THE HISTORY OF COLUMBUS CHILDREN'S HOSPITAL, 1940-65;
THE YEARS OF GROWTH

A Thesis
Presented in Partial Fulfillment of the Requirements for
the Degree of Master of Arts

by
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PREFACE

In 1940 the future of The Children's Hospital was uncertain. The ensuing crises were met, largely by new leaders with fresh ideas, and the Hospital entered a new era. This history tries to elucidate for the interested community, which has consistently supported the pediatric facility, the factors which affected the Hospital's multi-faceted growth through its last quarter-century.

At this time, I would like to express my indebtedness to several of the many individuals who were of great assistance in preparing this history. I wish to thank my long-time neighbor, Mrs. Phil S. Bradford, a former President of the Women's Board and Hospital Trustee, for the time and knowledge of past occurrences which she contributed. My appreciation is extended to each of the individuals interviewed for their co-operation and the assistance which they provided. For locating a desk at the Huntington Bank during each of my visits to pour over the Trustees' Minutes, I thank Miss Helen Stevenson.

Additionally, I wish to thank my mother, whose proofreading ability has been indispensable, and my husband, statistician, and critic for his abilities and his understanding.

CAROLYN THOMAS WOOD

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INTRODUCTION

The Children's Hospital of Columbus, Ohio, has experienced tremendous growth since its opening on February 1, 1894, as a nine-bed pediatric unit serving the city's indigent sick. Almost immediately the number of beds was increased to fifteen, all that the building at Miller and Fair Avenues could accommodate. In 1900, after the Columbus Lodge of Elks had helped raise the funds, a wing was added, increasing the size of the Hospital to twenty-five beds.¹

In the first year, seventy patients were treated. Service grew so that by 1916 Children's called for 819 in-patients. In 1923, the last year before the Hospital moved to its present location, Children's cared for 7,000 cases, including those of the out-patient department which had been established in 1910.²

Necessarily, the original operating budget of $250 monthly was increased until in 1940, total disbursements for the year were $90,854.62.

The new Hospital facing Livingston Park had seventy-five beds and a large out-patient area, but within three years was overcrowded. Responding to the need, Mr. Leo J. Marks and Mrs. Walter T. Franc gave the Amelia and Julius Marks addition in memory of their parents. Opened on October 3, 1939, the addition contained a swimming pool, corrective gymnasium, dispensary, and laboratory, as well as an enlarged operating suite and auditorium.
for assemblies and clinical demonstrations. The new addition increased the number of beds to 105 and enabled the Hospital to care for 2,784 in-patients in 34,354 patient days in 1940.

As the number of patients increased, so did the number of physicians caring for them. The original Medical Staff of six consisted of one consulting and two active physicians, and like number of surgeons and oculists. In addition the trustees named a consulting orthopedic surgeon and appointed a house physician . . . to keep records, dispense medicine, and conduct physical examination.3

In 1903 the active Medical Staff still was listed as six. Nine years later the Medical Staff included two house doctors, four surgeons, two physicians, a dermatologist, and a roentgenologist.

A major enlargement of the Medical Staff occurred in 1916 with the affiliation of Children's Hospital to the Ohio State University College of Medicine, as a result of which the twenty-five member staff, headed by Chief-of-Staff Dr. Leslie L. Bigelow, became larger and more specialized. By 1923 five more staff members had been added and by 1929 the Medical Staff had grown to forty-two. The 1940 Medical Staff and representative non-medical departments numbered seventy-two, including both in-patient and clinical doctors.

In 1939 the Hospital Trustees formally recognized the Medical Staff organization.4 It empowered the Medical Staff to select a body of doctors, known as the Medical Council, to act on all matters not of a clinical nature and to be their voice to the Hospital Administrator. This arrangement permitted the other physicians to devote more fully their time to professional care of
their patients. The organization acted as a cohesive force among the hospital physicians and gave them a forum in which to discuss their needs and problems.

Footnotes--INTRODUCTION

1 The background material is supplied from the best history of the period at Children's Hospital: Patricia Hutchins, "Columbus Children's Hospital: The Critical Half-Century, 1892-1942," unpublished Master's thesis, History Department, The Ohio State University, 1965, and from the Hospital publication, The Bambino (1917-1943).

2 This is inclusive of the dental clinic established in 1916.


4 Columbus Children's Hospital, Minutes of the Board of Trustees (February 29, 1892 to December 16, 1965), (hereafter cited as Trustee Min.) 12-7-39. (Handwritten and Typewritten.)
CHAPTER I

BEGINNING A NEW ERA, 1940-1945

Speaking at the dedication of the Marks Wing in 1939, Dr. Leslie L. Bigelow predicted that Children's Hospital was beginning a new and significant chapter in its history.¹ His forecast was verified by the personnel and policy changes which occurred in subsequent years.

The change in leadership began in 1940 when Dr. Bigelow resigned his positions at the Hospital and the University. Dr. Earl H. Baxter was chosen to take his place at Children's and Dr. Bigelow was elected an honorary member of the Medical Staff in recognition of the twenty-five years he had served as Chief-of-Staff.

In the following years, leadership of the Women's Board changed.² Mrs. Daisy Sellers (Mrs. Truitt B.) stepped down from the Presidency of the Women's Board, a post she had managed capably for twenty-five years, during which she had virtually run the Hospital. After declining the Presidency, Mrs. Sellers acted as the Chairman of the Women's Board and of Finance until her death in 1942. Her successor as President was a younger woman, Mrs. Phil S. Bradford, who provided guidance at Children's through the forties and the fifties.
While the leadership in the Ladies' Board and the Medical Staff changed, the President of the Board of Trustees remained Mr. F. O. Schoedinger, who had held that position since 1922. Mrs. Bradford and Dr. Baxter brought new ideas and perspective to the work at Children's Hospital. Mrs. Phil Bradford felt strongly that a trained administrator was necessary for successful operation of the Hospital and accepted the Presidency of the Women's Board with the understanding that a professional supervisor would be hired. In 1942 Mr. Robert M. Porter was employed. He was experienced in the new field of hospital administration, having come to Children's from Akron City Hospital, where he had been Assistant Superintendent.3

Changes were to come with the arrival of the new Superintendent. Readjustment of the governing structure and remedies for the financial problems, caused by a decline in the Hospital's in-patient census, were needed. Porter was young, as were the other new leaders, and, like them, brought a different perspective to the Hospital.

The necessity to change Children's administrative structure was of great concern to the Women's Board. They felt that a closer co-operation was needed between the two boards charged with responsibility for the Hospital. The women sought a re-definition of the obligations and responsibilities of each administrative group. Their solution, as presented to the Board of Trustees, was to create a joint central committee of control composed of Trustees and Women's Board members.
The reasoning behind the desired changes was that the value of the Hospital property and the volume of work required a variety of experience which the men could help achieve. The competition with private hospitals required vigilance in maintaining standards and formulating policies, with which the women felt the men would help. In addition, the trends towards subsidies from public funds demanded a strong, aggressive group of prominent taxpayers, alert to find and to secure funds now available by law for care of the indigent. Columbus, especially lagged behind other cities in legal responsibility for hospitalization of the indigent sick. Basically, the women thought that a direct ratio could be established between interest and close contact with the work; therefore, they wanted the men to become re-integrated in daily hospital matters.

The Board of Trustees took action on the Women's Board's suggestion on January 27, 1944, amending their Code of Regulations (Section 5 of Article III and Section 6 of Article IV) to appoint an Executive Committee to their Board and to provide for a Co-ordinating Committee. The Executive Committee was appointive and consisted of the President, Secretary, and four other members of the Board of Trustees. The Executive Committee served as the Trustees' representatives to the Co-ordinating Committee; the Women's Board was represented by its President, Treasurer, and two other members who had been nominated by the Women's Board and elected by the Trustees. The newly constituted Co-ordinating Committee re-integrated the men into the Hospital's daily operation. This arrangement, however, did not establish the place of the
Superintendent in the hospital's administrative structure, an omission which caused the methods of operation to be revised within two years.

The evolution of Mr. Robert M. Porter's role as Administrator of Children's Hospital was gradual. Hired and paid by the Women's Board, Porter operated under their authority. In 1942 Porter learned of the different spheres of the Women's Board and the Board of Trustees and how sometimes they could be made to intersect. On October 6, 1942, he went to the trustees in search of funds to repair the Hospital. President Schoedinger and the Trustees quickly informed the new Administrator that the women operated the Hospital, while they primarily protected the invested funds in their charge. Noteworthy is the fact that later the repairs were made with the Women's Board paying half and the trustees the other half. The division of responsibility was not as clear-cut as the Trustees had first indicated; actually, the two groups worked together to locate the best sources to provide their needs and when sharing was most advantageous, it was done.

In 1944 Mr. Porter's role became more clearly defined. During April of that year he presented the finances of the Women's Board to the Trustees and made reports on the operations of the Hospital to that Board. Through his participation on the Co-ordinating Committee, Porter established his responsibilities as Hospital Administrator. At the committee meeting he was able to present his opinions and demonstrate his abilities. He worked closely with the women who dominated the Co-ordinating Committee,
because the male members were not able to attend the meetings as regularly as their female counterparts. Later, to help rectify the situation additional Trustees were added to the committee, in hopes of achieving a closer 50-50 ratio between the women and the Trustees at the meetings. Although the change increased the Trustees' representation, the men still remained more out of touch with the Hospital than the women or Porter, whose job it was to run Children's.

Regulations of Children's Hospital, Columbus, Ohio. Revised and Adopted, April, 1946, defined the post of Hospital Administrator. He was an executive officer of the Board of Managers, the same group of Trustees and Women's Board members who hired him with the approval of the Board of Trustees. He was responsible for the administration of all departments under the Board of Managers. His authority and duties were assigned him by the Board of Managers. Under the revised regulations the old Co-ordinating Committee became the Board of Managers and similarly was charged with management of the ordinary operations of the Hospital, including maintenance of the Medical Staff.

As an integral part of the Board of Managers Porter's authority continued to grow informally. In September, 1948, the fact that he was authorized to pay bills out of the Operating Account with a facsimile signature was questioned. To the Board of Trustees the handling of their funds by a hired person was an innovation. However, he continued to be given more responsibilities and by December, 1950, Porter represented the Board of Managers in
making its request to the Trustees. By now Porter was in reality running the Hospital for the women and Trustees, but with advice from their Board of Managers and authorization from the Trustees and the Women's Board. In 1954 the Treasurer of the Board of Trustees reported that properties used by the Hospital are under direct supervision of the Administrator and are not included in . . . the General Fund of the Board of Trustees.\textsuperscript{11} Besides controlling hospital property, four years later Porter was overseeing the Hospital's expansion. On October 2, 1958, the Board of Trustees authorized him to have the buildings to the west of the Hospital razed. Porter had established a great deal of the Hospital's operations under his supervision.\textsuperscript{12}

While Porter's position became established, Mrs. Phil Bradford's situation at the Hospital changed. In November, 1946, after five productive years as President of the Women's Board, Mrs. Bradford resigned.\textsuperscript{13} Desiring to retain her capable executive ability at Children's, the Trustees offered her the newly created position of Assistant Secretary of the Board of Trustees. She was to serve as Ambassador-at-Large for the governing board and to be their liaison to the women's groups, hospital management, and the public.\textsuperscript{14} Mrs. Bradford accepted the Trustees' offer and in January, 1947, began the job which kept her vitally active in the affairs of Children's Hospital into the 1960's, providing leadership of the caliber she had supplied earlier in the forties as President of the Women's Board.
The problem faced by Children's Hospital in the early forties was a low census. "Changed economic conditions had reduced the number of indigent cases resulting in a low patient census at a time when seriously overcrowded hospitals needed beds now occupied by children for adult patients." This creation required immediate, drastic action. In 1942 Mrs. Bradford, Dr. Baxter, and Porter drew up a two-fold plan which it was essential that Children's implement if the declining in-patient census was to be reversed and Children's Hospital survive. The first requirement of the plan was that Children's work to attract more private patients who could pay their own way. These patients, referred to as the "carriage trade," could not only help the hospital by filling the empty beds and the depleted coffer, but by demonstrating support of the Hospital from higher economic levels in the community. If the first goal was to meet any success, the Hospital had to be modernized. This step was essential in order that the programs, standards and care could be improved to a level consistent with this goal. Only with these medical improvements and an improved physical plant could Children's hope to attract the "carriage trade."

The hospital building, constructed just two decades before, was one of the major problems. Modeled after a hospital which Mrs. Sellers had travelled to the French Riviera to view, the building was out-dated from the time of its construction. Unfortunately, the Georgian structure was uninviting to indigent on-lookers. Covering the main entrance and high steps to the front
door was a large porte-cochère. The fact that ill and often crippled children had to climb steep stairs to enter the foreboding institution demonstrated a lack of good medical advice in planning the building. Although the inflexibility of the Hospital's interior may have been apparent only to the Medical Staff, the patients and their parents could not help but be struck by the drabness. The once gayly painted walls had all been covered with a glossy forest green paint which was depressingly dull. The redeeming points of interest in the small receiving room were two terra cotta bambino figures which were inset in the wall and which flanked a small fountain containing the figure of a boy.16 The flashing of the goldfish which swam at his feet was perhaps all that attracted the interest of the small children who entered the room. The inflexibility of the interior and the depressing atmosphere of the Hospital needed extensive remedial changes if Children's were to encourage the use of the Hospital by the public.

The historical development of medicine needs consideration in the movement to provide more private facilities. At the time Children's Hospital was founded, a child in a clean, quiet home could receive care similar to that at the hospital. In addition the child was probably happier at home where he could have attention from his family, while the visiting hours at Children's were once a week on Wednesday. Therefore, only children in need of surgical or medical attention which could not be given in the home and the poor, who did not have satisfactory homes or means to be cared for, went to hospitals.
By the thirties, medical gains made comparable home-care less feasible. Parents who could afford to began taking their children to hospitals. Previously, many mothers who raised funds for Children's Hospital did not take their children there. Instead well-to-do families used the community's general hospitals which provided them with more modern facilities and which did not have the stigma of a charity institution. Avoidance by the wealthier elements of the community resulted in a reluctance on the part of those families who had risen just above poverty to bring in their sick children and be the recipients of charity. Therefore, it was essential to attract the "carriage trade" to Children's. To do so, modernization was a prerequisite if the Hospital was to succeed.

Children's Hospital needed to offer more comfortable rooms where parents could stay with their children and visit when they wished. The women of the Hospital, as well as the Medical Staff and Administrator, felt that providing more private patient care would both increase the census and help Children's financially. Furthermore, once the wealthy had brought their children, the stigma of charity would be diminished, encouraging poor and middle class families to use the Hospital.

The social stigma of a charity institution, at a time when many families were beginning to rise above the poverty of the thirties, combined with generally mediocre care and inconvenient "rooming in" arrangements for parents, contributed markedly to the decline in the in-patient census during 1941, as the in-patient census dropped (see Table 1). The women believed that Children's
Hospital needed to shed its charity institution image and demonstrate that it was a hospital dedicated to the care of children of all economic brackets. The change of emphasis was to remedy Children's basic problem, the census, by bringing all levels of society into the Hospital, filling the beds and thereby helping to pay the expanding costs of operation.  

The Board of Trustees agreed to the women's request and Children's began to push its image as both a charity facility and a hospital for the treatment of private patients. To facilitate the change in 1943, twenty additional rooms were made available as a part of the Hospital's expansion and modernization program. Private rooms, storage rooms, new ambulance entrance, a superintendent's office, consultation rooms for the doctors, cafeteria and general repairs were deemed essential if better patient care and fiscal soundness were to be established at Children's. To provide these necessities the trustees approved spending over fifty-five thousand dollars in 1943. At the end of the year Mrs. Robert Rockwood, Chairman of Publicity for the Women's Board, reported that cheerful rooms and corridors greeted the visitors at Children's due to the recent plastering and painting. In her report Mrs. Rockwood admitted that the improvements had cost the Trustees money, but showed that, as a result of the expenditure, Children's income for the year had increased over the previous year. The estimated income, after deducting the state subsidy of $22,713.60, was approximately $78,642.88 as compared with $31,542.72 for 1942. The 1942 results, she was quick to point out, did not take full account
of revenue from the new 20 private rooms and the 12 semi-private rooms. The Hospital had prospects of even more prosperous years to come. In 1943 Children's treated 365 more private cases than in 1942. This growth, Mrs. Rockwood believed, reflected the increased co-operation of the doctors and their appreciation of better working conditions and business methods, in addition to showing the increased confidence of the patients and the growing prestige of Children's among agencies and social workers.

The stigma of being solely a charitable institution had begun to be broken, but to readjust completely public thinking a great deal more had to be done. All of the advantages of a child-oriented hospital were presented to the women of the community in as many ways as Mrs. Bradford, Porter, and the women's organisations could contrive. The most important group to be persuaded to bring their children to Children's was the women's groups of the Hospital itself. The continued success of the pediatric hospital depended upon the auxiliary women for they not only had the money to pay their way, but their use of the facility would reduce the social stigma. However, these women would only take their children where they felt that the children would receive the best care and where the facilities were most comfortable for them. Mr. Porter accepted the task of speaking to these women's auxiliaries and convincing them that Children's Hospital was the best one for their families' use. After all, he reasoned to them, their children deserved the same excellent care which the poor had always received at Children's.
As the years passed his task became easier. The Hospital was renovated, improving the facilities, and the caliber of the staff was up-graded. Improving the medical staff of the Hospital was a difficult task for Dr. Baxter. The University was not interested in sending its specialists to a pediatric hospital which had out-dated facilities and few physicians of ability equal to the University's own doctors. Dr. Baxter therefore had to attract physicians from out-of-town or good ones who were not connected with the University. The problem was heightened by the Second World War which took not only interns and residents, but the practicing doctors. ¹⁹ All of the Medical Staff worked extremely hard since the war caused a shortage of doctors, while the number of patients continued to climb (see Table 1). When the war was over and the doctors returned, morale was greatly increased. In addition, Dr. Baxter began to recruit the superior doctors with which he wished to staff his hospital. The improvement of the staff helped complete the conversion of the "carriage trade" to Children's by 1950. At this time, Children's Hospital had become totally integrated into the community. The women who raised money for the Hospital used it for their children as did all other segments of the city's population.
Footnotes--CHAPTER I

1. Hutchins, p. 47 from Columbus Dispatch, October 4, 1939.

2. During Mrs. Sellers' Presidency the Board of Lady Visitors was renamed the Women's Board, Mrs. William H. Kersker, Jr. "The First Fifty Years: Twigs of Children's Hospital, 1916-1966" (presented at the Twig 56th Anniversary Luncheon, March 22, 1966), p. 3.

3. Mr. Porter had attended Wooster College and was graduated from Western Reserve School of Pharmacy in 1929. He served seven years as a pharmacist and material supervisor in the Cleveland University Hospitals. He was a member of the American Hospital Association, Ohio Hospital Association, and the American College of Hospital Administrators. He was Kappa Phi and belonged to Rho Chi Society, an honorary scholastic society. The Bambino (September, 1942), VII, II.

4. Trustee Min., 12-16-44.

5. Ibid., Annual Meeting 1-27-44.

6. Ibid., 10-6-42, 12-1-42.

7. Ibid., 4-11-44.


12. Ibid., 4-8-54.

13. Ibid., 10-2-58.

14. Ibid., 11-26-46. Mrs. Bradford had been elected a trustee in 1943.

15. Columbus Children's Hospital, Minutes of the Women's Board (hereafter cited as WB Min.) 1-9-47.

16. Ibid., 12-16-43. See Table 1 for tabulations in the decline of the in-patient census.

17. The issue of private patients was not a new problem at Children's Hospital. In the first month of the Hospital's operation in 1894, the Trustees discussed whether pay patients were to be received. The decision was that they did not have enough rooms at that time to admit private patients. There was no mention of the idea that they were established as a charity institution. Nine years later, in June, 1903, the same question came under consideration. At that time the Medical Staff submitted their requested opinion that in view of both the Hospital's capacity and accommodations it would be "injurious" to admit private patients at that time. A similar decision was reached two years later when the issue again came before the Board of Trustees.
The first break-through concerning private patients in Children's Hospital began in 1914 when the Board of Lady Visitors presented a motion to the Trustees requesting the establishment of private rooms at a rate of 15 dollars a week and the doctors' fee. They believed that the "future life and success of the Children's Hospital depended on the setting aside of rooms for private patients." The Medical Staff supported this opinion. The strong backing of two important groups in the Hospital caused the Trustees to investigate the legality of changing their admissions policy. Their attorney, Trustee Daniel H. Sowers, investigated the problem and reported on February 24, 1915. At this time he informed the Trustees "that no gift has been made by will or otherwise, the condition of which would be violated or nullified by such a policy. He advised that the trustees were "free to make a charge for services rendered," if they so desired. Mr. Sowers' report was incorporated into the minutes of the February meeting, but no vote on the question was recorded. However, when the hospital publication, The Bambino, put out its first issue in June, 1917, the "Regulations Concerning Patients" provided that "the beds in the Hospital are free to those who are really poor, but a moderate charge will be made to such of those who are able to pay." The beginning of a moderate charge to those able to pay led to the establishment of an entire floor devoted to private patients in the new 1924 Hospital. This did not alter the prevailing idea in the community that Children's was a charity institution. Some monies were collected from the private patients, but the operating funds were provided almost entirely by the efforts of the Hospital's women volunteers.

18 Trustee Min., 12-16-43, 4-22-43.
19 WB Min., 5-16-43, 4-10-47.
CHAPTER II

DECISIONS AND GROWTH, 1945-1956

Children's Hospital has been interested in the education of medical personnel since the early years of the Hospital. Nine years after the opening of Children's nurses were given pediatric training in the Hospital. The education of medical students became a function of the Hospital in 1916 when Ohio State University College of Medicine became affiliated with Children's. The agreement between the two institutions opened the clinics of the pediatric hospital to the Ohio State University medical students.¹

Children's Hospital and Ohio State University, College of Medicine became more closely affiliated in 1941 when the Medical School established its Pediatric Department with Dr. Earl H. Baxter, the Chief-of-Staff at Children's, as Chairman of the new department. At this time Children's became integrated into the resident plan at Ohio State as well as the internship program in which it already participated.

In 1944 Dr. Fred G. Carter, Superintendent of St. Luke's Hospital, Cleveland, Ohio, made a study of the hospitals in the Columbus area and later returned to study Ohio State University's College of Medicine.² His first report commented upon the presence in Columbus of Ohio's only state-supported medical college as an asset to the hospitals here. In the same report Dr. Carter strongly
recommended that a good teaching program be maintained in the community. In regard to teaching, he found that Children's Hospital handled the pediatric training of Ohio State University's medical students. They were used in the clinics and on the eighty teaching beds. The problem, he noted, was that the beds were not always full. Carter's simple solution to the situation for Children's and the University students was that the general hospitals give up their pediatric sections and send all the children to Children's, simultaneously opening needed additional space for adult patients in the city. Once Children's was filled to capacity he felt that it would need to enlarge by fifty beds.

Dr. Carter reported that Columbus definitely needed some new hospital construction and soon would need to replace some of the existing buildings. Generally, he felt:

A concentration about the Medical School of the various agencies which are essential not only to its teaching programs, but to a broad recognition of the problems of the whole health field as well would accomplish much for the City of Columbus, the State of Ohio, and the Medical School and the agencies themselves.4

Regarding pediatric facilities, he felt: The children's facilities should be developed separately, but should be closely integrated with the general hospital and the medical school in order to take advantage of all central services and laboratories. The area to be served requires approximately 200 beds for Children's general and specialty cases.5 Carter's recommendation in his survey of the city hospitals similarly called for an extension of pediatric educational services through Children's.6 In addition to endorsement of
Children's as the proper pediatric center, he recommended that
Children's Hospital continue to be OSU's pediatric teaching
facility; that Children's have an opportunity in the Master Plan
to develop new facilities as a part of the physical plant of the
Medical Center; that Children's remain self-contained as to ad-
ministration, in-patient and out-patient services, clinical
laboratory, diagnostic and therapeutic services, dietary, etc.;
that Children's Hospital provide adequate space for clinical
teaching and use University Hospital for specialized services and
the Biological Institute for research and experimental medicine.

In his studies, Dr. Carter's first recommendation was that
"specific contracts covering all the relationships with Children's
. . . Hospital should be executed at an early date" by the
University. 8 His second concern was the lack of definition in
intra-hospital relations and the future planning of the area. To
help alleviate this situation he recommended that a hospital com-
mission, composed of all the hospitals in the county, should be
formed to co-ordinate future plans and prevent duplication and
under- or over-expansion. 9 The recommendation for a county-wide
co-ordinating body was followed quickly. In 1945 the Columbus
Hospital Federation was established. 10

Rather than propose an Ohio State University-Children's
Hospital contract, as recommended by Carter, Dr. Charles Doan, Dean
of the Medical College, followed a different suggestion of Dr.
Carter's to move Children's Hospital to the University district as
part of the Health Center. The Operating Committee reported Dean Doan's suggestion to the Board of Trustees on October 2, 1945.

Realizing that their decision would be fundamental to the subsequent development of the Hospital, the Board of Trustees pondered the question for a long while. The Operating Committee indicated that Dr. Doan had implied that the close co-operation existing between the University and Children's would not be disturbed. However, when the Dean spoke to the Operating Committee no precise definition of authority existed between the two institutions. Without their relationship being precisely spelled out, some Trustees feared that once Children's was geographically close to the Health Center evolution into the University complex eventually would occur. Others observed that many of the physicians at Children's were University faculty members and the Trustees did not want to lose these doctors or the medical students to a separate pediatric facility at the University. This fear is suggestive of the hold the College of Medicine was gaining on Children's through the threat of withdrawal.

Dr. Doan very much wanted to accomplish the move because it would eliminate the Medical College's ever having to establish another pediatric unit. After all, the specialists who came to Children's in the forties were not physicians already associated with the University. In those years the College of Medicine had not been interested in Children's Hospital with its outmoded equipment. Through the efforts of Dr. Baxter, more doctors were attracted to Children's Hospital. With specialists at the pediatric
hospital much finer medical care could be given, care which all the families in the community desired for their children so they began to take them there in greater numbers. In 1945 Children's was developing into a first-rate hospital and would have been an excellent appendage to the University's Health Center.

For nine months the Trustees considered the move to the University area. Some of the Board members felt that the Hospital would gain by the move and others believed that Children's would lose. When the vote was finally taken on June 4, 1946, "recommendation not to move to Ohio State University was accepted." Instead, the Trustees decided to remain at their present location and continue the planned expansion of their plant.

The decision to remain across from Livingston Park did not propose that a contract be drawn up with the University and no such suggestion came from defeated Dean Doan. The association between the two institutions continued as it had previously with Dean Doan and Dr. Baxter supervising the clinical staff's training of the medical students at Children's. Dr. Baxter spanned the hiatus between the two institutions by serving as Chief-of-Staff at Children's Hospital while being Chief of Pediatrics at Ohio State. Essentially, the University went its way under the direction of Dean Doan and Children's was left to Dr. Baxter.

The first evidence of any contact was for the academic year 1951-52. The contract, being a very general agreement, simply stated that Children's was to remain an independent unit, that the contract was renewable annually, and that Ohio State University
underwrote the teaching program at Children's for $31,704. A similar contract was made the following year with the financial support being increased slightly.\textsuperscript{14}

In October, 1954, the University appeared to have been dissatisfied with the financial arrangement for Ohio State approached Children’s requesting the Hospital subsidize the teaching program.\textsuperscript{15} No doubt existed in the minds of the hospital trustees; they could not afford to subsidize the teaching program regardless of the gains the Hospital happened to accrue from being a teaching institution.\textsuperscript{16} Three months later a letter was sent to the President of Ohio State University, Howard L. Bevis, from Dr. Earl Baxter, Dr. Charles Doan, Dr. Robert Meiling, and Mr. Robert Porter. It contained a recounting of the costs associated with continuing the teaching program at Children's and pointed out that no pediatric teaching facility existed in the University Health Center, necessitating continued affiliation.\textsuperscript{17} In view of these facts a $30,900 budget was agreed upon to be paid to Children's Hospital for 1954-55 from the College of Medicine Rotary Fund.\textsuperscript{18} Dean Doan stressed that the College of Medicine did not regard it as a continuing commitment, but one open to re-evaluation yearly.

During this same period a blurring of the Ohio State University—Children's Hospital relations seemed to have occurred in at least one other area. In a letter to Mr. J. Milo Anderson, Administrator of University Hospital, Mr. Porter stated that someone at the University had misinformed the librarian at Children's that she was responsible to the main campus library. Correcting this
misconception, Children's Hospital's Administrator explained that although the Hospital's library was partially University backed it did operate independently.\textsuperscript{19} No responsibility to the University was involved; as in all areas, Children's operated as an independent organization.

During the early fifties the relationship with the University had to be defined with caution for it was still quite vague. When a newspaper article was proposed in 1955, one of the doctors who was asked to read the planned article criticized the statement regarding the liaison between Children's and the University Hospital as "Misleading--The connection is between Children's Hospital and The Medical School--and if this is to be mentioned the relationship should be made very clear."\textsuperscript{20} The association went through periods of strain during 1954 and 1955. However, late in 1955 Mr. Porter reported to the Trustees that financial relations with Ohio State had improved greatly.\textsuperscript{21} With the financial stress diminished, tension between the two institutions lessened and each pursued its own course. Not until the sixties does the affiliation again become a subject of discussion.

The interest in education at Children's Hospital can be seen in places other than with the University. In 1945 $2,000 was donated by Mrs. Leslie L. Bigelow and Mr. John Russell Cole in memory of the past the Chief-of-Staff, Dr. Leslie L. Bigelow, who had worked hard for the education of future doctors in Children's Hospital.\textsuperscript{22} The donation was given for the purpose of advanced training of outstanding interns in any phase of pediatrics. Three
years later the Management Committee of the Board of Trustees expanded the Leslie Lawson Egleston Graduate Education Fund. In 1946, the decision having been made to remain at their present location, the Board of Trustees seriously approached the prospect of expansion. The Medical Staff made a report on January 25, 1947, based upon the two surveys by Hiscock and Carter. The report affirmed that the Hospital was then filled beyond capacity and that the increase in demand was not a passing occurrence. They felt that Children's should be maintained independently of any general hospital, an opinion supporting the recent decision of the trustees. Additionally, the Medical Staff believed that the Hospital should offer educational opportunities at the undergraduate and graduate levels and provide adequate means and facilities for research. Finally, the Medical Staff recommended that Children's Hospital work to become a complete child care center, however, they were hampered from their immediate goal of a better hospital by a lack of space. The quickest solution to this physical cramping they felt to be the building of a nurses' dormitory converting the space occupied by the nurses into a patient-care area for the growing number of children stricken with infantile paralysis (see Table 2). The space occupied by the nurses was critically needed and when freed, provided 75 beds for patient care, increasing the hospital's capacity by 57 per cent. To provide the hospital beds immediately, the nurses were housed outside the hospital.

A nurses' dormitory was obviously needed and the Trustees undertook to locate the funds to build one. The first funds were
donated on a matching basis by the Timken Foundation of the Timken Roller Bearing Company of Canton.\textsuperscript{27} The Timken Foundation gift put the campaign on its feet and a total of six hundred thousand dollars was collected to pay not only for the nurses' residence, but a power plant and other facilities. The contract for Timken Hall, as it was named, was let in October, 1948, and the building was dedicated on June 1, 1950.\textsuperscript{28}

Children's Hospital needed more than a residence for nurses. In the spring of 1947 Dr. Baxter stressed to the Trustees the great importance of continued progress if the Hospital was to maintain its position.\textsuperscript{29} Feeling the responsibility of being the only pediatric hospital facility in the area, Dr. Baxter believed that Children's had no alternative but to keep pace. In agreement with the Chief-of-Staff, the Board of Trustees began to formulate plans and to arrange for a fund drive. A firm of professional fund raisers was considered in 1947, but the plans which it submitted were unsatisfactory to the Trustees so they decided to run their own campaign.

While the Trustees at Children's attempted to deal with financial problems of growth at the Hospital, the other hospitals in the county struggled with similar difficulties. Taking the recommendation of the Carter Survey the hospitals formed the Columbus Hospital Federation in 1945.\textsuperscript{30} The professional association gave each of the hospitals an over-all view of the community and the areas in which expansion was planned. The hospitals found that each needed to expand and to locate the funds to do so. To avoid
several drives for hospital expansion operating simultaneously the Federation wanted to unite into a single, giant effort.

As a member of the Columbus Hospital Federation, Children's Hospital was asked in November, 1947, to join the United Hospital Building Campaign Drive (UHBCD). Ready to launch their own campaign, the Hospital Trustees discussed the possibility of joining, but made no decision. There was the probability that Children's could raise more funds individually than it would receive from the united effort. Furthermore joining meant a delay before the drive began and another before the funds were in their possession. The conservative group of Trustees liked to know from where their monies were coming before they expended them; therefore, their expansion would be postponed markedly.

Good relations with the general hospitals in the vicinity was the counterbalancing consideration. The sacrifices of delay and reduced funds were considered against the benefits of good public relations. At this time Children's had no monopoly on the profitable pediatric care in Columbus and amicable relations was extremely important if the Hospital was to succeed in its effort to become the area's pediatric center. A premium was placed on co-operation rather than immediate expansion and Children's decided to join the UHBCD. Promptly their own campaign plans were scuttled. The Hospital paused. The Trustees waited to learn that with a successful drive they could anticipate receiving seven hundred and fifty thousand dollars.
Meanwhile, during the delay, the situation became more critical. Porter reported to the Women's Board on March 11, 1948: "We have been trying to do a 200-bed job in a hundred-bed hospital. As an example of our crowded condition, we have been forced to send children home with bilateral pneumonia and a temperature of 105 degrees because of no beds." Organization of the United Drive took almost three years. Meanwhile, each of the hospitals purchased the land on which they anticipated building with the drive's receipts. Children's Trustees proceeded to purchase land immediately to the North of the Hospital. A statement of plans for the proposed additions were requested for publicity purposes.

The needs of Children's Hospital by this time were so numerous that it is difficult to designate which projects originally were planned to be accomplished with the UHBCD funds and had to be activated early due to demands within the Hospital. In April, 1948, the Hospital desperately needed a new boiler room, additional storage space, up-to-date X-ray facilities, a laundry addition and new equipment, an addition to the kitchen, and a nurses' residence.

The nurses' dormitory was financed by a Children's Hospital campaign prior to the opening of UHBCD. The other additions were to be provided for by the United Drive.

Conditions which had been considered pressing in 1946, when 38,152 hospital days had been recorded, were greatly aggravated four years later when hospital days had increased by a third of their 1946 level. In the same four-year period, admissions had almost doubled and the daily census had gone from 104 in 1946 to
163 two years later, back down to 139 in 1950. The additional space was provided only by crowding extra beds into rooms. In 1949 the polio section was opened and the following year 257 polio patients were admitted.

The situation became so pressing in 1949 the Trustees bought twenty thousand dollars worth of X-ray equipment and the following year had to purchase a fifteen hundred dollar water heater. Changes such as these altered the sketches which ultimately were drawn up to include a new kitchen, new operating rooms, sixty new patient rooms and expansion of the necessary accompanying service accommodations.

Although the Trustees attempted to establish an organized growth pattern for the hospital, the lack of funds to do all of the desired changes at once caused them to adopt a flexible approach to the situation. The growth of Children's, therefore, occurred somewhat like Topsy, who just grew. Urgent necessity dictated their funds' disposal. Some of the Hospital's growth was determined by the contributions received from outside organizations. For example, in November, 1949, the trustees learned that the National Foundation of Infantile Paralysis (NFIP) was considering erection of a convalescent polio patient building west of Children's Hospital. The NFIP planned to give the building to Children's at the end of the UHBCD and have it mounted by the pediatric hospital. Although aware of the possibility, Children's UHBCD commitment restricted it from acting immediately with the NFIP because growth at the Hospital at that time could seriously have damaged the United Drive contributions.
On May 10, 1950, the Trustees learned that over fifteen thousand dollars had been collected during that year. Encouraged by the report and pressed by the needs of the Hospital and the community, the Trustees authorized the Board of Managers to contract for the addition to the main hospital. The contracts were let and construction under way by April, 1951, when President F. O. Schoedinger announced to the Trustees that one hundred fifty thousand dollars had been pledged specifically to Children's. The following month the Trustees learned that a total of $515,267.74 was to be theirs from the UHBCD.

Although the original goal had been for more than $515,267.74, the Trustees did not despair. Instead they kept their eye on the future development of their hospital. On March 20, 1952, the Trustees moved to buy the remaining land north of the Hospital. By May, the Board of Trustees had begun to plan the erection of a one-story addition to the west of the main hospital. This area they hoped would house the Clinic and Out-patient Departments as well as a new morgue.

While working on the dual expansion, one to the north and one to the west, the Trustees' Finance Committee discussed methods of providing funds in addition to those received in the UHBCD. One means of financial assistance for the northern addition was realized in the NFIP which was interested in locating one of its lung treatment centers at Children's.

As the Hospital's physical structure grew to new proportions, a change on the Hospital's leadership occurred. In 1952 F. O.
Schoedinger tendered his resignation as President of the Board of Trustees. Having held this position since 1920, Schoedinger had been extremely active in the construction of the Hospital on the Livingston Park site and had led Children's Hospital into its modernization and expansion period during the fifties. Upon his retirement, Mr. Albert M. Miller was elected to fill his post. Miller led Children's to the conclusion of the Hospital's major physical growth before his resignation in 1960.

During 1952 the trustees under the leadership of Miller, worked to establish a firm plan of preferences for expansion. The Trustees' Executive Committee instituted a study on the future building and equipment needs of Children's. The findings were presented to the Board of Trustees on the evening of September 8, 1952, by Delbert Pugh of the Columbus Hospital Federation, F. E. Wilson and Dr. Earl Baxter. They reported that the number of beds needed to be increased by 120, to a total of 320. To do this the main building needed to be expanded. Other recommendations estimated to cost $3,430,000, included an addition to Timken Hall, a new tunnel and other smaller alterations within the existing building. An additional $430,000 was suggested for the Children's Mental Health Center if it was to be established in the vicinity of Children's. The Trustees wanted to provide each of these as rapidly as possible.

On December 31, 1952, the five-year United Hospital Building Fund Drive contract was due to expire, but in November the Trustees were asked by the Federation if they were interested in an extension.
Unanimously the Trustees decided against any continuation of the joint endeavor. Three months later, however, on February 3, 1953, they agreed unanimously to a six-month extension with the six other participating hospitals. When deciding to continue with UHECD the Trustees appointed a Ways and Means Committee to study the financing of Children's future improvements.

The April tenth meeting was concerned with the decision whether to build the northern or southwestern addition first. Plans for the northern building included an elevator tower, rooms for the resident staff, a new boiler house, and a new boiler. The estimated total cost was $1,300,000. The southwestern addition was to hold the out-patient and orthopedic facilities. The total estimated cost for both additions was three million dollars.

The Board of Trustees discussed the order of construction, never doubting that they would manage to build all that was needed to keep their Hospital sufficiently large and modern. The first step decided upon was to increase the boiler capacity. The Medical Staff stressed that the northern addition needed the southwestern addition to prevent even greater pressure on the surgical and laboratory facilities. In July the Trustees approved and began construction on the boiler house and the five-story elevator addition to the north, later known as the James Edwin Merion Addition.

June, 1953, also brought the question of a second UHECD contract extension. The original goal of $6,750,000.00 had not been reached by $1,500,000.00, and the Columbus Hospital Federation wanted
an extension until March 30, 1954, to reach the original target. The other hospitals in the city realized that Children's consent might be difficult to obtain since Children's was about ready to launch its own two million dollar drive to complete present and contemplated expansion. Therefore, to induce Children's Hospital to join, the Federation offered Children's a $300,000 loan which would have eliminated the pediatric hospital's waiting for their part of the contributions. The Trustees at Children's agreed, but had other conditions in mind.\textsuperscript{52}

In November, 1953, the progress since June of the UHBCD was reported. Pledges totaling $534,603.60 had been received since June, making Children's total, prior to the March solicitation, over $700,100.00.\textsuperscript{53} Since Children's was mounting a $2,250,000.00 drive, the Federation gave the Trustees permission to solicit pledges to the UHBCD which could be designated to the pediatric hospital.\textsuperscript{54}

During the final half of 1953, the expansion preferences were firmly established for Children's. The boiler house addition was completed and opened by November and the five-story Merion elevator tower was scheduled for completion in February, 1954.\textsuperscript{55} Following these, priority was given to the two-story Physical Therapy Building, later to be known as the Daisy F. Sellers Building.\textsuperscript{56} The Sellers Building was to be maintained and partially equipped by the polio foundation. The need for this building was urgent to those involved in the operations of the Hospital. Table 2 records the number of polio cases present in the community.
Meanwhile maintenance expenditures could no longer be postponed. Although the planned southwest addition included new operating suites, the existing ones needed to be air-conditioned and have proper conductive flooring installed. These safety features could not wait until the new addition could be built. In addition, $65,500 had to be provided to renovate the electrical wiring system so that the Merion elevator addition could be connected to the main hospital.57

In April, 1954, the question of another UHBCD extension arose. The Trustees decided to consider joining conditionally. Children's asked to be able to solicit designated gifts from individual corporations and other sources and still receive the same percentage of undesignated dollars as arranged in the original contract, even if the original campaign goal was reached or exceeded.58 Later in April the Columbus Hospital Federation made another survey of the area hospitals to determine how large the goal of the campaign the following year needed to be. The goal was set at four million dollars and Children's was advised that, if it joined, it could anticipate about one and a half million dollars.59

The Trustees kept all their irons in the fire. They were determined to adhere to their expansion and improvement program and to have their own campaign for $2,250,000.00. They continued to solicit their prospects, while discussing with the Federation their intention of co-operating in any general drive upon which the hospitals decided. Meanwhile the Board agreed to an extension until March 30, 1955.60 Later in the year, when they knew more
about it, the Trustees decided they would make the final decision on the United Drive. The progress of their plans remained their major concern. Therefore, in June, 1954, Children's signed the contract for the Physical Therapy Building, with NFIP pledging thirty-five thousand toward the equipment. 61

The place of the Women's Organizations in the growing hospital was important. While Porter's job as Administrator was being clearly defined, the role of the women was changing; Porter handled the administrative duties which had been the responsibility of the Women's Board. Upon hiring a trained Administrator and forming a Board of Managers with some of the Trustees to oversee the Hospital's operations, the women were only indirectly active in the supervision of the Hospital's administration. Removed from duties actually within Children's the women's group concentrated on their original function when the Hospital was founded; they were to provide financial support for Children's Hospital; Regulations of Children's Hospital, Columbus, Ohio, Revised and Adopted, 1946 charged the Women's Board with "responsibility of providing funds for operation and expansion of the hospital, and promoting the general public relations of the Hospital." 62

In order to keep the women active and concerned, the leaders of the Women's Board, the Twigs, and the King Branches felt that their members had to be kept informed and in close touch with happenings at the hospital. It was felt that if the women could be kept abreast of hospital affairs, they would communicate their concern and awareness to the community. 63
In 1948 Children's Hospital was the recipient of several gifts which received a great deal of publicity. A Trustee reported to his fellow board members that the effects of the publicity have unfortunately, all lead to the erroneous impression that the Hospital is not in need of funds. He pointed out the fact that our operating needs will expand with the building expansion while our other income from investment has declined because of lowered percentage rates.

Misconceived impressions as these, the Women's Board and Twig members attempted to correct. To help with "supplying information about Children's Hospital to persons both in our own organizations and in outside groups" the Speaker's Bureau was established in 1951 under the guidance of Mrs. Robert Rockwood. With information on Children's the Women's Board hoped that the hospital's activities and policies would be intelligently interpreted to the community.

The philosophy of the Women's Board was clearly defined by its President in 1952 when she stated "our large women's auxiliaries have been nurtured, successfully on the idea that the more knowledge they have, the better and livelier (sic) their interest, resulting in more activity." Knowledge was offered through monthly newsletters, forum meetings, invitations to Twig members to attend Women's Board meetings, and the efforts of the Twig Chairmen.

The women's groups had many ways of raising funds for the Hospital, but the Annual Maintenance Drive was their major effort. In 1954, Mrs. Raymond Rice, a member of the Women's Board, wrote:

Children's Hospital cannot operate on its income from patients. There must be additional become from other
sources: an enlarged endowment, charitable governing agencies, and an aroused and responsible community. This is a matter of education in which the members of the Women's Board should furnish and execute the leadership. Contrary to the general impression, endowments of Children's Hospital are not large. Occasionally generous bequests and gifts have provided buildings but the annual operating budget, close to a million and a half dollars, in 1953, must be earned or raised each year. The interest from our endowments provides a mere $20,000 annually. The Women's Board, the Twigs, Pleasure Build, and King Branches make handsome and important contributions to general operations. Adding all these sources together there is a considerable gap between income and operating expense. The Maintenance Fund is our major effort to close this gap.67

The Maintenance fund was raised by the personal solicitation of potential donors by Women's Board members. The drive was important not only for the money raised towards the Hospital's support, but for actively involving people in the Hospital's work. Such participation helped keep Children's Hospital the center to which they brought their sick children.

Mr. Miller as President of the Board of Trustees called attention to the indispensable role the women played at Children's.

I wish to extend our deepest thanks for the work and money raised by our Women's Board, King's Branches, Pleasure Guild, and the Twigs, without whose great financial help it would have been extremely difficult to have operated in the black; to have maintained at the same time our fine quality service; or to have met the demands for freework in our community. Throughout the United States, this has been an outstanding and unique example of what women of a city can accomplish and we are very proud of them.68

The contribution of the women at Children's Hospital was great. They raised funds not only to meet operating expenses but to help out in the Hospital's expansion and maintenance drives, were expected to engage in informal public relations work, and some were to serve
on the Board of Managers and to make decisions regarding the Hospital's management. As Mrs. Daisy F. Sellers declared years before, the women's groups are the "life preserver" of the Children's Hospital. The progress of their plans remained their major concern. Therefore, in June, 1954, Children's signed the contract for the Physical Therapy Building, with NFIP pledging thirty-five thousand towards the equipment.

On September 9, 1954, the governing board decided upon what conditions they felt they could participate in the second UHBCD. They asked that Children's be allowed to solicit funds from any and all, as they had been permitted to previously. In addition, they asked that the general hospitals agree not to build pediatric units and to consider Children's Hospital the pediatric care center, relinquishing pediatric beds for other purposes. The conditions were agreed to and Children's joined the second United Hospital Building Campaign Drive.

Eight million dollars was the campaign goal, $1,850,000.00 of which was to go to Children's Hospital. By Thanksgiving 1954 total subscriptions for Children's north and south additions totaled $697,368.68. Encouraged, two months later the Board of Trustees approved purchase of the physical therapy equipment.

Growth was the trustees' principal aim and they realized that the old building had to be modernized while the new parts were added. Therefore, they approved $6,000 for rehabilitation of the Hospital's laboratory and proceeded to have the second floor of the old north wing renovated. In 1955, $117,000.00 was authorized
for the remodelling of the third and fourth floors. The modernization program helped increase the cash income of the Hospital in years when operating expenses were such that they made a full hospital an asset. 77

The year 1955 brought a building funds emergency. While the Hospital was campaigning for funds, it was constructing the facilities for which the campaign monies were to pay. The situation was complicated by the money going through the UHBCD. Therefore, the Trustees advanced monies to the Building Fund from the General Fund. 78 It was anticipated that an estate left to the Hospital would ultimately pay for the Sellers Building as well as the rehabilitation and remodelling work. 79 The Trustees hoped to finance the southern addition and related renovations through the UHBCD. At the annual meeting, President of the Board of Trustees, Albert M. Miller, stressed that their major concern was to meet operating expenses. 80

By 1955 Children's had accomplished much of the 1950 development goals, but the Trustees wanted to complete their aims and construct what had become known as the south wing. Estimates for the addition reached $2,410,000.00 while the Hospital also needed to construct a $250,000.00 addition to Timken Hall. 81 An additional $419,972.52 was anticipated as necessary to equip and furnish the two projects. Financing of the work appeared feasible if assistance could be obtained from the newly-created Franklin County Hospital Commission. Effective on September 15, 1955, section 339.14(a) of the Revised Code of Ohio, provided for the
Franklin County Hospital Commission:

to which a hospital might deed unimproved property for the constructing and equipping of a hospital addition to be paid for out of the proceeds of the bond issues. For a nominal rental, the hospital then would lease the facility for a fifty-year period, with an option to purchase the land and the building. The Children's Hospital's Board of Trustees decided to use the newly arranged method to finance their building and requested over three million dollars from the bond issue supporting the Franklin County Hospital Commission. In November, 1955, Children's Hospital learned that it would receive from the Commission about 37 per cent less than their requested amount. The reduction caused elimination of some planned patient rooms and any further diminution of funds would have necessitated replanning rather than elimination. Besides the bond issue, financing was anticipated from a public subscription drive. Additional aid came from a $104,200.00 Ford Foundation grant, given one time to assist voluntary, non-profit hospitals in the United States to extend and improve the needed service which they provided to the community.

At the 1957 Annual Meeting of the Board of Trustees it was announced that Children's Hospital had increased its bed capacity from 235 to 290 and needed to complete expansion to the planned 400. In June the Trustees approved the plans for the five-story south wing and deeded the property involved over to the Franklin County Hospital Commission. The ground-breaking ceremony was held on October 2, 1958, at which time President Miller reminded the
listeners that the Trustees were able to undertake this pressing expansion because of the Hospital's "rich heritage of loyal, generous public support . . . [which] has never failed to keep pace with the expansion of services needed at Children's." In faith that the public would continue to support the Hospital as it had in the past and knowledgeable that Children's needed the nine new operating rooms, adequate lobby and waiting room, additional interviewing area, more "rooming in" facilities, and a 180-seat auditorium, the Board of Trustees committed the Hospital to greater debt than previously in the hospital's history.

While beginning construction of the south wing, the Trustees continued to work out the financing for the needed Timken Hall addition. In June, 1958, they learned that Housing and Home financing could not include teaching facilities with the 80-bed dormitory. Consultation with the architect showed that if the addition could be made to the east rather than to the north of Timken Hall the cost could be reduced by about $125,000.00. Therefore, trading the northern lot for the eastern one, the Trustees decided to relocate their proposed addition on the east end of Timken Hall. The cost of the Timken addition was estimated to be $350,000.00 for the residence area and $50,000.00 for the classrooms. The Board of Trustees decided to ask the Housing and Home Agency, Community Facilities Administration of the federal government for $366,000.00. In December, 1958, they learned that their request had been accepted, but to accept the loan they would have to pledge most of the general fund's securities. The Trustees
were in doubt as to the wisest course and assigned the problem to
the Finance Committee for study. Ultimately, the governing board
decided not to avail itself of the Housing and Home Agency loan,
but to go ahead with construction of the addition, paying the cost
out of their own funds. In addition, the Timken Foundation of
the Timken Roller Bearing Company of Canton gave a hundred thousand
dollars for the expansion of the hall to which originally they had
contributed generously. The Timken addition was completed by
September, 1960.

While the Trustees oversaw construction of the south wing
to the main hospital and the Timken addition, news reached
Children's of a $164,250.00 federal grant for the construction of
a Medical Science Research Building, plus $15,750.00 for equip-
ment. It was proposed that the Hospital build a research building
on West Monroe Avenue across from the main hospital building.
Overburdened with building expenses, the Board of Trustees stipu-
lated that the building could not cost more than the grant-in-aid.
Two weeks later the Trustees were informed that a proper research
facility would cost them three hundred thousand dollars to build,
$164,250.00 more than was available through the federal grant.
By June the estimated cost of a research building had climbed to
$480,000.00, but the Trustees approved almost twenty thousand
dollars to be spent on plans. As the federal grant's December
31st expiration date approached, two large gifts were given for
the research construction. M & R Dietetic Laboratories, Inc.,
donated $180,000.00 and $10,000.00 came from the Ohio Oil
Foundation, Inc. With these gifts, several good-sized individual donators, and the federal grant, $385,000.00 was pledged by mid-December, leaving only $65,000.00 to be located. In view of these facts a sixty- to ninety-day extension on the federal grant was given by the Department of Health, Education, and Welfare, U.S. Public Health Service. In December Dr. Baxter announced to the Trustees that the Medical Staff sought to make the research building self-sustaining and not a burden on Children's Hospital. Having gotten the extension from the Health Service and the promise from Dr. Baxter, the trustees gave their approval to proceed with the construction plans and open the bidding.

When the bids were taken they totaled $590,000.00 against the estimated cost of $465,000.00. This set-back caused Dr. Baxter to request another extension to September, 1960. In June the estimated cost jumped again by over four million dollars, leaving the Trustees $112,500.00 short of the required funds. At this point the Board of Trustees approved the transfer of funds from the General Fund and elsewhere to help pay the construction costs. These funds were to be repaid as soon as the research done in the building provided the means.

By the time construction began on the Medical Science Research Building, later named Ross Hall, the Timken Hall addition was opened. Later that fall the new 159-bed South Wing was dedicated. The dedication ceremony, recognizing the community's contribution and celebrating its completion, used the theme "This gift, from the Helping Hands of the Community to the Healing Hands of the
Hospital." It culminated a gigantic effort of physical growth at Children's during the decade of the fifties.

An area of work at Children's Hospital not yet given consideration is research. Although underway for a number of years, research did not receive much attention at the Hospital until the fifties. In the last decade research has been stressed more both nationally and at Children's Hospital. Activity at Children's has increased in this field, but it has been a process of gradual evolution. Upon the 1924 opening of the new hospital building adjacent to Livingston Park, the Board of Trustees issued a statement of purposes. Among the aims given was the pursuit of research. Although formal records were not kept, research activity was engaged in by the Medical Staff of the twenties and thirties. In 1937 Daisy F. Sellers, President of the Women's Board, wrote in The Bambino:

We should have a research department of much greater scope; for in the hospital there is material from which many scientific discoveries might be given to the world. Every research department of a hospital is motivated by one aim only—the finding of sure, safe preventatives and speedy elimination of the product of the concern for which it is laboring.

Although Mrs. Seller's endorsement of research was meant for the Trustees, she ended up convincing the ladies of the Hospital that the need was real. The medical staff re-enforced Mrs. Seller's statement, with their own knowledge that research was essential if Children's was to keep pace with other hospitals. The women responded to the situation in 1938 when Twig 46, the "Land of Counterpane" Twig, began to support the research laboratory as its
regular obligation, rather than continue its responsibility for supplying prunes. Knowledge that the Twig contributed toward a research laboratory was evidence that some research was conducted within the pediatric hospital, but little precise information was available.

In the forties the Hospital was able to attract more specialists and research grew. At first it was exclusively clinical in nature, but in the fifties basic research was undertaken. One project in the forties which received some acknowledgment at the time was Dr. Warren Wheeler's Playtex Research Grant. Others followed and by 1953 the Medical Staff strongly felt that some organizational structure should have existed in the Hospital to co-ordinate and facilitate the staff's research efforts. Having no direct access to the Board of Trustees, the medical and dental personnel, through the Medical Council, turned to its spokesman, Robert M. Porter, the Administrator.

As liaison, Porter wrote the Chairman of the Board of Managers, Mr. Robert M. Lazarus, in November, 1953. He gave the Medical Staff's firm opinion that the Children's Hospital needed:

an officially recognized body of men of the Medical Staff who would work with the appointed members of the Board of Trustees to develop, promulgate, evaluate, and find ways of financing a medical research and investigative program at the Children's Hospital of Columbus.

In other words, the Medical and Dental Staff wanted a group who could speak officially for them in obtaining research projects and in evaluating the results of the work. They wanted to receive funds in the name of the Hospital, enter into contracts with sponsors of
the research and recommend dispersal of the research funds, all in conjunction with the Board of Trustees. 115

As the result of this request, Children's Hospital Investigative Laboratories Division, known as CHILD, was established. Given full legal approval by the Board of Trustees in 1955, CHILD became a semi-independent agency of the Children's Hospital to stimulate and organize research by "investigating studies aimed toward a greater understanding of infants and children, to include their diseases, their normal and abnormal behavior." 116 The scope of the research was limited only by the initiative and ability of the staff and the ability of CHILD to raise funds and provide facilities.

The establishment of CHILD put medical research on a business basis, terminating the previous casual, laissez-faire practice. Medical research was subject to medical as well as financial auditing, enabling accountability to be pinpointed, and providing a central authority to keep a running check on progress in various projects. Additionally, medical research was given the full authority and prestige of the Hospital which stimulated personal initiative and pride of accomplishment among the Medical and Dental Staff. 117

CHILD provided further advantages. The Hospital administration was relieved of the business of research and researchers were freed from being business executives and fund-raisers. 118 Three working committees provided the structural basis of the operation for CHILD. The Research Projects Committee stimulated
new work; the Research Resources Committee found ways to accomplish it; the Board of Sponsors found means to finance the work. The structure, although informal, gave some co-ordination to the research within Children's. In its first three years CHILD administered three hundred thousand dollars in funds raised for special projects or investigatory purposes.

Although an established entity, CHILD had to fight to gain public support for research. The doctors worked to disassociate their research from "Ivory Tower" connotations for actually their work aimed to provide a great deal of information directly applicable to patient treatment. The close patient-laboratory relationship at Children's was in keeping with the national trend in research. It improved both care and education and was a factor in attracting high caliber medical men to the hospital.

Even some Trustees had reservations about research at Children's. Although their hesitations did not prevent the birth of CHILD, they would permit only an informally structured organization. Moreover, their attitude hampered CHILD's development. The Board of the mid-fifties seemed unaware of research in their future plans for the Hospital because they were unwilling to accept it as an integral part of the Hospital. In 1957 a doctor lamented: "To my way of thinking, they (the Board of Trustees) ought to be leading in the effort instead of condescending to agree with matters of judgment which have been formulated by the Board of Managers regarding research." He felt that the Trustees' reservations stemmed from an unawareness of the researchers' problems and an understanding of their goals in terms of the Hospital.
Refusing to be discouraged, the physicians obtained grants and executed them. In CHILD's first three years three hundred thousand dollars were raised for special projects or investigative purposes. "They felt that if CHILD can be made to work, research will play an increasingly greater role in the functions of Children's Hospital. As it does it will serve to draw men of talent to the Children's Hospital." Later in the same proposed article, Mr. Gabb pointed out that "Once it starts playing an active role at Children's, the hospital may enter a new era of service strongly backed by research." The role of research did continue to grow at Children's until Mr. Porter wrote in 1963:

To provide for the health care needs of the children of the area. That is the single reason for the existence of Children's Hospital and the various activities within its structure. This is accomplished primarily through patient care and treatment—but only to a slightly lesser extent through research education.

During the early sixties, Children's reached the point where a re-evaluation of CHILD became necessary, but by this time new leaders and other problems had appeared at Children's.
Footnotes—CHAPTER II

1 Explaining the rationale behind the association, Dr. Leslie L. Bigelow, the Chief-of-Staff at Children's and a number of the Medical College faculty, wrote an article for the Hospital's monthly magazine, The Bambino (July, 1917) in which he stated: "For sometime now the feeling has been gaining ground that a hospital as an institution is far from filling its proper function in the community if it confines its activities solely to the care of its patients. When the cost per day per patient is figured on a business basis it is found in the case of most institutions that patients could be lodged and boarded in expensive rooms in a first class hotel quite as cheaply as they are cared for in the hospital. It has become increasingly obvious therefore that if a charitable hospital is to justify its existence and make adequate returns for the sacrifices of its devoted friends who provide the funds for its maintenance, it must do more than merely give medical and surgical aid to its sick inmates." He continued with examples of the people in the social services and nursing which the Hospital had already participated in training, but he emphasized that the medical education of doctors was a most important and essential service, and that Children's Hospital's supporters should feel that this was an obligation to the community in which they lived.

Dr. Bigelow did not fail to mention that "lack of space, coupled with real need on the part of the university for clinical facilities for its medical students in pediatrics and the surgical afflictions of childhood, . . ." were as much a factor in the arrangement as Children's looking for another reason to justify its expensive existence. The article included the fact "that most of the discoveries and new methods marking the amazing progress of medicine during the past few decades have emanated from the clinics and laboratories of the hospitals that are teaching institutions. The very fact that a hospital is a teaching institution means that it must keep abreast of all the modern improvements . . ., and all of this the patient is beneficiary."

Therefore the "mutually advantageous" arrangement began. The clinics at Children's were opened and a clinical staff of sixteen was appointed by the Board of Trustees after nomination by the Medical College. This staff was responsible for the education of the medical students while the other members of the Medical Staff were not actively involved in that phase of the Hospital's work; however, members of the clinical staff, known as "gown" because of their connection with the University, and members of the "town" group of doctors who worked at Children's were closely integrated. In different years physicians would be on the University faculty or engaged in their own practice. The interchangeableness of the doctors' professional association contributed to bringing "town and gown" closer together than elsewhere in the community. In addition to fostering a close "town and gown" situation, the presence of
University doctors at the Hospital, although Children's governed itself independently, actually did cause the pediatric hospital gradually to become as reliant upon the services performed by the medical students and "gown" physicians as it depended upon the "town" physicians' support and use. The 1916 affiliation was just the seed of the growing interdependency.

2Dr. Fred G. Carter, M.D. Hospital Study of Columbus and Franklin County (1944) [hereafter cited as Hospital Study], pp. 1-9, 101, 113.
3Ibid., p. 99.
4Ibid., p. 113.
5Fred G. Carter, M.D., "An Approach to the Preparation of a Comprehensive Program for a Health and Medical Center of the College of Medicine, Ohio State University, Columbus, Ohio" [hereafter cited as "OSU Program"] (October, 1945), p. 4.
6Carter, Hospital Study, pp. 6, 102-03, 112.
9Carter, Hospital Study, p. 104.
10The flaw possibly exists on the Columbus Hospital Federation because the College of Medicine and University Hospital are state institutions and, as such, operate independently, showing their plans to the Federation after they have been decided upon.
11Trustee Min., 6-4-46.
12Ibid.
13College of Medicine, Ohio State University. Budget Matters 1951, 1952 (In the Luxon Papers at the Ohio State University Archives).
14Ibid.
15Unpublished letter from Mr. J. Milo Anderson, Administrator of University Hospital, to Mr. Robert M. Porter, Administrator of Children's Hospital, October 8, 1954. (Typewritten.)
16Unpublished letter from Mr. Robert M. Porter to Mr. J. Milo Anderson, October 29, 1954. (Carbon copy.)
18Unpublished letter to Howard L. Bevis, President of Ohio State University, from Charles H. Doan, M.D., Dean of the College of Medicine on February 7, 1955: "Memorandum of Agreement Between Children's Hospital and Ohio State University," 1954-55. (Typewritten.)
19. Letter from Robert M. Porter, Administrator of Children's Hospital, to J. Milo Anderson, Administrator of University Hospital, October 29, 1954, p. 2. (Typewritten.) Trustee Min., 4-16-55; In 1960 O.S.U. paid 75% of library at Children's Hospital. Trustee Min., 6-7-60.

20. Departmental Memorandum from J. Philip Ambel to Robert Porter, June, 1955 (?). (Handwritten.) Capitalization is as it was handwritten.

21. Trustee Min., 6-7-60.
22. Ibid., 5-15-47.
23. Ibid., 6-24-48.
24. Ibid., 1-25-47.
25. In 1944 Children's had been approved to be the community's Poliomyelitis center. Ibid., 4-11-44.
26. Ibid., 5-15-47. Nurses were housed in homes on the corner of Stone and 18th Streets, on Bryden Road, and later at the Jeffery Mansion in Beavley.
27. Ibid., 5-22-47.
28. Ibid., 6-24-48; 8-11-48; 6-1-50.
29. WB Min., Report of Meeting of the Board of Trustees, 4-10-47.
31. Trustee Min., 11-14-47, 12-20-47.
32. Ibid., 6-24-48.
33. WB Min., 3-11-48.
34. Trustee Min., 6-24-48.
35. Ibid., 11-10-48.
36. Ibid.
37. Information on the volume of work handled at Children's Hospital during the years of this study is recorded on the Tables in the Statistical Appendix. The sources for this information are indicated there.
38. Trustee Min., 4-14-49, 6-2-50.
39. Ibid., 8-10-50.
40. Ibid., 11-23-49.
41. Ibid., 5-10-50.
42. Ibid., 12-13-50.
43. Trustee Min., Minutes of Financial Committee, 5-21-52.
44. Ibid.
45. Trustee Min., 6-4-52.
46. Ibid., 9-8-52.
47. Ibid., 11-18-52.
48. Ibid., 2-3-53.
49. Ibid., 6-6-52, 4-10-53.
50. Ibid., 4-10-53.
51. Ibid., 6-4-53.
52. Ibid.
53. Ibid., 11-29-53.
54. Ibid.
55. Ibid., 6-4-53, 11-29-53.
56. Ibid., 6-23-55.
57. Ibid., 11-29-53, 4-24-54.
58. Ibid., 4-8-54, 4-24-54.
59. Ibid., 4-24-54.
60. Ibid., 3-30-55? 10? 54.
61. Ibid., 6-25-54.
63. WB Min., 11-11-48.
64. Ibid., 3-11-48. The recent gifts were from the Timken Roller Bearing Company; the Webster family; and the Jeffry Mansion, temporarily donated for use by the nursing students.
66. Ibid.
68. Trustee Min., President’s Report at the Annual Meeting 5-7-59.
70. Hutchins, p. 45. From The Bambino (Feb., 1936), 5, 10.
71. Trustee Min., 6-25-54.
73. Ibid., 11-22-54.
74. Ibid.
75. Ibid., 1-29-55.
An examination of Table V shows that Children's was ready to suffer the first two consecutive years of net loss on the Hospital's history. They did meet the 1956 expenses, largely because they were able to collect more from the private patients than in previous years. Again, in 1957, they had a net loss.

Trustee Min., 9-8-55.
Ibid., 6-23-55.
Ibid., 9-8-55. The electorate approved the Franklin County Bond Issue in 1956. Executive Meeting Minutes in the Trustee Min., 11-6-56.
Ibid., 11-22-55.
Ibid.
Ibid., 4-28-56.
Ibid., 4-22-55, 1-6-56, 7-25-56, 11-17-58.
Ibid., 5-17-58.
Ibid., 6-24-58.
Ibid., 10-2-58.
Ibid., 10-17-57. Pediascript. (Winter, 1958), I, 1. Two loans were taken out by the trustees requiring them to pledge Hospital securities.
Pediascript (June, 1958).
Trustee Min., Executive Meeting 6-6-58.
Ibid., 6-24-58.
Ibid., 12-30-58.
Ibid., 1-15-59.
Pediascript (Sept., 1959), II, 1.
Trustee Min., 9-23-60.
Ibid., 12-30-58.
Ibid., 1-15-59.
Ibid., 6-11-59.
Ibid., 11-24-59, 5-25-61.
Ibid., 12-17-59.
114. Letter to Mr. Robert Lazarus, Chairman of the Board of Managers, Children's Hospital from Mr. Robert M. Porter, Administrator, November, 1953. (Typewritten.)

115. Ibid.


118. Ibid.


121. Department Memo. To Mr. Porter from Dr. Clatworthy, May 2, 1955. (Typewritten.)


123. Letter to Mr. Robert M. Porter from Dr. Warren E. Wheeler, February 12, 1957. (Typewritten.)

124. Ibid.


127. Ibid.

128. Robert M. Porter, Administrator, "Participative Administration." A concept of organization developed specifically to meet the administrative needs of Children's Hospital, 1963, p. 1. (Thermofacted.)
CHAPTER III

CHANGES IN THE SIXTIES

While the Hospital grew physically, other important changes transpired in its operations. The sixties brought new leaders, a decline in the census, a new contract with the College of Medicine and a plan for the future development of Children's Hospital. The first problem which beset the Trustees in the new decade was the decline in the census.\textsuperscript{1} Having overcome the same problem in the early forties, Dr. Baxter, Porter and Mrs. Bradford again sought to reverse the decline. The causes for the lowered census of 1961 were not the same as twenty years earlier when an inadequate building, a lack of community support and an absence of specialists on the staff had contributed to the situation. By 1961 the effect of the Salk and Sabin vaccines was noticeable in the declining census of polio patients, previously the backbone of the caseloads.

Just at the time the decrease in polio cases released beds, the Hospital completed its expansion program and opened a new wing which made Children's a 304-bed hospital (see Tables 1 and 2). To remedy the situation, Children's had to woo the doctors and the community back to the general pediatric hospital. In the years when polio was prevalent, many patients had been forced to other hospitals since the beds at Children's were occupied by victims of the disease. Had Children's been able to expand more rapidly in
the fifties, a possibility if they had not joined the first UHBCD, the Hospital might have had the additional rooms necessary to keep it receiving all of the cases which came to its door. An enlarged Children's might also have made the inclusion of a pediatric unit in the new Riverside Methodist Hospital needless. Instead, the Riverside unit did demonstrate that the other hospitals did not feel compelled to abide by their gentlemen's agreement, to relinquish their pediatric beds and to recognize Children's as the child care center in the city.

Children's Hospital remedied the problem simply by encouraging the physicians and community to avail themselves of the space available in the modern hospital which provided excellent medical care through the doctors and the many specialists on their staff. In 1961, Children's was a nationally known pediatric hospital, and it did not have to convince the public of its excellence as it had to twenty years before.

The new leaders of the sixties arose in all areas of the Hospital. The President of the Board of the Trustees was filled by the short terms of men rather than by the term of one man for several decades. Mr. Schoedinger had served as President for thirty-one years; in the succeeding decade four men filled the post. In 1959, after eight years as President, Albert M. Miller resigned and Mr. Livingston Taylor was elected to fill the post. Two years later, Mr. Taylor tendered his resignation and Mr. Robert M. Rex took over the Presidency. He resigned the following year and Mr. George Kauffman was elected President of the Board of Trustees.
The year 1961 brought reorganization of the women's groups according to the recommendations of the Booz-Allen-Hamilton study. The changes involved the formation of the Women's Auxiliary Council, composed of representatives from the four women's organizations, to stand supreme over the same four groups: the King Branches, Pleasure Guild, Twigs, and the Women's Board. Mrs. Phil Bradford, Ambassador-at-Large for the Trustees, and Mrs. Robert Lazarus were instrumental in adopting the new structure. The Auxiliary Council facilitated Mrs. Bradford's job as liaison between the Trustees and the women volunteers because it served as a place of communication and exchange. It rested on a strong basis of financial support, being the recipient of the monies raised by all the women's groups; however, their expenses and the funds raised by the women now were included directly in the Hospital's budget as "non-operating expenses" and "non-operating income" (see Table 5).

The reorganization attempted to create a strong "spiritual union" between the groups. In 1965, the Council was enlarged to include the Kinder Key as one of its women's groups. As of November, 1965, a total of four thousand women were active in the organizations co-ordinated by the Women's Auxiliary Council. In the sixties, the administration of Children's Hospital was re-organised. Proliferation of responsibilities necessitated the hiring of personnel to assist the Administrator. Clearly, Porter explained in 1963, "For progress to be progress the organisational structure of the institution must reflect the increasing complexities and mushrooming of services of the institution." The presence
of a Controller, Public Relations Office, Director of Nursing, General Service Director, and Assistant Administrator gave evidence of administrative growth at Children's during the sixties.

Clifford R. Rostomily was hired in 1960 as an Associate Administrator to assume some of the responsibility with Porter. Although it was originally expected that Children's was to have two administrators, one in charge of services and the other for public relations, Rostomily actually became Porter's assistant. 8

While the organizational structure of Children's was strengthened, the Board of Trustees made on-going plans. Foremost among their thoughts was a Children's Mental Health Center to be developed over the next five years or more. "A Children's Medical Center," wrote Robert M. Sigmond, "is fundamentally dedicated to the promotion of child health." 9 He continued that it was in the "best interest of the children to segregate them from adults and be grouped in relatively large units in relatively few hospitals" because "service in larger units would avoid significant handicaps to provision of comprehensive, high quality service at reasonable cost." 10 The Medical Center at Children's Hospital was to be established for these reasons.

The format for their plans was carried in the May, 1960, Pediascript. The heart of the proposed center was the main hospital building, with its 150-bed south wing. Also included were the Research Building, for which construction was about to begin, and Timken Hall with its additions. Buildings for the Crippled Children's Society of Franklin County and the Children's Mental
Health Association were to be constructed in the area. Other proposed buildings were for social agencies, for physicians and surgeons as well as for the Medical Arts.

Children's was facilitated in its desire to establish a pediatric health center by Columbus' slum clearance program. As early as 1957, Children's had known that the city's plans could help them. Buildings were razed for blocks to the west of the Hospital, and a freeway was constructed to its back door. With hopes and possibilities in mind, President Miller had stated the aims of Children's Hospital: "Our ambition is to have the Columbus Children's Hospital one of the best equipped and most efficient Child Health Centers within this commonwealth, . . ." With this idea as their goal, the Board of Trustees, the Medical staff and Porter faced the sixties.

In 1964 Children's Medical Center Incorporated was chartered. Its stated purpose was "to acquire the land available to the West of the Hospital in the Urban Renewal program and control its development in keeping with the needs of the community and the care of the children." The Medical Center Corporation was planned as a non-profit organization which was to act as a holding company and contract with third party developers to develop the land. The Hospital was to co-operate with the Urban Renewal Commission. To begin with, the corporation needed an initial working capital of seventy-five thousand dollars to get the debentures of ten to fifteen years. At this time the Executive Committee asked that a copy of their organization's plans be sent
to Ohio State University for the Medical College's endorsement. No formal response is known to have come from the University, but no objection was received either. Therefore, the Board of Trustees voted to establish the Children's Medical Center Incorporated, in order to maintain control of the area surrounding their hospital building and to develop it into the pediatric center in the community.

While plans for the future were being made, the main hospital needed immediate repairs. Maintenance of the Hospital had been deferred due to the financial strain and now needed to be executed and unfinished renovations completed. About forty thousand dollars worth of surgical and X-ray equipment was in demand. In order to provide these deficiencies the trustees decided to run a special Maintenance Fund Campaign at the end of 1962. They raised forty thousand dollars and the Women's Board contributed $40,812 to complete the needed sum. Another change which was decided upon in 1962 was the establishment of a 6-bed clinical research unit to be constructed and maintained by the National Institute of Health in the south and west side of the Sellers addition. Although it reduced the hospital's bed capacity by twenty-four, the beds were not then filled. The clinical research unit was to have its own laboratory and food facilities, and the NIH paid for the structural changes. Children's still had use of the gymnasium in the Seller's Building and the personnel employed were under Mr. Porter's supervision.
Ross Hall had been under construction since the fall of 1960. In February, 1962, several developments arose concerning the research building. Ohio State University had offered to operate Ross Hall for Children's. The first year, the University contributed thirty thousand dollars for maintenance. The following year the building was to be maintained from research grants. The knowledge of where support for Ross Hall's maintenance was to come from pleased the Trustees, but they realized that if Ohio State was to run the research facility, Children's could not take advantage of the $143,000 National Institute of Health Grant. The NIH grant was to build an additional floor to Ross Hall to be used for leukemia research. The additional overhead could not have been expected to come from the University. The Trustees decided to postpone their decision until more definite plans and information became available. Postponement provided the trustees with time to locate the $133,594.52 needed to meet previous commitments on the research facility.

In March, 1962, the confusion which developed between the University and Children's Hospital was openly stated for the first time. Orville C. Green, M.D., wrote a Department Memorandum to CHILD on the topic of "Movement of the Research Laboratories of the Division of Pediatric Endocrinology into Children's Hospital Research Building (Ross Hall)." In his typewritten note, Dr. Green asked whether the overhead allotment from the endocrinology grant held by CHILD was to be turned over to the University. He realized that the Ohio State University Research Foundation held one grant
which would be kept at the University accounts. Dr. Green requested
clarification on this point which plagued the two institutions for
some time, still being undecided in June, 1963.

Another innovation in the sixties was the election of a
doctor to the Board of Trustees. Previously, the Board had always
wished to keep the men who were involved professionally in medical
care removed from governing the Hospital. However, in January,
1963, during the Presidency of George Kauffman, the Board of Trustees
elected to membership, Dr. Richard L. Meiling, Dean of the College
of Medicine, Ohio State University. A Pediscript article the
following month explained that two things were hoped to be gained
from the innovation:

It is anticipated that this addition will keep the
Children's Hospital Board better informed on the edu-
cational program of the College of Medicine in the
teaching of medicine for the younger age group.

This move will also orient the College of Medicine
in the role that Children's Hospital must play as a
general hospital for children in the community it serves.

It was hoped by all that his appointment would cause the University
to face the problems of Children's Hospital. Children's Hospital's
problem involving the University was discussed at the same meeting
the trustees elected Dr. Meiling to their Board. The problem, "seen
as important," was the Ohio State University College of Medicine
personnel's needing office space. Children's resolved to "try to
get the Dean of the College of Medicine to assist the Hospital in
the allocation of space and necessary expense." Although a
trustee of Children's, Dr. Meiling's most obvious influence at the
pediatric hospital comes directly through his position at Ohio State.
The addition of Dr. Meiling to the Board of Trustees was reflective of changes which had taken place among the governing body over a decade. In November, 1953, there were twenty-four members on the Board of Trustees. Twelve years later, the board consisted of thirty-nine members, fifteen more than in 1953. Only fourteen of the 1965 trustees had been on the board twelve years before. Over two-thirds of the 1965 Board of Trustees had not been members when CHILD was established in 1953. Twenty-five new individuals had been added and the President had been changed several times. Each of these individuals had his own ideas concerning the Hospital's problems, but if they reflected as great changes as did Dr. Meiling, then the complexion of the Board of Trustees in the sixties was quite different from that of a decade before.

Dean Meiling joined the Board of Trustees and, three months later, amicable relations were established between the University and Children's in some areas. In April, 1963, Clifford Rostomily, Assistant Administrator, and Bernard Lacher, Assistant Dean of the College of Medicine, arranged for the Program Director of the new NIH clinical research grant to receive his income through the University, with Children's reimbursing Ohio State. This arrangement permitted the director to receive the maximum in salary, retirement and insurance benefits, which would have been less, based on Children's standards.

In other areas relations were not as easy. The lack of definition between the two institutions continued to plague Children's. At the June 18, 1963, meeting of the Committee of
Projects Committee of CHILD, Rostomily reported that no clear definition of policy existed from Dean Meiling. Regarding which research projects could and should be handled through the Children's Hospital and which ones, of necessity, would be handled through the Dean's office and the Research Foundation of Ohio State University. To clarify CHILD's confusion Rostomily pointed out that the Respiration Center, which he felt was wholly and solely a Children's Hospital function, was transferred for six months to the Research Foundation. Similarly the clinical out-patient appointment breaking grant was transferred to the Research Foundation after a telephone call with Mr. Wolpert, although the work was done in Children's Hospital and University facilities were not used . . . . In addition, Dr. Juan Soto, who considers himself to be ten per cent Pediatric Department teaching, was instructed by the Research Foundation to consult with his department head and was advised by the department head to maintain his grant at the Children's Hospital.

A month later Dr. Clatworthy reported to the Projects Committee on a brief meeting he had had with Dr. Meiling.\(^3\) He reiterated four points made by the Dean at the time. In the first place, Dr. Meiling stated that he was unaware of the existence of CHILD. A remarkable fact from a man involved at Children's Hospital in two different capacities. Secondly, the Dean felt that the research activities at Children's and the University should proceed "simultaneously and separately."\(^3\) All research grants requiring the signature of the Dean's office were to be submitted to the Research Foundation. Other grants could be obtained directly by the offices of Children's Hospital or CHILD. In conclusion, he stated that a decision regarding the operation of Ross Hall would be forthcoming. The topic of discussion concerning Ross Hall was not whether it would be returned to Children's, but concerned the
renting of space in the building for research carried out by Children's Hospital. Reassuringly, Dr. Clatworthy added that "Dr. Neiling did express interest in using Ross Hall to its fullest and most efficient extent for research in diseases of infancy and childhood." 35

During the fall of 1963, in the midst of the problems of definition of authority between Ohio State and Children's Hospital, the pediatric hospital began to search for a new Chief-of-Staff. Dr. Baxter had decided to retire from his positions at both Children's and the University. 36 Therefore, Children's asked Ohio State's assistance since the University was looking for a new Chief of Pediatrics at the same time. 37

During the dual search the question of definition of authority again became an issue. However, the indefiniteness did not involve research, rather it concerned the scope of the Administrator's responsibility. 38 The trustees discussed the problem and rejected the suggestion that the Administrator's title be changed to Executive Vice-President in order to eliminate any confusion. The new Board of Trustees did not wish to retain the old system, they wanted both men to report to them. The Chief-of-Staff and the Administrator were to be equal in authority. Previously, Dr. Baxter had reported to the Trustees, but only upon request. Ostensibly, Dr. Baxter went through Porter to obtain whatever the Medical Staff believed was needed in the Hospital. The revision increased the power of the doctors in the Hospital, but, somewhat less desirably, opened a path to by-pass or go over
the Administrator. The new Board of Trustees gave the Medical Staff a stronger hold on the Administrator.

At the same April, 1963, meeting the Board of Trustees declared that the Hospital's relations were considered to be of primary importance and although Children's was not to sacrifice what it wanted, it should attempt to keep the two institutions' interests compatible. In keeping with this decision, the administrative personnel were advised to remain apart from the selection of the new Ohio State University Chairman of the Department of Pediatrics, especially since it was hoped that the same doctor selected by the University might become the Chief-of-Staff at Children's. On August 19, 1963, Burce D. Graham, M.D., was employed by Ohio State University as Chairman of its Pediatric Department and was named Chief of Children's Hospital's Medical Staff.

Following the appointment of Dr. Graham to both posts, Dr. Neiling sought to clarify Children's Hospital-University relations. On September 19, 1963, he recommended that Children's assume control over Ross Hall. The Trustees elected to await further developments before deciding. Shortly, a new agreement between the two institutions was approved by the trustees. The new contract was similar to the previous ones, but no mention was made of continued O.S.U. support of their teaching program at Children's.

February 11, 1964, Dr. Graham was welcomed to the Hospital and he immediately seemed to strive to consolidate the workings of
the two institutions by which he was employed. At the Executive Committee Meeting of April ninth he announced that Resident Physicians at Children's could be eligible for free tuition in the Ohio State Graduate School, if arrangements could be made for the Residents' salaries to be paid through a University rotary fund. The committee approved the plan, with reservations, to review the matter again. 45

Another situation further integrating the University and Children's was in the vertical control of Children's Hospital's medical departments the O.S.U. Medical Faculty was able to exert by virtue of being joint staff appointments. Vertical control meant that the University was able to put itself in control of all the departments at Children's because the Hospital accepted the University's teaching appointments. Granted, Children's had the right to appoint a duplicate staff, but in so doing the pediatric hospital would have had to pay their salaries. Therefore joint staff appointments were usual. This fact combined with the elimination of the Administrator as the Medical Staff's liaison and ultimate provider contributed to Porter's growing dissatisfaction. Finally, when his health failed, Porter requested to be relieved of the post he had held for twenty-two years. 46

Upon Porter's departure, Children's searched for a new Administrator. Clifford R. Rostomily served as the interim Administrator. After an investigation for a suitable replacement, the Board of Trustees in May, 1965, appointed Rostomily permanently to the post. 47 While Porter had been experienced in hospital
management when Children's had hired him, he had not attended a
college school in Hospital Administration. Rostomily was college-
trained. The new Administrator had earned his B.S. degree in
Political Science and Economics from the University of Minnesota.
He had continued at the same university for his Master of Hospital
Administration, serving his residency at St. Luke's Hospital,
Milwaukee. Previous to his 1960 arrival at Children's he had
served five years as Assistant Superintendent of Cincinnati General
Hospital and four years as Administrator of Lawrence County General
Hospital. He was a professional administrator for the sixties as
Porter had been for the forties before college curricula included
hospital administration in their professional training.

Shortly after Porter resigned his position, Mrs. Phil S.
Bradford submitted her resignation from the Board of Trustees and
her post as Assistant Secretary to that Board. She had held
this position since 1946 and had been a trustee since 1943. She
had always believed that the older members should step aside and
give room to the vital younger generation. Mrs. Bradford's position
was not refilled. Instead, her numerous duties were divided between
the administrative personnel at Children's. Mrs. Bradford's years
of devoted work at Children's brought the Hospital through two
census crises and the re-establishing and re-structuring of the
women's organizations, which she had served in an advisory capacity.

While the turnover of leaders occurred, the Hospital pro-
ceeded to build Ross Hall and to manage it. The original two-story
structure of Ross Hall had been completed and opened July 1, 1963.
Meanwhile the Trustees investigated the costs of constructing additional floors on the Research Building. Estimates on the building costs varied so the Trustees postponed their decision to build until later in the year when more definite plans were available. However, the Board of Trustees did approve on May 14, 1964, the return to Children's Hospital of Ross Hall as of July 1. The arrangement had been expensive for the University and they were not satisfied with the use made of the building which had been designated for research. Children's wished to terminate the lease with Ohio State so that the Hospital could enlarge the facility and so that Children's Hospital could administer its own research program. Therefore, the lease was terminated by mutual consent of the two institutions involved.

When Ross Hall was being built and during its first year of operation, the amount of research continued to grow. By 1964 it was necessary to establish a more formal structure to supervise the work. Rather than revise CHILD, the existing research organization, the Board of Trustees decided to form a new organization. Children's Hospital Research Foundation, hereafter CHRF, was the replacement. The ability to establish the non-profit corporation represented a change of opinion concerning research by the Board of Trustees since 1953 when the Medical Staff had petitioned for a formal research organization and had been permitted only CHILD. The 1964 Board of Trustees realized that "the miracle of today was the research of yesterday," they joined Dr. Graham's belief that "always our aim is to make the research of today the medicine of
Recognized...[their] obligation to concentrate a scientific curiosity on the "whys" of children's illness and the "hours" of doing something about them. And...[they] think research is an important part of patient care. For research done here brings new knowledge of diagnosis and treatment more quickly to the bedside of today's child.

"The child was the first to gain through research." Additionally, the trustees believed that University Hospital derived 29 per cent of its budget from research funds and they wished their Hospital to realize a similar subsidy. With new awareness of the role of research in a hospital and with the prospect of profit from it, the trustees approved the Children's Hospital Research Foundation (CHR) on April 9, 1964. Formed "to co-ordinate the direct research programs of the Hospital and to seek additional programs of investigation," it began operation as a separate entity on July 1, 1964, when Children's assumed control of Ross Hall.

The organizational change from CHILD to CHR involved the establishment of more formal boards. The non-profit research corporation was governed by a board of ten trustees. The composition of this research foundation board was revealing. Three are required to be members of Children's Hospital's Board of Trustees, thereby establishing the link to the Hospital's ruling body without giving CHR a representative to the Board of Trustees. Two members were to be selected from names suggested by the Dean of the College of Medicine at O.S.U. and two others were to be chosen from suggestions made by the President of the Ohio State University Research Foundation, both cases illustrating the integration of Children's and the University. The three remaining places could be filled
with individuals selected for other reasons. The presence of so many University-recommended people guaranteed them a voice in the CHRF. Along with Dean Meiling's presence on the Hospital's Board of Trustees, the composition of CHRF's Board of Trustees exemplifies the increasing infiltration of Children's Hospital by University people.

The friction between the two growing and associated institutions is visible in the research aspects. CHILD had outgrown the informal structure the Trustees of the fifties had decided would be adequate, but CHILD had also had problems with the University. Previous to CHILD the members of the University's Medical Staff had conducted their work through Ohio State Research Foundation which received any overhead from the grants. Once CHILD was available, grants were received by it for research done within the pediatric hospital. Becoming aware of the situation, Dr. Meiling clarified the ambiguous situation. On May 21, 1963, the Projects Committee of CHILD reviewed the policies stated at various times by the Dean regarding the use of Ross Hall Research Laboratory. The opinion he held was that the "Research Foundation of the Ohio State University was required to process and collect the overhead on those grants which required the Dean's signature for their completion. Other grants could be obtained by CHILD or Children's Hospital."62

Realizing that virtually all the research at Ross Hall was done by University faculty members the Project Committee members were deeply distressed for it meant that the facilities at Children's
would be unable to collect the overhead which the trustees had hoped would support the research done there. In addition, the committee members cited past examples which did not coincide with Dr. Meiling's definition of the situation. In disagreement with the Medical School's Dean, a representative was sent to discuss the crucial matter with him.

In the meantime CHRF replaced CHILD and attempted to clarify the ambiguity in its Code of Regulations. After stating that all research, to be permitted at Children's, required the approval and supervision of CHRF, Article VIII, entitled "Research," declared:

> no research shall be undertaken except pursuant to a contract which shall be in writing and be authorized by special resolution. No grant to the Foundation shall be accepted unless approved by the Board of Trustees of the Foundation or by said Board and the Board of Trustees of the Ohio State Research Foundation in cases in which such joint approval is appropriate.63

A December 1, 1964, issue of O.S.U. Research News soon clarified the stipulations regarding off-campus funds for research and scholarly inquiry.

> The only requirement is that the Office of Research and the Office of the Development Fund be informed of any plans for soliciting gifts from off-campus sources. The reason is obvious. Uncoordinated solicitations can lose rather than gain donors. Development Fund personnel are available for advice on these procedures, and all such gifts are deposited in that fund.64

Awareness of University's rules gave added potency to CHRF Code's final phrase, which appeared to have been added almost as an afterthought. However, the phrase "when appropriate" was actually an extremely vital point because "all research carried under the
auspices of the Children's Hospital Research Foundation is conducted by members of the faculty of the various departments of the O.S.U. College of Medicine. The University had a stranglehold on Children's research by virtue of the fact that the researchers happened to be faculty members.

Interestingly, six months after the statement of University policy a "Correction in Policy Statement Regarding Grants, Contracts, Manuscripts, Abstracts, etc." was issued by the CHRF's Board of Trustees. Rather than altering the CHRF procedure, the steps necessary for University clearance were spelled out in detail. While recognizing the fact that all the researchers were University doctors, the declaration essentially made it impossible to skirt University channels and thereby eliminated possible friction with the powerful institution.

CHRF's first year from July 1, 1963, to June 30, 1964, was marked by the many pains which accompany growth and development, but its first anniversary saw it emerging as a decidedly going concern. The forty-man CHRF staff and the nine senior investigators, College of Medicine faculty, undertook twenty-three research projects, more than half of which were new in their first year of operation. Moreover, CHRF was nationally recognized by the National Institute of Allergy and Infectious Disease which awarded the Columbus pediatric hospital the first rhinovirus laboratory in the world. The contract provided for the necessary renovation of the area to be used and the first year's operation. Studies such as the fat transmission between mother and unborn child and the
relation of under-nourishment and mental retardation were under-
taken. In addition the National Institute of Health was financing
the special clinical study center in the Sellers’ Wing.  

With Ross Hall under the Hospital’s administration, growth
of the CHRF continued in the second year. From July 1, 1964, to
June 30, 1965, CHRF administered grants and contracts amounting
to $531,349.00. Other research monies for work done at Children’s,
but administered through O.S.U. RF, totaled $106,729.00. The com-
bined funds totaled $659,078.00. The 1964-1965 overhead on CHRF-
administered grants was $40,558.00. An agreement with the Uni-
versity provided that 70.4 per cent of the O.S.U. RF grants’ over-
head would be refunded to CHRF for 1964-1965, thereby fulfilling
what a report on CHRF, quote "A Child Has a Better Chance" states
is a "joint endeavor." The annual report states:

Research here is a co-operative venture between Children’s
Hospital and various departments of the Ohio State Uni-
versity College of Medicine. The close association is
reflected in the composition of the Foundation’s Board
of Trustees. Members represent the Children’s Hospital
Board, the University’s administrative staff, and the
community. Government agencies and foundations see this
co-operative research effort worthy of financial support.
The children reap the benefits.

Meanwhile the Hospital’s trustees had approved the expansion
of Ross Hall. The funds for the building, beyond the $162,880
federal grant, came from the trustees’ monies because they felt it
was inadvisable for Children’s to compete with the Columbus Hospital
Federation’s forthcoming five million dollar drive. Construction
of the two additional floors began in December, 1964, and was com-
pleted in July, 1965. The fourth floor was designated for the virus
and virus cancer research which had been started elsewhere in the Hospital in the previous year. The third floor, built because it was cheaper to construct two floors simultaneously, was left vacant to provide space for future programs researching childhood diseases.

In 1965 Children's Hospital appeared to be entering a time of decision. The physical expansion had stopped, with the completion of the fourth floor of Ross Hall, which was opened in July, 1965. Plans for the Children's Medical Center had not proceeded beyond construction of the buildings which had been definitely agreed to prior to 1962. The reason for the stalemate, given at a trustees' Executive Committee Meeting was the uncertainty of other hospitals, especially University Hospital. The lack of help from the University concerning its future plans indicated that the University was not willing to face the problems of Children's Hospital. The absence of the persons who had conceived of the Medical Center may have left the idea without a forceful leader. Children's remained just active enough to retain its voice in the redevelopment of the Urban Renewal Area, a position the trustees did not want to forfeit. To help decide the course Children's Hospital should follow the Executive Committee decided on December 16, 1965, to hire a professional planner to assist them by making a study of the future needs and possibilities of the Columbus area.

In 1965 Mr. David Cox, a trustee of Children's Hospital, and President of CHRF, reported to the Executive Committee that the
Research Foundation could never be expected to generate a cash surplus from its operations. He explained that as the research programs expanded, grants would not cover the building's operating expenses, would necessitate the development of alternative means of financing research. Rather than expect CHRF's contribution to the Hospital to be financial, Mr. Cox suggested that the trustees "must not overlook the advantages to the Hospital of attracting men of high qualification" by CHRF. A few months later Dr. Cramblett, a CHRF researcher, expressed his hope that CHRF and OSU could share in attracting seasoned investigators.

University relation with Children's over research had improved as the pediatric hospital accepted a large measure of OSU control over work done in Ross Hall. Mr. Rostomily worked to establish reciprocal arrangements concerning payment of professors and researchers as well as exchange of supplies and equipment. Dr. Alfred B. Garrett, Vice President for Research, Ohio State University, told the CHRF trustees that it would be advantageous to both their Research Foundation and Ohio State's "to funnel an equitable share of OSU RF overhead to CHRF." Although as recently as January 22, 1965, the importance of a definite OSU-Children's agreement was requested by the CHRF, such agreements, Rostomily reported, are done by arrangement with the aim being "openness to facilitate all."

A major reason Children's Hospital did not push for a settlement with the University was the dispute over whether Children's should have pediatric thoracic surgery or whether it
should be centered at the University, under the Department of Surgery. The division in the Department of Surgery at Children's and the general feeling of the Medical Staff that Children's should retain cardiac-vascular surgery, combined with the possibility that the University could develop its own pediatric unit if the state legislature provided the funds, inhibited Children's from forcing the crucial issue. As of August, 1965, thoracic surgery was removed to the University Hospital, at least temporarily. Top priority has been given by the trustees to meet the physical requirements necessary to return the open-heart surgery to Children's. Attention needed to be given to dissatisfaction arising from the "changing status of people" between the two institutions. Resolution of this question in a mutually agreeable manner would improve relations between the Children's Hospital and the University.

Meanwhile research continued to thrive and the Board of Trustees assumed responsibility for funding the work. In March, 1965, Dr. Graham, Chief-of-Staff, presented a list of research grants, contracts, and gifts then held by the Department of Pediatrics. Their approximate total was $725,000.00, an increase of approximately $600,000.00 over 1963. He did not fail to indicate the considerable depth and quality added to the Hospital's program by the increase. Supporting his statement, Dr. Graham pointed to the "improved quality of the residents in the 1965-66 program and a full complement of the six pediatric interns through the Ohio State University, instead of the two which Children's had last
year." While demonstrating the growth of research in Ross Hall, Dr. Graham's report emphasized the supporting role played by the University.

The interplay between the College of Medicine and Children's Hospital never had been completely defined. Through the years the association to be more complex and dependent. In 1917 the Chief-of-Staff, Dr. Leslie Lawson Rigelow, had written: "Better patient care is the constant aim. Children's recognizes at the same time that better care requires time, research, and teaching to go along together, rather than separately." More recently the December, 1961, issue of Pedisscript reviewed the triple assignment, including patient care, teaching, and research. Here they clarify:

The work of the Medical Department is closely integrated with that of the Health Center of the Ohio State University, particularly the teaching and research phases. Since the Children's Hospital is the teaching facility for the College of Medicine of Ohio State University, are in effect a unit of the Health Center, even though eight miles removed. All full-time members of the Department are on the teaching staff of the College of Medicine.

It should be remembered, however, that the Children's Hospital was not the actual educating body.

Education of the medical student is a University function, but the Medical Department participates in it heavily through the teaching duties of the members and through the program of rotating the junior class of the College of Medicine through here for basic training in Pediatrics.

The clinics and the 304-beds at the pediatric hospital were open to the teaching staff for purposes of instruction. Children's participated in education only through the College of Medicine.
In 1965 the Board of Trustees decided to recognize in the "Articles of Incorporation" the Hospital's research and educational activities in order that Children's might qualify for tax-exemption as a "scientific and educational institution" as well as a charitable one. The trustees approved the amendment at a special meeting on September 17, 1965, and received notification from the United States Treasury Department the following month that the change of status had been accepted. The amendments actually did not alter the purpose of Children's Hospital beyond what it had purported to be for a number of years. Teaching and research were elements of the Hospital's work, but the primary reason for its existence remained general patient care. Patient care given at Children's was specialized in that it was limited to the treatment of children but the trustees sought to keep it a general pediatric hospital. Service to the community surrounding Children's has always been a purpose of the Hospital and, although over fifty percent of the patients at times have come from outside Franklin County, the pediatric hospital has been able to remain essentially a hospital serving and largely supported by the citizens of the Columbus area, with the additional benefit of having an extremely capable staff to handle specialized and complicated cases.
Footnotes--CHAPTER III

1 The decline in the census involved only the in-patients. The Out-patients Department and the Emergency Room advanced in use. Trustee Min., Executive Committee of the Medical Staff, 4-29-61. Ibid., Executive Meeting 4-6-61.

2 Ibid., 5-7-62.

3 Ibid.

4 Ibid., Annual Meeting 1-17-62, Mrs. Robert Greene, Chairman of the Women's Auxiliary Council, an Address on November 10, 1965, entitled, "You, Your Hospital, and Children's Hospital." [Hereafter cited as Greene, Address.]

5 Greene, Address.

6 Ibid.

7 Porter, Participative Administration, p. 2.

8 Trustee Min., 5-7-62, 5-23-63.


10 Ibid., 1079-80.

11 Trustee Min., Executive Meeting 11-3-57, 6-11-59, 7-22-60.

12 Ibid., Executive Meeting 4-13-61.

13 Ibid., 10-2-58.

14 Ibid., Executive Meeting 9-10-64.

15 Ibid.

16 Ibid., 12-16-65.

17 Ibid., Executive Meeting 9-10-64.

18 Ibid.

19 Ibid., Executive Meetings 9-10-64.

20 Ibid., 12-16-65.

21 Ibid., 9-13-62.

22 Ibid., 1-11-63.

23 Ibid., 7-9-63. All the following information on the clinical research work was from this same source.


25 Ibid. (Feb., 1962), V, 1.


27 Ibid., 1-24-62.
Ibid., Executive Meeting 4-28-65, 5-7-65.
48 Pediasscript (Summer, 1965), VII, 1.
49 Trustee Min., 3-18-65.
50 Ibid., Executive Meeting 4-9-64.
51 Ibid., 5-14-64.
52 "Children's Hospital Research Facility (Ross Hall) and the College of Medicine of The Ohio State University Termination of Lease" (Photostated.) 7-17-64; interviews with Dr. Robert Meiling, Mr. R. M. Porter, and Mr. Clifford Rostomily.
53 Trustee Min., 5-14-64.
54 Pediasscript (Dec., 1963), VI, 2.
55 Dr. Bruce Graham, "Our Philosophy" in "A Child Has a Better Chance."
56 Pediasscript (Dec., 1963), VI, 3.
57 Trustee Min., Executive Meeting 4-9-64. In 1965 University Hospital estimated that its research cost is about 33% of its total costs, and it has never realized such a gain as Children's believed. Interview with Dr. Robert Meiling.
58 Enclosure in Letter of solicitation from the Children's Hospital Research Foundation, February 1, 1965; Letter to Mr. John Crout from G. E. Minde, Controller, Jan. 27, 1965.
60 Trustee Min., 5-14-64.
61 Ibid., Executive Meeting 5-28-64, 7-2-64. Code of Regulations, Children's Hospital Research Foundation, Art. II, Sec. 2.
62 Minutes of Projects Committee of CHILD, 5-2-63.
(Termofasted.)
63 Code of Regulations, Children's Hospital Research Foundation, Art. VIII, "Research."
64 "Negotiations for Grants and Contracts," O.S.U. Research News (Dec. 1, 1964); II, 1. Issued by the Office of Research, The Ohio State University, II, 1. (Termofasted.)
65 Children's Hospital Research Foundation First Annual Report, [hereafter cited CHRF First Annual Report].
67 CHRF First Annual Report.
68 "A Child Has a Better Chance."
69 Ibid.
70 Ibid.
71 Trustee Min., 11-10-64, 7-9-64.
72 "A Child Has a Better Chance."
73 Trustee Min., Executive Meeting 9-9-64.
74 Ibid.
75 Ibid., Executive Meeting 1-27-65.
76 Ibid., 9-16-65.
77 Ibid., Executive Meeting 1-27-65.
78 Ibid., 3-26-65.
79 Minutes of Research Advisor Committee, CHRF, 1-8-65.
80 Ibid., 3-19-65.
81 Interview with Mr. Clifford R. Rostomily, Administrator of Children's Hospital, February 1, 1966; Minutes of CHRF Board of Trustees, 1-22-65.
82 Trustee Min., Executive Meeting 5-28-64, 3-18-65, Executive Meeting (Special) 8-11-65.
83 Ibid., Executive Meeting (Special) 8-11-65.
84 Ibid., 3-18-65.
85 Ibid., Executive Meeting (Special) 8-11-65.
86 Ibid., 3-18-65.
87 Ibid.
88 The Bambino (July, 1917), I, 12.
89 Pediascript (Dec., 1963), VI, 3.
90 Trustee Min., 4-8-54, 4-24-54.
91 Ibid. (Dec., 1961), IV, 3.
92 Trustee Min., Executive Meeting 10-21-65.
93 Ibid., 1-24-62.
CHAPTER IV

THE CHILDREN'S HOSPITAL AND THE COMMUNITY

The growth at Children's Hospital has been tremendous in the last quarter of a century. The physical structure expanded from the original Livingston Park building and the Amelie and Julius Marks Wing, containing a total of 105 beds, to a complex 304-bed hospital and a four-floor research facility. The Hospital's administrative structure enlarged with the building, going from a single Administrator to an entire administrative staff including an Assistant, a Controller, a Director of Services, and business and public relations offices.

The growth of Children's Hospital required an enlargement of the Board of Trustees to thirty-nine members to govern the numerous facets of the Hospital's activities. Since the fifties a growing proportion of the trustee's work has been done in committees designed to handle the work. Major decisions still came before the entire board but less important issues were handled without this final step. In 1965 the Executive Committee handled problems similar to those which would have gone directly to the Board of Trustees twenty years before.

On the Board of Trustees there has been a trend away from emphasis on social background as a primary asset for membership; the new major consideration has become a person's connections in
business, as well as socially. The addition to the governing board of individuals involved at the University was an innovation, the most noticeable one being Dr. Richard L. Meiling, Dean of The College of Medicine. His presence on the Board of Trustees reflected the increased dependence of Children's Hospital upon the University.

The effect the University had upon the pediatric hospital was great. Not only did Ohio State medical students help staff the clinics and wards, but the presence of physicians actively involved in the educational process helped keep the remainder of the Medical Staff knowledgeable of the most recent developments in diagnosis and treatment. In contrast to 1942, Children's had become staffed with numerous outstanding specialists, some who were attracted because of the opportunity to teach and others who valued the available research facilities.

The teaching program necessarily expanded as the College of Medicine enlarged. In addition, Children's Hospital provided the facilities to train not only nurses from twelve affiliated schools and two colleges, but students in para-medical fields such as social service, occupational and physical therapy, dietetics, and psychology. These programs have become well-integrated into the patient care given at Children's.

Research grew rapidly after the mid-forties. The establishment of CHILD and later the more formal Children's Hospital Research Foundation illustrated the need of a body to oversee this aspect of work at the Hospital. Construction of Ross Hall to
provide a specific place for investigative work again demonstrates the important role research has come to play both in attracting outstanding doctors to Children's and in keeping the Hospital abreast of the applicable developments in medical care.

The volume of patient care at Children's showed remarkable growth since 1940. It was evident in all areas of patient care, (see Tables 1, 2, 3, 4). In the twenty-five years between 1940 and 1965 the hospital days grew an outstanding 408 per cent of the 1940 volume, or an average annual growth rate of more than 15.5 per cent. Two times in the twenty-five years, the hospital days increased by greater than twenty-five thousand in-patients. The first period occurred from 1943, the nadir of hospital days for the quarter century to 1948 when the hospital days increased by 129 per cent of the 1943 volume. This represents an average annual growth of over 32 per cent. The second rapid increase occurred between 1954 and 1958, the years Children's attempted to catch up on the construction they originally had planned to accomplish at an earlier time. From 1954 to 1958 there was an increase of 25,125 hospital days, representing a growth of 43 per cent of the 1954 volume. This constituted an annual growth of 3,025 hospital days, or more than 8 per cent. Not until 1965 did Children's Hospital experience an annual growth of over five thousand hospital days.

While the In-patient Department (seen in the hospital-days figures) grew, an over-all 408 per cent the Out-patient Department also expanded. From 1944 to 1965 the total number of cases handled
nearly tripled, while the number of new cases in the clinic almost quadrupled. Their average daily census grew almost 294 per cent, or almost tripled, during the twenty-two year period.

The most outstanding growth in volume was in the Emergency (ER) Room. In the twenty-six years from 1940 to 1965 the work conducted in the ER Room increased 680 per cent of its 1940 volume, an average of better than 26 per cent, or 1,118 emergencies annually. Use of the ER facility increased most rapidly during the fifties. In that decade each year the number of cases treated grew an average of 1,744. In the sixties the average annual increase became 660 cases, 155 more than the forties averaged.

The increased number of cases treated at Children's Hospital demonstrated that the pediatric hospital was used by the community. The mass availability of the automobile has facilitated access to the Hospital not only for the residents of Franklin County but to all who reside in the State. Therefore, a meaningful comparison of the growth at Children's to the growth of the community it serves demanded consideration of both birth and population census (see Tables 1 and 2) of the County and State.

In the forties the hospital days increased forty-nine per cent of their 1940 level. In the same decade the State's population grew by 15 per cent and its birth rate increased 62 per cent. From 1940 to 1950 Franklin County's population expanded 30 per cent and its birth rate grew by 75 per cent. During the forties the hospital days at Children's increased 48.6 per cent, a slower rate than the population expansion.
In the fifties the growth rates for the State and County declined. Ohio's population went up only 51 per cent and the birth rate by only 23 per cent. At the same time the county's population grew by 35 per cent, the birth rate increasing 51 per cent. It was during the fifties that Children's Hospital grew: hospital days, 47 per cent; the Out-patient Department (total visits), 40 per cent (for 1944-1950); and the Emergency Room by 187 per cent.

During the sixties comparisons are slightly more difficult due to population estimates and the unavailability of statistics. To minimize the variances, comparisons are given in terms of annual average growth. The State's population has grown approximately 1.2 per cent annually and the County's about 3 per cent. Ohio's birth rate has declined in the sixties on an average of 3.2 per cent while the County's decreased by 2.2 per cent. Meanwhile, Children's Hospital continued to grow. Hospital days were up an annual average of 5 per cent, the Out-patient Department (total visits) expanded an average of almost 3 per cent yearly, and the ER Room's annual average increased 6 per cent of its 1960 volume.

These statistics demonstrated the fact that the growth at Children's Hospital had managed to keep ahead of the enlarging population. However, the pediatric hospital has had to grow even faster than the population because people of the sixties use hospitals more extensively than was common twenty years before. Therefore, Children's Hospital has had to expand its services and structure to handle not only the enlarging population of the County, State, and Nation; but the added burden of the people who have come
to want hospital service. Fortunately for the Hospital, modern methods of treatment helped relieve the situation by reducing the average length of stay from 14 days in 1942 to 11 days in 1950, 8.4 in 1957, and 5.9 days by 1965.3

Although Children's was a general pediatric hospital, two other Columbus area hospitals did admit pediatric cases as such.4 These hospitals are Doctors (Osteopathic) with 20 pediatric beds and Riverside Methodist with a pediatric unit of 43. Combined with Children's Hospital's 304 beds in 1964 Columbus had a total of 367 beds limited to pediatrics. During 1964 the hospitals reported having treated 19,101 patients of which Children's Hospital cared for 13,999, Doctors 2,510, and Riverside 2,592. These figures indicated that Children's Hospital almost had a monopoly on pediatric care in Columbus.

However, the Columbus Hospital Federation Annual Report for 1964 listed admissions by age, one category being "Under 18." This classification revealed a more accurate picture of the city's child care, revealing seven additional hospitals which treated patients under eighteen.5 Of these seven hospitals, only University and St. Anthony's handled more than a thousand of these cases in 1964. However, when the patient-day listings of those under-eleven were studied, it became much more evident that University Hospital was another major child-care hospital. In 1965 University Hospital recorded 20,289 patient days comparable to Children's Hospital's 80,903. Doctors Hospital had 16,646 under-18 patient days, but the Board of Trustees of Children's Hospital had voted, in 1964, not to
permit osteopathic doctors to practice in the Hospital and, therefore, osteopaths had no other facility to use for their pediatric cases. University Hospital remained Children's Hospital's major competitor.

The fact that nine other Columbus hospitals admitted children demonstrated that these hospitals did not feel bound to comply with their gentlemen's agreement, to phase out their pediatrics, made with Children's prior to the second United Hospital Building Fund Drive. Additionally, the practice of pediatric medicine in the general hospitals allows the parents and doctors choice as to which hospital they will use. Since Children's had been chosen by a large margin, it helped keep the exclusively pediatric hospital alert and competitive.

The heavy use of Children's has continued to demonstrate the Hospital's strength and support in the community. Community backing and loyalty have been remarkable features throughout the Hospital's history. The women who have worked for the Hospital have been an important element of this support. Their backing has been based on the excellent care given the children. In turn, this care has been a product of the services and goods provided by the money raised by the women in the community. The interplay between the Hospital and the community has been an important element in the growth of the institution. Successful collaboration of physicians, researchers, educators, administrators, and community participants made Children's one of the outstanding pediatric hospitals of the country.
Footnotes—CHAPTER IV

1 Hospital days is the term used to express the number of patients, multiplied by the number of days each spent in the hospital. It is more accurate than the admissions statistics when the amount the Hospital was used is under consideration because it accounts for patients who stay for an extended amount of time.

2 All per cents given are based upon the earlier date as the basis of the growth. For example, in this instance, the difference between 1940 and 1950 has been divided into the 1940 figure.

3 Medical Records, Columbus Children’s Hospital.

4 See Table 6.

5 See Table 7. These additional seven hospitals are: Grants, Lincoln Memorial, Mercy, Mount Carmel, St. Ann’s, St. Anthony’s, and University.
STATISTICAL APPENDIX
TABLE 1

Children's Hospital's Hospital Days, Admissions, Average Daily Attendance (Census), 1940-65\(^a\)

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Admissions (In-patient)</th>
<th>Hospital Days</th>
<th>Average Daily Attendance (Census)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940(^b)</td>
<td>2,784(^c)</td>
<td>34,354</td>
<td>93(^c)</td>
</tr>
<tr>
<td>1941</td>
<td>2,587</td>
<td>36,532</td>
<td>98</td>
</tr>
<tr>
<td>1942</td>
<td>2,152</td>
<td>29,150</td>
<td>80</td>
</tr>
<tr>
<td>1943</td>
<td>2,477</td>
<td>26,226</td>
<td>72</td>
</tr>
<tr>
<td>1944</td>
<td>2,623</td>
<td>33,197(^c)</td>
<td>91</td>
</tr>
<tr>
<td>1945</td>
<td>2,950</td>
<td>-</td>
<td>86(^c)</td>
</tr>
<tr>
<td>1946</td>
<td>3,375</td>
<td>38,152</td>
<td>104</td>
</tr>
<tr>
<td>1947</td>
<td>3,832</td>
<td>45,594</td>
<td>125</td>
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<tr>
<td>1948</td>
<td>4,130</td>
<td>58,823</td>
<td>163</td>
</tr>
<tr>
<td>1949</td>
<td>5,025</td>
<td>54,638</td>
<td>149</td>
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<td>1950</td>
<td>5,391</td>
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<td>1951</td>
<td>5,997</td>
<td>51,674</td>
<td>141</td>
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<td>6,478</td>
<td>62,618</td>
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<td>64,755</td>
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<td>7,366</td>
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<td>79,477</td>
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<td>10,837</td>
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<td>11,205</td>
<td>74,863</td>
<td>205</td>
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<td>10,979</td>
<td>73,117</td>
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<td>11,807</td>
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<td>1964</td>
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\(^a\)Compiled from the Medical Records of The Children's Hospital, except for the figures marked with "c" which are from the Annual Reports of Operations, The Financial Department, The Children's Hospital.

\(^b\)The years began January 1st and ended with December 31st.

\(^c\)Taken from the Annual Reports of Operations, The Financial Department, The Children's Hospital.
## TABLE 2

### ADMISSIONS, 1944-1945

<table>
<thead>
<tr>
<th>Year</th>
<th>In-patient</th>
<th>Private</th>
<th>Complimentary</th>
<th>Blue Cross</th>
<th>Other Insurance</th>
<th>City of Columbus</th>
<th>City of Franklin County</th>
<th>Franklin Co.</th>
<th>Other Townships</th>
<th>Other</th>
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<td>4</td>
<td>2</td>
<td>6</td>
<td>14</td>
<td>320</td>
</tr>
</tbody>
</table>

---


**Other included all patients not classified as private.

*Based on 4 mo. statistics (Sept.-Dec.).
Table 3 is compiled from numerous sources. 1940 and 1941 were compiled by Patricia Hutchins in "Columbus Children's Hospital--The Critical Half-Century, 1892-1942," from Annual Reports of the Superintendent and The Bambino. These early statistics can only be considered estimates due to the unreliability of the source of information prior to Mr. Porter's administration.

The number of new cases (c) annually at Children's Hospital in 1965 was almost five times the 1944 figure. While the total number of visits increased over three-fold during the same twenty-one year period, the average number of cases handled daily in the out-patient department, also tripled the 1944 number.

1961, the year the in-patient census declined and the year the new out-patient facilities were opened, the out-patient department rendered greater service than the previous years and more than it would the following several years. The publicity given the opening of the new addition may account for the 1961 boom at the out-patient area.
### TABLE 3
OUT-PATIENT DEPARTMENT, 1940-1965

<table>
<thead>
<tr>
<th>Time Period</th>
<th>New Cases</th>
<th>Total Visits</th>
<th>Daily Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940</td>
<td>3,639</td>
<td>65,383</td>
<td>213</td>
</tr>
<tr>
<td>1941</td>
<td>3,995</td>
<td>77,839</td>
<td>253</td>
</tr>
<tr>
<td>1942</td>
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<td>-</td>
</tr>
<tr>
<td>1943</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1944</td>
<td>1,381</td>
<td>12,837</td>
<td>45</td>
</tr>
<tr>
<td>1945</td>
<td>1,558</td>
<td>13,415</td>
<td>47</td>
</tr>
<tr>
<td>1946</td>
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<td>64</td>
</tr>
<tr>
<td>1947</td>
<td>2,089</td>
<td>19,966</td>
<td>69</td>
</tr>
<tr>
<td>1948</td>
<td>2,669</td>
<td>25,747</td>
<td>83</td>
</tr>
<tr>
<td>1949</td>
<td>3,151</td>
<td>24,719</td>
<td>86</td>
</tr>
<tr>
<td>1950</td>
<td>3,332</td>
<td>31,683</td>
<td>111</td>
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<tr>
<td>1951</td>
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<td>29,913</td>
<td>105</td>
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<tr>
<td>1952</td>
<td>2,990</td>
<td>31,850</td>
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<td>1953</td>
<td>4,475</td>
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<td>1954</td>
<td>5,035</td>
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<td>5,067</td>
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<td>1956</td>
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<tr>
<td>1957</td>
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<td>40,444</td>
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<td>1958</td>
<td>6,797</td>
<td>41,603</td>
<td>145</td>
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<tr>
<td>1959</td>
<td>6,030</td>
<td>41,739</td>
<td>146</td>
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<td>1960</td>
<td>6,934</td>
<td>44,297</td>
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<td>46,277</td>
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<td>1962</td>
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<td>45,833</td>
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<td>7,761</td>
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<td>1965</td>
<td>6,661</td>
<td>50,840</td>
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</tr>
</tbody>
</table>

*a Compiled from the Medical Records of the Children's Hospital.

*b The time period is from January 1 to December 31 covering a 286 annual total number of clinic days.

*c The number of cases should not be equated with the number of patients.

*d Compiled from Reports of Superintendent, Annual Meetings of the Members of Children's Hospital, The Bambino (1941-43), by Mrs. Patricia Hutchins. These can be considered only estimates.

*No records are available after the Superintendent, Miss Jansen, left and then before the beginning of the Medical Records department's information.
TABLE 4

Statistics for the Emergency Room (ER) are complete from the Medical Records Department of Children's Hospital. In the twenty-five years reported, use increased almost eight times the 1940 level of cases. Throughout the country, hospital ER use has increased greatly, often substituting in the night hours for what should be out-patients. 1963 was the height of this trend. The jump of over 5,000 patients between 1952 and 1955 was facilitated by a new ER which encouraged the emergency squads, police, and community to use Children's Hospital. When the south addition was added the ER area was enlarged again.
<table>
<thead>
<tr>
<th>Year</th>
<th>Visits to the Emergency Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940</td>
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</tr>
<tr>
<td>1941</td>
<td>3,616</td>
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<td>1942</td>
<td>3,852</td>
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<td>1943</td>
<td>4,800</td>
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<tr>
<td>1944</td>
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<td>26,764</td>
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<td>1961</td>
<td>28,740</td>
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<td>1962</td>
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<td>34,374</td>
</tr>
<tr>
<td>1965</td>
<td>33,361</td>
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</table>

*Compiled from the Medical Records of Children's Hospital.*
TABLE 5

Information on "Total Operating Income" was compiled entirely from the "Annual Reports on Operation" in the Financial Office of Children's Hospital. There was not a reliable bookkeeping system prior to 1944. Changes in the bookkeeping system are noted on the key.

Interestingly, operating expenses rose continuously for the twenty-one year period recorded. By 1965 the expenses were almost nineteen times the 1944 figure. Variations in the other statistics as patient and operating income, non-operating expenses, and subsidies cause the net gain or loss to vary radically each year. Alterations in the bookkeeping often make statistical comparisons meaningless, unless attention is given to the key.

KEY

a Compiled from the Annual Reports on Operation in the Financial Office of Children's Hospital.
b Operating income was combined with Patient income.
c Adjustments were made by the Financial Office to have the figures include fire gain, donated equipment and research funds.
d The bookkeeping was altered again. The subsidies became the non-operating income and the expenses of operating the Women's Auxiliary Council became non-operating expenses.
e The figure given in 1964 for 1963 because 1963 was the first year of "Income for capital improvement" and not until 1964 was it decided to keep it in the books as a separate entity.
f Non-operating income was totalled with Patient and other Operating Income. The bookkeeping was altered again. The subsidies became the non-operating income and the expenses of operating the Women's Auxiliary Council became non-operating expenses.
<table>
<thead>
<tr>
<th>Year</th>
<th>Operating Expenses</th>
<th>Patient Income</th>
<th>Operating Income (Other)</th>
<th>Loss on Operations</th>
<th>Non-operating Income</th>
<th>Non-operating Expenses</th>
<th>Loss on Operations</th>
<th>Women's Board</th>
<th>Board of Trustees</th>
<th>Other</th>
<th>Net Gain or Loss</th>
<th>Funds for Capital Improvements</th>
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<td>239,561.80</td>
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<td>75,524.16</td>
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<td>70,000.00</td>
<td>-</td>
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<td>44,832.16</td>
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<td>59,757.80</td>
<td>106,000.00</td>
<td>61,000.00</td>
<td>-</td>
<td>2,362.97</td>
<td>(United Hospital) 33,956.36</td>
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<tr>
<td>1948</td>
<td>730,585.45</td>
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<td>-</td>
<td>3,950.00</td>
<td>(Building Fund) 1,914.20</td>
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<td>779,841.89</td>
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All of the statistics are taken from "Report of the Division of Vital Statistics." Ohio Department of Health, Columbus, Ohio, 1940-1965, except for the Admissions to Children's Hospital which are from the Medical Records Department, The Children's Hospital, Columbus, Ohio.

b The birth records began being compiled by place of residence rather than place of occurrence.


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*The statistics on this table were taken from "Statistical Report of Utilization and Patient Origins" for the year 1964, The Columbus Hospital Federation.*
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The Children's Hospital, Former Member of the Board of
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... Personal interview with Robert L. Meiling, M.D., Dean
of The College of Medicine, The Ohio State University,
and Member of the Board of Trustees of Children's Hospital,
Columbus, Ohio. March 29, 1966.

... Personal Interview with Robert M. Porter, Former
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March 8, 1966.