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‘The Sweetest of All Charities’¹

**The Toronto Hospital for Sick Children’s
Medical and Public Appeal, 1875-1905**

By Noah Schiff

**A thesis submitted in conformity with the requirements
for the degree of Masters of Arts
Graduate Department of History
University of Toronto**

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¹ Advertisement. The Evening Telegram. December 12th, 1891.



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Abstract

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The powerful image of the female nurse providing domestic care and moral instruction to a poor sick child was essential to the Toronto Hospital for Sick Children's (HSC's) early marketing efforts. The gender issues evident in HSC's initial thirty years studied in this paper reveal a covert, subconscious power struggle between the men and women at HSC as they attempted to accommodate the general public's expectations of pediatric hospital care. HSC's early history demonstrates that public expectations, female agency, and male intervention into hospital politics ultimately align under a common cause of specialized pediatric care. However a struggle to define pediatric medicine did ensue, influenced by gender roles, scientific paradigm shifts, and public desire infused with their expectations of sex-role stereotypes of the times. This struggle has left its mark on HSC's history in the form of an uncommon collaboration, evident in the hospital's built form, marketing campaigns, philanthropic management, and medical outlook. Even today, HSC's appeal encourages public support by promoting its paternalistic social welfare efforts. For the public *caring*, in addition to *curing*, remains a defining feature of pediatric medicine. Dubbing itself 'The Sweetest of All Charities', HSC continues to advocate a need for good nursing care as a way of administering scientific medical cures to children. The combination of money and mercy, medical-science and hygienic ideals, and caring and curing were established in HSC's first thirty years of hospital work, from 1875 to 1905. This project investigates why and how this combination emerged as defining features of pediatric medicine.

Acknowledgements

I would like to thank Dr. Jim Connor for his insightful comments and guidance throughout this project.

Diane Gilday, the archivist for the Hospital for Sick Children, and Shirley Avery in Nursing Education at HSC have both brought to my attention significant archival resources which without, this project would not have been possible.

There are a countless number of family members, friends, and professors at both the University of Toronto and McGill University who have been exceptionally supportive, encouraging me through difficult moments and reading early drafts of this paper. To them I am forever grateful.

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‘It Must Get Money or it Cannot Give Mercy’²

² Postcard, circa 1913. Courtesy of Shirley Avery’s private collection.

Introduction: Dear Little Sick Children

dear little sick
 children here is 14
 cents for you it is all
 the money we have
 got because pa has
 not had much work

J. Lorry and Nellie

FOR SICKS OF A LITTLE CHILDREN

Figure 1: Advertisement, The Evening Telegram, Toronto: December 28, 1895

Max Braithwaite observed in his account of Toronto's Hospital for Sick Children (HSC): "The newspapers continually go to the Hospital for stories, especially at Christmastime, when the Hospital is having its annual appeal—and besides you can't beat stories about kids at Christmas."¹ The image of a suffering child or of successful treatment often finds its way into the media when discussing pediatric hospital care. Most recently, the National Post dedicated two full pages to photographing one-and-half year old Robbie Thompson. He is shown happily recovering from a recent high-risk heart transplant at Toronto's Hospital for Sick Children.² Suffice it to say that suffering children compel compassion from all types of people. For example, Bill Gates of Microsoft Corporation, one of the world's wealthiest

¹ Max Braithwaite. Sick Kids: The Story of the Hospital For Sick Children in Toronto. Toronto: McClelland and Stewart, 1974.

² Rene Johnston. "Life Story: Photo Essay." National Post. Toronto: July 30, 1999. B10.

persons, announced that in time he will turn over his \$65 billion fortune to assist philanthropic activities. Justifying such magnanimity, Mr. Gates revealed that he and his wife Melinda “want our children – and all children – to grow up in a world without AIDS.” Be it for philanthropic gain, media attention, or as Gates and his wife have simply stated, “because they think it is the right thing to do,”³ the plight of suffering childhood has reached beyond all expectations, compelling tremendous generosity and demanding international concern. Helping to motivate this magnanimous public reaction, be it at Christmastime or otherwise, various local media outlets disperse images of child suffering, encourage the public to effect social change through philanthropic support, and thus help perpetuate within Canada an ideal childhood experience.

The chance of life for Robbie



RENE JOHNSTON / NATIONAL POST

Figure 2: “Rene Johnston, the photographer who began chronicling the plight of Robbie and his parents in February, illustrates the despair and triumphs of Robbie’s fight for life in an exclusive photo essay ...” While Mr. Johnston acted independently of HSC’s advertising efforts, that the National Post chose to run a full page spread documenting Robbie Thompson’s ‘fight for life’ demonstrates that images of children receiving excellent medical attention as a result of progress still appeals to the public.

Rene Johnston. “Life Story: Photo Essay.” National Post. Toronto: July 30, 1999. Photo: A1, Essay: B10.

³ “Gates to give away \$65 billion fortune” The Sunday Times: Foreign News. London, England: August 1, 1999. Cited from: www.the-times.co.uk/news/pages/Sunday-Times/stifgnusa1012.html.

From very early in the history of Toronto's Hospital for Sick Children, social welfare concerns and a benevolent cause have been used to encourage local support of this special pediatric institution. The desperate situation working-class families coped with daily, and rescuing sick and crippled children from the unsanitary and immoral accommodations provided by such poverty became central to HSC institutional appeal. Early in the twentieth century, publicizing HSC at Christmastime, a self-titled advertisement in Toronto's daily paper The Evening Telegram, "The Appeal of the Hospital for Sick Children, Toronto," featured a sick child sprawled across several chairs and surrounded by unhealthy, possibly immoral, conditions and helpless parents. The impression this picture portrayed, although unpleasant, made its point clear; the accompanying dialogue stated simply that "the Child must be Taken to the Sick Children's Hospital."⁴ The image and its accompanying dialogue not only encouraged *money* from a compassionate readership, it demonstrated a real need for such *mercy*; donating to HSC saved a sick child from his/her unfortunate, unsanitary and potentially deadly situation.

HSC was founded in 1875 by a group of socially-concerned faith-driven women. For fifteen years these women managed the hospital's daily functions and made the necessary administrative decisions regarding basic medical needs in keeping with popular expectations for pediatric care. In 1891, a new 'modern' hospital, custom designed for the purposes of a Children's Hospital, opened its doors to Toronto's sick children. Once established in this location (at 67 College Street), and having relocated administrative control to a male Board of Trustees, HSC began to expand the scope of its mandate beyond the confines of Toronto's working-class families, to administer care to all



Figure 3: Appearing December 24, 1900, this advertisement for the Hospital for Sick Children demonstrated to the readership of the Evening Telegram a real need for medical and moral intervention among working-class families, particularly regarding the plight of the children. Depicting such dilapidated conditions, and the inadequate sanitary and medical situation this sick child had to 'fight for life' in, the ad simply stated: "The Child must be taken to the Sick Children's Hospital"

Advertisement, The Evening Telegram. December 24, 1900.

⁴ Advertisement, The Evening Telegram. December 24, 1900.

children in the Dominion of Canada. As an institution initially managed by women and then by men, HSC's history provides an opportunity to examine various factors motivating philanthropy in the late nineteenth-century. HSC also lends itself to investigating institutional and administrative issues directing hospital development at the turn of the twentieth century. The female and male organizations involved in HSC's initial thirty years of operations made specific decisions in regards to the medical efficacy dictating hospital care, and also demonstrated a concern for the religious and moral instruction presented to its patients. Understanding HSC at the end of the nineteenth-century provides new perspectives on hospital evolution, philanthropic ambitions, and the public reception to the institutionalization of medicine and charities at the turn of the century.

Previous histories of hospitals in Canada have tended to focus on recording general events within a local institution, to highlight landmark accomplishments, rather than analyzing the historical significance of this evolution. In accordance with this, a history of HSC compiled by Max Braithwaite in 1974 does not critically review the institution's medical and public progress.⁵ Rather his study presented to the *lay* public a story-book overview of HSC from its earliest beginnings to the early 1970s. Even still, a careful reading of his scholarship does reveal evidence of gender issues emerging within the hospital's management, the effects of technology on medical care, an effort to market HSC to the public's interests, and simultaneously a move towards an institutionalized and medicalized hospital environment. Similarly Jesse Boyd Scriver's study of the Montreal

⁵ Max Braithwaite. Sick Kids.

Children's Hospital retells this hospital's history to a popular audience.⁶ Again, critical commentary is hidden beneath an effort to glorify the history of this particular institution.⁷ In addition to a lack of good historical scholarship dealing with Canadian Children's hospitals, the historiography covering general hospitals has also attracted minimal academic interest. A study of the Royal Victoria Hospital in Montreal by D. Sclater Lewis is somewhat more critical in its approach, looking broadly at the interaction of government officials, lay administrators and university-trained physicians as RVH progressed into the twentieth century.⁸ This study provides an early effort to extend hospital historiography in Canada to an academic level. Lewis' scholarship, however, has not been the watershed study one may have hoped for. The Canadian hospital historiography is still in its early stages, and the field is wide open for historians to explore more closely.

Margaret Angus' "Social and Institutional History" of the Kingston General Hospital provides an unique perspective on the evolution of the Canadian health care system. Angus concludes that the "development of medical knowledge and skills and the growth of the importance of hospitals in medical care and medical education paralleled the progressive transfer of financial responsibility for health care from the private to the public sector."⁹ Her study attempts to analyze Canada's current social welfare policies, and the public nature of its hospital system through the evolution of medical care in

⁶ Jesse Boyd Scriver. The Montreal Children's Hospital: Years of Growth. Montreal: McGill-Queens University Press, 1979.

⁷ To this end, some Canadian institutions have published pictorial histories. Again this appeals to a popular audience, and its scholarly value is limited. See:

Neville Terry. The Royal Vic. Montreal & Kingston: McGill-Queens Press, 1994.

Edward Horton Bensley. The Montreal General Hospital Since 1821. Montreal: Forest Lithographing, 1971.

⁸ D. Sclater Lewis. Royal Victoria Hospital, 1887-1947. Montreal: McGill University Press, 1969.

Kingston, Ontario. More recently, David Gagan has studied the Owen Sound General and Marine Hospital. His research reveals that “medicine for the entire community, whether in Owen Sound or elsewhere, was the product of limited, yet powerful forces. The first of these was the medical profession itself.”¹⁰ Gagan also examines the role of private philanthropy, the public ‘social’ perceptions of disease, and the effect of government policy. Aside from the efforts by Gagan and Angus, little attention has been given to the history surrounding Canada’s evolving hospital system.

The minimal number of academic hospital studies available within the Canadian context compels the student of hospital history to turn to the American and British experiences for methodological guidance. J.T.H. Connor has drawn similar conclusions from his historiographical review essay, “Hospital History in Canada and the United States.” Discussing Canadian hospital historiography in comparison with the American one, Connor insinuates that “as yet, no ‘synthetic’ study of the ‘hospital’ has appeared, nor indeed has any sophisticated analysis of a specific institution been written,”¹¹ whereas American work has produced both ‘synthetic’ and specific institutional histories. While Connor calls for increased ‘synthetic’ hospital studies similar to Charles Rosenberg’s recent survey of American general hospitals,¹² he does acknowledge a continued need for ‘single hospital studies.’ While a ‘synthetic’ study of major urban centres “such as Montreal or Toronto for example, [cries] out for analyses which examine the development of their hospitals and the relationship these institutions had with

⁹ Margaret Angus. Kingston General Hospital: A Social and Institutional History. Montreal and London: McGill-Queens University Press, 1973. 188.

¹⁰ David Gagan. ‘A Necessity Among Us’: The Owen Sound General and Marine Hospital, 1891-1985. Toronto, Buffalo, London: University of Toronto Press, 1990. 59.

¹¹ J. T. H. Connor. “Hospital History in Canada and the United States.” Canadian Bulletin of Medical History. 7: 1990, 84.

concomitant developments in public health, medical education and broader social trends,”¹³ this single-institution study of HSC does bring some of these relevant and under-explored historical issues into focus. Furthermore, there is a notable absence of both ‘synthetic’ and single study scholarship for pediatric hospital institutions in the United States and Great Britain. Thus this effort to document HSC’s early history, while contributing explicitly to the Canadian historiography, being a specialized pediatric institution it also adds a new dimension to the broader discourse of hospital history.

As mentioned above, in the United States there has been recent academic interest in ‘synthetic’ and single hospital history studies. Charles Rosenberg’s scholarship of American General Hospitals illustrates a social relationship between the hospital and society, creating a microcosm/macrocosm dichotomy. He identifies an “inward” gaze of physicians to their economic, social and professional appearance that diverts attention away from the nineteenth-century home-based medicine. As technology and science move effective care into a hospital setting the patient becomes an extraneous bystander in his/her ability to facilitate the healing process. Rosenberg insists that scientific medicine, integral to successful hospital treatment, “promised status and economic stability to the regular practitioner, healing to society, and increasing freedom for the elite to pursue their own goals. ... The prestige of scientific medicine helped make the hospital a more consistently and self-consciously medical institution, while the medical profession became more intensely hospitalized.”¹⁴ In Rosenberg’s effort to examine the social

¹² Charles Rosenberg. The Care of Strangers: The Rise of America’s Hospital System. New York: Basic Books Inc., 1987.

¹³ J. T. H. Connor. “Hospital History in Canada and the United States.” 104.

¹⁴ Charles Rosenberg. The Care of Strangers: The Rise of America’s Hospital System. New York: Basic Books Inc., 1987, 189. Summarizing his study, Rosenberg reiterates this thought and maintains that “if the hospital had been medicalized, the medical profession had been hospitalized in the years between 1800 and 1920.” (346)

impact of these academic, administrative, and technological changes within medicine and science, the hospital is shown to embody the corresponding professional and institutional progress.

Contributing a more institutional history of American hospitals compared to Rosenberg's social history, is Harry Dowling's City Hospitals. Dowling argues that the rising cost of technology in the hospital, coupled with an increased presence of paying patients, made it difficult for the government to fiscally support hospital 'poor houses'. Much like that of Rosenberg, this effort to record the late nineteenth-century history of hospitals¹⁵ relies on a close examination of hospital archives, city council minutes, medical journals, and other professional and administrative sources. Dowling discusses some of the relevant issues regarding hospitalization through the veil of public policy and hospital administration. Whereas Rosenberg is essentially concerned with the hospital's medical and professional developments in antebellum America, Dowling studies the politics within the hospital, commenting on the conflict ensuing between medical staff and lay administrators. His scholarship explains that "two vastly different forces were affecting the management of city hospitals in the latter half of the century after the [American] Civil War: politics and professional administration."¹⁶

Similar to Rosenberg, a direct evaluation of how the general public and the hospital patient perceived change (and for that matter facilitated or impeded progress) is overshadowed in Dowling's study by the political and professional ambitions of medicalization, institutionalization and eventually privatization of the hospital system.

¹⁵ While Dowling does focus his study mainly in the twentieth-century experience, he does incorporate into this scholarship an examination of the late nineteenth-century hospital history, and provides an good account of the 'City Hospitals' "Poor House" origins.

The hospital is thus seen to be affected by a need to provide comfortable and efficient hospital care for the wealthy paying/private patient while simultaneously fulfilling a socio-political desire to provide adequate care to impoverished citizens. The attraction of this power dynamic between lay administrators and academic physicians, between fiscal responsibility and implementing costly, efficacious medical technology has had a profound effect on American hospital development and on the corresponding historiography. This dynamic leads scholars to study third party payment systems or the evolution of university medical school teaching hospitals. Even those who focus on one particular hospital find significant importance in studying the internal administrative issues, and analyzing a power construct within the hospital wards. Such an interest is directly related to the contemporary situation in America, in which the origins of third-party health care insurance and a privatized hospital system predominates.¹⁷

Due to an entirely government funded health care system in England (until recently), as opposed to the contemporary private system in the United States, British scholarship tends to focus significant attention on the social welfare issues related to hospital care. Brian Abel-Smith's early seminal study explores the hospital as it shifts its

See Harry Dowling. City Hospitals. Cambridge, Massachusetts: Harvard University Press, 1982. Especially Chapters 1-4. (Parts I and II)

¹⁶ Harry Dowling. City Hospitals. 42

¹⁷ There are two excellent compilations of articles that feature various American hospitals, and demonstrate their respective evolutions alongside health care insurance and university teaching needs. In Diane Long and Janet Golden's collection, The American General Hospital: Communities and Social Context see: Charles Rosenberg. "Community and Communities: The Evolution of the American Hospital." 3-20; Joan Lynaugh. "From Respectable Domesticity to Medical Efficiency: The Changing Kansas City Hospital, 1875-1920." 21-39; Joel Howell. "Machines and Medicine: Technology Transforms the American Hospital." 109-134; Susan Reverby. "A Legitimate Relationship: Nursing, Hospitals, and Science in the Twentieth Century." 135-156; David Rosner. "Doing Well or Doing Good: The Ambivalent Focus of Hospital Administration." 157-169. An earlier collection edited by Charles Rosenberg, Healing and History also features some interesting accounts of American hospital history. Particularly there is: Jacques Quen. "Isaac Ray: 'The Greatest Amount of Good with the Smallest Amount of Harm.'" 149-161. Elizabeth Long, Janet Golden, ed. The American General Hospital: Communities and Social Context. Ithaca and London: Cornell University Press, 1989.

function from a “pauper” hospital, to a public institution threatened by paying private patient care, only to have socialism post-WWII reassert the hospital’s public mandate.¹⁸ Abel-Smith compels anyone who chooses to study hospitals to move beyond their walls, to consider hospital evolution as part of a larger socio-political agenda. In a more recent evaluation of the Edinburgh Royal Infirmary, Guenter Risse examines financing of the hospital through Christian philanthropy, the careful selection of patients who would help maintain/promote the efficacy of hospital care, and the function of the physician and the surgeon in relation to a lay administration. Like Abel-Smith, Risse is interested in the socialization of hospital medicine in Britain. Rather than examining lay-politics, he turns his analysis to the internal developments of the hospital in order to demonstrate an early concern in England by the medical and administrative powers-that-be to legitimate the need for effective health care to all members of society.¹⁹ Implicitly Risse argues that Britain’s contemporary socialized medical system had its roots in the eighteenth century hospital.

More relevant to this study of Toronto’s Hospital for Sick Children is Elizabeth Lomax’s exploration of the ‘synthetic’ history of pediatric hospitals in Victorian England. She asserts that by the end of the nineteenth-century,

what seems to have evolved was enormous trust in the value of institutional care, rather than any furtherance of middle- and upper-class rejection of the home environment of needy children. ... By the end of the Victorian era society seems to have decided that even very young children

Charles Rosenberg ed., Healing and History: Essays for George Rosen. New York: Science History Publications, 1979.

¹⁸ Brian Abel-Smith, The Hospitals, 1800-1948. Cambridge: Harvard University Press, 1964.

¹⁹ In this extensive study of one hospital, Risse is fortunate to have impeccable archival resources to work with – “Fourteen student casebooks copied between 1771 and 1799 and containing 808 individual clinical histories ... supplemented by the 3,047 entries randomly extracted from the surviving folios of the infirmary’s General Register of Patients.”

Guenter Risse, Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal infirmary of Edinburgh. Cambridge, Eng.: Cambridge University Press, 1986. 5

could manage quite well without their families for long periods of time and were often better off in a structured environment managed by adults more or less dedicated to their wellbeing.²⁰

Lomax, while providing valuable historical insight into pediatric care and its related administrative, medical and institutional progress in Victorian England does not completely address *why* the lay public began to financially and generally support the hospital environment. Her study is particularly concerned with the medical, political, managerial and social idealism influencing pediatric medical needs. As such, her source-work is well-grounded in archival records, annual reports and related medical literature from this era under study. The value of this scholarship is considerable, however it also compels one to look elsewhere for more *public* responses to hospitalization and specialization.

Returning to the circumstances surrounding HSC's history, one cannot distance the lay-politics, social welfare motivations, and philanthropic ambitions which the Ladies Committee of Management and Board of Trustees infused into the hospital administration.²¹ Considering the various American and British approaches to hospital history, HSC provides an interesting opportunity to study the managerial, medical and public issues affecting hospital evolution between the years 1875 and 1905. Mixed with

²⁰ Elizabeth Lomax. Small and Special: Development of Hospitals for Children in Victorian Britain (Medical History, Supplement No. 16). London: Wellcome Institute for the History of Medicine. 1996. 173.

This is one of the only academic studies of pediatric hospitals available. As far as I have seen, in both American and British historiography pediatric hospitals have yet to receive significant attention. Lomax's work is a start, but more like this, and more on 'single' pediatric institutions in Canada, the United States and Great Britain would benefit hospital historiography generally. This study of HSC hopes to contribute to this growing need.

²¹ As these prominent Toronto businessmen took the helm of HSC's management, the provincial government of Ontario recognized the important and unique medical care provided to children, and listed HSC on its Charity Aids Act, providing the hospital with annual funds and regular inspections to assist in HSC's development. For a good description of this Charity Aids Act, see: Richard Splane. Social Welfare in Ontario, 1791-1893: A Study of Public Welfare Administration. Toronto: University of Toronto Press, 1965. 56-64.

the expected issues of medicalization, technologization, institutionalization and fiscally responsible hospital management, HSC's administrators and medical staff had to convince the lay public that a real need existed in Ontario for a children's hospital. On the one hand this was achieved by implementing effective treatment, such as orthopedic surgery. On the other hand HSC relied on newspaper advertising as a mechanism to 'appeal' directly to the public. This published discourse provides an alternative perspective from which to gauge the impact hospitalization and medicalization had on the public within late-Victorian English Canada. For this reason, studying HSC necessitates a close examination of how its management marketed this special facility to the general public. Whereas Lomax has suggested the concept of institutional care was itself becoming more popular, my particular research addresses *why and how* HSC encouraged a positive public response to their exclusively pediatric facility. Thus in addition to the administrative and academic sources available, analyzing popular discourse provides some insight regarding HSC's lay reception.

HSC's chairman of the board after 1891, John Ross Robertson, was also the founder of and editor-in-chief for Toronto's Evening Telegram. Not surprisingly HSC made significant use of this paper to encourage public support. The meaning imbedded in HSC's advertisements conveyed to the public new developments in medicine, technology and hospital construction, and simultaneously reassured the public that the traditional factors affecting patient care – domestic comforts, maternal nursing care, and a morally secure environment – remained important. Whereas other hospital history scholarship focuses on the changes made by administrators and physicians, and how these changes improved patient care, this study demonstrates that while HSC did initiate these 'modern'

medical changes, the public/patient did not entirely encourage aggressive institutionalization measures. What the Toronto public wanted to see was the Christian virtues and charitable domestic motives behind hospital care, and these motives perpetuated home-based images and maternal management ideals.

As a result of these female nurturing qualities evident in HSC's earliest medical efforts, it is possible to understand more fully aspects of female beneficence in Toronto during the late-Victorian era.²² While it precedes the era studied in this analysis, Cecilia Morgan's recent feminist and discursive treatment of Upper Canadian gender issues – specifically studying political interactions, media publications, evangelicalism and generally the deconstruction of masculinity and femininity in the early nineteenth-century Upper Canada – asserts that “the ‘public’ and the ‘private’ were not two distinct and separate spheres formed in complete isolation of each other. Each sustained the other ... the lines between the two were more than a little blurred.”²³ Keeping in mind that gender-politics has had a significant effect on both masculine and feminine philanthropic activities, it is important to study these ‘separate spheres’ together. HSC demonstrates an excellent opportunity to reveal the ‘blurring’ of these gender spheres, and to closely analyze the points of intersection.

²² Understanding female philanthropy in Canada, particularly in the late-Victorian period, has received minimal attention to date. Sharon Cook has explored in detail the Women's Christian Temperance Union (WCTU) and Lynne Marks has commented on the history of the Salvation Army in Ontario. Both efforts reveal that Protestant evangelicalism and a female responsibility to actively reform society were specific causes motivating these female charities. Furthermore, charity work as oppose to wage-labour was considered appropriate for women of middle- and upper-class society.

Sharon Cook. “Through Sunshine and Shadow”: The Woman's Christian Temperance Union, Evangelicalism, and Reform in Ontario, 1874-1930. Montreal: McGill-Queens University Press, 1995
 Lynne Marks. “The Knights of Labor and the Salvation Army: Religion and Working-Class Culture in Ontario, 1882-1890.” *Labour/Le Travail*. 28 (Fall 1991): 89-127.

²³ Cecilia Morgan. Public Men and Virtuous Women: The Gendered Languages of Religion and Politics in Upper Canada, 1791-1850. Toronto, Buffalo, London: University of Toronto Press, 1996. 7

F. K. Prochaska's scholarship has provided an overview of female philanthropy in Victorian England. While she does not explicitly state that this 'blurring' of gender-lines evolved from their charitable efforts, Prochaska does imply that philanthropic ventures provided domesticated women in England with some agency:

Throughout the nineteenth century it [philanthropy] was seen as the leisured woman's most obvious outlet for self-expression. ... Whether casual or institutional, charitable work was relatively free from the restraints and prejudices associated with women in paid employments. Nor did the law have to be changed to permit women to expend their benevolent energy.²⁴

The presence of women in charities had a direct effect on the institutional image disseminated to the public. Prochaska comments that, to this end, "wherever women had a say in the running of an institution they left their domestic touch. Domesticity was the common experience of women charitable workers, and it should not be undervalued, for the application of household skills to the world outside the home had much to recommend it."²⁵ Since HSC was initiated as an exercise in female Christian beneficence it is not surprising then to find that it too was modeled after a home, and that administrative and published documents made a conscious effort to reiterate the domestic and maternal nursing virtues even as its management masculinized and the hospital's general medical function and business organization institutionalized.

Annmarie Adams has observed a similar 'blurring' of spheres in Victorian England, but from the perspective of sanitary home construction. Using the architectural and interior design features as alternative sources, Adams concludes in her Architecture in the Family Way that the "boundaries between domestic architecture and social

²⁴ F. K. Prochaska. Women and Philanthropy in Nineteenth-Century England. Oxford: Clarendon Press; New York: Oxford University Press, 1980. 5-6.

²⁵ Prochaska, Women and Philanthropy. 146.

institutions in the late nineteenth century were much more fluid than the ubiquitous 'separate spheres' theory has allowed us to explore. In some cases this ambiguity is in fact the key to the true meaning of the buildings with regard to gender issues."²⁶ To this end, I too have made an effort to analyze the constructed environment in order to evaluate the merging of gender references in HSC's built form. Even after the Board of Trustees asserted their masculine versions of philanthropy, this feminine domestic image remains important to the *public message* encoded into HSC's mortar and bricks.²⁷ Much like Adams has used alternative sources to challenge the 'separate spheres' notion of British Victorian society, in the Toronto context, gender and architecture have had a similar social relationship. Furthermore, examining the architectural design innovations of HSC can yield some additional understanding to medical innovations and the implementation of sanitary ideology within the hospital in the late-Victorian era.²⁸

²⁶ Annmarie Adams. Architecture in the Family Way: Doctors, Houses, and Women, 1870-1900. Montreal & Kingston: McGill-Queens University Press, 1996.

²⁷ Significant insight into HSC's constructed meaning can be provided through a material analysis of its built form. In an effort to implement a Material Culture methodology, this project has incorporated aspects of Prown's, Fleming's, Zimmerman's, and Finley's proposed systems of data collection and interpretation. Prown suggests the researcher examine "Style as Evidence." In this case the marriage of form and function is examined to determine the artifact's cultural value. Prown admits that "where function and form are partners, as in architecture and the decorative arts, it is easier to perceive form if the function is not too complex." (Prown, 198). McClung Fleming provides a good framework to examine the functionality of an artifact. By means of its materials, construction, design, and use of signs and symbols, the artifact functions as a vehicle of communication conveying status, ideas, values, feelings, and meaning." (Fleming, 158). Related to the functional methodology of Fleming's is Zimmerman. He stresses in his analysis of "workmanship" the capitalist impulses of the builder and the owner of the artifact in question, that "both quality and efficiency contributed to a chief concern of the shop owner—making money." (Zimmerman, 289). Finley's analysis method takes into account both textual evidence and the artifact itself. It is as much a psychological, personal exploration of intuition and emotional reaction as it is a traditional academic, textual exercise in research. Ultimately, he identifies that "the intention [of an artifactual analysis] is to reach beyond the artifact to the wider scholarly theme being studied." (Finley, 10)..

E. McClung Fleming. "Artifact Study" Winterthur Portfolio. 9, 1974. 153-73.

Finley, Gregg. "The Gothic Revival and the Victorian Church in New Brunswick: Toward a Strategy for Material Culture Research." Material History Bulletin, 32(Fall, 1990). 1-16.

Jules Prown. "Style as Evidence", Winterthur Portfolio. 15(3), 1980. 197-210.

Philip D. Zimmerman. "Workmanship as Evidence: A Model for Object Study." Winterthur Portfolio. 16(4), 1981. 283-307.

²⁸ Jeremy Taylor has explored in detail the role of the architect in designing the British pavilion hospital between 1850-1914. He explains that "an immediate question was how best to learn about an increasingly

Analyzing the points of convergence of these gender lines at HSC raises an important question: was this expression of female philanthropy in 1875 and its continued presence after 1891 an effort by HSC's women to seek out public agency? Was this a *conscious* effort by a few ambitious women to achieve power and prestige within a patriarchal society? It is my belief that HSC evolved from a group of socially prominent women whose primary motivation was to fulfill their Christian duty to society by merely applying what they knew best – domestic care and moral hygiene – to this medical environment. Mothers were responsible for the health and welfare of the home. In the feminist sense HSC's Ladies Committee did revolutionize a professional, male dominated hospital system by maintaining some power through their continued presence and domestic management at HSC after 1891. To this end, the feminine image of hospital care marketed to the general public remained central to HSC's pediatric mandate. However, the effort to initiate such a change was not radical or feminist, nor was it the product of a calculated female response to an unjust gender hierarchy. Even after 1891, HSC's Ladies Committee and the other women involved in HSC's daily function (such as the nurses and Lady Superintendent) did not explicitly challenge their subservient role in this hospital wards, nor did they overtly object to the new masculine management. As women, but more specifically as matriarchs, they remained in the hospital and continued to imbue the care provided to the children with a maternal, domestic image.

technical subject area and so benefit from existing experience and exemplar buildings.” (Taylor, xi). The architect was therefore more than just a builder in this exercise. Issues of sanitation, technology and aesthetics converge in the final structure of the pavilion hospital in England. While HSC's 1889-91 “Victoria” Hospital construction was not of the pavilion plan, similar design considerations were evident in considering its built form. Taylor provides an interesting application architectural analysis to hospital history, and is something I have brought into my work as well.

Jeremy Taylor. The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England, 1850-1914. London, New York: Leicester University Press. 1997.

Analyzing the medical discourse constructing 'scientific motherhood' in the first half of the twentieth-century, Cynthia Comacchio and Katherine Arnup have both contributed to a better understanding of the circumstances surrounding the Canadian experiences of childhood and motherhood. Comacchio concludes her monograph, Nations are Built of Babies by asserting that despite

the fact that women's organizations took an active lead in child welfare efforts in the early twentieth century, women were relegated for the most part to subordinate positions in the campaign and its state sponsored agencies as child welfare increasingly became a professionally dominated and state-sponsored activity. ... But with few exceptions, male leadership predominated both in medicine and the state.²⁹

To this end, Comacchio does reveal that this child-welfare movement did "give the mothers themselves an active role to play in changing the systems of childrearing" – this role however was supervised by male leadership and educated physicians. Arnup is more critical of the female subjugation resulting from published advice on 'scientific child-rearing'; she demonstrates that the medical elite perpetuated through this discourse a 'separate spheres' notion of society. The industrial revolution removed fathers more and more from the home to earn a wage as factory labourers, and thus women consolidated the parenting role. "Isolated within the home, divested of many of their responsibilities" Arnup explains of the late nineteenth-century family, "women in the emerging middle-class turned their attention increasingly to the business of rearing children."³⁰ As a result, women were further confined to the home, and the advice literature which Arnup critically evaluates merely perpetuated this domestic maternal role.

²⁹ Cynthia Comacchio. Nations Are Built of Babies: Saving Ontario's Mothers and Children. Montreal, Kingston, London, Buffalo: McGill-Queens University Press, 1993. 238.

³⁰ Katherine Arnup. Education for Motherhood: Advice for Mothers in Twentieth-Century Canada. Toronto, Buffalo, London: University of Toronto Press. 1994. 33.

To disseminate middle-class home management ideals to Toronto and to Ontario, HSC was an early mechanism for presenting popular child-rearing advice to the working-class family. While both Comacchio's and Arnup's studies postdate the period covered in this research paper, the issues they respectively address are similar and can help frame its' scope of inquiry.³¹ An historical study of HSC reveals an early attempt to initiate change in the working-class family structure. As an exercise in middle-class philanthropy HSC reflected an idealized version of domestic, maternal management. After 1891, once the male Board of Trustees had replaced the Ladies Committee as the administrative body, female nurturing characteristics were not removed from HSC's mandate. The medical elite and the lay administrators recognized the importance of maternal care and domestic management as the hospital advocated its specialized pediatric role within Ontario.

The discussion that follows looks at both HSC's institutional history and its public appeal. This combined historical approach reveals a hospital that challenged social ideals while simultaneously accommodating popular interests. HSC as a modern medical institution initiated changes within its architectural environment, and applied progressive scientific ideas and new medical and surgical procedures to its daily pediatric efforts. However, as a charitable organization in need of continued community support, HSC maintained a strong connection to lay impressions of

³¹ Cynthia Comacchio comments on the discursive lens often used to evaluate the Canadian Childhood experience:

"Even if historians are obliged to look at children largely through the eyes of adults, the way that a society defines the ideal child and the best method for its upbringing tells a great deal about the society's self-image. The concept of what a child is and should be exposes the society's self-defined shortcomings, values, and aspirations."

hospital medicine. The powerful image of the female nurse, providing domestic care and moral instruction to a poor sick child, was essential to HSC's marketing strategy. HSC as a hospital to cure and as a hospital to care, merging its need for 'money' with its ability to dispersed 'mercy', acknowledged popular public opinion as it applied new medical-scientific concepts to its daily curative efforts. Domestic images and paternal nurturing became integral to efficacious pediatric medicine, and remain prominent characteristics of pediatrics even today. By investigating the origins of these 'feminine' qualities at Toronto's Hospital for Sick Children this project establishes why and how they emerged as the necessary counterparts to an institutionalized and technologized professional medical specialty. This research demonstrates that the combination of mercy and money began in 1875 as part of the philanthropic vision sponsored by a few socially conscious, domesticated, Christian women. In 1875, 1905, and currently, HSC's appeal encourages public support by promoting its paternal, social welfare efforts. For the public's interest *caring*, in addition to *curing*, remain defining features of pediatric medicine.

In this thematic exploration of HSC from 1875 up until 1905, the interaction of men and women within this pediatric institution continuously influenced the hospital's general progress. Chapter 1 looks at the interaction of religion and philanthropy throughout the period in question. While there were notable changes in the expression of a Protestant ethic present at HSC's founding, even in the early parts of the twentieth century elements of this female evangelicalism remained intact. To this end, HSC's management continued to emphasize the importance of providing religious instruction to the children in its care, and simultaneously indicated a social-welfare responsibility to

technological discoveries which contributed to HSC's medical efficacy. This portion of the discussion reveals that while inwardly the hospital began to institutionalize and medicalize its daily activity, and thus began to attract government recognition and financial support, outwardly the administration continued to emphasize HSC's well-managed domestic environment. Miasmatic disease theory and Florence Nightingale's nursing model (commanding proper maternal care) remained prominent ideological factors influencing HSC's public message. Even with the advent of x-ray technology, bacteriology and orthopedic surgery, the public still perceived HSC to be a model home, rather than a 'modern' institution. A close examination of the public image HSC disseminated follows in Chapter 3. Images incorporated into HSC's advertising reveal that the founding ideals of the hospital in 1875 – Protestant morality, maternal nursing care, and a sanitary domestic environment – were still prominent features thirty years later in 1905. Scientific change, technological progress, and hospitalization were sold to a consumer public in these ads, but they did not replace the established lay impression that a domestic-maternal nursing style of care affected the hospital's medical and managerial efforts.

In this dynamic period of growth at HSC power politics and gender clashes did exist, however it was never exposed as an overt conflict, nor was there ever a direct effort to suppress radical exertions of female agency. Change in the feminist sense, occurred silently through the avenues available to middle-class Christian women. HSC empowered women primarily because it provided them an opportunity to display the sanitary and social benefits of a well-ordered home and proper maternal care of children to Toronto, and eventually to Ontario. The Board of Trustees did not remove this voice from the

women in part because they did not see it as any sort of threat to their own masculine role in society but also because the lay public expected this image of domesticity in a Children's Hospital. Functioning as a hospital and as a home, the Hospital for Sick Children made an effort to *appeal* financially to a consumer public and medically to a desperate family, to institutionalize domestic care, and to forge out of the 'modern' scientific hospital a place for pediatric maternal care.

Chapter I: Keeping the Institution Domestic.

‘Are not the mothers the best ones to care for their children when sick?’¹



Figure 4: Elizabeth McMaster, shown in this portrait, was one of the founding women at HSC. She was president of the Ladies Committee of Management until 1891. With the Board of Trustees replacing the Ladies Committee as the governing body for the hospital, Mrs. McMaster spent two years at Cook County Hospital in Chicago, training as a nurse. In 1891, when the new “Victoria” Hospital opened its doors, Mrs. McMaster assumed the position of Lady Superintendent.

The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 26.

The Hospital for Sick Children (HSC) was established in 1875 by a group of socially concerned Christian women. Under their guidance, it quickly became a model of good home management and maternal care to working-class Toronto families. Materially the hospital’s wards demonstrated proper sanitary

¹ Report of the Hospital for Sick Children, From March 1st, 1875 to July 1st 1876. Toronto: Dudley & Burns, Printers, 1876. 7

conditions. Medically the nursing care provided to the sick children followed closely from Florence Nightingale's hygienic model. Both the material and medical message provided within HSC's wards in these early years merged under an evangelical doctrine advocating proper domestic management and the moral advantage encoded into the teachings of the Protestant faith. This religious instruction and moral healing which accompanied the medical efforts at HSC's inception delivered to Toronto a distinctly female solution to some of the city's social problems. The solution, that is a children's hospital, followed directly from this gender-oriented philanthropic approach, and was linked to these Christian women's perceived responsibilities to society. Even after the founding women relinquished their administrative control to the male trustees, these feminine characteristics of hospital-nursing care remained prominent features of HSC's medical treatment and social message. In this sense, HSC commenced and functioned as an organization upholding a patriarchal order; the male exertion of administrative power after 1891 established a gender division of labor similar to that which existed in the contemporary middle-class home. This chapter demonstrates that HSC began as a domesticated, moral and medical charity and precisely because of this, women were best suited – given the domestic and maternal role they assumed in mid-Victorian family culture – to promote this hospital, and to further its social welfare. evangelical cause. These female influences continued to have an effect on the public's general expectations of hospital care, specifically of this children's hospital, even at the dawn of the twentieth century.

F. K. Prochaska has discussed in detail female beneficence in Victorian England, arguing that "a distinct feature of women's work in nineteenth century philanthropy was

the degree to which they applied their domestic experience and education, the concerns of family and relations, to the world outside the home.” She later asserts that “as a religion of duty, which placed service above doctrine, evangelicalism appealed particularly to women. Religious sensibility and social pity stood much higher in their minds than abstract, frequently arid theology.”² From its inception, HSC was imbued with moral and domestic meaning. Initiated as a Christian organization operated and managed by women, this children’s hospital was determined to do more than merely attend to the medical needs of sickly children. In January of 1875, Toronto’s Women’s Christian Association met to decide on a charitable enterprise to assist the poor within Toronto. Concurrent with their *philanthropic* brainstorming, much of Toronto’s Protestant middle-class good-will was already distributing clothing, food items and other ‘personal comforts’ to impoverished working-class citizens.³ Even so, Toronto’s daily newspaper,

² F. K. Prochaska. Women and Philanthropy in Nineteenth-Century England. Oxford: Clarendon Press; New York: Oxford University Press, 1980 7.9

³ For example J. J. Kelso’s Children Aid Society was operating within Toronto at this time. Andrew Jones and Leonard Rutman in a biographical study of Kelso and his philanthropic doings, explained that by the 1890s “many middle-class English Canadians were expressing concern with the manner in which children were being raised in Canadian society, including the implications of child-rearing practices for general societal well being ... [The] relative prosperity of the expanding urban middle-class provided an opportunity for more attention to the nurturing aspects of child-rearing than was possible in harsher rural settings where children played an important economic role.” (Jones and Rutman, 26).

Considering this middle-class presence in urban centres. Neil Sutherland warns that it must not be overlooked that “those doing most of the talking spoke from the middle-class.” (Sutherland, 25). Critically evaluating this ‘middle-class’ voice present in Kelso’s Children’s Aid Society, John Bullen attempts to access the working-class experience. His contribution reveals that it is not so much a question of what Kelso did, nor why he did what he did, but more importantly it is a question as to what the real, rather than the perceived experiences of these working-class children were.

The circumstances surrounding HSC’s founding, and the administrative efforts that guide it in through the thirty years discussed in this paper, reveal a middle-class impressions of working-class society. Thus as an institution founded by socially prominent women, HSC reveals a similar evangelical, social reform campaign that encouraged contemporary philanthropy.

John Bullen. “J.J. Kelso and the ‘New’ Child-savers: The Genesis of the Children’s Aid Movement in Ontario.” In Smandych, R. et. al. ed., Dimensions of Childhood: Essays on the History of Children and Youth in Canada. Winnipeg, Manitoba: Legal Research Institute, 1991. 135-158.

Andrew Jones, Leonard Rutman. In the Children’s Aid: J.J. Kelso and the Child Welfare in Ontario. Toronto, Buffalo, London: University of Toronto Press, 1981.

Neil Sutherland. Children in English-Canadian Society: Framing the Twentieth Century Consensus. Toronto, Buffalo: University of Toronto Press. 1976.

The Globe, announced that the Women's Christian Association had discovered another cause deserving of their attention, and "by a late movement the ladies have met with extraordinary success in another charitable direction, the establishment of a hospital for sick children."⁴ With this in mind, it is not surprising that early reports regarding HSC's good work picked up on its moralizing, domesticated features. For the women running the hospital, the image of a well-ordered Christian home was what they knew best. As a charitable activity extending aid to impoverished children, these enterprising women found support and motivation through Protestant spirituality and a doctrine of social reform. The Hospital for Sick Children became a vehicle to assert the Ladies Committee's preconceived matriarchal ethic to Toronto's working-class families.

From the outset it was recognized that these children needed to be immersed in a virtuous familial environment. Of the families the hospital's patients came from, HSC publications noted that "the labourer is all day long absent at his work, while the mother ailing and weakly, perhaps, has not only the task of help to earn the daily bread, but also the care of a large family."⁵ The need of such a hospital to access and reform these inadequate conditions and to protect the children from an immoral family arrangement became a necessary motivating cause for the Ladies Committee. Discussing the first patient, "Maggie", the hospital's annual report for 1876 immediately identified the advantage to healing provided by appropriate domestic management. Specifying proper maternal supervision, the first annual report for HSC observed that

This case [of patient Maggie] seemed an answer to the oft put question, 'Are not the mothers the best ones to care for their children when sick?' Our hearts would say 'yes', but our experience too often says 'no', they

⁴ The Globe, Toronto: January 26, 1875.

⁵ Report of the Hospital for Sick Children, From July 1st 1876, to December 31st, 1877. Toronto: Hunter, Rose & Co., 1878. 11.

have neither the skill nor time to nurse the little ones, and hence the latter often suffer from severe accidents or grow up cripples, and a large percentage of them perish before they are able to take care of themselves.⁶

Emphasizing these less than ideal family circumstances, from its inception HSC presented an idealized version of the domestic sphere to Toronto's working-class families.⁷ The health of the family rested on the shoulders of the family matriarch. In this sense, one can see HSC empowering women within their domestic sphere. As an institution, HSC *advertised* to Toronto the benefits of a healthy, well managed home. Blaming the root of childhood illness on the absence of maternal supervision not only legitimized the need for HSC in Toronto, but it provided a tangible domestic model for all of Toronto's mothers to look to.

Under the control of the Ladies Committee of Management HSC helped bridge a gap between the domestic female sphere and a more masculine, business oriented one. After 1878, by appointing "an advisory committee consisting of three or four gentlemen to advise on business matters and to act as trustees for the Hospital in the purchase of and holding property"⁸, the Ladies Committee of Management at HSC had an opportunity to interact with Toronto's 'public' business sphere. This is not to say that HSC initially evolved from a female response to a patriarchal society. The women involved in HSC's

⁶ Report of the Hospital for Sick Children, From March 1st, 1875 to July 1st 1876. Toronto: Dudley & Burns, Printers, 1876. 7-8

⁷ Gertrude Himmelfarb discusses this philanthropic idealism in the late Victorian, English context. She argues that "if the Victorian philanthropists did not believe that there were comprehensive solutions to most social problems, they did believe that some problems could be alleviated and that it was the duty of the more fortunate to do what they could to relieve the conditions of the less fortunate. This was the moral imperative that made philanthropy so important a part of Victorian life. But there was another moral imperative: that every proposal for alleviation should produce moral as well as material benefit—at the very least that it not have a deleterious effect." HSC's benefactor's being from a 'more fortunate' end of the social hierarchy in Toronto, were influenced by a similar perception of their role to Victorian society, and were thus motivated by similar moral imperatives.

Gertrude Himmelfarb, The De-Moralization of Society: From Victorian Virtues to Modern Values. New York, Alfred A. Knopf: 1995. 164

⁸ Minutes of the Ladies Committee, March 1st 1878

management from its inception did not rely on the hospital for female agency. The issue of good health, particularly on the home front, was connected to the female head of the house. In an era where the home was the responsibility of the women and miasmatic disease theory demanded absolute cleanliness, women necessarily assumed responsibility over domestic sanitary condition.⁹ As such, a sick child likely indicated inadequate mothering. Precisely because it provided an appropriate standard of cleanliness suitable for all children, HSC's initial years of growth (1875-1891) relied on a morally hygienic setting as a means of promoting and legitimizing a separate pediatric facility in Toronto.

As a children's hospital, functioning under a doctrine that insisted on a healthy home to ensure a healthy childhood, these women did not infringe on the male dominated business sector, nor did they challenge their own 'motherly' domestic role in society. HSC's Ladies Committee, with the help of local media, helped to publicize the morally bankrupt family situation among Toronto's working-class. In an effort to effect change in this impoverished home front, the Hospital became *the* virtuous solution to unsanitary domestic conditions which some children in Toronto were victims of:

There is no doubt of the fact that many children die every year, who, with better nursing and food than can be afforded them in their own homes, might have got well, while there are many hard-working families, who could not properly nurse one of their sick children without cutting herself

⁹ Annmarie Adams reveals that women had significant control over the 'domestic' sphere, both in interior design and in general layout of the house. She states that "the expectation of the nineteenth century sanitarians stemmed from a long standing belief that domestic health was an innately female concern. ... Women's isolation in the home was used to advance their role in domestic sanitation." (Adams, 81) A women's architectural knowledge, for the domestic environment, was significant since the "domestic sanitarians expected middle-class women to be amateur inspectors of their houses, maintaining minimal standards of healthy architecture by detecting architectural defects." (Adams, 82) Since HSC was the work of local Toronto women, it is not surprising to see these women 'detecting' and correcting design defects within the hospital-homes they rented and managed between the years 1875 and 1891. Annmarie Adams. Architecture in the Family Way: Doctors, Houses, and Women, 1870-1900. Montreal & Kingston: McGill-Queens University Press, 1996.

off from the means of living. To meet such cases this hospital has been opened.¹⁰

Maternal neglect resulting from economic hardship was a dominant concern amongst Toronto's Protestant middle-class. HSC provided sick children of poverty an opportunity to heal in a well-maintained and properly supervised setting. Relieving working-class families of the financial and parental (maternal) burden of sufficiently caring for a sick child, HSC in these early years centered around 'better nursing and food'. It did not supply any procedural, scientific basis necessitating pediatric care aside from an appropriate sanitary and structured setting.

Whereas HSC was conceived based on a concern that working-class families did not have the economic means nor the time to properly care for sick children, it did not take long before the conditions of poverty itself became immoral in the eyes of the ladies involved, and this became their primary concern. Initially acting as a *qualitative* moralizing agent, assisting and reforming family life amidst the working-class, HSC soon began to assert a moral hygiene that identified poverty as the root-cause of disease:

Many think that in London, or such other great European cities, is the want and misery only to be found that is described of little children by Dickens; but our sad experience has been ... that in our own City, the City of churches, 'The Queen's City of the West,' children are living in an atmosphere of filth and misery and evil, breathing bad air in wretchedly ventilated rooms, ready, from their sickly and scrofulous constitutions received by inheritance from their drunken and tainted parents, not only for sores and deformities that must necessarily come from such birth-source, but for any passing disease.¹¹

From a ideological perspective, issues of dirt, poor ventilation, and alcohol as causes of social and biological illness did not veer far from the hygienic teachings of Florence Nightingale. The women operating HSC in these early years thus followed a domestic

¹⁰ The Globe. Toronto: September 20th. 1876.

model of nursing, not only to protect children from 'drunken and tainted' parents, but also under the precept of dispersing proper sanitary ideology to these working-class families.



WHERE THE SICK COME FROM.

Figure 5: The text describing this image, "Where the sick come from", highlights the advantage HSC provided children and mothers alike by emphasizing the desperate condition working-class families regularly dealt with: "From such places as this are many of the little ones stolen away to bright rooms, clean beds and wholesome food. In the boy leading on the crutch is the problem of life being debated. He is gazing out of the shattered window across the squalid yard over the unlovely roof at the ever lovely skies beyond, and the little man—the making of a great man if he only get a chance—is thinking, thinking, thinking. The little girl on the unattractive bed has no doll, and no rubber ball, and no skipping rope, and in her little wasted body there is hardly strength and spirit to play even had she them. And more, the sullen, soured and disappointed woman on the stool would not let her make any noise from fear of waking the puling infant in the rude and shabby cradle. The air is poisonous and close, reeking with the fumes of liquor, smoke and rank food—Haste to the rescue."

The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 17

¹¹ Seventh Annual Report of the Hospital for Sick Children, for 1882. Toronto: Dudley & Burns, 1883. 13

From Florence Nightingale's discussion, the five "essential points in securing the health of a home" – pure air, pure water, efficient drainage, cleanliness and light – were incorporated into HSC's early domestic and medical management. To meet these basic principles of health, Nightingale cautioned that "badly constructed houses do for the healthy what badly constructed hospitals do for the sick."¹² Displaying an active effort to find a properly constructed hospital-home, in the years prior to acquiring a custom designed building (constructed between 1889-1891) HSC relocated four times. Despite this effort to improve HSC's healthful location, each of its early rented houses had drawbacks regarding their sanitary conditions. For example, the third hospital location on Elizabeth street, although being

detached, and possessing the luxury of a large and pleasantly shaded playground, was unsuitable in every other respect for hospital purposes, being wholly destitute of conveniences, especially necessary for the medical attendance, and careful nursing of sick children.¹³

Thus residing in a house but functioning as a hospital, HSC proceeded with trepidation amidst the unsanitary dwellings of Toronto's impoverished, downtown neighborhood.

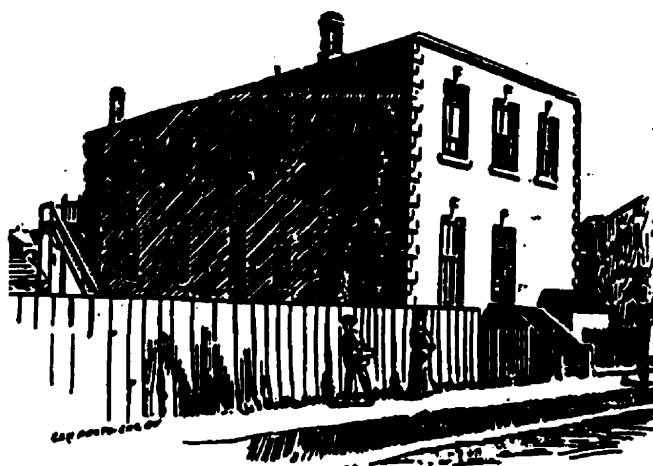
In its fourth location on the corner of Jarvis and Lombard streets (in the old Protestant Sisterhood no less) the internal space of HSC was described as "commodious, possessing all the modern appliances for comfort and convenience, and every facility for the successful treatment of hospital cases. The "Wards" are bright and pleasant, with an outlook towards the south and east."¹⁴ While HSC was still located inside a modified

¹² Florence Nightingale. *Notes on Nursing*. 1859. 15. Facsimile of the original, reproduced in: Robert Van der Pect. *The Nightingale Model of Nursing*. Edinburgh: Champion Press, 1995.

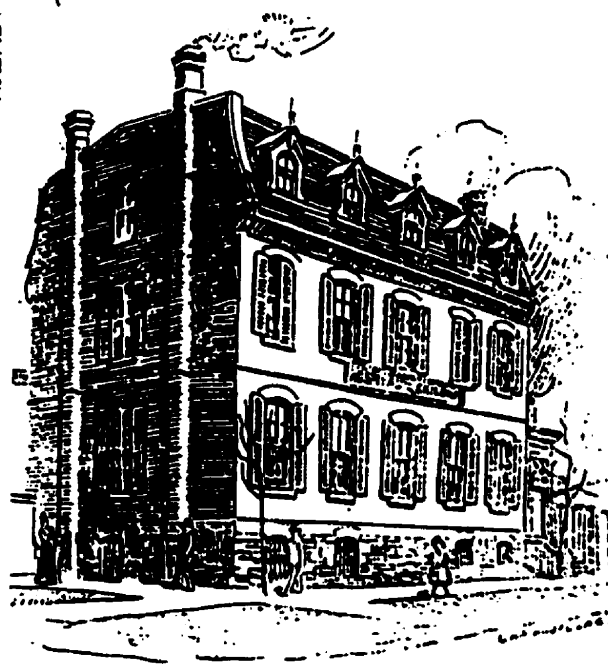
¹³ *Report of the Hospital for Sick Children, From January 1st 1878, to December 31st, 1878*. Toronto: Hunter, Rose & Co., 1879. 9.

¹⁴ *Report of the Hospital for Sick Children, From January 1st 1878, to December 31st, 1878*. Toronto: Hunter, Rose & Co., 1879. 11.

rented space amidst one of Toronto's most depressed neighborhoods, effort was being made to ensure 'direct sunlight' entered the wards and that "dark wards on a northern aspect" be avoided to assist the patient's "speedy recovery."¹⁵ Inside this fourth adapted



THE THIRD HOSPITAL ON ELIZABETH STREET.



THE FOURTH HOSPITAL—JARVIS STREET.

Figure 6: The third and fourth rented buildings used by HSC were modified tenement houses within Toronto's working-class neighborhood (St. John's Ward). While both of these hospital-homes held some advantages according to miasma disease theory and nursing protocol, there were also sanitary drawbacks to these structures, and to their respective locations. As early as 1886 it became clear that in order to meet the nursing needs and ensure an adequate medical-sanitary environment for the children, HSC would have to custom design a hospital.

The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 10, 41.

¹⁵ Florence Nightingale. Notes on Hospitals. 18.

rented house, with its “warm airy rooms, and clean beds,” HSC’s staff was able to “nurse and care for them [the children] during their illness.”¹⁶ The reference to the ‘warm airy rooms’ at this fourth hospital location, fulfilled Florence Nightingale’s “very first canon of nursing” by keeping “the air he [the patient] breathes as pure as the external air, without chilling him.”¹⁷ The Ladies Committee’s concern for good hygienic conditions fulfilled other sanitary axioms based on Nightingale’s domestic nursing suggestions. Given that the wards in the former ‘Protestant Sisterhood’ faced east and south, morning sunshine and mid-day sunshine respectively would directly enter them.¹⁸

Cleanliness, ventilation and sunlight, while grounded in a theoretical framework for disease prevention, were also necessary requirements for a well-managed home. HSC’s mandate under this female administration, implementing Nightingale’s sanitary nursing instructions merely provided the appropriate measures ensuring such a healthy home environment. As an organization managed by socially conscious philanthropic women, modeling HSC on a properly conditioned home, the Ladies Committee asserted

¹⁶ Seventh Annual Report of the Hospital for Sick Children, for 1882. Toronto: Dudley & Burns, 1883. 13.

¹⁷ Florence Nightingale. Notes on Nursing. 8.

The hospital architect, even at HSC’s conception, was concerned with heating the hospital and ensuring adequate ventilation. W. Gill Wylie, writing in 1877 on hospital construction, dedicated an entire chapter to this issue of warming and ventilation. He proposed several design measures which would ensure that proper heating and the continuous circulation of air within the hospital wards. Of interest here is the fact that architectural manuals were already ‘inventing’ material features to ensure the healthful condition of the hospital. While HSC’s early history, prior to 1891 was obliged to adapt the conditions of rented homes to the purposes of hospital care, the medical and architectural community had already begun to recognize a place for technology in the hospital. HSC, however (and this will be addressed later in this chapter) does not allocate this emerging technology of a ‘modern’ ventilation system until it acquires a custom designed building in 1892.

For more on W. Gill Wylie’s methods of ventilation and heating see:

W. Gill Wylie. Chapter V: “Warming and Ventilation.” Hospitals: Their History, Organization, And Construction. New York: D. Appleton and Company, 1877. 118-113.

¹⁸ This fulfilled Nightingale’s assertion that “the cheerfulness of a room, the usefulness of light in treating disease is all-important” (Nightingale, Notes on Nursing. 43) and that “the axis of a ward should be as nearly as possible north and south” (Nightingale, Notes on Hospitals. 19) to permit a maximum amount of sunlight entering the wards.

Florence Nightingale. Notes on Nursing.

their feminine, domestic responsibilities within the patriarchal society of late-Victorian Toronto. The nursing methods they initiated followed from the premise that proper nursing-care and good mothering were intimately related and necessary to ensure the health of all children. Thus as a matriarchal exercise, HSC demonstrated to Toronto's impoverished citizens the benefits of proper domestic management.

Affecting the 'healthy environment' within the hospital, and confronting social/moral issues regarding maternal neglect of children in working-class families also emerged in the careful measures insisted on for the food provided to the patients at HSC. Diet was an all-important attribute of mid nineteenth-century medicine. Determining good from bad food for the patient, according to Miss Nightingale, was a question of "what the patient's stomach can assimilate or derive nourishment from, and of this the patient's stomach is the sole judge."¹⁹ Upon regular visits, some of the Ladies Committee members "had found that the meals were improperly cooked and improperly served, and consisted of indigestible food." Without a theoretical justification, but likely relying on Nightingale's nutritional and cooking instructions,²⁰ it was suggested that to remedy this, "the groceries are to be purchased, and marketing done by the matron herself. ... Bread to be baked in the house, pastry forbidden, and to carry out these arrangements it is absolutely necessary to provide for regular visitors to inspect daily every detail of the housekeeping."²¹ Not only was insufficient nourishment a cause of disease (and reminiscent of neglectful mothering), but a proper diet was essential to the hygienic,

Florence Nightingale. Notes on Hospitals. Third edition. London: Longman, Green, Longman, Roberts and Green, 1863.

¹⁹ Florence Nightingale, Notes on Nursing. 42

²⁰ Florence Nightingale stated that "home-made bread or brown bread is a most important article of diet for many patients. The use of aperients may be entirely superseded by it."

Florence Nightingale. Notes on Nursing. 42

²¹ Minutes of the Ladies Committee, July 6th, 1877.

medical paradigm influencing pediatric care at HSC, ensuring a patient's complete recovery.

Related to this dietary instruction, that is influencing the constructed moral environment, Nightingale's teachings also encouraged the domestic nurse to take control of most external aspects influencing patient care. Florence Nightingale explained that "unnecessary noise, or noise that creates an expectation in the mind, is that which hurts a patient. It is rarely the loudness of the noise, the effect upon the organ of the ear itself, which appears to affect the sick." Rather, it was the distraction such elements create, "the strain on his attention,"²² which yielded the patient harm, and did not allow him/her to heal properly. The Ladies Committee made an explicit attempt to ensure peace and quiet on the wards of HSC too. In the minutes, Committee member Mrs. Macdonald, "wished that there could be more quiet in the ward where the children were in bed and suggested that the Matron should be told to occupy other rooms more frequently and keep the folding doors half closed in the large ward downstairs."²³ To this end, HSC made an effort to properly structure the moral conditions within the wards. This effort again emphasized that the women's role at HSC was distinctly matriarchal and moral as oppose to medical.

Monitoring closely this constructed moral environment in the hospital wards, HSC's Ladies Committee imbued into this 'quiet instruction' religious ideology. When an 'evil influence' infected the wards and patients with blasphemous ideas, the boy spreading these heresies was removed to an isolated room. Under the circumstances,

it is hoped that word spoken in the quiet of that room may be blessed to the awakening of heart hardened by early and evil associations and for ourselves, we have been taught the lesson of guarding the children in future, as far as may be, from such effects of evil companionship.

²² Florence Nightingale, Notes on Nursing, 25.

²³ Minutes of Ladies Committee, November 9th 1876.

While for Nightingale, quiet, or the absence of “unnecessary noise” facilitated a healthy, comfortable environment and ensured a quick recovery, HSC infused in this maxim moral importance too. Monitoring the level of noise on the wards merged the hygiene and sanitary principles of the Hospital for Sick Children’s therapeutic regimen with an evangelical Protestant agenda.

Following the lead of Florence Nightingale’s nursing model, the domestic sphere of maternal control was asserted in the hospital’s ‘perfection’ and hygienic condition. To properly address the depravity and disarray of Toronto’s impoverished children, HSC was also compelled to present itself as a ‘perfect’ Christian home demonstrating all proper sanitary modifications. The Evening Telegram described to its readership in 1881, that

at the top of Elizabeth street there stands about the ugliest looking building to be found in Toronto. Whether the place had ever the architect, or whether it ‘grewed so’, the writer cannot say, but it certainly looks as if some enterprising builder had run up about a mile of house and had cut of chunks and squatted them down just as the demand for them occurred. This very ugly looking building is the Hospital for Sick Children Passing within the main entrance one soon forgets all about the outside ugliness of the place in the interest which is created by what is to be seen inside. There isn’t a speck of dirt, but that of course you knew before, for if there is one thing Christian ladies have an antipathy to, it is dirt.²⁴

HSC outwardly resembled the neighboring tenement housing; it was located in various dilapidated, semi-detached rented houses until 1891. However, in a divergence from poverty, inside the building the hospital wards represented the paragon of cleanliness. The emphasis above on ‘Christian ladies’ explicitly connected hygiene and health to a religious doctrine. Entering the wards and visiting with the sick children this same

²⁴ The Evening Telegram Toronto: January 11th. 1881. In 1881, HSC was located in its third hospital. Figure 3 reveals a sketch this rented building.

newspaper article reported that the immaculate hygienic conditions inside HSC presents the

eloquent evidence of Christianity. What evidence more conclusive and convincing could you bring than this? A lame boy, friendless and poor, with no future before him but companionship with the halt and suffering, the down-trodden and the sore distressed—lo! Suddenly lifted from midnight into noon, from the shadow into the bright light.²⁵

The symbolic juxtaposition of night and day above, alluded to the contrasting impression of a typical tenement home interior and its impoverished family occupants, with the hygienic perfection and general order inside the Hospital. The 'eloquent evidence of Christianity' infused into HSC a moral mission and became a significant factor affecting the 'healthy' environment constructed to benefit its patients' quick recovery. This moralizing agenda guided the hospital during these initial years of growth, disseminating its message to Toronto's working-class.

The issue of religion within HSC remained important throughout these early years of development. While the newspapers often referred to this work as following "Christian" faith, more specifically it followed an evangelical Protestant ethic. Prochaska has stated about female philanthropy that

if it was a small step from the love of family to the love of the family of man, it was a step made easier by Christian teaching. All Christian denominations stressed the importance of charitable conduct, but none gave greater emphasis to it than the evangelicals, whose power was in the ascendancy from the late eighteenth century. ... By the nineteenth century, doctrinal differences between Methodists and Church of England evangelicals had been subordinated; the Calvinist strait-jacket had been discarded.²⁶

²⁵ The Evening Telegram Toronto: January 11th, 1881.

²⁶ F. K. Prochaska, Women and Philanthropy 8

The integration of charitable activities through evangelical ambitions is also seen in the Canadian context. Michael Gauvreau elaborates on evangelical ideology in Upper Canada, stating that the Protestant belief of the Bible as God's trustworthy revelation, "supplied the data of faith and the moral principles which directed the conduct of both Christian believers and society." Gauvreau indicates that "evangelicalism was thus an interlocking series of beliefs and imperatives concerning individuals, communities and their relationship to God."²⁷ This 'data of faith and moral principles' infused into HSC's sanitary dogma a community-driven cause. Extending social reform and religious instruction to children attracted attention from all strata of Toronto society. Beyond nursing back to health sick children, HSC reached out to the impoverished families in order to morally and economically assist them. At the same time, as a charity founded and managed by prominent local women, HSC enlisted support from and advocated a philanthropic and hygienic message to the more affluent classes in Toronto.

Committee meetings soon after HSC's founding emphasized this evangelical ambition, insisting that "the religious instruction of the children should be very carefully attended to, and it is desirable that a separate visiting committee be appointed consisting of Ladies to visit daily and spend if possible two hours with the children, reading to them, teaching them to pray, repeat hymns and read as their health admits. Family prayer to be observed daily and conducted by the Matron."²⁸ Following the evangelical belief "that God's grace was freely given, they [those preaching this religious doctrine] also maintained that human agents and institutions could assist in channeling that grace to

²⁷ Michael Gauvreau. "Protestantism Transformed: Personal Piety and the Evangelical Social Vision, 1815-1867." In Rawlyk, George A., The Canadian Protestant Experience. Burlington, Ontario: Welch Publishing Company Inc., 1990. 54, 55.

²⁸ Minutes of the Ladies Committee, July 6th, 1877.

both individual sinners and to the society at large.”²⁹ As an institution providing grace to ‘the society at large’, HSC ensured that

the spiritual interests of the children are not forgotten, special prayer being offered with, and for them, and a regular service held every Sabbath morning, while several young ladies, some of whom have visited the Hospital since its establishment, still continue to minister, not only their amusement but to their instruction, in moments of freedom from pain.³⁰

As HSC gained popularity and its efficacy of care improved, the hospital’s Protestantism became more important; annual reports in the 1880s emphasized not only the ideal Christian home, but insisted that “from the day these little folks come under our roof we try to teach them to look to Jesus not only as their Saviour, but, what appeals more tangibly to them just at that time, as their Provider, and One who will help them to bear pain, and will hear the prayer of little children for all their needs.”³¹ In the meeting minutes, the ladies were more direct in their religious expression insisting “when Roman Catholic children are received here the parents are to be told they will be taught of Jesus.”³² Beyond what was taught to the children, the Ladies Committee also ensured the HSC’s daily operations were fulfilled by women who provided HSC with its Protestant

²⁹ Michael Gavreau. “Protestantism Transformed: Personal Piety and the Evangelical Social Vision, 1815-1867.” In George A. Rawlyk. The Canadian Protestant Experience. Burlington, Ontario: Welch Publishing Company Inc., 1990. 54.

³⁰ Report of the Hospital for Sick Children, From January 1st 1878, to December 31st, 1878. Toronto: Hunter, Rose & Co., 1879. 13.

³¹ Seventh Annual Report of the Hospital for Sick Children, for 1882. Toronto: Dudley & Burns. 1883. 25.

³² Minutes of the Lady Committee, May 7th, 1886. 207.

This issue of religion among different hospitals has only recently entered historical discussion. Scholarship has begun to look at the variations in design and administration of Catholic versus Protestant hospitals developing in Canada during this late Victorian era, however scholarship of this kind deserves more attention. Shelley Hornstein has analyzed aspects of this relationship, looking at French and English teaching hospitals in 19th century Montreal. She concludes this study, stating that “the two major cultural groups for academic hospital-care reveal their place within, and their response to, the complex social, political and cultural conditions within an expanding, developing urban community.” (22-23) Shelley Hornstein. “The Architecture of Montreal Teaching Hospitals of the Nineteenth Century.” The Journal of Canadian Art History. 13(2), 1990. 12-24.

ethic. To manage all the hospital's responsibilities, HSC recruited women-workers from some of Toronto's evangelical societies.

To combat the common foe of poverty, immorality and alcoholism, evangelicalism appears to have unified Protestant sects within HSC. The Annual Report for 1888 revealed a division of labour, and the publication made a point of emphasizing the different theological backgrounds represented through this staff hierarchy. The members of the Ladies Committee writing this report

Are deeply gratified to be able to state that every member of our household from the Lady Superintendent (a Quakeress) to the laundresses (Salvation Army lasses), are consecrated women endeavoring to do all things "as to the Lord." How else could they do what they have often to do when the children come in covered by both disease and filth, and these frequently repulsive looking children, in many cases the offspring of wretched, diseased and drunken parents.³³

Despite the perception of unity, this division of labour can also be seen to reflected certain class distinctions within the evangelical community.³⁴ That the 'Salvation Army lasses' were in charge of laundering indicates that their contact with the child-patients was limited compared to the Quakeress superintendent's contact with them. In this sense, the voluntary Christian organizations assisting daily in HSC's charitable work reflected a middle-class perception of society through this division of labour and management within the hospital. In HSC, the working-class remained in their working-class role, and their

³³ Thirteenth Annual Report of the Hospital for Sick Children, for 1888. Toronto: Hart & Company. 1889. 12

³⁴ Lynne Marks has indicated that the Salvation Army was primarily composed of working-class members, and as such helped its members "stake out an important respected place for themselves within an increasingly unequal society, and could also fuel a working-class critique of this society." (Marks, 92) As an evangelical movement, with its roots in Methodism from England, "the Salvation Army provided Ontario workers with a religious alternative which spoke to them in terms of their own cultural value, and provided a separate religious space in which they could feel comfortable and in control." (Marks, 114). Lynne Marks. "The Knights of Labor and the Salvation Army: Religion and Working-Class Culture in Ontario, 1882-1890." Labour/Le Travail. 28 (Fall 1991): 89-127.

religious piety, expressed through Salvation Army evangelicalism, was subverted by more traditional Protestant theology such as Quakerism.

The Ladies Committee of Management which managed the hospital for its first fifteen years, and being composed of some of prominent Toronto women, also reflected this social hierarchy. For example, Lady Macdonald, wife of Prime Minister Sir John A. Macdonald and Mrs. William Holmes Howland, wife of Toronto's Mayor for 1886-87, were active founding members of the Ladies Committee and of HSC. Furthermore, the Ladies Committee of Management at HSC took it upon themselves to effect change among the hospital's staff through the moral conduct of the attending nurses. The meeting minutes revealed that

for some time past an unfavourable change had been observed in the manner and disposition of the boys in the Elder ward, with a disinclination for religious instruction, showing that some evil influence was at work among them. Feeling deeply the responsibility of the souls as well as the bodies of the inmates of this Hospital, and making it a subject of prayerful enquiry, it was decided to change the nurse and to remove one of the boys whose companionship was believed to be hurtful to the others.³⁵

In terms of class hierarchy within this management structure and its effect on the staff of evangelical workers and attending nurses at HSC, the women in charge asserted to Toronto citizens their moral Protestant ethic and simultaneously perpetuated class distinctions, asserting a middle-class idealism. Thus every effort was made to control what elements of Toronto society and what aspects of Christian morality directly affected the sick children seeking medical care at HSC.

Evangelical references in HSC's daily management also enlisted voluntary support from some of Toronto's other prominent middle-class Protestant groups.

³⁵ Meeting of the Ladies Committee, February 4th, 1879.

Respectable evangelical organizations played an active 'visiting' role, directly interacting with children on the wards. It was revealed that

Fresh flowers are not rare in the wards of the Hospital for Sick Children, which is owing, not only to the loving thoughtfulness of individuals, but to the kindness of the Young Women's Christian Temperance Union, who visited both the Hospital and the Lakeside Home weekly through the summer, bringing with them sweet bouquets of flowers, a little card attached to each on which a Bible text was printed, or painted by hand.³⁶

The evangelical crusaders of the Young Women's Christian Temperance Union (YWCTU), as a product of the Women's Christian Temperance Union (WCTU) "shared many common ideas with the mother group. The sanctity of the home was unquestioned."³⁷ Sharon Cook maintains that the YWCTU "through its extensive work with working-class children ... developed some highly effective strategies for teaching a potentially hostile population."³⁸ Not only did these women interact with the patients at HSC, influencing the constructed healthy environment of the hospital wards, but their very presence perpetuated to the working-class child a moral, theological method to improve one's general health and welfare. While HSC's primary goal was to effect change within the general sanitary conditions these impoverished children suffered in, WCTU (and the YWCTU) sought to reform through Christian teaching Toronto's social ills. Their presence in the hospital suggests that those with direct contact to the patients,

³⁶ Twelfth Annual Report of the Hospital for Sick Children, for 1887. Toronto: Hart & Company, 1888. 13

³⁷ Earlier in Sharon Cook's study, she described the WCTU as shifting from a "conservative" evangelical mission towards a more "liberal" one. She stated that "in general, the latter held a view of salvation as being personal and experiential, rather than societal, and an analysis of society as being composed, ideally of sanctified, Christian family units which moral leadership was exercised by the "angel in the house" – the mother. Liberal evangelicalism reflected the view that individual salvation depended on the collective cleansing of society as a whole, and it eventually became a constituent element of social gospelism." (Cook, 10-11) In the context of HSC during this era, the emphasis on the home and on the Christian (Protestant) family indicated a conservative evangelical effort. Sharon Anne Cook. "Through Sunshine and Shadow": The Woman's Christian Temperance Union, Evangelicalism, and Reform in Ontario, 1874-1930. Montreal: McGill-Queens University Press, 1995. 156.

³⁸ Sharon Cook. Through Sunshine and Shadow. 172.

either as hospital staff or visitors, reflected middle-class evangelical virtues and thus further disseminated a predetermined Protestant value system to these children. Evidence indicating that the YWCTU as opposed to the Salvation Army women, interacted with the patients reaffirms HSC's effort to control the theological and social ideology reaching the children.

The compassionate and spiritual appeal provided by religious dogma remained important to HSC even after the female philanthropic efforts founding the hospital no longer controlled its administration. With the male Board of Trustees consolidating control of HSC after 1891, a new era of hospital management and hospital science began to emerge. However, despite an effort to secularize and institutionalize medicine, aspects of HSC's earlier Christian and feminine convictions remained conspicuous characteristics defining HSC as a Children's Hospital. Evangelicalism, although toned down after the trustees secured control of the hospital administration, still provided a voice of reason to the public, advocating the moral benefits required of a pediatric medical facility. Moving into its new custom-built hospital at 67 College Street in 1891, HSC thus did not forget its spiritual origins. With the relocation of power from the Ladies Committee of Management, to the male-dominated Board of Trustees, a shift in moral emphasis within the hospital's evangelicalism arose.

Judith Young has analyzed the discourse of prayer issued by HSC's Ladies Committee. Where initially prayer was at the forefront of HSC's early healing efforts, under the new masculine management functioning in HSC's College Street building, the

spirituality governing hospital care began to operate alongside a more scientific medical philosophy.³⁹ While it can be seen as a struggle of the traditional ‘moral-hygiene’ medicine administered by a group of socially conscious Christian women versus the emerging “male business style of management”⁴⁰ coupled with a scientific medical profession, this shift in emphasis from faith to capitalism did not signal the end of a domestic, moral hospital setting. There was a significant period of overlap as these competing administrative bodies, with their respective moral, philanthropic and medical convictions blended together to sort through the new medical doctrines, and minimize the impact of change within the hospital. Despite effort to effect scientific change at HSC, the trustees continued to advocate HSC as a proper domestic and moral environment. Thus, even as a new paradigm of medicine asserted itself and a new male body of management began to guide the hospital’s evolution, HSC was still perceived by Torontonians as an exercise in female Christian philanthropy.

Throughout this era of scientific and managerial change, the medical and lay men involved in advising the hospital’s female administration were able to assert their power first and foremost through the vehicle of Protestant Christianity. Thus they used traditional avenues of concern to allocate responsibility from the female administrative council. At a special meeting of the Ladies Committee in August of 1885, it was decided that a young female patient, Johanna (Joey) Kane, “was well enough to be dismissed, and it had been said she should be given to the Roman Catholics, as she was a Catholic child”; her sister was a nun in a Parkdale convent, and when healthy, Joey should be

³⁹Judith Young. “Women Founders, Nurses and the Care of Children at the Hospital for Sick Children in Toronto 1875 to 1899.” Bullough, Bullough and Stanton ed. Florence Nightingale and Her Era: A Collection of New Scholarship. New York, London: Garland Publishing, 1990. 309-322.

handed over to her cloistered sister.⁴¹ Since the whereabouts of her parents were unknown, this 'special' meeting resolved to write a letter requesting 'Joey' be sent to the Girl's Home, presumably referring to Toronto's Protestant orphanage, rather than be turned over to the Roman Catholics and her sister. Almost a year later, the minutes reveal that Joey's status on dismissal was still undecided.

In the face of legal action for guardianship rights issued by Joey's sister, the Board of Trustees intervened in this discussion. It was the trustees, in consultation with the resident physician at HSC (Dr. Cameron), not the Ladies Committee, that ultimately decided Joey's fate. Summarizing the conflict, Board of Trustee member Chancellor Boyd explained that the "meeting was called to decide what should be done with Johanna Kane who had been an inmate of the HSC for over six years, and who is now claimed by her sister a cloistered nun in Parkdale, the father who consented to her being here cannot be found." Whereas the Ladies Committee could not justify keeping Joey at HSC, nor could they permit her receiving Catholic indoctrination at the Parkdale convent, the Board of Trustees intervened to resolve the situation:

Dr. Cameron stated that Joey Kane had never at any time, according to his opinion, been well enough to leave the HSC but that children had been discharged less fit than Joey. ... After much discussion it was moved by Judge Patterson seconded by Mr. O'Brien and carried, that when it is proper or necessary that Johanna Kane shall leave the HSC she be given up to her father or as he may direct, or if he cannot be communicated with, or gives no other direction, then to such of her relatives as may be willing to receive her and may appear to have the best right to the care of her.⁴²

While the trustees appeared to take a more moderate stance on the issue of Joey Kane than did the Ladies Committee, that they were obliged to intervene, and that their

⁴⁰ Judith Young, "A Divine Mission: Elizabeth McMaster and the Hospital for Sick Children, Toronto, 1875-92." *Canadian Bulletin for the History of Medicine*. 11:1994. 73

⁴¹ Special Meeting of the Ladies Committee of Management, Aug. 21st. 1885

intervention still demonstrated a reluctance to turn Joey over to her 'cloistered' sister, reveals that moral idealism also affected these men's managerial decisions.

It is difficult to discern from the Ladies Committee's meeting minutes and annual reports just how much control the trustees gained in their mediation of this and similar religious issues. However, that the rapid growth of the hospital obliged the governing women to seek male assistance, and that the men appear in the Ladies Committee minutes as the body with the 'know-how' necessary to mediate legal and moral conflicts, indicates that the shift in power from a female committee to the male trustees began early in the hospital's growth and development. Recall that in 1878 the trustees were invited by the Ladies Committee to act in an advisory capacity regarding 'business matters' and land purchases. Male intervention beyond its initial advisory role expressed itself in a spiritual setting, thus indicating both the continued importance of religion within HSC's administration and wards, and simultaneously the legal, ethical, and economic vulnerability such a position placed the hospital in. It was this vulnerability brought on by the Ladies' Protestant ethic that initially provided the trustees with more administrative responsibilities. With the women's inability to deal with legal conflict and unwilling to properly resolve religious issues, the men involved in HSC's early administration took measures to advance their role within the organization, and thereby undermined the Ladies Committee's abilities to govern independently.

At the same time as the Joey Kane dilemma was being resolved, one can see the Board of Trustees taking precautions to prevent such encounters from occurring in the future. In 1885 John Ross Robertson donated money to assist the Lakeside Home for Little Children (the convalescent, summer home on Toronto Island, also operated by

⁴² Special Meeting of the Trustees. June 11th, 1886

HSC's Ladies Committee) and demanded that certain regulations be introduced to the Hospital's guidelines. Robertson's moral convictions were expressed through one of the regulations, insisting that "Visits of the Roman Catholic priests or nun for the purposes of religious conversation with children [be] prohibited."⁴³ While he was not yet a member of the trustees, Robertson's wallet yielded him significant power over hospital administration (when appointed to the Board of Trustees in 1891, he immediately assumed the position of Chairman). This regulation was introduced *by the trustees* at the Ladies Committee meeting, indicating that Robertson *first* approached the trustees and encouraged them to initiate his desired changes – he did not issue his suggestions to the Ladies Committee directly. That this amendment to hospital regulations expressed religiously charged ideology indicates that the trustees, and Robertson himself, relied on HSC's spiritual structure and moral code to consolidate power and effect change. Despite their 'male business style of management', these men still appreciated Protestant virtues, and saw a place for it in HSC's future mandate.

The hybrid of religion and business in HSC's management also had an effect on the moral and medical efforts governing patient care. While the Ladies Committee still helped to promote HSC as a moralizing agent to Toronto's working-class, the Board of Trustees began to infuse into this effort a scientific-medical paradigm. Materially expressing this combination of medical science and moral virtue was the new "Victoria" Hospital (named after the Queen of England, in honour of her Jubilee year of 1888) which began to function in the fall of 1891. The local press in Toronto described HSC's "Victoria" Hospital as "one of the architectural monuments of the city as well as one of its architectural ornaments. The Victoria Hospital has the proud distinction of being the

⁴³ Minutes of the Ladies Committee, February 6th, 1885



Figure 7: The “Victoria” Hospital for Sick Children at 67 College Street fulfilled HSC’s needs until 1950. This building, still standing today, juxtaposed in its exterior façade a Romanesque base with a Chateau roof-scape. Symbolically this combined HSC’s medical, institutional and masculine direction (depicted by this rusticated baseline) with its founding domestic, feminine ideals (represented in the façade’s upper portions).

Photography by Noah Schiff

finest and best hospital for sick children on the American continent. Beyond this it is questionable whether or not there is a better one in the world.”⁴⁴ Representing the city, and honouring the British monarch in this way, the new building had significant social meaning encoded into its exterior façade. Situated amidst Toronto’s impoverished working class neighborhood, the hospital was surrounded by dilapidated, tenement housing. The “Victoria” Hospital thus stood out as something different, as something special within this community. Whereas before 1891 and the construction of the “Victoria” hospital, only the interior wards of the hospital insured hygienic conditions, now the hospital itself spoke to the community directly of its social-medical purpose. The

⁴⁴ The Evening Telegram. Toronto: May 5, 1891.

“Victoria” Hospital, built exclusively as a hospital, not as a home, diverged from the quintessential row house inhabited by Toronto’s working-class, and assisted in advertising the philanthropic, moral and medical interests which established and administered HSC in its first fifteen years. In this sense, the building presented itself to the community as an ideal, a symbol of perfection in a chaotic, destitute, misguided neighborhood. However being built specifically as a hospital-institution this “Victoria” Hospital signaled a step away from HSC’s domestic beginnings.

Despite these institutional ambitions, the contrasting gender ideology affecting HSC’s moral, medical and managerial organization was also expressed in its chosen architectural style. In their description of HSC, appearing in the hospital’s annual report for 1891, the architects Darling and Curry described the exterior façade of the building, avoiding comment on its architectural style: “The building has been erected on a foundation of Credit Valley stone; a very hard, common red brick, laid in mortar, colored with Cabot’s mortar stain, with cut stone trimmings of Portage entry stone.”⁴⁵ However The Globe reported that “it is somewhat difficult to name the general style of architecture.”⁴⁶ The journalist ultimately asserted that the “Victoria” Hospital assumed a “Romanesque appearance with a suggestion of a French chateau. It is not only well proportioned but the harmony of it is unbroken.”⁴⁷ The upper portions of the “Victoria” Hospital, with its rectangular windows and steep tiled roof, characterized this “French chateau” look, reminiscent of HSC’s feminine and domestic beginnings.

⁴⁵ Fifteenth Annual Report of the Hospital for Sick Children, for 1890. Toronto: Imrie & Graham, 1890. 20-21.

⁴⁶ “Sick Children’s Hospital,” The Globe. Toronto: May 2, 1891. 2.

⁴⁷ “Sick Children’s Hospital,” The Globe. Toronto: May 2, 1891. 2.

At the same time of the “Victoria” Hospital’s construction, Bruce Price of Boston was designing the upscale hotel, Chateau Frontenac in Quebec City. This Chateau, according to Alan Gowans, “was good old-fashioned architectural symbolism; and specifically, a symbol of the kind of luxurious comfort they had to sell” to the rising



Figure 8: Chateau Frontenac (top), also built in a red brick, had similar exterior design features to HSC’s “Victoria” Hospital. The steep roof, turrets, and roof-top windows on Frontenac and HSC were essential to a chateausque design. Incorporating these aesthetic features into HSC’s façade reveals an effort by architects Darling and Curry to combined images of comfort with the institutional look demonstrated through the building’s Romanesque baseline.

Top: www.cphotels.com/frontenac/. Bottom: www.chass.utoronto.ca/~nschiff/tradition.html

tourist trade.⁴⁸ Comparing the façade of Chateau Frontenac with “Victoria” Hospital’s, one immediately sees similarities in the steep roof, ‘miniature towers’ and ‘peaked towers’, and with the attic-style, protruding windows. These ‘chateausque’ elements of the “Victoria” Hospital façade were formed by the red brickwork. The warmth and smooth texture of the bricks, set against the rusticated baseline and Romanesque archway over the entrance, aroused a tranquilizing emotional response from the passer-by or hospital visitor. Like Chateau Frontenac, HSC appeared to be selling comfort and luxury. The simplicity and uniformity of material and style exhibited in the upper parts of the façade, compared to the complicated merging of several different stones on its foundation, indicated that HSC was conceived as a ‘home for ailing children’.⁴⁹ The new “Victoria” Hospital, did not deny HSC its modest, domesticated beginnings.

The effects of its built form were described as “imposing, stately and substantial. ... The colour being generally dull red, warm in tone, conveys an impression of rest and comfort so that the dead material structure seems to harmonize with the benevolent purpose.”⁵⁰ This ‘benevolent purpose’ linked the new construction with its earlier ‘homes’ in the same way that the trustees relied on religious issues to intervene in the Ladies Committee’s management of HSC. Images of ‘warmth’, ‘harmony’, ‘rest and comfort’ opposed the powerful symbolism of the hospital’s ‘dull red’, ‘dead material structure’, identifying its past work and simultaneously signaling HSC’s new directions.

⁴⁸ Alan Gowans. Building Canada: An Architectural History of Canadian Life. Toronto: Oxford University Press, 1966. 137.

⁴⁹ These ideals are evident through its published literature. The hospital as home metaphor predominates much of this discourse: “the Hospital is in every respect like a well managed Christian household. Superintendent, assistant, nurses and domestics are all servants of the lord Jesus, and the influence is sweet and helpful.” Fifteenth Annual Report of the Hospital for Sick Children, for 1890. Toronto: Imrie & Graham, 1890. 17.

⁵⁰ The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 58.

The merging of meaning through this material imagery reveals that HSC was trying to carve out a niche among all strata of Toronto society while bearing in mind the medical and social needs and customs expected of a hospital in Toronto.



Figure 9: This massive archway over the main entrance to HSC's "Victoria" Hospital is a characteristic Romanesque feature. It was this detail, constructed using several types of heavy red stones, which greeted the visitors entering the hospital. Geometrically at the centre of the building, this archway also becomes the focal point of one's gaze as he/she walks along College street, in front of the hospital.

Photography by Noah Schiff

The upper façade was complimented by the dark colours and rough-finished stones forming the foundation. However, despite all the references to HSC's unpretentious beginnings, Darling and Curry chose to emphasize the *institution's* modernizing ambitions. Examining this building, the “rock faced masonry” and “round-arched style”⁵¹ were placed at the street-level, establishing a first impression based on the entrance way, as oppose to the roofscape. Placing the ‘modern’ imagery, the ‘rough’, ‘massive’ and ‘stately’ masonry at street level to greet the hospital visitors, while keeping the ‘warm’ and ‘comfortable’ bricks well above the streetscape, instilled into this architecture political meaning. The initial impression being Romanesque as a opposed to Chateau, modern and institutional as opposed to familiar and domestic, reflected the changes occurring within HSC's administrative and medical methods.

In the exterior façade of the “Victoria” Hospital, the more feminine chateau references rested on the ‘strong shoulders’ of the institutional Romanesque stone base reminiscent of the male trustees and their ‘business prowess’. Likewise, the transfer of administrative control from the Ladies Committee of Management to the men’s Board of Trustees was acknowledged as a “happy arrangement, whereby a large part of the burden of care, which had previously weighed heavily, was transferred from the shoulders of a few weak women to those strong and capable business men.” Much like the building tried to unify its past with its present, and elicit feelings of warmth, comfort, and domesticity amidst the hospital's institutionalization, this administrative change was “regarded as a most remarkable answer to prayer.”⁵² However, in the new institution, prayer was

⁵¹ Marcus Whiffen, America Architecture Since 1780, Revised Edition. Cambridge Massachusetts: MIT Press, 1993. 133

⁵² Sixteenth and Seventeenth Annual Reports of the Hospital for Sick Children for 1891-1892. Toronto, 1892. 12.

superfluous to the “strong and capable” business man’s philanthropic potential.

Architecturally, the new building tried to demonstrate a new masculine pediatric medical paradigm without eliminating the function of ‘prayer’ or the role of HSC’s female domestic nurses. The shift from ‘moral hygiene’ to medical science was reflected in a shift away from prayer to heal and maintain the hospital, to use prayer as a means of inviting the “strong and capable business men” into HSC’s organization. Furthermore, the language used to describe this transition of power identified these business-minded men relieving a ‘burden of care’ from the ‘weak women’. These gender-oriented, descriptive words were analogous to those describing the ‘monumental’, ‘massive’ and ‘stately’ façade, opposed by and at the same time in harmony with the feminine references in “its handsome red brick front, its peaked towers, its terra cotta ornaments, its quaint tiled roof.”⁵³

Even amidst the masculine, institutional references, HSC’s “Victoria” Hospital did not entirely secularize its image, nor did it overwhelm the passer-by with a masculine aesthetic. Partly due to the continued female influence affecting patient care inside, and partly due to this effort to emphasize continuity rather than change, and thus to cater to the general public’s preconceived ideas regarding pediatric hospital care, religious overtones in the hospital environment were not forgotten in the “Victoria” Hospital façade. Above the entrance-way’s arch were two stone-carved Cherubs (also reminiscent of children) holding up the hospital’s name. Hanging over the main staircase, and facing directly on to College Street, was the Robertson Memorial window. Here Jesus could be seen healing a sick child who was lying in her mother’s lap. More angels dance around

⁵³ The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 57

the perimeter. The iconography, like the hospital's general moral foundations, were decidedly Protestant. Aside from the memorial window and the angels, there was no other religious imagery permanently displayed onto the street, or inside the hospital.

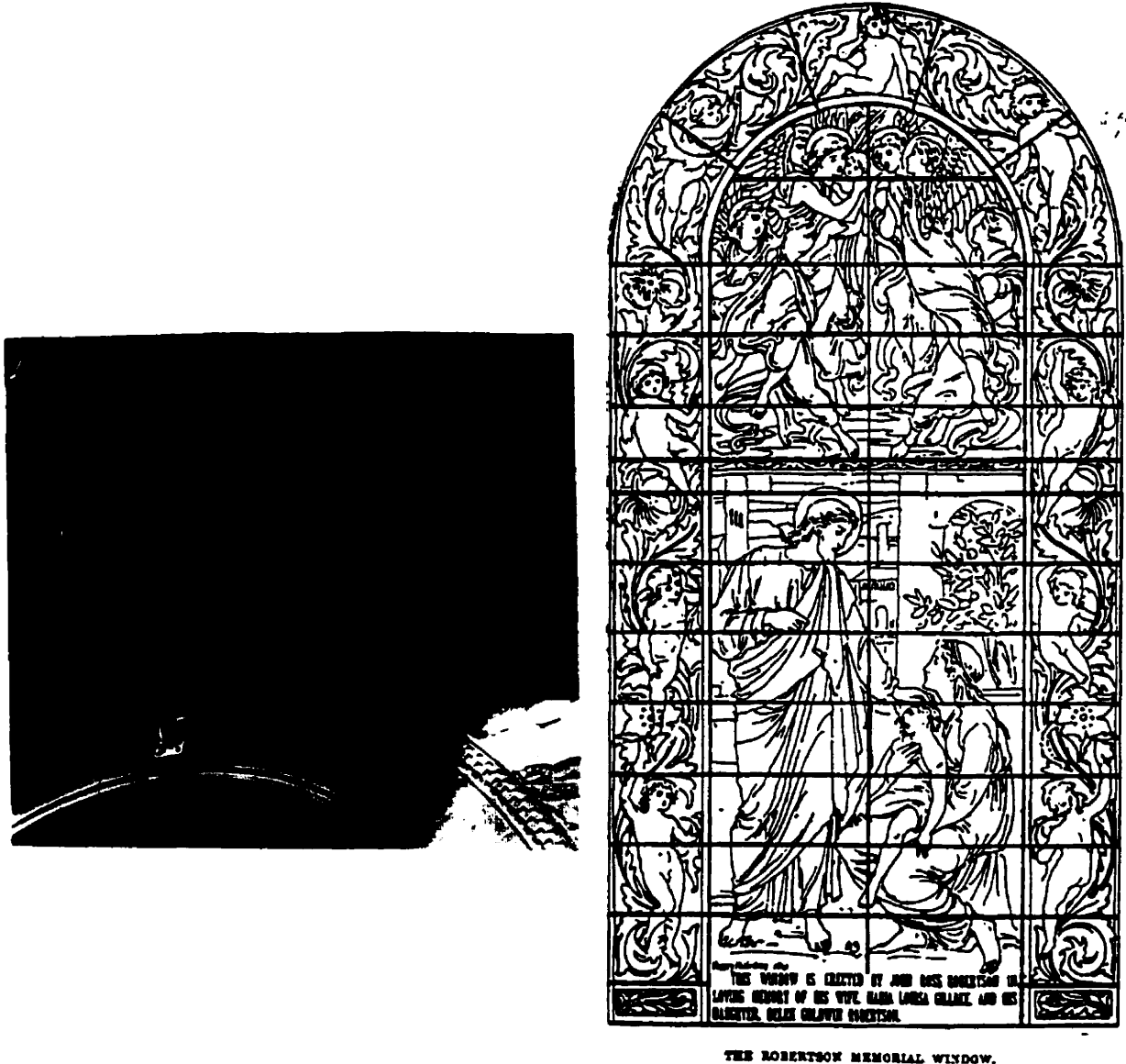


Figure 10: Cherubs holding up HSC's name and the John Ross Robertson Memorial window could be seen from the streetscape outside the hospital's main entrance. Both images connected this medical institution to elements of its founding moral convictions. The cherubs, reminiscent of children and religion, and the stain-glass window, referring to Jesus' particular efforts to help sick children and worried mothers acknowledged HSC continued social evangelical efforts to reform the working-class.

Photography by Noah Schiff. Image from: The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 61

Unlike in Catholic institutions, the Virgin Mary and detailed scenes of the Crucifixion were notably absent from the HSC's religious images and spiritual pedagogy. While cherubs and stain-glass windows identify this 'moral' healing agenda for HSC, the exterior façade was not overwhelmed by such religious images.

This resonated with the new male management's general attitude towards prayer within the hospital and its critical function to the healing process. In its previous rented spaces, "Jesus the Great Physician of the souls, was presented to the little one. The very existence of the Hospital proving exclusively that God hears and answers prayer."⁵⁴ For this new institution morality and religion – while still affecting the built environment and the healthy setting of the hospital – were no longer the exclusive factors directing HSC's growth. Rather than looking at religious doctrine "exclusively" as evidence that "God hears and answers prayer", the trustees managing HSC's affairs regarded religion and medicine as two separate spheres. Hospital publications after 1891 preached that

To be like the Lord Jesus is one of the the (sic) highest aspirations of all His true followers. True, in this as in every other respect, His children can only attempt to follow their Master, and that at a distance, within the limitations of human power. They cannot with a word still the fevered pulse, or with a touch transform the deformed and crippled body into the erect and graceful figure; but they can pity and love, nurse, tend and alleviate pain, and against the most awful forms of disease set in array the best medical skill and science, ever seeking upon the instrumentalities used, the blessing of the Great Physician, the Divine Healer of disease.

Prayer and faith within the hospital setting could only do so much. However, HSC's governing body did not want to discredit or discard this spirituality. Whereas belief in Jesus revealed the 'limitations' of humanity, science and medicine might intervene as the tools blessed by Christ himself. Thus the trustees did not entirely rid the hospital of the earlier evangelical ideals promoted by the Ladies Committee administration. Advances in

medical science and changes in hospital management after 1891 had an effect on efficacious hospital medicine. However, HSC's initial Christian efforts remained integral to the published hospital discourse, and were thus still used to legitimizing its pediatric-care mandate to Toronto.

Maintaining a similar religious interest, the 1894 annual report admitted that "Trustees and Committee of The Hospital for Sick Children are ever seeking to do for the little sick forms of humanity that fill the spacious wards of the beautiful Hospital on College street" what Jesus was able to do "with a word." It was this Christian motive that compelled the trustees and Committee of HSC to turn to science. And

in erecting this great building, in furnishing it so comfortably, in equipping it with all the newest and best surgical and medical appliances, in enlarging its staff to include some of the ablest physicians and specialists in our city, in securing a staff of able and efficient workers within the building, superintendent, doctors and nurses, in providing tempting food and delicacies, in supplying warm and comfortable clothing when necessary, they have ever encouraged themselves with the thought that they were following in the footsteps of the blessed Lord who has set us an example in this as well as in every other loving ministry.⁵⁵

Thus on the one hand, the new "Victoria" Hospital's organization and equipment accommodated its heritage, maintaining this divine calling and implementing the essence of Christianity. On the other hand, the religious spirituality, the focus on prayer and on morally reforming these "sick children, destitute and friendless"⁵⁶ was replaced by the all the modern scientific accoutrements necessary for advancing scientific medicine.

⁵⁴ Minutes of the Ladies Committee, June 6th 1878.

⁵⁵ Nineteenth Annual Report of The Hospital For Sick Children ... For Year Ending 30th September, 1894. Toronto: 1894. 15.

⁵⁶ This reference is part of a general description of the children HSC typically cared for. The entire passage appeared in every annual report from 1881 until 1894:

"Sick children, destitute and friendless ... Sick children whose parents, owing to poverty, are unable to care for them ... Sick children, who, from various circumstances, cannot receive the necessary care and attention at home"

It is difficult to determine the response Toronto's lay community had towards this change. Toronto newspapers did provide significant positive coverage when HSC moved into the "Victoria" Hospital at 67 College Street.⁵⁷ Full page coverage in 1891, complete with a brief history of the institution and several etchings of its new structure, revealed an effort on the part of the local media to disseminate to the public the therapeutic advantage provided by this new hospital structure. Also reflecting popular opinion, Toronto Mayor Warring Kennedy, speaking at HSC's Training School for Nursing graduation ceremony in 1894, expressed his admiration to the staff's "great devotion to this Hospital for Sick Children, and to day realise more than ever it is something which merits your devotion. The object is a grand one. The motive is Christlike—doing good to these little ones who need special care and protection."⁵⁸

The need to compare medical science to 'Christlike' acts of beneficence revealed that hospital medicine was still in its formative years during the 1890s. On a popular level at least, this was a relationship embraced and promoted by public figures such as Mayor Kennedy. Assuming the public response to such claims was positive, one can see HSC embracing its religious heritage in order to advocate the need for these 'instrumentalities' essential to scientific medicine and a new hospital function. In the same way that the trustee's consolidated control of HSC from the Ladies and purported it to be an answer to prayer, medical technology revealed itself as doing Christ's work on earth. Likewise, referring to the nurses' work as Christ-like reasserted a place in HSC's daily operations.

Report of the Hospital for Sick Children, From January 1st 1880, to December 31st, 1880. Toronto: Hart & Rawlinson, 1881. 10.

⁵⁷ The Evening Telegram. Toronto: May 5, 1891; The Globe. May 2, 1891.

⁵⁸ Twenty-Fifth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1900. "Embracing the Medical, Financial, and General Reports of The Work" Toronto: 1900. 14.

This also indicated that Nightingale's nursing reforms still influenced patient-care at HSC. Marketing itself to all of Ontario, to all religious denominations, and at the same time maintaining connections to its Protestant heritage, HSC managed to grow rapidly in the years after its move to 67 College Street. The 'morality' of its cause appealed to the philanthropic investors of Toronto. Simultaneously, placing medical science in HSC's wards attracted provincial financial support and extended HSC's duty beyond the confines of Toronto's working-class children to all of Ontario.

In 1891, HSC was listed on the government's Charities Aid Act,⁵⁹ thereby receiving an annual stipend from the province along with regular government inspections. However, annual reports still alluded to the original moral and domestic concerns which this children's hospital was founded on. John Ross Robertson, writing the reports for the trustees still indicated at the beginning of the twentieth-century that "poverty puts its own cruel accent on the word 'suffering' as applied to children. Their pain-racked little bodies languish in narrow homes. Their lives go glimmering through days of weariness, and to these the Hospital is a very Heaven, all warmth and brightness, into which God's suffering children go in ailing and come out whole."⁶⁰ With poverty remaining a target concern for HSC's charitable work even as it entered the twentieth

⁵⁹ Richard Splane revealed in his discussion of public welfare in Ontario, that the 1874 Charities Aid Act specifically "represented the first legislative attempt to express and enforce the province's right to require privately operated social welfare institutions, or at least those institutions receiving provincial grants, to accept provincial inspection and to maintain standards deemed adequate for the performance of their functions." (Splane, 57). For more details, see:

Richard Splane. Social Welfare in Ontario, 1791-1893: A Study of Public Welfare Administration. Toronto: University of Toronto Press, 1965.

The 1874 act can be found in:

Statutes of the Province of Ontario, Passed in the session held in the thirty-seventh year of the Reign of her Majesty Queen Victoria ... Toronto: John Notman, 1874 (257-262).

century, the metaphor of the hospital remained “the door of health and the door to home.” Central to this metaphor was a Protestant middle-class view of society accompanied by specific domestic-management concerns. Locating the new “Victoria” Hospital in the heart of Toronto’s working-class neighborhood, and sustaining some Protestant overtones in its annual reports and building aesthetic, the Hospital for Sick Children continued to direct a moral-spiritual ethic to its patients and their families. Despite its scientific and technological evolution, HSC’s trustees still saw itself as “a Home Charity, an object the more worthy because all see the blessings brought to our dear ones.”⁶¹

Although there were not the same overt evangelical references as were observed during the early years of female management, even in the twentieth century the trustees’ annual reports prided themselves on the fact that HSC subscribed to “the broad principles of Christian charity, which govern the Hospital.”⁶² In its developing years between 1875-1891, prior to moving into the “Victoria” Hospital at 67 College street the Ladies “worked entirely upon a basis of Faith and Prayer,”⁶³ and presented to their young patients religious instruction explicitly Protestant in nature. By the turn of the twentieth-century, these same ‘principles of Christian charity’ revealed

an institution, perfect in equipment, with a skilled staff—none better in the world—nurses trained to the best standard in that line of work, a building whose doors open wide at the cry of suffering childhood, treatment given free to all who cannot afford to pay and at most reasonable terms to those who can give something. ... It is not a question of race or creed, but an

⁶⁰ Twenty-Fifth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1900. “Embracing the Medical, Financial, and General Reports of The Work” Toronto: 1900. 14.

⁶¹ Twenty-Fourth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1898. “Embracing the Medical, Financial, and General Reports of The Work” Toronto: 1899. 9

⁶² Twenty-Sixth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1901. “Embracing the Medical, Financial, and General Reports of The Work” Toronto: 1901. 8.

⁶³ Minutes of Ladies Committee, February 4th 1879

effort to do what can be done by human skill so that the little lives may be saved from going out in the darkness of suffering and death.”⁶⁴

Thus, the “modern Hospital is a house of mercy”, catering to the needs of children throughout Ontario. HSC’s religious and moral foundations, saving the poor and asserting a Protestant value system, were now expressed through the medical equipment and professional staff available in HSC’s new “Victoria” Hospital; it was the distribution of mercy, regardless of ‘race or creed’ that asserted this institution’s Protestant idealism.

Even amidst the administrative, architectural and paradigmatic changes materializing after 1891, Protestantism still figured prominently as a motive for HSC’s charitable work. The Board of Trustees appealed to the public in their annual reports by explaining that “the derivation of the word ‘Hospital’ comes from a Latin word signifying ‘guest,’ and surely may we not say that the little ones in our care are truly ‘God’s guests?’”⁶⁵ As such, “If anyone is disposed to believe that the spirit of Christianity is dying out of our modern civilization, a visit to a Sick Children’s Hospital would be a healthy corrective.”⁶⁶ The “Victoria” Hospital at the turn of the century relied on Christianity more as a mechanism to instill faith in the public regarding HSC’s important and exclusive pediatric effort. Religion in the hospital was now used more as a means to appeal for support, it no longer had a place alongside medical procedure.

To appeal to the Province for financial assistance, the trustees’ Annual Reports emphasized HSC’s reputation, highlighting a secularized, more widespread version of hospital medicine rather than the moral hygiene present in its first fifteen years of growth:

⁶⁴ Twenty-Sixth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1901. “Embracing the Medical, Financial, and General Reports of The Work” Toronto: 1901. 8.

⁶⁵ Twenty-Seventh Annual Report of The Hospital For Sick Children, Toronto. For the Year Ending 30th September, 1902. Toronto: 1902. 10

“In the years preceding the change [that is, preceding the move to 67 College Street] the work was local, and necessarily limited by its local character. The charity stood as a single file in the company of kindred charities. Then it stepped up to the front and lined up with the battalion of great charities of the Dominion, and in its class is now the peer of any hospital in the world.”⁶⁷ As a first class institution, HSC boasted their facility to be “in the front line of hospitals for children, with efficient administration, perfect equipment and results in work that average up to the highest standard.”⁶⁸ Already alluded to above, HSC’s appeal to the government for financial aid accompanied its shift from a local, Toronto hospital, to one which “receives children from all parts of the Province, that when persons are unable to pay no charge whatever is made and that the entire management is conducted upon the broadest lines – in every sense of the term – non-class and non-sectarian. Its doors swing widely open at the call of suffering childhood, irrespective of creed, color or nationality.”⁶⁹

⁶⁶ The Hospital for Sick Children, Toronto, 1906: The “Annual” of the Hospital, The 31st Review of its Work. Toronto: 1906. 7

⁶⁷ Twenty-Seventh Annual Report of The Hospital For Sick Children, Toronto. For the Year Ending 30th September, 1902. Toronto: 1902. 7.

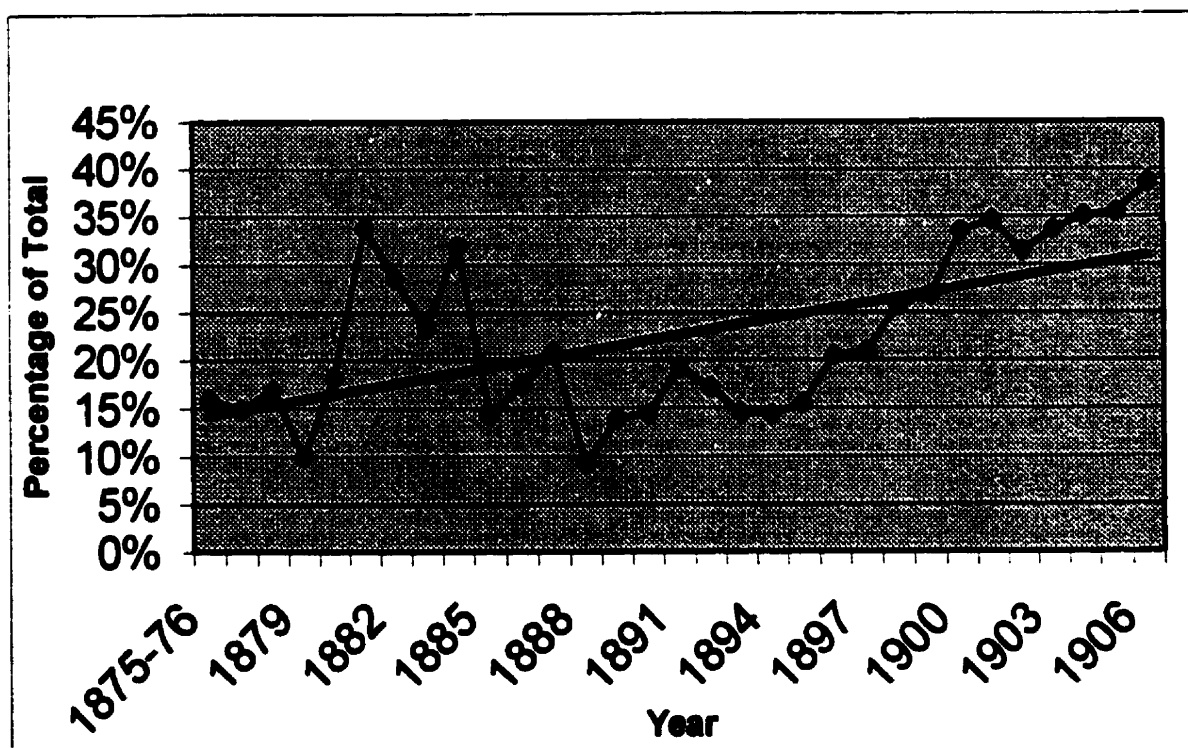
⁶⁸ Twenty-Sixth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1901. “Embracing the Medical, Financial, and General Reports of The Work” Toronto: 1901. 7.

⁶⁹ “Letter to Provincial Secretary, Hon J.M Gibson, from the HSC Board of Trustees.” From the Minutes of Board of Trustees, 27th Feb. 1894

Table 1: Patient Demographics at HSC, 1875-1905.⁷⁰

Year	From City	From Country	Total Patients	% From Country	Year	From City	From Country	Total Patients	%From Country
1875 - 76	37	7	44	16%	1892	317	66	383	17%
1877	63	11	74	15%	1893	400	68	468	15%
1878	44	9	53	17%	1894	452	76	528	14%
1879	54	6	60	10%	1895	451	83	534	16%
1880	54	12	66	18%	1896	474	123	597	21%
1881	41	21	62	34%	1897	444	118	562	21%
1882	45	18	63	29%	1898	470	163	633	26%
1883	49	15	64	23%	1899	491	179	670	27%
1884	53	25	78	32%	1900	510	257	767	34%
1885	155	26	181	14%	1901	503	267	770	35%
1886	137	29	166	17%	1902	513	236	749	32%
1887	159	42	201	21%	1903	575	293	868	34%
1888	225	23	248	9%	1904	494	267	761	35%
1889	210	34	244	14%	1905	575	316	891	35%
1890	231	39	270	14%	1906	527	331	858	39%
1891	167	40	207	19%					

Graph 1: Changing Percentage of Patients Coming From Rural Areas at HSC, 1875-1906



⁷⁰ From the Annual Reports for the Hospital for Sick Children, 1875-1906. HSC Archives

Statistically, one can see a trend after 1891 to admit children from all parts of the “country”. Furthermore, the patient numbers also indicate a slight leveling in the religious background of HSC’s patients. For the year ending in September of 1885, HSC treated 181 children, almost 95% (171 patients) of which were Protestant, the other 5% (10 patients) being Catholic. By 1906, hospital statistics indicated that of its 858 patients, 704 (82%) were Protestant and 101 (12%) were Catholic.⁷¹ The years between 1881 and 1901 saw marginal increases in the percent of Catholics within Ontario from 16.7% to 17.9%.⁷² Thus the dramatic increase in Catholic representation at HSC was not linked to demographic changes within Ontario. If anything, the numbers representing religion at HSC steadily increased in the decade after its move to 67 College street, to accord more closely with the demographic statistics in the province. Even against a background of the continued moral undertones connected to HSC’s ‘Christ-like’ work, the medical care promoted by the trustees was unique enough to Toronto and to Ontario to attract a wide variety of religious denominations.

⁷¹ Hospital records do not provide religious statistics for the years between 1886-1890, and 1901-1904. For this reason, it is difficult to ascertain what effect the new “Victoria” Building had on the religious representation among the Hospital’s patients. However, that the denominations of its patients were periodically of concern for HSC’s management, and for were included in the annual reports (where these statistics were published) and thus available to the general public, one can assume that the religious background of the patients was not an issue of concern until the Hospital moved to 67 College Street. Since the hospital temporarily discontinued recording this data for the first several years of the twentieth century also indicates an attempt to secularize the medical/institutional environment at HSC. However, those subscribing to and supporting HSC’s activities likely were interested in such information, and for the sake of good business – to maintain good relations with the hospital donor – this statistical information was re-inserted into the annual reports in 1905.

⁷² Phyllis D. Airhart. “Ordering a New Nation and Reordering Protestantism, 1867-1914” in George Rawlyk, ed. *The Canadian Protestant Experience, 1790-1990*. Burlington, Ontario: Welch Publishing, 1990. 103.

Table 2: Percent Distribution of Religious Denominations among HSC's Patients.⁷³

Year	Protestant	Roman Catholic	Other
1885	94.48%	5.52%	0%
1891	89.08%	7.47%	3.45%
1892	87.99%	11.49%	0.52%
1893	84.62%	10.04%	5.34%
1894	87.12%	11.74%	1.14%
1895	90.07%	8.99%	0.94%
1896	88.11%	9.72%	3.02%
1897	87.54%	11.03%	1.42%
1898	86.73%	10.58%	2.69%
1899	84.33%	12.69%	2.99%
1900	85.14%	11.73%	3.13%
1905	84.96%	11.67%	3.37%
1906	82.05%	12.00%	5.94%

Into the twentieth-century HSC maintained a Protestant identity and made every effort to re-iterate that “its work was commenced as a work of faith, and may it long continue on that line.”⁷⁴ However the increasing emphasis on the ‘perfection’ of equipment at HSC, and the advantage of its hospital building, was also a reason for an increasing non-denominational focus. HSC attracted more diverse religious denominations in its years at 67 College street for two reasons. First, opening its doors to ‘all creed, colour, or nationality’ helped legitimate HSC as a public institution, permitting it access to provincial government support. In this case, despite the religious overtones attached to care, HSC provided a service to Toronto and to all of the Dominion of Canada that no other hospital could provide. Second, as a pediatric care facility and as a “modern hospital”, “there can be no doubt that the desire of parents to have their sick children in

⁷³ Data collected from HSC's Annual Reports 1885, 1891-1900, 1905-1906, HSC Archives, and from “Report of the Inspector for Asylums, Prisons and Public Charities.” Sessional Papers of the Province of Ontario, 1900-1906. Archives of Ontario.

⁷⁴ The Hospital for Sick Children, Toronto, 1906: The “Annual” of the Hospital. The 31st Review of its Work. Toronto: 1906. 15.

the care of the Hospital is gaining in popularity.”⁷⁵ The increasing popularity for hospitals generally, according to hospital discourse, was qualified as follows:

As population increases the demand for medical and surgical relief from hospitals also increases. This demand has been trebled within the past thirty years, owing to the popularity which hospitals have deservedly attained, due to improved methods of treatment, ensuring rapid and perfect results, and, as a consequence, largely reduced mortality returns.⁷⁶

In addition to articulating a Christian morality and a hygienic public health mandate, HSC began to see itself as an essential public institution providing exclusive care in an unique setting. Into the twentieth-century, HSC began to recognize this new therapeutic effort, and vocalized that hospital patrons and supporters “willingly admit that on every ground the patients can be better handled than at home. They know that the Hospital is a modern building, erected on the most approved plans and perfect in constructions. They know that it is especially for children, which is a strong point in its favour.”⁷⁷

As a children’s hospital, HSC continually maintained “that the children of the poorer classes, from insufficient and poor food, the want of care and cleanliness and protection from the weather, their unsanitary abodes, the want of air, sunshine kindness and affection, develop a condition of depressed vitality, which renders them easily a prey to disease.”⁷⁸ Reiterating this, member of the trustees Mr. George Patterson investigated the financial circumstances of the families sending children to HSC’s care, to ensure that HSC did not foster pauperism, but provided legitimate aid free of charge to deserving children. Mr. Patterson

⁷⁵ The Hospital for Sick Children, Toronto: Twenty-Ninth Annual Report, 1904. Toronto, 1904. 10

⁷⁶ The Hospital for Sick Children, Toronto, 1906: The “Annual” of the Hospital, The 31st Review of its Work. Toronto: 1906. 8.

⁷⁷ The Hospital for Sick Children, Toronto: Twenty-Ninth Annual Report, 1904. Toronto, 1904. 10.

⁷⁸ The Hospital for Sick Children, Toronto, 1906: The “Annual” of the Hospital, The 31st Review of its Work. Toronto: 1906. 7

found quite a few homes where there was an appearance of modest comfort, that is they had fairly comfortable surroundings, but had a struggle to procure the necessaries of life, on account of father or mother not being able to procure work. I found too, that a number of cases investigated were those of widows, grass-widows, whose husbands had left them, and servant girls or women who had no settled places of residence, but simply occupied rooms for the time at the addresses given, but had gone no one knows where. Such persons in my opinion, would hardly be in a position to pay anything.”⁷⁹

On the one hand, hospital medicine had increased in popularity, and efficacious medicine was grounded in science and technology. On the other hand, the rhetoric relating poverty to disease and parental (maternal) neglect thus demanding free care to all those who needed it, remained central to HSC’s appeal to the public. In its medical-scientific service to Toronto’s impoverished families, and to all of Ontario’s sick children, HSC continued to express the Protestant-moral nature of its ‘child-saving’ work.

Despite evidence of continued Protestant convictions, HSC’s ‘modern’ hospital was able to attract a diverse variety of patients, and began to extend its care beyond the confines of Toronto’s working-class families in order to become a ‘provincial institution’ and a world-class hospital. Even so, HSC still appealed for support from the lay public through its initial religious and moral rhetoric; but this rhetoric was simply rhetoric. As HSC expressed itself more and more through technology and scientific excellence, morality and religion were relied on less and less as a means of defining the pediatric environment. The Protestant ethic governing HSC, although not lost in the early parts of the twentieth century, was being gradually reasserted in a peripheral role to the medical care provided there. With the gendering of HSC’s political environment, the men asserted themselves through their business ambitions and the women continued to offer moral

⁷⁹ Minutes of the Board of Trustees, March 27, 1897.

instruction to the patients and to practice sanitary domestic management within the hospital.

While the Ladies Committee of Management lost control of HSC's administration due to a masculine 'business prowess', this administrative reorganization was not intended to counteract a radical exertion of female agency. In the wards of a well-managed, sanitarily secure children's hospital the Ladies Committee as much in 1875 as in 1899, simply flourished in their Christian-philanthropic and feminine roles within the parameters defined by a patriarchal society. The continued female nursing presence in the wards, and thus the continued emphasis on Jesus after 1891, indicates that the men running HSC recognized the good work provided by these socially-conscious women. Even though no overt effort was made to challenge the gender-roles within this public and professional environment, female agency was an inadvertent by-product of the Ladies Committee's initial evangelical and domestic ambitions at HSC. And these philanthropic women in 1875, in 1891 and in 1905 intended to assert their domestic role within the patriarchal system by imparting on to the public their knowledge of the healthy advantages of care provided by a well-managed 'Home'. The tandem establishment of nursing care alongside scientific medical care meant that the women involved throughout HSC's early history unwittingly did exert some power and control; this was recognizable in the social and medical messages disseminated to Toronto's working-class families. Thus HSC remained an *unconscious* organ for female expression despite the masculinization of administration and the institutionalization of hospital medicine at HSC after 1891.

Chapter II: Moral Hygiene and Medical Science

“Changing from a permanent ‘Home’ for ailing children, to a ‘Hospital’ for the treatment of sick children.”¹



Figure 11: Aside from administering sanitarly secure and medically effective therapeutic measures, HSC ensured that its patients were provided with proper, domestic nursing care. Shown here is a nurse comforting an injured child. This image of maternal care diverged from the institutional and functional atmosphere found in general hospitals and which was typically promoted by professional physicians.

“Going to the Entertainment.” The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 44

At its inception HSC subscribed to a ‘moral hygiene’, emphasizing proper ventilation and good sanitary conditions to accompany an idealized home setting. This constructed moral environment followed from the Ladies Committee’s personal religious ethic and virtuous sanitary mission. Conversely, as the Board of Trustees gained control of HSC, and with the move into the “Victoria” Hospital in 1891/2, the nature of medicine and the meaning of a hospital to the community-at-

large was in flux. In light of increased popularity and an improved efficacy of hospital medicine, as a 'modern' hospital HSC's Protestant moral and spiritual intonation were no longer the exclusive features defining pediatric care. The ensuing conflict between the old morality-based paradigm of health care, and the emerging medical-scientific one reveals several insights into the evolution of hospital medicine at HSC. This chapter follows the changing medical environment inside the hospital during its initial thirty years. In the same way HSC maintained a connection to religious and feminine medical-moral ideals after the trustees assumed managerial control, aspects of the initial 'moral hygiene' also remained relevant and necessary to the 'modern' hospital setting. These hybrids of hygiene with science and of domestic sanitation with technology manifested themselves in the "Victoria" Hospital, and continued to exist and interact into the twentieth century.

In terms of administrative control, the male Board of Trustees demonstrated a more aggressive, business-oriented approach than did the hospital's female founders. Furthermore, while the published and private discourse demonstrated a continued concern for the unsanitary conditions of working-class households, the new medical dogma expressed itself through the hospital setting and followed scientific principles. Rather than turning to social ideology and public health concerns, it was technology that began to dictate hospital space utilization and growth. Finally, the emerging efficacious treatments, particularly orthopedic surgery, permitted HSC to advertise itself through medical procedures as a pediatric hospital. For the first time since its inception, HSC had found a medical doctrine that incorporated the latest medical and surgical theories,

¹ Nineteenth Annual Report of The Hospital For Sick Children For the Year Ending 30th September, 1894. Toronto: 1894. 16

implemented new technology, produce reliable qualitative and quantitative results, and was directly beneficial to children. It was through orthopedics that HSC popularized not only hospital medicine, but also heralded the advantage of a children's hospital.

Amidst this paradigmatic change, the metaphor of a healthy home, of proper mothering, and of reforming misguided, destitute children – the victims of poverty and neglect – maintained its thematic integrity into HSC's twentieth-century published discourse. Domestic nursing ideals influenced HSC beyond the moral care it provided the children. Studying the medical paradigm that underlined Florence Nightingale's nursing model – and the *medical* care provided by HSC's women managers until 1891 – in relation to the scientific medical paradigm emerging after 1891, reveals a new dimension to the gender conflict already illustrated through HSC's administrative changes and architectural expression. The tension between moral hygiene and scientific medicine extended beyond a shift in terminology from home-charity to hospital-institution or from a relationship of chateau to Romanesque. It was unfolding in a complex medical marketplace where in the professionalization of nursing, the technologization of hospital science, and the quantification of medical practice were all taking place simultaneously.

Florence Nightingale's arguments to improve sanitary measures within the hospital and within the home encouraged socially conscious women to take action. In Monica Baly's analysis of Nightingale's essays, she asserts that "besides being a sanitary missionary the nurse must be a good role model and a good influence, hence the insistence on 'you cannot be a good nurse without being a good

woman'.² On the one hand nurses had to be well-mannered, faith-driven women, and as such, HSC's Ladies Committee ensured that the moral arrangements provided to the children in their care were properly supervised. However, despite its moral and domestic ideals, Nightingale's nursing model did pass judgement on specific medical concerns, particularly regarding hospital construction. To this end, one cannot entirely remove scientific and medical education from nursing training. Even under the management of the trustees HSC continued to extend to the lay community the domestic image of patient care, as encouraged by Nightingale's nursing model. To remove this image from the hospital would have undermined the strength of this public appeal for a children's hospital. Thus the women's moral-medical assertions in 1875, despite having been debunked by the turn of the twentieth century, continued to exert influence on the efficacy of care at HSC, simply because this was what the lay public expected from a pediatric care facility.

Examining this moral-medical paradigm, historian Charles Rosenberg's overview of Nightingale's Notes on Nursing and Notes on Hospitals treatises of 1859 demonstrates that "disease must not be seen as a response to a discrete external stimulus, but as an effort by the body to recover the normal state compromised by a particular set of unfavorable environmental circumstances or personal habits. Recovery could only be effected by the body's normal homeostatic processes."³ Connected to this process of recovery was the common belief that a corrupt atmosphere was a primary cause of disease. Rosenberg explains of Florence Nightingale's miasmatic theory of disease that

² Monica Baly, Florence Nightingale and the Nursing Legacy. Second edition. London: Whurr Publishers, 1997. 29

this “ferment model [of disease causation] seemed clothed in the garb of currently plausible science. ... Most important for this generation, it explained how the atmosphere served as a medium for the transmission of disease. Ubiquitous and necessary to man’s existence, the very indispensability of the atmosphere helped explain how it served as both cause of disease and vehicle for its transmission.”⁴ Recall that one of the tenets compelling the Ladies Committee to create a children’s hospital in Toronto was the observation that ‘sickly and scrofulous’ children were “living in an atmosphere of filth and misery and evil, breathing bad air in wretchedly ventilated rooms.”⁵ Miasma or the ‘ferment model’ legitimated the Ladies Committee’s primary concern that many children in the ‘Queen City of the West’ were subjected to unsanitary and thus unacceptable living conditions.

Poverty and its relationship to disease on the one hand fit nicely with HSC’s evangelicalism, permitting the hospital’s founding women to instill middle-class Protestant virtues to Toronto’s impoverished and morally misguided citizens. On the other hand, the emphasis on proper sanitation and good hygiene found its way into HSC’s public health agenda, reiterating some of the medical dogma popular in 1875. HSC’s governing ladies turned to contemporary medicine to frame and manage this particular children’s hospital. Florence Nightingale’s discourse provided just enough theory to legitimize a hospital exclusively focusing on children’s diseases.⁶

³ Charles Rosenberg “Florence Nightingale on Contagion: The Hospital as Moral Universe.” In Charles Rosenberg ed., *Healing and History: Essays for George Rosen*. New York: Science History Publications, 1979. 118.

⁴ Charles Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System*. New York: Basic Books Inc., 1987. 130.

⁵ *Seventh Annual Report of the Hospital for Sick Children, for 1882*. Toronto: Dudley & Burns, 1883. 14.

⁶ Florence Nightingale emphasized that “the whole of the preceding remarks apply even more to children and to puerpal women than to patients in general.” Children, Nightingale explained, “are much more susceptible than grown people to all noxious influences. They are affected by the same things, but much

The sentiment surrounding Toronto's impoverished families, criticizing the maternal neglect of their sick children, extended beyond just the domestic sphere to also pass judgement on conditions within general hospitals. At a meeting discussing the need for a children's hospital in Toronto, Reverend Marling revealed that "A sick child who cannot, for one cause or another, obtain the care of its mother, is a most pitiful object." Elaborating on this assertion, Reverend Marling also stated that he "was informed by these who were familiar with the matter that in the General Hospital there was no provision—no suitable provision—made for sick children."⁷ This emphasis on maternal responsibility was essential to properly nursing the sick child back to health. Thus a children's hospital in 1875 did not differentiate from a general hospital in any medical sense. Having a children's ward in a general hospital, wrote Nightingale, "combines all the disadvantages with none of the advantages of a children's hospital." Requiring strict supervision, and separated from uneducated, 'drunken and tainted' working-class adults, the sick child in a Children's Hospital would be protected from "the things which they had much better not see ... and which it is impossible to prevent their seeing in an adult hospital."⁸ Likely based on Nightingale's assertion, the Ladies governing HSC in 1875

more quickly and seriously, viz. by want of fresh air, of proper warmth, want of cleanliness in house, clothes, bedding, or body, by startling noises, improper food, or want of punctuality, by dulness and by want of light." Florence Nightingale, *Notes on Nursing*. 71-2. Facsimile of the original, reproduced in: Robert Van der Peet. *The Nightingale Model of Nursing*. Edinburgh: Champion Press, 1995.

⁷ *The Globe*. Toronto: February 12th, 1875.

⁸ Florence Nightingale. *Notes on Hospitals*. 126

Nightingale elaborates on this, dedicating an entire chapter to Children's Hospitals. Children's wards, it was explained, "render the strictest supervision necessary; and this is much more likely to be obtained in a special children's hospital, all under the same responsible management, and with every special means of treatment and exercise and occupation, than in any children's ward in a general hospital, where sick children are only received and dealt with as a portion of the hospital inmates, yet without the protection and amusement of being with the "big" [older children] inmates." (Nightingale, *Notes on Hospitals*. 126). To see Florence Nightingale's fully developed ideas pertaining to Children's Hospitals and childhood health concerns, see:

Florence Nightingale. Chapter VI: "Children's Hospitals," *Notes on Hospitals*. Third edition. London: Longman, Green, Longman, Roberts and Green, 1863., 124-132.

concluded that “General Hospitals are inadequate to afford accommodation for sick children.”⁹

In an effort to accord with good hygiene practices, to construct an appropriate medical healing environment for children, the ladies in charge of HSC focused their attention on issues well within their control as mothers and nurses. Their nursing model dealt with manipulating general aspects of the domestic environment; specifically it demanded carefully monitoring a patient’s exposure to light, cleanliness, proper ventilation, and his/her general diet. As hospital medicine gained momentum towards the end of the century, and as HSC’s Board of Trustees began to allocate more power within the hospital’s administration, relevant issues of hospital care which in the past empowered women were re-evaluated. In an effort to institutionalize medicine (and simultaneously to masculinize the hospital management) issues of cleanliness, ventilation and other ‘hygiene’ related principles were addressed through technology and science rather than practical nursing experience. The medical profession, as it moved into the hospital ward, canonized the role of nursing as an art, but placed it subservient to the science prescribed to by the medical doctor. This gendering and quantification of the medical marketplace transformed the professional hierarchy within HSC. Female philanthropy and domestic management ideals evident at the time of HSC’s founding in 1875 did however continue to play a significant role in the evolution of this professional hierarchy, and did manage to affect some aspects of the new medical and institutional ambitions promoted by HSC’s trustees after 1891.

⁹ Report of the Hospital for Sick Children. From March 1st. 1875 to July 1st 1876. Toronto: Dudley & Burns, Printers, 1876. 6.

Florence Nightingale's discourse helped to professionalize nursing, placing women in a position of power within the hospital of 1859 (and 1875, as the case of HSC demonstrates). Her medical observations provided HSC's ladies an opportunity to develop and demonstrate the advantages of 'moral hygiene' to Toronto. However, Susan Reverby has indicated that a difficulty with these nursing reforms was that Florence Nightingale "envisioned nursing as an art, rather than a science, which required systematic education and structured practical work. Her ideas for a transformed nursing linked medical and public health notions to her class and religious beliefs."¹⁰ As HSC assigned administrative responsibilities to the Board of Trustees, and with it established the "Victoria" Hospital as a model institution and "medical temple,"¹¹ the professional nurse within HSC was compelled to conform her art to the hospital's emerging scientific agenda.

The Training School for Nurses at HSC established itself in 1886. At a graduation ceremony for the class of 1894, provincial hospitals' inspector Dr. Chamberlain reiterated the 'modernizing' trends effecting science and medicine in the hospital setting and reminded these young graduate nurses that,

While you are, no doubt, well trained to enter your profession, yet you may perhaps find that you have not learned all as yet. You have considerably more to learn before you will be perfect nurses. You could not have chosen a calling which requires greater patience, greater diligence, perhaps self-sacrifice. While you have learned, and faithfully, I believe, to follow the directions of the medical man under whose charge you act without having recourse to any suggestions of your own,— because you know that is strictly forbidden.¹²

¹⁰ Susan Reverby. "A Legitimate Relationship: Nursing, Hospitals, and Science in the Twentieth Century." In Diana Elizabeth Long, Janet Golden eds. The American General Hospital. Ithaca, London: Cornell University Press, 1989. 136.

¹¹ J.T.H Connor. "Bigger than a Bread Box: Medical Buildings as Museum Artifacts." Caduceus. 9(2), 1993: 128.

¹² Nineteenth Annual Report of The Hospital For Sick Children ... For Year Ending 30th September, 1894. Toronto: 1894. 39.

In his description of nursing, Chamberlain left no room for ‘scholarly’ learning; rather he asserted the need for good manners (patience, diligence and self-sacrifice), leaving the woman subservient to the male physician. Professional medical men like Chamberlain accentuated Nightingale’s stipulation that ‘experience not theory’ should govern the nursing profession. First and foremost, nurses had to be virtuous women. In the event of an emergency, compelling a nurse to act immediately, Chamberlain reminded them that “it is only for the moment. You will see that the physician is by the bedside as soon as possible.”¹³ Next to the educated medical doctor, nurses were merely responsible for the general order and cleanliness of the hospital; they assumed the ‘motherly role’, maintaining HSC’s domestic image. Preserving this metaphor was the Lady Superintendent, mother to all the nurses residing in the hospital. She fielded concerns and suggestions from the trustees to the nurses, and vice versa. It was her responsibility to ensure that ‘women’s work’ and ‘men’s work’ did not interfere with each other. More specifically she controlled “the immediate and general charge and supervision of the domestic economy and management of the Hospital—not including any part of the medical department.”¹⁴

In an effort to construct a moral healing environment HSC’s bylaws and regulations, published by the trustees in 1891, reiterated that

nurses will exemplify their character as Christian nurses and be impressed with the importance of the charge they have undertaken, and at all times exercise that self-denial, forbearance and good temper so essential in attendance on little sick ones who cannot help themselves. Experience has shown that under the care of good nurses the lives of sick children are

¹³ Nineteenth Annual Report of The Hospital For Sick Children ... For Year Ending 30th September, 1894. Toronto: 1894. 40.

¹⁴ The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 90.

brightened and, that, as a general rule, women being conscientious in the discharge of their duties, can meet, not only the wants of their little charges, but inculcate better moral principles, and instil good manners and that gentleness which perhaps were not afforded in the home teaching of the patients before entering the Hospital.¹⁵

For the hospital administrators and medical doctors, the professional nurse linked traditional 'moral hygiene' with the emerging 'modern' medical principles. The bylaws also foreshadowed Dr. Chamberlain's convictions which stated that the responsibility of nurses in the wards was to facilitate medical care but not to contribute to the physician's medical-scientific diagnostic efforts. Observing the patient, it was the nurse's responsibility in 1891 to "see that patients take food or medicine prescribed, change patients' linen, clothing, bed linen, and bedding when necessary," and "clean their respective wards."¹⁶ Conversely the Medical Officer was academically trained, "licensed and qualified according to the laws of the province", responsible for all medicines sent "to the wards by the nurses" and dictated "full directions regarding dose and administration."¹⁷ The physicians at HSC had complete control over the medical environment. The female nurses merely accorded with their professional decisions.

While this legislation did underscore a patriarchal hierarchy in this institutional setting, the domestic sphere functioned alongside the 'professional' business sphere, and was not overtaken; the nursing profession itself aided and abetted the patriarchy. Nightingale's model admittedly assigned the "reparative process" of medicine to "mothers and families."¹⁸ As was seen inside HSC prior to 1891, the women governing

¹⁵ The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 92.

¹⁶ Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 92

¹⁷ Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 90.

¹⁸ Florence Nightingale, Notes on Nursing. 6

its growth followed this inherently domestic model to construct a moral and medical environment for the 'sick little ones.' Thus it was not exceptional to see the trustees subverting the "art of nursing" to the more aggressive, masculine "science of medicine." The work inside the hospital sustained a feminine quality. However the trustees and the medical doctors, upon entering the hospital, operated under the assumption of a sexual division of labour as it already existed in many late-Victorian Toronto households.

With the patriarchy well established for Toronto's families, and the medical marketplace dominated by men, HSC made every effort to sustain this gender hierarchy within its hospital. However, women were making efforts to effect change regarding this sexual division instilled into hospital medicine. In 1902, the meeting minutes of the Trustees discussed in detail the "Women's Hospital Scheme's" request "for representation upon the active Staff of the Hospital for Sick Children and also ... for the appointment of a Woman House Surgeon." John Ross Robertson, chairman of the Board at this time, met with the women to discuss this proposal further. The negotiation did not go very far, for Robertson immediately noted that it was already "exceedingly difficult to find accommodation in the building" for all of HSC's current staff and 150 patients, let alone an additional female resident physician. He further expressed a sexual bias against women doctors, noting that "they shirked responsibility."¹⁹ Upon interviewing the Lady Superintendent regarding her "objections to having a woman as intern" and acting as a House Surgeon, Robertson's convictions appeared to have female support too. She emphasized a woman's inadequate "mechanical skills" to make splints or operate the hospital elevator. The Lady Superintendent summed up her position, stating that "a woman cannot take the place of a man as House Surgeon from the fact that they cannot

do a man's work."²⁰ Representing the nurses in HSC, the Lady Superintendent contributed to the sexual division of labour; female work and male work were both well established and were not to be challenged. Since it appears that the Hospital regulations presented a working model for nursing (a model which the nurses themselves helped establish and maintain), the issue of women doctors working in the hospital threatened the hospital's male physicians and trustees because it challenged the traditional domestic role assumed by female nurses. However, evidence indicates that the patriarchy did not sit well with *all* women involved in HSC.

Even before the female doctors and surgeons addressed the sexual hierarchy at HSC, gender conflict does seem to have impacted HSC's managerial hierarchy. In 1891, the Ladies Committee, now reporting to the trustees, had their governing role at HSC reduced to a position of token responsibility. They were now obliged to send two members to "visit" the Hospital and interact with its patients at least twice a week, and to "report any recommendations involving money expenditure and any other suggestions that may be decided upon, to the trustees for approval."²¹ In essence, the Ladies Committee went from a managerial role, to a group of women volunteering "to aid in the work of the Hospital by reading and singing with the patient, or in any other way contributing to their instruction or amusement."²² One year shy of HSC's silver jubilee, at "a large and representative meeting of the Ladies' Committee of the Hospital for Sick Children, it was unanimously resolved that, as the work of the hospital has now reached a

¹⁹ Minutes of the Trustees, April 26th, 1902.

²⁰ Minutes of the Trustee, April 26th, 1902.

²¹ Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 87.

²² Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 88.

point where the services of its Ladies Committee are no longer required, the Committee desire to tender their resignation to the Board of Trustees.” These ladies collectively resigned specifically “as they hope to engage in a work among incurable children, which will supplement the efforts of the Hospital.”²³ In 1899 the Bloorview Hospital for Incurable Children commenced operations under the management of the female organization which founded HSC in 1875. On the one hand Ladies Committee felt

the extent to which the work has grown [at HSC] necessitates the present change in the character of the management. From the smallest beginnings the Hospital has prospered and spread out, until now it requires an efficient staff of paid officials, and the ladies feel that their work, in which they have so deep an interest, is practically at an end.

On the other hand, establishing their own hospital, re-asserting control of a medical environment, signaled that the women were at odds with the medicine administered to the patients at HSC as well as with the managerial decisions sponsored by the Board of Trustees.

Aside from gender conflicts experienced at the administrative and professional level at HSC, the emerging medical paradigm sponsored by the male trustees conflicted with the Ladies Committee’s initial sanitary efforts. The traditional empirical nursing-hygiene solutions embraced by the hospital’s founding women was losing ground as medicine within the hospital became more quantitative in its prognoses. In 1883, the ladies began to discuss relocating the hospital for a fifth, and hopefully final time. Relying on faith, the Ladies Committee prayed “that our Heavenly Father will send us the means for the erection of A PERMANENT

²³ Minutes of the Trustees at HSC, 8th July, 1899

BUILDING, suited in every way as a Hospital.”²⁴ Despite the positive, ‘Nightingale-based’ aspects of the ward space in the Protestant Sisterhood at the corner of Elizabeth and Emma streets, it was quickly becoming crowded and less suited for its hospital purposes. Already one can see the infusion of scientific medicine affecting HSC’s management. In the past, the Ladies Committee discussed relocation, or purchasing ‘rough cast houses’ “adjoining the Hospital property”²⁵ as they came available and as the need for space increased. Now, the demand for increased space, and for an adequate sanitary hospital structure demanded that “Mrs. McMaster and Miss Fowler should consult experienced architects as to plans etc.”²⁶ The concern for hygienic space could no longer be provided by a well ordered home. Sanitary and medical requirements for ‘modern’ medicine influenced hospital construction.²⁷

In the tradition of moral hygiene, the plans for a new hospital maintained a strong connection to popular ideas regarding sanitary space. The discussion for a new structure began to move the hospital away from its domestic origins, and began to advocate economically and medically the needs involved in a new hospital. Distinguishing itself

²⁴ Eighth Annual Report of the Hospital for Sick Children, for 1883. Toronto: Dudley & Burns, 1884. 10.

²⁵ Minutes of the Ladies Committee, February 19th 1883.

²⁶ Minutes of the Ladies Committee, December 5th 1884.

²⁷ Jeremy Taylor’s discussion of Pavilion Hospital construction in England clearly asserts that the architect was more than just a builder in this exercise. In the age of Florence Nightingale, Joseph Lister, and Koch, there were specific technical requirements creatively incorporated into the built form of the hospital. Such preoccupations with air flow and outside ventilation, regulating the amount of sunlight that penetrates the building, miasmatism and later germ theory, all had their effect on the material culture of the hospital itself. These considerations are incorporated into the architectural plans, by architects Darling and Currie, for the “Victoria” Hospital for Sick Children. Modeled loosely after the children’s hospital at Garnethill in Glasgow, Scotland – which had greatly impressed John Ross Robertson during a visit there in the late 1880s – HSC’s design was modified to suit the needs of Toronto. Among the changes, HSC was given a ‘progressive’ façade, in the style of ‘Richardsonian’ Romanesque, incidentally the same architectural genre used for Queen’s Park, the seat of Ontario’s legislature. As a monument both to the lay clientele from Toronto, and the professional scientific physician, HSC’s fifth hospital was an achievement in terms of medical technology and architectural design. For more on Jeremy Taylor’s analysis of the design creativity called on to build the British Pavilion hospital, see:

Jeremy Taylor. The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England, 1850-1914. London, New York: Leicester University Press, 1997.

from a home, it “costs more to build, equip and maintain a Hospital... . The appointments and appliances must be of the best, in order to do the work at all. We must not only employ *skilled* labour, but must care for it. Our nurses must be as carefully looked after as the patients.” Also unlike the standard home, the hospital’s “wards must be large and airy; a certain number of cubic feet (1,000) allowed per bed, with only one patient in it, while in a “Home” two children may occupy the same bed.”²⁸ Despite the arguments put forward to build a new hospital for HSC, they did not significantly diverge from the arguments advanced by Florence Nightingale almost thirty years earlier. Still important was a need for good ventilation, proper heating, and general cleanliness. Conversely, the chosen location for the hospital was in the heart of downtown Toronto, amidst the working class poor and alongside the run-down, unsanitary dwellings that were purported as significant factors causing and spreading disease. Locating it in a crowded, polluted neighborhood contradicted a basic tenet of miasma theory; it undermined the notion that bad air caused disease. Symbolically, building a hospital under these circumstances indicated a new direction for hospital medicine.

As the moral hygiene advocated by the ladies met with disapproval from the Board of Trustees and physicians, and as HSC looked for and ultimately decided upon its central hospital location, HSC’s therapeutic agenda was itself being redefined. The ensuing conflict, both gender influenced and ideologically motivated, resulted in profound changes to HSC’s management and its medical philosophy. The women involved in HSC’s fifth relocation advised moving the hospital to the suburbs. Looking in the middle-class community of Rosedale,

²⁸ Tenth Annual Report of the Hospital for Sick Children, for 1885. Toronto: Hart & Company, 1886. 9,10.

With thankful hearts the members of the Committee visited this delightful spot on Wells' Hill, and all agreed that in many respects the location was most desirable. The view from the crest of the hill is one of the finest in Ontario, the surroundings are pleasant, there is plenty of room for trees and flowers, and beyond all, the air is delightfully pure and invigorating.

The disadvantage of this location, being removed from the impoverished citizens of Toronto, "might be partially overcome by the establishment of a Receiving Hospital (with an ambulance) in the city."²⁹ Despite the Ladies Committee's conviction that the hospital should relocate, "where we could have more ground and pleasant trees and flowers,"³⁰ Board of Trustee member, "E. B. Osler thought it decidedly better to keep this property [on Elizabeth and College streets] and build on it, as none other could be bought in such a central place. Judge Boyd [also of the trustees], though unavoidably absent, sent his unchanged opinion which is, that we retain this property and build on it."³¹ It was later unanimously decided that "it is better to bring the building to the people than the people to the building."³² The new hospital would be built on the College Street Lot.

The issue of location did not end there. The Ladies Committee was not willing to allow the mere convenience of the College Street location jeopardize the hygienic advantage provided by clean air, pleasant trees, and a nice view. Shortly after the 'unanimous decision' was made to build downtown, the 'Davis' property in Rosedale came up for sale. Mr. Rogers, a member of the hospital's Board of Trustees, was of the opinion that

the Davis property at \$30,000 was the most suitable place for our Hospital. Justice Patterson and Mr. O'Brien agreed with this opinion, and as the ladies had previously decided in favour of the Davis property at the lowest possible cash price, it was resolved that Mr. Rogers see our [HSC's]

²⁹ Tenth Annual Report of the Hospital for Sick Children, for 1885. Toronto: Hart & Company, 1886. 9-10

³⁰ Tenth Annual Report of the Hospital for Sick Children, for 1885. Toronto: Hart & Company, 1886. 9.

³¹ Special Meeting of the Trustees, September 28th, 1885

³² Meeting of Building Committee at HSC, July 22nd, 1886.

Lawyers, Mr. Wm. McDonald and instruct him to purchase the Davis Property at the lowest possible cash price, asking them to allow possession at once.

It is curious that this re-negotiation of an earlier decision occurred, and that the trustees appeared to support it. Mr. Osler, one of the trustees most in favour of the College Street property wrote a letter “stating that he was still of the opinion that the Hospital should not be moved from the City to any of the suburbs, but that he would agree to and assist any scheme decided on today.”³³ Despite Mr. Osler’s dissatisfaction, despite a clear division among members of the Ladies Committee and Board of Trustees, this ‘scheme’ to relocate to the suburbs proceeded forward. After purchasing the Davis property, the new hospital would be built in Rosedale.

Entering into the picture at this point, flexing his political and philanthropic muscle was John Ross Robertson, owner of the successful Toronto newspaper, The Evening Telegram. Prior to securing the Davis property, HSC was allotted \$20,000 in a municipal grant “for a certain permanent improvement by way of erecting an addition to the Hospital for sick children, as a memorial of the jubilee year of the reign of Her Most Gracious Majesty Queen Victoria” and hence the new hospital construction would be dubbed the “Victoria” Hospital for Sick Children.³⁴ Contingent to this grant was that the hospital ‘addition’ would be at the College Street site. John Ross Robertson, likely in an effort to consolidate control of the Board of Trustees, intervened and insisted that the City Council’s initial resolution to fund this addition at College Street not be reissued if the Ladies Committee changed the location to Rosedale. The Corporation of the City of

³³ Minutes of the Trustees, December 10th, 1888.

³⁴ “By-law 1809,” Minutes of Proceedings of the Council of the Corporation of the City of Toronto, Commencing Monday, the 17th Day of January, 1887. Toronto: John Y. Reid, 1888. Appendix no. 24. 178. Voted and approved on April 16th, 1887

Toronto council minutes recorded Mr. Robertson's presence, "protesting against the proposed expenditure of the grant of \$20,000 voted by the people in aid of the Sick Children's Hospital, in the purchase of a piece of property and the erection of a hospital in Rosedale."³⁵ John Ross Robertson, "who has always taken a great interest in this institution, states that the whole of the medical faculty and many of the friends of the Hospital strongly disapprove of the proposed change of site." It was thus resolved that

under these circumstances the Committee beg to recommend that the clause in Report No. 2, of the Executive Committee as adopted by the Council, recommending that application be made to the Legislature to authorize the City Treasurer to pay to the Trustees of the Hospital for Sick Children the sum of \$20,000 upon a different trust from that expressed in the By-law No. 1809, be rescinded.³⁶

In order to acquire this money, HSC was compelled to go back to the original plan, to erect a permanent building at the College Street location. The medical needs of a custom built space, well located to treat its target population – Toronto's child-victims of poverty and neglect – provided a greater advantage to the hospital's *medical* and *philanthropic* cause than did a sanitary suburban location. In 1889, construction began at this location and the hospital was built downtown, not in Rosedale.

³⁵ Minutes of Proceedings of the Council of the Corporation of the City of Toronto, 1889. Special Meeting, Monday, February 25th, 1889. 41

³⁶ Minutes of Proceedings of the Council of the Corporation of the City of Toronto, 1889. Committee Room, Toronto, March 1st, 1889. Appendix no. 23. 226.



Figure 12: The “Victoria” Hospital for Sick Children, built between 1889 and 1891, became a monument to commemorate Queen Victoria’s Jubilee anniversary year of 1888. Expressing architectural innovations this building also became a local landmark. Post cards of the hospital frequently displayed this building’s front side, and provide history with some material evidence regarding the hospital’s importance as a tourist attraction for Toronto at the turn of the twentieth century.

Post card, circa 1907, Shirley Avery’s Private Collection.

Sir Douglas Galton, writing in 1893 recognized that ideally “the qualities of a site most favourable to a hospital may be described to be a situation in the open country, upon a clean, porous, and dry soil, with free circulation of air round it, but sheltered from the north and east.”³⁷ Paradoxically, he also indicated that “a hospital must be so placed that it will be conveniently available for the reception of the sick poor, and in the case of accidents, and of many diseases ... it is of importance that the distance which the patient has to be conveyed shall be as short as possible ... These conditions would require that

³⁷ Douglas Galton. Healthy Hospitals: Observations and Some Points Connected with Hospital Construction. Oxford: Clarendon Press, 1893. 23.

hospitals be placed in the centres of populations.”³⁸ HSC’s physicians allied themselves with HSC’s philanthropic investors to overcome these conflicting location requirements and remained amidst the crowded, dilapidated tenement housing of Toronto’s working class community. Robertson even sought political and legal intervention to ensure this was so. The obvious question arises: why did HSC’s trustees, private financiers, and the medical faculty insist that the College street location was ideal compared to the scenic Rosedale site?

Harry Dowling, discussing the historical evolution of the General Hospital in American cities, commented that “the attitude of the medical staff toward the activities of politicians in hospitals was a curious mixture. . . . They remained elusive and concentrated on professional matters, seldom taking the time to work with the politicians to improve the hospitals.”³⁹ Evidence indicates that HSC’s decision to remain central was a combination of both political and medical needs, and in this instance at least, cooperation among trustee and physician resolved to improve HSC and guide its future according to ‘modern’ principles of business and science. In Robertson’s appeal to City Council he insisted that the medical faculty agreed with his conviction that the hospital was best located downtown. Under these circumstances, HSC’s physicians and the future administration (the Board of Trustees, led by John Ross Robertson) appear to align against the common foe: against the Ladies Committee and their moral-hygiene-based decision to build in Rosedale. Science and its ability to institutionalize medicine provided an opportunity for collaboration with the trustees and physicians.

³⁸ Douglas Galton. Healthy Hospitals. 21

³⁹ Harry Dowling. City Hospitals. Cambridge, Massachusetts: Harvard University Press, 1982. 43.

With the new experimental microbiology (bacteriology), initiated by Louis Pasteur in the 1880s and the germ theory of disease, established by Robert Koch in 1883, miasma disease theory was slowly becoming a thing of the past. Galton was thus able to advocate and defend the advantage of a central hospital location without contradicting disease theory, nor jeopardizing the constructed sanitary conditions benefiting a hospital. While issues of hygiene were still essential to good medicine – cleanliness in the wards, proper ventilation, and general order within the hospital – they were being explained through contemporary scientific ideas such as germ theory of disease, bacteriology, and antiseptics. Evidence was beginning to reveal that hospital location was not as significant a variable ensuring good medical treatment. In addition to therapeutic improvements, developments in ventilation technology would compensate for less than ideal sanitary surroundings, providing patients with ample access to clean air. Locating a hospital in the centre of town, amidst unsanitary conditions, maintaining ‘perfect equipment’, and yielding positive results was also a means of publicizing the advantage of the ‘new’ medical science. In this central location, displaying science and ‘modernity’ at work, the hospital could exhibit the healing power of new machines and new medical procedures. In order to promote scientific medicine, location became all important to HSC’s public appeal, legitimizing hospital institutions and affiliating ‘the best’ physicians with these new health centres. Medically, the hospital was breaking away from the popular, domestic-based notions connecting morality with hygiene. HSC was beginning to administer scientific-medical treatments to its patients within a controlled institutional setting.

HSC made every effort in its College Street location to integrate traditional, lay impressions of what a hospital ‘should be’ into the completed 1891 structure. Following this effort, they maintained control of the Lakeside Home for Sick Children on Toronto island, thereby providing convalescent, outdoor care to HSC’s patients during the summer months. Thus, even under the mandate of a new, scientific medical paradigm, HSC continued to selectively follow aspects of Florence Nightingale’s hospital-construction suggestions. Maintaining the Lakeside home fulfilled her demand that “*every child’s hospital ought to have a convalescent branch at a distance, in the most healthy spot that can be found—probably by the sea, or at a watering place.*”⁴⁰ The argument could also be made that since HSC already had a convalescent home near Lake Ontario, exposing the children to ample amounts of fresh air and exercise, the advantage of building at Rosedale was diminished. Thus not entirely denying the old medical beliefs, HSC continued to support the Lakeside Home. Furthermore, John Ross Robertson initially got involved with HSC through its Lakeside branch. His \$2000 donation in 1883,⁴¹ and the construction of a new wing at Lakeside in 1885 also as a result of Robertson’s generosity,⁴² revealed a personal connection between the Lakeside Branch and the chairman of the Board. Building downtown and not at Rosedale, preserved the function of this convalescents’ home as well as maintaining the material results of Robertson’s initial philanthropic investment to HSC.

Examining some of the material evidence of HSC’s “Victoria” Hospital, built at 67 College street between 1889-91, one can see the building architects implementing

⁴⁰ Florence Nightingale, *Notes on Hospitals*. 129.

⁴¹ Minutes of the Ladies Committee, July 13th, 1883.

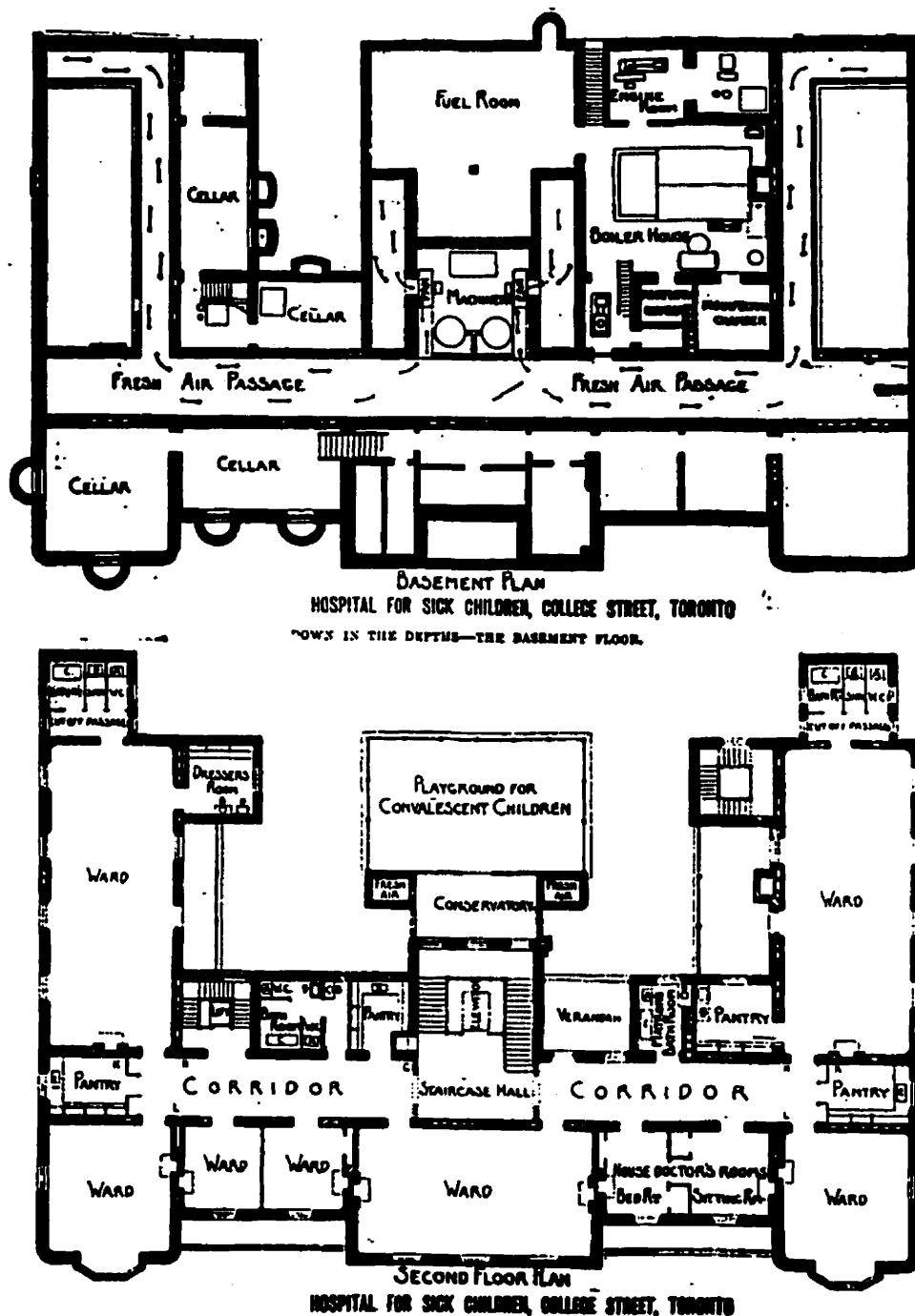


Figure 13: Darling and Curry's architectural sketches of HSC's floor plans reveals the sophisticated measures used to ensure proper air circulation in the wards. The "Basement Plan" of the hospital is designed specifically to house machinery. In addition, providing "Fresh Air Passages" in the basement likely had an effect on the distribution of space throughout the building – this hospital was constructed at a time when the walls functioned as the main support mechanism for the entire building. Looking at one of the floor plans, one can see that the corridor and the rooms directly follow from the specialized spatial configuration found in the basement.

"Basement Plan", "Second Floor Plan" The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 63, 74.

⁴² Minutes of the Ladies Committee, Feb. 6th, 1885.

traditional hospital design features into this ‘modern’ institution. The direction which the hospital faced was of particular importance to maintain a healthy environment in the “Victoria” Hospital, much like it was the emphasis in HSC’s earlier rented homes. Darling and Curry, the building’s architects ensured that the hospital “plan is in the form of an E with the straight side on the north—the arms running south and enclosing the area protected from the winds on the west, north and east sides, and open to the south. Verandahs are placed on all sides of this area so that beds may be carried out upon them from the different wards.”⁴³ Sir Douglas Galton’s 1893 discussion, Healthy Hospitals, instructed the architect to ensure ample access to daylight on the wards. He explained that “light and particularly sunlight maintains the purity of the atmosphere and exerts an important influence on vitality.”⁴⁴ Furthermore, “the conditions required for light necessarily affect the shape of the hospital wards. An East and West aspect for a hospital ward, which has windows on opposite sides, allows of this permeation of sunlight at some period of every day on which the sun shines.”⁴⁵ This reiterates Nightingale’s notion that “second only to [the patients’] need of fresh air is their need of light. ... And that it is not only light but direct sun-light they want.”⁴⁶ With the length of the “Victoria” Hospital’s wards running south, the majority of the windows faced east and west, and thus fulfilled this “axiom that sunlight should penetrate into a room occupied by the sick.”⁴⁷ The strategic placement of verandahs along all sides of these ‘arms’, and the numerous windows along all sides of the building, upheld this hygienic mandate of a

⁴³ “Description of the New Building,” Fifteenth Annual Report of the Hospital for Sick Children, for 1890. Toronto: Imrie & Graham, 1890. 20.

⁴⁴ Douglas Galton. Healthy Hospitals. 138.

⁴⁵ Douglas Galton. Healthy Hospitals. 139.

⁴⁶ Florence Nightingale. Notes on Nursing. 43.

⁴⁷ Douglas Galton. Healthy Hospitals. 139.

patient's need for fresh air. It also demonstrated continuity in function of hospital medicine, connecting HSC's scientific convictions in this 'modern' institutional structure to its sanitary, home-based ideas in the earlier, rented houses.

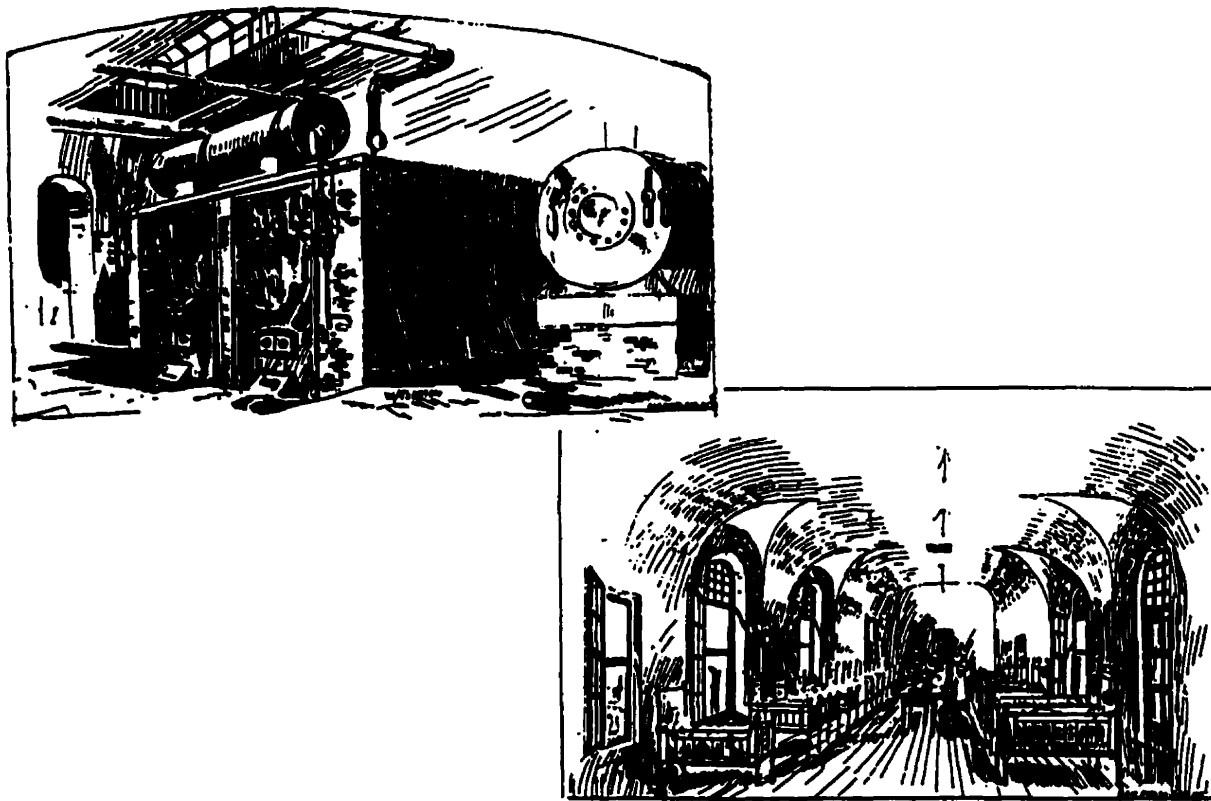


Figure 14: The boilers (top), hidden from the view of hospital visitors and patients, indicated an effort by the HSC's architects to maintain control of the temperatures within the wards. More qualitative, but also serving to demonstrate control over the HSC's environmental conditions, were the shape of the walls and the placement of windows in the wards (bottom). Curving the walls helped prevent dirt or bacteria (depending what medical paradigm one considered) from collecting in hard to reach corners. Large windows permitted ample amounts of sunlight to enter, and when opened, allowed direct access to fresh air for the patients.

"The Boilers", "A Ward on the Third Floor", *The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions.* Toronto. 1891. 62, 76

Assuming a connection to time-tested theories on hospital construction, the new "Victoria" building accommodated some other sanitary-based concerns into its 'modern' design. In the wards, it was stated that "sharp angles and edges are avoided; the wood

wear the eyes of the little suffers.” This “mechanico-psychological”⁴⁸ explanation identified only part of the functionality of form here. Douglas Galton instructed that hospitals should be constructed to avoid dust and dirt collecting in any corners and encouraged smoothing out “the angles made by the walls with each other and with the ceiling and floors with curves or quadrants, the concave surfaces of which face the wards.”⁴⁹ Such a feature could only be attained in a custom designed building, it was not something common to a working class home. Furthermore, the very existence of such a feature aesthetically indicates that HSC still made every effort to demonstrate its hygienic perfection. In an attempt to assert itself as a ‘modern’ institution, and as the *best* children’s hospital in the world, such design features could not be overlooked.

To necessitate ‘absolute cleanliness’, it was insisted that inside the hospital wards “there shall be no cracks in the woodwork, or between the woodwork of windows and doors and the walls, and that the walls and floors shall not be absorbent.”⁵⁰ Florence Nightingale recommended that “an impervious material capable of receiving a polish on a white or tinted surface would make the best lining for a hospital ward. What is wanted is a surface as can be washed frequently with soap and water, without its being absorbed into the substances, and dried with towels, so as not to interfere with the current use of the ward.”⁵¹ In the “Victoria” Hospital, the hygienic necessity of *impervious walls* reemphasized the interior as a state-of-the-art medical tool while concurrently fulfilling

⁴⁸ The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 70.

⁴⁹ Douglas Galton. Healthy Hospitals. 207

Galton’s recommendations are also stated by W. Gill Wylie. He claims that the ceiling should not be flat, but sloped up and slant parallel with the roof, and be rounded at the ridges, so as not to have angles. The wall in the four corners of the ward should be rounded in the same way.”

W. Gill Wylie. Hospitals: Their History, Organization, and Consumption. New York: D. Appleton and Company, 1877. 109.

⁵⁰ Douglas Galton. Healthy Hospitals. 206.

the traditional requirements for hospital ward construction. “Adamant”, “the Modern Wall Plaster”⁵², “indispensable in hospital wards and public buildings, one which will practically supersede ordinary plastering in the better class houses,”⁵³ was used in the wards of the “Victoria” Hospital. This plaster, it was advertised, was “not affected by fire or water, and cannot be broken or marred by furniture. Crumbling walls, falling ceilings and defaced decorations are unknown where Adamant is used.”⁵⁴ In fact, “Adamant” was so pleased with the results of this plaster job at HSC, that the “Victoria” Hospital was incorporated into its advertisements. Thus not only was HSC using the latest plaster-technology, as a new product “Adamant” utilized the ‘progressive’ concept of the “Victoria” Hospital to sell its ‘modern’ wall plaster.

For fundamentally different reasons, both miasma disease theory⁵⁵ and scientific medicine⁵⁶ considered basic hygienic measures necessary to ensure good sanitary conditions within the home and the hospital. To this end,

⁵¹ Florence Nightingale. Notes on Hospitals. 68.

⁵² Advertisement. Canadian Architect and Builder. March, 1891. 40.

Considering Florence Nightingale’s suggestions in Notes on Nursing, it is evident that “Adamant” is something very new to both home and hospital in 1891. Nightingale specifically indicates “as for walls. the worst is the papered wall; the next worst is plaster. But plaster can be redeemed by frequent lime-washing: the paper requires frequent renewing.” (Nightingale, Notes on Nursing, 70). Thus “Adamant”, a ‘modern wall plaster’ benefited the hospital’s sanitary environment, but also challenged traditional notions material culture notions of hygienic construction.

Florence Nightingale. Notes on Nursing.

⁵³ The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 80.

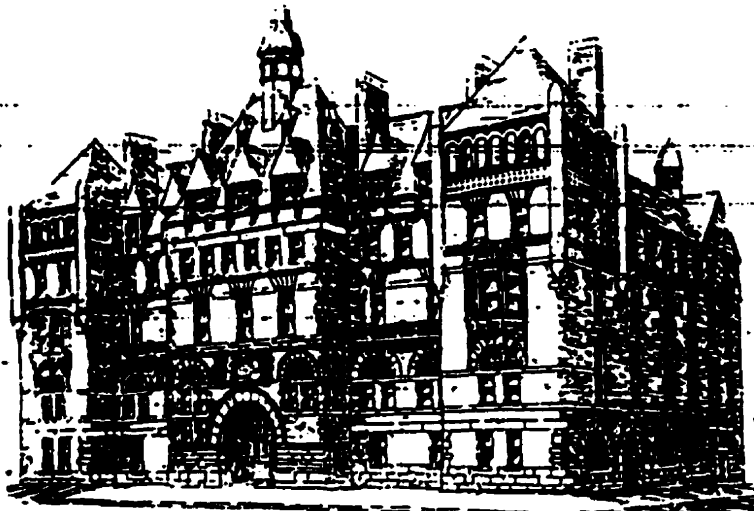
And The Evening Telegram. Toronto: May 5th, 1891. 8.

⁵⁴ Advertisement. Canadian Architect and Builder. March, 1891. 40.

⁵⁵ In Notes on Nursing, Nightingale insists that “the very first canon of nursing, the first and the last thing upon which a nurse must be fixed, the first essential to the patient, without which all the rest you can do for him is as nothing, with which I had almost said you may leave all the rest alone, is this: TO KEEP THE AIR HE BREATHES AS PURE AS THE EXTERNAL AIR, WITHOUT CHILLING HIM.” Nightingale’s suggestion follows from sanitary common sense, and does not provide a theoretical or scientific basis for this ‘canon’.

Florence Nightingale, Notes on Nursing. 8.

⁵⁶ “In the 1860s, ‘disinfection’ was a concept that carried no bacteriological overtones: it meant simply the destruction of the agents – what ever they were – of contagious diseases. Simple cleanliness was part of



HOSPITAL FOR SICK CHILDREN, TORONTO, CAN. PLASTERED WITH ADAMANT.

Adamant

is—the—Modern—Wall—Plaster, while old style mortar is a relic of the dark ages, and has been tolerated for centuries for the want of a better substitute.

Adamant dries within three days; lime mortar is soft and damp for weeks.

Adamant only requires heat for ten hours after application in the coldest weather; lime mortar requires heat and constant care for at least a month in such weather.

—Adamant is not affected by fire or water, and cannot be broken or marred by furniture. Crumbling walls, falling ceilings and defaced decorations are unknown where Adamant is used. It is mixed with water, and applied by any mason, in the ordinary manner. It has been used all over this country and abroad for the last four years, and is endorsed by architects, engineers, and scientific men.

Figure 15: The “Victoria” Hospital, much like the ‘Modern Wall Plaster’ inside the wards, became a symbol of progress. Not only was HSC at the forefront of hospital medicine, but generally it incorporated the latest material culture into its walls. To this end, HSC became a powerful image of progress, and ‘Adamant’ used the hospital as part of its effort to advertise its own product.

Advertisement. *Canadian Architect and Builder*. March, 1891. 40.

Darling and Curry’s College Street hospital featured a sophisticated ventilation system, accommodating traditional impressions of sanitary needs and a ‘progressive’ scientific understanding of disease etiology. Prominent external features on HSC’s “Victoria” Hospital, and highlighted by the local press at the time of its construction, were its “handsome red front, its peaked towers, its terra cotta ornaments, its quaint tiled roof, its massive arched entrance, and grand stone carvings, rounded corners, its miniature

this. What Lister did was to give ‘antiseptis’ a new theoretical connotation, and if, by the end of the century’s end, ‘antiseptic’ and ‘disinfectant’ had more or less become synonymous, this was because germ theory had by then carried the day.” (Bynum, 135)

William F. Bynum. *Science and the Practice of Medicine in the Nineteenth-Century*. Cambridge: Cambridge University Press, 1994.

towers.”⁵⁷ Guiding ones attention to the ‘peaked towers’ and ‘miniature towers’, it is revealed that these were in fact intimately connected to HSC’s ventilation and heating system. In the various newspaper articles discussing the College street hospital, “the subjoining detailed description will show that the construction of the building in its adaptation to hospital purposes, its systems of heating, ventilation, lighting and sanitation make it a hospital par excellence.”⁵⁸ Furthermore, described by the local media as ‘ornamental’ and ‘miniature’ attributed feminine qualities to this ventilation technology. Again the discourse highlighted the requirements securing the hospital’s hygienic capabilities and subconsciously signaled to its gendered nature.

Elaborating on the “ventilating cupola” and related towers, these functioned as innovative, technological achievements ensuring that the clean air from outside was constantly being replenished inside the hospital wards:

There are two fresh air intakes and two large heating chambers one for each half of the building. By this arrangement an even temperature can be kept throughout the building as it will not be possible for high winds to force the warm air to one end of the building. The fresh air towers are placed in the court. It was judged that better air could be obtained from the courts than from any of the street points, as it would be free from dust, etc.⁵⁹

These ventilation shafts, strategically placed to access the cleanest possible air and partnered with a sophisticated heating system, fulfilled Nightingale’s sanitary prerequisite that “while purity of air is essential, a temperature must be secured which shall not chill the patient.”⁶⁰ The ornamental towers on the roof not only functioned as a mechanism for fresh-air-intake, but also

⁵⁷ The Globe. Toronto: May 2nd, 1891. 2.

⁵⁸ The Evening Telegram. Toronto: May 5th, 1891. 6.

⁵⁹ The Evening Telegram. Toronto: May 5th, 1891. 6.

⁶⁰ Florence Nightingale. Notes on Nursing. 9.

From every room in the building flues are carried to large vent ducts in the roof. Each flue has a register at the floor and at the ceiling. ... There are three large outlets on the roof, one on each of the wings.⁶¹

The importance of this ventilation system, advertised by these towers, demonstrated to the community that the hospital was something different than a home, that the medical environment the children were exposed to was both hygienically secure and architecturally/technically state-of-the-art. As a technological and medical artifact, the hospital towers demonstrated that form followed function.⁶² On the one hand the hospital can be seen to rely on traditional, 'moral hygiene' advice in order to achieve an appropriate sanitary built form, ensuring clean temperature controlled ventilation. The language relating this technology to the public, although implicit, connected this sanitary feature to HSC's initial female nursing influences. On the other hand, modern technology and architectural creativity interacted with the traditional views of disease etiology and public health measures to guarantee that these axioms of health were attained. In this sense, the hospital diverged from the sanitary home-setting to become a technological artifact. The mechanics involved in this new hospital setting were integral to the popular dissemination of scientific medicine and thus emphasized the institutional rather than the domestic.

In light of these efforts to implement new technology based solutions ensuring proper hospital hygiene, its annual report for the year ending in 1894 asserted that "Every year our Hospital for Sick Children is steadily changing from a permanent 'Home' for

⁶¹ **The Evening Telegram**. Toronto: May 5th, 1891. 6.

⁶² This form was not isolated to HSC's new building. Examining other hospitals contemporary in construction to the "Victoria" Hospital, these turrets are a common feature. The Royal Victoria Hospital, erected in Montreal by Henry Saxon Snell in 1891-93, made use of similar towers in its pavilion plan. They also helped to facilitate proper ventilation and heating within the wards.

ailing children, to a 'Hospital' for the treatment of sick children."⁶³ The new "Victoria" Hospital accorded with various design innovations ensuring a healthy hospital. However, inside the hospital, in addition to its hygienic construction, it was stated that the "Hospital for Sick Children, College street, is one of the finest and most perfectly equipped Hospitals for the care and treatment of sick children in the world. It is provided with the best and newest surgical and medical appliances, and the staff includes some of the ablest physicians and specialists in our city."⁶⁴ Under the auspices of a medical institution 'perfectly equipped', it is necessary to examine how HSC defined itself as a facility for the 'treatment of sick children'. In an effort to integrate new technology with older medical and surgical procedures, HSC began to distance itself from the 'moral hygiene' governing medical treatment throughout the 1870s and 1880s. At 67 College street, new scientific doctrines and surgical methods differentiated HSC from a general hospital, asserting *medically* its mandate to treat children. It also reflected a distinctly masculine philanthropic approach grounded in business rather than faith.

William Bynum cautions that despite the improved efficacy of bacteriological medical science, aseptic surgery, and the comfort and care provided by professional nurses, "paying patients had to be educated into accepting this [the hospital] as more desirable than treatment at home, in a hotel, or in a small clinic."⁶⁵ He credits the invasion of technology into the hospital (namely the x-ray machine) as ultimately affecting change, attracting patients to use the hospital to regain health. William

⁶³ Nineteenth Annual Report of The Hospital For Sick Children For the Year Ending 30th September, 1894. Toronto: 1894. 16

⁶⁴ Twentieth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1895. "Embracing the Medical, Financial, and General Reports of The Work" Toronto: 1895. 14

⁶⁵ W. F. Bynum. Science and the Practice of Medicine. 191.

Roentgen's discovery in 1895 had "immediate popular, scientific, technological, commercial, and medical reverberations."⁶⁶ Establishing these facilities at HSC not only accommodated the physician's diagnostic needs, but it compelled these physicians to bring paying-patients into the hospital. They also provided an opportunity for HSC to alter the spatial arrangements within the hospital.

Table 3: Total Revenues and Pay Patient Revenues at HSC, 1882-1906.⁶⁷

Year	Total Annual Revenue (\$)	Revenue from Pay Patients (\$)	Pay Patients as % of Annual Revenue	Year	Total Annual Revenue (\$)	Revenue from Pay Patients (\$)	Pay Patients as % of Annual Revenue
1882	4839.52	117.5	2%	1897	60233.3	1325.2	2%
1883	9508.09	246.5	3%	1898	45575.24	1719.22	4%
1884	5635.75	448	8%	1899	65759.19	2856.5	4%
1885	9036.37	553.24	6%	1900	56116.41	3217.97	6%
1886	6033.38	506	8%	1901	45512.44	3895.7	9%
1887	8007.85	779.15	10%	1902	66579.48	4264.56	6%
1888	8255.32	429.5	5%	1903	49098.29	5310.6	11%
1889	11978.08	397.4	3%	1904	66886.31	5134.2	8%
1890	7879.76	339.25	4%	1905	92398.2	6343.71	7%
1891	12684.24	430.55	3%	1906	78791.25	7108.49	9%

It cannot be denied that the x-ray technology had an impressive effect on medical treatment. The sciagraphs provided qualitative evidence of precisely what was wrong *inside* the body. This provided a powerful visual tool for medical science to disseminate new principles and procedures to a lay public. The significant space, expense, and knowledge necessary to properly make use of the x-ray apparatus pulled effective medical care away from the home and began to assert the benefits of institutionalized hospital medicine to all strata of society.⁶⁸ It did not take long for HSC to acquire its first

⁶⁶ W. F. Bynum. *Science and the Practice of Medicine*. 173.

Bynum comments that "voyeurs were disappointed that the rays went through clothes and flesh, although this did not stop the marketing of contraptions supposedly able to reveal the body beneath the garments, and the sale of "x-ray proof underclothes for ladies." (Bynum, 173).

⁶⁷ Data collected from: Annual Reports for the Hospital for Sick Children, 1882-1906. HSC Archives.

⁶⁸ HSC took measures to accommodate and profit from an increased demand for hospital care. It was moved at trustees meeting in 1892 that "physicians and surgeons connected with the staff of the hospital

x-ray machine; its annual report for 1896 indicated that “the Trustees have also provided a Bacteriological Room, and annexed to this is an X-Rays apparatus, which has been particularly useful during the past twelve months.”⁶⁹ Introducing to HSC bacteriology and x-ray facilities simultaneously indicates the trustees’ effort to progress past its traditional sanitary mandate and embrace new medical and technological procedures. Of its x-ray technology, HSC proudly stated in 1903 that

there are some discoveries of a purely scientific nature that appeal only to a limited class, while others broadly affect the life and happiness of the human race, and thus become of universal importance.
The discovery of Prof. Roentgen is unique in that it interests alike scientific and non-scientific minds of all countries.

By 1896, HSC’s implementation of a bacteriological laboratory to aid in diagnoses was welcomed by the trustees and physicians as “a great convenience in the work of the Hospital, and has given the staff an opportunity of making cultures without sending out of the building.”⁷⁰ Thus, like Roentgen’s discovery of ‘universal importance’, Robert Koch’s germ theory of disease (1882) ‘created a world wide stir. Koch’s was “one of the

may have the privilege of bringing private patients into the Hospital for treatment, if being understood that in each cases the rate for a semi private ward if sick bed shall be \$5 per week for each patient and for an exclusive private ward the sum of \$10 per week” (Minutes of the Trustees, April 22, 1892).

In 1899, “The chairman [John Ross Robertson] called the attention to the Board to the fact that it was desirable to reduce the private ward rate from \$12 to \$10 and the semi-private rate from \$7.50 to \$6.00, and that this reduction would increase the revenue of the hospital from pay patients. The Hospital had had patients who were able and willing to pay \$10 per week, but no more, and the result was that only \$7.50 was received from them. Again, there were patients who could pay \$6.00 a week and could not pay more.” (Minutes of the Trustees, Nov. 25th 1899).

Looking at revenues to the hospital (Table 3), after 1897 a steady increase in the amount brought in by paying patients is evident. Thus, while the hospital made every effort to extend care to all children of Ontario, and maintained that they received the best treatment for free if necessary, simultaneously HSC’s trustees consolidated the means to profit from private-paying patients.

⁶⁹ Twenty-Second Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1896. “Embracing the Medical, Financial, and General Reports of The Work” Toronto: 1897. 6.

⁷⁰ Twenty-Second Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1896. “Embracing the Medical, Financial, and General Reports of The Work” Toronto: 1897. 6. This also appeared in the Evening Telegram advertising HSC’s progress to all of Toronto.

great scientific discoveries of the age'.⁷¹ HSC's subscription to new theories and the latest technology signaled an effort to extend its scope of care beyond the local population to reach all children in Ontario.

THE MARVEL OF MODERN DISCOVERY.

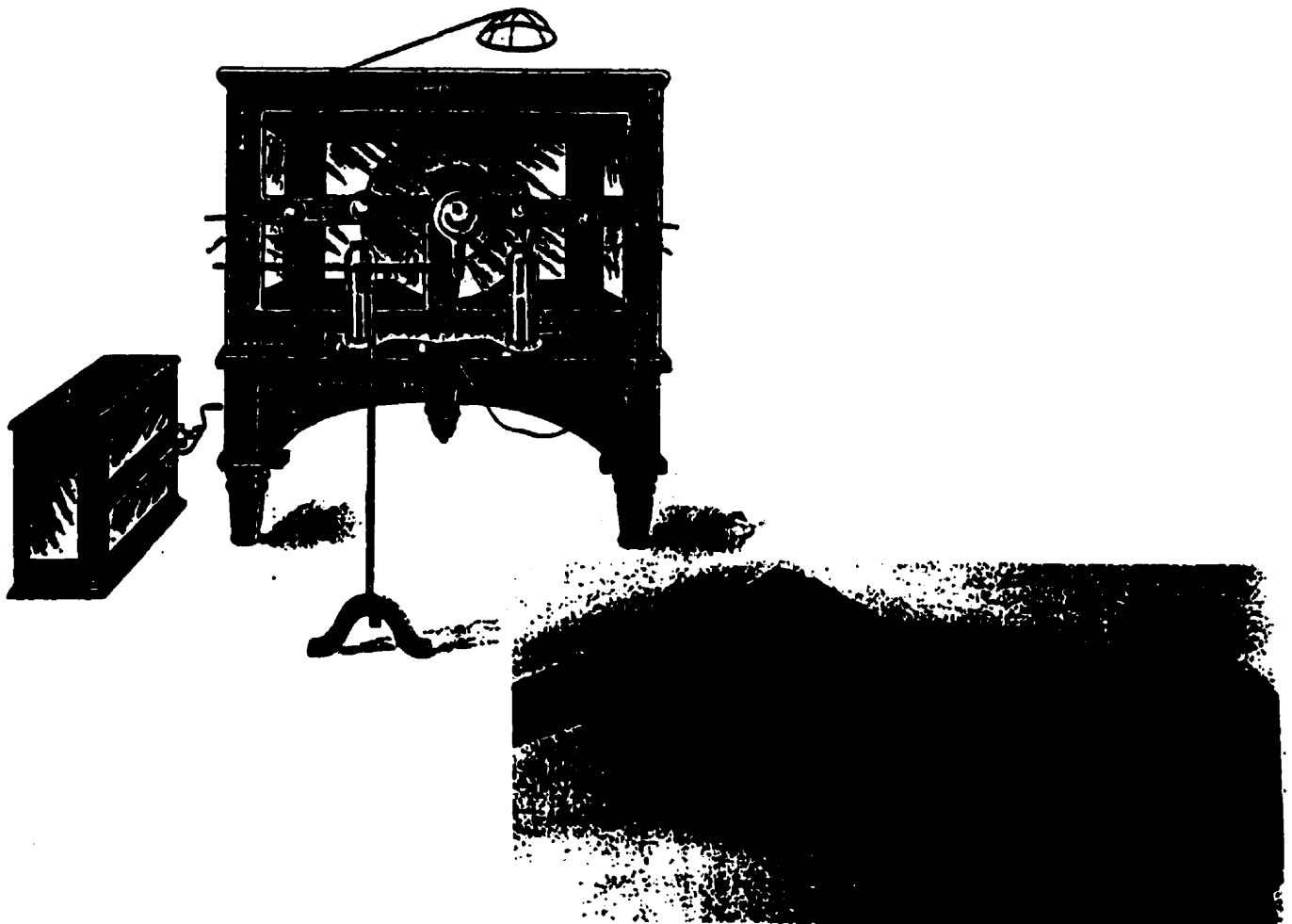


Figure 16: HSC's 27th annual report displayed to its readers the 'modern discovery' of William Roetgen's (top). In the decade following HSC's first acquisition of an x-ray apparatus, its annual reports often included facsimiles of sciagraphs (bottom) to demonstrated the significant contribution this technology provided HSC's daily therapeutic efforts.

"The Marvel of Modern Discovery" Twenty-Seventh Annual Report of The Hospital For Sick Children, Toronto. For the Year Ending 30th September, 1902. Toronto: 1902. 54.

The Skiagraph of a fracture of an elbow" Twenty-Sixth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1901.

"Embracing the Medical, Financial, and General Reports of The Work" Toronto: 1901. 35.

⁷¹ William Bynum, Science and the Practice of Medicine. 131.

The proof of the conveniences x-ray technology and germ theory rendered to efficacious treatment in the hospital permitted it to redesign its wards. No longer did modern science necessitate direct access to fresh air. As a result of this ‘new’ scientific perspective on disease causation, “in the earlier part of the year [1896] the verandahs in connection with all the wards were enclosed with glass, and the facilities of the Hospital were thereby materially increased. Indeed, no addition to the Hospital building has been more satisfactory than the enclosure of these verandahs.”⁷² Symbolically this represented HSC’s first material break from Florence Nightingale’s teachings. This spatial change thus undermined the Ladies Committee’s medical legacy at HSC, supplanting the initial moral-hygiene paradigm – which guided HSC into its custom designed hospital at 67 College Street – with a ‘modern’ medical model for therapeutic treatment. Moral hygiene was subverted by a glassed in verandah, x-ray facilities, and generally a ‘modern’ scientific outlook. It was no coincidence that with these dramatic theoretical and empirical changes touching all aspects of the hospital’s function, the Ladies Committee collectively resigned in 1899 to establish their own hospital. With the lay-women (not to be confused with the trained nurses) no longer a significant force in HSC’s management and daily function, the male trustees and medical physicians could make more overt efforts to advocate to the public medicine and science rather than morality and hygiene.

The x-ray equipment, introduced to HSC in 1896, had a profound effect on medical diagnostics generally, and began to distinguish hospital care from home care. Relying on x-ray technology, orthopedic surgery became the marketing tool desired to

⁷² Twenty-Second Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1896. “Embracing the Medical,

promote the special needs of pediatric medicine. Combining “all the requirements of a modern hospital” the orthopedic department (established in June of 1899, one month before the ladies announced their retirement from HSC’s management) required its own machinery, made use of the x-ray facilities, and most importantly, yielded qualitative results. From the ‘modern’ facilities and procedures that orthopedics brought to HSC, “in the opinion of physicians and surgeons, the institution is described as one perfect in management, filling its field of hospital labour in a manner that is equaled by few institutions and excelled by none on this continent. So these good words are encouraging and indicate steady progress and improvement in all departments of the Hospital.”⁷³ Examining orthopedic surgery alongside HSC’s ‘modernization’ and technologization, one can see the hospital establishing a specialty, and marketing this specialty to *all children*. In this way, HSC asserted itself as a provincial institution providing specialized medical attention to all religious and cultural denominations in Ontario.

Treating deformed and crippled children, orthopedics necessarily depended on x-ray equipment to examine and diagnose its patients. Besides providing a diagnostic tool for the surgeon to examine, these images infused hospital medicine with new meaning, and distanced it from its previous mandate to provide a sanitary environment for children of impoverished families. Following from tangible evidence, orthopedic treatment qualitatively displayed medical progress and commanded public compassion and support: “No other department is so enthusiastically spoken of or excites such sympathy as that which removes deformities and aids those unfortunately afflicted with club feet, bow-

Financial, and General Reports of The Work” Toronto: 1897. 5

⁷³ Twenty-Seventh Annual Report of The Hospital For Sick Children, Toronto. For the Year Ending 30th September, 1902. Toronto: 1902. 10.

legs, knock-knees, flat feet, infantile paralysis, spinal disease, etc.”⁷⁴ While x-ray equipment created a feasible, visual mechanism for HSC to specialize in orthopedics, orthopedics ultimately took control of the hospital’s direction and affected hospital space and technological development accordingly. Regarding its ‘excellent work’ diagnosing fractured or dislocated bones, x-ray equipment soon became essential to surgery too, diagnosing childhood abnormalities such as “hip joint cases.”⁷⁵ In this regard, “the Trustees hope as the [x-ray] process develops to provide a perfect equipment for the use of surgeons. Were it not for the crowded state of the building many other features of the work would be adopted. A fairly large room, for instance, is required for X-Ray work, but at present in the building there is not a square foot of vacant space.”⁷⁶ X-ray technology demanded that HSC re-assess its use of hospital space – causing, for example, the verandahs to be glassed in and commanded changes in diagnostics and treatment. Orthopedics, however, required HSC to keep pace with technology, to update its x-ray equipment as surgical procedures brought prestige to the hospital, and to an evolving pediatric medical specialty.⁷⁷

Even before HSC officially established its Orthopedic Department, effort by the trustees to accommodate its spatial needs was a pressing issue:

⁷⁴ Twenty-Fifth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1900. “Embracing the Medical, Financial, and General Reports of The Work” Toronto: 1900. 8.

⁷⁵ Twenty-Seventh Annual Report of The Hospital For Sick Children, Toronto. For the Year Ending 30th September, 1902. Toronto: 1902. 53.

⁷⁶ Twenty-Fifth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1900. “Embracing the Medical, Financial, and General Reports of The Work” Toronto: 1900. 8-9.

⁷⁷ The trustee minutes noted that “the old x-ray apparatus which cost \$200, was not modern enough for the requirements of the Hospital, and that it was therefore necessary to provide a new outfit, which in a few years would repay its cost as a fee could be charged for its use.” Minutes of the Trustees, June 12th, 1901.

The Chairman [John Ross Robertson] also stated that there was no room in the Hospital building which could be used as a machine shop for the preparation of appliances needed in connection with the orthopedic work of the institution and that it would be necessary to either rent or purchase a convenient building in order that the work of the Hospital in this line might not be hampered.⁷⁸

A machine department, manufacturing the “proper appliances at a moderate cost is a blessing to the deformed children who have come under our care,”⁷⁹ and thus demanded redistribution of the space inside the hospital. Beyond providing the public with evidence of the unique work being conducted in the hospital, the trustees seized an opportunity to establish HSC as a specialized institution within the eyes of the Ontario government. Manipulating the medical market-place within Ontario, flexing once again their political muscles, the Board of Trustees resolved

that the attention of the Provincial Government be called to the fact that the application of the Toronto Orthopedic Hospital for a Government grant is to enable that institution to carry on a duplication of a large part of the work now done in the Hospital for Sick Children, and that in justice to this hospital a statement of the facts concerning the work done be presented to the Government, with the request that this statement receive consideration before another hospital be added to the list, as this addition would further reduce the per capita grant, not only to this but to all hospitals of the province.⁸⁰

It is relevant and necessary to query why HSC’s trustees were so drawn to orthopedic surgery. Why did they insist on capitalizing on its care? Furthermore, what relationship did pediatrics have with orthopedic surgery, and how did this relationship mandate HSC’s specialization in the field? These questions become that much more relevant to understanding HSC efforts considering that there already existed in Toronto an

⁷⁸ Minutes of the Trustees, February 21st, 1899.

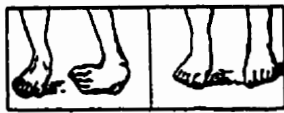
⁷⁹ Twenty-Fifth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1900. “Embracing the Medical, Financial, and General Reports of The Work” Toronto: 1900. 8.

⁸⁰ Minutes of the Trustees, February 21st, 1899.

orthopedic hospital. The changes which took place in HSC in this last decade of the nineteenth century mutually benefited the trustees' personal philanthropic ambitions the physicians' professional drive.

SOME WONDERFUL RESULTS

Your dollar may be a light in the darkest childhood of some sick or crippled little one.



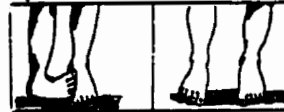
The Hospital is strong in the friendship and good-will of kind-hearted people, who will not leave a sick or crippled child in parish while they have a dollar to spare.



If you know of any child who has club feet, get a photo, send it to the Hospital, and you will be told what can be done.



Kind treatment and sympathetic attention brighten a patient's life in this Hospital.



The orthopedic surgeons have had the highest training, the best in skill, and years of experience.



When parents desire to consult the Hospital there is no consulting fee—advice is free.

Every sick or crippled child in Ontario has a claim upon the mercy of the Hospital, and the Hospital has a claim upon the money of every man, woman and child in Ontario.



Hundreds of afflicted children are received in the Hospital at the parting of the ways, at the point which means either the immediate attention of medical skill or a life of deformed decrepitude.



In twenty years nearly 300 children with club feet, crooked legs, and such deformities, have been treated successfully. You would never know that their feet had been deformed.



The cost of appliances is just the expense of time and material, so that those who cannot afford to pay for treatment are aided to the full extent of the Hospital's power.



A New Year's resolution is to make a gift to the Hospital. Through all the years you will have daily opportunity of witnessing the deeds of your contribution, for a day does not pass without a child gaining health and vigour there.

THIS IS WHAT YOUR DOLLAR HELPS TO DO.

The doors of the Hospital open at the behest of poverty as readily as at the call of wealth.



The Hospital's appeal for aid is in behalf of every afflicted child in the province, who may take advantage of its benefits.

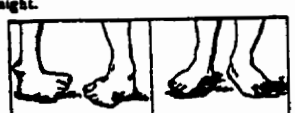
If the parents of the child cannot afford to pay, a certificate from a clergyman to that effect will obtain free treatment.

Every one who reads this report has seen at some time in his life a boy or girl with deformed legs or club feet.

Nearly all these deformations can be rectified if the child is sent to the Hospital.



A single dollar contributed to the Hospital gives to one pain-racked child all that human skill and gentle nursing can do throughout a tedious day and a restless night.



The Hospital has been the Great Physician to many a child who looked forward to a life of helpless manhood or fragile womanhood.



Many a child born into sickness and deformity is, through the Hospital for Sick Children, born again into health, strength and happiness.

There are no salaried officers except those who do the absolute clerical work—the superintendent and nurses and servants.



That which can be done to remove a child's infirmity must be done opportunely, and interference in this Hospital's work would mean to many a little one final relegation to permanent invalidism.



When a child's permanent release from deformity may be bought at an outlay of a few dollars, who would hesitate to make the purchase?



The Hospital serves no interest save the health and strength of the sick children of Ontario.



Little ones far advanced in childhood never knew the use of their limbs until they entered the Hospital for Sick Children.



The benefits dispensed by this Hospital do not cease at city limits or at county boundaries.

Think of your own healthy child at home, and then of the pain-racked children in our beds.

Figure 17: Two full pages of the 27th annual report focused on the before and after effects of orthopedic surgery. Similar image spreads appeared in other annual reports throughout the late 1890s and early 1900s.

Twenty-Seventh Annual Report of The Hospital For Sick Children, Toronto. For the Year Ending 30th September, 1902. Toronto: 1902. 46,47.

From a medical perspective, orthopedics was relatively safe, easy and effective. HSC could treat children, and report a significant number 'cured'. Furthermore, this department brought to HSC x-ray technology, thus helping advocate hospital medicine as something different from home medicine. In the hospital, diagnostic and surgical efforts were unique; home care could not duplicate these methods for it lacked the technology and the space to accommodate these machines. And since HSC could offer these services, 'the best, most skilled' surgeons of the Dominion set up practice at HSC, and thus their expertise became consolidated to the Hospital wards. From a trustee's perspective, helping these children become 'useful members of society', improving an impoverished family's economic independence, held personal satisfaction too. Orthopedic surgery's visual evidence of success advertised the trustees philanthropic efforts to the general public, and thus nourished the egos of the Board members. Furthermore the trustees could use this 'child-saving' rhetoric to secure financial support from both the government and from private citizens, thereby extending their philanthropic activity beyond the confines of Toronto's working class.

It was the appeal of success in treatment that likely compelled the trustees and physicians to both embrace orthopedic surgery. The annual reports after 1899 are filled with diagrams and photographs of children's feet, before and after shots of treatment, from the orthopedic department. The success of HSC's orthopedic surgery was "a blessing for the deformed children who have come under our care, for it has enabled equal chance in life with their more fortunate companions."⁸¹ Furthermore, by

⁸¹ Twenty-Fifth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1900. "Embracing the Medical, Financial, and General Reports of The Work" Toronto: 1900. 8.

dominating this specialty of medicine and surgery, HSC could argue to the people of Ontario that it was

provided with well-equipped shops which are installed with the best devices known for the manufacture of mechanical apparatus for children. The mechanics employed are graduates of the best shops on the continent. The appliances made by these trained men are excellent examples of their skill. In material, workmanship and finish they cannot be excelled.⁸²

Thus much like the surgical methods used on these 'crippled and deformed children', orthopedics provided HSC with a specialized staff, complete with technology exclusive to their hospital. Having this special facility, and maintaining it through political means, HSC's Orthopedic Branch was "open to every crippled child in the Province, and no child should be allowed to grow up to adult life, handicapped in the struggle for existence by a crippled limb or a deformed foot."⁸³ Through this rhetoric, the hospital asserted its pediatric mandate and simultaneously advocated the importance of its orthopedic work. The theme of saving children, giving them a normal childhood, and securing them a productive adulthood maintained one of HSC's earlier social-reforming motives advocated by its Ladies Committee at the hospital's inception in 1875.

In 1906 HSC still insisted that the majority of hospital patients came from impoverished families, and that the

principal reason why it has been necessary to treat many of these children free is to be accounted for by the drunkenness, or to put it a little more mildly, the drinking habits of the father in and in some case of the mother.

...

In nineteen or twenty of the cases [of the 100 investigated] the parties are widows or women who have been deserted by their husbands. In nearly all of these cases the women are working for their living either in factory,

⁸² Twenty-Sixth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1901. "Embracing the Medical, Financial, and General Reports of The Work" Toronto: 1901. 10

⁸³ The Hospital for Sick Children, 1903: The Story of the Year—Twenty-Eighth Annual Report. Toronto: 1903. 46.

store or at such work as they can secure. The Hospital has certainly done a great work in these cases, particularly as in most of them they do not earn more than enough to pay for the bare necessities of life.⁸⁴

The orthopedic department's surgical work provided children from 'humble homes' the opportunity to "grow up a strong and hearty man."⁸⁵ In terms of social welfare, this surgical treatment ensured that "these children were sent out of the Hospital in perfect condition, and as soon as they grow in years will be able to earn a living without being handicapped by the physical deformities of their earlier years."⁸⁶ Orthopedics appealed to the impoverished family unit which required the use of all family members to survive economically.⁸⁷ Thus in much the same way that HSC commenced its work to counter-act the ill-effects of maternal neglect, the trustees promoted orthopedics precisely because of the domestic-relief and economic results it directly afforded impoverished families.⁸⁸

⁸⁴ J. B. Nixon. "on his investigation of 100 in-door patients". From the Minutes of the Board of Trustees, June 2nd 1906.

⁸⁵ Twenty-Sixth Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1901. "Embracing the Medical, Financial, and General Reports of The Work" Toronto: 1901. 38.

⁸⁶ Twenty-Seventh Annual Report of The Hospital For Sick Children, Toronto. For the Year Ending 30th September, 1902. Toronto: 1902. 44.

⁸⁷ Canadian historiography has recently begun to expand its scholarship of family history to focus on the childhood experience. John Bullen and Bettina Bradbury have both explored gender and labour issues as urban working-class families struggled to survive, and children played an important role in sustaining the family economy. A division of labour based on age and gender became essential to an urban working-class family's survival Bradbury reveals that "family labour deployment decisions ... were forged in the context of their own needs, invariably arising partly from the size, age and gender configurations of the family, as well as from the kind of work the family head could find." (Bradbury, 186). HSC thus ensured that children, even if at one time 'deformed' and incapable of contributing to a family's financial needs, would eventually be a valued member to the family and to society. Thus HSC's social welfare appeal, saving children from poverty, merely perpetuated an impoverished working-class family economic and labour system by ensuring that all members of the household were capable workers.

Bettina Bradbury. "Gender at Work at Home: Family Decisions, the Labour Market and Girl's Contributions to the Family Economy." Bettina Bradbury, ed.. Canadian Family History, Selected Readings. Toronto: Copp Clark Pittman, 1992.177-198.

John Bullen, "Hidden Workers: Child Labour and the Family Economy in Late Nineteenth-Century Urban Ontario." Bettina Bradbury ed.. Canadian Family History, Selected Readings. Toronto: Copp Clark Pittman, 1992. 199-219.

⁸⁸ Looking at the rural family economy, Chad Gaffield has arrived at similar conclusions to Bradbury's and Bullen's (discussed in note 86). He demonstrates that the rural family formed "a cohesive economic unit and the activity of the children was fully integrated in to the needs of this unit." (Gaffield, "Schooling, The Economy and Rural Society", 74.) In another article, Gaffield indicates of this rural situation that in

Shedding the veil of moral hygiene, HSC replaced its traditional ideology with modern equipment and medical/surgical specialists. Under the guise of saving the children from maternal neglect, emphasis in HSC's years during the Ladies Committee's administration was much more nursing oriented; the medical attention provided to the patients at HSC in these years was imbued with evangelical and domestic ideals. Adopting male direction in HSC's management, the trustees initially maintained this connection to a moral hygiene. However, scientific discoveries coupled with new technology at the end by the nineteenth century began to pull the hospital away from its sanitary and domestic beginnings. HSC's trustees and physicians alike sought to implement this new medical-scientific paradigm in the hospital for personal, professional and ideological reasons. The trustees saw an opportunity to extend their philanthropy to all of Ontario; the medical doctors seized the opportunity to improve medical and surgical procedures, securing a permanent role within the hospital. Both efforts began to shed the moral implications of hospital medicine. However, rooted heavily in Protestantism from its commencement, HSC's management did not diverge entirely from its evangelical roots. A hybrid of religion and science continued to be administered to the sick children at HSC even after the Ladies Committee resigned. Moral hygiene, while

"striving to attain economic competency and then to reproduce themselves materially and biologically, families adopted an array of means, including decisions about work and education of children." (Gaffield, "Labouring and Learning", 27). Likely the decision to bring a sick child to HSC followed from similar economic concerns. Relieving the burden of a sick or crippled child, HSC freed the mother from the time-consuming obligation of caring for the him/her, and thus allowed her to continue a wage-earning function. In addition to this, a healthy child could contribute to the financial needs of the household. The appeal of HSC to the working-class urban family, and to the rural family, was likely economical as well as medical.]Chad Gaffield, "Schooling, the Economy, and Rural Society in Nineteenth-Century Ontario." Joy Parr ed.. Childhood and Family History. Toronto: McClelland & Stewart, 1982. 69-92.
Chad Gaffield. "Labouring and Learning in Nineteenth-Century Canada: Children in the Changing Process of Family Reproduction." R. Smandych et al. ed.. Dimensions of Childhood: Essays on the History of Children and Youth in Canada. Winnipeg: Legal Research Institute, 1991. 13-28.

supplanted by medical science, still resonated in HSC's early twentieth-century appeal for public support.

Could you conceive a more acceptable Gift for a Crippled or Invalid?
Chair equipped with Dunlop Tires?



Put Pneumatic Tires on the Invalid's Chair

We are filling a long felt want in making and selling special sets of Dunlop Tires for Invalid Chairs.

They ease the pain of suffering humanity and make the chair very easy to propel.

Dunlop Tires are made in every size and are fitted to every chair—
and we exercise more than ordinary care in the fitting of Invalid Chairs.

Send for Information, Price List and Booklet about Carriage and Bicycle Tires to the Dunlop Tire Co., Limited, 17 Temperance Street, Toronto.

Figure 18: By the start twentieth century, just one decade after HSC was marketing its progressive medical achievements through its new "Victoria" Hospital, the image of invalid children being properly cared for became the image synonymous with progress. Dunlop Tires proudly advertised a wheel-chair bound patient at HSC to demonstrate the advantage of their product. The 'special set' of tires eased "pain and suffering humanity and make the chair very easy to propel." HSC's medical efforts, and the images of successful treatment not only encouraged public support, they also helped sell consumer products for private sector companies.

Advertisement, The Evening Telegram, Toronto: December 4th, 1901.

The attraction to orthopedics in these early years of change emphasized a continued concern for the well-being of working-class children. Again, despite an effort by the male management and medical staff at HSC to abate them, typically female social welfare concerns continued to surface. Whereas in Chapter I the *cult of domesticity* was shown to evolve from a Christian, philanthropic, and feminine approach to charity, it is also evident that the moral instructions and social concerns influencing efficacious medicine at HSC followed from popular perceptions regarding hospital care generally. To this end, even as the hospital 'modernized' and 'institutionalized' its approach to healing at the turn of the twentieth-century, the domestic and sanitary idealism which compelled some of Toronto's prominent women to start a children's hospital in 1875 remained central to HSC's *advertised* responsibilities. In the chapter which follows, an analysis of this dialogue between the public and the hospital reveals significant insight into what was medical and what was marketable during this dynamic era of hospital medicine.

Chapter III: HSC's Public Appeal

'In the Joy of Your Christmastide Remember the Suffering Children'¹

**Charity for Suffering Ones. Opens in Each Heart a Little Heaven
"The Sweetest of all the Charities."**



One of the Wards in The Hospital for Sick Children—College Street.

The Great Provincial Charity that has Cared for Forty-Three Thousand Children.
The Real Needs of this Charity Inspire this Appeal to the Hearts of all Whose Eyes see These Lines.

Its Work.	Its Wants	Its Hope.
<p style="text-align: center;">During the Year 1901.</p> <p>770 Indoor Patients 530 Were Cured. 115 Were Improved. 5,152 Outdoor Patients were treated—a total of 5,922.</p>	<p>Early aid to meet the \$1,000 debt still outstanding—and money to keep the doors of the Hospital open to every sick and ailing child in the Province. Help to serve the evergrowing needs and to extend the Hospital's power to minister to the healing of the children.</p>	<p>That you—who read this appeal—will think of your own healthy children at home, and then Give. The average number of patients in the Hospital to-day is 120.— Don't throw this paper away—but read this appeal to your wife and family.</p>

Eighty children out of every hundred treated last year were children of fathers and mothers in this city and province who were convinced after careful enquiry to be unable to pay the cost for lodging and treatment.
Every dollar helps the Hospital—Your dollar helps to comfort the suffering children and cheer to those who are dying.

With 125 Patients it costs \$100 per day to keep the Hospital doors open. It cost last year eighty cents per child per day—a lower rate than any hospital of the same size in the world. The debt of the Hospital is \$12,000. Help the work. Lighten the load.

Let the end of this year see the Charity free of Debt. Remember the 43,000 children handled for twenty years—and mark that down in your mind ledger.

20,000 Restored to the Full Vigour of Health

Think of us now—A Hundred and Twenty Children to care for day by day.

A Good Deal We Help You	It Will Help the Hospital	The Want to Grant—Let the Help to Grant
Give according to your power. Every dollar helps. Every man into his part. It is the great work of every year.	Think of your own sick ones. Think of the man and his wife who are in the hospital. Think of the child who is in the hospital. Think of the child who is in the hospital.	You must for your better health. You must for your better health. You must for your better health.

DOUGLAS DAVIDSON

Figure 19: Advertisement. The Evening Telegram. December 10th, 1901.

¹ Advertisement, The Evening Telegram, Toronto: December 17th, 1906.

So far in this discussion, it has been demonstrated how the opposing and sometimes complementary paradigms of healthcare, sanitation, diagnostic technology, and scientific medicine have interacted to affect the material and medical environment at HSC, which evolved during the years 1875-1905. Through the earliest years of growth under the control of the Ladies Committee of Management, the Hospital for Sick Children followed a nursing model similar to the one proposed by Florence Nightingale. This doctrine emphasized how the benefits of proper domestic arrangements and good nursing would relieve suffering and afford a quick recovery to sick children. Shifting focus to its later years of development under the male Board of Trustees, it was highlighted that while the moral and sanitary idealism of the founding women's initial nursing and medical efforts continued in some capacity, developments in medical science, technology, and architecture all had a profound effect on the efficacy of care at HSC. In terms of its internal management and the general medical care provided to its patients, HSC's therapeutic environment changed significantly during the 1890s. However, outwardly the effects of change were muted in an effort to communicate continuity to the public; HSC was shown to be a hospital evolving along a normal and predictable path despite new developments in hospital medicine, hospital management and patient care. As HSC entered a new era of hospital science, and as masculine philanthropy began to intervene in and accelerate its growth, the hospital still relied on the traditional sentiments of moral hygiene and domestic management to champion the hospital's cause and to attract public support. In the face of progress, images of the past continued to dominate the hospital's management ideals and often found their way into the hospital-sponsored published discourse. Paradoxically HSC secured its future and

institutional-appeal by highlighting traditional impressions of hospital care. Even with the emergence of bacteriology, germ theory of disease, and x-ray technology, the hospital still upheld the metaphor of a well-ordered Christian home, and as such, still included the ideal presented through Nightingale's female nursing protocol.

In an early public effort to accommodate change – and to thus promote continuity – in 1892 the hospital released a pamphlet recounting the story of HSC from its 1875 modest beginnings, including a detailed description of the new “Victoria” Hospital. Not surprisingly, this same history had appeared a year earlier in John Ross Robertson's newspaper, The Evening Telegram. In its pamphlet form, the preamble titled “To The Public” stated that this story was “given to the public so that they may not only be fully informed as to the work and its progress, but may be led to take an interest in aiding a cause that should commend itself to every man, woman and child in the land.”

Reminding this readership that HSC's humble beginnings prospered from a “principle of faith ... without the work of the ordinary methods necessary in other public charities,” it was hoped that the hospital's history “may prove interesting to the people of Ontario, through whose liberality the work has been so nobly furthered and sustained.”² This pamphlet directly acknowledged HSC's desire for private donation, and made an explicit plea for support to the people of Ontario.

In this published history, effort was made to connect the modest, moral hygiene beginnings with HSC's new institutional direction, and thus highlighted continuity rather than change. The newspaper articles and the pamphlet both contended that “from the time fourteen years ago when Mrs. McMaster made a beginning of this Hospital with eight

² The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 4.

iron cots, until to-day [in 1891], when we see the walls of this new structure to be erected at a cost of \$120,000 rising about us," the hospital charity had always succeeded due to the generosity of its supporters. Furthermore, both documents stated that "the work of this Hospital is an old work—it appeals to every mother who has ever nursed a sick child, to every man who can remember a mother's hand smoothing his pillow, and soothing his sickness with gentle administrations of love."³ The inherently maternal responsibilities that HSC fulfilled thus remained central to promoting the Hospital in its new building. The pamphlet quoted the Honorable S. H. Blake, Q. C., and reiterated to the lay public the advantage provided by the building's location—"in St. John's ward, where so much of the city's wretchedness and squallor are gathered—but also on one side of this fine avenue fronting the costly residences of rich people. Let it be a symbol [Blake said] of how the hearts of the rich should go out to the poor, and the hearts of the poor beat back to the rich. The heart of the city is the best site for this Hospital."⁴ Telling HSC's short history in this fashion emphasized both the sanitary and moral care imbued into the Hospital's agenda, and simultaneously exposed the semiotics of the built form and chosen location for HSC's new home.

As a symbol (and a 'monument') for Toronto, HSC's and the trustees' magnanimous character were made apparent in the mortar and bricks of this new 'home'; the "Victoria" Hospital, much like the dialogue connected to it, harmonized tradition with progress. To this end, the hospital construction merged new technology with traditional references and ideals. The shift from home to hospital, from moral hygiene to hospital

³ The Evening Telegram, April 30, 1891. And The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 48.

⁴ The Evening Telegram, April 30, 1891. And The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 48

medicine, from a female Committee of Management to a male Board of Trustees, from a focus on prayer and faith to one of science and private donation, all influenced the exterior façade's aesthetic. Like the new 1891 hospital's exterior aesthetic, the interior of this hospital combined fashionable, late-Victorian style with a more sterile, scientific and institutional look. Specifically the vestibule⁵ in HSC's "Victoria" Hospital was decorated in the spirit of middle-class consumer tastes.⁶

The formality of HSC's vestibule was asserted by "two heavy oaken doors" opening "into a tile-paved vestibule."⁷ As Laurence Grow and Dina Von Zweck have demonstrated for the Victorian home, the "use of more expensive materials such as marble and encaustic tiles is usually restricted to the vestibule."⁸ Thus, the "Victoria" Hospital employed aspects of the familiar to a space that the general public would

⁵ Vertical lines, emphasized near the main elevator on the stairs' 'gingerbread' banisters or in the horizontals of the wooden support beams in the ceiling of the vestibule blended with the grid formed by the brickwork. The bricks inside, like the stonework on the hospital's exterior, were a combination of portage entry stone and 'fire-burned red-brick'. As a transitional space, integrating the outside and inside, the vestibule accommodated the dark, rough foundation and the entrance-way's massive archway. The brick walls, a continuation from the exterior façade, harmonized with the refined comfort of the vestibule's decorative details.

⁶ Of particular interest is that these decorating techniques catered to an adult's discriminating tastes: it did not follow Victorian interior design theory as to what was deemed appropriate, 'healthy' children's space. Karin Calvert asserts that "the ideal form of protection for both house and child was to give youngsters a space of their own, free of any potentiality for reciprocal damage." (Calvert, 130) Rooms were thus set aside in the house as nurseries. She claims that "parents believed the secluded and controlled environment of the nursery protected children's innocent natures and physical well-being and provided them an enclosed area in which they learned the discipline of regular habit." (Calvert, 134) Even as children grew older, they moved into rooms of their own, yet these rooms were distinctly children's space—albeit they were distinguished as boy's space or girl's space. Boys bedrooms tended to be more militaristic; Nooks and Corners, a late nineteenth-century pamphlet, identifies a fashionable, boy's room should be in a navy theme. Girls' space was more domesticated and parlor-like; it was elaborate, flowery and colourful in its fabric choice and furniture. Victorian pomp was incorporated into the "Victoria" Hospital too. However, there is no indication that its appeal was intended for the children patients. Examining the main vestibule, the entrance corridor, and the wards indicates that the choice in style catered to more mature tastes incorporated the contemporary adult gender themes and simultaneously combined an effect that was scientific, sterile, and plain.

Karin Calvert, Children in the House. Boston: Northeastern University Press, 1992.

Grace Saviers Ambos. Nooks and Corners How to Fill Them Toronto: John Kay, Son & Co. ca ?1900?. unnumbered.

⁷ The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 58.

otherwise find unfamiliar. That is architects Darling and Curry introduced what was 'modern' and 'cultured' in the *trendy* home, to this hospital space; and hospital space in 1891 was still trying to sort through its social and functional place within society.



Figure 20: The vestibule (left) at 67 College Street was recently restored to its 1891 condition. The heavily timbered roof beams, the red brick and portage entry stone walls, and the mosaic tile floor all helped to present a late-Victorian domestic look to this space. The public space of this vestibule, and its resulting aesthetic contrasted with the institutional and masculine image revealed in HSC's boardroom (right), also recently restored to its 1891 condition. The oak paneling on its walls, the subtle detail of an arched ceiling, and the simplicity of the stone fireplace helped to identify this space as a room to conduct business. Unlike the vestibule, the boardroom did not have to cater to patients or visitors needs, it merely had to accommodate HSC's male trustees' managerial, philanthropic and institutional ambitions.

Photography by Noah Schiff.

⁸ Lawrence Grow and Dina Von Zweck. American Victorian. New York: Harper & Row, 1984. 44.

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At the time of construction in 1889-91, HSC still catered primarily to the impoverished working class child. Since impoverished members of society were obliged to seek medical care at a hospital anyway – they could not afford the costs or sanitary requirements necessary for home care – the “Victoria” Hospital hoped to attract some paying patients from more affluent society by creating an environment the upper and middle class culture would find secure and inviting.⁹ The interior design was intended to influence popular opinion beyond a general notion that pediatric hospital medicine was more specific; the “Victoria” Hospital acted as an *advertisement* for the advantages of hospital medicine versus home care, generally and hoped to deliver this message to the middle class consumer.

Not necessarily on a familiar level, the fashionable ‘modern’ interior design of the “Victoria” Hospital likely had some appeal to the lower classes in Toronto too. In her analysis of the Victorian parlor, Katherine Greer indicates that the most refined tastes were ultimately disseminated to the “ordinary consumer” “who had little or no contact with such commercial parlors [such as those in hotels], well-to-do households, and displays and exhibitions.”¹⁰ The means to access these stylistic and design features were available through department stores, mail-order catalogues and popular magazines. Since HSC’s

arrangement of wards on the first, second and third floors, according to the “Victoria” Hospital floor plans, did provide space for private and semi-private patients to meet the needs of a paying clientele. In the following minutes, shortly after HSC moved into the “Victoria” Building, discussion ensued regarding this use of private patients. In order to maintain quality nursing care while providing paying patients with their desired privacy, HSC’s trustees were compelled to make special arrangements. For example, in 1899 the minutes described a situation regarding a semi-private patient who “required to be constantly under the nurse’s care. For this reason she was removed from the small ward shown her mother at the time of admission and put in the large ward opposite. When the mother saw this and could not see any distinction between her child and the public ward patients other than the privilege of seeing her child each day, she came to the office and asked to have her child changed from semi-private rate to public ward rate. If a screen were placed around semi-private patients it would show a distinction and help to overcome the lack of privacy. The screen works very satisfactorily at the General Hospital.” Minutes of the Board of Trustees, 25th November, 1899.

Katherine Greer. *Culture and Comfort*. Massachusetts: University of Massachusetts Press, 1988. 182.

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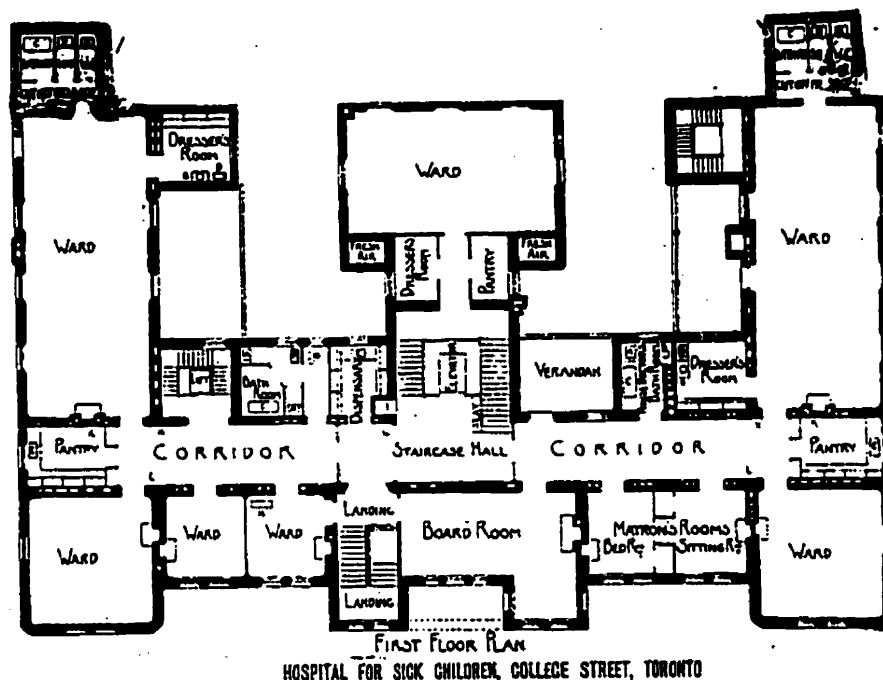


Figure 21: Seen in the floor plan for HSC's "Victoria" Hospital at 67 College street (top), the board room was strategically located at the centre of the building's 'principal floor'. This room provides a good view of the entrance way below (bottom). However, the placement of the room within the archway made it difficult for anyone to look up and see inside the room. As a symbol of power, towering over and permitting the trustees to monitor the entrance to HSC in virtual anonymity, this room's location symbolically indicated HSC's institutionalizing efforts.

"First Floor Plan." The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 68.: Photography by Noah Schiff

entrance way and was designed in such a way that one could look out the window and see all who entered and left the building. Yet nobody could see into this room from ground level – the windows were strategically placed inside the archway and thus could not be seen from the street at all. Placing this room at the center of the “Victoria” Hospital reasserted the ‘burden of these great undertakings’ and the power and prestige of those ‘strong and capable business men’ who sat on the Board. The room itself was designed to reflect masculine tastes and the trustees’ business prowess. Being at the heart of the hospital’s ‘principal floor’, the boardroom implicitly (and internally) acknowledged HSC’s *progressive* institutional and philanthropic ambitions.¹³

As has been discussed in the previous chapters, late in the nineteenth century medical science and diagnostic technology, such as bacteriology and the x-ray, began to take control of the hospital’s spatial evolution. However despite all that was ‘modern’ in this “Victoria” Hospital, all the ‘progress’ that HSC pursued and promoted throughout the last decade of the nineteenth-century, it continued to emphasize to the lay community aspects of domestic nursing care. Thus metaphorically, the vestibule being a public space – unlike the boardroom of the hospital – acknowledged these domestic moral hygiene roots by entertaining popular, middle-class design taste. In this way HSC chose to

¹³ Like much of the space in the vestibule below, Victorian pomp and flare was quietly stated in the boardroom. The stone mantle piece, the oak paneling and the vaulted ceiling all illustrated the simplicity in form and permanence in function for this room. Carving the fireplace and mantelpiece out of stone, not wood, preserved the institutional requirements of stability and continuity that were crucial to the emotions evoked through its exterior façade. Stone, solid and durable, signaled to the important and magnanimous effort wielded by the trustees. The vaulted ceiling, an effective yet subtle architectural detail, indicated that much design creativity and attention to detail was exerted in the fine-tuning of this room. Finally the walls of this room were “paneled to a height of eight feet in butternut” defining this space as masculine. Symbolically and perhaps ironically illustrating patriarchal power, prestige and posterity of the Board of Trustees, only the boardroom remains today (restored to its original 1891 condition in 1993) as a functional part of the remodeled interior at 67 College street. While the medical needs eventually evolved beyond the space provided in the “Victoria” Hospital, the boardroom, the hospital’s administrative core, maintained its integrity. (See Figure 20)

highlight an older, established version of hospital care. That is, the vestibule, with these references to the home focused on female ‘principles’ of Christian beneficence rather than on the new paradigm of scientific medicine and masculine philanthropy. Thus while the boardroom, designed to facilitate the trustees’ ‘business prowess’ dominated the floor plan of the hospital, materially the vestibule with its domesticated, female references dominated the patient’s impressions of the care bestowed upon the young patients at HSC. As such, to interpret the public’s reception of HSC during these early efforts to institutionalize medical care, it is important to first look at how HSC’s benevolent women founders marketed *their* charity to the public.

Promoting the hospital in 1875, the Ladies Committee claimed to rely on faith and prayer to procure the funds necessary to maintain HSC’s daily function. F. K. Prochaska’s scholarship reveals some important issues motivating benevolent Christian women to charitable work. She identifies that “both the activities and restrictions of nineteenth-century family life and female education tended to focus the affections and raised philanthropy to the level of obedience to God. Obedience to God necessitated the love of one’s fellow man. As every student of the New Testament knew, the word charity itself was Greek for love, synonymous with Christ-like conduct.” To this end, Mrs. Elizabeth McMaster, president of the Ladies Committee up until 1891, “was fully convinced that she had been led by the Spirit of God to found the Hospital for sick children in Toronto.”¹⁴ Justifying their philanthropy as part of Christian duty, being “raised in a Christian society and believing themselves more compassionate than men,

The Hospital for Sick Children, College Street, Toronto. The Lakeside Home for Little Children: History of These Institutions. Toronto. 1891. 68.

women willingly accepted charitable work as their rightful mission.”¹⁵ Not only did HSC’s Ladies Committee insinuate religion into the methods governing their charity, but this system was ingrained into the norms governing society itself. As an exercise in Christian philanthropy (and thus in faith), the Ladies Committee fulfilled their duty to the community through this Hospital, and as such, their effort to finance and maintain the domestic environment and moral hygiene upheld the principles of a Protestant ethic.

Under the auspices of doing ‘Christ-like’ work as women fulfilling ‘their rightful mission’, from the hospital’s conception local media insisted that HSC was “supported entirely by voluntary contributions.”¹⁶ Re-examining HSC’s governing principles in light of this effort to procure ‘voluntary contributions’ reveals a conscious early effort initiated by the Ladies Committee, and to some extent continued by the Board of Trustees, to promote HSC’s sanitary and medical successes based on the public’s preconceived perception of pediatric hospital care. As such, HSC’s Ladies Committee found “the money necessary to run this house ... by private generosity. No canvassers, no agents, no subscriptions lists are issued. Faith and prayer are the only means resorted to for replenishing the larder and medicine chest, and many a time both have been nearly empty.”¹⁷ On the one hand, under these circumstances Prochaska’s scholarship is correct in its assertion that philanthropic Christian women – such as the ladies involved in HSC’s charitable efforts – believed they “need only submit to Jesus and obey his moral laws; to refuse was simply impractical.”¹⁸ On the other hand, in the case of HSC, it was also

¹⁴ Minutes of the Ladies Committee, November 2nd, 1883

¹⁵ F. K. Prochaska. Women and Philanthropy in Nineteenth-Century England. Oxford: Clarendon Press; New York: Oxford University Press, 1980. 10-11

¹⁶ The Globe Toronto: September 20th, 1876

¹⁷ The Evening Telegram. Toronto: January 11th, 1881.

¹⁸ F. K. Prochaska, 14.

impractical to exclusively rely on prayer and faith alone, and alternative measures were necessary to maintain the hospital's domestic management and medical needs.

Fulfilling their Christian duty,¹⁹ making do with what 'God provided' did not provide many avenues for the Ladies Committee to advertise the hospital's financial needs and child-saving work – direct campaign would jeopardize these governing tenets of Christian faith and affect the beneficent nature of this charity. Despite the limits permitting a contrived publicity campaign, the Ladies Committee did find agency for an appeal indirectly through the local media, through their annual reports and from occasional hospital events.²⁰ Through this discourse, the Ladies emphasized the child-saving implications involved in the Hospital's daily efforts and the Christian convictions which governed the hospital's domestic management.

On several occasions at Ladies Committee meetings it was encouraged that letters be written to various media outlets within Toronto and the Dominion of Canada. Even in 1877, the minutes recorded that "A letter was read from Mrs. Harvie [which had been published] in the "Montreal Witness" giving a very interesting account of the Sick Children's Hospital." At this same meeting it was decided "to allow it be inserted in the Dominion Churchman."²¹ Looking at the contents of this letter, it immediately stated that the "friends of this benevolent institution are desirous of making known to the public

¹⁹ At a Committee meeting soon after HSC's founding, the Reverend Mr. Milligan commended "this Hospital as being different from any other institution in the City, in that it was worked entirely upon a basis of Faith and Prayer, and had no means of sustenance that such as God provided in answer to earnest and patient prayer."

Minutes of the Ladies Committee, February 4th 1879

²⁰ While it is difficult to discern specifically a lay response to HSC's early public appeals, that such events remained present throughout HSC's initial thirty years of growth, and that thematically good domestic care and religious virtues are also maintained under the Board of Trustees, does indicate that these campaigns were successful resulting in increased public support for the Hospital. Studying such fundraising efforts before and after 1891 thus provides insight into the lay-public's collective consciousness regarding

generally, through the medium of your widely circulated paper, the existence, principles, circumstances and plans of this hospital.” Using a similar construction as the trustees would rely on in their 1891 preface “To the Public”, this letter in the newspaper hoped to document HSC’s ‘work’ and ‘progress’. Thus from its conception the Protestant voice of The Dominion Churchman became an outlet for HSC to ‘advertise’ its work and enlist public support.

In the published letter, morality was partnered with HSC’s medical record to encourage private donation. Directing attention to the fact that HSC’s “average mortality is but 1 of 68,” The Ladies Committee boasted that this

speaks volumes of itself, in favor, not only of the medical treatment, but also of the domestic management of the institution. Many of the patients have suffered from severe and tedious affections of the spine, and hip-joint, which has rendered necessary the procuring of splints and other apparatus for the little invalids at a heavy cost.

The emphasis was on the cost of care, on the typical debilitating ailments HSC regularly treated, and on the ‘domestic management’ such treatment required. Highlighting the Hospital’s successes, and the heavy costs incurred in an effort to maintain a well organized ‘hospital-home’, the letter concluded with a request that contributions be sent to “the Secretary, Mrs. Samuel McMaster, to whom all drafts and Post-office orders should be made payable.”²²

Appearing as a letter written by *one* of the Committee members, the ‘indirect’ publicity this advanced the hospital did not jeopardize “that the institution in the strictest

hospitalization and medicalization, as the publicity measures, in order to yield success, had to consider careful lay expectations.

²¹ Minutes of the Ladies Committee, Friday April 6th 1877.

²² Dominion Churchman. Toronto: May 3rd, 1877.

sense of the word [should] belong to God”²³ and thus continued to muster support by voluntary contribution. The Dominion Churchman provided the necessary voice HSC’s ladies needed without infringing on their Protestant ethic. To this end, the annual reports provided a similar outlet. Another local Protestant weekly, The Christian Reporter, provided coverage for HSC’s fifth annual meeting where “the chairman read the FIFTH ANNUAL REPORT.” This article, much like the annual report for the year ending in 1880, focused on the hospital’s financial situation and the type of children admitted into the wards. It was resolved at this meeting, and published in the newspaper accordingly, that the

classes of children admitted to the Hospital are as follows:

1. Sick children, whose parents owing to poverty, are unable to care for them.
2. Sick children, destitute and friendless.
3. Sick children, who, from various circumstances, cannot receive the necessary care and attention at home, but whose friends are willing to pay, (partially or wholly) the cost of their maintenance.²⁴

That this media outlet reiterated almost verbatim what was present in the fifth annual report indicates two related but mutually exclusive features of HSC’s early advertising campaigns. Firstly, the hospital administrators used language in their annual reports that was easily reproduced in the popular press, appealing directly to a lay readership. Thus

²³ Dominion Churchman. Toronto: May 3rd, 1877.

²⁴ The Christian Reporter Toronto: February 14th, 1881.

These guidelines are virtually word-for-word found in the Hospital’s annual report published that year: “The classes of children admitted to the Hospital are the following:—

1. Sick children, destitute and friendless.
2. Sick children whose parents, owing to poverty, are unable to care for them.
3. Sick children, who, from various circumstances, cannot receive the necessary care and attention at home, but whose friends are willing to contribute somewhat towards the expense actually incurred in their maintenance.”

The annual report takes these guidelines one step further than did the press, also stating that “The committee of the Hospital, unwilling to foster pauperism, have strictly enforced the rule of remuneration to some extent, whenever the relatives of applicants have been in a position to offer it.”

Report of the Hospital for Sick Children, From January 1st 1880, to December 31st, 1880. Toronto: Hart & Rawlinson, 1881. 10.

the reports themselves, written by the female administration, were not merely about the numbers and medicine related to hospital management, but about the domestic and moral idealism provided to the children in their care. Secondly, the discourse itself focused on issues of poverty, and thus signaled to the advantages afforded by hospital care and proper nursing. Thus the hospital, and by extension the women involved in this work saw themselves dispersing social welfare in addition to medical advice. Through the annual reports, and indirectly through the newspaper excerpts, HSC advertised itself as a medical institution, as a charitable home, and as a Protestant domestic and sanitary model to Toronto's citizens.

While using published media to demonstrate HSC's Christian and medical character, other efforts were necessary to financially subsidize care at HSC. Combining good publicity with a fundraising venture did not infringe on the Christian principles which the Ladies Committee claimed to follow. Craft sales provided an opportunity to display the good work conducted at HSC to the community and encouraged the public to contribute money to the hospital's benevolent purpose. The first record of such an event entered the discussion at a Ladies Committee meeting late in 1878. The bazaar was made that much more meaningful because

The boys having been occupied during some months in making a number of little fancy articles, ... requested permission to have a Sale in December, and suggested that the proceeds should be put to purchase an expensive splint for Willie. The desire was so laudable that their request was granted and the little Bazaar took place most successfully on Wednesday Dec. 18th, \$34 was realized every article was sold and this amount more than covered the expense of the splint.²⁵

The publicity provided by this bazaar, and the financial motivation behind its cause, suggests that the Ladies Committee did not exclusively look to 'faith and prayer' to assist

'Willie'. This event targeted Toronto's socially conscious community and invited them to witness first hand the positive results from the good medical care bestowed upon the sick children. Aside from procuring funds this event also enlisted 'friends' to help out, through 'voluntary contributions', with the financial responsibilities demanded of appropriate pediatric care.

Evidence does indicate that HSC chose its events carefully, and as such, the women did all they could to preserve the ethical code relied on to finance the hospital. HSC's Ladies Committee turned down alternative means of fundraising, which contradicted their effort to manage the hospital through 'voluntary contributions'. At a Committee meeting held just prior to this 'little Bazaar',

a letter from Mr. McDougall to Mrs. McMaster was read, suggesting a concert, of which part of the proceeds were to be given to the H.S.C. conditionally on the Lady Managers undertaking the sale of tickets. This proposition not being in accordance with the principles of the Hospital, the committee present unanimously decided that it ought to be declined with thanks.²⁶

Both the craft sale and the concert would have directly publicized HSC and actively sought donations for its charitable medical work. However, the Ladies declined the latter, for it was not 'in accordance with the principles of the Hospital' and embraced the former because 'the desire was so laudable'. While on the surface both campaigns appear to encourage private donation, and appealed directly to the public for this support, there was something perceived as virtuous and Christian to the boys' request to hold their sale and thus retrieve the necessary funds for 'Willie's' 'expensive splint'. Paradoxically too, this bazaar was a more *aggressive* marketing campaign, directly exhibiting to those who attended the desperate needs of the Hospital's patients.

²⁵ Minutes of the Ladies Committee, January 2nd, 1879.

The difference between these two events was also a semantic one. Separate from HSC's control, the concert would have raised some money for the hospital. However, the bazaar, organized by HSC's patients raised money and awareness *exclusively* for the hospital. The sale, held inside the hospital, also invited the local public to witness first hand the high quality of care their donated dollars helped ensure. In this way, the craft sale, organized by the children and featuring their own artistic creations, appealed to compassionate, philanthropic hospital supporters. On a domestic level, bringing the bazaar patrons into the hospital wards and having them interact with HSC's patients also revealed a well-ordered Christian home. Conversely, the concert provided an activity separate from the hospital, and merely used HSC as a means to promote ticket sales. In an effort to advertise HSC's work to Toronto, the bazaar was better suited to do this, providing tangible evidence of HSC's medical needs and the benefits of hospital care. Thus, aside from funding 'Willie's' splint, the bazaar helped to promote HSC's immediate insufficiencies to compel Toronto's socially conscious middle-class to support the hospital.

While there is little evidence that other ventures similar to this sale were organized under the Ladies Committee, the concept behind the bazaar, that is having the patients in the hospital make and sell their own crafts in an effort to obtain financial and moral support from the community, did surface in the trustees' more directed fundraising efforts too. The annual report of 1897 reported that on November 5th of that year, a similar craft sale was held at the hospital. Regarding the sale, the trustees like their female predecessors took the opportunity to display to the community the diversity of patients cared for at the hospital:

²⁶ Minutes of the Ladies Committee, December 4th, 1878.

It may be added that the children who made these articles, and thus helped to contribute to their Hospital Home, are, by no means, all Toronto children. They come from upwards of 60 villages, towns and cities of the Dominion. This shows the cosmopolitan character of the Hospital for Sick Children, and how it dispenses its glorious charity throughout the length and breadth of our land.²⁷

Whereas in 1879, the emphasis was on 'destitute and friendless' children from Toronto's working-class families, in 1897 the focus was on HSC's national and cosmopolitan character. The shift in focus, represented here through the message conveyed by the bazaar, was intrinsically connected to a new administrative outlook, new medical and surgical techniques, and through an effort to assert the hospital's institutional and global reputation. Even with the emerging 'modern' image of a hospital, HSC looked to reliable, traditional means of publicity. A bazaar as late as 1897 demonstrated that the trustees were clinging to an older 'principle' of hospital management and charitable fundraising. Thus, while the 1897 bazaar demonstrated that HSC was a provincial institution, it still brought local Toronto visitors into a 'Hospital Home', and partially appealed to the Christian-minded, compassionate hospital benefactor.

Despite relying on the bazaar to quietly enlist support from Toronto's private citizens, HSC's trustees regularly appealed to their 'friends' to muster financial assistance. Quantitative evidence reveals that HSC's advertising budget (often referred to as printing, postage and stationery expenses) steadily increased during the last decade of the nineteenth century. To this end, the trustees reported that

The increase in printing, stationery, postage, &c, is due to a larger issue of circulars and letters than in last year. It is hardly necessary to state that

²⁷ Twenty-Third Annual Report of The Hospital For Sick Children, College Street, Toronto and the Lakeside Home for Little Children ... For the Year ending Sept. 30, 1897. "Embracing the Medical, Financial, and General Reports of The Work" Toronto: 1898. 10.

these circulars and letters brought in about \$13,000 last year so that a postage account of \$250 was not unreasonable. No better return was received from any investment than the sending of circulars and letters to friends.²⁸

The Hospital's administration, being composed of some of Toronto's successful businessmen,²⁹ knew the advantage provided by a direct appeal to the private sector for support. In order to ensure HSC's posterity, to provide its Christian care for many years to come, the trustees did not see themselves compromising any 'principles of faith'. Using traditional metaphors to express HSC's needs, and to encourage 'voluntary contributions', HSC's management in the 1890s made every effort to follow this older principle of faith. For this reason, the advertising published in the local media encouraged the public to support the Hospital in order to secure their own personal salvation. The idea that donating to HSC was intimately connected to Christian mercy did not jeopardize the tenet that contributions to the hospital be entirely voluntary. Mercy was itself a selfless act of compassion. The advertising discourse merely emphasized the sanctity of donating to HSC.

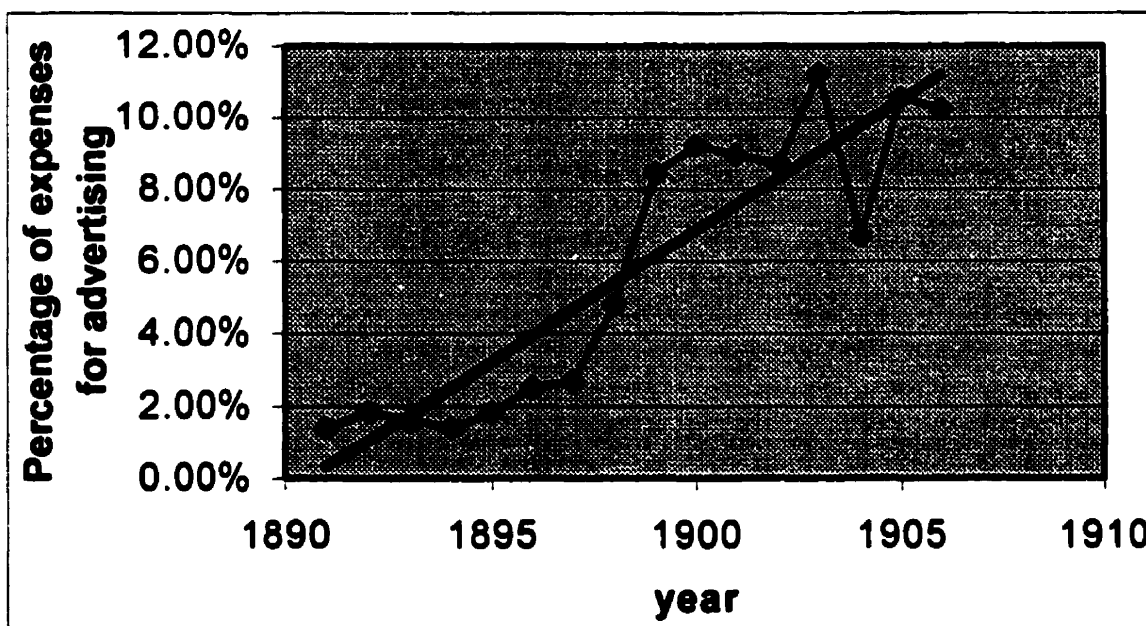
In the 1890s, during the Christmas season, HSC began to publish in the Evening Telegram daily appeals for Toronto's citizen's to "Help the Suffering Children" by donating something to "The Sweetest of All Charities." Early in the decade, these ads

²⁸ Minutes of the Trustees, November 6, 1897.

²⁹ For example the chairman of the hospital's Board of Trustees until his death in 1918 was John Ross Robertson. A successful journalist, and founder of the Evening Telegram, HSC became Robertson's principal philanthropic activity. The Dictionary of Canadian Biography estimates that from 1883 until his death, John Ross Robertson donated \$500,000 to the hospital. In The Paper Tyrant, Ron Poulton discusses in some detail Robertson's philanthropic work at HSC, both through Robertson's activities as Chairman of the Board of Trustees until his death in 1918, and as a major financial supporter of the hospital's needs. Ron Poulton. The Paper Tyrant: John Ross Robertson of the Toronto Telegram. Toronto: Clarke, Irwin, 1971. Chapter 16. 160-171.

Table 4: Advertising expenses compared to Ordinary Expenditures, 1891-1906.³⁰

Year	Advertising (\$)	Ordinary expenditure (\$)	Advertising as a percent of total expenses
1891	159.58	11472.58	1.39%
1892	399.88	21631.28	1.85%
1893	435.17	27280.11	1.60%
1894	371.73	26242.55	1.42%
1895	467.83	25481.38	1.84%
1896	655.50	26067.19	2.51%
1897	830.82	30944.90	2.68%
1898	1573.18	32837.02	4.79%
1899	2797.02	33131.19	8.44%
1900	3343.68	36274.35	9.22%
1901	3129.86	34918.34	8.98%
1902	3107.73	35716.00	8.70%
1903	5024.15	44705.67	11.24%
1904	3098.99	46231.65	6.70%
1905	5845.69	55438.39	10.54%
1906	6288.32	61377.41	10.25%

Graph 2: Changes in Percent of Ordinary Expenditures going to Advertising at HSC, 1891-1906

Minko Sotiron. "John Ross Robertson." *Dictionary of Canadian Biography*. Volume XIV, 1911-1920. Toronto, Buffalo, London: University of Toronto Press. 1966. 876-881.

³⁰ data collected from: Annual Reports for the Hospital for Sick Children, 1891-1906, HSC Archives; "Report of the Inspector for Asylums, Prisons and Public Charities." *Sessional Papers of the Province of Ontario, 1891-1906*. Archives of Ontario.

were exclusively textual, and their rhetoric focused on the money “needed to widen the circle of the Hospital’s healing influence.”³¹ To enlist the response of a “Cheerful Heart to this appeal,” this discourse became fairly graphic and direct asking the philanthropic citizen to

pause for one moment and think of other dismal, cheerless, comfortless abodes, where in place of childish laughter will be heard sobbing moans of anguish and sorrow from some poor little pain-racked body, whose lustreless eye and attenuated arm are beseeching, entreating, and imploring sympathy from every benevolent heart and aid from some charitable hand.³²

Donating to the Hospital for Sick Children was marketed as something merciful, characteristic of a ‘benevolent’ and ‘sympathetic’ citizen. This rhetoric implied to Toronto’s middle-class resident that donating to HSC improved one’s magnanimous, Christian persona.

Aside from a guilt-riddled appeal, the discourse in some of these ads was not without its Christian overtones. The advertisements comprising the initial Christmas campaigns in the early 1890s emphasized the salvation bestowed upon those who donated money to the hospital. HSC’s trustees encouraged Toronto’s lay public to “Consecrate your Christmas to the Children”³³ and “furnish a cot [in the Hospital wards] that may help bring back the rosy hue of health to some little wan and pallid cheek that never knew of Christmas joys.”³⁴ Thus the Telegram’s readership was encouraged to donate a “Christmas present that will not stale with the flight of the festive season”³⁵ and will

³¹ Advertisement, The Evening Telegram. Toronto: December 12, 15, 16, 22, 24, 1891. December 24, 1892

³² Advertisement, The Evening Telegram. Toronto: December 26, 28, 29, 1891, January 2, 4, 1892, December 13, 1892.

³³ Advertisement, The Evening Telegram. Toronto: December 19, 21, 1891. January 6, 8, 11, 14, 16, 20, 29, 1892. December 24, 1892.

³⁴ Advertisement, The Evening Telegram. Toronto: December 26, 28, 29, 1891, January 2, 4, 1892, December 13, 1892.

³⁵ Advertisement, The Evening Telegram. Toronto: December 12, 15, 16, 22, 24, 1891. December 24, 1892

YOU CAN HELP THE SUFFERING CHILDREN

THE HOSPITAL FOR SICK CHILDREN

LIGHTEN YOUR PURSE AND BRIGHTEN LITTLE LIVES

Your \$50 will furnish a Cot, and the Hospital, which is a charitable institution, that Small Investment will earn throughout the coming year.

THE SWEETEST OF ALL CHARITIES,

CARE OF LITTLE SICK CHILDREN

Did the good folk of Toronto, who have been so long and so generously helping the Hospital for Sick Children, know that their good work was being done for the benefit of the children of the city? While the Hospital has been doing its best to help the children, and many of them, are still suffering, the Hospital is able to help them. Their pain-racked little bodies languish in narrow hospital beds, which God's suffering children go toiling and straining to reach. The Hospital takes the life of the children, and places them out of their short pathway. The best of its money goes to the children.

Money is needed to widen the circle of the Hospital's helpful influence. Fill in the Christmas coupon attached and return it to the Trustees. Your money will be well invested. A child was born from the grave back to home and health and happiness, may be the first dividend it earns. New interest will be paid to the donors who have the good sense to furnish the thousands of death off the face of the third year out.

There is not a Sunday School, a Bible Class, a public, or private school, with the hundreds of attending pupils, a Judge of any of the General Sessions, or a large manufacturing factory, laundry, workshop or printing office, where many hands are employed, a large mercantile warehouse, a building, into a financial corporation with scores of employees, in every one that with a slight effort could not in a few hours collect enough to furnish the Hospital with a hundred pupils, a care a week from each will furnish a cot for any of the judges about a cot. A cot will do it, and in factories that average twenty men five cents a week from every employee will furnish the cot equipment. Just think of the great opportunity of helping the great charity that takes care of sick children.

Your \$50 can be a Christmas present that will not fade with the flight of the festive season. Each child may be blessed anew by the comfort your gift brings into its world life. Throughout the year your money goes on doing good. Then, cut out this Christmas coupon, fill it in and return to

J. ROSS ROBERTSON,
CHAIRMAN, BOARD OF TRUSTEES,
HOSPITAL FOR SICK CHILDREN.

THE HOSPITAL FOR SICK CHILDREN,
COLLEGE STREET, TORONTO, CANADA.

TERMS:
TO FURNISH A COT WITH PERFECT EQUIPMENT \$50.
PAYABLE IN FOUR CASH PAYMENTS OF \$12.50 PER MONTH.
OR ONE CASH PAYMENT OF \$50.

AGREEMENT WITH THE TRUSTEES OF THE HOSPITAL FOR SICK CHILDREN.

I hereby agree to pay to the Hospital for Sick Children, the sum of \$50.00 for the purpose of furnishing a cot and perfect equipment for the Hospital for Sick Children.

Name: _____
Address: _____

Figure 22: This is one of the earliest advertisements for the Hospital for Sick Children, appearing in The Evening Telegram. The rhetoric focuses specifically on the benevolent work HSC does by helping “the suffering children” and how support for the hospital can “brighten little lives.”

Advertisement. The Evening Telegram. Toronto: December 12th 1891.

SOWING THE PRECIOUS SEEDS OF CHARITY

Like an Angel of Mercy Carry the Good News of Life and Health to the Poor-Little Pain-Bearers

CONSECRATE YOUR CHRISTMAS TO THE CHILDREN

The Hospital for Sick Children has a Claim Upon Every one who Fittes their Suffering and is Willing to Relieve it—\$50 Will Furnish a Cot—This Does Not Involve a Further Payment

CHARITY
FOR
SUFFERING
OPENS
IN
EACH
HEART
A
LITTLE
HEAVEN.

The Hospital with all its splendid appointments and its conveniences 100 rooms for one hundred and fifty cots. With the growth of our city and the spread of the reputation of this sanitarium the number of sick children applying for admission will largely increase.

These cots must be furnished. Only \$50 is required to give a resting place for some little sufferer where gentle and patient ministrations and skillful treatment will chase away the pain and perhaps woo back from the portals of the grave little feet tripping into the dark and gloomy chamber.

Can there be a more touching appeal to the charity of all than that coming from wan faces whence cruel disease has driven the bright smile? Pay the poor little sick children, and do what you can to bring the joy of life and health back to their pain-tossed bodies.

The Hospital has already been the salvation of many a life, and the number of children cured and relieved is so great that, if its work is to be estimated from a mere mercenary standpoint, it has already paid for itself. More remains to be done. It must be put into a condition such that not one sick child need ever be turned from its doors. The Trustees have arranged so that every one, man, woman and child, no matter what the circumstances, may contribute to the furnishing of a cot.

If you cannot see your way clear to pay the \$50 at once you have the privilege of paying as you can, so much a week, a month, or a quarter.

As the Christmas joy of this festive season enwraps your own home, where your loved ones gather to celebrate the nativity of Him who was such an ardent lover of little children and whose great human heart beat so tenderly and pityingly for His blessed "little ones," think kindly of the children of want and sickness whose pain you may alleviate, whose life, even, you may spare if, by your charity, you place them within the sheltering care of Toronto's magnificent Hospital for Sick Children. It will be a perennial blessing to you, and the good angel will bear record that you have done what you could to bless and save the sorrowing and suffering children. Let your Christmas gift for 1891 be this coupon. Cut it out, fill it in and send to

J. ROSS ROBERTSON,
CHAIRMAN BOARD OF TRUSTEES,
Hospital for Sick Children.

TRUSTEES:
A. ROSS ROBERTSON,
S. B. GILLES,
GEO. A. COLE,
A. M. SMITH,
SAMUEL ROGERS.

THE HOSPITAL FOR SICK CHILDREN,
COLLEGE STREET, TORONTO, CANADA.

TERMS

To furnish a cot with perfect equipment, \$50.

PAYABLE IN SUMS OF:—

PER WEEK \$ 95

PER MONTH 4 17

PER QUARTER 12 50

OR ONE CASH PAYMENT 50 00

AGREEMENT WITH THE TRUSTEES OF THE HOSPITAL FOR SICK CHILDREN.

In consideration of the Hospital for Sick Children furnishing one cot in the Hospital, at an expense not exceeding \$50, I agree to pay to the said Hospital the said sum of \$50, as follows:—

.....

.....

.....

Name

Address

Figure 23: Another early advertisement for HSC also focuses on the hospital's philanthropic effort and charitable needs. In this ad, donating to the hospital promises to provide a "perennial blessing to you [who donates to HSC], and the good angel will bear record that you have done what you could to bless and save the sorrowing and suffering children." Mercy for the children and salvation to the donor are sown together in this ad.

Advertisement. The Evening Telegram. Toronto: December 19th, 1891.

function as “the Golden Chain That Links Earth to Heaven.”³⁶ Donating to this hospital not only sanctified the meaning of Christmas, but representing “The Best Gift that Benevolence, Prompted by Charity, Can Offer Suffering Humanity”³⁷ suggested, these magnanimous acts functioned “Like an Angel of Mercy” which carried “the good news of life and health to the poor little pain bearers.”³⁸ “Soothing the suffering sorrows of some poor little sick child for many days or months”³⁹ during the Christmas season, and by extension securing one’s own salvation in Heaven, was consummated by giving something to HSC.

As hospital medicine became more efficacious, Christian imagery became more prominent in these newspaper advertisements. The image of Jesus, healing with His touch a young child – the same image that the Robertson Memorial window portrayed – appeared two days before Christmas in 1899. The accompanying text directly implicated personal salvation into the act of donating. “Every gift given towards the alleviation of their pain,” this advertisement claimed, “will be blessed the more for the effort or sacrifice which is made through the thoughtful affection of the donor.” Even more explicit, the rhetoric goes on to state that “the joy of doing good is the happiness of the benefactor---a foretaste of Heaven vouchsafed to mortals on earth.”⁴⁰ Even in 1902, this image appears in connection with HSC’s advertising campaign.⁴¹ While the discourse underneath was not nearly as salvation-oriented as in 1899, the sheer power of the image of Christ doing *His* duty to children intended to compel its *Christian* supporters to

³⁶ Advertisement, The Evening Telegram. Toronto: December 23, 24 1891.

³⁷ Advertisement, The Evening Telegram. Toronto: December 26, 28, 29, 1891, January 2, 4, 1892, December 13, 1892.

³⁸ Advertisement, The Evening Telegram. Toronto: December 5, 1893.

³⁹ Advertisement, The Evening Telegram. Toronto: December 23, 1892.

⁴⁰ Advertisement, The Evening Telegram. Toronto: December 23, 1899.

⁴¹ Advertisement, The Evening Telegram. Toronto: December 24, 1899.

continue to donate to HSC's needs and thus fulfilled their philanthropic obligations to the community too.



Figure 24: This image of Jesus healing the sick child appeared in several advertisements in the late 1890s and early 1900s. It is the same image which the Robertson Memorial Window depicted in the front entrance way of the "Victoria" Hospital on College Street. As an advertisement, this image hoped to demonstrate that donating to HSC fulfilled Christian virtues, modeled after the work of Jesus himself.

Advertisement. The Evening Telegram. Toronto: December 24th, 1902.

Looking closely at these Christmas campaigns one can also see HSC grappling with images of progress: x-ray technology, successful orthopedic surgery, and generally its good medical record. In addition to its Protestant ethic, these ads also incorporated imagery reminiscent of its 1875 beginnings; rescuing children from poverty and from parental neglect, providing clean facilities and good nursing care, and generally displaying HSC's good domestic management. The combination of progress with tradition reveals significant insight into the reception hospital medicine had among the lay public of Ontario during the 1890s. While the ambitions of physician and trustee alike wished to promote the modern, institutional (masculine) efforts within HSC, the Ladies Committee's vision of a healthy domestic environment to provide care and comfort to hospital still captivated the public's interest even as medical science and hospital medicine improved efficacious treatment at the end of the nineteenth century and early into the twentieth century.

In the early years of hospital advertising not surprisingly HSC's trustees did not know what exactly good advertising entailed. The initial attempts at this, addressed above, hoped to encourage private 'voluntary' donations through compassionate and at times graphic dialogue. Hoping to instill a sense of pity "for His blessed 'little ones'",⁴² this approach was not far removed from the Ladies Committee's letters in the Dominion Churchman. There was not yet a need to emphasize HSC's provincial responsibility, nor its medical and surgical expertise – while provincial in theory, the hospital still confined the majority of its care to local children (see Table 1 in Chapter 1). The care that the Hospital provided in 1892 was not much different from the care available in 1875, and

⁴² Advertisement, The Evening Telegram. Toronto: December 19, 21, 1891. January 6, 8, 11, 14, 16, 20, 29, 1892. December 24, 1892.

sick children did not fade so quickly. Their sanitary and moral vision of a children's likewise the appeal to save children from the throws of poverty and neglect remained central to HSC's mandate. What differed was that there was now an expensive, 'modern' hospital, and thus a pressing need to justify its purpose to Toronto. These ads reflected an early effort by the trustees to consolidate support for hospital medicine, and pediatric care specifically, from lay Toronto and eventually from all of Ontario. To do this, the philanthropic and Christian virtue bestowed upon the donor was highlighted.

As HSC's debt increased, peaking at \$120,000 shortly after the completion of the College Street home, the magnanimous virtue bestowed upon a hospital benefactor had to share priority emphasis with the hospital's heavy financial burden. The newspaper advertisements began to reveal where the money was most needed, and what funding in the past had helped accomplish; the images related evidence to the Telegram reader that this Hospital provided unique and essential pediatric care to all children of the Dominion. In 1895, HSC's advertising articulated that "A Sick Child ... Appeals To Your Love Your Pity and Your Gold."⁴³ Taking out a full page ad for that year's Christmas campaign, HSC dubbed itself as "The Mother Charity of the Dominion" and explained that it needed to raise \$25,000 in the coming months to "serve the ever-growing needs and to extend the Hospital's power to minister to the healing of Children." As late as 1906, HSC ads warned that "Money kept from The Hospital is Mercy Kept from the Children"⁴⁴ and another one asserted that "The Hospital Calls for Money Once a Year and Turns it Into Mercy for the Children Every Day in the Year."⁴⁵ Emphasizing once again the sanctity of the cause and salvation bestowed upon the generous supporter,

⁴³ Advertisement, The Evening Telegram. Toronto: December 17, 24, 1895.

⁴⁴ Advertisement, The Evening Telegram. Toronto: December 10, 1906.

Charity the Golden Chain that Links Earth to Heaven

Your Dollar will Save many a Sick Little One from Ache and Pain. The Dime of the Hospital Open at the Bishop of Poverty as Ready as to the Call of Work.

In the Joy of Your Christmas This Remember the Poor Sick Aching and Crippled Children and Bring Them Joy and Comfort.

THE HOSPITAL FOR SICK CHILDREN

The Great Mother Charity of Ontario that Cares for Sick Children.

A Great Record

Twenty-five Years' Work.
Since 1885—4,800 In-Patients.
6,800 of these were Cured.
3,800 of these were Improved.
Since 1875—46,000 Out-Patients.
Grand Total of 50,800.

SEVENTY PER CENT. OF THE IN-PATIENTS AND NINE OF THE OUT-PATIENTS WERE ABLE TO PAY FOR TREATMENT.

A Special Feature

In the Work of the Hospital

What Surgery Does For Believed and Crippled Children.

Some Wonderful Results.

THIS IS WHAT YOUR DOLLAR HELPS TO DO

EVERY DOLLAR HELPS ALWAYS TO SOUTHERE THE SUFFERING AND OFTEN TO SAVE THE LIVING LITTLE ONE.



A GROUP OF THE BOY AND GIRL PATIENTS AT THE HOSPITAL FOR SICK CHILDREN.

Last Year's Work

Total Patients 6,775.
In-Door 749. Out-Door 6,026.
None of the 6,026 were able to pay 520 of the 749 were cured.
70 per cent. were within three days of the 749 were cured.
447 of the 749 were cured.
209 of the 749 were improved.

This is What Your Dollar Helps to Do

A Single Dollar Contribution to the Hospital

—Gives one patient a child of his own—
—Gives one child and gives nothing to the hospital—
—Gives one child and gives nothing to the hospital—
—Gives one child and gives nothing to the hospital—

Hundreds of afflicted children are rescued by the Hospital at the passing of the year, at the point where more either the immediate relief of surgical skill or a life of debilitated struggle.

SOME WONDERFUL RESULTS

Four different cases are shown in the first column, illustrating various types of foot deformities such as clubfoot and flatfoot. The second column shows the results of surgical treatment, with diagrams of feet that have been corrected and are now healthy and functional.

A Sick Child Appeals

Fathers and Mothers OF ONTARIO

There is a Crying Need

The demand is one that comes from an institution that strives to give health and strength to the sick child.

Does This Work Appeal to You?

To Your Love
To Your Pity
To Your Gold

The Hospital Needs Money.

Think of It Now—At This Last Year

FATHERS AND MOTHERS

Save a Precious Life

Spare Dollar

Give it, and Somebody's Darling will grow up and bless your garden.

At this Christmas time—lighten your purse and brighten little lives.

A Grand Record

Some of the Cases Cured Last Year.

ANDREW ROBERTSON, SOCIAL ENGINEER

Think of your own healthy child at home and then of the pain-racked children in our beds.

When you give a dollar, you make your gift, not your money, that your money should be sent into the pain-racked beds of the little ones.

Every contribution will be acknowledged in 'The Evening Telegram'.

Figure 25: Amidst the images of child suffering, and of the 'wonderful results' orthopedics provided to these children, the idea that supporting HSC was an act of mercy, that this charity 'links Earth to Heaven', became a central tenet of the hospital's annual Christmas appeal. (See also figure 26).

Advertisement. The Evening Telegram. Toronto: December 16th, 1902.

45 Advertisement, The Evening Telegram. Toronto: December 12, 1906.

HSC's appeal to Toronto's lay community maintained its Christian overtones into the twentieth century. While HSC's advertisement stated that "Money is Mercy in Action"⁴⁶, to encourage this support, words were not enough. HSC's ads published late in the nineteenth century incorporated specific images of its patients and wards and thus visually encourage private donations.

Medicine changed drastically in the years after the trustees assumed control of the hospital's administration, after HSC moved into the "Victoria" Hospital, and after x-ray technology, germ theory of disease, and bacteriology diagnostics were 'perfected'. However, what the public wanted to hear and wanted to see was that despite all that had changed, a sanitary, domestic and moral environment, saving destitute and deformed children from the misfortunes of poverty and neglect, was still the motivating circumstance behind a children's hospital's efforts. Re-emphasizing its domestic nature, coupled with its 'child-saving' nature, HSC relied more and more on the image of its patients and the nursing care provided to 'sell' HSC's financial needs to the public. These images themselves spoke of both HSC's medical and surgical successes (particularly from the orthopedic department), and of its sustained, domestic nursing model. However, not one image displayed a doctor treating a sick child. The icon of a nurse carried an idealism from HSC's earlier female administration, and reiterated its moral hygiene and domestic management. Thus HSC tapped into the expectations of the private sector, tailoring its advertising campaign to appeal to a lay perception of hospital medicine and proper pediatric care.

While the drawings began to dominate the advertisements, and were likely received with sympathy and compassion by the newspaper's readership, the words that

⁴⁶ Advertisement, The Evening Telegram. Toronto: December 12, 1906.

FATHERS

MOTHERS

The HOSPITAL

OF ONTARIO FOR TORONTO

SICK CHILDREN

Dries the Tears

of the Mother, who is weeping in the darkness over the Little One.

Your Money Can Save

This Hospital Calls for Money Once a Year and Turns it Into Mercy for the Children Every Day in the Year

Sickness is a Heavy Burden

to life's strength, which the Hospital with your help, can lift from many children.



Your Dollar

Can Help the Hospital fight the Loneliness of Hope and Sorrow in the dark night of your child's pain—your mother's sorrow.

A Great Work for Humanity



A Record Year.

GRAND RESULTS.

These were helped, maintained and treated

Medical	100
Surgical	100
Special	100

— THE RESULTS

Care	100
Improvement	100
Discharge	100
Cost	100

Age and Sex of Patients Admitted





The Out-Door Clinics

Services in the open air.

YOU'VE TAKEN YOUR MEDICINE LIKE A LITTLE MAN

Every Dollar is a New Step in the History and Progress of the Hospital's Firmness and Security.



The X-Ray is What It Has Done.



Figure 26: As late as 1906, in an effort to appeal to 'Fathers and Mothers' the powerful image of a female nursing caring for an ailing child still dominated HSC's newspaper advertisement. Inserted into the corners of this ad were references to progress: the x-ray facilities, sketches of before and after orthopedic surgery, the "Victoria" Hospital, and the 'Grand Results' from the previous year. However, these features are not the primary purpose of the ad. Emphasizing mercy to get public money also resulted in HSC demonstrating maternal nurturing as oppose to medical therapeutics.

Advertisement. The Evening Telegram. Toronto: December 12th, 1906.

did accompany the visual evidence highlighted the benefits such treatments bestowed upon an industrializing nation. HSC not only appealed to the individual's desire to secure a place in Heaven, but the medical care provided to these sick children had a positive effect on society generally. The work of this 'Grand Institution', helping "the Helpless in this Unequal Fight"⁴⁷ worked well with the metaphor of a "Grand Army of hopeless little ones who are being cared for by this institution."⁴⁸ In terms of social reform, this hospital was turning out useful members of society from otherwise handicapped and thus 'useless' ones. Images provided qualitative evidence of this cause. Publishing regularly in the Telegram, HSC made an active effort to promote the advantage proper pediatric care provided to the community. Under the sub-heading, "What Your Dollar Will Do," a political idealism connected to HSC's orthopedic care was made explicit:

A single dollar contributed to the Hospital gives one pain-racked child all that human skill and gentle nursing can do throughout a tedious day and a restless night.

Two months in the Hospital has brought to hundreds of sick children the dawn of health and strength after a long, long night of suffering.

Many a child born into sickness and deformity is, through the Hospital for Sick Children, born again into health, strength and happiness.

The Hospital has been the Great Physician to many a child who looked forward to a life of helpless manhood or fragile womanhood.

Little ones far advanced in childhood never knew the use of their limbs until they entered the Hospital for Sick Children.

A dollar given to the Hospital for Sick Children aids in bringing happiness to not only the child itself, but the parents, the brothers and sisters. The restoration of a sick child to health is a joy unto the entire household.⁴⁹

Medical attention ('human skill') and domestic mothering ('gentle nursing') no longer exclusively distinguished HSC as the "Sweetest Charity in Ontario."⁵⁰ It was specifically this orthopedic care (providing children 'the use of their limbs') – morally focused since

⁴⁷ Advertisement, The Evening Telegram. Toronto: December 9, 1899.

⁴⁸ Advertisement, The Evening Telegram. Toronto: December 20, 1901.

⁴⁹ Advertisement, The Evening Telegram. Toronto: December 18, 1902.

the Hospital was regarded as ‘the Great Physician to many a child’, like Jesus was referred to as the “Great Physician of the souls”⁵¹ early in HSC’s history – that gave “every child within its care a fair start in life.”⁵² Not only was HSC moralizing society, providing the perceived domestic, maternal care necessary to ensure good health and well-reared children, but connected to this mandate, orthopedic surgery instilled in HSC the ability (or so it thought) to strike at one of the root causes of poverty. The message provided by the images and rhetoric alike, proposed that HSC was delivering to children an opportunity at “perfect manhood and womanhood,”⁵³ “who must otherwise perish in the darkness of poverty and pain.”⁵⁴

Forging new ground, that is developing a unique formula for hospital advertising in order to ensure continued community support HSC careful considered the message conveyed through these annual newspaper Christmas campaigns, likely to appeal to the maximum number of people. From 1897 onwards, its newspaper advertisements balanced the technical and surgical achievements in orthopedics with its domestic and religious inclinations, all the while reminding the newspaper readership of the debts incurred in order to ‘perfect’ hospital care. One can discern from this public forum that despite all that was modern inside and outside of HSC, what the lay public wanted to know was that children were being cured and that the reliable and ‘comfortable’ Nightingale nursing model was still affecting treatment. Even in 1902, this “Great Mother Charity” made its appeal to “Fathers and Mothers of Ontario” thereby still alluding to the domestic nature

⁵⁰ Advertisement, The Evening Telegram. Toronto: December 20, 1902.

⁵¹ Minutes of the Ladies Committee, June 6th 1878.

⁵² Advertisement, The Evening Telegram. Toronto: December 12, 1906.

⁵³ Advertisement, The Evening Telegram. Toronto: December 23, 1902.

End the Old Year and Begin the New By an Act You Will Never Regret

— THINK OF THE ARMY OF HELPLESS LITTLE ONES YOU CAN AID —

No Dollar You Ever Spent Will Be Spent so Well as the Dollar You Will Give

You Can Help the Suffering Children

Out of your abundance you can bring Health, Strength and Comfort to Ailing Little Ones.

Your Giving will be a Help to those who Need Help.

Your Dollar will do its part—and nobly.

TO THE

Sowing the Precious Seeds of Charity

Like an Angel of Mercy carry the Good News of Life and Health to the Poor Little Pale-Browns.

Commence Your Bounty to the Children and Help a Noble Charity

Your Dollar will Bless You in the Giving.

Great Mother Charity

THE SWEETEST OF ALL THE CHARITIES

The One That Cares for Sick Little Ones

— The Hospital for Sick Children, Toronto —

THE GREAT PROVINCIAL CHARITY OF ONTARIO

Don't Hesitate — Your Dollar Will Do Its Share — Show Little Ones



LET YOUR DOLLAR DO ITS SHARE



LET YOUR DOLLAR DO ITS SHARE



A NURSE WATCHING A SERIOUS CASE.

A Good Dollar Will Help You — It Will Help the Helpless

Last Year's Work

207 In-Patients Treated
6,614 Out-Patients Treated

HE FEELS OFF A LOAD OF GUILT



LET US BE READY TO HELP YOU

Many Hands Make Light Work and Many Dollars Make Good Work.

In 1902, about 100 different forms of Diseases in the 700 In-Patients were treated.



A Record of Progress

1901	1902
1901	1902
1901	1902
1901	1902
1901	1902

5,373 In- and Out-Patients in 1902

IN A GREAT CHARGE



This Hospital has Helped Thousands of Sick Children of the City and Province back to Health.

— This Angel should be a sight drunk on your porch, and ought to be paid eternally on procession.

Consider it a practical business to be found in the corner of abundance of sick little ones, and to be moved back to health over your.

A Victim Over Given Thanks

60000 Children in 45,000 families of Ontario have been treated in 25 years.



THE END OF THE ROAD FOR THE CHILDREN OF THE CITY



Figure 27: Comparing the dialogue in this 1902 advertisement to that appearing in the hospital's ads from 1891 (See Figures 22 and 23), the same slogans get used time and time again. As a 'Great Mother Charity', as the 'Sweetest of All Charities' HSC combined its provincial, institutional, and medical efforts to an older idea of mercy by advertising that it helped 'suffering children' and sowed the 'precious seeds of Charity' in the process.

Advertisement. The Evening Telegram. Toronto: December 27th, 1902.

⁵⁴ Advertisement. The Evening Telegram. Toronto: December 17, 1906.

of care bestowed upon its patients.⁵⁵ While labeling this enterprising institution a “Mother Charity”, effort was being made to link HSC’s domestic beginnings with its new, institutional direction.

This is not to say that the ‘modern’ trends in medicine, and specifically the advantage these trends provided efficacious care, were not emphasized. Aside from the newspaper campaign, HSC sent past supporters a copy of the annual report. While more limited in its access to the public, these reports still catered to a lay understanding of hospital medicine, and tried to disseminate medical ‘progress’ through this medium. However, as the analysis in Chapters II and III implied, change was often a focus in these reports. To this end, HSC’s trustees, compiling the annual reports after 1891, emphasized improved surgical methods, new medical technology, and generally the increased efficacy of hospital care. The emphasis on female nursing did not enter the centre stage, but as has been suggested, became subordinate to the academic physician. However, when one stepped outside the forum of the annual reports, and the target audience became more diverse, HSC returned to traditional images and metaphors. It was through ideas of Christian salvation, moral hygiene and domestic management that HSC invited the general public to donate and support its child welfare cause. The bazaar in 1897, much like its predecessor of 1878, encouraged the general public to support this charitable, Christian endeavor by appealing directly to the community’s collective consciousness. In the same way, the newspaper advertisements sustained HSC as a ‘hospital-home’, rescuing children from unsanitary, impoverished family circumstances.

The image of poverty and neglect, and HSC’s effort to medically, morally, and spiritually effect positive change within the working-class family economy by helping

⁵⁵ Advertisement, The Evening Telegram. Toronto: December 16, 1902.

The Hospital for Sick Children . . . Gives Every Child that Comes Under Its Care the 'Blessing' of Health and a Fair Start in the Race for Perfect Manhood and Womanhood.

Yes, to all of whom the Master speaks, when He said "Suffer Little Children to Come Unto Me."

Read with glowing eye and then respond with cheerful heart to this Appeal—Every dollar—yes a single dollar—helps.

Money adds Mercy in our Hospital work. Money Meets Mercy in our Mercy cannot go out from the Hospital on its wings of health to sick and helpless Children.

Will You Give a Dollar?
 Give to the Hospital for Sick and Helpless Children.
 —Will You Help us Give it Best?

The X-Ray Machine

The Value of this Machine is becoming known in the United States and throughout the world. It is a most valuable aid in the diagnosis of disease. It is a most valuable aid in the treatment of disease. It is a most valuable aid in the prevention of disease.



It is a most valuable aid in the diagnosis of disease. It is a most valuable aid in the treatment of disease. It is a most valuable aid in the prevention of disease.



WANTS TO BE PLAYMATE—NOT A VISITING GUEST



WORKS IN NURSERY DEPARTMENT

The Dollar you give is a benediction that your money helps to send into the pain-darkened lives of the little ones.

Do You Realize the Good that is Being Done?
 447 Patients out of 707 Last Year were Cured.
 289 Patients were Improved, a Grand Total of 736.

Your Dollar Will Do Noble Work.
 —A Child can look from the grave up to the white-shrouded earth.

THE ORTHOPEDIC WORK.

THE HOSPITAL FOR SICK CHILDREN

An Important Branch of Hospital Work. A Perfect Workman is called with every hand. For the completion of every detail of bodily education. For the Patient's Relief and Aid on the spot.



A PERFECT WORKMAN FOR THESE APPLIANCES—
 For the adjustment of the foot. For the correction of the lameness of the foot. For the correction of the bowing of the leg. For the correction of the club foot. For the correction of the flat foot. For the correction of the knock-knee. For the correction of the knock-knee. For the correction of the knock-knee.



THEY ARE A HAPPY HOME A CHILD'S HOME

This is a Home Putting Teachers to Rest.



What Have They—our Body Builders.





An Important Aid



Figure 28: This advertisement nicely reveals multiple messages which HSC tried to convey to the public in its advertisements. The nurses in this advertisement offer the hospital supporter a glimpse at the traditional, motherly care provided to HSC's young patients. However, these more domestic feminine nurturing references shared emphasis with the orthopedic work and x-ray machine descriptions. Such advertising efforts revealed that HSC grappled between traditional nursing ideals and progressive medical scientific theory as it tried to define to the public what pediatric care entailed, and how this medical specialty differed from regular, general hospital care.

Advertisement. The Evening Telegram. December 23rd, 1902.

cure and care for sick children, maintained its integrity as a theme of good hospital care despite medical and administrative changes in the 1890s. As has been evident throughout this discussion, both the Ladies Committee and the Board of Trustees relied heavily on the hospital's child-saving efforts to compel financial support and to legitimate HSC's unique pediatric responsibilities. Under the leadership of the women, such an appeal followed directly from their evangelical duty to the community. It was not only expected of them as benevolent females, but it was what they knew best as good, faith-driven Christians. For the male trustees, the notion of neglected, deformed and destitute childhood became a powerful advertising force.

Orthopedics continued to support HSC's social-welfare function as well as promoting new developments in surgical techniques and medical therapeutics. The efficacious results from orthopedics, as HSC's advertising demonstrates, provided an opportunity to champion the advantage of hospital medicine to a consumer public. Part of its appeal was that it continued to support HSC's social function within the working-class family. The images of cured children, now useful and functional members to their families and to society, demonstrated that one of the initial motivating forces founding HSC in 1875 was still a priority in 1905. Saving children from poverty and neglect, curing them of their deformities, and thus effecting change within the working-class home maintained the hospital's pediatric mandate for social reform. Accompanying the child-saving images provided by orthopedics with Christian rhetoric regarding mercy and salvation also extended HSC's earlier religious convictions into the twentieth century. Ironically, it was HSC's initial evangelical social reform doctrine and domestic management ideals which the 'modern' twentieth-century hospital institution relied on to

advertise itself as an exclusive pediatric centre. And it was also this old 'principle of faith' which HSC's advertising emphasized in order to compel the private sector to 'voluntarily contribute' money to the hospital. As HSC grew beyond prayer and faith to initiate science and technology into hospital treatment, religious and social welfare ideals remained a prominent part of its marketing strategy. HSC's institutional ambitions could not entirely outweigh the public's expectations of the hospital-home.

Conclusions: Bringing ‘Coin to our Coffers’¹

Speaking at the American Hospital Association’s annual conference held in Toronto in 1908, John Ross Robertson provided those in attendance with “A Layman’s View of Hospital Work.” This speech provided significant insight into the factors motivating Robertson’s beneficence, HSC’s administrative organization, and the fundraising tactics used to support the hospital’s pediatric medical needs. He explained that as an exercise in philanthropy “hospital work gets closer to any human side, and affords me more pleasure, even if the bank balance does shrink, than any other form of relaxation.”² The Hospital as a ‘form of relaxation’ to the magnanimous citizen and permitting a communal effort to get ‘closer to any human side’ did not let financial concerns influence its philanthropic motivations or its medical responsibilities to the children of Ontario. Later in his speech, Robertson asserted that the “public today are less critical and more reasonable in their view of hospital treatment.”³ To this end, hospitals – and specifically Toronto’s Hospital for Sick Children where Robertson through practical experience solidified the ideas presented at this conference – were in a good position to approach beneficent citizens for financial support.

HSC was unique to Toronto and unique to hospitals. As one of the first Children’s Hospital’s in North America; as a hospital commenced by and initially managed by benevolent women; as a charitable institution making direct appeals to the local community, studying HSC’s development continues to provide new dimensions to current hospital historiography. In light of the recent scholarly efforts by Charles

¹ John Ross Robertson, “A Layman’s View of Hospital Work.” Transactions of the American Hospital Association, Tenth Annual Conference. Detroit: 1908. 185.

² Transactions of the American Hospital Association. 179.

Rosenberg and Harry Dowling, Elizabeth Lomax and Guenter Risse,⁴ where institutional politics and masculine philanthropy significantly affected hospital development, HSC's feminine qualities stand out. In other hospital studies, looking at meeting minutes, annual reports, and related medical publications, it becomes clear that as charitable organizations were increasingly managed by men and displayed an environment supporting a male-dominated medical profession, a more business-like, secular approach to 'caring' and 'curing' became the status quo. However, as a result of its female legacy and its pediatric focus HSC's development diverges from such 'typical' expectations of hospital progress in this period of Canadian history.

Upon HSC's founding in 1875, its mandate was to care for Toronto's impoverished sick children. Infused into this agenda were evangelical ideals and a moral message to society; Protestantism coupled with proper domestic management would help to ensure a sanitary and safe environment for all children. These features of hospital/home care were well established as maternal nursing qualities in the nineteenth-century. Thus from its earliest conception, HSC fused into its medical agenda gender-oriented specifications. Medicine conversely was a predominately male profession in 1875, and likewise hospitals generally catered to society's impoverished and unruly working-class adults. As medical efficacy began to improve the 'curing' end of hospital care, as the masculine, the medical and the institutional began to take root in HSC's

³ Transactions of the American Hospital Association. 183

⁴ Charles Rosenberg. The Care of Strangers: The Rise of America's Hospital System. New York: Basic Books Inc., 1987.

Harry Dowling. City Hospitals. Cambridge, Massachusetts: Harvard University Press, 1982.

Guenter Risse. Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal infirmary of Edinburgh. Cambridge, Eng.: Cambridge University Press, 1986.

Elizabeth Lomax. Small and Special: Development of Hospitals for Children in Victorian Britain (Medical History, Supplement No. 16). London: Wellcome Institute for the History of Medicine. 1996. 173.

wards, the hospital's administrative body shifted from a benevolent Christian and female 'committee' to a philanthropic business-minded, male 'Board of Trustees'. In this relocation of power, and along with it a re-interpretation of pediatric hospital care to fit a medical paradigm rooted in science and technology, the 'blurring' of gender lines is further punctuated, as discussed by Cecilia Morgan and Annmarie Adams in their respective studies.⁵

As an early exertion of female agency, HSC's administrative history is unique. Most Protestant hospitals in English Canada were founded by men, and women merely assumed voluntary 'visiting roles' within the wards.⁶ However, HSC maintained a strong connection with its women managers, and their presence was felt long after 1891 when they succumbed power to the Board of Trustees. As mothers influenced by their own domestic management responsibilities, these women managed and defined pediatric care for HSC's first fifteen years. However, the public image of a children's hospital maintained strong feminine references even in the twentieth century. This continued place for female-nurturing in pediatric medicine maintained HSC's social-reforming role in society. As a model home as well as a model institution, HSC demonstrated to working-class families in Toronto, and eventually to all of Ontario, the advantages provided by proper sanitary arrangements. Connected to this, the maternal nursing care provided to the young patients at HSC revealed the measures all mothers ideally should

⁵ Cecilia Morgan. Public Men and Virtuous Women: The Gendered Languages of Religion and Politics in Upper Canada, 1791-1850. Toronto, Buffalo, London: University of Toronto Press, 1996.

Annmarie Adams. Architecture in the Family Way. 1996.

⁶ For examples of Canadian hospital studies which support this statement, see the following: Margaret Angus. Kingston General Hospital: A Social and Institutional History. Montreal and London: McGill-Queens University Press, 1973; David Gagan. 'A Necessity Among Us': The Owen Sound General and Marine Hospital, 1891-1985. Toronto, Buffalo, London: University of Toronto Press, 1990; Edward

implement to ensure a healthy, safe and comfortable home for their families. Thus as a children's hospital, even amidst hospitalization, technologization and masculinization of the medical profession, HSC remained intimately connected to this image of virtuous maternal management within a sanitary home environment.

Returning to the 1908 American Hospital Association conference in Toronto, John Ross Robertson's speech provides additional insight into this unique integration of domestic nursing care with an effective scientific-medical regimen. What his speech acknowledges was that specifically HSC's annual reports, much like the newspaper advertisements, were directed to a popular audience: "It struck me ten years ago that the driest and most uninteresting reading, was our annual report. The subject matter was all right, but it did not seem to be placed before the public proper." To cater directly to the 'public proper', to make the annual reports 'interesting reading', Robertson explains that he

commenced to illustrate our [HSC's] reports. I got away from the stereotyped official expressions that such reports are generally loaded up with, and instead of the report reading like 'the minutes of the previous meeting,' I told all about our work in story form. I sub-headed the reports according to subjects. I used a good calendered paper, and called to my aid the photographer and the engraver. I gave in half-tones the actual daily life in the wards. I exemplified our work in the orthopedic branch by ordering that every case of clubbed feet, in fact, every surgical case that could be photographed, should be so done.

The photographed cases displaying images "Before and After" the surgical operation – a standard feature of annual reports and often included in the newspaper advertisements – were according to Robertson, "a first-class object lesson that brought coin to our coffers,

for the public realized just the great amount of good we were doing.”⁷ Annual reports from HSC, written by John Ross Robertson after 1891, were not ‘stereotyped official expressions’ of the hospital’s development, directed to an educated and selective group of people. Rather they had in mind a popular audience, and related to this, they hoped to encourage in *plain language* this readership to support HSC’s medical, moral and beneficent agenda.

While HSC encouraged financial support from the lay public through their published discourse, there was also a message encoded into such literature. HSC hoped to demonstrate to Ontario families the healthy advantages provided by a sanitarily secure and well-managed hospital/home and in this way fastened middle-class Victorian family values to the care and management provided within its wards. Thus HSC represented a late nineteenth-century version of ‘scientific’ child-rearing advice discourse. Studying the popular twentieth century advice literature, Katherine Arnup’s scholarship Education For Motherhood⁸ has critically argued that the mother and house wife were restricted in their ability to pursue a career in the male-dominated private sector. In this monograph, Arnup has demonstrated a ‘separate sphere’ appreciation of Canada’s patriarchal heritage. However, as the case of HSC demonstrates for late-Victorian Toronto, women were given some avenues to express themselves on the periphery of this masculine business sphere. The hospital permitted women the opportunity to contribute a necessary nursing role alongside university-educated physicians.

⁷ Transactions of the American Hospital Association. 185-186.

⁸ Katherine Arnup. Education for Motherhood: Advice for Mothers in Twentieth-Century Canada. Toronto, Buffalo, London: University of Toronto Press. 1994.

What started out with a few socially-conscious Christian women fulfilling their religious duty to society, resulted in an increasingly popular, specialized medical institution. HSC's Ladies Committee was inadvertently (and subconsciously) empowered against the grain and did effect change through the hospital. Because this was a public institution, HSC's domestic organization and the excellent results provided by such attentive female nursing were well known among the average citizen. People looked to HSC not only as a hospital featuring the latest in medical technology and scientific advances, but also as a model image of proper domestic management. Even though the Ladies Committee of Management eventually resigned from HSC, the legacy of their initial moral-medical agenda remained intact. Thus despite the power transfer from the female committee to the male Board in 1891, not all female agency was surrendered. HSC entered the twentieth-century intimately connected to a popular image of domestic and virtuous female nursing care.

It should be emphasized that in the thirty years examined in this project, HSC does not emerge predominately feminine and domestic, nor does it shift to become predominately masculine and institutional. Rather, HSC from its inception in 1875 until 1905 can be seen grappling between the gender-spheres. The gender issues evident in this thirty years span reveals a covert, subconscious power struggle between male and female interpretations of pediatric hospital care. Despite the female presence at HSC during the period discussed in this paper, public expectations, medical science, domestic nursing, and male philanthropic intervention into hospital politics were ultimately aligned and did not make a conscious effort to subvert the sex-role stereotypes of the time. Rather, this struggle to define pediatric medicine, influenced by gender roles, scientific paradigm

shifts and public desires, has left its mark on HSC's history in the form of collaboration. Internally, with the infusion of x-ray technology, orthopedic surgery, male philanthropy and a medical profession, HSC's wards began to function in a similar fashion as did other secularizing and medicalizing early twentieth-century hospitals. However, through the newspapers and annual reports, through the built environment, and with the nursing care provided to the children, the message delivered to the public maintained HSC's feminine and domestic features. While the medical physician and lay administrator after 1891 appear as allies in an effort to medicalize and institutionalize HSC, the Hospital's initial domestic, maternal-nurturing virtues still remained a predominant feature defining pediatric care. Catering to a lay public's expectations, HSC could not entirely sever itself from these female, nursing characteristics. Women as care-givers, and men as scientific physicians or business managers, interacted and collaborated to construct a marketable and efficacious image for pediatric medicine.

This paper has shown HSC to vacillate between moral hygiene and medical science, domestic management and institutional business, and between female beneficence and masculine philanthropy. Through various public vehicles of expression, be it the religious doctrines HSC communicated to the public, the physical medical and sanitary arrangements provided to its patients with its premeditated structure and architectural and design creativity, or through HSC's published newspaper message, the hospital itself did not completely abandon its feminine heritage, nor did it exclusively embrace a business-minded institutional future. What emerges from this study is that HSC's administrators and physicians willingly cooperated throughout the early history to advocate a need for pediatric care and medical technology in the hospital. Thus they

emphasized the need for continued financial support from the public to meet the demands of such progress. This becomes particularly clear in the years after the male trustees supplant the Ladies Committee of Management as the organization in charge of HSC's future. After 1891, the inclusion of advertising in The Evening Telegram conveyed to the lay readership a message that combined the appeal of domestic nursing and pediatric care – saving children from destitute, unsanitary and impoverished situations – with the effective, institutionalized medical therapeutics.

In the end HSC did implement progressive medical techniques, but it did so without relinquishing a very marketable domestic image. As well as introducing some of the relevant issues discussed in this paper, the advertisement appearing in Toronto's Evening Telegram December 24th, 1900, "The Appeal of the Hospital for Sick Children, Toronto", also summarizes these issues. The dialogue embedded below the image (Figure 3, Introduction) contends that "in saving the lives of the Children the Hospital for Sick Children frequently saves the life of a fond mother – who is all but worn out by work, and worry. This great charity comes to the rescue in time of need. It is a refuge with doors always open."⁹ The image of poverty, of child-suffering, of maternal neglect are countered by the 'refuge' provided by 'this great charity.' As such, identifying these social causes as a root cause of childhood illness, HSC effectively appealed to Ontario's benevolent middle- and upper-class citizens. In its final contact with these benefactors, HSC sent a postcard to each donor to indicate that the "Trustees are most grateful to you for your remembrance of the wants of this charity", images of progress and tradition again shared emphasis. On this 1905 card one side depicted "Club Feet Before and after

⁹ Advertisement, The Evening Telegram. Toronto: December 24, 1900.

The child's need, not the child's place of residence, is its claim to help from this Hospital. Every sick child in Ontario is as sure of help as the child living within sight of the Hospital Building.

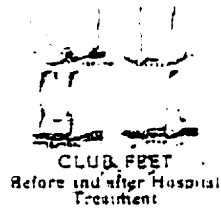
THE HOSPITAL FOR SICK CHILDREN, COLLEGE STREET

Toronto E. CAN. 1905

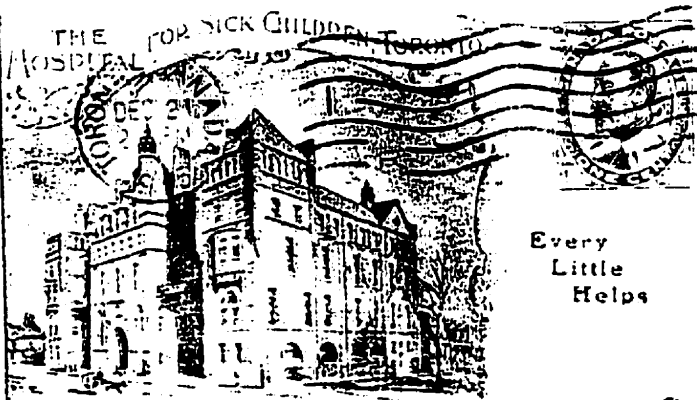
Dear Donor:—I am directed by the Trustees of the Hospital to acknowledge with thanks your kind donation of \$ 2.00 to the funds of the Institution. The Trustees are most grateful to you for your remembrance of the wants of this charity.

Yours faithfully,

DOUGLAS DAVIDSON,
Secretary-Treasurer.



Per



Every
Little
Helps

Figure 29: The thank you postcard (both sides shown here) were sent from the trustees at HSC to all those who supported the hospital. The hospital managers, even after they had secured a donation, could not abandon a lay public's expectations for domestic management and religious instruction imbued into the patients' pediatric care. Shown on one side of the card, it is evident that the appeal of the hospital revolved around the effective qualitative results orthopedic surgery provided (top). However the idea that HSC was an institution founded on Christian principles, and still operating on a similar value system in 1905, was equally powerful, and continued to direct HSC's fundraising campaign and public image.

Postcard, circa 1905. From Shirley Avery's Private Collection

Hospital Treatment”, accompanying the words of thanks.¹⁰ On the other side of this postcard an image of the Robertson Memorial stain-glass window reminded the donor of the hospital’s moral and religious structure, and thus connected HSC’s scientific and efficacious medicine to its legacy of evangelical social welfare activity. Thus, in a final effort to secure future support, HSC maintained an emphasis on religion and morality, as well as medical efficacy.

This combination of traditional references with ‘modernizing’ hospital trends was the result of two related but mutually exclusive factors. First, as Robertson’s speech to the American Hospital Association has indicated, this was a contrived effort on the part of the trustees to market HSC to the public. Images of children before and after surgery had an impressive effect on the socially-conscious compassionate hospital benefactor, encouraging their continued financial support to this hospital. As a result of this conscious campaign and based on its continued success, HSC’s published discourse and media advertisements also reflected lay interpretations of what pediatric hospital care entailed. Thus the second factor affecting HSC’s gendered appearance was a result of public opinion. Despite advances in medical and surgical treatment and with the introduction of x-ray technology and bacteriological diagnostics, local citizens wanted to see maternal nursing care at the heart of HSC’s medical efforts. For this reason administrators and physicians alike were obliged to permit traditional moral hygiene nursing practices to influence the medical care at HSC. And precisely because of this popular perception of pediatric care, Robertson’s annual reports did not entirely abandon

¹⁰ Postcard, circa 1905. From Shirley Avery’s private collection.

HSC's evangelical, moral and maternal ideals present at its founding in 1875; nor did this gender quality leave the hospital's daily medical function.

John Ross Robertson's contrived effort to deliver to the public an appealing portrait of hospital care worked to HSC's financial advantage. By 1902 the hospital was debt free. It took only eleven years for the hospital to pay-off the \$120,000 dollars incurred in the construction and equipping of the "Victoria" Hospital. Much of this money came from HSC's advertising efforts. The annual reports, which Robertson so carefully constructed to appeal to a popular audience and sent out to all those who donated to HSC's cause, and the paid advertisements published at Christmastime in the local papers, cost the hospital \$2500 in 1908. However, "when we [the hospital trustees] count our cash about the first of March we generally average about \$30,000 as the result of our appeal."¹¹ Despite its unusual combination of scientific medicine and domestic management, HSC continued to grow in popularity, and continued to administer progressive scientific medicine, using the latest technological and diagnostic techniques. However the female nurturing ideology infused into such progressive medicalizing efforts remained prominent through HSC's unique magnanimous public appeal.

Since its inception almost 125 years ago, the Toronto Hospital for Sick Children has blossomed into North America's largest pediatric medical care institution. Today it occupies an entire city block in down town Toronto, operates a research budget of 49 million dollars, and treats approximately 280,000 outpatients and 28,000 emergency patients annually.¹² Looking at the contemporary version of Toronto's Hospital for Sick Children, many things have changed. In 1950 HSC made its sixth move to a newly

¹¹ Transactions of the American Hospital Association. 186.

constructed building on University Avenue, just a few blocks away from the 67 College Street location. With new buildings, technological change, and scientific discoveries medicine has grown increasingly dependent on the hospital institution to diagnose a patient's illness and prescribe him/her with a suitable curative regimen. However, both in terms of the *type* of care provided to the patients and in the constructed atmosphere within HSC's wards a noticeable difference between pediatric and general hospital care is still evident today. In addition to providing excellent medical facilities, when walking through any children's hospital today, there appears to be a conscious effort to construct a fun environment complete with clowns and balloons, toys and other youthful distractions.

HSC's constructed atmosphere still caters directly to the public's expectations of pediatric care and is still an integral feature of the Hospital's contemporary advertising campaigns. Images of children, sick and cured, often find their way onto Children's Miracle Network telethons, encouraging public donations to the hospital. And on the University Avenue side of HSC's main building the sign "Research helps make Sick Kids Better ... \$85.5m raised thank you," reminds the traffic passing along the street below to continue supporting HSC's pediatric *caring* efforts. The message encoded into this present-day campaign is similar to what it was one hundred years ago: HSC's magnanimous child-saving work can only succeed through continued community support. Medicine has progressed, science has evolved, and yet the *appeal* of a Toronto's Hospital for Sick Children remains unchanged.

¹² The Hospital for Sick Children, Web Site: <http://www.sickkids.on.ca/>

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