

San Jose Hospital:
The Early Years 1923-1968

An Essay
Presented to
the California Pioneers
of Santa Clara County

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Introduction

Proudly serving the community, San Jose Hospital was established in June 1923 to meet the demands of the growing population of the city of San Jose. It is located on east Santa Clara Street in downtown San Jose, where the trolley ran along the street enabling people easy access. It was built on a site which originally contained redwood trees. Between 1910 and 1920, people began to use hospitals more because of the breakthroughs in technology where they could get the right kind of treatments for their illness. The hospitals already built were lacking facilities and did not have enough rooms for patients. New hospitals, such as San Jose Hospital, gave patients the care that they needed.

Establishment of San Jose Hospital

In the beginning, San Jose was a small city. There were not many people as there are now. As time went by, more people moved to San Jose to find opportunities, and that was when the population began to grow rapidly. "The population increased from 28,946 in 1910 to 39,642 in 1920."⁽¹⁾ Housing was needed, and especially more hospitals. People who began to use the hospitals in San Jose included many farmers who were not happy with the care of country doctors and midwives.

In 1921, East Columbia Hospital and Columbia Hospital merged together by combining the facilities. The result was a reduction in the already deficient number of beds. Many doctors were furious at this action. These doctors included Dr. Thomas L. Blanchard, Dr. Cecil M. Burchfiel, Dr. Raymond T. Wayland, Dr. Samuel B. Van Dalsem, Dr. William Van Dalsem, Dr. William S. Van, Dr. R. Stanley Kneeshaw, Dr. Clyde Wayland, Dr. Charles Wayland, and Dr. J. Samuel Staub. They were the founders of San Jose Hospital. They got together on May 25, 1921, and planned to build another hospital. Three days later, as the result of the meeting, they came up with a statement:

We, duly licensed and practicing Physicians and Surgeons of San Jose and vicinity, hereby declare that there is a great and immediate need for increased and improved hospital facilities in San Jose; That the establishment of new fire-proof and up-to-date hospital is a community

necessity and that we earnestly advocate the immediate establishment of such.

We personally will do all we can in our power to encourage and support such a hospital.

We recommend that the spirit and purpose which shall prevail in the management of such hospital shall be to afford the community the means of the best and most modern hospital facilities at the minimum cost...in other words, that community benefit shall be the foremost consideration in the maintenance and management of such hospital. (2)

Dr. Frank H. Paterson, East Columbia's president opposed the idea of building a new hospital. He published many ads in the newspaper against it. Dr. Paterson argued, " At no time during the past years has the Columbia Hospital been taxed to the extent that a dozen more patients could not have been given attention." (3) He further stated that " if improved facilities were needed- then the way to go about it was to expand the existing hospitals." (4) His main argument was that there were enough beds in the area. Dr. Paterson never imagined that the combination of the two hospitals could cause such tumult.

The doctors were not sure if they wanted the new hospital to be a public or a private institution. Finally, they decided that the new hospital would be a private hospital. In order to have money to construct the hospital, they divided the capital stocks and sold them to the public. "Twenty-four physicians bought 171 shares total. Not only that, they also organized a fund-raising campaign. A.B. Wastell, an experienced hospital organizer, was hired to direct the campaign and was

responsible for selling stock.” (5)

In June 1921, the board of directors was formed and included: Samuel G. Tompkins, president and insurance executive, Joseph L. Haskins, as secretary; Frazier O. Reed, V.T. Mc Curdy, W.L. Atkinson, John D. Grummey, A.L. Hubbard, W.B. Riley, and W.E. Blauer. At the meeting of the San Jose Chamber of Commerce, Wastell said:

The modern, up-to-date hospital, which is the type under consideration for San Jose, comprises many functions, chief among which are the following: the cure, care, and education of the sick; the training of physicians and nurses; the extension of medical knowledge; as well as the important study of the prevention of disease through constant research and study of attending physicians. (6)

Once the planning was completed, the last thing the trustees had to do was to find a place for the new hospital. “Dr. Paterson offered to sell the East Columbia and equipment of Columbia hospital for \$125,000.”(7) The offer was rejected because it was too expensive; the trustees did not have that kind of money at that time. Finally, the piece of land on East Santa Clara Street, a few blocks from East Columbia Hospital was chosen. The East Columbia Hospital closed shortly thereafter.

Completion of San Jose Hospital

On June 4, 1923, San Jose Hospital was completed, and held seventy-eight beds. The Mercury on June 3 described it as, “ the only first class and strictly modern hospital between Santa Barbara and San Francisco.” (8) In San Jose and many other cities at that time, the poor and the wealthy were well-provided for, but the middle class was forgotten. Consideration for the middle class patients was a major decision during the construction of the hospital. The majority of the rooms would be private, and this led to many debates. L.J. Frank, superintendent of New York City’s Beth Israel Hospital argued:

If an individual of ordinary intelligence were asked, when he was ill, whether he would prefer to be in a private room in the hospital or in a bed in a ward, he would invariably choose the private room. A ward patient, he said, lost his identity, he was no longer “ an all-important, suffering, sinning, and sinned against human being.” When a patient can afford it, he wants privacy. Not only is he embarrassed by using a bed pan in public and other indignities, but he is assailed by “ unaesthetic, disagreeable odors emitted by his neighboring sufferers,” and a witness “ when the doctors begin crowding around one patient, when the nurses hurriedly and ominously surround a bed with white screens...He hears the shriek of the patient in agony and then the death rattle.”(9)

Frank’s main argument was that supervision was defective in private rooms because the hospital needed more nurses to observe the patients. The financing of the hospital came from fees paid by patients or from the support of the community. “In October 1925, thirty-three rooms were added.”(10) As the need of hospitals

grew, San Jose began to add more additions.

Nurses and The Nursing School

In the 1920s, nurses were not doing what they had been trained for. They had to bathe patients, clean beds, hand doctors instruments, keep records, take pulses and temperature, and observe patients. "They worked ten hours a day, six days a week and their wages were only about ninety dollars a month." (11) They lived in a very strict environment similar to nuns because they did not have much free time. There were guidelines of what was expected of nurses:

The young women who enroll are expected to be of sufficient maturity, singleness of purpose, and depth of character, to avoid any practice or association that may detract from mental, physical or moral health, or in any way reflect on the good name of the school...

The personal standards of the nursing profession, instead of being allowed to lapse in any instance to lower levels, must be upheld and raised for the sake of their companions in training, the general public, the hospital, and those who follow.

Purity of life, self-sacrificing love for her own and the suffering, unfailing faith in God, and devotion to those Christian ideals that have made America the greatest nation in the world today, are the virtues embodied in the civilized conception of "The Greatest Mother of them all,"- the nurse. (12)

The nursing school at San Jose Hospital was founded by a group of community leaders in 1923, the same year San Jose Hospital was founded.

As the costs of courses that students took in nursing school increased, the number of applicants decreased. "It cost the hospital about 200,000 dollars per year to operate." (13) David E. Olsson, administrator, warned,

We're at the breaking point. Hospital costs are climbing, even in relation to other things. If costs continue to rise, there is no doubt that eventually there will be a public outcry. And you know what happens then,"(14)

Another reason for the decline in nursing applicants according to Barbara Schmidt R.N, nursing school Director was that "...student nurses must have high IQ's. That cuts down the applications."(15)

The wartime shortage of nurses was hard to solve because since many men served in the army, industries and other businesses needed women to work for them. Another reason was that they got higher wages in business and industry than nurses did. This led the nurses to request the hospital for a raise in wages. "At last, in June 1941, San Jose Hospital made a compromise. They would give the nurses a five- percent increasing in their wages."(16) Still, the nurses were unhappy because they wanted the hospital to pay for them even during the holidays or vacations. After the unavailing negotiations, fifty-three nurses at San Jose Hospital formed a union and threatened to go on strike in 1942 if the hospital were not going to respond to their demands. The deadline was August 15. "They wanted to raise the wage and demanded the hospital to give them respect and treat them as professional colleagues."(17)

In the 1930s, nurses began to practice their skills. The closing of hospitals and limited services led nurses to seek nursing jobs outside hospitals.

They worked at places like schools, and in public health care. They also volunteered to help care for unemployed agricultural and cannery workers. They began to gain self-assurance and believed that they were worthy.

The San Jose Hospital school of nursing was closed in 1933 during the Great Depression due to financial problems, then reopened in 1943. After it was reopened, the nursing school was allowed to participate in the nurse cadet corps. This program provided that the government would pay all the expenses for students, with one condition: they had to enroll twenty days before the end of World War II.

Crises

Henry J. Bostwick, who became the first administrator in December 1922, was faced with many problems during the Great Depression. The construction of the hospital progressed slowly and had to be halted because of the lack of laborers and opposition by the unions. Also, the subcontractors failed to carry out their commitments. They delivered materials late. Around this time, Bostwick was fired because he failed to do his job and was replaced by Raymond Brisbane, a former manager of the East Columbia Hospital before it closed.”(18) In January 1928, Brisbane left to become superintendent of Sutter Hospital in Sacramento. The Depression was a crucial time for everybody, including San Jose Hospital. “When the hospital opened, all the construction costs were over the estimation. It increased to \$140,000.”(19) The hospital was in debt and in order to pay for the debt, “the hospital issued \$170,000 in bonds.”(20) The financial problems began to improve when H.A. Chapin became administrator. He stayed there for a while then resigned. William Butler replaced Chapin in July 1932. Under his management, financial and other problems were improved. Examples for that would be the installment of the laundry, water-supply system. “In 1936, San Jose Hospital bought a generator and saved about \$3500 a year in electrical bills.” (21)

The idea of closing the nursing school was not Butler's. It had been suggested before, but action was never taken until Butler became administrator. "Butler knew how to solve problems by eliminating the unnecessary. He had the ability to make people believe he was doing what they wanted him to do, but all along he might be doing the opposite."(22)

In 1937, due to the financial problems, William Butler reorganized San Jose Hospital into a non-profit institution. This encouraged endowments, bequests and donations. Many other hospitals followed his idea. The board of directors, the press and a few stockholders accepted his overture. He justified his decision in so doing, " because the welfare of the community demands that no stone be left unturned in providing the utmost in service and equipment."(23)

After San Jose Hospital emerged from the crisis created by the Depression, it began to face many more problems caused by World War II. Soldiers were staying in the West Coast because there were military bases here, and their relatives came along with them. The war created nurse shortages, bed shortages and many more. Supplies were difficult to get because they were very expensive. Prices kept increasing. William Butler found a way to cope with the shortage of rooms by remodeling private rooms into semi-private rooms and wards. Also, he limited the length of stay. "There were not enough rooms so they had to place beds in the

corridors and delivered babies in the nurses' office.”(24)

In 1947, San Jose Hospital had no money so Butler had to launch a fund-raising campaign to build a 100-bed addition to the hospital. “They needed about \$1,000,000, but the result was only \$661,000.”(25) It was very disappointing. That was not the only problem. There was skepticism about San Jose Hospital’s nonprofit status during the campaign.

March 1947, San Jose Hospital changed its name to Community Service Hospital of Santa Clara Valley. In a short period of time, however, the old name was resumed. On January 4, 1951, William Butler died. His successor was David E. Olsson.

In order to avoid the previous mistakes, David Olsson asked for help from a San Francisco fund-raising firm, and organized a committee of twenty-seven businessmen and industrial leaders. He focused on large contributions. “In about three months, the hospital got more than one million dollars.”(26) The new addition began in 1957 and finished in November 1958. Even with the addition of the east wing, the hospital still faced overcrowding problems.

During August 1958, San Jose Hospital acquired Alum Rock Hospital. It is located on Crothers Road. Alum Rock Hospital was founded in the same year as San Jose Hospital. It was also a non-profit institution. The reason for this

amalgamation was that it would cost a lot to add more beds to Alum Rock Hospital, so the boards of trustees combined these two hospitals together. Because Alum Rock Hospital specialized in chest treatment and San Jose Hospital had always been a general hospital, it was divided into two sections; one with forty-eight beds was for chest treatment. The other one with nineteen beds was for general cases.

In 1968, another building was built at San Jose Hospital. It was a separate building with 252 beds; the cost was \$2,702,000. The money was from an insurance company. "Under Olsson as administrator, the gross revenue increased from \$1,500,000 to \$11,000,000."(27)

Conclusion

When the doctors started out to build this hospital, they had one goal in mind and that is to have more facilities to better serve the community. In retrospect, they satisfactorily completed their tasks despite all of the opposition. Patients received the care that they needed and were not turned away because of the shortage of beds or because they did not have money. San Jose Hospital always treated patients without any charges. The hospital was not for any specific class, but for all classes and all ethnicities. Even when it was in its most crucial point, the hospital had always answered to the community needs. If the problem was overcrowding, then it would launch fund-raising campaigns to add more rooms or get more beds. New and more advanced surgical and medical procedures helped people to get better fast and to detect their illness early. Patients could then return to work sooner. San Jose Hospital made significant contributions to better health for the community.

Notes

1. San Jose Health Center, Vision and Progress: A commemorative History of San Jose Hospital (San Jose), p. 8.

2. Ibid. , p. 6.

3. Ibid. , p. 8.

4. Ibid. , p. 8.

5. Ibid. , p. 8.

6. Ibid. , p. 8.

7. Ibid. , p. 10.

8. Arbuckle, Clyde, Clyde Arbuckle's History of San Jose (San Jose: Smith & Mc Kay Printing Co., 1985)

9. San Jose Health Center, Op. Cit., p. 11.

10. New San Jose Hospital. San Jose Hospital, 1953.

11. Ibid. , p. 24.

12. Ibid. , p. 24.

13. Mc Gaffin, Don. "A Nursing School struggles to stay alive." San Jose Mercury News. (San Jose, 1965), p. 1F.

14. Ibid. , p. 1F.

15. Ibid. , p. 1F.

16. San Jose Health Center, Op. Cit., p. 26.

17. Ibid. , p. 26.

18. Ibid. , p. 20.

19. Ibid. , p. 19.

20. Ibid. , p. 19.

21. Ibid. , p. 20.

22. Ibid. , p. 21.

23. Ibid. , p. 20.

24. Ibid. , p. 22.

25. Ibid. , p. 21.

26. Ibid. , p. 35.

27. Ibid. , p. 21.

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