ORAL HISTORY PROJECT

Katherine Bain, MD

Interviewed by

Morris A. Wessel, MD

December 12, 1996
Washington, DC
PREFACE

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events which are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

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ABOUT THE INTERVIEWER

Morris A. Wessel, MD, FAAP

Dr. Morris A. Wessel is Clinical Professor Emeritus of Pediatrics at Yale University School of Medicine, New Haven, CT. He received his BA from Johns Hopkins University in 1939 and his MD from Yale University School of Medicine in 1943.

In the Spring of his fourth year at Yale, Grover Powers, MD, Chairman of Pediatrics, arranged for Dr. Wessel to spend a week visiting the Children’s Bureau in Washington, DC. Dr. Katherine Bain, associate director of the Bureau, received him warmly and arranged a number of appointments in the agency and in the District of Columbia. Ethel Dunham with pride showed him a portable incubator for transferring premature infants from rural areas. Martha McDonald, a child psychiatrist, discussed with him the opportunities a practitioner had to use what was then called “mental hygiene” in daily practice. That brief time with Dr. Bain and the Children’s Bureau made an indelible impression on Dr. Wessel.

After graduating from Yale, he served a pediatric internship at the Babies Hospital in New York in 1943-44. Following three years in the U.S. Army Medical Corps in 1947-48 he became a Fellow in Pediatrics at the Mayo Clinic in Rochester, Minnesota. It was during this fellowship while studying with Drs. C. Anderson Aldrich and Benjamin Spock that he decided to become a primary care pediatrician with special emphasis in behavioral areas. From 1948-1951 he served as a clinical fellow in the Rooming-In Project of the Department of Pediatrics, Yale University School of Medicine. This project, the first of its kind in the United States, was directed by Dr. Edith Jackson, who served as an important mentor during his training.

From 1951 to 1993, Dr. Wessel practiced primary pediatrics in New Haven, Connecticut. During these years he also served as school physician and as consultant pediatrician at the Clifford Beers Child Guidance Clinic in New Haven. He received the American Academy of Pediatrics’ Practitioner Research Award in 1993 and in 1997 the C. Anderson Aldrich Award in Child Development presented by the Section of Developmental and Behavioral Pediatrics of the American Academy of Pediatrics.
Interview of Katherine Bain, MD

DR. WESSEL: It’s December 12, 1996, and I’m Morris Wessel interviewing Katherine Bain in her home in Washington, DC. I want to tell you Dr. Bain, and you probably don’t remember, but in 1943, Grover Powers (Chairman of Pediatrics at Yale University) sent me down to the Children’s Bureau. And I was overwhelmed by you, Martha Eliot, Ethel Dunham, and I left with a question. Now I’m back, see if I can find the answer. My question was where did you and all those other wonderful women come from, and how did you get launched into this great movement and service for children? I know there’s a lot been recorded about your distinguished career and all the things you’ve done, and I have your papers and the American Academy of Pediatrics has your papers. What I’m interested in is, how did you get started, where did you get this drive, way back in St. Louis days?

DR. BAIN: Well, I think to begin with it was an era when there was a lot of social change. And women were beginning to be so much more active. It was the era of fighting for women’s suffrage and the beginning of the Children’s Bureau.

DR. WESSEL: Even before that, you went to medical school. That was unusual in your day?

DR. BAIN: It was, it was unusual. I sort of fell into it and had no trouble getting in. I hear of all these people who had so much difficulty because they were women. I was the only woman in my class. I was the only one that graduated. I got into medicine via the University of Missouri in Columbia where I was living with my family on a farm, driving into the University, finishing my senior year. It was quite an experience I tell you, back in those days. We got in our Model T Ford on a rickety road in the country, getting in town to an 8:00 class, three times a week. I had a job as a lab assistant in zoology in college. I’d been away to college for two years. What happened to me is that both world wars mixed me up. During the first world war, my brother was in France, my other brother was in training, my sister was engaged to a man in uniform, and I had had two years in college, away from home. And mother said she wanted me to come home. They needed me at home.

DR. WESSEL: Your father had a farm?
DR. BAIN: Yes, there was a farm up near Columbia, that my father had bought, so that when my brother came back from France, if he came back alive, he could have a farm. It was his great ambition, my brother’s, to be a farmer. My father bought this farm and we went up there to live. And I went these three or four miles to school in a Model T and taught that first year. The second year then I had finished college except for one course. So I decided to stay another year. I thought what will I do with all my time. I believe I’ll go over to the medical school, which at that time was just a two year medical school, and see if I could take some of the courses. And so I went over and said I’d like to take anatomy next year. They said OK. Tuition was very little, because I lived up there, and because I was also working at the university. So that year I took anatomy. I worked in the lab in the morning for my zoology sections that I was tutoring, and in the afternoon I did anatomy. When that year was ended, there I was. I’d had a part of a year of medical school. And the family moved down to St. Louis and I went with them. And I thought well I’ll just go over and try this medical school and see if they’d let me in. And they said, “Sure.” I never had an interview as far as I remember. I never gave any documents except I brought transcripts of my grades from the schools I’d been to. And they said, “OK, come on and take the rest of the courses” that I had missed in the first year. And I said, “But I have to have a job.” They said, “All right, we’ll find you a job,” and they got me a job at the Barnard Skin and Cancer Hospital, where I was an x-ray technician treating late cancer patients. I knew absolutely nothing about x-rays, but I knew how to put the weighted covers on the patients. I stood behind the partition like that, and stood watching so that they didn’t get up or knock this off. It was a long, long treatment; 45 minutes on each side, that sort of thing. And I did that the other half of my time.

DR. WESSEL: So what was it like for a woman in medical school in those days?

DR. BAIN: Well, when I went, it was not troublesome. Everybody keeps telling me about how hard it was. It never was hard for me. I don’t know why. In those days, if you were a man you had to have a nurse or a female around while you were examining a patient. And the evening would come and the poor students hadn’t been able to get a nurse, and I’d act as nurse for them. And then when I had trouble with an experiment in physiology or something, they’d give me a lift. They were really always very kind to me. And I never had any feeling of being pushed around at all.
And then I finished medical school, and then there was the question of where would I end up. And St. Louis Children’s said, “You can come back here for your second year,” but they didn’t take any first years. I had to go out and get an OK for an internship and I went around to various hospitals and they said, “No, not interested.” And then I heard about San Francisco Children’s, which was all female. It really was a general hospital. I wrote to them and they said, “Come along.” So there I went for my first year. And that was wonderful because I got away from home and San Francisco is a wonderful town, and I saw a lot that was very useful. It was a year of a lot of polio, wards full of polio and iron lungs and that sort of thing. And I saw a great deal of communicable disease. And then I came back and did my year at Children’s. And I could have stayed on there. The last part of it, I was acting chief resident.

DR. WESSEL: Who was the chairman then?

DR. BAIN: W. McKim Marriott. I could have stayed on I think, but the family needed me. We needed money. It was ’26. ’27, when I was there. When I was through there, in 1927, I decided I had to make some money and I’d go into practice. You knew my brother-in-law, Park White?

DR. WESSEL: Yes, I met your brother-in-law.

DR. BAIN: He was already in practice, and he offered me an opportunity to use his facilities. I rented a piece of his space, and we developed a relationship. When he was away I took care of his patients. When I was away he took care of mine. But we kept our own patients. And it was a very happy relationship, but during that time I had gotten involved in all sorts of things in the community. I got very involved.

DR. WESSEL: Was Park White that involved also?

DR. BAIN: Oh, he was very much involved in certain things. We were both very involved in race relations.

DR. WESSEL: Was this unique in those days?

DR. BAIN: Well, the race relations thing was, yes. He had, of course, a good big practice before I ever came around, and my practice was small at the beginning. That was depression time.
DR. WESSEL: How do you mean interested in racial things?

DR. BAIN: Well, you know people were just beginning to talk about integration and what we could do about it. And a group was gotten together, half black, they were called black in those days, and half white. We met in one house one time, the next month we met in the other house, and discussed race relations and what you could do with it. My brother-in-law Park was very active in getting the hospital made non-segregated. The story is that they had two premature babies at the same time, one black and one white, and they only had one incubator. And he said, “Well why not put them both in the same incubator?” And then from then on they had no more trouble.

DR. WESSEL: He retired from practice and was a director of a black hospital, wasn’t he?

DR. BAIN: Oh, yeah, late in his life. He got St. Louis Children’s well integrated. He got blacks positions on the staff. He was the doctor at the Negro hospital at that time, and ran their pediatric department and trained an enormous number of doctors. Oh, he was very active. Very active. And I got interested.

DR. WESSEL: And you two weren’t even related.

DR. BAIN: No, not by blood. But there were a lot of other things that I got interested in at that time. I think the thing that really influenced me most and changed my practice the most was getting involved with a very good nursery school. It was one of the first in that part of the world. I was a doctor for the nursery.

DR. WESSEL: A consultant, pediatric consultant.

DR. BAIN: Yeah, pediatric consultant. Dr. [Hugh] McCulloch had the job but he had a big practice and he wanted to get rid of the nursery school. He said, “Would I like it?” And I said, “Certainly I’d like it.” And then I got to know an excellent nursery school person who is very skilled in handling children and who knew a lot about growth and development, and I learned a lot. I started that in 1927, and I stayed with that until I left there in 1940. And during that time I learned an awful lot about children. It was a time when there were lots of problems for young children and their parents.

DR. WESSEL: This was a private nursery school?
DR. BAIN: Yes, a private nursery school, it was always running in the hole. I saw the director’s handling of patients and the way she handled situations; the way she recognized the problems that the child was having in adjusting to the group and that sort of thing. That really intrigued me a lot, because I had gotten nothing in medical school that told you anything like that.

DR. WESSEL: Well it’s still somewhat limited in medical schools now.

DR. BAIN: Well, maybe it is, but it was a real lesson for me. We had a lot of children with severe eating problems. It was a day when there was still great rigidity in the pattern of eating. There were children who just wouldn’t eat, wouldn’t eat, and the parents were desperate. We took a small group of two year olds, and then there were three year olds, four year olds, and five year olds. It was in an old mansion there. The mansion was being held for an estate, and a teacher could get this for a little money and set this up. It was a remarkable group, I thought. We had a lot of parent education dealing with those people. So that was one activity that I was very active in.

DR. WESSEL: You were really a pioneer then.

DR. BAIN: I was a pioneer then. We set up a parent education council and brought in outside people to talk to parents. And it was an interesting, as I say, experience. But really that led to a lot of other things. I was the doctor for the Girl Scouts, that sort of thing. But this nursery school really led to my going to the Children’s Bureau, because the nursery school was always out of money. And my friend, Miss Christine Glass, who ran it, had a father with a fairly deep pocket. But it didn’t go on down forever. And I wrote a letter to the Children’s Bureau saying how much as a pediatrician I appreciated having such a facility as that nursery school here in St. Louis, and this interest. Then it got to Martha Eliot some way. That was just in spring of ’40. And she called me and said she was coming out to St. Louis. She’d like to meet me. And so she came and I met her, and she had me drive her out to the airport. On the way she described a job she had. It was the job Ethel Dunham had had, but Ethel was tired of it. She didn’t want to do all the paper work.

DR. WESSEL: Research?

DR. BAIN: Nitty gritty of that. She wanted to do just the substantive things, and the time had come somebody had to do all these other things. It was called the Director of the Division of Research in Child
Development. And I said I would be interested. And it just happened that it hit a time in my life when I was under stress. My father had died. We'd broken up the house. We hadn't decided where mother and I were going to stay. I had an older sister with multiple sclerosis that I needed to provide for. In any other time in my life I probably would have said no. But it just hit right at that moment. And my dear mother said, “Kitty, you go. This is your chance to get out. You go.”

DR. WESSEL: Get out?

DR. BAIN: To get out from under the burden of the family, and taking care. I was the last one on the vine, you see. And I did. I said, “I’d like to come,” and they eventually offered me the job. I moved there in September of ’40. And I must tell you that the first part of it was really a shock to me. As a private practitioner in medicine, I had no idea of what they were talking about much of the time at the Children’s Bureau. I never had a resume, had to fix up one. I didn’t know what a job description looked like. I had practiced freely and used the Children’s Hospital and taught in the hospital. I taught the nurses and taught the medical students and whatnot. But I had no idea what a big organization could be, with all the different specialists and all the different angles of programs. And there was a time when I thought I should have stayed back home. But after a bit I got into it.

DR. WESSEL: How long was a bit?

DR. BAIN: Well it wasn’t very long because about six months later Dr. Eliot sent me out to do a study around some of the army camps as to what was happening to the women and children who were following the man to his camp.

DR. WESSEL: Was that the forerunner of the EMIC [Emergency Maternity and Infant Care] program?

DR. BAIN: It was well before. Well before. It was fascinating, because here were all these women and children living in just shacks, more or less. They’d come in to the town, where the camp was. And also the same thing was true where they were around big shipyards, and big industrial things going on. Families had come. And I came back and reported on that.

DR. WESSEL: Now you were sent out by the Children’s Bureau or by the Army? Did the Army care about that?
DR. BAIN: Well I suppose they cared, but this was the Children’s Bureau. They were concerned with what was happening. Actually the field staff of the Children’s Bureau, we had regions [field offices] then, were sending in reports of things that were happening. And Dr. Eliot wanted some data to give the health officers when they came in for their annual meeting, and she asked me to do that, and I did it. All during the war I did all sorts of activities. Do you want to hear about those?

DR. WESSEL: Sure. Now they were created for you, or you took the leadership?

DR. BAIN: Oh, in some of them I took the leadership entirely. Others were things that happened. I went to Washington thinking that I would be doing a sort of specific job, narrow arrow. And what happened was that I was scattered this way and that way and that way because of the war activities. There were an enormous amount of activities. We did a lot of stuff on child care. And 24 hour care as a matter of fact, around the big factories, and on the standards that they would have for setting up that kind of service. These were voluntary standards. These were proposed guides, really, as to what was good. Now actually in the grants program, when they had money and were giving it, there were certain standards. They had to have qualified pediatricians, that sort of thing. But in the general thing, we set up standards for hospitals. Ethel Dunham worked a lot on standards for newborn care, that sort of thing, which the local people could use.

DR. WESSEL: You were saying how you helped the factories develop recommended standards, and then the grants in aid.

DR. BAIN: I did all sorts of jobs, odd jobs during the war. The Defense Department called on the Children’s Bureau for advice in relation to the use of scarce metals. The silliest things, really, when you look back on it. They wanted to know whether they could manufacture baby buggies without springs. They’d save that much metal.

DR. WESSEL: For bullets.

DR. BAIN: Yes, right. Could they insist that evaporated milk, it was an era of evaporated milk, have to be in larger cans instead of the little cans? We said, “No,” because they would open a larger can and then leave it out and it spoils and the baby gets sick. They needed the little cans. The families were traveling around. It was that sort of picky things, but in a sense you had to work on them. And you did work on them. I did, at that time. One job interested me very much. The
Defense Department came after me. They were setting up plans for feeding the civilian population in the countries that they expected to take. They wanted to have a basic diet, and then they wanted it adjusted as to children. The women nutritionists from the State Department or from the Defense Department, would come over with a plan, and show me that for Norway, they planned such a basic diet. So much of wheat and so much of…

DR. WESSEL: Recognizing the cultural practice in each country.

DR. BAIN: Yes, and I would try to work out, working up some figures on how many children there were and whatnot, what kind of diet we needed to set, how much milk we needed to supplement, and what else you needed. And I remember distinctly when word came over, quit working on Norway, start on Italy. And it was because they changed their plans. Of course they were secret documents, but we never seemed to worry over that in those days as we do in these days. Anyway, we did it for a number of countries. And I enjoyed that and I think it was useful. Certainly the person who did it for the Defense Department felt it was useful for getting milk that was needed into those diets. It served a number of countries: Poland, Italy, Greece, and all those countries. Remind me afterwards. I’ve got a little book about it [The Hidden War by Jane C. Ebbs]. So that was the thing that interested me. And then the other thing that I did during that time was the American Academy of Pediatrics Study of Child Health Services.

DR. WESSEL: That came about after the Emergency Maternity and Infant Care or EMIC program, didn’t it?

DR. BAIN: Yes, it came about after EMIC had already started. It was for wives of servicemen in the four lower pay grades. And it was free care. They could not be charged anything. The standards were set and the price was set by the Children’s Bureau. It was an emergency. They went to the Congress and got emergency money and set up this program.

DR. WESSEL: Who paid the doctors? The Children’s Bureau or state health departments?

DR. BAIN: Yes. State health departments. I was not involved in the administration of EMIC. I was involved with some of the standards but not with the administration.

DR. WESSEL: How was the EMIC received?
DR. BAIN: Well, the doctors had a very great trouble about this. This was thought to be a step toward socialized medicine. They were just going to get into meeting an emergency and they were worried that the government would prolong it and they’d be lost. And they also fuzzed about the price. The fee was low. There was a stipulation that the doctor might not charge anything beyond that fee. And it worked out very well. There was a study done afterwards which showed that the women on EMIC had a really lower mortality and so did their infants, the ones that got that kind of care. But the doctors didn’t like it. They didn’t like the Children’s Bureau advertising it. What was done was a little notice was put in the paychecks of the men, that this was available. And they did not like that. So that by the time it was practically over, in 1944 when the Academy established the Study of Child Health Services, the doctors were a little worried that Dr. Eliot was starting out to do something to them permanently. She was going to carry this out.

DR. WESSEL: As I remember it, Henry Helmholz and Grover Powers came to her rescue.

DR. BAIN: That’s right. I’ll talk a little bit about this, but there’s not any reason to say much because it’s all in the Academy’s files. And it was Helmholz who took the lead, and the American Pediatric Society (APS) group talked to them and got them to make a motion that such a study be set up. They offered it to the Academy and they accepted it quickly.

DR. WESSEL: Now something I read recently. An article by Marion Hunt points out that Martha Eliot was task master or mistress in getting people to do things like this, to resolve crises. [Hunt M. “Extraordinarily interesting and happy years”: Martha M. Eliot and pediatrics at Yale, 1921- 1935. Connecticut Medicine. 1997. 61:157 - 163.]. It was a master move.

DR. BAIN: It really was. And it was a very interesting experience, because you see it had staff provided from the Children’s Bureau and from the Public Health Service. And then the Academy got money. They got a grant from the Public Health Service. And we had this staff, it was made up of Academy, Children’s Bureau, Public Health Service, and we all worked together. And it was an extraordinary experience to me; I enjoyed every bit of it. And I always sort of felt I was useful in that. I had been 13 years in private practice. I knew the problem part of it, and I was sympathetic to the problem, and understanding. And I thought it was a very worthwhile thing for the Academy, for the children
of the country, and for the doctors, because they got an idea of the great diversity with parts of the country with so much service and other parts of the country with so little. And how their own community fitted into that; were they at the top or were they at the bottom of the list? It was very enlightening to the Academy members to get that sort of information.

DR. WESSEL: They were surprised?

DR. BAIN: Yes. Very, very surprised. But I think, afterwards, maybe the actual figures weren’t particularly useful. The whole atmosphere of looking at what was happening to children, and then thinking what you can do about it, was extremely useful. Very useful. And I enjoyed it. I enjoyed it, and I got the Grulee Award from the Academy. And I also got an award from Dr. Eliot. Dr. Eliot seldom rated any of her staff above satisfactory. If you got satisfactory it’s all right. But for that one I got superior. So that was that, now, let’s see. What else would you like me to talk about?

DR. WESSEL: Well, was there any resistance because you were mostly women in the Children’s Bureau?

DR. BAIN: Yes, I think some people felt that way. It took a while for the public health people to get along with the fact that it was largely women. It wasn’t intentional, I don’t think. It’s just that the women were interested and had the drive. And they were strong minded women in those days, and I don’t know how many of them you knew. You knew Dr. Eliot and Dr. Dunham.

DR. WESSEL: I met Dr. Dunham with you, I knew who they were, and I never met Dr. Eliot. But I knew about that whole group who were with Grover Powers in the 30’s in New Haven. How he happened to collect all those people is overwhelming to me.

DR. BAIN: Well, he did collect them, and he did a wonderful job. He just had that sort of knack of seeing that what they were interested in was being worthwhile.

DR. WESSEL: But I’ve always been interested, in looking back over the records, that Grover was unique in spotting people’s interests even before they did themselves. I was so intrigued that he spotted my interest in the Children’s Bureau, when I didn’t even know it existed. I didn’t know what the Children’s Bureau was. And that’s another example of how he somehow could read one’s interests, and he must have done that with those women.
DR. BAIN: And he was always supportive to women, when so much discussion came about and disagreement with the Children’s Bureau on child health after the EMIC program. It was Grover who was very supportive of the Children’s Bureau. In fact he wrote an article on it.

DR. WESSEL: I reread that article and his long editorial in the *Journal of Pediatrics* in 1944. As a matter of fact, funny thing is, I had my first articles in that same issue.

DR. BAIN: Well, stop it a minute. Let me rest.

DR. WESSEL: You were saying that there was antagonism of the Academy of Pediatrics’ hierarchy about Dr. Eliot’s interest in this area.

DR. BAIN: Yes, and a lot of it was misunderstanding. I sat in her office one day when Dr. [Joseph] Wall and a group of pediatricians came to talk to her about it and accuse her of being the instigator of what was called the Pepper bill, and of writing it herself. And she said very strongly that she did not write it. She told me she did not have
any plan of introducing any bill to further child health. And then she looked out the window, and she said, “But I must do what’s right for children.” And she was telling them, I think, that if somebody else put in that bill, she’d support it. And they thought she was telling them that she wasn’t going to do anything.

DR. WESSEL: Was the bill put in?

DR. BAIN: The bill was put in. It was never passed. She didn’t go to see [Senator Claude] Pepper but his staff visited her and asked her ideas about this and that. And she was very much interested in the bill, and she would have worked for it as much as she had a chance. But, of course, by that time things began to happen and she didn’t have a chance to. During her latter years there, she didn’t have a chance to do some things that she wanted to.

DR. WESSEL: How did that come about that she sort of lost power, or lost support, at the Children’s Bureau?

DR. BAIN: Well, it was during the 50’s that Dr. Eliot came back to the Children’s Bureau. She went to WHO [World Health Organization] in ’49, I think, and she came back in 1951, and she was there ’51 to ’57. That was during the McCarthy era. And she was constantly being badgered by people trying to find Communists on our staff. That was really a very hard time. And she had no access during those years to the powers that be. When we were transferred over to the HHS [U.S. Department of Health and Human Services], the Children’s Bureau got lost in layers that were over it. And she had no way of going directly to the head of the agency.

DR. WESSEL: Why was it transferred? Who engineered that?

DR. BAIN: Oh, that was engineered by, I think, by a man named Wilber Cohen who was Secretary of HHS. He was a welfare person, and they never had liked the idea of a Children’s Bureau. Some people cannot understand putting different things about children together. They wanted it to be child health in with health; child welfare in with welfare; child labor in with labor.

DR. WESSEL: So children get the bottom of the barrel.

DR. BAIN: Yes. And the plan was that the Children’s Bureau, when it was moved out of Labor, would have access to the top echelon. But then when they moved us there was no access. And Dr. Eliot got to the place
where she felt she was getting nowhere. She was deprived of any access, any. She had enormous drive, you know, and she was just up against a stone wall with the administration. So she decided to leave. It was after that we had a series of people who were political appointees but who had really none of the drive. It was terribly discouraging. And the caliber of the people was not very high.

DR. WESSEL: The caliber of the new leadership.

DR. BAIN: The new leadership. Some of them were, very frankly, there just to see if they couldn’t destroy it.

DR. WESSEL: Many of them were political appointees rather than professional appointees.

DR. BAIN: That’s right. And it was very difficult for the staff. I think I had the golden years. But after it became politicized, there were so many layers—and there still are, layer after layer after layer—that the access of the people that know the program was shut off. And that makes it very difficult. Do you want me to go on?

DR. WESSEL: You said you wanted to talk about some of the other things that were happening in those disillusionary days?

DR. BAIN: Yes. My mind, it got stuck like that. Come on back. [laughs]

DR. WESSEL: You were talking about how, with the shift over to HHS [U.S. Department of Health and Human Services], Wilber Cohen suggested that you disband the Children’s Bureau and make it part of a larger unit, and then the political appointees sort of took over.

DR. BAIN: Yes. I shouldn’t accuse poor Wilber that way, because he was really a friend in one way. He was the one that got the grants, the Social Security Title V. But he never did like this.

DR. WESSEL: He was from Michigan. Where else did he come from?

DR. BAIN: I don’t know. He was around government a lot. He had a lot of government appointments. And as I said, for a person like Martha, restrictions were extremely difficult to bear. And the politicization was very hard. Do you want me to tell you about my international work?
DR. WESSEL: Yes, do that. When did you go into international work?

DR. BAIN: Well it was just when Martha was ready to go, she realized that she had nobody that was as interested in the international scene as I was. She thought that we ought to work out something where her interests in international would come over to me. And so she did two things. She was interested primarily in UNICEF [United Nations International Children’s Emergency Fund]. The United States always has had an active part in UNICEF. The chief was usually the person who represented the United States government on the executive board and it was Katharine Lenroot. Dr. Eliot was going to pass it on to me and so she arranged with UNICEF to send me on a trip to eight countries around the world. It was an interesting trip. In the first place, UNICEF is extremely efficient. We first tried to get AID [Agency for International Development] to set this trip up, and they said it would take six weeks. This was in the summer of ’56. And AID said it would take them six weeks to get it organized. But she called UNICEF, and they said send me up. I spent a day at UNICEF and they lined up my trip to eight countries: who was going to be the person to meet me and what my program would be, provided me with a ticket. And they did it all in one day. That’s when you can operate freely.

And they sent me out, and it was an extraordinarily interesting trip. It gave me an opportunity to see what was happening in a number of countries. I went first to WHO and found what they were doing, and then I got out to a lot of countries: Lebanon, Jordan, Syria, Pakistan, India, Ceylon, which is now Sri Lanka, Thailand, Indonesia, and the Philippines. Each one of those countries, I was met by the UNICEF person who would have outlined what he wanted to show me. They showed me some interesting programs, fascinating programs. And the way they were run, the whole principle of UNICEF, to me, is the ideal way to do the international stuff. UNICEF didn’t run any program. What they provided were equipment and supplies, things that had to be gotten with hard currency, that the countries that were devastated by the war did not have. But on the other hand, the country itself had to accept responsibility. They had to provide the space to have the clinics; they had to get the people trained; and they had to be willing to show an end where UNICEF could pull out its supplies and they could take over. And it was their program; it was not a UNICEF program. UNICEF had to approve, and had to see that the money was well spent, every penny of it. But they didn’t run it. I saw such interesting programs, village water being a main thing. There was a village where they had to walk miles to get water. The village would provide land, and some people to dig the well and UNICEF provides the pump and the pipe. And they had
a well. This was extremely helpful, and extremely helpful from the standpoint of child health. So I got very much, very much interested in it. The United States always had had a representative on the executive board of UNICEF, and in the past it had been the chief of the Children’s Bureau. At that point, the politics began to work, and [President Dwight] Eisenhower’s administration began, and they appointed the top person, a political appointee. The staff of the Children’s Bureau would do the work, but there was the political person who sat in the chair, with somebody telling them from behind say this, say this. And she did the parties, the cocktail parties, you know. She did all the social things. It was a nice plum.

DR. WESSEL: You were talking about doing this by using the funds that underdeveloped countries accumulated when they purchased grain or other commodities from us, using their own currencies, not dollars.

DR. BAIN: This money piles up in the countries, and the U.S. government wanted ways to use it. So at one time the government decided to make some of this money available to various government agencies, if they would have any use for it, with the purpose of doing research or training in these countries. And so we were told about this and I said, “Sure, let’s see if we can’t develop a series of research projects in these countries, using the foreign currency that was there, and the projects must be useful to them but also useful to us.” And so we started out doing that. It was a fascinating thing to do, to take a country like India, which had quantities of this money, but was not sure they wanted to use it, because it always implied using some of their money too. It was also difficult to find something that was their priority that would give us some information. But we did do a number of what I think were very interesting studies. We did one in India, on immunizing pregnant women against tetanus. They had quantities of tetanus in the newborn. You’d see a whole ward of newborn babies with tetanus—always boys, of course, they don’t bother to send the girls to the hospital. But we set up a project to immunize a certain group of women.

DR. WESSEL: Had that been done before? Immunize women in pregnancy?

DR. BAIN: No, not on a really large scale. It has been done since and been repeated, but at that time it had not been done. We did an interesting study in Yugoslavia. Their only method really of family planning was abortion. So we set up a study there to see whether women would accept family planning, good contraceptive advice, in place of abortion. And we found that when you provide a good service, and provide a good follow-up so that nurses kept track of the women as to
whether they were using their devices, you could practically wipe out abortions in that group. And that of course was interesting to us because many people say they just prefer to go and get an abortion instead.

DR. WESSEL: Do they use mechanical methods, or on the pill, or what?

DR. BAIN: We gave them a variety of methods, and they could choose which ones they wanted. They could use the mechanical; they could use the pill. Yugoslavia is a Catholic country in some ways. A lot of the health people were Catholic. And we wanted to do this. The reason that abortion became so common, perhaps, is because the government paid for that. They paid so much for each abortion to the hospital, and that’s the way they made their money for their budget. They got nothing for giving contraceptive care. When you worked this out so that you could give them, had some money to follow through when you were giving advice to a woman and see whether she understood it and did it, then you really could get them to be really quite glad and quite pleased to have some family planning rather than just another one of the many, many abortions that some of those women had.

Then, in Poland, we worked out a project, in the early days of PKU [phenylketonuria] and the diagnostic tests for newborns, and we set up a mechanism for getting information from the hospitals all through the country. They really set up an extensive service. And we found you can do it over a large area. The trouble was when you got it done there was no way in that country to take care of the cases you found. They had none of the materials, so that we had to set up a mechanism for developing some and then also we got some of the companies in the United States to send over money. But it was a study that the country enjoyed doing, and it did give them an opportunity to get into all their hospitals and look at their hospitals. We had a variety of studies, what you could do in those countries. Some countries were eager, and the professional people were eager. They’d bring work to your study. When you got it to the authorities, they didn’t want to bother with it. Some of them they were very suspicious of it, what were we trying to do, get people over there in their way. But we carried it on for a long time. We also did some training. We brought people over here.

DR. WESSEL: Some of the indigenous people you brought to this country for training?

DR. BAIN: Over here. We could do it this way. We had no dollars. We could bring them by using an American carrier. Pan Am and TWA
would accept local currencies because these were countries they were going to and they could use the money in their landing place and that sort of thing. So we could bring them over here. Then you had to get some pay for them, and by scrounging around and getting private pediatric departments to take on a person for three months for training in some particular thing, that kind of thing. We could work it out, and we brought over quite a number. But then I worked a little program that I had a lot of interest in, and I felt all sorry when I left and it died. I decided we ought to be able to use these projects for training medical students. During their elective in their senior year, three months or so, we could send a chap overseas to work in one of these countries on a lot of these projects. It might give him a broader knowledge of what the world is like, and what public health is like, and what he might be interested in. So we did do that, we set it up. I did it myself. I went around to the various medical schools, and we put up a little sign that I was going to be there and interview people, anybody that was interested in going overseas for three months in their senior year. One I sent for six months, but most of them were three months. And I got a number of people that were interested. I interviewed them and decided whether I thought they would be good to do it. And I told them what it would be, what kind of studies we had, and what would they be interested in. We had a number of studies in Israel, because we could get very good studies there. And some of them wanted to go to those. Others wanted to go to the places like Pakistan and Thailand, and some of the out of the way places where you wouldn’t have as much facility and have a much simpler environment. We didn’t have a lot of them, but I hand-picked them, and geared them up to it, and sent them over. We sent them by Pan Am or TWA. They had to get to the airplane, and then from then on they’d be all right. While they were there they were provided local currency to live on. We didn’t have an awful lot of them. There may have been 50, something like that. I don’t remember it because when I left the records were all destroyed. I wanted to go back and see what happened to a lot of them. And I don’t know. I have one letter here that I thought you might like…

DR. WESSEL: They have some programs like that now, I think.

DR. BAIN: Well, they may, I wouldn’t be surprised. Now, who in the Public Health Service is doing that?

DR. WESSEL: I don’t know who’s doing it. I just know that people do go abroad and some students have gone to Nicaragua, for instance.
DR. BAIN:  We didn’t at that time have any in Latin America.  We didn’t have any Latin American countries which had piled up any money that the government was able to use.  And they weren’t the countries that were so easily engaged.  You might be interested in that, take it and look at it…

DR. WESSEL:  Anyway, well let’s just finish this business.  So these students did come back and occasionally you hear from them?

DR. BAIN:  Oh yes, occasionally I hear from them.  And I had hoped to make a study of them but I do not have the material to do it.  It took ingenuity to do.  We did some gathering of international experts together one year for a conference.  And I emphasized to each one we asked, that they would have to get air reservations on Pan American or TWA or I would send him a ticket.  And they arrived, some of them had come British Airways and expected the United States government to reimburse them.  And some of them had come by boat.  Not having money meant you had to use other means.  But I think it was worth it, I think the interest that we aroused and the cooperation was worth it.
Index

—A—
AID (Agency for International Development), 13
American Academy of Pediatrics, 1, 8, 9, 10
American Pediatric Society, 9

—B—
Barnard Skin and Cancer Hospital, 2

—C—
Ceylon, 13
child care, 7
Children’s Bureau, 1, 5, 6, 7, 8, 9, 10, 11, 12, 13
Cohen, Wilber, 11, 12

—D—
Dunham, Ethel, 1, 5, 7, 10

—E—
Eisenhower, Dwight, 13
Eliot, Martha, 1, 5, 6, 8, 9, 10, 11, 12, 13
Emergency Maternity and Infant Care, 6, 8, 10

—F—
family planning, 14, 15

—G—
Glass, Christine, 5
Greece, 8
Grulee Award, 9

—H—
Helmholz, Henry, 9

—I—
immunization, 14
India, 13, 14
Indonesia, 13
integration, 3, 4
Israel, 16
Italy, 7

—J—
Jordan, 13

—L—
Lebanon, 13
Lenroot, Katharine, 13

—M—
Marriott, W. McKim, 3
McCarthy era, 11
McCulloch, Hugh, 4
medical students, 6, 16
metal, rationing, 7

—N—
nursery school, 4, 5

—P—
Pakistan, 13, 16
Pepper, Claude, 10, 11
Philippines, 13
PKU, 15
Poland, 8, 15
polio, 3
Powers, Grover, 1, 9, 10
pregnancy, 14
Public Health Service, 9, 16

—R—
race relations, 3

—S—
San Francisco Children’s, 2
Social Security Title V, 12
St. Louis Children’s, 2, 4
St. Louis, Missouri, 1, 2, 5
standards, 7, 8
Study of Child Health Services., 8
Syria, 13

—T—
tetanus, 14
Thailand, 13, 16
—U—

U. S. Army, 6
U. S. Department of Defense, 7, 8
U. S. Department of State, 7
U.S. Department of Health and Human Services, 11, 12
U.S. Department of Labor, 11
UNICEF, 13
University of Missouri, 1

—W—

Wall, Joseph, 10
White, Park, 3
World Health Organization, 11, 13
World War I, 1
World War II, 6, 7, 13

—Y—

Yugoslavia, 14, 15


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Bain, Katherine, M.D.: We Don’t Know Enough. *Dental Health* 4:9, May 1944.


Weng, Lorraine; Heseltine, Marjorie; and Bain, Katherine, M.D.: Children Will Eat Hospital Food.  *Hospitals,* 30:64-70, June 1, 1956 for Part I.  Part II in *Hospitals,* 30:74-80, June 16, 1956.


CURRICULUM VITA

Katherine Bain, MD

Date of Birth: September 1, 1897, St. Louis, Missouri

Education:

Soldan High School, St. Louis, Missouri 1916

Western College for Women, Oxford, Ohio 1916-18

University of Missouri, Columbia, Missouri  AB (Biology) 1920

Washington University School of Medicine, St. Louis, Missouri MD 1925

Children’s Hospital, San Francisco, CA Intern 1925-26

St. Louis Children’s Hospital, St. Louis, MO Pediatric resident 1926-27

Positions:

Private practice, pediatrics, St. Louis, Missouri 1927-40

Staff, Washington University School of Medicine

Researcher with Francis Scott Smyth (childhood allergies) St. Louis Children’s Hospital

Department of Labor 1940-46

Federal Security Agency 1946-52

Department of Health, Education and Welfare 1952-73

Children’s Bureau 1940-69

Director, Division of Research in Child Development 1940-51

Associate Chief 1951-5x

Acting Chief 195x-5x

Assistant to the Bureau Chief for Program Development 195x-58

Deputy Chief 1958-64

Assistant Chief for International Cooperation 1964-67

Assistant to the Director (International) 1967-69

Maternal and Child health Services, health Services and mental Health Administration, Public Health Service 1969-73

Assistant to the Director (International) 1969-72
Consultant, Special Projects 1972-73

Special Assignments (Concurrent with administrative assignments):

Technical Secretariat, United Nations Conference on Food and Agriculture (created UN Food and Agriculture Organization) 1943

AAP Committee for the Study of Child Health Services 1947-49

Establishment of Clearinghouse for Research in Child Life 1949

Working group of the President’s Committee on Migratory Labor 1952-58

Consultant to National Bureau of Standards on refrigerator lock safety 1956-57

Observer for United Nations International Child Emergency Fund (UNICEF) to eight countries in Middle East and southeast Asia 1956

Adviser, US Delegation to Seventh Session of the Regional Committee For the Western Pacific of the World Health Organization 1956

Special Adviser ot the US Delegation to the Executive Board Of UNICEF 1957-63

Alternate US Representative to the Executive Board of UNICEF 1963-73

Chief, US Delegation the Executive Board of UNICEF, Santiago, Chile 1969

During the international phase of her career, Dr. Bain provided consultation and technical assistance in the following countries:

- Burma [1965]
- Ceylon [1965]
- Denmark [1960]
- Egypt [1965]
- Ethiopia [1966]
- Greece [1965]
- Hong Kong
- India [1956, 1965, 1968]
- Indonesia [1956]
- Iran [1956]
- Israel [1964]
- Italy [1965]
- Jordan [1956]
- Lebanon [1956]
- Morocco [1964]
- Nigeria [1966]
- North Korea [1969]
- Philippine Islands [1956]
- Poland [1960, 1969, 1970]
- Puerto Rico [1952]
- Switzerland [1956]
- Syria [1956]
- Thailand [1956, 1964-65]
- Turkey [1966]
- USSR [1960]
- Yugoslavia [1965, 1969]

Memberships:

American Pediatric Society

American Academy of Pediatrics
- Member, Committee on International Child Health

American Public Health Association
- Member, Governing Council
- Chairman, Maternal and Child Health Section

Executive Board of the Citizens Committee for UNICEF
Certification:
Board of Pediatrics 1943
Board of Preventive Medicine and Public Health 1949

Honors and Awards:
Phi Beta Kappa 1920
Alpha Omega Alpha 1925
Distinguished Alumnae Award, Western College for Women 1953
Elizabeth Blackwell Award for Contributions to Pediatrics and Public Health 1960
Doctor of Medical Sciences (Honorary), Women’s Medical College of Pennsylvania 1964
Alumni Citation, Washington University 1966
Clifford G. Grulee Award, American Academy of Pediatrics 1967
Doctor of Laws (Honorary), Western College for Women 1968
Women’s Centennial Honors Award, University of Missouri 1968
Citation of Merit, College of Arts and Sciences and Alumni Association, University of Missouri 1970
Superior Service Award, US Department of Health, Education and Welfare 1971
Tribute: Scientific Council of the Institute of Pediatrics of the Medical Academy of Krakow, Poland 1972
Honorary Member, Polish Pediatric Association 1974
Diploma, Institute for Maternal and Child Health, Peoples Socialist Republic of Serbia, Yugoslavia 1975
First US Surgeon General’s Medallion 1986
The Aphrodite Jannopaulo Hofsommer Award, Washington University School of Medicine 1993

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