

## A TEN YEARS' SURVEY OF

Seclusion Maternity Service

A SOCIOLOGICAL ANALYSIS OF THE PATIENTS CARED FOR BY THE WILLOWS MATERNITY  
SANITARIUM COVERING THE TEN-YEAR PERIOD, 1927 to 1936 INCLUSIVE.

2929 MAIN STREET KANSAS CITY, MISSOURI

COPYRIGHT 1937 CORA M. HAWORTH. KANSAS CITY. MISSOURI

### THE WILLOWS MATERNITY SANITARIUM

IT is very difficult to tell or show other people just what class of unfortunate young women are cared for at The Willows Maternity Sanitarium. And erroneous idea: of patients and the work done for them, is often held by the uninitiate.

We know of no better way to demonstrate and in fact prove to the interested, the class of patrons The Willows serves than by a study and analysis of a period of consecutive years of its work. So we shall try to vitalize an otherwise "dry as dust" study of ten years of The Willows' work with explanations that will enable the reader to catch more than a hazy view of the field covered and services rendered.

Pause, Doctor, you who may never have sent a patient for Willows' services, and who on first thought may be inclined to charge that the world is going to the dogs—pause, We say, and reflect that these patients are drawn from one hundred twenty-five million people and over a period of ten years' time. Then you will realize that all the high grade girls are not necessarily going to the bad. But on the other hand you will keep in mind the fact that few are they who, these days, are free from and above temptation!

After perusing this review, the doctor will not hesitate in recommending any good girl who has made the error of the flesh, to repair to The Willows for seclusion and protection. Any fear he or the patient's family might have of her being thrown among the undesirables and under demoralizing influences, will be dispelled by the charts herein presented.

Never elsewhere has so remarkable a group of unfortunates been assembled into a single institution for seclusion maternity services.

Truly these are the ACCIDENTS OF SOCIETY.

### A Ten Years' Survey

THIS booklet is presented to show the grade and quality of The Willows' service in a sociological way. The same yardstick of measurements has been used throughout the entire ten years, as is necessary in preparing comparative statistics.

From time to time comparisons may be made with an earlier ten years' survey. Now it happens that the present survey is made three years early so there will be a duplication of the three years, 1927, 1928 and 1929 in the total of each of these sets of figures. This portion of The Willows' more than three decades of existence is selected as symbolic of its services because it all occurs since the completion of its present hospital plant with its liberal equipment for serving both unfortunate mothers and their babies.

During this total period of seventeen years economic conditions have changed from high in 1920 to low in 1922, then a gradual rise with setbacks to the high of all time of 1929. Then follows the low of lows as known in modern times, the great depression, from which America, the World and particularly The Willows is just now coming out. While general business

conditions in the United States are apparently approaching the normal of the middle 20's, for reasons climatic and agricultural, The Widows is still far below normal in both number of patients served and income from its business.

From the high total of 1928's, 314 patients, we find a drop of more than half to 154 in 1935, while, if we hark back to the high 344 of 1925 in the earlier period, we observe an abysmal descent of more than 55%. When to this variation in numbers is added the facts that during depression periods, proportionately more of the patients require the less expensive accommodations, even while The Willows' Management cuts the rates for services to the very bone, the reader will see something of the problems experienced in continuously maintaining the institution's high standard of work, being entirely dependent as it is, upon its income from business to support it.

"Hard times doesn't affect The Willows' business does it? Aren't there just as many unfortunate girls in hard times as good?" These are a pair of questions often hurled at us, supposedly as posers. Possibly the answer to the second would be in the affirmative, but we could not prove it. However, the fact of unfortunate girls and those responsible for their condition or support being subject to the same hard times as other people, is answer to the first question emphatically in the negative. Since hospital bills are ordinarily met from accumulated reserves instead of current earnings, when reserves are spent, when banks no longer loan money to their average customer, when homes and farms are mortgaged or already lost through foreclosure— well, The Willows just doesn't get the unfortunate daughters or sweethearts, though they be needing seclusion just as bad as the daughter or sweetheart of mildly lucrative times.

There is a very interesting study in the various tables of statistics appearing in the following pages. We believe this study is interesting not to us alone, but to our medical friends who have so loyally supported us. We shall attempt herein to offer only some high lights, many phases of the comparisons being left untouched. With the tables at hand, the doctors may themselves make further deductions and speculations on their own behalf.

PATIENTS' OUT-DOOR SECLUDED RECREATION PARK

States

	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	Total
Missouri	37	48	36	39	41	27	32	28	22	21	331
Iowa	29	32	27	41	40	37	30	24	11	18	289
Illinois	31	38	47	39	29	18	17	19	25	25	288
Kansas	27	41	36	35	33	31	11	13	8	9	244
Minnesota	13	20	16	21	17	16	10	15	14	15	157
Wisconsin	13	15	10	13	21	19	8	6	12	5	124
Nebraska	15	21	12	16	15	11	8	10	8	5	121
Oklahoma	14	19	21	17	7	6	3	8	8	9	112
Indiana	8	13	13	13	10	7	9	5	6	7	91
Arkansas	7	11	7	10	10	4	1	2	3	5	60
Ohio	3	5	7	6	8	9	4	5	2	8	57
Kentucky	6	3	8	6	8	8	4	3	3	3	52
Colorado	7	3	11	10	5	2	1	1	5	6	51
Texas	13	5	9	4	2	2	2	6	3	3	49

South Dakota	3	10	9	8	7	0	1	3	3	1	45
Michigan	3	8	6	2	5	1	3	6	5	2	43
North Dakota	8	4	6	3	4	2	3	3	6	3	42
New Mexico	0	6	1	4	0	0	2	3	1	3	20
Tennessee	2	1	0	2	3	0	1	0	4	0	13
Montana	3	1	3	1	0	0	1	1	0	1	11
Wyoming	2	2	0	2	1	0	0	0	1	2	10
Pennsylvania	0	1	2	0	0	1	1	0	1	4	10
North Carolina	0	1	1	2	2	3	0	1	0	0	10

NATURALLY it would be expected that a major part of the patients should come from the states lying close about Kansas City. We find by looking at the chart showing the origin of patients that this is true.

Of the four states providing the largest total of patients in the ten year period, Missouri has been first in number of patients five years, Illinois three and Iowa two. While if this survey reached back one year farther to 1926 we should find Kansas in the lead.

Page Six

States--Continued

	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	Total
West Virginia	0	1	0	0	0	1	1	0	1	3	7
Virginia	0	0	0	1	0	0	2	1	1	1	6
New York	1	1	0	1	0	2	0	0	0	0	5
Louisiana	0	1	0	0	0	1	0	0	0	2	4
New Jersey	1	0	0	1	0	0	1	1	0	0	4
Florida	0	1	1	0	0	0	0	2	0	0	4
Utah	0	0	0	1	1	1	0	0	0	1	4
California	1	0	0	1	0	0	0	1	0	0	3
Washington	1	0	1	0	0	0	1	0	0	0	3
Idaho	0	0	0	0	1	0	0	0	0	2	3
Arizona	1	0	0	0	0	0	0	0	1	0	2
Georgia	0	0	1	0	0	0	1	0	0	0	2
Maine	1	0	0	1	0	0	0	0	0	0	2
Canada	1	0	1	0	0	0	0	0	0	0	2
South Carolina	0	1	1	0	0	0	0	0	0	0	2
Washington, D.C.	0	0	0	0	0	0	0	0	0	1	1
Mississippi	0	0	0	1	0	0	0	0	0	0	1
New Hampshire	0	0	0	0	0	1	0	0	0	0	1
Alabama	0	1	0	0	0	0	0	0	0	0	1
Maryland	1	0	0	0	0	0	0	0	0	0	1
Rhode Island	1	0	0	0	0	0	0	0	0	0	1
Hawaii	1	0	0	0	0	0	0	0	0	0	1
	258	314	293	301	270	210	158	167	154	165	2290

So for causes economic or otherwise all of the four states have had their innings as leader in

number of patients sent The Willows.

If the normal tendency in travel, commerce and cultural advancement in the United States, to look toward the east for the best were followed in this case, we should expect Kansas to always lead in number of patients. But of greater importance than mere channels of commerce and travel, is the larger populations in the states as you progress eastward and the older civilization with its more sharply drawn lines, social and moral.

On the frontiers of civilization a man's a man, and this idea still largely prevails on America's western frontier. But educational and cultural values rise higher as we reach eastward. On the other hand there are more cities and a larger proportion of urban population. Sizeable cities do not lend toward morality, for closely packed and elbowing populations are demoralizing and degenerative. One might naturally think, then, that cities, with more immorality, would produce more patients for The Willows. But the facilities for and encouragement toward conception control and the abortionist with his birth prevention, intercept the need of seclusion maternity services in the large way in cities.

The effect of city life on the need for seclusion services is so patent that The Willows has practically no city doctors on its literature mailing list, aside from Kansas City doctors. Of course there is also the financial consideration to be allowed for in city cases, as so small a proportion of city people have any reasonable reserve for meeting the expense of an unfortunate case. Most city people are dependent entirely upon their income for meeting all living expenses. And they so live up their income and mortgage their future to meet installment purchases, that they are poor financial risks outside their own city and away from their personal and business acquaintances.

This does not mean that The Willows does not have some excellent city patrons from time to time, but merely that the number is seriously reduced in comparison with the population of cities within its regular territory.

Reverting to the position of states relative to Kansas City, while it might be expected, considering contiguity of position and density of population, that Illinois should rank fourth to Missouri first, Kansas second and Iowa third, it would not likely be thought that it would practically equal the number of patients sent by Iowa and considerably exceed the Kansas number.

For Illinois patients to enter The Willows it is necessary that all traverse the entire breadth of Missouri, and many of them an almost equal or even greater distance across their own state. Traveling westward against the normal current of travel for refining and cultural aids and services instead of eastward toward their supposed greater centers and origin, would not ordinarily be expected in so large a proportion.

Perhaps it should be stated that at the time this charted work began, The Willows was mailing its literature to the doctors (large cities excepted or at least selected) in twenty-one surrounding states. This reached and included Michigan and Ohio and the western parts of Kentucky and Tennessee to the east. It stretched southward into accessible parts of Arkansas and included the major part of north and central Texas. It went west and covered New Mexico, Colorado, Wyoming and Montana, then swept north to the Canadian line.

All states lying within that bounding circle received The Willows Magazine and other pieces of literature rather regularly, until the depression forced a gradual retrenchment upon The

Willows as upon direct-by-mail advertising business concerns—the humanitarian institution, disregarding society's needs, under the compulsion of the same economic laws as commercial enterprise.

Worthy of comment is the fact that Ohio and Michigan business started with some regularity in 1927, when the doctors were placed on the mailing list for The Willows Magazine. The considerable distance of these states from Kansas City has kept us from sending other mailings into them on account of traveling expense for

#### A NURSE GROUP

patients. It is interesting to note, however, that patients of very limited means often travel this greater distance in order to be sure of getting the higher grade and dependable services they feel assured of at The Willows, rather than risk less favorably known places and methods.

As a particular commentary on the effect of drouth upon numbers of patients coming to The Willows, attention is called to the state of Kansas. 1932, the low period of the depression, found Kansas holding its own among the four states sending most patients. Its 31 patients placed it ahead of Missouri's 27 and almost double Illinois' 18. But the four arid years following gave The Willows only 41 patients, the same total as of the one year 1928. And its average was only 33% of the yearly contribution of the first six years. The loss of patients from drouth in this one state alone was equal to the difference between success and failure of a business enterprise edging on shoaling reefs. While other midwest agricultural states, suffering less hardships, show only less extreme shortage in patients.

Forty-two out of forty-eight states have sent patients to The Willows during the ten years and in addition Canada, District of Columbia and the Hawaiian Islands. Besides the direct mailing to the doctors, The Willows has recourse to various medical journals, including the official organs of many states as well as the nation. Through this means the doctors throughout the entire country are familiar with the services offered by the Sanitarium and send patients to it, irrespective of distance and expense of travel.

So we find that all the central states, all the southern states, all the extreme eastern states except four, and all the extreme western states except two, have been Willows' patrons during this ten year period. At the same time one patient (American girl) came all the way from the Hawaiians, and Canada contributed a smattering of patrons from over her border.

It chances that Kansas City is in almost the geographic center of the United States, the actual geographic center being about two hundred miles west in the state of Kansas. This unique geographic location places The Willows about equally accessible to both the east and west part of the country. Again, it places it in the most thoroughly American section of the United States. Kansas City is noted for not only being the most American city in the United States but also for being surrounded with the most American population of any city. This makes for the most thoroughly American atmosphere with its high moral sentiment. Fewer foreign born and first generation Americans will be found among The Willows' patients than would likely be the case if it were located in any other American city.

This last is said in no way as a reflection on the morals or the character and personality of those patients of foreign extraction who have sought services at The Willows. It merely implies that the foreign population do not all understand and respond to the criterion upon which our

country has built its institutions and established its social ideals and morals. And it often takes one or two generations to become thoroughly and superiorly American. But we may say we have had some young women of foreign birth or extraction who were as clean and pure minded, some quite as cultured, as our old American family young women.

Through medical journals of national circulation, the sphere of activity of The Willows is constantly widening. It can no longer be considered of only sectional import in its work but national is its scope. The only sense in which it can be considered sectional is its geographical location and the impediment placed on its work by transportation tariffs. And since it has no actual competition in grade of service, it is as thoroughly of national importance as many institutions of other kinds that meet a like impediment in mileage charges, hence drawing their major business from the narrower radius of territory.

No greater evidence of the national consequence of the service rendered by The Willows Maternity Sanitarium is to be found than in the table of States. And we take it as an endorsement for the pioneering spirit exhibited by the Management in not only demonstrating to the medical profession that seclusion maternity service may be conducted ethically and legitimately but also for its study into the needs of the service and developments of that service on a non-charity, sanitarium basis of superior work.

In fact, the study of seclusion maternity services has resulted in the unqualified belief that the adoption of the child is for the betterment of both mother and child in the major part of the higher grade unfortunates. And the mere ability of the prospective mother and her people to meet the financial responsibility of the rearing of the child, is entirely aside from the question.

The reaction of illegitimacy on child, mother, the families involved and the community is greater than mere dollars and cents. The social, educational, business and moral standing of the parties is affected and at hazard for the entire remainder of their lives. And irrespective of what we as moralists and humanitarians might think to be the case and desire that it should be, we cannot overlook any of these involvements without sacrifice to the betterment of the community. The years have demonstrated through The Willows' work that the temporary removal from charity responsibility of these unfortunate cases by compelling mothers to retain their permanent parental connection with and responsibility for their babies, is only a short-sighted method that soon involves community and social responsibility to a much greater extent and cost, while at the same time reacting on mothers and their children detrimental by leaving them both more handicapped than when adoption is resorted to.

The territory from which The Willows draws its larger number of cases is what is known as America's bread basket. It is the Mississippi Valley agricultural region. As a consequence things agricultural, like good or bad crops and prices, materially affect the number of patients from different states or all the states. If wheat be low priced or poor yield, prospective patrons in regions dependent upon wheat for a living are often unable to send patients to The Willows for lack of the means. During the same year corn or cotton may be of good yield or high priced and regions raising them may be excellent patrons. Again live stock business may be depressed and counteract the favorable economic conditions made by soil products and prices. But national stringencies affect the entire prospective clientele of Willows' patrons.

Another thing that affects the number of patients sent by a state to The Willows is its social legislation. For instance, if a state has a large foreign population and low moral consciousness its legislators may think to force a higher sense of morality through legal statutes in imitation of

European countries that have a low morality- consciousness and a sex complex. Such a state will likely pass laws that encourage, even force, the exposure of unfortunate cases into public knowledge. There are some such retroactive states within the close territory of The Widows and their higher grade unfortunates find themselves forced to flee their own principalities to avoid the consequences of laws that are supposed to serve instead of to injure.

#### A PATIENTS' ROOM

Such states provide a proportionally larger group of patrons to The Willows than those with laws better adapted to American enlightenment.

It will be seen that the ten years' total of 2290 patients makes an average of 229 per year and 19 per month. This is approxi

NOT only are the main states that support The Willows agricultural but the population is largely rural. 37% of the patients are from the country. While if we add to that the patients of Country and Town reared we have almost half rural. Of the Country and Town girls, the likelihood is that most all of them have been born on a farm and largely so reared.

But the Town patients are really rural as contrasted with city life. In order to standardize the groupings we made the arbitrary basis of 30,000 for the gauge as to when a town becomes a city. A 30,000-town is very small to be called a city. But even with this low population requirement only 12% of The Willows' patients have been city reared, and less than 14% if we should add Town and city reared young women to the City patients.

mately two patients every three days. While the low year had less than one every two days. But the four high states averaged more than two patients per month for the period, with Missouri almost three per month. This gives some idea of how important Willows' services is, socially and morally, to states close enough to it to not suffer handicap from transportation fares for patrons.

This means that 86% of Willows' patients were rural reared contrasted with 14% urban reared and we know of no greater compliment that can be passed upon them as a whole. When we later study the charts of Education and Occupation we shall see that they have not as a group been lacking in opportunity for equipping themselves for the duties of life by their community origin.

We can no longer think of rural unsophistication in the sense that it was looked upon in the nineteenth century. We now have the automobile for travel and the radio and phonograph for home entertainment and enlightenment. And the moving and talking films are accessible to all, save possibly frontier communities. But frontier boundaries are moving rapidly or fading entirely. So we cannot think of country and small town girls as rustic and uncouth or

#### Community Environment

	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	Total
Country	115	132	97	120	100	67	63	65	53	43	855
Town	87	108	128	113	106	83	61	68	72	85	911
Country and Town	23	37	32	25	23	21	8	11	11	14	205
City	31	33	30	41	33	38	24	21	18	18	287
Town and City	2	4	6	2	8	1	2	2	0	5	32

258 314 293 301 270 210 158 167 154 165 2290

as ignorant to the point of depravity. But the farm is still the best place from which human life can propagate as a whole and we are glad to have been the recourse of so large a group of farm girls who have found themselves worsted by the temptations of life.

The facts are that the temptations that beset the country girl have never been so great as they are today. The new civilizing influences and cultural opportunities have developed so rapidly that parents are not prepared for the problems of parenthood. All too little is known of the temptations into which their daughters are led, yes, sometimes even pushed, by their mothers. It is not to be hoped that all of them may pass through the fires without getting their wings singed.

Education

	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	Total
Common School	65	65	59	34	45	26	22	22	26	20	384
One Yr. High School	17	31	23	15	17	16	6	12	3	7	147
Two Yr. High School	29	32	30	43	31	18	14	18	20	14	249
Three Yr. High School	25	23	32	38	28	29	21	18	16	6	236
High School Graduate	67	112	98	98	92	75	62	59	61	75	799
One Year College	19	17	19	28	18	22	15	12	10	11	171
Two Year College	22	19	14	20	16	14	6	9	9	15	144
Three Year College	7	11	7	13	10	4	4	8	3	7	74
College Graduate	7	4	11	12	13	6	8	9	6	10	86
	258	314	293	301	270	210	158	167	154	165	2290
Business College	48	39	29	33	32	24	20	20	19	17	281

IN explanation of the system of recording educations of patients, we should say that common school means patients who are in common or grade school, those out of school and who have had no high school work or those who have entered high school, but have not completed its first year. One year high school means it has been completed but a second year has been but partially completed or not started. High school graduates include also college students who have not completed an entire year of work. Careful differentiating is done to keep the standards accurate and as uniform as possible.

This table shows high school graduates to be the largest of any single grouping with 799 or 35% of the patients. This is more than twice the number of the lowest educations group, 384 common school. Now if we turn forward to the Occupation chart we shall see that 649 patients, or 28%, are school girls. So of this 384 who have had no more than the common school work, at least 28% are evidently still in school.

Again if we look at the Age chart we will see that a total of 222 patients are 16 years of age or younger. This is the age when pupils may well be expected to be in common school or in lower high school grades. But they are sure to be nearly all still in school. So we may expect much more than 28% of the common school patients to continue and get high school work.

What we are trying to make clear is this: As we think of women, mothers of children, we think of them as mature adults with their educations completed. And by comparison, to grade these unfortunate mothers in the same way, we should know their educations after they are several years older when education time is past. Then comparing them with other mothers we

should find that they averaged much higher than they appear from our charts. And while our records are not fair to the group, it is the best we can do under the circumstances.

Eighty-three per cent of all the patients had at least one year high school education. Among them 27% had not completed the high school work, 35% had completed high school but had gone no farther, or at most less than a year to college. And 17 % had college training in various amounts, with 86 in number, or 3.7%, being college graduates.

This is a remarkable showing for a group of unfortunate girls and certainly entitles them to be classed as high grade. It is not the type of young women that one would find in the so-called "rescue homes." These are young women who have been reared to live and work, taken as a group, above the ordinary menial labor required in domestic service and mechanical servitude for others. The comparatively few shown under Occupations as in domestic and waitress work, are found to be almost entirely rural and small town girls where such slight caste system as America has, has not reduced them to inferiority-complex weaklings.

Not only had the patients the educations shown and school girls still getting educations but at least a small number of patients will pursue further general educations that are now shown as Home Girls or as employed. As a matter of fact few unacquainted with The Willows' work will be able to realize how much of an inspiration toward further general or specialized education, a period spent at The Willows becomes to a young woman. There is the double incentive, that of seeing and contacting other young women who show the refining and cultural reaction upon them that education has made and also the personal sensing of their responsibility to society resulting from a period of enforced sojourn out of society and of that growing consciousness that life means more than they had ever realized. Some take child-adoption so serious personally that they believe the assumption of a greater responsibility in society than they have previously borne, to be a required form of penance and that it will act as a talisman to the good fortune and success of their offspring.

There is additional study we should like to make by charts on the educations. Dividing the ten years into two five-year periods, we find some tendencies of significance. With the first five years giving 1436 and the second five years 834 patients, we find 37% of the whole in the slow recovery years from 1932 to and including 1936.

#### Five-Year Periods

	First 5 Years	Second 5 Years
Common School	268	116
One Year High	103	44
Two Years' High	165	84
Three Years' High	146	90
High School Graduate	467	332
One Year College	101	70
Two Years' College	91	53
Three Years' College	48	26
College Graduate	47	39
	1436	854
	63% of whole	37% of whole

And what about the comparative educations during these two periods? While 37% of the ten years' patients were in the second period, we find only 30% of the patients with mere common school educations in the second period. One year high school remains at 30% for the second period. But from that point we find a significant rise. Two years' High School had 34% in this second period. Three high school with 38%, passes its proportion, the 37% of the total number of patients. High school graduates were 42% in the second period. And all above high school were 40% in the second period, while that group who had finished college were 45% of the ten years' total.

So nothing is more evident than that the education of Willows' patients is steadily rising, just as was found in the earlier survey made.

To us in charge of the work this advancement in grade of patients we feel to be a creditable showing for us. There are those who would turn around and say the world is getting worse, that the educated girls were going to the bow-wows. We think the point is not proven by this evidence, however. As a matter of fact, more of our young people are getting good educations than previously. So The Willows must needs get patients with better educations than formerly or else be retrograding. Again the patients are from wider territory, hence more selective. For, naturally, it is the better educated young women who realize the value of high grade, exacting services and also the importance of selecting seclusion care where the associations will be the most superior, even at the expense of heavier railroad fare.

This educational chart is only general in its application. It misses almost all the special educations and the refining and cultural adjuncts to the educations acquired by a considerable portion of the patients. It omits mention of piano, violin and other musical instrument schooling, voice culture, dramatic art, physical culture and normal school unless done as a part of regular high school or college training. Reference to the Occupation chart shows a number of lines of work in which patients were occupied, that required from a few months up to several years' study.

In the last line of the chart you will note that there were 281 patients who took commercial college courses. Of the 13 dressmakers part at least must have taken dressmaking courses, 46 student nurses and 65 graduates had nurses' training, which was not charted above unless their nursing schools were connected with universities or colleges and their courses leading to A. B. degrees.

Beauticians today are taking courses of training and there were 26 of these. One professional singer, 1 story writer, 1 actress, 18 doctor and dental assistants, 4 comptometer operators, 4 laboratory technicians, 3 newspaper workers, 3 typesetter and linotypists, 3 librarians, 2 accountants, 2 social workers, 2 artists, all with several others, most likely had varying amounts of special education or training that did not count toward their general educations charted above.

When the specially educated and those who will continue on in their general education or to a specialized education, are taken into consideration and added to the charted education as it should be in order to give a proper appraisal of Willows' patients on the basis of the world as we know it, it may be seen that the average ranges still higher and makes a showing remarkable for a seclusion maternity institution. The Willows is well satisfied with it.

MRS. E. P. HAWORTH  
Superintendent

Occupation	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	Total
Student	90	96	76	95	79	55	54	37	33	34	649
Home Girl	61	62	70	52	71	76	45	52	58	51	598
Business College	14	17	18	17	18	14	10	9	4	5 - 126	
Trained Stenographer											
Secretary	2	1	2	9	4	3	0	0	2	2 - 25	
Steno-Bookkeeper	3	0	0	2	5	1	2	4	0	1 - 18	
Bookkeeper	9	9	8	4	6	4	8	2	3	5 - 58	227
Teacher Grades	12	21	19	27	13	10	9	9	11	10 - 141	
High School	4	6	8	3	5	3	5	1	0	2 - 37	
University	0	0	0	0	0	0	0	1	0	0 - 1	
Music and Fine Arts	2	1	2	5	3	2	0	2	1	1 - 19	198
Nurse Student	2	7	14	5	6	5	3	2	1	1 - 46	
Practical	4	3	6	4	3	0	0	1	0	0 - 23	
Graduate	5	8	6	6	8	7	2	7	7	9 - 65	134
Domestic	11	16	17	21	7	4	0	10	5	4	95
Sales Work	7	17	13	6	12	5	7	7	6	8	88
General Office	6	10	9	6	0	5	4	2	5	5	52
Waitress	3	3	2	6	7	2	2	3	6	4	40
Telephone Operator	5	6	2	6	5	3	0	5	2	5	39
Clerical	3	5	5	10	6	1	2	1	1	0	34
Beautician	2	3	5	3	2	1	0	1	3	6	26
Factory	4	3	1	6	1	1	0	0	2	3	21
Drs. & Dent. Asst.	1	2	1	2	5	4	2	0	1	0	18
Seamstress	2	1	1	1	0	1	1	4	0	0	11
Typist	0	1	1	2	1	2	0	0	0	1	8
Store Owner or Mgr.	2	1	1	1	2	0	0	0	0	0	7
Comptometer Operator	0	2	1	0	0	0	0	0	0	1	4
Laboratory Technician	0	1	0	0	0	0	0	2	0	1	4
Cashier	0	1	0	0	0	0	0	0	1	1	3
Post Office Clerk	1	1	0	0	0	0	0	0	0	1	3
Newspaper Work	0	1	0	0	0	0	0	1	0	1	3
Typesetter and Linotypist	0	0	0	1	0	1	1	0	0	0	3
Librarian	0	1	1	0	1	0	0	0	0	0	3
Accountant	1	0	0	0	0	0	0	0	1	0	2
Social Service	0	0	1	0	0	0	0	1	0	0	2
Artist	0	0	0	0	0	0	1	0	0	1	2
Photographic Work	0	0	2	0	0	0	0	0	0	0	2
Legal Work	0	2	0	0	0	0	0	0	0	0	2
Office Manager	0	0	0	0	0	0	0	0	0	1	1
Bank Cashier	0	0	0	0	0	0	0	0	1	0	1
Professional Singer	0	0	0	0	0	0	0	1	0	0	1

Story Writer	0	0	0	0	0	0	0	1	0	0	1
Governess	0	0	0	0	0	0	0	0	0	1	1
Tea Room Manager	0	0	0	0	0	0	0	1	0	0	1
Actress	0	0	0	1	0	0	0	0	0	0	1
Milliner	1	0	0	0	0	0	0	0	0	0	0
Printer Mechanic	0	1	0	0	0	0	0	0	0	0	1
Drafts Work	1	0	0	0	0	0	0	0	0	0	1
Optometrist	0	1	0	0	0	0	0	0	0	0	1
Dietician	0	0	1	0	0	0	0	0	0	0	1
	258	314	293	301	270	210	158	167	154	165	2290

## Occupation

IT is interesting to note that over half, 54% to be exact, of Willows' patients are school and home girls. Students predominate by half a hundred. This fact is important in connection with the frequent recommendation that patients keep their babies and rear them themselves. To say that such a course is physically possible is beside the question. Such girls would ordinarily have no means with which to raise their babies, so the financial burden would fall upon their families.

This point of occupation would not be so important if it were not for the fact that so many institutions handling unfortunate girls make it their duty to see that their inmates keep their babies. If suasion fails them, coercion through mothering their offspring succeeds. And if the students and home girls of The Willows were left to the services of these other institutions, they would fare just as do the other subjects of charity social care.

It is patent that school girls with uncompleted educations, are not in position to become mothers and live the part. Their educations would needs stop at that point and their future development into more intelligent, cultured and serviceable citizens would be thereby hampered. For as one knows, mothers do not belong in the school room and the illegitimacy of their pregnancies would, above all, bar the school to them. Thus 28% of its patients need The Willows' services so they may finish their educations. And experience has shown that the best school work these girls ever do, is done after being at The Willows.

The students may well be classed with home girls as to their lack of personal means for supporting their babies. And what would one do with either of these groups of girls who are living on home folks and at present not even self-supporting?

As we have seen under Community Environment, 86% of Willows' patients are from the country and small town communities. Who among the readers of this survey does not know the traits of small communities? Everybody knows everybody else's business. A young woman's thoughts are almost read before she puts them into words. Gossip, gossip is the order of business at all gatherings!

Can the girl who has had the misfortune of illegitimate pregnancy to befall her, live normally in her own community with an illegitimate child? Yet she belongs at home if any girl ever did. If she has lacked strength to ward off error, or if her moral stamina has been undermined by some individual or by some conditions in life, above all things she should not be forced out into more dangerous or demoralizing conditions on account of her error or misfortune.

Expressed otherwise, this weak girl should neither be forced into larger urban life with its

greater dangers in order that she may keep her baby and home folks not find it out. Nor on the other hand should she be forced back into her home community with her child, thus giving her no place she can ever in the future be free from abnormal temptations. For tied with her child through motherhood, the normal development or freedom from temptation is no longer possible. And the strength gained by her sad experience is ordinary lost on her because of the exaggerated temptations to which she is placed by the public knowledge of that sad experience.

## A DELIVERY ROOM

Certainly in no place is it more impossible for a young woman to give birth to and rear an illegitimate child than in the smaller community. And 86% of Willows' patients are from rural and small communities. And 54% of all Willows' patients are students and home girls, hence entirely dependent upon home folks for support.

Comparing this present with the earlier ten year period, we find the business trained group exchanging places and percentages with the teachers. The earlier period had the teachers in the lead with 10% but now they reverse to about 8 1/2% of total patients. And the nurses have increased 10 even though the total number of patients of the present decade was 24% less than the earlier. And the number of graduates jumped from 39 to 65. Meanwhile the practical or partly trained nurse has dropped down significantly.

The large number of nurses requiring Willows' services is a fine commentary upon nurses. Older people can remember the time that the nurse as a class was looked upon with considerable misgiving. That was in the day when many hospital training schools took no responsibility for the morals or the moral protection of pupils in training. Under those conditions the outcome of a period of training in such schools was to relax the pupil's moral perception and to acquaint her with professional men or contraception methods that left no need for seclusion maternity service.

While such demoralizing conditions did not prevail universally they were so prevalent as to cast aspersions on the entire nursing profession. Certainly, while the need for seclusion services by nurses is not an inspiring example to prospective nurse pupils, yet when the large number of young women in the work is considered and the peculiarity of surroundings and hazard of temptations are allowed for, the fact that nurses in practice and in training are not degenerating into "birth centralists" is a compliment indeed to the nursing and hospital world.

That so many nurses seek Willows' services is complimentary to the grade of work The Willows does. For if anyone would gain the benefit of the doctor's sincere judgment as to the most reliable institution for seclusion services, certainly the nurse, his assistant, would be entitled to such claim. That he sends her to The Willows Maternity Sanitarium requires no commentary on our part as to his good opinion regarding the services she will receive.

We pointed out that 54% of Willows' patients were dependents as home girls and students, hence not in position to keep and rear their babies. It is but fair in that connection to make some study of the other 46%.

There are those who would insist on employed girls keeping their offspring and mothering them. The claim that these cannot support their babies would be false, they would declare. But mere means of physical sustenance is not all that is due a child from those who raise it. And unfortunate girls recognize this as fully as do most older people.

If we stop to consider, we know that a large share of employed young women are not self-supporting. They are dependent upon living at home or if not actually living at home, they require frequent or occasional gifts from home folks, to meet living emergencies if they are to live on the plane to which they and their friends are accustomed. When such is the case, how will they fare by adding to that burden the expense of a child?

But supposing one tries it and by nook and crook is able to eke out a livelihood for herself and her baby. Soon either mother or child gets sick. Children are not hardy like adults. And feeding and children's diseases attack the best of them. Their mothers get sick also. Under the strain of parenthood, the double duty of being both father and mother to a child, and the added strain of illegitimate motherhood at that—well, the sickness hazard would overcome even the hardihood of the unfortunate girl's detractors who insist that she should keep her child and mother it, if they were placed with the actual task to perform themselves.

Again the employment of many young women is absolutely dependent upon them not being known to have a child so their reputations remain unblotched. All work that has any public bearing is like this. With some occupations their entire support is lost immediately by loss of employment; with other occupations friendship and patronage dwindle until their income fades or is entirely lost.

But aside from the financial reaction upon the mother, what of her ability to do what she starts cut to do, be a mother to her child? What among the entire list of occupations shown, will permit the young woman to take care of and mother a child as is expected of mothers and is actually the practice among mothers of her own stratum of life? Are there any that would permit her to be with her child twenty-four hours a day and nurse it on the breast during infancy? The number able to do this would be negligible.

Board her baby out, do you suggest? But how much of a mother is she to the child in that case? The service she might render it and the influence she could have on it would no longer be normal for a mother. This inability to really mother their children as they feel children should be mothered, has brought thousands of young women to The Willows so they might assure their unborn babies proper home and parental influences and unhandicapped opportunities, corresponding with those other children of their generation will have.

## A STERILIZING ROOM

Age

	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	Total
Twelve	1	0	0	0	0	0	1	1	0	0	3
Thirteen	2	3	2	0	1	1	1	1	0	0	11
Fourteen	3	1	2	1	5	1	1	0	0	2	16
Fifteen	5	4	10	7	2	5	3	1	6	4	47
Sixteen	14	18	20	17	19	19	10	9	11	8	145
Seventeen	23	29	15	30	20	17	17	15	12	9	187
Eighteen	38	41	34	35	30	18	15	17	11	21	260
Nineteen	34	42	43	35	35	26	22	11	20	23	291

Twenty	30	38	33	36	29	27	20	14	17	17	261
Twenty-one	27	25	30	24	28	18	17	19	19	24	231
Twenty-two	18	22	21	18	20	17	12	17	14	8	167
Twenty-three	15	24	25	25	19	15	12	11	14	9	169
Twenty-four	13	16	9	15	11	10	9	7	9	6	105
Twenty-five	6	14	12	13	7	6	2	4	6	4	74
Twenty-six	4	11	10	10	9	8	3	6	3	6	70
Over Twenty-six	25	26	27	35	35	22	13	34	12	24	253
	258	314	293	301	270	210	158	167	154	165	2290

THE ages of Willows' patients is an interesting study. We think of age in connection with moral responsibility and undoubtedly it is important in those cases in which patients' personal morality is involved. While the moral responsibility of patients is involved in more cases than the first stories told us by patrons would lead one to think, yet there is a considerable number of the girls and young women who enter The Willows that the law or even a liberal-minded, lay judge would exonerate.

The large proportion of very young patients is surprising to the uninitiate. Three 12-year-old and 11 13-year-old girls as well as 16 14-year-olds come as rather a shock to the casual minded. To this we add 47 15-year-olds and 145 or three times that number of 16-year-old-girls.

Now the reader must remember that these ages are taken as of the time patients enter and when they are showing the evidences of pregnancy and approaching confinement. To judge fairly as to the moral culpability of patients we must hark back from four or five to even eight or nine months earlier, to the age of conception. Subtracting from four to nine months from the ages taken, one will find a considerable number cutting off a year from their ages on account of an intervening birthday.

In most of the states with advanced legislation, the age of consent is sixteen years or more. This means that every girl conceiving before she is sixteen is the subject of legal rape, irrespective of circumstances. So more than 5% of Willows' patients are morally and legally not responsible in the sight of the law and we all in an impersonal and hypothetical way would admit them to be not responsible.

We must distinguish between an impersonal and an actual decision regarding responsibility. Talking at random and with no case in mind, most of us are liberal minded enough to concede that girls 16 years old and under are not to blame if they get in the family way, but are the victims of circumstances for which they are morally irresponsible. But when we speak of some particular unfortunate girl of the same age among our acquaintances, we become confused. And we, along with society in general, refuse to reinstate this victim back into our good graces and accept her and her child on a par with our own unvictimized daughters and our possibly victimizing sons. This human and social trait is one of the loud calls that has helped bring The Willows into existence.

Eighteen per cent of the patients are under 18 years, the age at which we consider a young woman has attained her majority. But if we require the same age of her as of the man before we hold him legally capable of asserting his manhood, 21 years, we find that 53% of Willows' patients are included.

There are more 19-year-old girls requiring Willows' services than any other age. From 19

years there is a general decline in numbers each year to 25 when a marked decline occurs, with only 70 of the age 26. And 89% of the patients are less than 27 years of age. The median age is also 19.

It is evident from this study that there are 12 years in which a young woman's morals are in serious jeopardy. These constitute the period from 15 to 26 inclusive. There is bound to be a smattering of catastrophies other than during these years. The experience of The Willows shows the range being the entire period at which woman may enter upon motherhood. For we find a few at the earliest possible time as well as the occasional case as late as Nature makes conception possible. But the peak of the danger is at nineteen and it stays heavy during the years 17, 18, 19 and 20. The fact that women begin marrying and reducing the number of single girls left subject to temptation, no doubt helps reduce the comparative danger during and following that time.

## PATIENTS' LOBBY

### Religion

	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	Total
Methodist	63	73	71	69	67	47	40	33	32	34	529
Baptist	25	31	40	36	17	20	21	22	19	19	250
Lutheran	28	40	25	34	29	22	17	19	16	18	248
Catholic	25	34	25	28	31	23	17	25	18	20	246
Christian	27	27	25	34	26	21	14	12	8	8	202
Presbyterian	14	27	37	29	23	17	7	10	12	15	191
Congregational	6	11	6	8	11	9	5	3	2	5	66
Episcopal	5	8	6	5	5	4	4	2	6	7	52
Evangelical	4	3	7	4	4	0	4	3	1	3	33
United Brethren	2	2	5	4	3	1	0	1	3	0	21
Church of Christ	3	1	0	3	1	1	3	0	2	1	15
Reformed	3	2	0	3	4	0	1	0	0	0	13
Church of the Brethren	2	0	1	1	0	0	1	0	0	2	7
Christian Science	1	0	0	0	0	1	0	1	3	1	7
Latter Day Saints	0	1	0	2	0	1	0	1	0	2	7

ONE of the most satisfying pieces of information regarding Willows' patients is the fact that approximately 84% of them are church members. In addition to the 84% being members of churches, the other 16% are almost entirely church attendants and indicate a church preference, though not actual members. Our history sheets show the church preferences of the cases, but we have not the numbers assembled for the entire ten- year period so cannot quote exact percentages.

There are those who would distort this information on patients' religions into saying the churches are not doing their duties and that girls are all "going wrong." We are not in position to decide on such a point. But we can say that this Willows' information is not the data from which to draw such a deduction. The Willows' patients are from so broad a territory that they

isolate themselves from each other. We should suggest that the records on the sexual morals of young women might better be gathered from abortion practitioners than from those sparser cases where abortion was not resorted to. Even then we should be wide the mark.

The real information on sex morals is quite confused through the propaganda of the birth controlists. If birth control or more

	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	Total
Friends	2	1	0	1	0	2	0	0	0	0	6
Jewish	1	0	1	0	0	2	0	0	0	0	4
Seven Day Adventist	0	0	0	0	0	0	2	0	0	2	4
Swedish Mission	0	0	1	1	0	0	0	1	0	0	3
Community	0	0	0	1	0	0	1	0	1	0	3
Unknown	0	0	0	0	0	0	0	1	0	1	2
Universalist	0	0	0	0	0	0	0	0	1	0	1
Holiness	0	0	0	0	0	0	0	0	1	0	1
Moravian	0	0	0	0	1	0	0	0	0	0	1
Church of God	0	1	0	0	0	0	0	0	0	0	1
Nazarene	0	1	0	0	0	0	0	0	0	0	1
Non-Church Members	47	51	43	38	48	39	21	33	29	27	376
	258	314	293	301	270	210	158	167	154	165	2290

accurately, conception control, makes sexuality moral, married or unmarried though the participants be (and we find moralists and humanitarians discussing their so called birth control as an impersonal matter and without the qualifying limitations of marriage involved) then society is in no position to get definite data on morals, as successful birth control does not leave tell-tale earmarks for statistical purposes.

Anyway we are sure the standard of sex morals on the basis the world has gauged morals from time immemorial, cannot be judged by Willows' patients. And we would not charge the church as derelict to its duty as judged by our Religion chart. In fact we believe that just the reverse decision might be drawn from it.

The fact that so large a proportion of the patients are church members, would indicate that they are not birth controlists and that the church has made them too conscientious to resort to either birth control or abortion as a means to sexual indulgence and lasciviousness. And that a young woman requires services from The Willows, does not show her to be immoral, but rather to have been a victim of circumstances or of weakness at most. But she has not lost her

#### ROOF GARDEN NURSERY

self-respect nor turned to immoral practices for her relaxation or for means of sustenance.

The Methodists with 529 patients or 23% leads in number of patients. Baptists, Lutherans, Catholics, Christians and Presbyterians follow in their order and not far apart in number, with a

total of 41% of the patients. This makes 64% of the patients in the five major Protestant and the Catholic churches. The remainder are mainly scattered through smaller denominations. We see no significance in the fact that there are more than twice as many Methodists as any other denomination among the patients. The preponderance of Methodists in the Central States from which so large a portion of our patients are derived accounts for this strong lead.

The Willows, being a private institution and not controlled by any religious group nor the Management dominated by any sect or religious leaning, makes patrons of all creeds feel the freedom of its liberal atmosphere. The members of the executive management are as scattered in religious affiliations as are the patients themselves and insist that the same freedom of religious belief and tolerance shall prevail as is customary in similar hospitals and sanitariums for other diseases and ailments.

THE broad, charitable atmosphere that pervades The Willows throughout is a valuable adjunct in the service that the Sanitarium renders its patrons. Patients often enter its walls from the narrowing and cramping influence of community and home restrictions, restrictions that might have been influential to an extent upon their misfortune of illegitimacy. They come avowedly to gain privacy and protection and usually to be relieved of the future responsibility of their child through the humane means of adoption. That, we say, is what they come for. And of course they must have those services for which they knowingly pay.

But there is a service for which most patrons do not consciously pay. They often do not realize its necessity for their patient. As a young woman, they believe her mature and strong enough to go through life thereafter immune to further dangers, if they can but succeed in protecting her against this present trouble. And perhaps they are correct in the main.

But, although patrons and patients do not ordinarily expect it nor ask it, there is a reaction gained by most patients beyond anything foreseen. Patients often enter The Willows as girls, in mind and experience, to leave it as matured and broad-minded women. This comes from the generous experience and opportunity for observation offered among so large a group of young women.

The lessons of life come easier among the group than in the semi-isolation of home life. And when the associations are among a group so specialized as to be all subject to service for the same trouble and yet the associates come from so diversified conditions of life, places, ages, occupations, educations and religions, the individual reactions are educational and in directions that no tutored school could produce. And when young women are, as these, self-taught, given freedom from hang-over public taint and opprobrium through lack of knowledge of their error or accident by the public as is made possible through services at The Willows Maternity Sanitarium, you may expect a more than 95% favorable result with them in after life.

## KANSAS CITY AS A RAILROAD CENTER

### The Willows Almost Covers the Entire Country

A glance at a railroad map of the United States will show the splendid position of Kansas City for the care of -unfortunate young women. Its easy access from all directions, excellent train service and central location gives it the pre-eminent position in the country for its work.