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THE SAN FRANCISCO MATERNITY

A Thesis

Presented to

The Faculty of the Department of History

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Gaynol DeEdna Yvette Langs

December, 1994

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ABSTRACT

THE SAN FRANCISCO MATERNITY

By Gaynol DeEdna Yvette Langs

This thesis examines the founding of the San Francisco Maternity which provided home based obstetric care to women between 1904 and 1914. It further explore the factors that influenced the organization to affiliate with first the University of California Hospital and then Leland Stanford Junior University in an attempt to provide comprehensive confinement care to poor women.

Research into the founding of the San Francisco Maternity revealed a lack of medical facilities in San Francisco to care for poor women during childbirth. Existing hospitals were associated with poverty and disease. These factors, combined with a lack of practical training for medical students, led to the establishment of an outpatient dispensary. This dispensary was supported through private philanthropic contributions. Over ten years attitudes toward the poor changed and the medical profession increasingly institutionalized confinement care. Consequently, the San Francisco Maternity was not able to maintain itself as an independent organization.

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INTRODUCTION

At the turn of the twentieth century the city of San Francisco was home to a patchwork of medical institutions both public and private that provided obstetric care for women too poor to hire a private physician or midwife. The city established the public City and County Hospital in 1857, but it was not until 1881 that an obstetrical ward was established there by the generosity of a private donor. Though beds were available, many women refused to go to the hospital because of the unsanitary conditions and poor care. In 1897 the obstetrical ward was closed down for two months because of rat and vermin infestation. Patients were moved to the almshouse where a temporary ward was established. The City and County Hospital was understaffed, plagued by corruption, and had inadequate sanitary procedures to keep women safe from the danger of infection.

Private institutions fared little better. Though the majority were established and staffed by hardworking concerned citizens, the financial burden of caring for the poor was so overwhelming that most survived only a few years. Many women refused to seek out these institutions for fear of being labeled "charity" patients. Women feared being the objects of medical experimentation and many felt their modesty would be violated by male physicians. Between 1875 and 1900, the city of San Francisco was home to the Pacific Dispensary for Women and Children; the Alexander Maternity Children's Hospital; the San Francisco Lying-In Hospital and Foundling Asylum; and the Women's Hospital. All of these institutions provided at

least a few patients with obstetric services. However, facilities and funds were inadequate to meet the growing need for lying-in care.

In response to the lack of facilities in San Francisco that could provide obstetric care, a group of philanthropic women established a privately run dispensary known as the San Francisco Maternity. The San Francisco Maternity provided confinement care for women in their own homes between 1904 and 1914. This thesis will explore the social and medical conditions that influenced the evolution of the San Francisco Maternity, including the changing social perception of home and hospital birth, the role of private philanthropists in providing medical care, and the development of dispensaries as training centers for medical interns.

Medical records of San Francisco Maternity patients between 1904 and 1914 form the basis of this thesis. In addition, letters and notes sent by patients to the organization shed light on patient attitudes about the care they received and offer a glimpse of the conditions in which they lived. The medical writings of Dr. Alfred Baker Spalding between 1905 and 1926 are used to give insight into the practices and standards of the established medical community. Stanford University Hospital Reports and Minutes of the Board of Directors of the San Francisco Maternity illuminate the workings of a large medical establishment, and a small medical charity.

CHAPTER 1

CHANGING PATTERNS OF CHILDBIRTH

This thesis begins with an overview of the changing patterns of childbirth. The transition from midwife-attended home births to physician-attended hospital births was based on changing attitudes toward childbirth itself and was shaped by the sex and social standing of the participants. Women and physicians struggled to exert control over where birth occurred, who was present, and what constituted acceptable medical practice.

In the United States prior to the nineteenth century maternity care had been provided by midwifes or family members in a home setting. Childbirth was seen by the participants as a normal process of nature that required little assistance. The care given a woman during labor was mostly non-invasive and aimed at providing the woman with comfort. Attendants would help the laboring woman walk, give her water or tea and provide encouragement and reassurance that the birth was proceeding normally. After delivery, the attendants helped bathe the child and dress the cord and provided mother and child with a clean comfortable environment in which to recover.

This supportive, time intensive standard of care was rapidly changing as the nineteen hundreds approached. As urban centers began to fill with immigrants and a burgeoning native population, many poor women found themselves far from the people who would have traditionally provided care

during childbirth. Mothers and sisters were often located in other cities or countries and the length of time required for travel and the expense involved was insurmountable for poor families. Midwives were available in urban centers, but many poor women were unable to afford the small fee charged for their services. Deprived of traditional networks of support, poor and immigrant woman increasingly sought assistance from public and private organizations. Some ethnic and religious groups were able to organize medical dispensaries and in some cases build hospitals. However, the services of these organizations were not available to women who were unaffiliated with the sponsoring group.

At the same time, physicians who specialized in obstetrics were reluctant to attend home deliveries for a number of reasons. First, attending women at home was time consuming. Traveling to and from the physician's place of business to the woman's home, as well as the difficulty in securing late night transportation, made home deliveries a time intensive commitment. It was also difficult to transport all the necessary equipment required for sterilization and anesthesia. A physician could not carry the cumbersome equipment necessary for an emergency situation such as a transfusion or surgery. Home birth brought the physician into direct contact with the laboring woman and her family, thereby circumventing his authority to act autonomously.[1]

Many physicians felt that attending home births lowered them to the level of the midwife and undermined their status. The women who

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[1]Richard W. Wertz and Dorothy C. Wertz, Lying-in: A History of Childbirth in America (New York: The Free Press, 1977), 144.

practiced midwifery in large cities came under increasing attack, as physicians attempted to professionalize and control the business of delivering babies. Physicians resented midwives for their wide practices and low fees. Many felt that in order to upgrade their profession the midwife would have to be outlawed, leaving physicians as the primary birth attendants and the hospital as the only acceptable birthing location. In the hospital the physician would have control over the birth process. One physician wrote:

> First the midwife she is merely considered an abomination; an unmixed evil, having no reason whatever for existence; an individual who should speedily be thrust aside. For does she not produce innumerable criminal abortions; is she not responsible for much infant mortality, much puerperal infection, and consequently much maternal mortality? Does she not because of her wide practice deprive the doctors of approximately 40 percent of their legitimate practice?[2]

In addition to depriving doctors of the money that was generated by attending home confinements, midwives also held a fundamentally different view of the birth process. Midwives believed that supportive care was the best treatment for a laboring woman. Birth was seen as a natural process which required little interference or management. Midwives would wait for nature to take its course, providing as much comfort as possible to the patient. This view was under increasing attack from the physicians' establishment. Many practitioners believed that "care during child-birth is now considered, in intelligent communities, a surgical

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[2]Dr. Ralph Waldo Lobenstine, "The Need of More Efficient Obstetrical Care Among the Poor," Modern Hospital 5 (1916): 128.

procedure. . . ."[3] In the past care had been cooperative, with family members assisting in the birth process. Physicians now believed that they alone possessed the surgical skill necessary to manage delivery.

Moreover, since surgical intervention was now seen as a normal part of delivery, it made good sense from the physician's point of view to have delivery take place in a hospital. A fully equipped hospital with all the necessary instruments on hand was the ideal place for women to deliver their children. Nevertheless, many women refused hospital treatment for a variety of reasons. One was the cost, a hospital stay could easily double if not triple the standard fee of a midwife. In addition, a hospital stay prevented women from caring for their families. Despite many women's preference for home care, medical professionals still believed that the best place for delivering babies was a hospital. One doctor wrote:

> I think that all confinement cases should be placed in a lying-in hospital. We shall get to that after awhile, and every district, every city of any consequence, all over the United States will, I think, ultimately have a lying-in hospital where women will be properly, aseptically and scientifically cared for during and after labor. Every municipality should be required by law to maintain a properly equipped lying-in hospital.[4]

To which a colleague replied, "Nearly every woman prefers to be confined in her own home, even if it is a mere hovel, and it is hard to get them to go to a hospital to be confined even if the advantages are much superior to their own home."[5]

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[3]Dr. Arthur Brewster Emmons, 2nd, "Obstetric Care in the Congested Districts of our Large American Cities," Transactions of the American Association for the Study and Prevention of Infant Mortality 4 (1911-1912): 214.

[4]Dr. W. F. McCabe, "Obstetrical Responsibility During Gestation,"Wisconsin Medical Journal 5 (1906-197): 601.

[5]ibid.

As this struggle between physician-attended hospital births and midwife-attended home birth continued, a third alternative became available. The establishment of an outpatient dispensary that provided obstetric care would to some extent satisfy both women who wanted to remain at home to give birth and physicians who believed that the birth process required professionally trained assistants. The dispensary would provide home care to women, but her attendants would be physicians and students, not family members or midwives. The use of a professional practitioner or a student in training was in the opinion of the physicians' establishment a much better option than employing a midwife.

Midwives continued to lose their position as birth attendants with the establishment of the dispensary system. Barred by the professional medical establishment from formal training courses in obstetrics and officially outlawed in many cities, midwives operated on the edge of society delivering the children of poor and immigrant women. The advent of a dispensary that offered free or low-cost care for delivery services further reduced their clientele. Dispensaries were another tool that the medical establishment used to erode the midwife's practice.

Dispensaries served an additional purpose that was foremost in the minds of doctors who delivered babies. Dispensaries would serve as centers of training for physicians specializing in obstetrics. Physicians who delivered babies wanted their skill to be recognized and accorded the proper respect and remuneration. By creating specialized courses and requiring medical students to train in the field of obstetrics, physicians sought to elevate and legitimize their field. Dispensaries were perfect places because

they not only served as training centers, they were also able to supply an abundance of clinical material.

Clinical material took the form of poor and immigrant women who might have previously sought out a midwife. Many families could not afford the fee of a midwife, nor did they have the means to retain a private physician. The hospital was seen as a last resort not only because of its high cost but also because of its association with rampant disease and puerperal fever which took the lives of many women. Moreover, hospitals were stigmatized as places of refuge for homeless or morally corrupt women. Respectable poor women avoided hospitals whenever possible, consenting to confinement there only when no other option was available. Dispensaries which allowed women to remain at home and deliver their babies were cost effective and more socially acceptable. Women could avoid infection and the social stigma attached to a hospital stay, as well as care for their families, by utilizing a dispensary.

The dispensary system of care, while allowing women to remain in their own homes, undermined the professional standing that physicians were striving to attain. Given the choice, most physicians would want their patients delivered in a hospital, not at home. However, because of the high fees a hospital stay entailed and the unwillingness of women to be confined there, physicians were forced to scale back their expectations. If they could not force women to go to hospitals to be confined, they could at least make sure that they were attended by trained physicians rather than midwives. In time many physicians hoped this preference for home birth would give way and be replaced by a disposition toward birth in the hospital.

In the meantime if a physician could not control the place of birth, an attempt would be made to control the process of birth to the greatest degree possible. Physicians often attempted this kind of control by curtailing a woman's physical activity during labor. Midwives often encouraged women to walk, squat and remain physically active during labor. The first priority of a physician was maintaining a sterile environment, which precluded the patient moving. Furthermore, physicians often insisted on making decisions regarding a woman's delivery position. At the Lying-in Hospital in New York:

> the side position is insisted on during delivery, since it raises the patient's genitals from the bed, keeps the hands of the attendant from touching it, and gives a better control of the head during the perineal stage, while more of the patient's legs and shoulders can be covered than in the dorsal position.[6]

This was not the position most patients had used before or were comfortable in. However, as the primary birth attendants, doctors were able to insist that certain procedures be followed. In addition to concerns about asepsis, physicians were forced to deal with patient concerns regarding modesty. Women regarded examinations and being seen in various states of undress by a man as painfully embarrassing. Many physicians realized this and attempted to cover their patients' exposed bodies as much as possible. Some physicians even suggested that vaginal examinations not be conducted at all. Dr. J. M. Fort wrote:

> I am not willing to close this paper without putting myself on record as one who most heartily disapproves and condemns the custom prevailing at this time among teachers and practitioners of obstetrics and

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[6]Dr. Charles H. Bradley, "An Account of the Work, Including Obstetrical Technique, at the Lying-In Hospital of the City of New York," Annals of Gynecology and Pediatry 17 (March 1904): 126.

> gynecology in the unnecessary and shameless exposures of their [pregnant women's] persons so frequently made . . . it evidences a want of refinement and delicacy of feeling towards the sex unworthy of our noble profession. . . . It bears testimony of a want of appreciation of that inherent modesty and delicacy of feeling which adorns the female character. It is degrading to the female sex and an open insult to the refined intelligent cultured women who make up the wives, mothers, daughters and sisters of our proud American people.[7]

These concerns about modesty were only attributed to white middle-class and upper-class women. Women who were poor or immigrants were not expected by physicians to have the same sense of delicacy regarding examinations and male attendants, although many did. Even though repeated examinations for lower-class women were justified as medical necessity, upper-class women were often spared the indignity in deference to their social status. Repeated exams of lower-class women were often justified by their inability to pay for a physician's services. Since the patient was unable to pay in cash for her care, she could pay by making her body available to physicians and interns for teaching and practical experience.[8]

The Formation of the San Francisco Maternity, 1904-1905

The dispensary system of care is exemplified by the formation of the San Francisco Maternity. Between 1904 and 1914 the San Francisco Maternity served as an obstetric dispensary, providing free or low-cost obstetrical care to poor women. The dispensary was founded by wealthy citizens who wanted to provide charitable assistance to poor women. In

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[7]Dr. J.M. Fort, "The Physician's Duty and Responsibility to the Pregnant Woman," Texas Courier Record of Medicine 14 (June 1897): 330-31.

[8]Charles E. Rosenberg, The Care of Strangers: The Rise of America's Hospital System (New York: Basic Books, Inc., 1987), 192.

San Francisco the wives of prominent businessmen conducted extensive charity work in the slums of the city. Active in both church and community, these women commanded a powerful social and financial position. They saw charity work as their duty, and there was no higher charity than relief of poor mothers and the safe delivery of babies. In forming the San Francisco Maternity it was hoped that no deserving poor woman would go without care during the lying-in period.

These women met at the home of Mrs. John Merrill on 17 November 1903, and enrolled thirty women as charter members of the San Francisco Maternity. The dispensary was underway, and in two months they were able to double the number of subscribers. In addition, two life memberships were added. Anyone could become a member of the organization. Members were individuals who would give three dollars a year to the dispensary. Life membership was conferred on those who contributed one hundred dollars. To become a founding member, an individual needed to contribute one thousand dollars. The organizers hoped to see the dispensary grow until "we shall be able to have an institution such as exists in Chicago. . . ."[9]

These women modeled their organization on the Chicago Lying-In Hospital, founded in 1895 by Dr. Joseph B. DeLee. This large maternity hospital started as a dispensary which was supported by charitable contributions from Dr. DeLee's friends and associates. The original building was a tenement house in which the dispensary occupied four

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[9]San Francisco Maternity, Annual Report, 1904 (San Francisco, 1904), 4.

rooms and Dr. DeLee lived in residence. The objectives of the Chicago Lying-in Hospital were to:

> provide proper medical care for poor women during confinement at their own homes, to establish and maintain a hospital for the care of such pregnant women as are without homes or need hospital care during confinement, to instruct students of medicine in the art of midwifery and to train nurses in the care of women during confinement.[10]

By 1901 the Chicago Lying-in Hospital had established a hospital facility in an old building and built a new dispensary building across the street. This new dispensary was possible because of a large individual donation of $5,000 which contributed one-third of the money needed to build the facility. The organization had also invited the heads of the departments of three major medical schools to serve as the medical staff and as directors of the hospital facility. This offer was accepted and the dispensary and hospital combined treated over 2,500 lying-in cases annually. The hospital and dispensary also served as a training facility for more than two hundred students every year. The vast success of the Chicago Lying-in Hospital inspired the San Francisco Maternity in its attempt to provide comprehensive care for poor women.[11]

In addition to maintaining a dispensary, the Board of Directors organized a Nursery Guild. The purpose of the guild was to "make infants' clothing . . . to provide nursery requirements and delicacies for the patients, and to help the dispensary financially."[12] It was a symbiotic

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[10]The Council of the Chicago Medical Society, History of Medicine and Surgery and Physicians and Surgeons of Chicago (Chicago: Biographical Publishing Corporation, 1922), 297.

[11]ibid.

[12]San Francisco Maternity, Annual Report, 1904, 12.

relationship, with the San Francisco Maternity expending money to buy material and the Nursery Guild making infant clothing out of that material and returning it to the dispensary for use. Membership in the Nursery Guild was three dollars per year, with one-third of that money going into the fund used to maintain the dispensary. This was perhaps a way for women who were not of the same social class as the members of the San Francisco Maternity to contribute to the running of the dispensary. The Nursery Guild required that women pay a small amount of money, but their real contribution was the labor that went into making the clothing the dispensary needed. Often patients were so poor that there was no clothing available for the newborn.

In November 1903 a newspaper story hastened plans for opening the dispensary. A woman named Mrs. J. Dalton went into labor and was unable to summon her regular physician. She was able to summon Dr. Berque. When the doctor learned she was unable to pay him, he left. He was later quoted in a newspaper article:

> I cannot afford to waste my time attending people who do not pay me. I admit that I knew the woman was in pain, but did not think it so serious as it has turned out to be. I asked her upon my arrival if she had a physician engaged, and she told me she had, but he could not be reached, and she had sent for me in the emergency. Then I inquired if she had any money, and upon being informed that she had not, I left, as I had other business, and I do not consider that I am in any way to blame.[13]

Mrs. Dalton gave birth to a healthy baby, but she gave birth alone and frightened, without benefit of an assistant. The local papers reported the story, and condemned the doctor: "He probably considered his services due

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[13]San Francisco Maternity Scrapbook, Archives, Lane Medical Library, Stanford University, Palo Alto.

his other more prosperous patients, and left the woman helpless during that critical time, so well known by mothers."[14] This experience was not an anomaly. It happened often to poor and immigrant women who had no means to pay for care during the lying-in period.

This case represented to the founders of the San Francisco Maternity a grave injustice. They believed Mrs. Dalton to be a worthy candidate for assistance. Her husband, though temporarily out of work, was described as "a steady man and has been doing his best for a large family of children, but that sickness has kept him at home for several weeks." Another article described Mr. Dalton as "an honest, steady man." Mr. Dalton's character as a worker is what determined Mrs. Dalton's worthiness for charitable relief. The city of San Francisco did not want to squander its resources on the undeserving, lazy poor who were unwilling to work. Mrs. Dalton escaped being blamed for her poverty by her husband's willingness to seek employment.[15]

Along with their belief in charity for the deserving poor, the founders of the San Francisco Maternity were able to take advantage of a situation that had developed in the medical community. Physicians who had completed medical school were finding it almost impossible to obtain hospital positions. Without a hospital position it was impossible to gain practical experience and by extension build a successful practice. Private patients were unwilling to seek out young, untried medical men when they needed medical attention. Young men were on the lookout for lay persons to

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[14]ibid.

[15]ibid.

sponsor them in specialized dispensaries where they could not only obtain practical experience but also strengthen their reputations as medical experts.[16]

One such young man was Dr. Alfred Baker Spalding, who began his medical career at Stanford University in 1892. He was described as a hard-working student and a good football player. After receiving his degree he went on to the Medical Department of Columbia University, graduating in 1900. He then worked as a house surgeon at the General Memorial Hospital in New York and after a year of professional training transferred to the Sloane Hospital for Women.[17] The Sloane Maternity Hospital was founded as an exclusive charity of William and Emily Sloane. In 1886 they proposed to the Board of Trustees of the College of Physicians and Surgeons that they would complete at their own expense a lying-in hospital on several lots of land owned by the college. In addition to completing the building at their own expense, they would fully equip the hospital and create an endowment for its ongoing maintenance. Mrs. Sloane was the daughter of William H. Vanderbilt, and she and her husband contributed approximately $173,000 toward opening the hospital. After its inception Mr. Sloane contributed securities valued at over half a million dollars and Mrs. Sloane donated an endowment fund of $377,000.[18]

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[16] Rosenberg, The Care of Strangers: The Rise of America's Hospital System, 172.

[17] L. A. Emge, "In Memoriam Alfred Baker Spalding 1874-1942," Transactions of the American Gynecological Society 68 (1944): 287.

[18] Dr. Harold Speert, The Sloane Hospital Chronicle (Philadelphia: F. A. Davis Company, 1963), 86.

The Sloane Maternity Hospital provided Dr. Spalding with an opportunity to witness hundreds of labors and deliveries during his two-year residency. In addition, this well endowed hospital was on the cutting edge of obstetrical practice and a center for the practice of new procedures. Lectures, scientific papers and demonstrations of instruments designed to make labor and delivery more manageable were introduced at the hospital. Dr. Spalding was at a hospital that provided one of the best obstetrical training experiences in the country. After serving as an assistant resident physician he turned down an offer to continue his career at Sloane and returned to San Francisco. Here he married Mary Polhemus and began to establish himself as a medical practitioner.

Dr. Spalding's early medical training had well prepared him to begin the difficult task of establishing a lying-in dispensary in the city of San Francisco. His goal was to form an institution much like the Sloane Hospital in New York where poor women could receive state-of-the-art obstetric care and students could receive practical training. Dr. Spalding was not fortunate enough to have the backing of a wealthy philanthropist. In 1903 he began soliciting supporters and recommendations from the medical establishment in San Francisco. Dr. Spalding was well regarded within the community, and described as "a man of the highest standing both socially and professionally." His plan for a lying-in dispensary also was praised as " charity of the highest importance to the people of San

Francisco, as well as wholly practicable in its details."[19] A leading medical professional went on to say:

> The plan proposed by Dr. Spalding for the establishment of an obstetrical service for the poor deserves cordial support. In the poorer districts of the city much suffering occurs because of the inability of women to obtain medical service under proper sanitary conditions. Dr. Spalding has explained his plan to me in detail and I am sure its supporters would be adequately compensated in the knowledge that much suffering would be saved and many deaths averted.[20]

In addition to his tenure at the Sloane Maternity Hospital, Dr. Spalding drew on the experience and recommendations of Dr. Joseph B. DeLee. DeLee was recognized as a leader in the field of obstetrics and the founding father of the Chicago Lying-in Hospital and Dispensary. Dr. Spalding questioned DeLee on how he had established himself, and furthermore, what the biggest obstacles were in establishing a lying-in dispensary. Dr. DeLee's biggest problem, not surprisingly, was obtaining donations to fund his obstetric work. He wrote to Dr. Spalding:

> I first went to prominent business where I laid the matter before them but being unknown here and unsupported by a church or society I could not enlist their aid. . . . I used to start out at 8am and solicit steadily all day till well into the night. Took lists of the contributions to local charities, society functions etc. After two months work I got $250.00 together. . . . At the end of 4 weeks were out of $. So I went begging again. The women proved default and I had to raise the money alone. After 8 months of this my friends had no more money to give me, they turned their heads when they saw me coming, so I borrowed money to keep the institutions afloat. I interested a sewing circle to give us clothes for the ladies and some $. Also a "Whist club" to give us $ from their membership fees. I got a gentleman to pay our rent for several months,

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[19] David S. Jordau, to Whom it May Concern, 1 June 1903, Letter in the San Francisco Maternity Scrapbook.

[20] Dr. A. A. D'Ancona, to Whom it May Concern, 20 June 1903, Letter in the San Francisco Maternity Scrapbook.

> some friends of mine sent us victuals, bread, meat, etc. A Rabbi in that neighborhood got his congregation to give us $100.00. I got some students to help me and they donated a few dollars to our support.[21]

With the difficulty of fundraising clearly apparent, Dr. Spalding did not directly solicit funds for the San Francisco Maternity. Instead, he turned that task over to the Board of Directors. It is not known whether Dr. DeLee advised this course of action or if Dr. Spalding decided independently to delegate this task. Nevertheless, from the beginning the Board of Directors of the San Francisco Maternity took on the task of fundraising, leaving Dr. Spalding to run the medical aspects of the dispensary. In soliciting donations the Board of Directors appealed to their peers and the public, invoking civic pride and public compassion. A written plea for funds stated:

> The society appeals for the financial support of all those interested in this effort to give better care to the mothers of our poor families. New York has supported a similar institution for the past 104 years, and in most of our larger cities the poor are cared for in the way outlined in this pamphlet. The rapid growth of San Francisco necessitates that we do likewise.[22]

In its announcement book the San Francisco Maternity reiterated its humble beginnings and stressed the importance of its work:

> The San Francisco Maternity is the outgrowth of the conditions existing south of Market Street, which have been forcibly brought to the notice of the active women of San Francisco, in their philanthropic and charity work in that district. A plan was well under way to meet the long-felt want when an article appeared in one of the daily papers. . . . After investigating the local conditions and studying the problem as handled in other large cites of the United States, a few charitable individuals formed

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[21] Dr. Joseph B. DeLee, to Dr. Alfred Baker Spalding, 21 March 1903, Letter in the San Francisco Maternity Scrapbook.

[22] San Francisco Maternity Scrapbook.

> a nucleus for the establishment of a charity to be known as the San Francisco Maternity.[23]

The goals of the dispensary were ambitious. The primary goal was to care for women in their own homes during the confinement period. This included insuring proper asepsis and follow-up care so that a woman would not be rendered an invalid by a difficult delivery. Additionally, the newborn baby was to be given a preemptive treatment to guard against blindness. Medical students and nurses were to be trained in the care of lying-in women through practical experience. It was also hoped that the San Francisco Maternity would be able to purchase an incubator station in order to care for those infants who were born prematurely. In addition, the organization wanted to establish a milk laboratory so that the bottle-fed babies of the poor would not become ill from milk contaminated with tuberculosis.[24]

A major threat to infant health was blindness caused by gonorrheal conjunctivitis. If a mother was infected with gonorrhea she could pass the bacterial organism neisseria gonorrhoeae on to her infant during delivery. Once the child's eyes were infected with the gonococcus a severe form of conjunctivitis ensued, leaving the baby blinded for life. This disease was easily preventable by treating the child's eyes immediately after birth with a topical solution containing silver nitrate. Unfortunately, few poor women had access to this treatment.[25] The San Francisco Maternity hoped to help

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[23]ibid.

[24]San Francisco Maternity, Annual Report, 1904, 15.

[25]Mosby's Pocket Dictionary of Medicine, Nursing, and Allied Health, 1990 ed., s.v. "gonorrheal conjunctivitis."

eradicate the problem of infant blindness by making sure that each child cared for by the dispensary was treated with this inexpensive procedure.

One of the San Francisco Maternity's more ambitious goals was the establishment of an incubator station. The medical establishment recognized that infants born before the fortieth week of pregnancy had special health problems. However, not all practitioners enthusiastically supported the use of incubators. The first incubator was designed in France around 1889 for use in the Paris Maternity Hospital. The first incubator manufactured and designed in the United States was available for purchase starting in 1903. The American-designed incubator was very cumbersome. A huge metal contraption on wheels, the incubator completely encased the infant in metal with a glass lid on the top. The temperature inside the incubator was controlled by water passing through a series of pipes which were heated by a lamp. The incubator also contained a series of ducts through which fresh air and oxygen were combined and then pumped into the main chamber. The complex design and the time needed to manufacture the incubator made it very expensive and as a result it was not widely used.[26]

A more reasonable objective than the establishment of an incubator station was the San Francisco Maternity's goal of establishing a milk laboratory. One of the biggest threats to infant health was contracting tuberculosis through contaminated cows' milk. Impure milk was also the cause of summer diarrhea which resulted in the dehydration and death of

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[26]Dr. Thomas E. Cone, Jr., History of American Pediatrics (Boston: Little Brown and Company, 1979), 188.

many infants. Since contaminated milk posed such a grave health risk to infants, many large cities set up laboratories in which milk could be examined and then certified as free from disease. Laboratories also served as centers were milk could be separated and modified to conform to prescriptions prepared by doctors. For many poor families the price of certified milk was prohibitive. To help reduce infant mortality among poor and immigrant groups, private philanthropists in New York began in 1893 to set up "milk stations" at which certified, low-cost milk could be obtained. These milk stations where especially effective in reducing infant deaths due to summer diarrhea.[27] San Francisco lagged well behind many eastern cities in purifying its milk supply. The city had no laboratory for the bacteriological examination of milk until after 1907.[28] In addition, San Francisco had no milk stations to provide the poor with a clean source of milk. The San Francisco Maternity hoped that its milk laboratory would not only test milk for contamination but also provide the poor with a source of clean milk for feeding their infants.

Beginning with this broad series of goals, the San Francisco Maternity undertook fundraising efforts in earnest. The Board of Directors was very persuasive in its appeals and as a result one-third of the operating budget for the entire year was raised in just two weeks. The Board of Directors wanted to support the dispensary with a combination of donations and student fees. The major portion of the budget was to come from dues and

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[27] ibid., 144.

[28] City of San Francisco, San Francisco Municipal Reports, 1906-1907 (San Francisco: 1907), 545.

annual donations. Fees charged medical interns and student nurses would comprise a smaller percentage. Moreover, the Board of Directors hoped to solicit small donations from patients. In order to buy the necessary medical equipment, a fund was established with an initial donation of five hundred dollars. This donation amounted to one-third of the amount needed to fully equip the dispensary.[29]

To advertise the San Francisco Maternity's existence and to raise funds, the Board of Directors held a card party at the Century Club in San Francisco. The Century Club was a highly prestigious location and board members had little trouble persuading friends and relatives to attend. The benefit was a success and raised $150 for the dispensary.[30] The card party brought the San Francisco Maternity to the attention of many prominent people in the city. Using their social standing and connections, the Board of Directors began to establish a base of upper-class women who could be counted on to contribute to the organization.

With firm financial backing the Board of Directors and Dr. Spalding continued their work to open the dispensary. It appears that Dr. Spalding was responsible for equipping the dispensary and retaining student workers. The Board of Directors focused on fundraising and advertising the dispensary's services. The advertising began simply with newspaper notices stating that a new charity had formed with "A few rooms . . . to be opened . . . as a maternity dispensary." Even before the dispensary opened

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[29]San Francisco Maternity Scrapbook.

[30]San Francisco Maternity, Annual Report, 1904, 7.

its doors on 1 January 1904, women began applying for care. The Board of Directors made sure that these early applicants received medical care and attention.[31]

This personal attention to the problems of poor women sprang from a sense of religious duty. Upper-class women were told by society and felt within themselves an inherent moral superiority over lower-class women. This sense of duty and privilege encouraged upper-class women to take a personal interest in the problems of the poor. One way this personal interest was manifested was in the practice of home visiting. Home visiting was a way for upper-class women to shine their morally uplifting light into the homes of the poor. This intrusion was justified because the dominant classes believed that poverty was a sign of God's disfavor and it was hoped that visits from their more affluent sisters would aid and uplift impoverished women. Women who were visited often felt resentment over this invasion of their private lives. While often times desperate for aid, poor women saw themselves as deserving individuals. They viewed themselves as people who had fallen on hard times and felt no sense of moral inferiority because of their poverty.[32]

Members of the Board of Directors visited dispensary patients at home. It was the duty of one board member a month to conduct home visits to insure that their charity was not being used by unworthy women. When

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[31] San Francisco Maternity Scrapbook.

[32] Nancy Woloch, Women and the American Experience (New York: Alfred A. Knopf, Inc., 1984), 169.

one of the associate directors visited the patients of the dispensary she reported:

> that from personal visits to the homes of patients, which covered all the poor districts of the city, she was pleased to find that in nearly every case there was need for the charitable work of the institution and that invariably gratitude was shown by the poor women and praise was bestowed on the good work of the doctors and nurses sent free to homes of the poor.[33]

Gratitude was a key element in home visiting. Those who were visited were expected to be grateful for the charity given. Gratitude often consisted of meek acceptance of the charity offered as well as praise for the organization and the individual who tendered it. The San Francisco Maternity expected their patients to express appreciation for the dispensary's service.

The condition of patient homes was often mentioned in reports and newspaper articles. Homes were classified as "humble"[34] and frequently as "very squalid."[35] Many patients had several children already and husbands were often described as "more or less intoxicated."[36] Homes were usually also lacking in provisions for the new baby. One board member commented on the lack of "clothes for the wee newcomer."[37] When it came to nutrition, members of the San Francisco Maternity found "the ignorance of the average mother and father in regard to the food of the infant is appalling."[38]

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[33]San Francisco Maternity Scrapbook.

[34]ibid.

[35]San Francisco Maternity, Annual Report, 1904, 18.

[36]San Francisco Maternity Scrapbook.

[37]ibid.

[38]San Francisco Maternity, Annual Report, 1904, 8.

Dr. Spalding characterized San Francisco Maternity clients as "a class of patients who are underfed and under-clothed, and who are often suffering from the social diseases of the poor, such as chronic alcoholism, syphilis and gonorrhea."[39] In viewing alcoholism and venereal disease as social diseases, Dr. Spalding implied that these diseases were not the personal fault of the person they afflicted. It seems he believed that environmental conditions were responsible for many of the problems that afflicted the poor and thus a maternity service could help.

The building in which the dispensary was first situated was located at Eighth and Harrison, in the district south of Market Street. Location was of vital importance in order for doctors to reach patients and for patients to have access to care. In the beginning years between 1904 and 1905, virtually all the dispensary's patients came from six square blocks south of Market Street. The district known as "South of Market Street" was the refuge of the working poor. Blue-collar laborers and their families crowded into an area that ran from Market Street and Townsend and from the waterfront to Eleventh Street. In the South of Market Street district the average dwelling held ten people in 1900, compared to the citywide average of 6.4.[40] This neighborhood was where the dispensary would draw its patients from in its first two years of existence.

The care these poor women received was based on Dr. Spalding's belief that obstetrical care was a science. Procedures were strictly adhered to and

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[39] Dr. Alfred Baker Spalding, "A Report of the First Two Hundred Confinements at the San Francisco Maternity," California State Journal of Medicine 5 (May 1907): 117.

[40] William Issel and Robert W. Cherny, San Francisco, 1865-1932: Politics, Power, and Urban Development (Berkeley: University of California Press), 59.

a conscientious concern for sterile conditions and accurate recording was insisted upon. When a woman applied to the dispensary for care she was carefully questioned regarding her social and financial status. There were no explicit guidelines regarding how poor a woman had to be before she could receive care. The dispensary staff seems to have decided who was eligible and who was not on a case-by-case basis. Certainly, if a woman had means she was referred to a private physician, but most patients were in dire financial straits. A senior physician questioned the woman applying for care about her husband's employment record, including why he was unemployed and how long he had been that way. The physician inquired about how much rent the family paid and how many children were supported.[41]

After the applicant passed the initial financial screening, a junior intern recorded her medical history. The medical history included questions about the woman's menstruation pattern and tried to determine the exact date of her last menses. The patient was also asked to provide detailed information about her previous pregnancies if applicable. All patients were asked about their family history, including whether parents and siblings were still alive or suffering from any congenital disease. Patients were also asked if they had ever been ill with infectious diseases such as mumps; measles; rheumatic fever; scarlet fever; whooping cough; diphtheria and pneumonia.[42] The dispensary staff asked all these questions to ascertain a woman's physical condition prior to pregnancy. It was hoped

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[41] San Francisco Maternity, Annual Report, 1904, 15.

[42] ibid.

that by taking a thorough medical history the staff could foretell problems that might arise during confinement.

The woman was then given a complete physical and pelvic exam by a physician and a senior (second-week) student. This included an internal vaginal examination as well as an examination of the woman's breasts and abdomen. The patient was asked to leave a urine sample and return in a month for re-examination.[43]

There was much debate in the obstetric community as to the value of vaginal examinations. Dr. Spalding believed that the only way to insure a good obstetric outcome was the frequent and repeated examination of a woman's vagina. He wrote:

> The interest of the unborn child demands attention, and its life as well as its future health should be safeguarded by the conscientious attendant. To do this one must adopt a systematic method of examination of the pregnant woman and carry it out continuously. Too often this becomes a very monotonous procedure and the practitioner falls into the convenient habit of never troubling trouble until trouble troubles him.[44]

Dr. Spalding insisted that patients of the San Francisco Maternity undergo frequent examinations. The initial vaginal examination was also used to determine an approximate date for delivery. Dr. Spalding wrote:

> It has been customary for the assistants and students in my clinic at the San Francisco Maternity to measure the height of the fundus uteri above the symphysis in all cases of pregnancy. Measurements have been made with a tape-measure, placing one end on the upper border of the

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[43] Dr. Alfred Baker Spalding, "A Report of the First Two Hundred Confinements at the San Francisco Maternity," 117.

[44] Dr. Alfred Baker Spalding, "Indications of Cesarian Section," California State Journal of Medicine 6 (February 1908): 24.

> symphysis and the other on the ensiform cartilage. The uppermost margin of fundus of the uterus is located and read off the tape.[45]

Dr. Spalding's rule was to add "four to the height of the fundus as measured in centimeters" which he believed would indicate at what week a pregnancy was currently in.[46] By using this method Dr. Spalding believed he could determine accurately in three-fourths of the cases when a woman would deliver.

The Board of Directors for the San Francisco Maternity were not entirely comfortable with the idea of patients being given repeated vaginal examinations by different physicians and students. As women they were conscious that repeated exams would be psychologically uncomfortable for the dispensary's patients. However, since they themselves were not the subjects of repeated exams concern over the issue waned. The President, Mrs. Hewlett, wrote:

> One thing that in the beginning seemed to need very careful legislation has proven to be an unqualified success. This is the student work. A rule was made that but one student at a time should be present with the patient, and even then we were ready to consider objections; yet none have been forthcoming and in every case coming under our observation, the student assistant has been welcomed by all. The women seem to find it a pleasure and a relief from the monotony of compulsory rest to have the student come in regularly on his little errands.[47]

In reality physicians and students were not "welcomed by all." Dispensary patients feared being attended by untrained students. Women felt that repeated vaginal exams violated their privacy and furthermore, caused

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[45] Dr. Alfred Baker Spalding, "The Value of Abdominal Measurements in Pregnancy," Journal of the American Medical Association 11 (September 6, 1913): 746.

[46] ibid., 748.

[47] San Francisco Maternity, Annual Report, 1904, 8.

them grave embarrassment. If a woman failed to submit to a vaginal exam she could be dismissed from the dispensary. Given that choice, most women endured the exams quietly in exchange for care during their confinement. For some, however, the repeated exams proved to great a strain. Between 1904 and 1907 approximately five per cent of patients were dismissed because they refused to be examined vaginally.

Sometimes, the patient was not the only one who objected to repeated examination. In one case Dr. Reer, a staff physician, wrote on a patient's medical chart:

> Patient was discharged on the 19th without examination owing to husband of patient insulting the nurse attending the case. His objection being to the exposure of his wife to three nurses (at different times) two on one occasion and a third one later. Also to the presence of a student on one occasion. He acknowledged that his wife had excellent service and care. Every consideration and respect was shown patient by Doctor and nurses. In my opinion the husband thinking his wife out of danger by the 6th day made the row to get out of paying $5.00 he had promised the maternity.[48]

This could have been a matter of modesty or economics, but in general patients were uncomfortable with repeated examinations. Women who had the means to employ private physicians were often spared repeated examinations by multiple practitioners, but poor women were given no choice in the matter.

Once a patient had undergone the admission process she was given a card bearing her name and address. When she went into labor she sent the card to the dispensary which was staffed day and night. Upon receiving the card, the doctor on duty and an intern responded immediately to the

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[48]Confinement 18, 1904.

woman's home. If the doctor determined a nurse was needed, he sent the intern to the nurses' hospital. By 1907 this had changed, and an intern and a nurse responded to the call with a doctor coming by later to supervise the work.[49] This shift relieved the head physician from being constantly on duty and allowed a more timely response to patients in labor.

For attending a home delivery, the dispensary prepared kits which included antiseptics; instruments; drugs; basins and dressings. Dr. Spalding described the procedure used when attending a home confinement:

> When called, both students and a pupil nurse take to the house a kit composed of Edgar's trays which contains all sterile dressings, drugs and instruments necessary for delivery. A physician calls during the labor to supervise the work and instruct the student. The patient is delivered on a Kelley pad surrounded with sterile towels. All examinations are made with a sterile glove, no douches are given (except for hemorrhage), the baby's eyes are treated by Crede's method, the cord is dressed with salicylic acid, and the patient given a supply of sterile pads.[50]

There was considerable disagreement within the established medical community regarding the safety of vaginal exams during labor. Dispensaries and hospitals that trained students needed to examine patients frequently in order for their students to gain practical experience. The practice of examining patients frequently during labor raised the patient's risk of infection. Teaching institutions had to balance that risk with the need for practical instruction.

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[49] Dr. Alfred Baker Spalding, "A Report of the First Two Hundred Confinements at the San Francisco Maternity," 115.

[50] ibid.

While obstetrical manuals generally suggested "one, two, or three vaginal examinations are usually sufficient in labor,"[51] some outpatient services went far beyond that recommendation. The Lying-in Hospital of the City of New York, which operated an outpatient maternity service, stated:

> Much has been written of late regarding the advisability of vaginal examinations during the progress of labor, but it seems necessary in conjunction with external palpation, in the instruction of students. In the first stage of labor, an average of five examinations to the patient, in the second stage, an average of four examinations, and in spite of this extensive use of material for instruction, the mortality of all cases dying of sepsis was only 0.14 per cent.[52]

In 1904 the San Francisco Maternity examined each patient an average of four times during labor. The number of exams continued to decrease as the years went on. By 1910 patients were being examined only twice during labor. This was due to a decrease in the number of interns coming to serve at the dispensary. In 1908 fifty-one students took the course in obstetrics. In 1909 that number dropped to thirty-five. In 1910 only five students attended the course. Since interns served for only two weeks, it was possible in later years for a patient to be attended solely by a doctor and a nurse during her confinement.[53]

During the San Francisco Maternity's first year of operation fifty-nine patients were confined. Forty-nine per cent of patients were born in the United States. The remaining fifty-one per cent of the dispensary's clientele

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[51] Dr. Edward A. Ayers, Physical Diagnosis in Obstetrics (New York: E.B. Treat & Company, 1901), 139.

[52] Dr. Charles H. Bradley, "An Account of the Work, Including Obstetrical Technique, at the Lying-In Hospital of the City of New York," 128.

[53] San Francisco Maternity Confinements 1904-1914.

came primarily from Ireland, Russia and Europe. Married women accounted for eighty-six per cent of the patient population, while four per cent of the women listed themselves as either divorced or abandoned. Single women accounted for three per cent of the dispensary's patients. In half of the single cases, their charts simply note "baby taken away on third day." It is not clear which organization took these children or what ever became of them. The child of one single patient was treated at the City and County Hospital of San Francisco for gonorrhea ophthalmia and then returned to her. In another case of an unmarried woman delivered by the dispensary, it is unknown what became of the mother or whether her baby was allowed to remain with her.[54] Many hospitals and dispensaries refused to treat unmarried pregnant women. The established medical community saw these women as depraved and morally bankrupt. Since the woman's own immoral behavior had brought about a pregnancy, many practitioners felt justified in denying her medical attention. In contrast, the San Francisco Maternity treated patients without regard to their social condition if they met the financial requirements. Dr. Spalding's attitude toward unmarried patients was revealed when he was quoted in a newspaper article which stated:

> Early in the scheme of operation a theoretical charity worker said to Dr. Spalding under whose supervision the Maternity is conducted "You know, doctor, you ought to make a point of keeping this relief entirely for deserving women." To which the doctor, whose whole soul is in the work, replied, "Madame, any suffering woman in need is deserving."[55]

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[54]San Francisco Maternity Confinements 1904.

[55]San Francisco Maternity Scrapbook.

Often times the families of younger pregnant patients did not want them to remain at home. When this happened the dispensary referred the young patients to the Florence Crittenton Home of San Francisco, a home for unwed mothers.

In 1904 forty-one per cent of the patients were between the ages of fifteen and twenty-five. Twelve per cent of patients reported they were employed. The most frequently listed occupation was washerwoman, but it is not known whether this work entailed women taking in laundry at home or going to other residences to work. Only two women listed their occupation as either dressmaking or sewing, and again it is not clear whether this was home-based work. Only one woman was employed in a skilled trade as a typesetter.[56] Women and especially mothers working was extremely controversial in this period. Married women were expected to stay home and care for their families. However, poverty necessitated that some women find a way to earn income.

The San Francisco Maternity used a variety of methods to attract poor women to the dispensary. In 1904 over half the patients learned about the dispensary through newspaper advertisements and circulars which were distributed throughout various neighborhoods. Twenty-one patients were referred by other charitable organizations, evidencing an amiable relationship between the dispensary and other benevolent associations. Ten patients were referred through other medical providers in the community. Twelve women had been referred by other dispensary patients. These

[56] San Francisco Maternity Confinements 1904.

diverse sources of patient referrals pointed to an increasing need in San Francisco for free or low-cost obstetric care.

Despite the dispensary's efforts to reach the poorest and most vulnerable members of the community, the clientele contained no Chinese women and only two black women in the first year. Both these groups accounted for a small percentage of San Francisco's population. The Chinese had long been outside the established medical community in San Francisco and many were denied treatment at city and county facilities. This forced the Chinese to seek other centers for care, and as early as 1880 a white female doctor was caring for obstetrical and pediatric cases in Chinatown.[57] It is not clear how many black women were actually treated by the dispensary because anyone, regardless of ethnic origin, could be classified as black if their skin was dark. Some medical records show women coming from Africa listed as "colored" in the space questioning an applicant about nationality. Other medical records simply list the country of origin and make no reference to the color of the applicant. It does not appear that black women were actively discouraged from applying, but few sought out the dispensary for care.

The dispensary treated two black women in 1904. One of these women was listed as divorced on some medical records and single on others. It is not known what her martial status really was, but an unmarried woman might claim to be divorced or abandoned to avoid the stigma of an out-of-wedlock-birth. This woman lived in the rear of a local church and worked

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[57]Joan B. Trauner, "The Chinese as Medical Scapegoats," California History 57 (Spring 1978): 82.

there as a servant. Though it is not clear that she was dismissed because of her pregnancy, she was working for a different employer two months latter.

The woman's medical history was normal. Her menstrual history had been typical, with her cycle running twenty-eight days. She had survived the usual childhood diseases of scarlet fever and diphtheria. Her last period was 3 October and since then she had experienced vomiting and some swelling in her feet, but otherwise no complications. Her labor was expected 10 July. When examined at eight months a fetal heart could be heard beating very loudly at 150 beats per minute.

The patient went into labor the morning of 13 June 1904. Since her pains were weak and irregular she waited until eight o'clock the following morning to summon the dispensary. The attendant stated, "patient did heavy day's work which started contractions. These pains were irregular & nagging in character." Twenty-seven hours after labor started the membranes ruptured, and labor stopped. Two and a half hours later strychnine was given which restarted labor.[58] The patient's cervix was described as "hard and thick" by the attendant; manual dilation was attempted, but to little effect. Thirty-five hours after labor began strychnine was given again and the second stage of labor started. The baby was born one hour and ten minutes later at 8:10 P.M. The baby was stillborn and did not respond to resuscitation efforts. The attendant tried immersing the child in hot and cold baths, artificial respiration, spanking, swinging and

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[58]Strychnine is an extremely poisonous white crystalline alkaloid which is used in medicine as a stimulant for the central nervous system. The American Heritage Dictionary of the English Language, 3d ed. (1992), s.v. "Strychnine."

folding. At nine o'clock the doctor was still trying to revive the baby, which weighed only three pounds. The patient was given follow-up care and was visited by interns and nurses for nine days. At the end of that time she was discharged in good condition.[59]

Two months later a letter came from a woman who appears to have been the patient's new employer. She wrote Dr. Spalding:

> Dear Sir, For some time I have wanted to thank you for your service and kindness to a young colored woman who I have been interested in and sent to you through Miss Walace. The young woman is now working for me and seems more than grateful for all that was done, for her during her illness. Please accept my thanks, also trusting that sometime in the future I may be able to help you in your good work of which I was unaware of until my dilemma in her case.[60]

Another patient who was more typical of the patient population was a thirty-eight-year-old married woman who had been born in the United States. She and her husband had one child already. She helped support the family by sewing, though it is not clear if she did this work at home. The patient's medical history revealed she had suffered from both rheumatism and typhoid. She guessed her last menstrual period might have been around the ninth of October. Based on this information and her physical exam the dispensary expected her to give birth sometime in July. The woman was diagnosed as healthy though she suffered from several of the normal pregnancy-related discomforts. The patient complained of slight nausea, constipation, fatigue and swollen feet. Her previous labor had been characterized as easy and she had rested in bed thirteen days. During her

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[59]Confinement 19, 1904.

[60]Susan Allen, to Dr. Alfred Spalding, 7 August 1904, Letter in the San Francisco Maternity Scrapbook.

previous pregnancy, her perineum had been torn and allowed to heal without surgery.[61]

The patient went into labor on 9 July 1904, at 2:00 A.M. The dispensary attendant arrived at 11:30 A.M. the same day. The attendant performed four vaginal exams to track the rate of cervical dilation and to make sure labor was preceding normally. During the second stage of labor the patient was examined twice more. The patient's labor was described as "dry and very painful." The attendant had trouble getting the cervix to open and had to resort to manual dilation. Finally a six-pound baby girl was born. The baby's eyes were treated with boric acid and the cord cut and wrapped with a sterile dressing. Mother and baby were followed by the Maternity for nine days, during which time the baby gained over a pound and her cord came off. The woman made good progress and both were discharged in "excellent condition."[62]

While providing care to poor women, the dispensary attendants would not tolerate patients disobeying their instructions or soliciting other practitioners, whether midwives or physicians, for care. While the Board of Directors often cited the Dalton case as an example of uncaring physicians, the dispensary did not hesitate to dismiss a woman if she failed to follow instructions. One of the physicians, Dr. Carr, left a patient during the middle of first-stage labor because she objected to the presence of so many attendants.[63] In another case students "refused" a woman treatment

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[61] Confinement 25, 1904.

[62] ibid.

[63] Application 143, 1905.

because she had called a midwife on account of "modesty."[64] The attendants did treat the baby's eyes and retie the cord but then promptly left and refused the woman follow-up care.

Despite the dispensary's autocratic methods, the year 1905 saw an increase in the number of women seeking care. The dispensary cared for 110 women in its second year of existence. Women born in the United States accounted for fifty-five per cent of the patient population. The biggest foreign born population was represented by Irish women who made up about eight per cent of the dispensary's clients. Forty-four per cent of the patients were between the ages of fifteen and twenty-five, with forty-three per cent pregnant for the first or second time. Married women accounted for ninety-five per cent of the patient population. The remaining five per cent of women were categorized as either deserted or abandoned by their husbands.[65]

This year noted a slight decrease to ten per cent in the number of women working. The majority of women were employed in some kind of domestic service; housework, washing and sewing were the primary occupations. It is not known whether patients were engaged in homework or whether they were employed outside their residences. In addition to these traditional occupations there were two women engaged in running rooming houses, one woman who did ranch work, and a vaudeville actress who was passing through San Francisco with her troupe.

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[64] Application 441, 1907.

[65] San Francisco Maternity Confinements 1905.

One of the dispensary's patients who was employed doing stenography became the focus of a newspaper article. The headline read: "Afflicted Wife, With Infant Boy, Wants Her Husband Arrested For Abandonment." The woman was aghast at being forced to turn to the San Francisco Maternity for help. In the newspaper article she was quoted as saying:

> I applied to the San Francisco Maternity Institute for medical attendance and the care of a nurse for an operation that I must undergo in a week. This, as you know, is a matter of charity. If I were only able to work I would not for a moment dream of becoming a subject of charity. And all this time my husband is thoroughly enjoying himself and spending money recklessly.[66]

The patient applied to the San Francisco Maternity on 28 June 1905, after learning about the dispensary from a circular. This was her second pregnancy and her medical record stated that she had suffered a lacerated perineum during her previous labor. The patient went into labor at approximately 2:00 A.M. on 5 August 1905. The baby was born at approximately 5:20 A.M. the same day. Unfortunately, the dispensary attendant did not arrive until 5:30 A.M. Despite having delivered her baby alone, both the woman and her child were in good condition. The dispensary attendant tied off the child's cord and treated its eyes. Mother and child were discharged nine days latter in good condition.[67]

Dispensary attendants were often not able to reach patients in time for the delivery. During the year 1905 the medical records show that the staff failed to arrive in time for delivery in approximately five per cent of the

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[66] San Francisco Maternity Scrapbook.

[67] Confinement 118, 1905.

cases.[68] This was a result of a combination of factors. The dispensary had no private vehicle and was forced to rely on public transportation. Street cars often stopped running in the early evening, making it almost impossible to reach patients in a timely manner. When this happened some of the medical charts note that the baby was delivered by a husband, friend or neighbor. In addition, many women hesitated to call the dispensary, doing so only if labor did not progress normally or if complications arose. This was a common practice among those women who depended on midwives or other women for birthing companions.

The San Francisco Maternity could not have attended women at home had it not been for the interns who came to the dispensary to obtain practical experience. Interns played a vital role in providing patient care. In the early years of the dispensary's existence they often assisted a senior physician, but after 1907 they served as the primary birth attendants for most women. Interns contributed significantly to cost reduction at the dispensary both by paying a small fee for instruction and by attending patients. In return the interns received practical obstetrical experience that was unavailable from hospitals and private practices. Since there were few private patients who would "allow themselves to be used as teaching aids,"[69] interns relied on charitable dispensaries to give them the hands-on experience they needed to obtain positions as private practitioners.

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[68]This percentage is based on chart notations which are often cryptic or incomplete.

[69]Rosenberg, The Care of Strangers: The Rise of America's Hospital System, 90.

Where interns lived varied depending on what institution they studied with. In New York at the Albany Guild for the Sick Poor interns did not live on the premises of the dispensary. When a request for an attendant was received the intern had to return to the dispensary headquarters, pick up the needed supplies and proceed post haste to the woman in labor.[70]

At the San Francisco Maternity interns took up residence at the dispensary. They were responsible for returning medical kits in good order and were required to leave a five-dollar deposit to cover loss or breakage. This system worked well and cut down on the time needed to respond to a call. Students could be graduate or undergraduates and Dr. Spalding hoped that they would have some hospital experience.[71] Students were to spend two weeks at the Maternity, the first week as a junior student and the second as a senior student. Dr. Spalding promised that:

> Each student is guaranteed that he will attend with one of the Obstetricians at least two cases of confinement during his two weeks. Besides this, the students give personal care to the mother and baby during the puerperium.[72]

In obtaining interns, the dispensary worked in conjunction with the academic community. The dean of the College of Physicians and Surgeons wrote to Dr. Spalding:

> I wish to thank you for extending to our students an opportunity to do obstetric work. As soon as your letter was received I instructed the Senior

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[70]Dr. H. Judson Lipes, "A Report of the Work of the Special Obstetrical Department of the Albany Guild for the Care of the Sick Poor" Albany Medical Annals 25 (July 1904): 455.

[71]San Francisco Maternity Scrapbook.

[72]San Francisco Maternity, Annual Report, 1907 (San Francisco, 1907), 27.

> class to report at once to the dispensary and arrange to have time assigned them.[73]

The dispensary also influenced the curriculum at Cooper Medical College. The dean, Dr. Henry Gibbons, wrote:

> I have recently appreciated the fact that I have hardly done satisfactorily with the Senior Class. Since, my plan has been to give all except the Physiology and Anatomy of Pregnancy in the last year, thus they are not properly prepared when they enter upon your training. I shall hereafter require the Junior Class to attend the didactic lectures preparatory to your practical training and the students will no doubt be better prepared.[74]

The interns diminished the cost of running the dispensary, but their labor and fees were unable to offset the cost of an increasing number of patients. As of 1 January 1905, the organization had on hand approximately $280.00. The Board of Directors tried to fill the coffers of the dispensary by organizing two charity benefits. The first was a benefit performance by The Tivol of "Boccaccio." The second was a dramatic performance, secured because of a personal relationship between one of the board members and a leading actress. The announcement of the benefit read:

> Therefore on Wednesday afternoon at 2:30 o'clock, in the ballroom of the Palace will Margaret Anglin, Mrs. Whiffin and the fascinating men-folk of the company, give a performance for the hospital's benefit at $2 per, with a cup of tea thrown in - if you prefer tea to a cocktail.[75]

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[73] Dr. D. A. Hodghead, to Dr. Alfred Spalding, 3 October 1907, Letter in the San Francisco Maternity Scrapbook.

[74] Dr. Henry Gibbons, to Dr. Alfred Spalding, 13 February 1907, Letter in the San Francisco Maternity Scrapbook.

[75] San Francisco Maternity Scrapbook.

In order to promote the event the newspaper ran an extended story on the work of the dispensary. The writer painted a picture of newborns who were unwanted, homes that were squalid and parents who were uninterested in their offspring. The writer wondered at:

> the lack of preparation for the little stranger's coming, the lack of common comforts for the mother, the ignorance of the needs of the little one. And sometimes, not often is there indifference to its wants, particularly when the babe is an unwelcome guest, adding to an already burdensome brood, just as if the little pink mite had aught to do with its advent. Poor little babe, and the poor little babes that follow! -- for they follow fast in the haunts of the poor -- it is but small compensation for the unasked gift of life to start them aright in the world, with a clean skin, a pair of healthy eyes and well-nourished body. They'll need them in the struggle for bread into which they have been thrust by parents who are helpless to equip them for the fray. A crime? Perhaps, but a crime that laws cannot reach.[76]

This newspaper article conveys very strong attitudes held by the upper-class toward the recipients of charitable assistance. Poor people were seen as uneducated and ill equipped to care for children. When the article bemoans the "lack of preparation" for a new baby, it assumes that parents were uninterested and unwilling to provide for their infants. What the article fails to take into account is the crushing poverty afflicting the poor. The recipients of aid may have very much wanted to provide for their children, but a poor paying job or lack of one often hampered a family's ability to provide for itself.

The article also makes assumptions about the sexuality of poor men and women. It assumes that the poor lack self-control; if poor husbands and wives could control their urges then they wouldn't have so many children. The writer calls this a crime, but not a punishable crime. The

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[76]ibid.

writer also sees the newborn as the innocent victim of its parents' lack of control. So sympathy is owed the child, but the parent should be chastised and instructed in better behavior. By appealing to public biases about the poor the writer hoped to garner a bigger turnout for the benefit. The benefits were modestly successful, although it is unclear how much money was raised.

In an effort to provide comprehensive care, the San Francisco Maternity forged a cooperative relationship with other charitable institutions in San Francisco. The organization stressed the fact that this was not just charity work, but a service to all people. The work of the dispensary, they believed, would result in highly skilled physicians and improve the care given to newborns:

> We want the good will of the people and the cordial support of all individuals, societies and other charities. Our objects are worthy and their fulfillment means a blessing not only to a large class of our poor women, but on account of the educational features means better physicians for California, and fewer blind children than we have had in the past.[77]

After its first two years of existence the San Francisco Maternity had accomplished two of its objectives. The organization had provided confinement care for 169 women in their own homes. In addition to providing medical attendants, the dispensary often contributed food, medicine and clothing to the newborns of impoverished families. In providing an average of nine days of follow-up care the dispensary continued to safeguard the health of the mother. The San Francisco Maternity had also developed a cooperative relationship with several of the

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[77] ibid.

medical colleges. This helped the organization meet its objective of providing practical medical training to interns and nurses. The dispensary had not been able to establish a milk laboratory or an incubator station. The Board of Directors believed that in the coming years, with increased financial support, they would be able to meet these goals.

CHAPTER TWO

DISASTER AND REBUILDING, 1906 - 1908

In the year 1906 the San Francisco Maternity continued to see an increase in the number of women applying for aid. Dr. Spalding oversaw the work being done at the dispensary, and interns, nurses and staff physicians continued caring for patients in their own homes. The Board of Directors met at regular intervals and reported on their home visiting efforts. The nursery guild was hard at work providing clothes and other necessities for mothers and their newborns.

The routine of the San Francisco Maternity and the city of San Francisco was forever changed by the earthquake that struck the city on 18 April 1906. The earthquake shut down communication systems, paralyzed transportation, and broke main water lines. The fire that followed devastated whole neighborhoods and left thousands without food, shelter or medical care.

Into this chaos stepped a multitude of private and public charitable organizations intent on supplying aid to the displaced. The magnitude of this natural disaster necessitated that one central organization be established to serve as a coordinating body for the relief efforts. The city of San Francisco became the center of a massive government-run assistance program to help the thousands of people displaced by the earthquake. This huge government program forever changed the way the citizens of San Francisco viewed charitable assistance. What had previously been a

private duty of the well-to-do now became a responsibility of a publicly funded organized body, namely the Relief and Red Cross Committee. The Relief and Red Cross Committee was responsible for coordinating all the various charitable organizations and making sure that those who received aid were truly deserving.[78]

The San Francisco Maternity's dispensary survived the initial earthquake but not the fire that followed. The fire completely devastated the South of Market Street district and few buildings escaped the flames. As the fire burned ever closer to the dispensary, the Matron, Mrs. George DeVallin, rallied neighbors and staff to begin removing equipment, furniture and records. She was also responsible for securing a man to transport one of the emergency maternity cases to St. Lukes Hospital. With the emergency patients cared for and the dispensary belongings loaded on a cart, Mrs. DeVallin made off ahead of the fire. The building that had housed the San Francisco Maternity dispensary burned to the ground.

Without a building from which to work and amidst the general confusion that followed the disaster, the Board of Directors began the arduous task of rebuilding. In the immediate aftermath of the fire Mrs. Metcalfe, a member of the executive committee, opened her home to women who had applied to the dispensary and were about to give birth.[79] At first, it was not clear how the organization would be able to continue with so many of its members missing or preoccupied. Many of the people who supported

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[78]Russel Sage Foundation, San Francisco Relief Survey (New York: Survey Associates, Inc., 1913), 3.

[79]San Francisco Maternity Scrapbook.

the dispensary were trying to rebuild shattered homes and businesses. Contributing to a charitable cause was understandably not their first priority. Many dispensary supporters reasoned that with the massive relief effort underway in San Francisco their individual contributions were unnecessary.

This shift in thinking changed the environment in which the San Francisco Maternity operated. Previously, the organization had been self-supporting and defined its own role in providing charitable relief. The advent of the large-scale relief effort incorporated the San Francisco Maternity into a much larger charitable body and gave the organization a much needed financial boost. The Relief and Red Cross Committee provided a fund to reestablish preexisting charitable organizations and the San Francisco Maternity was allocated $2500 for its work.[80]

Those individuals who could afford to make charitable contributions to the dispensary after the earthquake were in most cases very wealthy. The San Francisco Maternity received three separate donations of five hundred dollars for the care of its patients. One came from Mrs. Crocker, wife of William Crocker, the president of Crocker-Woolworth Bank and the richest man in San Francisco.[81] Another came from Mr. Augustus Scofield of the Rockefeller Fund, which had been previously established to support medical work. The third was a donation from the Honolulu Relief Committee. A posthumous donation of $190 came from the estate of Emanu

[80] San Francisco Maternity, Annual Report, 1907, 8.

[81] Frances Moffat, Dancing on the Brink of the World (New York: G.P. Putman's Sons, 1977), 153.

El Walter, who appears to have been an individual contributor with no previous ties to the San Francisco Maternity.[82] It was determined that these large financial donations would not be used for maintaining the dispensary, but would be allocated to a separate fund for the establishment of a permanent building. Despite the setbacks, the Board of Directors still hoped to have a permanent building like the one in Chicago.

Much of the dispensary's equipment and supplies had been saved from the fire. However, the increased demand for assistance necessitated the San Francisco Maternity secure more medical supplies and clothing to meet the needs of patients. In addition to the infusion of funds, the Red Cross made a donation of medical equipment and supplies which included; a bed pan, one pound of boric acid, a bundle of cheese cloth, four pounds of absorbent cotton, two agate pans, one pair of obstetrical forceps, one pair of artery clamps, one piece of silkworm gut and one box of cover glasses. A private donor also contributed three hypodermic syringes, twenty-nine hypodermic needles, sixteen clinical thermometers, six house thermometers, three urinometers, one dorimus ureometer and one sacharomter.[83] In addition, the Red Cross donated mattresses and cots, as well as sheets, pillowcases and clothing. The Methodist Church of Dickens, Iowa, contributed sheets, wrappers, dresses and pinning blankets. Mrs. Margaret Anglin, who had provided the entertainment for a

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[82]San Francisco Maternity, Annual Report, 1907, 8.

[83]ibid., 16. The urinometers, ureometer and sacharomter were used to test the urine of pregnant women for anomalies.

benefit for the San Francisco Maternity in 1905, brought the organization a carload of infant clothing and material.[84]

In order to begin the task of reestablishing the dispensary, Mrs. I. Lowenberg, acting president of the San Francisco Maternity, placed an announcement in the newspaper and asked that all members meet at the temporary Red Cross Rooms.[85] At this meeting the members elected individuals to fill the various positions left vacant by the earthquake. By rebuilding its executive body the members hoped to quickly have in place an organization capable of fulfilling its charitable mission. In delegating a series of tasks, it was decided that Dr. Spalding would be responsible for securing a new location for the dispensary. Dr. Spalding was successful and on 8 May 1906, only twenty days after the earthquake and fire struck, the San Francisco Maternity opened the doors of its new dispensary located at 1195 Valencia Street in the Mission District. Since the South of Market Street District had been obliterated, many families moved their residence south into the Mission, or lived in refugee camps. The dispensary requested all old patients to call at the new location and distributed ten thousand circulars throughout the city that read, "Any poor woman not able to employ a regular physician and nurse during the lying-in period, will be furnished same free at any hour, day or night at her home."[86] This was followed by newspaper coverage that emphasized that all things needed

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[84]San Francisco Maternity, Annual Report, 1907, 16.

[85]San Francisco Maternity Scrapbook.

[86]San Francisco Maternity, Annual Report, 1907, 12.

for confinement as well as baby clothes would be brought to the patient's home, with the exception of "hot water."[87]

In order to facilitate charitable work and to avoid duplication of services, the Relief and Red Cross Committee divided the city of San Francisco into seven sections. The San Francisco Maternity was given the responsibility of providing obstetrical care to five of these sections. However, the organization did not see itself in such a restricted role. Mrs. Lowenberg wrote in the annual report:

> during the recent and present emergency and for the future, the Society was, is and ever will be ready to go into every section, every camp, every nook and every home, and the Society is responding and will respond to each and every call, anywhere and everywhere without restriction and without fee or compensation and without distinction of race creed or color.[88]

Even though the Relief and Red Cross Committee had assigned the San Francisco Maternity to provide obstetrical care to several districts, the organization continued its policy of only extending services to women who were too poor to retain a private physician.

Though the San Francisco Maternity had been officially recognized as the main provider of obstetric care for several sections of the city, the Relief and Red Cross Committee was mired in red tape and did not quickly disseminate this fact. When it became apparent that some women were going without medical care because they were unaware of the dispensary's service, the Relief and Red Cross Committee shifted the task of informing

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[87] San Francisco Maternity Scrapbook.

[88] San Francisco Maternity, Annual Report, 1907, 8.

various people to Dr. Spalding. Dr. Spalding received a letter from the Committee asking him to:

> Kindly inform Mr. J. Estredo of section 6 of your plan of action in the treatment of maternity cases. He has informed this office that up to this date, he did not know what was being done and he declares that three women died recently from lack of proper treatment and accommodations.[89]

Dr. Spalding responded to Mr. Estredo's request for information and then received another letter from him. In this letter Mr. Estredo thanked Dr. Spalding for the information sent. He then went on to ask for advice on how to handle those who applied to him for things other than medical aid. Though Dr. Spalding was not in a position to speak for the Relief and Red Cross Committee, he was apparently the only person to respond to Mr. Estredo's original plea for information. Mr. Estredo had sent out over twenty letters to relief organizations, camp commanders and other physicians regarding what to do about maternity cases.[90]

The expanded territory the dispensary was given to cover, resulted in only a small increase in the number of cases treated. The number of patients rose to 136. It is unknown exactly which districts were assigned to the San Francisco Maternity. It is likely that the dispensary was responsible for serving those districts that were closest to its the new location. There were officially twenty-one camps under the control of the

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[89] Relief and Red Cross Committee, to Dr. Alfred Spalding, 20 July 1906, Letter in the San Francisco Maternity Scrapbook.

[90] San Francisco Maternity Scrapbook.

military; however, unofficial camps and shanty towns sprang up all over the city.[91]

Despite the massive upheaval caused by the earthquake, there was little change in the makeup of the dispensary's clientele. The Mission District remained the haunt of the working poor and the lower-middle-class.[92] Patients born in the United States made up fifty-three per cent of the population. The Irish made up the largest percentage of foreign-born patients, accounting for twelve and a half per cent of the dispensary's clientele that year. Those born in Italy accounted for five per cent, with Finland and Germany each accounting for four per cent of the patient population.[93]

Though the earthquake severely disrupted the lives of the dispensary's clientele, the resulting displacement did not bring about an increase in the number of women who worked. This was perhaps due to the temporary closure of many businesses. Working patients accounted for just nine per cent of the patient population. As in previous years the majority of women listed domestic jobs, such as housework, as their primary occupation. One patient listed laundry as her occupation and another stated she was a seamstress. As in previous years, it is not clear whether these women were working in their homes or were employed outside. Only three patients

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[91] Russel Sage Foundation, San Francisco Relief Survey, 78.

[92] Issel and Cherny, San Francisco, 1865-1932: Politics, Power, and Urban Development, 65.

[93] San Francisco Maternity Confinements 1906.

were definitely employed outside their homes, two as waitresses and one as a bookkeeper.[94]

Infant mortality fell to just over four per cent, the lowest in the dispensary's history. This is interesting to note, because the staff encountered conditions which made a sterile environment difficult if not impossible to obtain. The staff was asked to deliver babies in tents and shacks without benefit of running water or light. In addition, the clientele was often more impoverished than previous years, having lost most, if not all, of what they owned.[95]

Life in the refugee camps was not easy. Official camps placed their emphasis on "decency, order, and cleanliness." People could be thrown out for drunk or disorderly behavior, and sanitary laws were strictly enforced. One observer described conditions in the camps:

> The discomforts of living, in spite of adequate relief, are very great. Wind and fog -- for the weather has been unusually cold for a month, dust unspeakable, cooking out of doors in camps and streets, lack of water for toilet appliances, the incessant boiling of water and milk for fear of fever, absence of light.[96]

In these circumstances, some women expressed an interest in going to the hospital to have their babies. One woman whose husband had been unemployed for a year because of rheumatism wrote to Dr. Spalding;

> And doctor please let me know if it is possible for me to go to any clean institution. Except the county hospital. Out here we have no water and it

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[94]ibid.

[95]The infant mortality rate for the United States as a whole was 12.4% in 1910. Judith Walzer Leavitt, Brought to Bed: Childbearing in America, 1750-1950 (New York: Oxford University Press, 1986), 267.

[96]Russel Sage Foundation, San Francisco Relief Survey, 77-8.

> has to be hauled by the bucketful. . . . Dear Doctor please excuse my taking the liberty to write to you and take up so much of your valuable time. But knowing you to be a stickler for cleanliness and good and as I have no convenient place here and no money to go to a good hospital and as I also have a little pride I appeal to you. and if there is any good hospital that I can go to please let me know if I could pay in the future, when I am well again. I would gladly do so. Kindly reply to this doctor and kindly oblige yours ever gratefully and respectfully . . . kindly excuse my taking this liberty, but I know not where to turn to.[97]

Unfortunately, a good hospital that extended credit was not to be found. The patient went into labor on 23 October 1906, and after nine hours of labor experienced uterine inertia.[98] After waiting an hour in which labor did not proceed, the patient was given chloroform and a healthy baby boy was delivered using low forceps. The cord had been wrapped once around the baby's neck, but respirations were spontaneous. Mother and baby were visited once by the doctor, nine times by interns and eleven times by various nurses. Both were discharged in good condition, though the chart noted that the mother had changed the baby's cord dressing "against orders."[99]

Other women received referrals from various relief agencies and good Samaritans. One woman had learned about the dispensary from a friend while living in a tent in Columbia Square. She sent a hand written note to the San Francisco Maternity stating her address and asking if she might receive care from the dispensary.[100] The woman had been born in

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[97]Mrs. Mimmie Young, to Dr. Alfred Spalding, 11 October 1906, Letter in the San Francisco Maternity Scrapbook.

[98]Uterine inertia is an abnormal relaxation of the uterus during labor, causing a lack of obstetric progress, or after childbirth, causing uterine hemorrhage. Mosby's Pocket Dictionary of Medicine, Nursing, and Allied Health, s.v. "uterine inertia."

[99]Confinement 264, 1906.

[100]San Francisco Maternity Scrapbook.

California and was the wife of a boiler worker, who was currently employed at fifteen dollars per week. She was Catholic and this was her twelfth pregnancy. She and her husband had five children all living with them in their tent in Columbia Square. The woman went into labor on 26 July 1906, and after twelve hours was given chloroform. The attendant stated that he inserted a pair of forceps laterally and was able to extract the child after twenty hard pulls. The baby was born asphyxiated but the attendant was able to revive him by cleaning out his mouth and spanking him vigorously. The mother suffered a slight tearing of the perineum but recovered normally.[101]

The attendant was able to avoid crushing the baby's head, which was the most dangerous complication in an instrumental delivery. However, the baby was left with a slight paralysis on his right side and a small abrasion from the forceps. Both mother and baby were cared for by the patient's daughters and made a good recovery despite being confined in a tent. Mother and child were discharged by the dispensary on 5 August in good condition.

The dispensary also had many patients who did not speak English and were referred to them by third parities. One woman, who was Jewish and listed as a Russian-Pole, spoke very little English and was quite destitute. Her husband was a laborer who was employed sporadically. The family was living in Golden Gate Park, Camp Eight. Her letter of introduction from William Wasson, editor of the Daily News, read:

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[101]Confinement 225, 1906.

> This lady Mrs. M is in very poor circumstances and being unable to speak English she needs your assistance. As her husband earns little wages and they can hardly get along you would undoubtedly do her a great favor by helping her in her great need. . . .[102]

At age twenty-six, the patient was in her third pregnancy with two small children already. It is unknown when her labor began. The staff arrived at 10:00 P.M. on 17 December 1906, and the baby was born after 1:00 A.M. The patient's labor was hard and forceps were used to extract the child. Nevertheless, her condition one hour postpartum was listed as "extra good." On 19 December an agitated nurse wrote on the patient's chart "insists on sitting up. . . ." There were no postpartum complications, except for the passing of one small clot. Mother and baby were discharged in good condition on 28 December.[103]

In 1907 the San Francisco Maternity was still feeling the effects of the previous year's earthquake and fire. The dispensary received more and more letters asking for assistance. Meanwhile, patients continued to live in shacks and tents without benefit of running water or light. It was estimated that 17,592 people were still being sheltered in official camps as of June 1907.[104]

One letter sent by a woman who had relocated from one refugee camp to another expressed concern over the lack of water in her cottage. It is interesting to note that the patient seems more concerned over the doctors being inconvenienced by the lack of running water and toilet than by the

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[102]William Wasson, to Dr. Alfred Spalding, 5 July 1906, Letter in the San Francisco Maternity Scrapbook.

[103]Confinement 282, 1906.

[104]Russel Sage Foundation, San Francisco Relief Survey, 81.

increased danger these circumstances meant for her as a pregnant woman. She wrote:

> Dear Maternity, I drop these few lines to you to let you know that I have moved my refugee cottage from No 12 Mission Park to no 617 Natoma St. between seventh and eights sts. and Dear matron as the relief promised to put the toliet and water in for me as we have not got either I thought I would ask you if in case I get sick before they are in what I can do as it is something terrible to be in such a predicimemt and I would like to go to a Hospital but as I have not got no means for to go to one I thought I would ask your advice, but if I should get the water in before I get sick I would rather stay at home but the relief is so slow and I exspect to go until the 25th of this month but I am afraid I can not go that far, Dear Matron please excuse the appearance of this writing paper but it was all I had in the house and i am so anxious to let you know that i moved and how I am fixed if I only had the water in and the toliet in I would be happy and the lady at the associated charities promised me they would put it in very soon. i am really very nervous for it would be awful for the doctors and nurses in case I got sick now and as I would not like to put him in such a perdiciment i thought i would ask your advice dear Matron. Yours Respectfully. . . .[105]

This patient learned of the San Francisco Maternity through a friend in the camps. Her husband had been unemployed for two months and the family was hard pressed for money. The woman was twenty-eight years old and was pregnant for the second time. Her medical history stated she suffered from both malaria and alcoholism. On 16 October the dispensary noted a false call on her chart. On 30 October the patient began the first stage of labor at approximately 2:00 A.M. After twenty-two hours second-stage labor began and a healthy baby boy was born at 12:20 A.M. on 31 October 1907. During the course of her labor the patient was given an enema and was examined nine times by three different attendants. The average number of vaginal exams per patient was around four. It is not clear from the medical record if the attendants performed these exams because of

[105]San Francisco Maternity Scrapbook.

medical necessity or for the purpose of instruction. The vaginal exams did not result in infection or seem to hamper the woman's recovery. The staff at the dispensary provided follow-up care and visited the woman a total of twenty-one times. Mother and baby were discharged in good condition on 9 November 1907. The medical record does not reveal whether the staff had to deliver the baby without the benefit of running water as the mother had feared.[106]

The year 1907 was an important one for the San Francisco Maternity. The Board of Directors decided to form the organization into a legal corporation. Using the donated legal services of Mr. Oscar Cooper, the San Francisco Maternity became officially incorporated on 5 January 1907. The Board of Directors hoped that incorporation would allow the dispensary to further its work. Furthermore, it was hoped that incorporation would signal to the citizens of San Francisco the permanence of the institution. In conjunction with the incorporation, the Board of Directors appointed an advisory board made up entirely of men. All of the men except one were husbands of board members or had contributed both money and gifts to the San Francisco Maternity. The purpose of the advisory committee was to "act in conjunction with it [the Board of Directors] when vital questions concerning the Maternity are to be considered."[107] The all-male advisory board was probably established because it was necessary for men to take legal responsibility for a corporation. It appears that the advisory board did not take an active role in running the dispensary or in advising the Board of

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[106]Confinement 409, 1907.

[107]San Francisco Maternity, Annual Report, 1908 (San Francisco, 1908), 7.

Directors. The Board of Directors did not change its procedures, nor is there any record of communication between the two groups. The advisory board is never mentioned again in any surviving records.

In addition to incorporation, Dr. Spalding increasingly saw a need for the dispensary to affiliate with a hospital. He wrote in the annual report:

> The task of erecting and maintaining a Dispensary building, of investigating the applicants to prevent imposition, of supervising the care of those poor mothers and poor babies who are needy, of providing instruction of our large class of students and nurses, all calls for so much effort and energy and taxes the finances of the Society so much that an affiliation with some organized hospital is undoubtedly the best plan.[108]

However, the Board of Directors still hoped to build its own facility. This goal of establishing a permanent building owned outright by the San Francisco Maternity was manifested in the way the organization allocated its funds. Any donation over one hundred dollars would be placed in the building fund, unless of course operating expenses could not be met.

The organization also talked at great length over the establishment of a milk laboratory to insure pure milk for poor children. It was noted that the country as a whole was engaged in a drive to purify the milk supply. The Board of Directors wanted to be sure that any facility financed by the San Francisco Maternity did not duplicate already existing services. The objective of establishing a milk laboratory was not written out of the constitution, but it was not given priority, nor were funds allocated.

Before April of 1907 the city of San Francisco had no facility of its own in which to test milk for bacterial contamination. The city had previously used the laboratory at the College of Agriculture but the college needed the

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[108]ibid., 16.

facilities for its students. After the earthquake of 1906 funds were available and the city reestablished its own chemical laboratory for the testing of milk. In the first two months of testing the chemical laboratory analyzed 425 samples of milk taken from milk dealers and those who shipped milk via ferry and railroad into the city of San Francisco. Of those samples, sixty-two per cent failed to meet the minimum standards established by the city.[109]

Spurred on by these poor results, in 1908 a group of concerned citizens formed the Milk Improvement Association. The goals of the organization were far-reaching and mirrored the efforts of groups in other cities to make the urban milk supply safe for children.[110] The organization wanted all dairies to be inspected and all cows tested for tuberculosis. In order to prevent milk spoilage on the way to consumers, the group wanted regulations requiring that milk be cooled to fifty degrees Fahrenheit and delivered within twelve hours. In addition, as an added precaution for newborns, the association wanted all baby bottles filled at dairies to insure no adulterations were added in route. By 1911 the city of San Francisco, with the help of the Milk Improvement Association, had developed a series of regulations classifying and testing milk sold to the public. In cooperation with the Board of Health, the city implemented tougher regulations and more frequent inspections to insure the safety of the milk supply.[111]

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[109]City of San Francisco, Municipal Reports 1906-1907, 546.

[110]Richard A. Meckel, Save the Babies: American Public Health Reform and the Prevention of Infant Mortality (Baltimore: Johns Hopkins University Press, 1990), 70.

[111]City of San Francisco, Municipal Reports 1911-1912, (San Francisco: 1911), 655.

The city of San Francisco's ongoing campaign to insure clean milk for babies encouraged the Board of Directors to focus its funds and attention on the task of providing home confinement care. The dispensary's patient population continued to grow. The year 1907 saw a fourteen per cent increase in the number of women treated, bringing the patient population to a total of 158. Married women still accounted for the majority of the dispensary's clients. Ninety-three per cent of patients were married. Four per cent of patients had been deserted by their husbands, and three per cent were widowed. The number of women who worked continued to decline from nine per cent the previous year to seven per cent in 1907. The majority of patients were employed as housekeepers and one woman worked as a laundress. There were three women employed at semi-skilled jobs, one as a cigar stripper, one as a seamstress and another as a milliner.

Patients born in the United States made up fifty-two per cent of the patient population. Of those born in foreign countries, Russians made up eight per cent of the dispensary's clients with Irish and Italian patients accounting for about six per cent each. This changing patient population reflected the dispensary's new physical location as well as the widespread work the organization undertook after the earthquake. The dispensary was located in the heart of the Mission district at Valencia Street and Twenty-Third. In addition to drawing Irish clients from the Mission District, this new location attracted a mixed clientele from the south in the Outer Mission District. It also attracted Italian clients from the North Beach area, as well as some Jewish and Russian clientele from the Western

Addition.[112] The dispensary's clientele was no longer clustered in the South of Market and Mission districts but continued to spread across the city.

The San Francisco Maternity saw a slight increase in its mortality rate to approximately five per cent. This was due in part to the first maternal death in the organization's history. The woman was born in Austria, and at age forty-two was pregnant for the twelfth time. Her attendants were both students from Cooper Medical College, M. M. Bullard and F. A. Hamlin; they were assisted by Nurse Wash of St. Lukes.

The patient's labor had begun at night, but she waited until the following day to call the dispensary. In between contractions, she had been up scrubbing floors. Her attendants noted on her chart that the labor was weak and that the patient was "in poor condition . . . overworked . . . seems to have been poorly nourished." Her baby was born at four o'clock the following afternoon. The placenta came away almost immediately, but the uterus failed to contract; it "kept ballooning up . . .," and "a steady trickling of blood from [the] vagina" ensued.

The case record does not reveal at what point the attendants realized an emergency situation had developed. At some point they did send for Dr. Young. When the bleeding did not stop the dispensary attendants administered ergot and vigorously massaged the uterus. This seemed to bring on some contraction of the uterus and lessened the bleeding. When the patient began bleeding again, her attendants tried "a hot acilic acid

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[112]Issel and Cherny, San Francisco, 1865-1932: Politics, Power, and Urban Development, 78.

douche and two injections of ergot." This gave them a short reprieve, but the bleeding returned and "the uterus was packed with gauze." The patient was in a semi-conscious state; she was kept in a raised position and her uterus massaged. Her pulse was weak and she was given "strychnine and whiskey and surrounded by hot water bottles." After this her pulse did not improve, but her face showed some return of color. She was given "a shock enema consisting of a whiskey, coffee and salt solution and this was followed by another injection of strychnine." This brought her pulse up briefly, but then it continued to fall. The attendants tried to get the patient to drink hot coffee and followed that with a normal salt enema. There was a slight response, but at this point the attendants could hardly hear a pulse. The students kept trying enemas. Then Dr. Young arrived and was preparing to give a "hypodermic of salt solution" when the woman died.[113]

The cause of death was listed as shock and postpartum hemorrhage. Existing records do not indicate how this death affected the dispensary staff, students and nurses. There is no record of reprimand and the students were listed as having completed the course in obstetrics in the annual report. It is unknown what happened to the family. It states in the medical record that one of the daughters of the patient took the baby. The dispensary did not provided follow-up care for the infant.

It is interesting to note the depersonalized language of the case record. Things happen, such as "the uterus was packed with gauze," but there is no human assigned responsibility for a particular action. The patient is referred to as "the patient" throughout the case record even though her

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[113]Confinement 371, 1907.

attendants certainly knew her name. This depersonalization seems to provide both the patient and her attendants with a shield against personal responsibility.

The San Francisco Maternity saw families mired in hopeless poverty and women exhausted by childbearing. Despite these manifest symptoms, the organization was never able to expand its vision to address the root causes of their patients' distress. Promoting the limitation of family size, or providing work for unemployed parents, was never considered by the Board of Directors. They continued to see their mission as one of providing relief. Mrs. Lowenberg wrote, "To the poor woman who holds in her little home all the trusts and hopes of her life, to be able to remain there with one eye on her offspring even if the other be closed with pain, is to her a blessing."[114]

Many women felt the dual burden of poverty and pregnancy were too much to bear. Additionally, the patients of the dispensary saw very clearly the class distinction between themselves and those who provided their care. They were trapped by their predicament, and embarrassed to ask for medical attention. One woman wrote to Mrs. Metcalfe, a member of the Board of Directors:

> Pardon me writing this to you but would like very much to know about the SFM home. I have two children ages six and four years of age and in a few months expect to be confined. I have been rather timid about going through with it this time, as I've had a . . . operation in the S.F. Hospital two years ago on account of childbirth and the condition I was left in have two incisions in my abdomen and been sewed outside and inside. I have tried very hard to prevent pregnancy as I suffered so much before but it seems my fate to suffer again. . . . I know I have a great deal before me this is the reason I'm telling you everything so if you could kindly spare

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[114]San Francisco Maternity, Annual Report, 1908, 8.

> the time to answer and let me know if it would cost me very much in the maternity home I would do all I possibly could to pay what you ask if it is not too much. I have been feeling miserable and hardly able to get around to do my work. I will be very grateful to you if you would please spare the time to answer this for me. Hoping to receive some word from you. I am respectfully yours.[115]

This woman was under the impression that the San Francisco Maternity was a residential maternity home that provided care. A home was different from a hospital but still provided supportive care and a reprieve from domestic responsibility. This woman may have been unwilling to go to the City and County Hospital in San Francisco because of her past experience. She may also have been aware of the wretched conditions that existed at the institution. One year later in 1908, the hospital was destroyed because of an infestation by rats and fleas carrying bubonic plague. The existing records do not show that this woman was ever a patient of the San Francisco Maternity. The woman's letter indicates that she had her last child by cesarean section and because of this she would probably have been sent to a hospital.

It is not clear from the surviving case records that the San Francisco Maternity had an explicit policy on what to do with women who were considered at high risk for complications. Dr. Spalding's insistence on thorough and repeated examinations of patients probably cut down on the number of unanticipated obstetrical emergencies. It does appear that some women who applied to the Maternity ended up being confined by various hospitals. It is not clear if these women chose to go to the hospital or were referred there because of medical necessity.

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[115]Mrs. Robert Higgins, to Mrs. Metcalfe, 19 March 1907, Letter in the San Francisco Maternity Scrapbook.

Pregnancy was fraught with difficulties, especially for poor women. A suspected pregnancy caused many women to approach the dispensary with fear and anxiety. For many immigrant woman the fear and difficulty was compounded by the fact that they did not speak English. One woman who fit this category brought the dispensary a note written by her daughter. The note asked the staff to determine whether or not she was pregnant and concluded: "If it is she says not to let it live Because she cant stand it nomore. . . ."[116]

Regardless of whether or not a woman could stand to bear a pregnancy, the San Francisco Maternity never discussed or, according to the medical records, performed abortions. Dr. Spalding believed that as many as twenty-five per cent of the patients seen at the dispensary failed to return after a diagnosis of pregnancy. It is not clear whether Dr. Spalding believed these patients failed to return to the dispensary because they had been able to obtain abortions. However, given the general poverty of the San Francisco Maternity's patients it seems unlikely that a patient would seek care elsewhere if she chose to continue her pregnancy. Dr. Spalding assumed that even poor women had access to abortion services. He also believed that a practitioner should be "on his guard" so as not to confuse ectopic pregnancies with incomplete criminal abortions.[117]

The dispensary dismissed patients, and may have destroyed their medical charts, if they were suspected of having an abortion. The notation

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[116]Daughter of Mrs. Amelia Wurtolia, to the San Francisco Maternity, 19 January 1908, Letter in the San Francisco Maternity Scrapbook.

[117]Alfred Baker Spalding, "Relative Frequency of Ectopic Gestation," The Journal of the American Medical Association (October 2, 1915): 1157.

in one patient's chart read, "dr called sep 22, patient says she has been bleeding a great deal temp 102 pulse 112 suspected abortion- smick 9/24 case ordered off the records suspected criminal abortion spalding."[118] The one surviving case record that mentions a suspected abortion was bound with the incomplete medical charts of patients who, for whatever reason, did not return to the dispensary. The abortion case record is partially filled out and looks much like the incomplete records it is bound with. If the person responsible for preserving medical records failed to read the entire chart it is unlikely they would have realized it detailed an abortion. There is no way to know how many cases were ordered off the records of the San Francisco Maternity because the patient obtained an abortion. The surviving evidence indicates that the San Francisco Maternity made no effort to care for women who had undergone abortions.

Dr. Spalding was typical of many physicians in his vehement attempt to separate himself and the organization he worked for from those who provided abortion services, such as midwives. By establishing the dispensary as an organization that would neither provide abortions nor care for women who had abortions, Dr. Spalding attempted to establish his organization as a legitimate provider of obstetric care. Abortion was portrayed by the medical establishment as an immoral procedure that only unprofessional midwives would supply. Midwives who provided abortions were portrayed by the medical establishment as indifferent to fetal life. By establishing physicians as the guardians of fetal life, the medical establishment was able to discredit midwives as legitimate providers of

[118] Application 203, 1905.

lying-in care. In creating this dichotomy the medical establishment made it impossible for physicians to perform abortions unless fetal life was threatened.

Dr. Spalding believed that therapeutic abortion was only allowable in cases in which the patient suffered from placenta previa. Placenta previa is a condition in which the placenta is abnormally attached to the uterus, and covers either partially or wholly the internal os of the cervix.[119] This condition can result in hemorrhage during pregnancy. If the pregnancy is carried to term the condition usually results in the death of the baby during delivery. Dr. Spalding wrote, "The foetal prognosis is so poor that in the interests of the mother, pregnancy should be terminated as soon as a positive diagnosis is made."[120] In recommending abortion for cases of placenta previa Dr. Spalding was more concerned with the poor fetal outlook than the hemorrhaging of the mother. The mother's health only mattered if the child was going to die.

In the year 1908 the San Francisco Maternity served the largest number of clients in its ten-year existence. The dispensary treated 169 women. Married women accounted for ninety-five per cent of the patient population. The remaining five per cent of the dispensary's clientele was almost equally divided between divorced, widowed, abandoned and single women. In the previous four years the dispensary had only treated four patients who admitted to being single, and all of these cases were clustered

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119 Mosby's Pocket Dictionary of Medicine, Nursing and Allied Health, s.v. "Placenta Previa."

120 Alfred Baker Spalding, "The Management of Placenta Previa, with a Report of Seven Cases," California State Journal of Medicine V (1907), 207.

in 1904. In the year 1908 the two single women who sought the dispensary's services were eighteen and twenty-three years old. Both of these women had jobs; one was employed doing housework and the other as a laundress. In both cases the women chose to keep their babies and not place them for adoption. This was unusual, as most women would try to conceal an out-of-wedlock pregnancy in order to insure they would not be ostracized by the community for their sexual promiscuity.

The percentage of foreign-born patients applying for care increased slightly to fifty-four per cent in 1908. Despite this slight increase the ethnicity of the dispensary's foreign-born patients remained relatively unchanged. The dispensary continued to attract women from the Mission District, but also saw an increase in clientele from the North Beach area and the Western Addition. The Mission District was split between Irish and German immigrants, but the Irish were more numerous.[121] The Irish were the largest foreign-born population and accounted for eleven per cent of patients at the dispensary. German patients were far less numerous accounting for only six per cent of the clientele. Despite how far south the dispensary was from both the North Beach area and the Western Addition, both Russian and Italian patients continued to apply for care. The percentage of Italian patients applying for care increased slightly to eight per cent while the percentage of Russian patients fell slightly to seven per cent.

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[121]Issel and Cherny, San Francisco, 1865-1932: Politics, Power, and Urban Development, 65.

One of the dispensary's Russian patients who spoke no English brought a handwritten note asking the San Francisco Maternity for assistance. The applicant thought, as some women did, that the dispensary was a residential care facility. It seems from her letter that the woman would have preferred to have a midwife attend her confinement, but she was too poor to afford one. She wrote:

> I can not speak English, therfore I write. I am pregnant first time. Now I have eight months of my pregnacy. Last week I had small hemorrhage 6 days -- now is not hemorrhage. I feel sometimes ache in the waist and the urine my is very muddy, I think that I have paining of the kidneys. When is urination, I feel the gripes below the stomach. Be so kind as ecaamine me, analyze urine my, which I have in the bottle and resolve me to beget in Maternity Home, Bekouse I have not a subsistence be to invite a midwife in my home.[122]

The woman was twenty-two years old and she listed her religion as Catholic. Her husband worked as an electrician and had been unemployed for about a year. The couple lived in the Western Addition section of the city about two and one-half miles from the dispensary. The woman stated they paid twelve dollars a month for rent, though it is not clear how they managed to do so while both were unemployed. The patient went into labor on 6 January 1909. She was in labor approximately eighteen hours and gave birth sometime on 7 January. During labor she was examined ten times by three different staff members. The dispensary staff also performed a perineorrhaphy to repair a small tear in the patient's perineum. Despite this operation her condition one hour postpartum was listed as good. Mother and baby were visited twelve times by the dispensary staff and

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[122]San Francisco Maternity Scrapbook.

discharged in good condition on 17 January 1909.[123] The family was unable to pay anything for the dispensary's services. The fact that the woman did not speak English seems to have hampered the recording of her progress in labor. Her medical record is incomplete and does not even state whether the patient gave birth to a boy or a girl. It is apparent from the handwritten letter that the patient could understand written English. She also seems to have been well informed regarding symptoms to worry about in pregnancy. The gaps in her medical record seem to indicate that the dispensary staff was unaware of this fact.

The San Francisco Maternity served a patient population that was not only ethnically but religiously diverse. Just over half the patients applying for care in 1908 were Catholic. Catholics made up fifty-eight per cent of applications while Protestants accounted for twenty-nine per cent. Jewish women represented ten per cent of the applications received by the dispensary. Religious custom often clashed with medical practice and if a woman was uncooperative it was sometimes blamed on her religious affiliation. One woman who experienced this was a twenty-four year old Russian Jew. She and her husband had five children and lived in the Outer Mission district about three miles from the dispensary. This was somewhat unusual, as most Russian Jews lived North in the Western Addition section of the city. The dispensary staff attended her during her confinement and she gave birth to a healthy baby boy. Follow-up visits proceeded normally until the fourth day when an agitated intern wrote on the patient's medical chart, "patient refused to remain in bed after 4th day -

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[123]Confinement 494, 1908.

baby circumcised by rabbi after which mother would not permit doctors and nurses to touch baby or mother."[124] It seems clear that the dispensary attendant blamed the mother's religious affiliation for her lack of cooperation. Though the dispensary staff was trying to provide continuous care they seemed neither to appreciate or understand the significance of the circumcision ceremony.

Though the dispensary was often at odds with its patients, the staff wanted to provide as much aid as possible to those who were truly destitute. In order to accomplish this the San Francisco Maternity maintained a close cooperative relationship with the Associated Charities of San Francisco. The Associated Charities was a general relief society that had been assigned a broad role by the Relief and Red Cross Committee to coordinate the various charitable organizations after the earthquake and fire of 1906.[125] The San Francisco Maternity and the Associated Charities worked together and referred applicants back and forth depending on the type of aid they required. The Chairman of the Investigating Committee of the San Francisco Maternity, Georgiana Stoney, seemed especially grateful to the Associated Charities for providing food and clothing for the patients of the dispensary. She also was "greatly indebted" to the organization for helping with the more difficult cases she encountered while visiting patients. She wrote in the annual report:

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[124]Confinement 455, 1908.

[125]Issel and Cherny, San Francisco, 1865-1932: Politics, Power, and Urban Development, 317.

> The most pathetic case was a family of seven living in a two-room cottage, one an imbecile child of seven (blind), living day and night in a box beside the kitchen stove. The case was at once referred to the Associated Charities and the child was shortly afterwards placed in the California Home for Feeble Minded Children.[126]

The San Francisco Maternity also made use of the Associated Charities investigating service. There was a great deal of fear in the medical community that dispensaries like the San Francisco Maternity would rob physicians of income from middle-class patients who could afford their services. In addition, many people believed that immigrants and the lower classes would rather receive free dispensary care than pay a private physician. As a small organization, the San Francisco Maternity was unable to investigate all the requests they received for aid. Since the dispensary had to defend its existence to both the medical community and to those who feared a greedy, lazy immigrant population, the investigating service of the Associated Charities was essential. Dr. A. K. Paine, an obstetrician to the Mt. Sinai Hospital and Assistant Gynecologist at the Boston Dispensary, encapsulated the medical community's position when he wrote:

> Another objection is that a clinic of this kind is in a way a competitor of the general practitioner and especially in that class of cases which are easily able to remunerate a physician for his services but which class considers it commendable to get something for nothing. . . . There is no reason why a medical charity should render services to those able to pay for such services than that some other charitable organization give money or provisions to a family perfectly capable of procuring such in the ordinary fashion.[127]

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[126]San Francisco Maternity, Annual Report, 1909 (San Francisco, 1909), 15.

[127]A. K. Paine, MD., "The Obstetrical Problem of the Poor," Boston Medical and Surgical Journal 4 (July 24, 1913): 123.

Dr. Spalding used the Associated Charities investigating service. In one case concern over a particular application for aid led Dr. Spalding to write and ask the Associated Charities if the applicant was truly in need of the dispensary's aid. The Associated Charities investigated and then answered:

> I am responding to a letter from you concerning Miss Shipley, a deaf and dumb girl. I am satisfied that taking care of her would be well placed charity. We can make no arrangements for her care before her confinement, but have advised her sister to see if she could go to St. Catherines for the present, as they are anxious to conceal her condition from the rest of the family. If there is any further co-operation needed from us kindly let me know.[128]

It does not appear that the San Francisco Maternity provided lying-in care for this young girl. Since the family was worried about hiding her pregnancy from the rest of the community the girl was probably placed in a home for unwed mothers.

The San Francisco Maternity was able to reciprocate the investigating of the Associated Charities by attending the most destitute of confinement cases and by referring worthy individuals to positions as wet nurses. Wet nurses were often used by families in which the mother was either unable or unwilling to nurse her newborn. A poor woman might seek work as a wet nurse after the birth of her own child to guarantee at least some income while she recovered from childbirth. Even though obtaining such a position often meant her own child would be bottle fed. One such woman approached the Associated Charities about becoming a wet nurse and they in turn wrote to Dr. Spalding:

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[128]Mary Kidder, Associated Charities, to Dr. Alfred Baker Spalding, 23 January 1908, Letter in the San Francisco Maternity Scrapbook.

> We have among our applicants a young Italian woman, 25 years of age, with a baby about a month old, for whom we are desirous of securing a position as wet nurse. She would like to keep her baby with her, but we would place it for her, if necessary. We know this young woman to be clean and healthy and can recommend her to you for the position desired. Her husband was accidentally killed last July and she has three children dependent upon her for support.[129]

The surviving records do not show whether or not Dr. Spalding was able to obtain a position for this young woman. However, the reciprocal relationship between the San Francisco Maternity and the Associated Charities certainly provided clients of both organizations access to a wider range of services than each individually could provide.

The defining factor for the San Francisco Maternity between the years of 1906 and 1908 was the earthquake and fire. The earthquake not only destroyed the dispensary's physical location but scattered its staff and donors across the city. The disaster necessitated the inception of a large-scale relief effort which fundamentally altered the public's perception regarding charitable assistance. The citizens of San Francisco came to expect that the poor and destitute would be taken care of by large institutions and not through the charity of private donors. In addition, the San Francisco Maternity shouldered an increased responsibility in caring for the city's poor women and their newborns. Along with increased responsibility came increased funding, and the organization was fortunate enough to receive several large donations which were set aside with the goal of building a new dispensary at some point in the future.

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[129] Associated Charities, to Dr. Alfred Baker Spalding, 15 October 1908, Letter in the San Francisco Maternity Scrapbook.

CHAPTER THREE

AFFILIATION WITH THE UNIVERSITY OF CALIFORNIA HOSPITAL, 1909 - 1911

By the year 1909 the San Francisco Maternity had accomplished two of its foremost objectives. The dispensary had provided interns and nurses free of charge to attend the deliveries of poor women in their own homes. Furthermore, the students provided comprehensive follow-up care to both mother and child for an average of nine days. The San Francisco Maternity would not have been able to provide such care had it not been for its student workers. The symbiotic relationship that existed between the San Francisco Maternity and the medical schools of San Francisco provided the dispensary with workers and the students with practical experience in caring for obstetric cases. Medical interns who trained at the dispensary came from Cooper Medical College, the College of Physicians and Surgeons, and the Hahnemann Medical College of Pacific as well as the University of California Hospital. Nurses Came from St. Lukes, St. Francis, the City and County Hospital and the University of California. Beginning in 1908, nurses from the various hospitals were required to attend a two-month course in the maternity department of the University of California Hospital before they were allowed to care for patients of the San Francisco Maternity.[130]

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[130] San Francisco Maternity, Annual Report, 1909, 22.

Despite the success of the home delivery and professional training program the San Francisco Maternity was encountering new challenges. The organization was finding it difficult to obtain hospital care for those women whose condition made such care an absolute necessity. In addition, the goal of building and maintaining a new dispensary building where such cases could be cared for seemed out of reach because of the enormous cost involved. The far-reaching goals of the San Francisco Maternity were being overshadowed by the tremendous amount of money and resources required to maintain a charitable organization.

Dr. Spalding had also come to terms with the enormous amount of work and expense involved in running a private dispensary. He felt the best solution to the problem was to seek an affiliation with a large hospital in the San Francisco area. He wrote in the annual report:

> The task of erecting and maintaining a Dispensary building, of investigating the applicants to prevent imposition, of supervising the care of those poor mothers and poor babies who are needy, of providing for the instruction of our large classes of students and nurses, all calls for so much effort and energy and taxes the finances of the Society so much that an affiliation with some organized hospital is undoubtedly the best plan.[131]

The University of California Hospital had in the past provided the San Francisco Maternity with emergency care for patients who absolutely needed the services of a hospital. There was no formal relationship between the two organizations. However, Dr. Spalding set about to convince the Board of Directors that an amicable relationship could be worked out whereby the dispensary would have access to hospital facilities. Dr.

[131]San Francisco Maternity, Annual Report, 1908, 16.

Spalding reported on a case at the January meeting of the Board of Directors which illustrated the need for hospital facilities. He spoke of:

> A special case where the woman had no where to go and was too poor to pay. The Affiliated Colleges [The University of California Hospital] took the case and cared for her from a special fund set aside for such cases. The doctor said the woman was very grateful for all that was done for her.[132]

In January of 1909 there was no decision made on the subject of a cooperative agreement between the San Francisco Maternity and the University of California Hospital. The members of the Board of Directors were all deeply involved in organizing a major fund-raiser to be held on behalf of the San Francisco Maternity and two other charities. The Board of Directors had decided to hold a kirmess which would showcase young people dancing in elaborate costumes. None of the dancers were professionals; rather they were the sons and daughters of San Francisco's most prestigious individuals. The kirmess was heavily advertised not only as a charity fund-raiser but as the crowning event in San Francisco's social season. One newspaper reporting on the rehearsals remarked:

> The rough spots in the "Kirmess" rehearsals are gradually and perceptibly giving way to the rhythmic grace, ease and dash that at a professional performance starts the audience unconsciously swinging in perfect harmony between both sides of the footlights. The sparkling freshness and enthusiasm of youth working, or rather playing, that poor women and children may have the comforts of life and care in times of need, promise to carry the 'kirmess' along to success. Society is backing the 'Kirmess' with its sons, daughters and money. But the general public, it is expected, will do its share at the central theater on February 17, 18, 19, 20.[133]

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[132] San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 5 January 1909," San Francisco, 1909. (Handwritten.)

[133] San Francisco Maternity Scrapbook.

In choosing to hold a kirmess the Board of Directors created a social event that historically had been a religious observance. The souvenir program of the kirmess told of its origin:

> The Kirmess has danced its unbroken way, like a rollicking child through history's somber page, from so early a date as fourth century down to to-night. It was, however, born in great dignity, being originally kirchmesse, which referred to a religious act by which a new church was consecrated. It dates back to the consecration of the Jewish Temples when it was called "Festival of Lights" from the fact that, during the ceremony, all dwellings were lighted. It was introduced into the Christian Church at the time of Constaine the Great. Both the Catholics and Protestants continued to commemorate the anniversary of this old rite with yearly regularity; but in the course of time, its religious character appears to have melted away in mere youthful exuberance until it has developed into a festival of the people, whose main purpose is amusement.[134]

The kirmess ran for four nights and individual seats sold for either one dollar and fifty cents or two dollars depending on the location. Boxes which seated six people and allowed the purchaser to attend all four performances sold for one hundred dollars. Boxes for a single performance sold for twenty-five dollars. The local newspapers detailed who was "in the boxes" at the kirmess and what they wore. Two board members of the San Francisco Maternity were mentioned. Mrs. Lowenberg's dress was described as a "grey embroided satin," and Mrs. Simpson's dress was labeled a "white directoire satin." Along with board members the audience featured some of San Francisco's wealthiest families. The newspaper devoted as much space to who attended the kirmess and what they wore as it did to the actual events taking place on stage.[135]

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[134]ibid.

[135]San Francisco Chronicle, 18 February 1909.

As an additional fundraising scheme audience members were encouraged to vote for their favorite group of dancers. Audience members were charged ten cents a ballot and the newspaper encouraged everyone to stuff the ballot box to the extent their purse would allow. The number of votes each dance received was announced periodically throughout each evening's performance. In addition, a large chalkboard was erected to display the total number of votes each dance received. This ongoing tally resulted in some frenzied ballot stuffing by audience members. As totals would rise and fall audience members would rush to hand in additional ballots. By the last evening of the performance 75,287 ballots had been cast, yielding an additional $7,528.[136] The kirmess was more successful than the Board of Directors had dreamed imaginable. The event raised over ten thousand dollars for the San Francisco Maternity.[137]

After the conclusion of the kirmess Dr. Spalding again began to press the Board of Directors to sign an agreement with the University of California Hospital. The subject of a formal affiliation between the San Francisco Maternity and the University of California Hospital was brought up at the executive committee meeting held in March of 1909. The executive committee met separately before the board meeting in the home of one of the members. The executive committee consisted of Mrs. King, Mrs. Simpson, Mrs. Mastson, Mrs. Metcalfe, Mrs. Gray and Dr. Spalding. The executive committee was joined by the President, Mrs. Hewlett. One member, Mrs. Gray, was absent from both executive and board meetings in March for an

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[136]San Francisco Chronicle, 21 February 1909.

[137]San Francisco Maternity, Annual Report, 1910 (San Francisco, 1910), 12.

unknown reason. Dr. Spalding seems to have been absent from the executive committee, but came to the board meeting later in the morning.

The object of this executive meeting was to discuss the possibility of affiliation and some procedural matters pertaining to the running of the dispensary. Mrs. Metcalfe recorded the following minutes for the meeting:

> The object of this meeting was to lay before the Committee some facts which Mrs. Hewlett [president] had become possessed of regarding some of the conditions at the Dispensary and to discuss some changes that ought to be made. Also, that the time had arrived when the question of affiliation with the Medical Department of the University of California must be brought up and decided. It was the general opinion that some changes must be made and that an affiliation would bring about such changes without causing any friction or ill feeling and that no immediate action be taken until the question of affiliation be settled.[138]

The minutes of the executive committee do not make clear what conditions the members were concerned about. It seems the committee was in favor of an affiliation with the University of California Hospital but was not willing to act without consulting the Board of Directors.

The Board of Directors meeting followed immediately. Fourteen out of twenty board members were present, including Dr. Spalding. During the meeting Mrs. Hewlett brought up the subject of affiliation, saying:

> the time had come when a step must be taken by the San Francisco Maternity. That the Affiliated Colleges were very anxious to have our auxiliary of women and were desirous that we make some definite proposition to them.[139]

By becoming affiliated with the University of California Hospital the San Francisco Maternity would be reduced from an independent organization to

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[138]San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 2 March 1909," San Francisco, 1909. (Handwritten.)

[139]ibid.

a women's auxiliary. As medical care became more specialized and training centralized in large hospitals, independent dispensaries were increasingly endangered. The minutes of the meeting then note that a "lengthy discussion" ensued. It was decided to place the matter in Mrs. Hewlett's hands and to have her make the decision. Unwilling to take the full responsibility for such a decision, Mrs. Hewlett formed a committee consisting of herself, Mrs. Slack, Mrs. Fennimore, Mrs. King and Mrs. Simpson. This committee was then to draw up a proposition and submit it to the next board meeting.[140]

Though the written minutes do not record a split in opinion among the members of the Board of Directors, it is possible to infer from the multiple meetings, lengthy discussion and the formation of another committee that all the members were not in agreement on the subject of affiliation. It was quite a step for the San Francisco Maternity to go from being an independent body run by an autonomous board of directors to being an adjunct body to a large hospital. Undoubtedly, some felt that the change in status would allow them less control over the running of the dispensary as well as the disposition of their funds.

On 29 March 1909, a special meeting of the Board of Directors was called by the President. The purpose of this special meeting was to

> frame an answer to be given the Medical Department of the University of California whether or not the San Francisco Maternity favored affiliation with that institution. For reasons of their own the med. dep. of the U.C. wished an early answer.[141]

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[140]ibid.

[141]ibid.

The secretary recorded that after a "long and most exhaustive" discussion it was generally agreed that the San Francisco Maternity should affiliate. However, the terms of the affiliation and how much money to give towards such an endeavor brought out several different opinions. Mrs. Cooper wished to affiliate but not to part with any of the San Francisco Maternity's funds. Mrs. Gray wished to affiliate and to pay $5,000 for the endowment of a bed. Mrs. Houston, Mrs. Slack, Mrs. Hewlett, and Mrs. Metcalfe favored giving $10,000 initially but only if it were possible to cut down the expenses of the dispensary. Furthermore, Mrs. Slack wanted to give another large entertainment in order to procure maintenance funds. Mrs. Pfingst, Mrs. Huntington, Mrs. Simpson and Mrs. Fennimore wished to affiliate and pay $5,000 down and $5,000 later. The final opinion of the board was to make the following proposal to Dr. D'Ancona and the University of California Hospital:

> The San Francisco Maternity wished to affiliate with the medical Department of the University of California and would pay $5,000 down for the maintenance of a bed and $5,000 later and that this committee was to consult Dr. Spalding and D'Ancona regarding the future plan of the work; also how the affiliation could cut down the expenses at the Dispensary.[142]

The next day, on 30 March 1909, the President called together the executive committee to report on the results of the meeting with Dr. D'Ancona. Dr. D'Ancona said he would submit the proposal of affiliation to the Regents of the University of California and the San Francisco Maternity would be notified as soon as possible as to the decision.

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[142]ibid.

The executive committee's next step in the process of affiliation was to go to the Dispensary and see Dr. Spalding to "discuss with him the benefits the San Francisco Maternity would derive from affiliation." Though Dr. Spalding was listed as both an executive committee member and as a board member, he was not present at any of the committee meetings. It seems Dr. Spalding wanted an affiliation as a way of guaranteeing satisfactory medical care for the patients. He later wrote:

> The year 1909 had, from a medical standpoint, been the most auspicious and the most satisfactory since the opening of the Maternity in 1904. Previous to this year it has been necessary whenever the occasion arose for the need of hospital facilities to beg indiscriminately for aid from the different hospitals, or else abandon the patient. . . . With the acquisition of four free beds at the University of California Hospital, many of the serious difficulties and the real inherent weaknesses of our institution have been relieved.[143]

The agreement between the hospital and the Maternity was formalized on 13 May 1909. It stated that the San Francisco Maternity would give ten thousand dollars to endow one free hospital bed at the University of California Hospital. The hospital would contribute three free beds and the ward would be known as "The San Francisco Maternity Ward." The goal was to eventually provide ten free beds in the maternity ward. The president of the San Francisco Maternity was invited to "confer with the [University of California Hospital] committee and to aid it with suggestions for the conduct and betterment of the ward." In addition, the hospital had agreed that the head nurse at the hospital would supervise the dispensary nurses and maintain the obstetrical kits needed to attend patients at home. Medical supplies and the making up of kits for home deliveries would be

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[143]San Francisco Maternity, Annual Report, 1910, 16.

supplied by the hospital at cost. The hospital agreed to pay for an assistant nurse and a night nurse. The hospital also agreed to provide room and board for two dispensary nurses. It also agreed to the same for the interns and provided students with a room at the hospital, but the maternity was to contribute fifty dollars per month toward this endeavor. Furthermore, student fees were doubled, with all the money going directly to the San Francisco Maternity.[144]

At the July Board Meeting arrangements were made regarding the details of the affiliation. The nurses were to begin living at the hospital. It was also decided that the telephone listing for the San Francisco Maternity would be left in the directory, but that number would ring at the hospital. Dr. Mckay would be at the hospital to receive patients Tuesdays and Thursdays, while Dr. Spalding would do so on Friday. It seems that the dispensary located on Valencia would conduct intake exams Tuesday and Thursday afternoons. There was also some discussion about moving the dispensary to Sixteenth and Bryant streets to make it more accessible. However, this plan was never implemented.

Despite the affiliation with the University of California Hospital, the dispensary saw a slight decline in the number of cases it treated. The number of patients dropped to 151.[145] Married women accounted for ninety-

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[144]San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 5 January 1909."

[145]After the 1909 affiliation between the San Francisco Maternity and the University of California Hospital, the patients confined at home were classified as San Francisco Maternity patients. Those patients who were confined in the hospital were classified as University of California Hospital patients. When compiling statistics on dispensary clientele only the records of San Francisco Maternity patients were used.

seven per cent of the patient population. Only one patient reported herself to be single while two patients reported themselves as abandoned and two as widowed. The patient who reported herself to be single was seventeen years old and had been born in the United States. Her pregnancy and delivery were normal and the baby was adopted. The percentage of patients working for pay continued to decline to just three per cent. The occupations listed were laundress, laborer and servant. The three biggest ethnic groups treated at the dispensary were Irish, Russian and Italian, with each accounting for six per cent of the patient population. The Irish showed the biggest decrease in population from eleven per cent the previous year to six percent. Both Russian and Italian populations remained essentially stable from the previous year at six percent.[146]

The religious affiliation of the dispensary's applicants remained relatively stable. Fifty-four per cent of clients reported their religion as Catholic. Protestants accounted for twenty-six per cent of applicants, while Jewish women dropped slightly to nine per cent. The dispensary staff failed to record a religious affiliation for approximately ten per cent of applicants in 1909.

The affiliation of the San Francisco Maternity with the University of California Hospital did not alter the sense of deference and gratitude that patients felt toward the organization. In many women's eyes, the hospital was an extension of the dispensary and not a utilitarian facility that they could access without the dispensary's permission. One woman who was

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[146]San Francisco Maternity Confinements 1909.

confined by the San Francisco Maternity at the University of California hospital wrote:

> My dear Sir: I had not a good opportunity to tell you how much I valued the two weeks spent by me at your maternity home. I got a great deal from it, your matron and interns did more for me than I could have justly asked for. The nurses were respectful an helpful, and the work given to me came as though it were especially prepared. The female at the U.C. hospital being very instructive. I regret the baby was too weak to respond to your assistants' efforts but I was glad to see that I knew enough to appreciate the skill of the operator. With sincere acknowledgment of your favors to me, believe me most sincerely yours[147]

It is interesting to note that even though her child died the mother seems very grateful to have been admitted to the hospital. San Francisco by 1909 had few options for poor women. The City and County Hospital had been condemned and burned due to "deplorable conditions" in September of 1908. Patients were housed either at the almshouse or at Ingelside Racetrack which had been converted for use as a hospital. These facilities were critically understaffed and conditions were often comparable to those that had precipitated the destruction of the City and County Hospital building. Moreover, many women feared the stigma of being placed in a municipal facility such as the almshouse, which had previously served as an incarceration facility for those of questionable moral character.

This situation was not unique to San Francisco. When the maternity ward of the New York Hospital was closed, one manager wrote:

> There now remained no refuge for patients of this class but the Almshouse, where the virtuous and the vicious were indiscriminately treated. The visitors [of the Society] could not conscientiously advise a virtuous wife, to seek a home and companionship among degraded unmarried mothers. And it was found, that, worthy females would

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[147]San Francisco Maternity Scrapbook.

suffer want, and even hazard life, before subjecting themselves to such association.[148]

Receiving charitable medical care was often as problematic for the patient as the provider. Medical charities tended to regard their patients suspiciously and were always on the lookout for those who would "get something for nothing."[149] On the other hand, patients saw themselves as hardworking individuals who had temporarily fallen on hard times. There was always the hope that sometime soon things would be better. Many patients mentioned overwhelming circumstances such as sickness or an unemployed spouse as compounding factors in their requests for medical care. Many of the dispensary's patients mentioned their ability to pay "something" in an attempt to retain their dignity and to escape the disgrace of being labeled a charity patient. One patient wrote the dispensary:

> I am writing to ask you if I could receive care from some of your Drs and nurses in my coming confinement which I expect about the 27 or so of September. It is getting so close I dislike to delay longer. . . . There is no one to care for the baby and we can't afford a nurse, we are willing to pay something, I do not mean to ask this done without some pay. I would rather pay a small amount than not -- if you could do it that way. My husband's work isn't steady or big wages. I have four children which have the whooping cough very bad, is one reason I am writing instead of calling. I can't very well get away just now. I would like to have you people as I know how good & kind they are, as you can look on your records & see my case which was attended by your people June 17, 1908 and for that reason too I would like to be attended by your people. Awaiting your reply I am yours truly.[150]

Another prospective patient who was overwhelmed by her current circumstances wrote to the dispensary:

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[148]Rosenberg, The Care of Strangers: The Rise of America's Hospital System, 23.

[149]A. K. Paine, "The Obstetrical Problem of the Poor," 123.

[150]San Francisco Maternity Scrapbook.

> I would like to know if you would attend to me in my confinement in about two weeks or sooner. We have had very bad luck of late my husband has been out of work for a long while and I have one little girl three years old who has just got up from bed after a long spell of illness and it took what few dollars I had for my sickness. I would come down in person but I can hardly walk and lately I feel pretty bad. We were not always down the way we are now but have met with reverses and it is pretty hard the way I am fixed, so if you could furnish me with a doctor I have a good nurse who will help me out. Will you please let me know what you will do as I am sick from worrying what I am going to do. I kept waiting thinking things would change but as the time draws near they are just as bad. I wrote to you last week but put the wrong address so I guess you did not get it, if you get this will you please let me know what you will do and answer as I am patiently waiting and I will remain yours truly.[151]

These letters illustrate one key factor about the patients of the dispensary. For the majority of married women, charitable medical care was necessitated by the unemployment or sporadic employment of her spouse. In 1909, fifty-one per cent of the applicants to the San Francisco Maternity had husbands who were unemployed. The majority of these husbands were listed simply as "out of work." Only one man was listed as "sick." This distinction between "out of work" and "sick" seems to indicate that the majority of men were willing but unable to find employment. This was important for the San Francisco Maternity since the organization did not want to give aid to the unworthy poor. Only five per cent of the applicants to the dispensary indicated that they were widowed or had been deserted by their husbands.[152]

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[151] ibid.

[152] San Francisco Maternity, Annual Report, 1910, 19.

Patients of the San Francisco Maternity, far from trying to "get something for nothing," felt proud of their ability to pay the amount the dispensary requested in some cases. One patient wrote:

> I feel very thankful for the kind treatment I received from you all I have $10.00 I have saved if you will accept the other $5.00 as payment for some other poor woman I will give that to and only wish I was able to give $1000 [to] you [for] the good cause.[153]

Another woman wrote to Dr. Spalding:

> If any of the doctors or nurses are out the way and will stop i will give them $5 as you said I think that was all you were allowed to accept I am alone and have no way of sending it. My baby is a month old but i haven't been out yet.[154]

Though these women were poor, very often they wanted to contribute what they could in order to pay for their care.

The year 1910 saw the patient population of the dispensary remain stable at 151. Comparing the ethnic composition of the dispensary's clientele to the city of San Francisco's population reveals some interesting distinctions. As in previous years, patients born in the United States accounted for about half of the dispensary's clientele. In the city of San Francisco the percentage of people born in the United States accounted for approximately sixty-eight per cent of the population. This percentage included the children born to citizens of the United States and those born to immigrant parents. While foreign-born immigrants made up about thirty-one per cent of San Francisco's population, they accounted for fifty-two per cent of the dispensary's patients. Russians accounted for eleven per cent of

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153San Francisco Maternity Scrapbook.

154ibid.

patients, but made up just one per cent of the city's population. Italians made up eight per cent of the dispensary's clientele and four per cent of the San Francisco community. The Irish composed seven per cent of the dispensary's patients and accounted for five and a half per cent of San Francisco's inhabitants.[155] It appears the dispensary was treating a disproportionate number of immigrant women. This is not surprising considering that recent immigrants were often quite poor when they arrived in San Francisco.

Regardless of ethnic identity ninety-nine per cent of the dispensary's patients were married, and only one patient reported herself as widowed. Only three per cent of patients listed themselves as employed. One woman worked in a candy factory while another conducted a bakery. One patient was employed as a washerwoman and another worked as a wool spinner.

The affiliation between the University of California Hospital and the San Francisco Maternity continued to provide the dispensary with four beds for treating patients who needed hospitalization. Sometimes obstetrical emergencies could not be anticipated and the patient was transferred to the University of California Hospital during or immediately after labor. In some difficult cases even hospital care failed to save the life of the mother and the child. One of the dispensary's rare maternal deaths was the case of a twenty-three year old married housewife who was pregnant for the first time. The pregnancy was preceding normally until

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[155]U.S., Department of Commerce and Labor, Bureau of the Census, Thirteenth Census of the United States. Abstract of the Census with Supplement for California, 1910 (Washington, D.C.: Government Printing Office, 1913), 604; San Francisco Maternity Confinements 1910.

she went into labor on 25 April 1910. The medical record is incomplete but states "patient had convulsion preceded by typical eclampsia symptoms, had six convulsions. brought to hospital vag. cesarean section. baby died during delivery. mother died the same evening."[156]

Eclampsia is a condition that occurs in pregnancy when a woman suffers from high blood pressure. By the year 1910 many physicians believed that eclampsia could be prevented by a combination of rest, diet and drugs.[157] Prenatal care that included a urine analysis to detect albumin was also recommend for patients who were suffering from typical eclampsia symptoms. Often it was difficult to determine without a urine analysis whether a patient was developing symptoms indicative of eclampsia or suffering from normal pregnancy-related conditions. The headaches, swollen feet, and upset stomach which many women experience during pregnancy could also indicate eclampsia. It is not clear from the medical record if the patient who died had been diagnosed prior to her labor as suffering from pre-eclampsia. Even if she had been forewarned of her condition, the advice to improve her diet and get more rest was probably impractical because of her poverty.

Another complication of poverty was a lack of aseptic conditions during delivery. Many patients lived in places where it was impossible to create an aseptic environment. In addition, many women did not understand or follow the attendant's instructions that would help maintain an aseptic environment once labor began. This often resulted in a patient being

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156Confinement 803, 1910.

[157]Wertz and Wertz, Lying-In: The History of Childbirth in America, 140.

labeled as difficult or uncooperative. One such case was a twenty-four-year-old housewife from Finland who was pregnant for the second time. She did not speak or understand English very well. Her previous labor had been classified as easy and lasted just four hours. The patient went into labor on 7 September at 11:30 PM. The attendant from the dispensary arrived the following day at 6:25 A.M. Apparently, the intern arrived just in time; a baby boy was born ten minutes later. After delivery he wrote on the woman's chart, "patient was nervous & excitable. she had been holding a dirty rag at the vulva & would insist on putting her hands to vulva. I didn't have time to wash for delivery."[158] The intern was more concerned with washing his hands and getting the room ready for delivery. However, the woman, sensing delivery was imminent, was more concerned with catching her child than creating a sterile environment. They may have been speaking to each other but because of the language barrier it is probable that neither understood what the other was saying. The dispensary provided the normal nine days of follow-up care and mother and child were discharged in good condition.[159]

The year 1911 saw a slight decrease in the number of patients attended by the dispensary. Of 147 patients, ninety-seven per cent were married. Only one per cent of dispensary patients listed themselves as employed. One patient was a single eighteen-year-old woman from Scotland who was employed doing housework. The other was a twenty-five year old married woman who was born in the United States and worked as a waitress. The

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158Confinement 857, 1910.

159ibid.

proportion of dispensary patients born in the United States rose slightly to fifty-six per cent when compared to the previous year, while the percentage of foreign-born patients dropped slightly. Patients from Italy, Russia and Ireland continued to represent the three biggest ethnic groups treated at the dispensary. Patients born in Italy accounted for nine per cent of the dispensary's population, which was a slight increase over the previous year. Russian patients made up the second biggest patient population, accounting for eight per cent of the dispensary's clientele. This was quite a decrease over the previous year when Russian patients accounted for eleven per cent of foreign-born patients. Patients born in Ireland accounted for just five per cent of the dispensary's clientele, down slightly from seven per cent in 1910. There was no major change in the religious affiliation of applicants to the dispensary. Sixty per cent of dispensary applicants were Catholic and twenty-eight per cent were Protestants. Jewish women accounted for eleven per cent of applicants.

The Board of Directors of the San Francisco Maternity were extremely pleased with the results of the affiliation with the University of California Hospital. The President, Mrs. John Metcalfe, remarked, "[it] had proved itself a success as more and better work had been done than ever before. The Staff at the Hospital always being anxious to save expense and help the work of the San Francisco Maternity in every way possible."[160] Despite the affiliation, Dr. Spalding still felt that the San Francisco Maternity needed a permanent building before the organization would be able to accomplish its

160San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 3 January 1911," San Francisco, 1911. (Handwritten.)

extensive goals. Before embarking on an extended trip abroad to visit the leading medical clinics of Vienna and Paris, he addressed the Board of Directors and the recording secretary took down the following:

He spoke very earnestly about the necessity of broadening our work and suggested that as soon as circumstances and finances would permit that we secure the services of a district nurse whose duty would be to go into the homes of our patients to teach them to care properly for themselves and their babies. He also reminded us again of the crying need of the milk laboratory saying that the collegiate alumnae was already working on the subject and would be ready to cooperate with us when we had a Dispensary which could accommodate the work. Dr. Spalding promised to investigate all institutions similar to the S.F. Maternity and to bring home the best plans for our future betterment.[161]

The board secured another physician to act as Medical Director in Dr. Spalding's absence, and the services offered to patients at the dispensary continued without interruption.

The dispensary staff continued to encounter patients who were in their eyes difficult to deal with. Staff members could not understand why some women consistently disregarded orders to rest or stay in bed. Staff members often failed to take into consideration the patient's poverty-stricken condition that made rest impossible. One example of this was the case of a thirty-two-year-old housewife from Switzerland who was pregnant for the seventh time. Her previous pregnancies had all been easy except for the last one. She had trouble during labor because the baby had a large head that did not pass easily over her perineum. The woman had lost one baby to malnutrition when the child was four and a half months old. Her other children were alive and well. The patient went into labor on 22 March

161San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 7 March 1911," San Francisco, 1911. (Handwritten.)

and the attendant arrived approximately five hours latter and found the woman in the late stages of labor. The attendant administered chloroform and a baby girl was born weighing seven pounds. Both mother and child were listed in good condition one hour after birth. After delivery, it appears that the patient and the nurses who came to provide postpartum care disagreed over the amount of activity she should engage in. When the woman was up doing housework, the nurses ordered her back to bed. This went on for several days and then a nurse wrote in her chart "patient up and dressed ordered back to bed, patient persists in staying up, nurses visits discontinued on account of patient being up."[162]

Another patient whom the staff found difficult to deal with was a twenty-eight-year-old Russian housewife. Pregnant for the fifth time, she had suffered a miscarriage fifteen months before. She had two living children and her medical record stated that one of her children was dead "due to abortion." Her baby was born unattended on 29 March. The attendant arrived shortly after the birth and starched and dressed the cord and treated the child's eyes. The staff provided nine days of follow-up care but found the mother unappreciative and uncooperative. On the last day of visits, an intern noted on her medical chart, "patient had consistently complained and disregarded the instructions given regarding the care of herself and baby throughout her confinement."[163]

In some cases the dispensary staff encountered resistance from the patient's husband. Husbands were often suspicious of male attendants,

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[162]Confinement 923, 1911.

[163]Confinement 927, 1911.

fearing they would compromise their wife's modesty. In addition, many were afraid that the interns from the dispensary were unqualified. In one case, the woman had given birth to her third child before the attendants could arrive. The woman had suffered a laceration and the intern was trying to ascertain whether it required stitching. The intern recorded on her medical chart, "during exam for perienal laceration the woman complained of tenderness & husband ordered us to quit. after trying to explain things to husband to no avail i gave up the case & left immediately."[164]

Despite the challenges individual patients presented, the dispensary staff was committed to providing comprehensive care. When Dr. Spalding returned from his trip abroad the Board of Directors looked forward to upgrading the dispensary based on his recommendations. The year closed with the return of Dr. Spalding to the December Board meeting. Since it was his first meeting in eight months the Board wanted to devote the whole meeting to a report of his experiences abroad and how they could benefit the San Francisco Maternity. Dr. Spalding dropped a bombshell on the Board when he announced he had severed all ties with University of California Hospital and would fill the chair of Obstetrics and Gynecology at Stanford University and become affiliated with their hospital and clinic work. It is not clear if the Board of Directors knew about this announcement in advance. It is also not clear what precipitated Dr. Spalding's decision to work exclusively for Stanford University.

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[164]Confinement 1021, 1911.

Dr. Spalding also announced that he had spoken with the directors of Stanford and asked them to present some kind of proposal by which the San Francisco Maternity could affiliate with Stanford and its associated hospital and clinics. This idea seems to have been well received by the Board of Directors of the San Francisco Maternity because of previously unrecorded concerns having to do with the affiliation with the University of California Hospital. The board expressed reservations over the affiliation and stated:

> The question of the future policy of the Board is of most vital importance, since there seems now to be much uncertainty as to the final location of the University of California Hospital where we now control four free beds. That organization is now considering San Francisco, Berkeley and Los Angeles which makes our position with them most uncertain.[165]

The Board of Directors was worried about losing control over the hospital beds they had endowed. If the physical location of the hospital was moved to either Berkeley or Los Angeles it would be impossible to maintain an affiliation. However, the final location of the University of California Hospital, while problematic, was not the organization's biggest concern. The Board of Directors was deeply concerned about the prospect of losing Dr. Spalding. The Board reflected:

> Of course it is necessary to remember that if we still retain our association with the University of California, Dr. Spalding will of necessity sever his connection with our Board, relinquishing his office of Medical Director. From its inception and organization Dr. Spalding had been the father . . . of our Society and to those of us who have worked unfailingly all these years it is difficult to see how his place could be filled.[166]

165San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, December 1911," San Francisco, 1911. (Handwritten.)

166ibid.

It was decided that the President would appoint a committee to look into the proposals by the two hospitals. After the San Francisco Maternity had received formal proposal from both organizations a serious discussion and voting would ensue to determine which hospital represented the best option for the organization to carry on its work of providing confinement care to poor women.

CHAPTER FOUR

AFFILIATION WITH LELAND STANFORD JUNIOR UNIVERSITY, 1912 - 1914

There were two major concerns facing the San Francisco Maternity in January of 1912. The first was a dwindling maintenance fund that the organization relied on to care for dispensary patients. In addition, though the number of cases had remained relatively stable, the dispensary was short of student workers to attend women at home. Dr. Spalding spoke concerning "the ever present difficulty of securing a sufficient number of nurses to care for the cases confined in the homes of the patients."[167] Student nurses had to be drawn from different medical schools. There was no requirement that student nurses complete a course in confinement nursing, and many opted for paid employment once they had completed their course work. When the dispensary was able to secure a student nurse, it had little control over whether she would show up for duty. The lack of student nurses had forced the dispensary to retain a professional nurse at its own expense. This additional expense, coupled with the lack of new subscribing members, sent the Board of Directors scrambling for new ways to raise money.

The organization had just three hundred and twenty-three dollars in its bank account as of 1 January 1912.[168] After the Treasurer read the

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[167]ibid.

[168]San Francisco Maternity, Annual Report, 1913 (San Francisco, 1913), 3.

annual report, the Board of Directors remarked, "By this report the Society is always reminded of the necessity of adding to its annual subscribers."[169] The Board had been discussing the idea of raising the dues from three dollars to five dollars though there was "much discussion" surrounding the motion to do so. Pressed by financial necessity, the Board voted the dues raised and in addition drafted an appeal to the public which stated, "That the ten (10) dollar subscription would pay in full for the care of both mother and child during confinement while subscribers paying but 5 would pay for the care of either the mother or the child."[170] This notice initially garnered eight new contributing members. In order to cut down on their expenses the Board of Directors decided not to publish the annual report in its usual book form. Instead the Board decided to produce a four-page leaflet listing patient statistics and committee members as well as contributors for the year. Included in this leaflet was "a most urgent request for annual subscriptions to maintain the work."[171]

In addition to campaigning for new subscribers, the Board of Directors began seeing the patients of the dispensary as a potential source of income. The treasurer reported a gift of five dollars with a note that read "a little gift from a little baby," as well as two ten-dollar contributions from former patients. Though half of applicants to the dispensary had husbands who were unemployed, the Board of Directors thought it wise to encourage

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169San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 2 January 1912," San Francisco, 1912. (Handwritten.)

[170]ibid.

[171]ibid.

patients to donate what they were able. Attesting to the real poverty of the dispensary's clientele, the San Francisco Maternity found itself with a total of thirty-six dollars from patient donations at the end of the year.[172]

The Board of Directors also had to decide what to do concerning a potential dual affiliation with both the University of California Hospital and Stanford University. A committee had been set up to study proposals from both hospitals but had not received anything definite from either institution. In May the situation came to a turning point when Dr. Wilbur of Stanford University announced that he would be leaving for a vacation soon and that the situation regarding affiliation should be settled before his departure. In addition, Dr. Spalding reported, "That his position as Medical Director of an association affiliated with one university and Academic Professor of the medical department of the other was a unique one therefore he desired to present his resignation to the San Francisco Maternity."[173] The Board of Directors allowed Dr. Spalding to submit his resignation but delayed action and placed it "on file" instead of accepting it and terminating Dr. Spalding's tenure with the San Francisco Maternity.

Dr. Wilbur of Stanford University wrote to Mrs. Metcalfe outlining the goals of the university and detailing a proposal whereby the San Francisco Maternity could work with Stanford University without forfeiting its relationship with The University of California Hospital. Dr. Wilbur wrote that Stanford hoped "to develop as rapidly as possible a well endowed

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[172]San Francisco Maternity, Annual Report, 1913, 3.

[173]San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 7 May 1912," San Francisco, 1912. (Handwritten.)

hospital for the care of sick women."[174] Dr. Wilbur proposed that the San Francisco Maternity continue to use the four free beds the organization had endowed at the University of California Hospital. However, Dr. Wilbur felt it would be impractical for the care of home confinement cases to be divided between two institutions. Therefore he proposed that the "medical side" of home confinement cases be "arranged" by Dr. Spalding in his role as Professor of Obstetrics and Gynecology at Stanford University. In addition, Stanford University agreed to provide four free beds at Lane Hospital for the care of San Francisco Maternity cases. The organization would receive these beds for free and no lump sum endowment would be necessary to maintain them as had been the case with the University of California Hospital.

A special meeting of the Board of Directors was held on 10 May 1912 in order to formalize an arrangement between the three parties involved. Dr. D'Ancona represented the University of California Hospital and Dr. Wilbur represented Stanford University. Dr. Spalding was in attendance as well as the President of the San Francisco Maternity, Mrs. John Metcalfe. In addition, seven members who served as either officers or members of the Board of Directors of the San Francisco Maternity were present. The minutes state that the purpose of the meeting was to "adopt the plan as outlined by Dr. Spalding."[175] This statement indicates that Dr. Spalding came to this meeting with a detailed outline of how an arrangement

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[174]Dr. Wilbur, to Mrs. John Metcalfe, 6 May 1912, Letter, Archives, Lane Medical Library, Stanford University, Palo Alto.

[175]San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 10 May 1912," San Francisco, 1912. (Handwritten.)

between the three organizations would work. There is no record of any debate and it appears that all the parties agreed in advance to the conditions Dr. Spalding proposed.

The agreement stated that the University of California Hospital would provide four beds for three patients per month totaling 120 days of hospital care for San Francisco Maternity patients. These beds would be available at the San Francisco Maternity's discretion. In addition, the University of California Hospital was obligated to provide "on demand" one hospital intern to provide care for those San Francisco Maternity patients who were confined at home. The intern would live at the University of California Hospital and be on call to attend patients. Moreover, the University was to provide one nurse in training to care for home confinement cases. The University would also maintain telephone service for the San Francisco Maternity so that those patients attempting to reach the organization by phone would be able to do so.

The agreement went on to state that Stanford University would provide the same services to the San Francisco Maternity as the University of California Hospital. In addition, Stanford University would provide the necessary support services for caring for home confinement cases. This included room and board for the graduate nurse or nurses and a sleeping room for interns on call. Stanford was also to maintain a supply room for assembling and storing the medical kits used for attending home births. The San Francisco Maternity would pay for all the drugs, supplies and instruments used in these medical kits. While the Maternity was

responsible for providing all the supplies, instruments and dressings that could be reused would be sterilized by Stanford.

The biggest change for the San Francisco Maternity was the physical relocation of their medical supplies from The University of California Hospital to Stanford University. This move coincided with the opening of the medical school and the establishment of a Women's Clinic by the university. Lane Hospital which opened in 1911 would provide four free beds for the care of critical obstetric cases. This agreement allowed the organization to maintain the dispensary in the Mission district and also allowed for a continuing relationship with Dr. Spalding. The San Francisco Maternity also agreed to accept on "equal terms" students from both universities who wanted to be trained in home confinement care under the direction of Dr. Spalding. This "friendly arrangement" would be for the duration of the university teaching year and could be modified by any party at the end of that time.

In July 1912 the San Francisco Maternity went on to sign an additional agreement with Stanford University and the Associated Charities of San Francisco. The San Francisco Maternity had long enjoyed a friendly working relationship with the Associated Charities. The two organizations shared clientele and worked together in many cases to insure the best possible care for those in need. This "friendly arrangement" formalized the way in which patients were referred between the three organizations. The agreement stated:

> The Associated Charities agreed to refer at least one-half of their out patient obstetrical patients to the Women's Clinic of Stanford University for medical attention in exchange for the use of four free obstetrical beds in Lane Hospital, and the San Francisco Maternity agreed to refer a

portion of their out patient charity obstetrical patients to the Women's Clinic of Stanford University, and in addition to provide for the salary of a graduate nurse for the care of these patients, in exchange for the services of interns, pupil nurses and students and the use of four free obstetrical beds in Lane Hospital.[176]

In addition, Stanford University agreed to pay a proportion of the expenses incurred by the San Francisco Maternity in caring for home confinement cases. Stanford would maintain an accounting record and the San Francisco Maternity would pay its share of expenses to the university every three months. It is unknown what percentage of home confinement care Stanford was paying for. It is also unclear whether this was a formal agreement or something that was negotiated after the San Francisco Maternity had already signed the two previous agreements of June and July. There is no surviving copy of this agreement and it is mentioned only once in the minutes of the Board of Directors. This new source of financial support was undoubtedly a great benefit for the San Francisco Maternity. As subscriptions continued to dwindle, Stanford's contributions allowed the organization to stretch its resources and continue providing maternity care for women in their own homes.

This agreement to share expenses is significant because for the first time an outside organization was helping to fund home confinement care. When the San Francisco Maternity had been exclusively associated with the University of California Hospital it had not been receiving financial support for the care of home confinement cases. The organization's large endowment provided access to hospital beds on demand, but the financial

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[176]Stanford University Medical School, Second Annual Report of Lane Hospital (San Francisco: Stanford University Medical School, 1913), 32.

responsibility had been born solely by the San Francisco Maternity and its supporters. This new agreement recognized that both Stanford and the San Francisco Maternity could benefit from a joint sharing of home confinement costs. Stanford was in part paying for the use of home confinement cases for the instructions of their interns. This arrangement came at a time when many practitioners were insisting that

> Medical schools should give up the "externe" programs in which unsupervised students delivered the poor in their homes; rather, poor women should deliver in hospitals so that students might attend them while learning new skills.[177]

Stanford, however, felt that the San Francisco Maternity patients' were the source of valuable experience for their students. Stanford also realized that allying their outpatient department with the San Francisco Maternity provided their students with a claim to legitimacy when attending women during a home confinement. The Second Annual Report of Lane Hospital stated:

> Not only do these agreements increase greatly the facilities for properly educating young physicians in practical Obstetrics, but from the character of the institutions entering into them, it puts the stamp of approval upon the idea of medical students acting as assistants at the time of child-birth in the homes of the poor.[178]

This statement suggests that Stanford trained physicians were still competing with midwives for the care of home confinements. While it was economically impossible to offer free hospital care to every woman who desired it, the university could at least provide trained attendants to replace the local midwife. This was not a phenomenon local to San Francisco. Dr.

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[177]Wertz and Wertz, Lying-in: A History of Childbirth in America, 147.

[178]Stanford University Medical School, Second Annual Report of Lane Hospital, 32.

Lipes, a physician in Albany, New York, wrote that an additional bonus to students attending home confinements was that it encouraged "the masses to employ physicians, rather than the uneducated reckless midwives who are so numerous in this city."[179]

Another advantage for Stanford was the sheer number of cases available for the training of its students. The hospital itself was unable to provide the number of patients needed for clinical instruction. Through the affiliation with the San Francisco Maternity and the Associated Charities, the number of cases seen at the Women's Clinic rose to nearly three hundred. Nearly half of the cases were home confinements which were attended by Stanford medical students and nurses.[180]

The affiliation with Stanford engendered increasing complexity in the care of home confinement cases. Dr. Spalding in his role of Professor of Obstetrics and Gynecology began to delegate certain duties to other medical professionals. Dr. Moore was willing to take charge of the interns and oversee their work if he could be guaranteed ten dollars a month for the "running expenses" of his automobile. To insure the availability of transportation the Board of Directors voted to pay him this amount every month in lieu of the usual car fare for public transportation. Stanford would provide Dr. Moore room and board and he would look for a place to "garage" his car at no cost to the San Francisco Maternity. Dr. Spalding was also trying to raise money in order to secure a head nurse. This

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[179]Dr. H. Judson Lipes, "A Report of the Work of the Special Obstetrical Department of the Albany Guild for the Care of the Sick Poor," 450.

[180]Stanford University Medical School, Second Annual Report of Lane Hospital, 32.

proposal was enthusiastically supported by the Board of Directors. They hoped to retain Mrs. De Valin for work at the dispensary, to hire a head nurse for work in "our ward" at Lane Hospital and to retain a nurse to work with patients in their homes.[181]

The Board of Trustees of Stanford University had set aside a plot of land on which to erect a Women's Hospital but so far no money had been allocated for such a large building project. Stanford University was hopeful their newly formed associations would convince the Board of Trustees that the San Francisco community would support a large hospital. The Annual Report of Lane Hospital proclaimed:

> With such a mutually satisfactory arrangement, not only will the San Francisco Maternity and the Associated Charities continue in a close attachment to the Medical School of Stanford University, but that they and other of the many San Francisco charitable organizations will join in the plea for the erection of a suitable Women's Hospital and for bequests for the equipment and endowment of this much needed hospital.[182]

Despite a flourishing relationship with Stanford University, the Board of Directors continued to discuss plans to buy land and build their own dispensary. A plot of land had already been selected on Julian Avenue in San Francisco. Despite the presence of a soon-to-be-built "modern truck laundry" on the next lot, the Board felt it would be an ideal location. Mrs. Gray the recording secretary thought the location "fine" and Mrs. Black the treasurer advocated starting on a "large scale."

Dr. Spalding undoubtedly had reservations about encouraging the San Francisco Maternity to build a separate dispensary from Stanford Hospital.

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[181]San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 3 September 1912," San Francisco, 1912. (Handwritten.)

[182]Stanford University Medical School, Second Annual Report of Lane Hospital, 33.

His new position as Professor of Obstetrics and Gynecology encouraged him to voice his reservations to the idea. Instead of directly opposing the idea of a separate dispensary, Dr. Spalding raised three points the Board of Directors needed to consider before taking action on the proposal. The first concerned patient access. Dr. Spalding was worried that patients might not be able to "find the place readily." The lot on Julian Street actually brought the dispensary closer to the South of Market District which was once again, after the devastation of 1906, becoming a neighborhood from which the dispensary drew its clientele. This location placed the dispensary a little further north in the Mission district, but since the lot was located on Julian Street between two major thoroughfares (Mission and Valencia Streets) it is doubtful that patients would have had trouble finding the dispensary. Dr. Spalding's second objection centered around the San Francisco Maternity's status as a charity organization. He worried that since the dispensary "obtains its money from the public" the purchase of this lot would be seen as a "hidden investment." His third objection centered around the value of the plot of land; he worried whether or not it would increase in value. The Board of Directors, whether in deference to Dr. Spalding or because he had raised legitimate questions regarding their charity status, put off making a decision on the purchase of the lot. There is no recorded vote by the Board of Directors concerning the purchasing of land for a dispensary. However, the annual report of the San Francisco Maternity stated; "Realizing the need of a permanent locality for our Dispensary, a lot was chosen and bought upon which a suitable building may be erected to be known as The Dispensary of the San Francisco

Maternity."[183] There were no immediate plans to begin building the dispensary because of a lack of funds. The Board of Directors calculated that in order to finance such a large building project they would need to raise ten thousand dollars. The organization also estimated it needed three thousand dollars a year in order to meet the operating expenses of the dispensary. With those figures in mind the President, Annie C. Metcalfe, appealed to the Board of Directors, saying:

> I would recommend the Board to either suggest some attractive entertainment, or else to form some strong campaign to secure a larger membership. Our deficit of $1,000 a year for running expenses could be made up if 100 new members would pledge themselves to $10.00 a year.[184]

Notwithstanding the organization's plan for a new dispensary building, the San Francisco Maternity and Stanford University were satisfied with the agreement signed in June. However, the University of California felt the original agreement and the subsequent one involving the Associated Charities had left them at a disadvantage in obtaining patients for their obstetrical students. Dr. Moffitt of the University of California was concerned about the future relationship between the San Francisco Maternity and the university hospital. He stated, "That at the present time the institution had no material for obstetrical work and that unless some satisfactory arrangement could be made they would have to establish a station in the Mission District."[185]

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[183]San Francisco Maternity, Annual Report, 1913, 1.

[184]ibid.

[185]San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 5 November 1912," San Francisco, 1912. (Handwritten.)

Dr. Moffitt went on to suggest that the San Francisco Maternity establish a depot at the University of California Hospital and in return the hospital would provide the kits for home delivery and an obstetrical nurse. Dr. Moffitt also felt that the San Francisco Maternity should close its dispensary in the Mission District and refer patients on an alternating basis between the two hospitals.

The comments surrounding the suggestion that the San Francisco Maternity close its dispensary were quite vehement. The minutes of the meeting record:

> The San Francisco Maternity Directors were unanimous in feeling that they wished to continue with their own dispensary and in consequence to raise their own funds. To have the nurses and doctors come to <u>their</u> dispensary and use <u>their</u> patients and to return records to be filed and kept at <u>their</u> dispensary. Otherwise they felt that they would lose their control and identity and could not have the same ground for raising funds.[186]

It is clear that these women strongly identified this medical dispensary as created and controlled by them. As large universities and medical institutions were joining forces to create hospital-based systems of obstetrical care, the privately run dispensary was fast becoming obsolete. Along with a change in the way obstetrical care was delivered there was also a change in attitude toward private charitable donations. It was harder to obtain donations for private medical charities as medical care was becoming the responsibility of large institutions. The members of the San Francisco Maternity relied on personal connections and the idea that medical care for the poor was a public responsibility. When it was discovered that eighteen contributors had not renewed their membership

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[186]ibid.

dues, "the various directors present selected and assumed charge of such names as each felt she could make a matter of personal appeal.[187]

These attitudes of ownership and social responsibility contributed to the decision not to give up the dispensary in the Mission District. An informal arrangement was worked out whereby the University of California would attend dispensary patients on Mondays and Thursdays and Stanford University would attend patients on Tuesdays and Fridays. This verbal agreement was kept by all the parties but the University of California refused to sign a formal agreement. The San Francisco Maternity felt that the University of California should contribute something more in exchange for the privilege of attending patients at the dispensary. The University of California made it quite clear that it would not "consent to any new expense" in connection with home confinement care of dispensary patients.[188]

Despite this tangle of agreements, the dispensary recorded only a slight decrease in the number of patients attended. The number of women who were confined by the San Francisco Maternity reached 140 in 1912. Ninety-eight per cent of the women were married. The two per cent of dispensary patients who listed themselves as employed were also single. Two of the women were in their thirties, and one was employed as a maid while the other worked in a tobacco factory. The remaining patient was a fifteen-year-old girl who listed her occupation as tailoring.

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[187]ibid.

[188]San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 3 December 1912," San Francisco, 1912. (Handwritten.)

The number of dispensary patients born in the United States fell almost eleven per cent from the previous year. Patients born in the United States accounted for forty-six per cent of the dispensary's clientele. The percentage of foreign-born patients rose from forty-four per cent in 1911 to sixty-four per cent in 1912. The twenty per cent gain in foreign-born clients was not caused by an influx of immigrants from any one particular ethnic group. The dispensary's three largest immigrant groups -- from Russia, Italy and Ireland -- showed little change over the previous year. The proportion of women born in Italy remained steady at about nine per cent, and the proportion of Russian and Italian patients rose slightly to nine per cent. Patients born in Germany and Mexico each accounted for roughly a two per cent increase in the dispensary's patient population. The surge in the number of foreign-born patients is a reflection of the increasing population density in the South of Market Street District. In 1910 the average San Francisco home held just over six people. The average home in the South of Market district which was populated by immigrants held an average of nineteen people.[189]

Ethnic origin does not seem to have influenced the religious makeup of the dispensary's applicants. The three major religious groups encompassed roughly the same percentage of applicants as in previous years. Catholics still made up the majority and accounted for fifty-nine per cent of the dispensary's clientele, while Protestants made up twenty-nine per cent. Despite the influx of foreign-born patients and the rise in the

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[189]Issel and Cherny, San Francisco, 1865-1932: Politics, Power, and Urban Development, 59.

number of women born in Russia, Jewish women continued to make up approximately nine per cent of the dispensary's applicants.

Single women made up a small portion of the dispensary's clientele, and despite their questionable moral standing within society they seemed to receive quality confinement care. One young woman who sought the dispensary's aid was a fifteen-year-old girl. She had been born in California and was employed in the tailoring business. She had survived both the measles and whooping cough as a child and both her parents were alive and well. Her labor began on 28 January 1912. The attendant from the dispensary arrived at 5:25 A.M. on 30 January. When the attendant examined her at 5:45 A.M. she was dilated to ten centimeters. Stage two labor began at 6:32 A.M. and a baby girl was born at 6:59 A.M. on 30 January. The child was in excellent condition and the attendant starched the cord and treated her eyes. Despite the fact that the patient had been in labor approximately two days and had received second degree perienal and vaginal lacerations the attendant still classified the labor as "easy." Undoubtedly to him it was. He had arrived and the baby had been born about an hour and a half later. Often interns were not in attendance before the final stages of labor and subsequently underestimated the difficulty a patient encountered.[190]

Another patient was a thirty-nine-year-old Russian housewife who was pregnant for the tenth time. Five of her children had died, two of unknown causes during the first week of life, one of measles, one of pneumonia and one of scarlet fever. All her past pregnancies had been normal and she had

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[190]Confinement 1049, 1912.

remained in bed ten days. Her labor began on 3 August 1912 at approximately 4:00 A.M. The attendant from the dispensary arrived later in the morning around 8:30 A.M. The patient was examined twice during labor but the attendant failed to record the rate of dilation. A baby girl was born at 10:40 A.M. in good condition. The attendant followed standard dispensary procedures and washed the child's eyes and dressed the umbilical cord. The mother's one hour postpartum condition was listed as good despite a flow of bright red blood from the vagina. An examination revealed what the attendant classified as an "erosion" of the cervical lip. This was perhaps an abrasion of the cervix caused during delivery. This erosion apparently healed without the need of treatment. The mother was discharged in fair condition ten days later. The baby girl was discharged in good condition but the mother was chastised for the child's "red and dirty buttocks."[191]

Another patient of the dispensary was a thirty-three-year-old Italian housewife who was pregnant for the twelfth time. She had recovered quickly from her previous pregnancies and had been confined to bed for nine days. Four of her children had died of unknown causes while they were teething. She had been feeling well and her labor began on 11 July 1912 at 8:00 A.M. The dispensary intern arrived on 12 July at 5:50 P.M. The patient delivered a stillborn child at 8:00 P.M. The attendant wrote on her chart;

> child stillborn, skin macerated and easily abrades. right parietal bone appears disarticulated from rest of skull. is freely movable. eyes

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[191]Confinement 1137, 1912.

> conjunctive look cloudy slight rash on chest and shoulders. mother one hour pp [postpartum] good.[192]

The fetus is described quite clinically with no mention of the mother's or the intern's feelings regarding the death of the child. From the description on the chart it is likely the fetus died while still in the uterus and the death was not detected prior to labor. The attendant referred to the mother's physical condition as good but never made any mention about how she felt about losing her child. This scientific description is reflective of the birth process becoming one that required medical treatment over supportive care. While a midwife might have sympathized over the loss of the child, the intern administered medical treatment.

As interns continued to offer care to dispensary patients, the Board of Directors met in January of 1913 to begin the work of the new year. They held both their regular meeting and an annual meeting at Stanford University for their membership. These meetings are the last two for which there are written minutes that have survived. These minutes reveal not only enthusiasm for the present arrangement between the dispensary and the two universities but a growing tension between the San Francisco Maternity and the University of California Hospital. Dr. Spalding believed, "Our present arrangement for dividing the work would be a great stimulus to efficiency since the hospital furnishing the best doctors and nurses would certainly receive the greatest number of patients as time goes on."[193]

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[192]Confinement 1123, 1912.

[193]San Francisco Maternity, "Minutes of the Meeting of the Board of Directors, 7 January 1913," San Francisco, 1913. (Handwritten.)

The Board of Directors recognized the competitive nature of the two university medical schools but they believed the competition would result in better care for pregnant women in the long run. The Board of Directors went on to say, "As conditions are now both hospitals will have to work to build up their clinics by giving efficient work and personal attention to every case."[194] The Board of Directors also made plans to press Dr. Moffitt of the University of California Hospital to formalize the verbal agreement made in 1912 regarding the hospital's affiliation with the San Francisco Maternity. The Board of Directors stated:

> It was made plain that the San Francisco Maternity could not concede to any plan that called for any expense at the U.C. hospital since the sum of $10,000 dollars had been given that institution. Dr. Spalding suggested that a committee be appointed to wait on Dr. Moffitt and secure his signature to the agreement papers.[195]

Despite the competition between the two universities, the patient population of the San Francisco Maternity remained essentially stable in the year 1913. The dispensary attended 143 women during their confinements. All of the dispensary patients reported themselves as married and three per cent stated they were employed. One woman worked doing laundry. Two women reported that they were employed doing housework and another reported her occupation as dressmaking. The percentage of patients born in the United States rose slightly to forty-three per cent. The percentage of foreign-born patients dropped to fifty-seven per cent, down eight per cent from the previous year. There was a slight change in the ethnic makeup of the dispensary's clientele. Women born in

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[194]ibid.

[195]ibid.

Italy and Russia still accounted for the largest percentage of foreign-born patients at fourteen and thirteen per cent respectively. However, for the first time women from Germany accounted for seven per cent of the dispensary's patients, making them the third largest immigrant group. Irish women made up six per cent of clientele, which was a slight decrease from seven per cent the previous year. Despite the increase in the number of German women applying for care the religious affiliation of the dispensary's applicants remained stable. Catholic women made up the majority, accounting for sixty per cent of applications. Protestant women accounted for roughly thirty per cent and Jewish women made up approximately ten per cent of dispensary applicants.

As in previous years, women of color made up a minority of dispensary patients and regardless of their ethnic origin were often referred to as "colored." The dispensary attendants seemed to deliver the appropriate medical care required regardless of the race of the woman. One woman of color who utilized the dispensary was a married twenty-six-year-old dressmaker. Pregnant for the third time, she was in good health having suffered only measles as a child. Both her parents were dead from unknown causes. Her previous pregnancies had been normal. However, her last labor had taken three days. The patient's labor began on 3 January 1913 at 2:00 A.M. The intern from the dispensary arrived at 8:30 A.M. The patient was given two vaginal exams but the intern failed to record the rate of dilation so it is difficult to ascertain how quickly labor progressed. A baby boy was born asphyxiated at 3:50 P.M. The attendant slapped the child on the buttocks and then began plunging the baby into cold water baths. The

child began to breathe and the intern recorded his weight as ten pounds, eight ounces. The method of plunging a baby into cold water in order to bring about respiration was quite common. Most often medical professionals alternated plunging the child into hot and cold water baths while expanding and contracting the child's chest to start spontaneous breathing. Obstetric manuals of the time period referred to this as the "sub-aqueous method."[196] The mother's one hour postpartum condition was listed as "good." Mother and child were discharged from the dispensary's care after ten days. The baby's umbilical cord had not detached by the time of discharge and the intern instructed the mother to bring the child to the Children's Clinic at Stanford University.[197]

Another case the dispensary attended was a forty-year-old woman pregnant for the tenth time. She had six living children and had given birth to twins in her previous pregnancy. She had experienced three stillborn births and one child who had arrived prematurely. Her previous labor had been short, between one and four hours, but very painful. The woman's medical record does not record when she first went into labor. The intern from the dispensary arrived at 12:30 P.M. on 28 February 1913. Dispensary attendants did not routinely administer chloroform to women during labor. However, due to the painful nature of the patient's labor the intern must have felt it necessary. Obstetric manuals advised that chloroform not be used until the final stages of birth because it tended to slow down labor. The appropriate time to give a patient chloroform was,

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[196]Ayers, Physical Diagnosis in Obstetrics, 226.

[197]Confinement 1206, 1913.

"When the head begins to distend the vulva to a painful degree. Judiciously given, it saves the patient from the most painful period of labor and gives the physician the most perfect control possible of the head in its passage through the vulva."[198] The intern from the dispensary followed this procedure. He waited until the final stages of delivery, administering the chloroform at 5:00 P.M. Ten minutes latter a baby girl was born who weighed exactly ten pounds. Both the mother and child were listed in good condition one hour after delivery. During the course of follow-up visits the baby developed a rash of undetermined origin. It started with "bulbous eruptions" on the child's skin which were filled with a light colored fluid. The attendant drained the sores and bandaged the red lesion that remained after cleaning them with olive oil and applying an ointment consisting of zinc oxide and Vaseline. At the end of ten days the lesions were considerably reduced and mother and child were discharged in good condition.[199]

The dispensary suffered only four maternal deaths in its ten-year history. One of them was the case of a forty-year-old housewife from Ireland who was pregnant for the ninth time. Her previous labors had been described as hard and one of her children had been delivered with forceps. She went into labor at 10:00 P.M. on 26 October 1913. The attendant from the dispensary arrived at 5:10 A.M. on 27 October. The attendant examined the woman at 5:45 A.M. when her contractions were

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[198] Ayers, Physical Diagnosis in Obstetrics, 189.

[199] Confinement 1232, 1913.

approximately two or three minutes apart. The medical record went on to state:

> 6:15 pains cease, followed in few minutes by cyanosis, slight at first becoming more pronounced. Patient wished to get up and walk. no pain. claimed she had some pain in chest; 6:30 am cyanosis slightly increased, pulse 135; 6:50 second vaginal exam presenting part head, felt. patient getting a little pale. vaginal secretion watery mucous no blood. cervix thick no pains. feotal heart strong; 7:00 cyanosis marked. rx brandy, 4 oz patient takes little coffee. Blood appearing from vagina. stry then repeat. vagina packed patient conscious. hemorrhage vaginal 800 cc.; 7:30 pulse 126; 7:45 patient unconscious pale faint gurgling respirations, death. Taken to Lane hospital.[200]

The autopsy revealed that the woman's uterus had torn away from the cervix, resulting in massive bleeding into the abdominal cavity. This complication was probably due to repeated pregnancies which resulted in a weakening of the uterine tissue. As bleeding into the abdominal cavity continued the woman became weaker and weaker, which her attendants diagnosed as cyanosis. This was essentially a correct diagnosis and the interns responded appropriately when they tried to treat the woman with brandy in an attempt to revive her. Unfortunately, the attendants had no way to tell the woman was bleeding internally. It was not until the autopsy was performed that they knew the woman had suffered a ruptured uterus. This was one of the cases in which current medical knowledge was not sufficient to save the life of the mother or the child.[201]

The year 1914 began in a great deal of turmoil for the San Francisco Maternity. In January the Board of Directors met with Dr. Moffitt, Dean of

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[200]Confinement 1335, 1913.

[201]James MacMahon, Assistant Professor, Pediatrics, Stanford University Medical School, interview by author, 22 January 1994, Seattle. Transcript in possession of author, Seattle.

the University of California Hospital, to address his concerns regarding the agreement between his organization, Stanford University and the San Francisco Maternity. Dr. Moffitt was extremely upset and felt that the San Francisco Maternity had been unfairly favoring Stanford University over his institution. There had been no formal agreement with the University of California Hospital on how many cases the San Francisco Maternity would refer each month. Dr. Moffitt had suggested alternating referrals when patients needed hospital attention and he clearly expected his plan would be followed. However, the cost-sharing agreement along with Dr. Spalding's position at Stanford undoubtedly encouraged the San Francisco Maternity to favor Stanford over the University of California Hospital. Dr. Moffitt had analyzed the number of applications the San Francisco Maternity received and concluded:

> I note from your letter that 259 cases were treated during the past year under the auspices of your Association. Of these 85 were referred to the University of California Hospital Service. Furthermore, it is noteworthy that about one half of these cases were attended during February, March and April. Since that time the number of cases referred to us has steadily decreased; during the months of November, December and January two cases per month have been assigned our service. In other words, your Association now refers approximately every tenth case to the University of California Hospital Service.[202]

Dr. Moffitt went on to add in an injured tone, "Even under these circumstances, we shall continue to fulfill our contract until the end of the teaching year, when the agreement terminates automatically."[203]

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[202]Dr. Moffitt, Dean, University of California Hospital, to Mrs. Cullen F. Welty, President, San Francisco Maternity, 29 January 1914, Letter, Archives, Lane Medical Library, Stanford University, Palo Alto.

[203]ibid.

The Board of Directors did not treat the San Francisco Maternity's association with the University of California Hospital casually. They had invested ten thousand dollars two years previously in order to control several hospital beds for the use of serious maternity cases. Yet, the San Francisco Maternity had the ability to refer hundreds of women every year to the institution of its choosing. This put the Board of Directors in the position to negotiate with both universities in order to gain financial and institutional support for their dispensary patients. The Board of Directors asked Dr. Moffitt what the University of California was willing to do in order to further the interests of the San Francisco Maternity. Dr. Moffitt responded,

> I would say that in past years when medical attention was rendered your patients, exclusively by the Staff of the University of California Hospital, the relations were satisfactory to both your Association and this Institution, and I think experience has taught that this is the only satisfactory basis upon which we can work.[204]

In other words, the University of California Hospital was not willing to offer any additional services. Dr. Moffitt also implied that his organization provided gratuitous medical care for the patients of the San Francisco Maternity, conveniently ignoring the organization's ten thousand dollar endowment.

Dr. Moffitt issued an ultimatum to the Board of Directors asking them to give up their dispensary in the Mission District and associate exclusively with one university or the other. He also suggested that the San Francisco Maternity could split itself into two auxiliaries, one going to each institution. If the Board of Directors was not willing to abandon the

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[204]ibid.

dispensary, Dr. Moffitt proposed that it be put under the control of either Stanford University or the University of California Hospital. He went on to say:

> We want you to realize that the University of California is much interested in your work and that we would be very glad to cooperate with you on any of the above mentioned conditions . . . I feel however, that we cannot go on the present basis any longer than our present agreement calls for.[205]

Dr. Moffitt felt that dispensaries that provided outpatient care were an impediment to developing medical teaching centers and modern hospitals. In this respect he was similar to many in the medical establishment. He also felt that medicine and medical philanthropy was the exclusive province of men. He wrote the Board of Directors,

> In speaking of the need of improvement in the obstetrical situation in this country, a prominent educator has recently called attention to the value of cooperation on the part of women. His words are well worth bringing to your attention. "Real progress in the science of obstetrics," he says, "can be expected to proceed only from well equipped clinics connected with strong universities, and in charge of thoroughly trained and broad minded men. As yet, such institutions scarcely exist in this country. Women who are anxious to promote the welfare of their sex can find no better way of doing so than by bringing this need to the attention of wealthy men interested in philanthropy and education."[206]

The University of California Hospital was focused on a different goal than the San Francisco Maternity. While the dispensary was committed to proving confinement care for women, the university was focused on institutionalizing obstetric care. Since obstetric care was to be the exclusive domain of the teaching hospital there was no need for the San Francisco

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[205]Dr. Moffitt, Dean, University of California Hospital, to Mrs. Cullen F. Welty, President, San Francisco Maternity, 29 January 1914, Letter, Archives, Lane Medical Library, Stanford University, Palo Alto.

[206]ibid.

Maternity's dispensary. Dr. Moffitt wanted the San Francisco Maternity to serve as a fund-raising auxiliary; abandoning its direct role in providing lying-in care to poor women.

The President of the San Francisco Maternity had also been in contact with Dr. Wilbur of Stanford University concerning the set of agreements signed the previous year. Dr. Wilbur was more than happy to continue with the present set of agreements. He wrote to Mrs. Welty, "Our relationships with the San Francisco Maternity have been so satisfactory that we shall be very glad to carry out an agreement similar to that in existence at the present time."[207] He went on to say that Stanford University planned a more extensive development of the obstetrical service and would welcome the assistance of the San Francisco Maternity.

Ultimately, the Board of Directors decided to associate exclusively with Stanford University. This might not have been the case if the University of California had been willing to accept a compromise solution. Dr. Moffitt's rigid attitude about obstetric care and his inability to negotiate with the Board of Directors made an ongoing association impossible. It was undoubtedly painful for the Board of Directors to abandon an institution in which they invested so much money. Yet the prospects of continued institutional support and cooperative work at Stanford University were very favorable. In signing an exclusive agreement with Stanford University the San Francisco Maternity realized several immediate benefits. The Board of Directors reported that the agreement contained "among other things a

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[207]Dr. Wilbur, Stanford University, Department of Medicine, to Mrs. Cullen F. Welty, President, San Francisco Maternity, 29 January 1914, Letter, Archives, Lane Medical Library, Stanford University, Palo Alto.

cash donation of $1,000, the housing of nurses, physicians and students at Lane Hospital, and the provision of seven free beds for hospital cases."[208] The San Francisco Maternity also decided to contribute $1,750 to Stanford University for the maintenance of Outpatient Obstetrics for the year 1914-1915. The Board of Directors received two letters of thanks, one from the Board of Trustees and one from Dr. Wilbur. The Board of Trustees received the donation "with great satisfaction" and Dr. Wilbur added the "appreciation of the Faculty of the Medical School." The stage was set for a cooperative relationship that allowed the San Francisco Maternity to continue providing home-based confinement care.

The number of home confinements dropped slightly in the year 1914. The dispensary attended 121 women, ninety-nine per cent of whom were married. As in years past the employment rate among dispensary patients was around two per cent. One patient was employed as a maid while another did housework. A twenty-eight-year-old woman who had been born in Germany was employed as a teamster. The percentage of patients born in the United States continued to rise and they accounted for forty-eight per cent of the San Francisco Maternity's clientele. The percentage of foreign-born patients continued to fall, down from fifty-seven per cent the previous year to fifty-two per cent in 1914. The ethnic makeup of the dispensary's foreign-born patients continued to shift slightly. Women from Italy accounted for fourteen per cent of dispensary patients just as they had the previous year. The number of Russian women seeking the dispensary's aid fell slightly from thirteen per cent to ten per cent. Women from Ireland

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[208]San Francisco Maternity, Annual Report, 1914 (San Francisco, 1914), 5.

accounted for six per cent of patients while the number of German women declined from seven to four per cent. There were slight changes in the religious makeup of the dispensary's applicants. Jewish women accounted for thirteen per cent of applicants, up from ten per cent the previous year. The number of Catholic and Protestant women declined slightly from sixty to fifty-five per cent and from thirty to twenty-eight per cent respectively.

One of the dispensary's patients was a thirty-two-year-old housewife from Sweden who was pregnant for the second time. Perhaps because of a language barrier the intern who took her history was unable to determine if she had suffered from any diseases such as measles or scarlet fever. He was able to determine that the patient's father had died of heart disease and that her mother had died of unknown causes. During the woman's last pregnancy she had suffered no complications and her labor was classified as "easy" even though it lasted over twenty hours. The patient's labor began 7 February at 9:00 P.M. The intern from the dispensary arrived on 8 February at 12:10 P.M. A baby boy was born asphyxiated at 1:45 PM and the attendant immediately started resuscitation efforts. The medical record states that the child was in a state of cyanosis, which meant that the child's blood was not oxygenated. After six minutes of resuscitation efforts the child died in transit to Lane Hospital. At 4:00 P.M. another baby boy was born who began breathing spontaneously immediately after the attendant administered several slaps to the child's buttocks.[209]

At the time it was thought that in a normal delivery the placenta would be expelled in approximately thirty minutes unless the uterus began

[209]Confinement 1378, 1914.

contracting or a hemorrhage began. The attendant from the dispensary tried for an hour and forty minutes to remove the retained placentas using the Crede method. When that failed the patient was placed under anesthesia and the attendant began to remove the placentas using the manual extraction method. The manual extraction method was risky because of the possibility of introducing air into the uterus and the possibility of infection developing in the post-operative period. The manual extraction method required the attendant to insert his hand into the uterus while the umbilical cord was stretched taunt. By stretching the cord the placental tissue became firm and the attendant could differentiate between the uterine tissue and placenta. When the attendant determined where the placenta was attached to the uterus he inserted his finger and began to press in order to detach the placenta and remove it in one piece. The attendant from the dispensary was successful. He was able to remove both placentas and the patient's one hour post-operative condition was listed as good. The dispensary visited the mother and the surviving child for ten days and although the mother suffered from slight anemia both were discharged in good condition.[210]

Sometimes the dispensary was not able to offer follow-up care to a woman and child after delivery. This was occasionally the result of a patient trying to hide an illegitimate pregnancy. One such case was a twenty-eight-year-old woman who reported herself as married. She was unable or unwilling to tell the attendant much about her family history.

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[210]The crede method for extracting a retained placenta requires the attendant to wrap the fingers of his right hand around the fundus and apply gentle and gradual compression until the placenta detaches. Ayers, Physical Diagnosis in Obstetrics, 197.

She did report she had suffered from typhoid fever but had recovered fully. This was her third pregnancy and she stated that all her children were alive and well. Her previous birth had resulted in an instrumental delivery after a lengthy labor. The patient went into labor at 12:30 A.M. on 11 June. The attendant arrived at 2:00 A.M. and the baby was born forty-five minutes later. The attendant described her labor as easy and precipitate. When the attendant returned to the apartment building for a follow-up visit the woman and her baby were gone. In talking to neighbors he found out that the woman had taken the baby with her and left the apartment in a taxicab shortly after giving birth. The intern inquired among the patient's friends in the apartment building, and was told the child had been sent to a friend's house. The neighbors did not know or pretended not to know the whereabouts of either. After an unsuccessful search, the attendant recorded on the patient's chart, "patient unable to be found, question of legitimacy of child."[211]

The dispensary staff encountered many difficult conditions in providing confinement care for poor women in San Francisco. Many of the conditions which had resulted in the founding of the San Francisco Maternity were rapidly changing by the year 1915. The new San Francisco General Hospital buildings were opened after the destruction of the old facility because of infestation by rats and fleas in 1908. Lane Hospital was opened in 1911 in association with Stanford University and began to provide care for pregnant women. The University of California Hospital continued to provide hospital care to pregnant women. Hospitals were increasingly

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[211]Confinement 1423, 1914.

seen as places that could provide some relief from the pains of childbirth. In addition, new attention to sanitation and a better understanding of how infection was spread resulted in fewer deaths after delivery from puerperal fever. All of these factors made hospitals much more attractive to pregnant women. Furthermore, as medical schools continued to open or attach themselves to already existing dispensaries, the prohibitive cost of seeking care from an established hospital was reduced or eliminated completely. Medical schools recognized the value of providing free or low-cost care to poor women in return for the practical experience students received in treating obstetric cases.

All of these fundamental changes profoundly altered the course of the San Francisco Maternity. Just a few years previously the Board of Directors would not even consider the idea of giving up their central dispensary in the Mission District. Plans were even underway to build a new dispensary building that would be owned outright by the organization. Nevertheless, when Dr. Spalding came to the Board of Directors in May of 1915 and proposed closing the dispensary and establishing a consulting room at Lane Hospital, the idea was unanimously accepted.

This change was in part due to the growth of the San Francisco medical establishment. The decision to close the dispensary was also brought about by increasing financial pressure on the San Francisco Maternity. The Board of Directors had raised approximately nine hundred and ninety dollars in 1914 from dues and donations by members. The organization needed over three thousand dollars a year to maintain the dispensary. This large operating deficit could not be compensated for by

throwing a large fund-raiser each year. The Board of Directors relied increasingly on their reserve fund, which was fast dwindling. In rationalizing the move to Lane Hospital, the Board of Directors noted, "From the material side, as well, this change and innovation in our work sings of an economical efficiency little dreamed of in our old quarters and widens to the comfortless the circumference of our endeavors."[212]

The consulting room appears to have been a room named in honor of the San Francisco Maternity. The organization did not pay for or maintain a separate staff in an independent building. Women seeking home confinement care were treated by the Women's Clinic, which was also housed in the basement at the Lane Library Building. The members who visited the Women's Clinic reported,

> Our consulting room in the Lane Library Building is a credit to the aims and ambitions of our work, while our new ward in the main hospital building is warm in the cheerful cleanliness and comfort so necessary for the well being of those who bring forth life.[213]

The board was also very touched by the warm and encouraging attitude displayed by Stanford University toward their organization. Stanford University treated the board with respect and recognized the contributions the organization had made in caring for women in San Francisco. Furthermore, the university was very interested in supporting an auxiliary and both organizations derived mutual benefit from such an arrangement. The Board of Directors went on to say, "It is, perhaps, not too much to feel that in the help and encouragement we are receiving from the hospital we

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[212]San Francisco Maternity, Annual Report, 1915 (San Francisco, 1915), 1.

[213]ibid.

are finding a substantial recognition of the importance and the need of a service such as the San Francisco Maternity is striving to render."[214]

Records regarding the organization's work between the years of 1915 and 1919 are scarce. It is known that the organization continued to contribute funds to support outpatient obstetrical services at the Women's Clinic. In addition, they provided salaries for a number of interns, nurses and social workers. They raised funds not only by appealing to their members for support but also by holding a series of fund-raisers. One of the most lucrative was a series of fashion shows held on behalf of the San Francisco Maternity and two other charities by I. Magnin & Company, which netted the Women's Clinic over four thousand dollars. The San Francisco Maternity provided Christmas dinners for approximately twenty-five families every year. They also set up a Christmas tree in the maternity ward at Lane Hospital and provided every patient with a gift.

The San Francisco Maternity continued its relationship with Stanford University until the year 1919 when it became legally incorporated with the Stanford Clinics Auxiliary. This decision appears to have been motivated by the inability of the organization to raise money for its work. The first world war made it nearly impossible for the San Francisco Maternity to raise funds locally and the treasury continued to shrink. By 1919, though the war was over there was virtually no money left to run the organization independently. The Lane Hospital report of 1919 lamented,

> The San Francisco Maternity, because of the difficulties in raising money, has given its remaining funds and its name to the Auxiliary of the Stanford Clinics and has ceased to be of financial aid to the Clinic.

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[214]ibid.

> This has resulted in temporarily closing the Out-Patient Obstetrics because of the lack of funds, the students meanwhile being deprived of this very valuable experience.[215]

Likewise, poor women were deprived of an affordable option for home birth. Eliminating the option of home confinement care created increasing financial pressure on the Women's Clinic at Stanford University. The clinic insisted on pre-payment for women who wanted to be confined in Lane Hospital. The eleventh annual report for the years 1921 and 1922 stated "the diminishing number of patients who can afford to pay for hospital care has caused a falling off in the number of confinements." The next annual report recounted the reinstatement of an outpatient obstetrical service with one intern assigned to look after home confinement cases. The report went on to state, "The greatest handicap has been felt in an inadequate budget to meet the absolute needs of poor patients who are not able to pay even the small fees charged in the obstetrical and gynecological wards."[216]

Even though the University tried to continue the outpatient obstetrical service, poor women were now expressing a preference for hospital care. Dr. Spalding wrote in the annual report:

> For some unexplained reason, the number of home confinements has diminished although every effort has been made to give good service to poor women in their homes at the time of confinement. This is due in large part to the desire of the patient to be sent to the San Francisco

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[215]Stanford University Medical School, Eighth Annual Report of Lane Hospital, Stanford University Hospital, Stanford Out-Patient Clinics, of Stanford University Medical School (San Francisco: Stanford University Medical School, 1918-1919), 58.

[216]Stanford University Medical School, Twelfth Annual Report of Lane Hospital, Stanford University Hospital, Stanford Out-Patient Clinics, of Stanford University Medical School (San Francisco: Stanford University Medical School, 1922-1923), 21.

Hospital. Many of these patients could receive just as good care in their homes and with far less expense to the city of San Francisco.[217]

That Stanford University was unable to maintain a fund for the care of indigent women during pregnancy resulted in a shifting of poorer patients to San Francisco Hospital. San Francisco General Hospital had begun a prenatal program for expectant mothers in the year 1921. By 1923 the hospital had in place a comprehensive prenatal and postnatal care program. In addition, they provided a weekly mother's clinic where women were taught the proper way to feed and care for their infants. The Lane Hospital reports continued to note an increasing number of obstetric cases being treated by San Francisco General. That is not surprising considering that Lane Hospital began raising its rate for hospital confinement care beginning in 1927. The obstetrical ward at Lane Hospital was full despite the increased hospital charges. Increasingly, women who could afford the cost of a hospital confinement were treated at Lane Hospital while those who could not were confined at San Francisco General.

The increase of indigent patients was too much for San Francisco General Hospital to absorb. In 1927 the hospital began turning patients away due to overcrowding and lack of bed space. The demand for beds at the hospital was increasing by over one hundred patients every year. The hospital was short of funds and could not possibly meet the demand. In order to curtail costs the hospital fired members of the nursing staff and put off maintenance on the buildings. In 1928 the hospital instituted a

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217 Stanford University Medical School, Fourteenth Annual Report of Lane Hospital, Stanford University Hospital, Stanford Out-Patient Clinics, of Stanford University Medical School (San Francisco: Stanford University Medical School, 1924-1925), 26.

supervised program of home confinement care to relieve the overcrowding and to stretch the available funds to cover a greater number of pregnant women. In 1930 the staff of San Francisco General attended four hundred and sixty-eight home births.

The problems that the San Francisco Maternity attempted to address were still being grappled with thirteen years after the organization closed its dispensary in the Mission District. The San Francisco Maternity had began to care for poor women as a private charitable endeavor when most women preferred to be confined at home. As that preference changed and outpatient services began to dwindle, the organization was no longer able to finance obstetric care. As the hospital replaced the home as the preferred birthing location and private philanthropy dwindled poor women had few options for confinement care. What had been a private duty now became a public responsibility and the hospitals and universities of San Francisco continued to wrestle with an abundance of poor patients and a lack of resources to care for them.

CONCLUSION

The San Francisco Maternity was founded at a time when there were few options for poor women to obtain home confinement care. For many women unable to afford the services of a midwife or physician the dispensary provided an attendant at one of the most critical points in their lives. There were few medical establishments willing or able to provide women with the care they needed during childbirth. Only women of low moral character or those too desperate and sick to care would seek services from the almshouse or the public hospital. These institutions were harbingers of pestilence and disease and many women chose an unattended home birth over incarceration at such a place. The founders of the San Francisco Maternity realized that many deserving women of good character were without medical attention at a time when they were most vulnerable to sickness and death. The women and men who financed the San Francisco Maternity did so because they felt a moral responsibility and a public duty to relieve the suffering of poor women. After all, there was no institution these women could readily turn to and it was the duty of private philanthropy to provide what public charity did not.

By the time the San Francisco Maternity closed its dispensary in 1915 many of the factors that brought about its presence had changed. First was a changing perception of hospitals. When the organization was founded there were few institutions that could provide a sanitary environment in which to give birth. Women feared that a hospital stay would result in

contracting puerperal fever. As hospitals gradually improved their practices based on a new understanding of how disease spread, the threat of puerperal fever was reduced. Furthermore, as hospitals strived to improve their reputations through better patient care they were no longer seen as a refuge for the morally corrupt and destitute. Many women began to see a hospital confinement as a desirable option that would provide them with care while they recuperated from childbirth.

Another factor that influenced the closure of the dispensary was the ability of medical schools to provide practical experience for their students. In an effort to upgrade the profession medical schools insisted students receive more hands-on experience before obtaining a degree. At the turn of the twentieth century there were few hospitals in San Francisco that would allow students the chance to attend patients. Dispensaries provided the perfect opportunity for students to obtain experience. Since the students attended charity patients there was little chance they would be rebuffed. In addition, the vast number of applicants insured that students would have ample clinical material on which to practice. However, this situation was rapidly evolving. As medical schools forged alliances with hospitals they were able to provide students with training that previously had only been available through a dispensary. As hospitals improved their reputation and opened outpatient clinics the private dispensary became an obsolete institution for educating students.

As the San Francisco Maternity lost its prominence as a training center, it also lost many supporters. There was a gradual shift occurring in San Francisco away from the private support of charities. After the

earthquake of 1906 many citizens came to rely on large public institutions to provide care for the destitute. As private charity became less of a duty for the upper class it was impossible for the San Francisco Maternity to procure the monetary support needed to run the dispensary.

These factors--the upgrading of hospitals, the institutionalizing of medical training, and a lack of public support--resulted in the demise of the San Francisco Maternity. As the hospital gradually replaced the private dispensary as a center for care the change left poor women behind. Those without the means to pay for confinement care once again had to seek out charitable assistance.

SELECTED BIBLIOGRAPHY

Abt, Arthur F. History of Pediatrics. Philadelphia: W.B. Saunders Company, 1965.

Allen, Susan to Alfred Baker Spalding, 7 August 1904. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

American Heritage Dictionary of the English Language. 3rd ed. s.v. "strychnine.

Anderson, Winslow. "Lack of Hospital Facilities in San Francisco." Pacific Medical Journal (December 1905): 626.

Associated Charities to Alfred Baker Spalding, 15 October 1908. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

Averbach, Alvin. "San Francisco's South of Market District, 1850-1950; The Emergence of a Skid Row." California Historical Quarterly 3 (1973): 197-207.

Ayers, Edward A. Physical Diagnosis in Obstetrics. New York: E.B. Treat & Company, 1901.

Bradley, Charles H. "An Account of the Work, Including Obstetrical Technique, at the Lying-in Hospital of the City of New York." Annals of Gynecology and Pediatry 3 (March 1904): 126-28.

Briggs, W. A. "The Abandonment of Digital Examination by the Vagina in Labor." American Medicine 3 (February 1902): 194-95.

Brown, Adelaide. "Report From the Alexander Maternity Children's Hospital." Transactions of the Medical Society of the State of California (1900): 130-42.

Colby, Margaret. "Pregnancy and Parturition From a Woman's Point of View." Woman's Medical Journal 7 (December 1902): 272-75.

Cone, Thomas E. Jr. History of American Pediatrics. Boston: Little Brown and Company, 1979.

Council of the Chicago Medical Society. History of Medicine and Surgery and Physicians and Surgeons of Chicago. Chicago: Biographical Publishing Corporation, 1922.

Cumston, Charles G. "Pregnancy and Crime: A Medico-Legal Study." American Journal of Obstetrics and Diseases of Women and Children 19 (1903): 803-16.

D'Ancona, A. A., to Whom it May Concern, 20 June 1903. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

Daughter of Mrs. Amelia Wurtolia, to the San Francisco Maternity, 19 January 1908. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

Davis, Clara M. "Obstetrical Service for the Laboring Classes, and the Relation of the Midwife To It In This State." Journal of the Michigan State Medical Society 7 (May 1908): 213-17.

DeLee, Joseph B., to Alfred Baker Spalding, 21 March 1903. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

________. "Progress Toward Ideal Obstetrics." Transactions of the American Medical Association for Study and Prevention of Infant Mortality (1915): 114-38.

Editorial. "The San Francisco Lying-in Hospital and Foundling Asylum." Pacific Medical Journal 34 (January 1891): 553-55.

Emge, L.A. "In Memoriam Alfred Baker Spalding 1874-1942." Transactions of the American Gynecological Society 68 (1944): 287.

Emmons, Arthur Brewster, 2nd. "Obstetric Care in the Congested Districts of Our Large American Cities." Transactions of the American Association for the Study and Prevention of Infant Mortality 4 (1911-1912): 214.

Florence Crittenton Home of San Francisco. "The Sixty-Fifth Year: Story of the Florence Crittenton Home of San Francisco, 1889-1954." San Francisco: 1954.

Fort, J.M. "The Physician's Duty and Responsibility to the Pregnant Woman." Texas Courier Record of Medicine 10 (June 1897): 330-31.

Fussell, M.H. "The Use of Dispensaries In Teaching." Transactions of the Association of American Physicians 11 (1896): 285-88.

Gibbons, Henry, to Alfred Baker Spalding, 13 February 1907. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

Gintjee, T.J. and Howard H. Johnson. "San Francisco's First Chinese Hospital." Modern Hospital (October 1925): 283-85.

Higgins, Mrs. Robert, to Mrs. Metcalfe, 19 March 1907. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

Hodghead, D. A., to Alfred Baker Spalding, 3 October 1907. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

Issel, William and Robert W. Cherny. San Francisco, 1865-1932: Politics, Power, and Urban Development. Berkeley: University of California Press, 1986.

Jordau, David S., to Whom it May Concern, 1 June 1903. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

Kidder, Mary, to Alfred Baker Spalding, 23 January 1908. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

Kosmak, George W. "Maternity Hospital Care for the Woman of Moderate Means." Bulletin, Lying-in Hospital of New York (1913-1914): 201-9.

Leavitt, Fredrick. "Pregnancy, Labor and Lying-in." St. Paul Medical Journal 5 (1903): 918-24.

Leavitt, Judith Walzer. "Birthing and Anesthesia: The Debate Over Twilight Sleep." Signs 6 (1980): 147-64.

________. Brought to Bed: Childbearing in America, 1750-1950. New York: Oxford University Press, 1986.

Lipes, Judson H. "A Report of the Work of the Special Obstetrical Department of the Albany Guild for the Care of the Sick Poor." Albany Medical Annals 6 (July 1904): 450;455.

Lobenstine, Ralph Waldo. "The Need of More Efficient Obstetrical Care Among the Poor." Modern Hospital 5 (1916): 127-30.

Mason, Mary. "Providing Situations for, and Otherwise Assisting, Homeless Mothers With Their Infants." Bulletin of the American Academy of Medicine 11 (1910): 338-52.

MacMahon, James, Assistant Professor, Pediatrics, Stanford University Medical School. Interview by author, 22 January 1994, Seattle. Transcript in possession of author, Seattle.

McCabe, W. F. "Obstetrical Responsibility During Gestation." Wisconsin Medical Journal 5 (1906-1907): 601.

Meckel, Richard A. Save the Babies: American Public Health Reform and the Prevention of Infant Mortality. Baltimore: Johns Hopkins University Press, 1990.

Moffat, Francis. Dancing on the Brink of the World. New York: G.P. Putman's Sons, 1977.

Moffit, Dr. to Mrs. Cullen F. Welty, 29 January 1914, Letter. Archives, Lane Medical Library, Palo Alto, California.

Mosby's Pocket Dictionary of Medicine, Nursing, and Allied Health. 1990 ed. s.v. "gonorrheal conjunctivitis, uterine inertia, placenta previa."

Pacific Dispensary for Women and Children. "First Report of the Pacific Dispensary for Women and Children." San Francisco: 1906.

Paine, A. K. "The Obstetrical Problem of the Poor." Boston Medical and Surgical Journal 4 (July 1913): 123.

Price, Joseph. "Maternity Hospitals and Their Results." American Gynecological Journal 3 (1893): 472-78.

Relief and Red Cross Committee to Alfred Baker Spalding, 20 July 1906. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

Rosenberg, Charles E. "Social Class and Medical Care in Nineteenth-Century America: The Rise and Fall of the Dispensary." Journal of the History of Medicine 29 (January 1974): 32-54.

________. The Care of Strangers: The Rise of America's Hospital System. New York: Basic Books Inc., 1987.

Royster, L.T. "The Illegitimately Pregnant Woman From a Socioeconomic Standpoint." New York Medical Journal 35 (June 1907): 1073-77.

Russel Sage Foundation. San Francisco Relief Survey. New York: Survey Associates Inc., 1913.

San Francisco Chronicle. 15, 16, 17, 18, 19, 20, 21 February 1909.

San Francisco Chronicle. 5, 6, 7, 8, 9, 10, 11, 12 November 1910.

San Francisco Chronicle. 20, 23, 24 September 1911.

San Francisco Maternity Annual Reports. San Francisco: 1904-1914.

San Francisco Maternity Medical Records. 1904-1914.

San Francisco Maternity. "Minutes of the Meeting of the Board of Directors." San Francisco: 1909-1912. Handwritten.

San Francisco Maternity Scrapbook.

San Francisco Municipal Reports. San Francisco: 1869; 1877; 1881-1882; 1890; 1899-1900; 1901-1902; 1906 -1907; 1907-1908; 1909-1910; 1911-1912; 1916-1917.

Spalding, Alfred Baker. "Pyeltis Complicating Pregnancy." American Journal of Obstetrics (1905): 192-95.

________. "A Report of the First Two Hundred Confinements at the San Francisco Maternity." California State Journal of Medicine 5 (May 1907): 115-17.

________. "The Management of Placenta Previa, With a Report of Seven Cases." California State Journal of Medicine 8 (1907): 207.

________. "Indications of Cesarian Section." California State Journal of Medicine 1 (1908): 24.

________. "The Feeding of Immature and Atrophic Infants." Journal of the American Medical Association (September 1909): 998-1001.

________. "Case of Hypertrophic Pyloric Stenosis With Autopsy Findings." California State Journal of Medicine 7 (1909): 282-85.

________. "Cesarean Section With Report of Nine Cases." California State Journal of Medicine 8 (February 1910): 49-52.

________. "The Value of Abdominal Measurements in Pregnancy." Journal of the American Medical Association (September 1913): 746.

________. "Some Principals Governing the Indications for Caesarean Section." California State Journal of Medicine 12 (1914): 152-54.

________. "Relative Frequency of Ectopic Gestation." Journal of the American Medical Association (October 1915): 1157.

________. "The Management of Eclampsia." American Journal of Obstetrics (1917): 773-79.

________. "Cesarean Section Scars; A Histologic Study of Four Specimens." Journal of the American Medical Association (December 1917): 1847-55.

_______. "Clinical Results Following Prophylactic Treatment With Silver Nitrate for Blenorrhea Neonatorum." California State Journal of Medicine 16 (1918): 526-28.

_______."A Study of Frozen Sections of the Pelvis With Description of An Operation for Pelvic Prolapse. "Surgery, Gynecology and Obstetrics 29 (1919): 529-36.

_______. "Cystic Teratoma of the Ovary, With Carcinoma." American Journal of Obstetrics and Diseases of Women and Children 30 (October 1919): 401-9.

_______. "Eclampsia With Seventy Convulsions; Recovery." California State Journal of Medicine 28 (September 1920): 325-27.

_______. "The Cause and Cure of High Rectocele. " Journal of the American Medical Association (August 1922): 706-9.

________."A Pathognomonic Sign of Intra-Uterine Death." Surgery, Gynecology and Obstetrics 34 (1922): 754-57.

_______. "Pelvic Measurements by X-Ray." Surgery, Gynecology and Obstetrics 35 (1922): 813-15.

_______. "Tuberculosis of the Cervix With Case Report." Surgical Clinics of North America (1922): 351-62.

________, Marion C. Shevky and T. Addis. "The Extent of the Renal Lesion in the Toxemias of Pregnancy." American Journal of Obstetrics and Gynecology 4 (1922): 350-61.

________. "Prolaspe of the Uterus With Rectocele and Cystocele: and End Result of Various Operations." California State Journal of Medicine 20 (1922): 2-3.

________. "Neonatal Mortality Associated With Syphilis and Other Maternal Infections." Journal of the American Medical Association (October 1923): 1345-48.

________. "The Incidence of Venereal Disease in Patients Suffering With Sterility." California State Journal of Medicine 21 (1923): 457-59.

________. "Rupture of the Uterus After Operation for Uterine Suspension." Surgical Clinics of North America (1923): 795-800.

________. "Mortality Rates of Carcinoma of the Uterus in California." California and Western Medicine 23 (October 1925): 1297-99.

________. "Hemostasis in Vaginal Hysterectomy for Procidentia." American Journal of Obstetrics and Gynecology 7 (1926): 765-67.

________. "Limitations for the Cesarean Operation." Northwest Medicine 25 (1926): 526-30.

Speert, Harold. Obstetric and Gynecology Milestones. New York: Macmillan Company, 1958.

________. The Sloane Hospital Chronicle. Philadelphia: F.A. Davis, 1963.

Stanford University Medical School. Annual Reports of Lane Hospital 1912-1919. San Francisco: Stanford University Medical School.

Stanford University Medical School. Annual Reports of Lane Hospital, Stanford University Hospital, Stanford Out-Patient Clinics, of Stanford University Medical School 1919-1928. San Francisco: Stanford University Medical School.

Tomes, Nancy. "The Private Side of Public Health: Sanitary Science, Domestic Hygiene, and the Germ Theory, 1870-1900." Bulletin of the History of Medicine 64 (1990): 509-39.

Trauner, Joan B. "The Chinese as Medical Scapegoats." California History 57 (Spring 1978): 82.

University of California San Francisco. Department of Obstetrics, Gynecology and Reproductive Sciences. "Our First 125 Years." San Francisco: 1989.

U.S., Department of Commerce and Labor. Bureau of the Census. Thirteenth Census of the United States, Abstract of the Census with Supplement for California, 1910. Washington, D.C.: Government Printing Office, 1913.

Ward, James. "The Sanitation of San Francisco After the Fire." Medical Century 14 (October 1906): 289-95.

Ward, W.D. "The Possibilities of Clean Obstetric Work in the Slums." American Medicine 5 (April 1903): 566-567.

Wasson, William, to Alfred Baker Spalding, 5 July 1906. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.

Wertz, Richard W. and Dorthy C. Wertz. Lying-in: A History of Childbirth in America. New York: The Free Press, 1977.

Wilbur, Dr., to Mrs. John Metcalfe, 6 May 1912. Letter. Archives, Lane Medical Library, Palo Alto, California.

________. to Mrs. Cullen F. Welty, 29 January 1914. Letter. Archives, Lane Medical Library, Stanford University, Palo Alto, California.

Woloch, Nancy. Women and the American Experience. New York: Alfred A. Knopf, Inc., 1984.

Young, Mimmie, to Alfred Baker Spalding, 11 October 1905. Letter in the San Francisco Maternity Scrapbook. Archives, Lane Medical Library, Palo Alto, California.