

A SENSE OF PERMANENCY: THE COMMONWEALTH FUND AND THE RUTHERFORD HOSPITAL AND HEALTH CENTER, 1926-1940

Carroll Van West
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In 1924, the Commonwealth Fund of New York established model public health projects in four different American communities, one of which was in Rutherford County, Tennessee. The purpose was to show how powerful national foundations could successfully work with state and local governments and private individuals to reshape basic community institutions.¹

The Fund, founded in 1918 by Anna Harkness, the wife of one of Rockefeller's original partners in Standard Oil Company, and her son Edward S. Harkness, sought the establishment of an interlocking public health delivery system which would include a hospital, an outpatient clinic, a laboratory, and a public health center. Even though this plan had encountered serious roadblocks in New York, Fund director Barry C. Smith still believed in its potential. Because of its proximity to major medical centers, its already existing local programs, and its general racial and economic characteristics, Rutherford County, Tennessee, was chosen for four rural health projects, beginning in 1924 and lasting for five years.² Despite initial community resistance, the child health demonstration unit eventually found substantial success in Rutherford by using school-based programs to serve "as a reasonable entering wedge" to put the reformers directly in touch with rural families.³

The inadequacy of medical facilities was one impediment to success. The demonstration project discovered that a small downtown Murfreesboro office and classroom visits did not provide the necessary delivery system for meaningful health service. Director Dr. Harry S. Mustard especially needed proper laboratory facilities. When Fund general director Barry Smith inspected the new Rutherford project, he gave Mustard approval to pursue the possibility of a local hospital.⁴

Over the next year Mustard quickly gained the support of Simeon Christy of the local Red Cross and leaders of the city government and medical community. Observers from the Fund also emphasized the need for a modern lab and hospital facilities.⁵ "Dr. Gulbrandsen, during one of the preschool conferences held in a rural negro school, was obliged to let pass two cases of somewhat-well-advanced tuberculosis and several cases of serious tonsil and adenoid difficulties. She advised the mothers as well as she could, but beyond that had no solution to offer" because of the county's lack of long-term care facilities.⁶

In the summer of 1925, the Commonwealth Fund decided to completely fund the construction of the Rutherford Hospital at a cost of \$161,620, largely, as the local newspaper noted, "to give efficiency to the Child Health Demonstration work so successfully carried on here."⁷ The hospital was chartered as a private corporation, directed by a representative lay board composed primarily of local physicians and civic leaders. The presence of local citizens assured the community that its interests would be well represented and served; otherwise, town

people might have resented the goals and operation of the hospital and would never provide the necessary long-term financial support.⁸

The construction of the new hospital came at a particularly opportune moment. It opened at approximately the same time the Fund abandoned its original "top-down" organizational plan in favor of a "bottom-up" reliance on neighborhood health committees. Local business, civic, and medical leaders viewed the hospital as such a crucial professional and economic tool that their support for the Fund was solidified and few questioned the Fund's new organizational strategy.

Acceptance of the new institution by the local business and political elite is partially documented by the elaborate ceremonies and receptions scheduled for the official opening of the hospital in May 1927. The main speakers were Dr. William D. Haggard of Vanderbilt University (a former American Medical Association president) and Dr. Harry Mustard of the demonstration unit. Both emphasized the gift of modern technology represented by the new hospital.⁹

Another indication of local acceptance is provided by the many testimonial advertisements published in the local newspaper in which local businesses and contractors bragged about their contributions to the new building. The Commonwealth Fund had wisely chosen a local firm, Maugans-Bell, to construct the building and the contractors, in turn, had picked mostly local sub-contractors and suppliers.

Looking back at the Commonwealth Fund's rural hospital program, Henry J. Southmayd and Geddes Smith remarked that in most towns the new hospitals were the biggest events since the coming of the railroad in the nineteenth century. Indeed, local writers in Rutherford County expressed great pride and excitement about the arrival of the latest in medical science and technology in words that were reminiscent of the embrace of railroad technology documented in the work of John Stilgoe.¹⁰

The remarks of Dr. Haggard even compared the new hospital to another institution often associated with the railroad corridor, the grand hotel.¹¹ In fact, the new hospital's Colonial Revival architecture further enhanced the hospital's reputation among the elite of Murfreesboro, who had been critical of the construction of a new post office in Italian Renaissance style. Much more pleasing to local sensibilities were the properly "imposing" Classical Revival buildings at the recently completed Middle Tennessee Normal College. The hospital project was a first for the Commonwealth Fund and was supervised, in part, by Henry J. Southmayd, who became director of the Fund's famous Rural Hospital Division upon its creation in 1925. Southmayd's program built hospitals in needy communities throughout the country, while setting design standards that many hospitals would follow once public money became increasingly available by mid-century. Rutherford Hospital was an early test of model rural hospital design.¹²

The architects were Robert C. Berlin (1851-1937) and Percy W. Swern (1887-1946), who had formed a Chicago-based firm in 1919. The initial Berlin and Swern design was for a two-and-a-half story hospital of forty beds, with its long center section flanked by two end wings. This functional floor plan centralized service facilities at the junction of the center section with the wings. The first floor held patient wards, administrative offices, and a large lobby/waiting room while the second floor had the operating room, additional patient wards, and the delivery ward. The basement was for the laboratory, storage rooms, physical plant, and kitchen. On the south end of the building was a two-story sun porch so patients could spend time outdoors on pleasant days. Yet Rutherford Hospital did not prove to be a model design for most other Commonwealth Fund-supported hospitals built from 1927 to 1944.¹³

The hospital made a strong statement in favor of modern medical practice and technology; yet Commonwealth Fund officials were always at pains to emphasize that this technological intrusion into the lives of Rutherford Countians was under local control, not that of the medical experts. The local board of directors, stressed Mustard, had full responsibility for the employment and administration of the institution. Everyday operations, however, remained under the jurisdiction of the hospital superintendent. The first was Mary F. Petite, R.N., P.H.N, a New York native handpicked by the Commonwealth Fund. Her role was to guarantee that the hospital serve not only the local physicians but also the demonstration program. The superintendent, according to two hospital experts for the Commonwealth Fund, "sets the tone of the hospital, keeps the balance between physicians, and interprets the whole process to the board of directors."¹⁴

The demonstration program ended in January 1929, and Dr. Mustard submitted a full report lauding its success to the Commonwealth Fund. "Very striking results have been attained in the lowering of the death rates among mothers and infants," reported the *Murfreesboro Home Journal* in June 1930. With the assistance of the Commonwealth Fund, the county's health care program had evolved into one of statewide importance. In 1929, the nursing school at Vanderbilt University provided student nurses for fieldwork and clinic activities. Student nurses spent a ten-week summer internship in Murfreesboro, learning practical knowledge of the public health field. Students from the Vanderbilt Medical School as well as the Meharry Medical School in Nashville also came for public health training. The next year, the State Department of Health began to use Rutherford County personnel as trainers in its Field Technical Unit helping other counties create viable public health programs. In 1930 a report from the American Public Health Association showed that the Rutherford County public health program received the highest score of any rural county in the nation; the hospital, in turn, received the highest ranking in its category from the American College of Physicians and Surgeons.¹⁵

Commonwealth Fund general director Barry Smith was pleased with the hospital's contribution to the successful Rutherford demonstration project. Yet the community still lacked a permanent public health center--another component of the delivery system found in the earlier New York State health plan admired by Smith. In June 1930 the Commonwealth Fund's Division of Rural Hospitals appropriated \$75,000 for a modern public health facility to be built in Murfreesboro, and granted an additional \$15,000 for improvements at Rutherford Hospital. The Fund also fully equipped and furnished the new Health Center. Like the hospital, the new center was an outright gift to the people of Rutherford County. Once again a local Board of Directors administered the building's operations and supervised the new health department's activities; Simeon Christy of the local Red Cross became chairman of the board.¹⁶

At the dedication of the new Health Department on October 5, 1931, Commonwealth Fund director Smith explained why the Fund had lavished so much time and money--by now the amount was estimated at \$500,000--on Rutherford County. This community, Smith emphasized, presented "an opportunity for the development of a rural public health program which would be outstanding in the United States and which would naturally and of necessity be of tremendous educational value to other communities."¹⁷

Unlike the basic functionalism of the earlier hospital, the health center's design spoke to its dual mission in medical reform and education. The first floor center lobby, entered by either the front or rear door, served as a reception area. Neatly detailed with paneled wooden wainscoting and a cast iron Colonial Revival gate, which divided the lobby in half, the lobby split the first floor into two spaces. The south wing contained the clinic itself. In keeping with the Commonwealth Foundation's tradition of working for southern reform without directly challenging segregation, as well as strictly adhering to the "separate but equal" doctrine of *Plessy v. Ferguson* (1896), this area contained restrooms for whites and blacks that were separate but equal in size and facilities. (Interestingly, the

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The health center, together with the earlier hospital, gave a sense of permanency to the progressive effort for public health reform in a typical Southern community. By 1939, for example, Rutherford County scored 773 points out of a possible 1,000 on the public health program ratings of the American Public Health Association. In 1924, when the child demonstration project began, the county's rating only reached 90 points. The Rutherford County model moved as well to other Tennessee communities, such as Gibson County and Sumner County.²¹

After World War II, the Rutherford Health Department expanded its service into dental hygiene, creating an office out of part of the second floor auditorium. The altered use of this room signified that the center's significance as a training ground for Tennessee public health professionals was over. The department, by now, had ended its earlier reliance on the Commonwealth Fund for continued financial and professional support; its funding came largely from local sources and that constituency increasingly dominated the attention of the health center's staff. After Congressional approval of the Hill-Burton Act in 1946, which provided federal assistance for the construction of local hospitals and health centers, the Commonwealth Fund discontinued its divisions of public health and rural hospitals. The hospital and health center in Rutherford County received their last monies in 1947. A chapter in the partnership between private foundations and the development of the American health system was closed.²²

The Rutherford Hospital and Health Department were the first buildings in the nation to be built by a private foundation specifically for a rural community's public health program. Their success, however, was predicated on the earlier child health demonstration project which had paved the way for a wider community acceptance of outside institutions. The neighborhood health committees, working through the schools and directly with families, gave rural people greater confidence in modern medicine. Without that confidence and willingness to accept the

advice of doctors and nurses, far fewer rural people would have used the services of the new hospital and health center.²³ Once established and accepted, the hospital and health center provided the physical infrastructure for the state's first showcase in rural public health, serving as a training ground for an entire generation of southern public health officers, doctors, and nurses.

Notes

1. E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley: University of California Press, 1979), 8.
2. Waldemar A. Nielsen, *The Big Foundations* (New York: Columbia University Press, 1972), 254-256; Mary S. Hoffschwelle, "Rebuilding the Rural Southern Community: Reformers, Schools, and Homes in Tennessee, 1914-1929," Diss, Vanderbilt University, 1993, 341-385; Robert Ransom, "The History of Medicine in Rutherford County, Tennessee," *Rutherford County Historical Society Publications* 24 (Winter 1985): 190-97; W. Frank Walker, *Ten Years of Rural Health Work: Rutherford County, Tennessee. 1924-1933* (New York: Commonwealth Fund, 1935), 4-7.
3. William Link, *The Paradox of Southern Progressivism, 1880-1930* (Chapel Hill: University of North Carolina Press, 1992), 290-291; Dr. Harry Mustard, "Annual Report, Child Health Demonstration, Murfreesboro, Rutherford County, Tennessee, January 1st to September 1st, 1924," Commonwealth Fund Archives, Child Health Demonstration series, Rockefeller Archives Center, North Tarrytown, NY. Hereinafter cited as Commonwealth Fund Papers; Nielsen, 256; W. Frank Walker and Carolina R. Randolph, *Influence of a Public Health Program on a Rural Community: Fifteen Years in Rutherford County, Tennessee, 1924-1938* (New York: Commonwealth Fund, 1940), 63.
4. Dr. Harry Mustard to Courtney Dinwiddie, Memorandum, June 10, 1924, Commonwealth Fund Papers; Ransom, "Rutherford County Medicine," 212-13.
5. Rosemary Stevens, *In Sickness and In Wealth: American Hospitals in the Twentieth Century* (New York: Basic Books, 1989), 124.
6. "Memorandum of Mr. Dinwiddie's Visit to the Rutherford County Child Health Demonstration, May 5-6, 1924," Commonwealth Fund Papers; "Memorandum re Visit to Murfreesboro Child Health Demonstration," [1924], Commonwealth Fund Papers, 4.
7. *Murfreesboro News Banner*, April 13, 1927.
8. *Ibid.*, May 2, 1927.
9. *Ibid.*
10. Henry J. Southmayd and Geddes Smith, *Small Community Hospitals* (New York: Commonwealth Fund, 1944), 8; John R. Stilgoe, *Metropolitan Corridor: Railroads and the American Scene, 1880-1930* (New Haven: Yale University Press, 1983).

11. *Murfreesboro News Banner*, May 2, 1927.
12. Correspondence concerning the new post office, February 4, 1909 to January 4, 1910, Tennessee Room Collection, Linebaugh Library, Murfreesboro; *Murfreesboro News Banner*, April 27, May 2, 1927.
13. Henry F. and Elsie R. Withey, *Biographical Dictionary of American Architects (Deceased)* (Los Angeles: Hennessey & Ingalls, Inc., 1970 [1956]), 54, 587; Southmayd and Smith, 105-122.
14. *Murfreesboro News Banner*, April 16, May 2, 1927; Southmayd and Smith, 16-17, 54-58.
15. *Murfreesboro Home Journal*, June 17, 1930; Harry S. Mustard, *Cross-Sections of Rural Health Progress: Report of the Commonwealth Fund Child Health Demonstration in Rutherford County, Tennessee, 1924-1928* (New York: Commonwealth Fund, 1930), 20-23; Walker and Randolph, 47-54; *Murfreesboro Daily News Journal*, April 6, 1952.
16. History Files, Office of Public Health Officer, Rutherford Health Center, Murfreesboro, TN; *Murfreesboro Home Journal*, June 17, November 21, 1930; *Murfreesboro Daily News Journal*, October 5, 1931; Ramson, 206-208; Walker and Randolph, 54.
17. *Murfreesboro Daily News Journal*, October 5, 1931, p. 6.; *Murfreesboro Home Journal*, December 12, 1930.
18. The original blueprints are in History File, Office of Public Health Officer, Rutherford Health Center; the floorplans are also copied in Walker, 59-60; quote is from Walker, 57.
19. Paul V. Turner, *Campus: An American Planning Tradition* (Cambridge, MA: MIT Press, 1984), 238-41; Marcus Whiffen and Frederick Koeper, *American Architecture*, Vol. 2: *1860-1976* (Cambridge, MA: MIT Press, 1981), 289; Eugene J. Johnson and Robert D. Russell, Jr., *Memphis: An Architectural Guide* (Knoxville: University of Tennessee Press, 1990), 62, 72, 203; Withey, *Biographical Dictionary*, 465-66, 522-23.
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23. Mary S. Hoffschwelle, "Organizing Rural Communities for Change: The Commonwealth Fund Child Health Demonstration in Rutherford County, 1923-1927," *Tennessee Historical Quarterly* 53 (Fall 1994).

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Border States: Journal of the Kentucky-Tennessee American Studies Association, [No. 10](#)
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1. E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley: University of California Press, 1979), 8.
2. Waldemar A. Nielsen, *The Big Foundations* (New York: Columbia University Press, 1972), 254-256; Mary S. Hoffschwelle, "Rebuilding the Rural Southern Community: Reformers, Schools, and Homes in Tennessee, 1914-1929," Diss, Vanderbilt University, 1993, 341-385; Robert Ransom, "The History of Medicine in Rutherford County, Tennessee," *Rutherford County Historical Society Publications* 24 (Winter 1985): 190-97; W. Frank Walker, *Ten Years of Rural Health Work: Rutherford County, Tennessee, 1924-1933* (New York: Commonwealth Fund, 1935), 4-7.
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It is suggested that the introduction of the scales into general hospital practice would facilitate the large task of detection and management of emotional disorder in patients under investigation and treatment in medical and surgical departments. MeSH terms. Adolescent. Adult. Aged. Anxiety Disorders / diagnosis*. Depressive Disorder / diagnosis*. Responsibility for health care, including mental health care, is split between state/territory and federal governments. The federal government is responsible for the national system of public health insurance, the Medicare Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS), which subsidizes medications. The states and territories manage hospital-based health care, including emergency, inpatient and outpatient services. Australia's constitution provides the states and territories with autonomy in relation to health care, including mental health.⁴ This has given rise to some variation between jurisdictions, for example¹.

1. Health System Performance Rankings. The Commonwealth Fund. 13 July 2017. The Commonwealth Fund is a private U.S. foundation whose stated purpose is to "promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable and the elderly." It is active in a number of areas related to health care and health policy. It is led by David Blumenthal, M.D... The Museum of Rutherford Hospital opened October of 2005. It was created because the Hospital has played an important role in Rutherford County history. It was felt that something should be done to record and preserve the Hospital's heritage before it all disappeared with the passage of time. The design of the museum features vignettes that showcase several areas of hospital life. It recounts both the legends surrounding its founding and the legacy of better medical care that the hospital has brought to the county. The importance of Rutherford Hospital lies not only in the vision of its founders, but in the dedication of the hundreds of men and women who have worked diligently to provide quality healthcare. Their compassion is the hospital's true legacy.