1872 incidence of smallpox. There were five to nine new cases per week in Richmond, mostly in unvaccinated blacks.

The years 1866 to 1874 brought many technical inventions. They included the clinical thermometer, the hypodermia syringe, local anesthesia, the vaginal speculum, and the cystoscope. Through the binocular microscope doctors saw for the first time that inflammation and blood cells were required for healing, so they at last abandoned the centuries-old practice of blood-letting.

In 1869, MCV advertised instruction in the use of otoscopes and ophthalmoscopes by Professor Cunningham. It was the first step in the evolution of clinical specialties. Until then, all physicians practiced general medicine and dispensed their own prescriptions, set fractures, and delivered babies. Many removed cataracts. In 1871, Professor J. D. S. Cullen became the first Richmond doctor to specialize in pediatric diseases. Specialization, technical inventions, and demands for skilled nursing care and

The First Hospital: Built in 1861 with $30,000 from the Commonwealth of Virginia, the 75-bed College Infirmary, later called Old Dominion Hospital, served as MCV's public teaching hospital or dispensary for almost 60 years. It was replaced on its site by St. Philip Hospital, later named East Hospital, in 1920.

cleanliness, however, seemed to have cost more than MCV's hospital and its patients could afford. In 1874, hospital rooms had to be sold or rented to local churches and charities, and the building was for two years called the Church Institute. It advertised itself not as a public teaching hospital but as a facility offering "every advantage of the best private hospital for ladies and gentleman who may be taken sick while visiting the city." During this time and for the next 40 years, indigent black patients were cared for in the City Hospital, a component of what was originally the City Poor House and later the City Home or the Richmond Nursing Home on 4th Street. In 1876, for lack of funds or because its director left to specialize in psychiatry, MCV's hospital closed briefly but later reopened as the Retreat for the Sick.



Retreat for the Sick occupied College Infirmary when Dr. George Ben Johnston introduced antisepsis in 1879. Retreat moved next door in 1883 to 12th and Marshall where the A.D. Williams Clinic now stands.

The Civil War left much of Richmond in ruins but taught doctors to operate quickly and depend on well-trained assistants.

About the same time in England, Florence Nightingale began training professional nurses.

By 1883, anesthesia, professional nurses and antisepsis made hospitals attractive to private patients. For his private practice, Dr. Hunter McGuire, established St. Luke's two blocks from MCV on Governor Street.

The first specialized hospital, Maternity Hospital, of MCV was opened on Broad Street in 1899 as an annex to the original Old Dominion Hospital. MCV was meeting competition from the University College of Medicine on Clay Street.

The Rescue by Charitable Competitors, 1877–93

The reopening of MCV's 26-year-old hospital as the Retreat for the Sick in March 1877 marked the beginning of a new era in hospital care. The previous ten years' refinements in anesthesia, surgery, cleanliness, and nursing had made hospitals attractive not only to transients and medical students but now also to local ladies and gentlemen. To accommodate his large private practice, McGuire persuaded Annabelle Jenkins to operate the Retreat under the direction of a lady board of managers who represented Richmond churches. His patients almost filled the 75-bed hospital.

During the Retreat's occupation of MCV, scientific and technical advances continued. Invention of the electric light bulb produced endoscopes that greatly improved diagnosis and treatment and also promoted specialization. In 1879, there was established near MCV the Richmond Eye, Ear, and Throat Infirmary that lasted for 40 years. The most significant event of this period, however, was the initiation of surgical antisepsis by Dr. George Ben Johnston. Spraying operations with carbolic acid to kill germs had been introduced 14 years earlier in England by Joseph Lister, but its adoption in Richmond was delayed by McGuire who claimed Listerism was tedious and unnecessary, "the pure country air of Virginia being in itself antiseptic." Johnston quickly proved the value of antisepsis by uninfected nephrectomies, hysterectomies, and splenectomies.

By 1881, McGuire was so busy he resigned from MCV but kept its hospital filled with his private, nonteaching patients. In 1882, MCV faculty asked the Retreat to remove itself and McGuire from state premises, but the ladies and McGuire held on for another year. They were finally dislodged in 1883 when a disobedient intern refused to catheterize a patient whose bladder fistula McGuire had repaired. The fistula recurred, and McGuire demanded the intern be fired. The intern, however, was related to one of the lady managers. When the board voted to retain him, McGuire created St. Luke's Home for the Sick a block away on Governor Street and moved all his patients there. Then, the Retreat abandoned MCV's first hospital and moved next door on 12th and Marshall Streets.

The decade that followed saw great progress in control of infection. Staphylococci, streptococci, menginococci, typhoid, and tetanus bacilli were isolated, and antisera were produced. Dr. Moses Hoge, professor of pathology, advertised microscopic examination of sputum, urine, or tissue for $5; MCV built a laboratory adjacent to the Egyptian Building.

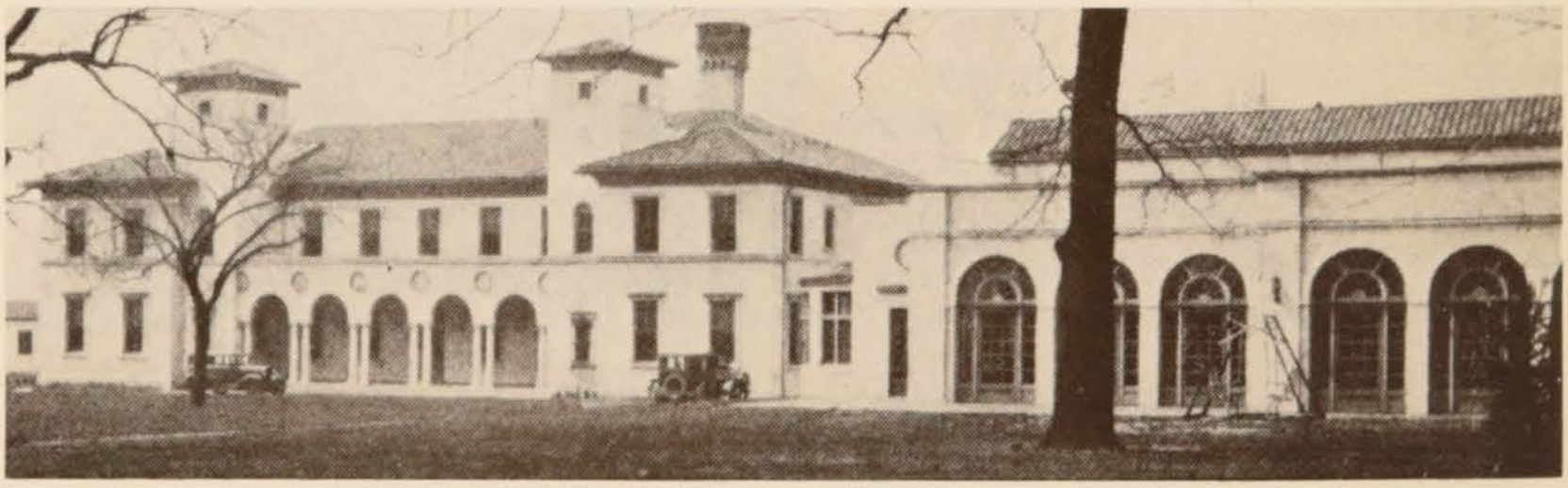
From 1883 to 1896, MCV faculty treated private patients in the Retreat and demonstrated public patients to students in their original building used as an outpatient dispensary. While the Retreat and St. Luke's competed for white patients who were able to pay and the City Hospital on 4th Street cared for blacks, genteel white patients without money had no place to go. To meet their need, Tompkins, McCaw, McGuire, Rebecca Peterkin, and ladies of St. James' Church established the Sheltering Arms Hospital in 1889. Across Clay Street from the Valentine Museum, the Sheltering Arms for 75 years gave free, compassionate care to any patient whose physician promised to render no bill.

Sheltering Arms inspired doctors in training at MCV, but especially inspiring was Laura Veitor, kin of the Kaiser of Germany, trained in nursing at the Johns Hopkins Hospital. Veitor gave her entire life without salary to nursing and to keeping the pharmacy in the Sheltering Arms. A nurse of the "old school" in crisp white uniform and cap over snow white hair, she would snap to attention and conduct impeccable ward rounds for even the most artless young intern.

MCV Hospitals and Monumental Contributions, 1893–1920

Most interns and students prefer the drama and excitement of hospitals to patients waiting in lines in outpatient clinics. In the years that MCV used its original hospital as a dispensary, many Virginians went north to attend medical school in Philadelphia and New York City. This so incensed McGuire that in 1893 he

To care for genteel patients who could not afford private care, Sheltering Arms was founded in 1889 on Clay Street by Miss Rebecca Peterkin and several members of the MCV faculty. For 75 years, Sheltering Arms was an inspiring neighbor and partner to MCV.



Between 1909 and 1926, five separate Richmond hospitals were founded by surgical faculty from MCV: Johnston-Willis by George Ben Johnston; Stuart Circle by his associates, Drs. Robins, Miller, Call and Bosher; Grace Hospital by Dr. Robert Bryan, St. Elizabeth's by Dr. J. Shelton Horsley, and Crippled Children's Hospital by Dr. William Tate Graham.

created a new school. The University College of Medicine, with its own 63-bed Virginia Hospital, nursing, and pharmacy schools, was located at 11th and Clay Streets.

To match its new competitor, MCV restored the 75-bed College Infirmary and reopened it in 1893 under a new name, the Old Dominion Hospital. Here, the Sisters of Mercy served as nurses, and Johnston demonstrated his first cholecystectomies and intestinal anastomoses. Competition between rival schools and hospitals was intense. Both flourished. While the Virginia Hospital and University College with 125 faculty earned an advantage in attracting students, MCV and the Old Dominion Hospital made greater contributions to the welfare of Richmond and of Virginia.

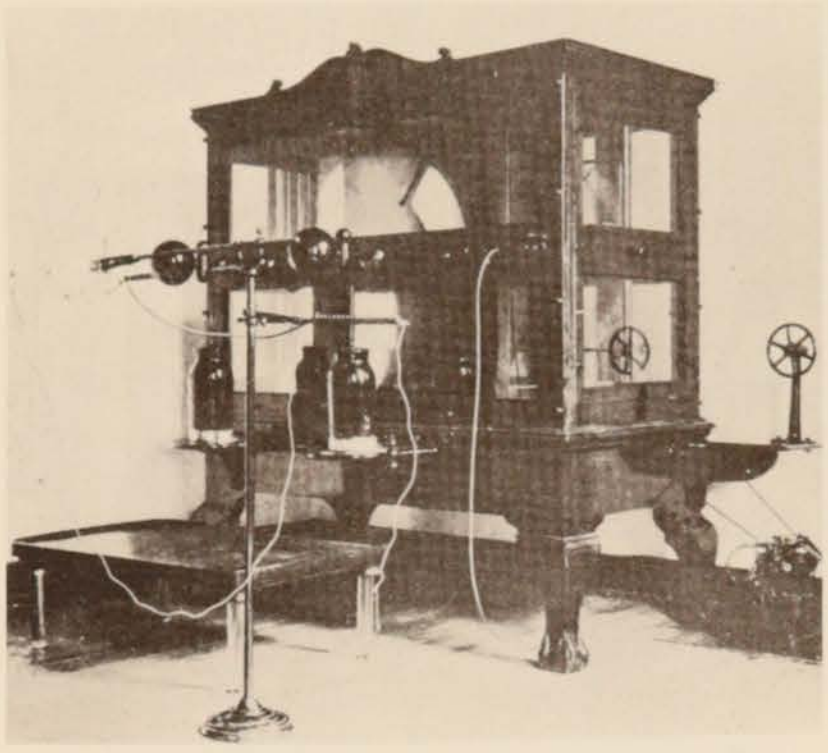
One of MCV's foremost contributions was Sadie Heath Cabaniss, an aristocratic native of Petersburg who trained and worked at Johns Hopkins until 1894 when she became superintendent of the Old Dominion and Sheltering Arms hospitals. Her ideas, energy, and generosity made indelible impressions on student nurses and interns. In her spare time, she visited indigent patients in their homes and established the Nurses Settlement, later the Instructive Visiting Nurses Association. The IVNA in time helped establish MCV's Social Service Department. Cabaniss and her colleagues, Agnes Randolph and Nannie Minor, developed Richmond's first school health and industrial nursing programs, the first maternity clinic, and the first clinics for tuberculosis and crippled children. As evidence of need for such programs, Richmond's infant death rate at about the turn of the century was the third highest in the nation. Drinking water was untreated. In neighborhoods without sewers, there were over 400 cases of typhoid fever in one year. The average life expectancy was 35 years.

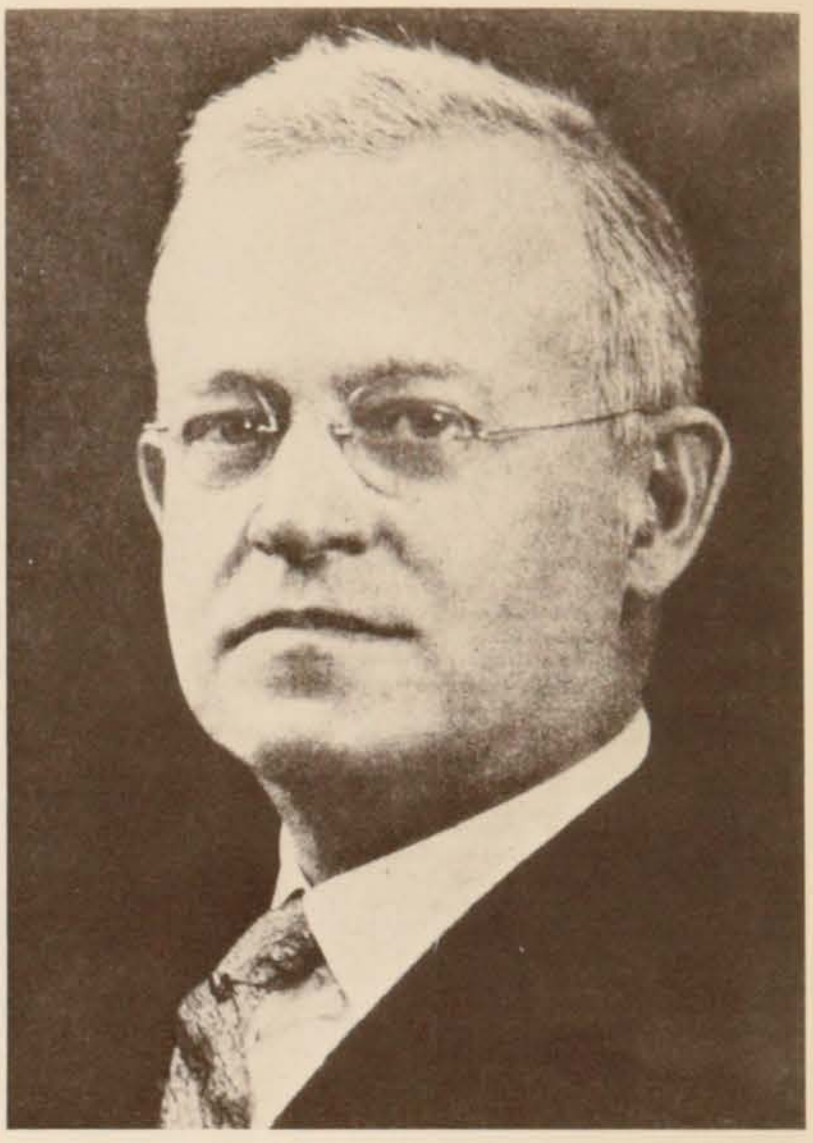
Another outstanding contribution from MCV at this time was Dr. Ennion G. Williams. A native of Richmond and trained in Philadelphia, he began his career in MCV's Old Dominion Hospital as a radiologist, purchasing in 1898 a Heinz coil machine with money left him by a former family slave, Frances Richardson. This machine was installed only three years after Carl Roentgen's invention of the X-ray. Williams also introduced radium to Richmond. Like many pioneers in radiology, he burned his hands and had to give up the field, but discovering an astonishing frequency of tuberculosis in chest X-rays turned him to public health. He led in organizing the City Health Department that employed Dr. Allen W. Freeman as medical inspector. By water purification and extended sewers, typhoid was eliminated in two years, and in ten years the average life span in Richmond went from 35 to 45 years. Williams became the state's first health commissioner and won national recognition for improvements in sanitation, for control of malaria and typhoid, and for preventing the spread of tuberculosis. He was so passionate in his crusade that he once begged a reluctant legislature to reallocate his own salary to a new medical inspector.

In America between 1890 and 1920, many private fortunes were made, and in less than a century, hospitals had proved worthy beneficiaries of private philanthropy. Generous donations from friends of McGuire had converted older buildings into the Virginia Hospital and University College. In 1903, John L. Williams, a righteous and prolific Richmond financier, gave $100,000 to build a hospital at 12th and Broad Streets in memory of his daughter Charlotte. It was called Memorial Hospital. MCV promptly closed its original hospital, moved all its patients to Memorial, and appropriated $3,000 per year to support 24 free teaching beds. When more was needed, the faculty were assessed to pay the cost. In 1913, when the rival medical schools merged, Memorial became state property. In 1965, its name would be changed to South Hospital.

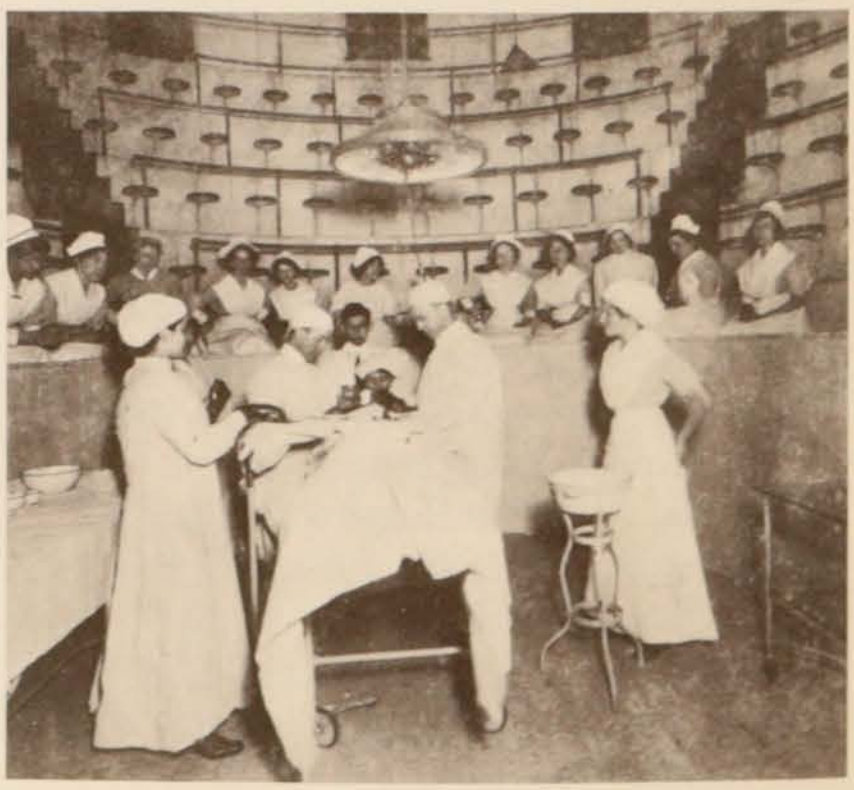
Two other major gifts were donated to MCV in 1920. One was the Dooley hospital, a gift of Major James H. Dooley of Maymont. Located next to the Egyptian Building, Dooley for 40 years cared for children. Most had acute infections, and their fluid deficits were treated most often by hypodermoclyses. Also completed in 1920 was St. Philip's Hospital for black patients. On the site of MCV's original hospital, St. Philip's was built with $250,000 solicited from Richmond citizens by an MCV board member, William H. Schwarzschild. For 40 years, St. Philip's had its own separate

With money left him by Frances Richardson, his childhood nurse, Ennion Williams bought an X-ray machine in 1898. It burned his hands but revealed so many cases of pulmonary tuberculosis that Dr. Williams devoted his career to public health.





Here and in a similar theater in Old Dominion Hospital, George Ben Johnston demonstrated Virginia's first removal of the gallbladder and removal and repairs of intestines.



emergency, X-ray, delivery, and operating rooms but shared other MCV services.

St. Philip's Hospital and its nursing school improved care for black citizens formerly treated in the City Home, but it also led to almost complete segregation of Richmond hospitals. The result was both separate and unequal care: since few blacks had private physicians or surgeons, most depended on the discontinuous care of rotating housestaff. At one time, the *Afro American* published weekly lists of good-doctor days and bad-doctor days based on the schedules of interns in the St. Philip's emergency room. Of all gifts by Richmond citizens to MCV Hospitals, one of the most generous was the patience and tolerance of black citizens. When MCV Hospitals were at last integrated in 1965, administrators still fearful of integration renamed the buildings then occupied by blacks. St. Philip's became East Hospital, and, of course, Memorial became South Hospital.

The Epidemic of Private and Corporate Competitors, 1909–26

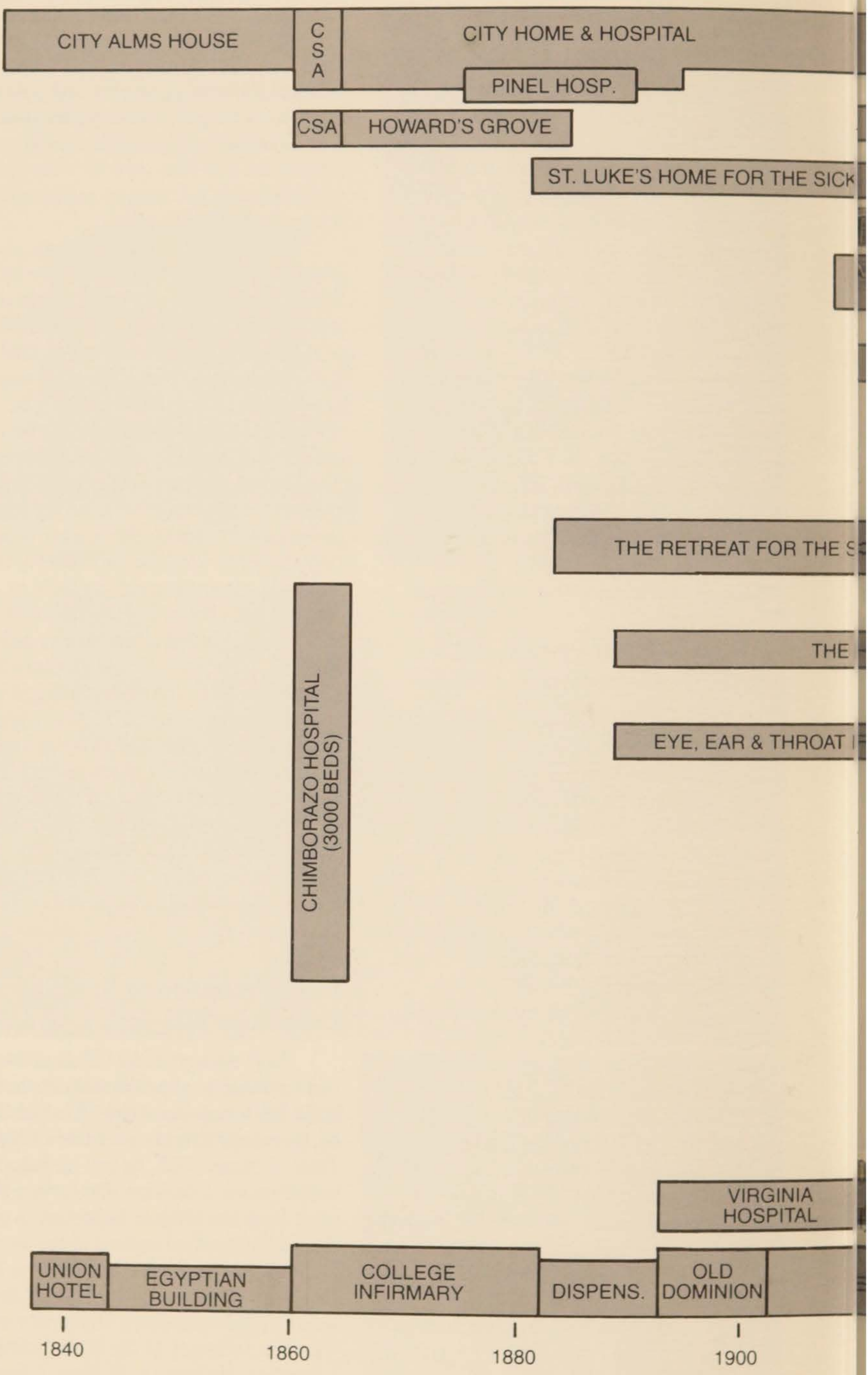
When schools were merged in 1913, MCV had superior facilities and excellent nurses and physicians, but the University College brought more influential students and professors. Thus Stuart McGuire became MCV's chief surgeon, dean, president, and board chairman.

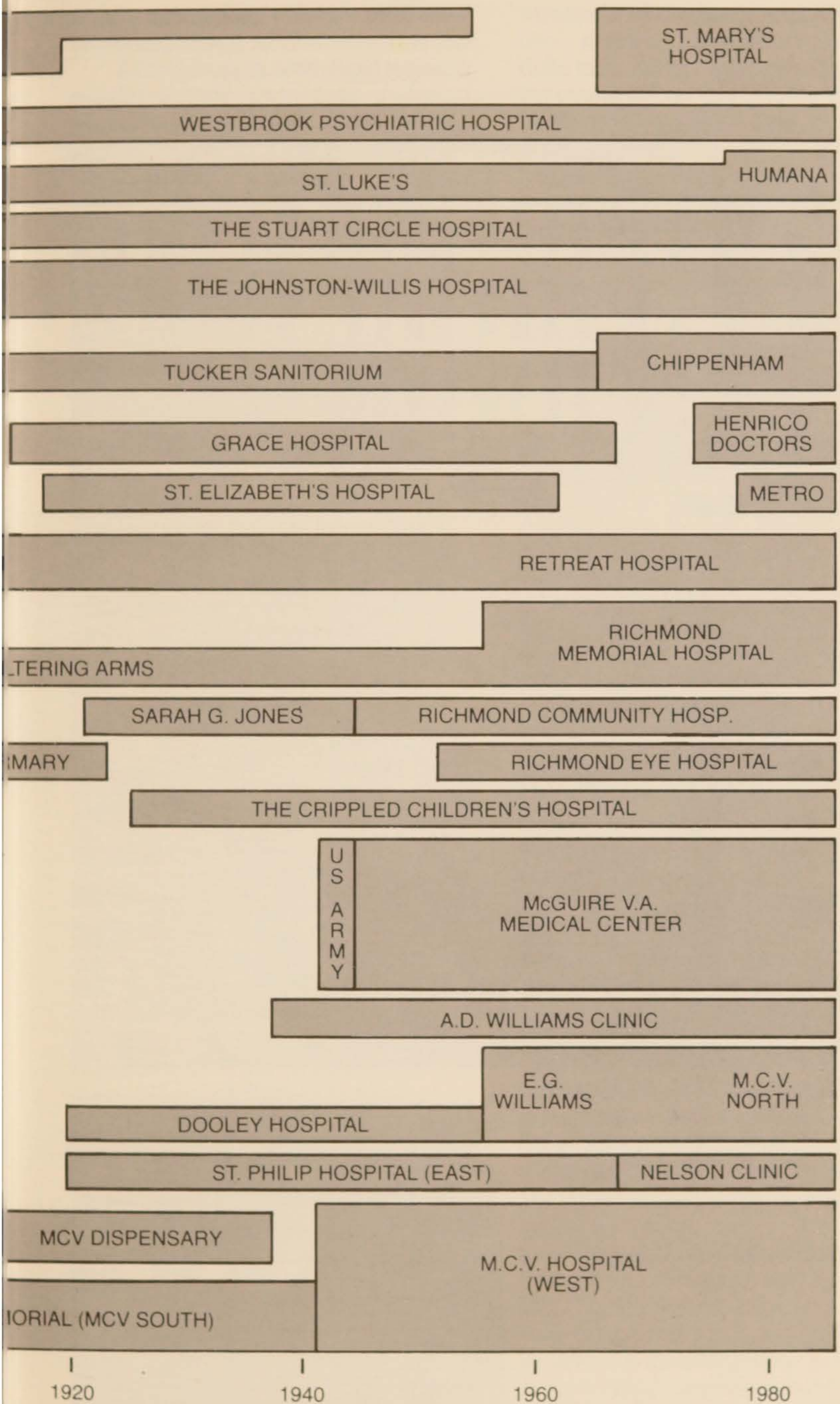
Former leaders at MCV left to devote themselves to private practice. Johnston, who had established Johnston-Willis Hospital in 1909, henceforth did all his work there. The offspring of his fertile move included Stuart Circle and Chippenham Hospitals and hospitals in Abingdon and Nassawadox. In 1915, Dr. Robert Bryan founded Grace Hospital, and in 1917, Dr. Shelton Horsley founded St. Elizabeth's. Each was named for the wife of its owner. They later merged to become Richmond Metropolitan Hospital. In 1926, Dr. William T. Graham, a skillful and charismatic orthopedist in charge of Memorial Hospital's crippled children's ward, captured support to establish the Crippled Children's Hospital in Ginter Park. From its inception, Crippled Children's has sustained an affiliation with MCV. Horsley continued doing world-famous research in MCV's laboratory, and he and others continued lecturing at MCV, but they created in a short time an exodus from MCV of private patients, financial resources, and political support. For a public teaching hospital, one inevitable role is to generate its own competition and then care for what the competitors do not want or cannot afford to treat.

About this time, other factors and events competed with hospital care on 12th Street. They included needed emphasis on preventive medicine, World War I, and the devastating influenza epidemic of 1918. Even more devastating, however, was the remote control over MCV exerted by doctors practicing elsewhere. For 65 years, though MCV and its hospitals had been state-owned and supported, actual governance and management was carried out continually by faculty physicians. When they moved to West End Richmond, there was little encouragement for MCV to compete with them. In fact, they actively opposed MCV's recruiting its own full-time staff. St. Luke's and Stuart McGuire so dominated MCV that much of Memorial Hospital's hematology and tissue microscopy was done in St. Luke's by an expert histologist, Bernard Peterson. That this was no way to run a medical school was seen clearly by the American Medical Association. MCV was told to recruit a full-time, salaried faculty committed to its own mission—or it would lose accreditation and be closed.

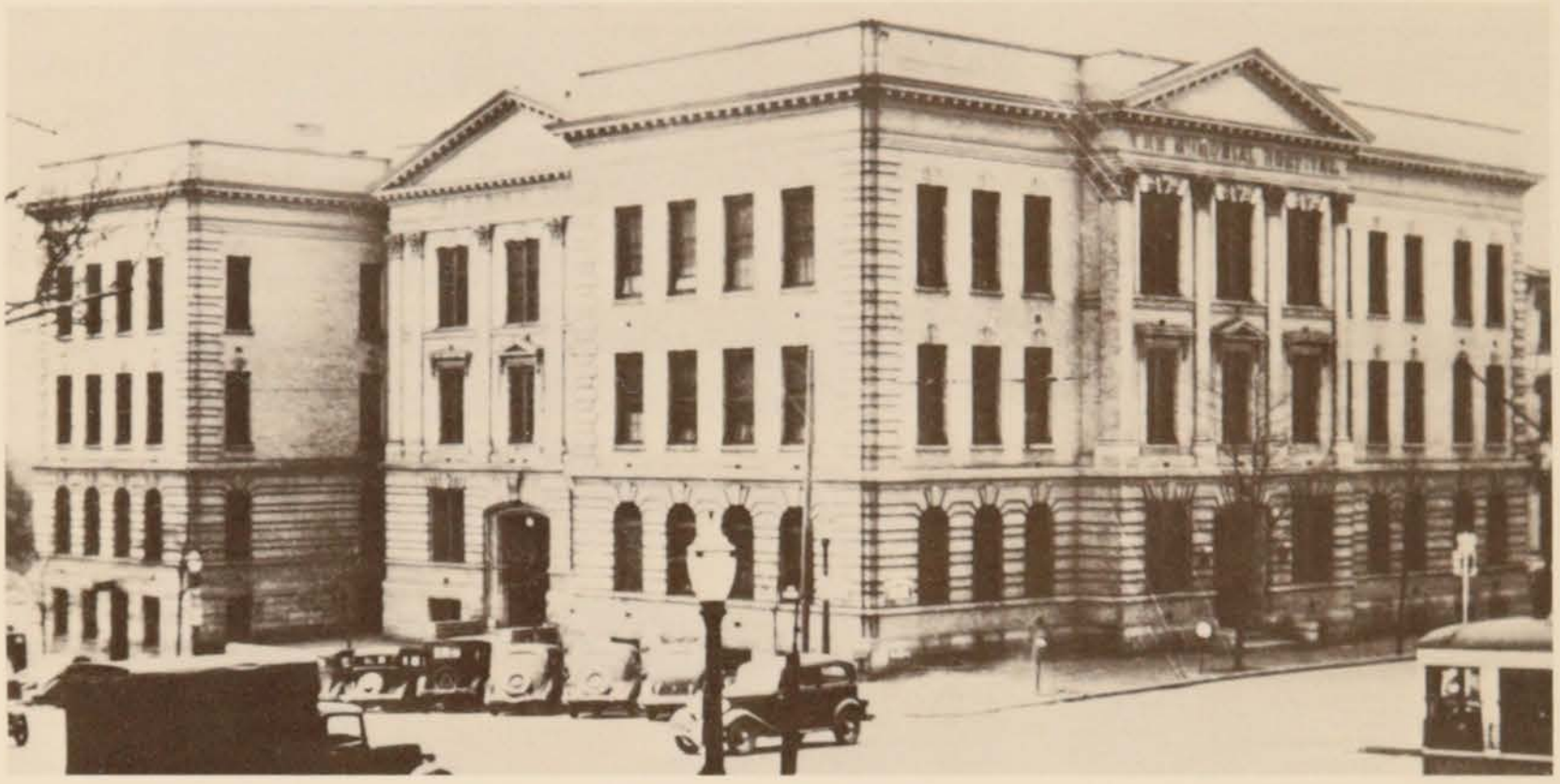
From Probation to National Eminence, 1925–55

As president, Stuart McGuire was a fervent solicitor of public support, but he knew MCV required more attention than his private practice in St. Luke's allowed. Thus, in March 1925, he and his board of visitors made a decision that turned MCV away from the brink of extinction to one of the leading medical centers of the world. McGuire resigned, and they chose as his successor a psychology graduate of Bridgewater College and Clark University who was then secretary of the State Board of Education. He was Dr. William T. Sanger. For the next 30 years, almost everything that happened in hospitals, clinics, and

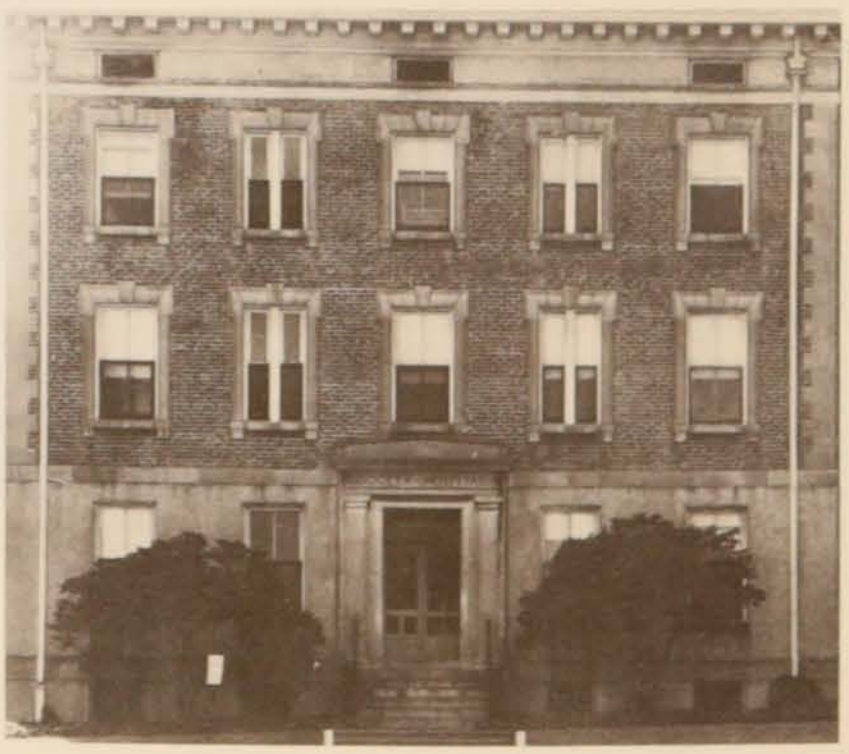

CITY ALMS HOUSE
C S A
CITY HOME & HOSPITAL
PINEL HOSP.
CSA
HOWARD'S GROVE
ST. LUKE'S HOME FOR THE SICK
THE RETREAT FOR THE S
THE
EYE, EAR & THROAT
CHIMBORAZO HOSPITAL (3000 BEDS)
VIRGINIA HOSPITAL
UNION HOTEL
EGYPTIAN BUILDING
COLLEGE INFIRMARY
DISPENS.
OLD DOMINION
1840
1860
1880
1900


ST. MARY'S HOSPITAL
WESTBROOK PSYCHIATRIC HOSPITAL
ST. LUKE'S
HUMANA
THE STUART CIRCLE HOSPITAL
THE JOHNSTON-WILLIS HOSPITAL
TUCKER SANITORIUM
CHIPPENHAM
GRACE HOSPITAL
HENRICO DOCTORS
ST. ELIZABETH'S HOSPITAL
METRO
RETREAT HOSPITAL
RICHMOND MEMORIAL HOSPITAL
TERING ARMS
SARAH G. JONES
RICHMOND COMMUNITY HOSP.
MARY
RICHMOND EYE HOSPITAL
THE CRIPPLED CHILDREN'S HOSPITAL
U S ARMY
McGUIRE V.A. MEDICAL CENTER
A.D. WILLIAMS CLINIC
E.G. WILLIAMS
M.C.V. NORTH
DOOLEY HOSPITAL
ST. PHILIP HOSPITAL (EAST)
NELSON CLINIC
MCV DISPENSARY
M.C.V. HOSPITAL (WEST)
IORIAL (MCV SOUTH)
1920
1940
1960
1980

John L. Williams gave $100,000 to build a hospital at 12th and Broad Streets in memory of his daughter. MCV moved all its patients there when it opened in 1903 and took possession in 1913. It served as MCV's principal hospital for 38 years.



In 1920, Major James Dooley of Maymont gave MCV a 40-bed children's hospital. In the same year, William Schwarzchild raised $250,000 to build St. Philip (East) Hospital.



schools was a product of Sanger's extraordinary mind, energy, and devotion.

Although nearly blind, Sanger possessed a clear and concise vision of what was needed—and what MCV needed was a large staff and salaried faculty who were fully committed to public service, teaching, and research. Sanger's first step, over strong objections by Richmond doctors, was to employ full-time heads of departments. He then made MCV's 16 interns and residents employees of the hospital rather than apprentices to private practitioners.

Sanger's next step was to build hospitals, laboratories, classrooms, and dormitories that would attract the world's best talent to carry out MCV's mission. This he did, despite the commonwealth's refusal to incur debts and its objection to accepting money from the federal government.

The first building that opened under Sanger's presidency was Cabaniss Hall, a residence for student nurses that cost $1 million, half donated by Richmond citizens but half appropriated by the state. Next were a residents' dormitory, laundry, heating plant, and tunnels connecting all MCV buildings to the State Capitol. To get so much state money, Sanger had to show Governor Byrd an 1893 Supreme Court decision proving MCV was not merely state-affiliated but truly state-owned.

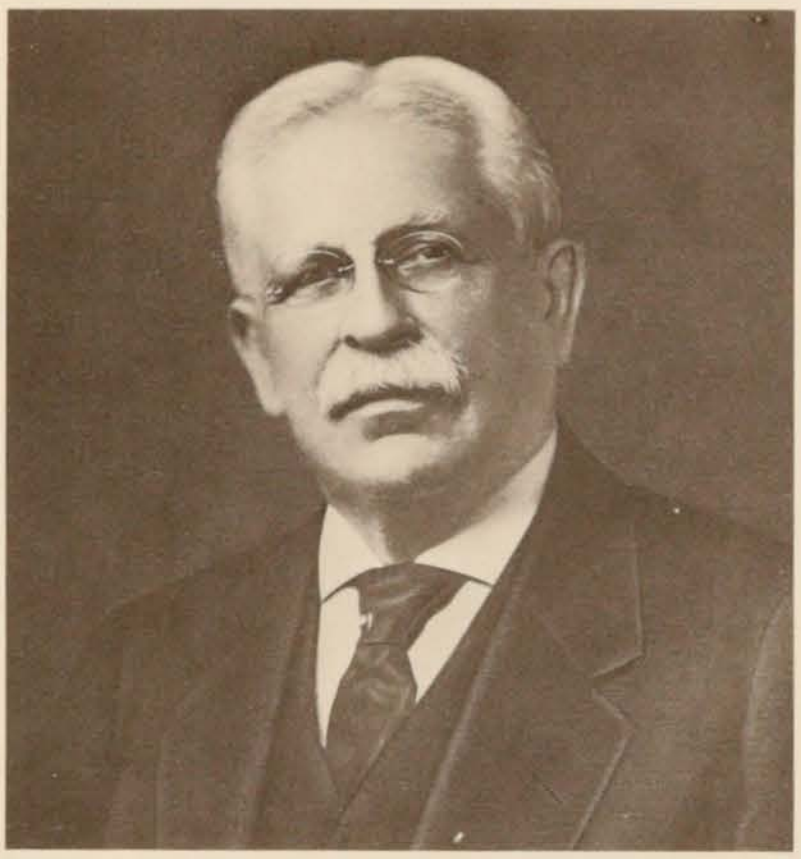
Next came the A. D. Williams Clinic including much needed laboratory space for biochemistry, clinical pathology, and a blood bank. Its cost was paid partly by a $300,000 donation solicited from Williams by Stuart McGuire and partly by the Public Works Administration, a federal assistance program of President Roosevelt's locally unpopular New Deal. The Secretary of the Interior, Harold Ickes, who arrived to lay the clinic's cornerstone, had injured his arm. After the professor of surgery, Dr. Isaac Bigger, treated Ickes, Sanger sent him red roses with a message that Bigger's service would cost the PWA a new 600-bed hospital. In 1941, the new $2.5 million hospital was opened, half paid for by the PWA and almost half by loans from local banks arranged by Schwarzschild who used as collateral a $1 million gift from Dr. Jud Wood, a Richmond dentist. This building, called West Hospital after 1965, was at that time a scientific and architectural masterpiece. It was the key to winning international eminence; it even won over private patients and physicians from the West End. Its director, Charles Cardwell, Jr., was a genious at cultivating goodwill, good humor, and loyalty of every employee. His spirit was conveyed by elevator operators and transport orderlies who gave security and confidence to patients and visitors. A special elevator carried the most demanding private patients to rooms on the top floors where many had private-duty nurses. Excellent meals were provided by the Dietary Department, directed for 40 years by Kathryn Heitshu.

World War II interrupted construction at MCV. Sanger would have had the McGuire Army Hospital (now the Veterans Administration Medical Center) built downtown but had room only for a high-rise building, and in 1942, a shortage of steel made that impossible. By 1952, however, he had built Randolph-Minor Hall as a nurses' dormitory and was begging the legislature for a 50-bed surgical unit to treat tuberculosis. When the legislature finally agreed, Sanger then persuaded them that TB patients needed the altitude of ten stories; he won another 400 beds. Opened in 1956 as the Ennion G. Williams Hospital, its name was changed to North Hospital during the desegregation of 1965.

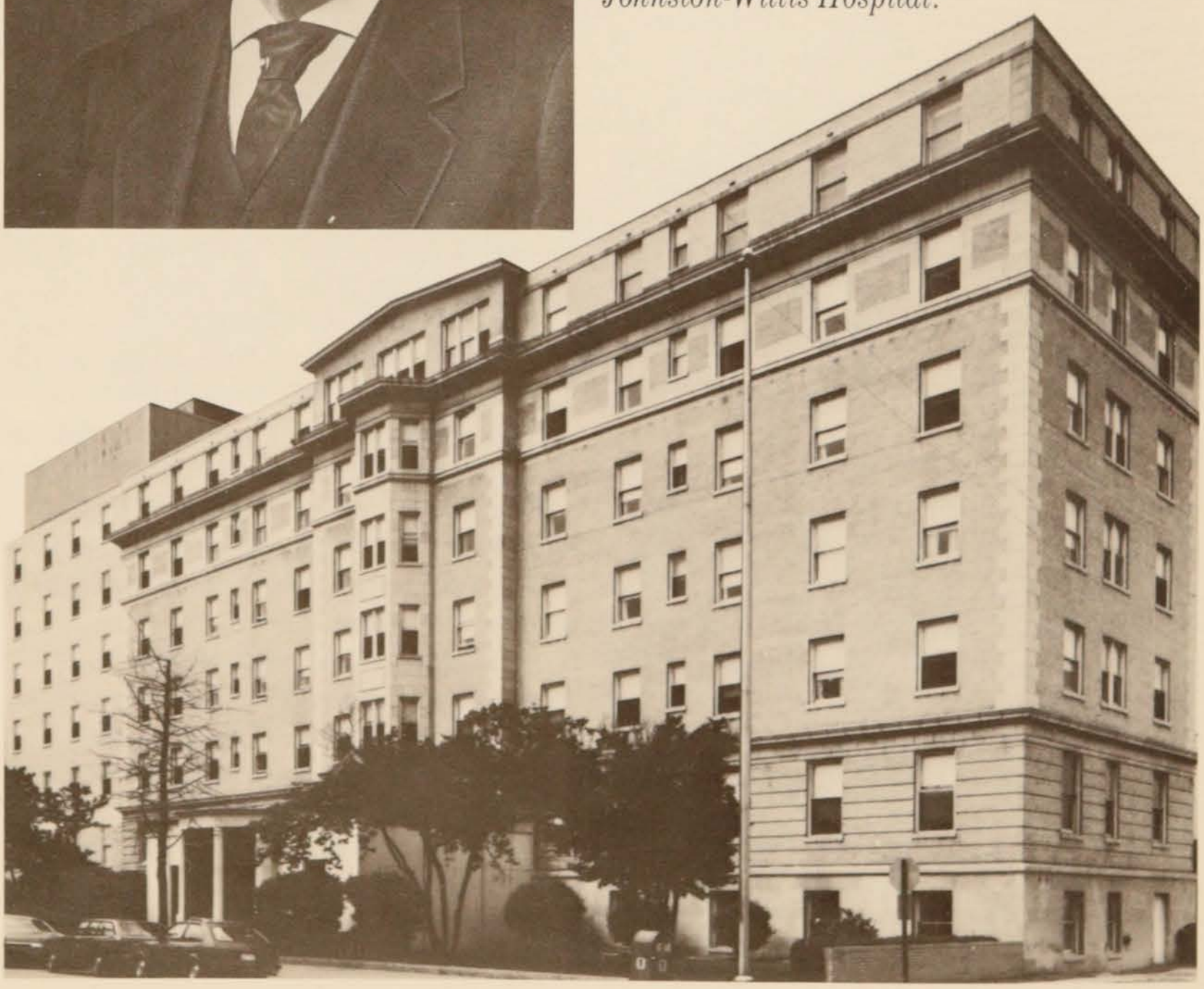
Sanger also renovated nine buildings acquired from private owners, removed dozens of dilapidated cottages and student fraternities, and effectively changed the skyline of downtown Richmond. That he had begged and pushed MCV to the threshold of international eminence was lost on many Richmonders who complained that he did much of his work alone without taking others into his confidence. Sanger replied that if he discussed a project too often, he lost the enthusiasm and drive required to get the work done.

The goal of excellent teaching was realized early in Sanger's presidency. In 1937, Horsley began collaborating with Bigger to produce a surgical textbook that, by 1940, was the most popular in America. It was a fitting complement to the popular medical text by Russell Cecil, a 1906 graduate of the University College of Medicine. The success of Horsley and

Sadie Heath Cabaniss was the first director of the MCV School of Nursing, as well as superintendent of Sheltering Arms and Old Dominion Hospitals. Miss Cabaniss made significant contributions to Richmond and Virginia. Visiting poor patients in their homes in her "off hours," she began the work of the Instructive Visiting Nurses Association, of the Social Services Department at MCV and of most public health programs in Virginia.



A pioneer in antisepsis and in abdominal surgery, Dr. George Ben Johnston was chiefly responsible for uniting rival medical colleges in 1913 and for the quality of many private hospitals he began by founding Johnston-Willis Hospital.

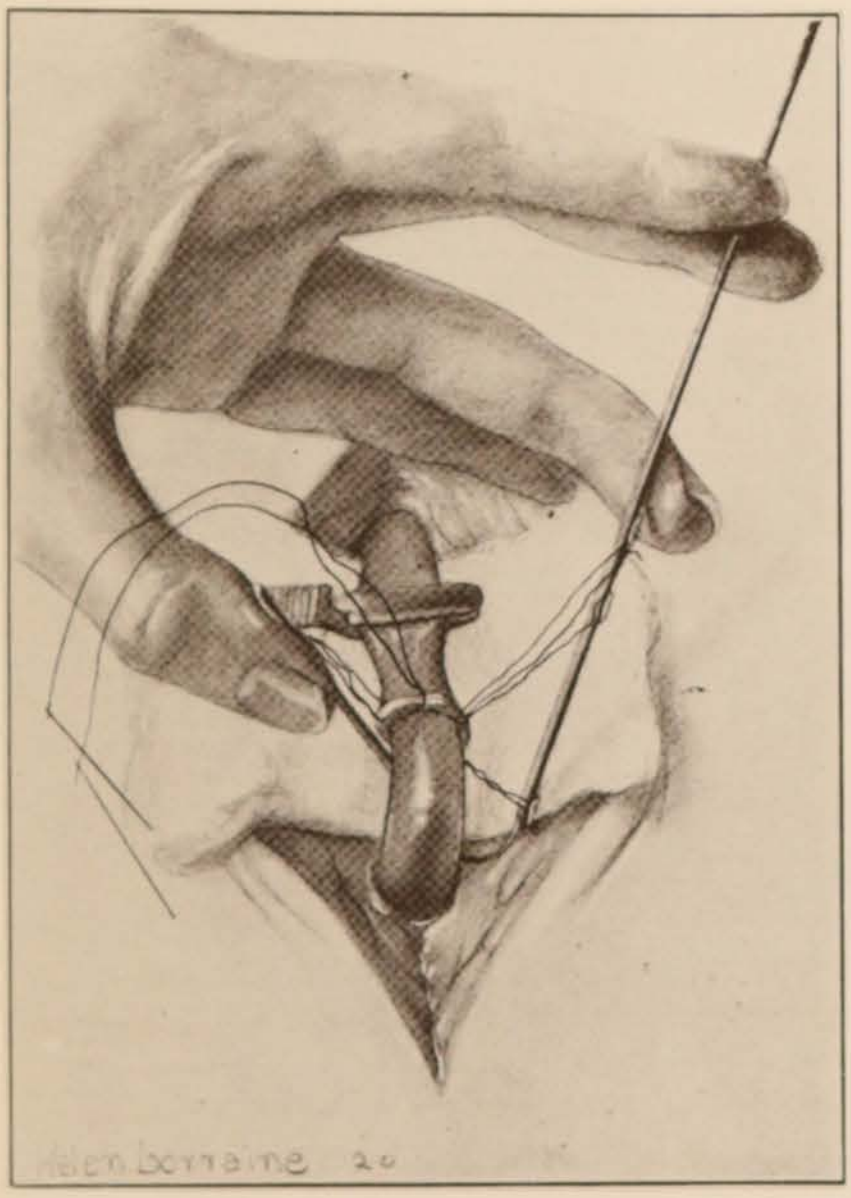


Bigger's *Operative Surgery* was in large measure due to the skill of their artist, Helen Lorraine. Similarly, the success of all teaching programs for 30 years after 1945 was in part due to the ingenuity and skill of Melvin Shaffer whose Department of Visual Education won international acclaim.

Surgery and nursing are more prominent in early hospital history than nonsurgical practices because, until 1920, physicians and pharmacists had no effective medicines to dispense except digitalis, quinine, opium, aspirin, and vitamins. Soon, however, came intravenous fluids, blood transfusions, and a rapid succession of new and effective drugs: insulin, adrenalin, prontosil chemotherapy, sulfonamides and penicillin, and cortisone and other hormones. These changed nonsurgical physicians from observers, reassurers, and consolers into active, highly specialized therapists.

Even more noticeable than the new drugs' effect on hospitals was their effect on outpatient care. Between 1925 and 1955, MCV clinic visits increased five-fold, emergency room visits 25-fold. The burden of this explosion was born heroically by the chief hospital pharmacist, Russell Fisk, working rapidly and accurately with a small staff and small space in A. D. Williams Clinic.

As for hospital construction and renovation, however, invention of new skills and machines had more impact than the discovery of new drugs. In 1947, an achievement of great external significance was the development of MCV's Burn Unit, the first civilian burn unit in the country, under the direction of Dr. Everett Evans. Evans became world-famous for discovering that burn shock needed treatment with intravenous fluids in amounts previously unthinkable. More than that, he established a protocol for intensive and specialized nursing care that was the catalyst for the evolution in the 1960s of intensive care was



"Operative Surgery," a textbook by Drs. J. Shelton Horsley and Isaac Bigger and illustrated by Helen Lorraine, became the most popular surgical text in America. A later illustrator, Melvin Shaffer, attracted worldwide attention to the hospital's Department of Visual Education.

To compete with MCV and to attract students to Virginia, Hunter McGuire established University College of Medicine with new schools of medicine, nursing and pharmacy in 1893. Their clinical instruction was in the 63-bed Virginia Hospital at 11th and Clay Streets.

provided in private rooms by private-duty nurses. But by concentrating patients with similar critical problems in such units as coronary care, neonatal, and neurosurgical, needs for special skills and monitoring devices were perceived and met. Lives were saved that would otherwise have been lost. In particular, methods of monitoring and controlling intracranial pressure invented in MCV Hospitals have been adopted around the world.

In 1949, an achievement of great internal significance was the creation of the Office of Comptroller under General William F. Tompkins. Before, hospital inventories, accounts, and budgets were undependable and unsuitable for the large operation that MCV was becoming. With modern business and accounting procedures and with his own personal integrity, Tompkins established such credibility with the state government that requests for supplies and salaries could simply be made and readily honored. Unfortunately, much of this trust was subsequently lost in the growing size and bureaucracy of university and state government. At one time in the 1970s, employment of one nurse required approval in over 15 offices. Now, however, efficient and dependable ways of managing a large teaching hospital have been developed and preserved in electronic data processing, such as the Hospital Information System.

Excellence in Teaching, Research, and Service, 1956–86

Sanger provided buildings for patients and students who for another 30 years would attract outstanding staff. One of the most spectacular recruits was Dr. David Hume, professor of surgery from 1957 to 1973. A restless genius, intolerant of complacency, and oblivious to tradition, Hume insisted MCV Hospitals needed 3,000 beds. He claimed undergraduate medical

Buildings on the left were replaced by MCV West Hospital and Cabaniss Hall. On the right were Richmond's toughest saloons and red-light district until closed during Prohibition in 1918 and later replaced by the state Department of Highways building.

Dr. William T. Sanger was president from 1925 to 1955. Dr. Sanger put full-time professional staff in all departments, doubled the number of beds, quadrupled the size of the physical plant and changed the skyline of downtown Richmond. Preparing MCV for international eminence, he avoided much discussion lest he lose the enthusiasm and drive required to get the work done.

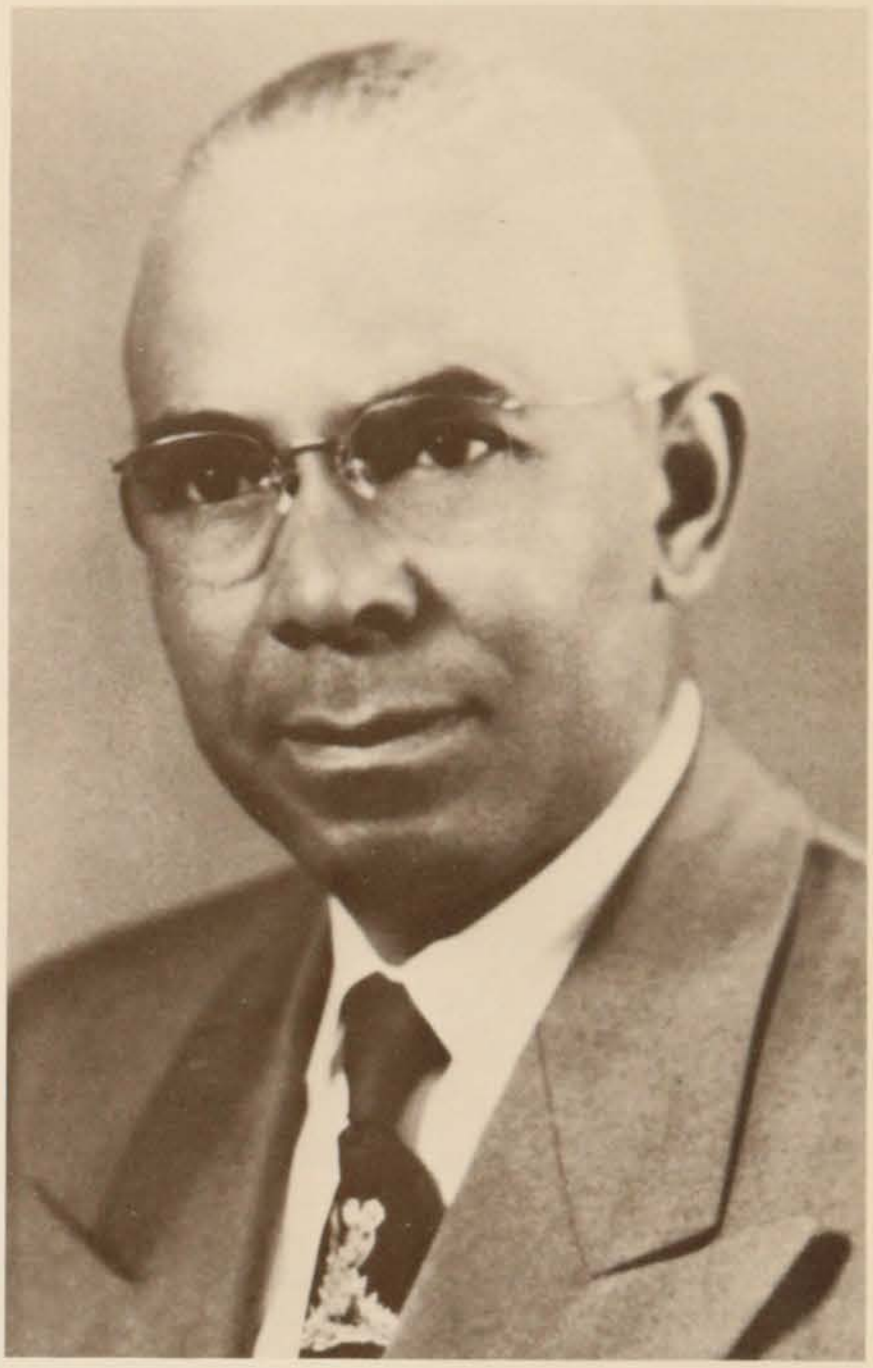
education was unnecessary and agitated for the university affiliation with Richmond Professional Institute that, in 1968, would result in Virginia Commonwealth University. He thanklessly replaced community surgeons practicing in MCV with full-time surgical scientists. He lost much of MCV's private practice, but his new staff made discoveries that set worldwide standards of excellence in vascular, endocrine, and cancer surgery. More than anyone else in the world, Hume established human organ transplantation as an acceptable treatment.

Many new ways of diagnosis and treatment have been introduced to the community through MCV Hospitals. Some, like organ transplants, were invented and proven by people working on the MCV Campus. Most were tested and refined by MCV Campus staff soon after their invention elsewhere. A few significant examples include the isotope lab (1953), renal dialysis (1956), cardiac bypass (1958), maxitron radiotherapy (1961), fiberoptic endoscopy (1968), total parenteral nutrition (1969), CT and ultrasound guided interventional radiology and fine needle cytology (1974), angioplasty (1979), extracorporeal membrane oxygenation (1981), and magnetic resonance imaging (1986).

Invention and testing of such devices and methods required facilities like those provided in the Lewis L. Strauss Laboratory given in 1962 by friends of Admiral Strauss and in Sanger Hall completed in 1963 with $6.5 million from the state. In fact, Sanger Hall provided space for hundreds of experts sharing a full range of needed talents.

Also required to invent and test was continuing public support of hospital care. Revenue from paying patients cannot cover costs of trials that may prove ineffective, such as cross perfusion with baboons for liver failure (1964), or financially untenable, such as the Nelson Clinic's Self Care Unit

Established in 1947 by Dr. Everett Evans, who discovered the need for intravenous fluids to treat burn shock, the burn unit was the predecessor of other special intensive care units that have saved many thousands of lives.



Before MCV developed its own full-time staff, many of its critical diagnoses were made in competing private hospitals by experts such as Bernard Peterson, the histologist at St. Luke's Hospital.

Randolph-Minor Hall replaced chicken coops, dilapidated cottages and (above) the home of the father of Dr. Jud Wood, a dentist who gave $1 million to help build MCV Hospital.

(1968). The first versions of new devices often are obsolete before their cost can be recovered. Thus, they require research grants and the state's willingness to cover deficits in hospital revenue.

Like equipment and skills, hospital buildings are continually challenged and changed. Sanger observed in 1955 that without major renovations a teaching hospital's useful life is only about 20 years. By the 1960s, old St. Philip's East Hospital was clearly obsolete, and West and North Hospitals were nearing the end of their usefulness. Thus, with precious support from the new Virginia Commonwealth University and fiscal wizardly of the state treasurer, MCV Hospitals made and executed a master plan of renovation and replacement, which included state-backed revenue bonds. The results of this plan include the Main Hospital north of Marshall Street opened in 1982, the Massey Cancer Center opened in 1983, and the renovated and enlarged North Hospital opened in 1986. These facilities provided over 1,000 beds and the largest and best emergency room in the Southeast, and make MCV Hospitals the fourth largest university-affiliated medical center in the United States.

The Ultimate Challenge: Personal Caring

As in 1861, when the 75-bed College Infirmary was built, MCV Hospitals today gives Virginia and the nation new generations of health care practitioners and newly tested-methods of diagnosis and treatment. Patients, however, are now more diverse. Canal boatmen, railroad builders, and foundry workers have been replaced by three groups of patients.

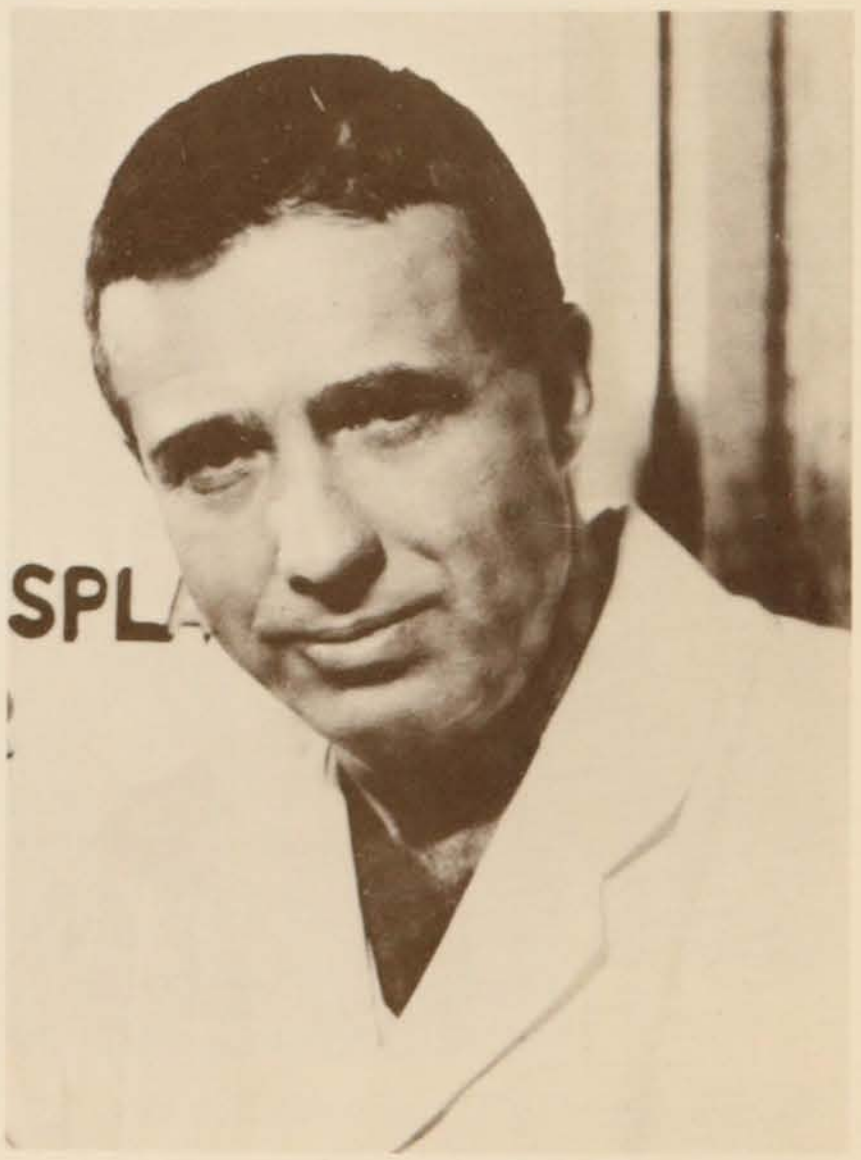
One large group includes those with disorders untreatable elsewhere. Organ transplants, *ECMO*, angioplasty, and comprehensive trauma care require large, well-coordinated teams of experts not easily reproduced in other hospitals. These teams and their skills attract patients from long distances.

Another large group of patients

In 1935, when MCV's accreditation was contingent on more laboratory space, A.D. Williams gave $300,000 for the building named for him. His gift was matched by the U.S. Public Works Administration.

Named for Ennion G. Williams when it opened in 1956, the building contained 360 beds and four floors for treatment of tuberculosis. The Marshall Street viaduct to Church Hill was replaced by the Massey Cancer Center which opened in 1983. The renovated E. G. Williams building has reopened in 1986.

A restless genius intolerant of tradition, Dr. David Hume clamored for formation of Virginia Commonwealth University. More than anyone else in the world, he established human organ transplantation as a standard form of treatment.



includes those unable to pay for care elsewhere. Throughout its history, MCV Hospitals has been blessed with dependable state support. In the past 50 years, most funds have come from federal agencies, the Public Works Administration, the National Institutes of Health, and revenues from Medicare and Medicaid. But, when political or economic restrictions occur, MCV Hospitals has depended on the understanding and favor of people of the state and community it serves.

The third and smallest group includes patients who could be easily treated in community hospitals but who prefer a teaching hospital. A teaching hospital provides a unique source of security, which includes the latest and most comprehensive scientific expertise. Diagnoses, decisions, and results are shared, debated, and resolved by many people, physicians, nurses, pharmacists, technicians, students, residents, and faculty. Even so, to many patients this environment is actually undesirable. Already anxious for their lives, some patients are frightened by a teaching hospital's size, complexity, expense, and constant change.

In the last analysis, a hospital is not a building, an organization, or a science. It is people. And the people who work for VCU know that their ultimate challenge is to prove that their personal sense of caring equals their technical skill and scientific curiosity. They strive to cultivate confidence and friendship in a clean, quiet, and comfortable place. It is what all patients need and deserve regardless of their individual reasons for coming to MCV Hospitals.

Because so many patients and trainees are continually in flux, hospital staff must care not only for individuals, who are always transient, but also for MCV Hospitals as a lasting and growing institution. Because staff and administrators change, citizens of Virginia must care for the unique contributions and mission of VCU and MCV Hospitals. It is to enhance caring and pride in our health care complex that the foregoing highlights of its history have been recounted.

When it opened in 1941, the new 600-bed hospital was Virginia's second tallest building and its beacon Richmond's most visible landmark. MCV was then clearly on the map both geographically and in the professional education.