The history of Sacramento Medical Center is integral to the history of medicine in Sacramento. James Marshall’s discovery of gold in Coloma in 1849 brought disease, fire, floods and early epidemics which were deadly. Sacramento was the center of activity for prospectors and others going to and from mines. Ships brought immigrants from around the world. Cross-country caravans ended in Sacramento. Physicians with diverse capabilities flocked here; some were imposters and quacks. The development and growth of medicine in California was greatly influenced by the courageous people in Sacramento. These doctors were instrumental in obtaining medical care for indigents by requesting county hospitals.

1850 - 1880

The great flood of 1850 touched all sections of society and highlighted the difficulties encountered in the hospitalization and care of patients.

By January 1, 1850 over 100,000 people had arrived in California. El Dorado was the mining center and Sacramento became the medical center. Most of the doctors were attracted to the area to gain wealth quickly and return home. Some doctors and lawyers had to resort to street sweeping lack of work. There were numerous incidents of medical rapacity; many would rather have perished than pay the exhorbitant fees of physicians. “I do not suppose that in any part of the world such enormous fees were ever charged and collected as have been in California.......,” states J. Roy Jones, M.D.

A medical fee bill from 1884 - 1885, according to Memories, Men and Medicine is as follows: office prescription or advice, $2.50; special office examination, $5.00; house call, $3.00; consultation, $5.00; night visit, $5.00; Visits to the country from $1 to $2 per. mile traveled additional, $2.50; obstetrical cases from $25.00 to $100.00; vaccination, $2.50; advice by letter, $5.00; venereal cases payable always in advance from $25.00 to $100.00.

Dr. Henry Davis claims 1,300 to 1,500 medical practitioners came to California with the gold seekers. The high mortality rates caused many to be dissatisfied and return home.

Sacramento had a migratory population. The sick were mostly seen in tents and huts. After the discovery of gold most patients were attended at Sutter’s Fort, the principle business center. On June 26, 1849, Sacramento numbered 100 houses and in August, 1849, Sacramento was occupied by miserable, famished, filthy human beings, many of whom were diseased, depressed and despondent immigrants, all the easy prey of death.

Hospitalization in early Sacramento City was crude. The first hospital was of adobe and opened August 4, 1849 by Doctors Gragin and Abele near Sutter’s Fort, formerly the store of C.C. Smith and Samuel Brannan. Sante in “Placer Times” said it was “the number one as yet among such institutions in California.” Few could afford board and room. “The house is large, cool and airy, apart from noise, dust and bustle of the city and roads and few, if any, mosquitoes. The very entrance to this establishment, where every attention and convenience is to be had, is enough to check the disease of an invalid. It cost $16 a day, single; 2 to 3 patients - $12 a day and ward patients - $10 a day. On September 24, 1850 they had 68 patients - 52 city patients, 13 county patients and 3 private.

On October 6, 1849, Drs. W. Deal and J. S. Martin opened Sutter’s Fort Hospital-within the fort. This resulted in reduced hospital costs but only about 20% of those invalidated could use the facilities.

The Odd Fellows and Masonic Orders established charitable orders for their sick buying the southeast corner of Sutter’s Fort and establishing a hospital December 8, 1849.

Fourteen months later cholera struck Sacramento and another small hospital opened. Politics played a subtle part. Many of the institutions charged exhorbitant fees. Action was taken to build a hospital for those dependent upon public care.

1. J. Roy Jones, M.D., Memories, Men and Medicine, (Sacramento: Premier Publications) 1950,.
2. Ibid. p.
4. Ibid.
5. Ibid., p. 10.
A city hospital was built between “I” and “J” Streets and 9th and 10th Streets costing $14,000. They charged $10 a day but with severe storms the building collapsed.

Dr. White’s unique gothic cottage on “L” Street was a small frame building with a canvas extension in the rear was then used as the city hospital.

A county hospital was established about 1851-52 in the business part of Sacramento. Apparently this was a short-lived venture as other hospitals were then built. Dr. Johnson Price and William Proctor ran a hospital on 2nd Street, between “I” and “J” with 75 to 80 beds. They had a contract with the city to care for the indigent at a very high rate. After three or four years the county attempted to dissolve the contract and started constructing a county hospital on 10th and “L” Streets on the northwest corner of the present Capitol Park. Price and Proctor refused to relieve the county from the contract which resulted in a law suit.

Both the city and the county were attempting to correct the inefficiencies and lack of hospitals. There was pressure from the public and the press. The council appointed a Committee on Hospitals and on May 3, 1850 they recommended “that some one hospital be selected for the reception of city patients for a stated period, and at a stipulated price, where they would be under the immediate supervision and control of city authorities.” Previously the indigent sick had been distributed throughout almost every hospital in the city. The city objected to this because of the increased expense and because of humanitarian reasons.

The County Hospital was destroyed by fire on April 20, 1854. resulting in a $10,000 county loss. The hospital was rebuilt on the northwest corner of 10th and “L” (presently Capitol Park). It remained there until 1866 when it was situated on the present Stockton Boulevard location.

The State Medical Journal, January, 11WS7, carried an article written by Br. John F. Morse depicting the dehumanizing conditions of the County Hospital. As a result of the article the State of California made a plan for all counties to provide for the indigent sick. He also established the idea of lateral wings with the central part never being for the sick.

At this time doctors at county hospitals were paid $200 per month for their services, having to furnish their own medicines too. Pilots, engineers, captains of steamboats were paid $200 to $300 per month.

There was a high frequency of typhoid fever, rheumatism, erysipelas and pneumonia during the winter months of 1850. Mental illness was common. One physician commented that most of the crazy people left the states for the gold-fields; that mental diseases were not developed but transplanted here. People waged a “battle of Life,” against disillusionment, hardships, intemperance and homesickness. “The enterprising and adventurersome of every country, race, religion and character, have flocked to form the most cosmopolitan state in the world.”

In 1850 flood waters rose nine feet within 24 hours at 7th and “P” streets. With 15,000 square miles of drainage, many died and others were left homeless. The sick could not pay their hospital bills. Sacramento was and remained the medical center of California for a number of years. It surpassed all other areas of the state for unity among doctors, as well as, for medical achievement.

The cholera epidemic of 1858 left Sacramento a “city of the living dead.” Fear, panic, mistrust, suspicion, and terror were rampant. Many perished while doctors attempted to improve sanitation and hospitalization.

The Sacramento County Hospital was erected in 1870 on 65 acres of land on Stockton Boulevard purchased in 1866. The cost of the building was--$80,000. It was designed by N. D. Goodell, the famous architect of the Governor’s Mansion. Dimensions were: main building 46 feet in the front by 52 feet long with north and south wings and a rear addition two stories high. The entire frontage was 274 feet, 106 feet from the ground to the top of the tower. The wings were designed to accommodate 216 patients. In the main building were some “very commodious rooms designed for patients who were able to pay for the care and attention they received.” The wooden exterior was “not strictly in accordance with the latest well-established principles of hospital construction,” according to Dr. Logan. -It had all of the modern appliances and conveniences. The internal administration was under the supervision of visiting physician Dr. A.C. Donaldson and resident surgeon, Dr. G.A. White.

On October 5, 1876 the County Hospital was destroyed by fire and the patients were transferred to the agricultural hall at 6th and “M” Streets. A new hospital was completed and accepted by the county on July 28, 1879.
The 1879 site had four acres of ground planted in vineyards, five or six acres in gardens, ten in pastures, and the remaining were orchards and the building site. The stronger patients, working under the direction of the hospital steward, helped raise vegetables, attended to the stock and cared for the grounds. The 150 to 160 inmates on the grounds cost the county about $14.50 a month.

1880 - 1900

The Sacramento Society for Medical Improvement sought to organize the County Hospital on March 18, 1879, endeavoring to relocate the hospital within the city limits and so it would be more contiguous to the city railroad. The Sacramento Board of Directors obviously ignored this request. The secretary’s report to the State Board of Health mentioned the 65 acre-site as “the most fertile character desirable for an alms house, but for the purpose of the city and county hospital the whole institution is a willful blunder.” All of the Sacramento physicians protested against the site at the time the supervisors purchased it but the authorities proceeded regardless of the doctors’ opinions.

The hospital was run by homeopaths from 1879 to 1881. During the first three months of 1879 Dr. George Pyburn was county physician. Then Dr. George Dixon and Dr. J. R. Laine served the rest of the term. Dr. George A. White was county physician from 1872 to 1904.

Dr. George White was one of the early great physicians of the West. He initiated the use of spinal anesthesia in surgery, a procedure developed only a year earlier by Paris physicians. His leadership brought one of the first x-ray machines to the area and he also helped develop one of the first clinical laboratories. In addition, many well-known men received their early training from Dr. White: Dr. Wallace I. Terry, Dr. Clark Burnham, Dr. Thomas Cox, Dr. Dan Moultin and Dr. E.K. Hopkins (a San Francisco ENT specialist).

Surgery was performed in the pharmacy during Dr. White’s days. Sterile sheets covered the walls and shelves. Surgeons gathered around the primitive operating room table donning Prince Albert-type coats, without wearing masks (not yet in use). Sutures were arranged through-the buttonholes so that assistants could reach ligatures when needed. Aseptic conditions were practically nonexistent at the time although Dr. White’s procedures were as good as any in the State.

The ambulance was a one-horse wagon which made the trip once a day to transport patients, interns, employees and supplies.

In 1904 Dr. White retired and was succeeded by his son Dr. John L White, also a well-known surgeon. Dr. Junius Harris became county physician in 1910, unofficially being known as “the Surgeon General of California”. He was the physician for six governors and man legislators. His contacts with the legislature extended beyond providing medical care; he was also a lobbyist of the California Medical Association and the legislators leaned heavily on him for his knowledge and integrity.

It is said that a member of the Donner Party died at the County Hospital in 1907.

1900 - 1920

The population of Sacramento was 29,282 in 1900. The doctors fee for babies was $25.00 (prenatal and postnatal). Hospitals were advertising themselves as a “real home for the sick, with the best physicians, well-trained nurses and tender care; and saying that they turned out a large percent of patients thoroughly cured.”

The City Board of Health and the press presented unfavorable criticism about the sanitary conditions of the County Hospital in 1908. This resulted in the Sacramento Society for Medical Improvement investigating the Hospital and recommending a resident superintendent be hired whose duties would be chiefly administrative, in addition to a staff of visiting surgeons and physicians who should have the responsibility of their particular departments. In 1918 a full time superintendent was hired and the staff system was adopted.

Plans for a new and modern county hospital were proposed by a citizens group in 1915. The foundation was laid for the 500-bed hospital which had 750 admissions per month and an annual budget of $610,000. The nurses home was begun March, 1916 and then the following were added: the men’s surgical ward, women’s surgical and maternity ward, the service building and children’s ward, men’s infection ward, the women’s medical ward and then the administrative building.

In 1918 there was an influenza epidemic in Sacramento. Many of those struck with the illness were housed at the County Hospital. There were about 2,500 cases altogether in Sacramento; in two weeks over 300 died. Fear and panic complicated the city’s attempts to control the disease. There was a campaign asking people to wear masks to control the disease but it was unsuccessful. By January of 1919 the flu had reached its peak. Over 5,000 people out of Sacramento’s 70,000 population contracted the disease and 500 died.

---

12 Ibid., p. 124.
13 Ibid., p. 177.
14 Ibid., p. 187.
15 Ibid., p. 471.
1920 - 1940

On February 1, 1921, the Executive Committee from the Sacramento Society for Medical Improvement appointed a staff for six months to the County Hospital, and the old constitution was changed to conform to the new method of management and training of nurses. Doctors selected for completing the program were the most advanced in the care for the sick Sacramento had ever seen. 16

According to Dr. Dave Dozier, Senior, in 1923 there were 70 practicing physicians in Sacramento. Eighty per cent were general practitioners. County Medical Society dues were $20 a year; there were no state or national dues. Malpractice insurance was $80 a year! There were five hospitals in Sacramento; none had air conditioning or full-time x-ray or lab directors. Nurses were paid $90 a month for a 72 hour work week. Ward rates were $4 a day and the best room was $10.50 a day. Mercy and Sutter Hospitals each had one employee in medical records. Employed residents received $150 a month and had to live in the hospital.

There were two to three technicians in the labs which performed such tests as: CBC’S, urinalysis, stool exams for parasites and amoebae, sputum for tubercle bacine, smears for gonoccal infection and two blood tests (Wassermans and the widal reaction). Blood sugars were a rarity and non-protein nitrogen and CO 2 determination were not yet in use. Electocardiography came after 1925.

X-rays were diagnostic for trauma, pneumonia, tuberculosis, gastrointestinal lesions and mastoiditis.

Anesthesia was given only by nurse anesthetists (drop ether or nitrous oxide-oxygen); local anesthesia was rarely used and spinal anesthesia was not used at all. Novocain was the only agent.

Office practices were besieged with respiratory infections. Tonsillitis was common. Hospitals would register 10 to 20 mastoidectomies a month.

Surgery was of good quality but limited to tonsillectomies, appendectomies, pelvic operations, and hentoplasties. Occasionally, the following would be performed: appendectomies, hemorrhoidectomies, prostatectomies, thyroidectomies, mastectomies. Hip fractures were all treated by closed reduction and plaster spica applied from the coastal margins to the toes.

Pneumonia (mostly lobar) was a great killer with a mortality rate of 35%, higher for the younger and old. Treatment was entirely symptomatic -- the crisis being on the seventh day -- while death was always in the background.

Syphilis was treated for two years with alternating courses of arsenicals and mercurials.

Transfusions were infrequent and were given by the direct method. They were dramatic and difficult. The indirect method was subject to stormy debate for five years before being finally accepted.

All doctors made house calls. Home deliveries cost $35. Two local doctors had chauffeurs-driven Pierce-Arrow touring cars. A $10,000 a year man “had it made.”

Sacramento County Hospital had 13 nurses and attendants in August, 1923. Nurses worked from 7:00 am. to 7:00 p.m. with two hours off and no room allowance while living out. They had 14 days of vacation and were required to take it during the summer. There was no sick leave. A typical dinner menu consisted of cold roast beef, cheese and pickles. On alternating days nurses were served corn meal mush, boiled rice, spaghetti and one-half of a canned peach.

On January 1, 1923, recommendations from the County Hospital staff were: 1) They needed more interns, 2) They needed to have Wassermans done in the hospital due to the difficulty of obtaining laboratory data, 3) There was a lack of complete x-ray facilities. The Sacramento Society for Medical Improvement made complete recommendations but the plan was abolished for political reasons. 18

In 1924, Dr. Al Dunlap was appointed Superintendent and Frank MacDonald was made Assistant Superintendent. Most of the medical care was provided by community doctors on a volunteer basis.

In 1929 the present hospital structure was erected (Ward 10 remaining). It was a pavilion-type building connected by porches and tunnels. A home for aged men, seven miles south of the hospital on Franklin and Florin Roads was completed December, 1932. Both homes were managed by the hospital.19 The building project cost $1,000,000 was built by direct taxation, totally without the sale of bonds. Growth was presupposed by the Board of Supervisors and as a building was needed funds were available, resulting in the people of Sacramento having had no interest to pay. 19

In December, 1933, the federal government made plans to provide food, shelter and clothing for 1,200 to 2,000 transient indigents during the winter20 the hospital handled about 55,000 active patients and 40,000 custodial patients.

18 Ibid., p. 205.
19 Ibid., p. 472.
20 Ibid., p. 217.
Civil Service was adopted January 1, 1937. Sick leave was increased to fifteen days a year. Nurses salaries increased 5% to 7-1/2%, with top ward supervisors being paid from $118.25 to $129 per month. Nurses were employed if it was thought they would contribute to the group and eliminated if they could not adjust. Nurses wanting further education were given part-time employment. All were encouraged to belong to the American Nurses Association. The Board of Nurse Examiners set standard educational requirements for supervisorial nurses and assistant head nurses; the minimum requirements were fifteen units of college, with six units in education.

1940 - 1960

General staff nurses were granted $155 a month in 1943. Nurses received the recommended salary scale, which compensates for tenure, in 1944. Superintendents and Instructors were given financial recognition for the California State Nurses Association scale. Personnel policies of the hospital were retained while the county adopted the cumulative sick leave policy.

County Executive, Charles W. Deterding, stated the hospital handled 110,831 acute patients and 80,424 custodial patients from 1944 - 1945. 21

Soon after Japan attacked Pearl Harbor December 7, 1941, 22 Sacramento physicians joined the 51st Evacuation Hospital. Twenty-three Sacramento nurses also joined the unit. Another 57 Sacramento doctors were in the military service by December 28, 1942. 22

In April, 1945, Dr. Leo Farrell received the first penicillin in Sacramento.

The population of Sacramento was 219,000 on January 1, 1946. The population had expanded by 35,000 people during the war years, leaving Sacramento with seven physicians less than before the war started. 23 By the end of 1948 the need for increased bed capacity was recognized and a $1,000,000 construction program for which the County Hospital was ready to proceed.

Sacramento County Hospital was the polio center for northern California, housing 20-24 patients in Isolation Ward 21.

Sister Kinney Packs, which were torn blankets heated in old electric washing machines, had to be wrung out and rushed down the halls by nurses who wrapped them around the limbs of polio patients (1943-46).

During the winter months the basement would flood and nurses wearing hip boots and using canoes had to rescue the patients. Fill and sewage conduits remedied the problem which was attributed to a subterranean river and low land level.

Sacramento opened a blood bank November 2, 1948 at an overall cost of $65,000. The $40,000 cost of labor and materials were donated. 24

In May, 1948, the Hospital Committee of the Sacramento Society for Medical Improvement discussed the need for a more effective superintendent of the County Hospital. The Committee stated that with the increased size of the County Hospital it was no longer feasible for him to take an active part in the medical care of patients. They suggested the Superintendent should oversee the care administered by the staff. The need for a more active visiting staff and local practicing physicians was noted. 25

A new six-story medical center was dedicated in 1950 with Dr. Leo Farrell as Director. The bed capacity was expanded to 800; the number of interns grew to 24 and there were 12 positions for general practice residencies and two in pathologic anatomy. Interns received $120 per month and residents stipends ranged from $300 to $450 per month. Registered nurses wages were $235 to $286 per month.

The Sacramento County Hospital School of Nursing became the property of the Sacramento City Unified School District in 1950. Prior to this it was the property of the county. Now it is affiliated with Sacramento City College which was one of the first nursing schools to grant the Association of Arts Degree.

Daniel A. Treat, M.D. became Medical Director in 1954. At this time the hospital had 1,100 employees. Most of the back wards were no longer used.

Air conditioning was added to the top four floors of the hospital December 1, 1961. The solar louvar devices cost $50,000 and protect the west side of the building from the sun. The Intensive Care Unit opened July 11, 1960. In-service classes were offered for all nurses.

---

21 Ibid., p. 472
22 Ibid., p. 229.
23 Ibid., p. 236.
24 Ibid., p. 240.
The hospital budget was $6,542,000 from 1960 to 1961. During this period they had: 13,400 admissions, 43,000 emergency room visits, 50,000 outpatient visits, the average daily census was 793; they performed 3,000 operations annually. Beds numbered 801 with 48 bassinets.

A four-year $10.5 million reconstruction program began in 1964. The main plant was renovated, and an eight-story wing and a two-story structure for the laundry and store room were added. Chronic patients were cared for in the Home for the Aged and the old Juvenile Hall during this construction.

The hospital’s intern program was approved by the American Hospital Association in 1964.

Gordon Cumming became Hospital Administrator in May, 1963 (succeeding Dr. Treat), a position he held for ten years.

Mrs. Agnes J. Brooks became Director of Nursing September 7, 1963, until May 10, 1974. Mrs. Brooks graduated from the Sacramento County School of Nursing in 1943 and became the first evening supervisor, working from 3:00 p.m. to 11:00 p.m. at the hospital. She has held nearly every nursing position at the hospital.

In 1966 the County Hospital became a community hospital, thus, making it available to everyone in the Sacramento Valley.

The nurses movement for higher wages was initiated in 1966 and has been instrumental in offsetting the shortage of nurses.

On March 1, 1966, Medi-Cal was started in California. Medicare followed on July 1, 1966, and on August 13, 1966 the affiliation agreement with the University of California, Davis was reached, making the hospital a primary teaching school.

In 1966, Dean John Tupper was hired by the University of California to launch a new medical school at Davis. His goal was to activate the program as quickly as possible.

According to Jim Lewis in an article in the Sacramento Union on June 23, 1972, the goal of Medi-Cal and Medicare is to provide all Californian’s with some needed health care. Medi-Cal authorized the County Hospital to provide services for the general public instead of those only on welfare, the poor, aged and disabled. The 1966 agreement with the University meant that the County and the University would share the costs of the services.

Per diem rates on March 1, 1966, were as follows: Medical surgical, $32.99; Intensive Care, $102.87; Acute psychiatric care, $38.71; Chest and communicable diseases, $44.84; Pediatrics, $37.22; Obstetrics (mother), $42.83; Obstetrics (newborn), $16.75; Admissions-Observation, $15.62; outpatient cost per visit, $23.89; Mental health per visit, $9.71 (group therapy), and $19.42 (individual); Emergency room cost per visit basic $7.49 and $16.34 for extensive; Home care $26.64.

The medical school at Davis officially opened its doors to 48 medical students on September 23, 1968. The school emphasizes community service, intern and residency programs and scientific research. It attempts to harness emerging technologies in the desire to improve methods of medical instruction.

On Friday, October 25, 1968, there was a dedication ceremony changing the name of the Sacramento County Hospital to Sacramento Medical Center because of the University and Hospital affiliation.

1960 - 1970

The agreement between Sacramento County and the University worked until 1970, continues Jim Lewis. Sophisticated equipment was brought into the Medical Center to further the educational and research needs of the University. Medi-Cal reimbursed the county for most of its patient costs. The Medical Center developed a reputation for its open heart surgery, psychiatric treatment and other highly complex programs. Emergency room treatment improved tremendously so that most accident victims are now taken to the Medical Center except in extreme cases when other hospitals can be reached faster. The Medical Center outside of San Francisco became the most advanced medical facility south of Portland and west of Salt Lake City. Medi-Cal payments rendered services and provided funds for the increasingly expanded services and technical equipment.

A portion of the Medi-Cal law, the county option, said that if the county would continue to spend the same amount of money each year for welfare and medical care that it spent in the base fiscal year 1965 - 1966 the State would pay any additional expenditures, however, by 1970, most California counties treated many more patients than they did in 1965 - 1966 base year so that the State’s agreement became burdensome. As a result, the State made cutbacks to balance the budget which became severe by 1971. The cost of operating the Medical Center increased from $11.5 million in 1966-1967 to $28 million in 1971-1972.

County taxpayers’ share in the pre-Medical Center days was $8 million and remained about $7.5 million in 1971. About $2.5 million went to the county from the University in 1971 - 1972. The County and the University realized the agreement had to be altered because of the squeeze on the University and the County budget.

On February 21, 1971 the area’s first Neo-natology unit was established at the Medical Center.
The Sacramento Medical Center became a part of the University of California on July 1, 1973. It was decided that the Medical Center would have the responsibility for treatment of Medi-Cal and Medicare patients. The University of California regents own and control the Medical Center land and equipment. Medical Center employees had the option of remaining county employees or becoming part of the University of California.

The University has encountered numerous difficulties in operating the Medical Center. As of April 18, 1975 it had still $11 million to collect of the $19 million in uncollected county bills. The billing system was complex and onerous. From 1973 to 1974 the Medical Center had an operating loss of over one half million dollars, and a loss of $5 million in 1974-1975. Seismic problems also plague the Medical Center; a University of California Davis engineer estimates that an expenditure of “several million dollars” will be needed to meet the building code requirements. The University now must pay $2 million annually for emergency care formerly paid for by the county.

A team of cardiologists and thoracic surgeons at Sacramento Medical Center implanted Sacramento’s first nuclear pacemaker on January 15, 1974 in 49 year old Hilda Harding, a woman suffering from a complete heart block. This operation was one of the mere 121 implanted pacemakers in the United States since the first implant in France, 1970.

The improved Burn Unit opened January 14, 1974 and is the first in Sacramento. This area is committed to only burn care and is one of eight such special areas in California.

A new Centrex II telephone system was put in operation July 1, 1974. Specially designed for the hospital, it is the most modern telephone system in the country for an institution of this size.

Ado L. Ginn was appointed Affirmative Action Coordinator of the Medical Center in June, 1974. His responsibility is to design, implement and coordinate a comprehensive affirmative action program.

Sacramento Medical Center is one of the only two hospitals in northern California performing kidney transplants. Transplants were first performed at the Medical Center in 1972. Two transplants were performed then, 17 in 1973, and 25 in 1974. The Renal Transplant Unit primarily serves the Sacramento-Stockton area, and also serves the Vallejo to Reno and Bakersfield to Oregon border. The names of more than 250 potential kidney recipients are on a shared waiting list with the University of California, San Francisco.

Critically ill infants from outlying hospitals are brought by the Medical Center’s Neonatal Intensive Care Unit in the Infant Transport Service Van. Treatment at the Neonatal Intensive Care Unit has saved the lives of many critically ill infants and has also served to prevent brain damage.

Each year nearly 100 children with amputations and congenital defects received help at Sacramento Medical Center’s Juvenile Amputee Clinic, the only clinic of its kind serving the Central Valley area. The importance of not delaying treatment in early childhood is stressed in the department. This program is available only in four areas of California-San Diego, Los Angeles, San Francisco, and Sacramento.

The Pediatric Intensive Care Unit at the Medical Center was opened in December, 1974. The unit offers treatment to critically ill children or those needing special attention after surgery. The unit is designed so numerous health care professionals can work with the child simultaneously.

The only genetic and dysmorphology clinic in the north-central California area has existed at the Medical Center since 1963. The clinic provides genetic information to concerned persons, particularly prospective parents who have a family history of hereditary diseases, parents who have had children with birth defects, or blood-related persons who are considering marriage and children. It serves a population of 1.5 million persons.

Sacramento Medical Center’s Diagnostic Radiology Department was one of the first 15 hospitals in California to install the EMI Brain Scanner in April, 1975. The machine allows for investigation of a wide range of cerebral diseases including tumors, cysts, hemorrhages and anatomic variations with usually no discomfort to the patient. The scanner is at least 100 times more sensitive than conventional x-ray techniques and can provide minute variations in brain tissues.

Sacramento’s first sickle cell anemia clinic was held April 9, 1975. The clinic is part of a new sickle cell anemia program developed by the Sacramento County Health Agency and the Medical Center and is designed to care for adults and children with sickle cell anemia and related hemoglobin disorders.

A special Virology Laboratory was established in early 1975 at the Medical Center and is the third such hospital-affiliated laboratory in California.

Robert B. Smith, is the current Director of Hospital and Clinics for the Davis campus of the University of California. His appointment was effective May 1, 1975. He succeeds Baldwin Lamson (10/1/74 - 4/30/75), Otto M. Janke (8/74 - 9/30/74) and Thomas Engle (6/30/73 - 8/74).

The 1975 - 1976 budget for Sacramento Medical Center is $46 million. Currently, over 2,600 people are employed at the Medical Center including 289 residents and interns, 252 medical school faculty, 465 attending staff members and 393 registered nurses. As of March 23, 1976, 511 beds were in service. The average daily census is about 313, with about 1,200 admissions per month. Clinic visits per month average over 10,200, emergency room visits are about 3,800. Prescriptions per month average 12,000. The total plant occupies 690,000 square feet - 390,000 square feet at the main hospital.

The future of Sacramento Medical Center is contingent upon Sacramento County and University of California negotiations. The interim agreement for Sacramento Medical Center’s operation was approved by the Board of Supervi-
sors March 31, 1976, thereby allowing the University to run the Medical Center through July, 1978. The agreement provides that the County will pay $10.5 million over a retroactive three-year period expiring July, 1978.

The long term agreement will have to be reached by July, 1977. The legislature is conducting a study of Sacramento Medical Center’s management, billing practices and patient mix. It is hoped the study will provide a reading on the indigent care for which the county would be responsible.

BIBLIOGRAPHY


History files from the Medical Center were referenced for this report. Personal files belonging to Mrs. Agnes Brooks were thankfully used.