Through the years, one of the keys to Children’s Hospital of Pittsburgh’s success has been the attitude that permeates the place—children are not just little adults, they need to be nurtured and loved in the hospital as much as they are at home.

In 1951, orthopaedic surgeon William Donaldson (MD ’43, Res ’50) teaches pediatric residents about treatments for clubfoot. Parents, volunteers, and “play nurses” all played a part in caring for sick children in the ’50s. Back then, doctors did everything from sharpening needles and drawing and analyzing blood to lifting their patients, as Arthur Coddington does here, with a teenage cancer patient.

Medical director Edmund McCluskey at the bedside.

Entering the hospital.
Pediatrics was a young specialty in 1951. But the University of Pittsburgh–affiliated Children’s Hospital of Pittsburgh had a medical director in Edmund McCluskey determined to build a pediatric teaching facility of the highest caliber. He recruited top-notch physicians to help him. It became a memorable time for Pittsburgh pediatrics—when doctors like Albert Ferguson, Paul Gaffney, and Benjamin Spock (down the street at Western Psychiatric Institute and Clinic) were looking after Pittsburgh’s children.

Pediatric residents lived at the hospital. The work was hard, but the trainees were met with an infectious culture of caring and dedication, says one now-retired pediatrician.

One day in 1951, a photographer arrived to document the life of the hospital. She was an unassuming woman from Wisconsin with dark hair and bulky cameras dangling from straps around her neck. Her name was Esther Bubley. She was only 30 years old, but she had a wealth of experience. She’d worked for Ladies’ Home Journal and Life magazines. In 1942, she was hired by the Office of War Information, which was a successor of sorts to the renowned Farm Security Administration’s photographic unit. Later, she’d traveled the world shooting for Standard Oil.

In Pittsburgh, she was on assignment for the Pittsburgh Photographic Library, an enormous civic documentation project run out of the University of Pittsburgh’s Cathedral of Learning. She photographed every sort of event that might happen in a children’s hospital—admissions, surgeries, residents trying to catch some sleep, and painful discussions with worried parents. Although Bubley is known as one of the great documentary photographers of the mid-century, the Children’s Hospital photographs received scant attention. Life had planned to do a piece with Bubley’s shots, but cancelled when King George VI died. Instead the magazine covered Queen Elizabeth II’s coronation. Bubley’s photos were never published. She died in 1998.

Her prints were boxed and stored in no particular order at Children’s. They later came to the attention of documentary filmmaker Ken Love and his wife, pediatrician Barbara McNulty (MD ’75). That’s Pediatrics, their film that was inspired by these images, won a 2008 CINE Golden Eagle Award. What follows are photos and interview excerpts from the film. We offer a glimpse of the hospital’s rich history as it moves to its new, cutting-edge Lawrenceville home. (© 2007 Children’s Hospital of Pittsburgh of UPMC. Used with permission.)

—Introduction and captions by Chuck Staresinic
Angelo Runco (MD '50, Pediatric Resident '51-'54, Chief Resident '53-'54, Clinical Professor of Pediatrics): There probably were no more than 15 pediatricians in the whole city of Pittsburgh. We all [the residents] lived at Children’s Hospital, in the residents’ quarters. It was like one big family. The camaraderie was great.

Andrew Gursky (MD '49, Pediatric Resident '51-'54): We were few in number, and we also were operating a hospital of approximately 300 inpatient beds.

We not only typed and cross-matched the blood, we also took the blood to the patient and then administered it to the patient. Starting IVs—that used to be a very difficult procedure. It wasn’t unusual for us to try veins anywhere we could find them, be they scalp veins ... We would try wrist veins, leg veins.

Pascal Spino (Assistant Chief Resident '50-'52): Drawing blood—which was so terrible at that time, you had to do that—and we drew it from the jugular vein, believe it or not. The nurse would put the patient over the table and have the baby cry, and this jugular vein would become prominent, and you would draw blood from that.

William Sieber (MD '41, Res '50, Pediatric Surgeon '50–'90, Retired Clinical Professor of Surgery): Appendectomies and hernia operations were commonly done. But by far the greatest number of patients had infections and required drainage of abscesses.

The primary risk in those days was the anesthetic. It was administered primarily by nurses. It consisted primarily of open-drop ether. In most cases, the nurse would monitor the pulse by feeling the pulse. It was, what I would consider, the most dangerous part of the operation.
Albert Ferguson (Pediatric Orthopaedic Surgeon, Pitt Chair of Orthopaedic Surgery '53-'86): I first came to Children’s Hospital in 1950 or 1951, and it was at the invitation of Ed McCluskey, who was one of the greatest physicians that I have ever known. He was really the inspiration for bringing first-class medicine to Pittsburgh.

When Ed McCluskey made rounds, he was teaching from the bedside. The kids loved him, and he was able to evoke in them a feeling that they were being well taken care of.

Runco: One of our outstanding teachers was Dr. Bill Donaldson. He gave us many, many lectures on pediatric orthopaedics, especially dealing with clubfeet.

Sieber: Dr. Gaffney was one of the outstanding pediatricians at Children’s Hospital. As a diagnostician he had no peers.

John Troan (Science Editor, Pittsburgh Press '45-'57): Paul Gaffney was one of my heroes at Children’s Hospital because he saved many blue babies and Rh babies. The blue babies were just children born with a heart defect—a bad valve couldn’t pump blood through to the lungs in sufficient quantity to keep them going. I remember one of his patients whose lips looked like he had just eaten huckleberry pie; he turned into a lipstick ad right after [treatment].

Al Ferguson was also one of my heroes at Children’s Hospital. He concentrated on straightening out children with curvature of the spine. It would take weeks to do this, but it was marvelous, because the children would be so happy getting ready to walk straight. And he kept visiting them. Each day he would crank the spine, and then as he did so, fill in open spaces with slivers of cartilage and bone about the size of matchsticks to stabilize the spine. And the children, well, they were told they’d be able to go to high school prom, and they did.

Gursky: This was on a Sunday, and we were in our lunchroom, when we got a call that there was an extremely ill youngster [Patty Clark] in the emergency room, a floor above us. She had severe respiratory distress. She was gasping for air at that point.

Spino: In certain cases of difficult breathing, the infection affects the epiglottis. (The epiglottis is the valve that covers the trachea.) And in Patty’s case the epiglottis was so infected that it could not stand upright. And that’s often hard to diagnose. And when you see a person like that, they’re often turning blue. You have a few minutes only to save their life.
Gursky: We were about to perform a tracheotomy, even though we were not surgically trained, when Dr. Silverblatt came in. He said there was no time to obtain anesthesia, or there was no time to play games. Essentially, we held the youngster in the proper position, tilting her neck, head back, so that he had exposure for the tracheotomy. Then immediately Dr. Silverblatt made an incision. Thereafter, she stabilized. She was rather ill throughout the course of that day—being lethargic, being tired, and even not being very alert. But I recall going to the floor on the following day, at which time she was an entirely different youngster. She was sitting up inside her oxygen tent. She was alert. There was a difference in the lady's behavior and performance.

Clyde Hare, Pittsburgh Photographer: You look at Esther's pictures of the nurses and the children and the parents and you think, Boy, that's exactly what I'd want to have at a hospital.

Runco: The length of stay was much longer at Children's Hospital back in the '50s, and the needs of these children who had long stays were many. They needed to be educated, and they needed recreation. We had the people who could do that. They did a wonderful job. We had a great many volunteers at that time—the gray ladies and play nurses. You don't hear much about these people in the history of Children's Hospital, but I thought it was one of the great highlights.

Spino: There was so much love generated by what they did. I think you knew that the main aim in life there was for the child and the good of the child.

Hare: I think the important thing to realize is that Esther was recording that human relationship that makes getting well a successful thing in a hospital. Whether you have high technology or low technology, a lot of it depends on the human relationships between doctors and patient, nurses and patient, parents and patient. It's the human relationships that are liable to make the difference between getting well and not getting well.

Spino: When you see a case like Patty Clark—where you've accomplished so much, where you had a child where the result might have been horrible—and you see a happy, healthy, wholesome child leaving the hospital, you feel very overwhelmed with happiness and satisfaction. And that's pediatrics.

Watch That's Pediatrics online at www.chp.edu/ThatsPediatrics

THE PHYSICIAN'S TOUCH

The photographs reproduced on these pages were found in an Oakland dumpster. Norman Rabinovitz, director of the medical photography department at Children's Hospital of Pittsburgh until the office was eliminated years ago, saved them from destruction. He shared them with documentary filmmaker (and his former intern) Ken Love, who brought the photos home to see whether a story might emerge.

The first thing pediatrician Barbara McNulty (MD '75), Love's wife, did when she looked through the photographs was to search for herself. She would have been just 1 or 2 years old in 1951 and perhaps in a full-body cast. McNulty was born with dislocated hips—shallow hip sockets that did not embrace the rounded tops of her femurs. Nobody noticed until she was already walking. Surgery to repair the damage did not work.

Thumbing through the images, McNulty became enamored with Bubley's project. It reminded her that the most important thing she knows about her own work has always been true: Nothing is more important than the bedside exam. A doctor must listen closely and lay hands on the patient. Even with high-tech tests, there is no replacement for the human touch.

Because of her childhood experience, McNulty and her practice partner James Romberger are particularly sensitive to congenital hip dysplasia today. In fact, a faint clicking clued Romberger in to the condition in this author's newborn daughter (now a well-aligned, and speedy, 3-year-old).

McNulty never did find her childhood self through Bubley's lens, but as a pediatrician, she was able to interpret and order the jumbled photos in a way that Love and film editor Jodi Wu could not. “Ken and I wanted to give this film to the hospital," says McNulty, the film's director and producer. "We recognized that at this juncture with the new hospital, it's important to look back as you look forward." —CS