

**Active Children, Active Reformers: The Development of Child Healthcare in the Late 19<sup>th</sup>  
and early 20<sup>th</sup> Centuries**

At the turn of the 20<sup>th</sup> Century, the United States saw the expansion of a major public health movement: the widespread interest in child health improvement. This public health movement began in the late 19th century with legislation and charity organizations. Massachusetts in 1894 became the first state to require medical inspections of school children. New York soon followed<sup>i</sup>. Northern cities such as Boston and New York effected similar changes in industrial production, though such changes were not evenly distributed among rural and urban areas throughout the country. In Boston and New York, the birth rate among immigrants was higher than among native-born families and then started to slow in the early 1900s as more daughters began to work<sup>ii</sup>. Between 1908 and 1915, twenty-one states passed legislation requiring medical exams of school children. The public movement was a response to the population increase in major cities such as Boston and New York, which included many immigrant groups. The child health movement (mostly regarding physical health) began as a scientific but also very socio-cultural response to the time. This socio-cultural factor was tied to the fight against poverty. But because of the social factor, immigrant and non immigrant children could play a critical role in addition to that of middle class reformers. Child health was a reform that children could credit themselves for contributing to. They not only learned from a variety of sources, but they also helped with education of good health care habits. Children, immigrants, and immigrant children would not have played the integral role they did had the movement not been as socially and sociologically grounded as it was.

Ideas of how to best care for children in America date back to 17th century Puritanism. The history of child health was influenced by religion, science, and philosophical thought. Disease was thought to be caused by divine intervention<sup>iii</sup>. In the 19<sup>th</sup> century, midwives acted as “doctors” and not only assisted with birthing but also advised about breast feeding, nutrition, and how to combat disease. Moreover, most medical schools began to teach about child diseases after the mid 19<sup>th</sup> century<sup>iv</sup>. In the 19<sup>th</sup> century, prominent pediatricians emerged. Dr. Abraham Jacobi established the field of pediatrics and the first child clinic in the United States. He stressed children’s importance to the future, that their actions would have profound effects on society, and that thus their health needed to be attended to starting from a young age<sup>v</sup>. He thereby characterized pediatrics as a socio-cultural science; comforting sick children by cheering them up was just as important as administering new medicines to them. Before doctors’ visits became commonplace, it was thought that parents, especially mothers, would know the idiosyncrasies of each child and would therefore know the best way to care for that child’s health.

The Progressive Movement gave rise to discussion about the issue of children’s health and preventive medicine. In 1921 the Sheppard-Towner Act passed. This federal social legislation sought to improve maternal and children’s health with federal funds and contributions from the Children’s Bureau. For the year 1921 alone it allocated \$480,000 to be divided among several states<sup>vi</sup>. The Sheppard-Towner Act in 1921 also allocated funds for midwife training programs and to create licenses for public health nurses.

The movement to aid children living in poverty in fact dovetailed with the movement against cruelty to animals, though to animal rights activists child health was lower in importance, just above aiding criminals. Still, animal rights supporters also subsumed the issue of child welfare and were among the first in the field in the late 19<sup>th</sup> century<sup>vii</sup>.

Reformers believed in targeting poor and immigrant children to make the most improvement. Progressives understood that poor children were tomorrow's lower class, and that they were at risk for becoming criminals but would also be, as adult citizens, potential influencers of city policies<sup>viii</sup>. Youths, and not just infants, thus needed to be cared for. Child labor further compounded the problem. Child labor led to health problems like poor eyesight. Children would work late at night and then arrive at school the next day injured and too tired to think coherently<sup>ix</sup>. Reformers also wanted to fix the filthy living conditions of poor immigrants because the squalor menaced their development and upbringing. The idea of the children's living condition being the root cause of lack of moral or healthful development was known as the environmental explanation of poverty<sup>x</sup>.

Edward T. Devine, the editor of "Charities and the Commons", a journal published by the New York Charity Organization Society, wrote an editorial in 1908 encouraging reform and expressing with conviction that children needed to be nurtured and protected. He felt that they also had several rights, including the rights to education, play, and better health. He asserted that "the substantial reduction in the death rate of many communities is due to the saving of the lives of babies more than to reduction at any later age. It is the new view, the social view, that this process should be carried farther..."<sup>xi</sup>. He envisioned that the Children's Bureau, an organization only beginning to develop at the time, would oversee all aspects of raising children. Regarding the Children's Bureau, Devine said that "The Federal government should study continuously the problems of...infant mortality, illiteracy...child dependence, and child labor, just as it studies...the soils, the forests, the fisheries, and the crops"<sup>xii</sup>. In this optimistic editorial by Devine, which was probably at least somewhat characteristic of the rationale behind the Progressive reformers, it is apparent that reformers felt that this bureau would be a sort of social

construct, built to oversee not just the physical health of a child. They seemed to want this overarching organization to care for the child at the holistic level. Physical health would play a major role, but nurturing children and equipping them to be useful members of society was also of utmost importance. It was a social movement because in order to give children the right to grow up, the rest of society would need to change as well; Devine, for instance, mentions educating parents to know what their children need and how to respond to these needs. Surely, as Devine would agree, if the issue at hand concerned people's own children, parents would want to know what they could do to help. Devine's editorial is an attempt at laying out precisely what children should have, especially children "of avaricious poverty" and to those children affected with "race degeneracy".

The idea of a health care system was formalized in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. Breakthroughs in medicine were just as prestigious as were those in science. Health care providers sought to gain social acceptance by associating with the field of medicine. Too much motherly love was considered dangerous. Magazines encouraged mothers to consult doctors instead of their friends for child health care. And at first they dutifully complied with the doctors' suggestions.

At the turn of the century, child health was discussed from a variety of perspectives. At times the field was tagged onto the emerging field of medicine to give it more credibility. White middle class mothers were concerned about their own children but also about the immigrant children their children interacted with; these mothers began discussing what could be done to protect their children from the immigrant children. The different social classes had different ideas about how to best care for children, and there did not seem to be any sort of standardized procedure for child rearing that was widely accepted among immigrant and nonimmigrant groups.

Germ theory about the transmission of disease was just beginning to find its footing. Germ theory, the growing prestige of doctors, and the building of several hospitals was good and bad news to immigrant families. In order to appeal to immigrants and non immigrant groups the emphasis would have to be on how better health would make them better citizens, and that the science would need to be available for backup, although the social message would have to transcend the science.

Many immigrant groups were living in similar conditions during this time. Regardless of what groups of immigrants settled, they lived in similar conditions of overcrowded, dirty tenements. Though physicians attributed their poor health to their ethnicity, their health was more likely tied to their being impoverished and unable to afford better nutrition or living conditions. Infanticide was considered an option that many mothers were aware of. Unwanted babies would be put in foster homes and then neglected, leaving the infants to die of starvation, dehydration, or disease<sup>xiii</sup>. These “baby farms” would be disguised as private nurseries but provided a means for desperate parents to discard their unwanted children. Those children who survived this torture grew up to have psychological abnormalities.

Unfortunately, conditions faced by late 19<sup>th</sup> century children who were not raised on baby farms were not much better. Unsanitary conditions facilitated the circulation of diseases such as tuberculosis, diarrhea, and measles. Among social groups, there were fears of being stigmatized<sup>xiv</sup>: having tuberculosis shamed your entire family. No one wanted to hire these immigrants or let their kids to play with those from immigrant families.

Out of concern for their own children and seeking to protect their children from the filthy poor immigrant children, middle-class women reformers organized to work to provide relief for children raised in poverty. These women were also concerned about these diseased immigrant

children's condition as resulting from lack of proper parental care and love. These children and their parents needed to learn middle-class, Christian values. Women reformers were successful in communicating these children's needs to financiers and political parties because they were able to convince them that the plight of poor immigrant children composed a large part of the nation's imminent social issues that needed attention and funding.

At the 53<sup>rd</sup> Annual Meeting of the American Public Health Association (APHA), the association wanted to focus on scientific advances, including advances in the field of child health, mostly regarding physical health<sup>xv</sup>. A program of the meeting's "Scientific Sections", shows that in a session regarding public health administration, Dr. George Palmer gave a report about a child health survey conducted in cities with a population between 40,000 and 70,000. In addition, there was an entire session devoted to child hygiene. Some of the speakers talked about health problems in education, dental hygiene for children, and the relationship between pasteurized milk and gastroenteritis. It was easy to characterize children's health as an effect of their parents' health and parents' working conditions.

Dr. George Price was the Director of the Joint Board of Sanitary Control and the Union Health Center in New York City. In a speech he gave at the 52<sup>nd</sup> annual APHA meeting, he spoke about clothing pressers and his several evaluations of them. These workers were less skilled than tailors and were mostly drawn from the adult immigrant population who had not necessarily been pressers in their native country. Since pressing required handling heavy irons and standing for long stretches of time, few women worked in the trade. The working conditions did not differ from those in other similar industries, though the U.S. Public Health Service did note the high levels of carbon monoxide near the pressing tables. Though the work required healthy workers, most workers' health was sub par, with many suffering from tuberculosis.

Diseased workers undoubtedly put their children at risk. Of the 129 paid benefit workers of the Local 35 (all male) branch of the International Ladies garment Workers' Union affected with tuberculosis, 123 of them had children<sup>xvi</sup>.

Power struggles occurred between mothers and physicians over who was most apt at caring for families; both considered the other to be ignorant. In the 19<sup>th</sup> century some doctors had already begun to treat patients by learning about their lives because disease supposedly came from people's interactions with their environments. Doctors thus established personal relationships with their patients in addition to treating their illnesses. However, in the early 20<sup>th</sup> century, physicians were discouraged from using what they learned personally from each patient to treat his/her sickness. Germ theory and progress in bacteriology allowed doctors to approach medicine from the purely technical side. And the building of several hospitals meant fewer at-home visits, further distancing physicians with their patients. Still, the use of emotion and empathy was not completely discarded.

By the time the 20<sup>th</sup> Century came around, child care had the aid of better scientific understanding of disease. The US Children's Bureau was founded in 1912 to focus efforts on children's health. In 1921 more than 1.5 million copies of the book *Infant Care* circulated. Published by the Children's Bureau, *Infant Care* advised on living conditions, nursery conditions, clothing children, bathing babies and children, feeding and breast feeding children (how and what to feed them), and how to assuage ailments like diarrhea and hiccups (gently massage the abdomen or place the baby's face downward across the mother's lap to help relieve him/her, or give a few drops of water to the baby)<sup>xvii</sup>. It also contained advice about child sleeping habits. Another section had recipes for all kinds of healthful foods. The Children's Bureau also organized several conferences about mother and child health.

Mothers had become skeptical of doctors' advice, so they started writing to the Children's Bureau because they wanted unbiased, objective directions for caring for their children. They trusted the bureau because they'd heard success stories from other mothers, and they also noticed the start of the decline in infant mortality rate. Mothers would often ask the bureau to evaluate the doctor's advice because they felt they were getting conflicting advice (from or between doctors, other mothers, and the pamphlet) or advice that contradicted these mothers' intuition or instinct. Mothers considered the reply from the Children's Bureau to be the final answer. In some instances children also wrote to the Children's Bureau themselves. The Child Hygiene Division of the Bureau was established in 1914 and consisted of physicians and public health officials such as nurses. This division studied conditions affecting children's health and infant mortality and responded to the mothers who wrote to the Children's Bureau asking for advice about their children's health <sup>xviii</sup>

"National Baby Week" was first observed March, 1916, under suggestion of the Children's Bureau and the General Federation of Women's Clubs. The goal was to make parents more interested in understanding new ways to take steps to protect the health of their children and to learn about the new standards of child health <sup>xix</sup>. To this end, several conferences with exhibits offered a plethora of advice. One of the bureau's publications was entirely devoted to the Baby Week Campaign.

The New York City based New York Charity Organization Society (COS) was another very visible philanthropic organization. The COS distinguished between more deserving and less deserving immigrants<sup>xx</sup>. Those who were willing to work were given higher priority. The COS was less interested in stereotypical gender roles and encouraged women to pursue self subsistence. This often meant that women had to leave their sick children home alone while they



worked. Home work did not pay well, so most women left their homes to work. And if they did work at home, they often subjected their children to the dangerous environment or equipment they needed for work, like hot irons and boiling water. Mothers couldn't bring their children to work, and sick children were denied entry to daycares. Immigrant groups who were served by the COS included Italians, Irish, Germans, Austro-Hungarians. Jews were referred to the United Hebrew Charities.

One major contribution of the COS concerned efforts to combat tuberculosis. A set of facilities for children was established to prevent tuberculosis. The "Preventorium" took in 150 kids between ages four and fourteen, selected by the Department of Health. The COS also sent kids at high risk of tuberculosis to boarding houses in the country. As the rich were exempt from mandatory tuberculosis disinfection of homes, a system of rewards and punishments was established for poor families to comply with the tuberculosis eradication program. Aid consisted of groceries and fuel for heating.

The COS also tried to convince immigrants to let their kids be admitted to hospitals for care. When the families refused, the COS could not force them. However, the COS referred the family to the Society for the Prevention of Cruelty to Children (SPCC) to ask the agency to forcibly take the child to a hospital. Often immigrant parents did not want to let their children go, saying their children didn't want to be away from their parents and wouldn't be able to communicate to anyone in the hospital. It thus seemed that to immigrants, the child's social circumstances/environment was more important than the type of medical treatment being received. It is not clear that these immigrants realized that their children would get better treatment at a hospital. Immigrants talked among themselves. When they heard the tragic story of Maria Germani, who was forcibly taken to the hospital and then died because she did not

accept any of the treatment and her tuberculosis was already too advanced, other families were more convinced that if their child was taken to a hospital she'd die there<sup>xxi</sup>. To the Germanis, Maria was a child, but in the eyes of the COS and Department of Health, she was an infectious agent. There is not enough written about the perspectives of immigrants to know whether their health beliefs actually paralleled those of these agencies and charities, though there is one instance where immigrants thought reformers to be crazy. Italian mothers were astounded by the idea of sending their older daughters to school instead of to work<sup>xxii</sup>

The New York City Department of Health also became prominent through its response to tuberculosis and the health education campaigns it promoted. It was one of the first to have comprehensive systems of treatment.

One of the deadliest child illnesses in the early 1900s was tuberculosis, for which there was no medicinal cure. Instead, the treatment was lots of fresh air, which was not as readily available in cities and neighborhoods of tenements. One of the solutions was to create outdoor “fresh air” schools, such as the School of Outdoor Life for Tuberculosis Children, in Boston<sup>xxiii</sup>. At the school, children participated in a number of outdoor activities, some of which involved learning about personal hygiene. The children enjoyed their time at these camps and learned to like caring for themselves and being clean, which had been part of the intention when opening the schools. Many children with tuberculosis were sent instead to hospitals, and their stay was not nearly as enjoyable and likely not as educational. Thus, children learned about good hygiene in an environment conducive to teaching young people: the outdoors where they liked to play. Children received much attention and were fed well, and after fifteen weeks were reexamined by a physician and returned to their regular school. The school was funded entirely by volunteers

and only two of the children's parents were born in the United States; among the other children, twelve were Irish, eleven Jewish, four Turkish, six Polish, and one Scottish.

Charity organizations were not at all the only source of teachings. There were several media-based tactics and large-scale conventions, all aimed at reaching the masses. Health broadcasts were short, five minute programs over radio on weeknights<sup>xxiv</sup>. They were very effective because children could listen, too, even if they could not read articles in newspapers or magazines. There were an increasing number of exhibits and health shows. Unfortunately, though, these shows sometimes appeared more like massive fairs for companies to advertise their products; still, they successfully disseminated information about whatever health ailment they wanted to treat. Children often went through these fairs, given tickets by their employer.

The Chicago Child Welfare Exhibit in 1911 was a convention of booth displays and lectures featuring child welfare professionals about myriad topics ranging from infant health care, clean water, housekeeping techniques, social workers and pediatricians, and educational toys. Public schools, governmental agencies, and charity organizations were among those with displays, some of which featured children demonstrating particular skills and some which were oriented at audience participation. The tremendously successful exhibit drew crowds of up to 45,000 people each day during its two week run. The exhibit also elicited excitement and hopefulness among the crowds and exhibitors<sup>xxv</sup>.

In the opening remarks of the exhibit, Cyrus H. McCormick, the exhibit's sponsor, vehemently stated that "If mankind is to be reformed or improved, we must begin with the child"<sup>xxvi</sup>. He said that children growing up in slums were in no way prepared to contribute to useful life work as adults, and that children had the right to a healthier upbringing in order for them to be able to meaningfully contribute to society later on in life and be self-sufficient. He

called for the exhibit to be a vehicle for the “march of progress” to see what advances had been made and which ones were still to come. His focus on the idea that children were society’s future adults and leaders seemed to give the impression that he wanted to prepare children to face uncertainties whose consequences would greatly affect society, and though he did not know what these uncertainties would be, it seemed he knew that all children needed to be healthy enough so that health would not be the primary concern and so that these soon-to-be mature citizens could face tougher challenges. These reformers’ progressive thinking toward future challenges left little room for homage to or retrospective consideration of immigrant idiosyncrasies.

Several of the displays at the Child Health and Welfare Exhibit educated audiences about available resources for child raising. One example, the “Baby Tent”, was a place mothers could leave their children in physician care for examination, bathing, enema, and new, clean clothing. When a mother retrieved her child, she also received food for her child and an individualized health report containing advice for future care. Often, these mothers did not speak English and thus had an older child translate. It also often took some coaxing of the mothers to convince them to leave their child for this treatment because the mothers did not always agree with the physicians’ methods. The tents, however, were a success; child death from diarrhea dropped by ten percent in cities in 1910. Once mothers began to see a difference, they began to support the endeavor enthusiastically <sup>xxvii</sup>.

Much advice was related to good dental and mouth hygiene because many of the chief childhood diseases were contracted through germs entering the mouth and the digestive process. The display advised mothers about tooth brushing and dentist visits.

A working or lower class family spent about half its income or more solely on food. Between the 1880s and 1930s, American society moved more toward a consumer culture with

department stores and an abundance of new advertising schemes. And poor children could do little more than look at the ads and pine away. Thus, it seems that incorporating health promotion into advertisements and creative plays and parades was a clever idea because it was a way for children to get involved in consumer culture while also actually benefiting from it with improved health.

Though there were many media-based initiatives for targeting child audiences, the main outlet for learning about hygiene and public health occurred in schools. Maud Brown was the Director of Health Education of the Child Health Demonstration in Fargo, North Dakota. She addressed the American Public Health Association (APHA) in its 52<sup>nd</sup> annual meeting. She said that any health service in a school should also have the right to promote health through education<sup>xxviii</sup>. She distinguished between the lawful domain and what was acceptable outside this. Teachers in health education programs should be permitted to help children for their sake. She was referring specifically to classroom teachers as opposed to, for instance, physical education teachers or home economics teachers, who had different jobs that also addressed health education. But since the primary role of the classroom teacher was to instruct, it was reasonable for teachers to also teach students healthy habits and how to care for one's physical health. In agreement with Ms. Brown, Lou Lombard, a nutrition instructor for the Massachusetts State Department of Public Health based in Boston, quoted a Commissioner of Education of a southern state as saying that "teaching people how to live is the biggest and most important problem that the schools can undertake"<sup>xxix</sup>, ostensibly because so many people appeared to be living wayward lives. Mr. Lombard felt that nutrition constituted a significant part of someone's way of life and thus advocated, at the annual meeting of the American Public Health Association in 1923, for incorporation of nutrition lessons into school life. This program should include

instruction on what to eat, how to rest, and how to care for the body. He stressed that all children, not just the undernourished ones, needed these lessons to have good health. Moreover, a program targeted solely at undernourished children was very costly. Mr. Lombard encouraged teachers to instruct their students about nutrition and felt that teachers should receive more training to be able to do so.

Regarding whether teachers, doctors, or nurses should teach health in schools, Dr. Merrill Champion also advised that teachers should undertake the responsibility because parents came to expect the schools to teach things that were formerly taught at home, like safety, protection against fire, and physical care for themselves<sup>xxx</sup>. The issue of ethics was raised concerning how much medical influence teachers could have. Was it ok for teachers to do makeshift “physicals” of children before sending them to see a doctor? Brown said teachers would not want to do this in addition to their other responsibilities because they were underpaid and already overworked. However, Ms. Brown was in favor of their doing this as a way to educate teachers about pediatric medicine and holistic care for the child. The role of the teacher in health education was debated among educators.

While several organizations aimed at imposing their ideas on poor and immigrant families, the children themselves were not passive receptacles. In order to have children learn about improving their health, they needed to be interested in learning either by having their curiosity piqued or by being appealed to through another activity in which they already participated, like sports. Children probably even convinced their parents of good ways to care for their kids because the parents may have been averse to these programs. Kids were easily a critical influence on their parents. Thus, there were instances of bribes for children to get tested

for disease: from rewards of talcum powder to tickets for shows at theater houses that were actually shows to promote good health. Mass marketing was often aimed specifically at children.

The children themselves began to play a more active role in their own education. Another of the outlets of reaching children was A Health Circus Parade, in which children appeared. Part of the fanfare included boys dressed up to play a baseball game against visiting team “Tuberculosis”; the bases represented the cures/preventions that were popular of the time—fresh air and closed windows, for example. Furthermore, a Boys’ Health Pageant showed off children dressed as milk, vegetables, a scale showing proper child weight, and toothbrush/paste<sup>xxx1</sup>. Several other health plays featured children performers and were also aimed at teaching children.

In Boston, the “City of Hawthorne” was a program founded as a way for poor children ages five through fourteen to be able to play in a safe, supervised setting. The program was founded in a park in a poor neighborhood and was targeted at and actually limited to those families. The children established their own mini-government of the Hawthorne Park, with each child playing a role, following a written plan of rules, and carrying out punishments. One of the punishments for a child who broke the rules was expulsion from the playground. Interestingly, however, one eleven year old girl argued that this punishment was cruel because the child would have to play in the dirty street “which wouldn’t be good for [his] health”, and she successfully convinced the others to alter the punishment<sup>xxxii</sup>. It appears that she knew that health was important and that all children, even delinquents, should still have the right to clean surroundings and good health. Poor (and immigrant) children were cognizant of the alternative of continuing to play in filthy, dangerous city streets. These children, it seemed, thereby showed the motivation themselves to better their own health and upbringing, though they may not have

recognized that these were the very goals of the reformers responsible for the program's creation. Even if the program had been started by reformers with these exact goals and the goal of aiding poor children and teaching them discipline, it seemed that the government and harmonious micro-society that the children established had to be done by the children with little adult help. Children were moving in the direction reformers wanted them to, whether or not these children acknowledged any reformer influence.

When the Hawthorne government was established, the "city" began to grow to include hygiene classes taught by a nurse and physician and then later an actual plan of care for a the most "delicate children". This plan allowed for the children to spend the entire day in the park and involved playing, attending hygiene classes, and sharing nutritious lunches, sometimes based on what immigrant Italians and Jews would eat, and which also included candy to entice children and which were served on fancy trays and tables. Before eating, the nurse had each child wash his face and hands at the new fountain (a new continuous source of water), and each child was given his own towel (made by the older children). The lunches were cheap to buy and most older children chose to buy these lunches instead of slightly cheaper candy or pickles. Finally, a "Board of Health", also consisting entirely of Club children, formed. The three members of the board, one girl and two boys, produced the "rules for health", which they told the rest of the children in a speech. The speech consisted of what they had learned in their hygiene lessons and included rules such as "In summer take two baths a week, and a sponge bath every day", "eat simple and nourishing food, such as plain meat, fruit, eggs, crackers, cream, and cereals", "don't let garbage stand around", and "change your clothes every week promptly". As Lilian V. Robinson wrote in the *Charities and the Commons*, "sickness plays such a grim part in the lives of tenement children that an enthusiasm for the pursuit of health is easily roused among



them”<sup>xxxiii</sup>. These children proudly implemented Hawthorne’s Board of Health to interact with different departments within the government.

In some sense, thus, children were not only receptive to ideas of sanitation and staying healthy, they began to think that this was the only acceptable way to live. They had so much fun with their mini-society that whatever they learned at the park was likely to leave an imprint on their moral character and help define their future ways of thinking, even if their parents taught them other lifestyles at home. It seems that, at the very least, children who were taught differently at home would probably recognize the disparities in teachings and know that another lifestyle was out there for consideration. Immigrant parents may have been teaching what they themselves learned growing up in their home country, but these practices may have not been well suited for the different, crowded tenement environments of New York City or Boston. Even though the Hawthorne Club was a program run out of a park, it was a success in helping children learn how to improve their health through exercise, nutrition, and good hygiene.

Throughout the 19<sup>th</sup> and early 20<sup>th</sup> centuries, immigrants were persistently associated with germs that they had imported from their home country <sup>xxxiv</sup>, when this was seldom the case, given the often thorough medical inspection each immigrant had to pass in order to be admitted to the US. Knowing who and what caused disease seemed important because one could look at these answers in the context of the organization of society, of the roles these agents played in the social and even economic realms. Technical medicine would not be useful unless it could be translated into something that the masses could understand and that society would want to care about. This meant that the science would need to be put, for example, in a social context, to teach people how the causes or pathology of a disease could affect and disrupt someone’s entire family, how disease related to poverty. And after hearing about what caused disease, people

would want to know what they themselves could do to prevent it from infecting them, probably not in the way of aiding with the actual biological research since most residents were not scientists. Nevertheless, doctors played a crucial part of advancing public health for understanding the biological basis of disease. Social workers alone, though they could understand societal dynamics, would not be as persuasive without the medical evidence to support them. The field of child health and public health was a reform of the early 20<sup>th</sup> century that children played an active role in and also were major beneficiaries of. The fact that they were so involved and had much responsibility in such an important movement and its success was probably due in part to the fact that the movement was grounded in social and sociological beliefs in addition to medical advances. Children were involved almost out of necessity; their parents could not really understand English very well and the mothers did not have as much access to educational materials. The very idea of children taking a more active role in their own education seemed to align with the Progressive reformers' call for change.

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<sup>i</sup> Donald C. Mebane, "The Examination of the School Children of Olmstead County," *American Journal of Public Health*, 14(8) (1924): 662.

<sup>ii</sup> David I. Macleod, *The Age of the Child: Children in America, 1890-1920* (New York: Twayne Publishers, 1998), 8.

<sup>iii</sup> Charles R. King, *Children's Health in America: A History* (New York: Twayne Publishers, 1993), xii.

<sup>iv</sup> King, xiv.

<sup>v</sup> King, xvii.

<sup>vi</sup> James A. Tobey, *The Children's Bureau: Its History, Activities, and Organization* (Baltimore: The Johns Hopkins Press, 1925), 68.

<sup>vii</sup> King, 52.

<sup>viii</sup> Charles L. Brace, "The Dangerous Classes of New York, and Twenty Years' Work among Them", 1872, in James Marten, *Childhood and Child Welfare in the Progressive Era: A Brief History with Documents* (Boston: Bedford/St.Martin's, 2005), 33.

<sup>ix</sup> United States Children's Bureau, *Industrial Home Work of Children*, in James Marten, *Childhood and Child Welfare in the Progressive Era: A Brief History with Documents* (Boston: Bedford/St.Martin's, 2005), 71.

<sup>x</sup> Macleod, 22.

<sup>xi</sup> Edward T. Devine, "The Right View of the Child", *Charities and the Commons*, 20 (Apr. 25, 1908): 123-25.

<sup>xii</sup> Devine, 91.

<sup>xiii</sup> King, 53.

<sup>xiv</sup> Emily K. Abel. "Taking Cure to the Poor: Patients' Responses to New York City's Tuberculosis Program, 1894-1918". *American Journal of Public Health*, 87 (1997): 1808-1815.

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- <sup>xv</sup> “Association News,” *American Journal of Public Health*, 14(9) (1924): 770.
- <sup>xvi</sup> George M. Price, “Diseases of the Pressers”, *American Journal of Public Health*, 14(4) (1924): 310-314.
- <sup>xvii</sup> David J. Rothman and Sheila M. Rothman, *Family in America: Child Rearing Literature of Twentieth Century America*, (New York: Arno Press, 1972).
- <sup>xviii</sup> Tobey, 33.
- <sup>xix</sup> Tobey, 16.
- <sup>xx</sup> Abel, 1997, 1810.
- <sup>xxi</sup> Emily K. Abel, *Hearts of Wisdom: American Women Caring for Kin, 1850-1940*, (Cambridge: Harvard University Press, 2000), 157.
- <sup>xxii</sup> Macleod, 31.
- <sup>xxiii</sup> Walter E. Kruesi, “The School of Outdoor Life for Tuberculous Children,” *Charities and the Commons*, 21 (Dec.19, 1909): 447-449.
- <sup>xxiv</sup> “What’s New In Health Education,” *American Journal of Public Health*, 14(5) (1924): 416-424.
- <sup>xxv</sup> James Marten, “The Day of the Child Has Come: The Chicago Child Welfare Exhibit, 1911,” *Childhood and Child Welfare in the Progressive Era: A Brief History with Documents* (Boston: Bedford/St.Martin’s, 2005).
- <sup>xxvi</sup> Cyrus H. McCormick, “Introductory Remarks”, in James Marten, *Childhood and Child Welfare in the Progressive Era: A Brief History with Documents* (Boston: Bedford/St.Martin’s, 2005), 124.
- <sup>xxvii</sup> “Chicago Child Welfare Exhibit,” in James Marten, *Childhood and Child Welfare in the Progressive Era: A Brief History with Documents* (Boston: Bedford/St.Martin’s, 2005), 129.
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