

Getting Mouthy: The Displayed Authority of Dr. Katharine Berry Richardson

Rachel Hoffman | University of Missouri - Kansas City

Female physicians in the late 1800s and early 1900s struggled to carve out space for themselves in the male-dominated medical profession. They were rare and generally unwelcome in most public and professional discourses. It was in this time and place that Katharine Richardson, M.D. raised enough money from the Kansas City, Missouri, community to build and operate a free pediatric hospital. This essay seeks to delineate the rhetorical approaches she employed to gain the respect and funds of Kansas City, using the hospital newsletter she wrote for and edited as source material. The research of Carolyn Skinner and Susan Wells provide a framework through which the ethos of Richardson can be examined more closely. Her stances as both a physician and as a philanthropist are contrasted with one another and often found complementary.

All right. You may think that Hospital stories are “sob stuff,” but you are not very original when you say it. All the same, our little *Messenger* is going to keep right on telling of actual conditions at the Mercy, and trying to tell them so plainly and so truly that they cannot be misunderstood. There’s a little warm spot in the middle of everybody’s heart, and I am going to try to reach yours.

Mercy’s Messenger,
September 1926, p. 2

Dr. Katharine Berry Richardson did not believe in sugar-coating things. She did not believe that wealth warranted respect. She did believe that all children deserved medical care, and darned if she wasn’t going to get it for them. Far from demure and unassuming, Richardson advocated for the medical treatment of poor and homeless children in Kansas City and the surrounding area using her hospital’s newsletter,

titled *Mercy’s Messenger*. The hospital that *Mercy’s Messenger* speaks for was founded and run by Dr. Richardson, herself a surgeon, and her sister Dr. Alice Graham, a dentist. Mercy Hospital provided free medical care to children who couldn’t afford it elsewhere starting in the late 1890s. The sisters and their hospital cared for any child, regardless of their ethnicity, sex, religion, locality, or ability to pay.¹ Although no longer free or treating only the poor of Kansas City, their hospital still stands, now known as Children’s Mercy Hospital and Clinics. Over 100 years after its humble charitable beginnings, it is nationally ranked by *US News and World Report* as one of the best pediatric hospitals in the country.

At its start, Children’s Mercy Hospital was funded entirely by public donations. This delicate financial position necessitated the publication and distribution of a combination hospital newsletter and fundraising pamphlet, titled simply *Mercy’s Messenger*. *Mercy’s Messenger* was printed on both sides

of a stiff 11" x 6" sheet of sturdy cardstock. Dr. Graham was the newsletter's first editor, and held that position until her death in 1913. Katharine Berry Richardson wrote for and edited the publication from 1913 until her own death in 1933. In 1931, Richardson's skill in pediatric facial reconstruction earned her the title of Fellow from the American College of Surgeons, an institution of which women made up less than two percent of every class of initiates until 1975 (Wirtzfeld; *Candidates for Fellowship*). Despite her excellent professional qualifications, Richardson's femininity precluded her from constructing her ethos in the *Messenger* entirely out of her physician's status. In order to speak with a physician's authority and candor, she used her position as a charity worker and children's health provider to enhance her credibility and social palatability.

Richardson was a member of the first few generations of female physicians in the United States, a group that struggled to gain the respect of their personal and professional communities. They faced scorn and outrage from within the male-dominated profession, which decried the collapse of the family if women strayed from their homes and posts as "moral guardians of society and the repositories of virtue" (Morantz-Sanchez 50). Their fight for acceptance was played out with plenty of public and media attention (see Brock; Wells). As a result, many of these female physicians relied on an image of domesticity and traditional femininity, combining this with the ethos of the learned medical professional in order to avoid being labelled unnaturally masculine, an aberration in the late 1800s and early 1900s. In fact, Carolyn Skinner contends in her book *Women Physicians and Professional Ethos in Nineteenth-Century America* that "women

physicians took advantage of their location between femininity and medical professionalism to select and combine the most persuasive values of each social position" (9). Many female physicians strove to differentiate themselves from the masculine medical ethos by contributing to the field in ways it was believed to have been previously lacking. By building an ethos around their supposedly feminine characteristics such as nurturance and diplomacy, characteristics thought to be lacking in the calculating and impersonal field of medical practice, female physicians didn't attempt to conform to the professional model, instead existing in the space between woman and physician. This strategy came at a price, however. By implying that female doctors were inherently different from their male counterparts, they could never be fully integrated into the profession (Skinner 175).

Richardson chose a different model. When she put forward medical and scientific information, she did so as a physician who happened to be a woman, not as woman physician. She never intimated that, as a female surgeon, she was better suited to speak about children than a male counterpart would have been, or that she could better treat the children. Her choice not to base her rhetoric on her femininity also had its repercussions. If her femininity was not her strength or the basis for her skill, then she had no business behaving as a man did. This would have left her open to the criticism that she was too masculine, or that, as a woman, she was not as capable of practicing medicine as men were. These would have been the community's objections to Richardson had she not found another way of establishing her credentials as a traditional woman.

Rather than actively preserving her image as a woman by emphasizing her feminine approach to medicine, Richardson used her role as a charity² worker to solidify her femininity, and incorporated a narrative of Mercy Hospital as a charitable institution into the *Messenger* to bolster the hospital's credibility as a public institution. Active charity work was a much more acceptable occupation for a woman of the upper- and middle-classes in the 1800s and early 1900s than medicine. Women could travel and speak in public without fear of social repercussions if they were doing so to improve the lives of those in need (Gleeson 194). Richardson used this social norm to her advantage, being as outspoken and demanding as she felt necessary in *Mercy's Messenger*. The blunt rhetoric used in the pamphlet would affront no one if it came from the pen of a male physician, but Richardson could not rely solely on the traditional physician's ethos to spread her message. She instead had to draw upon her pediatric philanthropy to speak with the force and authority her professional qualifications would otherwise have entitled her to.

To better understand her rhetorical approach, one must first understand something of Richardson herself and the hospital she founded. Little about Richardson's personal life before the founding of Children's Mercy Hospital is known, and only a few census records and a marriage license allow one to trace her whereabouts over the years. Richardson was born in 1856 in Kentucky, eight years the junior of her sister Alice ("US Census 1870"). Their father Stephen, a widower, made sure his daughters graduated high school. The family was forced flee to Pennsylvania after Stephen began advocating for the abolishment of slavery (Swanson

3). The sisters put each other through higher education by teaching, with Richardson first attending Mount Union College and then earning her medical degree from the Women's Medical College of Pennsylvania in 1887, and Graham earning a degree from the Philadelphia Dental College (Coleman 1; Swanson 3). As one of the few respectable employment options open to women in the nineteenth century, teaching was a common way for the first female physicians to pay for medical school (Morantz-Sanchez 97). The sisters and their husbands moved to Kansas City, Missouri, sometime around 1895, for reasons unrecorded. Both husbands died shortly after relocating to Kansas City ("US Census 1900").

Despite being marginalized by Kansas City's male medical establishment, the women ran their own medical practice (Coleman 2). Many of their patients were the children of poor families or children who had no family at all. Richardson and Graham decided that someone needed to take care of these children, raising money from the community to rent space in a local maternity hospital, calling their project the Free Bed Fund Association for Crippled, Deformed, and Ruptured Children. When the maternity hospital folded, the sisters bought the building. Eventually they began construction on a brand new building, rechristening their institution Mercy Hospital in 1901. The hospital moved into new, larger buildings at least twice while the sisters ran it, adding on a nurses dormitory and a small park. Nurses were employed by the hospital; physicians donated their time and worked on a rotating schedule. Children's Mercy was also a teaching hospital, helping to train Kansas City's up and coming physicians and nurses

in pediatric medicine. Graham was president of the hospital until her death. She was the diplomat; even-tempered, kind, cheerful, and adept at dealing with people (Swanson 11). People gave readily when she asked for donations. Richardson was her polar opposite. Quick to anger, highly opinionated, and unwaveringly blunt, she did not ask for the community's support. She demanded it.

When Graham died in 1913, Richardson took over as president of the hospital. This included becoming the editor and author of *Mercy's Messenger*, a combination fundraising pamphlet and newsletter published by the hospital at semi-regular intervals. From 1913 until her death in 1933, Richardson wrote for and oversaw the printing and distribution of 35 issues of the *Messenger*. As such, her voice and rhetorical style are plainly visible within its pages. She was, by all accounts, an extraordinarily kind person, with a quick tongue and little patience for trivialities. Having no other family after her sister died, the children were her world, and she was fierce in her defense of them. With the hospital bringing in no income other than donations, Richardson had to spend time cultivating relationships with Kansas City's upper- and middle-class, and soliciting donations from local organizations such as women's clubs and schools. As a rhetor, Richardson walked a fine line. She needed to present herself to the community both as a woman, who inherently occupied a lower rung on the social ladder, and as surgeon, an individual who commanded the utmost respect when male. As a solution, Richardson used her platform as a charity worker to preserve and take advantage of both rhetorical positions.

She's the Children's Doctor: Richardson's Position as a Physician

Rare were the occasions that Richardson directly called attention to herself as a physician within the pages of *Mercy's Messenger*, choosing instead to establish her medical qualifications in more subtle ways. She drew attention to her status by adding herself in with mentions of the other physicians who volunteered at Mercy Hospital, or by educating the public on medical and scientific matters. Her only concessions to her femininity were her implicit advocacy for women in science and medicine and, it might be argued, her loosely educational articles designed to be accessible to the widest population possible. The *Messenger's* function as document intended to inform the public of the hospital's activities and to raise money necessarily influenced the rhetorical decisions Richardson made while writing and editing it. Mercy Hospital needed the Kansas City community to accept and support it, so Richardson had to make it and herself as palatable as possible without compromising her own identity and values.

Richardson's attempt to establish a professional ethos while asking for the public's support was complicated by her status as a supposedly weaker woman, a discursive position she was not alone in facing. The medical profession had made a practice of describing women's bodies as inherently more delicate than men's. Their "passivity of mind and weakness of body left them powerless to practice surgery" (Morantz-Sanchez 53). Richardson faced her share of social conservatives who told her that women had no business practicing medicine (Swanson 4; Coleman 2). And yet there she was, practicing away. Richardson never directly

addresses her femininity in the *Messenger*, only speaking as though she were merely a philanthropic physician. Her stance on women in medicine, however, is woven throughout the *Messenger*. Wherever a general scientist is mentioned as an example, a female appears next to the male. This appears, for instance, on the front of the April 1930 *Messenger* [on curing polio], “It would seem as if in every large city would be a place where scientific men and women would be seeking a remedy,” and in the January 1917 issue where she makes a case for funding a research lab for Children’s Mercy, saying that “[i]n every state there are as good men as are in the Rockefeller Institute, and Madame Cure is not the only great scientist among women” [misspellings of Rockefeller and Curie in original]. The subject of women in medicine was far from the focal point of the *Messenger*’s advocacy, but it was certainly not invisible. These small references to women in medicine and science sprinkled throughout the *Messenger* accustom Richardson’s readers to the idea of scientific women, while simultaneously reinforcing her own right to practice. At a time when the public’s views on the medical profession as a whole were not yet solidified, the public’s opinion on women’s right to practice medicine was a major deciding factor in the economic success of female physicians.

When looking for financial security, one of the biggest challenges a physician in the late nineteenth and early twentieth centuries faced was to make a name for her or himself. Around the time of Richardson’s graduation from medical school in 1887, only 37 out of 105 medical schools admitted women (Morantz-Sanchez 65), and there were approximately 5,000 women practicing medicine in the United States,

making up just five percent of the country’s doctors, the majority of whom practiced on the east coast or in California (Wells 8). Most of the schools offering coeducation were, as state funded organizations founded after the Civil War, forced to do so by their charters, and many potential patients were still reluctant to visit a female physician (Morantz-Sanchez 65). After moving to Kansas City, Richardson and Graham found themselves ostracized by the local medical community and strapped for patients who were able to pay (Coleman 1). Establishing a patient base was (and still is) the way to a flourishing medical practice. Advertising one’s services outright, however, would earn one the disgust of the medical community. According to Brock, “[i]n spite of attempts at reform, the profession was still uncomfortably tradesmanlike for some. If the numbers of attendant ‘zanies and monkeys’ had been conspicuously reduced, the penchant for puffing, marketing and circuiting was still persistently clinging to the image of the doctor” (325). The medical profession in the Western world was still in the process of separating itself from these quacks and charlatans, people advertising themselves as physicians who were, in fact, merely traveling salesmen or practitioners who eschewed empirical science (see Shryock; Rothstein; Brock; Mohr). As a profession whose place in society had not yet completely solidified, doctors “were much concerned with maintaining a front of propriety and respectability” (Starr 85), and openly campaigning for the public’s custom was, they felt, neither proprietous nor respectable.

Rather than advertising her services as a physician, Richardson found a much subtler way to develop a patient base. Her name

recognition as the physician who founded Children's Mercy helped her attract enough paying patients to support her financially while she devoted as much time as possible to running the hospital. A signed statement by Richardson in the April 1930 issue of the *Messenger* indicates that she sometimes fielded questions about her monetary stakes in the hospital:

I ask my friends to contradict the statement that I confine my practice strictly to Mercy Hospital. I have never had a salary, and always have practiced, and must continue to practice as do other physicians. My special work at the Mercy is surgical Hare Lip and Cleft Palate. My private patients, medical and surgical, go to other hospitals. My office is at 121 Clinton Place. Misunderstanding or misrepresentation of these facts force me to this explanation.

Dr. Katharine B. Richardson

The *Messenger's* status as fundraising document also serves as a reminder to its readers that Richardson and all the physicians who practiced under her were fully qualified doctors. As every physician who treated patients at Mercy was an unpaid volunteer, all of whom held more financially rewarding positions elsewhere, this professionally acceptable avenue for advertisement was welcome and painted these charitable physicians in a favorable light to potential paying patients.

In addition to using her reputation as a benevolent physician to attract paying patients for both herself and other volunteer physicians, Richardson publicized medical advice and knowledge, showcasing her medical credentials without directly

attributing the veracity of the information to her medical credentials. By publicizing medical advice and knowledge, Richardson adopted two of the strategies outlined by Susan Wells in her book *Out of the Dead House*: she conformed to the medical views of the time and avoided labelling herself as female, while still seeking “to transform the nature of medical writing” (6) by writing for a broad audience, popularizing medical knowledge, and lecturing. In the early days of Richardson's presidency, many long-held beliefs about disease and the human body were being turned on their ears. One example of this is the public understanding of germ theory. The idea that specific tiny organisms caused diseases and that humans could spread these organisms was still relatively novel and frequently misunderstood by the general public. The *Messenger's* status as an occasionally informational publication bolstered the hospital's credibility as a medical institution, and therefore Richardson's credibility as a physician. The March 1917 issue of the *Messenger* contains several instances of medical advice or information. On the front, a short article details the success Mercy Hospital had in containing and treating a small outbreak of diphtheria and measles:

There are no contagious wards at Mercy Hospital, but recently it seemed imperative that we take care of our own. Miss Burman knew her principles and enforced them. A balcony was divided into little canvas rooms, with one side open to the weather. Into these were put, separated, the diphtheria and measles patients. Cheap hand basins, wash tubs, wooden floors, and canvas. No tile, no cement, no frills—but

surgical cleanliness, bichloride mops, anti-toxin, microscopes, and an **educated conscience**. Up to date, March 16th, there have been twenty-two cases of diphtheria and nineteen cases of measles, and only one death, though the contagion, in every case, came to children who were already seriously sick. (bold in original)

This passage was written by Richardson, and although her specific actions as a physician working during the outbreak are never mentioned, there are implicit indications that she is a knowledgeable and effective medical professional. Pride in the hospital's success and scorn for hospitals that use "frills" are the only clear emotions expressed in the article. She is direct and to the point, telling the reader what happened (a measles and diphtheria outbreak), how the hospital and its staff responded (they set up a make-shift contagious ward under the principled guidance of Miss Burman), and what the outcome of that response was (one death out of forty-one infected children). She gives specific but not dramatic details. It reads much like a medical case report, but it is written in language that is largely accessible to a reader who is educated but not medically literate. Terms such as "surgical cleanliness," "bichloride," and "anti-toxin" are easily recognized as medical or scientific terms, even if one does not know exactly what they mean. The detached and concise structure of the article as well as the technical phrases used point to a medical professional author, one who is comfortable within that world and its discourse. Thus, the author can be identified as a medical professional without having to mention her specific credentials.

The limited technical vocabulary in the article does not occlude the passage's message or discourage a reader. One does not need to understand these terms, because the main idea the reader is supposed to walk away with is that an "educated conscience" is the most essential tool for combating illnesses such as diphtheria and measles—a tool that can be acquired by anyone. The article's function is to educate without alienating. Richardson's description of Mercy's outbreak in such accessible phrases would have been a contrast to the highly technical language many medical schools and physicians used to refer to their actions, making her seem more approachable. Despite its accessibility, this and most other informational articles in the *Messenger* refrain from making an appeal to pathos. The audience's sympathy is neither sought nor required for the patients affected by these diseases. There are no details about the children that indicate their appearance or mood or actions, and there are few of the emotional indicators that one would expect from a charity pamphlet. The detachedness of the passage perhaps indicates that Richardson doesn't feel the need to justify the hospital's actions, only to inform the public of its inner workings. Declining to justify one's actions was common practice for doctors and scientists in the nineteenth and early twentieth centuries, particularly for male physicians. According to Wells, "Medical knowledge was presented as a source of certainty that need not explain or defend itself" (22). Here, however, Richardson's medical knowledge has already proven its accuracy; only one patient in forty-one had died. One can see traces of the arrogance of the physician in Richardson's words, but it's tempered by her true expertise and, more importantly, by her efforts to share her expertise with as

wide an audience as possible. She is both highly professional and connected to the public in a way that might endear her to the community.

Although Richardson maintains a professional distance in many informational recountings and educational articles, when advocating explicitly for her charges, she relies on her personal experiences with them, telling stories in the *Messenger* of individual children, such as a girl pseudonymously called Helen Keller who required a wheelchair, and a little boy named Brady whose parents abused him. When the *Messenger* speaks in generalities, it does so using information gleaned from specific groups of patients. These examples are often used to advocate for some wider societal change, such as its affirmation of alcohol prohibition, in the August 1931 issue, or an admonition to the community for its cruel treatment of adults and children with intellectual and developmental challenges by putting them in prison, in the June 1914 issue. Richardson was not alone in using this tactic for reform. Skinner calls it “professional witnessing,” saying that it “occurs when a rhetor described what she had seen in her professional practice to authorize her calls for reform” (48). These first-hand tales of the medical challenges of certain groups “reminded audience members of women physicians’ unique access to knowledge while elevating their claims above those that might be dismissed as ‘merely’ personal experience; a professional’s autobiographical experience was more valued than most individuals’ daily anecdotes, particularly those of nonprofessional women who might be perceived to be biased or overemotional” (Skinner 62). Richardson’s ethos as an experienced medical professional gave her the

authority to call for change in the public treatment of children. Not only did she have the authority, she felt that it was her moral imperative to aid all children with every resource available to her. Richardson’s written and verbal advocacy was made all the more credible by the way she modeled the desired behavior of her audience in her free aid of the children.

They’re the Doctor’s Children: Richardson’s Position as a Woman and Philanthropist

Despite her qualifications as a physician, within the confines of *Mercy’s Messenger* Dr. Richardson’s main rhetorical position was as a charity worker and children’s advocate. Charity work was deemed an acceptable pastime for upper- and middle-class women in the Western world throughout the eighteenth and nineteenth centuries. B.J. Gleeson in particular presents an interesting case study on the actions of a Melbourne, Australia, women’s group. His article claims that “[m]ost historians would now agree that public and private spaces were ideologically gendered by nineteenth-century moral opinion, but that many bourgeois women were nonetheless able to escape the sentence of domesticity through social practices such as philanthropy and ‘moral reform’ work” (194). Charity was a rhetorical space where white women in the Western world were free to speak publicly, take on leadership roles, and venture into all areas of a community. In fact, according to Andrea Tanner, these women were *expected* to participate in this public activity. During the late nineteenth and early twentieth centuries, the philanthropic social spaces women had claimed began to shift from charity into social reform work, from

private organizations to public initiatives. The formation of state-sponsored welfare programs and the rise of women's social action movements in North America and parts of Europe were intertwined, with the former shaping a great deal of governmental policies regarding the welfare and rights of women and children (Koven 1076). Many argued that women's sacred maternal duty to raise the next generation and to act as moral standards for society meant that they were required to care for those outside their homes as well as those inside. Middle-class women especially, with their financial and social stability, gained footholds in the public sphere, often by standing on their credentials as mothers. This facet of the women's social movement is termed *maternalism*. According to Seth Koven, "In the United States and Great Britain, women used their authority as experts in maternal and child welfare to forge political identities. These identities, in turn, helped some to build a wide range of women's political and social action organizations and movements" (1108). Richardson, although not strictly a maternalist, was a woman tending to children in need, and thus was able to use the maternalists' general platform to stabilize her own ethos as a public figure.

Richardson took full advantage of her ability to command the public's attention. The June 1919 issue of *Mercy's Messenger* contains a short request for speaking engagements:

WANTED—Sunday opportunities through which Dr. Katharine Richardson may speak to people outside the city—not to solicit money, but only to tell the story of the little sick and crippled people at the Children's Mercy Hospital, and to ask the sympathy and help of those who

hear. Provide the audience and give the invitation. Dr. Richardson will gladly come, with no expense or trouble to anybody.

Despite the assertion that Richardson is merely looking to expand the public's awareness of her children, her plea for donations is implied. This advertisement insinuates that once an audience hears Richardson's stories, they will wish to help of their own accord. *Mercy's Messenger* printed many such WANTED ads over the years, requesting that Richardson be given opportunities to "tell the story" of her patients. Far from shying from an oral platform, one can see here that Richardson actively sought out a public forum from which to preach her message of free care for children. Her constant physical public presence in Kansas City and the surrounding towns made it impossible for people to escape her calls to action. Published in the October 1927 issue of the *Messenger*, an excerpt of an article from the now-defunct magazine *The Farmer and Stockman* had this to say about Richardson's public appearances: "Before Prohibition came to rule, Dr. Richardson spoke impartially before groups of bankers or merchants, and went directly from their dignified surroundings to talk just as energetically and just as acceptably to the Carpenters' Union or to a roomful of enthusiastically sympathetic bartenders." Her eloquence and impartiality made her well-received within every echelon of the Kansas City society. Throughout her years working at the hospital, Richardson gave dozens of lectures to varying sizes of gatherings. She spoke at churches, schools, women's clubs, and for many other organizations, encouraging her

audiences to see the children she treated not just as a drain on the public, but as potential additions to the workforce, people who, if they were made healthy, might become kind and strong members of their communities. Richardson, through her speeches and the *Messenger*, worked hard to change the middle- and upper-classes' views on the poor and their children.

The driving forces behind Richardson's public outreach, the children, shaped her rhetoric in a variety of ways. Advocacy for the children of the poor in the early twentieth century generally focused on their helplessness, often belittling them and their families in the process. The parents of these children were painted as lazy, immoral, and dirty by most charity hospitals and children's welfare programs. According to Tanner, "Subscribers to children's hospitals were wooed with tales of parents as decent hard-working people who could not afford to pay for the medical care of their children, and thus, worthy of assistance. However, in contrast, parental neglect or vicious behaviour was also seen as the cause of their children's sickness" (82). This indecision about the moral character of poor parents—indeed, the notion that "subscribers" had any right to pass judgement on the parents' character at all—is indicative of a general dehumanization of the lower classes by those with higher socioeconomic status.

In the *Messenger*, however, neglectful or abusive parents are generally only mentioned in relation to specific children, and the actions of larger groups of unfit parents, such as alcoholics, were painted as the failures of the culture or society at large rather than as the failure or immorality of the poor. Moreover, Richardson and the *Messenger* tended to stray away from

painting its charges as pitiful or helpless, differentiating it from many other of the time's charity publications and their pleas for donations. Richardson tried to put the children's individual struggles into perspective for people who might not otherwise see them as full human beings. She frequently publishes short anecdotes about people who opposed the hospital's aid of the poor, came to visit the children, and left with a more favorable opinion. These appear in roughly two-thirds of the *Messenger* issues. Below is one example:

But don't think we are begging for your help—not at all—it's just your blessed privilege to come along without being asked. The man who found that unknowingly he had brought health and strength to the three children that he had said ought to be chloroformed, went away from Mercy Hospital with wet eyes and a little warm feeling in his left side. That's the way it always is—that's the recompense. (Oct. 1915)

The unnamed visitor was given the chance to interact with people he had previously dismissed as unworthy, and revised his opinion of them. He put a face to the name.

The humanization of the hospital's patients is one of the *Messenger's* major rhetorical strategies. First and foremost, it named the patients of Mercy Hospital as "citizens," frequently explaining to readers that "Mercy Hospital's only job is making citizens out of little sick children. It has no other reason for existence" (July 1923, 4). One can see in the above passage that Richardson adheres to the child-saving rhetoric of the time, playing up the potential of the next generation to heal the

generation before it, to lessen the poverty of their parents (Bellingham 304). Here, however, the *Messenger* differentiates itself. It claims that the children Mercy Hospital treats free of charge are *already* worthwhile, are *already* capable, that they are *already* complete human beings, ones who just happen to need medical attention. The September 1920 issue of the *Messenger* implores its readers:

If you really understand children, you'll look right through their eye-windows and see the real child peeking out at you. Then you'll want to help us make good the body-house those children live in; but you won't spend time declaring your sympathy—especially in the presence of the little patient, for to call unnecessary attention to physical defects is but another form of vulgarity.

Richardson saw these children as fully functional souls and entreated her audience to do so as well. Here she does not ask the reader to see past the child's physical defects and see the potential they have, to imagine a child transformed. She instead asks them to see what is already there, the "real child" within the "body-house." The first few words imply that all children are already people, not just the ones at Mercy Hospital. When Richardson states, "If you really understand children," she is referring to *all* children. She does not differentiate children as a whole from Children's Mercy's children. By invoking the nature of *all* children, she makes it impossible to dismiss the children she speaks of as lost causes or to ignore their suffering, for they could just as easily be the reader's children. By "declaring [their] sympathy" or "call[ing] unnecessary

attention to physical defects" in the child's presence, the reader denies the child's worth and intelligence, in much the same way that speaking about someone in the third person while standing in front of the person in question is incredibly rude and, often, mean-spirited. Richardson is asking her adult audience to accord these children the same level of respect they might give to each other, and through this does not allow them to disregard the children as somehow less than themselves or their own children.

She is also asking her audience for action. To her and the children, "sympathy" is not a useful way to "spend time." It's completely passive. Richardson's rhetorical arguments are based on the premise that the reader has the ability to help, to *do* something. She has no patience for anyone who isn't willing to participate. This is also evidenced in an article from the October 1927 issue about attempts to eradicate communicable diseases such as the measles and mumps: "If you can't help us, do keep still. The greatest irritation to the real worker is the individual who stands around and says 'It can't be done.'" In other words, if you aren't going to help, then stay out of the way. She didn't soften her frustration with sympathetic onlookers, but rather encouraged others to share her frustration with those who only expressed pity and did not act.

The cornerstone of Richardson's fundraising rhetoric had less to do with the emotional implications of aiding children with disabilities and more to do with a community-serving logic. She argued that "[t]he biggest work of a Hospital like Mercy is the making of self-supporting, useful men and women—fit contributions to society" (Sept. 1920). Essentially, if Kansas City pays to heal the children, everybody wins. Further

on in the article, Richardson tells readers that, “Yesterday we received the graduating card of Milton, and from Raton [NM] comes the word that his hurdle is not holding him....” Here she gives proof for her words. The boy has grown up to be a citizen. If the reader donates, they can have a part in giving children like him a hopeful future. Essentially, caring for these children *now* is an investment in a future in which the children participate. This logical approach to charity fits in with Richardson’s persona as a no-frills physician. As seen in her description of the diphtheria and measles outbreak, she treats raising money in the same way she would treat an illness. Cleaning away germs means patients stay healthy. Clearing away any emotional opposition to the hospital’s free care raises money. It is unclear whether Richardson was truly as brusque as she seems, or if she maintained this façade in order to appear more as a hardened physician. By all accounts she loved the children, and cared very deeply for their physical and emotional well-being (Swanson), even adopting a young boy from an abusive family (*Messenger* May 1928).

Conclusion: The Integration of Femininity and Medicine

Dr. Katharine Richardson’s rhetorical efforts to integrate Children’s Mercy Hospital into the fabric of the Kansas City community using the hospital’s newsletter *Mercy’s Messenger* were strongly influenced by her position as a woman and as a physician. Her ability to balance these two social platforms

propelled the institution into the forefront of charitable pediatric medicine in the area. Female physicians were few and far between at the time and place that Richardson practiced, and as such she is one of the earlier examples of how the women of the medical community began creating a place for their voices. Studying the rhetoric of women physicians helps to contextualize the dichotomous discourses of science and gender. According to Wells, “as medicine became professionalized, it portrayed itself as masculine, as an uncompromising search for truth and certainty rather than a project of feminine comfort or care” (10). Richardson, however, was unique in her quest for both scientific truth and comfort for her children, indicating that medicine and femininity need not necessarily work in opposition to each other. By constructing her ethos within the philanthropic and child-centric sphere of a free pediatric hospital, Richardson protected her identity as a woman, while clearly and publicly proving herself an intelligent and capable surgeon. By showing herself to be an informed physician and a dedicated community member, she was able to raise enough money to care for at least 100,000 children free of charge, and made it possible for the hospital to treat thousands more. The piece she wrote to be published upon her death in October 1933 begins: “What I leave behind me will be measured by the influence left on other minds.” Her contribution to the medical community had great influence on other minds, an influence that rhetorical scholars would do well to examine further.

Notes

¹African American children were unfortunately barred from being treated at Mercy Hospital due to the views of its Board of Governors and some major donors. This frustrated and saddened Richardson enormously. Instead, she helped open a pediatric ward in the local African American hospital, where she treated children and trained black doctors and nurses in pediatric medicine. Soon after this ward was opened, Richardson dedicated space in almost every Messenger issue for updates on the ward by one of its social workers, Minnie L. Crosthwait. (Perry 126; Messenger)

²Richardson was strongly opposed to the word *charity* being applied to Mercy, feeling that it implied helplessness or laziness in the patients and their families. Lacking a more appropriate term, however, charity will be used in this paper to describe the hospital and Richardson's work in it.

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