The years following World War I were years of consolidation and growth for the Creighton College of Medicine. Advancements were made chiefly because of two administrative changes that occurred: the appointment of a new Dean of Medicine in 1918, Dr. Herman W. von Schulte; and the appointment of a new President of Creighton University in 1928, the Rev. William H. Agnew.

After the deanship of Dr. DeWitt Clinton Bryant, affectionately known to many as "Daddy" Bryant, a series of deans followed, all of them capable but none staying for more than two years. When Dr. Bryant resigned effective the second semester of the 1913-14 school year, the Vice Dean, Dr. Archibald L. Muirhead became Dean, but remained so only until the 1915 school year. At that time he resigned to devote himself full time to teaching, as Professor of Physiology. Dr. Robert Retzer came to the deanship, but resigned a scant year later. Dr. James Ross Clemens then assumed the office, and during his term (September 1916 to June 1918) began the over-all reorganization of the school, which was discussed in the previous chapter. At Clemens' resignation due to ill health, Dr. Herman von W. Schulte became Dean at the comparatively young age of 41.

Von Schulte

Dr. von Schulte was a native of New York state and a well trained anatomist as well as a physician. He received his M.D. from the Medical School of Columbia University in 1902. After a two-year internship at Presbyterian Hospital in New York City, he returned to teach at the Columbia University College of Physicians and Surgeons, becoming eventually a full Professor of Anatomy. He was recruited by Dean Clemens and came to Creighton during the 1917 school year as Junior Dean and head of the Department of Anatomy.1

Dr. von Schulte was a distinctive personality and proved to be a civic and political leader in the Omaha community, as well as a nationally recognized scientist and researcher. He published widely in professional journals, but his interests ranged well beyond medical or scientific concerns, as evidenced by his board memberships for libraries, art institutes, social service agencies and zoological societies. He was a Lieutenant Colonel in the Army Medical Reserve, and served on many state and national committees, as well as chairing the Nebraska review of the White House Conference on Child Health and Protection. When he came to Creighton in 1917, he brought with him national prestige and reinforced the idea that Creighton was a quality medical center.
Increase in Student Body

Growth for the Creighton College of Medicine resumed after World War I. From a total of 90 students in 1918-19 when von Schulte became Dean, enrollment more than doubled by 1925 to 197 students, and by the end of his deanship in 1932, had more than tripled, to 289.2

It is interesting to note the development at this time of a Creighton Medical School phenomenon which continued over the years. Statistics show that a surprising number of these additional students came from the state of California. In 1929, of a total of 240 students enrolled, the highest percentage of students from any one state, as expected, came from Nebraska (65 students, 27% of total), but the state providing the second highest number of students was California, with 42 students, or 17.5% of the total. This "California Connection" began a trend discernible for years to come. It manifested itself in internships, residencies and eventually in graduates' choice of location to practice, as well as in a source of medical students coming to Creighton. In fact, one alumna, Dr. Delia D. Lynch (M.D. 1909) eventually divided her time between offices in Omaha and California, and offered her AID to fellow Creighton graduates seeking to locate their practices in California.4

During the post-World War I years, other corresponding increases occurred. The size of the faculty climbed gradually from 62 in 1919 to 123 in 1932. Tuition, likewise, increased. From $210 in 1919, it had increased to $250 by 1927-28, to $280 in 1929-30, and to $300 by 1930-31.

Financial Concerns

In addition to tuition and a few incidental fees, such as student union, required health exam, breakage deposit, etc., students were required to purchase assorted instruments for use in their training, which eventually became a very significant expense. Required equipment came to include a microscope, dissecting set, haemocytometer, stethoscope, sphygmomanometer, ophthalmoscope, surgical instruments, hand mirror, nasal and ear specula, laryngeal mirrors, thermometer, and various lab and surgical gowns. The Announcement (the annual catalogue) of 1931-32 estimates instrument expense at $240; a considerable additional outlay when tuition was only $300 per year.

Apparently students tried to get around such an expense by sharing instruments. The Announcement for most of this period carries a stern warning that "it is therefore required not only that the student should purchase them at the time specified but should retain them in his possession during his medical course. . . . This rule will be strictly enforced by the instructors." Some students didn't mind too much, however. According to Dr. James F. Kennedy, a 1935 graduate, "With these possessions we felt elevated to a status which set us apart from the 'collegiate types.' It made the cruel deprivations of the Depressions more bearable."6
In recognition of the fact that expenses may have become burdensome to a few, loan funds and scholarships were offered for the first time during this period. They were modest indeed but an important step for the development of later and greater awards. In 1924, the Webster Student Loan Fund of $1,000 was established by John R. Webster and John Potter Webster. Of this sum, $500 was to be loaned out at all times, and the other $500 was to be permanently invested, with the interest also loaned out. In 1929, two perpetual $50 scholarships were established, the Kathryn Murphy and Henry C. Murphy Memorial Scholarships. The $1,000 Woodbury Student Loan Fund was established in 1929. Also, in 1929, the Catholic Medical Mission Board announced the donation of two full scholarships to the medical school, to train doctors for service in foreign missions. These were open to both men and women, and applicants had to promise post-graduate service of at least five years in the foreign missions.

Even with such rising tuition rates, the actual cost of educating medical students kept going higher. An article of January 1929 in The Creighton Alumnus indicates that Creighton University lost $1,000 on each medical graduate, although this compared quite favorably to the $2,000 per student for the University of Nebraska, and the $19,000 per student for the University of Iowa. Reasons given for the low Creighton figures were "the abundance of clinical materials, the economies made possible by the affiliation with St. Joseph's Hospital, and a plethora of efficient but low-salaried instructors."

Other items of note occurred during the 1920's under Dean von Schulte. In 1921 an additional requirement of a pre-clinical thesis, due at the end of the second year of medical studies on a pre-clinical subject, was initiated. A prize of $50 was awarded for the best sophomore thesis. This was continued for a number of years but appeared to have died out by the late 1930's.

In 1922 a reserve medical unit was established at Creighton, the Creighton Medical Unit of the organized Reserves, designated as the 55th General Hospital. It had officer personnel of 43, to be made up of faculty and graduates of Creighton College of Medicine. Its capacity was 1,000 beds (expandable to 2,000 in times of emergency).

In 1925 the annual medical school retreat was established as a requirement for medical students, "thus beginning that eternal conflict between the medical students and the Jesuits."

There may have been acceptance of principles but acceptance of details did not rest comfortably with all medical students.
Beginning in the mid 1920's, Junior and Senior Councils were organized. These were made up of Basic Science and Clinical Department heads. Students were organized into small groups, each one of which had a faculty advisor. This advisor kept tabs, so to speak, on his group of students and reported back to the Council, whose chair then reported back, semi-annually, to the entire faculty.21

In March of 1928, Creighton was one of 14 schools to be visited by the Interstate Post-Graduate Medical Association of North America. Special two-day clinics were held for them.22

School of Medicine

In August 1928 Rev. William H. Agnew was inaugurated as President of Creighton University and took a keen interest in the Creighton University School of Medicine, as it became in 1926 instead of the Creighton University College of Medicine. The story goes that after his first inspection visit to the medical school shortly after his arrival, Father Agnew issued this order: "Clean it up!". This started a reorganization, expansion and refurbishing campaign, estimated to have cost at least $25,000 and to have touched most elements of the school.23 At least one element of this reorganization was to designate all of Creighton University as a University and to designate the separate units as Schools, not colleges.

St. Catherine's

On the clinical side of medical education, St. James Orphanage agreed in 1928 to provide clinical pediatric privileges to Creighton medical students. Of more significance was the agreement of January 1929 between St. Catherine’s Hospital and Creighton University. This agreement merged the St. Catherine’s School of Nursing with Creighton University, under the supervision of the School of Medicine. This meant that St. Catherine’s educational policies were to be determined by Creighton, but finances were still maintained separately. The previous year, in March 1928, an identical agreement had been reached with the St. Joseph’s Hospital School of Nursing. Now it was true schools that after three years a nursing student could receive a diploma of R.N., but with another two years of study (a total of five), he/she could now receive a B.S. in Nursing from Creighton. The schools were administered by boards heavily weighted with Creighton medical people. Since St. Joseph’s was already available for clinical use by the School of Medicine, the addition of St. Catherine’s to the Creighton realm had greatest impact for the medical school since that hospital was now available for use by medical students.

It is important to explain here the background of St. Catherine’s Hospital. It will be remembered that the Sisters of Mercy were the original administrators of the first St. Joseph’s Hospital (Mercy-St. Joseph’s) in 1870. In 1882 they transferred ownership of that institution to the Sisters of St. Francis and concentrated their efforts on educational endeavors.

In 1909 Bishop Scannell of Omaha purchased a large mansion at 9th & Forest Avenue. Encouraged by Mrs. E. W.
Nash, wife of the owner of Nash Department Store in Omaha, his intent was to found a Catholic maternity hospital. The house was remodelled and in 1910 it opened as a hospital for women and children, with a 35-bed capacity. The Sisters of Mercy were persuaded to re-enter the medical field and to administer it.

In 1916 a $60,000, 3-story addition was built, and St. Catherine's became a general hospital. The transition was reported in dramatic fashion by Dr. Clarence Moran, a 1928 graduate:

The Sisters decided they'd open an obstetrical hospital. And so, they got it all ready to go and all of a sudden there was a big accident down at the railroad yards, at the depot, which was just a couple of blocks further... There was a man that was fairly badly burned, and they put him into a car or something, and they ran him right up to the new hospital, and from that day on, St. Catherine's was a general hospital.

Further construction in 1925 gave St. Catherine's another new wing and a 4th floor addition for a surgical department. At the same time new equipment was added throughout the hospital, and by the time Creighton was permitted use of St. Catherine's in 1929, it was considered up-to-date, with a capacity of 165 beds.

St. Catherine's position in the Creighton medical community has always been somewhat ambivalent. Certainly pleased to have its facilities for clinical usage, the medical school always seemed to rank St. Catherine's beneath St. Joseph's in the pecking order. One early medical graduate and later staff member of St. Catherine's, Clarence S. Moran (M.D. 1928), indicated that institution was considered a stepdaughter of Creighton. He traces an early source of friction between the two hospitals to two issues: fee-splitting and standards for surgical practice.
Fee-splitting was a hot issue in medical circles in the first quarter of the 20th century.

Doctors, like all others in business, want to make money, and so doctors who were a little aggressive and wanted to be surgeons, they'd go out through the countryside, and say to the hometown doctor, "If you send me all your surgical cases, I'll give you 25% [of what I receive]. That was known as fee-splitting."

The American College of Surgeons at that time was struggling to upgrade surgical standards and, in an effort to eradicate fee-splitting, required every applicant for membership to sign a pledge not to practice fee-splitting. St. Joseph's wanted to be accredited by the American College of Surgeons and therefore required all of its surgeons to sign this pledge in order to gain permission to do surgery there.

Well, there was a doctor who was quite prominent in those years by the name of Tim Dwyer. And Tim Dwyer, apparently had the biggest surgical practice of any of the doctors in the hospital [St. Joseph's]. And they asked him to sign it, and he told them to "go jump in the lake." He wouldn't do it. And they said, "Well, in that case you can't be on the staff here." So he just called the taxicab companies, and had all his patients moved (1960) from St. Joe down to St. Catherine's. And that was the beginning of the friction between St. Joe and St. Catherine's. And there's been friction ever since, and it still goes on until today.

Furthermore, the American Medical Association at the time was encouraging the increased development of Specialty Boards. If you wanted to be certified as a specialist by one of these Boards, a residency had to be completed. This was in contrast to what had been the common apprentice method of working closely with a practicing specialist, and going out on your own in the specialty area when you felt qualified.

St. Joe was always just a little fussy... But St. Catherine didn't have any particular requirements to be a surgeon. The hospital grants the privileges to the doctors - the Hospital Governing Board. And if they grant you permission to do surgery, you can do surgery there. And they [St. Catherine's] were pretty liberal. And so a lot of doctors that St. Joe wouldn't accept, St. Catherine's did.
At any rate, as of 1929, St. Catherine's was a part of the Creighton School of Medicine community, with all of its attending politics, benefits and side issues. Its charity work alone was impressive. St. Catherine's statistics show that during 1930 over 450 charity patients and almost 300 part-pay patients, using over 7,300 nursing days, were treated. Also a total of 42,800 meals were distributed to the needy free of charge, many of those sent home in baskets which poor parents would send to the hospital with their children.20

Agnew’s Influence

The expansion program initiated under Father Agnew’s clean-up began with an initial goal of admitting 100 students to the freshman class of 1929. (Eventually 96 were actually admitted.) The end goal was “a program of expansion and improvement that will enable Creighton University to double the capacity of its School of Medicine.”21 This expansion was made possible by the addition of St. Catherine’s, some remodelling and reorganizing at St. Joseph’s Hospital, already accomplished by this time, and by many changes made in the medical school itself.

Between 1929 and Father Agnew’s death from cancer in 1931, classrooms and labs were enlarged, additional instructors were hired and new experimental labs were built and equipped. The library was moved to the third floor of the original building, “taking the place of the old surgical amphitheater long disused but vacantly reminiscent of outmoded methods of mass instruction.”22 New medical equipment was moved into the students’ smoking and lounge rooms, and a new reception room was outfitted. The Anatomy lab was relocated “on the top floor, where it belonged.”23 Quarters were provided for maintaining the requisite animal population for research.

Father Agnew was convinced of the value of research for a medical faculty, and took every opportunity to encourage it.

He could not conceive of a teacher or a full-time faculty member who was not interested in pushing beyond the borders of the known in his own special field. He was convinced that an insensitivity to the research possibilities of his own field made a man unfit to teach young men in the medical schools of today. And one of his last projects was the compilation of the research work of the school, with a view to determining who, in his opinion, were teachers and who were not.24

In 1929 the rank of Clinical Professor was created, “a new honor established for professors who have distinguished themselves for scholarship, publications of merit, or professional service of note.”25 John W. Duncan (M.D. 1912) was the first clinical professor named, in the Department of Surgery.
New Degrees

Further academic advancement occurred. Also in 1929, for the first time, the B.S. in Medicine was offered to students having completed two full years (60 credit hours) in undergraduate college work and two years in the medical school. The following year, an M.S. in pre-clinical subject areas was first described as being available through the Graduate School. And something else first mentioned in the 1930 Yearbook was a new system of one-year student assistantships, in pre-clinical departments, offered to students between their second and third years of medical school. Their purpose was to intensify the understanding of the student in basic education before going on to clinical studies, and also to improve lab instruction.25 This was an opportunity taken advantage of by Dean Richard O'Brien.

Consistent with Dr. von Schulte's interest in public health and social welfare issues, a series of health lectures open to the general public was begun in September 1929. Administered and presented by the faculty of the School of Medicine and under the direct supervision of Dr. Victor E. Levine, Biochemist and medical graduate of 1928, this three-part lecture series covered minor ailments, nutrition and diet, and child health.26 This served as information to the public but also brought Creighton increasingly into general public awareness.

Continued Growth and Discipline

The medical clinic, or Dispensary, at the school, likewise showed growth during this period. Statistics from two years toward the end of the von Schulte period show that in 1928, 10,299 new patients made a total of 22,506 visits to the Clinic.27 This does not take into consideration the out-patient house calls made. By this time a system had been initiated by which the city was divided into districts, each district under the direct supervision of a faculty member whose residence was in closest proximity to it. When a call came for medical aid, the student in charge would keep in contact with this assigned staff counselor for advice and supervision.28

For 1930 the annual number of visits to the Dispensary stood at 31,946. Another 2,670 visits were made through the "Out-Call" Department. There was a regular Dispensary staff of 44 doctors, only three of whom were salaried. It was estimated that every week a total of 628 hours of unpaid medical work was donated by staff.29

By this time, the "Out-Call" Department was deemed significant enough to be made a Department as such, for as of April 1930, Dr. Charles Murphy, a 1925 Creighton graduate, was formally designated supervisor of the Department.30 Added to the Dispensary in the 1930-31 school year, and again entirely consistent with Dr. von Schulte's bent toward community welfare causes, was a Social Services
Chapter VI

Dr. Clarence S. Moran (M.D. 1928) with Jane Gunderman, research assistant, 1958. (Courtesy Mrs. Clarence S. Moran.)

The Division "which investigates the status of the patient's family and aids them in receiving medical treatment at little or no cost." He indicates that morals were important, and there was no permissiveness to be found in the school. Discipline was strict, and justice for infractions was swift. Dr. Moran tells the story of a group of students intent on forming a secret fraternity, whose general goal was school improvements, and whose specific target was the clean-up of a particular bathroom. Their method of attracting interest in their cause was the posting of rather mysterious stickers for several days along a well-traveled walking route to the school. After several days of this, a corresponding notice was posted at the school, quite critical of the school premises - the lack of eating facilities, the smell of the Anatomy Lab, the unkempt bathrooms, etc. The administration discovered who the three organizers were, all sophomores, and they were promptly expelled! There were no questions asked, and there was no Review Board.

There was no standardized dress code, as such, but dressing up in "nice" clothes was an accepted expectation. Certain teachers enforced a coat and tie requirement for their lectures. Dr. Moran recalls having seen Dr. Ernest Kelley, of the Psychiatry Department, throw a student out of class for improper attire.

Dr. Moran also tells of going out on O.B. home delivery calls with a full OB pack of equipment, only because he had the good fortune to have as a partner his classmate, Gilbert Srb. Dr. Moran's partner had a brother who was a general practitioner here in Omaha, and who loaned them his equipment. Otherwise, home delivery teams had very little in the way of equipment. Dr. Moran also tells of the hiring of junior interns at St. Joseph's to do skilled work, primarily histories & physicaIs, because regular interns either were unavailable or didn't want to do them. These junior interns lived in the hospital and were given board and room in exchange for their services after school hours.

St. Joseph's Hospital

What of St. Joseph's Hospital during the von Schulte era? In 1919 the hospital established its own free dispensary and outpatient department, whose main purpose was follow-up of discharged surgical patients. In 1923 a $350,000 building program enabled construction of two new components of the St. Joseph's complex.
first was a new residence for the student nurses of the Creighton Memorial Training School for Nurses. Its cornerstone was laid on March 19, 1923, (fittingly the Feast of St. Joseph) and dedicated exactly one year later. The St. Joseph’s School of Nursing was founded in 1899, but until 1917 all students had been Sisters of St. Francis. In 1917 lay students were first admitted. It is a testament to the rapid growth of the school that by 1923 it was deemed necessary to build a six-story residence to house the students. The St. Joseph's School of Nursing remained as a separate program, but in 1928 was recognized as an integral part of Creighton University for academic purposes.

The second structure built at St. Joseph’s during the 1923 construction program was a Neuropsychiatric Annex, to care for psychiatric patients. This was a separate structure east of the hospital proper with accommodations for a total of 28 psychiatric patients on two floors, “equipped for the care and treatment of such cases, with hydrotherapy tubs, needle showers and other modern scientific apparatus.” Further enlargement of the hospital occurred during 1926-28, when $750,000 was expended to literally “raise the roof” for much-needed expansion. The original building lost its dormer windows to a new fourth floor, and the 1911 addition also added a new floor, making it five full stories in that section. The Maternity, Surgical and X-Ray Departments spread into the newly acquired floor space. The Creighton Alumnus of March 1928 notes that Dr. Ben Ewing (M.D. 1923) had the honor of performing the first operation in the new operating room, “besting Dr. C. J. Nexern for this distinction by one hour.”

The hospital was now huge. Capacity was at 420 beds regularly, 500 beds in case of emergency. Financing for this massive undertaking was accomplished by a $500,000 loan, and $250,000 secured through final liquidation of the remaining assets from Count Creighton’s estate bequest of 1907. By the worst of the Depression, in 1932, coinciding with the end of the von Schulte years, the Sisters had whittled the loan balance down to $415,000. This was still a tremendous financial burden under which to labor during depression years.

An interesting bit of hospital lore happened in 1925. Two ancillary sections of St. Joseph’s, the print shop and the gift shop, evolved as a result of a bored retired nun. When Sister M. Wilhelmina Schinner retired in 1925, she was eager to keep herself busy.
She took up printing as a hobby, and finding it expensive, devised a means of providing herself with capital to buy a press, paper cutter and type. She rigged up a cart full of candy, ice cream, stationery and later toiletries, and went from room to room, selling patients needed items. With this money, she practiced her hobby, and became so adept at it that by the time of her death, on September 7, 1935, St. Joseph's Hospital was one of the first in the country to have its own in-house print shop. It came to supply all of the thousands of printed forms needed daily by a hospital complex, as well as printed materials for the Sisters of St. Francis central offices. Meanwhile, after Sister's death, the "cart" business enlarged and evolved into a bona fide gift shop, with Sister's boredom paying handsome dividends.\textsuperscript{38}

Other events at St. Joseph's Hospital during the remainder of the von Schulte years must be noted. The opening of the Union Pacific Department of the hospital took place on May 1, 1929. Since the very beginning of Mercy-St. Joseph's Hospital, the Union Pacific had designated a physician at St. Joseph's as Union Pacific Chief Surgeon. They had maintained and reserved hospital beds on a contingency basis, but these had always been scattered throughout the hospital. Now one concentrated section of the hospital was dedicated specifically to Union Pacific occupation. This served to amplify the St. Joseph-Union Pacific relationship that was to continue long into the future.

October 16-18, 1930, were days of celebration at the hospital, commemorating the Golden Jubilee of the administration of St. Joseph's by the Franciscan Sisters. The festivities included banquets, hospital tours and religious ceremonies.

An electric diathermy machine arrived in the Physical Therapy Department in August 1931, and was big news. It was the first in the state of Nebraska, and one of only a few west of the Mississippi. Thought to be state-of-the-art in combatting disease, its function was, through electricity, to artificially raise the body temperature of patients with infections. The theory was that infections in patients who develop high temperatures were relatively short-lived in comparison to those who did not. The machine was capable of raising body temperature as high as 105 degrees, and it continued to have some popularity until the development of antibiotics.\textsuperscript{39}

Late in 1931, The St. Joseph's Cancer Clinic was established by James F. Kelly (M.D. 1915), the hospital radiologist. It was the first in Nebraska, and the first (and the only one for many years) in this area to receive full recognition by the American College of Surgeons. To qualify for recognition, St. Joseph's had to prove it had satisfactory X-Ray equipment, a sufficient supply of radium, adequate meeting and study time of cases, and maintenance of periodic case follow-up records.\textsuperscript{40}

St. Joseph's was stepping up its charity work to the unfortunate. In 1925 of 8,308 patients receiving care there, 2,562 were given that care totally free, while another 1,571 were only part-pay patients; 4,013 (or 58\%) of the total involved charity work.\textsuperscript{41} By 1930, 3,276 patients received totally free hospital, medical or surgical attention at St. Joseph's, and another 2,256 were part-pay patients, for an estimated value of $90,000 in free services. In addition, the good Sisters served 36,250 free meals to the needy.\textsuperscript{42} These figures are indicative of what was transpiring in America as a whole during this period. The Great Depression was raging, and these statistics were a portent of the hard times yet to come, both to St. Joseph's Hospital, and to the medical school, following the death of Dean von Schulte.
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