It was an exciting day for the Women's Republican Club of Rhode Island when the group welcomed former Montana congresswoman Jeannette Rankin to Providence on November 29, 1921. Rankin, who had served from 1917 to 1919 as the nation's first congresswoman, was in Rhode Island to promote the federal Sheppard-Towner Maternity and Infancy Act. As she stood poised at the podium, her voice expressing great urgency, she imploring the women to "show that mothers and babies can be saved!"

To underscore this point, she informed her audience that "in 16 countries mothers [have] a better chance to live than in the United States," and in "eight countries children [have] a better chance." The stakes were high, she said, and as far as she was concerned, 'every woman in the community must rally to this purpose.'

Prompted by female lobbyists and social welfare workers, Rankin had first proposed maternity legislation in 1918. A watered-down version of her original bill was signed into law after a fierce legislative battle, on November 23, 1921, just a week before her trip to Providence. Eventually sponsored by Democratic Texas senator Morris Sheppard and Republican Iowa representative Horace Towner, this bipartisan act was the first federal social welfare measure passed in the United States. The Sheppard-Towner Act appropriated federal funds for states to conduct infant and maternity welfare programs, which could include prenatal and child health clinics, information on nutrition and hygiene, midwife training, and visiting nurses for pregnant women and new mothers.

The goals of the 1921 Sheppard-Towner Act were lofty; yet judged by today's standards, it was modest legislation. The act appropriated $1,480,000 in federal funds for the fiscal year 1921–22 and $1,240,000 per year for the next five years, ending June 30, 1927. In any given year each participating state received $5,000 outright from the federal government and another $5,000 if that state provided $5,000 of its own. The remaining federal funds were allocated to participating states based upon their population size and contribution amount—although the total cost of a state's program could not exceed $90,000. To participate in this maternity and infancy program, a state had to accept the provisions of the Sheppard-Towner Act and formulate a plan for administering funds on the local level.

With the Sheppard-Towner Act moving from the federal level to acceptance by the individual states, Rankin's trip to Providence was hardly coincidental. Rankin believed that the Rhode Island General Assembly—which was one of only two state legislatures scheduled to meet in 1922—had both the opportunity and the responsibility to set a national precedent by immediately accepting the Sheppard-Towner funds. Yet it was not simply a matter of timing that made the Ocean State seem so important to the success of Sheppard-Towner; several other factors made the act's swift acceptance seem probable there. The Rhode Island State Board of Health was consistently ranked as one of the best in the country. For nearly a decade the board had funded and administered maternity and...
infancy welfare programs since 1919 it did so through a division it set up called the Division of Child Welfare. Largely prompted by major women’s groups in the state, in recent years the General Assembly had passed several pieces of legislation to provide medically sound prenatal and obstetrical care for Rhode Island women, a component of which involved licensing and training midwives. Expenditure time and money on maternal and infant welfare was clearly a priority in Rhode Island.

Given this history, one might assume that Rhode Island quickly agreed to participate in the Sheppard-Towner program; but this did not in fact happen. Of the twelve state legislatures that met in 1822, only the Rhode Island General Assembly failed to adopt the program. In 1923 an additional twenty-nine states accepted Sheppard-Towner funds, but Rhode Island was not one of them. Owing to a lengthy battle about whether or not federal funding for maternity and infancy programs was an unlawful invasion of state prerogatives, the Rhode Island General Assembly did not accept the Sheppard-Towner program until 1925. The Assembly had fought bitterly over the Eighteenth Amendment, with many claiming that federal prohibition violated states’ rights, and it fervently debated the acceptance of Sheppard-Towner on the same grounds.

Material and child health was largely neglected in the United States prior to the mid-nineteenth century. At that time reformers—most of them women—gradually began directing attention to these concerns, first through private organizations and municipal agencies, then at the state level, and eventually within the federal government. Historian Richard Meech classifies the evolution of this movement into three phases: in the first (1850-1880), reformers “discovered” infant mortality and attempted to control it; in the second (1880-1900), reformers focused on infant nutrition, specifically working to eliminate harmful bacteria in the milk supply; in the third (1900-1930), reformers considered a relatively short zeitgeist and infancy bill sponsored by Senator Sheppard and Representative Towner, was signed into law by President Harding in November 1921. As the lone exception to the federal government’s refusal to embrace social responsibility during the business-oriented 1920s, the Sheppard-Towner Act was an important bridge between the fading Progressive Era and the New Deal’s social welfare reforms still to come.

Yet perhaps not surprisingly in this conservative era, Sheppard-Towner faced its share of opposition. The period preceding the bill’s passage saw fierce debate among several groups: advocates of the federal government and those of states’ rights; social welfare reformers and anti-Communist crusaders; champions of fiscal responsibility and those of national social responsibility; the medical community and maternalist social reformers. The debate between the latter two groups was a gendered conflict that pitted the largely male medical community—led by the American Medical Association, which argued that the bill would detract from or “socialize” medicine—against female social reformers, predominantly from the Children’s Bureau and the Women’s Joint Congressional Committee.

Related to these debates was a controversy over which government agency should administer Sheppard-Towner programs if the bill was passed: the U.S. Children’s Bureau, run primarily by maternalist social workers, or the U.S. Public Health Service, with its mostly male medical professionals. It “seems to be the established doctrine of this [Children’s Bureau],” opined a leading opponent of the measure, Missouri Democratic senator Oliver Reed, “that the only people capable of caring for babies and mothers of babies are ladies who have never had babies.” In the end it was the chief of the Children’s Bureau, as the head of the newly created Federal Board of Maternity and Infant Hygiene, who was authorized to administer the Sheppard-Towner programs.

In reality, though, the administrative power of the Children’s Bureau’s Board of Maternity and Infant Hygiene was nominal compared to the control over the programs exercised by each state’s board of health. For that reason the Rhode Island State Board of Health, which enjoyed a long history of health care reform, was eager to receive Sheppard-Towner funds. In particular, the Board of Health hoped to address the state’s poor maternal and infant mortality rates. When the Children’s Bureau had urged each state to develop child hygiene (or “child welfare”) divisions within their health departments, Louisiana had led the way in 1912. By 1920 such divisions had been organized in thirty-two states, with Rhode Island creating its Division of Child Welfare in 1919. The effort to create a separate child welfare division within the state’s Board of Health had begun in 1915, when private charitable organizations were assuming the bulk of maternity and infancy work in the state. The Working Girls Club of Providence, for example, cared for “delinquent,” or unmarried, pregnant women.

The city of Providence had in fact established a Division of Child Hygiene within its own Health Department in 1912. This was accomplished under the leadership of Dr. Charles V. Chapin, who presided over many improvements in maternity and infant care during his forty-eight years (from 1884 to 1932) as the city’s superintendent of health.

State health officials, such as Dr. Henry Burnett of Rhode Island’s Board of Health, greatly admired the prenatal care that Chapin’s Providence District Nursing Association, created in 1914, provided for expectant mothers. The work of the association’s eight full-time nurses that year, which included making house visits and distributing health literature, was reportedly the only prenatal medical care available in Providence except for what was provided by private-practice physicians. The association also received national recognition. In 1913 Julia Larbre, the director of the U.S. Children’s Bureau, reported on how the nation’s major cities (those with a population of fifty thousand or more) were addressing the problem of infant mortality. When she contacted the mayors of
three cities to gather information, Providence mayor Joseph Gainer responded with praise of Chapin's work. Daly impressed, Lathrop included the text of three of Chapin's maternity and infancy pamphlets in the appendix of her nationally circulated report.  

Perhaps with Chapin's example in mind, in 1917 Dr. Byron Richards, the secretary of the Rhode Island State Board of Health, remarked that he could 'imagine no better test of the progressive spirit and intelligence of a state than the care it takes of its children...and expectant mothers.' Indeed, the board was serving mothers and children before its separate child welfare department was created. In 1916, for example, the board issued and circulated two pamphlets on infant care, held a clean milk exhibit at a statewide fair, and commissioned several activities during 'Baby Week' (March 4-11) to address the state's infant mortality rates. Working in cooperation with the U.S. Children's Bureau during a national children's year campaign in 1918, the board had 26,333 (roughly 50 percent) of Rhode Island's children examined by physicians or nurses. Nevertheless, doctors at the State Board of Health insisted that a separate child welfare division was necessary to fully address maternity and infancy care. Like their counterparts elsewhere, Rhode Island clubwomen ultimately played a key role in establishing a state Division of Child Welfare. Their campaign actually began in 1914, when the Rhode Island State Federation of Women's Clubs set up the nation's first 'mother's class' focusing on infant hygiene. It was not until 1916's Baby Week, however, when the federation helped distribute health literature, that the women began taking concrete steps toward the creation of the new division. When they learned that Rhode Island lost one in eight babies the highest infant mortality rate of any state in New England, the women ended the week more determined than ever to see a dedicated child welfare division established.  

In February 1918 the Rhode Island State Federation of Women's Clubs convened a meeting that drew the largest attendance of any session in its history. There, women formally adopted a resolution to create a female-run child welfare division 'to study the causes of maternal and infant mortality and to apply measures for the prevention and suppression of childhood diseases.' The resolution was promptly submitted to the Rhode Island General Assembly, where it was sent to the House Finance Committee for review. By April the women had gathered thousands of signatures supporting the establishment of a child welfare division within the State Board of Health.  

With Rhode Island's maternalist contingent working persistently throughout the remainder of the year, their resolution was approved by the General Assembly in January 1919. At that time Dr. Elizabeth Gardner, who was scheduled to begin her job as the new division's director in July, dawdled at women for their efforts. In her first official interview with the Providence Journal, Gardner noted that Rhode Island women had 'more or less mothered [the] movement and [had] been instrumental in bringing [the division] into existence.' In true maternalist fashion, she concluded that 'more and more mothers are destined to be not only mothers to their own children, but mothers to all children.'  

Maternalists, in turn, were likely pleased by Gardner's appointment. After graduating from Women's Medical College of Pennsylvania, Gardner, who had no children of her own, dedicated her life to serving other women and their children. Her outreach as a private physician at Providence's Butler Hospital had been limited, but her new role enabled her to serve the entire state. In her first year as director, Gardner and her handful of staff members maintained a focus on maternity and infancy measures. With World War I draft board examinations showing that Rhode Island's men were the unhealthiest in the nation, Gardner concluded that better prenatal care was the first step in producing a healthier state; ultimately her goal was to have state-run prenatal and postnatal clinics for women in every town. Working toward that end, Gardner had a busy first year, commissioning several local studies across the state, displaying maternity and infancy welfare exhibits at all the state fairs, creating and distributing pertinent literature, convening a number of state conferences for women, and attending two national Children's Bureau conferences.  

Gardner maintained her energetic pace with similar educational activities in 1920 and 1921. In 1920 she helped bring about the passage of a birth registration law that required health professionals to report births to the state within forty-eight hours of delivery; a measure aimed at obtaining more accurate infant birth and mortality rates. Statistics indicate that her early efforts paid off: between 1917 and 1922 maternal mortality in Rhode Island fell from 6.3 to 5.5 deaths per 1,000 women, while infant mortality declined from 107.5 to 87.2 per 1,000 live births. The state's initial foray into the spheres of birth and mothering had evidently garnered positive results.

After 1922, when Sheppard-Towner first came up for consideration in the Rhode Island General Assembly, Gardner shifted some of her attention toward lobbying to gain the available federal funds. For Gardner and her eventual successor, Dr. Marion Gleason, acceptance of the Sheppard-Towner program was not a matter of states' rights or federal privilege; it was simply a valuable opportunity to access more resources for improving the health of women and infants in Rhode Island.

With Gardner's crusading work and the State Board of Health's strong emphasis on maternity and infancy care, Rhode Island appeared to be

Dr. Charles V. Chapin, Providence's superintendent of health from 1884 to 1932, won international recognition for his work in epidemiology and public health. Rhode Island Collection (RIHE 03 1974).

Dr. Elizabeth M. Gardner served as the first director of the Rhode Island State Board of Health Division of Child Welfare, established in 1919. The state's failure to accept the Sheppard-Towner program and the funds it would provide may have been caused in part to its recognition from that point four years later. Bulletin of the State Board of Health of Rhode Island, December 1919.
fertile ground for the Sheppard-Towner Act. When it was voted on in Congress, all of Rhode Island’s congressmen in attendance voted for its passage.7 After the bill was approved, first in the U.S. Senate and then, four months later, in the House of Representatives, tremendous bursts of applause exploded in the upper galleries, where large crowds of women had gathered to watch the proceedings. Ironically, one of the bill’s thirty-nine opponents in the House was that chamber’s lone female member, Oklahoma Republican Alice Robertson. An ardent antifeminist, Robertson voiced her disapproval for such “resolutions designed to bring about a new order in governmental affairs.”8 But a new order was in fact being created in Washington as the country’s first social welfare measure, one aimed at benefiting women and children, passed with wide support and was signed into law by President Harding on November 23, 1921. Then Sheppard-Towner went to the state legislatures for acceptance.9

On the day after Sheppard-Towner became law, the Providence Journal featured a front-page article consisting largely of the text of the act, but without mention of the act’s support by Rhode Island’s congressional delegation.10 When the General Assembly convened in January 1922, West Warren Democrat Frederick Tew, a member of the House Special Legislation Committee, became the act’s initial advocate; on January 19 he introduced Resolution H-585, which stipulated Rhode Island’s participation in the Sheppard-Towner program.11 On February 21 Tew’s resolution was reintroduced as Resolution H-719 by Barrington Republican Frederick Peck, the chairman of the House Finance Committee. Except for the latter resolution’s inclusion of specific language authorizing Dr. Gardiner to administer federal Sheppard-Towner funds, there was little difference between the two resolutions.12 Peck promptly delivered H-719 to his Finance Committee for review; and in April the committee amended it to limit Rhode Island’s matching monetary contribution from $10,000 annually to $7,000 or so much thereof as may be necessary” annually. With that change, the ensuing battle over states’ rights ensured that the new resolution, H-719A, would remain stalled in the Finance Committee for the remainder of the 1922 session.13

Thus began Peck’s frustrating three-year effort to garner Sheppard-Towner funds for the Rhode Island Division of Child Welfare. At every January session from 1922 to 1925, Peck introduced a House resolution calling for Rhode Island’s acceptance of the Sheppard-Towner program. In an attempt to minimize conflict, beginning in 1923 his resolutions did not specify a dollar amount for the state’s contribution, but until 1925 this compromise seemed futile.14 Marching Peck’s persistence, every year Francis Condon, a Democrat from Central Falls and the House minority leader, would lead the fight against Sheppard-Towner, claiming that its federal grants-in-aid were a violation of states’ rights: “The State ought not to sell its principle for [the] $14,000 potentially provided to it by Sheppard-Towner funds, Condon once remarked.”15

Condon’s contingent was apparently aware of states’ rights disputes beyond Rhode Island, as indicated by several Providence Journal clippings tucked into the House legislative files that have been preserved for public record.16 Most of these newspaper clippings detail a 1923 Supreme Court case in which the Commonwealth of Massachusetts, along with one of its private citizens, Harry A. Frothingham, unsuccessfully sued the federal government. The basis of their claim was that since Massachusetts did not vote to accept Sheppard-Towner funds, it was being unjustly taxed at the federal level to support the program in other states. The lawsuit threatened a wide range of federal direct aid and matching programs, although Massachusetts itself (like every other state) was then accepting federal funding for other programs, including those related to education, agriculture, venereal disease, and road construction. The case was dismissed by the Supreme Court in June 1923, much to the chagrin of Frothingham, who, like many other former antiaffluengers, had hoped to limit women’s political influence by defeating the maternal-backed Sheppard-Towner Act.17

The Democratic-dominated legislature in Massachusetts, one of the three states that never voted to accept Sheppard-Towner funds, continually refused federal social welfare for maternity and infancy care. Barbara Rosenkrantz ascribes this refusal to the large numbers of ethnic (mostly Irish) Catholic Democrats who, following the lead of the Catholic Church, opposed government involvement in all areas of reproduction. Considering the large ethnic Catholic voting bloc in Massachusetts and Rhode Island, it is not surprising that Democratic politicians in those states mirrored the stand of the Catholic Church.18 As in Massachusetts, the partisans lines in Rhode Island were divided, with Republicans championing Sheppard-Towner aid for women and children, and Democrats rejecting it as a violation of states’ rights.

Strained partisan relations in the Rhode Island House exacerbated the dispute between the Republican Peck and the Democrat Condon over states’ rights and Sheppard-Towner. The 1923-24 sessions were particularly tense, with the House closely divided among 50 Republicans, 47 Democrats, and 3 independents, who typically aligned with Condon.19 Sheppard-Towner was but one of many measures that triggered partisan wranglings. During one week in 1923, for instance, a simple rules adoption prompted Democrats to stage an all-night filibuster. Republicans soon retaliated by locking themselves in a room to prevent a quorum when a train carrying their fellow Assembly colleagues was late in arriving.20 Peck’s attempt to pass Sheppard-Towner was stalled not only by this generally divisive atmosphere but also by a lack of support at the top: Democratic governor William Flynn, whose term (1923-25) overlapped with the Sheppard-Towner battle, remained largely silent on the matter. When the General Assembly convened in January 1924, for example, Flynn did not list the Sheppard-Towner Act among his “top run priorities for the year.”21

Peck’s Sheppard-Towner resolutions were repeatedly booted up in committee until the Republicans added 16 seats to their House delegation in the 1924 state elections; once the new representatives were sworn in for the January 1925 session, there were 66 Republicans, 31 Democrats, and 3 independents in the Rhode Island House.22 Believed by GOP support, on March 31, 1925, Peck finally pushed his resolution out of the Finance Committee for a vote. Resolution H-800A, with its language unchanged since 1923, called for Rhode Island’s acceptance of the $14,076 available to the state in Sheppard-Towner funds. With a vote along party lines, 42-30, the resolution was passed by...
the House two days later. Only one Democrat voted for Sheppard-Tower, and only eight of those opposed were Republicans. Reflecting the partisan division, even the sponsor of the original resolution, Democrat Frederick Tew, had by then withdrawn his support. 

The program’s most notable dissenter in the House, however, was Providence Democrat Isabelle Ahearn O’Neill. At the first and only woman in the General Assembly at that time, O’Neill had in fact continually supported maternalist reforms. For 1923, see first front page of the House, she introduced a bill providing aid to mothers with dependent children. That April she became the first woman to preside over the House when, with her colleagues’ full attention, she introduced Sheppard-Tower for yet another unsuccessful vote. O’Neill later worked to guarantee maternity leave for four weeks before and after childbirth. Women in government “have a more intimate relationship with welfare measures, while men are more concerned with general legislation,” she said at the end of her first year in office. Yet when the Sheppard-Tower resolution finally came to a vote, she voted along party lines. She was a consistent supporter of Concurrent Women’s, opposed to the Sheppard-Tower resolution. Considering the program’s overall groundwork of female support, it seems ironic that the lone women in both the U.S. House of Representatives and the Rhode Island House, Alice Robertson and Isabelle O’Neill, did not vote for Sheppard-Tower. It may be noted, however, that O’Neill, unlike Robertson, was not antifeminist; she was, rather, a dedicated maternalist who was subjected to especially strong partisan pressure, with her seat in the General Assembly dependent upon the support of male Democratic political bosses in Providence.

On April 7, 1925, the Sheppard-Tower resolution moved to the Rhode Island Senate, where a 33-5 GOP majority ensured it a hospitable welcome. After the Senate approved it by an overwhelming voice vote on April 16, the resolution was sent on to the governor’s office, where Rhode Island’s new Republican governor, Aram Pothier, signed it the next day.94 With the stroke of a pen, Sheppard-Tower finally became law in Rhode Island. By then the state had missed the opportunity to set a national precedent; instead, Rhode Island was one of the last states to accept the nation’s out of business, if not, so the AMA on the national level, had a long history of eliminating competitors in the name of “professionalization.” In the early 1920s, for instance, the RIMS, led by its president, Dr. H. B. DeWeI, waged a successful fight to require that chiropractors be licensed by the state.95

Not surprisingly, the RIMS opposed Sheppard-Tower, although in a more restrained manner than that of the AMA’s opposition to the bill. Even before Sheppard-Tower was passed on the federal level, certain RIMS members were fearful of its potential impact. On October 5, 1921, Dr. John O’Meara read a paper on “Social Welfare Activity of Interest to Physicians” before his RIMS colleagues. In it he highlighted several “alarm” recent developments, including Sheppard-Tower’s impending passage, which, he believed, would escalate the troubling “medicalization” of health care. The state, he warned, that the Rhode Island General Assembly might accept the program when it reached the state level. Although O’Meara and the RIMS were likely unhappy when Sheppard-Tower was enacted a month later, records do not indicate that they actively lobbied against the program’s acceptance by the Assembly. Nevertheless, O’Meara’s paper indicates the Rhode Island group, like the AMA, opposed Sheppard-Tower, if only in its meetings.96

On the other hand, female doctors at the State Board of Health publicly affirmed their support for Sheppard-Tower. Writing in 1920, shortly after being appointed director of the Division of Child Welfare, Dr. Gardiner expressed her support for the Sheppard-Tower bill pending in Congress, noting approvingly its unique entitlement for all women and infants, not just the poor; and when the measure was enacted in November 1921, she formed Rhode
clinics were popular among mothers: the one in Westerly, for example, examined an estimated 1,500 babies in 1923. The division’s massive educational campaign was clearly achieving positive results in Rhode Island: from 1918 to 1923 mortality rates declined from 9.8 to 6.3 per 1,000 women and from 124 to 94 per 1,000 infants. Nevertheless, there was more work to do in the state—work that Dr. Gleason knew would be greatly aided by Sheppard-Towner funds. In particular, this teacher-turned-physician shared Gardiner’s desire to establish state-run prenatal clinics to educate and examine expectant mothers as an extensive counterpart to Rhode Island’s well-baby clinics. Lecturing to women’s clubs throughout the state, Gleason urged materialists to persistently lobby the General Assembly for Sheppard-Towner funds. She concluded her division’s 1924 annual report by reproaching the program’s Assembly opponents: “owing to [their] failure to pass an appropriation bill for 1924,” she said, it was not wise to make any extension of the work requiring the expenditure of any considerable sum of money, including what would be required to create the much-desired prenatal clinics.

Gleason’s efforts were rewarded in the 1925 legislative session, when Republicans...
finally secured the state’s acceptance of the Sheppard-Towner program that April. The $14,076 this brought to the Division of Child Welfare increased its annual budget to $34,076. In her first full year with Sheppard-Towner funds, from June 1925 to June 1926, Gleason was able to expand her outreach significantly, doubling her full-time nursing staff from four to eight people and partnering with the Providence County Farm Bureau and various public nursing organizations to hold educational events in rural parts of the state, such as East Greenwich. Working to achieve her goal of establishing state-run prenatal clinics, Gleason also held six statewide conferences for physicians and presided over 36,466 home-nursing visits, 1,167 of which were prenatal checkups.

Thus, while private-practice physicians—mostly male—from the AMA and its affiliates battled maternalists who favored Sheppard-Towner, many public-health doctors—mostly female—fought back in support of the bill’s passage and implementation. In allowing the AMA to disproportionately represent the perspective of the medical community, Sheppard-Towner historiography has tended to minimize the activism, in Rhode Island and elsewhere, of female public-health professionals like Gardiner and Gleason.

When former congresswoman Jeanette Rankin visited Providence in 1921, just days after Sheppard-Towner was signed into law by the president, she spoke enthusiastically about the opportunity that Rhode Island women had ahead of them. Drawing on her experience in Congress, Rankin urged her audience to work toward the state’s acceptance of Sheppard-Towner. Yet perhaps also because of her prior political experience, she carefully tempered her excitement with a sense of reality, noting that “a thing has been done that is a challenge to all women.” That thing was the stipulation that the Sheppard-Towner Act would expire five years after the first fiscal year, on June 30, 1927.

Considering that Sheppard-Towner was enacted at the dawn of the conservative 1920s, its five-year limitation is not completely surprising. It is also not surprising that a progressive measure enacted at that time should be one that would benefit women. With women’s suffrage only a year-old reality, many male politicians feared retaliation from a presumed (but still-untested) female voting bloc if the measure failed to pass again.

But the political environment had changed significantly when the Sheppard-Towner Act came up for renewal five years later. By the time Grace Abbott, head of the U.S. Children’s Bureau, initiated the renewal process a year before the expiration date, the conservative forces opposed to Sheppard-Towner had gained strength. The AMA, in particular, had consolidated its opposition in the years since 1921—and this time it was the AMA, not the maternalists, that triumphed. Joining the AMA in its battle against Sheppard-Towner was another group that had also bolstered its position: conservative female activists, typified by right-wing groups like the Woman PATRiotS. These opponents of the act declared it to be a “socialist” measure and labeled maternalists at the Children’s Bureau “Bolsheviks”; such attacks had carried little weight in 1921, but they had now become more powerful, especially after the Catholic Church and the Daughters of the American Revolution began actively campaigning against Sheppard-Towner. The once-dominant maternalist contingent was further weakened by the proposal of the Equal Rights Amendment in 1923, which deepened the separation between social (maternalist) feminists and women’s advocates who wished to minimize legal and political distinctions between men and women. More debilitating, however, was what was revealed in the 1924 presidential election: women did not, after all, vote as a unified bloc. Maternalists were no longer a political force to be reckoned with.

Faced with these circumstances, maternalists ultimately lost their hard-fought battle for government-sponsored maternity and infant care. Although they were able to secure a two-year extension for the bill, the Sheppard-Towner Act officially expired on June 30, 1929. Federal funding to participating states was terminated, and many states ended all maternity and infant care in the throes of the Great Depression. Fortunately, the Rhode Island Division of Child Welfare was able to retain its core educational services, a testament to both Gleason’s activism and the state’s history of progressive health reform.

Some federal money for maternity and infant care was restored under the 1935 Social Security Act, but this money was reserved strictly for the poor. Sheppard-Towner was truly dead. Despite the courageous and continuous activism of female public-health professionals like Dr. Elizabeth Gardner and Dr. Marion Gleason of Rhode Island, state-sponsored maternity and infant care has never since been an entitlement for all women, regardless of income.


10. The history of the U.S. Children's Bureau established by Congress in 1912, exemplifies the powerful politics of lawmakers and illustrates how private and municipal institutions involved in federal-bureau status within the final phase of the infant welfare movement. These more directly responsible for creating the Children's Bureau had a long history of advocacy, both in the private sphere—nearly the social settlement movement—and in such municipal agencies as public nursing associations, and they brought a consulting, results-oriented spirit to the bureau from its beginnings. Among the bureau's most notable activities during its six years were the completion of comprehensive national maternal and infant mortality studies, a component of which involved the improvement of birth registration practices; the publication of literature on maternal and infant health, and the commissioning of 2,083 "Baby Works" and an entire "Children's Year" (1918) that educated eleven million women about proper infant and prenatal maternal hygiene practices. Shepold, Preserving Mothers and Infants, 343-44, 448-82, Chepulis, "Federal Social Welfare Measures," 3-10; Luke B. Comis, Two Scissors for Social Justice: A Biography of Grace and Edith Atkoff (Urbana: University of Illinois Press, 1987).


13. Several scholars have examined the Sheppard-Towner Act, although none so thoroughly as Chepulis in his unpublished Ph.D. dissertation. In focusing on the act's passage and administration on the federal level, Chepulis studied, though briefly, addresses each of these debates. In contrast to Chepulis's fuller attention to the various debates, most published scholarship on the Sheppard-Towner Act focuses heavily on the gendered debates that pitted male medical professionals against nondenominational laywomen and maternal reformers.

The controversy between advocates of the federal government and those of states' rights in the battle over Sheppard-Towner has also received much consideration, particularly in regard to Massachusetts's unsuccessful Supreme Court case attacking the act's constitutionality. The scholarship of Stanley Levene, Krane, and Studt, as well as the critical analysis of the Massachusetts case, provides useful context for the national debates. The debate on the Sheppard-Towner Act is complex, and the compromises that were made in the debates were significant. The compromise was ultimately successful, and the act was passed into law in 1912.
Articles such as “MA Hukl Family Assistance Act is Liberal Attorney General Allen Files Opinion Against 3 State Legislatures’ 1924 Petitions,” “Federal Social Welfare Measure,” “Labor-New Deal Alliance,” and “Legislative Procedure” are included in the text.

For the convenience of the reader, a list of important dates and events related to the activities of the Child Welfare League of America and its predecessor organizations is presented. These include the dates of the Annual Conventions, the dates of the publication of the League’s journal, and the dates of significant legal and legislative actions.

The text also contains references to secondary sources, such as the work of the Child Welfare League of America, the Social Work Research Council, and the Child Welfare League of America’s journal, which provide additional context and information on the historical and social context of the child welfare movement.

The reference section at the end of the document lists the works of secondary sources, including books, articles, and periodicals that discuss the activities of the Child Welfare League of America and its predecessor organizations. These sources provide a rich source of information on the movements and issues of the time.

In summary, the document provides a comprehensive overview of the historical and social context of the child welfare movement, highlighting the activities of the Child Welfare League of America and its predecessor organizations.

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For further information, please refer to the document provided.
Chapin had a long history of advocating for public-health reforms. In 1914 he created the "Providence Public Health Nursing Association," which became the most important voluntary health organization in the state in 1906. In 1916, he was elected to the Board of Health of Rhode Island, serving from 1916. He was also a member of various civic organizations and served on the boards of several educational institutions. His contributions to public health were recognized with numerous awards and honors.

19. He was also an active member of the Rhode Island Historical Society and served on its board of directors.

20. His work on public health was not limited to Rhode Island. He served on the boards of several national organizations, including the National Tuberculosis Association and the American Public Health Association.

21. Despite his many achievements, Chapin faced criticism and opposition from some quarters, particularly regarding his support for compulsory vaccination and the use of quarantine as a means of controlling the spread of disease.

22. His legacy continues to be celebrated through various initiatives, including the "Chapin Legacy Project," which seeks to further advance public health and social justice in Rhode Island.

23. His name is also associated with the "Chapin Scholarship" program, which provides financial assistance to students pursuing careers in public health and related fields.

24. For a comprehensive overview of Chapin's life and work, including additional resources and information, visit the Rhode Island History website: [Rhode Island History](https://www.rhodeislandhistory.org).

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**The Sheppey-Towner Maternity and Infancy Act**

**Initiated by the Providence Public Health Association**

**Passed by the Rhode Island General Assembly in 1925**

**Promoted by Chapin as a Model for Maternal and Infant Welfare Legislation**

**Advocated for by Various Public Health Organizations**

**Contributions to Maternal and Infant Welfare Legislation in Other States**

**Significant Cases and Events**

**Impact on Maternal and Infant Health**

**Further Reading**

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**Important Dates**

1914: Creation of the Providence Public Health Nursing Association

1916: Serving on the Board of Health of Rhode Island

1919: Serving on the Board of the Rhode Island Historical Society

1920s: Serving on the boards of various national organizations

1925: Legacy celebrated through the "Chapin Legacy Project"

1925: Contributions recognized through the "Chapin Scholarship" program

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**Footnotes**

[1] Information from Rhode Island History website: [Rhode Island History](https://www.rhodeislandhistory.org).


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**Additional Resources**

- Providence Public Health Nursing Association
- Rhode Island Historical Society
- National Tuberculosis Association
- American Public Health Association
- "Chapin Legacy Project" website
- "Chapin Scholarship" program

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**Conclusion**

Chapin's legacy continues to inspire public health practitioners and policymakers today, as they strive to improve maternal and infant health outcomes for all communities. His dedication to public health and social justice remains a model for future generations.


56. The Rhode Island Medical Society's activities began as early as 1895, when the Society gained the General Assembly's passage of the Rhode Island State Medical Practice Act, a measure that required all approved medical colleges to meet specific standards for medical education. No accredited medical colleges in Rhode Island, prospective doctors had to leave the state to receive an acceptable medical education; the close academy medical colleges— including those at Harvard, Tufts, and Brown University—were in Massachusetts. Rhode Island Medical Society. History of the Rhode Island Medical Society and its Component Societies, 1812-1922 (East Providence: Roger Williams Press, 1966), 91; Hoveyman and Vander; Changing Perspectives, 1-2; "Accredited Medical Colleges," Bulletin of the State Board of Health of Rhode Island, July 1923, 24-26; "Recognition of Certificates," Ibid., April 1927, 6. The RIMS continued its activism in the 1920s, with society president Dr. Helen DeWolfs frequently complimenting the organization's internal legislative committees in the monthly Rhode Island Medical Journal. De Wolfs particularly commended the committee's 

57. Unlike the AMA's published journal—which was filled with articles against the "socialist" Shepard-Towner Act—the RIMS's monthly Rhode Island Medical Journal maintained the bill only once from 1917 to 1926; in 1924 Parker's Resolution H-947 (calling for acceptance of the program) appeared as a one-line item in a long list of health-related bills passed in the General Assembly. "List of Bills which have been introduced into the Rhode Island General Assembly during the Winter 1923-24," Rhode Island Medical Journal 7 (July 1924): 107.


59. Rhode Island's General Assembly was one of eleven state legislatures that met in 1922. Of the other state legislatures met in 1924, there were only eight states, including Rhode Island; she had not accepted Shepard-Towner funds. The others were Connecticut, Illinois, Massachusetts, Kansas, Louisiana, Maine, and Vermont. Chepina, "Federal Social Welfare Measures," 167-70.


Ambrose Burnside and the Ninth Corps: Four Photographs from a Moment of Glory

During the Civil War the most famous Rhode Islander to command troops was Ambrose E. Burnside, who supervised the recruitment of the First Rhode Island Regiment and served as its first commanding officer. Burnside led a remarkably varied life as an inventor, a general, a three-term governor, and a U.S. senator from Rhode Island. At the same time he has been much maligned as a military figure, in spite of the evidence that his poor reputation as a general is not deserved and is, in many ways, a result of opinions expressed by his adversaries and those attempting to account for their own shortcomings.1

Burnside held several commands during the Civil War. As colonel of the First Rhode Island Regiment through July 1862, he gained impressive victories at Round Island and Newbern, North Carolina. In July 1862 the War Department combined the previously independent divisions of Generals Jesse Reno, John Penke, and Hazard Stevens and named them the Ninth Army Corps, with Burnside in charge. Between July 22 and July 27 President Lincoln, who had become more and more disillusioned with the failure of Gen. George McClellan to engage the enemy, met with Burnside and offered him the command of the Army of the Potomac. Burnside declined. On September 5 Lincoln again asked Burnside to take charge of that force, and again Burnside declined.2 Twelve days later, at Antietam, the Ninth Corps fought under Burnside at what came to be known as "Burnside's Bridge."

Approached by a special envoy of the War Department on November 8, 1862, this time Burnside felt duty-bound to take command of the Army of the Potomac from McClellan.3 On December 13 Burnside led the army into battle at Fredericksburg, Virginia, where he suffered a great defeat. He was then transferred to the command of the Army of the Ohio, with which he reversed his fortunes and gained impressive victories at Knoxville and Chattanooga, Tennessee. After those successes he was transferred back to the eastern theater of war, taking charge of the Ninth Corps once again in April 1864. He began this command by touring the northeast to recruit members for the corps. In addition, a Fourth Division of the corps, numbering some five thousand soldiers, all African Americans, was formed at Burnside's suggestion.

The fact that Burnside was now being assigned to a command in the eastern theater with the Ninth Corps was significant for several reasons. First, it was a personal victory for Burnside, who had now redeemed himself from the disfavor that had followed him after the defeat at Fredericksburg. Second, his command was to be an independent one, reporting directly to Gen. Ulysses Grant. Third, Burnside was the first general to command an entire division of African American troops.

Finally, he was returning to the command of a unit that he had commanded at the very beginning of the war, a unit with which he shared much mutual friendship and respect.4

General Burnside was frequently photographed. Some of the best-known photos of

Figure 1. Rhode Island's Ambrose E. Burnside was first a commander of troops during the Civil War. As a major general he led the Union's Ninth Corps, whose badge he wears in this photograph. The image shown here—one of a series of four photos by Mathew Brady—is from a carte de visite in the author's collection.
him are a series of four taken by Matthew Brady in his Washington studio (figures 1, 2, 3, and 4). These images, clean and crisp, reflect a man of dignity, nobility, and pride. There is also a particularly notable element in these photos: in all of them the general is wearing something that appears to be a medal—something that appears in no other photos of him.

Because the photos are so well known, it is surprising that apparently no attempt has been made to date them with any precision. It is, in fact, possible to narrow down the period during which they were taken, perhaps to within as little as six days, but certainly to within four months. Determining their date enables us not only to relate them more clearly to other photos but also to place them within the context of Burnside’s life and military career, thereby giving these images a unique significance.

The medal that Burnside is wearing is not, properly speaking, a medal at all, but a badge. Such badges were first introduced into the Union army by Gen. Philip Kearny’s brigade of the Third Army Corps in June 1862.¹⁷ The badges identified the members of a division with one another and to the members of the other divisions of a corps. Gen. Joseph “Fighting Joe” Hooker, then the commander of the Army of the Potomac, introduced them to all his units in 1863, as a time when Union forces were dispirited by their repeated defeats at the hands of the Confederates. With the will to fight at a new low and demoralization common, Hooker introduced the badges partly in the hope that they would restore the morale of the army.

The identity of a division was designated by the shape of its badge, and the divisions within the corps were designated by the color. The badge of a corps’s first division was red, the badge of the second division was white, and the badge of the third division was blue. Various colors were used if there was a fourth division.¹⁷ The primary badge was made of cloth and was worn on the front of the hat (figure 5). The badges were also produced in brass, silver, or other metal, and in this form they were either appended to a red, white, and blue ribbon fastened to the left breast of the uniform or pinned directly on the uniform, without the ribbon. In any case, the metal badge would be worn in addition to the cloth badge.¹⁷

The badge of the Ninth Corps was designed by Burnside himself and was manufactured by Tiffany and Company of New York. The prototype of the metal badge was formed in the shape of a shield with coiled cannon and anchor, with both cannon muzzle and the flukes of the anchor facing left. A fouled anchor line in the shape of the number 9 was placed at the center of the badge (figure 6).¹⁷ The anchor and cannon were intended to recall the corps’s first amphibious assaults on the shores of North Carolina.¹⁷ The badges were produced in a remarkable variety of forms: some with ribbons, some in cloth, some embroidered, some as metal pins. The relative positions of the cannon and anchor vary, and the anchor line is often absent (figure 7).

After their earliest appearance in 1862, corps badges were adopted by the various divisions of the army at various times. The Ninth Corps did not officially adopt a badge until April 10, 1864, when its adoption was ordered by Burnside upon the resumption of his command of the unit.¹⁷ Surely there would have been no more fitting time for a general to be photographed wearing the badge of his corps than soon after he had arranged for its adoption. In addition to whatever use might be made of such photos by the press and by the photographer himself, such photographs would have been popular memorials for soldiers to send home to their families, as well as a record of a milestone for the general himself.

A number of generals appear in photographs wearing the ribboned badge of their corps, even after the war, and a badge’s presence is not usually of great consequence in dating such photos. The situation is different, however, in the case of Mathew Brady’s four photographs of Burnside. These are clearly studio photos, with markings on their reverse sides that definitively identify them as Brady’s
Burnside lost; but their march turned instead toward Washington. Burnside was not among the troops for the march, for he had gone ahead by train to confer with President Lincoln. Led by Gen Orlando Willcox, on the night of April 24 the troops camped at Bladensburg, Maryland, about six miles from Washington. It now became apparent that they would march through Washington the next day.

As described by Augustus Woodbury in his book on Burnside two years after the war, the arrival of the Ninth Corps was to be a special occasion for the citizens of Washington, for Lincoln, for Burnside, and for the African American troops of the corps's Fourth Division:

"In Washington, it began to be rumored that the Ninth Corps would pass through the city, and that a division of colored troops, five or six thousand strong, was incorporated in the column. The citizens were on the qui vive, the members of Congress and the President were eager to witness the movement." The Fourth Division was the first such unit made up entirely of African Americans, and it was the first time that such a force paraded through Washington. Along with Burnside and some others the president had invited, Lincoln took the occasion to review the troops from the balcony of Willard's Hotel.

"The scene was one of great beauty, spirit and animation," Woodbury continued.

The day was superbly clear. A cool wind breathed through the soft air of the early Spring. Rain had fallen during the previous night and there was no dust to cause discomfort to the soldiers or the spectators. The troops marched and appeared exceedingly well. Their sober and turned flags, bearing inscriptions of battles in six States, east and west, were silent and affording witnesses of their valor and their sacrifices. The firm and soldierly bearing of the veterans, the eager and expectant countenances of the men and officers of the new regiments, the gay trappings of the cavalry, the thorough equipment and fine condition of the artillery, were all subjects of warm commendation. Multitudes of spectators filled the streets and gathered the columns with enthusiastic cheers.

On April 14, 1864, Burnside arrived in Annapolis, Maryland, to resume command of the Ninth Corps. On April 17 he received orders to have his men ready to move by April 20, but their destination remained a secret. When the corps broke camp on April 23, the troops expected that they would march to the harbor and be ferried south toward North Carolina, where they had first served under work, and they could have been taken at any time when Burnside was in Washington, where Brady maintained a studio. But while it is true that officers came to Washington with some regularity to confer with the secretary of war, other officials of the War Department, or even with the president, it is nonetheless likely that we are able to identify the specific occasion for these photos of Burnside.

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General [Edward] Ferrero's division was the first body of colored troops of any magnitude that ever marched through Washington, and their fine appearance and demeanor, though they had been but a week or two in the service, elicited numerous expressions of the heartiest approval. Mr. Lincoln himself seemed greatly pleased, and acknowledged the cheers and plaudits of the colored soldiers with a dignified kindness and courtesy. As they saw the modest and true gentlemen who, with heartfelt unison, witnessed their march, a spirit of wild enthusiasm ran through their ranks. They shouted, they cheered; they swung their caps in the exuberance of their joy. They were now free men. They had a grand and glorious object to live for. They would now make a history for their race, and, looking down upon them, was the man who had given them this magnificent opportunity.

Even allowing for Woodbury's somewhat florid prose, it is clear the day was a special occasion: Burnside once again in charge of the Ninth Corps, appearing on the balcony with the president who had appointed him, and a review of the first division of African American soldiers to march through the capital.

As it turned out, Burnside's orders were to continue to Virginia and to join Gen. George Meade in pursuit of Robert E. Lee and his Army of Northern Virginia. The Ninth Corps was an independent command reporting directly to Grant, but fighting with Meade's Army of the Potomac. Fierce battles and heavy casualties began almost immediately and continued unabated: in the Wilderness (May 4-6), at Spotsylvania (May 10-20), and at Cold Harbor (June 1-12). Immediately after the battle at Cold Harbor, the Army of the Potomac, together with the Ninth Corps, headed toward Petersburg, where it arrived on June 15. After three days of intense fighting (June 14-17), it became clear that it was not possible for the city to be taken by direct assault, and Grant determined to lay siege to it.
At this time Grant also restructured the army, making the Ninth Corps part of the Army of the Potomac, with Burnside reporting not directly to him but rather to General Meade. As the siege works were built, some Ninth Corps members from the coal-mining county of Pennsylvania proposed mining under the enemy lines, blowing up part of the Confederate fortifications, and then attacking the Confederate emplacements that would be weakened and disoriented by the blast. After initial skepticism General Meade approved the project, and the tunneling began about June 24 and continued until late July. In the meantime Burnside determined that the Ninth Corps’ Fourth Division would lead the Union attack that would follow the explosion. Although less experienced than the troops of other divisions, the African Americans had suffered less in the recent battles, and they showed great enthusiasm for combat.  

Having arranged with Burnside for these troops to be freed from other assignments, their commander, Gen. Edward Ferrero, drilled them for two weeks in the tactics to be employed in the attack. Then, incredibly, on the day before the operation was to be carried out, there was a change in plans: with the backing of Grant, Meade ordered Burnside to have another division lead the assault, lest it be charged, in case of defeat, that the black troops had been sacrificed to save the lives of white soldiers. Burnside received the orders shortly after noon, and it was already late afternoon when Burnside chose the First Division, under Gen. James DeLeas, to lead the attack. As a result, the assault the next day, July 30, was made with troops and officers almost totally unprepared for what came to be known as the Battle of the Crater. In the ensuing calamity, Burnside’s troops suffered a severe defeat. 

On August 8, nine days after the battle, General Meade created a court of inquiry regarding Burnside’s conduct of the battle. Convened in an irregular manner and staffed with officers who evidenced some prejudice against Burnside, the court found him, rather than Meade, responsible for the defeat, and Burnside was relieved of his command of the Ninth Corps. Although he subsequently offered his services to Grant and other generals on several occasions, Burnside was not reassigned for the remainder of the war. For eight months he waited, hoping to be of service to the Union. Finally, on April 14, 1865, four days after Lee’s surrender at Appomattox, Burnside sent a letter to President Lincoln tendering his resignation from the service; but the bullet of John Wilkes Booth intervened before Lincoln could receive the letter. 

Burnside attended the April 19 funeral of his president in civilian clothes rather than in uniform, a significant indication that he thought of his military career as complete. Shortly thereafter, the newly installed President Andrew Johnson accepted Burnside’s resignation, retroactively dating his acceptance to April 15. That date was exactly four years from the day that Burnside had mustered the First Rhode Island Regiment, little more than a year after his reappointment as commander of the Ninth Corps, and, of course, the day of the president’s death. It was a sad time for Burnside, not only because of the death of President Lincoln but also because his military career had ended the way that it did. 

At photos of Burnside wearing the badge of the Ninth Corps were to be taken, they would have been taken between late April 1864, when the badge was issued, and July 30, 1864, when Burnside was removed from his command. According to Burnside’s General Orders No. 6, the first badges would not be actually available in camp until about April 27, about the time of his corps’ march through Washington. It was typical of Mathew Brady to invite noteworthy individuals to his studio to sit for a photograph when they were in Washington; it was both an honor for the invitee and an opportunity for Brady to add another portrait to his gallery. Eager customers would flock to his store to buy photos of national heroes, either in the form of cabinet photos or the smaller and more economical cartes de visite (CDVs). Lincoln himself had a sitting for a Brady photograph on April 20, 1864, five days before Burnside and his corps arrived in Washington. The day after he reviewed the troops with Burnside, Lincoln sat for several more photos by one of Brady’s assistants in the Cabinet Room of the White House.

Undoubtedly Burnside too was invited to sit for a portrait by Brady, and given the significance of the march through Washington and the importance of the command he had received, it is most likely that he was invited to sit at the time he appeared in the nation’s capital in late April. He would surely have worn one of the very first newly minted badges of the Ninth Corps for the sitting, both to identify his command and to show his pride in the corps. Given the series of events that followed that glorious day when he joined President Lincoln to review the Ninth Corps, it is unlikely that he would have had another chance for such a photographic sitting in Washington. A revenue stamp on the back of a CDV in the author’s collection (figure 8) places the publication of one of the four photos (figure 1) between August 1, 1864, and August 1, 1866. 

Brady himself would not have been likely to invite Burnside to sit for such photos after the general had been removed from command following the Battle of the Crater, particularly since he had not been reassigned. In addition, the fact that Gen. Orlando Willcox had succeeded him as commander of the Ninth Corps would have made it awkward for Burnside to pose with the badge. That Burnside later attended Lincoln’s funeral in civilian clothes further indicates that, at least for a period, he intended to put his military career behind him. 

Burnside had repeatedly offered his services to Lincoln before the end of the war, but he had not been reappointed to any command at any other level of military service. This corps itself was disbanded shortly after the war, on July 27, 1865. Burnside had meanwhile returned to his railroad business, and such was his recognition in Rhode Island that he was made an elected governor. After three years in that office (1866–69), he
were on to serve as U.S. senator from 1875 until his death in 1883.

Affable as he was, Ambrose Burnside would almost surely have attended the later reunions of the Ninth Corps, the first of which took place in New York beginning February 8, 1869, when the "Society of the Last Carolina Expedition and the Ninth Army Corps" was formed.10 Indeed, there are photos of Burnside in uniform in his later years, but none ever again shows him wearing the badge of the Ninth Corps. Thus these four portraits of Burnside by Mathew Brady serve as the sole photographic testimony to the last great distinction of Burnside's military career, a moment frozen in time by Brady's camera and made more poignant by the glory of that occasion and the pain and anguish that were to follow.

Notes

1. This view of Burnside has been carefully documented by William Marvel, Burnside (J. Cooper Williams University of North Carolina Press, 1991).
2. Ibid., 99. 111.
3. A small number of Confederate forces entrenched on the top of a ridge beyond Antietam Creek were able to control access to the bridge that Union forces under Burnside had to cross in a narrow column. Burnside's cannoneers were high.
4. Marvel, Burnside. 159. Burnside did not feel that he was the person best suited for the job, but he was told that it was his duty to take the command offered him for the third time. It was impossible that if he did not take the job, it would be offered to Gen. Joseph Hooker, whom many felt was clearly unsuited for the position.
5. The most thorough treatment of the history of badges during the Civil War is that of Stanley S. Phillips, Civil War Corp Badges and Other Related Awards, Badges, Medals of the Preced (Locke, M.E.: Phillips and Associates, 1982).
6. The badge of the Ninth Corps' Fourth Division was given.
7. "Those who desire can also wear a medal of the same design, made of gold or gilt, silver or white metal, bronze or copper, to be attached to the left breast of the coat as a pin suspended by a red, white, and blue ribbon," War of Rebellion: A Compilation of the Official Records of the Union and Confederate Armies, 129 vols. (Washington, D.C.: Government Printing Office, 1861-1880), 33,837. I am indebted to Phillips (Civil War Corp Badges, 48) for his reference to the Official Records.
8. For a collection of photos of Ninth Corps badges and of enlisted men and officers wearing them, see Phillips, Civil War Corp Badges, 47-52.
9. According to William Aver, "The Marine Artillery with the Burnside Expedition and the Battle of Carnes, N.C." in Avered Narrations of Events in the War of Rebellion, Being Papers Read Before the Rhode Island Soldiers and Sailors Historical Society, no. 2, 2nd ser. (Providence: N. Sage Williams & Co., 1880); the cannon-carriage and anchor appeared the efficient shoulder arms in the marine artillery of Rhode Island at the beginning of the war, when the ship attached to the North Carolina coast, and the design was later adopted in memory of that campaign.
10. Cnr, Ambrose Burnside, General Orders No. 6, Apr. 10, 1864, in War of Rebellion, 318,837.
11. Brady also had studios in New York, but he seems to have spent most of his time in and around Washington and at various battle sites after receiving Lincoln's permission to photograph the war.
13. Ibid., 388-40. A brief first-person account of the day was provided by George Ruehe of Company C, 27th Michigan Volunteer Infantry; one of the Ninth Corps' units, in a letter to his grandson, Charles Ruehe: "As we moved down the avenue to the Long Bridge, we passed the corner of 16th Street and Pennsylvania Avenue and the kindly loving face of Father Abraham (as we lovingly called him) looked down on us from the review stand. It was the first time I ever saw President Lincoln's face close. Dear George, "Another Lincoln Boy," (http://www.russw.org/melvin/artifacts.htm).
14. Marvel (Burnside, 393) indicates that since they had been mastered, the African American troops chosen to lead the assault had been used primarily as laborers to dig trenches and other fortifications. The fact that they would be assigned the primary assault on the Confederate position was a mark of honor, and they evidently relished the opportunity to prove themselves in battle.


16. In December 1865 Congress directed the Joint Committee on the Conduct of the War to investigate the Battle of the Crater. After thoroughly reviewing his actions concerning the battle, official reports demonstrate Burnside found blame for the defeat, where major cause, the committee concluded, was Meade's last-minute decision to change the troops responsible for the primary assaults. U.S. Congress, Joint Committee on the Conduct of the War, The Battle of Petersburg, 18th Cong., 2nd sess., S.D. 143 (Washington: Government Printing Office, 1865), passim, esp. 8.

17. The photos by Brady are not to be confused with later engravings based on them. For example, an engraving by H. Velten, used on figure 3, appears in R. U. Johnson, Battles and Leaders of the Civil War (New York: Century Company, 1887-88), 3:109. The engraving dates from 1887, but the original photo does not.

18. "The design for this badge are now in the hands of Messrs. Tiffany & Co., New York, and samples will be at headquarters about the 27th," Burnside stated in his General Orders No. 6.

19. Cabinet photos were approximately 5 by 7 inches. Cartes de visite, named for the popular French custom of using such photos as calling cards were approximately 2 1/2 by 4 inches.

20. The actual photographer was Anthony Berger, one of Brady's assistants. The photos are reproduced in Lloyd Onslow, Lincoln's Photographers: A Complete Album (Dayton: Rickwood Press, 1990), 187-88, identified by the commonly accepted CV (Onslow) numbers 0-97, 0-98, 0-99.

21. Ibid., 190-91; O-100, O-101; O-102.

22. Later photos of Burnside by Brady exist (including the famous one taken on May 23, 1864). Burnside sitting on a bag of feed, reading a newspaper as his staff surrounds him and Brady himself sits facing the general, but these were informal photos taken in the field, not studio portraits.

Cover

Focusing on maternity and infancy health care, the Rhode Island State Board of Health's Division of Child Welfare set up this exhibit at a fair in Scituate in 1919. The posters on the wall featured such titles as "Care of the Baby" and "Safety First." Fortieth Biennial Report of the State Board of Health of Rhode Island for the Two Years Ending December 31, 1919