

1987

## A History of Bishop Clarkson Memorial Hospital

Henry J. Lehnhoff Jr., M.D.

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**A History of**  
**Bishop Clarkson Memorial Hospital**  
**1869-1986**

**By**  
**Henry J. Lehnhoff Jr., M.D.**

**Bishop Clarkson Memorial Hospital**  
**1987**



## **PREFACE**

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The evolution of Bishop Clarkson Memorial Hospital from a fragile, limited undertaking in 1869 to its present substantial status occurred in the most productive and inventive era so far experienced in medical care. The hospital flourished, resulting in accomplishments worthy of recording, which is the purpose of this chronicle.

H.J.L.

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## ACKNOWLEDGEMENTS

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Special thanks to James A. Canedy, hospital administrator, for his advice regarding the content of this history. Thanks to Katrina Moerles, Public Relations and Development Division, for provision of data referable to this work and to Nancy Ambrose, personal secretary, for faithful performance of her duties in the preparation of this history.

For advice regarding their special areas in the hospital, I am grateful to George W. Loomis, M.D., Frederick Ware, M.D., William D. Angle, M.D., Louis W. Burgher, M.D., Earl G. Greene, M.D., Richard A. Bunting, M.D., John R. Feagler, M.D., and Stanley H. Truhlsen, M.D.

Henry J. Lehnhoff Jr., M.D.

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## I: The Beginning

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Bishop Clarkson Memorial Hospital, now a prestigious institution well-equipped to care for patients with the most severe and complicated problems and dedicated to a high quality of medical education (including nursing), had an unpretentious beginning. The forerunner of the hospital was known as the Good Samaritan which opened in 1870 on 24th and Webster streets.<sup>1</sup> It was the first hospital to be built in Omaha, Neb. It was administered by a committee organized in 1869 of dedicated women representing several religious denominations who were led in the endeavor by Mrs. J.J.L.C. Jewett and Mrs. E. Wakeley. They maintained the six-room hospital and provided nursing to the patients who were predominantly indigent. Volunteer physicians contributed medical care.

The financial and administrative demands proliferated to the point at which the good women applied to the Rt. Rev. Robert Harper Clarkson, the first Episcopal Bishop of Nebraska, to accept management of the hospital, which he did in October 1871. It remained a diocesan institution until 1965, when it was turned over to the Clarkson Hospital Board of Trustees.<sup>2</sup>

Bishop Robert H. Clarkson, born Nov. 19, 1826, in Gettysburg, Penn., became the first Episcopal Bishop in Nebraska in 1870. His dedication to the care of children and the support of the hospital was first stimulated when he visited St. Luke's Hospital in New York, which had a well equipped children's ward. He willingly accepted the responsibility of the direction of the hospital, which he continued until his death in 1884. He was survived by his wife, Meliora M. Clarkson, and daughter, Nellie, who later became the wife of F.H. Davis, for many years a leader of the Trustees.



*Bishop Robert H. Clarkson*

Records of the early years reflect the regard and respect felt for him by all who knew him. Among the honors bestowed upon him was an honorary doctor of law degree from the University of Nebraska in 1872.

Upon his death, Bishop Clarkson was replaced by Bishop George Worthington as president of the Board of Trustees.

In 1877, the hospital was demolished by

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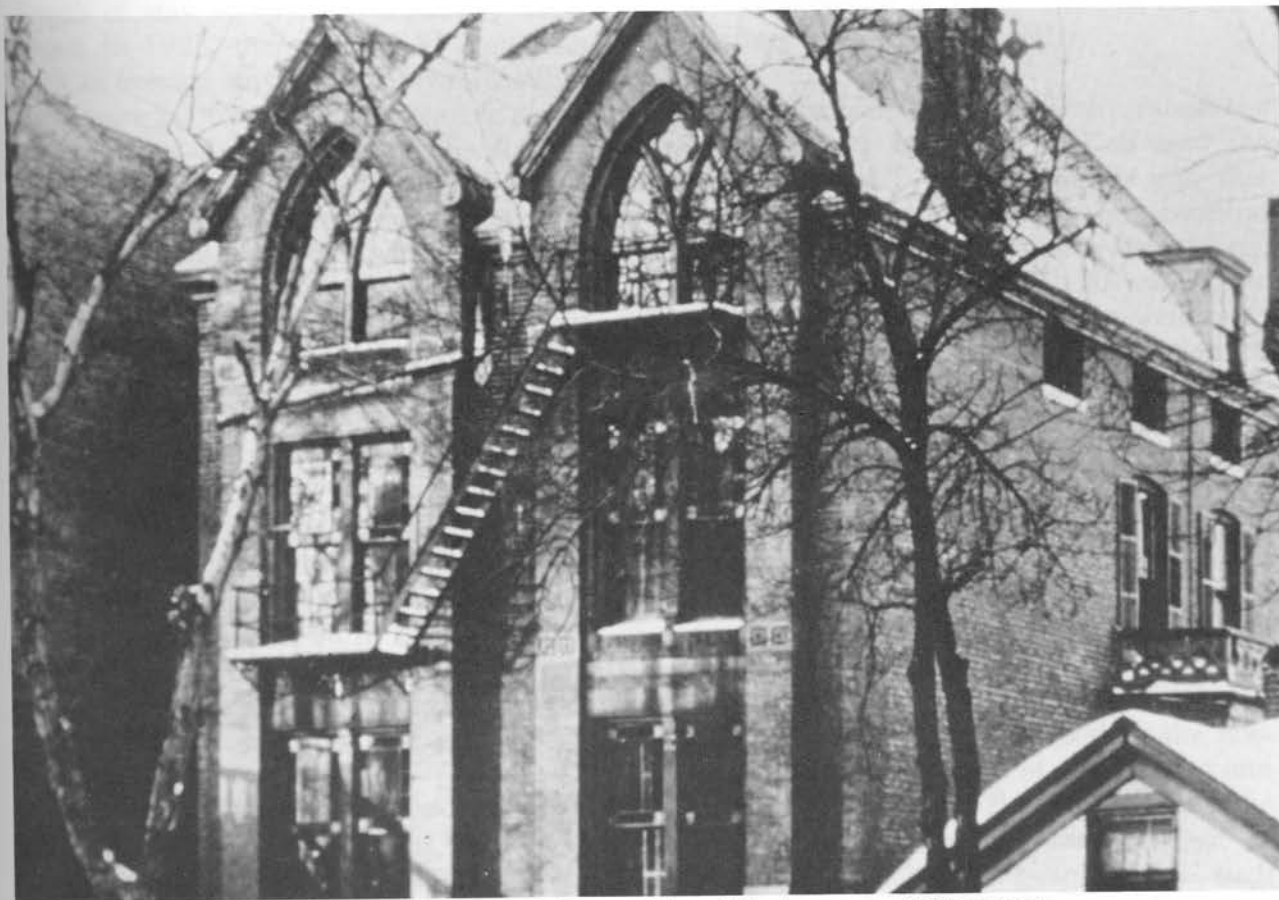
fire and operations ceased temporarily. Nevertheless, due to the dedication and perseverance of Bishop Clarkson, along with the Board of Managers (all women and all members of the Episcopal Church), Ladies Hospital was established in a small building adjacent to Trinity Cathedral on 17th and Dodge streets in 1880. It was inadequate in size and facilities and replaced in 1883 by a somewhat larger structure with modern conveniences, including gas heating. The cost was \$14,000; its name, Child's Hospital and Home. In 1902, an elevator was installed, prior to which nurses and doctors carried patients up and down stairs.

A nurse was hired as "matron" who acted as chief nurse and administrator. A housemaid was also hired. This was the non-medical staff.

Considerable help was given to the hospital by L.A. Merriam, M.D., a well-respected practitioner of that era.

On Dec. 13, 1883, the new building was completed and dedicated by Bishop Clarkson. It was intended essentially for children, but adults could be admitted if there was available room.<sup>3</sup>

Determination to meet the health needs of children resulted in changing the hospital's name in 1892 from Child's to Bishop Clarkson Memorial Hospital for Children. Later, as adults were admitted and became a major portion of the hospital census, the name was modified to Bishop Clarkson Memorial Hospital. That fifth and final name has persisted.



*The Child's Hospital and Home, 17th and Dodge streets (1882-1909)*

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## II: Growth and Development

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The annual report of 1882 listed a total of 26 patients treated that year, the average length of stay being 61 days. This extended length of stay probably was the result of hospital use for terminal or domiciliary care and not just treatment of acute illnesses. In 1885, the hospital cared for 132 children and 38 adults. Sixty outpatients were treated and there was some provision of free food to indigents.<sup>4</sup>

There has been a steady reduction in length of stay throughout the hospital's history. Patient care has become more efficient. Also, the hospital is not just a refuge for long-term or terminal care.

In 1909, 768 patients were admitted. In 1918, 1,689 patients were admitted. The length of stay was not recorded for these years. In 1923, there were 1,925 patients with an average stay of 11.5 days. In 1951, there were 7,069 patients, averaging seven hospital days. The year 1965 showed 15,135 admissions, averaging 6.5 days. The largest annual admission occurred in 1983, of 19,653 patients, with an average length of stay of 6.9 days. In 1985, admissions had dropped to 15,275 with an average of 6.6 days, reflecting the current policy of careful utilization of hospital days.

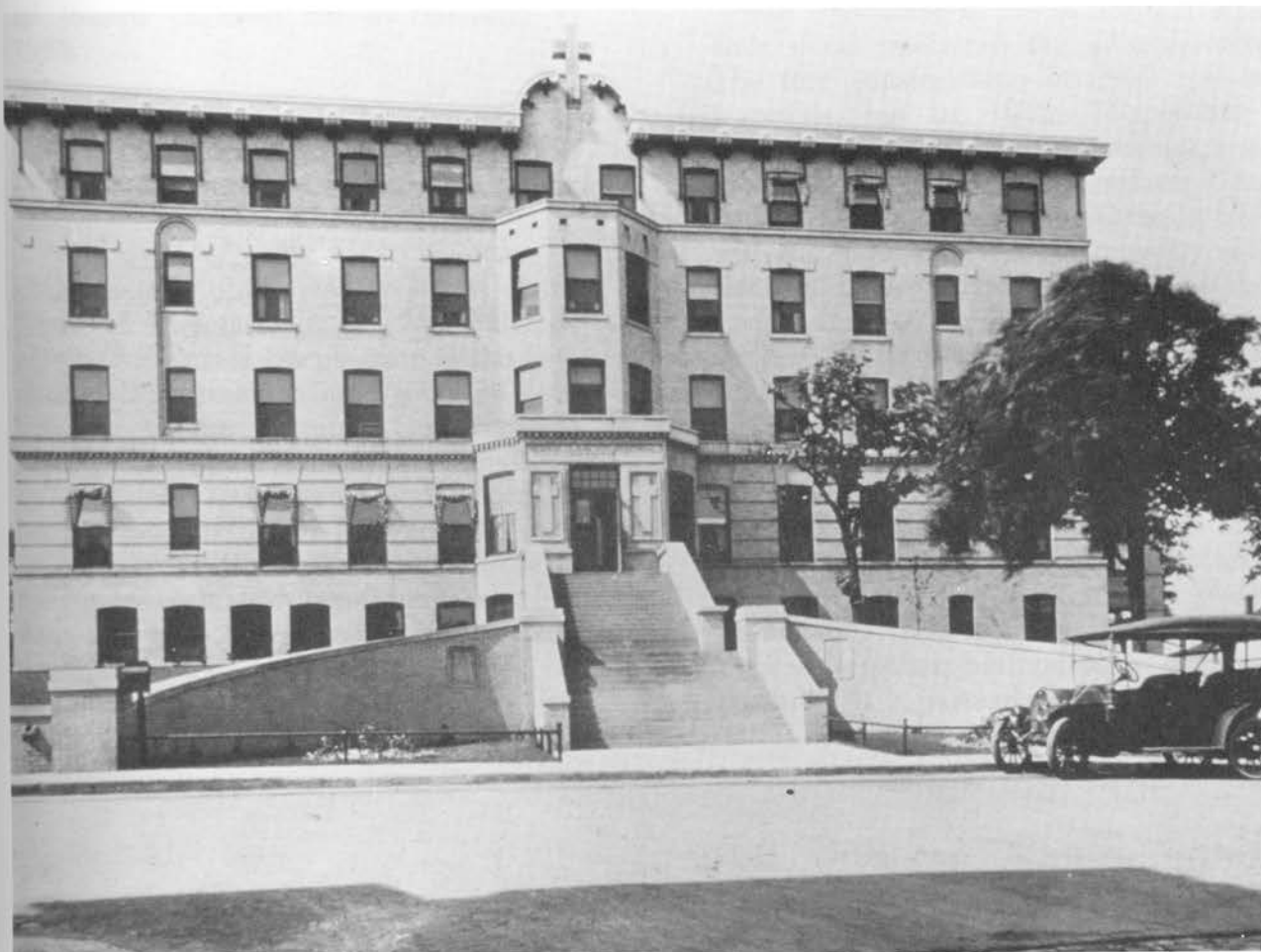
An interesting report of the chairman of the Department of Obstetrics, Earl E. Sage, M.D., was made in 1924, indicating that there were 12 beds available for obstetrics ranging in price from \$3 to \$7.50 per day. The delivery room fee was \$10.<sup>5</sup> Current charges are more than tenfold higher for equivalent services at this time.

The institution grew. A School of Nursing was added in 1888. It was the first in Nebraska. Incidentally, at that time, there were less than 40 nursing schools in the

entire United States.<sup>6</sup> Mrs. Clarkson played a significant role in the development of the School of Nursing and continued in the voluntary position as manager until her death in May 1902. Her replacement was Caroline L. (Mrs. A.J.) Poppleton, who maintained the post until October 1903. Her husband, a dedicated supporter of the church and the hospital, was a vice president of the Union Pacific Railroad.

In 1909, a new building, accommodating 70 patients, was built on 21st and Howard streets. Clarkson was to continue as a successful burgeoning undertaking to be limited in space in a few years. Additions were made, including space for a laundry and for employee quarters. An X-ray apparatus was added to the hospital's armamentarium in 1914. The bed capacity was increased to 100 in 1916.

The medical staff periodically raised the subject of the hospital's location near the medical school. Their ambition was that easier access to and emphasis on education and medicine would provide a stimulating, productive setting in which to administer professional care to patients as well as to maintain highly professional instruction for all medical personnel, including the staff, interns, nurses and undergraduate students. The Board agreed in principle and appointed a building committee in 1927 with instructions to formulate some specific plans.<sup>7</sup> Drs. A.D. Dunn, J.B. Potts and A.F. Brown were appointed to consult with the committee. It was reported that land had been donated by Harold G. Gifford, M.D., and Dr. John B. Potts, and that some adjacent lots were to be purchased by the hospital, all this in the area of 42nd Street and Dewey Avenue. The Board instructed the building committee to procure a set of plans for a 200-bed hospital. No such action was taken. In the minutes of a Board



*The hospital was located at 21st and Howard streets from 1909-1936.*

meeting of June 3, 1930,<sup>8</sup> a building committee was again appointed with the instructions to obtain architect's drawings for an 150-bed hospital and nursing home. Its chairman was Robert S. Trimble and three members of the medical staff were again assigned to it.

The severe economic depression, which reduced contributions to the hospital and made difficulty in the collection of fees for patients' services, provided a major reason for failure to proceed with further building plans.

In 1936, the Board rather suddenly and with little participation by the medical staff, decided to purchase Lord Lister Hospital

on 26th Street and Dewey Avenue. This maneuver provided improvement in facilities and an increase in bed capacity to 160 from 100 in the previous hospital. Space was provided on the top floor for enlargement of the surgical areas and the departments of Radiology and Pathology were enhanced and modernized. A nurses' dormitory and training school, completed in 1946, provided more room for clinical activities. The hospital was busy and enjoyed a maximum patient census.

The land on 42nd Street and Dewey Avenue, some of it a gift from Drs. Gifford and Potts, and some of it purchased by Clarkson, was deeded to Lord Lister Hospi-

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tal toward payment for its building in 1936.

The doctors' dream of a location near the medical campus was not accomplished until the present building was initiated in 1953.

Eugene McAuliffe, vice president of the Board of Directors, in a 1940 business meeting,<sup>9</sup> indicated his pleasure at the Psychiatric Department's large financial contribution to the hospital. However, the department took up most of an entire floor. In the next few years, bed shortages became more acute on the general floors. In 1948, A.E. Bennett, M.D., director of the Neuropsychiatric Department, who had done much to develop the specialty of neuropsychiatry in Omaha, agreed to vacate the space.<sup>10</sup>

The emergence of group hospital insurance plans interested the administration. The first consideration in 1939 was not favorable, but by 1945, 20 percent of patients had some kind of coverage, some of which was Blue Cross. Clarkson signed its first agreement with Blue Cross in 1944, with the endorsement of the majority of the Board of Directors. Some, including Robert H. Storz, urged caution in joining the new venture. There was a question of adequate financial reserves to maintain the plan, but as history records, it succeeded.<sup>11</sup>

Various hospital functions were augmented. There was improvement in medical records and departmental activities. A medical library was instituted. In general, the staff, Trustees and administration worked together harmoniously and successfully. It is particularly worth emphasis



*From 1936-1955, the hospital was located at 26th Street and Dewey Avenue.*

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that a "conference committee" was formed in 1926, consisting of four members of the executive committee of the medical staff and four from the executive committee of the Trustees plus the hospital superintendent and the director of the School of Nursing.<sup>12</sup> A channel of communication was therefore formed, much to the advantage of the professional and administrative divisions of the hospital. The principle of cooperation endeavor by Trustees and staff is currently advanced by the adoption of a joint conference committee consisting, according to hospital bylaws, of equal representation by staff and Board.<sup>13</sup> The committee meets at least four times a year. The immediate past president of the staff sits with the executive committee of the Board.

During the 1930s, the Board of Trustees and professional staff recognized the need for expansion of the physical plant. Affiliation with the University of Nebraska with the School of Nursing existed rather loosely. It was agreed by all concerned that there should be a closer relationship between the medical school and the hospital. F.H. Davis was therefore appointed in 1931 to represent Clarkson in a meeting with Dean C.W.M. Poynter with a view to establish some kind of partnership.<sup>14</sup> A more friendly relationship developed, but no definite alliance. Actually there was no definite union between the University and the hospital intern programs for some years, although the hospital was approved for internship in 1932 and for surgical residency in 1945, the first in Nebraska. In the 1940s through the 1960s, each hospital in Omaha procured interns on an individual institutional basis. The number of trainees varied each year in each hospital. Pay prerequisites and professional respon-

sibilities were not uniform. Eventually, by designating certain doctors as members of the teaching staff to whom interns were assigned, along with the provision of regular meetings and demonstrations, an adequately rounded education program was established at Clarkson Hospital. Not until 1969 did the Clarkson residency program change to a joint one with the University of Nebraska College of Medicine in which trainees were rotated through certain teaching services at the University, Clarkson, the Veterans Administration facility and other designated hospitals. Medical education has proceeded in a most satisfactory manner since.<sup>15</sup>

Trainees include not only young doctors preparing for their futures, but various technicians (pathology, radiology, nuclear medicine, respiratory therapy) and other health professionals, including those trained to assist in the administration of dialysis for kidney failure and those involved with the various techniques of cardiovascular evaluation.

The Board of Trustees was generous in its allocation of funds for education. Items such as house staff salaries, quarters and meals were provided. In general, as medical science progressed, excellent provisions were made by the hospital for a high standard of practice by the staff. As would naturally follow, a high level of medical education was maintained by the members of the teaching staff, all of whom held faculty appointments with the University of Nebraska College of Medicine. As volunteers or part-time instructors, they made important contributions to clinical education and continue to do so in various capacities and academic levels.

### III: Trustees

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In 1892, when the hospital was incorporated and the Trustees elected, the Board consisted of Bishop George Worthington, who had replaced Bishop Clarkson; J.M. Woolworth; Herman Kountze; F.H. Davis; Meliora M. Clarkson (the Bishop's widow) and Caroline L. Poppleton.

In 1906, the Board of Trustees consisted of Bishop Williams (Chairman), Mr. and Mrs. F.H. Davis, James W. Woolworth, B.S. Hall, C.W. Lyman and Mrs. E.P. Peck. Ward Burgess and Kountze were soon to be active on the Board. This body, since its inception, has consisted of men and women of substance who were effective in their work and dedicated in their contributions to the many community and charitable projects which interested them. Names prominent in the business and professional world have had extensive representation among those of Clarkson Trustees.

F.H. Davis continued in vigorous involvement in hospital direction until his death in 1935 ended over 40 years of generous service. His advice and guidance to the hospital Board and staff were invaluable. He was president of the First National Bank of Omaha for many years. As mentioned below, his family, also associated

with the First National Bank, have continued to provide stability to the Board by continuous membership thereon.

It is noteworthy that Nellie (Mrs. Frederick H.) Davis, daughter of Bishop and Mrs. Clarkson, was named to the Board of Trustees. Thus, two members of the Davis family (husband and wife) served the hospital for some years.

There were more family members to follow, which they have done until the present time. This dynasty started with Frederick H. Davis (1855-1935) who married Nellie Clarkson. Their son, Tom (born 1882), served on the Board of Trustees and later John F. Davis, Tom's son (born 1910), served on the Board and made major contributions to the progress and prosperity of the hospital. The family has long been influential in banking and related enterprises, including the First National Bank of Omaha. In 1935, Meliora Davis Bohling, Frederick Davis' daughter, was appointed to the Board of Trustees, thus insuring continuity of the family presence thereon. The family is currently represented by Bruce Lauritzen, son of John F. and Elizabeth Davis Lauritzen, the daughter of Tom Davis.



*Eugene McAuliffe served as vice president for the Board of Trustees from 1935 to 1946.*

Eugene McAuliffe succeeded F.H. Davis as vice president of the Board of Directors, a position he maintained until his retirement in 1946. He had been president of the Union Pacific Coal Company, a subsidiary of the Union Pacific Railroad. He held a profound interest in financial stability of the hospital. He was meticulous in the performance of his duties and was able to discern problems and their solution as they appeared throughout the years. He was a no-nonsense type of man who kept the business of the hospital progressing in an efficient manner.



*Robert H. Storz became executive vice president of the Board of Trustees in 1946.*

Robert H. Storz succeeded McAuliffe as executive vice president of the Board of Directors in 1946. In the interval his dedication to his duties has been unfailing. He put no limit on time or energy expended through the years. He was responsible for the sale of the 26th Street building to Lutheran Hospital after Clarkson moved to its current location and was a leader for the fund drive for the 1967 building program. He and his wife, Mildred, were magnanimous in their financial donations to Clarkson, the most noteworthy of which is the Storz Pavilion, which provides a pleasant,

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attractive restaurant for public use. The major function of the Pavilion, however, is for medical education at all levels, for which it is especially suited and equipped.

He also provided substantial support through donation to the pathology laboratory. His leadership on the Board of Directors contributed to the transition of the hospital from a relatively small one to the sizable and impressive one it is today. His prominence in numerous civic and community enterprises augmented his effectiveness on the Board. His major business interest in recent years was the Storz Broadcasting Company.

Peter Kiewit, famous as president of Peter Kiewit Sons Inc., a construction empire, died in 1979, having served on the Board of Directors since 1957. He had been president of the Board since 1966 and made extensive contributions of time

and energy. His financial generosity was manifested by Kiewit Hall--the College of Nursing--and the Kiewit Surgical Center, to which he contributed heavily. He had many other charitable interests including the Eisenhower Medical Center in California and Creighton University in Omaha. He owned The Omaha World-Herald newspaper.

A member of the Board of Directors at the time of his death at age 85 in 1969, Alfred W. Gordon gave substantial support to Clarkson in the form of furnishing a unit for radiotherapeutic treatment of cancer and other disorders. His services to the hospital, which he provided without ostentation, included assistance in acquiring land for the hospital complex. His major business interest was the Omaha Loan and Building Association. His son, A.W. Gordon Jr., has followed him on the Board of Directors.



*A.W. Gordon Sr. served from 1953 to 1969 as a Trustee.*



*Peter Kiewit served as Board of Trustees president from 1966-1979.*

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Isaac W. Carpenter was a Board member remembered by the hospital for the memorial to his wife, Elizabeth, in the form of the Elizabeth Carpenter Cardiac Care Center. He donated as well to the support of the Physical Therapy Department. His main business interest was the family-owned Carpenter Paper Company in Omaha. He at one time had been Assistant Secretary of State for the U.S. Government. He died at age 90 in 1983.

Chester W. Cunningham, a most successful heavy construction contractor, served on the Board of Directors in the 1950s and 1960s. In addition to his guidance to the hospital, he donated funds toward the building of the present hospital. He died in 1980.

Drexel J. Sibbernson Jr., currently on the Board of Directors, established the Sib-

bernson Library for the provision of medical texts and periodicals to the staff.

Clarkson has been fortunate in the number of devoted executives on its Board of Directors. They have done much in the planning and organization of the hospital administration since its origin more than a century ago.

Although no designated memorial exists in their names, two recent Trustees obtained elevated status in the annals of the hospital because of protracted and stalwart service. They are R.D. Neely, an attorney who served as secretary of the Board from 1945 to 1974, and R.M. Sutton, one-time vice president of the Union Pacific Railroad, who acted as treasurer from 1945 to 1974.

#### IV: The Early Professional Staff

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*J.E. Summers, M.D., chief of staff from 1889-1906 and 1915-1924.*

Major direction of the professional work in the hospital was provided by John E. Summers, M.D., who, in 1889 was appointed chief of the medical staff and the Department of Surgery. He was particularly knowledgeable in the treatment of wounds and abdominal surgery. He was the first surgeon, for example, to perform an appendectomy on an infant. This was done at Clarkson Hospital. In 1935, after many years of accomplishments, he died

and was eulogized by many prominent individuals including Irving S. Cutter, M.D., the dean of Northwestern University Medical School, and the famous surgeon William J. Mayo, M.D. Newspaper articles and reports of the Board of Trustees indicate the deep respect he enjoyed both nationally and locally. Shortly before his death, Dr. Summers and his sister established a memorial library fund dedicated to their parents.

Other prominent physicians whose support assisted the advance of the hospital in its earlier years were Willis A. Taylor, M.D., (obstetrics and gynecology), J.P. Lord, M.D., (orthopedics), B.B. Davis, M.D., (general surgery), to be followed later by his son Herbert Davis, M.D., and grandson John B. Davis, M.D. Others were Dr. Potts (ear, nose and throat), Leroy Crummer, M.D., (internal medicine), and Harold Gifford, M.D., (a well-known ophthalmologist) who was president of the medical staff in 1907.

W.O. Bridges, M.D., a highly respected and outstanding specialist in internal medicine, was very helpful to the Board of Trustees and the professional staff with advice and guidance as to organization. Regular scientific meetings were estab-

lished and rules and regulations of the medical staff were initiated.<sup>16</sup>

Presidents were elected annually with terms of not more than two years. Regular monthly scientific meetings were held. Departmentalization proceeded as specialization advanced.

The next few presidents of the staff were A.B. Somer, M.D., (surgery) 1913-1915, J.E. Summers, M.D., (surgery) 1915-1924, J.P. Lord, M.D., (orthopedics) 1924-1925, A.D. Dunn, M.D., (internal medicine) 1925-1926, John B. Potts, M.D., (ear, nose and throat) 1926-1934, Robert D. Schrock, M.D., (orthopedics) 1934-1935, Warren Thompson, M.D., (internal medicine) 1935-1936, and Charles F. Moon, M.D., (OB-GYN) 1936-1937.

*Memphis July 5 1906*  
 At the adjourned meeting of the Trustees of the Bishop Clarkson Memorial Hospital for Children held at the First National Bank of Memphis at 3 P.M. this date, the following were the proceedings:  
 Present: Bishop Williams, Rev. Mackay, Mrs. Peck, Mrs. Davis, Mr. Lyman, Mr. Woolworth, Mr. Hall & Mr. Davis. Bishop Williams in the Chair.  
 A communication was received from Mr. B. Caldwell declining to act as a member of this Board. On motion the letter was ordered filed and the resignation accepted.  
 Election of Mr. Davis, seconded by Mrs. Peck, Mr. Ward & Mr. Burgess was unanimously elected a member of this Board.  
 On motion of Mr. Woolworth, seconded by Mr. Lyman it was Resolved That a committee consisting of Bishop Williams, Mr. Hall & Mr. Davis are requested to confer with Dr. W.O. Bridges and other prominent Doctors, if they deem advisable, with a view of ascertaining what arrangements may be made, or can be made, with the different physicians of the city, to make up the staff of the Hospital. Said committee to particularly learn from Dr. Bridges, or such other physicians as they may consult, what arrangements can be effected to form a staff of physicians that will secure harmony among its members.  
 Adopted. On motion meeting adjourned.  
*J.H. Davis Secy*

Handwritten minutes of the Board of Trustees directing staff organization in 1906.

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The Staff of Bishop Clarkson Memorial Hospital was organized at a meeting held in the old hospital at 1716 Dodge St., on March 15, 1907. Members of the staff were:

Dr. Harold Gifford	Eye and Ear	Dr. A.W. Edmiston	Medicine
Dr. Bicknell	Nose and Throat	Dr. F.W. Lake	Medicine
Dr. J.E. Summers	Surgery	Dr. W.H. Christie	Medicine
Dr. J.P. Lord	Surgery	Dr. A.B. Somers	Obstetrics
Dr. C.O. Rich	Surgery	Dr. Alfred Schalek	Skin and G.U.
Dr. B.B. Davis	Surgery	Dr. W.R. Lavender	Pathology
Dr. Frederick Rustin	Surgery	Dr. W.O. Bridges	Consultant
Dr. Palmer Findley	Surgery		

Dr. Harold Gifford was elected president and Dr. Charles O. Rich, secretary.

*Medical staff membership in 1907*

The year 1907 was significant. There were 15 members of the medical staff. In that same year the doctors held their first official scientific meeting.<sup>17</sup> These soon became regular monthly affairs. Gradually, additional members were added. In 1924, there were 24 members. In 1936, the year of the move to the Lord Lister building, there were 38 members. There are now more than 465 members.

On July 1, 1907, the first Clarkson intern reported for duty. She was Matilda L. Berg, M.D.<sup>18</sup>

In that year Dr. Gifford was president of the staff. Charles A. Rich, M.D., was secretary and served in that capacity until 1947, when his health required his retirement from the position. Other familiar names included Dr. Summers (surgery),

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Regular monthly clinical meeting of the staff of Bishop Clarkson Memorial Hospital was held at the hospital, Monday, Oct. 6, 1924 at 8 p.m.

Roll Call: Drs. Lord, Summers, Harris, B.B. Davis, Niehaus, Dunn, Roeder, Chester Thompson, Herman Johnson, Shearer, Sage, Warren Thompson, Greenberg, Stokes, Brown, Schrock, Waters and Rich.

Dr. Lord presided -- Dr. A.D. Dunn in charge of program:

1. Case of dehydration . . . . . A.D. Dunn
2. Method of treating water deficiency by intraperitoneal injection of normal salt solution . . . J.A. Henske
3. Case of diabetes mellitus . . . . . A.D. Dunn
4. Demonstration of roentgenograms of unusual fractures . . . . . J.P. Lord
5. Demonstration of carcinoma of the body of the uterus . . . . . J.E. Summers
6. Demonstration of case of sepsis due to an anhemolytic streptococcus . . . . . J.E. Summers
7. Analysis of hospital patient's for the month of September.

Charles O'Neill Rich, Secty.  
Staff of  
Bishop Clarkson Memorial Hospital

*Minutes of a 1924 staff meeting*

Dr. Lord (orthopedics), B.B. Davis, M.D., (surgery), Palmer Findley, M.D., (obstetrics and gynecology), and Dr. Bridges (internist, who was listed as a consultant).

In general, professional and lay members of the Clarkson family directed their efforts toward the hospital benefit. In 1919, the executive committee of the staff asked that no staff additions be made.<sup>19</sup> They gave no exact reasons that were recorded but Drs. Potts, Lord, Taylor and Summers made the official request to the Board of Trustees. The Board concurred. At the time, Drs. Edwin Davis and Clyde Roeder

had been recommended for membership but their names were withdrawn. They were later appointed to the staff on which they conducted themselves with great credit for years to come. In that era, there was some concern among practitioners as to the ascendance of surgical subspecialists and there was some doubt that one could be utilized on the surgical staff. Dr. Davis confined his work to genitourinary surgery and Dr. Roeder, to general surgery. He, incidentally, did not remain in long in Omaha. Dr. Davis continued an outstanding career and was president of the staff in 1937 and 1938.

# THE BISHOP Clarkson Memorial Hospital

2100 Howard Street, OMAHA, NEBR.

Rt. Rev. Ernest V. Shayler, President

F.H. Davis, Vice-President

William Ritchie, Jr., Secretary and Treasurer.

## ATTENDING STAFF

President, J.P. Lord, M.D.

Secretary, C.O. Rich, M.D.

### Surgery:

J.E. Summers, M.D.  
C.O. Rich, M.D.  
B.B. Davis, M.D.  
C.A. Hull, M.D.  
C.A. Roeder, M.D.  
A.C. Stokes, M.D.  
A.J. Brown, M.D.  
C.H. Waters, M.D.

### Internal Medicine:

A.W. Edmiston, M.D.  
A.D. Dunn, M.D.  
W.N. Anderson, M.D.  
W.Y. Thompson, M.D.  
G.P. Pratt, M.D.

### Eye, Ear, Nose, Throat:

J.M. Patton, M.D.  
J.B. Potts, M.D.  
S.R. Gifford, M.D.  
W.A. Cassidy, M.D.

### Urologist:

Edwin Davis, M.D.

### Orthopedic Department:

J.P. Lord, M.D.  
R.D. Schrock, M.D.

### Pediatrics:

J.A. Henske, M.D.

### Obstetrics:

E.C. Sage, M.D.  
C.F. Moon, M.D.

W.O. Bridges, M.D.

### Consulting Staff:

Miss Homer C. Harris, R.N., Superintendent

H. Gifford, M.D.

## Medical staff membership in 1924

Although there was occasional disagreement between the staff and Trustees, they worked well together with mutual understanding, each respecting the domain of the other and settling temporary rancorous situations to the satisfaction of all concerned. These are recorded herewith only because they are examples of growth and maturation.

There was some discontent within the staff as to inadequate room for patient care.

Perhaps greater was the feeling of inadequate representation of the staff on the Board of Trustees. In April 1924, the prominent physicians who made up the executive committee of the staff resigned as the executive committee, indicating that "the results of our endeavors are not commensurate with our effort."<sup>20</sup> These were Drs. Potts, Crummer, Lord and B.B. Davis. They continued their individual staff membership in which they demonstrated a high level of professional accomplishment throughout their careers.

In 1937, the minutes of a medical staff meeting<sup>21</sup> indicates that some chagrin on the body's part in that, without consulting them, the Board of Trustees appointed two physicians not previously members as "consulting staff." They were well respected men, Adolph Sachs, M.D., (internist) and Louis Moon, M.D., (proctologist). However, the staff felt that they should have been consulted first and a motion was carried to abolish the title of consulting staff as an illegal entity as indicated by F.W. Niehaus, M.D. R.R. Best, M.D., emphasized that it was the desire of the professional staff to restrict its membership to those physicians with the University of Nebraska appointments. This was respected

by the Board. Dr. Sachs was chairman of the Department of Internal Medicine at Creighton and Dr. Moon, a member of the Creighton surgical faculty, both highly respected and eventually welcomed to have hospital privileges.

In the 1880s, W.R. Lavender, M.D., acted as part-time pathologist for the hospital. Later, in 1919, Dr. Niehaus was added to the staff with the title of pathologist, which he fulfilled until he limited his practice exclusively to internal medicine in 1932.<sup>22</sup> He was replaced by F. Lowell Dunn, M.D., he, too, an internist who later confined his practice to internal medicine.

#### **MEDICAL STAFF**

**September 15, 1935**

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#### **VICE PRESIDENT**

Warren Thompson, M.D.

#### **SECRETARY**

C.O. Rich, M.D.

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Edwin Davis, M.D.

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W.A. Cassidy, M.D.

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C.H. Waters, M.D.  
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Herman Johnson, M.D.

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W.A. Cassidy, M.D.  
J.H. Judd, M.D.

#### **OBSTETRICS**

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Ralph Luikart, M.D.  
Earl Sage, M.D.

#### **ORAL SURGERY**

William L. Shearer, M.D.

#### **NEUROLOGICAL SURGERY**

J.J. Keegan, M.D.

#### **DERMATOLOGY**

C.C. Tomlinson, M.D.

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R. Bruce Eldredge, M.D.

#### **NEUROLOGY**

G.A. Young, M.D.

#### **X-RAY**

T.T. Harris, M.D.

#### **PATHOLOGIST**

Lowell Dunn, M.D.

#### **MEDICAL**

Warren Thompson, M.D.  
Frederick Niehaus, M.D.  
Chester Thompson, M.D.  
Lowell Dunn, M.D.  
Olga Stastny, M.D.  
J.D. McCarthy, M.D.  
Frank P. Conlin, M.D.  
A.D. Cloyd Jr., M.D.

*Staff membership in 1935*

## BISHOP CLARKSON MEMORIAL HOSPITAL OFFICERS AND COMMITTEES - 1935

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The Right Reverend George Allen Beecher .....	Vice President
Mr. Eugene McAuliffe .....	Vice President
Mr. William Ritchie .....	Secretary
Mr. Harry S. Walker .....	Treasurer
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 Mr. Harry S. Walker

### *The Board of Trustees in 1935*

He was a nephew of Dr. Dunn, one of the early staff leaders.

In 1940, a full-time pathologist, G.R. Kerr, M.D., was employed for a year or so only until ill health caused his resignation. He and the members of the laboratory committee of the medical staff requested less interference from the Board and more authority in laboratory administration. Vice Chairman McAuliffe replied that the Board would grant more authority when the efficiency of the department deserved it. He allowed that the Board was in complete accord with the professional and scientific conduct of the Pathology Department but not with the way financial records were kept.<sup>23</sup>

It is of interest that J. Perry Tollman, M.D., chairman of the Department of Pathology at the University, replaced Dr. Kerr, working two hours a day for \$200 a month. His chief technician's income was raised to \$110 a month and an assistant was obtained at \$75 a month.<sup>24</sup>

Miles Foster, M.D., came to Clarkson in 1948 as a full-time pathologist, initiating the origin of a strong effective department compatible with the scientific developments which were to follow in the immediate future.

Trustee-staff antagonism or rivalry no longer presents any problem at Clarkson Hospital. There are multiple reasons, not

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the least of which is the development of mutual respect of one group for the efforts of the other and the recognition that the eminence of the hospital is the primary intent of all.

Equally influential in the genesis of the current harmony is the efficiency of the professional hospital administration under the able direction of James A. Canedy, whose tenure at Clarkson Hospital started in 1952 as assistant administrator, later Administrator in 1962. His office has expanded with the size of the hospital and patient population to include a chief operating office and three associate administrators as well as a director of staff services and public relations. Canedy's understanding of the goals of the staff and the high economic standards of the Board,

has been contributory to maintaining cordial effective communications between the two groups.

The value and need for a well qualified professional administrator developed with the size and complication of the hospital activities. The first few hospital administrators were women. If they had any special training, it was in nursing. The last was Cecelia Meister, who served from 1937 to 1946. She was replaced by Thomas F. Henley, who died suddenly the same year of an overwhelming infection and was replaced by Hal G. Perrin, who remained in that position until Canedy became the senior administrator. The building of and the move into the present building were major projects in Perrin's term of office.



*James A. Canedy, administrator*

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Prior to the rapid provision of new technologies, a high standard of practice was maintained in the 1940s, '50s and '60s by a few staff members who deserve recognition.

In general surgery R. Russell Best, M.D., clinical professor of surgery at the University, recipient of the Legion of Merit for Distinguished Military Service in World War II, contributed to the hospital and community in many ways. He was president of the staff in 1948. He took part in medical education at all levels and published extensively.

He was succeeded by Stanley E. Potter, M.D., an adept general surgeon who exemplified the highly respected practitioner. He died in 1984. He was president of the staff in 1957 and 1958.

William R. Hamsa Sr., M.D., orthopedist, president of the staff in 1956, a highly educated surgeon, was well-known throughout the United States as well as locally as a highly competent surgeon who contributed much to the surgical literature.

Walden A. Cassidy, M.D., an early member of the staff in otolaryngology, maintained that department with high standards throughout his time.

The early days of internal medicine were represented by men mentioned previously. Somewhat later in the '30s, through the '50s good work was done by brothers, Drs. Warren Y. and Chester Q. Thompson, formerly associated with Dr. Dunn. Chester was particularly competent in cardiology and electrocardiography. Warren had served as president of the staff in 1936 and



*R.R. Best, M.D., staff president in 1948.*

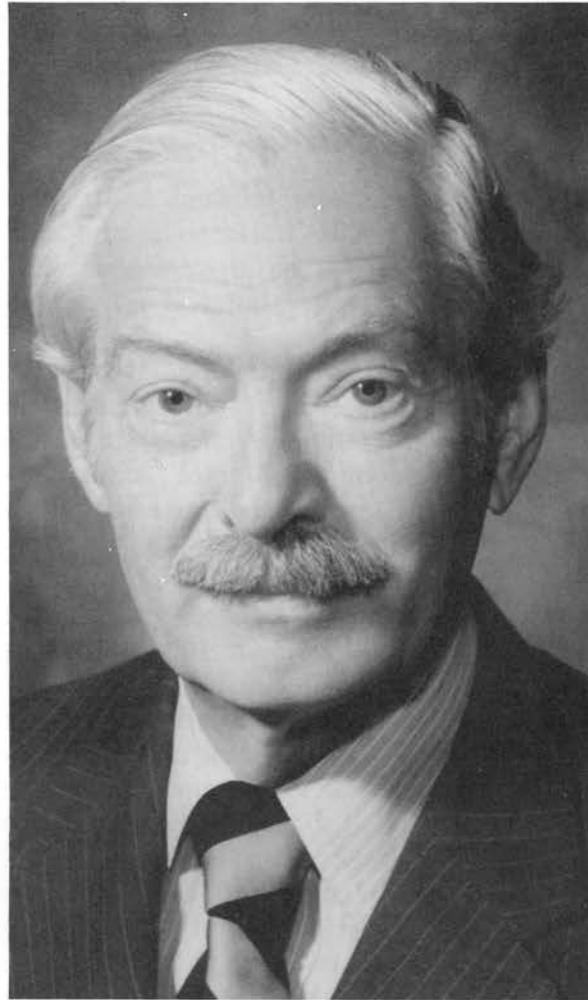
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*F.W. Niehaus, M.D., chief pathologist from 1919-32.*

had been a governor in the American College of Physicians. The family is currently represented on the staff by Chester Q. Thompson Jr., M.D., in plastic surgery.

Dr. Niehaus, an internist with a special interest in cardiology, was a scholarly man. He came to the hospital in 1919 as pathologist and later confined his practice to internal medicine. He served as president of the staff and took an effective part in various hospital and educational activities, particularly in cardiology. He died in 1967. His son, Karl, continues to practice internal medicine at Clarkson Hospital.



*H.J. Lehnhoff Jr., M.D., president of staff from 1961-62.*

Henry J. Lehnhoff Jr., M.D., an internist, president of the staff in 1961 and 1962, directed special efforts toward the maintenance of high standards of practice in all specialties. He instituted improvements in medical records. He initiated the development of the Intensive Care Centers. He was active in maintaining an educational program in conjunction with the University.

The Department of Obstetrics and Gynecology was represented earlier by Earl Sage, M.D., and Dr. Moon and later by Ralph Luikhart, M.D., after whom an obstetrical forceps is named. All hold an honorable place in Clarkson obstetrical history.

## V: The Modern Era

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Consideration was given in the late 1940s to enlarging the 26th Street hospital building by adding a wing and also erecting a doctors' office building. Both ideas were discarded as plans matured for a new building on 44th Street and Dewey Avenue, across the street from the University of Nebraska Medical Center. A \$5 million dollar, 200-bed hospital was completed and occupied on Dec. 16, 1955.

It was emphasized by the Board of Trustees that its geographic location did not change Clarkson's position as an independent Episcopal institution which was to be maintained as such in any joint activities with the Medical Center.<sup>25</sup> The two institutions have enjoyed a cooperative venture in medical education. Clarkson facilities--especially the Storz Pavilion--have been used most effectively.

The hospital was very active and at times hard-pressed to provide beds for acutely ill patients. For example there were 9,730 patients admitted in 1955 and 15,135 in 1965. The medical staff had increased from 172 to 282 and in 1986 to 466. All agreed to the need for an additional wing containing 250 beds, which accepted its first patient in January 1969. Fifteen million dollars was spent adding the so-called North Tower and renovation of the South Tower, including changing the hospital entrance from the south to the east side of the building.

The bed capacity was increased to over 525, on one occasion (1979) reaching 542. This census required 2,241 employees to operate the hospital.

Improvements and expansion of various departments took place, including Radiology and Nuclear Medicine, as well as special units for ophthalmologic surgery, orthopedics and GU surgery.

Funds for this massive enterprise were from many sources, including generous pledges by the medical staff, the Service League and the hospital employees. It is noteworthy that the pledge by the medical staff far surpassed the \$460,000 goal which had been set. The drive was under the direction of Henry J. Lehnhoff Jr., M.D. The willingness of the staff to participate assured those in charge of the building project that the doctors would support the newly modified institution. The Clarkson staff was now equipped to maintain its position of professional leadership.

In 1980, the hospital completed the construction of the Doctors Building North Tower, located on the north side of Farnam Street and connected by a skywalk to the existing South Tower. Excellent, easily accessible office space was thereby available to the staff and to outpatients requiring the facilities located in the hospital. As professional expertise advances, more outpatient services are being utilized for all patients. Since 1982, the hospital has made structural alterations to comply with this change in the provision of medical care.

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The science of medicine made rapid advances during the 1940s to the present, most of it while the Clarkson staff and personnel were enjoying the advantages of the current building and the equipment it contained.

Physicians' practices changed in this same interval. Specialization became more prevalent, necessitated by the burgeoning knowledge relative to all aspects of medical practice. Change in the provision of care to patients has been supported by the hospital in the area of grave professional problems as evidenced by the employment of intensive care units and a cardiac care unit and the linear flow unit expressly for the isolation and protection of patients with blood disorders resulting in impairment of immunity to infection. As mentioned above, outpatient care of patients who once required hospitalization is now provided in many

instances. This is well exemplified by ophthalmic surgery, minor surgery and diagnostic procedures such as colonoscopy.

The hospital complies with appropriate response--whether structural or administrative--to the requirement for changes as they appear and maintains a high standard of practice within its walls.

Various special techniques were developed which continued to add to Clarkson's prestige as an up-to-date hospital providing care of the most formidable disorders. One of the first of these was renal dialysis, the credit for which goes to George W. Loomis, M.D., a productive member of the department of Internal Medicine.

It was in 1955 and 1956 that consideration of the development of such a renal dialysis unit started. Prior to that, a patient



*Bishop Clarkson Memorial Hospital in 1986.*

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*G.W. Loomis, M.D., nephrology consultant since 1956*

with acute kidney failure, which is usually fatal, could be treated only with supportive measures. Attempts were made to treat such patients with peritoneal dialysis, a modality which has had some limited utilization in the late 1940s. Dr. Loomis, with the strong backing of the hospital administration, launched hemodialysis by first investigating the so-called rotating drum artificial kidney.

In 1956, he recognized the efficiency of the twin-coil artificial kidney. A unit was constructed later that year.

The first dialysis treatment was done on Feb. 2, 1957. The patient had been transferred from University Hospital and the treatment was a success. Dialysis was thereafter carried out over the next year or two on patients with chronic renal failure. Transportation of the machine to other hospitals was fraught with massive difficulties and was discontinued. The first successful

treatment of acute renal failure was in 1959, when a patient who had received several units of mismatched blood at another institution required the procedure. Another patient in the early days of dialysis had kidney failure from acute tubular necrosis, a unique form of kidney damage in this case due to muscle destruction (rhabdomyolysis) in uncontrolled epilepsy.

Frederick Ware, M.D., joined the staff in 1961 and has since played a substantial role in nephrology. His interest in and knowledge of cardiovascular and pulmonary disease strengthened the Department of Internal Medicine. He played a role in forming the Department of Pulmonary Medicine. Steven A. Schwid, M.D., was associated with the program from 1967 until 1973. In 1973, Dr. Ware became the director of the hemodialysis unit. Dr. Loomis continues as a consultant in nephrology and has won the respect and gratitude of the professional staff and all concerned who have observed the need for the development of that specialty.

An outpatient unit was developed without federal or university funding. The program had the support of a far-sighted hospital administration and Board of Directors. Dr. Ware emphasizes that only one other unit in the United States can claim similar financial independence.

In the beginning the technical work was done by the doctors. There were no trained personnel as there are today. Sixty patients are maintained on an outpatient basis and over 8,000 treatments are given annually. Home dialysis, using the peritoneal technique, has been developed and some 60 patients are under that management.

With the advantage of the recently developed external shunt (a vein-to-artery connection), repeated treatments may be

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given to patients without need for multiple vein and artery punctures.

Dr. Loomis and Dr. Ware were truly pioneers in the field of nephrology.

The transplantation of organs was initiated with that of kidney from human donors to patient. After some years of preparation and with the arrival of Richard W. Steenburg, M.D., in 1970, the program was established at Clarkson Hospital where it has remained. Around 35 transplants are done annually. The program is an excellent example of teamwork by hospital administration and professional staff.

Progress in ophthalmic (eye) surgery coincided with the hospital's expansion. Prior to World War II, cataract enucleation required the patient to endure 10 to 14 days of bed confinement with the head immobilized by sandbags. Since the improvement in sutures and finer needles, removal of cataracts has become in many cases an outpatient procedure. Advancing techniques and the development of the intraocular lens have added to the success of cataract surgery. Surgical treatment of glaucoma has progressed equally. Recently the condition has responded well to laser therapy.

Retinal detachment, once considered hopeless, responds to surgery and the use of the laser.

In 1958, John Filkins, M.D., performed the first corneal transplant in Nebraska at the Clarkson Hospital.

There were additional firsts in eye surgery, including lens implant (1975), roto-extractor vitrectomy (1973) and employment of the YAG (Yttrium Aluminum Garnet) laser (1984).

These intricate techniques are now performed in superbly equipped operating

rooms complete with surgical microscopes, Argon and YAG lasers and capable nursing assistance. The ophthalmic surgical volume is greater in Clarkson than in any other Omaha hospital. The department has always been outstanding, listing such prominent members as Dr. Gifford and J. Hewitt Judd, M.D., and currently John C. Filkins, M.D., and Stanley M. Truhlsen, M.D.

Outstanding among the professional advances providing patients with more effective care has been in the area of lung disease, namely the department of Pulmonary Medicine Services. This was initiated by Louis W. Burgher, M.D., current director and his three associate physicians, all specialists in the field (see list of pulmonologists).

The department was first designated Inhalation Therapy Services and in 1970 was under the direction of Dr. Ware, whose clinical skill was augmented by a unique knowledge of physiology. He currently applies this special training to the management of the Renal Dialysis Center.

That same year the department changed its name to Respiratory Therapy. A state-of-the-art intensive care center was developed which emphasizes the application of up-to-date management for patients with respiratory problems.

In 1970, Dr. Burgher was hired as the medical advisor to the department. This was followed by certification of Clarkson Hospital for the treatment of pulmonary tuberculosis. The state tuberculosis hospital closed because of decreased need.

In 1974, a referral hospital service concept was developed. By 1986, this includes nine hospitals in three different states whose pulmonary function laboratories and respiratory services are managed by this department.

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In 1975, Clarkson developed the first pulmonary rehabilitation service in a private hospital in the United States. Its success has received some national prominence.

A School of Respiratory Therapy, part of Metropolitan Technical Community College, was assisted in its development in 1979. The hospital finds it a source of fine employees for the department.

Respiratory stress testing became an efficient facet of the program and included metabolic testing, nocturnal monitoring of lung function (oximetry) and brought to light a relatively new disease--sleep apnea--which responds to appropriate treatment.

Pulmonary medical services expanded to include all professional advances including the utilization of the YAG laser during bronchoscopy and the addition of a computer-enhanced pulmonary function laboratory. Office pulmonary testing is offered to physicians in the region.

In 1980, the department published a study indicating that the humidification of low-flow oxygen was not necessary if it be provided below four liters per minute. Having been reported to the profession, this principle has been universally adopted and saved millions of dollars of hospital expenses in the treatment of patients requiring oxygen therapy.

The department has become a national leader in all respects and most recently for the promising development of the use of the hyperbaric oxygen chamber. The chamber administers oxygen in higher concentration than usual atmospheric air to promote healing of diseased oxygen-deficient tissues.

The expansion of the department is illustrated by the following data:

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In 1974, 2,500 respiratory treatments were administered. Fifty patients were treated with mechanical ventilators. By fiscal 1986, 76,000 respiratory treatments were administered and 898 patients received treatment by mechanical ventilators.

The increased professional activity required an increase in the number of respiratory therapists from seven in 1974 to 45 in 1986. This exemplifies the hospital's willingness to meet the needs for specialized treatment of lung disorders in a rapidly enlarging number of patients.

Heart disease, a major cause of death in the United States, demands accurate diagnostic evaluation as well as up-to-date effective treatment. Both are available at Clarkson and both are upgraded as technical advances occur. The medical investigations of heart and circulatory disorders are accomplished with state-of-the-art equipment. The Electrocardiography Department performs over 16,000 readings a year and around 4,000 treadmill exercise tolerance tests. Within the department, some 1,132 cardiac catheterizations were done in 1985. These demonstrate detailed degrees of obstruction of the coronary arteries and are done in substantial numbers, among the total of 4,043 other diagnostic procedures of various kinds. Echocardiography has been refined and is becoming progressively more valuable as a noninvasive diagnostic procedure. There were 1,436 done in 1985.

William D. Angle, M.D., Theodore F. Hubbard, M.D., and Richard R. Miles, M.D., contributed to the early development of cardiology. There are currently nine specialists on the Clarkson staff (see list of cardiologists).

Cardiologists now use percutaneous transluminal coronary angiography to visualize the heart's blood vessels. At times, by the insertion of a small balloon,

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they can successfully dilate a coronary artery and restore circulation through it without major surgery. Some 245 such procedures were done in the fiscal year 1985-1986. Selected cases are being done as outpatients, some 255 patients underwent 702 diagnostic procedures without complications.

Cardiovascular surgery has advanced at Clarkson along with other specialties previously mentioned. In the 1960s many of the procedures were done by Delbert Neis, M.D. In recent years Randolph M. Ferlic, M.D., has performed the major volume of cardiac surgery, including seven heart transplants (four in 1985 and three in 1986). Treatment of coronary heart disease by bypass surgery has increased annually--264 such procedures being done in 1984, 334 in 1985, and 225 in the first six months of 1986. Surgical restoration of occluded circulation in the carotid arteries in the neck (which supply blood to the brain) responds very favorably to the removal of the obstruction by endarterectomy. Obstruction of other blood vessels is likewise amenable to surgery, including the treatment of occluded arteries in the legs by iliofemoral bypass procedures. Disability has been spared many patients who heretofore had no hope for anything but progressive invalidism.

The Department of Radiology of which Richard A. Bunting, M.D., is chairman, contributes substantially to the physicians' care of his patients. In 1985, 49,000 procedures, of which 19,060 were chest X-rays, were done in the department, which illustrates the growth of its utilization. In a report of 1950 by the original chairman of the Department, T.T. Harris, M.D., a maximum of 500 cases a month had been done, amounting to something less than 6,000 per year. At that time, one part-time radiologist provided adequate service. This included diagnostic and therapeutic radiology. Today 10 radiologists are required to



*R.M. Ferlic, M.D., president of staff in 1986.*

provide the various services including the use of a \$2 million X-ray therapy apparatus (in 1950 it cost \$13,000) and a \$3 million CAT scan apparatus. In 1985, 4,315 CAT scans were done.

Special procedures, particularly those involved with evaluating the degree of arterial obstruction, have provided a means of restoring circulation through obstructed arteries by so-called "balloon" angioplasty, which may be applied to the lower extremities, kidneys, or other vessels. In 1985, 23 renal artery obstructions to the kidney were relieved and 24 such procedures were done in the lower extremities by members of the Radiology Department.

Nuclear medicine provides scanning of lungs, bones, abdominal organs such as liver or kidney, heart and thyroid gland. It

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is a rapidly expanding source of clinical information. Radioisotopic studies of the heart inform the doctor as to the state of the heart muscle after it has been damaged by various diseases. Considerable help is provided by Nuclear Medicine in the diagnosis of pulmonary infarction (blood clot in the lungs).

As in the case of the Department of Radiology, the Department of Pathology, as recently as the late 1940s, provided its service to the hospital, utilizing one part-time pathologist, J.P. Tollman, M.D., and two technicians. The medical staff was given information regarding their patients based on relatively simple and tedious biochemical analysis of blood and urine and other routine studies, such as blood counts. All phases of clinical pathology were expanded as the employment of new apparatus and techniques contributed to the variety and reliability of laboratory procedures.

As the hospital census grew so did the number of procedures done in the department as did the number of personnel required. The department now consists of eight full-time well-trained pathologists, each with a special interest in some phase of pathology. Earl G. Greene, M.D., is chairman. In 1985, 140 employees were kept busy within the department, providing service to 17,870 patients who were admitted that year, requiring 347,085 procedures. Up-to-date recording and storage of data employing computers and other advanced techniques is efficiently employed.

Subspecialization among pathologists has resulted from the large assortment of techniques whose intricacy requires special and unique capabilities of the pathologists and their supporting staff. Currently, there is the section of chemistry capable of the accurate and rapid evaluation of all common and many rare disorders as to the chemical abnormality of body fluids, the evaluation of which assists in their diag-

noses and followup treatment. There is the section of immunology and one of immunohematology which provide valuable information to the clinicians dealing with problems presented by patients with various blood disorders of which one group are those who may require bone marrow transplants. These are now available to patients and the department can freeze and store bone marrow specimens for autologous transplants. The patients' own marrow is removed, stored and returned to him at the proper time. This program works closely with Hematology-Oncology, of the Department of Medicine.

Only recently has certain esoteric new tests been developed and used. One of these is DNA cell cycle analysis. By identifying abnormalities in malignant cells, it can aid the clinician in the determination of diagnosis and prognosis of the patient. Another important field of progress is in antibody studies which are particularly valuable in providing safely matched blood transfusions.

Substantial help is given to the physician caring for patients with infectious diseases. The section of microbiology has methods for identification of organisms and their sensitivity to antibiotic therapy.

The microscopic analysis of diseased tissue obtained by surgery or biopsy has been more efficient with the passing of years and improved instruments and materials. Clarkson possesses an electron microscope, which provides much higher image magnification and better structural details.

The department maintains a School of Medical Technology which graduated 11 students in 1985. A large percent of them received special awards for various outstanding scholastic achievements.

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Hematology-Oncology is a relatively new medical subspecialty. In 1952, Peyton Pratt, M.D., became the first physician in Nebraska to confine his work to it. In 1973, he was joined by John R. Feagler, M.D. Subsequently, Joseph D. Verdirame, M.D., and James R. Commers, M.D., were added to the Hematology-Oncology group. Dr. Pratt retired in 1975.

There are malignant states which involve the body generally and are not usually amenable to local treatment. Among these are the lymphomas (malignancy of lymph glands, one of the most common being Hodgkin's disease). Also included are the leukemias in which abnormal white blood cells (leukocytes) proliferate to a degree incompatible with health.

The management of certain of these cases includes X-ray therapy and chemotherapy (drugs which destroy the lethal abnormal cells). In accomplishing this, it is sometimes imperative to temporarily destroy the bone marrow where blood cells are formed. In this way the condition may be cured. To preserve bone marrow, it is sometimes necessary to harvest it from the patient to be frozen and stored (cryopreserved) and later restored to the patient who may then be free of disease. This is known as autologous bone marrow transplant. Bone marrow transplanted from one individual to another is termed allogenic. It was the type employed first at Clarkson Hospital and, incidentally, the first bone marrow transfusion in Nebraska. The patient was cured and has lived four and one-half years since. In 1985, the first

autologous transplant was done and 10 patients have subsequently been so treated, of which eight are disease free. A total of 35 patients have undergone bone marrow transplantation at Clarkson Hospital since 1983.

Patients with damaged bone marrow have reduced immunity to infections and require special protection, which is uniquely provided by the Hematology-Oncology Care Center (HOCC) through which air four times cleaner than ordinary room air is filtered and circulated in a laminar fashion. Special cleanliness of patients in attendance as well as visitors is observed. In one year, approximately 80 patients are admitted to the unit, of which an average of 42 have acute leukemia and an average of seven have bone marrow transplants.

In connection with the Red Cross, Dr. Feagler was instrumental in developing a technique for the collection and storage of platelets--cells essential to blood coagulation--the transfusion of which may be life saving. A technique for granulocytes (white cells) transfusion has been developed.

Abnormal substances can be removed from the patient's blood by a process called plasmapheresis. A normal plasma can be reconstituted. This is a significantly valuable treatment in certain disorders.

This section of Clarkson Hospital provides help to many seriously ill individuals.

## VI: Bishop Clarkson College of Nursing

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Bishop Clarkson Memorial Hospital School of Nursing was established in 1888 when the institution was adjacent to Trinity Cathedral. Nurses' quarters were in the building and later in a small cottage next door. The hospital building had been completed and consecrated in 1883. It was the first nurses training program in Nebraska and the 35th in the United States.

Attention was on practical bedside nursing procedures over two years during which dedication to patient care and comfort was emphasized. As did all nurses, students worked 12-hour days from 7 a.m. to 7 p.m. For the convenience of the volunteer lecturer, classes were held in the evenings.

There was no tuition. There was no school year. Individual students were admitted whenever a vacancy arose.<sup>26</sup>

Practical bedside nursing was provided by senior nurses who demonstrated bathing patients, bed making, application of dressings, catheterization and personal details which made the patient's hospital stay more comfortable, even the preparation of appropriate food.

Nursing education broadened as years went by. The course became two years in 1911. The seven-member class that year was the first to take and pass the Nebraska licensure examinations. Fifteen graduated in May 1912.<sup>27</sup>

All facets of medical care flourished and improved during the ensuing years, including nursing and nursing education. The number of graduates of the school increased. For example, there were 40 graduates in 1962 and 105 in 1976, 104 in 1977. Better facilities were required and could not always be provided within the

hospital walls. When the hospital was located on 21st and Howard streets, the former residence of long-time trustee F.H. Davis, at 628 S. 20th St., was used as a nurses home for some years. With the move to 26th Street, housing was obtained in nearby apartments which was scarcely satisfactory, but in 1945 a modern building for residence, education and recreational facilities was built to accommodate 104 students. It was appreciated by all concerned and remained in use until the hospital moved to 44th Street and Dewey Avenue in December 1955, requiring suspension of the program from 1953 until 1960 when Kiewit Hall was completed, largely through the generosity of Elizabeth and Peter Kiewit. The next graduating class of 1963 consisted of 35 students.

A major advance in nursing education was the establishment of the Bishop Clarkson College of Nursing in 1981, which bestows a baccalaureate degree in the form of bachelor of science in nursing. The seven-story Kiewit Hall provides excellent facilities for a teaching center. It is not primarily a dormitory although dwelling space is available. Students reside where they please, spending a portion of the time at Bellevue College in general education electives.

Students are assigned for clinical experience at Clarkson Hospital and several acute care hospitals in the community, including the Veterans Administration facility and Richard Young Memorial Hospital (neuropsychiatry). They may spend time in a variety of local health agencies which have been approved for such purpose. Elective courses allow the student to explore areas of special interest to them, such as critical care or gastroenterology.

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The students are urged to obtain the bachelor of science in nursing degree. There are 540 students enrolled in the 1985-1986 academic year, of which 300 attend classes on the Clarkson campus at a time, the others dispersed to the various activities mentioned above.

Since the inception of the program in 1888 there have been 4,500 graduates.

Many recent graduates take positions in Clarkson Hospital, particularly in the demanding environment of the intensive care centers.

The faculty, headed by Dean Patricia B. Perry, R.N., Ph.D., consists of nine academic staff personnel and 41 teachers of various academic titles.<sup>28</sup>

## VII: Service League, Red Cross, Altar Guild and Other Benefactors

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Clarkson Hospital has been fortunate in that a group of women manifest their interest in the institution by forming the Service League, a volunteer organization whose purpose is to provide support by financial donations which are generated by the various activities of the league.

The first meeting of the league and its foundation occurred at the home of Mildred (Mrs. Robert H.) Storz in 1946. Daisy (Mrs. Addison) Wilson was chosen as the first president. It is of interest that she was the daughter of C.O. Rich, M.D., the faithful secretary of the medical staff for many years. Other founders were Elizabeth (Mrs. I.W.) Carpenter and Marian (Mrs. Drexel) Sibbersen.

Many devoted women served as officers, committee chairmen and workers. In its list of presidents are Mrs. Carpenter, Dana Bradford, Mrs. Chester Cunningham, Mrs. Norman Sample, Mrs. John Lauritzen, Mrs. Warren Howard (daughter of Mr. and Mrs. Robert H. Storz), Mrs. Albert Black and the current president, Kim (Mrs. Bruce R.) Lauritzen, whose husband is the current representative of the Davis family on the Board of Directors.

Four million dollars has been raised by approximately 400 women since the league was organized in 1946. Major items available to patient care through their generosity include two intensive care centers, the Hematology-Oncology Care Center and the linear accelerator for the radiotherapy of malignancies.

Recent professional advances have been supported by their provision of mammography equipment toward the diagnosis of tumors of the breast. Rooms have been decorated, television sets provided and

numerous smaller but important items have been made available in different departments to ensure the most efficacious hospital stays for the patients.

The Service League's major source of funds to the hospital include the annual fashion show, the Gift Shop and annual dues from its members.

Red Cross volunteers--the "Gray Ladies"--distribute patient mail and reading material and assist patients in correspondence. These ladies make a substantial contribution to the comfort of the patients by their quiet and dependable personal services to them.

St. Luke's Chapel in the hospital is maintained by the Altar Guild, an organization of women members of the Episcopal churches of Omaha who are often members of the Service League as well.

All who are cognizant of the activities of these dedicated ladies are most grateful to them.

Contributions to the hospital came from various donors who hold no official hospital position. Some major examples are the Episcopal Diocese of Nebraska, which contributed toward the Intensive Care Centers, a memorial to Gilbert and Martha Hitchcock in the Radiology Center and a memorial to Dr. and Mrs. C.C. Cris in the Obstetrical Center. Other major gifts included those made to the Cardiopulmonary Laboratory by the Eppley Foundation. Almyra Gordon made possible the Renal Dialysis Training Center in memory of her husband, Alfred W. Gordon. Construction of the Emergency Room was made possible by donations from Mr. and Mrs. Harold D. LeMar.

## VIII: Conclusion

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The progress made in Clarkson's past, which spans more than a century, provides a view of Clarkson's future. Frustrations from socioeconomic factors and uncertainty as to how patient care may be best provided will require the same thoughtful consideration and performance as was pro-

vided by the early Trustees and staff to the problems they overcame. The hospital's growth and success will proceed as it has in the past providing patient care and the alleviation of human suffering. Education in all occupations and professions related to hospital activity will be maintained.

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## About the Author

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Henry John Lehnhoff Jr., M.D., a senior statesman in the field of internal medicine, is an honorary member of the Medical/Dental Staff of Bishop Clarkson Memorial Hospital.

Dr. Lehnhoff, who joined Clarkson in 1946, was a founder of the Department of Internal Medicine and served as president of the medical staff from 1961-62. He also served as professor of internal medicine at the University of Nebraska College of Medicine and has been affiliated with other Omaha area hospitals.

Dr. Lehnhoff received his M.D. from Northwestern University in Chicago, completed his specialty training in internal medicine at the Mayo Clinic and was board certified in internal medicine in 1944. During World War II, he served as a lieutenant colonel in the U.S. Army Medical Corps.

Dr. Lehnhoff, a member of the American Society of Internal Medicine, of which he served as a national trustee, also founded the organization's Nebraska chapter. He has also been active in professional societies including, the American College of Physicians, for which he served one year on its Board of Governors, and the Royal Society of Medicine of London.

In addition to his other scholarly pursuits, Dr. Lehnhoff has published numerous medical articles in professional journals.

Dr. Lehnhoff, a native of Lincoln, Neb., and his wife, JoAnn, reside in Omaha.



*Henry J. Lehnhoff Jr., M.D., the author.*

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