After functioning for four years in the Magee family mansion, a new Elizabeth Steel Magee Hospital, in Pittsburgh's Oakland district, opened in October 1915 as one of America's most advanced maternity hospitals. Based on a model of women's care clinics pioneered in Germany, the philosophy generally was accepted in Pittsburgh, though divisions soon occurred within the city's health care establishment.

PART TWO (Continued from Part One in the Summer 1994 *Pittsburgh History*.)

Maternity Care in the Progressive Era:

The Elizabeth Steel Magee Hospital

by Carolyn Leonard Carson

IN JANUARY 1911, twelve mothers, 10 babies, and 20 other patients were transferred from the Reineman Hospital to the Maples, the home of Christopher Magee that had been converted into a temporary hospital. On January 19, the facility in Pittsburgh's Oakland district opened as the Elizabeth Steel Magee Hospital. [72]

The estate's rooms had been quickly transformed, providing space for 40 patients. The house contained two operating rooms, a sterilizing room, reception room, dining room, kitchen, offices, a nursery, patient rooms, and servants' and residents' quarters. Waiting women, (pregnant women not yet in labor), were housed in the studio located approximately 100 yards from the main house. Eventually the frame stable on the grounds was adapted to accommodate patients with illnesses who needed to be isolated.[73]

The staff consisted of Dr. Charles Ziegler, who resided on the grounds, a resident physician, an assistant resident physician and three senior students who remained at the hospital at all times. Ten nurses were hired and lived in a home rented by the board of trustees.[74] A social service worker, telephone girl, matron/housekeeper, and a bookkeeper/stenographer completed the staff.[75]

During the first few years, before its much larger hospital facility was opened in 1915, Magee served two distinct classes of patients — a few private patients, and numerous poorer ward patients. The women were Protestants, Catholics, and Jews, native-born white and African-Americans, and immigrants from all the lands whose citizens came to Pittsburgh during the city's rapid growth after industrialism, including Italians, Hungarians, Slavs, Poles, and Russians. According to one account, "most of the girls admitted are of the unfortunate class,"[76] and another account cited 95 percent as charity cases.[77] The hospital was "crowded to the doors" from the day of its opening, housing sometimes as many as 65 women.[78] Patients were never turned away even if that meant putting a patient who was unable to pay into a private room.[79] There seems to have been no distinction made between the worthy and unworthy poor. Nurses were quite resourceful in finding space for the babies; the large drawers of Mrs. Magee's linen closet had been known to hold four babies at once.[80]

Patients fell into one of three categories: mothers, babies and waiting women (antepartum patients). Although the hospital was designed to care for gynecological as well as obstetrical patients, the majority of the patients were maternity cases. During the first year, there were 295 births at the hospital (26 percent of all deliveries in the 19 general hospitals in Pittsburgh which accepted obstetrical cases). In 1913, Magee Hospital performed 382, or 28 percent, of all of the city's hospital deliveries done in 17 institutions. During this period, however, only 7 to 8 percent of all births were attended in hospitals. Clearly, Magee Hospital played a major institutional role.[81]

One of the most intriguing characteristics of the Elizabeth Steel Magee Hospital was the policy towards "waiting women." Antepartum patients of all socioeconomic classes were admitted but were treated identically and served equally as clinical subjects for students.[82] This suggests that Magee Hospital was beginning to change traditional policies of distinguishing between the social classes. As hospitals began to expand in the early twentieth century and as more members of the wealthier classes were utilizing hospital facilities, it was customary to provide different amenities and services to those who could afford to pay. This was still true at Magee for postpartum women but not for antepartum patients, although the majority were from the working class.[83]

Conditions for Pittsburgh's working class women of the period were poor at best. They lived in crowded housing in congested urban neighborhoods. A 1908 Pittsburgh Board of Health survey noted there were over 3,000 tenements in the city. One building, for example, had 25 families housed in 26 rooms. In addition, women housed boarders to make ends meet; approximately one-fourth of Pittsburgh's households had non-family members residing with them, and that percentage was higher among the working class.[84]

Working women's chores were especially arduous. Since houses usually lacked indoor plumbing, women often had to haul water from backyard pumps for washing dishes and clothes, cleaning, bathing, cooking and drinking. Houses were poorly ventilated and the stench of sewage was unbearable. Many

Carolyn Leonard Carson is a doctoral student in the applied history program at Carnegie Mellon University, where her dissertation explores women's health concerns and the development of gynecological practice following World War I. She is also writing a history of Pittsburgh's St. Francis Hospital and researching the historical aspects of African-American infant mortality in Pittsburgh.

working class families, living near the mills, had to tolerate filthy air which made cleaning clothes and the house that much more difficult.[85]

Antepartum patients who were married often lived in horrid conditions and many were unmarried with no place to go. Many single working class women were employed in the mills or factories and not living at home. Approximately 10.5 percent of the total number of women working in the industrial and manufacturing sector did not live at home.[86] Approximately 3 percent of all working women were prostitutes. Most employed women, however, worked in the domestic sphere and four-fifths of them lived with their employers.[87] These factors may help to explain the desire of women to be admitted to hospitals before their delivery dates.

In 1911, there was an average of 19 antepartum patients resident in the hospital per day. The average length of stay before delivery was 28.75 days, the longest being 118 days and the shortest 12 days. The acceptance of waiting women was not unusual. Sloane Maternity Hospital in New York City had the same policy, as did several other Pittsburgh area facilities, although not the general hospitals within the city. For example, at Marshalsea, the city home and hospital, women entered the hospital an average of one and one-half months before delivery.[88]

According to Dr. Charles Ziegler, Magee Hospital's waiting women generally, although not entirely, came from "the lowest walks of life" and were unable to provide for themselves in the late gestational period. Many were homeless. A large proportion were "domestic servants who came here direct from homes of their employers and who have no place to which they can go with a young baby in their arms when they leave." Few were educated. Dr. Ziegler described some as disobedient girls who left home in order to gain more freedom in doing as they pleased. Sixty percent were unmarried.[89]

Upon admission, a waiting woman was routinely given a full bath and a shampoo with ammonia in order to kill hair lice. She was then supplied with hospital clothing, and her own clothing was fumigated, laundered, and stored. She was initially examined by a nurse, later by a physician, given a toothbrush, assigned chores, and allotted a bed in the studio.[90]

The living conditions of the waiting women allowed only simple comforts. With its high ceilings and lack of a basement, the studio was difficult to heat and uncomfortable in winter. Meals were plain, and rarely included the fruits, vegetables, cocoa, eggs, and desserts which appeared on the menus of the medical staff and private postpartum patients. A Swedish woman who had delivered her child in the hospital supervised the antepartum patients. She monitored work assignments, slept in the studio, and took meals with the women. It was her responsibility to see that their conduct and language were acceptable, that they bathed regularly, learned proper table manners, and led respectable lives while at the hospital.

Hospital policy required that all waiting women work while awaiting the births of their infants.The women's responsibilities depended on their physical condition and willingness to cooperate with hospital staff. Many had to be constantly supervised, or even coerced into completing their work. They passed meal trays, pared vegetables, cleaned the kitchen, washed patients' dishes, and made postpartum pads. These tasks were required of all waiting women regardless of their ability to pay.[91]

The work that the waiting women performed served several purposes. First, it eliminated the need to hire more personnel. Second, the staff felt that a certain amount of exercise was absolutely necessary to maintain order and keep the patients in a proper frame of mind.[92]

> Many of them cannot possibly tell the truth, they fight like so many animals and their language is not infrequently very profane and vulgar. They are dirty, lazy, disorderly, and disobedient and find it difficult to submit to any kind of discipline... [and] if allowed to sit around without regular assigned work, they quarrel, spread dissension, become moody and depressed and do not get along so well, either during labor or afterwards, as when they have the necessary amount of exercise.[93]

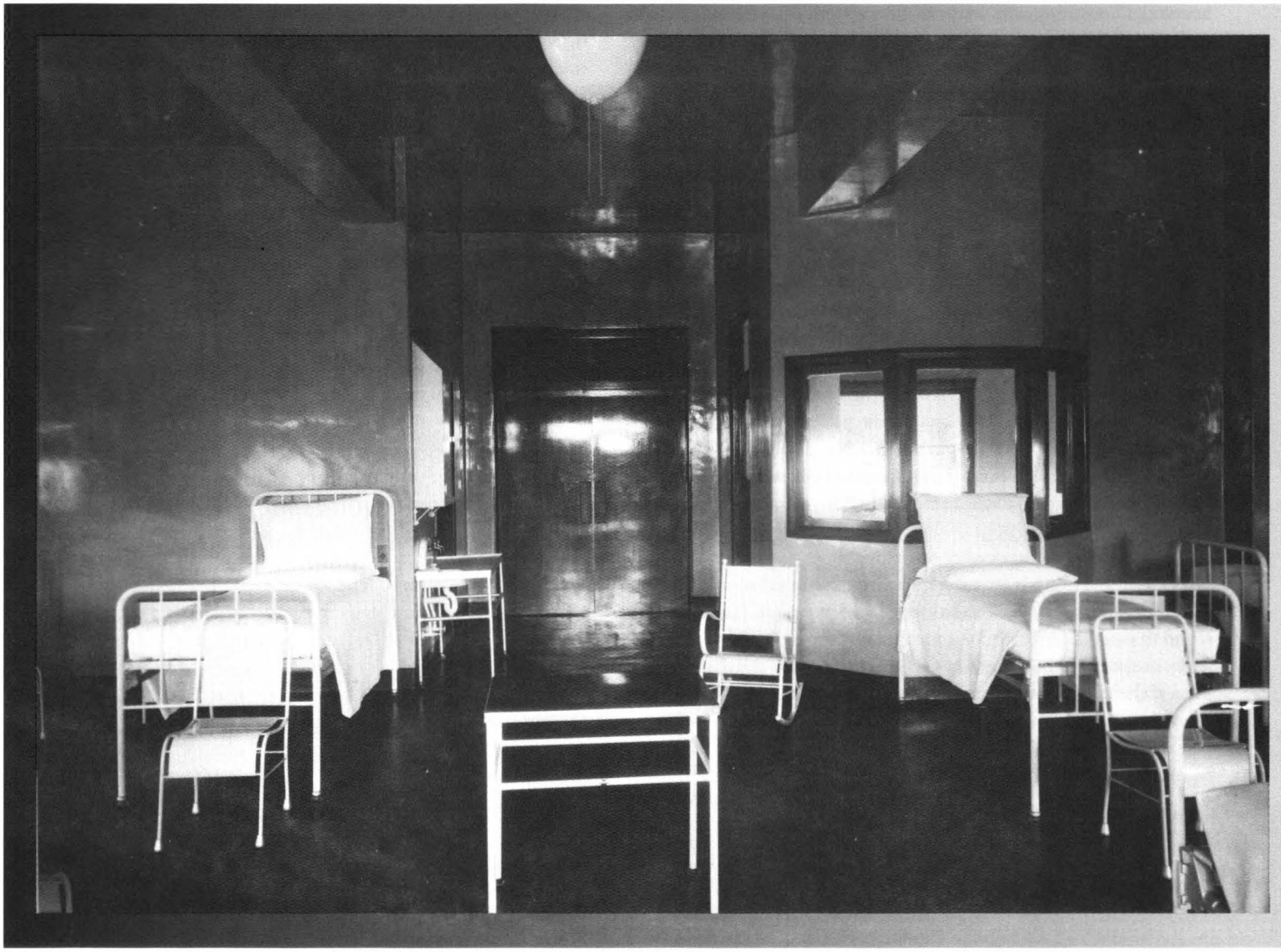
In the nineteenth century, such work was intended to promote habits of industry and self-reliance in the women.[94] By 1911, the work requirements remained but the rationale behind those tasks had been expanded. No longer was work required as an effort to improve the patient's moral character; it was now a practical necessity, eliminating the need for hired personnel, providing exercise, and helping to maintain order.

Dr. Ziegler's attitudes regarding exercise and behavior reflected national opinion. J. Clifton Edgar, author of a leading textbook, felt that "a great allowance should be made for the whims and irritability of the pregnant woman, as she is often not responsible for her altered temper,... she should be humored and shielded, and her idiosyncrasies should be gently overlooked."[95] Leading obstetricians shared Edgar's view that "a moderate amount of exercise is very beneficial during the period of gestation." [96]

Divisions After Delivery and the Pittsburgh Maternity Dispensary

FOLLOWING DELIVERY, the hospital divided new mothers into two groups: private patients who paid $35 to $45 per week, and ward patients who were not charged. Private patients and the ward patients received the same medical care and served as "clinical subjects" for students. This was a departure from usual hospital care whereby "private patients would be spared the inquiring eyes and presence of medical students."[97] This is a striking example of how Magee Hospital began to minimize distinctions between social classes. David Rosner has suggested that private patients were encouraged to utilize hospital facilities on a wider scale so that hospitals could meet heavier financial demands.[98] Dr. Ziegler's view, however, suggests that paying patients served other purposes as well. Their presence,

> raises the tone of the institution, secures better understanding and cooperation on the part of the public in behalf of the hospital and its work, provides additional clinical and teaching material without expense and usually at a profit to the hospital; and in case the hospital gets the fees for



A 10-bed ward at the new facility, October 1915.

> professional services, there is provided a source of very considerable income.... Just so soon as private patients understand that they cannot and will not receive any better or different professional care than the ward patients receive, which is the best the hospital affords, there will be no trouble in satisfying them.[99]

Clearly, hospital policy minimized class distinction as far as medical care and clinical teaching were concerned. Amenities provided to postpartum patients, however, did depend upon class. Ward patients had their bed linens changed weekly, private patients daily. Ward patients received only two or three full baths per week but private patients had their teeth brushed and were bathed daily. Meals also varied: private patients, as well as physicians and house officers, shared the same menu, enjoying the fruit, vegetables, fish, meat, cream, and cakes which were usually denied to ward patients.[100]

The social service department at the Elizabeth Steel Magee Hospital remained fairly active during this period, primarily due to the predominance of indigent mothers being served at the

hospital. They dealt only with the unmarried mother or deserted wife. One of the major concerns of these new mothers was the absence of a home where they could go with a young baby. The social service department helped girls find employment where they could keep their babies with them or found homes where the baby could be boarded or placed for adoption. The department frequently appealed to the girl's family, if she did have a home, to receive her and the baby. The fundamental purpose of social service "in this particular work is to create, foster and increase the mother's sense of responsibility for her child and to work upon that sense in every honest way for the betterment of both mother and child."[101] Unlike other local institutions which made moral judgments, the social service department's goal was not to coerce the mother into either keeping her child or placing it up for adoption but, more generally, to bring about some personal or social adjustment within the patients' homes and lives.

Charles Ziegler established the Pittsburgh Maternity Dispensary in April 1912. The board of trustees gave him permission to establish the facility provided they were not connected with the dispensary.[102] The purpose of the dispensary was to provide a home care delivery service for those unable to pay private physicians. Ziegler felt that the majority of women should be cared for at home when conditions would permit it. He understood that it was difficult for a mother with many children to leave home; her presence was necessary for order and discipline, even if she could not physically care for her family.[103] Patients who were not indigent but desired a home delivery were sent to private physicians. Those dispensary patients with home surroundings so poor that a home delivery was inadvisable or those with medical complications were sent to Magee Hospital for delivery.[104]

'Patients were instructed regarding the proper care of a newborn based upon the latest scientific research.'

The Pittsburgh Maternity Dispensary, located at 3406-3408 Fifth Ave. in Oakland, although not officially affiliated with Magee Hospital, had the same directing head, Dr. Charles Ziegler. Funds came from anonymous private contributions. In 1916, Ziegler stated that he had collected and spent almost $50,000 on the dispensary work. He did it "alone and without a particle of assistance from a single physician in the city."[105] Located in two large houses of 12 rooms each, there were adequate dormitory accommodations for the staff which, in 1913, consisted of a social worker, two graduate physicians, and three graduate nurses, all on salaries. Medical students also served in the dispensary.[106]

Patients were seen in the dispensary or their homes, and delivered at home. Patients were instructed regarding the proper care of a newborn based upon the latest scientific research. During the first eight months of the dispensary's existence, 135 mothers delivered without a single maternal death. Plans were underway in 1912 to establish substations within the city to avoid extensive travel time to outlying areas. Several settlement houses offered space for the dispensary in order to reach the poor and medically under-served populations.[107]

In the first few years, the Pittsburgh Maternity Dispensary served women of various ethnic and religious backgrounds with few maternal deaths. In its first eight months, the break-down of patients was as follows: 87 white Americans, 16 Germans, 27 Jews, 22 Russians, 38 African-Americans, 12 English, 26 Austro-Hungarians, 22 Irish, 2 Welsh, 1 French, 1 Greek and 10 unknown.[108] Fourteen percent of the women were black and 39 percent were foreign-born (not including the 27 Jewish mothers, some of whom may also have been foreign born). During the first six years, 3,384 confinements were cared for by the dispensary and over 56,000 visits were made to patients' homes by staff members. Fifty-eight percent of the patients were foreign-born and 16 percent were black. There were only six maternal deaths, a rate of 1.7 per 1,000 confinements, compared to the 1920 Pittsburgh maternal mortality rate of 9.6 per 1,000.[109]

Unlike the hospital, which opened with the implementation of new policies designed to reform obstetrical education and practice, the home care delivery service which Ziegler established was not a new concept. The Philadelphia Lying-in Charity Hospital offered home deliveries, also as part of a training program, as early as 1832. Doctors Markoe and Lambert, after studying at a *frauenklinik* in Munich, established the Midwifery Dispensary in New York City in 1890. The Chicago Lying-In Hospital began to offer free home deliveries for poor women in 1895. Like the Pittsburgh Maternity Dispensary, these facilities were privately funded.[110] The Pittsburgh Maternity Dispensary, later named the University Maternity Dispensary, provided free care and physician training.

Researcher Charles Rosenberg has suggested that dispensaries had been marginal to the needs of the medical profession by the 1920s. That may have been so for other specialties but not for obstetrics, which was struggling at that time to establish professional identity, partly by improving education. But as Rosenberg has suggested, medical perceptions and priorities (in this case the need for clinical experiences) directed the development of the dispensary, which functioned until the 1950s.[111]

Medical Education

MAGEE HOSPITAL and the dispensary, both under Zeigler's direction, were to continue the tradition of teaching obstetrics which was begun when the Western Pennsylvania Medical College opened in 1886.[112] Dr. John Milton Duff, the college's first professor of obstetrics, admonished his students to acquaint themselves "initially with every pathological change of physiological process which may or should take place from the moment of conception until the mother, after a return to a normal condition, walks forth from the lying-in chamber with the child of her womb pressed to her bosom." An advocate of prenatal and postnatal care, he rejected the popular notion that a physician's responsibility began with the onset of labor and ended with delivery:

> The probabilities are that there is not a single fiber of tissue or drop of fluid in the organism of the female during her pregnancy which does not undergo some change. After delivery, dangers surround her on every hand. Not only the state of the solids and fluids demands attention, but the organic changes which must take place in every lying-in woman need the closest and most intelligent watchfulness.[113]

Students of the medical college utilized Reineman Maternity Hospital for clinical experiences. At that time, the medical college and Reineman Hospital were both located in the Polish Hill section of the city. Reineman Hospital originally had been donated to Western University, which deeded the hospital to the medical college in 1893.[114] Although the process took several years, Reineman eventually came under the direction of the Committee on Management of the Medical College. They appointed a matron, who was to be "a graduate of a reputable training school and about 35 years or more of age." The matron was to have "entire charge of the hospital subject to the direction and approval" of the management committee or dean. A letter written to Dr. Ziegler in 1909 regarding giving of certificates to "your nurses," suggests that Ziegler was possibly the physician in charge of the hospital.[115]

Senior medical students studied clinical obstetrics at Reineman. The professor of obstetrics recommended to the committee three resident assistants from the senior class who were to serve three months at Reineman. During the first month as junior resident, the student was responsible for witnessing all deliveries and making routine laboratory examinations. As senior resident, in his second month, he was required to be present at all deliveries and to keep daily patient records and to do pelvic measurements. The student in his third month, as House Physician, was first assistant at all deliveries and performed vaginal examinations. All pupils were expected to attend daily rounds with the professor of obstetrics.

Students appointed to Reineman were those "standing in class with special reference to obstetrics," suggesting that not all of the medical students had clinical experience at the hospital. In addition, a resident physician was hired.[116] By the time Magee Hospital was to open, however, plans had been made to close Reineman for several reasons. The institution had incurred an enormous debt which had plagued Western Pennsylvania Medical College and the university for years. Second, and perhaps more relevant, the medical school moved from Polish Hill to Pennsylvania Hall in Oakland in January 1911. Reineman was, therefore, no longer conveniently located for the work of the school.[117]

When the Elizabeth Steel Magee Hospital opened in 1911, obstetrics, although an integral part of the curriculum of the medical college, still suffered from a lack of clinical subjects. As physicians such as Zeigler sought to improve the training of obstetrics, they also sought a patient population from which they could learn. Ziegler's goal was to eliminate the practicing midwife, for "she has charge of fifty percent of all obstetrics material of the country without contributing anything to our knowledge of the subject; a large percentage of the cases are indispensable to the proper training of physicians and nurses."[118] He felt that students of medicine should be trained under careful supervision by recent graduates who had been trained in well-equipped and properly conducted maternity hospitals.

Not only did Ziegler desire adequate obstetrical education, but he also felt that every woman had a right as a citizen and as a mother to proper care during and following childbirth. Magee Hospital and Pittsburgh Maternity Dispensary served Ziegler's goals by providing free care to patients and clinical experience to the students of the University of Pittsburgh School of Medicine. As in the *frauenklinik*, teaching was to be a major focus.

Magee Hospital administrators 'viewed the teaching of obstetrics as a way to insure healthier mothers and babies.'

Ziegler, like his contemporaries, viewed the teaching of obstetrics as a way to insure healthier mothers and babies:

> The practice of obstetrics carries with it much more than standing by while the natural forces of labor complete the act as best they may. Obstetrics is an important branch of medicine, and to practice it safely and successfully implies a knowledge of general medicine, as well as a knowledge and appreciation of the physiology and pathology, the normal and the abnormal, of the child-bearing process.... The function of the physician in midwifery cases is to secure for the women the best possible preparation for her labor, to accomplish her delivery safely and to leave her... in good physical condition; to prepare the mother for and to teach her the importance of nursing her baby. A careful physical examination of the patient in each case, a thorough knowledge of her pelvis and a careful study of her previous labors may be indispensable to the successful conduct of her approaching confinement. It will perhaps never be known how many thousands of babies are sacrificed annually at birth because nothing is known of certain deformities and abnormalities until labor is well advanced.[119]

Dr. Ziegler's views reflected the current thoughts on obstetrical practice. It was the obstetrician's duty to apply scientific principles to his practice and thereby attempt to reduce maternal morbidity and mortality rates.

Education was a major function of Magee Hospital from its opening, although it is difficult to ascertain exactly who was responsible for teaching. A 1913 medical school bulletin listed several individuals with different titles. There were "demonstrators" and "instructors" in obstetrics as well as assistant, associate, or full professors in either gynecology or obstetrics.[120] Demonstrators and instructors were paid $720 or $900 per year whereas assistant professors received $1,200 annually.[121] Records indicated these were part-time positions paid by the university.

Ziegler's teaching routine reflects the views of the leading academicians of his day who were responding to trends in Progressive education in general. Pupils learned obstetrics from lectures, quizzes, demonstrations, and manikins, and by applying their knowledge directly to patients in the hospital and outpatient

The hospital's amphitheater, October 1915. Medical students observed operations from the pull-down seats. A debate about billing, legal responsibility, staffing practices, and Magee's role as a teaching institution raged for years among physicians, the hospital and the University of Pittsburgh School of Medicine.

departments.[122] Three members of the senior class were on duty at all times, sleeping and eating at the hospital. This was the only time during their medical school training when they lived at the clinical facility.[123] They acted as clinical clerks and assistants, delivering all normal cases. They remained until they witnessed nine deliveries and then performed three additional deliveries. The students were also responsible for performing all physical and obstetric examinations on admission cases, writing histories, keeping labor and puerperal records, doing discharge examinations and making daily visits to all mothers and babies. They charted all laboratory analyses and gave anesthetics. Following the student's stay at the hospital, he was sent to the dispensary where he was required to deliver, under supervision, three additional home-birthing mothers. While working in the dispensary he was expected to make antepartum and postpartum visits to the patients. Students were under constant supervision in the hospital and in the dispensary.

The hospital also provided extensive experience for graduate students who desired to specialize in obstetrics and gynecology. By following the current trends advocated by the leading educators in the field — combining the methods of demonstrations, laboratory experience, quizzes, lectures, and practical experience advocated as early as 1898 — Magee Hospital, in conjunction with the University of Pittsburgh, attempted to raise the status and quality of obstetrical practice and education.[124] This exemplifies what one authority described as "learning by doing... the hallmark of the new education."[125]

When Magee Hospital opened, although it was affiliated with the medical school, it remained autonomous and in direct control of the student physicians. A similar situation existed among other local hospitals. In 1910, Dean Arbuthnot, of the University of Pittsburgh School of Medicine, stated that "for our clinic teaching we have to rely on privileges extended by various hospital boards over whom we have no control." By 1912, in theory, the medical school faculty were granted certain privileges by the affiliated hospitals, such as admissions and participation in staff meetings, but in reality the faculty had absolutely no influence on the management or conduct of those institutions.[126]

Although Ziegler was devoted to teaching, he was not controlled by the medical school. Before entering their fourth year and their service at Magee Hospital, students were informed of the nature of the relationship between the university and the hospital:

> I wish to impress upon you, first of all, the fact that the Magee hospital is not an organic part of the University of Pittsburgh and never will be. The Board of Trustees of the University have therefore nothing, whatever, to do with the policies and administration of the Hospital. It is entirely through the courtesy and liberality of the board of Trustees of the Magee hospital that, as members of the Senior Class of the Medical School, you are permitted to reap the benefits of the Hospital and its teaching. Any abuse of the privileges accorded you and any misconduct on your part may result in the exclusion from the Hospital, not only of the offending parties, but also of all the students, as the will of the Hospital Board is final in this as in all other matters. It is, therefore, absolutely essential that all your work be of a high order and that your conduct be above suspicion. Any infraction, therefore of the Hospital Discipline and of the rules given you will subject the individual, not to discipline, but will of a certainty result in his expulsion from the Hospital and so far as Obstetrics is concerned, will mean that he will not graduate with his class. From this decision, which is given in advance, there will be no appeal and in this I have the full support of the University.[127]

Although Ziegler and the trustees advocated a relationship between the medical school and the hospital, they remained autonomous.

Magee Hospital cared for gynecological and obstetrical patients, but only obstetrics was taught to medical students. Postgraduate students practiced both disciplines, but undergraduates learned gynecology at either Mercy or St. Francis Hospital.[128] Ziegler remained as professor of obstetrics at the medical school, but much to his dismay, he was unable to combine the two departments of obstetrics and gynecology there. In 1916, he remarked, "I have met with so little support and with so much opposition that after a time the contention has grown monotonous."[129] This suggests that the medical school was not quite so willing to adhere to new policies recommended by leading academicians. There were also critics within the community.

Despite the new hospital being the epitome of a modern maternity teaching hospital, members of the medical community and the public voiced their complaints about the new institution. The policies which were designed to reform education affected patients and the medical community in ways that did not go unnoticed.

Critics of Policy

IN THE Fall of 1912, a Pittsburgh socialist newspaper, *Justice,* printed an article which accused Magee Hospital of overworking its antepartum patients, forcing them to submit to unnecessary examinations for teaching purposes, denying them adequate nutrition, preventing them from communicating with family members, and requiring them to be outside without adequate clothing. On Friday, September 20, a married woman entered the hospital as a paying patient. She was told she would be treated as the other non-paying antepartum women. This was standard hospital policy, but the woman rebelled and five days later escaped from what the newspaper called a "workhouse and place of torture."[130] The article criticized Magee's teaching methods, stating that the patient was "compelled to go on the operating table and submit to demonstration and examination before a class of young medical students who fooled around making measurements, asking questions, often impertinent, it is said, laughing and joking and, in general, heaping indignities upon this married woman."[131] The patient, moreover,

> was compelled to give up all her clothes and money and put on an old patched blue wrapper and one or two flimsy under garments and some ragged stockings furnished by the authorities, being completely deprived of her own clothes which were in good condition and far superior to those furnished. The women though scantily clad, being allowed no underwear at all, it is alleged, were compelled to go out of doors, back and forth for quite a distance through the open to get from the 'studio' so-called , a kind of barracks, about one hundred yards back of the main building, from their sleeping quarters to the operating room.

There is no evidence that any other newspapers ran articles referring to the incident described by the *Justice*. Although the periodical had very limited circulation, it did concern the board of trustees. At its meeting on November 4, 1912, it elected a committee to investigate the situation.[132]

Ziegler responded to these accusations in a letter to the president of the board of trustees. Describing the patient in question as coarse and vulgar, he claimed she was so offensive that the other waiting women asked to have her removed. Another staff member described her as mentally abnormal. In addition, Ziegler discussed 13 other waiting women who left the hospital undelivered in September 1912. Three women felt they

were being mistreated and had to work too hard, although Ziegler denied that was true. One of the women refused to be examined and others left because of an unwillingness to associate with the less refined waiting women and comply with the rules for that group of patients.[133]

Magee Hospital continued to be plagued by criticism. Shortly after the new facility opened, the Allegheny County Medical Society formally charged Ziegler with three breaches of professional ethics. As the medical society had no jurisdiction over institutions, it could only direct discipline towards members of the society associated with institutions whose policies it felt to be questionable. For this reason, although it was really attacking the policies of the hospital and dispensary, it attacked and charged Ziegler.[134]

Ziegler was charged "with acquiescence as Medical Director of the Magee Hospital in a medical policy which is injurious to the public and to the medical profession." This charge reflected two basic complaints. First, the medical society objected to the lavish accommodations for private patients, feeling the furnishings functioned as an indirect advertisement for the new hospital and enticed paying patients to enter for their confinements. When the new facility opened, invitations were issued to members of the lay public to tour the new hospital. The medical society referred to the American Medical Association's principles of medical ethics, citing Article I, Section 4: "It is unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertisement."

Second, the society objected to the hospital's policy of excluding all physicians except the medical director. All patients wishing to enjoy the benefit of the new hospital's equipment, and willing to pay the hospital for its services, could not be admitted if they chose to employ a physician of their choice. The society again cited the A.M.A.'s principles. Article VI, Section 2 stated that "it is unprofessional for a physician to dispose of his services under conditions which interfere with reasonable competition among the physicians of a community."[135]

The second formal charge against Ziegler referred to his position as medical director of the Pittsburgh Maternity Dispensary. He was accused of caring for patients who had already engaged another physician and of soliciting and attending cases who were able to pay for the services of a physician.

Ziegler was also charged "with evasion in answering questions and in non-cooperation toward the proper officers of this Society instructed to investigate complaints."[136] He allegedly did not cooperate with the investigators, did not answer questions, or evaded particular issues.

The Allegheny County Medical Society declared Ziegler guilty of all three charges and suspended him from the society "for one year or until the things complained of are corrected."[137] The Pittsburgh medical community could not abide by the closed staff policy at the hospital, regardless of how progressive it was thought to be, as they felt threatened financially. The dispensary, as well, was perceived as an economic threat.

The board of trustees of the hospital was well aware that it was the policies of the institution which were being attacked and that Dr. Ziegler, as medical director, was merely carrying out the policies established by that board. Following the county medical society's action, the board sought the advice, once again, of medical leaders in obstetrics and gynecology. All of the respondents were in agreement that the trustees would be taking a step backwards if they gave in to the demands of the medical society and permitted other physicians to admit and treat patients in the hospital. The general consensus was that a change to an open staff policy would be detrimental to the academic reputation of the institution.

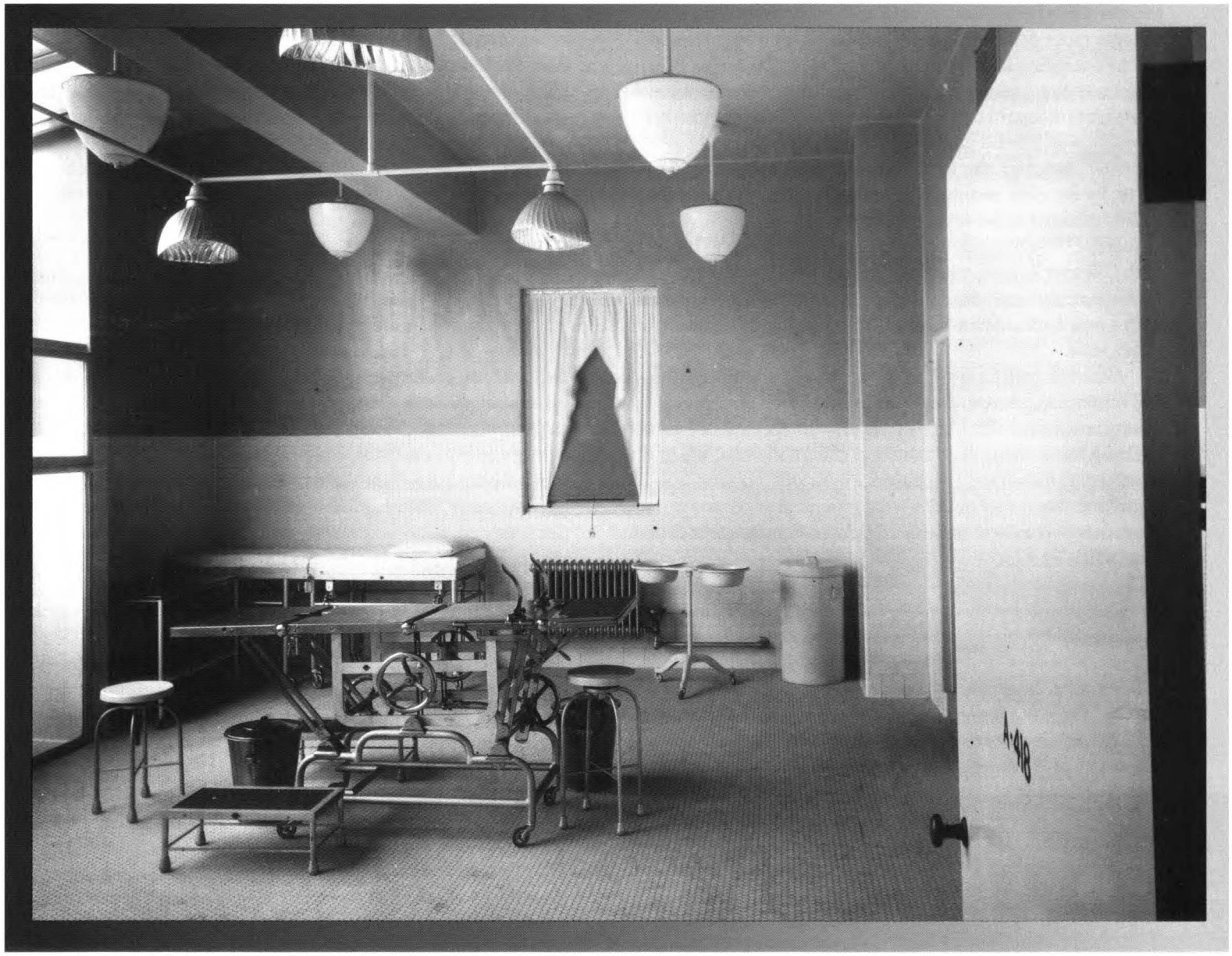
Two of the major concerns expressed by several physicians concerned technique and infection rate. If other doctors were admitted, more than one technique in caring for patients would be utilized. This would confuse the nurses caring for patients and diversify the techniques being taught to students. The result would be to detract from the hospital's reputation as an academic institution.[138] Several academicians also suggested that the inclusion of additional physicians from the community on the staff would increase the infection rate. The patient would benefit by having one physician who directed his assistants in technique and could, thereby, control infection.[139]

The physicians expressed concerns in addition to those of a medical nature. The hospital could be managed more efficiently under the direction of one physician in charge of medical care, teaching and scientific research. An open staff policy would surely have resulted in endless contention regarding the rights of physicians to the private beds. It would have been unfair to deprive the present Magee physicians of the private rooms, as they had helped build the hospital. Most of the letters suggested that the leading academic institutions at that time had closed staff policies in order to preserve the quality of research management, teaching and medical care.[140] Dr. E. Gustav Zinke knew of no other lying-in hospital used for teaching purposes which had an open staff policy.[141] Harvard University's Dr. Charles Green, professor emeritus of obstetrics and gynecology, once again referred to the superiority of the German institutions. He also cited the example of the various Boston hospitals, all of which at that time had closed staff policies.[142]

The board of trustees also solicited opinions from medical education leaders and received the same response. Abraham Flexner was adamant in his view that the trustees had adopted a "sound and progressive policy." It was his opinion that "the *frauenklinik* idea is supported by the highest living authorities. It has in its favor the successful experience of the one country which has done most to advance medical science, namely, Germany. In my judgment you have done wisely to organize the Magee Hospital as a *frauenklinik*."

Second, Flexner felt that "to open the private pavilion of the Magee Hospital to all reputable physicians would be reactionary and indefensible. No well conducted hospital can be managed that way. Your position on that point is also sound."[143]

J.M.Baldy of the Bureau of Medical Education and Licensure, in Philadelphia, was as adamant as Flexner. The trend of medical



Magee "private" operating room, October 1915.

education was toward the kind of policy which the Magee Hospital board had established. He felt that "beyond any question the most efficient service obtained by hospitals and rendered to its patients is through the system of confining the work of the institution to its staff over who the institution has absolute control."[144]

With all of the leaders supporting policies already established, the board had no choice but to resolve to support Ziegler in his battle with the medical society and thereby uphold the policies which they had set. The board resolved to continue to assume responsibility for the management and operation of the hospital as conducted by Ziegler, to commend him for his faithful service and to express to the public its satisfaction with his manner of carrying out the instructions of the board in operation of the hospital. [145]

This sort of criticism was not unique. According to Rosemary Stevens, it was not unusual for local medical societies to

become effective pressure groups as they forced hospitals to become more democratic and less elitist in their appointments and to open their staffs to more practitioners.[146] Charles Rosenberg also has suggested that "there had always been occasional complaints in regard to the dispensaries intervening unfairly to compete with private physicians for a limited supply of paying patients." Although this kind of criticism was noted as early as the 1870s, by the early twentieth century, "the dispensaries were widely attacked as purveyors of ill-considered charity to the unworthy."[147] Competition for patients was intense in the wake of the Flexner Report, when medical schools closed and the number of graduates declined at the same time that Americans, with a new faith in scientific medicine, sought physicians on a larger scale.

Although policies were designed to reform medical education and obstetrical practice, they were perceived by outsiders as having an adverse effect on patients and the medical community. Utilizing the working class patient as clinical material was criticized by community members. Physicians' objections to the restrictive closed staff policies were grounded in economic concerns. New reform policies brought to light issues of class and economics. By experimenting with new policies, it became evident over time which policies needed to be adapted and modified in order to serve educational needs but also to meet the challenge of the medical community and society at large.

At the peak of controversy generated by the hospital's policies came the worst influenza epidemic in modern U.S. history. The government took over Magee facilities in September 1918 to care for stricken Army Training Corps students at the University of Pittsburgh and Carnegie Tech, an arrangement that continued until the war's end.[148]

'Magee Hospital serves as a striking example of how leading national reformers influenced the development of a new maternity hospital...'

After the government relinquished operation of the hospital, the board, on December 1, 1918, ordered the hospital closed. A committee of board members began a period of study of the hospital's policies and priorities and its precise affiliation with the University of Pittsburgh's medical education apparatus. In May 1919, the committee recommended to the board that the hospital be operated as a general teaching hospital, with staff selected from the faculty of Pitt's School of Medicine. The school responded favorably to the idea, but another year and a half passed before the two institutions agreed on all aspects of the arrangement.[149]

The final agreement gave trustees exclusive control over operation of the general women's hospital, including management of all employees except for physicians. In return, School of Medicine faculty directed all surgical and medical functions and had privileges for use of all equipment for teaching purposes. The physician staff consisted of the medical faculty of the university, nominated by the university and approved by hospital trustees. Also established was a standing joint committee of five hospital trustees and four representatives from the university's medical committee, established to ensure "harmonious cooperation" between the two institutions.[150] This was the start of a relationship between Magee and the university that survives, in basic form, today.

Conclusion

WHEN MAGEE Hospital was established during the Progressive Era, the board implemented policies advocated by leading academicians and reformers. When the hospital made policy decisions, they were influenced by J. Whitridge Williams and other academicians. Some reforms proved to be quite controversial and were modified over time. Many physicians objected strongly to the restrictive, closed hospital staff policy because it threatened them economically. For similar reasons, they opposed the dispensary, claiming that women who were not indigent were being treated. Economic incentives were a key factor motivating the critics of policies, but there is little evidence to suggest that leading reformers advocated policies for reasons other than to improve the quality of education and practice or to enhance their professional status.

The critical responses of waiting women suggest that they may have been advocates of change in hospitalized care, although there is not enough evidence here to prove that. Research suggests that poor women, as patients, were not docile and willing to accept the care that society had chosen for them, as Judith Leavitt, has assumed.[149] They, too, made decisions as to what they would or would not tolerate. Nancy Schrom Dye has suggested that poor and working class women were central to the transformation of birth from a social to a medical phenomenon since they were the first to experience the new scientific obstetrics. It was those patients who were the first to restructure the doctor-patient relationship. Dye felt that the patterns of medical authority which evolved in those relationships served as the social basis for medical management of childbirth throughout the twentieth century.[150]

Patients may also have played a role in the restructuring of patient hospitalization experience, whereby class distinctions became less obvious. This topic, however, also needs to be examined in greater depth. A key question may be to determine how the advent of clinical education and the use of poor patients as clinical material provided incentive for the working class to insist on more standardized hospital conditions.

The Elizabeth Steel Magee Hospital serves as a striking example of how leading national reformers influenced the development of a new maternity hospital whose board wanted to establish a major teaching facility during the Progressive period. It illuminates how new policies affected the medical community and the community at large. The policies had their impact on patients, as well, who, in turn, may have played a role in changing the

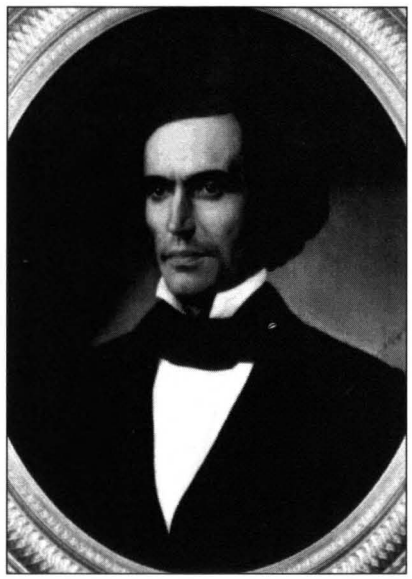
nature of hospitals. The trustees and medical director of the hospital saw themselves as reformers. They felt that Magee Hospital represented "a very positive ideal and justifies its existence on the basis of a very definite purpose which it hopes to accomplish."[151] Clearly, the foundation was laid for a leading women's hospital, but a trial and error period occurred before the facility became secure within the community and medical establishment.

Notes

72 "Magee Hospital Opens Its Doors," *Gazette Times*, 20 Jan. 1911.
73 Minutes of the Board of Trustees, Vol. 2, 185, June 14, 1912.
74 *Gazette Times*, 20 Jan. 1911; Minutes of the Board of Trustees, Vol. 2, 73, Jan. 7, 1911.
75 Minutes of the Board of Trustees, Vol. 2, 105, May 20, 1911; 69, Dec. 13, 1910.
76 *Pittsburgh Dispatch*, 16 May 1915.
77 *Pittsburgh Dispatch*, 9 Nov., c. 1912.
78 *Gazette Times*, 21 Dec. 1913; *Pittsburgh Dispatch*, 16 May 1915.
79 Report submitted to the Board of Trustees of the Elizabeth Steel Magee Hospital, Jan. 19, 1911 to Nov. 1, 1911, attributed to Charles Edward Ziegler, M.D. (hereinafter referred to as Ziegler Report, 1911), 3.
80 *Pittsburgh Dispatch*, 16 May 1915.
81 Annual Reports of the Department of Public Health, City of Pittsburgh, 1911, 1913.
82 Letter from Charles Edward Ziegler to William Seif, Nov. 2, 1912, Magee Hospital Archives (hereafter Magee Archives); Ziegler report, 1911.
83 For a thorough examination of separation of the social classes in hospitals see David Rosner, *A Once Charitable Enterprise, Hospitals and Health Care in Brooklyn and New York, 1885-1915* (Princeton, 1982), 62-93.
84 S.J. Kleinberg, *The Shadow of the Mills, Working-Class Families in Pittsburgh, 1870-1907* (Pittsburgh, 1989), 73, 75, 78, 81, 89, 90.
85 Kleinberg, 73, 75, 78, 81, 89, 90; Maurine Weiner Greenwald, "Women and Class in Pittsburgh, 1850-1920," in *City at the Point, Essays on the Social History of Pittsburgh*, ed. by Samuel P. Hays (Pittsburgh, 1989), 54-55.
86 Paul Underwood Kellogg, ed., *The Pittsburgh Survey*, 6 vol. (New York, 1911), *Women and the Trades, Pittsburgh 1907-1908*, by Elizabeth Beardsley Butler, 320, 321.
87 Kleinberg, 161, 163, 166.
88 Birth records and scrapbook, Mayview State Hospital Archives, year ending Jan. 31, 1905.
89 Ziegler report, 1911; Letter from Ziegler to Seif, Nov. 2, 1912, Magee Archives.
90 Ziegler report, 1911; Letter from Ziegler to Seif, Nov. 2, 1912, Magee Archives.
91 Ziegler report, 1911.
92 Letter from Regis Canevin, J.M. Magee, O.S. Hershman to the Board of Trustees of the Elizabeth Steel Magee Hospital, Oct. 31, 1912.
93 Letter from Ziegler to Seif, Nov. 2, 1912, 3, Magee Archives.
94 Virginia Anne Quiroga, "Poor Mothers and Babies: A Social History of Childbirth and Child Care Institutions in Nineteenth Century New York City," (Ph.D. diss., State Univ. of New York at Stony Brook, 1984).
95 J. Clifton Edgar, *The Practice of Obstetrics* (Philadelphia, 1916), 174.
96 J. Clifton Edgar, 171; see also John Whitridge Williams, *Obstetrics* (New York, 1903), 175.
97 For a more thorough analysis of the differences in treatment between private and ward patients, see Rosenberg, *The Care of Strangers*, 294.
98 Rosner, 62.
99 Charles Edward Ziegler, "The Elizabeth Steel Magee Hospital of Pittsburgh," *American Journal of Obstetrics and Diseases of Women and Children* 76 (No. 2, 1917).
100 Ziegler report, 1911, 20-21.
101 Social Service report, within Ziegler report, 12-13.
102 Minutes of the Board of Trustees, vol. 2, 113, June 17, 1911.
103 Charles Edward Ziegler, "The Elimination of the Midwife," *Journal of the American Medical Association* 60 (Jan. 4, 1913), 36.
104 "Pittsburg Maternity Dispensary, Immediate Results of Its Eight Months of Existence are Most Gratifying," *Pittsburgh Press*, 15 Dec. 1912.
105 Charles Edward Ziegler, "The Teaching of Obstetrics," *Journal of Obstetrics and Diseases of Women and Children* 73 (No. 1, 1916).
106 Ziegler, "The Elimination of the Midwife" 38.
107 Ziegler, "The Elimination of the Midwife." Within several years, as many as seven substations existed at one time.
108 Ziegler, "The Elimination of the Midwife."
109 Charles Edward Ziegler, "How Can We Best Solve the Midwifery Problem," *The American Journal of Public Health* 12 (1922), 409-410.
110 Harold Speert, *Obstetrics and Gynecology in America — A History* (Chicago, 1980), 93, 99, 106.
111 Rosenberg, Charles, "Social Class and Medical Care in 19th-Century America: The Rise and Fall of the Dispensary," in *Sickness and Health in America; Readings in the History of Medicine and Public Health*, eds. Judith Walzer Leavitt and Ronald L. Numbers (Madison, 1985), 281.
112 The Western Pennsylvania Medical College, which had been privately founded in 1886, affiliated with Western Univ. in 1892. In 1908, the department of medicine became an integral part of the recently renamed Univ. of Pittsburgh.
113 John Milton Duff, "Ex Hoc Semine Nostra Gloria (From This Seed Our Glory)," Sept. 1886, in Barbara I. Paull, *A Century of Medical Excellence* (Pittsburgh, 1986).
114 Paull, 24.
115 Letter to C.E. Ziegler, Oct. 15, 1909, Univ. of Pittsburgh Archives.
116 Minutes of the Regular Monthly Meeting of the Committee on Management of the Medical College, March 12, 1909, Archives of Univ. of Pittsburgh.
117 Paull, 24, 31, 36, 59.
118 Zeigler, "The Elimination of the Midwife," 33.
119 Ziegler, "Elimination of the Midwife," 33.
120 Faculty list, 1913 brochure, Univ. of Pittsburgh Archives, Box 8, FF 44.
121 "Expenditures for Magee Hospital, 1911-1917," document, Univ. of Pittsburgh Archives.
122 "Expenditures for Magee Hospital," 1911-1912, Univ. of Pittsburgh Archives.
123 Ruth C. Maszkiewicz, *The Presbyterian Hospital of Pittsburgh, From Its Founding to Affiliation with the University of Pittsburgh* (Pittsburgh, 1977), 48.
124 Charles Edward Ziegler and T.E. Billquist, "The Elizabeth Steel Magee Hospital of Pittsburgh," *The Modern Hospital* 2 (May, 1914).
125 John Whitridge Williams, *Teaching Obstetrics*, Bulletin of the American Academy of Medicine 3 (1897-1898), 409-420; Kenneth Ludmerer, 71.
126 Paull, 54, 61.
127 Letter "To the Executive Committee of the Board of Trustees of the Elizabeth Steel Magee Hospital," attributed to Charles Ziegler, c. 1912, Magee Archives.
128 Brochure, "University of Pittsburgh School of Medicine Schedule," Dec. 1917, Univ. of Pittsburgh Archives, Box 8, FF 42.
129 Ziegler, "The Teaching of Obstetrics."
130 "Magee Maternity Hospital Alleged to be Slave Pen, Women in Delicate Condition Worked Cruelly," *Justice*, c. Oct. 1912.
131 *Justice*, c. Oct. 1912.
132 Minutes of the Board of Trustees, Vol. 2, 201, Nov. 4, 1912, Magee Archives.
133 Letter from Charles Edward Ziegler to Mr. Seif, Nov. 2, 1912, Magee Archives.
134 "Report of board of Censors," *The Weekly Bulletin*, pub. by the Allegheny County Medical Society, 4 (Dec. 25, 1915), 3-7.
135 "Report of board of Censors," 3-7.
136 "Report of board of Censors," 4.
137 Ziegler, "How Can We Best Solve the Midwifery Problem," 410.
138 Letter from Edwin Cragin, professor of obstetrics and gynecology, Columbia Medical School, to James Magee, Jan. 4, 1916; Letter from Richard G. Norris, Preston Retreat, Philadelphia, to James Magee, Jan. 3, 1916, Magee Archives.
139 Letter from J.D. Webster, professor of obstetrics and gynecology, Chicago Univ. Medical School, to James M. Magee, Jan. 9, 1916; Letter from J.Clifton Edgar, professor of obstetrics, Cornell Medical School, to James M.Magee Esq., Jan. 2, 1916; Letter from Reuben Peterson, professor of obstetrics and gynecology, Ann Arbor Medical School, to James Magee, Jan. 5, 1916; Letter from Barton Cooke Hirst, professor of obstetrics, Univ. of Pennsylvania, to James M. Magee, Jan. 1, 1916, Magee Archives.
140 Letter from J. Whitridge Williams, dean and professor of obstetrics, Johns Hopkins Medical School, to James M. Magee, Jan. 3, 1916; Letter from Chipman to Magee, Jan. 14, 1916; Letter from Edgar to Magee, Jan. 2, 1916, Magee Archives.
141 Letter from E. Gustav Zinke, Cincinnati, to James Magee, Jan. 11, 1916, Magee Archives.
142 Letter from Charles M. Green, Harvard, to James M. Magee, Jan. 2, 1916, Magee Archives.
143 Letter from Abraham Flexner, Carnegie Foundation for the Advancement of Teaching, New York, to James M. Magee, Jan. 5, 1916, Magee Archives.

144 Letter from J.M. Baldy, to James M. Magee, Jan. 3, 1916, Magee Archives.
145 Resolution Adopted by the Board of Trustees of the Elizabeth Steel Magee Hospital, Dec. 28, 1915. It is interesting that this resolution predates the letters cited above. Perhaps the board members had verbal contact with the other physicians who merely followed up by letter.
146 Stevens, 53.
147 Rosenberg, *The Rise and Fall of the Dispensary*, 282.
148 Resolution of the Elizabeth Steel Magee Hospital Board of Trustees, Sept. 11, 1918; "Chronological Outline, Elizabeth Steel Magee Hospital," c. 1931, manuscripts in Magee Archives.
149 "Minutes of a Meeting of the committee of the Board of Trustees of the University of Pittsburgh on School of Medicine," April 21, 1919: "Report of Committee of Board of Trustees of Elizabeth Steel Magee Hospital Union Plan."
150 Judith Leavitt, *Brought to Bed, Childbearing in America, 1750-1950* (New York, 1986), 218.
150 Nancy Schrom Dye, "Modern Obstetrics and Working-Class Women: The New York Midwifery Dispensary, 1890-1920," *Journal of Social History* 20 (Spring 1987), 550.
151 Ziegler, "The Elizabeth Steel Magee Hospital of Pittsburgh."

A banker, an architect, a bossman, a jazzman . . . and some "stuff that's gone"!



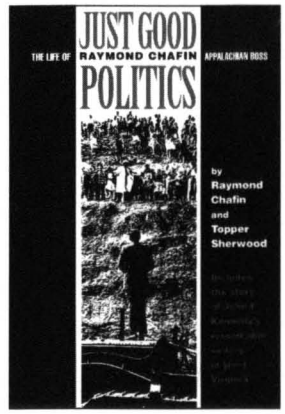
Thomas Mellon and His Times

Thomas Mellon

Hitherto unavailable autobiography of a great nineteenth-century entrepreneur who founded an American dynasty.

***"An exceptional book by one of the most interesting men of his time, a voice too long unheard."*—DAVID MCCULLOUGH**

545 pp. / cloth $35.00



Just Good Politics

The Life of Raymond Chafin, Appalachian Boss

Raymond Chafin and Topper Sherwood

The autobiography of Raymond Chafin, a political "boss" from Logan County, West Virginia, who manipulated political machinery for the elections of several state governors, U.S. senators, and, in 1960, for John F. Kennedy.

224 pp. / cloth $24.95

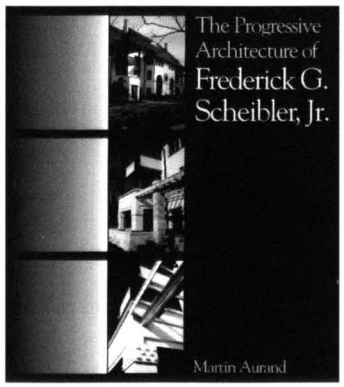
Klook

The Story of Kenny Clarke

Mike Hennessey

Charts the life of one of jazz's leading drummers from his early days in Pittsburgh through his legendary career.

408 pp. / paper $22.50



The Progressive Architecture of Frederick G. Scheibler, Jr.

Martin Aurand

Study of the unconventional architectural works of Frederick G. Scheibler, Jr. (1872–1958).

184 pp. / cloth $49.95

Crisis in Bethlehem

Big Steel's Struggle to Survive

John Strohmeyer

"A fascinating close-up view of what ails a great American industry. Authoritative, but eminently readable, it has the makings of a saga of the American economy."
—DANIEL SCHORR, National Public Radio

272 pp. / paper $14.95

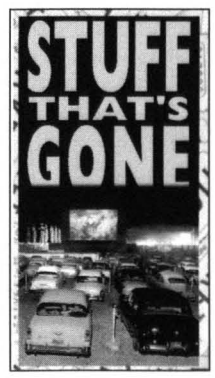
A new videocassette!

Stuff That's Gone

distributed for WQED/Pittsburgh

A sequel to WQED's phenomenally successful videocassette *Things That Aren't There Anymore.*

60 min. / VHS $19.95



Order toll-free 800-666-2211
University of Pittsburgh Press • Since 1936