

“Extraordinarily Interesting and Happy Years”: Martha M. Eliot and Pediatrics at Yale, 1921-1935

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As the century draws to an end, women's acceptance at medical schools that once excluded or marginalized them seems complete. Harvard, Yale and Johns Hopkins now report a majority of women students in their entering classes. Harvard Medical School, which persisted in denying women admission until 1945 (long after most institutions had accepted them), celebrated the fiftieth anniversary of this innovation [1]. But even Johns Hopkins, which had pioneered women's admission in 1894, did so only because female philanthropists gave a large gift with the proviso that their admission be required [2]. Despite recent progress in overcoming barriers, women's welcome to medicine has seldom been warm and remains chilly to this day in certain specialties, as Dr. Frances Conley's widely reported revelations about the hostile climate in Stanford's Department of Neurosurgery showed [3].

Regardless of women's ability, for most of this century they were routinely denied internships, appointments, promotions and employment. Only during the last 30 years has the potent combination of activism and civil rights legislation allowed women (and African-Americans) access to opportunities that white men always enjoyed. Dramatic shifts in medical school admission patterns reflect this change. In 1968, 47 percent of African-American students entering medical school were enrolled in predominantly white institutions; by 1990, the figure had increased to 84 percent [4]. The number of women entering medical school grew "abruptly" after 1970, increasing from nine percent that year to 38 percent by 1990 [5]. The first generation of women to benefit from this change is now reaching professional maturity. Though few have attained major administrative power, some occupy high positions.

Considering the harsh prejudice against women in academic medicine, the presence of Dr. Martha Eliot and other female physicians in Yale's Department of Pediatrics between 1921 and 1935 is remarkable. This unusual cluster of feminine excellence resulted from mutual respect between gifted women and fair-minded men in powerful positions. Under the leadership of Dr. Edwards Park and his successor Dr. Grover Powers, Eliot and her colleagues were treated as valuable members of the faculty. In an age of discrimination against women, this enlightened policy was rare.

In 1976, at the age of 85, Eliot gave twenty interviews to the Schlesinger Library of Women's History at Radcliffe College [6]. Despite a long and distinguished career garlanded with honors and awards, she always regarded her New Haven years with particular affection: "Those years of mine at Yale — I was there for 14 years — were extraordinarily interesting and happy" [7]. Eliot's success in health care policy and advocacy is rooted in this crucial period. Examining such a formative time offers insights into her professional transformation from private pediatrician to an effective public servant. Edwards Park, the first full-time head of pediatrics at Yale, was a key figure in her career. From

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Figure 1. Martha M. Eliot. (Photo courtesy of the Yale School of Medicine Historical Library.)

1921 to 1927, he established an intellectual climate where bright young pediatricians flourished [8]. Park and his successor Grover Powers each headed the department for seven of Eliot's 14-year tenure. Both men understood and supported the social aspects of their specialty.

This broad vision of pediatrics, which linked clinical and research findings to public health issues, attracted Martha Eliot as a medical student and sustained her entire career. Nationally recognized for her influence on pediatrics and child health care policy, Eliot's enduring contribution rests on two achievements. The first was collaboration with Edwards Park on a community-based research program to eliminate rickets, then a major disease affecting youngsters. In 1923, they launched a three-year prospective study to determine whether childhood rickets could be prevented by giving cod-liver oil and sunbaths to infants. This study established vitamin D requirements, limits of tolerance and the best means to insure that babies received the necessary dosage. In her 1926 article, based on the paper she read before the American Medical Association's Section on Diseases of Children in May of 1925, Eliot described designing a large demonstration project that included a



Figure 2. Edwards A. Park, Chairman of the Department of Pediatrics, Yale School of Medicine, 1920-1927. (Photo courtesy of the Yale School of Medicine Historical Library.)

staff of three doctors, two social investigators, an x-ray technician and a secretary. She chose a New Haven district with an ethnically and racially mixed population of 13,500. Babies born within the study's first two years were examined and given a regime of cod-liver oil and sunbaths. To find early symptoms of rickets, they also received home visits, physical examinations and radiographs of their forearms. Eliot advocated maternal education: "the importance of teaching the mother . . . cannot be overemphasized," she wrote [9]. As Dr. Mary Ellen Avery, the first woman head of pediatrics at Harvard, noted in a 1979 lecture honoring Eliot and her former Yale colleague Dr. Ethel Dunham: "This single controlled prospective trial . . . was so well done, and so widely accepted, that the stage was set for the gradual elimination of the disease" [10]. Eliot's second achievement was her work in developing child health care policy. Her Yale years provided the opportunity and experience that served as the foundation for this success. In 1924, while an Assistant Clinical Professor of Pediatrics, Eliot agreed to direct the Children's Bureau Division of

Maternal and Child Health. Parks' support of this venture was crucial. He had certainly foreseen the possibilities of cooperation between his department and this agency.

Park's regard for Martha Eliot was so high that in 1920 before coming to Yale, he had invited her to be chief resident. Within two years, they began Children's Bureau-sponsored research on rickets. Established in 1912 largely through pressure from prominent women reformers, the Bureau's mission was to investigate all matters pertaining to child welfare and child life. Under the leadership of Julia Lathrop (a friend of Jane Addams) and a small staff, the Bureau first surveyed rates of infant morbidity and mortality. Women physicians and social workers did much of this work. The results, showing high rates of death and disease among the poor, led to an interest in prevention. Thus, the agency supported maternal education, published popular feeding manuals, organized campaigns for birth registration and clinics for child health supervision. Once women gained the vote in 1920, they pressed for passage of the 1921 Sheppard-Towner Maternity and Infancy Act, a first effort at federally-sponsored social welfare. Through it, the Children's Bureau obtained real power in the public health arena. This legislation funded grants to states for prenatal clinics, infant welfare stations and child hygiene divisions. By 1929, when Congress allowed the Act to expire, millions of mothers and children had benefited from this legislation. [11].

Martha Eliot's activist vision of pediatrics suited the Bureau's mission. With the approval from Park and later from Powers, she combined a Yale faculty position with consulting work for the agency. In 1934, she participated in drafting Title V of the Social Security Act, which revived the maternal and child health measures that Sheppard-Towner had encouraged during the 1920s. To implement this new legislation, Eliot decided to take a full-time position as the Bureau's assistant chief in 1935. Her colleagues hoped she'd be chosen to lead the agency whose heads had traditionally been social workers. Grover Powers remarked, "Dr. Eliot has the fullest qualifications . . . her appointment would be a matter of satisfaction to the medical profession as well as of pride to the Department of Pediatrics of the Yale Medical School" [12]. She accepted the second-ranking post as assistant chief because it gave her sufficient administrative leverage to improve child health. Every aspect of her experience, and especially her years in New Haven, had prepared her for this new challenge.

Important changes in pediatrics had prepared the way for progress at Yale. The specialty had developed in nineteenth century charitable children's hospitals. After 1900, the field entered a new phase of intellectual growth. Leading professors campaigned for pediatrics, then a subdivision of medicine or obstetrics, to attain departmental status. Full-time academic departments were essential to attract and train students, develop research and provide innovative patient care. Crucial to the specialty's legitimacy was a new breed of academic pediatrician with solid research ability [13]. In Edwards Park, Yale chose just such a man.

More than luck was involved in this choice. According to Grover Powers, Yale's new dean, Dr. Milton Winternitz "was deeply and effectively interested in pediatrics and held that it should be one of the major disciplines of clinical medicine — not, as was often the case at that time, a subsidiary division of Midwifery or Internal Medicine" [14]. After a year's negotiations with Winternitz, a former Hopkins colleague, Park began work as head of pediatrics on July 1, 1921. He began building the new department at once. Early in their collaboration, Winternitz and Park successfully sought funds from the Rockefeller-sponsored General Education Board for construction of a laboratory and clinical service. By offering Martha Eliot the chief residency, Parks began to build the department even before he officially took the position as its head.

She was superbly qualified for the job. Born in 1891 to a prominent Boston family, Eliot graduated from Radcliffe College in 1913. Next, she spent a year as an assistant in



Figure 3. Grover F. Powers, Chairman of the Department of Pediatrics, Yale School of Medicine, 1927-1952. (Photo courtesy of the Yale School of Medicine Historical Library.)

the Social Service Department at Massachusetts General Hospital. This experience solidified her interest in the social aspects of medicine, but friends hoped to discourage her from entering the profession. In 1954, when she received the American Public Health Association's William T. Sedgwick medal, Eliot recalled her only meeting with the famous MIT professor of sanitary science. He suggested that she consider work in bacteriology. When she asked what advice he'd give a young man with her interests, Sedgwick replied, "I would advise him to study medicine, to get as good a grounding as possible in what disease does to man, and then...learn how to prevent those diseases." When Eliot told him her medical school plans, he encouraged her to proceed [15]. Though Harvard Medical School was still closed to women, Eliot made a point of applying there as a matter of principle before she entered Johns Hopkins. She graduated in 1918 and then faced the pervasive discrimination against women in postgraduate training.

Even with this excellent credential, significant professional barriers remained in her path. She had wanted to do a pediatric internship at Hopkins, but Dr. John Howland, the

department head, refused to consider her [16]. Despite a commitment to educate women physicians, the medical school faculty felt little responsibility for their training or employment. In 1902, Dr. Dorothy Reed, also a Hopkins graduate, experienced Dr. William Welch's withering response to her request for an academic appointment. She had completed a two-year fellowship in his laboratory doing excellent research that established Hodgkin's disease as a distinct disorder characterized by a specific cell that bears her name. In a memoir she recalled, "He answered that no woman had ever held a teaching position in the School and that he knew there would be great opposition . . . Suddenly, as I saw what I had to face in acceptance of injustice in being overlooked — I knew I couldn't take it" [17]. Instead, she developed a lifelong interest in maternal and child health, eventually becoming a medical officer for the Children's Bureau. John Howland's response to Martha Eliot 16 years later showed that women's opportunities at Hopkins had not improved.

After serving as a junior intern at Bellevue Hospital, the wartime shortage of male doctors enabled Eliot to obtain a medical internship at the new Peter Bent Brigham Hospital. Next, she applied for an assistant pediatric residency at the recently reorganized St. Louis Children's Hospital. Park, who had known Eliot as a medical student, encouraged this idea because his former Hopkins colleague, McKim Marriott, then headed pediatrics at Washington University [18]. An additional factor in Eliot's decision was a strong family tie to St. Louis. Her grandfather had been first chancellor of Washington University, and her father had grown up there. Eliot's childhood was a major influence on her career. As close colleague Dr. William Schmidt remarked in a memorial address, "Her entire career was a fulfillment of a decision and commitment made early in her life [19]." Despite a privileged background, Eliot confronted poverty at an early age:

I must have been a headstrong child . . . one of my earliest memories is of running away from my family in a fit of anger when I was three years old. My father's church was in the West End of Boston . . . between our house and the church there were 23 saloons, and there wasn't much of the seamy side of life that we didn't observe. Our introduction to the urban poor was early and natural [20].

This deep social concern would shape her entire career.

Founded by women in 1879, the newly rebuilt teaching hospital in St. Louis was well-equipped, and progressive [21]. Though a biochemist by training, Marriott accepted the value of a social approach to pediatrics. Work in a municipal child welfare clinic was part of Eliot's training. During the winter of 1920, she wrote: "This is pretty confidential. Dr. Marriott has asked me whether I would not stay on another year with, of course, a better job . . ." [22]. But by June, his offer had become less attractive:

I have had quite a talk with Dr. Marriott about next year, and it is evident that he doesn't want a woman as resident. He constantly evaded the question, but was very cordial about my coming back to do any kind of research work I might desire. He thinks I would do very well to go to New Haven, depending considerably on what new men the Yale School calls as professors of medicine or pediatrics . . . [23].

The following month she wrote:

Much to my surprise and irritation, the unexpected happened yesterday, and Dr. Marriott asked me what kind of job I would like in order to keep me in St. Louis next year. He practically said he would give me anything I want which was flattering but irritating because he could have come across with the proposition sooner . . . [24].

These candid comments show Eliot's annoyance at her vulnerability in a profession that discriminated against women even when they excelled. Such prejudice in powerful men would deprive women of opportunities for many years to come.

In September of 1920, Eliot returned to Boston and opened an office, sending out notices that her practice would be one "in the prevention and treatment of diseases of children." This unusual wording revealed her basic approach to pediatrics. As she explained, "During my training, I realized that many of the children who entered hospitals because they were sick could well have had many of their . . . diseases prevented if there had been a better provision of clinics and services" [25]. Her temperament and professional interests were ill-suited to the entrepreneurial concerns of private practice. More than fifty years later, Eliot recalled a letter from a senior colleague suggesting that her fees be set in keeping with those of other pediatricians — an offensive idea to her. She began private practice with little enthusiasm. Fortunately, two months later, Edwards Park, who had remembered Eliot's promise as a medical student, invited her to join him in New Haven. Even in old age, as the interview transcript indicates, her memory of that joyous moment remained vivid: "I was so excited . . . I sat down that evening and wrote him a letter accepting immediately" [26].

She was to start her new job in September, so Eliot finished her ten months as a solo practitioner with relief. In contrast to the difficulties she had suffered with Dr. Marriott, Eliot and Park enjoyed a clear understanding from the start. In addition to the chief residency, he gave her an instructorship in pediatrics. Eliot's colleagues in the department included an unusually high number of women who became leaders in the field. Park's willingness to hire competent women when most of his peers ignored them shows that he possessed both a sense of fairness and a discerning eye for quality. His successor, Grover Powers, maintained this tradition. Among the outstanding women who joined the department were child psychiatrist Marion Putnam, later a professor at Harvard, and Edith Jackson, a leader in family-centered maternity care [27].

Most important to Eliot was Ethel Dunham, who had arrived in New Haven the year before she did. Born in 1883 to a wealthy Hartford family, she completed her education at Miss Porter's School in 1901. At the age of 26, after several years of travel and volunteer work, Dunham returned to high school to complete a physics course that would prepare her for admission to Bryn Mawr in 1910. After completing premedical studies there, she entered Johns Hopkins and graduated in 1918. Dunham was among the few women John Howland ever permitted to enter his pediatric residency program. In 1919, while Eliot worked in St. Louis, Dunham became the first woman house officer at the New Haven Hospital [28]. "We are determined to be in the same place next year if it is a possible thing," wrote Eliot in a letter home [29]. In 1920, Dunham was appointed instructor in pediatrics and gave lectures in pediatrics to medical students. As an assistant professor, she assumed responsibility for the outpatient department and newborn nursery. Among her innovations was a car that permitted interns to visit newborn infants in their homes. Eliot and Dunham enjoyed a lifelong partnership complimented by their distinguished careers in pediatrics and public health.

They were the first women to receive American Pediatric Society's highest honor, the John Howland Award (Dunham in 1958 and Eliot in 1967). Named for the professor who had been their teacher at Hopkins, the prize honored his pioneering research on infant dehydration. Howland's other great success had been to create the first full-time department of pediatrics in the country. A Yale graduate and intercollegiate tennis champion, his desire for a thorough grounding in medicine was so strong that he received two medical degrees. Widely admired for his brilliance, Howland was also feared for his abrasive personality, sarcastic wit and dislike of women. As one of his former interns recalled, "he never approved of women doctors . . . and he always had difficulty with nurses" [30].



Figure 4. Ethel Dunham. (Photo courtesy of the Yale School of Medicine Historical Library.)

Winning an award named for Howland was a delicate matter for Ethel Dunham and Martha Eliot. The way each of them crafted her acceptance speech reveals a telling difference in style and viewpoint. Dunham graciously acknowledged Howland's influence on her career and discussed the future of research on prematurity [31]. Eliot's speech was more candid. She included autobiography and professional history to contrast her vision of pediatrics with Howland's views of the specialty.

First, Eliot discussed his decision to banish the child welfare aspects of pediatrics from his Hopkins clinics, concentrating on clinical work and laboratory investigation to enhance its status as a scientific specialty. "In view of the status of pediatric education in 1912, his decision was no doubt right," Eliot declared [32]. This division between pediatrics' social and scientific side had haunted the field for years and would do so for many years to come. In 1914, Dr. Samuel Hammill, president of the American Pediatric Society, had criticized colleagues for their refusal to take any position on social reforms affecting children's lives, such as child labor: "The pediatricist has withheld his assistance and influence so long that the lay organizations have learned to do without him" [33].



Figure 5. Edith Jackson. (1959 portrait by Dean Keller, Courtesy of Richard H. Granger.)

Eliot never believed in separating children’s clinical and social problems. In her view, many diseases afflicting the young were intimately related to the social conditions in which they lived. Despite this disagreement with Howland, she respected him and wanted to train in his department. At the award ceremony she recalled, “Dr. Howland gave me short shrift. I was flatly and promptly turned down because, as he frankly said, it would be such a waste to give one of his few posts to a woman who would, no doubt be married and lost to pediatrics within a year! This was just as well, I am sure, for my lines lay in different directions...” [34]. This rejection, and the realization that she had a broader view of pediatrics, led Eliot to seek training where social factors were considered relevant to children’s health. The departments of pediatrics at Washington University and at Yale were such places. With gentle irony, she noted the fact that Howland had appointed Grover Powers to direct the Hopkins dispensary, “Little did he dream . . . that he had in the making a pediatrician who, in his long career at Yale, would make the most profound impact on the development . . . of the social welfare aspects of pediatrics” [35]. Powers himself credited Park with restoring a balance between clinical and social factors that

Howland had dismissed at Hopkins. He wrote, "The highlight of Dr. Park's service to pediatrics while at Yale lay in the fine quality not only of the scientific study of disease but in the emphasis on the broad implications, social relationships, and public health correlations of child care" [36].

In closing, Eliot reminded pediatricians of their five and a half decades of advice to the Children's Bureau, referring to it as "the laboratory and base of action in which and for which I have worked for more than forty years" [37]. This pointed reference underlined her belief in the importance of public health research to pediatrics and the importance of the Children's Bureau to child welfare. Both Eliot and Dunham had done their Howland Award-winning research on clinical problems whose social implications they understood clearly. Dunham's pioneering work focused on the care of premature babies. Like Eliot, she took a part-time consultancy with the Children's Bureau while a member of the Yale pediatrics faculty. By becoming a medical officer in charge of neonatal studies, she gained a national overview of prematurity. When Eliot left Yale for a full-time Children's Bureau post, Dunham became head of its research division in child development. At Yale, where Grover Powers had succeeded Edwards Park in 1927, pediatrics continued to flourish. Martha Eliot said of them simply, "Both these men were great teachers" [38].

The friendship between Eliot and Powers continued after she left New Haven for the Children's Bureau. In 1944, angry doctors, fearful of "socialized medicine," attacked Eliot and the agency she served. In response to a national need, she had released agency funds to help soldiers' wives with their maternity and pediatric expenses. Next, she developed the Emergency Material and Infant Care program, which gave free medical service to military dependents. Doctors' objections centered on the lack of means testing as well as payment formulas. So inflamed was the situation that there was discussion of the American Academy of Pediatrics withdrawing its support from the agency. In a letter to the *Journal of Pediatrics* in September of 1944, Powers "vigorously defended the Bureau" [39]. His personal prestige was sufficient to quiet the harshest voices and make others reconsider their position. Even so, Eliot had to face her colleagues' considerable hostility. Thirty years later, she recalled "a very interesting little episode" at the 1944 American Academy of Pediatrics meeting when fellow pediatricians ostracized her [40]. This cool observation, minimizing a nasty incident, revealed Eliot's temperament, which combined passionate commitment with political savvy and a sense of perspective. She realized the seriousness of the situation and called Dr. Henry Helmholtz, a former president of the Academy who then chaired the Bureau's medical advisory committee. Through his good offices, Eliot sought a truce. Other loyal colleagues, Park among them, felt that those denouncing the Children's Bureau had no idea of how much the agency's activities had done to increase public demand for qualified pediatricians. Helmholtz came up with the compromise mechanism of a project involving the Academy, the American Pediatric Society and the Bureau in a large child health survey. All the concerned parties agreed to participate, and a major schism was avoided [41].

In the postwar years, subspecialty development was increasingly important to pediatrics. This change began in the 1920s with the successful use of insulin and the organization of metabolism clinics [42]. For Martha Eliot and Ethel Dunham, the Children's Bureau always retained its importance as a vital conduit linking research directly to public health. Nor did they ever forget their formative experiences in New Haven. Dunham and Eliot kept their Yale appointments as associate clinical professors in pediatrics until 1950, returning at regular intervals to give lectures.

The more public personality of the two, Eliot received the Lasker Prize (usually given medical or scientific discoveries) in 1948 for outstanding administrative achievement. She then served as assistant director-general of the World Health Organization from 1949 to 1951 and chief of the Children's Bureau from 1951 to 1956. Nor did reaching retirement

age slow her pace. At 66, Eliot accepted a position at Harvard as professor of maternal and child health. From 1959 to 1969, she chaired the Massachusetts State Commission on Children and Youth, a task she gave up at 80. "Retirement? I don't know what you mean by retirement," she said to a visitor three years later [43]. Martha Eliot died in 1978, leaving a brilliant legacy of achievement which today's child health advocates would do well to remember.

Mary Ellen Avery has commented perceptively that Martha Eliot and Ethel Dunham did more than important pediatric research; they publicized children's health problems, sought means to prevent them and worked for effective solutions — thereby practicing what she called "legislative medicine" [44]. The flowering of their careers owed much to their fruitful years at Yale and the generous vision of pediatrics that Edwards Park and Grover Powers established in the Department's formative period.

NOTES AND REFERENCES

1. Walsh, M. "Doctors Wanted: No Women Need Apply": Sexual Barriers in the Medical Profession 1835-1975. New Haven: Yale University Press; 1975, pp. 231-233.
2. Morantz-Sanchez, R. *Sympathy and Science: Women Physicians in American Medicine*. New York: Oxford University Press; 1985, pp. 85-87.
3. L'Hommedieu, E. "Walking Out on the Boys" (interview with Frances Conley). *Time Magazine* 158:3, 1991.
4. Gamble, V. *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*. New York: Oxford University Press; 1995, p. xii.
5. Relman, A. The Changing Demography of the Medical Profession. *N. Engl. J. Med.* 321:1540-1542, 1989.
6. Martha M. Eliot Papers. Schlesinger Library, Radcliffe College.
7. Oral history transcript, p. 42. Martha M. Eliot Papers.
8. Powers, G.F. Edwards A. Park, Yale Professor 1921-1927. *J. Pediatrics* 41:651-659, 1952.
9. Eliot, M. The Control of Rickets. *JAMA* 85:656-663, 1926.
10. Avery, M.E. Rickets, Prematurity and public health: a lecture in honor of Drs. Ethel Dunham and Martha Eliot. *Harvard School of Public Health Alumni Bulletin* 36:4-8, 1979.
11. Muncy, R. *Creating a Female Dominion in American Reform 1890-1935*. New York: Oxford University Press; 1991, pp. 38-65.
12. Powers, G. quoted in *New Hampshire Evening Register*, December 5, 1934. Folder 154, Martha Eliot Papers.
13. Halpern, S. *American Pediatrics: The social dynamics of professionalism*. Berkeley: University of California Press; 1988, pp. 57-77.
14. Powers, G.F. Edwards A. Park, Yale Professor. *J Pediatrics* 41:651, 1952.
15. Eliot, M. Response to the Sedgwick Award. *Am. J. Public Health* 48:1538-1540, 1958.
16. Eliot, M. John Howland Award Address. *Am. J. Dis. Child* 114:566, 1967.
17. Mendenhall, D.R. Unpublished Memoir. In: Conway, J.K., ed. *Written by Herself*. New York: Vintage Books; 1992, pp.171-199.
18. Oral history transcript. Martha M. Eliot papers, p. 41.
19. Schmidt, W.M. Memorial Address, March 21, 1978.
20. Oral history transcript, pp. 17-18. Martha M. Eliot papers.
21. Hunt, M. *From childsaving to pediatrics: a case study of women's role at St. Louis Children's Hospital 1879-1925*. Ph.D. dissertation, Washington University, St. Louis, Missouri; 1992.
22. Eliot, M., to mother, January 20, 1920, Folder 14. Martha M. Eliot papers.
23. Eliot, M., to father, June 1, 1920. Folder 14, Martha M. Eliot papers.
24. Eliot, M., to mother, July 6, 1920. Folder 14, Martha M. Eliot papers.
25. Oral history transcript, pg. 38. Martha M. Eliot papers.
26. Oral history transcript, pg. 38. Martha M. Eliot papers.
27. Wessel, M. Caring for families: Edith Jackson taught the ways. *Yale Alumni Magazine*. pp. 14-17, 1980.
28. Schmidt, W.M. Ethel Dunham. In: Sichertman, B., ed. *Notable American Women*. Cambridge, Massachusetts: Harvard University Press; 1987, pp. 212-213.
29. Eliot, M., to parents, March 1920. Folder 14, Martha M. Eliot papers.
30. Davison, W. John Howland. In: Veeder, B., ed. *Pediatric Profiles*. St. Louis, Missouri: Mosby Publishers, pp. 161-174.
31. Dunham, E. Acceptance of the Howland Award. *Am. J. Dis. Child* 94:372-379, 1957.

32. Eliot, M. John Howland Award Address. *Am. J. Dis. Child* 114:565-573, 1967.
33. Hammill S. In: Faber, H.K. and McIntosh, R., eds. *History of the American Pediatric Society*, New York: McGraw Hill Publishing Company; 1969, p. 93.
34. Eliot, M. John Howland Award Address. *Am. J. Dis. Child* 114:566, 1967.
35. Eliot, M. John Howland Award Address. *Am. J. Dis. Child* 114:566, 1967.
36. Powers, G.F. Edwards A.Park, Yale Professor. *J Pediatrics* 41:653, 1952.
37. Eliot, M. John Howland Award Address. *Am. J. Dis. Child* 114: 572, 1967.
38. Oral history transcript, p. 68. Martha M. Eliot Papers.
39. Wegman, M. The American Academy of Pediatrics and the Children's Bureau: 1944-1945. In: Pearson, H., ed. *The Centennial History of the American Pediatric Society*. New Haven; 1988, pp. 86-89.
40. Oral history transcript, p. 70. Martha M. Eliot papers.
41. Wegman, M. The American Academy of Pediatrics and the Children's Bureau: 1944-1945. In: Pearson, H., ed. *The Centennial History of the American Pediatric Society*. New Haven; 1988, pp. 87.
42. Halpern, S. *American Pediatrics: The social dynamics of professionalism*. Berkley: University of California Press; 1988, pp. 110-125.
43. Cheek, J. Interview with Martha M. Eliot, M.D. in *Radcliffe Quarterly*. 1975, pp. 13-15.
44. Avery, M.E. Rickets, prematurity and public health. A lecture in honor of Drs. Ethel Dunham and Martha Eliot. *Harvard School of Public Health Alumni Bulletin* 36:8, 1979.