of a chair) between them. This bench seating, where outpatients sat next to strangers without separation, echoed the public wards in which acoustical, visual, and tactile privacy was minimal.

In his ideal plan for a rectangular outpatient department, published in *The American Hospital of the Twentieth Century,* the waiting room is a grand, two-story space with galleries on the second floor.[18] The architect said the separate building for outpatients should not be wider than thirty-six to forty feet, and preferably L-shaped. Stevens's outpatient departments also followed regional trends. In institutions he planned for the southern states, for example, such as the Macon City Hospital, in Macon, Georgia, the outpatient departments had separate waiting rooms (and entrances) for "coloreds" and "whites," exactly like train stations and other public places in which people waited.

Obstetrical Patients

These same spatial urges to be separate, yet together, to reserve the top for the rich and the basement for the poor, marked the new architecture designed for female patients, the maternity hospital. From 1918 to 1940, the number of North American women giving birth in hospitals, rather than at home, grew astronomically. By 1940, 92 percent of all live births took place in the hospital in at least one major Canadian urban center.[19] By 1960, specialists managed nearly 100 percent of deliveries in American hospitals.[20] This massive transformation of the hospital as the place of birth had remarkably little effect on the shockingly high infant and maternal mortality rates that inspired it; the presence of thousands of pregnant women, however, had a profound impact on the development of hospital architecture. "During the interwar period and the following years, the science of obstetrics took pride of place," summarizes Wendy Mitchinson in her classic history of childbirth in Canada.[21]

Designed by Stevens for the Royal Vic in 1926, the maternity pavilion was located high on the site, next to the Ross Memorial Pavilion. Given the clear division by social class we observed in the paying patients pavilion typology, it is not surprising that private obstetrical patients occupied the uppermost floors; they entered the building from their own private entrance, facing Mount Royal on the first floor of the building, like the patients entry at the Ross. This entrance for paying female patients was originally reached by a private road, and the lobby was sumptuously finished in wood paneling. A photo published in *The Canadian Hospital* the same year as the building opened shows the elegant entry sequence designed for paying patients (Figure 2.5). Although the photograph is labeled "vestibule," it depicts the space described on Stevens's plans as "entry hall." Directly on axis with the entry was a view through the waiting room windows to the rest of the hospital, the university campus, and the commercial core of Montreal, evidence of its position of privilege.

Poorer patients, on the other hand, entered the building virtually underground (fifty-six feet below paying patients), at the University Street entrance, which was accessible by

streetcar. Like the general outpatient department, it was perilously close to the hospital's powerhouse, laundry, and garage. The level intended for public patients was that labeled the second floor by Stevens (Figure 2.6). The two wards here, located at both ends of the plan and giving onto generous solaria, held sixteen patients, in four-bed cubicles (partitions were of hardwood and seven feet tall). A photograph of the ward shows the arrangement of beds and also a sink and mirror on the column, presumably shared by the patients in the ward (Figure 2.7).

FIGURE 2.5. The aligned doorways of the elegant lobby of the Royal Victoria Montreal Maternity Hospital offered spectacular views of Montreal.

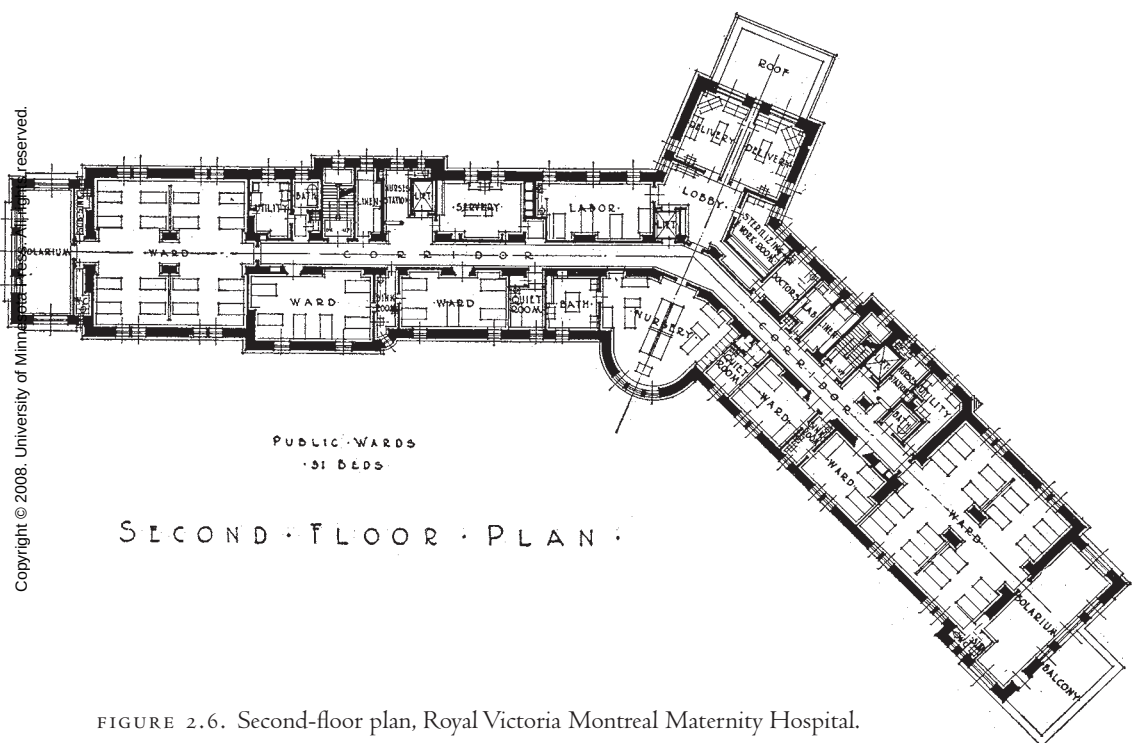


FIGURE 2.6. Second-floor plan, Royal Victoria Montreal Maternity Hospital.

In terms of these vertical relationships, then, the new hospital for women was a model of the city, the entire hospital, and other modern structures.[22] Wealthier patients occupied the uppermost levels, literally looking down on the sick poor, in the same way that expensive homes in Montreal and elsewhere took the loftiest sites, at considerable distance from industrial sectors. The cross section of interwar hospitals, indeed, resembled the vertical progression in luxury ships like the *Titanic,* designed contemporaneously to the Ross, where the third-class berths were located well below the other quarters.

An unusual and revealing source, a description by hospital supervisor Caroline Barrett, outlines a typical stay at the women's pavilion by a public obstetrical patient in 1932. It provides remarkable detail about the way a typical patient moved through such structures, confirming how they operated as two buildings in one.[23] After repeated visits to the hospital clinic, a woman in labor would be taken directly to the admission room, where a nurse would prepare her for an examination. These facilities were located one level above the public entry.[24] As if to compensate for its subterranean location, Stevens provided outpatients with a handsome, sky-lit waiting room (Figure 2.8), complete with four

FIGURE 2.7. The multibed wards for nonpaying maternity patients.

classical columns. True to form, however, the seating was eight straight-backed benches. From here, the patient would then move to a dedicated labor room (second floor), where she would be watched until delivery. After delivery (in the room on the second floor), the public patient would remain for one hour, and then be moved to the ward. If feverish, she would be transferred to the isolation department. The typical length of stay of a maternity patient in 1930 was ten days.[25] Presumably she would exit the building the way she entered, by what Stevens referred to as the subground and tunnel levels (Figure 2.9). It was thus unlikely that middle-class and working-class female patients' paths would ever cross in the modern maternity hospital, just as first-class and third-class passengers on ships like the *Titanic* would not come into contact.

This careful separation of paying and nonpaying patients was standard in the interwar period. Stevens returned to the overall plan of the building, which he called the "bent angle plan," on other steep sites. He used it for the 165-bed Lying-in Hospital in Providence, Rhode Island (Figure 2.10).[26] This V-shaped, long and narrow, double-loaded corridor arrangement maximized light and air. At the apex of the wings were

FIGURE 2.8. Outpatients' waiting room with benches and skylight.

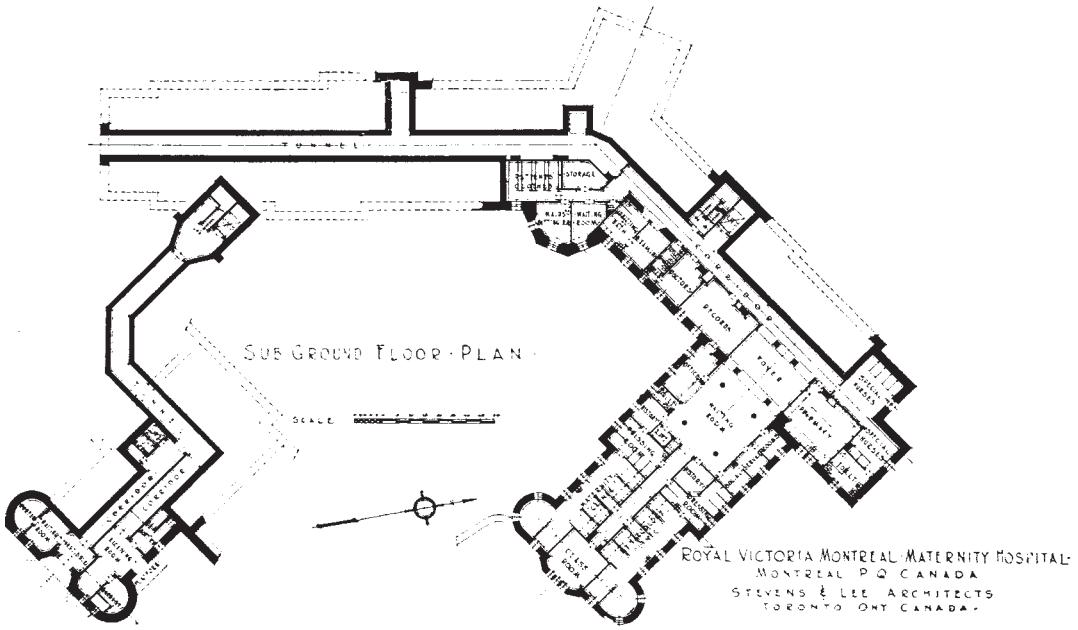


FIGURE 2.9. The entry sequence for poorer patients at the Royal Victoria Montreal Maternity Hospital was subterranean.

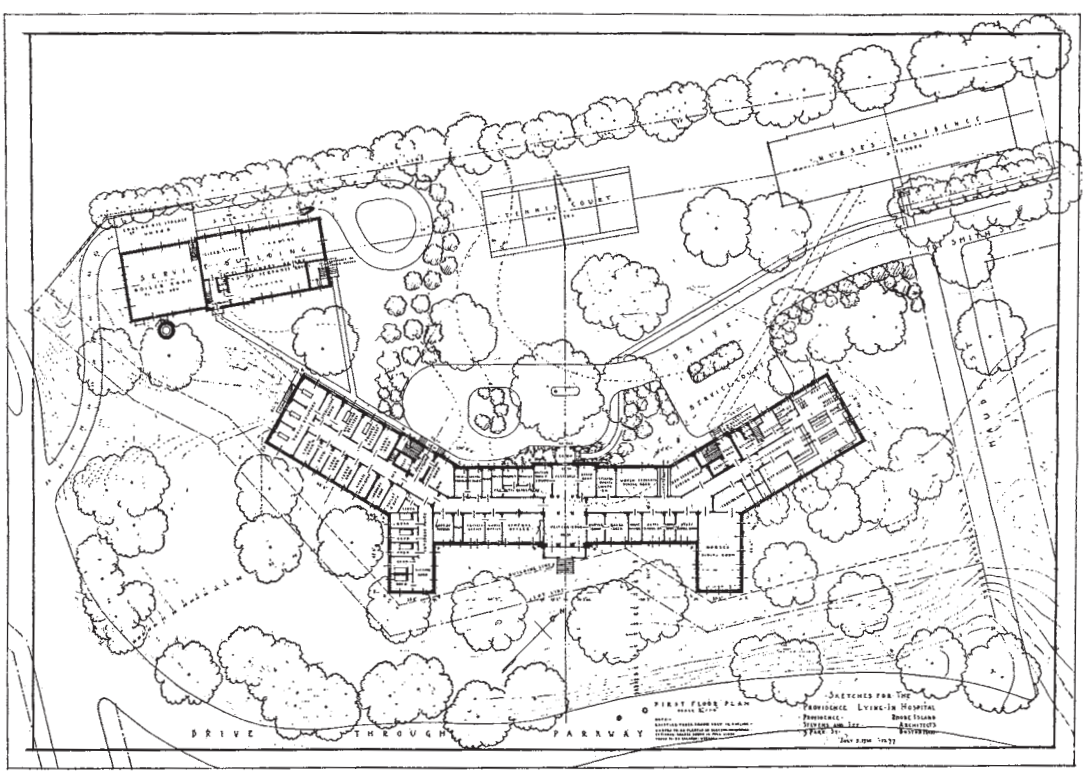


FIGURE 2.10. Plan of lying-in hospital in Providence, Rhode Island.

located major public spaces: kitchen, waiting room on the first-floor (middle-class) level, nurseries for two floors above this, ward, workroom, and finally a living room for nurses (one hundred nurses lived in the building). A photograph of the nurses' living room shows it furnished in relatively simple dark leather armchairs and couches (Figure 2.11). A wooden table with flowers is at the center of the room. Above the elaborate lobby were delivery rooms for public patients, small wards, and a surgical amphitheater with skylight (Figure 2.12). The accommodation for patients occupied the rooms along the corridors. The new hospital was built to accommodate 208 patients in total (obstetrics: public, 61; private, 43; gynecology: public, 46; private, 48; isolation, 10).

Like its immediate neighbor, the Ross Pavilion, Stevens's maternity pavilion (Figure 2.13) looked like an old castle from the exterior. It, too, boasted a central tower, crowning the apex of the angle, rather than marking the building's entrance. The tower's clock lent the building a considerable civic presence. Perhaps as a mark of resistance to the medicalization of childbirth, Stevens himself said that maternity hospitals, among specialized buildings, "should have the social element emphasized; that is, there should be

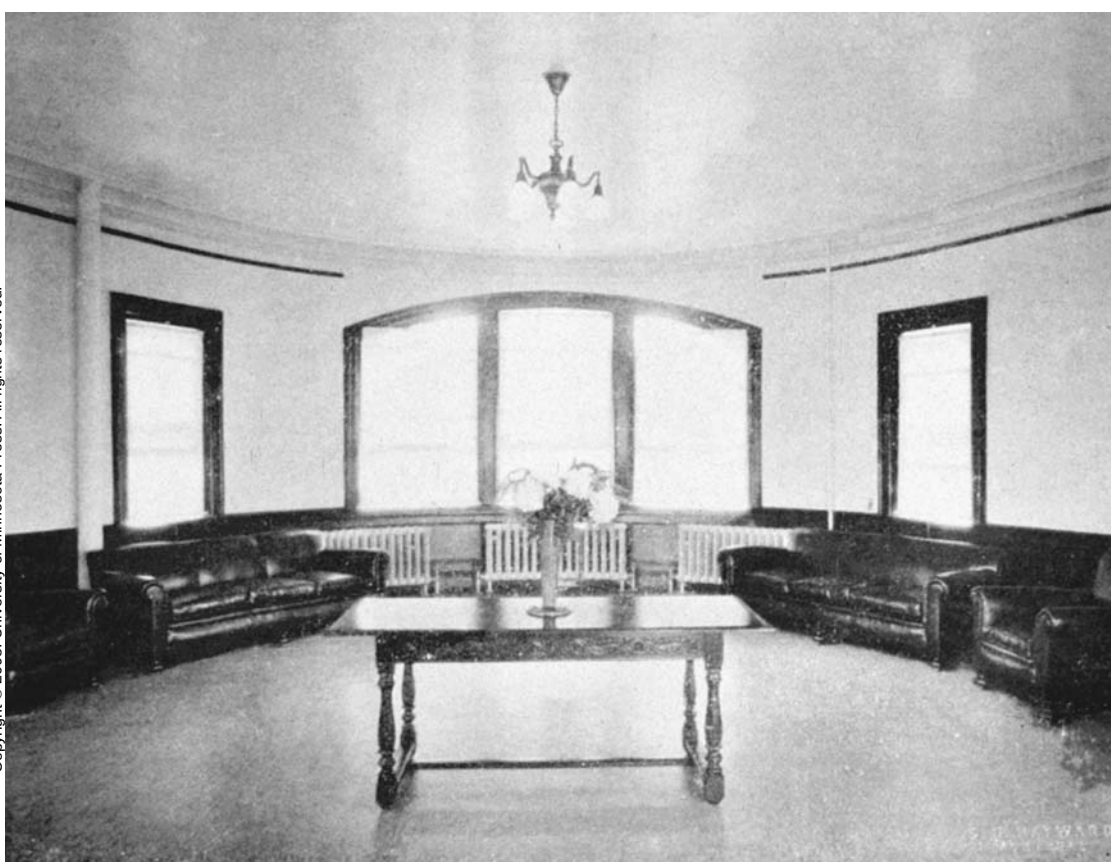


FIGURE 2.11. Nurses' living room.

larger social halls, more lounging space."[27] He emphasized the significance of portraying a "homelike" atmosphere, perhaps in an effort to attract paying patients, like the Ross, but also because he saw childbirth as "a natural function and a part of the home life."

Mitchinson has identified this perspective on birth as a natural event as one of two divisive views on childbirth in the early twentieth century.[28] It is ironic that the opposing view, which positioned childbirth as a pathological event, was what gave real impetus to the construction of maternity hospitals. Childbirth as a pathological event justified the extensive record keeping and observation that the new hospitals supported. Physicians offered women "vigilance and intervention" as part of a hospital birth; the experience also offered them something of an escape from the responsibilities of life at home.[29]

Home births, which dominated the era before World War I, were inconvenient for physicians, too. Travel ate up precious time for doctors; carrying heavy equipment for use during deliveries was difficult. Bedrooms and houses in general were not set up

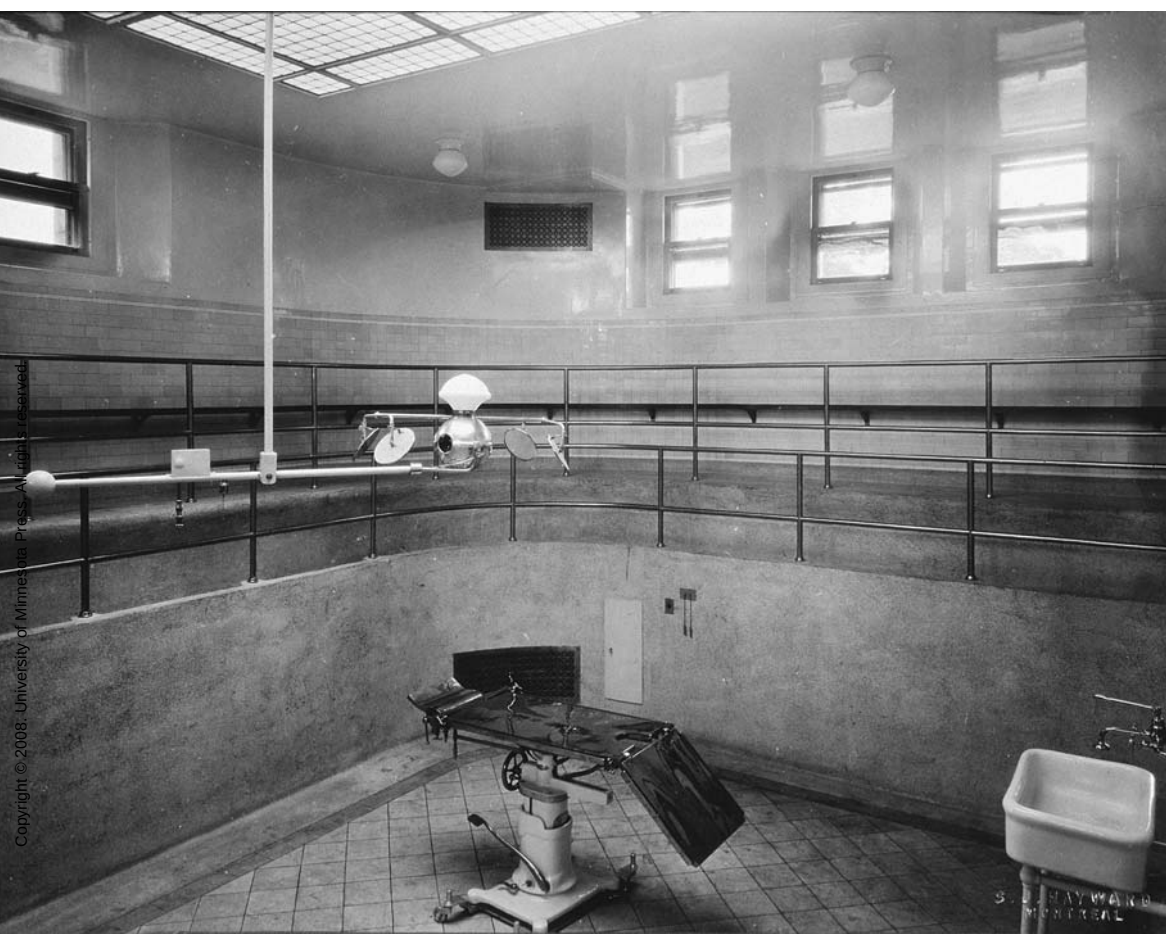


FIGURE 2.12. Operating room, Royal Victoria Montreal Maternity Hospital.

for childbirth, and doctors increasingly relied on a team of colleagues, especially nurses, who couldn't always be present during home deliveries. Husbands and family members, reported doctors, often got in the way.[30] Specialized maternity hospitals solved all these problems. They centralized experts and equipment, offered custom, aseptic delivery rooms, and kept out husbands and other children. Teams of highly specialized nurses and doctors repeated the procedure over and over, working toward predictable results. Careful records were kept, especially regarding the timing of labor, helping obstetricians to predict the ways delivery might go by developing a model of "normal" birth.

The residential image of the interwar maternity hospital countered or at least offset the tensions between understanding birth as a natural or a pathological event. Those who saw birth as a natural event, like Stevens himself, could point to fine wood paneling, tile floors, fireplaces, oil paintings, traditional furniture, and printed textiles in the building. To them the maternity building was just like a grand mansion, only cleaner and quieter. The architect's insistence on a domestic ambience in the hospital made sense in an era when maternity stays were typically ten to twelve days. The inclusion of lounges in the building program for maternity pavilions, for example, shows how architecture served as a tool in the modern concept of recuperation from birth. Lounges with comfortable

FIGURE 2.13. Royal Victoria Montreal Maternity Hospital.

furniture and spectacular views invited expectant and recovering mothers to relax, even recline, and to socialize with other patients. As a transitional space between the solitude of the private room and the return to life at home, maternity lounges offered middle-class patients quiet, comfortable space in which to heal. If birth was indeed pathological, as hospital physicians argued, or anything like surgery, as its increasingly standardized procedures suggested, then it followed that a period of healing was required. The association with domestic architecture, according to Stevens, was especially important in the design of the maternity hospital's entrance. "The entrance to the hospital should be indicative of hospitality and should present a homelike welcome to the would-be guest," he said in 1922. "This should be a home where the expectant mother may enter as she would her own home, with a feeling of safety and comfort."

To adherents of birth as a pathological moment, however, the maternity pavilion offered more than these comforting touches. Patients were "prepped" for delivery like surgery patients; genitalia were scrubbed and shaved. Pain relief was available to delivering women, much more readily than it had been at home. Just as the procedures surrounding birth borrowed from the techniques of modern surgery, delivery rooms resembled operating rooms; the furniture was metal, wheeled, and easily cleaned. All surfaces were tiled and corners were rounded, in order not to harbor dust and germs. Teams of experts were ready for anything.

The basic division of wealthy women on top and poorer women down below was the central idea behind the building's organization. Women who paid for their stays benefited from the magnificent views afforded from Mount Royal, the quiet and the fresh air available hundreds of feet above the street. Reviews of the building following its opening emphasize (and perhaps exaggerate) the importance of its views:

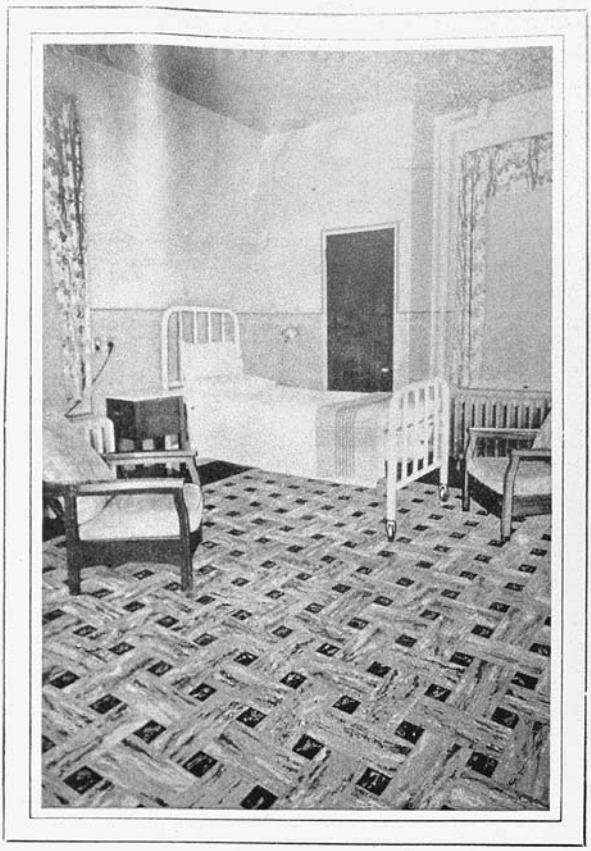
> The Royal Victoria Montreal Maternity Hospital stands, therefore, to-day, upon probably one of the most picturesque sites possessed by any institution in the world. Nestled upon the slopes of historic Mount Royal, it is situated in the centre of the second oldest city upon the North American continent. The mighty St. Lawrence River runs practically past its front door. The horizon, extending southward fully twenty-five miles, is carried to the very foothills of the Adirondack Range.[31]

Many of the same technologies afforded to paying patients at the Ross were also made available to female paying patients in this new building, including sophisticated ventilation, an elaborate call system and locating signal, telephone wiring, special night-lights, wiring for electrocardiograph, fountains with fresh sterile drinking water, microleveling elevators, and soundproofing.[32]

Two photographs of private rooms in the maternity hospital illustrate the ways in which the rooms were furnished. The new women's hospital was frequently featured in advertisements for flooring (see Figure 5.6).[33] An advertisement for rubberized flooring (Figure 2.14) features a room with a single metal bed, two wooden armchairs, and a

A typical private room in the Maternity Pavilion of the Royal Victoria Hospital, Montreal.

W. R. CHENDWETH, DIRECTOR.
STEVENS & LEE, ARCHITECTS.



Since 1922 the Royal Victoria Hospital has installed more than 35,000 sq. ft. of

STEDMAN *NATURIZED RUBBER* FLOORING

SEPTEMBER, NINETEEN-THIRTY

Throughout the world the Royal Victoria Hospital at Montreal is known as one of the most outstanding institutions. In the long line of hospitals using Stedman Naturized Rubber Flooring there is none more representative.

J. A. Stedman
NATURIZED FLOORING PATENTED

The first installations were made in the director's office and the outdoor clinic, where traffic is heavy.

Indicative of the complete satisfaction these floors afford is the fact that in 1927 more than eighty rooms, including doctors' offices, nurseries, solaria, and the private rooms in the maternity hospital were equipped with these modern floors. And now more rooms in the wonderful Ross Private Pavilion are being equipped with Canadian-made Stedman Floors.

Alexander **MURRAY** *& Company*
Limited
MONTREAL, TORONTO, HALIFAX
SAINT JOHN, WINNIPEG, VANCOUVER

FIGURE 2.14. Rubberized flooring was associated with the modern hospital.

bedside table. The door in the photograph may be an internal connection to a nurses' room. An archival photograph (Figure 2.15) shows a slightly less luxurious arrangement, with a metal bed in the room's corner, a regular chair and an armchair, a bedside table, and a dresser with a mirror. Again, there is a door that plans show is some sort of interior connection.

Obstetrical patients constituted a new and significant user group of the interwar hospital, as is clear from the monumental and specialized buildings designed for them. Do female patients merit analysis beyond the theme of obstetrics? From an architectural perspective they do not, even in the face of a notable increase in numbers. While the late-nineteenth-century hospital was essentially an institution for sick, poor young men—about 80 percent of patients fit that description—the interwar hospital attracted more women. But it was only in maternity pavilions and later in nurses' residences that hospital experts saw the need to separate women and to offer them a distinct architectural experience. As we will see in chapter 3, the home for nurses, like the maternity pavilion, engaged domestic imagery to attract, retain, and comfort middle-class women.

FIGURE 2.15. Private room for maternity patients, Royal Victoria Montreal Maternity Hospital, 1926.