# RAMSEY COUNTY HISTORY

Ramsey County Historical Society

## Diphtheria, Typhoid, Tuberculosis— Roots of Ramsey's Health Care Trace Back to Ancker Hospital

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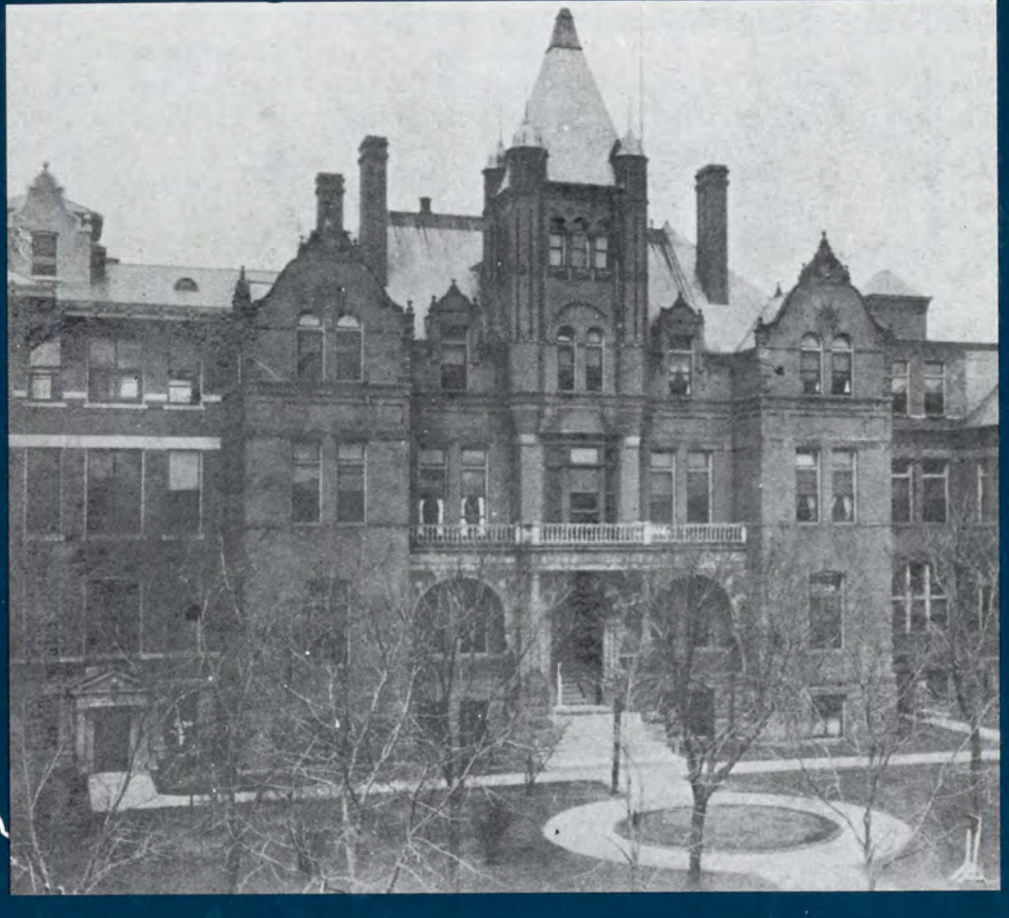

# Ramsey County History

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Contents

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ON THE COVER: *A "bird's eye" view of the complex housing St. Paul-Ramsey Medical Center, Ramsey Clinic, and Gillette Children's Hospital reveals the striking contrast between a modern facility and the Victorian structure that was the old Ancker Hospital.*

ACKNOWLEDGEMENTS: *All photographs used with the article on the following pages are from the files of the St. Paul-Ramsey Medical Center and Ramsey Clinic.*

*The City and County Hospital about 1911. It was renamed for its longtime superintendent, Dr. Arthur B. Ancker, in 1923.*

*Diphtheria, Typhoid, Tuberculosis—*

# Roots of Ramsey's Health Care Trace Back to Ancker Hospital

**By Mary Alice Czerwonka**

**S**t. Paul's tradition of excellence in health care can be traced to an old stone mansion at the foot of Richmond Street that opened as the city's first hospital more than a century ago.

Today, the tradition endures. The name has changed; first, the Stewart mansion, later City and County Hospital, still later Ancker, now St. Paul-Ramsey Medical Center and Ramsey Clinic. The faces have changed, too; the handful of doctors who volunteered their time to care for the working poor is now a multispecialty group practice of nearly 200 physicians who care for all kinds of people with all kinds of health care needs.

But the mission has remained unchanged. St. Paul-Ramsey Medical Center and Ramsey Clinic continue to set the pace for health care in the Twin Cities and beyond, to meet the needs of the communities they serve.

That community was much different in the 1860s than it is today. St. Paul was a river town, catering to many transients. Seven brothels and 242 saloons operated in the young city. Injuries and casualties were numerous, a result of the roistering lifestyle. A place was needed to care for the victims, as well as for the unemployed and working poor with diseases whose names have become virtually archaic today -- diphtheria, smallpox, typhoid fever, tuberculosis.

St. Paul's recognition of its responsibility for the well-being of all its citizens was summed up by the 19th century news reporter who wrote, "The public hospital stands as a shining light to illumine the good deeds of communities that have established them as places of refuge and succor for the sick, who otherwise must suffer in solitude without care or attention, and die for want of the tender nursing which can only be found within the hospital walls. The citizens of St. Paul and Ramsey County have not been found wanting in the matter of providing for the poor and unfortunate."

In 1872, the Ramsey County board of control (now the Board of Ramsey County Commissioners) authorized the purchase of a 10-room mansion which had already been used to house the sick poor for about three years. The sturdy stone house was built by Vance Brown in 1855, during what were considered St. Paul's "pioneer days." At the time it was built, it was considered one of the finest homes in the city. The mansion was later sold to Dr. Jacob Stewart, one of St. Paul's leading physicians and a three-term mayor.

THE BOARD OF CONTROL bought the building from Stewart for $20,000 and established it officially

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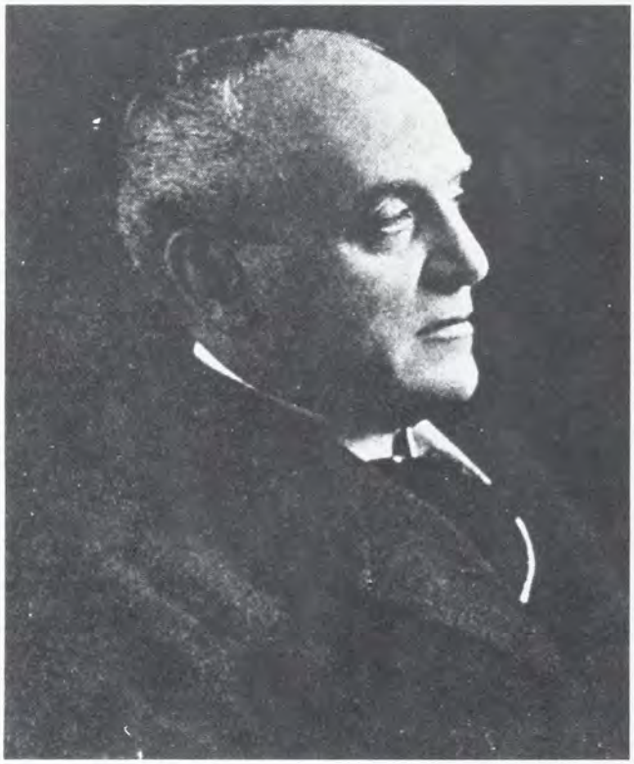


*The hospital, above, in 1883, the year Dr. Arthur B. Ancker, left, was elected superintendent.*

as City and County Hospital in 1873. In 1882, a 50-foot long, two-story wing was added. One large ward accommodated about 15 beds; four smaller wards held four beds each. In 1885, another small wing, known as the annex, was added to be used as an isolation ward for patients with contagious diseases. A few years later, yet another wing became a home for "foundlings," or abandoned children.

City and County Hospital was operated by Drs. Stewart and Charles Wheaton until August, 1883, when the board elected Dr. Arthur B. Ancker hospital superintendent, a position he would hold for the next 40 years. The esteem in which he was held is evident. The board of control chose him because he "has secured a large practice and stands high among the profession."

Ancker was born in Baltimore, Maryland, on March 20, 1851. He first considered a life at sea, but decided on medicine. He entered the Medical College of Ohio in Cincinnati and graduated in 1882. Almost immediately after graduation, he came to St. Paul to practice general medicine at an office on Wabasha Street.

Ancker's first view of the hospital that would be his was probably quite impressive. From downtown St. Paul, he would have headed west along the Mississippi River on what is now Shepard Road to the point where the coal yard of the Northern States Power plant is located. He would have gazed off to his right and up to the pinnacle of the river bluffs, now cluttered with a complex of relatively new buildings that is the property of the St. Paul Schools. But at that time the site was occupied by the home-turned-

hospital whose location could hardly have been more ideal. Newspaper accounts described it:

"The location of this building is admirable for hospital purposes. Removed from the city noises, it is yet sufficiently near the business portion to render it possible to remove a patient there in a few minutes. Situated almost on the banks of the Father of Waters, it commands an excellent view of this great river and the picturesque wooded bluffs that border it on the south."

CLOSER INSPECTION revealed the building's inadequacies, and its actual use as a hospital reinforced those first impressions. A scant five years later, Ancker began to pressure subtly for a new building. He and news reporters were vocal about the hospital's shortcomings:

"This building was never designed for a hospital, being small, damp and poorly ventilated. There was no other means of ventilation than the windows. A glance into this structure of primeval days will show what those in charge of the hospital have had to contend with. A 16x16-foot room served as a reception and examining room, sleeping apartment for the two house physicians, store room, drug room and general dispensary, general office where all the books were kept, and the office of Dr. Ancker. There was no cellar beneath the building, and the walls were always damp. Fifteen stoves were required to heat it."

Inside plumbing was non-existent. Water was obtained from a well and hauled in by bucket. Even more at issue was the evident overcrowding. In 1885, St. Paul's population had grown to 111,397; it was the 22nd largest city in the country. A volatile mix of patients with different life-threatening illnesses created an environment Ancker termed "saturated with the germs of disease." A new hospital building became Ancker's first priority.

He scoured the country, ostensibly on vacation, but actually assessing the attributes of what were considered the finest hospitals in the United States at that time. In 1887, he convinced the St. Paul city council to appropriate $50,000 to construct a new building, then immediately left again with an architect to inspect existing hospitals more closely. Ancker reported that a rough sketch was "submitted to no less a personage than John S. Billings, the designer of the John Hopkins Hospital, the best hospital in the world." Approval of the design was granted, and construction began on what was considered a model hospital. Supporters claimed that no other city in the United States could produce such a remarkable facility for so small a price.

The administration building was erected first, since its centrally designated site was the only land the city owned. The old Stewart mansion was converted to a ward strictly devoted to caring for patients with contagious diseases. Pavilions for the sick would be built as title to adjoining property was acquired. The new administration building contained offices, store rooms, dining rooms, beds for about 30 patients, and a "germ-proof" operating room. Newspaper accounts at the time called it "one of the finest operating rooms in the country, at one end of which is an instrument and dressing room, and at the other an etherizing room. This room is excellently lighted and is of immaculate whiteness." Prior to this, Ancker had performed surgery in the ward, separated from perhaps 15 other patients by nothing more than a small screen. Occasionally, the less sick among them would be recruited to hold kerosene lamps to illuminate the operating "theater."

In 1889, additional land was acquired, $100,000 was appropriated, a service building and boiler room were completed and a pavilion for the sick begun. But in 1892, funds ran out, and the project was stalled for three long years, stymied for the first but certainly not the last time by political charges of overexpenditures, patronage, and favoritism, all later proved unfounded but the kind which would plague hospital administrators for decades. An additional $42,000 was needed to finish the pavilion whose walls were up, whose roof was on, but which was essentially "a useless monument to good intentions that remain unfulfilled," as newspaper accounts stated.

DESPERATE OVERCROWDING convinced the state legislature to act upon the appropriation request. The "elegant" new hospital was opened to the public in November, 1895. What was seldom mentioned was the toll taken by the lengthy delays; by the time doors opened, its wards were already overfilled with patients. But it was certainly an improvement, and, according to news accounts, visitors were effusive in their praise:

"A general air of brightness transformed the generally accepted idea of a hospital into a comfortable, cheerful and really pleasurable place to spend days of ill health. The long wards are a source of great delight, marvels of neatness and convenience. The long rows of neatly made up beds presented a very pretty spectacle. This is a fireproof structure with its long axis running north and south so arranged that the wards get the benefit of the morning and evening sun. It is three stories high and contains six large wards, two on each floor, about 70 feet long and 24 feet wide. Each ward has its own toilet and bath room, diet, kitchen and linen rooms, and drug closet. The building is also constructed in every detail as to secure as near as possible perfect hygienic condition. Fresh

air is introduced over heated coils and carried by a large fan through ducts to every room in the building.

"The long corridors were most attractive promenades. Flower and palms hedged them on either side while the strips of bright, soft matting spread down the center formed a striking and pleasing contrast to the polished hardwood floors. The brightness was transferred to the faces of the patients who had to a large extent forgotten their suffering."

"An efficient corps of nurses and physicians" escorted visitors throughout the new building, with special regard for the new surgical ward and its new dressing tables complete with all "the necessary accessories in the way of sterilized water, various medical solutions, medicated cotton and bandages."

Ancker was one of the first hospital administrators to appreciate the value of cleanliness in maintaining a healthful environment for his patients. The operating room and small anteroom for "etherizing" patients were kept scrupulously clean by the housekeeping servants. The members of the operating room team scrubbed and bathed their arms in a corrosive solution. They boiled their instruments until Ancker himself pronounced them sterile and aseptic. Linens, dressings and bandages were sterilized in a vat heated to 212 degrees F. When an operation was performed, an attendant would stand by, spraying the room with carbolic acid. Doctors and nurses dressed in long white robes covered by aprons which reached their feet.

THE PRIDE the community felt in its new hospital was mirrored by the much-admired superintendent who was never reticent to recount the facility's benefits and his equally high regard for the medical staff he had assembled. Ancker appointed a staff of assistants made up of what he and others considered "the leading city physicians:" Drs. Charles A. Wheaton, Justus Ohage and Perry H. Millard, surgery; Drs. A. E. Senkler, E. J. Abbott, A. Shimodek, Talbot Jones, I. C. Nelson, H. B. Cogswell, George H. Hadley and C. L. Greene, medicine; Dr. H. J. O'Brien, diseases of children; Drs. E. C. Riggs and Arthur Sweeney, mental and nervous diseases; Drs. Park Ritchie, Angus Macdonald, William Davis, and H. W. Davis, obstetrics; Drs. Alex J. Stone and Archie McLaren, diseases of women; Drs. John F. Fulton, J. W. Chamberline, Fred W. VanSlyke and Jay H. Stewart, eye and ear diseases; Drs. C. E. Bean and J. E. Schadle, nose and throat diseases; Dr. Arthur Gillette, orthopedic surgery; Drs. J. A. Quinn, G. M. Coon and Burnside Foster, skin and veneral diseases; and Drs. G. A. Renz and J. L. Rothrock, pathology.

The board of control heartily endorsed Ancker's choices: "The appointment of the faculty will have the direct effect of making St. Paul the medical center for the Northwest and no other hospital in the United States can boast of a staff that more than equals the one just appointed. It means the united effort on the part of the physicians of the city to secure for the poor man the very best of medical and surgical treatment free, and places the poor sufferer from disease in a position equal to that enjoyed by the richest citizen, so far as means to alleviate disease is concerned.

"The City and County Hospital is acknowledged to be the largest and best institution of the kind west of Chicago and the very best authorities pronounce it to be not only modern in appearance and comfort but a model in every particular. A persual of the names of those appointed to take charge of the various branches of medicine and surgery will convince anyone that no better or more faithful and conscientious medical men could have been selected."

Those last two characteristics would stand them in good stead, considering the magnitude of the mission they had chosen to undertake. The men designated as "county" physicians* often averaged 25 house calls a day; a news reporter who tagged along one day acknowledged that his subject's day was a full 24 hours long. "Calls come in at all hours of the day or night and have to be answered with the same promptness." Calls for the county physician came from the workhouse, the poorhouse, the pesthouse, the jail and police stations; those patients' ailments were often chronic and among the most difficult to treat. These dedicated doctors also felt they were often providing free care to patients who probably had the means to pay for it but denied that they could. Those shared concerns were the principal reason these physicians first decided to form an organizational structure, although formal action wouldn't come until many years later. In 1909, Dr. John T. Rogers was elected chief of staff by 35 physicians who assembled at Ramsey County Medical Society offices and agreed in principle that "the idea of a permanent organization is to systematize the work."

Members of City and County Hospital's medical staff also devoted their time to teaching future physicians. As early as 1893, Ancker told the board of control, "Students of the university and medical men from smaller towns of the surrounding territory are seeking clinical instruction in our wards and operating theaters." By 1914, this "clinical clerkship" became mandatory for medical students from the University of Minnesota.

ANCKER QUOTED a writer of the times: "The relation of hospitals to medical education has been

**Physicians who treated "charity" cases.*

*A small patient with two of the nurses and a Dr. Perkins on the porch of the old contagious ward in 1897. The new building, right, for patients with contagious diseases was completed in 1903. Its floors, divided by eight-foot closed corridors, were linked only by outside stairways.*

reciprocal, for good medical teaching has improved hospital work, and hospital work on the other hand has improved medical teaching. The hospital which does not contribute to the advancement of medical knowledge by bringing the results of investigation and experience to the training of medical students in the practice stage of their education fails to attain its highest goal or to surround itself with the brightest investigators."

But Ancker's was a cautious enthusiasm. He tempered his endorsement of the practice with an admonition: "The primary function of hospitals is the successful treatment of diseases and injuries in the strictest relation to the interests and advantages of the sick and stricken individual. To this, all other relations, scientific and administrative, must be absolutely subordinated."

This concern for patients was an ever-recurring theme in Ancker's remarks to his colleagues and in his interviews with the press. He repeatedly jumped to their defense when the patients' "character" was maligned: "The popular impression is that the municipal hospital is only a refuge for the tramp and the pauper in his hour of need. A careful investigation of our records will demonstrate the fact that 90 percent of the beneficiaries of the hospital belong to the industrial classes, and I know that the largest percentage of those leaving the hospital return to lives

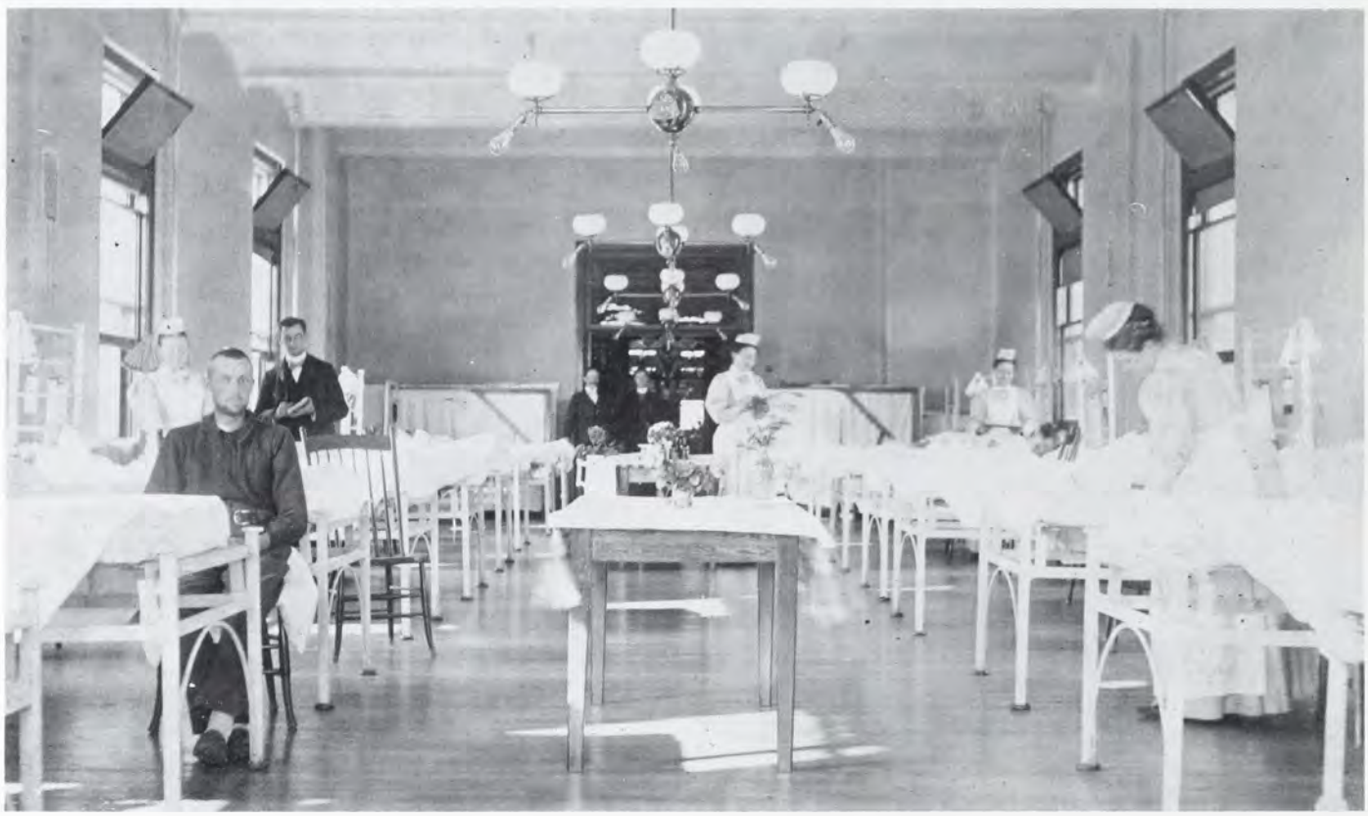
of usefulness." He was inclined to use the argument as justification for expenditures that appeared in his budget requests to the board of control throughout his years as superintendent.

It was the same line of reasoning that prompted Ancker's recommendation to the board of control in 1891 that a training school of nursing be established. As the population of St. Paul swelled, and as the number of patients at City and County Hospital grew, so did the need for trained nurses to care for those patients. The board agreed. Over the next 85 years, the Ancker School of Nursing would graduate some of the country's best and most well-trained nurses. Even when changes in educational requirements and rising costs caused the school to close in 1976, students would continue to gain valuable practical experience at the hospital.

In the early years, the two-year nurses' training school program included clinical experience and lectures from the physician staff. Courses of study included "dressing of wounds, blisters, burns and sores; observation of temperature, pulse and respiration; preparation and application of fomentation poultices and hot water bags; managing movements of helpless patients; and assisting with operations." Lectures on surgery, medicine, gynecology, obstetrics, care of children, contagious diseases and cooking for invalids rounded out the coursework. Aspiring nurses were also "thoroughly drilled in asepsis and antisepsis."

STUDENTS WERE accepted to the nursing school on probation for two months during which time they received no pay for such menial chores as dusting, sweeping, making beds and mopping floors. "We are nothing, the patient everything," one student claimed. "The discipline is terrific, military obedience being required in every particular as if in the army. More than this, have we the sympathy, the endurance, the patience, the self-control to take us through every sort of trying ordeal?" It appeared that many did not; more

*A private room, left, in the administration building in 1911, and the typhoid ward, below in 1898. Typhoid and many other contagious diseases that once were such a problem are virtually unknown today.*



than 40 percent did not pass the probationary period.

Students who were admitted to the program earned $8 a month during their junior year and $10 a month their senior year. Upon graduation, the trained professional nurse could expect to make $20 to $25 a week. Students were warned to practice ladylike behavior at all times and never to "fraternize" with doctors. But they were also now privileged to wear the much-coveted uniform -- floor-length, long-sleeved white dresses covered by starched white aprons, and broad-toed, flat-heeled boots. In 1892, one student won that right. By 1918, the program would grow to graduate 29 nurses; by 1929, that number had almost doubled to 52.

And what was expected of this new crop of graduates in nursing's early days? A commencement address by Dr. Alexander Stone in 1907 summed it up: "Your business first, last and all the time is to be neat, to make friends of the patients, to learn their idiosyncracies and to cook dainty food."

Ancker's nursing school dream come true meant time to pursue others. In 1895, a group of "charitable ladies" presented the hospital with its first ambulance, and an anonymous donor purchased two horses to operate it. An old barn on the property became the new "garage." It was replaced some 20 years later with "a brick structure, which will not only afford stable accommodations, but will also contain a suitable mortuary for the dead, a room for the conduct of funerals of those dying from contagious diseases and an apartment for making autopsies." The first "automobile ambulance" was designed by Ancker himself in 1912, and placed on a Studebaker chassis, at a cost of $4,200.

Ancker's quest for more and better facilities for his hospital resumed in 1900 when he told the board of control the current building for the treatment of contagious illnesses was "antiquated and totally unfit, a hotbed of contagion." He cited instances where patients being treated for one condition would often contract another. His $45,000 request was granted in 1901, and construction began on the two-story brick building that isolated patients with various contagious illnesses. Building plans show floors divided by eight-foot closed corridors with no connection between floors except by outside stairways. This one-of-a-kind facility of "perfect sanitary condition" was expected to attract paying patients as well. The building was completed in 1903.

WITH THESE LATEST additions and "the present splendid staff," Ancker felt "St. Paul can attract attention from all parts of the West, especially people of means who would come for the attention and skill they would receive." His vision would prove prophetic; as the years passed, the hospital would rely less and less on public funds, and more on its excellent reputation and the clientele that reputation attracted.

The next most pressing need became a suitable facility for crippled children. City and County Hospital had first set aside a ward, then an entire building which eventually had to be enlarged and was still crowded enough to cause an overflow of patients into the regular wards. Public sentiment strongly favored the project. One newspaper columnist wrote: "No one who has witnessed the almost-miracles performed in the cases of crippled children at the city hospital will hesitate to endorse a larger, more definite effort to reclaim from nature's carelessness these halted little lives." Newspapers also published many accounts of lost and abandoned crippled children who would have had to fend for themselves if the hospital had not cared for them.

A commission was established to investigate the advisability of a state institution for indigent crippled children; its members were Dr. R. O. Earle, Dr. Arthur Gillette (who became known as the project's "guiding spirit") and Stephen Mahoney. They recommended that a school be incorporated into the plans as well, for a total projected cost of $100,000. In 1907, land near Lake Phalen was deeded to the state by the city of St. Paul. In 1909, the legislature was asked to appropriate $55,000 for the construction; the building was completed in 1910. Many of the more critically ill crippled children would continue to be cared for at City and County Hospital.

The board of control continued to acquire more land adjacent to the hospital complex to provide for future expansion. Ancker's 1899 request for nursing student housing was resurrected in 1904 when additional land became available. He urged the $15,000 appropriation "to increase the efficiency of the nurses" who at the time were crowded into the top floor of the hospital during their sleep and study hours and often distracted and disturbed by hospital activities on the lower floors. "The more the nurses know, the better off are the patients," Ancker said, "and they can learn more in a separate cottage." The building was complete in 1905 at a cost of $15,000. Ancker assured any critics that the hospital's newest feature would "bring a better class of women to be trained in the work of caring for the sick."

Ancker's preoccupation with building continued as overcrowding necessitated further expansion. New wings extending east and west from the administration building were completed around 1910, bringing the total number of hospital beds to 550. "I have no doubt at all there will be a demand for all the room we have," Ancker claimed.

THE STATE LEGISLATURE was again asked to authorize a bond issue for a $200,000 addition in 1911 in order to accommodate an additional 100 patients. Meanwhile, other buildings in the complex were beginning to show their age. The ward which housed crippled children until the Gillette hospital opened near Lake Phalen was called a "veritable fire trap" by the board of control.

Ancker received approval for another $40,000 structure after he argued persuasively in 1911 in favor of a pathological laboratory. He believed laboratory examinations were necessary in 99 percent of cases in order to make accurate diagnoses. Because of this lack, he feared mistakes had been made. "With a laboratory at hand the case might be diagnosed scientifically at once, and the correct treatment begun. Now physicians are obliged to wait, often several days, to get a correct diagnosis." The completed structure created "the most modern, model and largest hospital building in the United States," Ancker claimed.

But he would not stop there. At his recommendation, county commissioners and city councilmen approved $75,000 for the addition of a tuberculosis ward building. The structure, which was occupied in 1914, was "the most modern of its kind in the country, both in construction and equipment." Patients in advanced stages of the disease were housed on the lower two floors, equipped with a large porch "for them to sit on nice days." The upper two floors were reserved for "incipient cases where patients will practically live outdoors continually."

Since fresh air was considered the best curative measure, most of the space for patients was open porches separated by low partitions with enclosed areas for use only when the weather turned cold. The roof was also constructed so "patients could receive the full benefit of the breeze and the effects of the sun." In this facility, patients were treated with the very latest techniques: the "modern idea of graduated exercise" and a dietary regimen that included six raw eggs per day and "as much milk as they cared to drink." Patients were also beneficiaries of the latest medical technology. In 1913, a new serum for tuberculosis was being tested secretly, resulting in "symptons of the disease rapidly disappearing."

It was also in 1913 that the hospital celebrated its 40th anniversary. By that time it was the 10th largest hospital in the country and the largest west of Chicago. Since complete records had been kept only since 1883, it was to that year that comparison was made:

| 1883 | 1913 |
|---|---|
| 2 buildings, worth $20,000 | 12 buildings, worth $1 million |
| 25 patients, 38 beds | 400 patients, 600 beds |
| Staff: Ancker, one matron, one cook, one housekeeper | Staff: 40 physicians, 100 nurses |
| Cared for 350 patients annually | Cared for 5,400 patients annually |
| Annual expenses of $12,500 | Annual expenses of $135,000 |
| Monthly payroll of $125 | Monthly payroll of $3,500 |

But St. Paul would continue to grow, as would the need for more hospital beds. In 1916, Ancker sought and received another $110,000 to add space to the "men's department," and to build another home for

*The first ambulance, presented to the hospital in 1895 by a group of "charitable ladies." An anonymous donor bought the horses.*

*The ambulance court, about 1911. The ambulance garage also housed a mortuary.*

a nursing staff that had nearly doubled, forcing some nurses to sleep in hospital attic rooms. The new construction would also include a new, free city dispensary.

When the complex was completed in 1917, City and County Hospital was the seventh largest in the country with 700 beds. Feeding those patients required "60 dozen fresh eggs, 120 gallons of pure milk and 80 pounds of the best butter daily." And just two years later, Ancker would revive his building dreams; this time he sought another $300,000 for a children's building, an addition to the contagious disease section and additional office space.

But the history of this enormous and highly respected institution is more than the chronicle of buildings erected and the mounting patient census figures. It is also a heartening account of major strides in the battle against the life-threatening diseases of the day. As Ancker approached his 40th anniversary as superintendent of City and County Hospital, he was able to report that scarlet fever, diphtheria and typhoid fever were "on the wane," and to boast that St. Paul was earning its reputation as America's healthiest city." Doctors at City and County Hospital were among the first to cure a young child of the nearly always fatal meningitis. The hospital also led the way in fighting the influenza epidemics that swept the country periodically, killing thousands. The medical staff's call to "close amusement parks and ban public gatherings" would be the first of many health alerts that successfully stopped the spread of virulent diseases.

City and County's stature as a "mecca" for the medical man was also increasing. The hospital was one of the first to use "Roentgen rays" in the operating room; newspaper accounts lauded a Dr. Millard who "performed the operation and, aided by the shadowgraph, cut direct to the spot where the bullet was found exactly as shown in the X-ray experiment."

The hospital's establishment of an "outdoor department," forerunner of today's outpatient care, was also considered by physicians of the day to be highly innovative. By 1935, the department was handling up to 400 patients a day "smoothly, swiftly and efficiently." One visitor compared it to a "huge physician's office" located on the ground floor of the hospital, where patients "have eyes examined, teeth repaired, hearts tuned up and receive medicine, advice and sympathetic attention." There were 24 "subdivisions" or clinics in the department.

City and County also joined the elite corps of major medical institutions to use radium in the treatment of cancer in 1922. The applications of occupational therapy in rehabilitative medicine were first explored here as well. Ancker's incentive for constant innova-

*Dr. Thomas Broadie*

tion was adherence to a slogan he coined: "Better service for patients." Belief in his success was widespread. An article in *Hospital Management* magazine, published in Chicago, urged general adoption of his theory of "personal contact with patients" as the key to success for a county hospital.

IT WAS AN IDEA that lived on at City and County Hospital long after Ancker died in 1923. He died in his office at the age of 72 of heart disease, a condition he'd had for three years but kept to himself. Tributes to his memory were numerous. Dr. Harvey O. Skinner, a lifelong St. Paul general practitioner who served his internship under Ancker, wrote in 1965: "City and County Hospital and Dr. Ancker were so closely related that one cannot speak about one without the other. He was the hospital. We had our instruction from the giants of medicine that made City and County Hospital one of the outstanding teaching hospitals in the nation and certainly the best in the West." The year Ancker died, City and County was renamed in his honor.

Over the next 13 years, five men held the position of Ancker Hospital superintendent. St. Paul surgeon Dr. John P. Staley stayed three months until a physical disability forced him to resign. Staley's assistant superintendent, Dr. J. L. McElroy, succeeded him for a little over a year before he left to take a similar post in New York. During McElroy's brief tenure, plans for the new contagion building proposed by Ancker were completed and the hospital library service of the St. Paul Public Library was developed. Dr. Fred G. Carter was named to the top hospital position in 1925; he stayed for 10 years until a Cincinnati hospital lured him away.

During this time, the new contagion building was completed, and the tuberculosis pavilion was enlarged to a capacity of 216 patients. In the late 1920s, Ancker physician Dr. Frederic E. B. Foley made his mark on modern medicine with his own version of a catheter. The device's bulb-like tip eliminated the problem of catheters dislodging during bladder drainage following surgery, or in immobile patients. Today the Foley catheter is as common as aspirin and thermometers and is used in hospitals throughout the world. Foley also pioneered a surgical procedure that narrowed kidney connection with the ureter tube leading to the bladder. Another significant innovation in patient treatment was a first-of-its-kind diabetes clinic established in 1935 by Dr. John R. Meade.

That same year, a remodeling program was instituted to "improve facilities in the outpatient, receiving and education departments." The hospital's census increased dramatically during this decade as the early years of the Depression swelled the ranks of the unemployed and working poor served by the hospital.

*Dr. Frederic E. B. Foley*

It was generally felt that Carter as the hospital's superintendent dealt with the situation well, and newspaper accounts, regretting his departure, claimed "St. Paul is losing a valuable public servant and an unusually capable executive." Carter was replaced by Dr. Seymour Lee who died only nine months later. Dr. Thomas Broadie was named superintendent in 1936, a position he would hold for the next 30 years until his retirement in 1967.

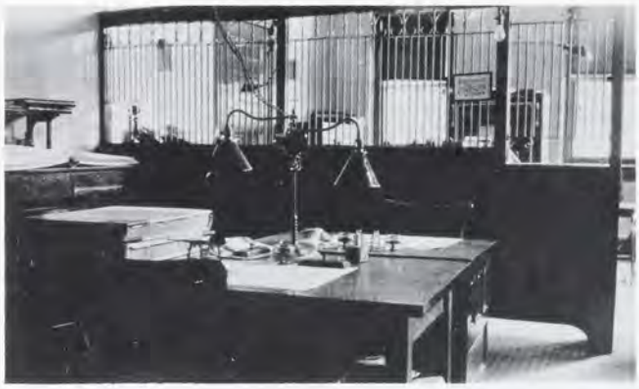
The transitory nature of the hospital leadership preceeding Broadie's tenure took its toll. With no one strong hand at the helm, the public hospital became increasingly subject to the pressure of politics. This had always been a problem; the power of appointment to the board of control, which governed the hospital, had been passed from the county commissioners and the city council to federal judges and back again. It became evident to the state legislature that charges of conflict of interest and overexpenditures were based less on fact and more on political infighting.

IN AN ATTEMPT to correct the situation, the board of control was abolished in 1919, and a board of public welfare was established as the governing body of the hospital. Five non-salaried members were appointed by the mayor of St. Paul, three subject to the approval of the county board and two to the approval of the city council. The new board would then name a paid executive secretary at a salary of $4,000 a year. It was hoped this move would "end much of the political wire-pulling." F. R. Bigelow was named chairman of the first board of public welfare; members were Mrs. C. C. Dailey, Dr. A. A. VanDyke, Hubert W. White and John Schleck. University of Minnesota professor Dr. Gustave A. Lindquist was chosen the first executive secretary. This organization, known by a variety of different names, governed the hospital until 1969. Newspaper accounts of the intervening 40 years clearly demonstrate, however, that political power struggles continued to inhibit efficient management of Ancker Hospital. It was truly in spite of its governing body, rather than because of it, that Broadie, the new superintendent, maintained the position of prominence attained by the progressive institution and its superior physician staff.

Outbreaks of disease would continually test those excellent resources. The danger of smallpox led Ancker physicians to recommend mandatory vaccination. The public health danger of syphilis led Broadie to urge "prompt and continuous treatment" of the disease. In 1937, St. Paul had the lowest infant death rate of any reported by 86 cities throughout the country, largely due to what were considered innovative methods of preventing the spread of infection. Assistant Superintendent Dr. Earl Black urged periodic exams in the schools as the surest way to control tuberculosis. An "OK, Let's X-ray" campaign in the mid-1940s to detect the disease through city-wide, free chest X-rays had similar results. In 1947, St. Paul had the lowest death rate from tuberculosis of any of the larger cities in the country. The polio epidemics in the 1940s and 1950s led Ancker Hospital to appropriate some of the first "iron lung" respirators in a desperate attempt to keep victims of infantile paralysis alive. The first heart surgery in St. Paul was performed at Ancker Hospital to close a blood vessel of a 4-year-old girl in 1948, and by the next year, the service had been expanded to enable surgeons to perform numerous other procedures.

*A cottage for children, top photo, and, below, the crippled children's department, forerunner of Gillette Children's Hospital. Public sentiment strongly supported the need "to reclaim from nature's carelessness these halted little lives."*

THESE VIGILANT EFFORTS to combat illness were duplicated in the application of better treatment methods in emergency situations. As early as the 1940s, the Ancker Hospital medical staff's proficiency in this area was well recognized, a reputation that would continue until the present day. For example, a tragic bus-truck collision resulted in 15 critically injured patients and caused one observer to "marvel at the coolness, directness and efficiency with which pain was first relieved, burns sprayed, bones set,



*Office of bookkeeper and cashier.*

*The hospital's office, 1911.*

broken bodies mended." In 1948 alone, more than 12,000 patients were registered at Ancker's "receiving" or emergency room; most were subsequently hospitalized. The hospital's reputation for treating the most critically ill and injured was further enhanced when it became the first in the country to establish a post-operative ward.

In many other respects, Ancker Hospital was changing with the times as well, evolving from the traditional city-county hospital to the modern medical center of today. By the mid 1940s, student nurses became much less involved in actual patient care; consequently, hired graduate nurses became more valuable and in higher demand. In 1947, the nursing shortage grew so critical that Ancker was forced to shut down its pediatric ward for a few months. To attract more young women to the profession, hospitals began to shorten their working hours and increase their pay. Another unforeseen benefit for new nurses was a heightened respect for their professional services among hospital administrative and medical staff. Minna Moehring, the new director of nursing, remarked publicly in 1965 that "Nurses must be educated now, not merely trained as they used to be. It takes more skill and intelligence than formerly because they must keep up with advanced medical knowledge. Physicians now recognize the ability of nurses, and our duties are more professional."

Concurrent with these developments in the nursing profession was an increased reliance on full-time professional medical staff to fulfill health care and teaching responsibilities, positions formerly held exclusively by voluntary medical staff. The notion of paid staff members first surfaced in the late 1920s and again in 1933, but was rejected by an overwhelming vote of the physicians at the time. The 1940s, however, were characterized by fewer "charity" patients and increasing numbers of people who were charged for hospital care according to their ability to pay, prompting corresponding physician compensation as a logical next step.

These physicians also had increasing educational responsibilities as the number of doctors-in-training grew. In 1886, Dr. F. H. Holland was listed as the sole intern; in 1888, there were two, and in 1896, five. During the 1930s, there were more than 30 interns each year, as well as a handful of residents. But the real impetus for the development of graduate medical training programs came after World War II because of the great demand for specialty training. Many Twin Cities hospitals began to offer internships and residencies, compelling Ancker to offer complete graduate medical education in order to attract high-quality physicians to the house staff. In 1945, members of the medical staff agreed to particpate in a graduate training program for physician war veterans conducted by the University of Minnesota with funds provided by the Kellogg Foundation. Wary of being "consumed" by the university, the medical staff let it be known that this concession to train graduate students was "for patriotic reasons" and when the funds disappeared, so would support for the program. However, when funds were exhausted in 1950, it had been so successful and patient care so improved that it was agreed to continue the residency training programs under university supervision at the expense of the Ramsey County Welfare Board. This liaison with the university continued throughout the second half of the century, providing the basis for the graduate and undergraduate medical programs that flourish at the medical center today.

But these positive developments in the provision of medical care created a serious drawback. The ever-increasing costs of hospital care in all phases of operations strained budget capabilities to the maximum. By 1941, the annual budget for Ancker Hospital was just under $1 million; the income from paying patients was a mere $40,000. Governmental appropriations became a less reliable source of income as hospitalization insurance became more available, forcing the

*The pharmacy.*

*Corridor leading to Emergency.*

hospital to be more diligent in collecting its bills. The welfare board was forced to dig deeper and deeper into its pockets to fund hospital expenses. Fortunately, commitment to adequate funding remained strong throughout the institution's history of public financing; the succession of boards which governed the hospital recognized the importance of that support in maintaining the highest standards of medical care.

As further evidence of the commitment, the board approved construction of a new surgical research unit in 1950; federal funding and private donations supplemented county dollars, and in 1952, one of the first research laboratories operated in connection with a county institution was dedicated, at a cost of about $134,000.

ONE OF THE LAST renovation projects at Ancker Hospital was completed in 1951, when the first floor of the old and seldom used contagion wing was converted to a pediatrics department. From then on, requests for new building and renovation would meet head-on with two critical facts of life: Ancker Hospital had run out of room to expand, and existing structures were growing too old to renovate economically. In a report to a grand jury in 1951, Broadie acknowledged the inadequacies: antiquated buildings constructed with supports of heavy oak beams impossible to fireproof; underequipped facilities; outmoded equipment.

With every passing year, the situation became more acute, and in 1954, consultants proposed two alternatives: improve only the most deficient facilities at a cost of about $2.25 million, at best a temporary measure; or raze the older buildings, renovate the newer ones and construct two new large buildings, a proposal that would cost four times as much. The welfare board recommended the second proposal, but before it could be implemented, several medical staff members at Ancker Hospital induced the Ramsey County Medical Society to pass a resolution favoring the construction of a new facility near St. Joseph's and Miller hospitals, permitting mutual outpatient care. The proposed site for the 600-bed structure was known as the "Capitol Approach" area, on the four-lane divided mall connecting the Capitol and the Cathedral. Plans for the new 12-story medical arts building to house both the county hospital and office suites for 350 doctors were drawn up, with proposed costs of $10 million. A mayoral commission was set up to guide the plan through to implementation, and by the time firm plans were approved, costs had soared to between $12 and $16 million.

West End residents protested loud and long at the prospect of losing their "neighborhood" hospital. It was not their vociferous objections, however, that caused the hospital facility building commission to change its mind about the location, but rather the simple logistics of the proposal. The new interstate freeway (I-94) would eventually be bulldozed right through the site; that meant the new hospital "would have to be built on stilts," and that parking on the three-acre site would be a problem from the onset. These drawbacks caused planners to consider yet a third site, in the "Eastern Redevelopment" area. In 1959, an 18-acre parcel of land at Jackson and University was acquired, and planning for a new $16 million city and county public hospital began.

Construction of the new hospital, termed "one of the finest in the country," would dominate the headlines until it was eventually occupied in 1965. But it would share the limelight with innovations in the treatment of illness, and research into its causes and cures that continued unabated at Ancker in the late 1940s. By the early 1950s, it was widely acknowledged that "Ancker's heart surgery program, under the direction of Dr. Ivan Baranofsky, contributes to Minnesota's reputation as one of the heart research centers of the country." Heart massage and an "electronic cardioscope," which displayed as well as amplified heart sounds, were but two such innovations.

*Artificial respiration performed for six weeks on patient Tilly Anderson in August, 1897. The nurse was Mabel Worthington.*

RESEARCH THAT SIGNIFICANTLY expanded the body of medical knowledge spurred the development of new services to put ideas into practice. The state's first poison information and control center was established in 1959, forerunner of today's Minnesota Regional Poison Center. A psychiatric services department was set up in 1961, under the direction of Dr. Vera Eiden, with a goal of "treating the mentally ill, not simply caring for them." By mid-year, the demands were "almost overwhelming." A new program to register patients with tumors assured they would be re-examined regularly and that results of treatment would be systematically evaluated. A new pediatric seizure clinic for child epileptics virtually created a new subspecialty of pediatric neurology.

But it was the establishment of a burn treatment center in 1963 that was deemed the most innovative venture of its kind and of that time. The unit was the brain child of Dr. John F. Perry, Jr., then, as now, chief of surgery for the hospital. The unit was fashioned by hospital staff who simply adapted existing equipment to create a four-bed facility able to treat from 30 to 40 patients with major burns every year. Today the Burn Center is the leading burn treatment center in the Upper Midwest, averaging 200 to 250 patients a year, some even from foreign countries.

Perry's concern extended to other critically injured patients as well. His research indicated that the low survival rates of victims of traumatic accidents were directly related to the common practice of stabilizing patients in the emergency room before surgery. Building on the experience of the M*A*S*H* units during the Korean war, he hypothesized that urban patients would also benefit from immediate surgery. Thus Perry developed what came to be known as "Room 10" -- an emergency operating room equipped to handle victims of multiple trauma at any time. This unique development helped to maintain the hospital's position at the forefront of critical care and emergency medical services. The nation's system of regional trauma centers was later developed around this premise.

Research grants for these and other efforts began to attract significant funding from foundations and voluntary agencies in the early 1960s. Newspaper accounts reported that "major research projects ranging from heart disease to snake bite are being conducted at Ancker." Projects underway at Ancker plus the caliber of the researchers were major factors that contributed to the assurance of large federal grants for health research facilities at the new hospital.

That new St. Paul-Ramsey Hospital opened in October, 1965. The nine-story main hospital building was built of reinforced concrete, with an exterior of stone on the first three floors forming a rectangular base, and brick on the top six patient floors. The education building was located directly behind the main building and behind that was a nurses' residence for students in training at the Ancker School of Nursing.

*A new respirator, on loan from Group Health Association, helps patient George Kohler, White Bear Lake, during the great polio epidemic of 1946. Bert Kulp, right, a sailor who lived then at 708 Randolph, was a volunteer during the epidemic.*

Other special features included:

* Ten operating rooms, four of them equipped for special procedures: eye, ear, nose and throat; cardiovascular surgery; neurosurgery; and orthopedic surgery.
* A first-floor outpatient department about five times larger than the one at Ancker.
* Seventy-two clinic rooms in a single area, a main clinic waiting area large enough to accommodate 200 people.
* A room for cobalt treatment.
* A physical medicine department including physical and occupational therapy, hydrotherapy and electrotherapy.
* Two high-humidity rooms for children with respiratory problems.
* A post-anesthesia recovery room.
* Parking lots providing 503 parking spaces on the hospital grounds.

Generally, emergency areas, clinics, laboratories, support services and surgical areas were located on the lower three floors. Patient rooms were located on the top six floors of the circular units. Gone were the large wards that characterized Ancker; the rooms at the new hospital could accommodate from two to five beds. Total bed capacity was 612, but architects provided for the addition of two more floors if needed, expanding the number of beds by 228. Nursing stations were located in the center of each circle, so nurses had a clear view of all patients.

It was believed that when the nearby freeway system was completed, the hospital would be accessible to anyone in the county in as little as 20 minutes, an important consideration in view of the hospital's critical role in providing emergency medical services. The covered ambulance entrance area allowed six emergency vehicles to unload at one time. That capacity would be tested to the limit frequently in the next several years, but never so critically as on moving day Oct. 13, 1965. Within the space of six hours, 250 patients, some of them critically ill, were moved uneventfully through that new emergency entrance into the new St. Paul-Ramsey in "mobile" temporary hospitals that had been installed in semi-trailer trucks. An observer described it:

"A SOFT OCTOBER WIND blew scraps of paper along a deserted street outside old Ancker Hospital. Inside, the corridors were silent and empty. The old emergency waiting room holds nothing now but the memories of hectic days and nights when the injured flowed through here in an almost unending line. Some miles northeast of the old building, the new structure was a beehive of activity as nurses, aides, doctors and volunteer workers ushered patients into their shiny, new quarters. It should have been a period of complete happiness for all those who work in this general hospital, but there were many of the old timers plus a handful of the young workers who were a bit sad at leaving the old building. 'Old Ancker had a character of its own,' they said." The old hospital would stand vacant for nearly two years before falling to the wrecking ball; a special education facility and new administrative offices for the St. Paul Schools would eventually be built on the site.

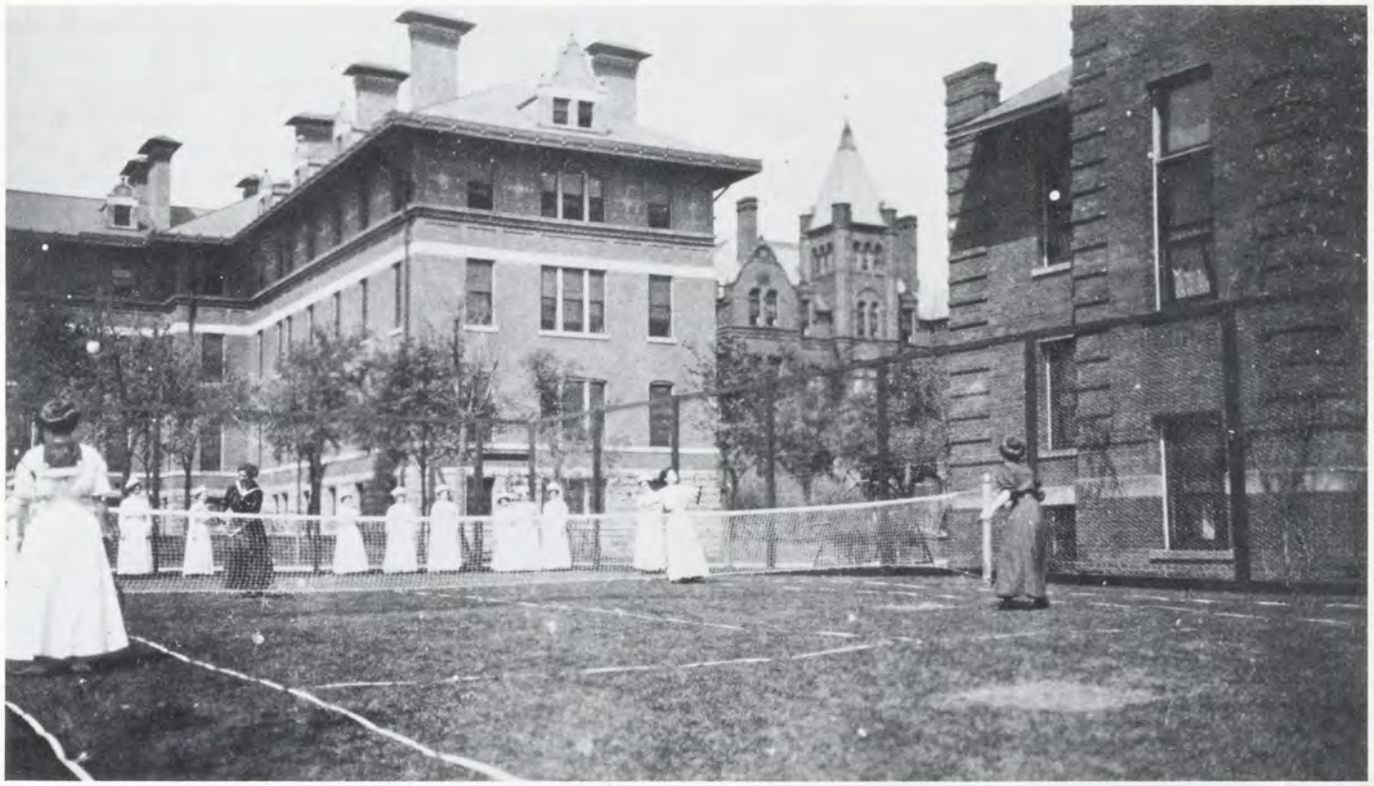
The new location for the city's pre-eminent hospital would be the first of many significant changes that would take place during the next and most recent 20 years of the institution's history: changes in leadership, in its governance structure, in the organization of the medical staff, in the people it served and the manner in which it served them.

Many of these changes were prompted by the accurate perception on the part of both medical and administrative staffs that the role of the "city-county" hospital was changing. The implementation of Medicare in 1966 meant that the hospital's traditional patient base was no longer an assured one, that these older patients could choose where they went for medical care. Consequently, St. Paul-Ramsey needed to attract more full-pay patients by retaining top-notch medical staff, developing new services and providing the highest quality medical care.

Those goals remained top priorities throughout the next two decades. In the mid-1960s, hospital leaders had already identified it as an aim toward which all were striving: "We're moving from a welfare hospital for the indigent to a community hospital for everyone," said Seymour Verhey, chairman of the St. Paul-Ramsey Hospital study committee, in 1966. Success in attaining that goal is evident by comparing the degree of county support for the hospital in 1966 and 1986. Twenty years ago, the welfare board approved $9.1 million for hospital expenses; estimated hospital receipts for the year were $3.4 million, the remaining $6.7 million to be picked up by taxpayers. In 1986, direct support from Ramsey County constituted only 6.5 percent of the hospital budget.

The welfare board took what it considered an imperative step in securing the continuance of one component of that patient care equation -- a top-flight medical staff -- when it approved the establishment of the St. Paul-Ramsey Hospital Medical Education and Research Foundation in 1966 (renamed the St. Paul-Ramsey Foundation in 1986). The non-profit corporation was hailed by welfare board chairman Sam Grais as "the making of the hospital."

THE FOUNDATION FEATURED a medical ser-



*Nurses on the tennis court, 1911. A training school of nursing had been established in 1891 and a separate cottage with less crowded quarters for nurses, above, was completed in 1905. In 1911 Mrs. Frances D. Campbell, right, was superintendent of nurses.*

vice plan whereby physicians were able to charge fees for services provided to hospital patients who were able to pay or who had third-party insurance. The foundation, however, would actually collect fees and use the funds to carry out its mission: "To promote and further develop medical education and research by making grants, scholarships, fellowships, guarantees and allowances available to members of the staff and other deserving doctors or students of medicine." It was felt that this fee-sharing approach would inhibit competition for patients among the physicians on staff and promote a group effort. The new foundation, and a written affiliation agreement between the medical staff and the University of Min-

*By the 1950s the uniforms had changed but not some of the traditions associated with the school of nursing.*

nesota to provide medical education and which assured the physicians of faculty status, were believed to be the first features of their kind in the nation for a public hospital. They were also believed to be guarantees of the institution's success in a changing health care milieu.

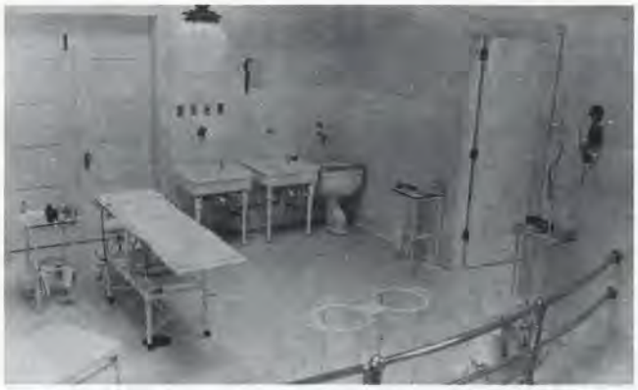
Another factor the medical staff considered key to recruiting and retaining top physician talent was the appointment of a strong medical director concerned only with medical issues, separate from the duties of hospital administrator. A general recognition of the wisdom of such an arrangement led the physicians to begin electing a chief of staff and to Otto Janke's appointment as hospital superintendent in 1968 when Broadie retired. The institution's first-ever businessman chief favored "bold, imaginative and revolutionary programs" that would earn St. Paul-Ramsey a reputation as "one of the medical giants" of the future. His ideas ranged from expanding the medical center's role in the community in the fields of health care and education to exploring a "whole new concept of patient treatment" that involved a medical team approach and a coordinated kind of care that "treats the patient as a whole rather than an anatomical entity." He also predicted a trend that came to fruition at the medical center almost 20 years later with the organization of the medical staff into the multi-specialty group practice known as Ramsey Clinic: "The trend of the future is for the professional staff to be located in or near hospitals. The result will be that patients will come to the hospital to see their doctor."

It became clear that change was coming to both the practice and the business of health care. It became equally clear that the welfare board's tight rein on the hospital budget would inhibit any moves St. Paul-Ramsey's administration might make to respond to those changes, to meet the needs of the community it served. In 1968, the first proposal for a change in the governance structure of the hospital began to surface. One suggestion would have the city and the county divest themselves of all St. Paul-Ramsey operations and turn it over to a private institution for management. County commissioners, on the other hand, felt strongly they should assume total control of the hospital. The compromise, approved by the state legislature and implemented in 1969, established an independent board of nine members, nominated by the chairman of the county board. Three members would be county commissioners, six private citizens. The new commission was heartily endorsed in a newspaper editorial:

"The result is a largely nonpolitical board, having as members people competent to make decisions about the operation of a multi-million dollar medical complex. While the county welfare board may have this same competency, it has too many other responsibilities and cannot give the hospital the attention it deserves while giving adequate consideration to other duties. An independent, nonpolitical, professionally competent hospital board can provide the kind of administration the hospital needs and the taxpayers deserve."

THE FIRST HOSPITAL commission members included county commissioners John Daubney, Mrs. Donald DeCourcy and Roy Nadeau, and citizens Albert Bies, Rodney Danielson, Cecil March, Sidney Abramson, Michael Ettel and Mrs. Edna Schwartz. This new board had the power to appoint and remove the hospital superintendent and possessed more flexibility in making financial decisions than did its predecessor.

That latter characteristic enabled the new board to react more quickly to opportunities to provide new and better services for patients. A helipad was constructed in 1969, enabling the hospital to participate in a one-year federal project to test helicopter ambulance services; St. Paul-Ramsey began to operate



*The operating room in 1911, above, and the more modern surgery during the hospital's last years. Ancker was one of the first hospital administrators to understand the need to keep operating rooms scrupulously clean.*

its own through a consortium agreement in 1985. A new coronary care unit was also dedicated in 1969; the unit, one of the largest in the Midwest, included the "most modern wall-mounted monitoring units and a central monitoring station." The medical center achieved a solid reputation as a pre-eminent psychiatric facility when it established the region's first unit strictly for children and became the only hospital to offer a detoxification center and an alcoholism treatment team. St. Paul's first artificial kidney machine and treatment center and a state-of-the-art high-risk obstetrical unit were established. In 1972, a pilot prepaid health care program for Ramsey County employees entitled Ramsey Health Plan was implemented at St. Paul-Ramsey, the first of many such programs in the Twin Cities. Tel-Med, a community health education endeavor, offered free medical information by phone in a series of pre-recorded messages, beginning in 1974.

This ability to respond to opportunities would serve the hospital well when the need for more outpatient facilities became evident in the mid-1970s. The emphasis in health care was shifting away from the single-minded purpose of caring for the sick and injured to focus on prevention and wellness. Space to conduct outpatient activities became a critical need. Coincidentally, this time period also marked the culmination of a decade-long quest by Gillette Hospital for Crippled Children to affiliate with a major medical center, share space, staff and services, and at the same time relieve what had become a severely overcrowded situation in its outdated Lake Phalen facility. The time was right for a new addition to St. Paul-Ramsey Hospital that would accommodate all these needs. A four-story, $10 million structure was added to the north end of the main hospital building in 1977, providing the desired clinic space, offices for physicians, a parking ramp and an entire floor for what was renamed Gillette Children's Hospital. The complex was renamed St. Paul-Ramsey Medical Center to reflect the expansion in the scope of its services, although the two hospitals would remain operationally independent.

THE INCREASING COMPLEXITY of providing a new kind of care and the need to coordinate its delivery to an increasingly diverse population led both the medical center and the medical staff to review their organizational and administrative structures during the 1970s. The notion of a merged operation was considered but never adopted. In 1973, however, the hospital commission was expanded to 13 members -- nine citizens, four county commissioners -- to enlarge the amount of expertise and diversity of experience those members would bring to the board. And in 1979, the medical staff incorporated into Ramsey Clinic Associates, P.A., a nonprofit professional association whose central administration helped the physicians manage their resources more effectively and efficiently. Both organizations voiced their commitment to a strong alliance between the practice of medicine and the health care facility where that care was provided.

As partners in health care, Ramsey Clinic and St. Paul-Ramsey Medical Center entered the turbulent decade of the 1980s -- on the one hand, a major multispecialty group practice whose members brought a skillful blend of clinical expertise, academic excellence and cutting-edge research to the care of their patients; on the other, a medical center with an outstanding reputation for its critical care capabilities, accentuated by its designation as a trauma center, a national reputation for burn care, its expansion into helicopter ambulance services and its position as a nationally recognized teaching hospital. Together they

forged ahead to explore the widespread and diverse communities they served to ascertain the needs, meet them and anticipate future demands. Then all efforts were directed toward developing new and original programs while preserving the more traditional primary and specialty care services.

The results, just to name a few: the Minnesota Regional Poison Center, with its 24-hour-a-day hotline for poison information and Hazard Information Services for businesses and their employees; The Health Center for Women where an all-female staff catered to the special health care needs of women; Senior Dimensions, where older patients reaped the benefits of special programs, services and research into their often unique health problems; Occupational Health Services for business and industry, providing clinical care, medical direction and consultation on health-related issues; the Dry Eye and Tear Center, one of only a handful of facilities which diagnosed, treated and conducted research to prevent dry eyes and tearing abnormalities that affect millions of Americans; a system of branch clinics that stretched from downtown skyways to small town main streets, bringing health care home to the community; the International Travel Clinic, providing hard-to-find immunizations and pre-trip information for world travelers, as well as the option for follow-up examinations; ReadyCare, the 24-hour center for minor emergencies adjacent to the emergency room; the Center for Reproductive Medicine, where couples were treated for infertility problems; the Alzheimer's Treatment and Research Center, where patients and their families received both care and comfort as research efforts to determine causes and cures continued.

DEVELOPMENT OF THESE programs progressed under continued strong hospital leadership after Janke left in 1973 -- first LeVand Syverson, then David Gitch, then Marlene Marschall, a former Ancker nurse who became president and chief executive officer of St. Paul-Ramsey Medical Center in 1985 -- and visionary clinic presidents -- first Dr. Claude Swayze, then Dr. John Scanlan, then Dr. Kenneth E. Quickel, Jr., who joined Ramsey Clinic in 1985. But for none of these leaders could change come too often or too swiftly. Without exception they recognized the need for a highly responsive and flexible decision-making mechanism that could coordinate the efforts of several components in a timely way to be an effective competitor for a very new kind of patient. The cumbersome and lengthly commission process caused many bold new ideas to wither through attrition; an advantage envisioned too often became a lost opportunity.

Ramsey Clinic responded to the challenge.

*The nursery during the 1920s, above, with some tiny members of the post-World War I baby boom, and, below, another post-war generation cared for at Ancker.*

Minnesota-Wisconsin Medical Services was incorporated as a holding company in 1984 with responsibility for corporate planning, long-range financial policies, resource allocation, networking and diversification. Ramsey Clinic was converted to a not-for-profit corporation as a subsidiary of the holding company; the foundation evolved into a second subsidiary.

St. Paul-Ramsey commissioners and administrators likewise agreed their governing system was no longer adequate to direct the major medical center that the institution had become. Hospital, clinic, county and consultants collaborated on the establishment of a new public benefit corporation, creating clear lines of responsibility and facilitating expedient decisions on new programs, services, budget and personnel systems. The new Ramsey HealthCare, Inc., had

broad authority to delegate specific responsibility to subsidiary corporations, described in the legislation as the hospital and the physician group, and by late 1986, those relationships had begun to evolve.

It was a new way to deal with new problems in the new world of health care, a world that represented a marked departure from the traditional arena of medical practice. It was a world in which health care professionals found they had to contend not only with disease, but with heightened competition, rising costs, changing community needs, and changes in reimbursement for services.

St. Paul-Ramsey Medical Center and Ramsey Clinic faced that challenge together as 1986 drew to a close. They had built a solid foundation designed to address change, and to influence it, with a continued commitment to caring for the communities they serve.

*Bird's-eye view of Ancker Hospital. By the time this sketch was made, even the court in front of the main building was built on as the hospital ran out of room to expand. Its antiquated facilities also dictated a need for a new hospital in a new location. Thus, St. Paul-Ramsey Medical Center and Ramsey Clinic were born.*

# *Hospital's History Is a Story of People*

The history of Ramsey is less a chronicle of building and events, and more a story of the people who influenced them. Marlene Marschall and John Perry, M.D., are two such people.

Marschall is a former staff nurse at the old stone building that was Ancker Hospital; she later became president of the 455-bed acute care facility that is St. Paul-Ramsey Medical Center.

"People have always been our purpose," Marschall said. "The response of this institution is all tied up with its sense of responsibility to the community. As people changed and their needs changed, so have we changed. We always will."

Perry joined Ancker as a general surgeon in 1962 and eventually became Ramsey Clinic's chief of surgery and the medical center's acting medical director.

"The original mission of the hospital has grown over the last 100 years," Perry said recently. "We still take care of the sick poor, but we also serve a much broader spectrum of the community."

The horizons of medical practice have expanded as well, and Perry has been both an observer and a participant.

"Our ability to diagnose diseases has certainly improved in the last 25 years," he pointed out. "Years ago it may have taken a year and a half to determine if a person's headache was caused by a brain tumor. Physicians used to have to drill into the brain. Now a diagnosis can be made in less than an hour with a CT scan that doesn't even touch the body."

Perry is particularly impressed with advances in surgical techniques. Fiber optics, for example, have nearly eliminated the need for exploratory surgery. A light is affixed to a slender tube and inserted into the body's natural pathways, allowing a physician to see areas that are otherwise inaccessible.

Improvements in other tools and procedures continue to be made all the time, Perry said. "Everything is changing so rapidly that to be 'state-of-the-art' you must work at it every day."

Yet advances in medical care are not limited to improved technology and treatment. A more diverse and more sophisticated group of patients expects, even demands, new and better services which focus more on preventive care.

That expectation has tested the creativity and ingenuity of caregivers, Marschall said, and resulted in such diverse services as the International Travel Clinic, The Health Center for Women, Senior Dimensions, cosmetic surgery and others, attracting patients from throughout the region. It's no less than what's expected, she added.

"I have a great sense of pride in belonging to an institution that over the years has established a standard of excellence and a quality of care that the community has come to expect," Marschall said. "Our first concern has always been our people -- the patients whom we serve, the employees who work here, the community of which we are a part.

"We must always strive to earn that respect. We do that by continually working to identify their needs, meeting them and doing it well. Our community will give to us as long as we give to them."

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*Dr. Arthur B. Ancker.*



*Entrance, City-County Hospital.*



*A hospital ward in 1895.*



*Ambulance stable, 1911.*

*The Gibbs Farm Museum, owned by the Ramsey County Historical Society, at Cleveland and Larpenteur in Falcon Heights.*