

Otto Brantigan and St Joseph Hospital C.O. Brantigan MD, FACS, FCCP

Make no little plans: They have no magic to stir men's blood and probably themselves will not be realized. Make big plans; aim high in hope and work remembering that a noble, logical diagram, once recorded, will never die.....Daniel Burnham, Master Architect, 1893
Worlds Columbian Exposition

The history of the Saint Joseph Hospital goes back to the Civil War. On 26 November 1864 Mrs. Cathryn Everhardt of Baltimore made gifts of three two-story row-houses at 187, 189 and 191 North Caroline Street in Baltimore to the Rev. Mother Mary Agnes of the Third Order of Saint Francis of Philadelphia. These buildings were to be used to "care for the infirm and the sick." Three sisters were dispatched from Philadelphia to manage the new hospital, named the Saint Joseph German Hospital. They were Sister Clara, Sister Crescentia and Sister Scholastica. The new hospital was immediately successful. Within three years the three row-houses were inadequate to meet the demands made on the hospital. An additional tract of land nearby was purchased, and in 1871 a temporary building was constructed to meet the urgent need for additional space. This temporary addition accommodated an extra 50 patients. The Board of Trustees at the time consisted of six laymen and three priests drawn from the parishes of Saint James, Saint Michael and Saint Alphonsus who reported to the Sister in charge

Plans were then drawn up for a new hospital. The architect of record was George A. Frederick, the same architect who built the Baltimore City Hall. Ground was broken for the new building in August 1871. The cornerstone was laid by the Very Rev. A.B. Coskery, Vicar General of the Archdiocese of Baltimore. Archbishop Martin Spalding was also in attendance. The hospital took over a year to complete. Inaugural ceremonies were held on 12 December 1872 and the building was officially open for business.

The hospital continued to grow rapidly. Records for January 1873 reported that there were a total of 128 beds in the hospital: 50 beds in the original building and 78 in a new North Wing. Eleven Sisters served as nurses. Expansion of the physical plant helped accommodate more patients, but in spite of the success, money was tight. The hospital was financed largely by the generosity of individuals. In 1881 the Marine Hospital Department of United States made arrangements with Saint Joseph Hospital so that all sick sailors coming into the Port of Baltimore would be cared for at that hospital on a per diem basis of \$.70 per

1. I wonder if the hospital took care of any Civil War casualties

person per day. This contract accounted for approximately 500 patients per year. These contracts were renewed until 1887 when the new Marine Hospital was opened. Aside from the Marine Hospital Department contract, the first record of any public funding occurred in 1883 when the City of Baltimore gave the hospital \$500. This was matched by the State Legislature.

Ground was broken for the new South Wing in June 1896. On 16 December 1898 this addition was dedicated with Cardinal Gibbons presiding. The South Wing was more than simply an addition. It was a modernization of the facility. There were private rooms, living rooms, pantries, a chapel and Sisters' bedrooms. There was even a sun parlor at the rear of the building. This expansion was financed primarily by the estate of Capt. Fred Lang. Captain Frederick Lana's estate added finishing touches and furnishings to the project.²

In 1898 the Spanish American war produced an influx of sick soldiers whose care made heavy demands on the staff. Also in 1898 two hospital cars on the Northern Central Railroad attended by Dr FJ Kirby, two Sisters and military aides brought 24 patients from Camp Meade to Saint Joseph Hospital on 2 November. These patients were mostly afflicted with typhoid fever. There was a note that 24 more patients were expected by the third. Imagine what a stress that produced on the system. Early in the 20th century the will of the Dode family left money "for the care and maintenance of sick and invalid colored people." Saint Joseph Hospital provided the service.

The school of Nursing opened in 1901.

The great Baltimore fire of 1904 put Saint Joseph Hospital in the center of a catastrophe. The day was filled with excitement, carrying sick patients through raging fires and flying embers. Only prayers and a change of wind saved Saint Joseph Hospital from the destruction that consumed most of the city.

Saint Joseph Hospital continued into the 20th century as a very successful urban hospital. "German" was dropped from its name, probably a result anti German feelings caused by the First World War. It had a fully accredited surgical residency program and a nursing school. It continued to provide care for the poor. Sister Pierre served her first term as head of the hospital from 1939 to 1947 before leaving for Trenton to build a new wing on the St Francis Hospital there.

2. Whether these 2 captains are the same person is not clear from the article in *Pacemaker*



St Joseph Hospital on Caroline Street Courtesy St Joseph Hospital Archives

In the early 1950's it became clear that the constant drain on the current income of the hospital for needed repairs of the physical plant and its equipment made it impossible for the community of sisters to build a new hospital or to bring the current one to standards. In October 1954 Herbert Fritz of the Maryland State Department of Health informed the hospital that it was only going to be granted a provisional license because the institution was not in compliance with the fire code. By 1956 not even a provisional license was granted.

Since all acknowledged the need for the services provided by the hospital, the Sisters, led by Mother M. Symphorian explored possible solutions. The rumor that the Veterans Administration considered its Loch Raven property to be surplus was explored locally and in a letter to President Eisenhower. This proved to be false. Mr. Fritz was willing to give the hospital time to have a construction engineer survey the building. His report, delivered on 8 April 1956, noted that the cost of repairs would be approximately the same as would be required to build a new hospital. If the renovations were done it would still be an old building. The sisters visited Monsignor McGowan in Washington on 11 April 1956. He



Sister Pierre

Courtesy St Joseph Hospital Archives

recommended exploring all options before making a decision to close. On 16 May 1956 Sister Pierre arrived from Trenton to supervise the closing of the hospital. She visited Archbishop Keough on 8 June, telling him of the plans to temporarily close the nursing school and to explore other options. The next day the nurses were informed of the temporary closing of the nursing school in September.

arrived home from an out of town medical meeting. He didn't take time to unpack but went directly to the medical staff meeting where the announcement was made that the hospital was to be closed. He said that the hospital couldn't close. The medical staff formed the Committee for the Preservation of the Current Facilities, made up of Dr. Otto Brantigan, chairman, Dr. Harry J Connolly and Dr. J. T. Krejci. The committee was known as the Medical Committee or the Medical Board. The committee reached the following conclusions.

1. "The present capacity of the hospital should be preserved and this includes:
 - a. School of Nursing
 - b. Number of beds
 - c. Accreditation and size of house staff
2. The physical plant should be renovated to meet minimum standards of safety
3. The preservation of the present facilities and renovation of the



Dr Otto C Brantigan

physical plant should not in any way jeopardize plans for further development of a new hospital.”

The Committee believed these actions desirable and necessary because:

1. “The people of the city of Baltimore desperately need more hospital beds and hospital facilities.
2. The City of Baltimore and the county as a whole needs more facilities for training graduate nurses.
3. If the hospital facilities are reduced we are forsaking our responsibilities and moral obligations to the people of Baltimore (both private and service patients). We’re also forsaking the Blue Cross insurance plan.
4. If facilities are not preserved it will destroy the trust of future nursing school candidates, house officers, visiting doctors and patients. There will be lost the hard-earned reputation for good medical and nursing care; its place as one of the better private hospitals will be lost Its enviable reputation was not built quickly but can be destroyed easily if efforts are not made to preserve it. The reputation cannot be rebuilt quickly even though a new physical plant is constructed.”

The Committee believed that it should be possible to raise the necessary money. The committee asked the requirements necessary to meet minimum standards and asked permission to review the reports of the engineering consultant and of the State Health Department. The committee asked permission from the administration to determine how much it would cost and how much time would be required to restore the physical structure to meet minimum standards of safety. The cost and responsibility of the investigation was to be fully the responsibility of the medical staff.

Brantigan had no hesitation in questioning religious authority. Empowered by the medical staff, he called the Reverend Mother Leandro to discuss the matter. In spite of that the leaders of the order concluded that the hospital must be closed as soon as possible.

Mother Mary Leandro wrote a letter to Sister Pierre on 15 June 1956 that she was putting down in writing the decisions finally forced upon us with regard to the conditions prevailing at Saint Joseph Hospital. “After long and careful study of the problem and after exploring every avenue that offered the slightest hope of help in this need, the unpleasant truth has been finally forced upon us: Saint Joseph’s can no longer continue its services to the sick and suffering of Baltimore and the surrounding areas, who come daily to its doors as they have been coming for the past ninety-two years. Dismaying and distressing as we find this crisis, we are accepting it as God’s will, with the prayerful hope that from this heavy cross, in God’s good time, new and richer benedictions may flower.”

After reading the letter from Mother Mary Leandro to Sister Pierre, Dr Brantigan again called Mother Leandro, Mother General of the Mother House on 20 June at 8:10 am. He advised Mother that he represented two hundred doctors in the Baltimore area who were interested in keeping Saint Joseph Hospital going until such time as it could be replaced—perhaps in two or three years. What he wanted to know is whether the Community really wanted to close the hospital. Mother Mary Leandro informed Dr. Brantigan that the community did not want the hospital closed: Circumstances were forcing the closing. The hospital had not been licensed for two years and the fire hazard was beyond remedy. He was informed that the community had sought help in every available quarter before taking steps to discontinue the care of the sick at Saint Joseph's.

Dr. Brantigan told Mother that he and the doctors would help to keep the hospital open. When Mother Mary Leandro inquired how they could secure a license now when conditions were no different than when it was denied the hospital, he replied that conditions would be taken care of—the doctors would help. Mother Leandro told Dr. Brantigan that no money could be sought for we had no permission for a drive, nor did we want to do anything without the approval of our ecclesiastical superior in Baltimore.

Quotes from the minutes of two special meetings of the Board of Governors on 21 June 1956 paint a clear picture. In the afternoon meeting “Dr. Brantigan still feels that a united effort can be made by all to preserve the present facilities...According to Dr. Brantigan he has contacted the Reverend Mother and received from her full authority to do whatever it is he proposes. These proposals were not revealed to the Board of Governors by Dr. Brantigan.” At this point Dr. Brantigan probably had no idea of what he would do next either, but he would do something. Mother Symphorian, Provisional Superior, was asked to attend the 8 pm special meeting of the Board to be held just before the medical staff meeting. At that 8 pm meeting Mother Symphorian was asked if there were funds available to build a new hospital. She responded that there were not. She was asked if funds were available to renovate the hospital. She said that there were not. She was asked if there were *any* funds available and she said there were not. She was asked if the sisters were going to cooperate with Dr. Brantigan's proposals and she said that they were—a dramatic change in attitude since the Tuesday meeting. “Mother Symphorian stated Reverend Mother's attitude to be that there are no funds available but that Dr. Brantigan and his committee should be allowed to do whatever it is they have in mind if it will help the hospital.” The Board decided to announce to the staff that it advised that the hospital be closed as soon as possible

but if funds were available from outside sources the Sisters were willing to continue to operate the hospital.

The medical staff met on 21 June 1956 after the special meeting of the Board of Governors. Dr Brantigan asked the support of the medical staff. He noted that he already had the support of the Nursing School alumnae. He also had permission to continue the nursing school.

Dr. Brantigan and his committee then requested permission from Sister Pierre and Mother Leandro to establish a lay board consisting of representatives from business and industry who would willingly contribute their services for the good of the hospital. This Board would not report to hospital management as had the old Board of Governors, but would report to the Order of St Francis in Philadelphia. The Board would have wide authority over the operation of the hospital. The previous Board of Governors would be eliminated. An executive committee made up the Chiefs of the Services and a Joint Conference Committee composed of three members of the staff and three members of the Board would handle the day-to-day operations. The Lay Advisory Board would be named the Board of Saint Joseph Hospital. It was also referred to as the "Board of Directors"

The Medical Committee met again on 23 June and Dr. Brantigan reported that all was going nicely. Morale had been restored and even amplified. He announced that Mr. Wadsworth, a fire prevention expert from Glenn L. Martin was going to survey the physical plant on 28 June and make recommendations at no charge.

On 25 June the hospital was inspected by Deputy Fire Chief Frank Tanner, and H.G. Fritz of the State Health Department. They concluded that the building could be made reasonably safe and listed major corrections and immediate corrections. These recommendations were presented to Dr. Brantigan and hospital leadership on 28 June.

Major corrections

“Installation of an approved sprinkler system connected to the fire department alarm system so that in the event the sprinkler systems operate, the fire department will be immediately notified.

Hallways to be equipped with fire doors to sub-divide fire areas.

Enclose all open stairways with fire-resistive enclosures.

Install another means of egress from the operating rooms on the third floor.

All long extension cords in use from A.C. sublets to appliances be discontinued. A corrective measure would be to have all D.C. wiring changed to A.C.”

Immediate corrective measures

“Good housekeeping throughout the building
Watchman service with keys to all locked areas, and to make
continuous inspection
Have a minimum amount of hazardous materials on premises
Inaugurate dry fire drills
Remove large tree in rear driveway, which would obstruct the use
of an aerial ladder truck
Prohibit parking of automobiles in rear driveway.”

The Medical Board met again on 29 June to consider the recommendations. By then Dr. Brantigan had met with the Mayor. Sister Pierre had verbal approval from the state Health Department to continue to operate the hospital. Dr Connolly reported on the recommendations by Mr. Wadsworth who also recommended a sprinkler system, fire doors and a night watchman. Mr. Fritz had recommended a temporary license for the hospital. Never accused of thinking on a small scale, Dr. Brantigan reported that now that repairs were underway it was time to think seriously about building a new hospital. He appointed a New Building Committee of the medical staff. Also by 29 June the sprinkler system was out for bid and the recommended no parking signs were in place. A newspaper release was written and was published by the *Baltimore Sun* on 29 June, 1956. The City Fire Board said “we are going to watch your progress and when there is any laxness we’ll be over there.” The fire department inspected the hospital weekly until renovations were complete.

The Medical Committee met again on 6 July 1956. By then Dr. Brantigan had met with Governor O’Connor and Dr. Davins of the State Health Department to expedite the license for the hospital. The committee appointed three members of the Board, the first meeting of which would be held when there were sufficient members.

On 11 July the Medical Committee met again. Sister Pierre had requested an estimate regarding the installation of fire doors and the egress from the operating room from Howard D. Hall, architect. Recruitment of Board members moved slowly and membership was commonly declined when offered. T. Gordon Bautz, the person responsible for most of the information in this report, was appointed to the Board.

On 18 July 1956 Medical Committee met again. Sister Pierre informed the group that the first bid for the sprinkler system was received from Grinnell Sprinkler Systems Company for a total of approximately \$60,000 for the completed project. Dr. Brantigan suggested that a

tentative Bylaws and Constitution for the Board be formulated as soon as possible, even though there was no functioning Board at that point.

On 21 July 1956 hospital finally received a provisional license to continue to operate. This press release was sent to the *Baltimore Sun*.

“The Maryland State Board of Health renewed the license of Saint Joseph Hospital. The hospital will continue to operate its full capacity of 250 beds. Its school of nursing, which was to have been temporarily suspended, will continue to operate as usual. The resident house staff will be maintained at its normal complement. Approximately \$200,000 will be spent in physical improvements, including the installation of a fire sprinkler system. These improvements are being made and the full services of the hospital are being continued as a benefit to the public of Baltimore, some 36,000 of whom are treated each year at the institution. This is a cooperative effort of the Sisters of the Third Order of Saint Francis, who operates the hospital, 200 physicians and surgeons who constitute the staff, nurses and nursing alumnae, the Women’s auxiliary, the Parents Association of the Nurses Training School and many other Baltimorean’s, who feel that Saint Joseph hospital is necessary for the well-being of our city, just as it has been an integral part of the life of Baltimore for 92 years. In view of the recent publicity concerning the hospital, we wish to point out that the institution has for many years been fully accredited by the Joint Commission on Accreditation of Hospitals.”

It only took three days to produce a suggested draft of the proposed Constitution and Bylaws of the Board. Quotes for the sprinkler system were received from three different companies by 25 July. The contract was awarded to Grinnell because they were going to install 612 more sprinkler heads than the other companies and they have had more experience in dealing with hospitals.

By the next meeting of the Medical Committee on 3 August 1956 Dr. Brantigan reported that the Constitution and Bylaws of the Board had been submitted to a lawyer for approval it was hoped that the first meeting of the Board would be either on the 5th or 11th of September.

The Medical Committee met again on 8 August 1956. The suggested draft of the Bylaws of the Board was accepted by the lawyers. A dinner meeting of the Board was scheduled for 13 September 1956.

The Medical Committee continued its frequent meetings through August and September 1956. Dr. Brantigan reported that he had spoken to Mr. W.F. Hilgenberger, president of the Board of Fire Commissioners about a firebox being installed in the hospital. The city water department stated that the city would install the water main from the street to the property line and the hospital would have to make connections. The architect was hired to make a study concerning the fire doors. Sr. Pierre presented literature on the fire escape from the operating room. Dr. Brantigan noted that the Fire Board's request was an egress not a fire escape. Therefore there was money to be saved. That structure was to be completed as quickly as possible. Reverend Mother Leandro was given a revised organization chart of the hospital to study, something that had not existed previously. Dr. Brantigan emphasized that unless the Board has authority and is placed in direct line below the Board of Directors of the Corporation of the Sisters of Saint Francis and above the administrator, the members would not be anxious to serve on the Board. A tentative Bylaws and Constitution for the Medical Staff was created. The record of further meetings of the Medical Board are not summarized in Mr. Bautz' notes and are not available.

The first Board of Directors meeting was held on Thursday, September 13, 1956. A meeting was held in the priest's dining room. The table was set up fit for a king. Sister Pierre greeted all of the members of the Board and then left as it was against the sisters' policies to eat with lay people. They enjoyed a delicious dinner. After dinner Sister Pierre welcomed the newly appointed Board of Directors. Dr. Brantigan gave a brief talk in the history of the hospital and the attempts of the Medical Committee appointed by the medical staff to keep hospital from closing. The Board decided that it would not hold any further dinner meetings after Sister Pierre explained the dire financial condition of the hospital. The hospital was actually having trouble paying the butcher bill at that point.

The second Board of Directors meeting was held on 25 September 1956. The Board adopted the Constitution and Bylaws of the Board of Directors. The Board was given a copy of the medical staff's approved Constitution and Bylaws. Saint Joseph Hospital received a Ford Foundation grant based on the number of patients cared for in 1955. The grant was for \$122,400. This allowed investment of \$52,480 in the sprinkler system, \$24,000 for installation of alternating current, \$15,560 for fire escapes and egress from the third floor operating room. The balance was used for necessary equipment.

The third Board of Directors meeting was held on 8 October 1956. Sister Pierre reported that the Constitution and Bylaws of the Board of Directors of Saint Joseph's hospital was approved by the Reverend Mother General. It gave extensive authority to the Board: "It shall be the function of the Board to direct administration of Saint Joseph Hospital, hereinafter generally referred to as the hospital, in all matters." In late November 1956, Sister Pierre, Mr. Mullen, Mr. Bautz, and Fire Chief Tranner carried out a complete inspection of the hospital. Mr. Bautz was



Sisters of St Francis at St Joseph Hospital 1965
 Courtesy St Joseph Hospital Archives

shocked to see the little cells in the attic where the sisters lived. He characterized them as cages with only one bath for thirty-some sisters. On the wall outside the bathroom was a slate where the Sisters would reserve their time to take a bath. You can imagine how intolerably hot these cages were in the summer. Problems

were identified in the kitchen, food service area, and in the

engine room, and these were to be investigated. This tour redoubled the Board's determination.

Installation of the sprinkler system by the Grinnell Company was started on 16 January 1957 paid for by the Ford foundation grant.

In January the Board of Directors set out to bring good business practices to the hospital. At its meeting on 21 January Mr. Embry, Chairman of the Insurance Committee, determined that there is would be significant savings in consolidating the hospital's insurance policies. Mr. McGirk, Chairman of the Finance Committee, made a study of the hospital bookkeeping procedures. He recommended that the hospital employ a business manager as soon as possible. Mr. Herbert Rice was recommended as the business manager at a salary of \$5800 per year. Mr. Kemper, chairman of the Social Service Committee, recommended that a financial social worker be hired as soon as possible to work in the Outpatient Department. There appeared to be no real control over who

paid and who did not. The subcommittee was created to study the staging of the fund raising campaign and its relationship to plans for a new hospital. With everything going well with the installation of the sprinkler system, the Board believed that the hospital should employ a competent maintenance supervisor as the Maintenance Department of the Hospital lacked proper supervision. These recommendations were implemented.

The Board of Directors met again on 25 February 1957. Drs. Brantigan and Connolly were present as medical staff guests. A proposal was made that a study of the existing hospital characteristics, medical staff characteristics, the area served by the hospital, and the number of beds indicated that they probably needed a new hospital. This was turned down as premature and expensive. Dr. Brantigan advised the Board that a building committee of the medical staff had been formed previously. Dr. Brantigan suggested that the Board appoint some of its members to this building committee. This offer was turned down. The Board decided to create its own Building Committee and to invite some of the medical staff to join it. The Board then thanked Dr. Brantigan for his tireless efforts on behalf of Saint Joseph Hospital and the work he and his committee had done to hold the hospital together. The Board of Directors appointed its own Building Committee which held its first meeting on 17 June 1957.

One might think that the first anniversary of Dr. Brantigan and his Committee for Preservation of the Current Facilities would be time to reflect back on the accomplishments made so far. The hospital that was to be closed had been saved. The hospital that had lost its license now had it back. The nursing school that had been closed was reopened and achieved full national accreditation. Life safety issues had been addressed. Fire doors had been installed. The sprinkler system had been installed. Fire escapes were almost complete. The hospital was being converted from DC electrical power to AC power. The committee of the medical staff led the way creating a new lay Board of Directors which would take an increasing role in the management of the hospital. The Bylaws of the Board of Directors had been created before the existence of the Board of Directors. The medical staff was organized in ways that had never had been before. A team of people representing all walks of life had been assembled to bring a moribund hospital back to life. Instead of taking time to reflect back on what happened, the same team then proceeded to acquire land in Towson and build a new hospital. Instead of looking back it continued to move forward. At the first meeting of the New Building Committee of 19 June 1957, Brantigan gave the committee a brief history of the hospital prior to the formation of this committee. He also stressed the various reasons why the continuance of Saint Joseph's hospital was so essential to the City of Baltimore. Dr. Brantigan assured the committee that it would have the whole-hearted support of Gov.

O'Connor and Mayor D'Alessandro. They promised to help in any way that they could. Dr. Brantigan made a motion that the proposals listed below be accepted subject to the approval of the Board:

- “That a new 300 bed hospital for Saint Joseph’s be seriously planned for
- That this hospital be planned to cost a guesstimated \$5 million, money that would have to be borrowed
- That a pledge from the medical staff of \$100,000 per year be obtained
- That a fundraising drive be carried out when feasible
- That it be investigated what amount of money can be obtained from the government for this building project.”

Brantigan was placed in charge of fund raising from the doctors. According to Dr Max English Brantigan pointed a finger at each doctor at a meeting and asked for \$5000. After all, it was time to look forward to building a new hospital.

It is important to understand that the Medical Committee was building a medical institution, not just renovating a building. Emphasis was placed on developing the staff, resident and staff education as well as research.



Dr William Esmond
Courtesy R Esmond

Dr William Esmond approached the Medical Executive Committee on August 25, 1965 suggesting a program of “Chronic Intermittent Hemodialysis” for patients in renal failure. This was revolutionary. At the time very few institutions were providing the service. He noted that grant funds were available to start a program and itemized the costs per patient. Making it a home program would save cost. He had developed a pump-less dialysis unit that could be used at home.³ The committee approved and appointed a sub-committee to find space.

The Laboratory of Experimental Surgery was well established in the old hospital and was described to administration in a letter from Dr Zapata. It was used every Saturday either to train residents in basic operations or for experimental surgery. Some of the schedule was basic and for the benefit of the residents.

³ See Esmond et al, 1966, 1967

Some, however, involved major procedures such as removing part of the liver or replacement of the esophagus with a piece of colon. Every other Saturday was devoted to special projects such as renal transplantation or open heart procedures, such as mitral valve replacement using cardiopulmonary bypass. Dr Brantigan had anticipated the need for this in a 1957 article⁴. A \$25 000 grant was applied for from General Electric to develop a membrane oxygenator. Staff included Drs Brantigan, Zapata and Faraino with the surgical house staff. Dr Esmond ran the heart lung machine. The scrub nurse and circulating nurse were nursing students and there were two attendants who managed the facility. All were looking forward to the new facilities in the new hospital. According to a letter addressed to Dr Brantigan the new hospital would have a cadaver laboratory.

At the same time the medical staff was moving forward in creating other forward looking programs thought to be important. An isotope laboratory was organized financed by the hospital. The hospital was approved for a four-year surgical residency and a pathology residency. Other residencies followed. What would now be called a hospitalist service was created in 1960.

The story about how the property and Towson was acquired is interesting in itself, but beyond the scope of this report. A professional fundraiser was hired. It wasn't long before Dr. Krejci could report that the doctors' portion, or \$300,000, had been pledged by the medical staff

Groundbreaking for the new hospital occurred on 19 March 1963, the date of the Feast of Saint Joseph's. In spite of the driving rain there were about 500 spectators. Speeches were abbreviated because of the downpour. The bishop turned up the first spade of earth, followed by Mother Carmelita, Sister Pierre, Mr. Bautz, Dr. Harry Connolly and others.

On 12 November 1965 the Emergency Department of the old hospital was closed for good not to be open again until 28 November in the new hospital. Boxes and the cornerstones in the old hospital and nurses' home were removed and on 17 November 1965 most of the artifacts were incorporated in the box for the new building. Also on 17 November a tour was provided to members of the medical staff. Dedication day was 20 November 1965. His Excellency Bishop T Austin Murphy laid the cornerstone and blessed the first floor and Chapel. He then went to a large tent that was erected on the grounds where the main speech was given by the President of the American Medical Association. November 26 and 27 1965 were moving days for furniture, furnishings and supplies

⁴ Brantigan 1957



Last patient to leave old hospital
 Courtesy St Joseph Hospital Archives

from the old hospital. Bright and early on Sunday morning 28 November 1965, 52 patients were moved from the old hospital to the new hospital by ambulance. All patients had been moved by 10 AM. One patient decided to have her baby that morning and was moved by special ambulance designed for that emergency.⁵ The patients were delivered to the emergency department first, checked over and taken to their assigned rooms. The old hospital and nursing home were sold to the City Board of Education on 3 December 1965 for a purchase price of \$500,000.

On 23 December 1967 the board of trustees proposed a contract with six members of the medical staff, known as the Osler Drive Emergency Physician Associates, to provide 24-hour day coverage in the emergency room. It was signed on 3 February 1968. This represents the first time in Maryland that an emergency room was staffed by emergency physicians 24 hours a day and may be the oldest group in the country. When the Maryland State Patrol started its air ambulance service, a helicopter pad



St Joseph Medical Center

was installed. After a few years the University of Maryland Shock Trauma facility opened to the relief of the St Joseph staff.

While the management of the new hospital was forward looking, the institution struggled with its identity. Should it be a community hospital or a medical center with a focus on new treatments, research and education or some combination

⁵ Dr Max English assures the author that he delivered the last baby born at the Caroline Street building and the first in the Towson Building.

of the above? Dr Oursler, chief of cardiology, summarized the situation as it applied to cardiology in a letter in November 1965. At the new hospital he thought that it was “too early to predict the future development of our hospital with any accuracy.” He thought that there were three possible courses:

1. Strictly patient-care oriented community hospital
2. University Affiliated hospital with teaching and specialty care provided by the University staff
3. Academically oriented private hospital drawing individual staff on an individual basis as needed from other institutions.

He favored the third approach and outlined a plan going forward which would eventually include cardiac catheterization and pacemakers. Unfortunately the decisions of the institution generally favored choice #1.

In addition to the hospitalists and emergency physician service, the hospital filed for a certificate of need for a CT scanner. The research lab was moved to the new hospital. A medical library was created. Chronic dialysis was controversial with hesitation to have people dependent on machines. It was expensive. Dr Esmond’s home dialysis program at Saint Joseph Hospital was one of the first.

Just after the new hospital opened Otto Brantigan proposed introducing open heart surgery. The team had been performing such operations in the experimental laboratory and was ready. He had been a pioneer in closed heart surgery since the first mitral valve operations done in 1948. He had undoubtedly done these cases at the old St Joseph Hospital⁶. Planning documents show that preparations were being made to do two open mitral valve operations in 1965. It is not clear that these operations were done. Open Heart surgery officially came to St Joseph Hospital some years later under Dr Bob Brawley in 1982⁷.

Dr. Brantigan thought that if St Joseph Hospital was pioneering in dialysis then renal transplantation was the next step. The appropriate team was organized but the relations between protagonists and antagonists were strained at best. “Code 9” was created in November 1968 to announce the availability of a potential donor. Some concern was raised at the Medical Executive Committee meeting on 27 November 1968 about whether the hospital was ready to undertake this project. The team thought it was ready. The program was flying under the radar until a “Code 9” was called in early December 1968 and the team was mobilized. Dr Zapata called it off after determining that the proposed donor was not suitable. This prompted a Special Executive Committee

6 See Brantigan 1957

7 See St Joseph web site

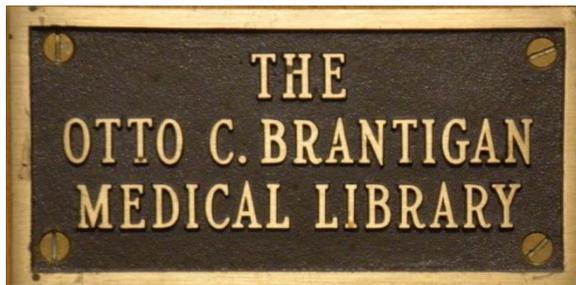
Meeting held on 18 December after the regular monthly meeting of the Executive Committee. Drs Esmond, Brantigan and Zapata were invited. Many questions were raised including financing. Brantigan thought that the program would benefit the hospital in many ways and that the \$7500 already raised should cover the expenses of the first patient. The committee discussed the questions for another hour after the Transplant Committee members left. They were not satisfied with the information received from the doctors and decided to pose more questions. "The general feeling, however, was that these three doctors are responsible men and would not go into anything that is not good."

A special meeting of the Executive Committee was held on 2 January 1969 for further deliberations on the transplant program. The people involved didn't appear to be getting along. At the end of the meeting a decision was made to go ahead with renal transplants under the direction of the Transplant and Dialysis Committee made up of Drs Serra, Coffay and Ebeling and not Zapata, Esmond and Brantigan or other members of the original team. Dr Brantigan wrote "The requirements for renal transplant indicate misunderstandings and are rather restrictive. Please excuse me from further participation in the wonderful endeavor and allow me to reject the kind offer of chairmanship of the renal transplant committee." By the Executive Committee Meeting of 22 January membership again included all of the previous players but the stipulations document which was presented was considered onerous. The next Executive Committee on 26 February was also contentious. There followed a special meeting of the Joint Conference Committee [made up of members of the Executive Committee and members of the Board] was held on 5 March 1969 to review transplantation and to discuss the activities of the Hemodialysis Department which showed a loss of over \$100,000 for the year. Recommendations were made to the Board of Trustees to eliminate the renal dialysis program, working out some arrangements for the transfer of patients now being dialyzed. Recommendations were made to disapprove the transplant program as "this is not a function of the community hospital as presently constituted." (Oursler's choice #1 see above). As a result, no new patients were to be accepted for renal dialysis and arrangements were to be made to transfer the patients now being dialyzed both in the outpatient department and at home. A two-month period was allowed for this transition Dr. Esmond and the members of the chronic hemodialysis and renal transplant committee would be notified of the action of the Board of Trustees in writing by the Chief of Staff, Chief of Medicine and President of the Advisory Board of the Hospital administration. Thus not only was the transplantation program derailed but the pioneering chronic home dialysis program was cancelled as well. The letter of 19 March to Dr Esmond added that he may no longer use chronic hemodialysis at the hospital after 31 May 1969.

The question of cardiac surgery was a continuing issue. Dr Oursler's letter to Dr Ebeling on 25 June 1969 noted "with the admission to St Joseph Hospital of a patient for possible cardiac surgery we are again faced with the problems connected with the diagnostic and surgical treatment of such patients." At the medical Executive Committee Dr Oursler noted that he had been asked to be on hand for such an operation and would like a policy from the committee. The committee concluded that "we are not the type of hospital for this type of program." "Dr Ebeling moved that we establish a policy that cardiac catheterization, coronary cineangiography and open-heart surgery not be done in this hospital in the present state of its development." Oursler's first pathway won yet again.

On 24 August 1966, Brantigan, now President of the Medical Staff, informed the Medical Executive committee that the Research and Publications Committee was hosting a scientific meeting of the Baltimore County Medical Society on 4 February 1967.

At this point Otto Brantigan focused primarily on his private practice of surgery at Saint Joseph Hospital until his retirement in 1976. He and his committee were credited with saving this fine institution. He continued his innovative approaches to surgery, performing his last emphysema operation just before retirement. That operation originating in Saint Josephs Hospital in the 1950's became the hottest subject in thoracic



surgery long after he died.⁸ He performed his last esophageal anti reflux surgery based on the observation that the problem was reflux and not the hiatus hernia as was believed at the time. The medical library is named in his honor reflecting the importance he placed on the library both in his

research and in his practice. The operating room is named in his honor. His picture is included in the history display in the lobby. His work in 1956, while a busy practicing surgeon, shows that a majority is one man with determination. In the words of Sister Pierre:

The Christmas Season fills our hearts with peace and joy and appreciation for the good will of our friends throughout the year. Yet, today, words fail to express our heartfelt gratitude to you for your staunch support through these

8 Cooper et al

trying months. The interest, effort, and time you have expended will be ever recorded in the annals of the hospital

Your loyalty to St Joseph's has made possible this Christmas of 1956 for all of us; your faith in us has opened new vistas of hope for a bright and better future.

The Sisters of St Francis unite in prayer that the Prince of Peace may bless you and your family in this life and reward you a hundred-fold in eternity.

The author would like to thank Marianne Prenger, long time medical librarian at the Otto C Brantigan Medical Library, St Joseph Hospital for her help in researching the archives. There is a treasure trove of information there. The contents of many of the boxes have been carefully indexed by Sr Helen Jacobson OSF but the boxes aren't well organized and some of the information has been transferred to the archives of the Order of St Francis. Also much of the wealth of detail in this report is from T Gordon Bautz' unpublished manuscript.

References

Anonymous, A History of Saint Joseph Hospital published in "Pacemaker" sometime around 1989. Fragments in Edith Brantigan's files.

Bautz, T Gordon, The history of St Josephs Hospital, Unpublished manuscript December 1986

Board of Governors, St Joseph Hospital, Minutes of 2 meetings held 21 June, 1956.

Brantigan, O C and Hadidian, C Y, Commissurotomy in mitral stenosis, Maryland State Medical Journal 6:607-613 (1957). 33 patients "done by the senior author or by resident staff in various hospitals under his direct supervision." Marked as from U Md

Brantigan, O C, Kress, M B, Mueller, E A, The surgical approach to pulmonary emphysema. Diseases of the Chest 39: 485-501 (1961). Series started in 1950, 2 patients died during hottest day of summer 1953 1 probably from heat and one probably from too little lung tissue

Cooper, JD, Trulock EP, Triantafill AN et al, Bilateral pneumectomy (volume reduction) for chronic obstructive lung disease, J Thorac Cardiovasc Surg 109: 106-16 (1995)

English, Dr Max phone interview 7 July 2013 English was one of the original members of the medical group that covered the St Joseph ER. He believes that he delivered the last baby (twins) in the Caroline St Hospital and the first at Towson. He believes that the Medical Executive Committee minutes from 25 June 1969 refer to the State Patrol air ambulance referred to in the Baltimore Sun article. St Joseph did not own a helicopter but had one of the first helicopter pads. The ER received occasional patients by air since it was the only fully staffed ED in the area. After University of Maryland Shock Trauma got established all of the trauma patients went there. He says that there was a hospital in Alexandria that was actually the first to have a fully staffed ER but that group is no longer in business. He also reports that at the meeting when the announcement was made that the hospital was closing OCB challenged each physician to donate \$5000 to the effort and that is where the money came from.

Esmond, W G, Strauch, M, Zapata, A, Hernandez, F, Fourteen Patient-Years Experience with a simplified home-Hospital Chronic Hemodialysis System, Trans Amer Soc Artif Int Organs 8:254-262 (1967)

Esmond, W G, Strauch, M, Clark, H, Lewitinn, A, Moore, S, The Dialung Artificial Kidney—a Compact, Pumpless, Low Cost, Hand Portable, Clinical Hemodialysis System, Bull School of Med Univ Maryland 51:3-11 (1966).

News-Post (Baltimore) 28 January 1960, St Joseph's merits praise.
Sun (Baltimore) 23 December 2000, Dr William George Esmond, 81, Physician, inventor.

Rovner, N S, Air ambulance service is set, Sun (Baltimore) 5 June 1969 p 30

Sun (Baltimore) 18 May 2012 Dr John J Krejci

Sun (Baltimore) 2 November 1898, More sick soldiers: Twenty four patients brought from Camp Meade to St Joseph's Hospital

Sun (Baltimore) 20 November 1996 Sister Mary Pierre O'Regan, 93, helped save St Josephs Hospital.

Sun (Baltimore) 27 January 1957, Board Named for Hospital. 22-Member group will manage St Josephs.

Sun (Baltimore) 29 June 1956, Hospital told to improve Fire Guards. St Joseph's can remain open if it corrects hazardous condition.