End of an Era: Farewell Chicago Children’s Memorial Hospital

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This month, The Children’s Memorial Hospital in Chicago will have closed its doors for good. All patients and hospital activities were transferred to the brand-spanking new 23-story Ann and Robert H. Lurie Children’s Hospital of Chicago, the tallest children’s hospital in the world. As one chapter ends, another begins; it is, truly, a bittersweet moment.

Children’s Memorial was founded by Julia Foster Porter in 1882. In its 130-year history, it became one of the best known children’s hospitals in the US staffed by numerous national and international figures in pediatrics and other child healthcare specialties, and was the site of many significant pediatric advances.

HISTORICAL HIGHLIGHTS

Julia Foster Porter (1846-1936), daughter of a wealthy physician, grew up in the Lincoln Park area of Chicago, married Reverend E.C. Porter, and had two sons. Reverend Porter died at age 36 in 1876, apparently of appendicitis. Mrs. Porter’s elder son Maurice Foster Porter died in Lincoln Park at 13 years of age from “acute rheumatism” complicated by “valvular disease of the heart (mitral)”, clearly acute rheumatic fever, of 4 months’ duration.

In 1882, the following year, Mrs. Porter founded the Maurice F. Porter Memorial Hospital to provide free care to children 3 to 13 years old without discriminating according to race, creed, or ability to pay.

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EXPANSION YEARS

Immediately upon opening the eight bed unit, Mrs. Porter purchased another property a few blocks away and built a three story hospital with 20 to 22 beds; it opened in 1884. For the first 20 or so years of the hospital’s existence, Mrs. Porter was extremely hands on in managing every detail and expenditure. She personally covered all hospital expenses. In 1896 Mrs. Porter funded an addition that led to a 50-bed capacity; in 1903 she bestowed a gift that enabled the purchase of the triangular block of land on which the modern Children’s Memorial Hospital was built.

IMPRESSIVE LEADERSHIP

By 1908, capacity reached 108 beds. By 1912, there were 175 beds. Generous philanthropic support from the community, including endowments of between $350 and $500 to support a patient bed for 1 year, allowed the hospital to continue providing free care.

Pediatric leadership of the hospital up to 1920 was provided by (among others) Drs. Walter S. Christopher (1859-1905) and Frank S. Churchill (1864-1946), each of whom served as President of the American Pediatric Society, as well as Chair of the Section on Pediatrics of the AMA.

From 1920-1960, outstanding direction of the hospital was provided by Chiefs of Staff Dr. Joseph Brennemann (1872-1944), Dr. Stanley Gibson (1883-1956), and Dr. John Bigler (1896-1963). Among
the most important advances were those by surgical pioneers, including Dr. Willis J. Potts (1895-1963), who pioneered the life-saving aorto-pulmonary shunt for young children with severe cyanotic congenital heart disease in 1946, and then Dr. Orvar Swenson (1909-2012), who developed surgical techniques to correct the potentially fatal Hirschsprung’s disease.

LOOKING AHEAD
In future columns I hope to tell you more about some of these (and other) pioneer physicians who contributed so greatly to advance health care for children. For now, I and all the staff of the Ann and Robert H. Lurie Children’s Hospital of Chicago look forward to contributing to a new era of offering all children the very best treatment possible in a new state-of-the-art facility.

WELCOME ABOARD
This month’s collection of cases in gastroenterology is guest edited by one of our newest board members, Meera S. Beharry, MD, FAAP. Dr. Beharry is an Assistant Professor in the Division of Adolescent Medicine at the University of Rochester Medical Center who also authored, “Health Issues in the Homeless Youth Population” in our April 2012 issue. I’m pleased to deepen our board’s expertise in adolescent medicine with the addition of Dr. Beharry to our board.

This month, I would also like to welcome to our board, Robert Sege, MD, PhD. Dr. Sege is a Professor of Pediatrics, Boston University School of Medicine, and Chief of Ambulatory Pediatrics at Boston Medical Center. His expertise is the prevention of childhood violence and abuse; look for a future issue on detecting and treating trauma in the pediatric population, guest edited by Dr. Sege.

THIS MONTH’S STAMPS
Stamps selected for this month include the red and yellow 2011 Bolivian stamp that celebrates blood donation (“Extend your arm to life”), and the orange and blue 2011 breast cancer stamp from Austria (an almost exact duplicate of the more familiar US stamp). Lastly, the stamp from Grenada honors Walter Clement Noel, DDS (1884-1916), the first individual diagnosed with sickle cell disease.

Dr. Noel was born in Grenada and graduated from Harrison College in the Barbados in 1904. He traveled by boat to New York (developing a leg ulcer) and then by train to Chicago, where he enrolled as a dental student at the Chicago College of Dental Surgery. Several months after arriving in Chicago he had a persistent cough and sought medical care at Presbyterian Hospital, where the intern Ernest Irons, MD performed a blood smear, found abnormal appearing RBC’s and discussed the case with his attending, James B. Herrick, MD.

Herrick then presented the case at a national meeting in 1910 (giving Irons no credit) and published a more detailed report that year describing the red cell abnormality. Noel suffered several illnesses including bronchitis over the next 2½ years but graduated with his class in 1907. He returned to Grenada and established a general dentistry practice. He developed a serious respiratory infection and died in 1916 at 32 years of age.