The hospital and dispensary were, from the beginning of the Medical School, important features of its organization. In fact, required and co-ordinated clinical instruction was one of the chief principles of reform that the School advocated, introduced and followed.

A teaching hospital has three basic aims: first, to provide medical care for the sick and injured; second, to provide a training ground for students at all levels; and third, to conduct medical research on the cause and cure of disease. Since this Medical School or University has never maintained a general hospital of its own, clinical instruction throughout twelve decades of operation has depended either upon friendly agreements with separate institutions or upon more binding contracts of affiliation. In either arrangement a certain element of calculated risk remains since, in the final analysis, good faith and conscientious performance substitute for absolute control.

Nevertheless, since the foundation of our School loyal faculty members have co-operated by utilizing private patients for teaching purposes. Actually at present practically all beds, free and private, are teaching beds. Yet each hospital has its own trustees and semi-independence, so that the situation from the standpoint of the University is, at best, only one of partial control. This is true even when benefiting from the integration of four hospitals into a single unit to form Northwestern Memorial Hospital, or when improving co-operative services through the consolidation of other affiliated hospitals into a common Medical Center (p. 244 ff.).

For the purposes of this book it is necessary merely to present the historical background of each institution in the several categories and to indicate its relation to the Medical School.
MEDICAL CENTER HOSPITALS

In the history of this School, eight hospitals, now components of a Medical Center, have been brought into intimate participation with the teaching program of the School through contracts of true affiliation. In time-order sequence these are: Wesley; Passavant; Evanston; Children's; Veterans; Rehabilitation; Prentice; and Psychiatric. An important feature of such affiliation is that members of the attending staff are named by the University, subject to approval by the hospital and, if not already members of the Medical Faculty, they automatically become so. Another is that the Hospital guarantees the School exclusive access to its instructional facilities and promises to provide an adequate number of teaching beds.

Northwestern Memorial Hospital

This entity was initiated on September 1, 1972 by the merger of two Medical Center affiliates. These (Wesley; Passavant) then became designated as Pavilions of the Northwestern Memorial Hospital. The two Pavilions do not duplicate in their offered services, and neither staffs Departments of Obstetrics, Gynecology or Psychiatry. In 1975 the just completed Prentice Women's Hospital and the Institute of Psychiatry also became integral parts of this joint complex. The merged units total 1299 beds — more than that of any other private hospital in Chicago and the sixth largest in the Nation.

Wesley Memorial Pavilion

Influential members of the Methodist denomination, led by Dr. Isaac N. Danforth, reached the conviction that a hospital should be maintained for the double purpose of caring for the sick poor of the Church and giving experience to pupils in its Training School for Missions and its Deaconess Home. They filed a petition for the formation of a hospital “for the gratuitous treatment of the medicinal and surgical diseases of the sick poor.” On October 26, 1888, the charter was granted, making this the first Methodist Hospital in the
West, and the second on the continent. With this motivation and authorization the then named Wesley Hospital got a start on December 25, 1888, when two to four rooms in the Training School for Missions were set aside for the purpose and the first patient appeared. The Training School was located in the five-story Deaconess Home at Ohio and Dearborn Streets. In the same year the Deaconess established the Chicago Training School for Nurses,
As was predictable, the quarters in the Training School proved to be wholly inadequate, and after two months a rapidly increasing patronage led to the renting of a two-story house on Ohio Street, near Pine (now Michigan Avenue). This move provided fourteen beds and brought some improvement. Later in the same year (1889) renting of the house next door increased the bed capacity to 25, but all these were makeshift accommodations that were a poor substitute for a hospital built for the purpose.

When, in 1890, ground was offered by Northwestern University at its newly purchased college site, the Hospital obtained, at an eventual cost of one dollar, lots at the northeast corner of Twenty-Fifth and Dearborn Streets (p. 142). The stipulations of the gift, and the obligations thereby assumed by the Hospital to furnish clinical instruction under a staff appointed by the University, placed the institution on an affiliated basis. Details of the troubled history of this contract, extending through several later decades, are recounted in Chapter XI.

On this plot of land, representing eight city lots, a small, two story red-brick building, costing $8,000, was erected in 1891, and this served as a temporary hospital of 35 beds. This building was, of course, entirely inadequate almost from the start. A Wesley Hospital Training School for Nurses was organized by the Deaconess Sisterhood in 1892 (but not incorporated until February 5, 1901). Thereafter, the pupils of the Home no longer acted as the nursing staff. For two years (1899-1901), in a period of financial difficulties, the School took over the Hospital and operated it. Affiliation of the Training School with the University, and granting of diplomas to graduating nurses by the University, began in 1906.

Although a definitive hospital was envisioned from the start, a long delay intervened before construction on it began. Donations, large and small, including a crucial gift of $30,000 by the Medical School, enabled the Hospital to erect a permanent edifice with 171 beds. The southern part of this winged building partially enclosed the temporary hospital on the corner lot. The new building cost $237,000 and was opened in June, 1901. It consisted of a main section, a wing on the north side and an incomplete, larger wing on the south side.

Seven more years passed before the temporary hospital building was razed to make way for the remainder of the south wing, which
completed the plan in 1910. This final addition cost $137,000 and provided 54 more beds, making a total of 225. In 1906 the Harris Home for student nurses was built nearby at a cost of $30,000, and the Charity Hospital, located just north of the Medical School, was purchased in 1910 for $7,000 and adapted to lodge first-year student nurses. In the early years of the new century, James Deering donated a tract of land across the alley from the Hospital and fronting on State Street. This property had a value of $160,000 and included a three-story brick building that was remodeled to house the interns and provide space for the laundry.

Increasingly in this period the accumulated endowment of $223,000 failed to stretch sufficiently to meet the expanding needs for charity hospitalization. Mr. James Deering, alive to the benefits to be derived from an endowed, teaching hospital, gave $1,000,000 to be used to support free beds for medical teaching. This gift, established in 1914 as a memorial to his father and sister, caused the name to be changed to Wesley Memorial Hospital. The failure of this benefaction to be utilized either to the satisfaction of the donor or the University constituted the crux of a perennial contention between the Hospital and University (p. 293 ff.).

The removal of the Medical School to its new Campus in 1926 intensified a challenge to the Hospital which could not be long ignored with safety. Some encouragement had come in 1924, when a site at Chicago Avenue and Fairbanks Court was offered by the University. This was to be set aside on the condition that a hospital of at least 400 beds (one-third available for teaching) be erected by January, 1929. Independently the Hospital secured title to an equal amount of land, thereby rounding out a total plot bounded by Chicago Avenue, Fairbanks Court, Superior Street and an existing alley. Amassing of a building fund, however, made slow progress, and then was brought to a halt by the panic of 1929. Years dragged by and prospects of escape from an unfavorable, deteriorated neighborhood failed to improve. Worse still, the staff suffered severe losses by the resignation of some of its strongest members, the patient volume was halved and some floors were closed. The result was that the Hospital could no longer be used effectively for much medical instruction. As a protection against the possible need for local expansion (as well as against invading undesirables), the Hospital purchased from the University all of the Medical School
property that extended even to Twenty-Fourth Street, and its additional land across Dearborn Street.

Finally help came suddenly and dramatically. George H. Jones, a Trustee, made a gift of $1,200,000 in October, 1936, to insure a start at the new site. Plans were drawn for an imposing building, facing on Superior Street, and the next year ground was broken and a start made. The ensuing business recession caused another delay. But, in 1940, Mr. Jones gave $1,800,000 more, and work was resumed on the massive X-shaped structure. It was to be the first time in centuries that a hospital would take the form of a cross. At the end of 1941 the Hospital finally opened to receive patients. It was seventeen stories high, topped with a four-story tower; built at a total cost of $3,500,000 it made available 575 beds (later, 615). In view of the donor’s predominant role in the hospital project, it was voted that a proposed group of buildings, of which the Hospital represented the first unit, should be called the George Herbert Jones Hospital Center. This plan did not materialize.

The Training School for Nurses had suspended operation in 1935 because of an oversupply of graduate nurses throughout the country, but by 1942 the economic conditions had reversed and training was re-established under the name “School of Nursing.” A consolidation, in 1972, produced the “Wesley-Passavant School of Nursing.” In November, 1943, a seventeen-story apartment hotel in the near vicinity was purchased as a nurses’ home, and its name, “Hampshire House,” was retained. Later, in 1963, the 26-story Carriage House, a next-door apartment hotel and 225 car garage, was obtained as a better facility to house not only nurses but also interns, residents and their families.

A massive addition to the Hospital, which extends to the Chicago Avenue frontage, was completed in 1959 at a final cost of $6,000,000. This extension consists of a five-story U-shaped building, and a sixteen-story tower annexed to the original northwest wing. It provided for expanded hospital services and physicians’ offices, and added 86 beds. Of the total number of 615 beds, an equivalent of about 70 (in patient-days) are free to charity patients. Essential to the effective operation of both Wesley and Passavant is the adjunct in the Health Sciences Building named the Olson Pavilion (p. 232).

The old Wesley building on the south side was first rented to the
City Board of Health for a venereal-disease unit, and then sold to the City of Chicago in 1952. Subsequently it was razed to make way for a housing project. A boast in modernity in 1908, it had become thoroughly out-dated and old-fashioned when it was replaced by the so-christened "Cathedral of Healing."

The assets of the Washington Boulevard Hospital (1913) were absorbed in 1942. A merger occurred, in 1954, with the closed Chicago Memorial Hospital (originally the Hahnemann Hospital, 1853). Through it the endowments were consolidated, some of the former attending staff joined the Wesley staff, the directorate was enlarged, and a new name was acquired — Chicago Wesley Memorial Hospital. In 1972 it became the Wesley Pavilion of the Northwestern Memorial Hospital.

Passavant Memorial Pavilion

The Institution of Protestant Deaconesses was transplanted from Germany to the United States as a Lutheran order at the invitation of the Reverend William A. Passavant, and a Motherhouse and Hospital were established in Pittsburgh in 1850. Thirteen years later, after discouraging interruptions, a second hospital was opened in Milwaukee, which continued into what today is known as the Milwaukee General Hospital. The need of a similar institution in Chicago, under the management of the Deaconesses, was recognized by the Reverend Mr. Passavant and urged by Mayor Ogden. The Parent Deaconesses Institution, at its annual meeting in 1865, approved such a venture and on July 28 of that year a hospital was opened in a frame building, formerly a private dwelling, purchased for that purpose by Passavant. It was located on Dearborn Street, near Ontario, and was called The Deaconess Hospital of Chicago. Two Deaconess nurses came to open the new mission hospital. Its equipment was very primitive, and the capacity was limited to fifteen beds. Only Mercy and Saint Luke's Hospitals are older institutions.

As with Passavant's earlier projects, opposition was encountered from citizens who looked upon any hospital as a dreaded center of contagion. Those in the neighborhood of the Chicago unit petitioned the city authorities to close it, but to no avail. The Hospital
acquired a charter from the State Legislature in 1867, and a corporate organization thus came into existence. The purpose of the institution, as stated in its petition for incorporation, was “that the suffering and sick may be cared for and relieved in a becoming and Christian manner, without distinction of creed, country or color.”

There followed a series of trials and reverses. A better lot was offered as a gift, and a large frame building was purchased for removal to the new site. While the house stood on rollers in the middle of the street, it was discovered that the title to the proffered land was defective, and so the building had to be shifted onto a vacant lot adjoining the original hospital. Efforts to expand the number of beds, by using this building as an annex, had to be abandoned because of public protests.

Prospects seemed to improve when a friend made a provisional gift of a desirable plot of ground near the southern end of Lincoln Park. A subscription of $30,000 from Mayor Ogden and a legacy of
$5,000 from another member of the Board of Visitors served to press the plan toward realization. But at that point, after six years of labor in attracting support and good will, came the Great Fire of 1871. When the destruction had ended, William Passavant inspected the ruins of his hospital and sold all that remained for $1.50. Yet this was not the worst. Mr. Ogden died and his pledge became tied up by his estate. Also, the donor of the Lincoln Park site had become impoverished by the holocaust and the land was generously returned to him.

For a long period, subsequent attempts to rebuild were unsuccessful; but substantial aid finally came when $25,000 was received from the settled Ogden estate, and other donations were made. After 14 years of unremitting effort a new building was erected at Superior and Dearborn Streets. This building, with a capacity of 65 beds, was occupied in December, 1885, and bore the name of Emergency Hospital; through subsequent years much of its work did deal with accident cases. Proximity to the central business section and to the Chicago Avenue Police Station favored this type of patronage. The Rev. Mr. Passavant had planned to erect a larger, general hospital (a second Deaconess Hospital) on land purchased near Graceland Cemetery, utilizing the Superior Street building for emergency purposes. His death, in 1894, put an end to this ambitious plan, whereupon in his memory the existing institution received the name of Passavant Memorial Hospital.

The founder's son, Rev. William A. Passavant, Jr., assumed the direction of the Hospital until his death, seven years later. He was able to accomplish two objectives. For one thing, a Training School for Nurses was established in 1898, and regular students and graduate nurses replaced the deaconesses who had served previously. In 1905 the School became affiliated with the Illinois Training School for Nurses. As late as 1921 property was purchased nearby, on West Erie Street, for a Nurses' Home. A second objective realized was the departmentalization of the medical staff, and a laboratory of bacteriology and pathology was added. By virtue of these advances the Hospital obtained a first-class rating.

An important arm of the Institution of Protestant Deaconesses was the Board of Visitors, originally given authority to examine and report on the condition and management of the Hospital. In 1897 this lay organization was strengthened by the formation of the
Woman's Aid Society, which rendered invaluable help in raising money to meet annual deficits, and in obtaining supplies and equipment. It was the forerunner of the Woman's Board, which assumed this name in 1940. A drive for funds in 1906 culminated in a fabulous bazaar, promoted by the Woman's Aid Society at the Coliseum; called "Streets of Paris," it netted $50,000. A second step in consolidating a strong lay organization came through the formation of the Passavant Memorial Hospital Auxiliary, in 1904, as an instrument for receiving gifts and bequests for the Hospital. The Board of Visitors became increasingly responsible for the management of the Hospital until, in 1931, it took over the properties in trust. In this manner, control passed from the Protestant Deaconesses to a wholly nonsectarian group, which became the Board of Directors in 1939.

The Hospital tried to adjust to changing conditions. Since it was dedicated to the needy sick, and the accommodations were insufficient to care for those who could pay, it became necessary to expand. In 1901 it was enlarged and completely renovated. In 1915 property adjoining the Hospital was purchased, and in 1923 other adjoining property was acquired by gift.

To be sure, this expanded plant had increased its bed capacity to eighty, and had an annual turnover of 2,700 patients in 1922. It had served the community for forty years, having on its staff such eminent physicians as Ralph N. Isham, one of the Founders of the Medical School, and Christian Fenger, the distinguished pathologist and surgeon who lent great prestige to its Faculty. But after World War I it became plain that the aging hospital plant was inadequate to meet the demands made imperative by the rapid acceleration of medical progress. The outlook for the Hospital was not at all good unless a drastic move were to be made; so, at last, plans for the rejuvenation of the existing plant were laid aside.

In the early Twenties, Northwestern University was acquiring its new campus site, only a short distance away, and this invited a possible solution. Negotiations were begun, and when ground was broken for the Chicago Campus, in the spring of 1925, an agreement was formulating that called for a hospital of not less than 200 beds. Of these at least one-third would be allocated to patients suitable for progressive clinical instruction through the means of bedside teaching or otherwise. The attending staff would be drawn
from the Medical Faculty. A site at Superior Street and Fairbanks Court would be provided. Articles of agreement were executed in September, 1925, whereby Passavant became an affiliated hospital.

This prospect of University sponsorship led to decisive action. The old plant was closed promptly, and was eventually sold. A campaign was organized, under strong leadership, in order to secure funds for the erection of a suitable building, and $825,000 was raised. In May, 1927, a 99-year lease was secured from the University on land at the southeast corner of Superior Street and Fairbanks Court. Even though less than half of the required funds was at hand at this time, it was decided to go ahead with construction. Sixteen months after groundbreaking, the eleven-story Hospital opened its doors to patients on June 10, 1929. It contained 200 beds, of which 63 had to be assigned to nurses at that time. The building received the Gold Medal Award of the Illinois Society of Architects. It had cost more than $2,000,000, and at the moment the early liquidation of the existing indebtedness seemed assured. But the almost simultaneous financial panic throughout the Nation and the ensuing depression took its toll; not until the end of 1937 was the heavy indebtedness ($573,000) removed. Two years later $100,000 of endowment was added. These things were accomplished through the generosity of Miss Edith Patterson, and in accordance with her wish, the hospital building was named the Floyd Elroy Patterson Memorial in honor of her brother.

The training of nurses was suspended in 1935 because of the over-supply in depression times, but the School of Nursing was re-established in 1949 through the generosity of Mrs. James Ward Thorne. As a memorial to her husband, it bore his name. Nurses' quarters were provided in the neighborhood by Mr. and Mrs. Charles Worcester in 1946, and the number of available hospital beds thereby increased to 265. In 1956 the Hospital replaced the nurses' residences by acquiring the ample DeWitt Hotel, which was renamed "Worcester House." In 1972 a consolidation produced the "Wesley-Passavant School of Nursing."

The postwar years found Passavant, moving forward in all areas of service, hampered by lack of space. A $5,000,000 building and renovation program was completed in 1959. It provided an addition on the east and south sides that raised the number of beds to 378 and gave more working space. The Jennings Pavilion was added on
the west side in 1966 at a cost of $3,500,000. The equivalent number of beds (in patient-days) maintained on a free basis for teaching purposes is about 37. In 1972 it became the Passavant Memorial Pavilion of the Northwestern Memorial Hospital.

Prentice Women's Hospital

In 1901 Dr. Joseph B. De Lee, the long-time head of obstetrics at our Medical School, conceived the idea of establishing three mater-
nity hospitals, one on each side of the City. These would care for all poor women in Chicago needing maternity attention, and would be directed by the Professors of Obstetrics at Northwestern, the University of Illinois and the University of Chicago. A start was made on this ambitious program by erecting a Lying-in Hospital on the South Side, which eventually came under the control of the University of Chicago. Dr. De Lee had earlier urged Northwestern to build a similar hospital on its new Chicago Campus, but the great depression, beginning in the late Twenties, made any response impractical at that time. Forty years elapsed before Northwestern began its own obstetrical advance by largely absorbing the Chicago Maternity Center, an institution that evolved from Dr. De Lee's original Lying-in Dispensary which dealt solely with home deliveries (p. 393 ff.). And it would be several more years before Northwestern added a special hospital for women to its expanding Medical Center.

Aided by a gift of $1,000,000 from Mrs. Rockefeller Prentice, the Prentice Women's Hospital was erected directly east of the Passavant Pavilion, and extending from Superior Street to Huron Street. This site and the eleven-story building are shared mostly on a physically separate basis by the Hospital and the new Institute of Psychiatry. In this division of space the Hospital uses seven of the eleven floors, and its entrance faces on Superior Street. The new quarters combine the research and other activities of the Department of Obstetrics and Gynecology with related clinical services previously supplied by the Passavant and Wesley Pavilions.

Through an agreement, consummated in March, 1968, with the Chicago Maternity Center, the prospective hospital became responsible for the obstetrical care of patients formerly served at the Maxwell Street site on a home-delivery basis. Accordingly the official, chartered name of the new institution became the Women's Hospital and Maternity Center of Chicago in August, 1968; subsequently (April 11, 1973) the Prentice name was prefixed. On February 28, 1975 it became an integral part of the Northwestern Memorial Hospital. An historical account of the Maternity Center, long associated with our Medical School, is given on p. 393 ff.

This 163-bed service can care annually for 3,000 births, 3,000 gynecological operations and 15,000 ambulatory visits. It supplants the Passavant and Wesley Pavilions in the performance of these
specialties and absorbs the similar outpatient services previously provided by the Medical School Clinics. The Hospital, which cost $18,000,000 as its share of the jointly occupied building, opened on November 15, 1975, and was dedicated on January 22, 1976.

Institute of Psychiatry

This hospital shares its site and building with the Prentice Women's Hospital, previously described. It opens on Huron Street and occupies four separate floors in the common structure. It is the first hospital to be owned and operated by Northwestern University. The Institute combines the psychiatric services previously offered by the Passavant and Wesley Pavilions and by the Outpatient Clinics of the Medical School. It does this through providing consultation and by expanding teaching and research programs.

Primarily this hospital is a mental health-center for adjacent Chicago areas, acting in co-ordination with the Citizens' Health Organization to bring services to those of the community in need. The program aims to care for 1,500 inpatients and 90,000 outpatients annually. The 120-bed Institute provided $8,500,000 as its share of the common building cost. It became a component of the Northwestern Memorial Hospital on July 8, 1975, and opened fully on October 15 of that year. The formal dedication occurred on May 27, 1976.

Evanston Hospital

For many years the poor and needy of the town were looked after by the Evanston Benevolent Society. The weakness of this arrangement was that during illnesses there was no place where these people could receive proper care. Realizing the inadequacy of the existing organization, and acting upon a suggestion from a busy family physician, Mrs. Rebecca N. Butler took the initiative in a movement to provide some form of hospital care. In this she was aided by Mrs. Maria H. Wilder. Forty citizens became interested, and pledges amounting to $1,000 were obtained. The Benevolent Society assigned $300 of the $367 then in its treasury to the cause. On December 4, 1891, the Evanston Emergency Hospital Association was incorporated: "The object...is the erection or acquirement
and maintenance . . . of an emergency hospital — not for pecuniary profit.” The next year an eight-room, frame cottage at 806 Emerson Street was purchased for $2,800 and remodeled. Equipped with six beds and simple accessories, it received the first patient on April 15, 1893. This woman, ill with typhoid fever, paid eight dollars a week for her care. The local paper described the facilities of the new hospital with enthusiasm bordering on eloquence. In the following year 36 patients were treated.

Evanston citizens soon recognized that more space was needed for a larger hospital, and funds were subscribed to purchase four acres of land on Ridge Avenue. This was the nucleus of the present site of thirteen acres. In the same year, 1895, the name of the hospital corporation was shortened to the Evanston Hospital Association. Three years later, the first building (the subsequently demolished Administration Building) was completed; it opened to patients in February, 1898. The land had cost $12,000, and the cost of the building and walks was $17,250. Proudly the Evanston News Index announced: “This is a first class hospital, equipped with all
the means and appliances that science and money can provide, a
refuge and a safeguard to individuals and communities in times of
sickness and distress."

Within fifteen years five more buildings were erected. These
were: Cable Memorial (1901); Williams (1907); Patten Hall (1910);
West (1913); and Service (1913). The next five decades brought ex-
tensive additions: General (1921); Hendry House (1926); Patten
Memorial (1930); Abbott Memorial (1941); Unit One (1950);
Emergency Building (1957); South Wing (1958); and Louis Building
(1965). Opening in 1976 was a Diagnostic and Treatment Center
that provides for 144 acute-care patients. In construction was a 144-
bed hospital in neighboring Glenview, aimed toward helping to
meet the health needs of that section of the Evanston Hospital
service-area. The two projects cost $40,000,000.

Important changes have accompanied the passage of time. Not
until 1897, despite its original name, was the Hospital used for the
emergent treatment of accidents; a horse-drawn ambulance was
then provided, but the police or fire department had to furnish the
horses. In the early days only Evanston residents were eligible for
hospital care. The original by-laws limited the attending staff to
twelve, six regular physicians and six homeopaths. The service
alternated between the two groups, in the order of patient arrival. In
1915 Outpatient Clinics were established for ambulatory patients
who could not afford the services of private physicians.

A School of Nursing was founded in 1899. Eleven years later it
affiliated with the College of Liberal Arts of the University, and in
1919 a five-year course was organized, leading to the degree of
Bachelor of Science. More recently (1950), a similar arrangement
became arranged with the Medical School. In 1913 the Evanston
Hospital was first approved for the training of interns. In 1930 the
medical staff was dissolved and rebuilt, whereupon full affiliation
was completed with Northwestern University Medical School; this
made it a teaching hospital.

In 1973, 18,400 patients were hospitalized in 510 beds and 45
bassinets; outpatients numbered 17,000. Annual operating expenses
were $25,000,000 and endowment was $19,000,000; ten per cent of
the equivalent patient-days are free. In the late Nineties the
churches of the North Shore began participating each year in
"Hospital Sunday." On that day the collections are given to help
Children’s Memorial Hospital; research- and main buildings; 1963. 

support the care of the needy in the Hospital Clinics. This aid amounts annually to some $70,000.

Children’s Memorial Hospital

In May, 1882, Mrs. Julia F. Porter bought a three-story house on Belden Avenue, at Halsted Street, equipped it as an eight-bed hospital and began a program of caring for sick children on a free basis. At that time it was called the Maurice Porter Memorial Hospital for Children in commemoration of her son, who died in late childhood. Insistent demands for larger accommodations led Mrs. Porter to purchase land at Fullerton Avenue and Orchard Street, this tract representing the nucleus of the present site occupied by the Children’s Memorial Hospital. By 1884 a twenty-bed hospital had been erected and opened on land where the Nellie A. Black Building now stands. Mrs. Porter directed the affairs of the Hospital until 1893, when a Board of Lady Managers was formed. In the following year a Men’s Board was created and the institution was incorporated, it being declared that “The object of the Cor-
A corporation shall be the care, treatment, and cure of diseased and injured children."

In the first nine years of operation the annual admissions reached a high of 68. Persistent demands for a larger-scale operation resulted, in 1889, in increasing the bed capacity to fifty and lowering the admission age from three years to two. At the same time a kindergarten was begun, and in the next year an Outpatient Department made a start. Later the admission age was lowered to early infancy, and by 1910 about one-third of the patients were less than one year old.

A complete reorganization took place in 1903. The name was changed to The Children's Memorial Hospital, additional land was purchased and a plan for a pavilion type of hospital was adopted. Later constructions comprised the following units: Maurice Porter Pavilion and Cribside (1908); Agnes Wilson Memorial Pavilion (1912); Martha Wilson Pavilion (1926); Nellie A. Black Memorial Residence for Nurses (1932); James Deering Memorial (1932); Thomas D. Jones Memorial Clinic Building (1940).

The decade of 1948-58 was a period of expansion, additions and modernization of the hospital complex of eleven buildings. In 1963, a new hospital facility and research building was completed on the sites of the old Maurice Porter Memorial and Agnes Wilson Memorial Buildings, thereby bringing bed capacity to 231. Deciding against an offer by Northwestern University of a site on the Chicago Campus, the Hospital approved (1974) a long-planned expansion and renovation program. Among the prime priorities of this $40,000,000 project are a multistory pediatric center and additional floors to the present research building.

A reorganization in 1907 accompanied an affiliation with Rush Medical College. This alliance was replaced in 1917 by an affiliation with the University of Chicago for the purpose of making the Hospital a center for postgraduate study. For various reasons, however, such a program never developed fully, and the relation between the two institutions was dissolved in 1946. There followed an immediate affiliation with Northwestern University, whose medical students had for years obtained pediatric instruction at the Hospital. At present, student instruction is given through clerkships in the Junior year. In addition, interns from Wesley, Passavant and Evanston Hospitals obtain a month of pediatric training, as do the nurses of these Hospitals.
A Nurses' Training School, launched in 1894, was discontinued in 1900 for the lack of facilities to provide the students with experience with sick adults. A later alliance with Rush Medical College afforded the opportunity of conducting a year of adult work at Presbyterian Hospital, and so the School reopened in 1908. Fifteen years later it ceased to operate. At present the nursing department offers pediatric training through affiliations with four baccalaureate schools, and three hospital-based diploma-granting schools. The hospital also provides practical-nurse programs through affiliations with the Chicago Junior Colleges, the Chicago Board of Education and Triton College.

The hospital has grown through the years from a converted dwelling to a modern pediatric health-care complex with 259 beds and 31 specialty outpatient clinics. The annual cost of operation over the same period increased from $2,000 to $21,000,000 in 1973, and the endowment reached $8,600,000. The growth of service and efficiency make prideful reading; the latter has been accomplished partly in spite of advancing costs and partly as a direct result of more extensive and costlier procedures. In 1907 there were 333 admissions for an average stay of 24 days, at a cost of $0.99 per patient-day, and with a mortality of 24 per cent. In 1973 corresponding figures became 9,700 admissions, 7 days' stay, $195 costs, and 2.0 per cent mortality. The Outpatient Department in 1908 offered care to more than 2,000 persons annually; in 1973 there were 73,000 visits to the clinics. Fifty-one per cent of patient days in the Hospital are supplied free or on a part-pay basis.

**Veterans Administration**  
**Lakeside Hospital**

After World War II the Veterans Administration adopted the policy of affiliating with medical schools, for the purpose of improving the quality of medical care. Even earlier, Dean Miller was alive to the opportunity for having a new unit near the Chicago Campus, and worked successfully to that end. The University already owned half of the block located between Huron and Erie Streets, and just west of the Furniture Mart. It purchased the remainder of the block for $675,000 and sold the whole to the Government for the cost price. Construction started in 1950, and on
December 7, 1954, the institution was activated as the Veterans Administration Research Hospital. During excavation at the site the hull of a 60-foot sailing vessel was uncovered 25 feet below the surface of the reclaimed land. It was believed to have sunk before 1850.

The cross-shaped Hospital cost $16,000,000. It has nineteen stories, with a basement and two sub-basements. The specific aim of the 533-bed hospital is general medical and surgical research, but included in its scope is provision for 57 neurological and psychiatric
patients. Annual admissions in 1973 totaled 7,600 and there were 87,000 clinic visits. In that year the expense of operation was $14,000,000. Research facilities are extensive, including a one-million volt X-ray machine and a supervoltage cobalt ‘bomb.’ Important is the provision that the selection of patients and their length of stay are under the control of the clinical staff.

Affiliation with the University in 1955 provided that a Dean’s Committee shall control the medical policy, training programs, professional standards and medical appointments. Consultants and attending physicians are drawn from the Faculty of the Medical School. Consultants are the appropriate departmental chairmen, whereas subordinate members of departments are chosen as attending physicians. The Hospital is utilized by the Medical School for the teaching of clinical clerks. Seven residency training programs are incorporated into the larger plan operating under the Graduate Division of the Medical School. On August 14, 1975, this institution changed its name to the Veterans Administration Lakeside Hospital

Rehabilitation Institute

This hospital owes its origin chiefly to the imagination and dedication of Dr. Paul B. Magnuson, former Chairman of the Department of Orthopedic Surgery. While reorganizing the Medical Department of the Veterans Administration and serving as its Director, he became committed to the concept of total rehabilitation. This fostered the determination to establish a hospital for civilians who had become disabled through illness or injury, and to this purpose he enlisted the aid of a few others. They recruited a staff, prevailed upon other physicians to refer patients to the new venture, and enticed trained professionals into what was then a little known field. The same core-group attracted board members and financial contributors to the cause. A charter was obtained from the State on September 5, 1951.

A hospital was organized in 1954 by purchasing a former printing plant located at 401 E. Ohio Street; this was financed through a loan of $25,000. After four years of treating outpatients, two nursing floors were added and inpatients began to be admitted as well.
Subsequently, adjoining buildings were annexed and new programs were initiated, so that the hospital came to have 70 inpatients, 30 daily outpatients and a long list of those desiring treatment. Affil-

*Rehabilitation Institute; erected 1974.*
iation with the Medical School came on January 1, 1960. In 1966 the Institute became a member of the McGaw Medical Center, and two years later it was designated by HEW as the Rehabilitation Research and Training Center for the Midwest. During twenty years at its original site this hospital treated more than 10,000 inpatients. Its annual operating revenue rose to $6,000,000.

Northwestern University offered a site for a new building to be erected on its Chicago Campus, east of Passavant Memorial Pavilion and extending between Superior and Huron Streets. A successful campaign for funds raised $26,000,000 and in April, 1974, the new eighteen-story Institute opened as one of the largest buildings in the world solely devoted to comprehensive rehabilitation medicine. It cares for 170 inpatients and 125 daily outpatients. Floors in the building also house the Physical Therapy School, the Prosthetic-Orthotic School, the Searle Rehabilitation Research Center, a Bio-engineering Center and a Center for Education and Training in Rehabilitation Medicine. An equivalent of 2,000 patient days is on a free or part-pay basis.

OTHER AFFILIATED HOSPITALS

There are several other affiliated hospitals that differ by not belonging to the Medical Center. They also provide clerkship- and residency services and participate in the teaching programs, but only those clinicians engaged in such programs are members of the Medical Faculty. Hospitals in this category are presently the following: Columbus; Lake Forest; and Saint Joseph.

Columbus Hospital

This hospital was founded and developed by the Missionary Sisters of the Sacred Heart. It opened on August 3, 1905, with 100 available beds. In 1919 a new wing was added supplying fifty more beds, lecture halls and operating rooms. In 1974 a North Pavilion was annexed, costing $22,100,000. The hospital now has 577 beds
and 49 bassinets. Outpatient visits total 50,000 annually. An affiliation with Northwestern University Medical School was consumated in December, 1972. An extension facility, now known as the St. Frances X. Cabrini Hospital, opened on the West Side of Chicago in 1911. It has 232 beds and 22 bassinets. A third member of the complex is the Frank Cuneo Memorial Hospital which serves the Uptown region of Chicago. It was founded in 1942 and has 171 beds.

**Lake Forest Hospital**

The predecessor of the Hospital was “Alice Home”, built in 1899 as a memorial on the campus of Lake Forest College. It was designed to serve principally as a health facility for students, but secondarily cared for the citizenry of Lake Forest and neighboring communities. It originally contained a ward, three private rooms and an operating room. Eventually it was transformed into a college dormitory.

The Alice Home hospital became legally independent of the College in 1917 by incorporating as the Lake Forest Hospital Association. Later, the Association built a separate Contagious Hospital alongside; yet, with the years, it increasingly outgrew the available quarters. Help came when the present 25-acre hospital site was donated by the A. B. Dick family, and on it an $800,000 hospital was opened on November 2, 1942; the original number of beds was 41. Since then there have been twelve separate building programs, making the total cost of construction $15,900,000. Today the beds total 243, the annual number of inpatients is 8,000 and the number of outpatients 60,000. Adjacent to the Hospital is “Westmoreland”, a long-term care residency with 82 beds. Affiliation with Northwestern University Medical School was on September 1, 1976.

**Saint Joseph Hospital**

Sister Walburga Gehring, of the Daughters of Charity, established the first Catholic hospital on Chicago’s North Side in June, 1868. This primitive “Providence Hospital” was replaced by a new institution, built at Burling and Dickens Streets, that was occupied
and renamed in 1872 as Saint Joseph Hospital. The fifty-bed facility added wings in 1890 and 1914, thereby accommodating 200 patients. When much of the Hospital had become more than eighty years old and increasingly obsolete, it was decided to move to a new site purchased in 1952 on Lake Shore Drive at Surf Street. The Manor-Educational Building and the Hospital proper opened for service in April 1964. The combined cost of construction was $12,600,000. The present number of beds is 450; the annual number of inpatients is 16,000 and the number of outpatients is 53,500. Affiliation with Northwestern University Medical School came on October 19, 1976.

Northwestern University Medical Associates; building purchased 1974.

ASSOCIATED FACILITIES

Northwestern University Medical Associates

This assemblage of more than one hundred salaried Faculty physicians and dentists conducts a full-spectrum group practice under one roof that provides primary, referral and consultative care in
all medical and dental specialties. It came into existence in 1974 and occupies the University-owned and equipped building, adjacent to the Wesley Pavilion of Northwestern Memorial Hospital, that was originally the headquarters of the American Dental Association. The group provides sophisticated health services to ambulatory patients in a dignified, modern setting. It cares both for those traditionally considered to be ‘private patients’ and for those formerly considered to be ‘clinic patients’. The complete health services of the Medical Centers are thereby made available to the community through a single portal of entry; this is done on a fee-basis, but with regard to the ability to pay.

The Medical School Clinics, served largely by voluntary physicians from the very beginning of the Medical School, have by this means been largely incorporated into a single, high quality system of practice. Yet this absorption is not total, since psychiatric and obstetrical-gynecological patients are cared for in the Institute of Psychiatry and the Prentice Women’s Hospital and Maternity Center.

This integrated group is not a legal entity, but is considered as a new division of the Medical School. It does not assume the burden of the former medical clinics in training medical students, yet it does participate in the teaching of residents rotating through the hospitals.

**Portes Cancer Prevention Center**

The Portes Center, organized in 1943, is located in the neighborhood of the Northwestern Medical Center. It is a multiphasic screening service that has a major concern in cancer detection, but through its comprehensive testing procedures also discloses numerous other pathological states. An average of 21,000 adults are tested annually, from which upwards of one hundred malignancies are disclosed. This nonprofit institution, the second largest of its kind in the United States, affiliated with Northwestern University on February 21, 1978.

**Cook County Hospital**

The sick poor of Cook County were cared for, beginning in 1851, at Mercy Hospital on a free basis. Soon (1856), however, the City of
Chicago built a 130-bed brick structure at Eighteenth and LaSalle Streets and leased it to a group of physicians under contract to care for County patients, and again on a fee basis. At the end of the Civil War the County purchased the hospital, expanded it, but later abandoned it for better quarters erected on a West-side complete city block. Patients were transferred to two central pavilions in 1876, but it was more than thirty years before all adequate accommodations had been constructed. At this time (1909) the bed capacity was 2000. The Illinois Training School for Nurses was founded in 1881.

From the beginning of management by Cook County (1866), the medical staff was drawn equally from Northwestern and Rush, in addition to a balancing noncollegiate group chosen by the County Commissioners. Discord followed that ended with the dismissal of the entire medical staff. A new Board created unrest that led to the attending staff resigning in a body. For the next 23 years the medical colleges had no official representation on the staff. This period was marked by shameful practices that ended in the total degradation of a potentially noble institution.

The climax of mismanagement of the professional staff had passed by 1905. Conscientious members of the Board of Commissioners, aided by civic-minded physicians, succeeded in getting appointments and tenure placed on a civil-service basis. Internships and positions on the medical staff were then acquired for specified periods, and only through competitive examinations. In this way medical schools again secured representation on the staff through their faculty members taking examinations and obtaining appointments on the basis of merit. As a result the quality of medical care improved greatly, and the full potentialities of the hospital as a teaching medium began to be realized.

The physical history of the County Hospital has been one of repeated outgrowing of current quarters and rebuilding, of the rehabilitation or transformation of outmoded quarters, of the annexing of neighboring buildings, and of spreading into new activities needing new, specialized constructions. By 1912 it was necessary to replace some of the oldest buildings, then become inefficient and outmoded. Four years later the sum of $3,176,000 had been spent on new construction, and the number of beds was thereby increased to 2,700. Cook County Hospital is the largest general hospital for
acute diseases in the United States. Among its laurels is the honor of having established the first blood bank in the country. An organizational side-product that serves thousands of physicians each year through short, clinical courses is the Cook County Graduate School of Medicine, housed in its own building.

Among all other local institutions, the County Hospital is unique in its offerings and potentialities. It has been used by this Medical School to variable degrees from the time of its first operation by Cook County, and at some periods so heavily as to furnish the bulk of clinical teaching. Yet, for many years, medical students did not have admittance to the wards of the Hospital because of public pressure exerted on the Commissioners through the claim that patient-care would worsen. Utilization has depended upon the correct attitude of the Medical Faculty, the interest of faculty members in obtaining staff appointments, and their subsequent loyalty to the School. Since the reformation of the administrative control of the Hospital, representation on its staff and use of its clinical resources have depended solely upon initiative and competence on the part of the teachers, and policy on the part of the School. Currently it serves only to a minor degree through use in two postgraduate residency programs.

**Chicago Maternity Center**

A Chicago Lying-in Dispensary was founded by Dr. Joseph B. DeLee four years after his graduation from our Medical School. This was only one year after joining our obstetrical faculty, and following an unsuccessful attempt to provide a home-delivery service through the College Dispensary (p. 214). Its purposes were to deliver poor women in their homes and to instruct students in the art of midwifery. The reasons for its founding lay in the shocking conditions of obstetrical teaching and practice at a time when the best physicians refused to accept confinement cases, and those that did accept were both ignorant and careless. Medical graduates were without practical training, and many had never seen a delivery until called to attend one.

As a start, four rooms were rented in a tenement at the northeast corner of Maxwell Street and Newberry Avenue, and the Dispensary opened on St. Valentine's Day, 1895. Even at the first delivery
a Northwestern student assisted, and subsequently others were summoned on each occasion. In 1897 the Annual Announcement of the Medical School listed the availability of services of two to four weeks at the Dispensary. Even in the first year 204 women were confined and 52 students and twelve physicians were instructed in practical, sanitary obstetrics. Early in the second year larger quarters were obtained directly across the street in a new religious and social center, and a first intern came to the Dispensary both to learn and to help.

In 1904 the Dispensary acquired better quarters. Land was purchased diagonally across from the original site and a three-story building was erected on it. After a few years it again could not cope with the increasing patronage and an addition was built. This completed a facility that continued, essentially unchanged, up to the present time. In the late Thirties the Center was delivering 3,600 patients in their own homes and teaching some 250 students from Northwestern and from other medical schools that had come to gain similar privileges. In the final year of the home-delivery
program Northwestern students, as also at the beginning, were the only ones in official attendance. Also toward the end this participation by them changed from a requirement to an elective basis.

Subsequent to the move of the Medical School to the Chicago Campus, Dr. DeLee tried to get the University to take over the Lying-in Dispensary. Failing in this, partly because a financial depression was raging nationally, the name of the institution became changed in 1932 to the Chicago Maternity Center. With the years, sources of public aid to the poor progressively reduced the need for home delivery until the number became about one each day. Student attendance diminished and staffing costs became onerous. Accordingly, in 1973, home deliveries ceased and any patients needing this service were referred to the Northwestern Medical Center for free care; a similar arrangement had already been made in 1948 with Wesley Memorial Hospital for patients requiring hospitalization. During its lifetime the Maternity Center trained 13,000 physicians, 14,600 medical students and thousands of student nurses; it had delivered 145,000 babies.

On March 12, 1968, agreements were reached by the Boards of the two institutions through which the official title of the Maternity Center was to be shared with the prospective Women's Hospital of the Northwestern Medical Center. At this time the Hospital agreed to handle the obstetrical care previously supplied by the Maternity Center, but without home deliveries. For its part, the Maternity Center also continues to retain its name and corporate organization, but now restricts its activities (within the Prentice Memorial Hospital) to pre- and postnatal care, gynecological assistance and family counseling. The Chairman of the Department of Obstetrics and Gynecology of the Medical School acts as the Vice President for Medical Affairs of the Chicago Maternity Center.

**FORMER FACILITIES**

**Outpatient Clinics**

A charitable outpatient service, called the *Chicago City Dispensary* opened in 1857 on West Randolph Street under the management of
Drs. Wardner, Andrews and Hollister. These individuals later became members of the original Faculty of the Medical Department of Lind University. The Founders ordered in August, 1859, that "a public dispensary be established in the college rooms." So it was that a month before the opening session of the new college, in 1859, the Dispensary moved into the Lind Block, at 22 Market Street (now Wacker Drive) and was placed under the immediate charge of Drs. Andrews and Davis. Its physical relation to the group of rooms assigned as college quarters on the third and fourth floors is described as "a room in immediate connection with the College." In the first year of association with the medical college, over 3,000 poor patients received care and medicine gratuitously, including several women who were furnished delivery in their homes. In 1863, when the College occupied its new building on State Street, a room on the ground floor was set aside for the use of the free dispensary.

When the College moved again, this time in 1870 to the Mercy Hospital site, the Dispensary was for five years located in very small quarters in the half-basement of Mercy Hospital on Calumet Avenue, near Twenty-Sixth Street. A year after its opening, on the occasion of the Great Fire, it provided valuable care for thousands of sick and homeless victims. In May, 1873, the outpatient service became an independent body by incorporating as the Davis Free Dispensary, with a board of three Trustees. The primary purpose was to afford relief and aid to the sick poor, and in 1874 it treated "7,637 patients" (probably patient visits). For some years the Dispensary was not used for teaching purposes, possibly because the new proximity to the Hospital made available all of the teaching material then deemed necessary. In September, 1875, it moved into larger rooms in the basement of the College Building, and the name was then changed to the South Side Dispensary. The new name was given because a system of charity service came into being that referred the ambulatory sick of the South Side of Chicago to this institution. The Trustees were aware of some abuse of the offerings by undeserving patients and, in 1880, hired a competent clerk to supervise admissions.

During the early years of the Dispensary the expenses were relatively large, and the Trustees were concerned over the problem of sound financing. A partial solution was supplied when N. S. Davis, W. T. Byford and the Chicago Relief and Aid Society donated
$3,000 each toward an endowment fund. The Cook County Commissioners, after much supplication, contributed $600. In addition to the interest from this fund, the Medical Faculty of the College agreed, in 1875, to appropriate an annual sum for maintenance not to exceed $500. This subsidy and interest on the principal comprised the total income (about $1,100) for many years. Even so, in 1878 a deficit of $650 acquired over a two-year period was "remitted by the College." Beginning with 1894 a small charge was made for each prescription filled; in the first year this revenue far exceeded all other income.

In somewhat more than the first two decades in the life of the Medical College, the Dispensary was not an important factor in the education of students. During these early years they were encouraged to visit the different departments of the Dispensary, but such attendance was not required. Students who elected to visit faithfully were given a certificate by the Trustees of the Dispensary, specifying the length of attendance. The wedge by which the Dispensary entered into the educational program of the Medical School came in 1882, when each department of the Dispensary was placed under the charge of a member of the Faculty, who then became responsible to the Dispensary Trustees for the conduct of his department. In this way the College obtained medical control, and utilization for teaching increased.

Ten years later, in 1892, the Trustees of the South Side Dispensary resolved to entrust its reorganization and future management to the Executive Committee of the Medical Faculty. It was stipulated that the work should be so conducted as to afford the maximum medical and surgical aid to the deserving sick, while providing the most efficient clinical instruction to the student. The Trustees maintained their financial control for another year. But in May, 1893, they agreed to contribute the invested funds, amounting to $10,000, toward the construction of Davis Hall. This donation was conditional on the Dispensary's being housed adequately in the new building, and on the Medical School's agreeing to appropriate $500 annually for supplies necessary to the work of the Dispensary. By these steps the Dispensary retained its distinctive
name, but surrendered its autonomy, thereby becoming an integral and essential part of Northwestern University.

In early 1894 the Dispensary moved into the recently completed Davis Hall, but soon found its quarters overcrowded, despite expansions beyond the space originally allotted. This condition, for which a remedy by drastic rebuilding was urged as early as 1903, persisted until the Ward Building was occupied. An intimation of the casual treatment accorded patients previous to the Nineties, has been given through quotations from Drs. Abt and Holmes (pp. 125, 126). In another revealing paragraph Dr. Abt remarks on: the ignorance of those who treated babies; the prevalence of attributing most infant illnesses to teething, worms or biliousness; the nauseating medicines prescribed; and the crowded dispensary as a distributing point for infectious disease.

The expansion of dispensary personnel began in 1875, when the Faculty recommended that an apothecary be appointed. Students had previously served as drug clerks, and did so even at later periods. Dr. Abt described his duties, which consisted of putting up half-gallon quantities of "stock mixtures" (tonics, and medicines for coughs, dyspepsia, rheumatism, etc.), and then dispensing small bottles from them as the patients were sent in to ask for these by a code number. Few individual prescriptions were filled; every baby received calomel, castor oil or other purgative, although usually not needing it. Further help was supplied by student nurses from Wesley Hospital; these obtained a rotational experience in the several departments of the Dispensary. This program probably started at about the beginning of the twentieth century, when the Hospital expanded into a permanent building.

In 1903 a diet kitchen was installed, in which students learned the practical dietetics of infant feeding. This was the first instruction of the kind to be given by a medical school in Chicago. X-ray service was made available in 1917. The beginning of a Social Service, delayed by the stringencies of the First World War, was instituted in 1920. Two years later a prenatal clinic was authorized. Until about the time of moving to the new Campus, the machinery of the Dispensary was as simple as its records. The apothecary and head nurse, later aided by a social worker, supervised the admission and flow of patients. Dr. Loyal Davis, of the class of 1918, in his From One Surgeon's Notebook cites the casual handling in his student days of admissions by the apothecary:
He, alone was the admitting and examining officer, never inquiring as to the patients' financial status, the size of their families, or whether or not they were employed. He asked only the question "Where do you feel bad?" and then assigned them to a specific dispensary.

In 1894 it was decided that a charge of ten cents should be made, to all who could afford to pay, for each prescription filled. The second year under this plan yielded $1,957.10 from 20,149 visits of patients who received medicines. The growth of the outpatient service through the years is shown in the following sample data:

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits</th>
<th>Income (including grants)</th>
<th>Expenditures</th>
<th>Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1860 (first year of the College)</td>
<td>3,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1874 (fourth year at Prairie Ave. site)</td>
<td>7,637</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1896 (third year at Dearborn St. site)</td>
<td>21,719</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1925 (last year at Dearborn St. site)</td>
<td>37,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1927 (first full year at Chicago Campus)</td>
<td>68,669</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1934 (height of depression period)</td>
<td>160,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1958 (a typical year in a prosperous period)</td>
<td>79,538</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The number of different patients treated in 1958 was 10,300, so the average number of visits by each patient was eight.

The mounting expense in maintaining an outpatient service during the twentieth century is shown in the following table:

<table>
<thead>
<tr>
<th>Year</th>
<th>Patient Visits</th>
<th>Income (including grants)</th>
<th>Expenditures</th>
<th>Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900-01</td>
<td>23,000</td>
<td>$4,001</td>
<td>$4,158</td>
<td>$157</td>
</tr>
<tr>
<td>1925-26</td>
<td>37,040</td>
<td>22,723</td>
<td>31,650</td>
<td>8,827</td>
</tr>
<tr>
<td>1937-38</td>
<td>109,168</td>
<td>64,650</td>
<td>169,210</td>
<td>104,650</td>
</tr>
<tr>
<td>1957-58</td>
<td>79,538</td>
<td>252,443</td>
<td>446,031</td>
<td>193,588</td>
</tr>
<tr>
<td>1972-73</td>
<td>60,000</td>
<td>1,455,357</td>
<td>2,105,812</td>
<td>650,455</td>
</tr>
</tbody>
</table>

When the Medical School moved to its present site, the name of the South Side Dispensary was replaced by that of the Montgomery Ward Clinic. Among the special clinics, which grew in the Thirties to 27 but then reduced to eighteen, was the Florsheim Circulation Clinic. Another important addition, in 1943, was the Louis E. Schmidt Clinic, which represented a fusion and absorption of the previously independent clinics of the Illinois Social Hygiene League and the Public Health Institute. It operated until 1955 as a separate
Diet Kitchen of the South Side Dispensary, the first in any medical school in Chicago; established 1903.

low-pay clinic for the treatment of venereal diseases, but was then integrated into the Montgomery Ward Clinic. The combined organization was then renamed the Northwestern University Medical Clinics. Not until 1957 did Social Service, as such, become a separate entity, independent of the Clinics.

The expansion in personnel and services during a century of operation would astound the three physicians who, unassisted, founded and conducted the prototype of the definitive system of clinics. Even fifty years after the start, the organization had only a few persons, apart from student nurses, to help the attending physicians. But, by the end of its century of operation, 1959, the Medical Clinics and Social Service Department were employing 85 persons, while 250 physicians and 20 voluntary helpers contributed to the outpatient work. The humanitarian service rendered to the needy sick would have delighted Mrs. Ward, who made this one of her three philanthropic objectives.

In 1975 the long history of a ‘dispensary service’ approached an end as other units in the Medical Center provided aid on a private-patient basis. In this way the Clinics closed as a discrete, traditional entity, and so did the distinctive type of student instruction offered there. Both endings entailed a loss since the Clinics had provided the nearest approach to an experience in private practice. One substitute now available to our students is voluntary participation evenings at the nearby Erie Clinic (p. 278), operating under the supervision of the Department of Community Health and Preven-
tive Medicine. Another opportunity, available to Seniors as an elective, is the observing of ambulatory private patients at the Northwestern University Medical Associates.

Orthopedic clinic, South Side Dispensary, at the Dearborn-Street site of the Medical School.

The former clientele of the Medical Clinics, mostly on governmental assistance, can henceforth better their state by becoming private patients at the Medical Associates, or at the Prentice Women's Hospital and the Institute of Psychiatry.

An outpatient department, run by a medical school has two functions: one is to serve the community by furnishing medical care to the needy; the other is to provide teaching material for medical students. The latter objective does not always follow from the former, because many patients handled are not useful for teaching purposes. Also, overpopularity of the service among the needy can make it difficult either to care for patients with the highest efficiency or to teach students optimally. Yet, in spite of any shortcomings, ambulatory dispensary patients are of great importance in the teaching of medical students because they represent the type of patient that constitutes up to three-quarters of a general office-practice. The revived attention paid to chronic disease served to
refocus emphasis on the importance of the long-term, ambulatory patient. In conformity with this pedagogical shift each student became assigned to patients whom he followed for several months, conducting their management as would a personal physician, including consultations and hospitalization. A last stage in making the outpatient service available was to offer it as an elective to Seniors.

Mercy Hospital

After his first year of teaching at Rush Medical College, Dr. N. S. Davis was offered the chair of the Principles and Practice of Medicine for the 1850-51 session. But there were no hospital facilities for clinical instruction, and he did not wish to accept this post unless such could be provided. At this time Chicago was a city of 30,000, but it still lacked a sewage system, a general water supply and a hospital, although a charter had been secured for an "Illinois General Hospital of the Lakes." To get things started, Davis volunteered to give a course of six lectures on "The Sanitary Condition of the City," the proceeds to be applied toward opening the Hospital. The dates selected for the course conflicted with those of a traveling minstrel show, and when Davis postponed his lectures, the grateful troop donated one performance as a benefit to the project. This produced $100 and the lecture course added the same amount. Rooms were rented in the "Lake House," a poorly patronized hotel just north of the River, and twelve beds were purchased and put in them.

At first, the woman who ran the establishment was hired to cook and care for the general wants of the patients, whereas medical students did the nursing. After a year the Sisters of Mercy took over the management of the precarious enterprise and, obtaining a new charter in 1852, they changed the name to Mercy Hospital. In 1853 the Hospital was transferred to two double brick houses on Wabash Avenue, near Van Buren Street. The available beds then totaled sixty.

Six years later, when the Medical Department of Lind University was established, control of the attending staff went to that school. It was accomplished by Drs. Davis, Andrews and Byford, who offered free medical services in exchange for the privilege of giving clinical
instruction to their students. This move left Rush Medical College without a hospital and intensified the enmity of its President, who denounced the transfer as a "steal." On the other hand, Davis considered the hospital to have arisen through his endeavors, and the Sisters preferred to continue their relationship with him and his companions.

In the summer of 1863, both Hospital and Medical College moved to the South Side of the city. The Hospital took over a building located at Calumet Avenue and Rio Grande (now Twenty-Sixth) Street, which had been vacated by a girls' boarding school and novitiate. It permitted the Hospital to expand its facilities to 100 beds. The College was at first one-half mile away, but after a few years it built alongside. Additions raised the capacity of the Hospital to over 300 beds by the time the College moved away in 1893.

After transferring to the Dearborn Street site, the College still used the Hospital as a main source of clinical instruction for many years. The Hospital continued to expand and reconstruct until the main building faced upon Prairie Avenue and the number of patient beds reached 400. The former College Building, vacated in 1893, was used for a time during rebuilding operations and then was razed when it was decided not to be worth renovating into a dormitory for nurses. A valuable addition to the Hospital's facilities was the gift by the Medical School of a surgical pavilion with a huge amphitheater (p. 151).

From the first the Sisters of Mercy had carried out the nursing duties in an earnest and sympathetic way, but their care of patients was not scientific because of lack of formal training. So a School for Nurses was organized, and incorporated in December, 1892. This was the first one in the city; affiliation of the School with the University, which granted diplomas thereafter, began in 1906. Also a clinical and bacteriological laboratory was installed. It required persistent effort, however, to convince the Sisters that autopsies were a necessary feature; after a time, Dr. Fenger was successful in accomplishing this. Sister Raphael, the Sister Superior, when once convinced on these matters, was a powerful ally. Her long-time admiration for N. S. Davis and others of the staff kept relations on an efficient basis over many years of School-Hospital relationship.

In 1920 the long association of the two institutions was brought
to a sudden end, even before the expiration of a contractual agreement. This was by the command of the Church hierarchy (p. 151), since the Hospital was deemed useful to the recently reconstituted medical school of Loyola University. However, the inconvenient distance between that School and the Hospital limited severely any use of its clinical material for teaching purposes. Hence this oldest hospital of Chicago still looks back on its Golden Age as the period when Northwestern luminaries like Murphy, Andrews, Mix and Edwards filled its great amphitheater with students and practitioners, and with visitors from all corners of the world.

Mercy hospital holds a special position in the history of the teaching hospitals associated with this Medical School. It was the original source of practical clinical instruction, and written contractual agreements date from the opening of the Medical Department of Lind University. Although it was the main site of clinical teaching for six decades, and restricted its facilities to the use of our School, it never yielded the semicontrol that would have qualified it as an affiliated hospital in the modern sense of that term.

**St. Luke’s Hospital**

The Reverend Clinton Locke of Grace Episcopal Church, on Wabash Avenue, became conscious of the need of hospitals in the rapidly growing city of the early Sixties. Camp Douglas, at Thirty-Second Street and Cottage Grove Avenue, contained thousands of Confederate prisoners, but had few physicians and nurses to care for the ill and injured. This caused the women of Grace Church to form the Camp Douglas Aid Society for the purpose of ministering to the soldiers. Yet the insistent need for civilian hospital service in a city of 150,000 remained unattended, and this included the immediate neighbor of Grace Church.

Mainly through the efforts of the Reverend Mr. Locke a small, but pleasant, frame house on South State Street, near Eldridge Court (now Ninth Street), was rented and furnished. It had seven beds, and a matron was put in charge of the enterprise. And so, in February, 1864, the first St. Luke’s Hospital made a start. Only Mercy Hospital is older. It was intended as “a clean, free Christian place, where the sick poor can be cared for.” Within the year the modest quarters were outgrown and a larger building on State
Street was obtained. It had accommodations for fifteen patients, and here also was established one of the first public clinics in the midwest for disorders of the eye and ear.

By 1871 expansion again became a critical problem. Through donations and funds raised from a Calico Ball and benefit concert, it was possible to transfer the Hospital to a large, wooden building on Indiana Avenue, near Sixteenth Street. This had been a workman’s boarding house; it afforded accommodations for 28 patients. A new building was erected and occupied in 1885. At that time it seemed more than ample, yet within a few years extensions had to be added and the new Century brought increased demands. In 1909 the Smith Memorial Building opened on Michigan Avenue, opposite the previous Indiana Avenue site; and sixteen years later the main building arose, facing Indiana Avenue. Its 21 stories dwarfed the six-story Smith memorial; together they furnished nearly 600 beds.

An important activity of St. Luke’s was its emergency service consequent on proximity to the central business district of the city. Here, through decades, were brought the injured of the Great Fire, the Iroquois Theater fire, the Eastland disaster, the La Salle Hotel Fire, and a daily stream of accident cases. Best known of money-raising projects is the annual Fashion Show, which has become a prominent civic event. The first mention of the availability of St. Luke’s for medical teaching is in the Annual Announcement of the Medical School for 1871-72, when the Hospital moved to Indiana Avenue. Through the years it contributed steadily to the clinical teaching of the Medical School. A new epoch in the history of the venerable St. Luke’s Hospital began in 1956 when it effected a merger with Presbyterian Hospital and united in a long-term, ambitious development on the West Side site of the latter Hospital. The combined endowments, after the union, equaled $15,000,000.

Michael Reese Hospital

The parent institution of the present Hospital was erected by the United Hebrew Relief Association at LaSalle and Schiller Streets in 1886, but this original building was swept away in the Great Fire of 1871. Funds for the construction of a new hospital were provided from the estate of Michael Reese, and in 1882 the new building
at Twenty-Ninth Street and Groveland (now Ellis) Avenue was opened for the reception of patients. It contained seventy beds. After twenty years the Trustees decided to tear down this hospital building and erect a much larger one. The new, six-story hospital, with 240 beds, was completed in 1907. This main building is still in existence, but around it has grown a 66-acre campus containing twenty major buildings and 987 patient beds.

Michael Reese has become more than a hospital in the ordinary sense, it is an independent medical center devoted to the three fundamentals of modern medicine: patient care, medical research, and medical education. In addition to Main Michael Reese, patient care is provided in seven general and specialized pavilions. Community health care, a tradition at Michael Reese originating in the old West Side Dispensary, is provided through its successor, the Mandel Clinic and a number of supportive clinics. Research is conducted under the auspices of the Medical Research Institute. Once located in a single building, the Research Institute today is comprised of 23 departments and divisions, located in three specialized, laboratory facilities. The annual budget of Michael Reese is in excess of $80,000,000.

Michael Reese Hospital first became available to Northwestern students when it opened at its present site. The Annual Announcement of the Medical School for 1882-83 included the following:

**SPECIAL NOTICE**

We would call the attention of our friends and the friends of medical advancement to . . . increased facilities for clinical instruction afforded by the development of St. Luke's and Michael Reese Hospitals in the vicinity of the College, which enables the Faculty to still further perfect the system of personal, bedside instruction in divided classes — a distinguishing feature of this College, and an advantage which the student does not usually get in other Colleges without extra fees.

Yet the utilization of Michael Reese for regular class work apparently did not begin on a large scale until Dr. Isaac A. Abt assumed the chairmanship of the Department of Pediatrics at the Medical School and began to employ the resources of the Sarah Morris Hospital for Children, built in 1910. Then other types of instruction were scheduled as well. Its utilization declined in the years following World War II, but clerks in pediatrics still were sent there as late as 1960.
Provident Hospital

In 1891 there were 15,000 Negroes in Chicago, whereas Cook County Hospital was about the only institution that would accept them as patients. Negro physicians had no hospital facilities for their patients, and there were no opportunities for the training of negro nurses. The incident that set off the movement to found Provident Hospital was the refusal of Cook County Hospital to accept for nurse training a negro woman who was the sister of a local pastor. The interest of Dr. Daniel Williams was enlisted by this condition, and it was he who aroused the founders to the need of a hospital and a training school for nurses, both open to negro applicants.

Dr. Williams was a graduate of Northwestern University Medical School in the class of 1883. He had served in the South Side Dispensary and at one time, was a Demonstrator of Anatomy. He became the first Negro to be appointed to the Illinois State Board of Health, was appointed by President Cleveland as Surgeon-in-Chief of Freedman's Hospital, at Washington, and there organized the second training school for negro nurses in the country. Later Williams was on the surgical staffs of Cook County and St. Luke's Hospitals. He became a charter member of the American College of Surgeons and hence the first of his race to belong to that organization. Williams is the first graduate of the Medical School who can be identified today as a Negro.

The initial Board of Trustees of Provident Hospital was biracial. It contained Professors Fenger, Byford, Jaggard, and Billings from the Northwestern Faculty. Four men of greater eminence could not have been secured. The announced purposes of the Hospital were: “The proper care of sick and injured without regard to race, creed or color; and to open a new field for useful and noble employment for colored women who are otherwise barred from lucrative and respectable occupations.” A two-story, frame flatbuilding at Twenty-Ninth and Dearborn Streets was rented. In it fourteen beds and some meager equipment were installed, and the Hospital got under way in January, 1891. The early history was precarious, and on several occasions the institution seemed about to close, but each time the Trustees managed to avert this calamity. By dogged persistence the confidence of prominent citizens, such as Philip D.
Armour and George M. Pullman, was won, and through their generosity the Hospital was able to continue and improve.

The staff was composed of both white and negro physicians, and included some prominent members of the Northwestern Faculty. In this primitive hospital, and in the same year as its founding, started the first Training School in the country for negro nurses. In the first year of operation, 189 patients were admitted for hospital care, of whom 34 were white; twelve years later the white patients would predominate three to one. The year 1893 brought fame to Dr. Daniel Williams, and to the Hospital as well. A man was rushed to Provident with a stab wound in his chest. The chest was opened and the pericardial sac emptied of blood and sutured. This emergency operation, still often mentioned as "the first instance of surgical repair of the human heart (sic) on record," was actually the second of its kind. Precedence by another in making a similar repair was unknown to Dr. Williams, and he courageously ignored the teaching of his day and invaded the chest.

As the negro population increased, the demands on the facilities of the Hospital could not be met. Again Mr. Armour and other prominent Chicagoans came to the rescue, and erected a building at Thirty-Sixth and Dearborn Streets. This new hospital plant, for the times modern and well equipped to care for 75 patients, opened in 1898. Two interns were accepted each year. For more than twenty years after the founding most of the interns were white, and over a long period these appointments were assigned to graduates of Northwestern. A teaching association with the Medical School existed from 1899 until 1912. Students had the opportunity of attending clinics at the Hospital, and were assigned in small groups to ward visits in medicine, surgery and gynecology.

During the decade 1910-20, the negro population of Chicago increased by 65,000 to a total of 110,000. This growth put a heavy strain on a hospital which was too small and burdened with obsolescent equipment. By 1915 the white patients had decreased to seven per cent. Yet not for many years did a solution to the dilemma appear. Then, in 1933, Provident Hospital took over the buildings on East Fifty-First Street vacated by the Chicago Lying-in Hospital. Besides the seven-story main building, with 205 beds, there are homes for nurses and interns, and the four-story Max Epstein Clinic that handles more than 50,000 outpatient visits each
year. Affiliation with the University of Chicago in 1930 again made Provident a teaching hospital.

People’s Hospital

This hospital was organized in 1897 by Dr. I. C. Gary, of the class of 1889, and it continued as a project of his idealism. Work among the poor, both before graduation and afterward, convinced him of the need for a hospital especially fitted to meet the wants of people in moderate circumstances. Such an “Ideal Wage-Earners’ Hospital” would provide adequate medical and surgical care, without forcing them to seek a strictly charitable institution. The original hospital building, at Archer Avenue and Twenty-Second Street (now Cermak Road), was replaced in 1911 and then accommodated fifty patients; in addition, outpatients were treated. There was also a Training School for Nurses. The site of the Hospital was in the center of a densely populated section of foreign-born inhabitants. A large number of accident cases were handled, and much of the work was surgical.

The Hospital was made available to the Medical School for clinical teaching in 1905, when surgical clinics were given there to groups of Senior students. Some leading members of the Northwestern Medical Faculty served on the attending staff. For years two interns were appointed annually from the graduating class, and two Senior students lived at the Hospital and acted as assistants. Like Provident, its usefulness to the Medical School ceased even before the School moved to its new Campus in 1926.

Grant Hospital

Citizens of German birth or extraction organized and maintained this facility which for many years bore the name, German Hospital. The first patients were received on August 5, 1884 in a private dwelling with 13 beds. The present site was purchased and a new building erected on it in 1887. Additional purchases of land permitted expansion through the erection of new wings in 1897 and 1913. During World War I all things German became unpopular and this circumstance led to a renaming to the present title, Grant Hospital. In 1928 and 1963 there was further construction and
modernization, and in 1974 a ten-story core-building replaced two of the former units. The present Hospital has 555 beds and cares annually for 180,000 inpatients and 75,000 outpatients. Affiliation began in July, 1973 and ended in June, 1978.

Calumet Dispensary

This service on Calumet Avenue, organized and operated by the University adjacent to Mercy Hospital, had a brief existence. The lot was purchased for $7,602 and a two-story, limestone-front building, costing about $20,000, was erected upon it in 1908. In addition to sixteen clinic rooms, there were a drug room, X-ray laboratory, photographic room and a director's office. The second floor contained a large assembly room, which was intended to accommodate
meetings of medical societies. Two pathological laboratories pro-
vided for routine work and investigation. The clinical staff was
drawn from the personnel of Mercy Hospital.

In 1914 the plant was sold to Dr. John B. Murphy for $20,000.
He adapted it into a professional building for himself and asso-
ciates. The reconstructed building and new accommodations were
described and lavishly illustrated in an issue of the Surgical Clinics
of John B. Murphy. One photograph showed him posed, pen in
hand, at the desk of his impressive office. This publication led to
charges being preferred against Murphy for unethical advertising,
and he was forced to defend himself before a tribunal of the Ameri-
can Medical Association.

Miscellaneous

At various times other institutions had working relations with the
Medical School. Such included the Chicago Lying-in Dispensary,
Municipal Contagious Disease Hospital, Municipal Tuberculosis
Sanitarium, La Rabida Sanitarium, and Veterans Administration
Hospital at Downey. At present, working relations for special pur-
poses are maintained with the Chicago Maternity Center and Cook
County Hospital.