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The Society of the  
**Lying-In Hospital**  
*of the City of New York*

Affiliated with the Society of the New York Hospital

One Hundred and Thirty-Sixth  
**Annual Report**

January 1st to December 31st, 1934

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**1934**

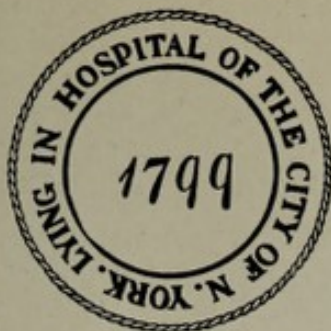
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Printed by order of the Board of Governors





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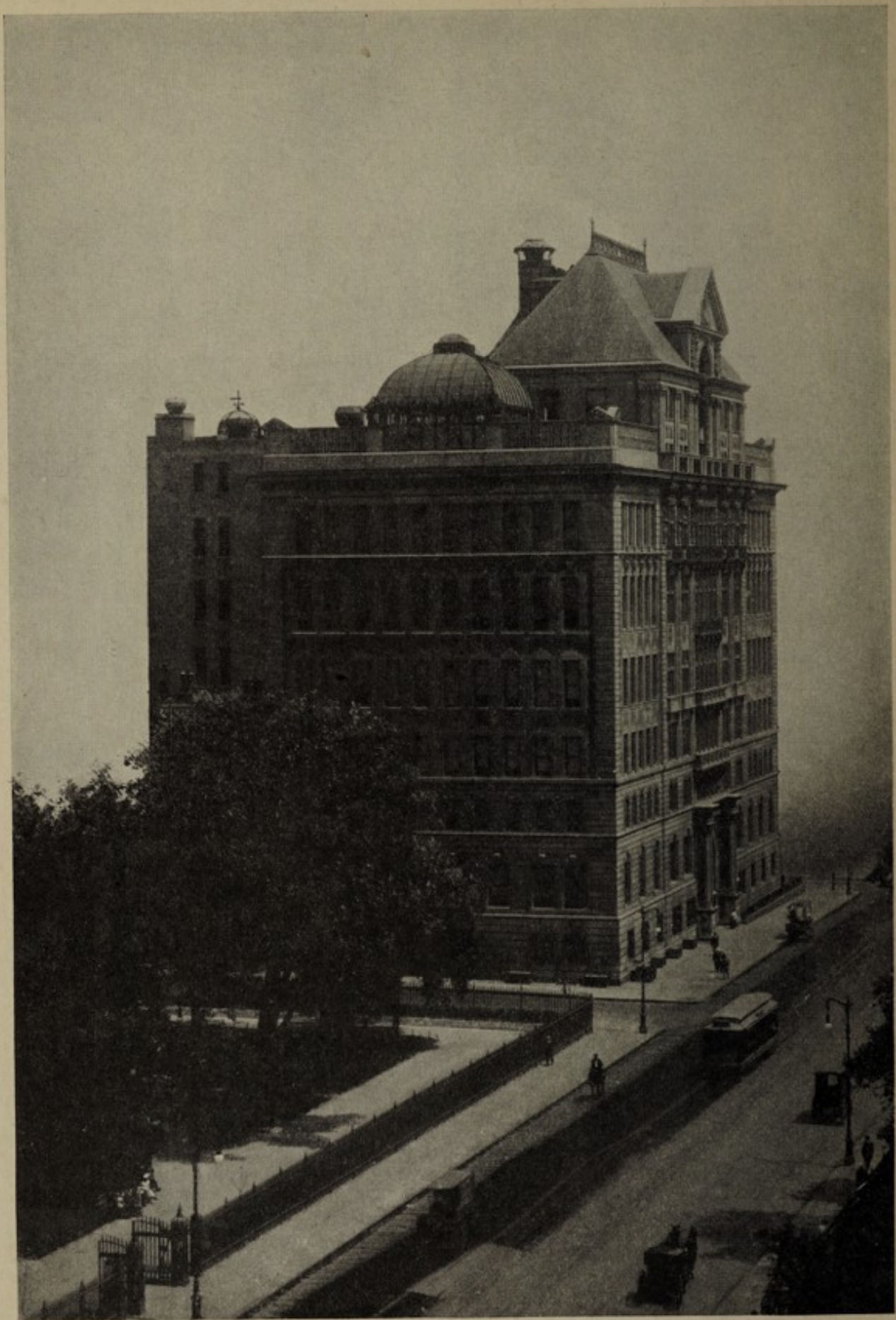
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**1934**

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Printed by order of the Board of Governors





THE LYING-IN HOSPITAL, SECOND AVENUE, 17th AND 18th STREETS  
1908





THE LYING-IN HOSPITAL, 70th STREET AND EAST RIVER  
1932



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# SOCIETY OF THE LYING-IN HOSPITAL OF THE CITY OF NEW YORK

## OFFICERS

<i>President</i> . . . . .	WILSON M. POWELL
<i>Vice-President</i> . . . . .	BARKLIE MCKEE HENRY
<i>Secretary</i> . . . . .	FRANK L. POLK
<i>Treasurer</i> . . . . .	BRONSON WINTHROP

## BOARD OF GOVERNORS

HENRY G. BARBEY	WILSON M. POWELL
CORNELIUS N. BLISS	AUGUSTINE J. SMITH
CHARLES S. BROWN	HOWARD TOWNSEND
BARKLIE MCKEE HENRY	PAUL TUCKERMAN
LEWIS CASS LEDYARD, JR.	JOHN HAY WHITNEY
FRANK L. POLK	BRONSON WINTHROP
WILLIAM WOODWARD	

## COMMITTEES

### EXECUTIVE COMMITTEE

CHARLES S. BROWN	AUGUSTINE J. SMITH
HOWARD TOWNSEND	HENRY G. BARBEY
JOHN HAY WHITNEY	

### FINANCE COMMITTEE

FRANK L. POLK	PAUL TUCKERMAN
WILLIAM WOODWARD	

### LAW COMMITTEE

BRONSON WINTHROP	LEWIS CASS LEDYARD, JR.
FRANK L. POLK	

### NOMINATING COMMITTEE

CHARLES S. BROWN	CORNELIUS N. BLISS
FRANK L. POLK	

*Counsel* WILSON M. POWELL

<i>Superintendent</i> . . . . .	THOMAS HOWELL, M. D.
<i>Associate Superintendent</i> . . . . .	WILLIAM H. SPILLER, M. D.
<i>Financial Secretary</i>	LEROY A. RUTHERFORD

OFFICES AT THE HOSPITAL  
530 East 70th Street, New York City

REPORT OF THE BOARD OF GOVERNORS  
OF  
THE SOCIETY OF THE LYING-IN HOSPITAL  
1934

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The Board of Governors of The Society of the Lying-In Hospital submits herewith its report for the 136th fiscal year of the Society ending December 31, 1934.

On February 14th, 1934 the Society suffered a great loss in the death of Edward W. Sheldon, its President, from 1928. Through his inspiration and leadership the present Lying-In Hospital became possible. As a result of his efforts the work of the Society has greatly increased.

To meet the increasing demand it became necessary to enlarge the capacity of the hospital by 26 private and 20 semi-private beds.

Again this past year the death rate has been low.

On July 1st Dr. Oscar M. Schloss, the Pediatrician-in-Chief, gave up his full time work at the Hospital and became a Consultant. He has cheerfully and kindly lent his aid and assistance since then for which we are grateful.



Through the earnest efforts of the Ladies' Auxiliary, radium treatment has become possible and has been much used. The Board wishes to express to the Ladies' Auxiliary its gratitude for their continued efforts in this direction.

The work of the Social Service has been carried on with great effectiveness.

It is a privilege to convey to the Staff, both professional and administrative, the gratitude of the Board of Governors of The Society of the Lying-In Hospital and of the Board of Governors of The Society of the New York Hospital for their efforts toward making the Hospital of greater benefit to the community.

WILSON M. POWELL,  
President.

## MEDICAL STAFF

### OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF

HENRICUS J. STANDER, M. D.

### ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

GEORGE GRAY WARD, M. D.

JAMES A. HARRAR, M. D.

HERBERT F. TRAUT, M. D.

C. FREDERIC JELLINGHAUS, M. D.

HERVEY C. WILLIAMSON, M. D.

### ASSOCIATE ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

OGDEN F. CONKEY, M. D.

JOSEPH N. NATHANSON, M. D.

EDWARD H. DENNEN, M. D.

JOHN A. O'REGAN, M. D.

R. GORDON DOUGLAS, M. D.

MEYER ROSENSOHN, M. D.

LYNN L. FULKERSON, M. D.

NELSON B. SACKETT, M. D.

W. HALL HAWKINS, M. D.

FRANK R. SMITH, M. D.

HOWARD S. McCANDLISH, M. D.

KYLE B. STEELE, M. D.

JOHN F. McGRATH, M. D.

LUCIUS A. WING, M. D.

### ASSISTANT ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

ROBERT L. CRAIG, M. D.

CHARLES M. McLANE, M. D.

OSCAR GLASSMAN, M. D.

ANDREW A. MARCHETTI, M. D.

ARTHUR V. GREELEY, M. D.

LUDWIG NEUGARTEN, M. D.

KATHERINE KUDER, M. D.

JACOB T. SHERMAN, M. D.

CHARLES T. SNYDER, M. D.

### RESIDENT OBSTETRICIAN AND GYNECOLOGIST

EMMETT A. MECHLER, M. D.

### ASSISTANT RESIDENT OBSTETRICIANS AND GYNECOLOGISTS

ROSS E. ANDERSON, M. D.

JAMES H. MERING, JR., M. D.

STEPHEN T. BARNETT, JR., M. D.

DONALD R. NELSON, M. D.

RALPH W. GAUSE, M. D.

JOHN B. PASTORE, M. D.

JAMES B. GULICK, M. D.

FLOYD S. ROGERS, JR., M. D.

CLOYCE R. TEW, M. D.

### INTERNES

MYRON J. ADAMS, M. D.

FRANK FAGAN, M. D.

LESTER BOSSERT, M. D.

ARTHUR M. FARIS, M. D.

JOHN C. BURWELL, JR., M. D.

F. FREDERICK FORTIN, M. D.

DANA W. COX, M. D.

THOMAS D. TYSON, JR., M. D.

BENJAMIN G. DININ, M. D.

ROBERT WALTER, M. D.

### LABORATORY ASSISTANTS

MISS HENRIETTA S. RHEES, A. B., M. S., Bacteriology

MISS ALBERTA KUDER, B. S., M. A., Pathology

MR. J. FRANCIS CADDEN, B. S., Chemistry

### NURSING STAFF

ANNA D. WOLF, M. A., R. N., Director of Nursing Service

VERDA HICKCOX, B. S., R. N., Assistant Director



## Medical Report

I have the honor to present the report of the Society of the Lying-In Hospital for the year 1934.

During that year we treated 4317 obstetrical patients on the indoor and outdoor delivery services, and 711 gynecological patients, a total of 5,028 patients, as compared with 5,013 in 1933. Our pavilion beds have been occupied to the extent of 91 per cent, and the private beds 73 per cent of full capacity. The total occupancy, including pavilion, private and semi-private, was 89.9 per cent of the total bed capacity, which means full occupancy because of the nature of our specialty. If proper precautions are to be effectual at all times, we should endeavor to keep our occupancy at a figure not exceeding 85 per cent of available beds.

During 1934 we delivered 3616 women resulting in 3651 babies. The uncorrected maternal mortality, including abortions, ectopic gestations and transfers to other departments, was 6 deaths in 4317 obstetrical patients, or 1.38 per 1,000 patients. This maternal mortality death rate, when expressed in terms of live births is, 1.7 per 1,000 live births as compared with 1.9 per 1,000 live births for the year 1933. Our gross infantile mortality, for indoor and outdoor delivery service, including all babies over 1,500 grams in weight, as well as neonatal deaths during the first two weeks following birth, was 3.806 per cent for the year 1934. In the gynecological service there were 7 deaths in 711 patients, an uncorrected mortality of 0.984 per cent. The operative mortality was 3, or 0.508 per cent in a total of 590 operations.

It is the splendid cooperation on the part of every one working in the Lying-In Hospital which has made it possible to maintain the high standard of work as evidenced by the above statistics. The Attending staff have at all times been available and ready to assist in the supervision and treatment of our patients. The Nursing service in this hospital has been of an unusually high order and we feel that the hospital patients, as well as those who



have been delivered in their homes, have received excellent nursing care and attention. Such nursing service has been possible through the efforts of the Nursing Department of the New York Hospital, the Maternity Center Association and the Henry Street Settlement Nursing Service.

The staff of the Berwind Free Maternity Clinic with the support of Mrs. John E. Berwind and under the direction of Miss Mary C. Skelley, has given us unusual cooperation in a large home delivery service conducted on the upper East side of Manhattan.

We wish to express our appreciation of the excellent work of our Anaesthetists, Social Service workers, Clinic Aids and Admitting Officers.

The Department of Nutrition of New York Hospital has served our patients with complete satisfaction. It has also been most valuable in the solution of many dietary problems associated with the proper care of maternity patients.

The other clinical and laboratory departments have continued in their cooperation with this clinic. We are indebted to the Department of Pediatrics for the care given to the babies born in the Lying-In Hospital. This work, initiated by Dr. Oscar M. Schloss, has been carried on under the direction of Dr. Samuel Z. Levine, acting Pediatrician-in-Chief to the New York Hospital. The Department of Medicine has continued its assistance in our special Cardiac Clinic for maternity patients. Dr. Eugene F. DuBois, Physician-in-Chief to the New York Hospital, and his assistants have been invaluable in their consultations and advice in our patients with medical complications. The Departments of Psychiatry and Surgery have helped this department in many phases of its work.

The teaching schedule in the Lying-In Hospital has increased during the past year. The educational activities may be divided under six headings: undergraduate instruction in all phases of obstetrics and gynecology to Cornell Medical students; instruction in this branch of Medicine to New York Hospital nurses; practical instruction to a resident staff of 20 graduates in medicine; an observation course of one month to post graduate students; summer teaching in obstetrics to 32 undergraduate



medical students from other universities and lastly instruction through staff conferences and Journal Club meetings to the whole attending and resident staffs, as well as many visitors.

Our weekly Monday afternoon staff conferences which are open to physicians interested in hearing frank discussions of gynecological and obstetrical problems, are attended each week by fifty to sixty doctors some of whom are visitors from various parts of the country. This conference lasts from two to four hours and at present the departmental library, which is the largest room in the Lying-In Hospital, is filled to capacity at the time of these conferences. We believe that this type of teaching is the best form of post graduate instruction.

We are firmly convinced that maternal mortality in the United States will be lowered only by two factors, better undergraduate teaching of the subject of obstetrics and gynecology in our medical schools and more intensive and more rigorously supervised training of young doctors in our maternity hospitals. We have tried to meet these two specifications by having obstetrics and gynecology assume as important a role as surgery or medicine in the curriculum of the Cornell University Medical College and by instituting a five year hospital residency system for the training of medical graduates who wish to specialize in the field of obstetrics and gynecology.

The Lying-In Hospital is always open to visiting doctors who wish to observe our work for a day, a week, or even months. We constantly have such visitors, and a few have spent long periods of time with us.

The Ladies' Auxiliary Board of the Lying-In Hospital supported and directed the activities of our Social Service Department, which has worked in an exceedingly satisfactory manner, cooperating, to the interest of every patient, with the medical, nursing and clerical staffs. The Ladies' Board has helped the Lying-In Hospital in other ways, particularly in providing funds for the rental of radium, and for the support of a special maternal health clinic. As a result we have, for the first time, been able to treat in a satisfactory manner many women suffering from cancer. We wish to express our deep gratitude to the Ladies' Auxiliary Board of the Lying-In Hospital.



The members of the Executive Committee of the Board of the Society of the Lying-In Hospital have assisted us in so many instances that it is impossible to note them in these pages. I have constantly called upon them and on the members of the Board of Governors of the New York Hospital for advice and assistance, and have always received their sympathetic understanding and support. The staff of the Lying-In Hospital wishes to express here its deep sense of gratitude to these two governing Boards.

H. J. STANDER, M. D.,  
Obstetrician and Gynecologist-in-Chief.



## Report of Nursing Activities

I herewith submit the annual report of the Nursing Service of the Lying-In Hospital for the year nineteen hundred and thirty-four.

Our aim to maintain a high standard of maternity nursing care as set up with the aid of the medical staff, has been greatly advanced by closer contact and cooperation with the Maternity Center Association and other organizations caring for our patients in their homes. This association has provided opportunity for the review of information given to patients registered at our antenatal clinic. A pamphlet containing advice to mothers and one of standing orders for public health nurses have been prepared by a committee of our medical and nursing staffs. Through the interest of the Ladies' Auxiliary Board this material has been printed and is now being distributed to our patients.

The increased census due to the opening of semi-private beds has required a corresponding increase in staff membership, bringing the total appointments for the year to one hundred and twenty-seven. This figure includes twenty-nine former students whose familiarity with the methods of the department reduced the interruption to service usually attending change.

During nineteen hundred and thirty-four, thirty-eight students of the New York Hospital School of Nursing received instruction and had practice in obstetrical and gynecological nursing. Fifty-nine affiliating students have had the same experience; eighteen from the Bloomingdale Hospital School of Nursing at White Plains, New York; thirty from the Lenox Hill Hospital School of Nursing in New York City; eleven from the Moses Taylor Hospital School of Nursing at Scranton, Pa. Thirty-eight graduate students were admitted to the school, representing schools of nursing in eighteen states. One hundred and twenty-seven of the total number of students enrolled satisfactorily completed the course.

Little change has been made in the course of instruction for the



students, effort being directed toward the improvement of its application to the better care of patients. An additional four months of advanced study has been planned for graduate students of exceptional ability who, having completed the basic course, wish to register for ward management and ward teaching with related practice assisting the head nurses on the pavilions. Applications are now being considered for the first class.

Evidence of continued interest in professional growth is shown by voluntary attendance of the staff at lectures and clinics within the hospital, and by registration at the various schools and colleges in the city. This broadening influence has been increased by the stimulation of contact with many professional visitors from home and abroad who have spent from a few hours to two weeks in this clinic.

At Christmas time, the patients who were unable to be at home on this day when families like to be together, were made happy through the generosity of Mrs. John D. Peabody and Mr. William A. W. Stewart, and through the efforts of staff members, student nurses, and friends. Each mother and baby received an attractive and useful gift.

The Nursing Service of the Lying-In Hospital is indebted to many individuals and groups for their generous cooperation during the past year; to the medical staff for their constant help and advice and for their special contribution in the form of lectures to student nurses; to the Ladies' Auxiliary Board for their interest and timely assistance; and to the many other departments of the hospital that have cooperated with us in our common interest for the patients. I also wish to express my appreciation of the loyal support of the members of the nursing staff.

Respectfully submitted,

VERDA F. HICKCOX, R.N.

Head of the Obstetrical and Gynecological  
Nursing Service and Instruction.



## REPORT OF THE LADIES' AUXILIARY TO THE SOCIETY OF THE LYING-IN HOSPITAL

NOVEMBER 1, 1933—OCTOBER 31, 1934

During our second year in this new building the work of the Ladies' Auxiliary has been as follows:

The House Committee under the chairmanship of Mrs. E. Farrar Bateson, has received articles of clothing from Mrs. A. K. Schopf, Miss Marion Wharton, the American Red Cross, the Junior League Clothing Center and the laundry of the New York Hospital. The mothers' sewing class was started and has met once a week. We provided 245 yards of material for the class. Out of each two garments made, one was kept by the mother and one was given to the hospital. Now the women buy their material from us at cost and we use this money to purchase new material. We feel that the class has been of benefit to the mothers and they have shown great interest in learning to make their babies' clothes. Eighty-five books were donated to the Social Service Library of the New York Hospital. We wish to thank the Library Committee for distributing 4108 books in the Lying-In Hospital during the year.

Mrs. Allan Locke has continued her splendid work as chairman of the Volunteer Workers Committee. Forty-four women have done volunteer work in the Lying-In Hospital this year. For the winter months there was an average of 14 workers, giving 75 hours of work a week.

Mrs. Harris Harder is chairman of the Babies' Alumnae of the Lying-In Hospital, which was organized in May. \$375 have been contributed to the fund, and the money is to be used for medical social service relief.

The Executive Committee has met regularly once a week except during the summer months, to attend to such matters as needed attention between board meetings.

Mrs. Morgan Hamilton, Mrs. E. Farrar Bateson and Irving B. Kingsford have gone through all our old records and have put



them in good order. Our Scrap Book dating from 1897 gives a picture of the work done by the Ladies' Auxiliary since that time.

Last March a visiting committee was formed of two members to visit the hospital once a week for a month, to be replaced the following month by two other members, so that each member of the Board should have an opportunity to become familiar with the workings of the hospital. This was done at Dr. Stander's request.

The radium has been in constant use and we hope will pay enough to cover its rental, and eventually accumulate a surplus with which it can be bought.

The treasurer's report shows disbursements of \$8,531.33 and a balance on October 31, 1934, of \$2,949.22. This balance includes \$325 belonging to the Babies' Alumnae Fund.

To Miss Riley is due the success and high standard of the work in the Social Service Department. She has been ably assisted by Mrs. McLane and Miss Street. The latter came to us in February to replace Miss Tynes who resigned to do Federal Relief work.

Respectfully submitted

VIRGINIA M. HIGGINSON,

President.



# SOCIETY OF THE LYING-IN HOSPITAL INCOME & EXPENSE ACCOUNT FOR THE YEAR 1934

## INCOME

OPERATING INCOME OF WOMAN'S CLINIC AT SEVENTIETH STREET	\$220,455.12
Corporation Income	
Interest and Dividends	\$44,796.93
Rents from 9-13 Maiden Lane Property	18,586.63
Legacy from Estate of Selma Rossman	141.45
Donation from Edward W. Sheldon, for Christmas Fund	100.00
Donations in Response to Appeal	5,858.00
Miscellaneous	63.10
Total of above Income	69,546.11
Deficit, reimbursed by the Society of the New York Hospital	\$290,001.23
	\$233,487.43
	<u>\$523,488.66</u>

## EXPENSE

OPERATING EXPENSE OF WOMAN'S CLINIC AT SEVENTIETH STREET	\$443,302.93
Corporation Expense:	
Bond and Mortgage Interest, Premises 9-13 Maiden Lane	\$18,000.00
Taxes on Property 9-13 Maiden Lane	19,584.00
Taxes on Second Avenue Plant	25,840.00
Maintenance of Old Buildings at Second Avenue Plant	6,333.13
Appropriation to Ladies' Auxiliary	3,000.00
Pensions	801.00
Salaries, Appeal for Contributions	3,421.25
Supplies and Postage, Appeal for Contributions	1,691.80
Architect's Services	395.66
Insurance	369.29
Auditing	150.00
Gift of Edw. W. Sheldon in 1933 for Radium Insurance, paid over to New York Hospital	450.00
Gift of Edw. W. Sheldon for Christmas Fund, paid over to New York Hospital	100.00
Miscellaneous	49.60
	80,185.73
	<u>\$523,488.66</u>



# GOVERNORS AND OFFICERS OF THE SOCIETY OF THE LYING-IN HOSPITAL

From Its Incorporation, 1799

## GOVERNORS AND PERIODS OF SERVICE

Robert Lenox.....	(1799-1835)	John Watts.....	(1822-1830)
Cornelius Ray.....	(1799-1824)	William Bard.....	(1829-1854)
Archibald Gracie.....	(1799-1824)	Dr. James Pendleton..	(1829-1832)
Henry Remsen.....	(1799-1835)	Philip Hone.....	(1829-1847)
John Thompson.....	(1799-1799)	Elisha Tibbits.....	(1831-1835)
John S. Robertson....	(1799-1800)	John S. Cary.....	(1831-1835)
Robert Downe.....	(1799-1799)	Dennis McCarthy....	(1831-1835)
Matthew Clarkson...	(1799-1822)	George Jones.....	(1834-1835)
Thomas Pearsall.....	(1799-1807)	Robert Ray.....	(1834-1879)
Rev. John Christopher Kunze.....	(1799-1807)	Lewis C. Hammersly..	(1834-1835)
William Houstoun....	(1799-1811)	Isaac S. Hone.....	(1834-1835)
Andrew Hamersly....	(1799—)	Benjamin F. Butler...	(1845-1858)
William Bayard.....	(1799—)	William F. Mott.....	(1845-1866)
John Charlton.....	(1799—)	Dr. Alexander E. Ho- sack.....	(1845-1869)
David M. Clarkson...	(1799-1814)	Thomas W. Ludlow...	(1845-1847)
William Jauncey.....	(1799—)	Joseph B. Collins....	(1845-1867)
J. C. Vanden Heuvel..	(1799—)	Theodore Sedgwick...	(1845-1855)
Frederic De Peyster..	(1802-1829)	James G. King.....	(1845-1847)
Dr. George Anthon...	(18—1821)	Robert B. Minturn, Sr.	(1845-1866)
Dr. David Hosack....	(18—1835)	William Birdsall.....	(1845-1855)
Andrew Morris.....	(18—1816)	Joshua S. Underhill...	(1845-1857)
Rev. Abraham Beach, D. D.....	(18—1813)	John Jay.....	(1845-1846)
Charles L. Cammann..	(18—1806)	George Wilkes.....	(1846-1847)
Jacob Le Roy.....	(18—1807)	George T. Trimble....	(1854-1872)
Thomas C. Pearsall...	(1808-1813)	Apollos R. Wetmore..	(1854-1881)
De Witt Clinton.....	(1808-1816)	Thomas B. Stillman..	(1854-1866)
Peter P. Goelet.....	(1813-1824)	Benjamin R. Winthrop	(1854-1879)
Charles Wilkes.....	(1813-1832)	Stewart Brown.....	(1854-1880)
Peter Augustus Jay...	(1813-1822)	Jacob Harsen.....	(1861-1862)
Jacob Sherred.....	(1813—)	Benjamin D. Silliman.	(1861-1890)
John Hone.....	(1821-1832)	John C. Green.....	(1861-1875)
Lynde Catlin.....	(1821-1832)	Andrew Warner.....	(1863-1892)
Charles McEvers.....	(1821-1835)	James Lenox.....	(1866-1880)
Abijah Hammond....	(1821-1822)	William A. Aspinwall.	(1866-1869)
Nathaniel Prime.....	(1822-1835)	Robert B. Minturn...	(1866-1880)
		Robert L. Kennedy...	(1868-1887)



Joseph W. Patterson.. (1868-1881)	Nicholas Murray Butler (1905-1915)
Egerton Leigh Winthrop..... (1869-1905)	Amos Tuck French... (1905-1912)
LeGrand B. Cannon.. (1873-1874)	J. Pierpont Morgan, Jr. (1906-1928)
Albert M. Patterson.. (1874-1892)	John McL. Nash..... (1906-1909)
George G. Williams... (1879-1903)	Morton S. Paton..... (1907-1926)
Frederic Bronson..... (1880-1900)	Elbert H. Gary..... (1909-1927)
Charles E. Tracy..... (1880-1896)	Francis R. Appleton.. (1909-1928)
Robert Lenox Belknap (1880-1896)	John T. Atterbury.... (1909-1912)
John A. Weekes..... (1880-1894)	Temple Bowdoin..... (1913-1913)
William A. Duer..... (1881-1904)	G. Hermann Kinnicutt (1913-1928)
Robert Ray Hamilton (1882-1890)	Henry W. Monroe.... (1913-1920)
Henry V. R. Kennedy. (1888-1891)	George F. Baker, Jr... (1914-1928)
Frederic W. Stevens.. (1890-1892)	Herbert L. Satterlee.. (1914-1928)
Edmund L. Baylies.. (1890-1923)	James Gore King..... (1915-1928)
William T. Lawrence. (1891-1892)	William H. Porter.... (1920-1926)
Egerton L. Winthrop, Jr (1892-1905)	Junius Spencer Morgan, Jr..... (1920-1928)
Frederick Delano Weekes..... (1892-1905)	Frank L. Polk..... (1923—)
Henry A. C. Taylor.. (1893-1899)	Stephen Merselis..... (1924-1928)
George B. McClellan.. (1893-1895)	George T. Bowdoin... (1927-1928)
Francis S. Bangs..... (1894-1908)	Henry Sturgis Morgan (1927-1928)
Dr. Edward W. Lambert..... (1895-1904)	Walter Jennings..... (1928-1933)
Thomas Newbold..... (1895-1899)	Edward W. Sheldon.. (1928-1934)
William Greenough... (1896-1898)	Paul Tuckerman..... (1928—)
W. Pierson Hamilton. (1897-1924)	Howard Townsend... (1928—)
Trenor L. Park..... (1898-1905)	Augustine J. Smith... (1928—)
Lewis Cass Ledyard.. (1899-1928)	Charles S. Brown..... (1928—)
J. Pierpont Morgan... (1900-1913)	Bronson Winthrop.... (1928—)
Richard T. H. Halsey. (1903-1905)	Henry G. Barbey..... (1928—)
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	John Hay Whitney... (1928—)
	Wilson M. Powell.... (1933—)
	Barklie McKee Henry (1934—)

#### PRESIDENTS AND TERMS OF SERVICE

Thomas Pearsall..... (1799-1807)	Benjamin D. Silliman. (1881-1890)
Cornelius Ray..... (1808-1826)	Egerton L. Winthrop, (1891-1892)
Robert Lenox..... (1829-1835)	John A. Weekes..... (1892-1894)
William Bard..... (1845-1854)	William A. Duer..... (1894-1900)
Benjamin F. Butler... (1854-1858)	J. Pierpont Morgan... (1900-1900)
George T. Trimble.... (1861-1872)	Lewis Cass Ledyard.. (1900-1921)
Robert Ray..... (1872-1879)	J. Pierpont Morgan, Jr. (1921-1928)
Apollos R. Wetmore.. (1880-1881)	Edward W. Sheldon.. (1928-1934)
	Wilson M. Powell.... (1934—)



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Rev. John Christopher	Robert Lenox Kennedy (1881-1887)
Kunze..... (1799-1807)	Egerton L. Winthrop. (1887-1891)
Samuel Osgood..... (1808-1812)	John A. Weekes..... (1891-1892)
Dr. George Anthon... (1813-1821)	William A. Duer..... (1892-1894)
Robert Lenox..... (1821-1829)	George G. Williams... (1894-1903)
Henry Remsen..... (1829-1831)	Egerton L. Winthrop. (1903-1905)
Theodore Sedgwick... (1854-1855)	Robert Bacon..... (1905-1907)
Robert B. Minturn, Sr. (1861-1866)	J. Pierpont Morgan, Jr. (1907-1921)
Robert Ray..... (1866-1872)	Morton S. Paton..... (1921-1926)
James Lenox..... (1872-1879)	Lewis Cass Ledyard.. (1927-1928)
Apollos R. Wetmore.. (1879-1880)	Walter Jennings..... (1928-1933)
Benjamin D. Silliman. (1880-1881)	Wilson M. Powell..... (1933-1934)
	Barklie McKee Henry (1934—)

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Frederick De Peyster. (1802-1829)	Frederic Bronson..... (1897-1900)
Charles Wilkes..... (1829-1833)	Francis S. Bangs..... (1900-1904)
William Bard..... (1833-1845)	F. Delano Weekes.... (1904-1905)
Joseph B. Collins..... (1845-1862)	Francis S. Bangs..... (1905-1908)
Benjamin R. Winthrop (1862-1872)	W. Pierson Hamilton. (1908-1924)
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Robert Lenox Belknap (1892-1896)	Bronson Winthrop.... (1930—)
Francis S. Bangs..... (1896-1897)	

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William Houstoun.... (1799-1811)	Andrew Warner..... (1863-1892)
Peter Augustus Jay... (1813-1822)	Robert Lenox Belknap (1892-1893)
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William Bard..... (1829-1833)	W. Pierson Hamilton. (1905-1906)
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Joshua S. Underhill... (1854-1857)	James Gore King..... (1918-1928)
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Wright Post..... (1799-1822)	Samuel W. Lambert.. (1892-1905)
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EXTRACT FROM BY-LAWS

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1902

In memory of ANTOINETTE, COUNTESS SEILERN  
By Mrs. ANNA WOERISHOFFER

1912

In memory of her mother,  
LUCY MORGAN STREET  
By Mrs. GEO. P. EUSTIS

The ANNA WOERISHOFFER BED  
By Mrs. ANNA WOERISHOFFER

1914

The MARIE STUART BED  
By LILLA GAITES

1916

By HENRY CLAY FRICK, Esq.

1928

In memory of IDA MAY DICKINSON  
By Estate of HENRI D. DICKINSON



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William Vincent Astor.....	1932	G. Hermann Kinnicutt.....	1912
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Robert Lenox Banks.....	1893	Thomas W. Lamont.....	1922
Henry G. Barbey.....	1928	Lewis Cass Ledyard, Jr....	1927
Francis D. Barstow.....	1927	H. G. Lloyd.....	1922
Waldron Phoenix Belknap..	1881	Clarence H. Mackay.....	1905
Edward J. Berwind.....	1911	George B. McClellan.....	1893
Cornelius N. Bliss.....	1928	Stephen Merselis.....	1923
George T. Bowdoin.....	1927	Henry Sturgis Morgan.....	1927
Charles S. Brown.....	1928	J. Pierpont Morgan, Jr....	1905
Nicholas Murray Butler...	1904	Junius Spencer Morgan, Jr..	1920
John Claflin.....	1911	Paul G. Pennoyer.....	1922
Joseph H. Choate, Jr.....	1928	Frank L. Polk.....	1923
Thomas Cochran.....	1922	Wilson M. Powell.....	1932
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William Ewing.....	1927	E. F. Stotesbury.....	1922
Amos T. French.....	1898	Howard Townsend.....	1928
R. Horace Gallatin.....	1928	Paul Tuckerman.....	1928
Thomas S. Gates.....	1922	Cornelius Vanderbilt.....	1900
Richard T. H. Halsey.....	1902	F. Delano Weekes.....	1888
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Barklie McKee Henry.....	1932	John Hay Whitney.....	1928
G. Beekman Hoppin.....	1928	Bronson Winthrop.....	1887
Adrian Iselin, Jr.....	1893	William Woodward.....	1928
Arthur Iselin.....	1928		
Frank B. Keech.....	1896		



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James W. Alexander.....	1893	Henry P. Davison.....	1922
Frederic W. Allen.....	1928	Francis P. De Luze.....	1892
George Anthon, M. D.....	1821	Frederick De Peyster.....	1802
Francis R. Appleton.....	1909	Henry Dudley.....	1873
William H. Aspinwall.....	1866	William A. Duer.....	1880
John Jacob Astor.....	1894	George R. Fearing.....	1892
William Waldorf Astor.....	1894	George W. Folsom.....	1873
Edgar S. Auchincloss.....	1880	S. Barton French.....	1899
John T. Atterbury.....	1908	Elbert H. Gary.....	1908
Robert Bacon.....	1896	Peter B. Goelet.....	1813
Elliott C. Bacon.....	1922	Archibald Gracie.....	1799
George F. Baker.....	1911	James King Gracie.....	1879
Francis S. Bangs.....	1892	John C. Green.....	1861
William Bard.....	1829	William Greenough.....	1880
Edmund L. Baylies.....	1890	George Griswold.....	1866
Nathalie E. Baylies.....	1908	Andrew Hamersly.....	1799
William Bayard.....	1799	Lewis C. Hammersly.....	1834
Rev. Abraham Beach, D. D..	18—	Robert Ray Hamilton.....	1882
James W. Beekman.....	1892	Abijah Hammond.....	1821
Robert Lenox Belknap.....	1880	Jacob Harsen.....	1861
Robert Lenox Belknap, Jr..	1881	Isaac S. Hone.....	1834
Christopher M. Bell, M. D..	1898	John Hone.....	1829
William Birdsall.....	1845	Philip Hone.....	1821
Samuel P. Bladgen.....	1897	Hamilton L. Hoppin.....	1896
Temple Bowdoin.....	1908	Alexander E. Hosack, M. D.	1845
Robert Bowne.....	1799	David Hosack, M. D.....	1799
Frederic Bronson.....	1880	William Houstoun.....	1799
Stewart Brown.....	1854	Clarence M. Hyde.....	1898
William H. Brown.....	1866	William Jauncey.....	1799
Benjamin F. Butler.....	1845	John Jay.....	1845
William Allen Butler.....	1892	Peter Augustus Jay.....	1813
Charles L. Cammann.....	18—	Walter Jennings.....	1928
H. LeGrand Cannon.....	1893	George Jones.....	1834
LeGrand B. Cannon.....	1873	S. Nicholas Kane.....	1897
John S. Cary.....	1831	Robert Lenox Kennedy....	1868
Lynde Catlin.....	1821	H. Van Rennselaer Kennedy	1888
N. W. Stuyvesant Catlin...	1879	A. Gracie King.....	1879
J. Winthrop Chandler.....	1877	James G. King.....	1845
John Charlton.....	1799	James Gore King.....	1914
David M. Clarkson.....	1799	Rev. John Christopher	
Matthew Clarkson.....	1799	Kunze.....	1799
De Witt Clinton.....	1808	Edward W. Lambert, M. D.	1895
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	When Elected		When Elected
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Charles H. Marshall.....	1873	W. Watts Sherman.....	1892
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Dennis McCarthy.....	1831	Benjamin D. Silliman.....	1861
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Joseph W. Patterson.....	1868	George Wilkes.....	1846
Thomas Pearsall.....	1799	Miss Grace Wilkes.....	1894
Thomas C. Pearsall.....	1808	George G. Williams.....	1874
James Pendleton, M. D....	1829	Benjamin R. Winthrop.....	1854
Robert P. Perkins.....	1904	Egerton L. Winthrop.....	1869
Geo. W. Perkins.....	1904	Egerton L. Winthrop, Jr....	1887
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William H. Porter.....	1911	Mrs. Anna Woerishoffer....	1894
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Prince, Mrs. Leo M.	Smith, Mrs. Munroe
Pulitzer, Mrs. Ralph, Jr.	Smith, Robert B.
Pulsifer, Harold T.	Smith, Miss Robinson
Purrington, Mrs. W. A. (In Name of Mrs. S. T. Russell)	Smithers, Christopher D.
Rankin, R. G.	Sparks, Frederick W.
Raymond, H. H.	Speranza, Mrs. Gino C.
Reed, S. Albert	Stein, Mrs. Julius
Reichenberg, Mrs. R.	Steinbugler, John L.
Reid, Fergus	Steiner, Henry
Rhineland, T. J. Oakley	Stern, Mrs. Edna P.
Richard, O. L.	Stern, Mrs. Leopold (In the Name of Amelia B. Thalhimer)
Riggs, Karriek	Stern, Milton
Rittenberg, Mrs. William C.	Stieglitz, Mr. and Mrs. Albert
Robbins, Mrs. Julian W.	Stimson, Miss C. C.
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Rockefeller, Mrs. John D., Jr.	Straus, Harry H.
Rodewald, F. L.	Strauss, Frederick
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 Vanderbilt, Mrs. W. K.  
 van der Hoogt, Mrs. Cornelius W.  
 (In the Name of my Mother)  
 Villard, Oswald G.  
 Volk, Kurt H.  
 von Zedlitz, Mrs. Anna M.  
 Voss, Mrs. Frank S.  
 Wadsworth, Charles  
 Wadsworth, Mrs. George R.  
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Included in the foregoing amount are gifts from ten  
 anonymous contributors.



## THE BIRTHDAY FUND

Established 1922

This Fund, which is maintained entirely by voluntary contributions, provides free hospital care for the most needy cases coming under our supervision, and 42 of the aforementioned subscribers in the period covered by this report have made donations thereto aggregating \$509.00.

The Governors take this opportunity to express their grateful acknowledgments to those who contributed to this, and to the General Fund of the Hospital.



## MISCELLANEOUS DONATIONS

All of which are gratefully acknowledged

- February. STANDARD BOOKING OFFICE, 151 West 58th St.—Tickets for a Recital.  
MR. EDWARD A. WEISS, 2508 Broadway—Reading matter
- March. MISS MARION WHARTON, 155 East 72nd St.—Baby Clothes.  
MR. EDWARD A. WEISS, 2508 Broadway—Reading matter.
- April. NEW YORK HERALD TRIBUNE, 230 West 41st St.—50 copies of the Magazine Section of the Herald Tribune.  
STANDARD BOOKING OFFICE, 151 West 58th St.—Tickets for a Recital.
- May. PAUL GILMORE CHERRY LANE THEATRE, 38 Commerce St.,  
—Theatre Tickets, on three different occasions.
- August. MR. EDWARD A. WEISS, 2508 Broadway—Reading matter.
- October. MR. EDWARD A. WEISS, 2508 Broadway—Reading matter.  
DR. CHARLES J. SNYDER, 1110 Park Ave.—Medical Books.
- November. DR. KYLE B. STEELE, 791 Park Ave.—Medical books and Journals.
- December. DR. JOSEPH BRETTAUER, 1063 Madison Ave.—Medical books and Journals, 103 volumes; and instruments.  
DR. LUCIUS A. WING, 140 East 54th St.—Medical books and Journals: 224 volumes.  
MR. EDWARD A. WEISS, 2508 Broadway—Reading matter.



# Statistics

## OBSTETRICAL DEPARTMENT

### INDOOR AND OUTDOOR SERVICES

#### TOTAL DISCHARGES:

	Lying-In Indoor	Lying-In Outdoor	Berwind Outdoor	Total
Abortion, operative .....	101			101
Abortion, spontaneous .....	66	1	1	68
Full term operative delivery ..	594	1	23	618
Full term spontaneous delivery	1,972	84	865	2,921
Premature delivery .....	71		6	77
Discharge before delivery .....	435			435
Infant—Boarder .....	48			48
Not pregnant .....	28			28
Post partum .....	66			66
Died undelivered .....	1			1
Temporary Study .....	2			2
Total .....	3,384	86	895	4,365

#### TOTAL INFANTS:

Total deliveries .....	3,616
Twins .....	35
Total .....	3,651

#### RACE:

White .....	3,798
Colored .....	519
Total .....	4,317

#### ECTOPIC PREGNANCY:

Tubal pregnancy .....	12
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#### SYPHILIS (ABORTIONS AND DELIVERIES):

	Lying-In Indoor	Lying-In Outdoor	Berwind Outdoor	Total
Lues no lesions, Wassermann or Kline Reaction 4+ .....	31	1	63	95
Lues no lesions, Wassermann or Kline Reaction negative ..	6	1	5	12
No lues .....	2,261	78	822	3,161
Unknown .....	506	6	5	517
Total .....	2,804	86	895	3,785

*Incidence of syphilis = 3.27%*



# TOXAEMIA (ABORTIONS AND DELIVERIES INDOOR):

Vomiting of pregnancy.....	2
Chronic nephritis.....	50
Low reserve kidney.....	159
Pre-eclampsia.....	31
Eclampsia:	
Antepartum.....	1
Intrapartum.....	1
Postpartum.....	2
Hypotension.....	162
Unclassified.....	74
Acute yellow atrophy.....	0
Unknown.....	1
No toxæmia.....	2,321
Total.....	2,804

*Incidence of toxæmia = 17.22%*

# TYPE OF PELVIS (NOT INCLUDING ABORTIONS):

	Lying-In Indoor	Lying-In Outdoor	Berwind Outdoor	Total
Normal.....	2,308	72	720	3,100
Flat simple.....	49		18	67
Funnel typical.....	46		23	69
Funnel flat.....	7			7
Generally contracted typical..	146	8	109	263
Generally contracted funnel..	20	1	8	29
Rhachitic, flat.....	2	1		3
Rhachitic, generally contracted			1	1
Other.....	1			1
Not measured.....	58	3	15	76
Total.....	2,637	85	894	3,616



## PRESENTATION (NOT INCLUDING ABORTIONS):

	Lying-In Indoor	Lying-In Outdoor	Berwind Outdoor	Total
No record.....			56	56
L.O.A.....	1,375	41	485	1,901
L.O.T.....	71	1	13	85
L.O.P.....	89	4	20	113
L.O.P. (Posterior rotation)...	2		1	3
O.P. (Primary).....	1			1
R.O.A.....	662	25	205	892
R.O.T.....	75	1	11	87
R.O.P.....	162	5	48	215
R.O.P. (Posterior rotation)...			4	4
Breech.....	130	1	14	145
Brow.....	1			1
Face.....	9		1	10
Transverse.....	7			7
Parietal.....	2			2
Compound.....	4			4
Not determined.....	44	2	27	73
Vertex not differentiated.....	3	5	9	17
Total.....	2,637	85	894	3,616

## OPERATIONS (FULL TERM + PREMATURE DELIVERIES):

	Lying-In Indoor	Lying-In Outdoor	Berwind Outdoor	Total
Forceps:				
Low.....	292		9	301
Mid.....	93		2	95
High.....	4			4
Total.....	389		11	400

Incidence of forceps Indoor = 14.75%

Incidence of forceps Outdoor = 1.23%

Breech extraction.....	115	1	10	126
Version and extraction.....	15			
Tamponade of uterus.....	11			
Episiotomy.....	800			
Repair of 3rd degree laceration	16			



# Caesarean Section:

Classical.....	36
Low cervical.....	20
Radical.....	1
Latzko.....	1
Vaginal.....	0
Classical or low cervical + sterilization ..	10
Total.....	68

*Incidence of Caesarean Section = 2.50%*

## INDICATION FOR CAESAREAN SECTION:

Contracted pelvis.....	34
Cardiac disease.....	2
Chronic nephritis.....	9
Diabetes.....	1
Placenta praevia centralis.....	4
Placenta praevia marginalis.....	1
Non-engagement (56 hour labor).....	1
Tetanic uterus.....	1
Previous myomectomy.....	1
Transverse presentation.....	1
Face presentation, chin posterior.....	1
Compound presentation.....	1
Pre-eclampsia.....	3
Pre-eclampsia with toxic myocarditis.....	1
Cervical dystocia, cervical stenosis.....	2
Previous section, defective scar.....	5
Total.....	68

## OTHER OPERATIONS (ALL PATIENTS, NOT INCLUDING ABORTIONS):

Manual removal of placenta.....	38
Labor induction—bag.....	15
Labor induction—bougie.....	11
Destructive operation—infant.....	4
Cervical repair.....	34
Cervical dilatation, instrumental.....	12
Plastic operation—vagina.....	2
Incision of breast abscess.....	9
Other.....	9



# HEMORRHAGE (NOT INCLUDING ABORTIONS):

	Lying-In Indoor	Lying-In Outdoor	Berwind Outdoor	Total
Placenta praevia.....	13			13
Premature separation.....	9			9
Ruptured uterus.....	0			0
Postpartum.....	101	2	16	119
Puerperal.....	3		1	4
Incidence of postpartum hemorrhage (600 cc. or over) = 3.29%				

## MORBIDITY (FULL TERM AND PREMATURE DELIVERIES):

By "Puerperal Infection" is meant a rise in temperature to 100.4°F. (38°C.) occurring once during each of two twenty-four hour periods following delivery or remaining elevated longer than 24 hours, excluding the first 24 hours after delivery, unless the rise in temperature is definitely proven to be due to other causes, such as mastitis, pyelitis, or intercurrent infection. Morbidity includes all cases of Puerperal Infection and all those febrile from other causes. A temperature elevated to 100.4°F. (38°C.) once, or of only 24 hours duration, is a One Day Fever, and not included in the morbidity figure. The temperatures are taken on the Indoor Service as follows: 6-10 a.m., 2-6-10 p.m., unless otherwise ordered. The temperature on the Outdoor Services are taken by the visiting nurse once a day at the time of her routine visit, unless otherwise ordered.

	Lying-In Indoor	Lying-In Outdoor	Berwind Outdoor	Total
Afebrile.....	1,891	76	819	2,786
One day fever.....	385	7	40	432
Febrile:				
Puerperal infection.....	296	0	17	313
Pyelitis.....	17		1	18
Mastitis.....	33		4	37
Intercurrent disease.....	4		9	13
Other.....	10			10
Died at delivery.....	1			1
Transferred into Hospital.....		2	4	6
	2,637	85	894	3,616

Incidence of morbidity—Indoor

(Abortions not included) = 13.68%

Incidence of morbidity—Indoor

(Abortions included) = 13.80%

Incidence of puerperal infection—Indoor

(Abortions not included) = 11.22%

Incidence of puerperal infection—Indoor

(Abortions included) = 11.38%



## MATERNAL MORTALITY

DISCHARGES:		DEATHS
Lying-In Hospital (Indoor).....	3,336	6
Lying-In Hospital (Outdoor).....	86	0
Berwind Service (██████████).....	895	0
Total.....	4,317	6

### MATERNAL DEATHS:

6 in 4,317 patients.

Gross maternal mortality (including abortions, ectopic and other)  
= 0.138% or 1.38 per thousand discharged patients.

This gross uncorrected maternal mortality, when expressed in terms  
of live births is 1.7 maternal deaths per 1,000 live births.

*These 6 deaths were as follows:*

1. Antenatal patients:		
Patients dying before delivery.....		1
2. Postpartum patients (full term and premature deliveries):		
Deaths: (2 patients of the total of 5 died on the Medical Service)		
Indoor Service.....	4	
Indoor service (transferred from Berwind)...	1	
Outdoor Service.....	0	
Berwind service (death in the home).....	0	
	5	
3. All other patients (abortions included):		
Deaths.....		0
	Total	6

### HISTORY No. 52021—Peritonitis and Pyelitis

Patient, age 34, colored, para 5-0-3-1, Wassermann negative, was transferred from Berwind Service after onset of labor because of hydramnios and temperature of 38.2° C. On admission cervix was 2 cm. dilated, foetal heart heard, pains strong. Membranes were ruptured artificially and 2500 cc. of greenish-tinged amniotic fluid were obtained. Foetal heart was lost 24 hours before delivery. R.O.P. mid-forceps delivery; Scanzoni manoeuvre; DeWees forceps used unsuccessfully so Tucker-McLane forceps were used. Deadborn macerated infant weighing 4220 grams was



delivered. The first two postpartum days were normal. On the third day patient had slight hemoptysis, chill, and temperature rose to 39.2° C., the pulse being 146. There was abdominal distention, and tenderness over the entire right abdomen. A diagnosis of pyelitis was made. On the fourth day the right kidney was catheterized. On the fifth day the impression was pelvic peritonitis. Blood chemistry showed non protein nitrogen 73.2 mg. Insulin was administered. There seemed to be some improvement in her condition until the twelfth day, when severe generalized abdominal pain occurred. Her condition grew steadily worse and the patient died on the fifteenth postpartum day.

*Autopsy:* Generalized fibrino-purulent peritonitis, bilateral pyelitis.

#### HISTORY No. 55678—Post Partum Hemorrhage Following Caesarean Section

Mother, age 40, colored, para 2-0-1-1, Wassermann negative, pelvis normal. First delivery in 1920 mid-forceps; second pregnancy in 1921 terminated by caesarean section, indication unknown. Spontaneous abortion in 1927. Patient had had diabetes for past 3 years; treated for 18 months, by diet only. Blood sugar 153 mg. Patient admitted at onset of labor, and because of a large baby and patient's past history and blood sugar of 96 mg. before meal and 140 mg. after meal, it was decided to perform a Caesarean section. Classical Caesarean section done under ether-gas anesthesia. Infant weighed 4850 gm.; was in good condition; discharged well. During the operation there was moderate bleeding, 500 cc. of blood estimated, and patient seemed in good condition, but the blood pressure was 80/50. Following operation, patient was given 500 cc. of 10% glucose intravenously with 25 units of insulin. Blood pressure remained 80/40. Patient lost 300 cc. more blood, uterus became soft, and patient went into shock. A short time later 300 cc. of blood were expressed. She was given 500 cc. of saline intravenously, pituitrin, gynergin, and tamponade of the uterus was done. Patient reacted well, was given 300 cc. of gum acacia; blood pressure 60/20. Suddenly 4-42/60 hours after operation the blood pressure fell to zero, and patient died without responding to any stimulation. *Impression:* Death due to postpartum hemorrhage. Blood loss estimated at between 1800 and 2000 cc.

*Autopsy:* Thrombosis of ovarian veins  
Edema of uterus  
Congestion and edema of lungs  
Calcified nodules, subpleural, of right lung and  
tracheobronchial lymph nodes  
Fibrous pleural adhesions



HISTORY No. 41516—Premature separation of the placenta.

Patient, age 32, colored, para 5-1-2-3, Wassermann negative, pelvis normal. Was first seen in the Berwind Clinic in 1933, and referred to the New York Hospital because of a toxemia. Patient had a spontaneous abortion. Toxemia diagnosed as chronic nephritis. Patient registered again in March 1934, expected date of delivery July 27, 1934. Study of toxemia was made in hospital. Diagnosis was toxemia unclassified. On June 24, 1934, patient was again admitted because of onset of mild labor pains. On the morning of the following day pains became severe; foetal heart could not be heard; vaginal bleeding occurred. Bleeding was fresh blood, not clots. Uterus did not seem to relax. Hemoglobin, which was 82% on admission, fell to 52%. Possibility of premature separation of the placenta was considered. That afternoon a sterile vaginal examination was done to rule out placenta praevia; no evidence found. Membranes were ruptured artificially. A Voorhees bag was inserted. A varicosity of the labia was ruptured at this time, and about 500 cc. of blood lost before bleeding was controlled by a suture. The patient's condition was poor. She was given a transfusion of 500 cc. The blood pressure rose to 60/40. Another transfusion was given a little later. The vagina was packed. Blood pressure never rose, and condition became steadily worse. Death occurred at 11 p. m. of the same day.

*Diagnosis:* Premature separation of the placenta.

*Autopsy:* Premature separation of the placenta.  
Pulmonary congestion, right lower lobe.  
Small subendocardial hemorrhages.

HISTORY No. 62622—Postpartum hemorrhage, internal.

Mother, age 31, white, para 1-0-0-1, generally contracted typical pelvis and Wassermann negative, L.M.P. December 28, 1933. Patient referred to New York Hospital Dystocia Clinic from Berwind Clinic on April 19, 1934 because of pelvic mass and history of slight spotting. Diagnosis of pregnant uterus with myoma on left side was made. Patient went into labor spontaneously, admitted with membranes intact September 29, 1934. Fetal head was in left upper quadrant and breech in right iliac fossa. Membranes ruptured spontaneously and hand prolapsed into vagina. Braxton-Hicks version was attempted but failed. Fetal heart lost 1 hour after attempted version. Because of compound presentation, temperature of 37.8°C., and lack of uterine relaxation, Porro Caesarean section was done. Transverse incision was found to be through a myoma about 10 cm. in diameter. Myomata were enucleated. Infant was deadborn, weighing 3730 gm. and measuring 54 cm. in total length. Because of wide enucleation of myoma supravaginal hysterectomy was done. Blood loss about 500 cc.; sutures were placed with difficulty in uterine vessels because of edematous



cervix. Transfusion of 550 cc. citrated blood given during and after the operation. Following operation condition was good, pulse around 100 and blood pressure 130/80. Patient passed about 100 cc. of blood per vagina about 2 hours later, pulse the same as previously and respiration 24. An hour later the pulse became weak, 120, and patient was put in shock position. There was no evidence of internal bleeding, blood pressure 70-80/50. Respirations suddenly became rapid, pulse thready and blood pressure inaudible. She was given gum acacia, sodium caffeine benzoate, adrenalin and oxygen while transfusion was being obtained. An hour and a half later the patient became unconscious and respirations ceased.

No autopsy. Death probably due to internal hemorrhage, probably from loose suture. In the vagina after death there were 500 cc. of old clotted blood.

#### HISTORY No. 76883—Pulmonary Embolism

Patient, age 34, white, para 5-0-0-3, Wassermann negative, pelvis normal, was delivered spontaneously after a labor of 13-35/60 hours of a living male infant by the Berwind Clinic. On the fifth postpartum day patient complained of pain in the left flank and left shoulder, frequency and nocturia. A provisional diagnosis of pyelitis was made. On the 11th day postpartum the temperature was 100.4° F., respiration 40, pulse 120; patient was breathing rapidly, there was slight cyanosis, lungs were negative. Because of the increasing respiratory embarrassment, and increased pulse rate, the patient was transferred to the New York Hospital on the 14th postpartum day with a diagnosis of questionable pulmonary embolism. After admission a diagnosis of pulmonary infarct seemed most likely from the findings at the left base of the lung of parenchymal and pleural nature. Blood culture was negative, temperature varied between normal and 38.8°C. Patient was placed in the oxygen tent. On the fourth day after admission patient was transferred to the Medical Service. The examination of the lungs showed a few rales at the bases. Patient died 1-15/60 hours after transfer. The impression was Pulmonary Embolism with repeated small pulmonary infarcts secondary to pathology in the leg veins or pelvis.

*Autopsy:* Not Obtained.

HISTORY No. 55269—Multiple pulmonary infarcts secondary to probable thrombophlebitis of right leg.

Patient, age 42, white, para 2-0-0-1, Kline Test negative in 17th week of pregnancy; Kline and Wassermann Tests in the 30th week were 4-plus (patient had received antiluetic treatments 14 years previously), pelvis normal, was admitted because of antepartum bleeding November 1, 1934, expected date of delivery January 27, 1935. Diagnosis of central placenta praevia was made, a No. 3 Voorhees Bag inserted 4 days later, and medical



induction given. Patient did not go into labor; bag was removed (24 hours later), no bleeding. Three days later the temperature rose to 38.6°C. bleeding recurred - 500 cc., Braxton Hicks version was done, transfusion given, bleeding was controlled, patient went into labor, was delivered by breech extraction, manual removal of placenta. Infant was deadborn, macerated, weighed 1510 gm., length 43 cm. Placenta showed placentitis, no evidence of lues. Puerperium was afebrile, temperature never rose above 37.2° C., patient was discharged well on the 12th day postpartum. On the day of discharge from the Hospital, after the patient was at home, she developed pain in the outer aspect of the right leg; ankle was swollen for 4 days, pain gradually subsided. One week after discharge from the Hospital, the patient was seen in her home by the doctor on the Outdoor Service because she complained of pain in the left lower chest of 3 days' duration, shortness of breath and malaise. There were many rales in the left lower chest. Diagnosis of possible pneumonia was made and patient was admitted to the Medical Service. Examination showed dullness at left base of lung and many rales. Temperature 37.6° C., pulse 100, respiration 26. Impression was infarction of lung secondary to embolism from right leg. Condition improved somewhat. On the seventh day after admission, patient suddenly became nauseated, dyspnoeic, cyanotic, many rales were present, pulse imperceptible and patient died. Final diagnosis: Multiple pulmonary infarcts secondary to probable thrombophlebitis of right leg.

*Autopsy:*   Thrombosis of right femoral vein.  
              Infarcts of lungs, bilateral.  
              Pulmonary emboli, occluding main branches of both  
                                pulmonary arteries.  
              Acute splenic tumor.



## INFANTILE MORTALITY

Total infantile mortality includes all full term and premature infants, deadborn, stillborn or dying within 14 days following birth on the Lying-In Hospital Indoor and Outdoor Obstetrical Services and Berwind Outdoor Obstetrical Service. Abortions are all infants born weighing less than 1,500 grams, or measuring less than 35 cm. in length. Abortions are not included in the Total Infantile Mortality.

DISCHARGES (Abortions not included):

	Total Infants	Deadborn and Stillborn	Neonatal Deaths	Total Deaths
Lying-In Hospital (Indoor Service).....	2,672	70	52	122
Lying-In Hospital (Outdoor Service).....	85	0	1	1
Berwind Service.....	894	8	8	16
Total infants.....	3,651	78	61	139

INFANTILE DEATHS (139 deaths in 3,651 cases)

Gross infantile mortality = 3.806%

An analysis of the 139 infant deaths is as follows:

Deadborn, Stillborn, Neonatal:	Lying-In Indoor	Lying-In Outdoor	Berwind Outdoor	Total
Deadborn, macerated, not lues	22		4	26
Deadborn, malformation.....	2		2	4
Deadborn, various causes.....	11		1	12
Deadborn, premature separation.....	2			2
Deadborn, prolapsed cord....	1			1
Deadborn, nephritis.....	3			3
Deadborn, injury.....	3			3
Deadborn, asphyxia.....	8			8
Deadborn, placenta praevia..	3			3
Deadborn, prematurity.....	1			1
Deadborn, macerated lues....	1			1
Deadborn, dead before operation.....	3			3
Stillborn, malformation.....	3			3
Stillborn, premature separation.....	1			1
Stillborn, asphyxia.....	2		1	3
Stillborn, placenta praevia....	2			2
Stillborn, various causes.....	2			2
Died first day.....	31		4	35
Died after first day.....	21	1	4	26
Total.....	122	1	16	139



## GYNECOLOGICAL DEPARTMENT

TOTAL DISCHARGES..... 711

*Race:*

White.....	686
Colored.....	25
Total.....	711

### DIAGNOSIS ON DISCHARGE

VULVA:

Bartholin gland abscess or cyst.....	8
Benign tumor.....	2
Carcinoma.....	1
Chancroid.....	1
Hymen - abnormal.....	5
Pruritis.....	2

VAGINA AND PERINEUM:

Cystocele, rectocele, or both.....	143
Old perineal laceration.....	55
Recto-vaginal fistula.....	2
Relaxed outlet.....	169
Tumor, benign.....	2
Tumor, malignant.....	1
Vaginitis.....	13
Vesico-vaginal fistula.....	5

CERVIX:

Carcinoma.....	22
Cervicitis.....	144
Laceration.....	188
Myoma.....	4
Polyp.....	47
Stenosis.....	3

UTERUS

Adenomyoma.....	19
Anteflexion.....	18
Carcinoma.....	12
Endometritis.....	22
Hyperplasia, endometrium.....	44
Menorrhagia, metrorrhagia or both.....	301
Myoma.....	118
Polyp.....	47
Procidentia.....	51
Retroversion.....	112



<b>TUBE:</b>	
Hydrosalpinx.....	5
Pyosalpinx.....	2
Salpingitis.....	39
<b>OVARY:</b>	
Abscess.....	8
Benign tumor.....	4
Carcinoma.....	11
Cyst, not simple.....	21
Dermoid cyst.....	7
Parovarian cyst.....	2
Prolapse.....	14
Simple retention cyst.....	72
<b>URETHRA:</b>	
Caruncle.....	11
Injury.....	2
Inflammation—Skene's gland.....	1
Inflammation, chronic.....	1
<b>BLADDER:</b>	
Cystitis.....	52
<b>KIDNEY:</b>	
Calculus.....	2
Hydronephrosis.....	6
Pyelitis.....	5
Pyelonephritis.....	2
<b>OTHER CONDITIONS:</b>	
Anemia.....	49
Ascites.....	6
Arthritis.....	9
Cardiac disease.....	25
Diabetes.....	6
Dysmenorrhea.....	56
Endocrine disorder.....	28
Gonorrhea.....	6
Hemorrhoids.....	13
Hypertension.....	63
Nephritis, chronic.....	2
Peritonitis general.....	1
Post-operative hernia (Not following operation on service) .	17
Sterility.....	106
Syphilis.....	20
Syphilis, doubtful.....	3
Tuberculosis—lung.....	4



## OPERATIONS

Major.....	224
Minor.....	366
Total.....	590
<b>VULVA:</b>	
Incision and drainage of Bartholin cyst or abscess.....	5
Plastic operation.....	2
<b>VAGINA AND PERINEUM:</b>	
Colporrhaphy or colpoplasty.....	39
Perineorrhaphy or perineoplasty.....	22
<b>CERVIX:</b>	
Amputation of cervix.....	35
Biopsy.....	46
Cauterization of cervix.....	82
Dilatation and curettage.....	379
Insertion of stem pessary.....	15
Removal of polyp.....	29
Trachelorrhaphy.....	37
Dilatation of cervix.....	18
<b>UTERUS:</b>	
Hysterectomy, abdominal, subtotal.....	83
Hysterectomy, abdominal, total.....	8
Interposition operation.....	4
Myomectomy.....	23
Suspension of uterus.....	88
<b>TUBE:</b>	
Plastic operation.....	3
Rubins' test.....	8
Salpingectomy.....	87
Tubal sterilization.....	6
<b>OVARY:</b>	
Oophorocystectomy.....	26
Oophorectomy.....	64
<b>MISCELLANEOUS:</b>	
Abdominal—secondary closure.....	1
“ other non-removal.....	1
Appendectomy.....	44
Biopsy and Amputation of Breast, Resection Axillary	
Lymph Glands.....	1
Cystoscopy.....	4
Dilatation of Rectal Stricture.....	1



Drainage Operation.....	1
Examination under Anesthesia.....	224
Excise Inguinal Glands.....	1
Exploratory Laparotomy.....	1
Fulgurate Tumor—Urinary System.....	5
Hemorrhoidectomy.....	7
Operation on Hymen.....	5
Operation—Reproductive System Other.....	24
Operation—Urinary System Other.....	1
Operation Other.....	11
Paracentesis.....	14
Plastic Operation on Urethra.....	6
Plastic—Urinary System.....	13
Radium Therapy.....	15
Repair of ventral hernia.....	17
Repair of Fistula.....	2
Transfusion.....	31
X-ray therapy.....	15

## MORTALITY

Deaths..... 7

In 711 discharges there were 7 deaths

Gross mortality = 0.984%

There were 3 post-operative deaths in 590 operative cases

Mortality = 0.508%

There were 2 post-operative deaths in 224 major operative cases

Mortality = 0.803%

HISTORY No. 44034—Adenocarcinoma of the fundus.

Patient, age 47, white, para 1-0-0-1, Wassermann negative, past history negative. Onset of illness September, 1932, when menses became irregular. Patient bled daily; had X-ray therapy. Vaginal bleeding ceased except for occasional spotting. Weight loss was from 160 to 115 lbs. in 7 months. On admission to Hospital in October, 1933, malignancy was diagnosed by vaginal smear and diagnostic dilatation and curettage. Pathological diagnosis was adenocarcinoma of fundus, Group III. Patient had an intermittent fever. Hemoglobin 54%. Given 5 transfusions during stay in Hospital. A perirectal abscess developed. X-rays of lungs and bones were negative for metastases. In spite of all treatment, patient's condition never improved, and death occurred on the 116th day after admission.

*Autopsy:* Adenocarcinoma of the uterus with invasion of the wall of the ileum and bladder; metastases to iliac and aortic lymph nodes and liver; thrombosis of left iliac, femoral and saphenous veins; duodenal ulcer.



HISTORY No. 2265—Adenocarcinoma of the ovary

Patient, white, para I, menopause 2 years ago, age 43, Wassermann negative, was first admitted to the Gynecological Service on September 12, 1932 complaining of anorexia, loss of 12 pounds of weight in 2 months, inconstant pain in lower abdomen and increasing enlargement of abdomen. From pelvic examination a diagnosis of malignancy of the ovary was made. An exploratory laparotomy was done on October 3, 1932 and biopsy of ovarian tumor taken. Pathological diagnosis was papillary adenocarcinoma of the ovary. Later patient was given a series of deep X-ray therapy until March 8, 1933 at which time the ovarian tumor was removed. Later more X-ray therapy was given. Patient had repeated hospital admissions for abdominal paracentesis, a total of 135,000 cc. of fluid being removed. On December 4, 1933 beginning gangrene of the left fingers was noted; on December 26, 1933 patient had a cerebral accident which paralyzed the right side of her face and right arm. X-rays of lungs were negative for metastases. Patient continued to lose weight and have marked ascites and was admitted for a paracentesis on March 20, 1934. Suddenly on March 27, 1934 patient began to have generalized convulsions occurring every 3 minutes and lasting about 1 minute. Her condition grew steadily worse and respirations ceased at 4:47 a.m. on March 28, 1934.

*Autopsy:* Papillary cystadenocarcinoma of left ovary; implantations on peritoneum; metastases to iliac, inguinal and mesenteric lymph nodes.

HISTORY No. 38898—Carcinoma of cervix.

Patient, age 42, white, para 3-0-0-3, Wassermann unknown, was admitted first on September 8, 1933 because of extreme pain in left lumbar region. A diagnosis of carcinoma of the cervix, hydronephrosis and hydroureter was made. One year before an ulcerated cervix had been noted and a trachelorrhaphy done followed by radium and x-ray therapy. Patient was given deep x-ray therapy. In December, 1933, patient was readmitted and a hypogastric sympathectomy done for the relief of pain. On March 3, 1934, she was readmitted, condition much worse. Relief from pain had been only of three weeks' duration. Patient grew steadily worse and death occurred on April 7, 1934.

*Autopsy:* Not obtained.

HISTORY No. 64079—Pelvic malignancy.

Patient, age 55, white, single, was admitted complaining of weakness, loss of weight, and a tumor of the abdomen. At the age of 40 she had been told that she had a tumor of the uterus. Menopause at the age of 50; some vaginal bleeding 2 years ago, and slight bleeding for the past 8 months. On admission the temperature was 38.6°C. and patient stated she had had chills and fever, with tenderness over the right kidney, for 2



weeks. Five days after admission an examination under anesthesia was done, and a large tumor found in the cul-de-sac. It was impossible to curette the uterine cavity because of the mass pushing the cervix up against the symphysis. The hemoglobin was 68%, so a transfusion of 500 cc. of citrated blood was given. Following this the patient's temperature rose to 40°C., she became disoriented, and had profuse sweating. Patient was comatose at times. Two days later a blood chemistry showed non-protein nitrogen of 73 mg.; uric acid, 5.9 mg.; sugar, 150 mg. Cystoscopic examination was attempted, but was impossible because of the distortion of the bladder due to the tumor mass. Patient's condition grew steadily worse. The temperature rose to 41.8°C., non-protein nitrogen to 166 mg., uric acid to 10.6 mg., and the patient died 18 days after admission.

*Autopsy:* Not obtained.

#### HISTORY No. 63744—Generalized peritonitis

Patient, age 29, white, single, was admitted on May 10, 1934, for repair of a vesico-vaginal fistula. A total hysterectomy, bilateral salpingectomy, and right oophorectomy had been performed in 1931 at another hospital for fibromyomata and tuberculous salpingitis, at which time the left ureter was accidentally severed and later transplanted into the bladder. An attempt was made in 1932 to repair the vesico-vaginal fistula. A cystoscopic examination was made after admission. Diagnosis was nephrolithiasis, hydronephrosis, fistula between bladder and vagina. Because of inaccessibility by the vaginal route, repair of the urethro-vesico-vaginal fistula was done abdominally 18 days after admission. The day after operation patient's temperature rose to 39.6°C. On the third day symptoms of generalized peritonitis developed. Blood cultures were negative; patient was given 4 small transfusions; wound healed well; patient continued to drain urine vaginally; temperature remained elevated. Patient's condition grew steadily worse and death occurred 12 days post-operative.

*Autopsy:* Not obtained.

#### HISTORY No. 77666—Carcinoma of the Ovaries.

Patient, age 57, white, para 1-0-0-1, Wassermann negative, menopause 27 years ago, was admitted to the Medical Service and was transferred to the Gynecology Service two days later after a tentative diagnosis of ovarian cyst had been made. Her history was loss of weight during the previous 9 months, swelling of feet and legs for 2 months, increase in size of abdomen for 3 months and nausea and vomiting. On examination there was evidence of ascites. Gastro-intestinal series could not be performed because of the patient's nausea and vomiting. Six days after admission an exploratory laparotomy was performed, 6000 cc. of fluid were removed



and a generalized carcinomatous condition of the abdominal cavity found; the primary lesion was believed to be in the region of the pylorus. The pathology report of the ascitic fluid was adenocarcinoma, colloid, questionable. The patient's condition grew steadily worse, the ascites became as marked as before operation, and the patient died on the 16th day post-operative.

*Autopsy:* Carcinoma of both ovaries; generalized miliary carcinomatosis of peritoneal cavity; cyst filled with bloody fluid in wall of stomach; bronchopneumonia with abscess of lower lobe of left lung; chronic endocarditis of mitral valve.

HISTORY No. 61578—Carcinoma of ovaries with metastases.

Patient, age 53, white, para 2-0-0-1, Kline tests negative, was first admitted to the Medical Service in April, 1934, complaining of epigastric pain and distress of many years' duration and recent increase in size of abdomen. Examination of ascitic fluid showed carcinomatous cells and a diagnosis of carcinoma of the ovary was made. A diagnostic curettage showed metastases of ovarian carcinoma to the uterus. Patient was given x-ray therapy. While patient was out of the city a private doctor performed a laparotomy and removed a large tumor from the left side of the pelvis. Pathological diagnosis was serous cystadenocarcinoma of the ovaries. The patient was admitted eight times to the Gynecological Service for paracentesis and had 4 cycles of x-ray therapy. Her condition grew steadily worse. The last admission was December 28, 1934 at which time the patient was dyspnoeic and cyanotic. Abdominal and thoracic paracentesis were performed. Patient became semi-comatose and died the day after admission.

*Autopsy:* Primary carcinoma of the right ovary with metastases to peritoneum, omentum, mesentery, mesenteric lymph nodes, liver, diaphragm, pleura and pericardium.



## LADIES' AUXILIARY

### To the Society of the Lying-In Hospital

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# LADIES' AUXILIARY

## Treasurer's Report, Year Ending October 31, 1934

Annual Subscriptions:		RECEIPTS	
Patrons.....		\$1,000.00	
Associates.....		200.00	
Contributing.....		450.00	
Sustaining.....		860.00	\$2,510.00
Donations:			
Board of Governors, Lying-In Hos- pital.....		\$3,750.00	
Babies' Class:			
Receipt of amount formerly held at Bankers Trust Co.....	\$501.21		
Current year's donations.....	625.00	1,126.21	
Babies' Alumni Class:			
Receipts.....	\$418.00		
Less refund and printing expense.....	93.00	325.00	
Mrs. Morgan Hamilton.....		2,000.00	
Mrs. H. L. Satterlee.....		240.00	
Mrs. P. G. Pennoyer.....		140.00	
Mrs. J. S. Morgan.....		100.00	
Rental of Radium:			
Mrs. Henry S. Morgan.....	\$300.00		
Mrs. Morgan Hamilton.....	200.00	500.00	
For worker's salary:			
Mrs. Morgan Hamilton.....		250.00	
Other.....		10.00	8,441.21
Christmas Fund.....			39.00
Transportation Expense refund.....			6.30
Total Receipts.....			10,996.51
Balance Nov. 1, 1933.....			484.04
			<u>\$11,480.55</u>

New York Hospital:		DISBURSEMENTS	
Salaries.....	\$6,838.47		
Rental of radium.....	600.00		
Expense of Social Service Exchange.....	128.63		\$7,567.10
Pension.....			360.00
Petty Cash—Miss Riley.....			235.00
Lunch Money.....			115.75
Printing and Stationery.....			87.75
Convalescent Care—May Grande.....			50.00
Christmas Gifts.....			49.00
Auditing.....			25.00
Uniforms.....			10.75
Welfare Council, City of New York.....			10.00
Travel.....			12.58
Typing and Stamps.....			7.00
Check tax.....			1.40
Total Disbursements.....			\$8,531.33
Balance Oct. 31, 1934.....			2,949.22
			<u>\$11,480.55</u>

Respectfully submitted,  
HELEN PORTER PRYIBIL, *Treasurer.*



## ANNUAL REPORT OF THE SOCIAL SERVICE DEPARTMENT

The report of the Social Service Department for the year 1934 includes the initiation of new projects by the Department. Through the Ladies' Auxiliary we were able to organize the Babies' Alumni of the Lying-In Hospital. This has provided a lucrative source of income which is needed to give to our patients relief necessary to carry out a medical social plan. The response that we have had from the patients has been exceptional and is apparently promoting the loyalty to the new hospital which is so evident in those who have previously been delivered in the old Lying-In Hospital. With the assistance of the Maternity Center Association, we have sponsored a sewing class. The class has met and grown during the year and is enabling our patients to make their layettes according to our own standards.

Following our plan of last year, we have carried out with the assistance of the clinic physicians the follow-up of all patients registered in the antenatal and post partum clinics, the special clinics and gynecology. Our most interesting figure this year as last is the post partum return which has risen from a rate of 88% to one of 90%. This large percentage of returns must indicate in some way the confidence of the patient in the hospital and demonstrates specifically that good maternity care is appreciated. During the year the average number of cases open in the ante partum clinic was 981 per month and out of this group not one patient was lost through failure to respond to follow-up. As part of our follow-up work this year, through a special worker we demonstrated in a specific piece of work in the gynecology clinic the success that follows the social approach to patients whose individual problems are lost in the routine of a large clinic.

Our contacts with the outside agencies which are necessary to carry on the social casework of the department have increased and need for working cooperation with the various social agencies of the city has shown itself in the necessary supervision of the medical social plans in those cases where there is a medical problem. The social problem of a maternity patient is so closely allied with the entire family situation that in our casework it is important for us to deal with the family group rather than the individual alone.

The department has participated in professional activities of the American Association of Medical Social Workers and also in the activities of the Welfare Council of New York City. Our interests are developing and extending with our contacts in the other fields of the hospital with which we are constantly associated.

We are appreciative of the generosity and interest of the Ladies' Auxiliary Board whose advice and assistance are available to the department at all times.

Respectfully submitted,

MARY ALICE RILEY, *Director.*



## Members of the Ladies' Auxiliary to the Society of the Lying-In Hospital

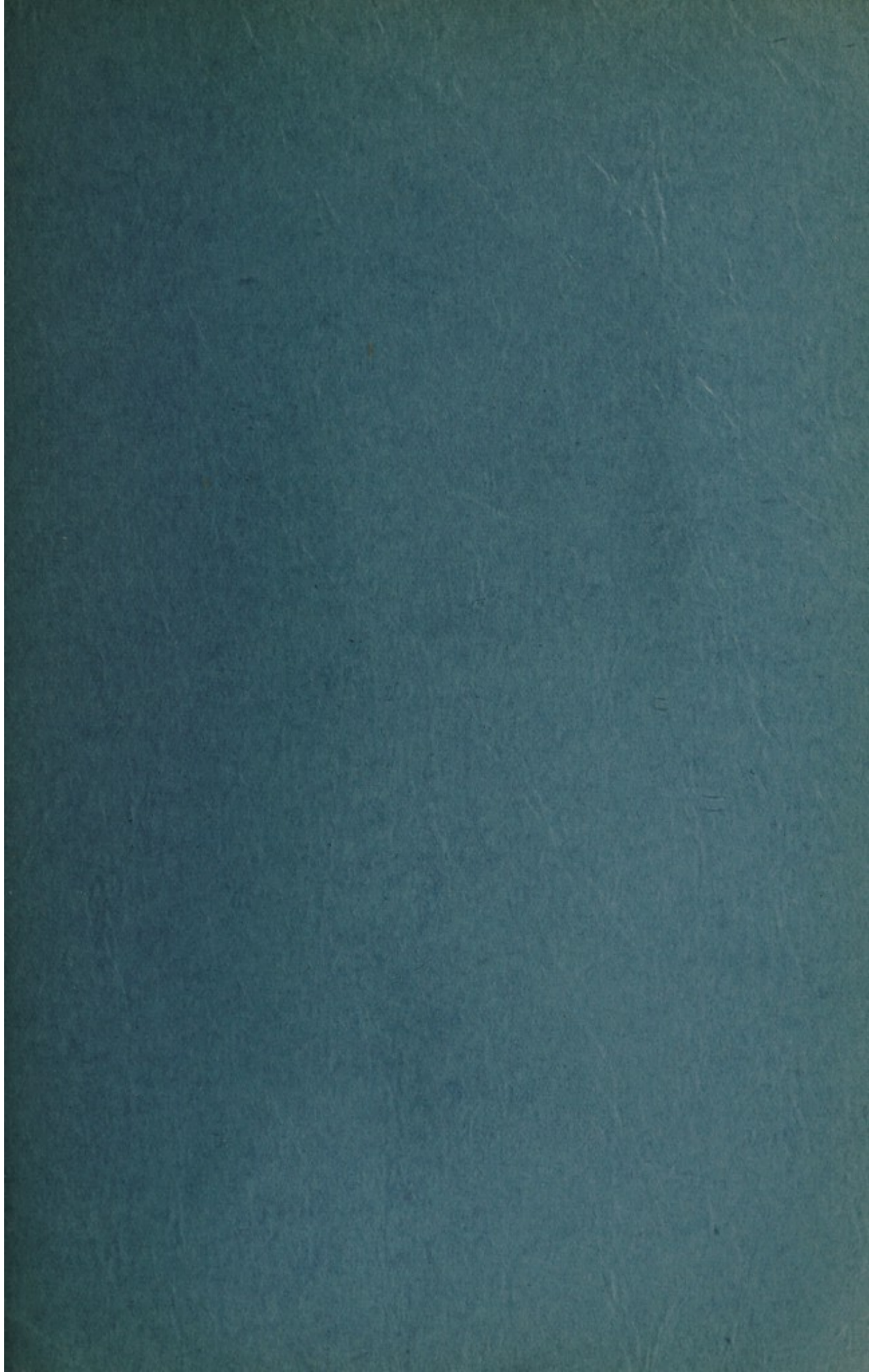
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Mrs. George Henry Warren  
Mrs. Whitney Warren  
Mrs. William G. Wendell  
Mrs. George Whitney  
Mrs. Arnold Whitridge  
Mrs. Arthur Woods







The beneficial object of the Society of the Lying-in Hospital is the relief and care, free of charge, of destitute women unable to procure necessary medical assistance and nursing during the period of their confinement.

#### FORM OF BEQUEST

I give and bequeath to the SOCIETY OF THE LYING-IN HOSPITAL OF THE CITY OF NEW YORK, incorporated by the Legislature of the State of New York in the year 1799, the sum of .....Dollars, to be applied to the use and benefit of the said Society under the direction of the Governors thereof.