"Not Designed Merely to Heal": Women Reformers and the Emergence of Children's Hospitals[1]

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Children were a special concern of women reformers in the Gilded Age and Progressive Era. Assembling in federations and associations, women were, as Mary Odem has written, "especially active in efforts that aimed to protect women, children, and the home from the harmful effects of rapid urban growth and industrial capitalism."[2] Poor children were at risk due to industrial accidents, epidemics, and the stress and exhaustion of simply surviving in crowded tenements and polluted cities. Daphne Spain has suggested that women "saved the city" by starting political coalitions, improving neighborhood environments, and fighting for a wide range of protective legislation.[3] Among those reforms was the nationwide movement to establish medical services for children. New pediatric wards and children's hospitals were intended to be places of comfort and cure as well as moral and spiritual education for the "little sufferers" and their parents.[4]

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[2]Mary Odem, *Delinquent Daughters: Protecting and Policing Adolescent Women's Sexuality in the United States, 1885-1920* (Chapel Hill, 1995), 99-100.

[3]Daphne Spain, *How Women Saved the City* (Minneapolis, 2001). Also see, among many possible sources, Maureen A. Flanagan, *Seeing with Their Hearts: Chicago Women and the Vision of the Good City, 1871-1933* (Princeton, 2001), and David Stradling, *Smokestacks and Progressives: Environmentalists, Engineers, and Air Quality in America, 1881-1951* (Baltimore, 1999). Surprisingly, social historians have rarely associated children's hospitals with this period of reform.

[4]For two of the few published efforts to examine the broader children's hospital movement see, Janet Golden, ed., *Infant Asylums and Children's Hospitals: Medical Dilemmas and Developments, 1850-1920, An Anthology of Sources* (New York, 1989) and Annmarie Adams and David Theodore, "Designing for 'the Little Convalescents': Children's Hospitals in Toronto and Montreal, 1875-2006," *Canadian Bulletin of Medical History* 19 (2002): 20-22. The issue of children's health has recently been discussed in Alexandra Minna Stern and Howard Markel, ed., *Formative Years: Children's Health in the United States, 1880-2000* (Ann Arbor, 2004) and Janet Golden, Richard A. Meckel, and Heather Munro Prescott, ed., *Children and Youth in Sickness and Health: A Historical Handbook and Guide* (Westport, 2004).

The urban institutional safety net was minimal prior to the emergence of the children's hospital and the other elements of the Progressive child saving enterprise.[5] In the industrial cities of the nineteenth century, charity dispensaries (clinics) with sparse facilities provided outpatient care, while almshouses, poorhouses, and general hospitals offered limited in-patient care. "Inmates" gave up considerable freedom to be treated in such places. The rise of the general hospital was partially due to the rising tide of the urban population demanding in-patient health care. Yet, populations at those institutions were unsorted, a mass of patients in large wards where ambulatory patients sometimes served as assistants to an overworked nursing staff. Children were simply mixed into adult wards. A physician reported that between 1866 and 1869, up to 14 percent of patients at Massachusetts General Hospital were children, but the hospital did not have a separate pavilion or ward for them.[6] Physicians and reformers increasingly wondered whether a general hospital was a suitable moral place for a child.

An Alliance of Doctors and Reformers

The first North American children's hospital was founded in Philadelphia in 1855. Imitators slowly appeared after 1865 in Chicago, Boston, Washington, St. Louis, Toronto, Louisville and other cities primarily in eastern and midwestern states. By 1890, about thirty North American independent children's hospitals had been opened.[7] These new institutions were the result of a coalition between health care providers and social reformers. For some physicians, the hospitals provided an avenue to establish greater medical authority. Pediatrics, at the time an emerging specialty, illustrates this process well. In 1881, Dr. Abraham Jacobi organized the Pediatric Section of the American Medical Society. Still, few physicians identified themselves as pediatricians in 1900. Pediatricians were trying to create "the institutions that [would mark] the development of this specialty in America: children's

[5]Le Roy Ashby, *Saving the Waifs: Reformers and Dependent Children, 1890-1917* (Philadelphia, 1984), does not discuss children's hospitals, but demonstrates the growing child dependency on institutional care.

[6]Benjamin S. Shaw in a letter to the *Boston Daily Advertiser* in April 1869, quoted in Helen Hughes Evans, "Hospital Waifs: The Hospital Care of Children in Boston, 1860-1920," (Ph.D. diss., Harvard University, 1995), 51. On the history of the contemporary hospital, Charles Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York, 1987).

[7]In compiling a list of children's hospitals I have not included institutions that served solely birthing mothers and foundlings or asylums and orphanages, even though they may have served children. The most difficult category is "homes," see Ashby's discussion, *Saving the Waifs*, xi. The basis of my selection is descriptions of the hospitals, the most useful compendium of which is James Clark Fifield, *American and Canadian Hospitals* (Minneapolis, 1933). While some examples come from children's wards in general hospitals, these have not been included in the counts.

hospitals, children's clinics, professional pediatric associations, professorships separate from obstetrics and gynecology, and new journals devoted to children's diseases."[8] The new experts declared children different and separate from adults.

Physicians organized children's hospitals in an effort to buttress their claim to professional status and their specialty's importance in the emerging health care system. Orthopedic and maternity hospital founders argued that in their facilities patients would receive care from physicians trained to know exactly what the patient needed. Similarly, children's hospitals in Philadelphia, Boston, Washington, D.C., and San Francisco were all founded by groups of physicians claiming children as their focus. French physicians had used a similar reason to justify the establishment of Europe's first children's hospital in 1804, and the claim reverberated through Europe when Germany, Poland, Turkey, and England followed suit over the next half-century.[9]

Some physicians were social reformers joining others in arguing that children's hospitals were a necessary bulwark against the threat urban society posed to fragile families and the dangers cities created for children. First, the families constantly faced disaster. In 1876, the attending physician at the Pacific Dispensary for Women and Children reported on her patients. Many were immigrants who she thought were for the "most part industrious, respectable, [and] intelligent." Still, they were very vulnerable. "On so slender a thread as the health of one working woman frequently depends the support of those who would otherwise sink into the rapidly filling ranks of pauperism." The new institutions had to support that thread and help that family survive by helping the children and educating the mother.

As Rima D. Apple and others have argued, during this period mothering was being "dramatically transformed."[10] New ideas in science and improve-

[8]Jeffrey P. Brosco, "Policy and Poverty: Child and Community Health in Philadelphia, 1900-1930," *Archives of Pediatrics and Adolescent Medicine* 149 (December 1995): 1382. They were not the only ones "creating the institutions;" see, Paul Boyer, *Urban Masses and Moral Order in America, 1820-1920* (Cambridge, 1978); Peter English, "Pediatrics and the Unwanted Child in History: Foundling Homes, Disease, and the Origins of Foster Care in New York City, 1860-1920," *Pediatrics* 73 (May 1984): 699-711; and Robert L. Martenson, "The Emergence of the Science of Childhood [In Perspective]," *Journal of the American Medical Association* 27 (February 28, 1996): 649.

[9]Physicians also opened hospitals for women and their children simply to expand their income, as reported in Sandra Lee Barney, *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930* (Chapel Hill, 2000), 38-39. Children's hospitals in England are discussed in Elizabeth M. R. Lomax, *Small and Special: The Development of Hospitals for Children in Victorian Britain* (London, 1996).

[10]Apple, "Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Century" in *Mothers & Motherhood: Readings in American History*, ed. Rima D. Apple and Janet Golden (Columbus, Ohio, 1997), 90-110. Also see, Lynne Curry, *Modern Mothers in the Heartland: Gender, Health, and Progress in Illinois, 1900-1930* (Columbus, 1999), especially 39-64.

ments in technology were driving this evolution, but the process was a complex interaction between social reformers and poor mothers. Reformers feared that ill-trained Old-World mothers did not have the training necessary to raise children adapted to urban, industrial society. Child health advocates would use a variety of approaches to reach these mothers, including impromptu, outdoor summer clinics, settlement house health education, and children's hospitals.

Second, hospital advocates argued that children were being killed by the city and their parents' inability to protect them from its ravages. In 1869, a founder of the Boston Children's Hospital put the case evocatively. Children were confined "in close courts, narrow alleys, damp cellars, or filthy apartments." They lived in homes where "sunshine never cheers, nor the fresh air purifies." They slept on "uncomfortable and untidy beds, scantily covered from the cold" and eat "innutritious and unwholesome food." Tended by "rough and careless hands, they become easy prey to sickness in its worst forms, and sometimes waste away and die without even the alleviation of soothing words." Reformers and their allied physicians demanded that something had to be done to aid these children.[11]

The advocates feared not only for the children's individual lives, but also for the nation's future. As one reformer argued about slum children: "The child has a right to a fair chance in life. If parents are delinquent in furnishing their children with this opportunity, it is the clear duty of the state to interfere."[12] Reformers critiqued poor parents, chastised industrialists, organized private organizations, and reformed public institutions to ensure the safety and security of these most valuable members of society. And they believed that the new institutions would better protect the children by inculcating them with middle-class values.

The social reformers and professionalizing physicians cooperated because they agreed on the necessity of the hospitals. They joined together in developing places that were strictly regulated medical spaces where physicians and reformers could domesticate parents, educate and cure children, and socialize families. The social reform mission meshed with the medical purpose to create a fictional parent-less home managed by professionals for the purpose of saving children physically and spiritually. Through this process twentieth-century North Americans would come to accept the children's

[11]Boston Children's Hospital, *First Annual Report* (Boston, 1869), 12. Considerable concern was expressed about rural children's health, as evident in Curry, *Modern Mothers*, and Susan Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia, 1995). Yet, by the late nineteenth century the focus was on urban youth, the fabled street urchins who seemingly populated all large American city streets. The classic example would be Jacob Riis, *How the Other Half Lives* (New York, 1890).

[12]Viviana Zelizer, *Pricing the Priceless Child: The Changing Social Value of Children* (Princeton, 1985), 27.

hospital as an integral part of the modern health care system.

The Formative Generation of Children's Hospitals, 1855-1890

Progressive Era advocates for children's hospitals were innovators, not originators. Founders of the formative generation of children's hospitals during the Gilded Age were already experimenting with the components that would come together in the coherent designs of the later era. Although men established several of the first hospitals, such as Philadelphia and Boston, women were active boosters of children's hospitals from the start. Women physicians viewed the hospitals as an institutional response to gender discrimination in medicine.

In Chicago, Dr. Mary Thompson established Women's and Children's Hospital in 1865, at a time when the city's two hospitals would not allow women to "utilize their facilities and one did not accept women patients." In San Francisco, Drs. Martha Bucknell and Charlotte Blake Brown called the meeting where seventy women incorporated the Pacific Dispensary for Women and Children that would later become Children's Hospital of San Francisco. Their mission explicitly recognized the role of women in every element of the organization: "To provide for women the medical aid of competent women physicians, and to assist in educating women for nurses, and in the practice of medicine and kindred professions."[13] In such institutions, women physicians could practice medicine, rejecting the gender discrimination of the medical profession.

Thompson founded her hospital only after an earlier effort by two non-physicians to found a dispensary failed. In the decades after that failure, women often teamed with male physicians to start new hospitals in cities across the nation. In St. Louis, in 1878, four doctors and seven women civic leaders met to form the new hospital. They set up three boards to oversee the new enterprise, a female board of managers, a male advisory board, and a physicians' advisory committee.[14] In many of the new hospitals, women assumed control of the institution's activities, deciding everything from building plans to whether the children deserved a Christmas tree.

Most older Americans viewed the hospital as a desolate place where poor people died. The formative generation of children's hospitals was cloaked in

[13]On Thompson, Beulah Cushman, "Early American Hospitals: The Women and Children's Hospital," *Surgery, Gynecology and Obstetrics* 60 (March 1935): 753. On Bucknell, Brown and CHSF, Dr. Adelaide Brown, "The History of the Children's Hospital in Relation to Medical Women," 11, and the hospital's certificate of incorporation as reprinted in March, 1875, found in the archive at the Bancroft Library, University of California at Berkeley.

[14]The women's role in founding and sustaining one of these hospitals is the focus of Marion Hunt, "From Childsaving to Pediatrics: A Case Study of Women's Role in the Development of the St. Louis Children's Hospital, 1879-1925" (Ph.D. diss., Washington University, 1992).

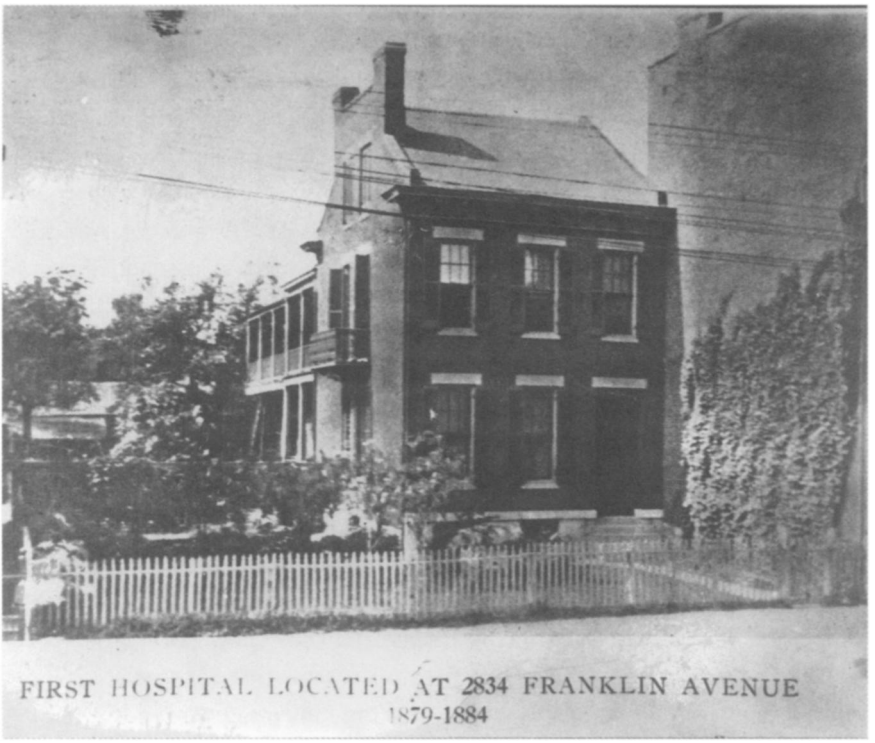

Fig.ure 1: St. Louis Children's Hospital, Franklin Avenue Building, 1879. The converted residences offered care for charity patients without access to the private medical system. Source: St. Louis Children's Hospital, *Annual Report* (1915). Courtesy of Becker Medical Library, Washington University School of Medicine.

the metaphor of home. The managers of Boston's Children's Hospital argued that only in a hospital such as this one could children get the care and comfort that they needed. Noting that a patient might have to "lie upon his bed, his limb in one position all the time" not just for weeks, "but months," would anyone care after a while? "Would not neighbors, friends, and even relatives lose faith as to his restoration, and constancy in their attendance upon him?" In the children's hospital, nurses would give "firm, kind, and faithful attention" that would quickly end "the irritable, querulous cry of our patients" and "their filthy, rude, or disorderly habits."[15] In these homes, children would be looked after properly.

The children's hospitals were model homes where children would be cured physically and educated morally. The female managers of St. Louis Children's Hospital recognized these hopes when they commented on the religious services offered through "the devotion of one young lady": "We believe that...these little ones, taken from homes of want—sometimes of crime—may look back to the weeks passed in our Hospital...and feel in

[15]Boston Children's Hospital, *Second Annual Report* (Boston, 1870), 14.

maturer years, that not only were their physical burdens relieved, but that Christian principles were instilled and fostered."[16] Such hopes were, of course, shared by a wide range of social reformers during this period. As historians have chronicled, the rising fear of the industrial city provoked a plethora of reform efforts and focused attention on the moral failures of American society. Children's hospitals, along with orphanages and almshouses, were intended to serve as institutional support for these efforts.

Thus the theme of the home served multiple purposes. First, the home was a practical reality since most children's hospitals were forced to start in a converted residence. As Mary Rogers, superintendent of Children's Hospital of the District of Columbia (CHDC), noted in her 1894 survey of children's hospitals, each organization seemed to go through "a repetition of this small beginning," as illustrated in figure 1 by the first building of St. Louis Children's Hospital. For instance, CHDC opened its doors during 1871 "in a small rented house on the northwest corner of Thirteenth and F Streets, Northwest." The hospital's physicians and women managers instilled the hospital with the mission of offering treatment of "the medical and surgical disease of children, where all shall be treated gratuitously."[17] The institutions intertwined charity and care seamlessly.

At CHDC, the Lady Visitors managed the daily activities of the institution, shopping for food and furnishings. After they acquired a building, they bought bedding for "twelve small cribs," along with "towels, table linen and many of the other immediate needs."[18] The wards were very small in most of the hospitals, having room for only four, six, or twelve patients in the earliest structures.[19] Hospital managers perceived that they could serve only a small number of the growing population of poor children in need. CHDC admitted fewer than 250 patients a year over its first decade of service.[20]

Second, the combination of home and hospital served as a welcome transition from the home-based health care system to the modern institutional

[16]Hunt, "From Childsaving to Pediatrics," 59, quoted from the hospital's 1886 annual report, 8.

[17]*Charter and By-Laws of The Children's Hospital of the District of Columbia* (Washington, 1879), 7. The earlier quote comes from Edith A. Torkington's unpublished manuscript, "History of The Children's Hospital of the District of Columbia, 1870-1948" (Washington, June 1949), typescript manuscript found in the hospital's library.

[18]The Board of Lady Visitors of the CHDC, "Highlights of a Hundred Years, 1870-1970," pamphlet, CHDC library archive, 2-3.

[19]In the first discussion of children's hospitals in the literature, Mary L. Rogers reported that ten children's hospitals had been opened by 1881 and that the first nine had an average of eight beds. Laura Franklin, she approvingly noted, had opened with fifty beds; Rogers, "Children's Hospitals in America" in *Hospitals, Dispensaries and Nursing: Papers and Discussions in the International Congress of Charities, Correction and Philanthropy*, ed. J. S. Billings and H. M. Hurd (Baltimore, 1894), 373-74.

[20]Statistics from *Fifty-Fourth Annual Report* (Washington, 1927), 47. The hospital did not admit over 1,000 patients in a year until 1913. During that same period, the hospital reported that it served up to 6,000 patients annually through its dispensary.

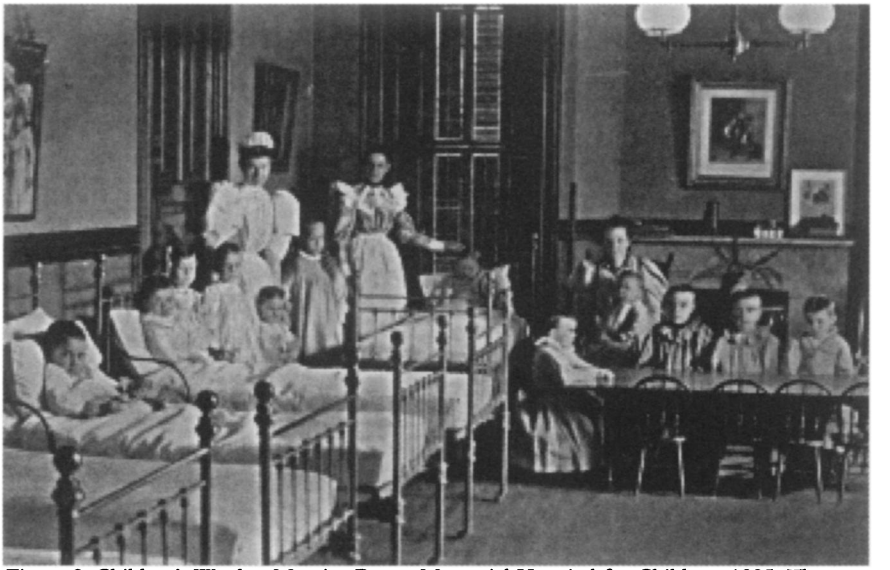

Figure 2: Children's Ward at Maurice Porter Memorial Hospital for Children, 1895. The art on the walls and shutters on the windows emphasized the home-like nature of the wards, while the nurses symbolized order in the medical space. Source: Maurice Porter Memorial Hospital for Children, *Annual Report* (1895). Courtesy of the Chicago Historical Society.

system. Particularly for children, leaving home must have been traumatic. Rogers reported that mothers had repeatedly told her, "they would bring the child where so many other children were, because he would not be lonely, but would never take him to a 'big' hospital."[21] Unlike at Massachusetts General, no one needed to worry that the patient in the next bed would be an adult.

Third, they would not be just any homes. Poor children going to a children's hospital in Boston, Chicago, and Toronto would experience a home with the best furnishings and the correct atmosphere. Managers, volunteers, and physicians viewed themselves as saving children from their "close courts, narrow alleys, damp cellars, or filthy apartments." As a result, a hospital ward was intended to produce behaviors unlike those they believed prevailed in a child's home: "Within the first few days, the irritable, querulous cry of our patients, their filthy, rude, or disorderly habits, yield before the potent, because firm, kind, and faithful attention of our ladies [nurses]."[22] Indeed, visitors noted their pleasure at the "fat and rosy faces, the happy frolics, the improved manners…." CHDC's Lady Visitors reported in 1883 that the institution proved for many "poor destitute" children "the happy home" "to which they have been strangers" outside the hospital. In the imaginations of the Lady Visitors, the hospital became for patients "the *one*

[21]Rogers, "Children's Hospitals in America," 378.
[22]Boston Children's Hospital, *First Annual Report,* 12; *Second Annual Report*, 10.

bright spot of earth which they have learned to call *home*."[23]

The wards and other spaces in the hospital were designed to invoke these behaviors, a combination of polite home and structured institution. They were decorated with paintings, furnished in wood, and presented the appearance of a well-cared-for home. Early photographs show wards that resemble small bedrooms, although crowded with extra beds and children carefully posed. Then, such attitudes were reinforced by donations like that from Miss Brewer's to the patients of Boston's Children Hospital during summer 1873—"ice cream every week through the hot weather."[24] Wrapped in their donated blankets, children could eat their ice cream in the hospital's playroom or out on the porch.

Placing a child in such an environment reflected the influence of health reformers like Florence Nightingale, whose belief in a miasmatic theory of disease transmission led her to promote hospital designs, such as the pavilion plan, that fostered the cleansing effects of fresh air and sunlight. A miasma, or atmosphere of decomposing material, was believed to contain the contagious illnesses that were then inhaled by persons moving through it. As a result, Nightingale called for cleanliness, order, fresh air, and sunlight as guardians of health.[25] The new hospitals tried to replicate these conditions through innovative ventilation systems, large windows, and porches, as well as summer camps where the elements were particularly abundant.[26]

Throughout the early years, personal care was the main treatment for most diseases. Medicine would only gradually offer a more robust set of interventions, as surgical techniques improved and diagnostic technologies originated. The early medical treatment might be a "merry frolic, a pleasant smile" since these were the methods the "wise physician strives to employ in his care of children's diseases, and regards as more potent than drugs."[27] The children were placed in the care of "Christian ladies" and professional physicians who could be trusted to strengthen "their bodily condition."[28] The first Lady Superintendent in Boston was hired for her "faith, patience,

[23]CHDC, *Twelfth Annual Report* (Washington, 1883), 13; the italics are in the original.

[24]Clement A. Smith, *The Children's Hospital of Boston: "Built Better Than They Knew"* (Boston, 1983), 44, footnote.

[25]Rosenberg, *The Care of Strangers*, 127-37.

[26]A number of children's hospitals would open summer homes or camps. Boston Children's Hospital planned to open a convalescent home in Wellesley as early as 1874. See, *Sixth Annual Report* (Boston, 1874), 8. This home was later fully described in, "The Convalescent Home of the Children's Hospital," *Twenty-Fourth Annual Report* (Boston, 1893), 39-42.

[27]Boston Children's Hospital, *First Annual Report*, 10. Information on expenditures in the annual reports for the CHDC suggest how little was spent on medicines, suggesting the limited nature of medical intervention during the period. Between 1872 and 1877, the total budget of the hospital skyrocketed from $8,178 to $22, 336, while "Medicine and Supplies," actually declined from $926 to $643.

[28]Ibid., 8-9.

and self-denial." Nursing was acquiring professional status. Nonetheless, the women were expected to work for little or no money, their main reward being just the altruistic experience. In addition, the Lady Visitors in Washington made daily visits and weekly inspections to ensure communication between physicians and the managers and to review the condition of that the physical plant.[29]

The new hospitals themselves barely survived in the early years, eking by on gifts such as Miss Brewer's ice cream. Nineteenth-century charitable institutions, ranging from hospitals and orphanages to schools and settlement houses, depended upon strong social networks that provided services well beyond simple financial support. Women gave children's hospitals everything from blankets to flowers and medical supplies to food. The Maurice Porter Memorial Hospital for Children (later Children's Memorial Hospital) in Chicago was fortunate when it was established in 1882 "dedicated to the free care of the sick" since Julia F. Porter had endowed the new hospital in the name of her son. She provided the hospital, furnishings, and a $2,500 annual stipend. Even then, the hospital depended on community women's generosity. The hospital's 1892 annual report included a long list of donations: Miss Stafford gave "jellies and sauces;" Mrs. Cobb, "Books and Easter gifts;" Mrs. Rice, who is noted as "a friend," provided a barrel of apples; and so on for over a page.[30] Such lists were common in every children hospital's annual report. The lists included toys from children, food from church groups, linens and flowers from individuals, and treats such as turkey at holidays.

The state of medical science and architecture, and the reformers' conceptions of appropriateness also influenced how they defined "children." Mary Rogers noted in 1894 that few of the early hospitals accepted children suffering from contagious diseases, as well as chronic and incurable illnesses. The focus was on curable, acute care medical illnesses such as an abscess, burn, and fracture. They feared that a patient developing diphtheria could mean multiple deaths of sicker children. Still, the hospitals constantly were filled with infectious and contagious illnesses.[31] Hospitals worried that the chronically ill would consume too many hospital resources and that dying children would reflect badly on the reputation of the hospital. Hospital managers were trying to change the public's perception of the hospital from a place where people died to one where patients recovered. Records do

[29]CHDC, *Ninth Annual Report* (Washington, 1880), p. 14.

[30]Maurice Porter Memorial Hospital for Children, *Annual Report* (Chicago, 1895), 20.

[31]Among the early cases in Milwaukee were children with tuberculosis, typhoid fever, scarlet fever, and measles; Children's Hospital of Wisconsin, "100 Years of Caring, 1894-1994," a pamphlet privately printed in 1994, 4. A similar diphtheria outbreak is chronicled in Medical Staff Report, CHDC, *Twentieth Annual Report* (Washington, 1892), 11.

show that some children lived for years in hospitals, apparently at least partly because staff perceived that they had no other appropriate place to go.[32]

The first generation of children's hospitals also rarely accepted babies under the age of two or children beyond the age of thirteen or fourteen. They refused babies because most physicians associated infant care with their mothers and because hospital officials were concerned that babies would not thrive among the older ill children. Individual institutions, such as Babies Hospital in New York City, were organized for infants, while many general hospitals admitted mothers and their children.[33] As for the older children, as CHDC pointed out in its 1884 annual report, the hospital did not admit patients above the age of twelve "for reasons recognized by the physicians in charge as necessary for the maintenance of a proper moral standard in the Institution."[34] While physicians feared that infants might be exposed to further disease, apparently managers were equally worried about social issues when they placed the upper age restriction.

This first generation of hospitals provided care for the suffering in hopes of "quickening their intellects, refining their manners, and softening and encouraging their hearts."[35] As one proponent argued, they may have been "short in scientific output, but [they were] long in the intelligent and personal care and attention…given suffering humanity."[36] They employed their medical homes to provide children with amenities and services unknown to them in their own houses and apartments. Through the giving of the charity, the women hoped to reform and mold their young charges into respectable citizens. With new intellects, refined manners, and softened hearts they would influence their families and therefore improve their society.

The Progressive Impulse, 1890-1917

The next generation of women reformers would draw upon these early examples as models for the development of children's hospitals and children's wards throughout the United States. Progressives looked back at these hospitals for their mission—child saving—and their approach—institution building. Progressives embraced the children's hospital as one link in their web of institutions that they hoped would protect children and their families from the vagaries of the mature industrial society. Medical professionals instilled the institutions with the elevated status that the medical professions acquired in the early twentieth century. Still North Americans would even-

[32]See, for instance, see the discussion of "Jamie" and "Mamie" in the *Fifth Biennial Report of the Board of Directors of the Pacific Dispensary and Hospital for Women and Children* (San Francisco, 1885), 10.

[33]Rogers, "Children's Hospitals in America," 375.

[34]CHDC, *Fourteenth Annual Report* (Washington, 1885), 16.

[35]Boston Children's Hospital, *First Annual Report*, 13.

[36]Brown, "The History of the Children's Hospital in Relation to Medical Women," 5.

DISPENSARY.

Figure 3: Dispensary Space and Waiting Patients, St. Louis Children's Hospital, 1908. Outpatient medicine was offered to thousands of young patients through children's hospitals' dispensaries. Note the stark nature of the treatment room. Source: St. Louis Children's Hospital, *Annual Report* (1908). Courtesy of Becker Medical Library, Washington University School of Medicine.

tually send their children to these hospitals equally because of the efforts of women social reformers.

The children's hospitals were growing into sophisticated medical enterprises housed in nostalgic domestic environments where children and their families were taught middle-class manners and morals. Innovative surgical techniques and other medical practices would be introduced, but the hospitals themselves were designed with porches and playrooms. Hospital founders and supporters thought that children were victims of industrialization and urbanization who needed education to remain healthy and productive citizens, so they created new facilities where their bodies were saved and their futures changed.

The number of children's hospitals tripled in the United States and Canada between 1890 and 1920. They were not just in large cities such as Buffalo (1892) and Denver (1910), but also in Winnipeg (1907) and Fort Worth (1918). The concept would find a home in industrial cities such as Pittsburgh (1890) and Oakland (1913). Two hospitals would open in Montreal, one for English Canadians (1903), the other for French Canadians (1907). Three Texas hospitals would be established in the emerging cities of that state during the 1910s. A new hospital would even be established off the mainland in Honolulu (1906).

The new hospitals sometimes started as nurseries, dispensaries, and clinics especially for children. For example, in 1895, a group of Los Angeles women opened the King's Daughters Day Nursery, which cared "for the unfortunate children of mothers who had to work outside the home." Two years later, Denver women, led by suffragist Dr. Minnie Love, opened an outdoor tent clinic for gastro-intestinal disorders during the summer months.[37] When desperate poor mothers overran the nurseries and clinics searching for help for children who were often very sick, the women took the next logical step, the establishment of a children's hospital. In Los Angeles, the new hospital opened in 1902, Denver in 1910.

The dispensaries remained an important element of the hospital, providing a transitional space for many families who continued to fear the hospital. In 1899, St. Louis Children's Hospital president Mary W. McKittrick, noted that many poor people in that city continued to have "a prejudice against Hospitals, but gladly bring their sick children to be prescribed for [at the dispensary], and then in some cases are induced to leave them where they can have better care. We believe that this prejudice is slowly being outgrown."[38] The dispensaries were sparsely furnished treatment rooms where

[37]Harriet Dakin and Mary L. McNamara, compiler, *History of the Children's Hospital of Los Angeles* (Los Angeles, n.d.), 7; Rickey Hendricks, "Feminism and Maternalism in Early Hospitals for Children: San Francisco and Denver, 1875-1915," *Journal of the West* 32 (July 1993): 66.

providers saw a remarkable number of patients. Several thousand patients were seen each year in Washington and San Francisco. The children going through them were multiracial and multiethnic, but nearly all were poor and in need of care.

Most hospitals were established out of the same voluntary spirit as in the earlier era. Women's organizations, such as the King's Daughters in Los Angeles, and ad hoc groups, as in Milwaukee and Birmingham, came together to commit their time and energies to the project. In Milwaukee, seven women formed a new corporation, the Milwaukee Children's Hospital Association, and named themselves the board of directors.[39] Other groups immediately created a link with their husbands and other civic leaders by naming a male board of directors. Either way, the Lady Visitors or Lady Managers typically organized the fund raising, the purchase or renting of space, the hiring of a staff, and the eventual furnishing of the new hospital. Then, continuing the tradition started in earlier years, the wider women's community would contribute everything from a new set of towels to money.[40]

The new power that urban civic elite women flexed during this period accelerated their efforts. In 1918, a group of local citizens established the Fort Worth Children's Hospital in response to an appeal from the city's Federation of Women's Clubs "in an effort to overcome the high infant mortality in the community." Nationally, the General Federation of Women's Clubs had more than a million members. Federation groups as well as other citizen groups agitated for the creation of a federal Children's Bureau and other legislation intended to protect mothers, children, and families. Many of the same women were active in local organizational activities such as the drive to found children's hospitals. The desire to establish substitute homes for the children was a reflection of the larger "maternalist" municipal housekeeping movement to reform urban life.[41]

The first hospitals in this generation looked much like those of the previous. Shortly after the Los Angeles children's hospital first opened in 1902, it was housed in a lovely converted home. It was described in the local news-

[38]St. Louis Children's Hospital, *Ninth Annual Report* (St. Louis, 1881), 13.

[39]Children's Hospital of Wisconsin, "100 Years of Caring," 2.

[40]The Children's Hospital of Los Angeles' Corresponding Secretary reported that the hospital had sent over 1,000 thank you notes in return for donations, *Fourth Annual Report* (Los Angeles, 1905), 26. Also see, Kathleen McCarthy, "Parallel Power Structures: Women and the Voluntary Sphere," in *Lady Bountiful Revisited: Women, Philanthropy, and Power*, ed. Kathleen D. McCarthy (New Brunswick, 1990), 17. She notes that during the 1870s and 1880s, Chicago women contributed gifts of $700,000 in amounts of $5,000 or more to local women's and children's hospitals and nursing schools.

[41]Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge, MA, 1992). The material on Fort Worth Children's Hospital comes from Fifield, *American & Canadian Hospitals*, 1167.

Figure 4. Children's Hospital, Los Angeles, ca. 1912. As the institutions matured, they moved to new buildings, which reflected growing medical sophistication while retaining reformers' aspirations to domesticate the poor children. Courtesy of the University of Southern California, on behalf of the USC Library Department of Special Collections.

paper as "a neat two-story house, surrounded by ample grounds, enclosed by a low cypress hedge." It was bordered by shade and fruit trees and had been "repainted inside and out, the latter a canary color with white trimmings." Its seven rooms were "flooded with sunshine all day." The newspaper writer asserted that the "influence of the new institution is already felt in the neighborhood and adjoining properties are being put in repair and repainted."[42] It was good for the neighborhood and good for the patients, who were perceived to be better off because they were in such a place.

Then, a new generation of hospitals opened that signaled a new balance between medical and social missions. When Sarah Morris Children's Hospital of Chicago opened its $300,000, five-story structure in 1913, hospital architects John Allan Hornsby and Richard E. Schmidt considered it "the last word in children's hospital construction."[43] It included a milk production station in the basement, isolation wards (single rooms) on the first, admitting floor, a variety of small and large wards, with access to sun porches on each of the inpatient floors, a completely separate modern surgical suite, and clusters of private rooms.

Sarah Morris and other new facilities symbolized the delicate ballet that managers, architects, and physicians were dancing as they tried to maintain the home-like character of the hospital even as medical interventions were

[42]Boston Children's Hospital, *First Annual Report*; "The History of Children's Hospital," Children's Hospital of Alabama Online, <http://www.chsys.org/aboutus/aboutus.htm> (Feb. 24, 2000), and the CHLA from *The Los Angeles Times*, Jan. 22, 1902.

[43]The dollar figure comes from Sarah Gordon, ed., *All Our Lives: A Centennial History of Michael Reese Hospital and Medical Center, 1881-1981* (Chicago, 1981), 86. John Allen Hornsby and Richard E. Schmidt, *The Modern Hospital: Its Inspiration, Architecture, Equipment, Operation* (Philadelphia, 1913), 132.

increasingly sophisticated and successful.[44] X-Rays and other diagnostic equipment allowed more precise diagnoses of illnesses. Improved anesthetics and the implementation of aseptic procedures greatly improved surgical results. These improvements increased the tensions between medical providers and social reformers: "Modern medical science calls for the applications of methods of diagnosis and treatment many of which can only be applied by men of special training."[45] The quaint children's hospitals needed to improve their professional standing, and that threatened the atmosphere that the women had worked so hard to sustain.

The prime example was the prominence of the surgical suite within the new buildings. Many nineteenth-century hospitals were built without an operating room, or the operating room was a small room in the larger administration building. When Boston Children's Hospital published its 1881 annual report, it included a floor plan for a proposed new building. Two large wards of twenty beds were located on either side of a central building. That building's primary areas were used for reception, dining, and administration. Set off behind these areas was another set of rooms, including a small ward, and a rudimentary operating room. In 1914, the hospital dedicated its new complex, with its main administration building, nurses' home, out-patient facility, four pavilion wards, and the operating rooms "in a special building." The building held four small operating rooms with galleries ringing the tables for twenty-four observers. Surrounding the operating rooms were rooms for dressing the wounds, etherizing, recovery, and sterilizing instruments. Surgery had emerged as one of the hospitals' primary justifications for taking children from their homes. Not surprisingly, orthopedics quickly became one of the hospitals' most important medical specialties.[46]

Women reformers struggled to retain the social mission and the sense of home in their evolving institutions by incorporating elements of Progressive philosophy into the buildings and the children's routines. Porches were added to the buildings as much for a home-like atmosphere as for continuing therapeutic reasons. Hospital milking stations symbolized an integration of medical science and social reform. Playrooms inside and playgrounds outside provided venues for structured play that was partly therapy, partly socialization. The hospital became a school where patients were not only taught about health, but also where their parents learned about their chil-

[44]On changing medical practices in the hospital, Joel Howell, *Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century* (Baltimore, 1995).

[45]St. Louis Children's Hospital, *Annual Report for 1919* (St. Louis, 1920), 14.

[46]Boston Children's Hospital, *Thirteenth Annual Report for 1881* (Boston, 1882), prior to the Report of the Board of Managers, and *Forty-Sixth Annual Report for 1914* (Boston: Privately printed, 1915), 17-18.

Figure 5: Porches, Children's Hospital of the District of Columbia, 1928. Porches not only reinforced the domestic nature of the hospital, they also served as spaces for fresh air treatments and viewing places for parents to see their children. Source: Edward F. Stevens, *The American Hospital*, 3rd ed., 1928, in the author's collection.

dren's needs. These elements symbolize the tenacity with which the women managers sought to maintain their vision even as they adapted to the new era.

The porches at Chicago's Sarah Morris Hospital, for instance, served both as a therapeutic environment where sick children were exposed to fresh air and sunlight and as a physical reminder of a gracious home and its values. Physicians of the time believed that porches remained important for children with respiratory diseases such as tuberculosis. Sun porches, terraces, and corridors could be found in virtually every children's hospital. "We are also planning to build a two-story fire-proof porch on the south side of the building," the St. Louis Children's Hospital reported in its 1905 annual report. The porch was to be "glassed in winter and screened in summer" and serve primarily tuberculosis patients.[47]

The porches embodied the institutional values of the women reformers. A beautiful North American home almost always included a porch, a symbol of neighborliness. Here, the porches were another "beneficial influence" that managers hoped could educate children away from old bad habits and inculcate new good ones. As the CHDC managers asserted in their 1895 annual report, "Instances are not uncommon of the beneficial influences that have been exerted upon families by children who have been treated in

[47]St. Louis Children's Hospital, *Annual Report for 1905* (St. Louis, 1906), 5.

our hospital for comparatively short periods."[48] To achieve these results, they needed to provide an environment that mirrored the values they hoped to inculcate.

The porches were manifestations of the children's hospital as a fictional home in which parents gave up their children to the scientific and moral guidance of hospital physicians and managers. In 1918, a leading commentator on hospital administration, Dr. Stanford McLean, wrote, "Of course it would disrupt a hospital if mothers were allowed to visit their children more than once a week...." Boston Children's Hospital, for instance, allowed one relative at a time to visit sick children from 11 a.m. to noon each day of the week from its opening in 1869 until 1882. Then, it restricted visiting to Monday, Wednesday, and Friday. In 1894, it further restricted it to just Wednesday from 11 a.m. to noon.[49] Sick babies were not to be touched by the mother, visits were to be only one or two hours a day, one or two visitors at a time, and all gifts were strictly monitored to ensure that no contraband, such as ice cream and candy, was brought into the building. Such restrictions were part of the hospital policies, constructed into the buildings. At CHDC, when children were wheeled out for their daily sun onto the porches as on the third floor of the building in figure 5, parents could stand below them to gain glimpses of their children.

McLean would have never considered limiting medical personnel's right to hold, touch or physically manipulate the patients. In an age when nurses lived in homes adjacent to the hospitals, and patients were hospitalized for long periods, such a physical distance would have been impossible. It also would have been unthinkable. Hospitals regularly showed nurses holding children and staff standing among the children in their wards, as in figure 6 where a nurse holds a child on Christmas Eve. Christmas is one of the icons of domestic bourgeois life, lived here with the smiling nurses and paternal physician. Parents were not included in the tight family of the children's hospital. They were figuratively and literally outside.

Milk is associated with motherhood and the family as the porch is synonymous with the gracious home. During the Progressive Era, milk was tied to a broad reform effort to combat infant mortality and childhood diseases, and children's hospitals played an important role in focusing public attention on the issue, educating parents of their patients about the concern, and establishing exemplars of how to raise children. Many children's hospitals

[48]CHDC, *Twenty-Fourth Annual Report for 1895* (Washington, 1896), 9.

[49]The changes in Boston's visiting hours are recorded on the back covers of the annual reports from 1869 to 1894. Shortly thereafter, Boston stopped putting its visiting regulations in the annual report. The limitations on visiting hours are reminiscent of the moralistic atmosphere in early-nineteenth-century general hospitals, raising the question of whether such limitations reflected older moralistic strictures or new medical regulations.

either opened milk production facilities or allied themselves with milk depots. When Hornsby and Schmidt wrote their book on hospital design in 1913, they praised the "milking station" within Sarah Morris Children's Hospital in Chicago.[50] The three rooms held sterilization and pasteurization stations and a workroom. The Women's Auxiliary Board of the African American Provident Hospital in Chicago "took over leadership of [the hospital's] infant feeding program in order to provide free pure milk to babies in poor black neighborhoods." Children's Hospital of San Francisco opened a laboratory in 1893, while the managers in St. Louis sold 4,500 bottles through their dispensary in 1908.[51]

The milk stations were technologically sophisticated places that served a social mission. They were manifestations of the efforts that managers took to employ science and innovative medical practices in service of their aspirations to change children and through them society. They were reminders that Progressive Era women used technology even as they struggled to maintain the fiction of the hospital home. Faced with the refusal, in reformers' minds, of poor parents to ensure that their children were fed proper milk, the children's hospitals proved a vehicle for education as well as healthy milk distribution. And, of course, milk stations offered an opportunity to teach parents about other nutritional and hygienic issues.

Hospitals opened kindergartens in keeping with Progressive emphasis on education, and the hospital's mission to transform the children, and through the children, their families, and society.[52] In 1895, the CHDC President argued that wealthy residents should support the institution for reasons beyond the actual saving of lives. The institution was inculcating "habits of cleanliness, order, and deportment" that led to the "beneficial influences that have been exerted upon families by children who have been treated in our hospital for comparatively short periods."[53] The hospital was not simply a place for the physically ill; it was also a place for normative training and moral education, as suggested in figure 6, where a nurse reads to children on Christmas Eve in Chicago.

The value of education was intricately tied to Progressive conceptions of

[50]Hornsby and Schmidt, *The Modern Hospital*, 412-42. Summaries of milk reforms are available in Judith Walzer Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (Madison, 1982), ch. 5, and Richard Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929* (Baltimore, 1990), ch. 3.

[51]Smith, *Sick and Tired*, 24; Children's Hospital of San Francisco, "Summary of Events at CHSF, 1875-1918," 12, a typescript record in the hospital's archive at Bancroft Library, University of California at Berkeley; St. Louis Children's Hospital, *Annual Report for 1908* (1909), in the report of the Dispensary Attendant.

[52]St. Louis Children's Hospital annual reports in 1882, 1895, and 1896 discuss educating the patients. Children's Hospital of San Francisco opened a kindergarten in 1890 according to its annual report for that year, "Summary of Events at CHSF, 1875-1918," 10.

[53]CHDC, *Twenty-Fourth Annual Report for 1895*, 9.

Figure 6: Christmas Eve, Children's Memorial Hospital, Chicago, 1912. Young patients were often in the hospital for long periods, and the staff became a surrogate family. Source: *Chicago Daily News*, December 24, 1912. Courtesy of the Chicago Historical Society.

play.[54] Within the new hospitals, reformers strove to establish the atmosphere of the middle-class home so poor children might be exposed to proper manners of play. Playrooms, such as the one Edward Stevens, the leading North American hospital architect during this period, shows in the children's pavilion at St. Luke's Hospital in New Bedford, Massachusetts, were commonplace.[55] This room could easily be an enclosed New England porch in one of the mansions that sat high on the hills overlooking the city. The toys scattered on the floor could have been left by one of the family's children after a long day of play. The flowers might have been brought out here to sit in the sun before returning to grace the evening's dinner table. Here, the children's hospital simulated a home, with surrogate parents overseeing the routine activities of children.

Toys would also be brought outside, as on the porch at Children's Memorial Hospital in figure 6. Or, convalescent children might be able to

[54]The connection of play and Progressivism has been widely discussed, see Paul Boyer, *Urban Masses and Moral Order in America, 1820-1920* (Cambridge, 1992); Dominick Cavallo, *Muscles and Morals: Organized Playgrounds and Urban Reform, 1880-1920* (Philadelphia, 1981); and Clarence E. Rainwater, *The Play Movement in the United States: A Study of Community Recreation* (Chicago, 1922). For a recent discussion of play and politics, Sarah Jo Peterson, "Voting for Play: The Democratic Potential of Progressive Era Playgrounds," *Journal of the Gilded Age and Progressive Era* 3 (April 2004): 145-75.

[55]Edward F. Stevens, *The North American Hospital,* 3rd ed. (New York, 1928), 225-31.

use play therapy rooms and playgrounds as both a way to strengthen their bodies for recovery and to learn the social skills of organized recreation. The plan for Chicago's Sarah Morris Hospital for Children, illustrated in Hornsby and Schmidt's book on hospital architecture, shows a large two-story "Exercise and Play Room," with children playing with a variety of toys amid what appear to be early examples of physical and occupational therapy equipment. Professionals would eventually start occupational and physical therapy practices that included play as part of the medical routine.[56]

In 1925, Dr. Adelaide Brown, daughter of Children's Hospital San Francisco's founder Dr. Charlotte Blake Brown and on the staff of the same hospital, reported about the need for "preventive pediatrics." She told the story of a "depressed weeping feeble mother" arriving back at the hospital two to four weeks after birth with a screaming baby. The mother reported "inadequate breastfeeding," lack of sleep, and bad advice from neighbors. Brown chronicles how that same baby was completely changed a week later after the mother received education about feeding, caring, and proper bathing of the baby. She hoped that such education would convince hospital administrators that even after "housing the obstetrical case, furnishing modern asepsis and excellent technical care of the baby and mother"—in other words meeting the mother's needs as defined by scientific medicine—they still owed "some duty to the baby's start at home."[57] With each baby, then, the hospital would help educate families about proper hygiene and nutrition, lessons that could easily affect the entire family. Education, like the hospital's environment, was carefully constructed to not only heal the children, but also to change them and their families.

Private Patients and Medical Maturity After 1915

The Progressive Era hospitals developed more sophisticated budgets to match the increasingly complex medical environment. Around 1920, Dr. Adelaide Brown wrote a history of San Francisco Children's Hospital. She noted that since 1875 the staff had grown dramatically, the endowment was increasing, and the complications of running this enterprise with its multiple buildings and numerous services had led the hospital to affiliate with the University of California, an example of the eventual integration of children's hospitals into the maturing health care system.[58]

The prime motivation for that integration was that children's hospitals had transformed from a public charity for the poor into a medical service for all children. In 1925, St. Louis Children's Hospital added a sixth story to its

[56]Oliver H. Bartine, "Hospital Construction: The Viewpoint of a Hospital Superintendent," *The American Architect* 107 (October 13, 1915): 241-49.

[57]Adelaide Brown, "Preventive Pediatrics," *Archives of Pediatrics* 42 (January 1925): 59-63.

[58]Brown, "The History of the Children's Hospital in Relation to Medical Women," 9.

Liggett Memorial Building. The "Private Corridor" had an unobstructed view over Forest Park and "an abundance of fresh air and sunshine." The designers planned the floor to "furnish not only the very best accommodations for the patients, but also to make the arrangements such that the parents of the patients could be comfortable and to make it possible for the doctor's work to be done in the best possible way."[59] Shortly after the private corridor opened, Physician-in-Chief McKim Marriott noted, "...parents are coming to realize the advantages of hospital care for the diagnosis and treatment of disease in children." He remarked further that the "homelike surroundings" and the "convenient arrangement for mothers who desire to stay with their children" had made the private services quite popular, even drawing a "fair proportion" of private patients from out of town.[60]

Ironically, in the same annual report, the chief of the ambulatory services, primarily used by the poor, complained that the many poor children from outside St. Louis needed hospital services, but hospital rules prohibited them from being served. Further, although African Americans had long been an important patient population for the hospital, when the Liggett Memorial Building originally opened in 1913, the women Board of Managers ruled they should be excluded from the facility. After some members objected, the board decided that the "motion be not recorded without some expression of regret."[61] The managers were protecting the spaces reserved for wealthier children and their parents.

In 1918, Dr. McLean wrote an essay on the management of children's hospitals where he gave little credit to the women who had established, sustained, and defended the children's hospitals. His meaning was clear when he asserted the need for a "model children's hospital" with social services managed professionally by the medical staff, "not relegated, as it is in most cases at present, to the sporadic efforts of a well-meaning board of women managers." McLean argued further that only men should superintend a children's hospital since women offered "too much Christmas tree and not enough bookkeeping."[62] Clearly women, the founding force and sustaining power of children's hospitals throughout the last half-century, were now being marginalized as meddling busybodies who should leave the direction of these important institutions to men. Actually, not just any men; McLean clearly meant that the time had come for the children's hospital to be governed by physicians.

[59]St. Louis Children's Hospital, *Annual Report for 1924* (St Louis, 1925), 9.
[60]Ibid., 13.
[61]The discussion is noted in the Board of Managers minutes, May 23, 1912.
[62]McLean, "Standards for a Children's Hospital," 325.

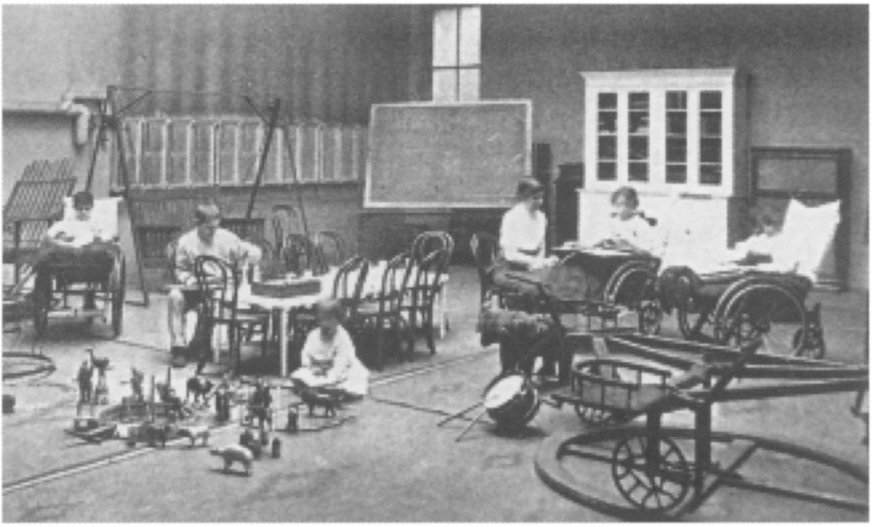

Figure 7: Play Room, Sarah Morris Hospital for Children, 1915. Play was an important element of Progressive reform, and it was integrated into the hospitals both for physical therapy and for other wholesome purposes. Source: *The American Architect* (October 13, 1915) #2077; Courtesy of the University of Southern California, on behalf of the USC Library Department of Special Collections.

Dr. Adelaide Brown mourned the coming changes. In her history of the San Francisco children's hospital, she issued a warning that while the staff of the children's hospital remained seventeen women and six men, "[l]ook out for the camels who get their heads under the tent." She answered her rhetorical question of why places should be held for women, "I ask where else you, as women, will get a chance at heading a service." "Men pass over your heads or pass on to other chief positions" since "men's mind [are] fixed on the idea that a woman's place is to serve, not to lead."[63] For women such as the two generations of Browns, children's hospitals had offered otherwise unthinkable possibilities of advancement and status.

In 1876, Reverend Chandler Robbins of the Boston Children's Hospital Board of Managers wrote that the new institution was "not designed merely to heal or alleviate physical diseases" in children, but also for the "moral benefit of its little patients."[64] The children's hospital had been created for North America's most vulnerable children primarily through the efforts of middle-class women physicians and reformers. They popularized the concept, created its infrastructure, and supported its mission, all in the name of saving at-risk children. Looking back, we see their flaws, particularly their

[63]Brown, "The History of the Children's Hospital in Relation to Medical Women," 10-11. Brown's concerns were well founded, as demonstrated in Ellen S. More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995* (Cambridge, 1999), 95-118.

[64]Children's Hospital of Boston, *Eighth Annual Report* (Boston, 1876), 5-6; quoted in, Helen Hughes Evans, "Hospital Waifs," 129.

inability to rise above their class biases. Yet, the contributions of generations of women who served as founders and benefactors of institutions should not be obscured. The hospitals' new role as caregiver to all sick children should not lead us to forget this first mission or the women who implemented it.