

Harriet Lane Johnston: Pioneer Advocate of Special Care for Children with Chronic Diseases.

by Homer T. Rosenberger

The renowned Harriet Lane Home at Johns Hopkins Hospital in Baltimore has had a tremendous effect upon pediatrics throughout the United States. The "Harriet Lane" set the pattern in this country and to some extent in England, Hungary and Japan, of full-time research concerning childhood diseases as a function of medical schools and the hospitals with which they are associated. The "Harriet Lane" also produced surprising advances in the treatment of certain diseases of children. How did such an institution come into being? Why did it pioneer so significantly?

The Birth of an Idea

When the Johnston boys, James and Henry, Jr., were stricken, their parents, Henry and Harriet, discovered that there was no institution in Baltimore for the care of children with chronic diseases. The Johnstons probably decided that something should be done about this situation. In days of rather primitive medical care for the young the Harriet Lane Home for Invalid Children was conceived.

Unfortunately this writer has not found any diary entries or letters by Henry or Harriet telling exactly how they arrived at the idea of founding the Harriet Lane Home.

On December 24, 1883, a certificate of incorporation for the Harriet Lane Home for Invalid Children of Baltimore City was signed by eight persons: Josiah Lee Johnston (brother of Harriet's husband), Margaret P. Johnston, W. G. Bowdoin, J. Pinkney Hammond, Anne G. Winchester, Maria Winchester, Louise A. Fisher, and Kate G. Bowdoin. The certificate was examined by George William Brown, a Judge of the Supreme Bench of Baltimore City, and was certified by him that the certificate met the provisions of the law, thus authorizing the formation of the Harriet Lane Home. The certificate was filed for record, in the Office of the Clerk of the Court at five p.m. on that Christmas eve.

Apparently Henry Elliott and Harriet Lane Johnston did not want to be incorporators of the new institution, perhaps as a matter of modesty.

Henry Elliott Johnston's will is dated December 26, 1883, just two days after the incorporation of the Harriet Lane Home. He died on May 5, 1884, four months after incorporation of the Home. It is possible that he had premonitions in December 1883 of ill health and an early death. Being a methodical person he may have determined to have the institution incorporated while there was still time to do so, and to make a will that would focus attention upon the institution.

Mr. Johnston left an estate valued at \$247,895.12, nearly a quarter million dollars, a large fortune for 1884. The will was simple. It provided income for Mr. Johnston's brothers and sisters and made the income from the bulk of his estate available to Harriet for the remainder of her life. He bequeathed nearly all of his estate to the Harriet Lane Home for Invalid Children of Baltimore City. Nevertheless, Harriet was to have the privilege of willing the bulk of his fortune to any persons or corporations of her choice. If she would precede him in death or if she would fail to make a will, then Henry's residuary estate was to go to the Harriet Lane Home. However, if the Harriet Lane Home would become entitled to any part of the residuary estate after Harriet's death, then Henry's brother, Josiah Lee Johnston, would have the right to receive the income of all of the residuary estate for the remainder of his life if he would express such wish to the Home.

Mr. Henry Elliott Johnston made it very clear in his will that he renounced every shred of his marital rights to Harriet's separate estate and its increments. In the will he wrote tenderly about her, "*in further recognition of the high appreciation which I have of the good sense and dignity of Character which she has exhibited in every relation of her life and of my warm affection for her on account of her goodness and loving kindness as wife and mother.*"

At time of the death of Mr. Johnston in New York City on May 5, 1884, three statements, only partly correct, appeared in newspapers concerning the founding of the Harriet Lane Home for Invalid Children of Baltimore City. On the next day the *Baltimore American and Commercial Advertiser* said, "Lately, Mr. Johnston endowed a hospital for children and a training school for nurses, which, in connection with a similar hospital endowed by his brother, Joseph Johnston, will be established in this city." The *Philadelphia Press*, May 7, referred to the death of the Johnston boys, James and Henry, Jr., and stated "The parents never recovered from this terrible blow. They closed their splendid home in Park Avenue, Baltimore, and the wealth that had been largely expended in hospitality was devoted to charitable purposes. In memory of their children they founded and amply endowed the Harriet Lane Johnston Hospital for boys, and a training school for nurses." The *Boston Evening Transcript* for May 9 carried an almost identical statement, except referring to a hospital for girls, rather than for boys.

Mrs. Johnston's Bequest

To the Harriet Lane Home for Invalid Children of Baltimore City Mrs. Harriet Lane Johnston gave a large share of her estate. She had a very protective attitude toward the Home. She designated the Home as residuary legatee, and mentioned the Home twelve times in her will of June 1, 1895, twice in its first codicil, and three times in its third codicil. In the first codicil Mrs. Johnston stated that if construction of the building for a school for boys would not be started within six months after her executors would make the money available, then her \$200,000 bequest for the school should go into the residue of her estate. The forfeiture would, of course, be to the advantage of the Harriet Lane Home. Similarly, Mrs. Johnston stated in the third codicil that if her art treasures would not be accepted by the Trustees of the Corcoran Gallery of Art, or if that bequest would fail "for any reason," then most of those art treasures should be sold at private sale. The proceeds were to become a part of the general residue of her estate. Forfeiture of the bequest would have brought additional funds to the Harriet Lane Home.

In the first pages of her will of June 1, 1895, Mrs. Johnston bequeathed \$61,750 to members of the Lane family and said that this sum was nearly equivalent to the value "of the estate" which James Buchanan had left to her. She then said:

The increase of my separate estate having been entirely due to the care and attention of my late husband it is my wish that it should go to the Harriet Lane Home for Invalid Children of the City of Baltimore hereinafter named as residuary legatee, incorporated in my husband's lifetime and provided for in his will.

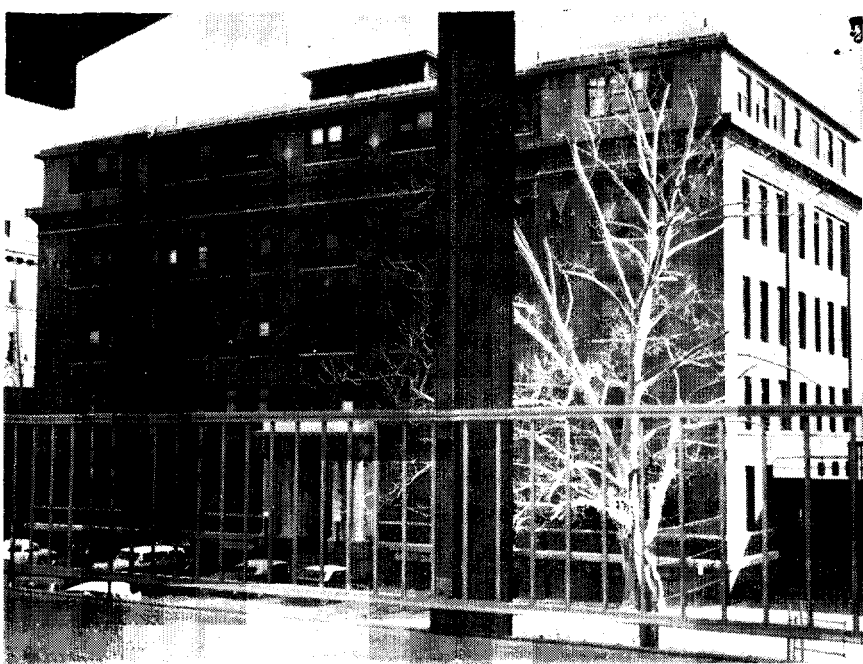
Near the end of her will of June 1, 1895, Mrs. Johnston specified that the residue of her estate should go to her executors and that they should turn all of the residue over, "absolutely," to the Harriet Lane Home for Invalid Children of Baltimore City. However,

if her brother-in-law, Josiah Lee Johnston, would survive her and would file in Baltimore City orphans court within six months after her death a written request asking to receive the net income from the residue for the remainder of his life, her executors were to pay that income to Josiah Lee Johnston. This she said would be "in accordance with the intention expressed in my husband's will." Mrs. Johnston then stated in her will that if her brother-in-law would not be receiving the net income of the residue of her estate it was her wish that the Home be "commenced" within fourteen months after her death and that it be "put in operation as soon as possible thereafter." She had very definite plans for the institution and stated them in the closing paragraphs of her will. She expressed the wish:

that its benefits be not confined to children residing in the City of Baltimore only, but that they be given to white children without respect to creed, nationality or residence, and with preference in favor of boys if the income shall not suffice for all children without respect to sex, and that preference shall be given to children resident in the States of Maryland and Pennsylvania and the District of Columbia whenever the number of applicants shall make it necessary or expedient to give preference to some over others.

Harriet Lane Johnston's will of 1895 was humanitarian. It provided medical facilities for white children of any creed or nationality. In 1895, or in 1903, the time of her death, in cities as Southern in attitude as Baltimore and Washington it would not be expected that a facility like the Harriet Lane Home would be made available to the Negro as well as to the white. Had Harriet Lane Johnston lived until 1969 she no doubt would have gladly opened the Harriet Lane Home to both white and colored children. To do so might have been easier than it was for her to say in 1895 without reservation that the Home should be open to white children, for this meant children from slums and children of degenerate parents as well as other white children.

Over the years the Harriet Lane Home was expanded enormously beyond Mrs. Johnston's fondest wishes, and changed in ways which could not have been offensive to her. Children up to their fourteenth birthday were admitted, older children were placed in the Johns Hopkins Hospital. Occasionally children a bit beyond their fourteenth birthday were given attention in the Harriet Lane, but the fourteenth birthday has been a venerable guideline because of Mrs. Johnston's oldest son having died four months and four days after his fourteenth birthday and her youngest son having died in his thirteenth year. After a time colored children were admitted to the Harriet Lane. Alexander Ashley Weech, a former member of the staff of the Harriet Lane Home, tells us that late in 1925 it was the policy at the Harriet Lane to reserve the east ward on the fourth floor of the main building for white infants and the west ward for colored infants. He states that the Harriet Lane Home was the only Baltimore hospital that provided any "considerable number of beds for colored children." (Page 8, "The Johns Hopkins University School



FRONT VIEW OF THE HARRIET LANE HOME FOR INVALID CHILDREN

This five-story building, designed by Professor von Pirquet, was erected 1909-1913 to provide quarters for the Harriet Lane Home for Invalid Children of Baltimore City. For more than fifty years this sturdy, fire-resistant building has provided ideal quarters for research in pediatrics, and for the care of children with chronic diseases. Three separate two-story "pavilions," at the back, are connected to the main building. All four are constructed of red brick with stone trim.—Photograph courtesy The Johns Hopkins Medical Institutions.

of Medicine, Department of Pediatrics," in *Methods and Problems of Medical Education*, Eighth Series, 1927, Rockefeller Foundation.)

In 1927 when Dr. Edwards A. Park became Director of the Harriet Lane he found it a matter of efficient operation to integrate the white and colored children rather than keep them in separate parts of the building. On October 30, 1968, Dr. Park stated to this writer that it was moderately easy to take this integration step with children, even in the face of a strong Southern feeling in Baltimore as late as 1927. He went about the integrating quietly and met no opposition. He felt that Mrs. Johnston would have approved his decision to integrate. Considerably later, integration was introduced generally in the Johns Hopkins Hospital.

Mrs. Johnston requested in her will that May S. Kennedy, Katharine W. Riddle, and Mary C. Speer be added to the Board of Managers of the Home as soon as practicable after her death, "if not already chosen as managers."

The selection of the site for the Harriet Lane Home was left to the "discretion of the corporation." Mrs. Johnston "earnestly" recommended in her will that the site provide ample space for future years. She desired that memorial tablets be placed in the institution "to commemorate the design of the Home and connect its founder with it and to keep alive the memory of my dear husband and children." The Harriet Lane Home was to see that the Johnston lot in Greenmount Cemetery, Baltimore, would be maintained in the way that the Cemetery had agreed and that the Home should keep the monuments in the cemetery lot in good repair and that annually on May ninth "the manager and Sisters in charge of said Home shall proceed to said lot, inspect its condition and decorate the monuments with flowers." The Harriet Lane Home has complied with these provisions for many years, but the emphasis has, quite naturally, been on the decorating of Mrs. Johnston's gravestone rather than upon the decorating of the "monuments" of all four Johnstons—Henry, Harriet, and their two sons.

Beyond her will this writer has found no exact facts as to the kind of children's center Mrs. Johnston wanted to endow. If she discussed with any of her friends the plans she had in mind for the Home those plans have not come to light in her writings or in the writings by others. Mrs. Johnston probably wanted the facility to have a homelike atmosphere rather than a disinfectant or an institutional aura. She had in mind a center in which there would be adequate care for children with chronic illness. Whether or not she visualized a pioneering in medical research is not known.

The Board of Managers Resolves a Dilemma

The first meeting of the Board was held December 14, 1903, five months and eleven days after Mrs. Johnston's death, and ten days short of twenty years after incorporation. One wonders why Mrs. Johnston permitted the project to lie moribund for the remainder of her life. She might have financed construction and maintenance of a modest institution without impoverishing herself, if the courts would have interpreted her husband's will liberally. Perhaps she hesitated to have an institution bearing her name erected in her own lifetime. Also, she recovered only gradually from the loss of her two sons and husband. At any rate, the delay of twenty years was exceedingly fortunate. Had the Harriet Lane Home for Invalid Children started operations in 1884 or 1885 it might today be scarcely more than a small orphanage for sick children, rather than one of the most famous pediatrics centers in the world. The time was not quite right. The delay enabled a series of circumstances to catalyze each other.

That first meeting of the Board of the Harriet Lane Home, December 14, 1903, was held at No. 113 West Franklin Street, Baltimore, Maryland. The following managers were present, according to the Minute Book, preserved at the Harriet Lane Home: Josiah Lee Johnston, Mrs. Margaret P. Johnston, William Graham Bow-

doin, Mrs. Ann G. Winchester, Miss Maria Winchester, and Rev. J. S. B. Hodges. Mr. Bowdoin was nominated to serve as chairman of the meeting and Mr. D. K. Este Fisher was chosen to serve as the secretary. Mr. Fisher was an executor of Mrs. Johnston's will.

A certified copy of the certificate of incorporation of the Home was read by the secretary. It recited that the Home is a corporation "for the care and cure of Invalid Children, and as an incident to the main purpose for a training school for nurses."

By-laws were adopted. Officers were elected—Miss May S. Kennedy, president, Miss Mary C. Speer vice president, Miss Katharine W. Riddle, secretary. Miss Kennedy was authorized, but not directed to hire special counsel in behalf of settlement of Mrs. Johnston's estate. The Board approved the request, under terms of Mr. Henry E. Johnston's will and Harriet's will, from Mr. Josiah Lee Johnston, that he receive during the remainder of his life the income from Harriet's residuary estate instead of that income going immediately to the Harriet Lane Home. The delay was short, for Josiah died a few months later.

The Board was faced with a very real problem. The legacy of \$400,000 was not large enough to build and maintain a really significant institution of the type Harriet probably had in mind. For two years the Board was in a quandry and could not make up its mind what to do. Meanwhile, the status of medical care for children was still at a low level in the United States. Dr. L. Emmett Holt, Sr., at the College of Physicians and Surgeons, in New York City, was raising the level of pediatrics. He and Thomas Morgan Rotch at Harvard were full professors of pediatrics. However, pediatrics received little attention at the Johns Hopkins School of Medicine and at the Johns Hopkins Hospital, and at other medical schools and hospitals in this country at the turn of the century. The Johns Hopkins School of Medicine was eager to establish a Department of Pediatrics, and in general to emphasize medical research. Germany had already offered examples of medical research and clinical departments on a full-time, academic basis. Dr. William Henry Welch, Dr. Franklin P. Mall, and a few other members of the medical faculty at the Johns Hopkins University, and Dr. William H. Howell, Dean of the School of Medicine, had been thinking of the advantage of establishing clinical departments on an academic basis at Hopkins. Welch had studied in Germany in the years 1876-1878 and 1884-1885 at the Universities of Strassburg, Leipzig, Breslau, and Berlin. Mall had done laboratory work in Leipzig in 1885-1886.

Mall, and gradually Welch, firmly believed that in the United States it would be necessary to have clinical professors who would devote fulltime to medical teaching and research. This would mean that medical schools should no longer pay a practitioner a small stipend to teach and have him spend most of his time on private practice. Instead, a university hospital clinic should be staffed with men who had already done significant research and who would con-

duct the clinic as a research center. Why not use this approach at the Harriet Lane Home for Invalid Children of Baltimore City?

The Rockefeller Institute for Medical Research dates from 1901. Welch was a leading force in the Institute for many years. He attempted to interest the Rockefellers in the support of American medical education and science on a large scale, and he also favored the union of great hospitals with medical schools so that medical schools and hospitals, together, could train medical men and enlarge the quantity of medical knowledge.

The fascinating story of the effort to staff the clinical departments of American medical schools with full-time, competent research men is told by Simon and Thomas Flexner in chapter XIV, "Science at the Bedside," in their biography, *William Henry Welch and the Heroic Age of American Medicine*, 1941, the Viking Press.

The idea of placing the clinical work at Hopkins on an academic basis was fermenting for some years, especially during the years 1907-1909, and particularly during the winter of 1910-1911. Alan M. Chesney discusses the fermentation in volume III of his history of the Johns Hopkins Hospital and School of Medicine, pages 127-160.

William H. Howell, Dean of the Hopkins School of Medicine, said in an address at Yale in 1909 that the time had come to staff clinics with full-time personnel. Not all the leaders in medical education agreed with this statement, not even within the School of Medicine at Hopkins. There, as at any medical school, such staffing would require additional sums of money. By bringing together the Trustees of the Johns Hopkins Hospital and the Managers of the Harriet Lane Home for Invalid Children a large sum would be available for pediatrics in the School of Medicine.

Dr. Edwards A. Park, formerly Director of the Harriet Lane Home, informed this writer that Dr. Welch advocated the union of the Hospital and the Harriet Lane and was largely instrumental in bringing the two institutions together. Dr. Welch gave the Managers of the Harriet Lane Home verbal assurance that the Johns Hopkins Hospital would pay the expenses in excess of the bequest from Mrs. Johnston. This the Hospital would do because the Harriet Lane Home would provide training in pediatrics. The School of Medicine wanted to bring Mrs. Johnston's bequest into its expansion plan. For the School of Medicine, the joining of the Harriet Lane and the Hospital would be a marriage of convenience. (Conversation with Dr. Park, October 30, 1968).

In giving the assurance to the Managers of the Harriet Lane Home Dr. Welch probably felt he could enlist financial aid for them. He was President of the Board of Directors of the Rockefeller Institute for Medical Research from 1901, and a Trustee of the Carnegie Institution from 1906, to the end of his life.

Dr. William Osler, shortly before leaving the Johns Hopkins School of Medicine to become Regius Professor of Medicine at Oxford University, made an address, on February 22, 1905. In the address he emphasized that among the dire needs of the Johns Hopkins Hospital was the need of improved facilities for child care. Alan Chesney is not certain that Osler's address had a bearing on the attitude which the Hospital took almost immediately in favor of the improvement of its facilities for the care of children. (Vol II, page 442.) Dramatic steps were taken almost immediately.

At the time of the fourth meeting of the Board of the Harriet Lane Home, on April 3, 1905, there were three vacancies to be filled. William H. Buckler, Secretary of the Board of Trustees of the Johns Hopkins University, and Blanchard Randall, a Trustee of the University and of the Johns Hopkins Hospital, were elected to the vacancies on the Harriet Lane Board. Josiah L. Johnston and William Graham Bowdoin had died and Mrs. Graham Bowdoin had resigned. At that very meeting, and upon the request of Miss May S. Kennedy, President of the Board of the Harriet Lane Home, Mr. Buckler read a seven-point plan of merger. This tactful and astute document is found on pages 32-35 of the Minute Book of the Board of the Harriet Lane Home. Buckler had been an intimate friend of Harriet's oldest son, and was a favorite of Mrs. Johnston. Buckler's suggestion of a merger between the Harriet Lane Home and the Johns Hopkins Hospital was climaxed and closed with these prophetic words:

(7) . . . There are also several further advantages which the Harriet Lane Hospital would derive from such arrangement. First, you could feel assured that the medical care in your hospital would always be of the highest quality, and secondly, the publication of scientific studies on the diseases of children, carried on by the staff of your hospital would place that institution among the foremost of its kind in the country, and would make the name of its founder, Mrs. Johnston, well known in many parts of the world.

If on the other hand, your hospital should be operated as an independent institution with its own staff, its own separate plant, and a capacity of about thirty beds, it is difficult to see how results at all comparable with these could reasonably be expected.

Buckler's plan contained so much wisdom that the Harriet Lane Managers could scarcely do anything but accept it. With the help of Dr. Welch, Buckler brought about the union between the Harriet Lane Home and the Johns Hopkins Hospital, even though Mrs. Johnston's bequest could easily be interpreted as a desire to found a completely separate and independent institution.

The Board of the Harriet Lane Home authorized its President to appoint a committee to discuss the matter with the Trustees of the Johns Hopkins Hospital. Miss Kennedy appointed Miss Speer, Mr. Buckler, and Mr. Randall to confer with the Johns Hopkins Hospital Trustees. Then the meeting was adjourned, and what a significant meeting it was.

The next meeting of the Harriet Lane Board was held a few

weeks later, on April 25, 1905. At that meeting the Board accepted in principle a fifteen-section agreement for merger with the Johns Hopkins Hospital and authorized Buckler to confer with the Johns Hopkins Hospital authorities. Buckler was also authorized to employ an expert, if necessary, in order to report to the Board of the Harriet Lane Home, plans for construction and equipment of a building for the Harriet Lane Home, on the Johns Hopkins Hospital grounds.

The sixth meeting of the Board of the Harriet Lane Home was held on December 2, 1905, and was followed quickly by the next, on February 21, 1906, on which day the Counsel for the Board, Bernard Carter, read an agreement to be offered to the Johns Hopkins Hospital. The Board decided that the report by Mr. Carter and draft of a working agreement approved by him be accepted and that Miss Kennedy, Miss Speer, and Mr. Buckler present the agreement to the Trustees of the Johns Hopkins Hospital and ask for a conference.

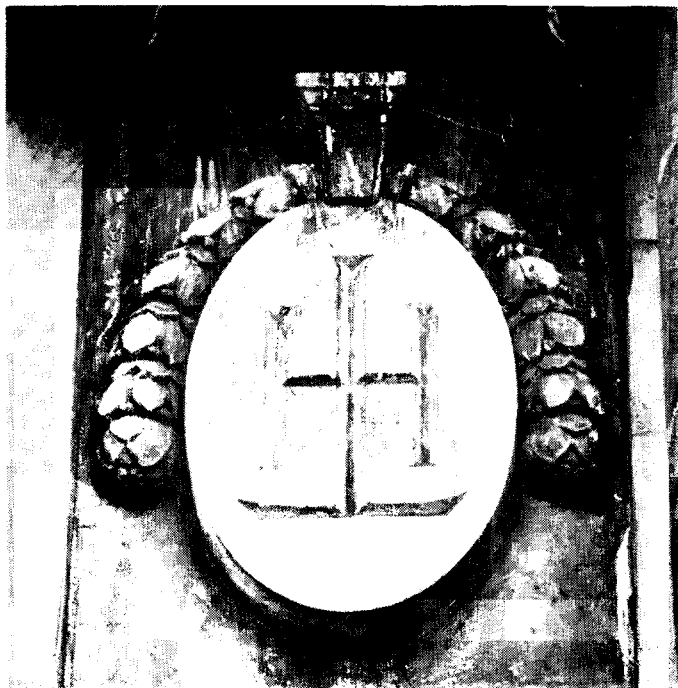
At the Board meeting on February 21 Mr. Buckler reported concerning plans for construction and equipment. Dr. Charles P. Emerson, then chief resident physician of the Johns Hopkins Hospital and associate in medicine in the Johns Hopkins University, who was considered well qualified to investigate best methods to provide a suitable building for the Harriet Lane Home, had been employed. Dr. Emerson studied the leading hospitals for children, in the United States and in Europe. He summarized his observations and recommendations, and did the work for less than \$1,000. Mr. Buckler's report was accepted by the Board. Even though the minutes are not clear on this point the acceptance apparently meant that the Board was favorably impressed with the fact that Dr. Emerson had made an intensive study of hospitals for children.

Emerson's study appeared in the form of a printed document entitled *A Preliminary Report Concerning The Construction of Hospitals For Children, Presented to the Managers of the Harriet Lane Home for Invalid Children of Baltimore City*. The document bore the date 1906, was printed attractively by the Friedenwald Company of Baltimore and consisted of 96 pages of large size. The document contained descriptions and floor plans of hospitals in the United States, Canada, England, Scotland, France, Belgium, Germany, Austria, Hungary, and Italy. For example, a description of the Meyer Hospital for Children in Florence, Italy, pages 28-30, included a floor plan of its medical ward and another of its diphtheria ward, on page 29.

Emerson's document discussed many construction details and gave numerous recommendations, such as the use of terrazzo floors, and walls that could be scrubbed. The relative merits of various kinds of tables, chairs, beds, and the like in a hospital for children were enumerated. Balconies, open-air wards, play rooms, and a host of other features each were treated in the report. Emerson's findings and recommendations could not avoid the kindling of addi-

tional enthusiasm that would spur the Board of Managers to get on with the establishment of the Harriet Lane Home.

On February 26, 1906, five days after Mr. Buckler reported plans for construction and equipment, the Board of the Harriet Lane Home, at its eighth meeting, authorized Miss May S. Kennedy, its President, to sign the agreement with the Johns Hopkins Hospital.



**MONOGRAM, HLJ, CARVED IN STONE ABOVE ENTRANCE
OF THE HARRIET LANE HOME**

Close-up view of a monogram in honor of Mrs. Harriet Lane Johnston, between the stone columns and above the main entrance to the home.—Photograph courtesy The Johns Hopkins Medical Institutions.

An agreement of September 1, 1906, was entered into by the Harriet Lane Home and the Johns Hopkins Hospital. Among other items in the agreement, the Home was to pay the Hospital \$1.40 per day of hospital care and a minimum of \$900 per month. Another agreement between the Home and the Hospital, signed September 28, 1909, retained the \$1.40 per day figure but reduced the monthly minimum to \$600. Both agreements are reproduced by Chesney, volume III, pages 281-286.

All through these negotiations the minutes of the Board of the Harriet Lane Home clearly show that its two new members, from the Johns Hopkins University and from the Johns Hopkins Hospital, respectively, steered the two institutions, the Hospital and the Harriet Lane Home, into merger. Perhaps they were Trojan Horses of a benevolent type. It is reasonable to assume that even though the merger was not what Harriet had asked in her will, the amalgamation with the Johns Hopkins Hospital and the advantages the amalgamation brought to the Harriet Lane Home were what she would have wanted. The name "Home" was retained, but the new institution actually became a hospital for children.

Forward, March!

After the decision was made that the Harriet Lane Home should locate on the grounds of the Johns Hopkins Hospital, and be a part of that institution, steps were taken to construct a building and provide service to children.

In the deliberations of the Board of Managers of the Harriet Lane Home, Harriet herself was not forgotten. At the eleventh meeting of the Board, on February 6, 1908, it was resolved by the Board that May 9, Mrs. Johnston's birthday, should be known as Founder's Day, and that the Annual Meeting of the Board of Managers of the Home should be held on May 9, except when it falls on Sunday, and then should be held on Saturday, May 8.

By the summer of 1908 the Board of Managers of the Harriet Lane Home selected a site for their building. The site was approved by the Hospital Trustees. A Baltimore architectural firm, Wyatt and Nolting, was employed to prepare preliminary plans for the building, in accord with suggestions by a committee of the Medical Board of the Hospital.

Meanwhile, in December 1908, Clemens Peter von Pirquet, Assistant in the Pediatrics Clinic of the University of Vienna, was appointed to the chair of pediatrics in the Johns Hopkins University and Physician-in-Chief to the Harriet Lane Home. He accepted the two positions without delay. He arrived in Baltimore in February 1909 before construction of the Harriet Lane had begun.

Clemens von Pirquet had different ideas than Emerson. Nevertheless, the Emerson report must have done much to keep the fires of interest burning during the many months of delays and negotiations prior to the arrival of von Pirquet. After reviewing the preliminary plans which had been prepared by the architects, von Pirquet suggested changes and they were adopted.

Clemens von Pirquet was a young man, having been born in 1874, near Vienna, but had already become well known. In 1903 he had created the notion of "allergy." In 1907 he described the von Pirquet test which he introduced in his study of immunity. The test consists of scarifying a small area of skin by a drop of Koch's tuberculin.

The ideas which von Pirquet incorporated into the plans for the physical plant of the Harriet Lane Home were unique. By October 1909 the Managers of the Harriet Lane and the Trustees of the Johns Hopkins Hospital gave their final approval to those plans. Construction could now begin. A contract was given to a Baltimore firm, the Noel Construction Company.

A year after von Pirquet arrived in Baltimore he was not entirely satisfied. The physical plant for the Harriet Lane Home would probably not be ready for use for many more months. On March 6, 1910, he informed the President of the Johns Hopkins University that he had accepted a call to the professorship of pediatrics at the University of Breslau, and that he would like a leave of absence with the possibility of returning to Baltimore when construction of the physical plant of the Harriet Lane Home would be completed. The request was granted by the University Trustees and by the Board of Managers of the Harriet Lane Home. Professor von Pirquet went to the University of Breslau in the spring of 1910, where he remained until the next year, then going to the University of Vienna.

The Harriet Lane was nearing completion early in the academic year 1911-1912. On October 10, 1911, Blanchard Randall, President of the Board of Managers of the Harriet Lane, was able to announce to the Trustees of the Hospital that the Harriet Lane could receive patients. Randall asked that the Medical Board of the Hospital recommend a director for the Harriet Lane.

In the United States, von Pirquet left an enduring monument. The building which he designed for the Harriet Lane Home was unique. It was designed as a hospital to accommodate up to 140 children. It was to accept medical cases and refer surgical cases elsewhere in the Johns Hopkins Hospital. The new building was fire-resistant, with much reinforced concrete and a brick exterior with stone trim. Among the unusual features for those early days were an isolation wing for its dispensary, to accommodate children with contagious diseases—a protection almost unheard of in 1912 when the building was completed. In the isolation wing there were two wards for typhoid patients and one for diphtheria cases.

There was a laboratory for chemical analysis and a laboratory for bacteriological experiments, both on the first floor.

Electric lighting, electric elevators, and telephones throughout the building provided excellent service for patients. There were balconies on the various floors, and no door sills. Thus sick children could easily be moved outdoors into the fresh air of those days. There was a roof garden for the children to play when recuperating. Infants were to be cared for on the top floor so that their crying would not disturb the older children.

Adjustable beds that would raise and lower the mattress were placed in the wards, equipment that has been taken for granted

during the last thirty years. There were foot levers for spigots as precaution against the spreading of harmful bacteria.

Dr. von Pirquet suggested a miniature amphitheater. Originally it had no seats. Instead, it had rows of standing spaces. Later the amphitheater was provided with seating for thirty-five students.

The building was erected and equipped at a cost of approximately \$400,000. As plans had progressed, nearly all of Mrs. Johnston's bequest was spent on physical plant with the result that the Johns Hopkins School of Medicine and the Johns Hopkins Hospital had the finest children's hospital in the United States but no endowment to maintain it.

It appears that after von Pirquet returned to Europe in 1910 a Miss M. E. McMarr supervised the construction of the building. The Baltimore *Sunday Sun* for November 17, 1912, stated she had studied many children's hospitals in the United States and in Europe, had made improvements in the methods she found in those institutions, and had been supervising the construction of the Harriet Lane Home for the last three years, although the period of time could scarcely have been more than two years.

The staff that labored in 1968 in the building designed by Dr. von Pirquet was not completely complimentary about his design. Nevertheless, for 1910 the plans were imaginative and were much more practical for a children's medical facility than the traditional hospitals of that day.

At about the time Dr. von Pirquet left Baltimore, Abraham Flexner, who was graduated from the Johns Hopkins University in 1886, wrote his famous report, *Medical Education in the United States and Canada*, 1910, for the Carnegie Foundation for the Advancement of Teaching. The report quickened the pace of reform in medical schools. Dr. Welch wrote on March 30, 1912, to F. T. Gates, Chairman of the General Education Board. The Board had been established in 1903 by John D. Rockefeller, Sr. In the letter Welch discussed the opening of a pediatrics department on a clinical basis in the Harriet Lane Home. Welch stated that it appeared to be possible to do so "with an additional annual income of \$15,000, devoted mainly to salaries of the professor of pediatrics and his assistants and to laboratory expenses, to open the hospital and to establish a good pediatric clinic of the character which I described to you in our conversation last autumn." He continued, "The hospital [Harriet Lane Home] is completed, furnished and ready to begin operations at once . . . the appeal for the establishment of a first class clinic for diseases of children is particularly strong at the present time." (Pages 200-201, vol. III, Chesney).

Soon the General Education Board, in its effort to raise the quality of medical service in the United States, supplied funds to the Johns Hopkins University to place its medical departments on a full-time basis, staffed with professors rather than with general practitioners.

Meanwhile, the Johns Hopkins University had attempted to bring von Pirquet back to Baltimore by offering him an annual salary of \$7,500. Then having the leading chair in pediatrics in the world, he held out for \$10,000. As late as March 1912 Dr. Welch still wanted to bring von Pirquet to Hopkins and the Harriet Lane. In July 1912 Dr. John Howland came to Baltimore as Professor of Pediatrics and first head of the Harriet Lane Home for Invalid Children, at a salary of \$4,000. Selection of Howland was a great decision and his acceptance was fortunate for the Johns Hopkins University School of Medicine and for the Harriet Lane Home, as well as for himself.

The struggle to place clinical departments of the Hopkins School of Medicine on a full-time academic basis continued. Welch, as acting head of the Johns Hopkins University, wrote to the General Education Board on October 21, 1913, stating that the Hopkins medical faculty was convinced that a staff of full-time teachers in the main clinical branches was a necessity and that the university and the hospital trustees had authorized him to request funds to put the departments of medicine, surgery, and pediatrics on a full-time basis. Welch wrote that these changes "can be introduced immediately into the department of pediatrics, because this department has been established recently; medicine and surgery can be reorganized by the beginning of the next academic year." The General Education Board agreed two days later to appropriate \$1,500,000 in order to carry out the full-time arrangement at Harriet Lane Home and in the departments of medicine and surgery at the Hopkins School of Medicine. This dramatic request and the approval are discussed by the Flexners on pages 320 and 321 of their biography of William Henry Welch.

The Harriet Lane Home became the teaching and research pediatrics center of the Johns Hopkins School of Medicine. In the Harriet Lane Dr. Howland created the first Department of Pediatrics on an academic level in the United States. Under his administration the Harriet Lane Home became the model across the country for pediatric clinical work, and the most celebrated pediatrics institution in the United States. At the Harriet Lane he changed completely the clinical practice of medicine. The Harriet Lane Home became the pioneer in this full-time movement, which spurred research.

At the Harriet Lane the care of patients was splendid. The medical teaching at the Harriet Lane was superb. Scientists and clinicians were developed. Notable studies on rickets came out of the Harriet Lane Home, and also notable studies of a chemical nature, concerning the metabolism of children. It established a new era in American pediatrics and had influence abroad, especially in England. All this, under Dr. John Howland, resulted from Harriet Lane Johnston's bequest, and the willingness of the General Education Board to provide funds for salaries to assist in the placing of pediatrics on a clinical basis of an academic type. There was a transition

from the fee system to a research system, from proprietary to academic. By 1914, two years after it was opened, the Harriet Lane Home became the first full-time pediatrics clinic in this country.

Opening of the Institution, at the Johns Hopkins Hospital, in 1912

The Dispensary of the Harriet Lane was opened on October 7, 1912, by Dr. John Howland. Much of the remainder of the institution would soon be functioning. The Baltimore *Sunday Sun* for November 17, 1912, carried the following headlines.

A BOON TO THE BABIES

Johnston Home For Invalid Chil-
dren Ready For Opening.

HAS MANY NOVEL FEATURES

Among Its Unusual Advantages Is
That of Being Connected With
The Johns Hopkins Hospital.

The article stated that the institution would be opened on the next Wednesday afternoon and that the Home would be "the last word in hospital construction and it will help wonderfully to lighten the burdens of those for whom it was erected." The article described the appliances and equipment and the uses to which each of the five floors of the building would be devoted.

In an article in the Baltimore *American* for the same day, Martin J. Porter said that the Harriet Lane Home had been completed and that it would form a "conspicuous factor" in the "broad humanitarian work" of the Johns Hopkins Hospital, and that the new building was probably the only one of its kind in the Western Hemisphere.

On its front page the Baltimore *Evening Sun* for November 19, 1912, announced: "Great Hospital For Children Will Open Tomorrow. Harriet Lane Home Will Be Put In Service By The Board." Four pictures under the caption "Scenes At The Harriet Lane Home, Which Opens Tomorrow," and the article, were the main attraction on the front page. The article reported "The Harriet Lane is said to be the greatest children's hospital in this country."

On that great day, November 20, 1912, the official family of the Johns Hopkins University, the Johns Hopkins Hospital, and the Harriet Lane Home, and interested friends, attended exercises for the formal opening of the new institution. Dr. L. Emmett Holt, Sr., delivered the principal address, "The Children's Hospital, the Medical

IN MEMORY OF
THE FOUNDER OF THIS HOME
HARRIET LANE JOHNSTON,
AND OF HER HUSBAND
HENRY ELLIOTT JOHNSTON
AND THEIR TWO SONS

JAMES BUCHANAN AND HENRY ELLIOTT JOHNSTON JR.
AND IN PERPETUAL WITNESS OF
THE LOVE AND SORROW OF THE WIFE AND MOTHER
WHICH QUICKENED AND DEEPENED HER DEVOTION
TO THE RELIEF OF THE SUFFERINGS OF CHILDHOOD.

MARBLE TABLET AT THE HARRIET LANE HOME

On the wall of the first floor corridor of the Harriet Lane Home this engraved tablet, approximately two feet high and about three-and-a-half feet wide, bears "perpetual witness" of Mrs. Johnston's concern for children. Little seems to be known about this attractive tribute. The minutes for October 20, 1911, of the Board of Managers of the Home, state that at the suggestion of the President, General Lawrason Riggs was asked to prepare a suitable inscription to be placed on "the tablet" which was to be "placed in the Home." The minutes for a meeting of May 9, 1913, mention that "The committee on the erection of a tablet in the Home, composed of Mrs. Bruce and General Riggs, reported progress and was continued." The minutes for a meeting of April 8, 1914, state "Upon motion the bid of the Hilgartner Marble Company to make and set up a tablet with wording submitted, for \$130, was accepted, and it was directed that the work proceed." Thence, to 1920, the minutes of the Board of Managers are silent on this subject. Dr. Edwards A. Park, who has been associated with the Home for nearly all of its existence, does not remember a special unveiling ceremony. The Hilgartner Marble Company is now the Hilgartner Marble and Granite Company, in Baltimore, but no longer has the files of the former Company.—Photograph courtesy Dr. Edwards A. Park.

School and the Public." Holt pointed to the splendid opportunity in children's hospitals to study disease and urged the founding of hospitals especially for children. His address is reproduced in *The Johns Hopkins Hospital Bulletin*, 1913, vol. 24, pages 89-92.

The *Evening Sun*, Baltimore, on the day of the ceremonies at the Harriet Lane Home, editorialized as follows:

ANOTHER MONUMENT

A woman's thought and love expressed in concrete and enduring form will be added to Baltimore's best monuments this afternoon when the Harriet Lane Johnston Home for Invalid Children is formally opened. On the grounds of the Hopkins Hospital and under the wing of that great institution, planned and constructed with unusual

scientific care and knowledge, equipped with every device and appliance to cure the ill and ease the pain to which childish flesh is heir, it begins a special career of benevolence and tenderness that makes a peculiar appeal to the universal interest and sympathy. The Hopkins Hospital long ago gave Baltimore international fame, and we all rejoice in knowing that this latest addition to its work for humanity is devoted to the care of that part of the race in which mankind's hope and heart are centered. The Harriet Lane Johnston Home will be a perpetual reminder of what modern science is doing for the innocent and helpless; and it will remind us, too, of what, indeed, we should need no reminder—the divine compassion which fills the heart of woman. (November 20).

The State of Medical Diagnosis in 1912

When the Harriet Lane Home was opened in 1912 medicine was in a rather primitive state as compared with today. In 1952 Dr. Alan M. Chesney, Dean of the Medical Faculty, the Johns Hopkins University, spoke at the Commencement Exercises of the Woman's Medical College of Pennsylvania. In his address, "Four Decades of Medical Progress," Dr. Chesney discussed advances in medicine during the forty years since he began his medical internship. As to the diagnostic tools that were available in 1912 he said the following:

We had the stethoscope and the microscope, of course, and rather primitive ophthalmoscopes and otoscopes with which it was somewhat difficult for the novice to see the retina or the tympanic membrane, and of course we could measure the blood pressure and take recordings of the pulse with Sir James Mackenzie's polygraph if we had the time, which we usually did not, but we were as yet quite unfamiliar with the uses and the limitations of the electrocardiograph, which was just beginning to be used in the clinic, and as for the electroencephalograph, that reveals the so-called "brain waves", it had still to be invented.

The X-ray was available, of course, but it had not yet been used in connection with chemical substances to make the gall bladder visible, nor, with the aid of air injected into the ventricles of the brain, had it yet begun to play an important role in the diagnosis of brain tumors.

We had of course learned to count the blood and to perform the simpler chemical tests on the patient's excreta, but as yet, except for somewhat crude methods for the determination of the hemoglobin content of the blood, there were practically no methods for making accurate quantitative determinations, in the clinic, of this, that or the other chemical substance present in the blood, determinations which are so helpful in finding out what is wrong with the patient and the extent of the trouble, and which can be made nowadays in relation to a great many components of the blood. All of the advance in this particular direction we owe to the remarkable development of accurate chemical analytical methods applicable to the fluids and tissues of the body, which has taken place in the last few decades.

Similarly, we had few methods for testing the various functions of the body or of its special organs. The phenolsulphonephthalein test of Rowntree and Geraghty for kidney function had just been introduced (1910) but there were no satisfactory tests for liver function as yet, and the determination of the basal metabolic rate, so important from the standpoint of the management of the patient with thyroid

disease, had yet to find its way into the clinic. (Page 177, *Bulletin of The Johns Hopkins Hospital*, Vol. 92, No. 2, February 1953).

In his address Dr. Chesney pointed out that only in the area of bacteriology did the medical practitioner of 1912 have a considerable number of diagnostic tools at his command. The discoveries in bacteriology in the nineteenth century had, of course, been significant.

The Harriet Lane Home Becomes Famous Under the Leadership of Dr. John Howland

John Howland was born in New York City on February 3, 1873, the son of a Yale graduate who became a lawyer and a judge. The elder Howland was prominent in New York City's social life. John Howland was graduated from Phillips Exeter Academy and Yale and was one of the best liked men in his class at Yale. He was an outstanding athlete in college and for many years thereafter. Young Howland was graduated from New York University Medical School in 1897. Then followed a two year internship at the Presbyterian Hospital, 1897-1899, and a one year internship at the New York Foundling Hospital. There he met Dr. L. Emmett Holt, the leading figure in pediatrics in the United States in that day. Next, Howland studied at the University of Berlin and in Vienna for a year. Soon after Howland's return to the United States he became assistant to Dr. Holt, thus launching into a career in pediatrics.

Early in life Howland became interested in medical research in preference to the lucrative practice of medicine. In 1910 he was the outstanding young man in this country in the field of pediatrics. He was appointed Professor of Pediatrics at the Medical School of Washington University in St. Louis in that year. In order to prepare for the position he spent a year in Germany, studying under the leading pediatrician of the time, Czerny. During that year Howland saw how a research clinic functioned and acquired ideas about dealing with nutritional disorders of children. He began to see the potential of chemistry as a means of studying disease.

After coming back to the United States in 1911 John Howland carried on at St. Louis only six months. He then accepted the call to the Johns Hopkins School of Medicine to fill its chair of pediatrics, following von Pirquet, and to become the first head of the Harriet Lane Home for Invalid Children. Howland, then thirty-nine years of age, continued as head of the Harriet Lane Home until 1926, the year of his death.

Dr. John Howland was a practical person. He was energetic and versatile, spent much time as a clinician, had excellent judgment, and refused to be burdened with administrative duties. During his years as head of the Harriet Lane Home, children from many parts of the world were brought there for treatment. Much important pioneer work was done there, concerning the problem of infant feeding, which was then a vexing problem and one that often led to diarrhea and also to celiac disease, a chronic nutritional disturbance in young children. Among other things, Howland did

significant work in the discovery of the cause and cure of rickets. At the forefront of his field, he was also an editor of the *American Journal of Diseases of Children*, and co-author with Holt of *Diseases of Infancy and Childhood*, a standard work in pediatrics.

A picture of the first resident staff of the Harriet Lane (1912-1913) is shown by Chesney in volume III, between pages 224 and 225. The staff consisted of Howland and five other physicians.

In his early years at the Harriet Lane, John Howland knew that the cooperation between the University, the Hospital, and the Harriet Lane Home would produce amazing results. He said:

The affiliation of the Harriet Lane Home with the University marks a distinct advance in pediatrics in America. There has been, up to the present time, hardly any satisfactory arrangement between universities or medical schools and children's hospitals. The condition of affairs has been in marked contrast to that obtaining on the continent of Europe, especially in Germany. (The *Johns Hopkins Alumni Magazine*, 1912-13, page 120).

Fifty years later Chesney wrote:

There can be no doubt that the establishment in 1912 of the Harriet Lane Home for Invalid Children on the grounds of The Johns Hopkins Hospital in Baltimore, Maryland, and in the closest possible affiliation with that institution and with The Johns Hopkins University School of Medicine, marked an important step in the development of pediatrics in America. (Vol. III, page 222).

The most complete evaluation of work at the Harriet Lane Home during the years that John Howland was at the helm is found in an article by Edwards A. Park, an eminent pediatrician. The article is available in *Pediatrics* for July 1952 and is entitled "John Howland Award Address." The article was the address made by Dr. Park when he was especially honored by his colleagues. Park was on the staff of the Harriet Lane Home when it opened in 1912. He spent most of his professional career there, later becoming Director, and then Emeritus Professor of Pediatrics at the Johns Hopkins University. In view of the fact that Park's article is the best source of information about the Harriet Lane during Howland's administration, several lengthy quotations from it are reproduced here. In the first quotation there is a description of the Home in 1912, upon Howland's arrival, and comments upon his great success in attracting able young men to his staff. The quotation is as follows.

When Howland came to Baltimore as Professor of Pediatrics, there was no pediatric department. Von Pirquet had been professor from 1910 to 1911, but had no hospital building. He had been obliged to work in a couple of rooms assigned to pediatrics in the medical dispensary. It was he who had designed the building of the Harriet Lane Home on the basis of some pre-existing plans. In 1911 he returned to Germany on leave of absence and, while there, accepted the chair of pediatrics in Breslau. In 1912 when Howland arrived, the Harriet Lane Building was completed. Howland's task was to organize his department.

Howland brought Kenneth Blackfan, who had been his resident in St. Louis, to be his resident in the Harriet Lane. Blackfan had

been doubly recommended to Howland by Richard Pearce in Albany, and David Edsall in Philadelphia, under both of whom he had worked. I was placed in charge of the dispensary. There were three interns. I recall vividly the opening day of the dispensary, much heralded and important to us; there were 16 patients. There was money enough for the operation of only one ward floor, but this was rapidly filled with sick children. Howland's staff soon grew, as it became known that a new kind of clinic was being organized at Johns Hopkins under this brilliant progressive new kind of young man, aiming at goals higher than merely preparation for medical practice. McKim Marriott, released by Borden Veeder, when Veeder had to leave on account of his health for Saranac, came in 1914, Powers was intern in 1913 and remained, a bulwark of the department, until 1921 when he left to go with me to New Haven. In 1915 Gamble and Warren Sisson, attracted by the new opportunities, joined Howland's staff. Alfred Shohl also came that year. In 1916 Marriott left to become Professor of Pediatrics at Washington University, taking Samuel Clausen, an intern of great promise, with him. The following year Benjamin Kramer took Marriott's place. Frederick Tisdall arrived in 1918, sent specifically to the Harriet Lane from Toronto by Dr. Alan Brown, in order to obtain a foundation in pediatrics. Wilburt Davison and Horton Casparis came in 1919 and Graham Ross in 1920. (Page 91.)

How could anyone combine a homelike atmosphere with pioneering in medical care for children in an institution? Dr. Park spoke to this point.

Howland's organization of his interns was interesting. They were assigned in rotation the children admitted to the wards, but they also worked in the Dispensary. The important point in the arrangement was that when a child was discharged to the Dispensary his doctor on the wards took charge of him in the Dispensary. Thus each intern had his own group of patients, bed and ambulatory, just like a practicing physician, except that he did not make home visits. Each intern also did all the laboratory work required, including bacteriology. The arrangement was ideal, for it gave the intern an understanding of his patient as an integrated whole and it also cultivated the doctor-patient relationship. The interns became greatly interested in their patients as individuals and the patients in their turn loved to come back to their doctor in the Harriet Lane. The plan was only possible because the Harriet Lane service was so small. But it was in such contrast to the present system, in which division of labor makes it necessary to piece together the perspective of the child from charts and sheets of data and the personal relationship goes by the board. In Howland's clinic the personal touch was kept in all its purity. (Page 92.)

Certainly, the Howland system would have delighted Harriet Lane Johnston, who lived before the days of enormous case loads and splintered specialties in medicine.

Howland assumed all the clinical responsibilities at the Harriet Lane Home. Park states "I have never known any physician who felt his responsibilities toward his patients more keenly. He could not rest easy unless he himself saw with his own eyes what was going on and knew it to be right." (Page 93).

As a clinician Howland had few peers. His diagnosis was either correct or as close as possible to the truth. In arriving at a conclusion he brought to bear an immense, accurately remembered experience, a wide and exact knowledge of disease which increased noticeably

when he became with Dr. Holt a joint editor of *Holt's Diseases of Childhood* and a shrewdness which cannot be overemphasized. He had the kind of memory, often possessed by great clinicians, which enabled him to recall the name of the child, the time when the child had been a patient and the bed occupied in the wards. He had the shrewdness of a master horse trader. Only on one occasion did I ever see him make what I should call a complete physical examination. He would listen carefully to the history, ask questions and then examine the child in the pertinent places. He never lost the perspective in details. I think I have known other clinicians who were more sensitive to nuances, but never one who day after day would have a higher average score. As a diagnostician, consciousness of himself or emotion never got in the way of his judgment; he was never afraid to say that he did not know and never felt impelled to take chances in order to show brilliance or superiority. He was at his best, the greater the difficulties. Therapeutically, he was conservative and his sound judgment certainly caused him to make few mistakes. He realized fully the value of waiting for time to make situations clear. He never did anything or allowed anything to be done which by any remote possibility could injure a child. He understood children and his relations with them were delightful to watch. At will he could meet a child on an equality; children at once trusted him . . . (Page 93.)

The medical cases in the Harriet Lane Home covered a wide range of ailments. At an early date Howland, in working with this wide range, became aware of the importance of chemistry in the study of childhood diseases. Park states that Howland's first great accomplishment in the Harriet Lane Home was his production of proof that an acidosis exists in children who suffer from diarrhea and dehydration. (Page 95.)

Park speaks of John Howland as a delightful companion. He characterizes the first head of the Harriet Lane Home as a good conversationalist, a vibrant personality, a friend to many, with a large store of experience and knowledge. Then Park states:

What a joyous place the Harriet Lane was in those early days under this virile man! We were all young, our chief not much older than we, certainly not older in spirit, a happy family in which each had his duty. There was not a discordant soul amongst us. All was fresh, hard work was a delight and each day brought the new experiences and excitement of creative work. Then it must be remembered that this oasis of the Harriet Lane was set in the larger oasis of the Johns Hopkins, then still in its early glory, filled with interesting and some of them distinguished men, engaged in important work and having wide outlooks. (Page 106.)

And then a final evaluation by Dr. Park of the contributions of the Harriet Lane Home during the years 1912-1926, when Howland was its driving force.

. . . John Howland modernized pediatrics. He changed the course of pediatrics to what we know it now by substituting for bedside observation and conjecture the study of disease through laboratory methods and experiments. He caused pediatrics to become a dynamic, rapidly expanding subject. He accomplished this, not by scattering ideas which caused others to act, but by example. The example lay in the development of a model clinic, model from the point of view of administration, medical care, teaching, research, spirit—the Harriet Lane Home—known all over the world and in this country ex-



CHILDREN AWAITING MEDICAL CARE AT THE DISPENSARY OF THE HARRIET LANE HOME

This picture shows the dispensary on the first floor of the Harriet Lane Home in the 1930's. Children were brought to the dispensary by their mothers for immediate attention, whereas other children were admitted as hospital patients. For a time the dispensary was open only in the mornings. Parents and children arrived between 8 and 9 o'clock. Later the dispensary was open only in the afternoons, with parents and children arriving by 2 o'clock. There was a constant stream, some children receiving attention while others were still arriving. This was a posed rather than a typical picture. The mural paintings of children's scenes lent an interesting atmosphere but, of course, did not eliminate anxiety for the boys and girls.—Photograph courtesy Dr. Edwards A. Park.

tensively copied just as he left it. Moreover, he created and sent out missionaries, his pupils, filled with his ideas and spirit.

A new era in medicine, founded on the applications of science, was coming anyway. The Rockefeller Institute, for example, was founded in 1901. But Howland started the movement in pediatrics and the Harriet Lane Home under his guidance was the first full-time university clinic to win complete success. The successful experiment of the Harriet Lane insured the success of the full-time movement in American medicine. (Pages 107-108.)

Of course, other services at Hopkins were not far behind the Harriet Lane Home.

An article by W. C. Davison, one of Howland's students, and later Dean of the School of Medicine at Duke University, also provides much information concerning the first Director of the Harriet Lane Home. A sentence from Davison's opening paragraph is as follows:

He [Howland] modernized pediatrics, and established a clinic, the Harriet Lane Home, which was a model from the points of view of administration, medical care, teaching, research, and spirit for those which sprang up in other medical schools. It was known all over the

world, and in this country and abroad was extensively copied. Practically all of his assistants became heads of pediatric departments in medical schools in the United States, England, Hungary, and Japan. (Page 473, *The Journal of Pediatrics*, April 1955.)

Facts concerning the Harriet Lane Home as of about the time of Dr. Howland's departure are given by Alexander Ashley Weech, Pediatrician-in-charge, Harriet Lane Dispensary. The twelve-page account is entitled "The Johns Hopkins University School of Medicine, Department of Pediatrics," and is found in *Methods and Problems of Medical Education*, Eighth Series, Rockefeller Foundation, 1927. Dr. Weech includes floor plans of the Harriet Lane in his article, thus giving a clear-cut picture of how the main building and its three connecting buildings were used.

In the article Dr. Weech emphasized that no one at the Dispensary of the Harriet Lane Home had an outside practice, but that its work was accomplished by full-time members of the Department of Pediatrics and by students in their senior year in medical school or volunteer postgraduate students. He stated that approximately twenty thousand visits were made to the Dispensary during 1925. He spoke of the educational influence of the Harriet Lane Dispensary on the Baltimore community through contacts with the Welfare Centers of the Babies Milk Fund Association and the Bureau of Child Welfare of the City Department of Health.

Weech pointed out that a resident, three assistant residents, and six house officers were then living in the Harriet Lane Building and that they were on call at all hours. All members of the University staff at the Harriet Lane Home were engaged in teaching and research within the Home. The Social Service Department of the Harriet Lane was carrying on many activities. These included the supervising of patients who live at home with their parents, and arranging financial relief. The Special Service Department at the Harriet Lane in 1925 consisted of a head worker, three full-time assistants, several-volunteers, and one or more students in social economics at the Johns Hopkins University.

Budget figures were included in Weech's article, showing that the total budget for operating the Johns Hopkins University School of Medicine's Department of Pediatrics in the Harriet Lane Home for the year ending June 30, 1926, was \$163,517.51. This figure was based on the crediting of an estimated \$35,358.79 operating receipts from certain patients. Of course, the bulk of the budget was for salaries and wages.

Significant Niche of the Harriet Lane Home from 1926 to 1968

At the time of Dr. John Howland's death in 1926 the Harriet Lane Home had already become well known. The next year Dr. Edwards A. Park was appointed Professor of Pediatrics in the Johns Hopkins School of Medicine and Director of the Harriet Lane. Park had left the Harriet Lane to serve as Professor of Pediatrics at Yale

for six years and then returned to be Director for nineteen years. He carried on ably in the capacity of Director until 1945. In that year Dr. Park was succeeded by Dr. Francis F. Schwentker, who in turn was followed by Dr. Robert E. Cooke.

During the forty-two years since Howland, the Home continued its great work, attracting sick children from many parts of the world. Its staff undertook major research concerning such areas as endocrinology and cardio-vascular defects.

For some years the most difficult problem which was faced by the Managers and the Director of the Harriet Lane was lack of endowment to operate the Home at its full capacity. Consequently the institution limped along for a time with many beds empty until adequate financing was provided. Nevertheless, the Harriet Lane Home embarked upon an ambitious career. Mrs. Anna M. Richardson Harkness of New York, and others presented large gifts which made possible the expansion of its work. Even so, the Harriet Lane was a drain on the finances of the Johns Hopkins Hospital.

A great medical program can scarcely continue without substantial financial support. After the Harriet Lane Home had been functioning for a number of years the Johns Hopkins Hospital Trustees took the view that the Board of Managers of the Harriet Lane should raise funds to meet the cost of operating the Home. The Harriet Lane Managers, however, took the view that Dr. William H. Welch's verbal assurance, before amalgamation of the two institutions, released them from the business of raising funds to meet operating costs. According to Dr. Edwards A. Park, the situation came to a head in about 1927 or 1928 when Mr. George Cater, a Trustee of the Hospital, 1927/1928, took the position that the relationship between the Home and the Hospital should be severed, claiming that the Home was costing the Hospital \$80,000 per year. Dr. Winford Smith, Superintendent of the Johns Hopkins Hospital, answered Mr. Cater by pointing out that the actual cost of the Harriet Lane Home to the Johns Hopkins Hospital, for heat, light, and all other services, was \$8,000 to \$10,000 annually rather than \$80,000. This factual report quieted the matter. The remainder of the Trustees of the Hospital did not agree with Mr. Cater and they would not sever the Hospital's relationship with the Harriet Lane, even if it would have been possible under the law to do so. Why should they cut off their connection with an institution that had already brought fame to the Johns Hopkins Hospital? There was an amicable settlement, even though the Hospital Trustees felt that the Harriet Lane Managers should have exerted themselves to raise money to meet operating expenses, while the Harriet Lane Managers felt that Dr. Welch's verbal assurance relieved them of fund-raising responsibility. It was agreed that two of the Harriet Lane Managers were now to be elected to the Board of Trustees of the Johns Hopkins Hospital. Dr. Park is unaware of any effort on the part of the Harriet Lane Managers to raise money for operating expenses. However, on occasion a few of the Managers did obtain funds to launch special

projects within the Harriet Lane. The above information was conveyed by Dr. Park to this writer in a lengthy conversation on October 30, 1968. Part of the information was given verbally to Dr. Park by his associate, Dr. Winford Smith.

Meanwhile, the work of the Harriet Lane Home for Invalid Children of Baltimore City continued during the Presidency of two able members of the Board of Managers. The minutes of the Board of Managers of the Harriet Lane state that Mr. Charles Baetjer was elected President of the Home on October 10, 1929. Years later, at the January 17, 1950, meeting of the Managers he was re-elected President. The minutes for a meeting of November 8 of that year show that a resolution was drafted in his behalf and sent to Mrs. Baetjer and that Mr. Blanchard Randall was elected President. Mr. Randall, a distinguished Baltimorean, and son of the Blanchard Randall who was a Trustee of the University, and of the Hospital and a Manager of the Home in 1905, continues as President of the Harriet Lane in 1969. Both Baetjer and Randall, as Presidents, kept a careful eye on the interests of the Harriet Lane.

In the depth of the depression of the 1930's the Baltimore *Evening Sun* for October 26, 1933, stated that Dr. Edwards A. Park, head of the Harriet Lane Home, then had a staff of thirty-five doctors in addition to himself, and fifty nurses. On November 23, 1933, the same newspaper said that the Harriet Lane Home had treated eighty-five thousand children since it was "established" in 1913, and that eighty percent of those eighty-five thousand had been treated free of charge. The *Evening Sun* for November 23 also said that in 1932 more than sixty-seven hundred boys and girls were treated at the Home, that twenty-seven thousand visits were made to its dispensary and an additional one thousand children were admitted to this hospital after "applying at the dispensary for relief."

Research progress at the Harriet Lane Home was reported frequently in the Baltimore Sun papers. The *Evening Sun* for February 11, 1929, reported on progress of the Harriet Lane in treating children who were suffering from epilepsy, through use of special diet. A study of heart disease in children was reported in the March 28, 1932, issue of the *Sun*. The study had begun four years earlier under Dr. Park. Children were being watched from infancy and the study was to continue until the children were fourteen or fifteen years old, so as to improve diagnosis and treatment of heart disease in children. On Sunday, August 1, 1937, the *Sun* discussed pioneer research at the Harriet Lane concerning dyslexia, a handicap in reading. Its two-page article, "Words that Don't Mean what they Say," dealt with the work of Dr. Leo Kanner, head of the psychiatric clinic at the Harriet Lane.

H. L. Mencken, always sweeping his eyes across his native Baltimore, was well aware of the effective work that Dr. Edwards A. Park was doing at the Harriet Lane. In the Baltimore *Morning Sun* for July 13, 1937, he had a significant article of a column and a half,

entitled "The Harriet Lane Home For Invalid Children." Among other things, he stated in the article, "THE HARRIET LANE is known throughout the world for its contributions to pediatrics."

Undoubtedly Harriet Lane Johnston wanted to establish a home atmosphere in hospital surroundings, for she was thinking in terms of children who were suffering from chronic diseases. Such children could scarcely be taken care of adequately in their own homes. How would they progress under institutionalization? Could there not be an institution where a homelike atmosphere prevails? Such thoughts very likely passed through her mind. Those who have served as head of the Harriet Lane created an unusual atmosphere within its walls. Victoria Boney Obrecht wrote an article "This Hospital Is Great Fun," which appeared in the *Baltimore Morning Sun* for May 27, 1945. In the article she told of the program at the Harriet Lane for children who need help. The rotogravure section of the *Baltimore Sun* for Sunday, November 29, 1953, carried a feature article, "For Bored Children: 'Real T. L. C. [tender, loving, care]' " by Margot Doss. The article described the work of Susan Fritz, play supervisor at the Harriet Lane, and was illustrated with six large pictures.

Meanwhile attention was being given to special medical treatment for children. The *Baltimore Morning Sun* for February 14, 1951, announced that on that day the Cardiac Clinic at the Harriet Lane was dedicated. The clinic connected two wings of the Home. The *Baltimore Evening Sun* for July 2, 1959, spoke of the "Palsy-Cause Hunt" in the Pierce Butler Laboratory of the Harriet Lane Home. The article carried a double column picture showing a technician at the Home testing tissue to determine the rate of virus growth. Almost two years later, on April 4, 1961, the *Baltimore Evening Sun* announced a \$30,000 program at the Harriet Lane for specialized clinical service to infants and children with birth defects.

The famous "blue baby doctor", Helen Brooke Taussig, was one of the luminaries of the Harriet Lane Home. She headed the Cardiac Clinic at the Harriet Lane from 1930 to 1963. Her career was quite unusual. After being graduated from the University of California in 1921 she spent most of her time for the next nine years at the Johns Hopkins School of Medicine, graduating in medicine in 1927, serving as a Fellow in the heart station at the Johns Hopkins Hospital, and as an intern in pediatrics. During the time that Dr. Taussig was in charge of the Cardiac Clinic at the Harriet Lane she was the recipient of numerous awards, among them one from France and another from Italy. She was President of the American Heart Association 1965-1966.

Among many young physicians on the staff of the Harriet Lane Home who there received valuable training and became well known was Alexander Ashley Weech who has had a long and distinguished pediatrics career in Peking, China, at Columbia University, and in Cincinnati, Ohio, after being Pediatrician-in-Charge in the Dispensary at the Harriet Lane. In 1968 he is editor-in-chief of the *American Journal of Diseases of Children*.

The Board of Managers of the Harriet Lane Home joined the Trustees of the Johns Hopkins Hospital, the Directors of the Eudowood Sanatorium, and the Trustees of the Robert Garrett Fund for the Surgical Treatment of Children in 1957 in the erection of a Children's Medical and Surgical Center at the Johns Hopkins Hospital. This Center is a twelve-story building with 270 beds, adjacent to the Harriet Lane Home, and connected to it by an enclosed corridor. The new structure was erected at a cost of \$15,000,000 and is one of the world's most complete pediatric facilities.

Dr. Cooke became head of the new Center, with the title of Professor and Director of the Department of Pediatrics in the Johns Hopkins University School of Medicine; Pediatrician-in-Chief of the Hospital. On March 17, 1964, the Center admitted its first patients. The Center was dedicated in May 1964 at the time of the seventy-fifth anniversary of the Johns Hopkins Hospital.

In 1968 the Children's Medical and Surgical Center at Johns Hopkins is carrying on a work that would delight anyone having an interest in child health. The excellent work still goes on in the Harriet Lane Home, an institution which continues as an important part of the new Center. A plaque calling attention to the Home is found in the Memorial Lobby of the Children's Center and is reproduced on the opposite page. In 1968 the Pediatrics Department at the Johns Hopkins School of Medicine is probably the best in the United States. It is carrying on a greater volume of day-to-day medical and surgical service to children, and a greater amount of research and training than ever before. However, when the Department was founded in the Harriet Lane Home for Invalid Children of Baltimore City in 1912 it stood alone as *the* pioneer in the United States.

THE HARRIET LANE HOME
FOR INVALID CHILDREN
OF BALTIMORE CITY

THIS INSTITUTION
JOINING IN THE CREATION OF THIS BUILDING
AND IN THE BROADER WORK
OF THE CHILDREN'S CENTER
WISHES TO KEEP ALIVE THE MEMORY OF
HARRIET LANE JOHNSTON
WHO BECAUSE OF HER DEVOTION
TO THE RELIEF OF CHILDREN'S SUFFERINGS
MADE POSSIBLE THE ESTABLISHMENT
OF THE HARRIET LANE HOME
AND IN ADDITION DESIRES TO MEMORIALIZE
THE ACHIEVEMENTS OF THE HOME
OVER THE YEARS WITH
THE JOHNS HOPKINS HOSPITAL
FOUNDED 1906

**PLAQUE IN MEMORIAL LOBBY OF THE CHILDREN'S MEDICAL
AND SURGICAL CENTER, THE JOHNS HOPKINS HOSPITAL**

The Center was created as a result of the joining of three institutions with The Johns Hopkins Hospital to form one of the world's greatest medical centers for children. The three institutions were The Harriet Lane Home for Invalid Children of Baltimore City, The Robert Garrett Fund for the Surgical Treatment of Children, and Eudowood, the Hospital for the Consumptives of Maryland. The Center was opened in 1964. From the Author's Collection.