The JOURNAL of Lancaster County's Historical Society

VOL. 119, NO. 1 ❦ SUMMER 2018

Lancaster General Hospital: 1893 to 1912

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LANCASTER COUNTY, PENNSYLVANIA

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The JOURNAL of Lancaster County's Historical Society
A Publication of LancasterHistory.org

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US ISSN 0023-7477 Abstracted and indexed in *America: History and Life,* cited in the *Journal of American History*, and in *Periodical Source Index.* LancasterHistory.org assumes no responsibility for the accuracy of references and notes contained herein, nor for the statements and opinions of contributors.

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On the cover: Lancaster General Hospital, c. 1905. Article starts on page 2.
Above: Carl and Grace Hecker Wolf, c. 1906. Article starts on page 40.

Lancaster General Hospital: 1893 to 1912

Nikitas J. Zervanos, MD

Dr. Paul Ripple's drawing of the earliest Lancaster General Hospital at 322 North Queen Street. Courtesy of Penn Medicine Lancaster General Health.

The founding of Lancaster General Hospital in 1893 came amidst difficult economic times. Lancaster was beginning to feel the effects of the nationwide Panic of 1893, and the pressure from the economic downturn intensified the problems of many of the city's largest industries, as in the case of the cotton mills—suffering from obsolete equipment—and the cigarmaking business—whose markets were already declining. Adding to the confusion of that year, the Philadelphia and Reading Railroad, which had an important spur through the city, went into receivership in August.

But Lancaster also had strengths in its infrastructure and was bolstered by its location in the center of a wealthy agricultural area. The city and county continued growing.[1]

With growth came the need for more facilities, and though Lancaster had the Almshouse and County Hospital catering to the needs of the poor and St. Joseph's Hospital operating at capacity, the need for a third hospital for Lancaster County, with a growing population of more than 150,000, became a topic of interest.

The Reverend D. Wesley Bicksler

It took a new pastor in town, the charismatic Rev. D. Wesley Bicksler, of Salem Evangelical Church on the 100 Block of Water Street, to ignite the enthusiastic endorsement of the tobacco dealer, Reuben Bertzfield, and shoe merchant, H. M. Ilyus, of Lancaster's need for a third hospital. Convinced, with excitement and purpose in their cause, they sent a letter to all Protestant churches and a number of societies, inviting representative members to meet at the local YMCA on June 15, 1893 to discuss the feasibility of a third hospital. This meeting gained momentum as their idea was nurtured by a front-page article in the *Lancaster New Era* asking, "Will We Have a New Hospital?" Nearly sixty men showed up, including a committee which had been formed to present some plans. It consisted of Bicksler as chairman, along with the Rev. Dr. C. Elvin Haupt, pastor of Grace Lutheran; H. J. Gundaker, a coffee roaster and merchant; Hugh R. Fulton, a Civil War veteran and attorney; and Dr. H. D. Knight, a dentist.

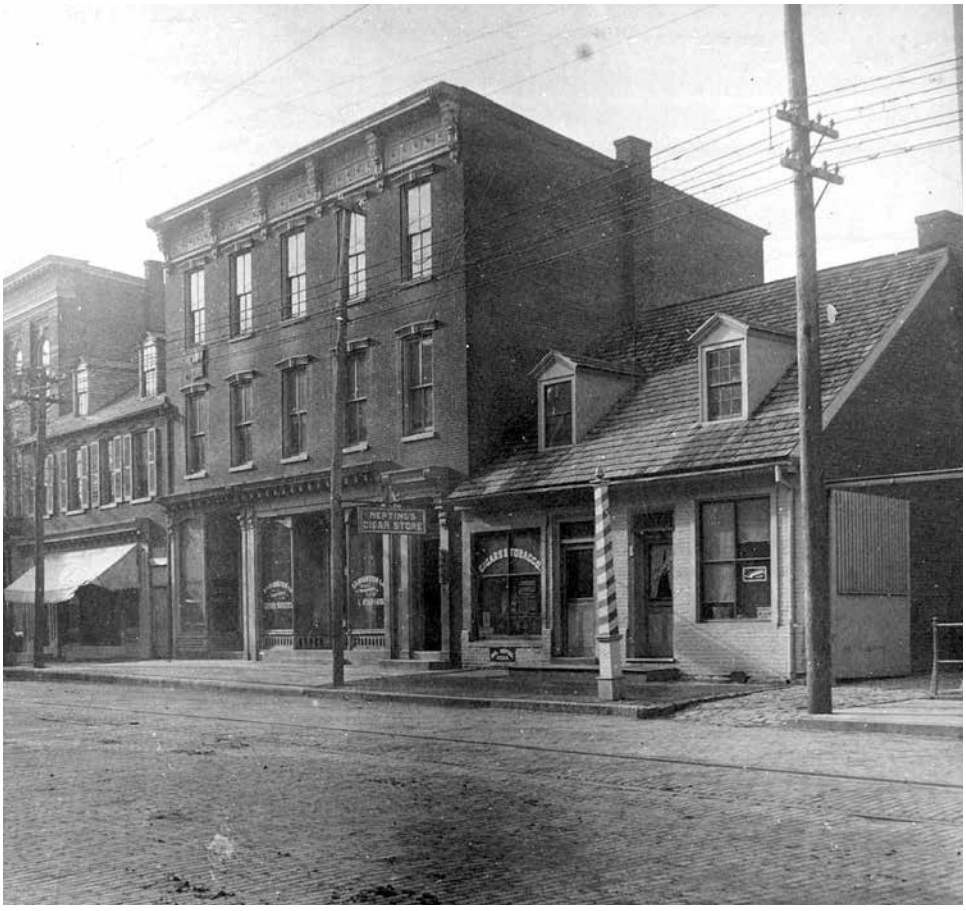
Enthusiasm was palpable, and a new committee was elected, consisting of Rev. Bicksler,

president; Haupt and Gundaker, vice presidents; Fulton, secretary; and James Shand, a founder of Watt and Shand department store, as treasurer.

On June 29 it was decided that a new building would be built for the hospital. Although the country was in the midst of the 1893 worldwide economic depression, Lancaster was prospering and Lancaster's citizenry felt confident. Incorporators were selected. The first board members of the new Lancaster General Hospital consisted of Judge David McMullen as president, Dr. H. D. Knight as vice president, Hugh R. Fulton as secretary, and Charles A. FonDersmith, as treasurer. McMullen was to remain as president for the next twenty-five years. A charter was signed on September 23, 1893.[2,3]

The Reverend D. Wesley Bicksler and his wife, Almeda Wolf Bicksler.
LHO 1160148

While a new site on which to build was being chosen, a temporary site was selected for immediate hospital use. Rented for $100 a year, the three-story home of John W. Holman at 322 North Queen Street was converted into the temporary location of Lancaster General Hospital. The board chose as its superintendent, the Reverend D. Wesley Bicksler. It was by all accounts austere. On the first floor the living room became Mr. Bicksler's office, the dining room served as the reception and waiting room, and the kitchen was converted into a laboratory. The parlor, with its southern exposure became the operating room. Although the home had gaslights, they were generally insufficient to conduct most operations. The surgeons much preferred sunlight coming through the windows to

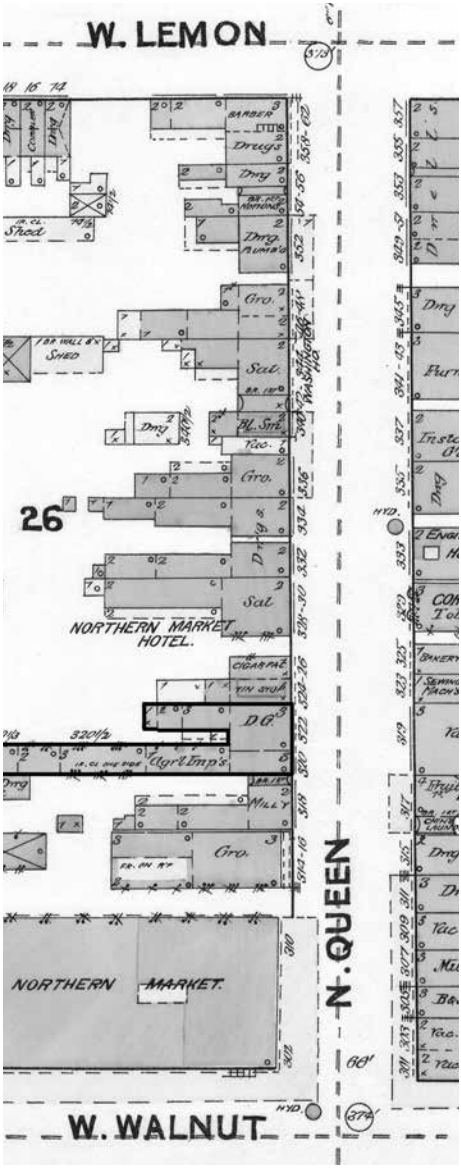


The hospital's first location at 320–322 North Queen Street was temporary. The hospital operated here for three years until the move to the Landis Mansion at 530–532 North Lime Street with much larger quarters. LHO A360117a

conduct their surgery. The second floor was divided into seven private rooms, as well as a ward, and gaslights flickered in the rooms at night. The third floor was home for the chief nurse. Although he had his own home, as he and his wife already had eight children, Bicksler also had quarters in the building, which incidentally was heated by steam.[4,5]

The Board and its Medical Staff

During those early years, the hospital was blessed with remarkable leaders who steered its



An 1891 Sanborn map shows a dry goods store in John Holman's building at 320–322 North Queen Street. Within a few years this would be the location of the temporary hospital. *Sanborn's Map of Lancaster City, Pennsylvania, 1891*

destiny. The hospital was staffed by four surgeons: Drs. J. W. Houston, S. T. Davis, George R. Welchans and M. L. Herr; and four physicians: Drs. D. Frank Kline, C. E. Netscher, Walter Boardman and D. W. McCormick. Drs. J. C. Detweiler and J. A. E. Reed served for one year, along with oral surgeon Dr. R. D. McCaskey. Visiting surgeons were Drs. Theodore Appel and Frank Aleman. The medical director during this time was Dr. M. L. Herr.[6]

The Hospital's Mission, Its Creed And Patient Policy

In 1898, the minutes included the bylaws with its mission, the hospital creed and how it expected to govern medical practice:

Lancaster General Hospital's mission was to:

> Meet the needs of the community by providing the best possible care to anyone who needs it, at the lowest possible cost, regardless of the patient's ability to pay.
>
> No person having any contagious disease shall be admitted, except by special permission of the Board of Directors…all regular patients

shall be treated alike, whether able to pay or not…

…on the other hand, there was a stipulation,

> If a disease is deemed incurable by the physician, the patient shall not be retained, unless they can pay…attendings shall visit their respective wards daily and at such times as may be necessary for the faithful discharge of their duties.[7]

Furthermore, Lancaster General Hospital "would never make any distinction in the reception or treatment of patients on account of creed, race, nationality or sex."[8]

There were also rules for the patients in regards to the expectation of their conduct and duties:

> 1. The patients shall conduct themselves with decorum towards each other, the officers of the hospital, the nurses and servants; they shall not use profane or indecent language, become intoxicated, or behave rudely or indecently; they shall not smoke tobacco or play at any game of chance in the hospital.
>
> 2. No liquors, provisions or medicines of any kind shall be furnished to patients by their friends, and no patients shall be permitted the use of any diet other than that which may be ordered by the proper officers.
>
> 3. No patient shall be permitted to leave the hospital while under treatment, except by special permission of the Superintendent.
>
> 4. Such charity patients as are able shall give assistance in nursing or otherwise when required to do so by a physician, nurse or superintendent.
>
> 5. No reading in bed at night, either by patients or any other person connected with the institution, shall be allowed.[9]

Surgery in the Hospital or Kitchen Table?

One interesting note during these early years involved the fear of hospitals. Hospitals were viewed by many as a place where one went to die. One did not go to a hospital unless he or she was suffering from a catastrophic illness or was near death, and it was often the last resort. It was, in effect, a self-fulfilling prophecy. Up until

the mid-nineteenth century, before the introduction of anesthesia and antisepsis, the death rate of people who underwent an operation was in fact high. Moreover, even after its introduction in the latter nineteenth century, antisepsis was not universally enforced in hospitals, and the rubber glove was not yet invented.

Thus, operations were still being performed in patients' homes. Up until the outbreak of WWI, Dr. John L. Atlee Sr. (1875–1950) was still performing many of his operations on the "kitchen table." He would take a nurse with him, along with a mobile surgical unit, which also included transportable operating tables and surgical equipment and instruments.[10]

First Patient: December 18, 1893

On December 18, 1893, Lancaster General Hospital was ready to accept its first patient. Anna McComsey, a domestic, was twenty-seven years old and lived in the southern end of Lancaster County in the village of Tayloria. She was diagnosed with typhoid fever whose symptoms include headache, joint and abdominal pain, anorexia and constipation. The patient's belly is tender and it can be mistaken for appendicitis. However, where malaria was more common, it was also mistaken for malaria because of the nature of the fever. Mortality was higher in the community because good nursing care made a difference. She was hospitalized for a total of 71 days.[11] Although she recovered, ten percent of those patients hospitalized for typhoid fever during the first year of the hospital's operation, died of typhoid fever.[12]

Typhoid Fever

Since typhoid fever was so common and even a frequent cause of death among the patients admitted to the hospital, it is worth noting that this gastrointestinal illness is caused by a bacterium called *Salmonella typhi*. The bacterium thrives in contaminated water and can be spread from an infected person through the fecal route. A person, so infected, is capable of beginning an epidemic. It is also known to be spread by flies that feast on contaminated excreta. Once contaminated food or drink is consumed, the bacterium buries itself in the intestine and may enter the bloodstream.

Unfortunately, even some of the treatments could also aggravate the illness, such as calomel, a

poisonous mercury compound, used to "clean" one's intestines. No doubt, more patients died than should have because of the use of such cathartics. The very astute and wise Dr. William Osler, in the first edition of his widely acclaimed 1892 medical text, *The Principles and Practice of Medicine*, expressed caution regarding the use of this widely prescribed drug and preferred to use herbs.[13] If the patient survives the first days and weeks of their illness, there are often relapses, and death can result from severe dehydration, hemorrhage, peritonitis, septicemia, intestinal perforation or even more commonly from heart failure. The fatality rate was high.[14]

Once it was known what caused this horrible disease, typhoid fever became preventable by maintaining a clean water supply and also by keeping one's hands clean to avoid the hand-to-mouth cycle that spread the disease. Once infected, a person may remain asymptomatic, carrying the organism in the wall of his or her intestine, making such a person an asymptomatic carrier.[15] Lancaster struggled with regular bouts of typhoid epidemics until it developed a clean water supply, and even today there are cases of typhoid fever because of poor hand hygiene among food handlers in Lancaster and around the world.

Hospital Admissions During the Early Years, 1893–1898:

In the 1893–1898 hospital minutes, the medical director reported that during the first six years, 1893–1898, there were a total of 541 admissions of which 308 were considered surgical patients.

During the first year fifty-three patients were admitted to Lancaster General. Of those, twenty-two underwent a major operation and four died. The first operations were performed on December 30, 1893, which involved the excision of part of the bone in one leg; and a woman, suffering from breast cancer, who underwent a mastectomy.

In the second year, there were a total of sixty-five admissions, and twenty-three of these patients underwent surgery. The first newborn occurred on January 9, 1896. Dorothy Miller was the daughter of Harry J. and Mary Emma Miller.[16]

Of the 308 surgical cases admitted during the first six years, the majority involved the

musculoskeletal system, such as sprains and strains, which did not have to undergo a major operation. The other diagnoses included abdominal injury, breast cancer, ovarian and uterine cancer, ovarian cysts, diseases of the lymphatics, appendicitis, bladder polyps, prostate disease, bone diseases, and ulcers. The operations performed were for abscesses, thyroid goiter, enlarged prostate, bladder stones, hernia, severe sprains, appendicitis, tumors, and wounds. Ages of the patients were not included in the minutes. A total of sixteen who underwent surgery, died. Of those who died from their surgery, six were for cancer (bladder, ovary, uterus, pancreas and colon). One died from a compound fracture.

Of the 233 medical (non-surgical) admissions, 105 patients were diagnosed with infectious diseases, sixty-nine with typhoid fever. There were eight cases of influenza, six cases of malaria, five cases of camp fever (epidemic typhus), four cases of scarlet fever, two cases of diphtheria, but none of these patients died.

The other medical admissions were for arthritis, diabetes, liver disease, dysentery, acute gastritis, acute gastroenteritis, tonsillitis, asthma, bronchitis, pneumonia, endocarditis, nephritis, neurasthenia, epilepsy, hysteria, uremia, cirrhosis, melancholia, alcoholism, morphinism (narcotic addiction), cerebral hemorrhage, hemiplegia, and eczema. Twenty-four of the patients with medical diagnoses, including nine with typhoid fever, died. There were several deaths attributed to cancer, three to heart disease, four to cerebrovascular disease. Heart attacks are not listed among the common reasons for admission. Although gall bladder disease was among the reasons for admission during those first few years, it was surprisingly uncommon.[17]

Communicable Diseases

Those diseases that were considered highly communicable, such as measles (rubeola and rubella), mumps, diphtheria, chicken pox, and polio could be treated at home and were not approved for admission. If one came down with smallpox, he or she was sent to the County Hospital, where he or she could be quarantined. The remarkable effectiveness of the nationwide smallpox vaccination program

in the late nineteenth century, as well as the emergence of variola minor (alastrim), a milder strain of smallpox virus, as opposed to the more virulent variola major, caused a dramatic reduction in the fatality rate.[18]

Nonetheless, occasional smallpox outbreaks were still seen, especially among the relatively few unimmunized, including the Amish. In fact, in the Borough of Columbia, despite the May 1901 Board of Health report praising the widespread use of smallpox vaccination of Columbia's schoolchildren, there was a frightening warning from the nearby town of Harrisburg where new cases of smallpox had appeared. In March 1902 the first case of smallpox was diagnosed in Columbia. The person was a transient, a "tramp," and he was immediately transferred to the infectious disease building at the Lancaster County Hospital. By the end of the summer the disease spread quickly despite efforts to vaccinate all contacts. Columbia, with a population of 12,316, had experienced a significant epidemic with 161 cases and 2 deaths. Lancaster in the meantime had begun to vaccinate its unimmunized citizenry in October 1901. By the end of March before Columbia reported its first case, over 2,000 residents in Lancaster were vaccinated. A Lancaster outbreak was averted.[19]

Malaria and diphtheria also deserve special commentary in view of their prevalence and worrisome nature. Most people afflicted with these diseases were treated by their physicians in the community. In Columbia from September 1893 to the end of 1894 there were 153 cases of diphtheria with 36 deaths. There was also a second major outbreak from May 1899 to May 1900 with 85 cases and 13 deaths. Treatment for diphtheria was supportive until 1894 when in Germany the diphtheria antitoxin was discovered. It still took some time before it was universally available, including in America.[20]

The Cost of Hospitalization in 1893

In those early years, much free care was provided despite what might be considered a modest hospital charge of $5.00 per week to include all physicians' services, board, nursing care and medicines. The gross receipts during the first nine months of operations were $2,298.50, while the expenditures

amounted to $2,141.40. The community took pride in the new hospital and supported it with their donations of money, food, linens and medical supplies.[21] From its very beginning Lancaster General never lost focus on its mission.

The Landis Mansion: Lancaster General's New Home

In the span of those first few years, the hospital was already in need of considerably more space. With an appropriation grant of $4,000 in 1895 from the Commonwealth and generous support from the community, the board purchased the Landis property at 530–532 North Lime Street for $12,500.[22] Subscriptions were solicited and $5,000 was raised. On April 1, 1896, it became the new home for Lancaster General Hospital.[23] The Landis property on North Lime Street had 154 feet of frontage and was 319 feet deep with side yards and beautiful shade trees. It was considered an ideal location, as it was also accessible to both the Pennsylvania (Chestnut and Queen Streets) and Reading (Prince and James Streets) railroad stations. As part of a community-wide fundraising drive, the new hospital was promoted in 1897 as having the "latest improvement known to medical science that could be obtained—sprays, operating table, x-ray apparatus, elevator, etc." It had many large rooms and therefore required few alterations, so it was able to begin operation by April 1896.[24]

Dr. D. R. McCormick

The medical director in 1902 was Dr. D. R. McCormick. The medical staff included Drs. Frank Hartman, Harry Hassenplug, Samuel W. Miller and William Bernholtz. The surgical staff included Drs. Theodore Appel, William H. Herr, Frank Alleman and Charles Stahr.

However, the hospital beds were filled quickly, and it wasn't long before the board decided to expand. The hospital was particularly strained by the 1901–1902 typhoid fever epidemic, when it also received a horse-driven train of Spanish-American War soldiers suffering from typhoid fever from Middletown. All twenty-three of these soldiers were severely ill, and only two survived.

The financial situation of the hospital was dire, but community support was strong, and with matching funds from the state legislature, this resulted in the

The Landis Mansion. The first permanent location of Lancaster General Hospital at 530–532 North Lime Street. LHO A100279

hiring of an architect, C. Emlen Urban, in 1901 to construct what became the 1903–1905 hospital. Groundbreaking occurred November 23, 1902.[25,26]

The Nursing School

Miss Carrie Reinicke, a graduate of the nursing school of the University of Pennsylvania, was in charge of nursing when the hospital opened in 1893. By September 30, 1894, there were three nursing pupils admitted, even though the Nursing School was not officially begun until 1902–1903. When Miss A. K. Mueller became head of nursing in 1902, she assumed the role of director of the nursing school as well.

The board of nursing insisted that students be between ages twenty-one and thirty-five, and have a good education, good health and good moral character. Once enrolled they underwent a two-month probationary period and were to be in training for three years. The hospital provided free board, lodging, laundry, one thermometer, and subsidized the student's tuition. Students also received a small stipend of six dollars per month for the first two years and eight dollars per month for their third year. The money was also to be used for textbooks, uniforms, stationery and whatever was needed to support their education. In 1905, Miss Minnie White became the first LGH nursing school graduate.[27]

Albert L. Henry, M.D., Lancaster General's First Resident

In the 10th Annual Report of Lancaster General Hospital, it is mentioned that the first resident at Lancaster General was Dr. Albert L. Henry during the year 1902–1903. The report states: "It was found necessary to create the office of Resident Physician and Dr. A. L. Henry was elected to that position." Although Henry was under the direct supervision of the medical director, D. R. McCormick, he was mentored by Charles P. Stahr, M.D., director of laboratory services, and Drs. Samuel Heller and Guy Alexander as dispensary physicians. Dr. H. G. Barsumian was the second resident during the year 1903–1904. After that the number of residents increased to two or more per year. The report indicates that the need for residents was to help generate revenue by expanding x-ray and laboratory services.[28]

Lancaster General Hospital, designed by C. Emlen Urban, in October 1903. Note that the building would eventually have three wings: A 36-bed north wing for patient wards, a central administration building and a south wing with more accommodations for patients. The administration building opened in November 1905.
LHO 911013003

New Hospital Building: 1905

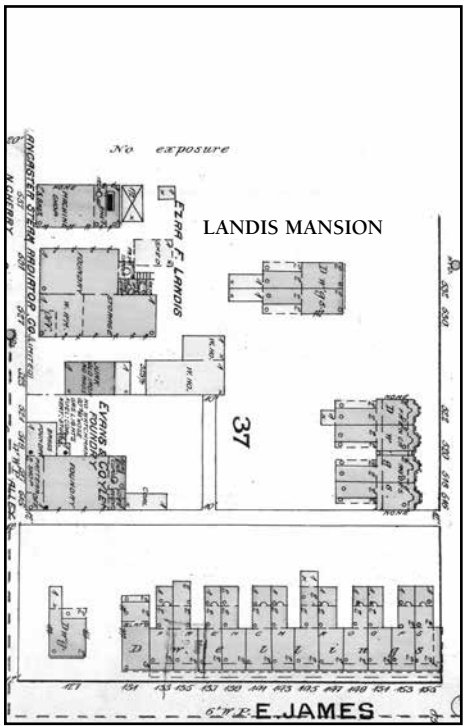
The new administrative wing expanded bed capacity, but very quickly the hospital was feeling the space crunch as all the private rooms were now fully occupied, the wards were crowded and the patients were using up all the space in the sun parlors. There was also need for a laundry building, more space for x-ray, and better quarters for the nursing school. Therefore, the board began another building campaign.

The good news was that the number of typhoid admissions had dropped considerably, as the Lancaster water supply was now being disinfected. Moreover, mortality from typhoid fever dropped to less than five percent and similarly mortality from pneumonia was less than fifteen percent.[29] The reasons for the decrease in mortality are not clear, as the only thing that changed was perhaps better nursing care, for antibiotics were not yet available.

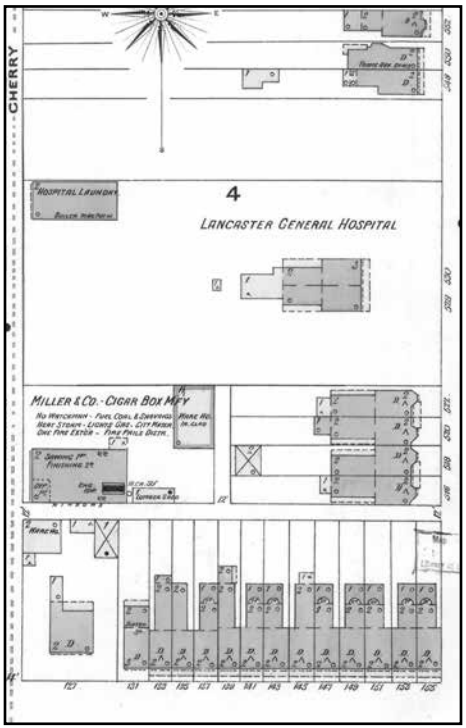
The speaker to celebrate the newly constructed hospital at the dedication services on November 30, 1905 was the Rev. Dr. John S. Stahr, president of Franklin and Marshall College and father of the impressive, young and promising Charles P. Stahr, M.D.[30]

Dr. Theodore Appel

Dr. Theodore Appel became the medical director in 1906. As the public began to appreciate the benefits of hospital treatment, Dr. Appel anticipated increased demand for its services, and he immediately pushed for further



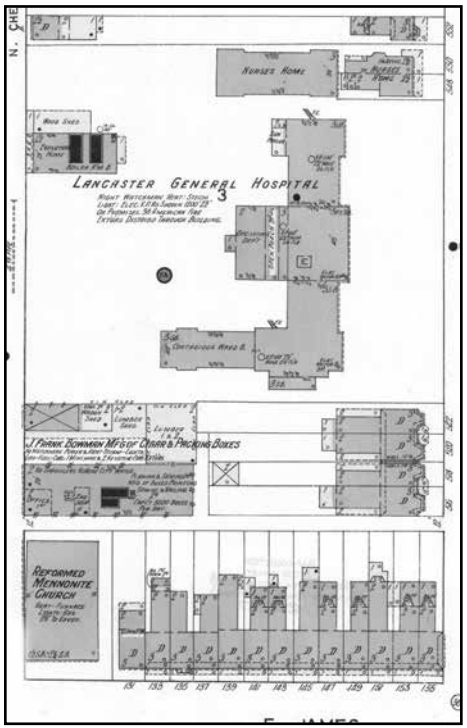
1886



1897

A progression of Sanborn maps from 1886 to 1912 show the growth of the new hospital along North Lime Street. In 1886 the property was still a private home with small manufacturing buildings on the western boundary along Cherry Street. By 1897 the hospital had been in place for a year, all but one of the buildings along Cherry had been removed, and that one turned into the hospital laundry building.
Sanborn's Map of Lancaster City, Pennsylvania, 1886 and 1897

expansion. C. Emlen Urban was called on again to plan for a new women's wing to accommodate a new maternity ward, a contagious disease ward, an x-ray room, and a suite of private rooms as well as a free dispensary. The dispensary, common in Europe and developing in hospitals throughout the country, was to be an outpatient clinic where patients who could not afford the services of a private practitioner could receive medical care. With some delays, the new edifice opened on October 3, 1910.[31]



1912

In 1912 the hospital had been transformed by the 1903 C. Emlem Urban-designed main building and numerous wings and adjacent buildings had been added. *Sanborn's Map of Lancaster City, Pennsylvania, 1912*

Expansion, 1910

By 1910, the hospital had 116 beds. Private room rates were set at $2.00 to $5.00 per day; ward rates at $1.00 to $1.50 per day for those able to pay. While the three-phase building program, which cost just under $72,000, was now completed, plans were now under way to construct a new home for the student nurses at a cost of $35,000. Financier Charles A. FonDersmith had worked tirelessly to raise funds for Lancaster General Hospital and, to honor her late husband, his widow gave $15,000 to the effort. At its dedication service on October 7, 1912, the hospital named the home the Charles Allen FonDersmith Nurses' Home.[32]

Another interesting development was the introduction of hydrotherapy, so popular at the time that a separate hydrotherapy department was created in 1910.

Turkish (sitting in a steam room for a while, followed by washing and massage) and Russian (sauna or steam, followed by washing and massage) baths could be had for $1.00; a vapor or sitz (only buttocks and hips immersed in water) bath and shower for 50 cents; wet hot blanket pack with alcohol rub or shower for $1.25; or a general massage for $1.00. And there were other bath services as well, including hot and cold tub baths, salt bath with shower and fomentations or hot packs to ease muscle pain.[33]

On June 26, 1912, the hospital reached another milestone when the first cesarean section was performed. In 1913 the maternity service was credited with 112 births.

The Internship Becomes a Requirement for Licensure in Pennsylvania: 1912

In the 20th Report (1912–1913) of Lancaster General Hospital, medical director Dr. Theodore Appel noted the new licensing requirements for medical practice in Pennsylvania. The law was known as the "Medical Act of Pennsylvania," and stipulated that all physicians wishing to practice in the Commonwealth of Pennsylvania would henceforth be required to "perform one year of service (internship) in an approved hospital in order to complete licensure requirements to practice medicine in Pennsylvania."[34] Thus, beginning in the 1912–1913 year, instead of referring to the one-year house officers as residents, they were called interns. This development was on the heels of the famous 1910 Flexner Report, which advocated this requirement and helped to revolutionize and elevate the medical education standards throughout America. By 1912 the vast majority of states had instituted such a requirement.

Lancaster General Hospital Continues

Since 1912 Lancaster General has continued to expand its North Lime Street property, eventually consuming the entire square block, bounded by Lime, Frederick, Duke and James Streets. In 1993, Lancaster General Hospital also acquired more than 125 acres in East Hempfield Township, three miles from its downtown facilities, to construct its Suburban Outpatient Pavilion, where many of its outpatient facilities are located. The suburban campus is also home

to Lancaster General's Women and Babies Hospital, founded in 2000 and the Barshinger Cancer Center, founded in 2013. Before the opening of the Women and Babies Hospital, Lancaster General registered more than 135,000 births.[36] For the last five or more years there are now more than 8,000 deliveries per year, making the hospital's numbers among the highest in the state. At present Lancaster General has expanded onto Harrisburg Avenue where it has built a free-standing 126-bed psychiatric facility on a new campus of more than twenty acres of land once occupied by Armstrong World Industries. There is much more to the Lancaster General story, which includes its many educational programs. Besides its nursing school and its graduate medical education programs, especially its family medicine residency program, it has developed the chaplaincy program and many technical schools, such as in radiology, cardiology and pathology to help the hospital meet its mission. Now named Lancaster General Health, a member of the University of Pennsylvania Health System (Penn Medicine), Lancaster General is celebrating 125 years of service in 2018.

Endnotes

1 Loose, John Ward Willson, *The Heritage of Lancaster* (Woodland Hills, CA, Windsor Publications, Inc., 1978), 115

2 Gerald J. Lestz, *75 Years of Service to the Lancaster Community: The Story of the Lancaster General Hospital, 1893–1968* (Lancaster, PA: Lancaster General Hospital, 1968), 1–2.

3 Harold J. Eager, *100 Years of Caring* (Lancaster, PA: Lancaster General Hospital, 1993), 4.

4 Ibid., 7.

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8 Eager, *100 Years*, 7.

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About the author

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