

The San Francisco Experiment: Female Medical Practitioners Caring for Women and Children, 1875-1935

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Abstract:

Prior to 1911 when California women gained suffrage, women's health issues were rarely deemed important. In early 1875, Drs. Charlotte B. Brown and Martha E. Bucknell established the Pacific Dispensary Hospital for Women and Children as a public health model for indigent children and an urban clinical-training facility for female health professionals. This paper will look at how Dr. Charlotte Blake Brown (1846-1904) and Dr. Adelaide Brown (1867-1940), mother and daughter activists for women and children's health, shaped medicine in San Francisco. They had forceful personalities, yet their experiment to foster a community of female health care providers to directly serve women and children proved to be more fragile than anticipated. After Dr. Charlotte Brown's death in 1904, her daughter picked up where her mother left off despite opposition to take on the dairy industry throughout her career in long campaigns to regulate milk products.

1 San Francisco had shed most of its boomtown heritage to become a mercantile hub in the American West and gateway to the Pacific Rim commerce when, in February 1875, Dr. Charlotte B. Brown, Dr. Martha E. Bucknell, and other female community leaders established the Pacific Dispensary Hospital for Women and Children as a public health model of care for indigent children and an urban clinical-training facility for women. The well being of women and children was wrapped within broader economic empires of a few men who dominated the lucrative industries that shaped the California economy during the Progressive Era. Women's health issues were rarely deemed important until 1911, when California women cast their votes locally for the first time. Dr. Charlotte Blake Brown (1846-1904) and her daughter Dr. Adelaide Brown (1867-1940) were activists for women and children's health reform in San Francisco. They collectively improved access to health care for poor women and children by fighting for health equity over a fifty-year period. The Pacific Dispensary Hospital became an experiment to see whether female physicians with authority within a specific medical community could establish an enduring institution to educate female medical practitioners to care for women and children.

2 Three and a half years after the Pacific Dispensary Hospital was established, kindergartner Kate Douglas Wiggin opened the Silver Street Free Kindergarten in the working-class Tar Flats neighborhood south of Market Street in San Francisco (Issel and Cherny 61, 105-06). Female medical practitioners inadvertently tread in the male medical domain, whereas Wiggin, who later became a best-selling author of children's books, utilized

an acceptable feminine vehicle for acclaim when she promoted the kindergarten movement. Wiggin wrote *The Story of Patsy*, a brief literary sketch to benefit the Silver Street Free Kindergarten, which was expanded and published in 1889 (Wiggin 12). In the story, Patsy with his “shrunk, somewhat deformed body,” presented Wiggin’s view of the spiritual potential of working-class children in the kindergarten, when Patsy actually personified the symptoms associated with bovine tuberculosis that was passed to humans via contaminated milk products. The Pacific Dispensary Hospital and the Silver Street Kindergarten both competed for support from the same local philanthropists, including Phoebe Apperson Hearst, Adolph Sutro, William Ralston, and Charles Crocker. The Pacific Dispensary Hospital went about the gritty task of educating parents and the city about environmental and industrial health hazards, while the Kindergarten nurtured a romanticized worldview of ethereal child garden in San Francisco’s slums. Dr. Adelaide Brown would address bovine tuberculosis by taking on the California dairy industry during the early twentieth century.

“The Pioneer”

3 Charlotte “Lotte” Amanda Blake, the daughter of pioneer medical missionaries, was born in Philadelphia in 1846. Her father Charles Morris Blake studied for the ministry before the excitement of the California Gold Rush led him to travel via the Isthmus route to California in early 1849. His wife, Charlotte Farrington Blake, a nurse, and their three children joined him in California during the fall of 1851. Blake established a boarding school for boys in 1851 that later became the Collegiate Institute in Benicia, California, and evolved into University of California’s Hastings College of Law in San Francisco (*History of Solano County* 166). The Blake family left California for several years to pursue healing Presbyterian missionary work in South America. Charlotte returned to the United States to attend Elmira College in New York, graduating in 1866. She married Henry Adams Brown and worked as a nurse. The Browns traveled to Arizona in 1867 where Charlotte worked as a nurse. During the 1870s, the Blake and Brown families reunited in California. Charles Blake studied medicine at Toland College in San Francisco, and worked as an Army chaplain until 1883. However, Charles was not alone in his medical studies; his daughter Charlotte also had aspirations to practice medicine.

4 Dr. Charles Blake established his medical practice in Yountville, California, a small coastal community north of San Francisco. The two families soon relocated inland to Napa, California where all of Charlotte’s children were born. Her eldest children, Adelaide and Philip were young when she began to read medicine with Dr. Charles Nichols. Her youngest

daughter was born before Charlotte discretely traveled to Philadelphia to study gynecology at Women's Medical College. Her children remained with their grandparents in Napa. Grandmother Farrington, as she was called, wrote to Charlotte in 1872, asking if she should tell anyone "out of the family of Lotte's purpose in being on the East Coast" (Children's Hospital of San Francisco, 1875-1988). Adelaide was seven years old when her mother graduated with her medical degree in 1874. Lotte's purpose would be revealed upon her return to California when she set about establishing a children's hospital in San Francisco.

5 Dr. Charlotte Blake Brown, along with Dr. Martha E. Bucknell and ten San Francisco women founded the Pacific Dispensary Hospital for Women and Children in early 1875. Located at 520 Taylor Street in San Francisco, the hospital provided free health care, charging only for medicine. During its first ten months of operation, most of the hospital's 267 patients were treated for ailments resulting from malnutrition. Aside from support of the men in their families, the founders of the clinic were on their own in this endeavor (Hendricks 61-63). Charlotte's husband, employed at Wells Fargo Bank, used his influence to get the bank to provide rooms for meetings of the Women's Medical Society.

6 Dr. Charlotte Blake Brown was rejected for admittance to the San Francisco Medical Society on the grounds that she was a woman in 1875. However, she proved to be a successful surgeon, obstetrician, and medical organizer. Brown worked in the "Chinese Quarter," serving as a physician and missionary to the Chinese community in San Francisco (Starr 47-48). Female physicians practiced medicine in Chinatown because Chinese husbands did not want their wives examined by male Caucasian physicians. The California State Medical Society drafted legislation standardizing qualifications for medical practice in California which made no mention of gender, resulting in the passage of "An Act to Regulate the Practice of Medicine" in 1876 (Cal. Stats. 1876, ch. 518, 792-94). Brown served as the first female chair of a State Medical Society in 1876, and performed the first "ovariotomy" by a female surgeon on the West Coast in 1877. She became one of five women trained in medical schools to be admitted to the San Francisco Medical Society the same year.

7 The mission of the Pacific Dispensary was to be an institution "for women, controlled by women, with women physicians" (Thelander 184). All attending staff, interns, and residents were female. The Pacific Dispensary Hospital reincorporated as the Hospital for Children and Training School for Nurses to include a more extensive academic mandate in 1885. While it served as the first training school for nurses on the West Coast, the original gendered mission of the Pacific Dispensary Hospital, chiefly, "to provide for women the medical aid of competent women physicians," was diluted. The hospital, located on a donated

property at California and Maple Street in San Francisco's inner Richmond District, could boast of having a nearby pasture of dairy cows in the Presidio. In 1889 an adjoining lot was acquired for a specialized orthopedic unit where children (like Wiggin's character Patsy) with crippling bovine tuberculosis received treatment.

8 In 1896, Dr. Charlotte Brown studied the health of adolescent schoolgirls 16 to 19 years of age in Oakland and San Francisco, to identify health problems appearing in immigrant and working-class communities that might be related to urban living ("Health" 1-7). She discovered that adolescent girls suffered from similar health complaints to professional women (teachers, telegraph operators, and dressmakers) that included dental, sinus, vision problems, and feelings of anxiety. Brown's case histories indicated patterns among the Sweden, Germany, and Ireland immigrant populations that were similar to school girls who had long hours of homework in addition to schoolwork and household chores. She statistically correlated bad diet, sleep, and exercise habits to irregular menstrual cycles and a national trend of young mothers in urban areas having difficulties in breastfeeding. By the mid-1880s, mothers in well-to-do families chose not to breastfeed infants, providing the opportunity for mother's milk to become commodity (Golden 139). Brown suggested some preventative measures including the erection of municipal-funded gymnasiums, health education programs, and creation of a local version of the "New England Kitchen," a community-based, take-out, low-cost food service located in Boston's working-class and immigrant neighborhoods ("Health" 6).

9 Social historian June Golden asserted that prescriptive child-rearing literature increasingly characterized middle- and upper class women as "frail," providing some women with a ready-made excuse to avoid nursing (Golden 44-45). The local shift from breast to bottle-feeding for babies brought disaster to families in the city's poor working-class neighborhoods when contaminated milk brought infection and disease. The promise of safer childbirth utilizing anesthesia and forceps further assisted the shift of the birthing chamber from home to maternity hospital, and male medical academics took increasingly dominant roles on hospital staffs when they affiliated with universities in the late 1890s. Female medical practitioners were strongly encouraged to move from active roles as physicians in hospitals to supportive roles as nurses, social workers, and public health advisors.

"The Implementer"

10 Adelaide Brown followed in her mother's footsteps, becoming a surgeon, obstetrician, and gynecologist. She attended Smith College in Northampton, Massachusetts, graduating in

1888, and then returned to San Francisco where she studied at Cooper Medical School (adopted by Stanford University in 1908), earning her M.D. in 1892. Adelaide interned at Northeastern Hospital in Boston, and then traveled to Vienna to study at “leading European gynecological clinics.” When Dr. Adelaide Brown returned to the San Francisco in 1894, she joined her mother’s medical practice located at 1212 Sutter Street in San Francisco. Adelaide worked as an attending physician at Alexander Maternity Hospital throughout the late-1890s, and delivered babies at San Francisco Children’s Hospital as early as 1899. In her first paper, “A Case of Stricture of the Esophagus following a Carbolic Acid Burn,” presented before the Women’s Medical Club of the Pacific in 1895, Adelaide explained how her mother provided mentoring when she referred a case involving a toddler who could not swallow food or milk due to an irritated esophagus. She joined the staff of Children’s Hospital full-time in 1910.

11 Nationally, pasteurization and regulation became a solution for epidemic infant mortality from diarrhea-causing diseases. Nathan Straus became the nation’s leading proponent for pasteurized milk and garnered the attention of leading progressives when in 1897 he reduced deaths by fifty percent at Randall Island Infant Asylum in New York City (Miller). Historian Julie Miller asserted that Straus applied his entrepreneurial skills to promote pasteurization, while Dr. Adelaide Brown focused on milk safety as a public health issue. She built a career campaigning for milk safety, but she opposed pasteurizing milk, asserting “it gave a false sense of security” since at the time the pasteurized product still contained tubercle bacilli and other streptococci. With an initial \$250.00 grant from Adolph Sutro (Populist, San Francisco Mayor, 1894-1896), she established the Milk Laboratory in 1894 where cow’s milk was treated to have the approximate chemical make-up of mother’s milk. After Dr. Charlotte Brown’s death in 1904, Dr. Adelaide Brown continued her mother’s momentum as an activist to fight for milk safety in California. She carried forward the medical torch becoming a pioneer in the development of preventative medicine in California.

12Prior to the 1906 earthquake and fire, San Francisco was entrenched in political corruption. The former president of the Musicians Union, Eugene E. Schmitz (Labor Union Party, San Francisco Mayor, 1902-1907) with support from working-class neighborhoods fostered an administration filled with graft and corruption. Meanwhile, George H. Pippy (a Progressive Republican) promoted San Francisco as a business-friendly city. Pippy, a corporate attorney, owned the Columbia Dairy. During the early-1880s, with “a horse, a wagon, and divers milk cans procured on credit,” he established the Columbia Dairy, which rapidly grew into a thriving business (*San Francisco* 302-07). By 1900, the Columbia Dairy was the largest west of Chicago, consisting of extensive delivery routes, with depots located in Oakland and San

Francisco that were furnished by milk dealers throughout the San Francisco Bay counties. Pippy worked with the California Promotion Committee to aggressively court German agriculturalists in order to improve the State's cheese production. In 1905 the California dairy industry earned an estimated \$18 million (compared to the \$40 million fruit industry), and the state imported \$1.5 million in dairy products (Irving 229, 233, 239).

13 The earthquake and fire on April 18, 1906 severely damaged the city's infrastructure. Children's Hospital suffered "grave damage," requiring extensive repairs and rebuilding. Adelaide's brother Dr. Philip King Brown lost nearly everything, but she lived adjacent to the Presidio, and stepped away from her regular work to run the city's emergency room and to manage logistics for the pool of emergency Red Cross vehicles.

We had an emergency medical department which Dr. Adelaide Brown ran, and several automobiles were put at our disposal and were used to move the aged or sick to homes or to the ferry. Fresh milk and eggs were brought to us daily, forty to fifty gallons, from a ranch across the bay, for babies and mothers, and also the Army requisitioned a certain amount of food to be sent us for distribution daily. (H. H. Brown 11)

14 "Relief and Rehabilitation," funded the emergency room and emergency hospital care, this served a double purpose of giving relief to the refugees and assisting the hospitals financially. Brown and Pippy shared in interest in milk safety. Pippy, a colonel in the National Guard, was instrumental in securing fresh milk for the refugees, so the Finance Committee sold surplus supplies of potatoes, flour, and milk to raise funds for other emergency needs:

It was natural to think that condensed and evaporated milk would be necessities of prime importance, but on account of local conditions were not needed in great quantities. The supply of milk from the ranches outside the city was not much diminished by the earthquake. By confiscation and by arrangement with dealers, an abundant supply of fresh milk was secured for distribution to the refugees. (O'Brien et al. 101-02)

15 The intensity and duration and the ensuing fires destroyed the City's infrastructure. Gas mains broke, adding fuel to the fire, and roads buckled making transport arteries impassible. All means of telegraphic communications ceased by eight in the morning, when all energy was enlisted for firefighting. Over 3,000 individuals perished and over 300,000 San Franciscans were rendered homeless after fires ravaged the city for three days. It was impossible to purchase supplies for ten days. Homeless refugees built temporary shelters on vacant lots and in parks before tents arrived. Refugees moved westward towards Golden Gate Park and the Presidio, where a makeshift emergency room under Brown's management was erected.

16 President Theodore Roosevelt, aware of local corruption, dispatched Dr. Edward T. Devine, the General Secretary of the Charity Organization of New York to direct relief efforts in San Francisco (United States House of Representatives 46). Only a year before, the Red Cross had been reorganized to be a clearinghouse for relief services to deal with natural disasters. As yet, the Red Cross remained untested. Roosevelt instructed Devine to consolidate funds and resources from twenty representative national and international Red Cross organizations for earthquake relief during a period of experimentation before the Army withdrawal. Roosevelt appointed an experimental relief commission, headed by Devine, which included Col. George Pippy, and a Mr. P. J. Moran to distribute emergency funds. On April 25, Roosevelt announced to the public that the Army had “succeeded in caring for 300,000 homeless in the last five days” (United States House of Representatives 44, 58; Young). Divine was called back to New York, so the Relief Commission turned over its work to the San Francisco Relief and Red Cross Funds Corporation on July 20, 1906. The Corporation was established in order to address issues of general rehabilitation, permanent shelter, employment, care of the sick, and the settling of insurance claims.

“Building Upon Her Political Capital”

17 Historian Rickey Hendricks stated that Dr. Adelaide Brown’s pure milk campaign commenced after the 1906 earthquake and fire severely damaged hospitals as well as the city’s sanitation system (64). Brown worked as secretary for the Medical Milk Commission of the San Francisco County Medical Society (1907-12), and in 1912 she became president of the California Medical Milk Commission. The question of milk safety came to the fore as scientists devised a new technique for detecting whether milk had been tainted with bovine tuberculosis and other deadly bacteria. At this time she became an active member of the Commission for Prevention of Infant Mortality, the Baby Hygiene Society, and the Milk Improvement Association. Brown chaired a sub-committee of the Citizen’s Milk Committee for the San Francisco Federation of Women’s Clubs, charged with the task of investigating San Francisco’s milk supply and its relation to public health (Leonard, ed. 132). The sub-committee inspected dairies in Marin, Alameda, Santa Clara, and San Francisco counties, and included dairies at Soledad Prison. Brown established the Mother’s Milk Bank, sponsored by the Federations Baby Hygiene Committee in 1908, which also provided a Visiting Nurse Service.

18 In 1909, President Theodore Roosevelt summoned Brown to attend the White House Conference on Children and Youth, and she helped to establish a “Day Crèche” for infants of

female cannery workers at the Telegraph Hill Settlement the same year. Dr. Adelaide Brown could not carry on her mother's vision of women physicians caring for women and children in this rapidly changing environment; she had to define and follow her own course. Brown, a proponent for women's suffrage, served as Vice President of the College Equal Suffrage League of California. Women in California gained the vote without assistance from the national women's suffrage movement. Supporters utilized billboard advertising, drew large crowds to rallies with free entertainment, distributed literature, and hired a railroad car to carry their campaign to small-town whistle stops. In San Francisco, liquor industry lobbyists thought they could defeat women's suffrage by controlling the urban vote (Weatherford 194). Indeed, San Francisco ballot boxes were guarded to prevent fraud or ballot discards that might cancel out the rural vote. The attention paid to rural areas paid off when votes were counted, and California women won the vote with a tiny margin of one vote per precinct. Brown remembered:

In 1911, when I cast my first vote at 43, not at 21 years of age, I was perfectly sure my state and my city would be more interesting to me, as a voter, than my nation. Time has emphasized this conclusion. ("Why I Am Voting")

19 Under the aegis of the County Medical Association, Dr. Adelaide Brown led the Milk Commission's initiative to deliver certified milk to San Francisco schools, hospitals, and settlement homes. She worked with the American Association of University Women's Certified Milk Fund Committee on a fundraising campaign to raise the difference between raw milk (\$.05 per quart) and certified milk (\$13 per quart) to supply milk to "boarded-out" babies of working mothers under the auspices of Associated Charities (today known as United Way). This fund also supplied milk to infants at the Telegraph Hill Settlement, the Florence Crittenden Home, and children's hospitals in Oakland and San Francisco (Hendricks 64).

20Pippy, wanting to remain on the forefront of emerging dairy industry technology, worked with Brown to stay ahead of Nathan Strauss. Pippy reminisced:

Strauss was genuinely surprised to find how downtodate [SIC] our big dairies were. He came to talk pasteurization of milk, prepared to acquaint us with the novelty. He found pasteurization of milk carried on in all the big San Francisco dairies. He found dairy conditions in San Francisco better than in New York or Chicago. We owe that to the splendid work done by the last few Boards of Health and by the excellent Milk Commission headed by Dr. Adelaide Brown. (O'Day 239-40)

21 Brown received support from the California Civic League to fill the vacancy on the State Board of Health in 1914. Appointed by Progressive Republican Governor Hiram Johnson, she served for sixteen years until Governor James Rolph encouraged her to retire because of her opposition to his policies (Jordan). The fate of female dominance at Children's

Hospital was determined in 1914 when the process of re-incorporation designated that the hospital would be developed into a permanent institution between 1885 and 1915. A period of “affiliation” commenced between 1915 and 1921, and the Regents of the University of California decisively eroded the original mission of the hospital to train and retain women as leaders (Hendricks 65). Once the women doctors realized that they were in a precarious situation, they desperately petitioned the Regents to maintain the independent female department heads. Members of the Society for the Advancement of Women in Medicine and Surgery in San Francisco argued that Children’s Hospital was “the only hospital for young girls where their need for medical attendance need never be under the care of anyone but a competent woman” (Headquarters Society for the Advancement of Women in Medicine and Surgery). Phoebe Hearst, ill and near death, acknowledged the hospital’s unique place in the community in a letter to her niece Helen Brown (who was also niece of Dr. Adelaide Brown):

I fully agree with you that in case it is made due recognition should be secured for the continued political opportunities for women physicians and the educational opportunities for women interns and nurses at the hospital.

22 Dr. Adelaide Brown was tapped to serve the State in a professional capacity when Gov. Johnson appointed her to the California State Board of Public Health (“A. Brown, “Why I Am Voting”). In this position, she helped to establish “well-baby” clinics in San Francisco and other communities in the region where foster mothers could learn about baby care and nutrition. Brown ran the Well Baby Clinic held at the Panama Pacific International Exposition in 1915 that included an educational exhibit of incubators that was seen by hundreds of thousands of visitors from around the world. Governor C.C. Young appointed Brown to serve as chairwoman of the State Children’s Year Committee in 1918. The Children’s Year, an initiative of the U.S. Defense Department, came out of the United States’ entry into World War I. The military draft detected a high rate of physical defects that could have been prevented in childhood. Brown promoted “birth registration” in California, often contradicting government assumptions that infant mortality and illness was connected to race (“Birth Registration in California”). The Children’s Bureau provided National Cards for states to survey the health of children less than six years of age. With Brown’s prodding, 40,863 children were surveyed in California, and educational literature on child hygiene and nutrition was provided to parents. In 1919, Brown met with Young to establish the Bureau of Child Hygiene as a division of the State Department of Public Health. Her statistical evidence justified the financing of be a permanent service for mothers and children as a culmination of the Children’s Year Program, and resulted in legislation to establish and fund a Child Hygiene

Bureau in California, “[a]n Act to provide for the establishing and maintenance of a bureau of child hygiene under the direction of the State Board of Health,” prescribing its duties and powers and making an appropriation therefore” (“Child Hygiene Bureau”). Additional “well child” and “well baby” clinics were established throughout the state, so that by 1930 there were 260 health centers throughout the state. Brown argued:

The value of the recorded birth certificate has not been realized as a possession of the child – a child’s right – but the draft, school attendance, working privileges, and Americanization all emphasizes the value. (“Birth Registration in California”)

23 Brown favored government regulation, but she raised the ire of many physicians in the state when she pushed for birth registrations during the Children’s Year campaign. Brown asserted, “[c]arelessness in regard to birth registration is at the door of the medical profession” (“Birth Registration in California”). As the Children’s Year commenced, California was not yet in the national registry because physicians in rural areas were not registering birth certificates and vital statistics with the California State Board of Health. Brown needed statistical information to substantiate her sometimes-unpopular conclusions and to get federal resources to support preventative pediatrics. However, by the end of 1919, California qualified for inclusion in the National Registry, which resulted in the funding of health centers for babies two weeks to eighteen months of age as well as nurse visits. The philosophy behind this was that free childcare education was a “privilege” in the United States.

“The Brown Legacy”

24 Both Dr. Charlotte Brown and Dr. Adelaide Brown should be remembered as caring physicians and generous teachers who promoted child welfare, health equity for women and children, and quality education for women in medicine in California. The numbers say it all even if the means for calculating infant mortality have changed: the Children’s Year was seminal to lowering infant mortality in San Francisco from 59 per thousand births in 1918; to 3 per thousand births at the time of Dr. Adelaide’s death in 1940; a figure lower than today’s infant mortality rate of about 6 per thousand births. For San Franciscans, this meant that Health Center nurses made “teaching visits” to homes within 24 hours of a mother leaving the hospital (mothers giving birth in San Francisco could remain in the hospital from ten to fourteen days, and weaning took place within two weeks after birth), to set up the home for the mother. This visit was referred to as “house-breaking” because the nurse prepared the kitchen, bathroom and bedroom for the baby’s care. The service was organized through

“Community Chest” (today known as United Way), and expert obstetrical nurses provided instructional visits after the mother and baby left the hospital. Brown argued that public education was free in the United States where the assumption was that “ignorance and poverty were not synonymous.”

Our hope is to have the hospitals realize [...] they owe some duty to the baby’s start in its own home, and add this instructive visiting to the service they are already rendering the doctor, the mother and the baby. [...] We regard this as an educational service and aim to help the mother to start skillfully and systematically in the care of her baby. (“Preventive Pediatrics”)

25 By 1921, the model for female medical practitioners caring for women and children established by Dr. Charlotte Blake Brown had been developed by the Pacific Dispensary Hospital for Women and Children, which transformed into Children’s Hospital of San Francisco that remains an enduring part of California Pacific Medical Center. Dr. Adelaide Brown continued to work at Children’s Hospital, but her focus was on public health issues in California. Dr. Adelaide Brown remained a powerful agent in “almost every forward movement in preventative medicine and public health” (Anon.). During the 1920s, Brown traveled throughout the Far East surveying health care for women and children and mentoring her students who continued medical missionary work in China, Indonesia, and India. Brown advised the California State Legislature on milk laws and ways to break up dairy price fixing in the state well into the 1930s. During the 1920s, Brown persuaded the Baby Hygiene Committee to teach birth control methods (also known as the “rhythm method” or “baby spacing”) at its Maternal Health Center, and she was a founder of Planned Parenthood in San Francisco. Generations of San Franciscans remembered the Browns as a family of caring physicians and generous teachers who promoted child welfare and quality education for California women in medicine.

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