“The Maples,” the Magee homestead at Forbes Avenue and Halket Street in the Oakland section of Pittsburgh, opened as Magee Hospital in January 1911 while construction of a new facility proceeded on the site. Even with its temporary nursery, the maternity hospital was one of America’s most progressive and well equipped.
Maternity Care in the Progressive Era:
The Elizabeth Steel Magee Hospital

by Carolyn Leonard Carson

WHEN THE Elizabeth Steel Magee Hospital in Pittsburgh opened in January 1911, it was one of the most progressive and modern hospitals of its kind in the country. Planned during the height of the Progressive era, reformers interested in improving maternal and infant health, as well as those desiring to change obstetrical practice and medical education, deeply influenced the hospital board. Work of social and medical reformers resulted in new policy debates, new medical methods and an educational program which became the foundation for medical schools today. The policy issues which were debated in Pittsburgh exemplified the topics which medical leaders advocated at the time. The hospital was the epitome of what leading obstetricians and gynecologists thought was the best type of maternity facility conceivable.

The hospital not only reflected the nature of medicine at the time, but also mirrored the society of which it was a part. Interestingly, the new policies affected the experience of hospitalized mothers in such a way that class differences were minimized, reflecting, perhaps, a new trend in hospital care. By examining the policies made by the board and how those policies affected the providers of care and the recipients of care, other issues within the community become apparent and the interaction between the hospital and the community which it served become of interest to the social history of medicine.

Medical and Social Reform

Progressive social reformers had been interested in infant health for over four decades prior to the first world war, but early in the twentieth century there was an increasing awareness in the value of improving the health of gestative and parturient women (those in the process of labor or childbirth) in an attempt to combat the recognized high infant and maternal mortality rates. Earlier attention had been given to

Carolyn Leonard Carson is a doctoral candidate 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.
reducing the infant death rate by dealing with postnatal threats to infant life, by improving the domestic sanitary environment and the quality of infant care. In 1910, the American Association for the Study and Prevention of Infant Mortality (AASPM) was founded by physicians and public health officials who were disturbed about the infant mortality rate. They were partially responsible for the founding of the United States Children's Bureau, within the Department of Labor, in 1912, which worked to decrease infant and maternal mortality rates. The impact of the Children's Bureau on child health was unsurpassed. The establishment of these and other organizations and the dissemination of results of studies of the problem resulted in the widespread awareness among professionals of the value of prenatal care.

During the same period, obstetricians wanted to raise their status within the medical community and sought to establish themselves as professional specialists. Perceiving that they had no professional authority, the obstetricians' goal was to place their field on a par with surgery, particularly in academics. Because obstetrics was being practiced largely by midwives and general practitioners and childbirth was occurring primarily in the home, leading academicians saw the need for reform in practice and in education. They began to articulate who should practice and where they should practice. This exemplifies what was occurring in the field of medicine as a whole. Medical professionals saw the need for reform in all specialties, primarily in the areas of
The practice of obstetrics, as a result, gradually began to change in the first decades of the twentieth century as physicians began to apply scientific principles to their practice of obstetrics in an attempt to place their specialty on a par with others. They applied basic preventive medical knowledge and procedures to obstetrics cases, by using aseptic technique and by performing episiotomies, for example. Increasingly, women were going into the hospitals to deliver their babies, partially because physicians felt hospitals to be the safest place for women during confinement, as asepsis (a condition in which living pathogenic organisms are absent), for instance, was much easier to achieve in the hospital. The use of the hospital may have added to the obstetrician's credibility as a medical specialist as well. As early as 1901, Dr. Gustav Zinke of Cincinnati presented the view of the hospital as the safest place for delivery, which received general approval, at the meeting of the American Medical Association.

Subsequently, as physicians increasingly utilized newly acquired techniques to heighten the status of their specialty, and as they also became cognizant of the fact that it was partially their responsibility to ensure the safety of the parturient woman, pregnancy became redefined as something "decidedly pathologic." Obstetricians began to depart from the method of "watchful expectancy." Birth became an event in which trouble was likely to arise, which justified the interference of the physician, who felt some responsibility towards preserving maternal and infant health. Dr. Franklin Newell, assistant professor of obstetrics and gynecology at Harvard Medical School, stated in 1911 that morbidity and mortality was the physician's responsibility. He suggested that every poor result, "in the absence of unpreventable complications, is due at least to an error of judgment, if not to negligence on his part." Puerperal (relating to the period after childbirth) mortality was due largely to infection, toxemia or hemorrhage, which were considered to be controllable by doctors. With this change in attitude towards the obstetricians' responsibilities came the need for educational reform.

In 1906, the Council on Medical Education of the American Medical Association, controlled primarily by academic physicians, conducted a survey of the 162 medical schools in the country. The council's standard for measuring the schools was the university model, and as a result, the schools came out sorely lacking. Sensing it was unwise for a medical organization to publicly criticize its own schools, the council invited the Carnegie Foundation for the Advancement of Teaching to conduct a similar study. Results of the two studies were almost identical due to the fact that the council actively participated in performing the survey. Abraham Flexner's report, "Medical Education in the United States and Canada," published in 1910, had widespread consequences. Although the report reiterated views held by academicians since the 1870s, it affected public sentiment, influencing the speed at which medical education developed and determining that the academic model would be followed.

In 1911, at the request of the AASPM, John Whitridge Williams, of Johns Hopkins University, conducted a more specific study of obstetrics education which revealed that medical schools were "inadequately equipped for teaching obstetrics properly." The students' lack of training was responsible, he claimed, for the "unnecessary deaths of many women and infants, not to speak of a much larger number, more or less permanently injured by improper treatment, or lack of treatment. The fault lies primarily in poor medical schools, in the low ideals maintained by inadequately trained professors and in the ignorance of the long suffering general public." He referred to the degraded position of obstetrics in this country and was adamant that people "be taught that a well conducted hospital is the ideal place for delivery, especially in the case of those with limited incomes." Abraham Flexner also noted in his 1910 report that the "worst showing is made in the matter of obstetrics," as few students saw live deliveries.

Motivated by the results of these studies, medical education reformers recommended specific policies as they attempted to reform obstetrical practice and education. The full-time or university system, whereby faculty would be paid a salary which was adequate enough to support them so that they would be free to devote all of their time to teaching, would improve medical education in general. Academic obstetricians also favored closed staff policies within hospitals whereby only designated physicians could admit patients and practice within the facility. In addition, they believed that combining obstetrics and gynecology into one department would be beneficial to medical practice and education.

Leading American obstetrics educators also advocated the development of university women's clinics modeled after German Women's Clinics, or frauenkliniks. Frauenkliniks were "university teaching institutions in charge of university professors as their medical directors." A woman's clinic, or frauenklinik, was an "adequately equipped hospital limited to the care of women suffering from the infirmities of their sex, and manned by highly trained physicians with university ideals. In it medical students are to be trained, and serious efforts are to be made to discover at least some of the secrets connected with the normal and abnormal functioning of the female reproductive system, as well as of its interdependence with other organs of the body." The idea of the frauenklinik developed in the eighteenth century when Johann Jacob Fried was appointed head of the maternity hospital in Strasbourg. He utilized the facility for the teaching of midwives and medical students. In 1757, Fried's student, Roederer, organized a women's clinic in Gottingen which became the model for numerous clinics which were established in German and Austrian universities. In these frauenkliniks, obstetrics and gynecology were practiced and taught by a single chief. The selection of a director was based on his scientific contributions and clinical capacity as opposed to his political activity or seniority within the medical community. These clinics provided not only adequate care and teaching facilities but also laboratories for research. The women's clinic, thus, had three major functions: the care of patients, the training of students, and research.
Magee Hospital's first nursery was in The Maples, 1911.
Early Obstetrical Care in Pittsburgh

Christopher Lyman Magee, state senator and local political boss, died on March 8, 1901, in Harrisburg, and left approximately $3.5 million for the erection of a hospital which was to be a memorial to his mother, the late Elizabeth Steel Magee. Mr. Magee stipulated in his will that the income from his estate be left to his widow, Eleanor Gillespie Magee. It was his wish that upon her death the “entire residuary estate shall pass to and become the property of the Trustees named in the Eleventh paragraph of my will and their successors in the trust solely for the benefit of the Elizabeth Steel Magee Hospital.” Thirteen members were named to the board including William A. Magee, Christopher Magee’s brother, the pastor of the First Methodist Protestant Church of Pittsburgh, the bishop of the Episcopal Church of the Diocese of Western Pennsylvania, and the bishop of the Roman Catholic Church of the local diocese. Mrs. Magee died on May 10, 1909 in Rome, Italy, at which time the estate was turned over to the board of trustees.

The board met on May 27, 1909, and using the will as a guide, began to plan for the new hospital, which was to be erected on the grounds of the Magee homestead, known as The Maples, at Forbes Avenue and Halket Street in Oakland. The trustees decided to build a hospital exclusively for the care of women. The executive committee’s investigation had revealed that over 30 percent of the beds in the general hospitals in Pittsburgh were not being occupied so they felt that another general hospital would be unnecessary. They allowed a particular clause in Magee’s will to direct them. He expressly desired that the hospital be:

open to the sick and injured of all classes without respect to their religion, creed, color or previous condition. I especially desire the admission to this hospital of all females who may apply for admission thereto for lying in purposes; and as to all such I direct that they be admitted without any question being asked as to their past lives or names.

It is unknown why Christopher Magee specifically provided for lying-in patients and unwed mothers, but the fact that he wrote his will in 1893, leaving his vast fortune for the care of indigent mothers, suggests that they were not adequately cared for in Pittsburgh at that time. Between 1893 and 1901, he made several revisions in his will but never changed the section in which he bequeathed his fortune for the erection of a hospital. According to Charles Ziegler, the hospital’s first medical director, Magee was greatly disappointed that he had no children of his own. As a political boss, he had frequently assisted dependent mothers in obtaining medical care and hospital admissions. “Most of the hospitals at that time were not prepared to care for them and ordinarily refused to admit unmarried women. Mr. Magee in consequence knew better than any one else the crying need for such an institution in Pittsburgh.” Magee, when assisting unwed mothers, found that Catholic hospitals were more willing than other hospitals to accept them for admission without asking questions. The Protestant hospitals had much stricter admission policies, typical of the period. Facilities at that time were inadequate in size, geographically inaccessible, had policies which were unacceptable to many mothers or had restrictive admission policies excluding the indigent mother in the first place.

Statistics show that the majority of childbirths occurred in the home, usually with either a physician or midwife in attendance. In 1907, of 8,724 births in the city of Pittsburgh, only 315, or 3.6 percent of the babies were born in institutions. It is reasonable to assume that most of the 7,044 live births reported in 1893 occurred outside of institutions as well. At that time, women who sought institutionalized child birth were generally indigent women who lacked the necessary support network of women required for childbirth at home or lacked funds to pay for a midwife or physician to attend them. During the late nineteenth century, there were several hospitals in Pittsburgh which accepted parturient women, but in spite of that, the local political boss observed that indigent pregnant women were not being adequately served.

The Pittsburgh City Home, Hospital and Lunatic Asylum, erected in Homestead in 1842, provided for the care of the indigent. The patients, or inmates, were kept segregated by sex, but the insane mingled freely with those who were sane. Patients who were ill were simply nursed by other inmates. The 1880 census lists several women who went there for confinement. In 1893, a new facility to replace the over-crowded asylum in Homestead was erected 15 miles south of the city. The institution, Marshalsea, included a three-story female home with a separate wing used as the female hospital which also had a maternity ward. Marshalsea seemed to be the obvious choice for the indigent woman who was unable to plan for her delivery at home, as it provided free care to all races and religions. The average daily census in 1894 was 610. It is clear, however, that few women entered Marshalsea for their confinements. In the year ending January 31, 1905, there were only nine white births and four black births. There may have been several reasons so few destitute women went there for delivery. Marshalsea was crowded and filled with patients who had tuberculosis and venereal disease. Also, the city hospital was geographically inaccessible: patients arrived by train and were transported to the institution in a pushcart. Even the most unfortunate of women would have found Marshalsea an unreasonable option, due to its geographical location, if for no other reason.

Several smaller institutions existed to serve primarily unwed mothers. The Bethesda Home, supported by benevolent citizens, opened in 1892 with the purpose of reforming and sheltering “fallen” women. The non-sectarian home admitted any pregnant girl in need and provided care and shelter in a Christian environment. In 1894, 22 children were born at the home which housed an average of 14 girls at one time. The small size of this charitable institution makes clear that few poor women benefited from its services. In addition, the institution’s attempt at moral reform may have discouraged women from seeking help there.

The Florence Crittenton Home and Rescue Association opened in 1893 on Herron Hill to provide care and reformation for “erring women” and the rescue of friendless, unfortunate and wayward girls from threatened ruin. The non-sectarian home took all girls “who desire to lead a new life and who will come in
under the rules of the Board of Managers, i.e. obedience, proper respect." The girls generally entered the home two to four months before delivery and remained three to six months after the birth of the child. They delivered their babies at the Homeopathic Hospital and then returned to the Florence Crittenton Home to convalesce. Breast-feeding was insisted upon. The home, which housed approximately 20 to 25 girls, hired no outside help, as the girls themselves were expected to do all the work necessary to run the institution. They did the washing, baking, mending, and cooking, and assembled the layettes (a complete outfit of clothing and equipment for a newborn infant) for the babies, in addition to caring for their own infants. The Florence Crittenton Home received no state or federal aid nor did it have an endowment, but relied on donations for financial support.

The various policies of the Florence Crittenton Home suggest that it served a very limited population. Although it admitted girls of all religions, it accepted only white girls. At some point in its early history, the home refused to accept any girls except those...
who were pregnant for the first time, but it is not clear when this policy began to develop.  

Third, girls were encouraged to keep their babies and were expected to stay in the home until the future of the mother and child had been properly arranged or until the child was old enough to get along without the mother. At that point, adoption was arranged if necessary.  

These policies, in addition to the limited numbers who could be accommodated, suggest that a large segment of the needy population remained neglected.

The Roselia Foundling Asylum and Maternity Hospital, located in the Hill District, was established by the Sisters of Charity in 1891. The institution’s goals were to provide care for abandoned infants and shelter for the homeless and needy mother. The daily average number of children in the house in 1911 was 130 and the daily average number of women was 56. Roselia Hospital relied primarily on private contributions for support.

Unlike the other facilities, Roselia had less restrictive admission policies. Women of all creeds, religions and races were accepted at Roselia, but the majority there in 1895 were American-born, a trend which remained the same for at least the next 30 years. Of the 37 unwed mothers who delivered in 1895, eight of them, or 22 percent, were foreign-born. The Sisters of Charity at Roselia Home saw themselves as serving two classes of women. They took in “those in whose case there is a desire and hope of preserving individual character and the reputation of a family.” Generally this class of women had “fallen but once.” Roselia Home also accepted married mothers who had no other way of making provision for their confinement. In 1895, more than 50 percent of the mothers were admitted more than a month before delivery. The majority of the women left the institution within the first three weeks after delivery, but a mother was permitted to remain for up to a year after her confinement if she was unable to secure work. Unlike the Florence Crittenton Home, the policy of the Sisters of Charity was to separate the mothers from their babies as soon as possible after birth. This reflects the sisters’ sincere desire to shield the girl and give her a fresh start in life.

Prior to the opening of Magee Hospital, Reineman Hospital, a maternity facility owned by the medical school, also served indigent pregnant women. Located in Pittsburgh’s Polish Hill section, the hospital served private as well as free patients and admitted “persons without distinction of race or religion.” In 1907, the hospital treated 143 patients, of which 116 were free, and delivered 103 babies. Patients with contagious or infectious diseases were not admitted. Women paid $10 per week for a ward bed and $15 for a private room. If they required continuous nursing care they paid $25 per week, payable two and one half weeks in advance. “Patients occupying private rooms shall be entitled to the choice of their own physician; provided, however, that all such patients and the physicians in attendance upon them shall be subject to and faithfully carry out the rules of the institution as to the personal conduct, cleanliness, antiseptics, ...” Other private hospitals also accepted maternity patients, but they, in comparison, did very few deliveries.

The hospital in which 28 percent of the institutional deliveries occurred was Roselia, which housed only unwed mothers and indigent married pregnant women. The Homeopathic Hospital, which delivered the mothers in the Florence Crittenton Home (which as stated previously, housed up to 25 girls at one time) and the Reineman Maternity Hospital each did 25 percent of the deliveries.

Christopher Magee, in 1893, evidently recognized that all indigent pregnant women, many of them unmarried, were not receiving adequate care during their confinements. The existing institutions were generally small, geographically isolated (as in the case of Marshalsea) or had policies which discouraged women from seeking help. Florence Crittenton refused African-Americans and those unmarried mothers who had previously given birth out of wedlock. The hospital demanded that women remain with them an extended period of time and encouraged women to keep their babies. Roselia, although claiming to be non-sectarian in its policies, may have discouraged non-Catholics from seeking admission since it only offered the spiritual guidance of the Roman Catholic Church. Evidently Roselia also preferred to care for unmarried women who were pregnant for the first time.

Restrictive admission policies were not unusual at the turn of the century. Hospitals claiming to provide a charitable service frequently offered help only to those the trustees or founders deemed to be “worthy,” often excluding those most in need. Nineteenth century and early twentieth century hospitals ordinarily excluded those whose pauperism appeared to be self-induced. Alcoholics, patients with venereal disease, and unwed mothers were often not seen as worthy recipients of free care. Hospital fund-raisers were sympathetic to working families who had difficulty making ends meet, but felt the almshouse was the proper place for the unworthy poor, the mentally ill, or those deemed to be incurable.

Where then were the destitute women going for their deliveries if the few institutions which were available did not adequately serve them? The desperation of unmarried, pregnant women was made evident in several tragic ways during the 1890s. Unwed mothers occasionally committed suicide to escape their
Infanticide and abandonment were common tragedies. According to the police records of Pittsburgh and Allegheny, in 1905 approximately 200 babies were abandoned by their parents and became a charge of the municipal government of the two cities. About every other day a policeman on a beat appeared at the station house in Allegheny or Pittsburgh with an abandoned infant — often one who was dead. The primary objective of the Roselia Foundling Asylum and Maternity Hospital was to prevent the "unnatural and dreadful crime of infanticide, to preserve to God and society lives which would otherwise be sacrificed to cloak that unfortunate mother’s shame, or relieve her of the burden she felt unable to bear."

An analysis of most of the available facilities of the 1890s suggests, then, why Christopher Lyman Magee felt compelled to leave his estate for the erection of a hospital which provided for the care of poor lying-in women. Clearly, women were taking desperate measures to relieve their burden. Suicide and infanticide were the tragic results. It was clear that poor, indigent mothers were willing to accept institutionalized care, but that which was available was not adequate for all of these women. The numbers of poor indigent women are unknown, but implicit in Magee’s will is that their desperate needs were not being met. The local politician who served them attempted to remedy the situation.

**Early Policy Issues — The Elizabeth Steel Magee Hospital**

The trustees, responsible for carrying out Magee’s wishes, wanted to build a charitable institution that would serve as an example of the best that medical science could offer to women, noting that “there is not an ideal maternity hospital in this country, and that the leaders in this work are looking to us for an institution that will meet the requirements of the latest thought on this subject.” They saw a great field opening before them for "charitable and Christian work."

The executive committee recommended that the new hospital be modeled after the frauenkliniks of Germany, which were greatly admired by many leading American obstetricians and gynecologists. In keeping with the German model, they suggested that the hospital be devoted to both obstetrics and gynecology, and united in one department under the direction of a full-time medical director. In addition, it was to have a closed staff policy whereby only appointed physicians could care for patients in the facility, which allowed for consistency in teaching and regulation of care. Moreover, it was essential that the hospital become a teaching institution to be successful and progressive.

As the trustees and medical director of the Elizabeth Steel Magee Hospital developed plans for the new hospital, they sought the advice of national leaders. Although they corresponded with several academicians holding the chairs of obstetrics in leading
medical schools, one gentleman was regarded by the hospital planners as being the most influential. During the construction of the hospital, the medical director and architect stated,

the hospital owes much to advice and criticism received from many helpful sources during the preparation of the plans, and especially to Dr. J. Whitridge Williams, of Baltimore. It is but just to say that it is due to Dr. Williams more than to any other one individual that Pittsburgh is to have the first typical frauenklinik to be erected in this country....

John Whitridge Williams spent his entire career at Johns Hopkins in Baltimore. Abraham Flexner had pointed to Hopkins as the ideal to which medical schools should aspire so it was with good reason that the trustees at Magee solicited Williams’ recommendations. Howard A. Kelly, a colleague of Williams’ at Hopkins, described him as “the greatest man in obstetrics on this side of the Atlantic or the other.” Historian Judy Litoff sees him as “the leading figure in American obstetrics during the first three decades of the twentieth century.” Lawrence Longo credits Williams with the establishment of obstetrics as an academic discipline and claims that his philosophy of obstetrical education has served as a model to the present day.

During Magee Hospital’s developmental phases, other leading obstetricians were also consulted. Generally, their views mirrored those of Williams, and because so many national leaders were in agreement, there was little controversy amongst the Magee Hospital planners. Those consulted included Barton Cooke Hirst, professor of obstetrics at the University of Pennsylvania and editor of the text book, A System of Obstetrics, by American Authors, and Clifton J. Edgar, professor of obstetrics and gynecology at Cornell, who published Practice of Obstetrics in 1903. Dr. Zinke, professor of obstetrics and gynecology at the University of Cincinnati, Dr. Reuben Peterson of the University of Michigan, and Dr. J. Clarence Webster of the University of Chicago also offered advice. According to Dr. Zinke, one director in a combined department avoided the “unwholesome and selfish competition, so destructive and demoralizing in its consequences.” The advisors shared John Whitridge Williams’ view that the director be “paid a salary sufficient to enable him to live so that he will not be obliged to sacrifice a large part of his time in making a living from private practice.” In addition, the consultants supported the Flexner report which advocated medical school affiliation.

The board of trustees, on October 17, 1910, hired Dr. Charles Edward Ziegler as full-time medical director. Ziegler, influential during the hospital’s first eight years, advocated the same policies as leading reformers. He believed in “the fusion into one depart-
ment of obstetrics and gynecology... and the establishment of clinical teaching on the full-time or university basis." Ziegler was raised on a farm in Cumberland County, graduated from Dickinson College and the University of Pennsylvania School of Medicine, and interned at Allegheny General Hospital in Pittsburgh. During the summers when he attended medical school, he sold aluminum for the Aluminum Company of America, where he started the cooking utensil department. While working at Alcoa, he invented a coffee percolator and it was the income from those royalties which made it possible for him to go to Germany to study medicine. While there, he studied in the frauenkliniken of professors Bumm in Berlin and Leopold in Dresden. When he was appointed medical director of the new Elizabeth Steel Magee Hospital, he was already a member of the faculty of the University of Pittsburgh School of Medicine. The German style of medical education and the concepts and ideals of the frauenklinik were firmly entrenched in his mind. He was the perfect choice to direct the new hospital for women.

Part II, which begins with the hospital's opening in 1911, will appear in the Fall 1994 Pittsburgh History.

Notes
1 Judy Barrett Litoff, American Midwives, 1860 to the Present (Westport, 1978), 57.
2 Richard A. McKeel, Save the Babies; American Public Health Reform and the Prevention of Infant Mortality, 1850-1929 (Baltimore, 1990), 115.
4 During this period, obstetrics and gynecology were commonly viewed as separate specialties. Although many academicians advocated the combination of the two, it was not until 1930, with the establishment of the American College of Obstetricians and Gynecologists, that physicians were commonly trained in both areas.
7 There were numerous other reasons why women entered the hospital for childbirth on a wider scale, but of interest here is the role of physicians in defining the characteristics of hospitalized childbirth. For a thorough analysis of the social history of institutionalized childbirth see Judith Walzer Leavitt, Brought to Bed, Childbearing in America, 1750-1950 (New York, 1986).
8 Leavitt, 178-179.
11 Amler and Fox, 491.
14 Abraham Flexner, Medical Education in the United States and Canada; A Report to The Carnegie Foundation for the Advancement of Teaching, Bulletin No. 4 (New York, 1910), 117; Ludmerer, 157. Kenneth Ludmerer, however, suggests that this was the only field in which students were commonly given the responsibility in patient management as they, under the auspices of a dispensary, were often in charge of deliveries performed in the home, but this point was debited by educational reformers.
16 John Whitridge Williams, "The Functions of A Woman's Clinic," Science 64 (December 17, 1926), 581-582.
17 John Whitridge Williams, "What is a University Woman's Clinic?" Journal of the American Medical Association 96 (June 20, 1931), 2142.
18 Rev. David Jones, "Christopher Lyman Magee and His Gift," in Addresses Presented at the Dedication of The Elizabeth Steel Magee Hospital (Pittsburgh, 1915).
20 William Seif, "Sketch of the History of the Founding and Organization of the Elizabeth Steel Magee Hospital, to be Deposited in the Corner Stone of the New Hospital" (Pittsburgh, June 10, 1914).
21 Seif, 2.
26 Interview with Edward J. Magee, January, 1990; Marathon, Fla.
27 These policies were typical of the Catholic and Protestant institutions of the nineteenth century. See Virginia Arne Quigro, "Poor Mothers and Babes: A Social History of Childbirth" (Ph.D. dissertation, State University of New York at Stony Brook, 1984), 147.
28 Annual report of the Bureau of Health of the City of Pittsburgh, 1907, 102-103. This is the earliest year that births in institutions were reported.
29 Annual report of the Bureau of Health of the City of Pittsburgh, 1893.
30 Brochure, The History of Mayview State Hospital, 1990.
33 J.M. Kelly, J.M. Kelly's Handbook of Greater Pittsburgh (Pittsburgh, 1889), 11-23, 67-71. Also, scrapbook in archives of Mayview State Hospital. Marshallsea was on the site of the current Mayview State Hospital.
34 Birth records and scrapbook, Mayview State Hospital Archives.
37 Report and Recommendations of the Morals Efficiency Commission, Pittsburgh, 1913.
38 Homeopathic Hospital later changed its name to Shadyside Hospital.
40 Gazette Times, 26 March 1922; Pittsburgh Press, 16 May 1906; Visitation report by Mrs. Elliot, dated 16 May 1930 in the Archives of Industrial Society, University of Pittsburgh.
41 Undated brochure of the Pittsburgh Florence Crittenton Home, circa 1928, AIS, University of Pittsburgh.
42 Letter from Pittsburgh Federation of Social Agencies, 1927, in Urban League papers, AIS, University of Pittsburgh.
43 Barrett, 49.
44 Pittsburgh Chronicle Telegraph, 13 Feb. 1903; brochure, circa 1929, AIS, University of Pittsburgh.
45 Pittsburgh Leader, 12 Feb. 1911; Gazette Times, 21 July 1912.
46 Sr. Miriam Theresa, "A History of Rosella Foundling Asylum and Maternity Hospital Based on an Analysis of the Social Case Records at Ten Year Intervals"
Help build the new Pittsburgh Regional History Center

Honor your family, a friend or an organization by purchasing a glass, steel, aluminum, or iron tile to be inscribed and placed in the Pittsburgh Regional History Center scheduled to open in 1996 in Pittsburgh’s Strip District. Your purchase will help build the new History Center and immortalize your honoree. Use the coupon below or call (412) 338-9006 for more information.

(Please print)

Name (Mr.-Mrs.-Ms.) ____________________________________________

Address ________________________________ State Zip ____________

Phone (day) ____________________ (evening) __________________

I / We pledge $ ________

☐ Full payment enclosed.

☐ First installment of $ ________ enclosed with balance

to be paid by January 1996.

☐ Please send form for tribute book and computer entry.

☐ I would like to volunteer at the HSWP.

Kindly make check payable to Historical Society of Western Pennsylvania. Mail to 4338 Bigelow Boulevard, Pittsburgh, PA 15213.

I wish to Buy A Tile at the level of:

☐ $10,000 (glass, 6"x12") ☐ $2,500 (aluminum, 6"x12") ☐ $500 (iron, 6"x12")

☐ $5,000 (steel, 6"x12") ☐ $1,000 (aluminum, 6"x12") ☐ $250 (iron, 3"x12"

(portion of your contribution is tax deductible)

Method of payment: ☐ Check ☐ MasterCard ☐ Visa

Card number ________________________ Exp. __________ Cardholder’s signature ______________________

Tile Inscription of Honoree: Specify upper and lower case letters and spaces where required. Punctuation and spaces count as one character. No dates. Please. Name(s) and occupation/avocation up to 50 characters:

__________________________________________

The Historical Society reserves the right to approve content and final layout of inscription. Call (412) 338-9006 for more information.

A copy of the official registration and financial information of the Historical Society of Western Pennsylvania may be obtained by contacting the Pennsylvania Department of State by calling toll-free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement. PA Act 202.