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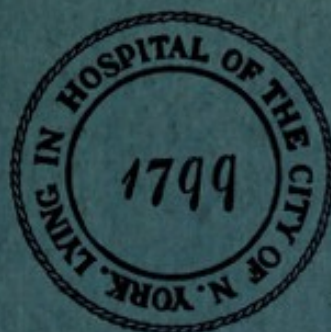
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The Society of the  
**Lying-In Hospital**  
*of the City of New York*

Affiliated with the Society of the New York Hospital

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

January 1st to December 31st, 1935

1935

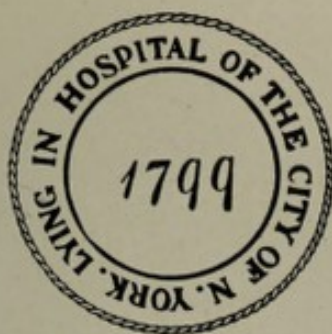
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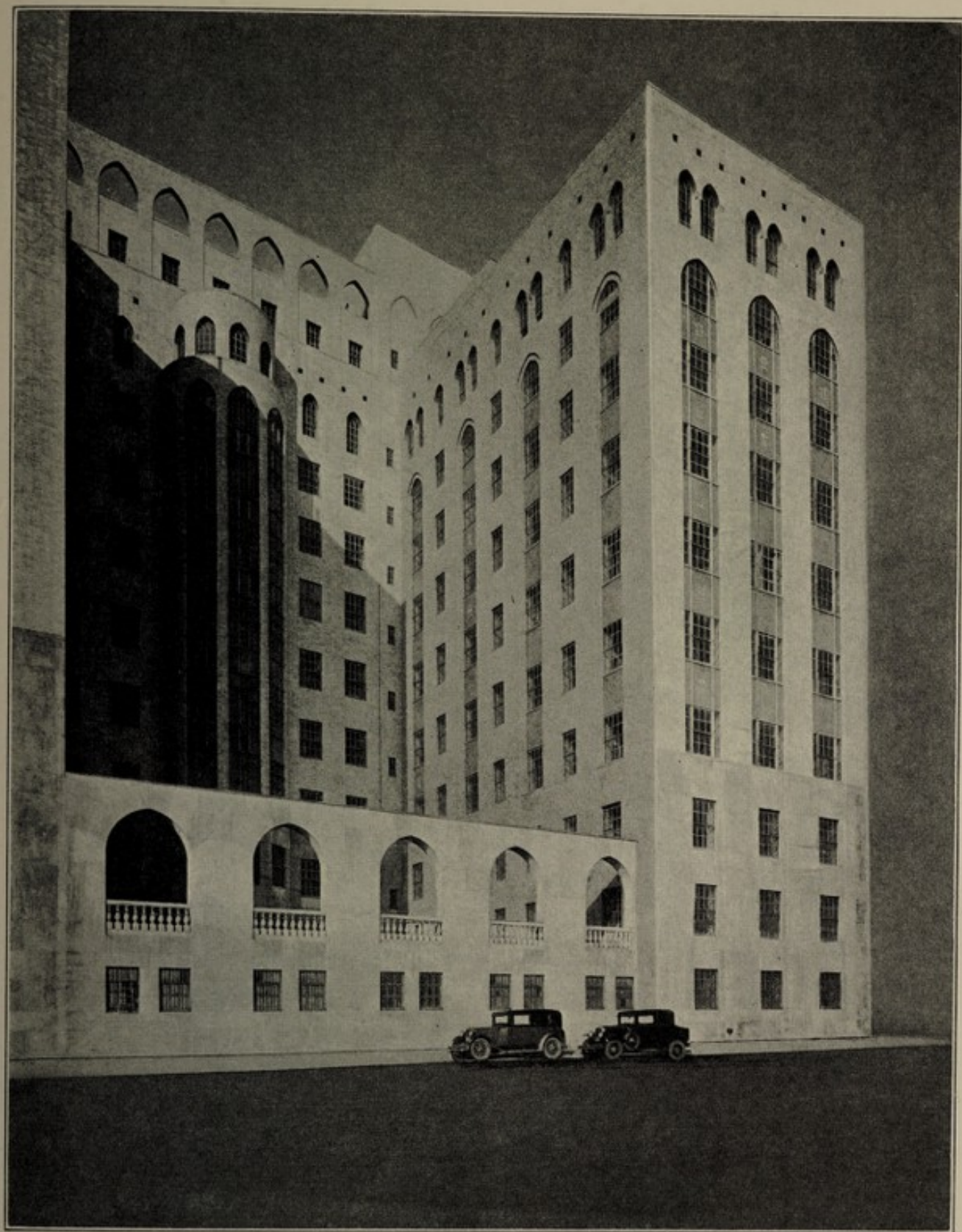
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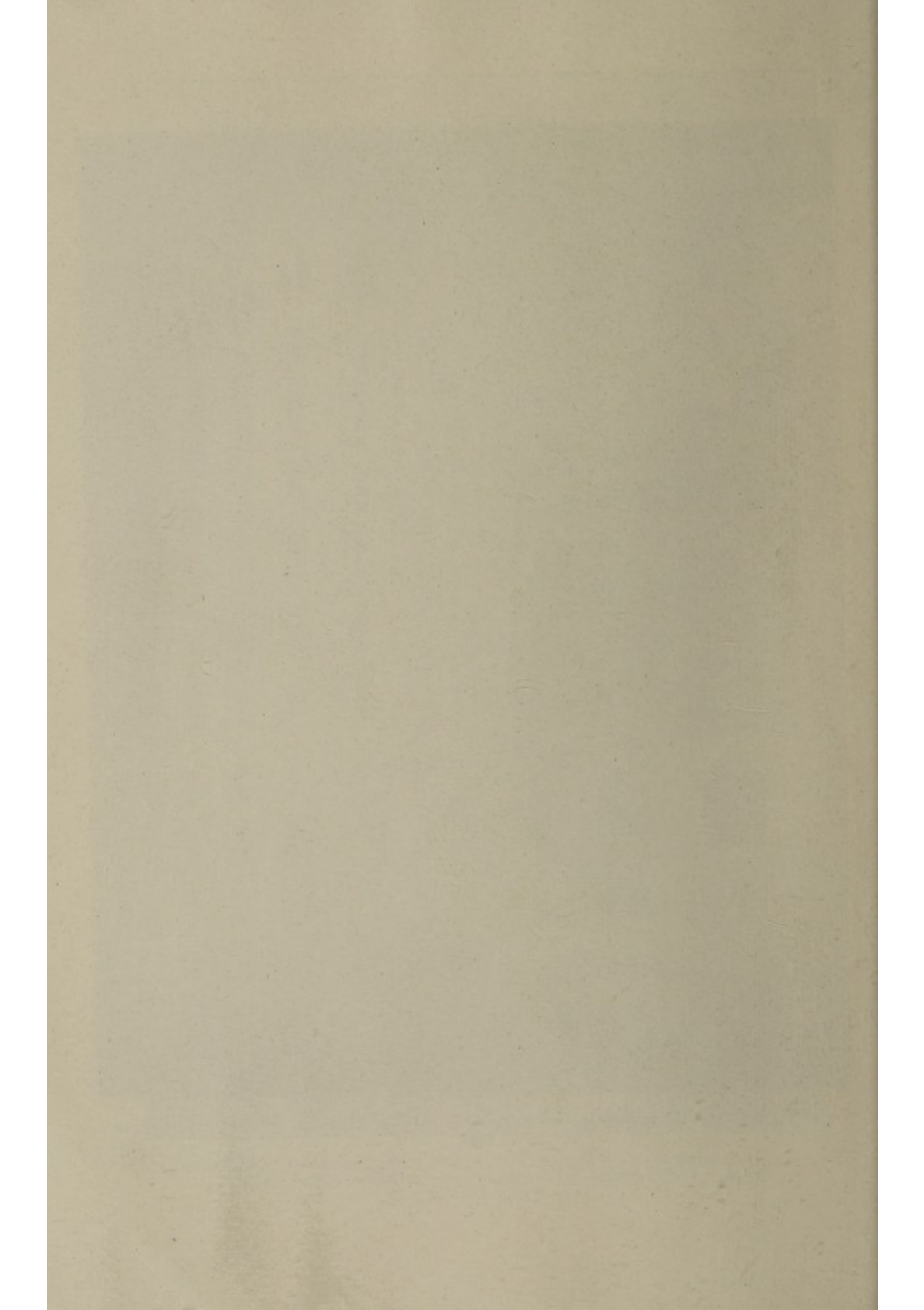
THE LYING-IN HOSPITAL, 2ND AVENUE, 17TH AND 18TH STREETS. OPENED  
JANUARY 1902. CLOSED AND SERVICE TRANSFERRED TO NEW  
BUILDING AUGUST 1932.





THE NEW LYING-IN HOSPITAL, 70TH STREET AND EAST RIVER, OPENED AUGUST 15,  
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
WILLIAMSON PELL	BRONSON WINTHROP
FRANK L. POLK	WILLIAM WOODWARD

## COMMITTEES

### EXECUTIVE COMMITTEE

*CHARLES S. BROWN	HENRY G. BARBEY
*HOWARD TOWNSEND	JOHN HAY WHITNEY
AUGUSTINE J. SMITH	FRANK L. POLK

### 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, Huntington & Lord

<i>Executive Director</i> . . . . .	MURRAY SARGENT
<i>Advisory 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

\*Deceased

REPORT OF THE BOARD OF GOVERNORS  
OF  
THE SOCIETY OF THE LYING-IN HOSPITAL  
1935

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The Board of Governors of The Society of the Lying-In Hospital submits herewith its report for the 137th fiscal year ending December 31, 1935.

The splendid work of the Hospital, described in earlier reports, has continued and is a source of great gratification to the Board of Governors. But such gratification must be tempered in our profound sense of loss at the death of one who did so much, first as Counsel and then as President, to make possible the present Hospital. The record of the Society's recent achievements is, in a sense, a tribute to Wilson M. Powell, our late President, who died in office on August 17, 1935. His wisdom, foresight, tact and energy were great factors in the Society's progress.

Death also took from us Mr. Howard Townsend and Mr. Charles S. Brown who, since 1928, had ably served as members of the Board of Governors and of the Executive Committee.

The Board wishes to extend its deep thanks to the Ladies' Auxiliary for having made possible the continued use of radium, which was first made available, through their efforts, in the year 1934.

High commendation must also be given to the Social Service, whose work has been so effectively extended.



The mortality rate in the Hospital has continued low, a splendid tribute to the professional staff, who have maintained in every way their exacting standards and high skill.

To the professional and administrative staffs of the Hospital, the Board extends its appreciation and gratitude for their marked contributions in extending the service which this Hospital ever seeks to render.

BARKLIE McKEE HENRY,  
*Vice-President.*

## MEDICAL STAFF

### OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF

HENRICUS J. STANDER, M. D.

### CONSULTING OBSTETRICIAN AND GYNECOLOGIST

GEORGE GRAY WARD, M. D.

### ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

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.

JOHN F. McGRATH, M. D.

EDWARD H. DENNEN, M. D.

JOSEPH N. NATHANSON, M. D.

R. GORDON DOUGLAS, M. D.

JOHN A. O'REGAN, M. D.

LYNN L. FULKERSON, M. D.

MEYER ROSENDOHN, M. D.

BYRON H. GOFF, 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.

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.

### RESEARCH FELLOW IN OBSTETRICS AND GYNECOLOGY

JOHN B. PASTORE, M. D.

### RESIDENT OBSTETRICIAN AND GYNECOLOGIST

JAMES B. GULICK, M. D.

### ASSISTANT RESIDENT OBSTETRICIANS AND GYNECOLOGISTS

ROSS E. ANDERSON, M. D.

RALPH W. GAUSE, M. D.

LESTER BOSSERT, M. D.

DONALD R. NELSON, M. D.

DANA W. COX, M. D.

FLOYD S. ROGERS, M. D.

ARTHUR M. FARIS, M. D.

CLOYCE R. TEW, M. D.

THOMAS D. TYSON, M. D.

### INTERNES

HARMON J. BAILEY, M. D.

CARL T. JAVERT, M. D.

DONALD BALDWIN, M. D.

CHESTER H. LAUTERBACH, M. D.

DAVID S. BAYER, M. D.

NORMAN McLEOD, M. D.

WILLIAM EPSTEIN, M. D.

ROGER B. NELSON, M. D.

CHARLES S. GLISSON, M. D.

JOSEPH S. STABNICK, M. D.

### LABORATORY ASSISTANTS

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

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

MISS IONA DAVIS, Bacteriology

### 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 1935.

During that year we treated 4,185 obstetrical patients on the indoor and outdoor delivery services and 853 gynecological patients, a total of 5,038 patients, as compared with 5,028 in 1934 and 5,013 in 1933. The pavilion or ward beds have been occupied to the extent of 86 per cent, the semi-private 45 per cent and the private beds 76 per cent of full capacity, giving a total for all classes of patients of 80 per cent of full capacity, a figure which cannot be greatly exceeded in a maternity hospital without jeopardizing adequate medical and nursing care.

We delivered 3,488 women resulting in 3,526 babies. The uncorrected maternal mortality, including abortions and ectopic pregnancies was 3.106 per 1,000 patients. The gross infantile mortality rate, including all babies over 1,500 grams in weight, as well as neonatal deaths during the puerperium to the time of discharge from the hospital, was 3.431 per cent. In the gynecological service there were 853 discharges as compared with 711 in 1934. The total death rate in our gynecological division was 7 in 853 patients, or 0.821 per cent. In 680 minor and major operations there were two postoperative deaths, but as these occurred following the major operations, of which there were 288, the postoperative death rate becomes 2 in 288, or 0.694 per cent.

On September first, 1932, the doors of the new building of the Lying-In Hospital at 70th Street and the East River were opened to patients. Since that time till December 31, 1935, a period of three years and four months, we have treated 14,165 obstetrical patients with an uncorrected maternal mortality, including abortions and ectopic gestations, of 2.12 per 1,000 patients. This maternal mortality when expressed in terms of live births, is 2.4 maternal deaths per 1,000 live babies. During this period pneumonia and postpartum hemorrhage each accounted for 15 per cent, respectively, of the total maternal mortality. Cardiac



disease followed with 12 per cent, while placenta praevia and premature separation of the normally implanted placenta, together, accounted for 9 per cent of the deaths. Puerperal infection was responsible for only 10 per cent of the maternal deaths. A detailed table of the causes of these maternal deaths (30 in 14,165 patients) is given on page 48.

I believe the credit for such results, for a period of over three years, does not belong to any one individual but rather to the whole medical, nursing and anesthesia staffs. The close supervision by the attending staff, and the excellent nursing, under Miss Anna D. Wolf, Director of the School of Nursing and Director of the Nursing Service of the New York Hospital, and her associate, Miss Verda F. Hickcox, Head of the Lying-In Nursing Service, are among the responsible factors for the maintenance of our standard of work. Furthermore, the valuable assistance and nursing given by the Maternity Center Association and the Henry Street Settlement Nursing Service, have played important parts in the attainment of our results. I also feel that the intern and resident training given in the Lying-in Hospital, has a great deal to do with the results. As described in our 1934 Annual Report, this training consists of a five-year residency system, the young graduate advancing each year to more and more responsible work, with the result that when he becomes Resident at the beginning of his fifth year with us, he has received adequate postgraduate hospital training as an obstetrician and gynecologist and is fully capable of shouldering necessary responsibility. By means of this house-staff system, supervised at all times by a senior member of the attending staff, every patient should obtain, at all times, the best medical care and supervision we can provide. This system of an adequate house-staff, with increasing responsibility of its various members, depending upon duration of training, and directly under a sufficiently large and well-trained and experienced attending staff, safeguards, as far as it is at present humanly possible, the life of the patient, as well as that of her offspring. I have here stressed our resident hospital training as I should like to see every maternity hospital, where young men and women are being trained to become obstetricians and gynecologists, adopt a four



to five year, or longer, resident training system. This, I believe, is one of the two absolutely necessary steps to be taken if we are to materially lower this country's maternal mortality rate. The other, to which I also referred in our 1934 Report, is better undergraduate teaching of the subject of obstetrics and gynecology in our medical schools.

It again affords me great pleasure to acknowledge our indebtedness to the staff of the John E. Berwind Free Maternity Clinic under the excellent supervision of Dr. I. L. Hill, and Miss Mary C. Skelley, Superintendent. The results in our home delivery service, conducted from the Berwind Clinic, have continued to be satisfactory, as is shown in the statistical section of this report.

In the Out-Patient Department of the Lying-In Hospital the total number of clinic visits was 32,108 as compared with 29,643 in the previous year. In this department are conducted not only the regular antenatal and postpartum obstetrical and gynecological clinics, but also special sterility, cystoscopic, endocrine, radiation and maternal health clinics.

We wish to express our indebtedness to the clinical and laboratory departments of the New York Hospital for the splendid cooperation extended to the Lying-In Hospital. The assistance given us by the Departments of Medicine and Pediatrics has continued, as in 1933 and 1934, with great benefit to our patients. The Department of Surgery, and its Sub-Departments, have always been ready and willing to cooperate with us to the fullest extent. We have utilized the Department of Psychiatry on consultation service, which has been rendered freely and with great satisfaction to us.

One of the most satisfactory services rendered to the Lying-In Hospital patients is that of the Department of Nutrition of the New York Hospital, under the efficient direction of Miss S. M. Gillam, and with the help of her well-trained staff of assistants.

The teaching schedule in the Lying-In Hospital has continued as in 1934, consisting of instruction to the Cornell medical students, the New York Hospital and affiliated nurses, the resident house-staff of 20 graduates in medicine, and summer teaching to 32 undergraduate medical students from other universities. The various staff conferences and journal club meetings have remained as well attended as in the previous year. We again



wish to extend an invitation to visiting doctors to our Monday afternoon staff conferences, as well as to any of the other functions of the hospital. Such visitors may observe our work for as long a period as they may desire.

One of our strongest assets is the Ladies' Auxiliary Board of the Lying-In Hospital. To them belongs the full credit for our Social Service Department, which touches virtually every phase of the hospital's activities. This Board has at all times given me a willing, understanding and sympathetic hearing on the various problems arising from time to time. We have come to rely on their assistance, not only financially, but in many other ways, as well as upon their counsel. I wish to direct the reader's attention to the President's, and the Treasurer's statements, on pages 15, 16 and 17, respectively, as well as to that of the Social Service Director on page 59, of this Report. These show of what assistance the Board has been to the patients of the Lying-In Hospital, although they do not and cannot express the stimulation and spirit of cooperation received by us from the Ladies' Auxiliary Board of the Lying-In Hospital.

I cannot close this report without reference to the great loss we sustained in the passing of Mr. Wilson M. Powell, our late President of the Hospital. We had come to admire and rely on his judicial and sane judgment, but more than that, we had come to rely on him as a friend, as well as a counsellor. The role he played in steering us through arduous times can hardly be appreciated, unless perhaps by his immediate associates.

I wish to express, not in the usual perfunctory manner, but in as sincere a manner as I am able to, our deep sense of indebtedness and gratitude to the members of the Executive Committee of the Board of Governors of the Lying-In Hospital, as well as to those of the Board of Governors of the New York Hospital for their support and advice, without which this hospital cannot exist. I feel that not only do they have a real interest in the Lying-In Hospital, but they have an understanding of our problems, rarely seen in governing members of philanthropic institutions.

HENRICUS 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-five.

Effort during this year has been directed toward the maintenance of standards of nursing care already established while endeavoring to promote economy through perfecting the standardization of nursing procedures, of equipment and its placement, and the correlation of the instruction of student nurses with their practice.

Sixty undergraduate students had instruction and practice in obstetrical and gynecological nursing in the past year. This number includes thirty New York Hospital students, and twenty affiliating students from the following schools: eight from the Moses Taylor Hospital School of Nursing at Scranton, Pa.; ten from the Lenox Hill Hospital School of Nursing in New York City; twelve from the Bloomingdale Hospital School of Nursing at White Plains, N. Y. The Lenox Hill School has withdrawn its affiliation due to the opening of an obstetrical service in that hospital.

Sixty-one graduate students registered, and fifty-nine completed the basic course. One student completed an advanced course offered this year for the first time. It is gratifying that the women seeking admission into our school tend to have had a good background both academically and professionally. The majority have a definite plan which they wish to pursue. This has made it possible for us to develop programs of individual interest and thereby aid the student in the accomplishment of her aims. The advanced course includes lectures and practice in ward management and ward teaching. It is open to students who have completed the basic course and is for the purpose of giving those qualified an opportunity to prepare themselves for head nurse positions in obstetrical services. The student who took this course has been appointed assistant head nurse on one of the pavilions.



The importance of a well qualified personnel for good bedside nursing cannot be overemphasized. To maintain a good nursing service it is necessary to provide opportunities for development. The courses of instruction in all the departments of the New York Hospital are open to members of the nursing staff. Each term, by invitation or request, a limited number attend the classes conducted for the students in the Obstetrical Department and the lectures in ward management, ward teaching, and the social aspects of nursing, provided by the New York Hospital School of Nursing for post-graduate students. A system of exchange has also been inaugurated whereby individuals can obtain additional experience along the lines of their special interest. This has permitted an exchange of experience for two nurses in the general and gynecological operating rooms and the delivery rooms. Through the assistance of the Rockefeller Foundation one of the supervisors in the East Harlem Nursing and Health Service has spent four weeks in the Lying-In Hospital, and our supervisor of infant care will soon begin her period of observation and experience with that organization. It is expected that this arrangement will not only be helpful to the individuals actively participating but will promote mutual understanding and have a general unifying influence.

The number of resignations of staff members has been very large. The loss of an experienced nurse always produces an effect upon the service. The department has endeavored to reduce the detrimental effect of change by promoting a program for the preparation of the personnel so that vacancies within the head nurse and assistant head nurse group may be filled by nurses already familiar with the responsibilities to be undertaken. A reduction of one-third in new appointments has been made possible by the appointment of former students and the re-appointment of former staff members. This method has done much towards stabilizing the nursing service.

The health of the staff and students has been of great concern. Illness, though not of a serious nature, has caused a loss of time amounting to nine hundred and sixteen days. Effort is made to detect symptoms early so that immediate attention may be given and serious or prolonged illness prevented. Family health prob-



lems have been responsible for two hundred and thirteen of the total of three hundred and six days leave of absence. Though unavoidable, this is disturbing to good nursing service and interferes with the continuity of a teaching program.

An institute on Maternity and Child Care, organized by the Maternity Center Association and the National Organization for Public Health Nursing, was conducted in our hospital last June. Two hundred and fifty nurses were registered. A comprehensive program of lectures and demonstrations was given, lasting five and one-half days, in which many of the nursing services in the city participated. The contributions of the medical and nursing services of the Lying-In Hospital as well as other departments of the New York Hospital were greatly appreciated. The results of such a program cannot be evaluated. Requests are still being received for further information on material presented at that time.

The Christmas Season was a time of much joy and happiness to our patients. Through the generosity of a friend of the Lying-In Hospital, and the industry of the nurses, each mother and baby received an appropriate gift.

I wish to extend my appreciation to the Ladies of the Auxiliary Board, for their continued interest in the Nursing Service, and to the members of the nursing, medical, and other staffs of the hospital for their generous cooperation throughout another year.

Respectfully submitted,

VERDA F. HICKCOX, R. N.,

*Head of Obstetrical and Gynecological  
Nursing Service and Instruction.*



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

NOVEMBER 1, 1934—OCTOBER 31, 1935

During the past year the Board of the Ladies' Auxiliary has held eight monthly meetings; the Executive Committee has met weekly except during the summer months, holding 22 meetings in all.

The House Committee, under the Chairmanship of Mrs. E. Farrar Bateson, has received donations of layettes from Bronxville Sewing Group, Junior Emergency Relief Committee, New York Junior League, Mrs. A. K. Schaepf; of clothing from Miss Marion Wharton, Mrs. N. R. Johannson, Mrs. P. A. Dean, Mrs. E. Farrar Bateson, New York Junior League, Mrs. Lazarus; of blankets from Miss Josephi; of toys from Mrs. Robert Lovett; of baby's bath from Mrs. Paul Pryibil. 155 books were contributed to the New York Hospital Library by members of the Board as well as subscriptions to magazines. Mrs. W. A. W. Stewart was asked to go on the Library Board of the New York Hospital. A rest room was set aside for Social Service workers in the Lying-In Hospital and furniture and decorations contributed by members of the Board.

Mrs. A. P. Morgan, chairman of the Volunteer Workers Committee, was successful in securing from 8 to 10 volunteers weekly during the winter months for work in the clinics, covering from 16 to 18 sessions, or from 55 to 58 hours weekly.

In the spring Miss Mary Alice Riley tendered her resignation as director of our Social Service Department in order to organize a Social Service Department at the Medical College of Richmond, Virginia. Her resignation was accepted with real regret by the Board. A special committee, consisting of Mrs. Allan Locke and Mrs. Robert Lovett, was appointed to find a new director for our Social Service Department. We were fortunate in securing the services of Mrs. Robert Kinzel, who started work on June 14th. The personnel now consists of two social workers



besides the director, a full-time secretary, and a part-time stenographer.

A special committee, consisting of Mrs. Farrar Bateson, Mrs. Irving Kingsford, and Mrs. Paul Pryibil, was appointed to check over the amendments to the Constitution and By-Laws, and bring them up to date. A booklet was printed and distributed to all members of the Auxiliary.

The Babies' Alumni, under the Chairmanship of Mrs. Crawford Burton, has attained a gratifyingly large membership. From January, 1935, to the present we have had 494 members, the contributions amounting to \$828.00.

At Mrs. Kinzel's suggestion we have had two types of pamphlets printed containing maternity information. These are distributed among public health nurses and expectant mothers.

Early in the year the Board was obliged to accept with deepest regret the resignation of Mrs. Morgan Hamilton. Mrs. Hamilton had served as a member of the Board since its inauguration in 1897, and has been constantly one of its most enthusiastic, tireless and valuable workers. We are happy to have been able to persuade Mrs. Hamilton to remain with us on the Advisory Committee.

Dr. Stander having informed us that the collection on radium treatments had been insufficient to pay the full rental on the radium this year, Mrs. H. S. Morgan very generously offered to contribute the deficit.

Respectfully submitted,

VIRGINIA M. PRINCE,

*President.*

# THE SOCIETY OF THE LYING-IN HOSPITAL INCOME ACCOUNT FOR THE YEAR 1935

## INCOME

OPERATING INCOME OF WOMAN'S CLINIC .....	\$284,762.80
Interest and Dividends on Funds Held by The Society of the New York Hospital:	
J. P. Morgan Fund .....	\$60,562.50
George F. Baker, Jr., Fund .....	19,735.00
George F. Baker "No. 2" Fund .....	47,900.00
Corporation Income:	
Interest and Dividends .....	\$46,542.63
Rent from 9-13 Maiden Lane Property .....	63,276.19
Rent from 307 Second Avenue Property .....	12,001.00
Donations in Response to Appeal .....	4,106.00
Proceeds from Sales of Old Equipment .....	100.00
Total of above Income .....	\$538,986.12
Deficit, assumed by The Society of the New York Hospital .....	222,345.93
	<u>\$761,332.05</u>

## EXPENSE

OPERATING EXPENSE OF WOMAN'S CLINIC .....	\$624,773.63
Corporation Expense:	
Bond and Mortgage Interest, Premises 9-13 Maiden Lane .....	\$18,000.00
Taxes on Property 9-13 Maiden Lane .....	19,035.00
Other Expense on Property 9-13 Maiden Lane .....	47,824.51
Taxes on Property 307 Second Avenue .....	19,571.67
Leasing Commission on Premises 307 Second Avenue .....	14,520.00
Salaries of Watchmen and Engineer at 307 Second Avenue .....	2,225.00
Maintenance Supplies, etc., at 307 Second Avenue .....	897.51
Insurance Expense, 307 Second Avenue .....	493.43
Legal Expense re: Frick Estate .....	8,005.19
Salaries and Expense of Appeal Department .....	1,794.19
Auditing Expense .....	150.00
Annual Report .....	618.50
Pensions .....	372.00
Appropriation to Ladies' Auxiliary .....	3,000.00
Miscellaneous .....	51.42
	<u>\$761,332.05</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)	Philip Hone .....	(1829-1847)
Cornelius Ray .....	(1799-1824)	Elisha Tibbits .....	(1831-1835)
Archibald Gracie .....	(1799-1824)	John S. Cary .....	(1831-1835)
Henry Remsen .....	(1799-1835)	Dennis McCarthy .....	(1831-1835)
John Thompson .....	(1799-1799)	George Jones .....	(1834-1835)
John S. Robertson .....	(1799-1800)	Robert Ray .....	(1834-1879)
Robert Downe .....	(1799-1799)	Lewis C. Hammersly ..	(1834-1835)
Matthew Clarkson .....	(1799-1822)	Isaac S. Hone .....	(1834-1835)
Thomas Pearsall .....	(1799-1807)	Benjamin F. Butler ....	(1845-1858)
Rev. John Christopher Kunze .....	(1799-1807)	William F. Mott .....	(1845-1866)
William Houstoun .....	(1799-1811)	Dr. Alexander E. Ho- sack .....	(1845-1869)
Andrew Hamersly .....	(1799—)	Thomas W. Ludlow ...	(1845-1847)
William Bayard .....	(1799—)	Joseph B. Collins .....	(1845-1867)
John Charlton .....	(1799—)	Theodore Sedgwick ....	(1845-1855)
David M. Clarkson ....	(1799-1814)	James G. King .....	(1845-1847)
William Jauncey .....	(1799—)	Robert B. Minturn, Sr..	(1845-1866)
J. C. Vanden Heuvel ..	(1799—)	William Birdsall .....	(1845-1855)
Frederic De Peyster ...	(1802-1829)	Joshua S. Underhill ...	(1845-1857)
Dr. George Anthon ....	(18—1821)	John Jay .....	(1845-1846)
Dr. David Hosack .....	(18—1835)	George Wilkes .....	(1846-1847)
Andrew Morris .....	(18—1816)	George T. Trimble ....	(1854-1872)
Rev. Abraham Beach, D. D. ....	(18—1813)	Apollos R. Wetmore ..	(1854-1881)
Charles L. Cammann ..	(18—1806)	Thomas B. Stillman ...	(1854-1866)
Jacob Le Roy .....	(18—1807)	Benjamin R. Winthrop.	(1854-1879)
Thomas C. Pearsall ...	(1808-1813)	Stewart Brown .....	(1854-1880)
De Witt Clinton .....	(1808-1816)	Jacob Harsen .....	(1861-1862)
Peter P. Goelet .....	(1813-1824)	Benjamin D. Silliman .	(1861-1890)
Charles Wilkes .....	(1813-1832)	John C. Green .....	(1861-1875)
Peter Augustus Jay ....	(1813-1822)	Andrew Warner .....	(1863-1892)
Jacob Sherred .....	(1813—)	James Lenox .....	(1866-1880)
John Hone .....	(1821-1832)	William A. Aspinwall ..	(1866-1869)
Lynde Catlin .....	(1821-1832)	Robert B. Minturn ....	(1866-1880)
Charles McEvers .....	(1821-1835)	Robert L. Kennedy ...	(1868-1887)
Abijah Hammond .....	(1821-1822)	Joseph W. Patterson ..	(1868-1881)
Nathaniel Prime .....	(1822-1835)	Egerton Leigh Win- throp .....	(1869-1905)
John Watts .....	(1822-1830)	LeGrand B. Cannon ...	(1873-1874)
William Bard .....	(1829-1854)	Albert M. Patterson ...	(1874-1892)
Dr. James Pendleton ..	(1829-1832)	George G. Williams ...	(1879-1903)



Frederic Bronson .....	(1880-1900)	Morton S. Paton .....	(1907-1926)
Charles E. Tracy .....	(1880-1896)	Elbert H. Gary .....	(1909-1927)
Robert Lenox Belknap ..	(1880-1896)	Francis R. Appleton ...	(1909-1928)
John A. Weekes .....	(1880-1894)	John T. Atterbury .....	(1909-1912)
William A. Duer .....	(1881-1904)	Temple Bowdoin .....	(1913-1913)
Robert Ray Hamilton ..	(1882-1890)	G. Hermann Kinnicutt.	(1913-1928)
Henry V. R. Kennedy ..	(1888-1891)	Henry W. Monroe ....	(1913-1920)
Frederic W. Stevens ...	(1890-1892)	George F. Baker, Jr. ...	(1914-1928)
Edmund L. Baylies ....	(1890-1923)	Herbert L. Satterlee ...	(1914-1928)
William T. Lawrence ..	(1891-1892)	James Gore King .....	(1915-1928)
Egerton L. Winthrop, Jr.	(1892-1905)	William H. Porter .....	(1920-1926)
Frederick Delano		Junius Spencer Morgan,	
Weekes .....	(1892-1905)	Jr. ....	(1920-1928)
Henry A. C. Taylor ...	(1893-1899)	Frank L. Polk .....	(1923—)
George B. McClellan ..	(1893-1895)	Stephen Merselis .....	(1924-1928)
Francis S. Bangs .....	(1894-1908)	George T. Bowdoin ....	(1927-1928)
Dr. Samuel W. Lam-		Henry Sturgis Morgan ..	(1927-1928)
bert .....	(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 ....	(1928-1935)
Trenor L. Park .....	(1898-1905)	Augustine J. Smith ....	(1928—)
Lewis Cass Ledyard ...	(1899-1928)	Charles S. Brown .....	(1928-1935)
J. Pierpont Morgan ...	(1900-1913)	Bronson Winthrop ....	(1928—)
Richard T. H. Halsey ..	(1903-1905)	Henry G. Barbey .....	(1928—)
Robert Bacon .....	(1903-1919)	Cornelius N. Bliss .....	(1928—)
William B. Leeds .....	(1904-1908)	William Woodward ...	(1928—)
Dr. Samuel W. Lam-		Lewis Cass Ledyard, Jr.	(1928—)
bert .....	(1905-1914)	John Hay Whitney ....	(1928—)
Nicholas Murray Butler	(1905-1915)	Wilson M. Powell .....	(1933-1935)
Amos Tuck French ....	(1905-1912)	Barklie McKee Henry ..	(1934—)
J. Pierpont Morgan, Jr.	(1906-1928)	Williamson Pell .....	(1935—)
John McL. Nash .....	(1906-1909)		

#### PRESIDENTS AND TERMS OF SERVICE

Thomas Pearsall .....	(1799-1807)	Egerton L. Winthrop ..	(1891-1892)
Cornelius Ray .....	(1808-1826)	John A. Weekes .....	(1892-1894)
Robert Lenox .....	(1829-1835)	William A. Duer .....	(1894-1900)
William Bard .....	(1845-1854)	J. Pierpont Morgan ...	(1900-1900)
Benjamin F. Butler ....	(1854-1858)	Lewis Cass Ledyard ...	(1900-1921)
George T. Trimble ....	(1861-1872)	J. Pierpont Morgan, Jr.	(1921-1928)
Robert Ray .....	(1872-1879)	Edward W. Sheldon ...	(1928-1934)
Apollos R. Wetmore ...	(1880-1881)	Wilson M. Powell .....	(1934-1935)
Benjamin D. Silliman ..	(1881-1890)		

#### VICE-PRESIDENTS AND TERMS OF SERVICE

Rev. John Christopher		Dr. George Anthon ....	(1813-1821)
Kunze .....	(1799-1807)	Robert Lenox .....	(1821-1829)
Samuel Osgood .....	(1808-1812)	Henry Remsen .....	(1829-1831)



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

#### TREASURERS AND TERMS OF SERVICE

Frederic 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)
Joseph W. Patterson .. (1872-1881)	Stephen Merselis ..... (1924-1928)
Andrew Warner ..... (1882-1892)	Paul Tuckerman ..... (1928-1930)
Robert Lenox Belknap. (1892-1896)	Bronson Winthrop .... (1930—)
Francis S. Bangs ..... (1896-1897)	

#### SECRETARIES AND TERMS OF SERVICE

William Houstoun .... (1799-1811)	Andrew Warner ..... (1863-1892)
Peter Augustus Jay ... (1813-1822)	Robert Lenox Belknap. (1892-1893)
Lynde Catlin ..... (1822-1829)	F. Delano Weekes ..... (1893-1905)
William Bard ..... (1829-1833)	W. Pierson Hamilton.. (1905-1906)
John S. Cary ..... (1833-1845)	Francis S. Bangs ..... (1906-1908)
Dr. Alexander E. Hosack ..... (1845-1854)	Edmund L. Baylies ... (1908-1918)
Joshua S. Underhill .... (1854-1857)	James Gore King ..... (1918-1928)
Benjamin R. Winthrop. (1858-1863)	Frank L. Polk ..... (1928—)

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David Hosack ..... (1799-1822)	George Wilkes ..... (1829-1845)
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William Moore ..... (1799-1822)	James W. Markoe ..... (1892-1918)
Wright Post ..... (1799-1822)	Samuel W. Lambert ... (1892-1905)
Andrew Hamersly ..... (1805-1813)	H. McM. Painter ..... (1892-1905)
Samuel L. Mitchell ... (1805-1807)	J. Clifton Edgar ..... (1892-1899)
Edward Miller ..... (1808-1811)	Austin Flint, Jr. .... (1892-1899)
Richard S. Kissam .... (1813—)	Asa B. Davis ..... (1903-1930)
John W. Francis ..... (1823—)	James A. Harrar ..... (1930-1932)
James Pendleton ..... (1829—)	H. J. Stander ..... (1932—)
Alexander E. Hosack .. (1829-1845)	



A PERSON SUBSCRIBING TO THE FUNDS OF THE SOCIETY A SUM NOT LESS THAN FIVE DOLLARS PROVIDING HIS SUBSCRIPTION IS ACCEPTED BY THE BOARD UPON BEING DULY NOMINATED AND ELECTED BY THE GOVERNORS, MAY BECOME A MEMBER OF THE SOCIETY.

---

A PERSON SUBSCRIBING AT ONE TIME TO THE FUNDS OF THE SOCIETY THE SUM OF FIVE THOUSAND DOLLARS BECOMES A PATRON OF THE SOCIETY, AND A PERSON SO SUBSCRIBING THE SUM OF FIVE HUNDRED DOLLARS BECOMES A BENEFACTOR OF THE SOCIETY.

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ENDOWED BEDS  
EXTRACT FROM BY-LAWS

PERSONS MAY CONTRIBUTE TOWARD THE ENDOWMENT OF BEDS IN THE SOCIETY'S HOSPITAL BY THE PAYMENT OF A SUM NOT LESS THAN \$7,500, THE ANNUAL INCOME FROM WHICH WILL BE APPLIED TO THE COST OF MAINTAINING A FREE BED IN ONE OF THE WARDS SO FAR AS SUCH INCOME WILL SUFFICE TO PAY SUCH COST. PERSONS MAKING SUCH PAYMENTS SHALL HAVE SUCH RIGHTS IN RESPECT TO NAMING PATIENTS TO THE SOCIETY FOR TREATMENT AS THE GOVERNORS SHALL FROM TIME TO TIME PRESCRIBE.

---

ENDOWED IN PERPETUITY

1895

In memory of MRS. ROBERT L. STUART  
By MR. and MRS. GEORGE G. WILLIAMS

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



## PATRONS

Persons subscribing at one time to the funds of the Society the sum of five thousand dollars

ROBERT BACON  
GEORGE F. BAKER  
GEORGE F. BAKER, JR.  
BARONESS DE HIRSCH  
THOMAS W. LAMONT  
MRS. THOMAS W. LAMONT  
LEWIS CASS LEDYARD  
JOSEPH F. LOUBAT  
J. PIERPONT MORGAN  
J. PIERPONT MORGAN, JR.

GEORGE W. PERKINS  
HENRY PHIPPS  
HERBERT L. PRATT  
DANIEL G. REID  
ROCKEFELLER FOUNDATION  
THOMAS F. RYAN  
CHARLES STEELE  
CORNELIUS VANDERBILT  
WILLIAM K. VANDERBILT  
PAYNE WHITNEY

## BENEFACTORS

Persons subscribing at one time to the funds of the Society the sum of five hundred dollars, or more, but less than five thousand dollars

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WILLIAM WALDORF ASTOR  
MRS. RICHARD T. AUCHMUTY  
MRS. ELLIOTT C. BACON  
FRANCIS S. BANGS  
CHRISTOPHER M. BELL, M. D.  
EDWARD J. BERWIND  
GEORGE T. BOWDOIN  
FREDERIC BRONSON  
MRS. HENRY MORTIMER BROOKS  
JOHN CLAFLIN  
ALFRED CORNING CLARK  
WILLIAM R. CRAIG  
MRS. FREDERIC CROMWELL  
ASA B. DAVIS, M. D.  
JOHN W. DAVIS  
MRS. GEORGE E. DODGE  
MRS. GEORGE P. EUSTIS  
WALTER E. FREW  
ELBERT H. GARY  
EDWIN GOULD  
MRS. GEORGE J. GOULD  
WALTER S. GURNEE  
WILLIAM D. GUTHRIE  
W. PIERSON HAMILTON  
MRS. W. PIERSON HAMILTON  
MRS. CHARLES W. HARKNESS  
MRS. E. HENRY HARRIMAN  
MRS. JAMES NORMAN HILL  
CLARENCE M. HYDE

JAMES H. JONES  
MRS. AUGUSTUS D. JUILLIARD  
MRS. SIDNEY A. KIRKMAN  
WILLIAM G. LOW  
MRS. JAMES MCLEAN  
CLARENCE H. MACKAY  
JOHN MARKLE  
MRS. JOHN GODFREY MOORE  
JUNIUS S. MORGAN, JR.  
OSWALD OTTENDORFER  
WILLIAM H. PORTER  
WILLIAM E. RANDOLPH  
NORMAN B. REAM  
HENRY SANDERSON  
HERBERT L. SATTERLEE  
MRS. HERBERT L. SATTERLEE  
MISS MARY SCOVILLE  
FRANCIS LYNDE STETSON  
HENRY A. C. TAYLOR  
THE JOHN AND MARY R. MARKLE  
FOUNDATION  
MRS. VANDERBILT  
MRS. FRED W. VANDERBILT  
MRS. SIDNEY WEBSTER  
F. DELANO WEEKES  
MISS GRACE WILKES  
GEORGE G. WILLIAMS  
EDGERTON L. WINTHROP  
MRS. ROBERT WINTHROP  
MRS. ANNA WOERISHOFFER

## MEMBERS OF THE SOCIETY

	When Elected		When Elected
Arthur M. Anderson .....	1927	Frank B. Keech .....	1896
William Vincent Astor .....	1932	Frederick Gore King .....	1879
George F. Baker, Jr. ....	1913	G. Hermann Kinnicutt .....	1912
Robert Lenox Banks .....	1893	Samuel W. Lambert, M.D. ..	1904
Henry G. Barbey .....	1928	Thomas W. Lamont .....	1922
Francis D. Barstow .....	1927	Lewis Cass Ledyard, Jr. ....	1927
Waldron Phoenix Belknap...	1881	H. G. Lloyd .....	1922
Edward J. Berwind .....	1911	Clarence H. Mackay .....	1905
Cornelius N. Bliss .....	1928	George B. McClellan .....	1893
George T. Bowdoin .....	1927	Stephen Merselis .....	1923
Nicholas Murray Butler ....	1904	Henry Sturgis Morgan .....	1927
John Claflin .....	1911	J. Pierpont Morgan, Jr. ....	1905
Joseph H. Choate, Jr. ....	1928	Junius Spencer Morgan, Jr. ..	1920
Thomas Cochran .....	1922	Paul G. Pennoyer .....	1922
John H. Davis .....	1896	Frank L. Polk .....	1923
Wm. North Duane .....	1914	Herbert L. Satterlee .....	1914
Guy Emerson .....	1922	Augustine J. Smith .....	1928
William Ewing .....	1927	Charles Steele .....	1922
Amos T. French .....	1898	E. F. Stotesbury .....	1922
R. Horace Gallatin .....	1928	Paul Tuckerman .....	1928
Thomas S. Gates .....	1922	Cornelius Vanderbilt .....	1900
Richard T. H. Halsey .....	1902	F. Delano Weekes .....	1888
W. Pierson Hamilton .....	1897	George Whitney .....	1922
Barklie McKee Henry .....	1932	John Hay Whitney .....	1928
G. Beekman Hoppin .....	1928	Bronson Winthrop .....	1887
Arthur Iselin .....	1928	William Woodward .....	1928



## DECEASED MEMBERS OF THE SOCIETY

	When Elected		When Elected
Alexander McL. Agnew .....	1878	Romulus R. Colgate .....	1896
James W. Alexander .....	1893	Joseph B. Collins .....	1845
Frederic W. Allen .....	1928	Henry P. Davison .....	1922
George Anthon, M.D. ....	1821	Francis P. De Luze .....	1892
Francis R. Appleton .....	1909	Frederic De Peyster .....	1802
William H. Aspinwall .....	1866	Henry Dudley .....	1873
John Jacob Astor .....	1894	William A. Duer .....	1880
William Waldorf Astor .....	1894	George R. Fearing .....	1892
Edgar S. Auchincloss .....	1880	George W. Folsom .....	1873
John T. Atterbury .....	1908	S. Barton French .....	1899
Robert Bacon .....	1896	Elbert H. Gary .....	1908
Elliott C. Bacon .....	1922	Peter B. Goelet .....	1813
George F. Baker .....	1911	Archibald Gracie .....	1799
Francis S. Bangs .....	1892	James King Gracie .....	1879
William Bard .....	1829	John C. Green .....	1861
Edmund L. Baylies .....	1890	William Greenough .....	1880
Nathalie E. Baylies .....	1908	George Griswold .....	1866
William Bayard .....	1799	Andrew Hamersly .....	1799
Rev. Abraham Beach, D.D. .	18—	Lewis C. Hammersly .....	1834
James W. Beekman .....	1892	Robert Ray Hamilton .....	1882
Robert Lenox Belknap .....	1880	Abijah Hammond .....	1821
Robert Lenox Belknap, Jr. .	1881	Jacob Harsen .....	1861
Christopher M. Bell, M.D. .	1898	Isaac S. Hone .....	1834
William Birdsall .....	1845	John Hone .....	1829
Samuel P. Bladgen .....	1897	Philip Hone .....	1821
Temple Bowdoin .....	1908	Hamilton L. Hoppin .....	1896
Robert Bowne .....	1799	Alexander E. Hosack, M.D. .	1845
Frederic Bronson .....	1880	David Hosack, M.D. ....	1799
Charles S. Brown .....	1928	William Houstoun .....	1799
Stewart Brown .....	1854	Clarence M. Hyde .....	1898
William H. Brown .....	1866	Adrian Iselin, Jr. ....	1893
Benjamin F. Butler .....	1845	William Jauncey .....	1799
William Allen Butler .....	1892	John Jay .....	1845
Charles L. Cammann .....	18—	Peter Augustus Jay .....	1813
H. LeGrand Cannon .....	1893	Walter Jennings .....	1928
LeGrand B. Cannon .....	1873	George Jones .....	1834
John S. Cary .....	1831	S. Nicholas Kane .....	1897
Lynde Catlin .....	1821	Robert Lenox Kennedy .....	1868
N. W. Stuyvesant Catlin ....	1879	H. Van Rennselaer Kennedy .	1888
J. Winthrop Chandler .....	1877	A. Gracie King .....	1879
John Charlton .....	1799	James G. King .....	1845
David M. Clarkson .....	1799	James Gore King .....	1914
Matthew Clarkson .....	1799	Rev. John Christopher Kunze	1799
De Witt Clinton .....	1808	Edward W. Lambert, M. D. .	1895



	When Elected		When Elected
P. Van Zandt Lane .....	1888	Nathaniel Prime .....	1822
Charles Lanier .....	1898	Cornelius Ray .....	1799
James G. K. Lawrence .....	1892	Robert Ray .....	1834
William T. Lawrence .....	1891	Norman B. Ream .....	1911
Lewis Cass Ledyard .....	1892	Henry Remsen .....	1799
William B. Leeds .....	1904	John Stark Robertson .....	1799
James Lenox .....	1866	James R. Roosevelt .....	1892
Robert Lenox .....	1799	Thomas F. Ryan .....	1911
Jacob Leroy .....	18—	Philip J. Sands .....	1892
Joseph F. Loubat .....	1899	F. Augustus Schermerhorn ..	1894
James B. Ludlow .....	1898	Jacob H. Schiff .....	1895
Thomas W. Ludlow .....	1845	Theodore Sedgwick .....	1845
Alexander Maitland .....	1877	Edward W. Sheldon .....	1908
Charles H. Marshall .....	1873	W. Watts Sherman .....	1892
William S. Mayo, M. D. ....	1877	Jacob Sherred .....	1813
Dennis McCarthy .....	1831	Benjamin D. Silliman .....	1861
Charles McEvers .....	1821	Thomas G. Silliman .....	1854
William Bard McVickar ....	1887	Francis Lynde Stetson .....	1911
D. O. Mills .....	1898	Edward R. Stettinius .....	1922
John W. Minturn .....	1866	Frederic W. Stevens .....	1890
Robert B. Minturn .....	1845	Oliver S. Strong .....	1866
Robert B. Minturn, Jr. ....	1866	Frank K. Sturgis .....	1928
George E. Moore, M. D. ....	1878	Henry A. C. Taylor .....	1892
George Henry Moore .....	1873	John Thompson .....	1799
J. Pierpont Morgan .....	1894	Elisha Tibbets .....	1835
Andrew Morris .....	18—	Howard Townsend .....	1928
Dwight W. Morrow .....	1922	Charles E. Tracy .....	1880
William F. Mott .....	1845	George T. Trimble .....	1854
Henry W. Munroe .....	1903	Joshua S. Underhill .....	1845
John McL. Nash .....	1892	J. C. Vanden Heuvel .....	1799
William H. Nielson .....	1866	Cornelius Vanderbilt .....	1894
Thomas Newbold .....	1895	William K. Vanderbilt .....	1898
Adam Norrie .....	1873	Andrew Warner .....	1863
Gordon Norrie .....	1877	John Watts .....	1822
Oswald Ottendorfer .....	1894	John A. Weekes .....	1880
Trenor L. Park .....	1896	Apollos R. Wetmore .....	1854
Morton S. Paton .....	1905	George Peabody Wetmore ..	1892
Albert M. Patterson .....	1874	Edward F. Whitney .....	1908
Joseph W. Patterson .....	1868	Charles Wilkes .....	1813
Thomas Pearsall .....	1799	George Wilkes .....	1846
Thomas C. Pearsall .....	1808	Miss Grace Wilkes .....	1894
James Pendleton, M. D. ....	1829	George G. Williams .....	1874
Robert P. Perkins .....	1904	Benjamin R. Winthrop .....	1854
Geo. W. Perkins .....	1904	Egerton L. Winthrop .....	1869
William M. Polk, M. D. ....	1905	Egerton L. Winthrop, Jr. ....	1887
William H. Porter .....	1911	Robert Dudley Winthrop ...	1895
Wilson M. Powell .....	1932	Mrs. Anna Woerishoffer .....	1894



## CONTRIBUTORS

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anonymous contributor.



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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 26 of the aforementioned subscribers in the period covered by this report have made donations thereto aggregating \$338.00.

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. MR. EDWARD WEISS, 2508 Broadway—Reading matter.  
DR. KYLE B. STEELE, 791 Park Avenue—Medical Journals.
- March. NEW YORK HERALD TRIBUNE, 230 West 41st Street—50 copies  
of Magazine Section of the Herald Tribune on two occasions.  
STANDARD BOOKING OFFICE, 15 Central Park West—Tickets for  
a Recital.
- April. MR. EDWARD WEISS, 2508 Broadway—Reading matter.
- May. CONCERT MANAGEMENT, RICHARD COPLEY, 113 West 57th Street  
—Tickets for a Concert.
- June. NEW YORK HERALD TRIBUNE, 230 West 41st Street—20 copies of  
Magazine Section of the Herald Tribune.
- August. MRS. HERMANN C. HOEFLING, 241 East 17th Street—230 Medi-  
cal Books from the Library of the Late Dr. Hermann C.  
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- September. MR. EDWARD WEISS, 2508 Broadway—Reading matter.  
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DR. HERBERT F. TRAUT, 111 East 80th Street—Reading matter.  
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—Tickets for Concert on two occasions.  
MR. EDWARD WEISS, 2508 Broadway—Reading matter.
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- December. CONCERT MANAGEMENT, RICHARD COPLEY, 113 West 57th Street  
—Tickets for a Concert.  
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# STATISTICS

## OBSTETRICAL DEPARTMENT

### INDOOR AND OUTDOOR SERVICES

#### TOTAL DISCHARGES:

	<i>Lying-In Indoor</i>	<i>Berwind Outdoor</i>	<i>Total</i>
Abortion, operative .....	100		100
Abortion, spontaneous .....	79	7	86
Full term operative delivery .....	525	35	560
Full term spontaneous delivery .....	2,069	787	2,856
Premature delivery .....	65	7	72
Discharged before delivery .....	445		445
Infant—Boarder .....	38		38
Not pregnant .....	15		15
Postpartum .....	45		45
Died undelivered .....	5		5
Temporary Study .....	1		1
Total .....	3,387	836	4,223

#### TOTAL INFANTS:

Total deliveries .....	3,488
Multiple pregnancy (Twins) .....	38
Total .....	3,526

#### RACE:

White .....	3,677
Colored .....	508
Total .....	4,185

#### ECTOPIC PREGNANCY:

Tubal pregnancy .....	7
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#### SYPHILIS (ABORTIONS AND DELIVERIES):

	<i>Lying-In Indoor</i>	<i>Berwind Outdoor</i>	<i>Total</i>
Lues, no lesions, Wassermann or Kline			
Reaction 4 + .....	35	39	74
Lues, no lesions, Wassermann or Kline			
Reaction negative .....	5	12	17
Total .....	40	51	91

*Incidence* of syphilis (doubtful or unknown cases excluded) = 3.041%

TOXAEMIA (ABORTIONS AND DELIVERIES, INDOOR SERVICE):

Vomiting of pregnancy .....	4
Chronic nephritis .....	33
Low Reserve Kidney .....	166
Pre-eclampsia .....	34
Eclampsia:	
Antepartum .....	1
Intrapartum .....	7
Postpartum .....	1
Unclassified .....	69
Acute yellow atrophy .....	2
<hr/> Total .....	<hr/> 317

*Incidence of toxæmia = 10.817%*

TYPE OF PELVIS (NOT INCLUDING ABORTIONS):

	<i>Lying-In</i> <i>Indoor</i>	<i>Berwind</i> <i>Outdoor</i>	<i>Total</i>
	<hr/>	<hr/>	<hr/>
Normal .....	2,257	692	2,949
Assimilation .....	1		1
Flat simple .....	138	38	176
Funnel typical .....	47	40	87
Funnel flat .....	3		3
Generally contracted typical .....	87	45	132
Generally contracted funnel .....	12	9	21
Kyphotic .....	1		1
Rhachitic, flat .....	2	1	3
Rhachitic, generally contracted .....	2		2
Rhachitic, generally contracted funnel..	6		6
Not measured .....	103	4	107
<hr/> Total .....	<hr/> 2,659	<hr/> 829	<hr/> 3,488



## PRESENTATION (NOT INCLUDING ABORTIONS):

	<i>Lying-In Indoor</i>	<i>Berwind Outdoor</i>	<i>Total</i>
No record .....	1	55	56
L.O.A. ....	1,406	448	1,854
L.O.T. ....	36	7	43
L.O.P. ....	78	18	96
L.O.P. (Posterior rotation) .....	2		2
O.A. (Primary) .....	2	1	3
O.P. (Primary) .....	4		4
R.O.A. ....	725	228	953
R.O.T. ....	31	4	35
R.O.P. ....	156	26	182
R.O.P. (Posterior rotation) .....		1	1
Breech .....	125	26	151
Brow .....	3		3
Face .....	11		11
Transverse .....	10	1	11
Compound .....	5		5
Not determined .....	6	4	10
Not differentiated .....	58	10	68
Total .....	2,659	829	3,488

## OPERATIONS (FULL TERM + PREMATURE DELIVERIES):

	<i>Lying-In Indoor</i>	<i>Berwind Outdoor</i>	<i>Total</i>
Forceps:			
Low .....	218	9	227
Mid .....	94	1	95
High .....	3		3
Total .....	315	10	325
Incidence of forceps Indoor = 11.846%			
Incidence of forceps Outdoor = 1.208%			
Breech Extraction .....	118	21	139
Version and Extraction .....	16	1	17
Tamponade of Uterus .....	11	1	12
Manual Removal of Placenta .....	24	3	27
Episiotomy .....	315		315
Repair of 3rd degree laceration .....	18		18
Insertion of bag .....	13		13
Insertion of bougie .....	8		8
Dührssen's incision, cervix .....	5		5
Destructive operation, infant .....	3		3

### Caesarean Section:

Classical .....	32
Low Cervical .....	23
Radical .....	1
Latzko .....	1
Classical or low cervical + sterilization .....	13
Total .....	70

*Incidence of Caesarean Section = 2.63%*

### INDICATION FOR CAESAREAN SECTION:

Cardiac disease .....	2
Contracted pelvis .....	29
Disproportion .....	2
Dystocia, cervical .....	3
Dystocia, due to myoma .....	1
Dystocia, due to ovarian cyst .....	1
Placenta praevia .....	7
Premature separation .....	5
Presentation, transverse .....	2
Presentation, breech .....	1
Presentation, compound .....	1
Previous Caesarean section (febrile) .....	6
Separation of symphysis (previous injury) .....	1
Toxaemia, acute yellow atrophy .....	2
Toxaemia, eclampsia .....	1
Toxaemia, pre-eclampsia .....	2
Toxaemia, nephritis (chronic) .....	3
Tuberculosis .....	1
Total .....	70

### HEMORRHAGE (NOT INCLUDING ABORTIONS):

	<i>Lying-In</i> <i>Indoor</i>	<i>Bedwind</i> <i>Outdoor</i>	<i>Total</i>
Antepartum:			
Placenta Praevia .....	20		20
Premature separation .....	12		12
Postpartum .....	174	11	185
Puerperal .....	1		1

*Incidence of postpartum hemorrhage (600 cc. or over) = 5.303%*



# 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 temperatures on the Outdoor Service are taken by the visiting nurse once a day at the time of her routine visit, unless otherwise ordered.

	<i>Lying-In</i> <i>Indoor</i>	<i>Bedwind</i> <i>Outdoor</i>	<i>Total</i>
Afebrile .....	1,961	762	2,723
One day fever .....	413	49	462
Febrile:			
Puerperal infection .....	239	15	254
Mastitis .....	24	2	26
Pyelitis .....	6		6
Intercurrent disease .....	9		9
Other (Urinary) .....	4	1	5
Died at delivery .....	3		3
Total .....	2,659	829	3,488

Incidence of Morbidity—Indoor

(Abortions not included) = 10.617%

Incidence of Morbidity—Indoor

(Abortions included) = 10.892%

Incidence of Puerperal Infection—Indoor

(Abortions not included) = 8.998%

Incidence of Puerperal Infection—Indoor

(Abortions included) = 9.171%

## MATERNAL MORTALITY

	<i>Discharges</i>	<i>Deaths</i>
Lying-In Hospital (Indoor) .....	3,349	13
Berwind Service (Outdoor) .....	836	0
Total .....	4,185	13

**MATERNAL DEATHS:** (All patients on the Berwind Outdoor Service requiring hospitalization are transferred to the Lying-In Indoor Service of the New York Hospital.):

Thirteen (13) maternal deaths in 4,185 discharged patients.

Gross maternal mortality (including abortions, ectopic and other)  
= 0.3106% or 3.106 per thousand discharged patients.

*These 13 deaths were as follows:*

1. Antenatal patients:	
Patients dying before delivery .....	5
(One patient was admitted from the Berwind Service.)	
2. Postpartum patients (full term and premature deliveries):	
Deaths .....	6
Incidence of mortality = 0.172%	
3. All other patients (abortions included):	
Deaths .....	2
Total .....	13

### HISTORY No. 86086—Lobar Pneumonia, Type I

Patient, white, age 35, para 2-0-0-2, Wassermann not taken, pelvis not measured, was admitted to hospital two months before term with a diagnosis of lobar pneumonia of 24 hours' duration. Patient was placed immediately in an oxygen tent. Precipitate spontaneous delivery of premature infant occurred two hours after admission. Membranes: ruptured spontaneously in 2nd stage. Labor: total 45/60 hours; 2nd stage, undetermined. Infant: premature male, living; weight 1650 gms; not measured because of poor condition. Infant was cyanotic, respirations were irregular, lungs were filled with fine râles. Caffeine, adrenalin, carbon dioxide and oxygen given with slight improvement. Infant died suddenly sixteen hours after birth. Blood culture and culture of spinal fluid of infant were negative.

Mother remained in extremely poor condition after labor—poor heart sounds, pulse 110 to 134, white blood cells 12,250. Examination revealed complete consolidation of the right side of the chest. Pneumonia determined as type I. No antiserum therapy used because of patient's sensitiv-



ity to horse serum. Course was continually downhill and patient died four days after delivery. Pathological report of placenta was "No evidence of intrapartum infection."

*Autopsy:* Not obtained on mother or child.

#### HISTORY No. 74881—Cardiac Failure

Patient, age 39, para 0-0-2-0, colored, Wassermann reaction negative, pelvis normal, last menstrual period April 27th, 1934, was first seen in the gynecology clinic where the diagnoses of pregnancy, fibromyomata uteri, mitral stenosis and insufficiency were made. In the obstetrical clinic the diagnosis of organic heart disease was not confirmed, and the myoma filling the cul-de-sac was drawn up into the abdominal cavity during the last three months of pregnancy so that a spontaneous delivery was expected. Patient was admitted to the hospital in labor on Jan. 28, 1935. The myoma did not cause any obstruction to the descent of the head; because of foetal distress midforceps delivery was performed. Duration of labor was 27 hours, second stage 15 minutes. Infant was a male weighing 3820 gm., in good condition, discharged well. Immediately following delivery, profuse bleeding occurred which was thought to be coming from the episiotomy wound which had extended as a deep second degree laceration. Episiotomy was repaired. Blood loss was 700 cc. Patient was given intravenous pituitrin immediately after expulsion of the placenta, and also given morphine 0.015 gm. About fifteen minutes after delivery while the episiotomy was being repaired the patient's pulse was 160 per minute, and the blood pressure could not be obtained. Patient was treated for shock and given 500 cc. of 10% glucose intravenously; caffeine and adrenalin. Patient showed signs of air hunger associated with râles in the chest, and large amounts of blood tinged mucous escaped from the mouth. There was no response to treatment and patient died 52 minutes after delivery. Impression was that death was due to cardiac failure with acute pulmonary edema.

*Autopsy:* Not obtained.

#### HISTORY No. 83675—Suppurative Pyelonephritis, bilateral

Patient, white, age 31, para 0-0-0-0, generally contracted typical pelvis, negative Wassermann, gave a history of arthritis deformans for past 15 years preceded by rheumatic fever. Operative procedure to right hip combined with arthritis resulted in inability to abduct thighs. This was considered the only possible complication to delivery when patient was seen in dystocia clinic. Patient was also seen in medical consultation because of possible tuberculosis. This diagnosis was not confirmed. Expected date of delivery was August 4, 1935. Antenatal course was negative until two weeks before admission when she began to complain of frequency of urination with slight dysuria which was associated, on the day before ad-



mission, with chills and fever. Patient was admitted to the hospital April 4, 1935, with the fundus at the level of the umbilicus, tenderness in both kidney regions, especially the right. A diagnosis of pyelitis, right possibly bilateral, was made and the patient placed on treatment of high fluid intake and alkalis. The patient had numerous severe chills during the next four days, and the temperature fluctuated between 42°C. and 34°C. An attempt to cystoscope the patient on April 8th failed because of the ankylosis of the hips. Since the patient was growing worse an induction of labor was decided upon and surgical pituitrin was given intramuscularly April 9th. The patient aborted spontaneously the same day. Following abortion the temperature fell below normal and the patient became irrational and comatose. Blood pressure fell to zero. Intravenous glucose and transfusion of 600 cc. of citrated blood were given. Urinary output on April 9th was 150 cc. Since fluids had been forced patient became quite edematous. Hypertonic glucose solutions were administered with a resulting increase in urinary excretion and subsidence of edema during the next two days. Patient's temperature remained elevated and she remained semi-comatose. Respirations were labored and she was put in an oxygen tent to relieve this. The patient's condition remained about the same for the next four days with the exception of diminishing urinary output. On April 14th, the urinary excretion was 125 cc., non protein nitrogen 90mg., uric acid 5.7mg.,  $\text{Co}_2$  28.2mg. Her condition was evidently much worse. All fluids were withheld with the exception of injections of 50% glucose. At 3:00 a.m. on the morning of April 15th the pulse became weak and irregular and respirations shallow and irregular. At 7:55 a.m. the patient expired.

*Autopsy:* Suppurative pyelonephritis, bilateral.

Necrotizing inflammation of wall of uterus.

Serosanguinous fluid in peritoneal cavity.

Acute endocarditis of mitral valve with verrucae.

**HISTORY No. 64585**—Acute exacerbation of Chronic Nephritis resulting in partial anuria and pulmonary edema

Patient, white, age 28, para 0-0-1-0, normal pelvis, Wassermann not done, had intermittent staining during pregnancy treated by bed rest; uterus retroflexed early in pregnancy, later forward. Pregnancy was otherwise normal until two and a half months before term when blood pressure rose to 140/100 and edema of face was present. The following day staining recurred accompanied by slight contractions. Bed rest and codeine therapy advised. Because of tentative diagnosis of premature separation of placenta with the accompanying hypertension, hospitalization was advised. Patient refused to enter hospital until the following night when bleeding had increased and she had some difficulty in breathing. On admission at 1:00 a.m. on April 11, 1935, blood pressure was 160/90, bleeding continued in



slight amount, dyspnea was not noticeable. Over a period of nine hours the day after admission patient voided only 250 cc. of urine. This specimen was highly concentrated, showed 3+ albumin and the microscopic examination revealed 5-8 granular casts per high power field with occasional white blood cells and red blood cells.

At 5:15 p.m., April 11, 1935, the patient was awakened by an attack of dyspnea which became rapidly worse. Orthopnea developed and signs of pulmonary edema became evident. Examination of chest was unsatisfactory because of rapid, labored breathing. Blood pressure was 170/90. Eye grounds showed veins to be distended, the arterioles thin and the light streak decreased. Morphine, atropine and 400 cc. of 25% glucose intravenous were given with relief for about 40 minutes at the end of which time all the former symptoms returned. At 6:40 p.m. nasal oxygen was given while an oxygen tent was being set up. Dyspnea continued and patient became irrational. Two gm. of chloral hydrate in 100 cc. of milk given per rectum at 7:30 p.m. quieted the patient but pulmonary edema persisted. Placed in Trendelenburg's position and large amounts of frothy pink fluid escaped from mouth. Patient remained comatose. At 9:50 p.m. patient was catheterized, 100 cc. of urine obtained, a retention catheter was inserted into the bladder and morphine given. At 11:30 p.m. pulse became irregular and blood pressure dropped to 125/60. Respirations became shallow rapidly and pulse grew imperceptible. In spite of caffeine and adrenalin the patient died at 12:10 a.m.

*Autopsy:* Not done.

#### HISTORY No. 85351—Miliary tuberculosis

Patient, white, age 26, para 0-0-1-0, negative Wassermann, normal pelvis, expected date of delivery July 10, 1935. No abnormalities were noted until March 3, 1935, when she complained of pain in the right thigh of two days' duration. There were no physical findings and a diagnosis of myositis was made. Patient was admitted to the hospital March 6th because of continuation of the pain. There were no abnormalities found during her hospital stay, blood studies, x-ray, and examinations of the heart and lungs all being normal. There was a slight fluctuation of temperature shortly after admission, but the temperature was normal for seven days before discharge on March 22nd. Tentative diagnosis was sacro-iliac strain. On clinic visit April 6th she felt improved, and on April 27th she complained of a cold.

The patient came to the hospital on May 1st, two months before term, with the history that she had awakened with abdominal pain and vaginal bleeding. She also gave a history of difficulty in breathing for three days. Examination revealed a temperature of 38.8°C, pulse 126, respirations 40, marked cyanosis of the lips and nail beds, slight enlargement of the liver, dyspnea, and tachycardia. There were mild uterine contractions. Patient was admitted with diagnosis of cardiac failure and morphine was given.



Diagnosis of cardiac failure could not be verified. X-ray of lungs was taken, and showed a diffuse miliary process throughout the lungs. Study of arterial and venous blood showed the oxygen content of arterial blood to be 3.9%, venous 3%.

The patient was put into an oxygen tent; temperature rose to 40.2°C., respirations were rapid, cyanosis gradually disappeared. Patient went into labor on the evening of May 1st and delivered a 970 gm. dead fetus spontaneously. Blood cultures from baby and mother were negative. The following day the temperature dropped to 35.4°C. per rectum, pulse 80, respirations 38-40, urinary output good. Diagnosis of bronchiolitis—fibrosa obliterans suggested, while acute miliary tuberculosis was thought to be a possibility from the x-rays.

During the third postpartum day, patient seemed comfortable until the late afternoon when the temperature began to drop and she had an attack of dizziness which seemed to be controlled by luminal. At 9 p.m. the patient complained of marked dyspnea, respirations rose to 44, râles were coarse and diffuse. Examination was impossible because disturbance of the oxygen tent caused cyanosis. The attack lasted 30 minutes with a residual cyanosis. At midnight the patient had another attack which subsided on the administration of codeine. At 4:40 a.m. on May 5th, the respirations became shallow and slower, pulse 140, patient semi-conscious, marked dyspnea. Sodium benzoate did not improve the condition and respirations ceased at 5:02 a.m.

*Autopsy:* Fibrocaseous tuberculosis of left apex and upper part of left lower lobe.

Gelatinous pneumonia, all lobes.

Calcified apical tuberculosis in right upper lobe.

Calcified tuberculosis nodules in bronchial lymph nodes, right.

Miliary tuberculosis of lungs, spleen, liver, kidney, pancreas and heart.

Fibrous pleural adhesions, bilateral.

#### HISTORY No. 98254—Placenta Praevia Partialis.

Patient, colored, age 39, para 6-0-2-4, normal pelvis, negative Wassermann, antenatal course normal except for a hemoglobin of 60% on one occasion, registered with Berwind Clinic. Membranes ruptured June 8th, six weeks before term, following which patient began to bleed; when first seen at 3:30 a.m., June 9, 1935 patient was in mild shock, blood pressure 90/60, pulse 126, temperature 40°C. Patient was transferred to the hospital at 6:45 a.m. on June 9th. It was estimated that up to the time of admission the patient had lost 500 cc. of blood. On admission blood pressure was 75 systolic, pulse 160, hemoglobin 50%. Intravenous glucose delayed until blood for transfusion could be obtained. At 9:00 a.m. patient had lost 600 cc. more blood and transfusion was prepared to be given at



time of sterile vaginal examination. On vaginal examination the cervix was found to be 5 cm. dilated and a partial placenta praevia was found. For this reason a Voorhees bag was inserted. There was no bleeding during or after this procedure. Patient was very excited and because of this the transfusion could not be started until 9:30. Seven minutes later the pulse became imperceptible and the respirations shallow. Sodium caffeine benzoate and intravenous adrenalin had little result so artificial respiration and carbon dioxide were given. After 10 minutes the patient breathed spontaneously but very weakly. At 10:00 a.m. respirations again became imperceptible and the patient did not respond to stimulants or resuscitation. She was pronounced dead at 10:10 a.m.

The cause of death is not definite. Possibility of rupture of the uterus was ruled out by intrauterine examination, transfusion reaction was considered but careful examination showed the blood of the donor was compatible (checked again 1 hour after death had occurred). Acute cardiac failure and embolus were strongly considered.

*Autopsy:* Not obtained.

#### HISTORY No. 98008—Peritonitis

Patient, age 30, para 0-0-0-0, Wassermann reaction 4+, pelvis normal, toxemia unclassified, was admitted to the hospital in mild labor at term. During the antenatal period a condylomatous growth was found on the cervix; dark field examination of the lesion was negative. Patient received ten antiluetic treatments. Following admission, labor pains continued, were of fair quality the next day, cervix 2 to 3 cm. dilated, membranes intact. After 36 hours the temperature rose to 38.4°C. and remained around 38°C. After 64 hours of labor the cervix was still 3 to 4 cm. dilated. The fetal heart was good. The blood chemistry showed the non protein nitrogen to be 38.7 mg. and the uric acid 7.8 mg.

A low double flap Caesarean Section was done under local anesthesia, supplemented by nitrous oxide gas (membranes were ruptured at the operation), indication,—cervical dystocia, prolonged labor. A normal infant weighing 3350 gm. was delivered in good condition. Cultures taken at the time of the operation contained aerobic and anaerobic non-hemolytic streptococci, anaerobic diphtheroids, and staphylococcus albus. Following the operation the temperature remained elevated, varying between 39° and 40°C., the pulse varied between 110 and 150 per minute. Distention and vomiting, although present following the operation, became increasingly more difficult to control after the seventh post-operative day. Several transfusions were given. The patient grew steadily worse and died on the twelfth day post-operative.

*Autopsy:* Necrosis and infection of uterus near suture line.

Generalized fibrinopurulent peritonitis with subphrenic abscess.

Multiple abscesses of liver.



HISTORY No. 108334—Postpartum Hemorrhage.

Patient, age 30, white, para 1-0-0-0, Wassermann reaction unknown, pelvis normal, antenatal course normal, was admitted to the hospital in labor at term. First stage of labor 14 hours, membranes ruptured spontaneously at beginning of second stage, frank breech presentation, second stage 26 minutes, breech extraction following episiotomy. Infant weighed 3390 grams, was in good condition. Immediately after delivery, patient began to bleed profusely, 300 to 400 cc. lost in 6 minutes, after which time placenta was expelled with another 100 cc. of blood loss. Examination with hand in the uterus showed no rupture, no cervical lacerations found. Fundus contracted, only slight bleeding occurred during the repair of the episiotomy. Fifteen minutes after delivery, the patient was pale, pulse rapid, uterus showed a tendency to relax, slight bleeding continued. Estimated blood loss 800 cc. Uterine cavity was packed, intravenous 10% glucose and acacia given. Stimulants and oxytocics given were repeated, patient grew steadily worse, respirations gasping, blood pressure could not be obtained. Oxygen and 500 cc. citrated blood transfusion given. Patient's general condition seemed improved, but the pulse remained weak. Patient later became restless, pulse imperceptible and 4 hours after delivery, 10% glucose was again given intravenously. Death occurred fifteen minutes later.

*Autopsy:* Not obtained.

HISTORY No. 98713—Cardiac Failure

Patient, aged 23, primigravida, expected date of delivery October 28, 1935, gave a past history that at the age of 10 she had migratory rheumatism over a period of three months. Her course had been asymptomatic but on January 16, 1935, she noticed progressive dyspnea on exertion, and palpitation of the heart. On May 29th, the patient developed a dry cough which she felt to be a chest cold. Due to the presence of a six months' pregnancy complicated by rheumatic heart disease, she was advised to come into the hospital and was admitted on June 3, 1935.

Examination showed moderate orthopnea, a few râles at the base of the lungs. A diagnosis of acute bronchitis and rheumatic heart disease, class II-a, with mitral stenosis and regurgitation was made. Her condition responded to digitalis therapy, rest in bed, and on July 9th, she was discharged, to be followed in the cardiac clinic, and to receive 0.2 gm. digitalis daily and to avoid any type of exertion.

Her course was satisfactory prior to September 23rd, at which time she voluntarily discontinued the digitalis therapy and rest treatment. She was brought into the hospital on September 26th complaining of dyspnea and orthopnea. There were numerous râles over both lung fields and a 2+ edema of the extremities. Three hours after admission, she had an acute break in cardiac compensation, became cyanotic and was placed in an oxygen tent. She was given digitan 3 cc. by rectum. A phlebotomy



was done, withdrawing 500 cc. of blood. She responded rapidly to this treatment, and on the morning of September 27th, the cyanosis had subsided and the lung field was relatively clear. The peripheral edema had decreased.

She was placed on digitalis 0.1 gm. twice a day and was able to be removed from the oxygen tent. The hemoglobin was checked and showed a reading of 45%. Her condition continued to improve and on October 2, she was given 200 cc. of citrated blood, very slowly, showing no reaction. On October 3rd, it was thought advisable to give an additional 150 cc. of the blood which had been taken 24 hours previously.

At 7 p.m. the intravenous treatment was started and after approximately 50 cc. of the solution had been given, the patient began to cough and complained of being uncomfortable. The transfusion was immediately discontinued and the patient very rapidly developed extreme dyspnea and cyanosis, which was followed by a rapidly developing pulmonary edema. An attempt to do a phlebotomy was made, but was unsuccessful due to the fact that the veins had collapsed.

The patient expired at 7:20 p.m. before administration of morphine or atropine could be given.

*Autopsy:* Not obtained.

#### HISTORY No. 109780—Intrapartum Infection.

Patient, unregistered, aged 24, para 0-0-0-0, Wassermann unknown, colored, pelvis not measured, was sent to the hospital by her own physician who had followed her in labor for 3 days at home. During this time 3 sterile (?) vaginal examinations were made by the doctor. On admission membranes had been ruptured for 35 hours, temperature was 38°C., pulse 130, pains were occurring every 4-6 minutes, fetal heart heard, cervix 4 cm. dilated, patient looked ill. She was given 500 cc. of 10% glucose intravenously and this was repeated later. Pains ceased after several hours, uterus was tense, patient was given castor oil, and enema, fetal heart could not be heard. The day after admission patient had a shaking chill that lasted 18 minutes, she became irrational. The cervix was fully dilated 94 45/60 hours after the onset of labor, delivery mid-forceps, R.O.P., blades applied 3 times, head delivered direct posterior after a second stage of 66 minutes. As the infant was delivered there was noted an escape of gas, placenta was removed manually. The patient died five minutes after delivery. Cultures taken from the vagina and cervix on admission were positive for *B. welchii*, *B. coli*, anaerobic non-hemolytic streptococci. Uterine culture at the time of delivery was positive for the same organisms.

Infant weighed 4000 grams, was deadborn, macerated. Cultures of infant were positive for *B. welchii*. Cause of maternal death: An embolism; intrapartum infection; *B. welchii*.

*Autopsy:* Not obtained.

*Autopsy Infant:* *B. welchii* infection, generalized evisceration.



**HISTORY No. 108334—Postpartum Hemorrhage.**

Patient, age 30, white, para 1-0-0-1, Kline negative, pelvis normal, was admitted three weeks before the expected date of delivery, complaining of headache, malaise, aching of the muscles, sharp pain in chest, temperature 102°F., onset sudden. On the second day of her illness patient was admitted to the hospital, temperature was 38.6°C. Examination of the lungs revealed only impairment of the breath sounds, no râles, pharynx was congested. The following day examination showed respirations 40-50 per minute, and râles were heard throughout the chest. Patient began to cough, a rusty sputum was expectorated. Laboratory reported Type I Pneumococcus. Patient was placed in an oxygen tent, was given Type I pneumococcus serum, but her condition grew steadily worse. Patient died undelivered the second day after admission.

*Diagnosis:* Pneumonia, Type I Pneumococcus.

*Autopsy:* Not obtained.

**HISTORY No. 100175—Cerebro-vascular Accident.**

Patient, white, age 34, para 2-0-0-1, normal pelvis, Wassermann not done, one previous admission to hospital because of false labor, antenatal course otherwise normal. Admitted at term in labor June 26th at 1:20 a.m. At this time she was in active labor, contractions occurring every 2 minutes, duration 40-50 seconds, temperature 36.4°C., pulse 80, respirations 20. Superficial examination revealed no intimation that the patient was ill. Her only complaint was that there was some tightness in the chest anteriorly and that she was having difficulty in breathing. Four capsules of nembutal were given between 1:35 and 2:00 a.m. The cervix was found to be fully dilated at 2:15 a.m., the membranes rupturing at that time, and patient was taken to delivery room. At 2:35 a.m. it was noted that patient was cyanotic, dyspneic and the pulse was imperceptible. Stimulants were given. Chest examination revealed many râles anteriorly and posteriorly heart sounds poor quality and rapid, respirations slow, stertorous, labored and irregular. Patient responded to stimulants, the lungs becoming clear, the respirations more rapid, and the pulse perceptible. At 3:00 a.m. it was decided to deliver the child, this being effected by a very easy low forceps operation, no anaesthesia being given as the patient was still unconscious, but during this time carbon dioxide and oxygen were given. After failing in two attempts to express the placenta it was extracted manually at 3:24 a.m. Labor: total 3 24/60 hours; 2nd stage 45/60 hours. Delivery: Low forceps. Indication: Maternal distress. Membranes: Ruptured spontaneously in second stage.

The uterus tended to relax and the patient's condition, again became critical with slow respirations, marked cyanosis, extremely rapid and low tension pulse. Adrenalin was given and intravenous glucose started but the circulation was so poor that fluid was not absorbed. Respirations became



slower and stopped. At 3:44 a.m. the heart stopped beating, the respiration having stopped first. The cause of death is obscure with the following possibilities suggested in order of likelihood:

1. Cerebrovascular accident, such as rupture of a congenital aneurysm not related to pregnancy and only precipitated by increased intracerebral pressure secondary to labor.
2. Large pulmonary embolus from pelvic veins.
3. Coronary thrombosis with sudden cardiac failure.

*Autopsy:* Not obtained.

#### HISTORY No. 110153—Suicide.

Patient, age 35, white, para 0-0-0-0, Kline negative, pelvis normal, was admitted at term in labor with a history of the membranes having ruptured two hours previously. On examination, a fetus estimated to weigh 3300 gm. was in R.O.P. position, head not engaged, cervix not dilated. Examination of the lungs showed a chronic pulmonary condition (chronic bronchitis or bronchiectasis. Seven hours after admission, medical induction was given because the pains had become mild and infrequent. Eight hours after this, following good labor, it was found that the presentation was a breech (confirmed by X-ray). It was decided that a low Caesarean section should be performed. The cervix, after 46 hours of labor, was 5 cm. and had shown no progress in dilatation for 12 hours. The patient and her husband refused operation. No progress in labor was made during the next twelve hours, the temperature which had been normal rose to 38.6°C., and a sterile vaginal examination was to be done to convert the frank breech into a footling. The patient had had previous vaginal examinations and agreed to this procedure. While preparations were being made, the patient got off the examining table and jumped out of the window (6th floor). Death occurred 30 minutes later.

#### Medical Examiner's findings:

- Fracture vertebral column.
- Multiple fractures of the ribs.
- Intrathoracic and intra-abdominal injury.

## 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 Obstetrical Service 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):

	<i>Total Infants</i>	<i>Deadborn and Stillborn</i>	<i>Neonatal Deaths</i>	<i>Total Deaths</i>
Lying-In Hospital (Indoor Service) .....	2,681	59	41	100
Berwind Service (Outdoor Service) .....	845	13	8	21
Total Infants .....	3,526	72	49	121

INFANTILE DEATHS (121 in 3,526 cases)

Gross Infantile Mortality = 3.341%

An Analysis of the 121 infant deaths is as follows:

DEADBORN, STILLBORN, NEONATAL:	<i>Lying-In Indoor</i>	<i>Berwind Outdoor</i>	<i>Total</i>
Deadborn, macerated, not lues .....	18	7	25
Deadborn, macerated, eclampsia .....	2	1	3
Deadborn, macerated, intrapartum infection .....	2		2
Deadborn, macerated placenta praevia..	2		2
Deadborn, macerated, hydrocephalus....	1		1
Deadborn, macerated, lues .....	2		2
Deadborn, premature separation .....	3		3
Deadborn, thrombosis umbilical vein....	1		1
Deadborn, asphyxia .....	11	3	14
Deadborn, compressed cord .....	1		1
Deadborn, cause unknown .....	4		4
Deadborn, bronchopneumonia .....	1		1
Deadborn, intracranial hemorrhage ....	2		2
Deadborn, malformation .....	3	1	4
Stillborn .....	1		1
Stillborn, intracranial hemorrhage .....	3		3
Stillborn, cause unknown .....	1		1
Stillborn, asphyxia .....	1	1	2
Died first day .....	30	1	31
Died after first day .....	11	7	18
Total .....	100	21	121



## MATERNAL MORTALITY FOR PERIOD SEPTEMBER 1, 1932—DECEMBER 31, 1935

During this period there were thirty (30) deaths in 14,165 discharged patients = 0.212%, or 2.12 per thousand patients discharged. If expressed in terms of live births, this mortality is 2.4 maternal deaths per thousand live births. The causes of death in these 30 patients are shown in the following table:

CAUSES OF DEATH:	<i>1932</i>	<i>1933</i>	<i>1934</i>	<i>1935</i>	<i>Total</i>
Acute pulmonary oedema .....	1				1
Acute yellow atrophy .....		1			1
Anaesthesia .....		1			1
Cardiac failure .....		1		3	4
Cerebrovascular accident .....				1	1
Intrapartum infection .....				1	1
Lobar pneumonia .....	2	1		2	5
Miliary tuberculosis .....				1	1
Placenta praevia partialis .....				1	1
Postpartum hemorrhage .....	1	1	2	1	5
Premature separation .....			1		1
Puerperal infection .....		1	1	1	3
Pulmonary embolus .....			2		2
Pyelitis .....		1		1	2
Suicide .....				1	1
Total .....	4	7	6	13	30

## GYNECOLOGICAL DEPARTMENT

TOTAL DISCHARGES ..... 853

*Race:*

White .....	830
Colored .....	23
Total .....	853

### DIAGNOSIS ON DISCHARGE

VULVA:

Bartholin gland abscess or cyst .....	23
Carcinoma .....	3
Condylomata .....	1
Cyst .....	2
Granuloma inguinale .....	1
Pruritis .....	3
Ulcer .....	2

VAGINA AND PERINEUM:

Cystocele, rectocele, or both .....	179
Old perineal laceration .....	26
Recto-vaginal fistula .....	1
Relaxed outlet .....	184
Vaginitis .....	16
Vesico-vaginal fistula .....	2

CERVIX:

Carcinoma .....	28
Cervicitis .....	203
Laceration .....	190
Myoma .....	5
Polyp .....	42

UTERUS:

Adenomyoma .....	18
Carcinoma .....	8
Endometriosis .....	11
Endometritis .....	20
Hyperplasia, endometrium .....	95
Irregular shedding, endometrium .....	23
Menorrhagia, metrorrhagia, or both .....	322
Myoma .....	161
Polyp .....	40
Procidentia .....	52
Retroversion .....	123



TUBE:	
Hydrosalpinx .....	10
Pyosalpinx .....	1
Salpingitis .....	113
Tuberculosis .....	2
OVARY:	
Benign connective tissue tumor .....	1
Carcinoma .....	17
Cyst, not simple .....	27
Dermoid cyst .....	4
Parovarian cyst .....	5
Simple retention cyst .....	70
Tuberculosis .....	1
URETHRA:	
Caruncle .....	3
BLADDER:	
Cystitis .....	24
Secondary malignancy .....	1
KIDNEY:	
Calculus .....	1
Carcinoma .....	1
Pyelitis .....	8
OTHER CONDITIONS:	
Carcinoma of intestine .....	1
Gonorrhoea .....	8
Rectal abscess .....	2
Syphilis .....	8
Tuberculosis, peritoneum .....	1
Ureteral stricture .....	3

## OPERATIONS

Major .....	288
Minor .....	392
Total .....	680
VULVA:	
Incision and drainage of Bartholin cyst or abscess .....	20
Removal of cyst .....	2
Removal of ulcer .....	6
VAGINA AND PERINEUM:	
Colporrhaphy or colpoplasty .....	116
Perineorrhaphy or perineo-plasty .....	11

<b>CERVIX:</b>	
Amputation .....	39
Biopsy .....	44
Cauterization .....	113
Dilatation and curettage .....	380
Myomectomy .....	6
Removal of polyp .....	29
Trachelorrhaphy .....	32
<b>UTERUS:</b>	
Hysterectomy, abdominal, subtotal .....	123
Hysterectomy, abdominal, total .....	17
Hysterectomy, vaginal .....	2
Interposition operation .....	4
Myomectomy .....	13
Suspension .....	87
<b>TUBE:</b>	
Plastic operation .....	1
Rubin's Test .....	2
Salpingectomy .....	106
Sterilization .....	4
<b>OVARY:</b>	
Oophorecystectomy .....	67
Oophorectomy .....	62
<b>MISCELLANEOUS:</b>	
Appendectomy .....	42
Examination under anesthesia .....	481
Exploratory laparotomy .....	7
Incision of rectal abscess .....	2
Nephrotomy .....	1
Plication of vesical sphincter .....	24
Radium therapy .....	36
Repair fistula .....	3
Repair hernia .....	6
Resection of intestine .....	2
Transfusion .....	38

### MORTALITY

Deaths .....	7
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In 853 discharges there were 7 deaths

Gross mortality = 0.821%

There were 2 post-operative deaths in 680 total operative cases

Mortality = 0.294%

These 2 deaths occurred following major operations, and as  
there were 288 major operations, the post-operative death  
rate in this group = 0.694%



HISTORY No. 98315—Generalized peritonitis.

Patient, age 56, white, had had no pregnancies and no operations. Menopause occurred 9 years ago, following which a few irregular periods occurred. Abdomen had become gradually enlarged but there was no pain until six weeks before admission at which time pain in both flanks developed and patient vomited on two occasions. Three days prior to admission vaginal bleeding began. On admission, June 24, 1935, temperature and pulse were normal, hemoglobin was 90%; white blood count 7,350; urine negative; sedimentation rate 1.2 mm. per minute; blood pressure 150/90. The abdomen was found to be intensely distended by a cystic mass; there was tympany in both flanks, no other masses could be felt by abdominal palpation but rectal examination gave the impression of "ovarian cyst, left, probably benign in nature." The day after admission the blood chemistry was found to be normal, the urea clearance 67.4 mg. and phenolphthalein test showed initial retardation. On the 5th day after admission patient developed a temperature of 38°C. accompanied by chills, and from that time on the temperature ranged between 38° and 39.6°C. A urine culture showed *B. coli* in the bladder, and in the blood culture there was no growth after two days. The sedimentation rate was repeated and found to be .7 mm. per minute. The general condition became worse and on June 29, 1935 patient looked very ill. In the morning the temperature was 37.4°, patient was cold and perspiring, later becoming irrational and complaining of a chilly sensation. During the latter part of the morning the breathing became labored and one cyanotic attack occurred which subsided to a certain extent. At 11:30 a.m. the respirations again became very labored and she became cyanotic and the pulse imperceptible. Respiration ceased at 11:45 a.m.

*Autopsy:* Multilocular cyst of left ovary with infection and rupture into peritoneal cavity. Peritonitis, generalized. Hydroureter, right. Edema and hyperemia of lungs, moderate. Post-mortem culture of heart blood—*Bacillus coli communis*. Post-mortem cultures of peritoneal fluid, ovarian cyst and diaphragm showed *Bacillus coli communis* and *Staphylococcus aureus*.

HISTORY No. 96440—Serous adenocarcinoma of ovary.

Patient, white, age 57, para 1-1-0-1, negative Wassermann, uneventful menopause 6 years ago with no vaginal bleeding since, was admitted to medical service in May, 1935, with complaint of progressive feeling of heaviness in pelvis for 8 weeks, progressively difficult breathing for 8 weeks, nausea, lumbar backache, and 10 pounds loss in weight in one month. Diagnoses of hydrothorax and pelvic neoplasm were made. Thoracentesis produced 1200 cc. of bloody fluid which contained cells diagnosed as papillary adenocarcinoma of the ovaries. On repetition of thoracentesis two days later, 1700 cc. of fluid was obtained, and still later, 1200 cc. The



patient was transferred to the gynecological service on May 28, 1935. Pelvic examination revealed a cul-de-sac which was extremely involved with tissue infiltration, uterus enlarged and involved in a large fixed pelvic abscess, no tenderness. Hemoglobin was 65%, red blood count 4,000,000, sedimentation rate 1.4 mm. per minute. Transfusion of 300 cc. of citrated blood was given June 3. Another thoracentesis was done June 11, 500 cc. of fluid being obtained. A cycle of deep x-ray therapy was given, the patient receiving 3880 R units through 4 portals. She was discharged in fair condition June 17. On July 12, when seen in radiation clinic, the tumor mass seemed somewhat movable and patient was admitted for operation. Laboratory findings were: hemoglobin 80%, red blood count 3,750,000; white blood count 6,150. Another thoracentesis, 400 cc., was done. A bilateral salpingo-oophorectomy was done July 18, evidence of generalized carcinomatosis being found at operation. Pathological diagnosis was serous adenocarcinoma of the ovary. Post-operative course was uneventful, with the exception of a moderate amount of ileus the first few days post-operative, until July 30 when marked dyspnea and cyanosis suddenly developed at 4:30 a.m. Patient complained of precordial pain at this time. Pulse rate was 90 per minute and quite thready, caffeine was given and preparations were made to place the patient in an oxygen tent. Before this could be done however, the patient ceased to breathe. Death occurred at 4:55 a.m. July 30, 1935.

*Autopsy:* Recent healed wound of abdominal wall. Metastases to liver, stomach, rectum, inguinal lymph nodes and diaphragm. Metastases to right parietal and visceral pleura with extension into lung. Hydrothorax, 300 cc. Atelectasis of right lung. Thrombosis of veins at operative site. Embolus to pulmonary artery. Accessory: Slight arteriosclerosis of aorta with calcification; chronic and acute endocarditis of mitral valve.

**HISTORY No. 107199—Pelvic malignancy (?).**

Patient, age 38, white, para 0-0-1-0, Wassermann reaction negative, was admitted to the Hospital on August 27, 1935, complaining of menorrhagia of two months' duration, loss of weight for six months, and nausea and vomiting for one week. Vaginal examination showed right side of pelvis negative; cervix and uterus normal; and a mass in the left broad ligament, extending from the cervix to the pelvic wall, and above this a larger mass extending 5 cm. above the symphysis. Impression was ovarian malignancy. Two attempts to curette the uterine cavity were unsuccessful due to stricture of the uterine canal; no tissue was obtained. Patient had pain in the right arm which was thought to be due to a metastatic lesion of the meninges of the brain. X-ray studies showed chest negative, no metastatic involvement of bones; uroselectan study of kidneys showed non-functioning left kidney. From the time of admission, patient grew steadily worse. On September 7, 1935, urinary suppression developed. The left ureter was catheterized and pus was obtained. The blood chemis-



try showed non-protein nitrogen 76.8 mg., and uric acid 8.4 mg. On September 23, 1935, patient became comatose and death occurred the following day, twenty-eight days after admission. Impression: Carcinoma of some pelvic organs, with metastases to the brain.

*Autopsy:* Not obtained.

**HISTORY No. 110622—Bronchopneumonia.**

Patient, age 65, white, para 3-0-1-3, Wassermann negative, menopause 18 years previously, no bleeding since, was admitted to the hospital because of increase in size of lower abdomen of two months' duration; pain in right lower quadrant and frequency of urination for one week. Examination showed senile emphysema, arteriosclerotic hypertensive heart disease, smooth cystic tumor mass filling the entire lower abdomen, extending well above the umbilicus (total hysterectomy performed in 1918). Impression: ovarian malignancy. X-ray studies of chest and long bones were negative, except for a small calcified area in the lower third of the right femur. Ten days after admission, a left oophorocystectomy and release of adhesions was performed. Pathology report was granulosa cell tumor of the ovary. Following operation, the pulse remained rapid, about 120 per minute, there was considerable distention. On the fourth post-operative day bronchial pneumonia developed. Her condition grew steadily worse and death occurred the following day.

*Autopsy:* Not obtained.

**HISTORY No. 112599—Cerebral hemorrhage.**

Patient, age 61, white, para 1-0-1-1, Wassermann negative, was admitted because of cystocele, rectocele, descensus of the uterus causing a "dragging feeling" in the pelvis, and incontinence of urine of two years' duration. Because of a slight daily elevation of temperature, operation was postponed. No cause for the elevation was found. After seven days' rest in bed, a pessary was inserted for vaginal support, and the patient was allowed up. The following day the patient was found in a semi-conscious state. Condition did not improve, patient was incontinent, and the right arm and leg were paralyzed. Death occurred the following day (nine days after admission). Clinical impression: Cerebral hemorrhage, left, with terminal pulmonary embolus.

*Autopsy:* Thrombophlebitis of right femoral vein. Embolus in right pulmonary artery. Infarcts in right cerebral hemisphere. Patent foramen ovals.

**HISTORY No. 113642—Bronchopneumonia.**

Patient, age 55, white, para 0-0-0-0, Wassermann negative, history difficult to obtain because of language difficulties, past history negative except for bronchitis and asthma of several years' duration, was admitted because

of chills and fever associated with pain in the chest, painful perineum with drainage. About 4 days before admission, an abscess in the vaginal region had ruptured spontaneously. On examination, numerous râles were heard over both lungs, and vaginal examination revealed a draining cavity in the left ischio-rectal fossa, the rectum did not seem to connect with this; cervix small, fundus not felt, no masses in the adnexal regions. A diagnosis of acute bronchitis (question of bronchopneumonia) and ischio-rectal abscess was made. The patient was acutely ill, condition did not improve. A diagnosis of bronchopneumonia was made the day after admission and treatment given. Her condition grew steadily worse and death occurred on the third day after admission.

*Autopsy:* Not obtained.

**HISTORY No. 109458—Carcinoma of ovary.**

Patient age 50, white, para 0-0-0-0, Wassermann unknown, was first admitted to the hospital on September 18, 1935 with a history of lower abdominal pain of two months' duration. Operation performed was a bilateral salpingo-oophorectomy and myomectomy. The pathological diagnosis was bilateral carcinoma of the ovaries. X-ray and radium therapy were given. Patient was readmitted to the hospital on November 29, 1935 because of severe abdominal pain and distention. Paracentesis was done and x-ray examination of the gastro-intestinal tract showed a smooth stricture beyond the splenic flexure. Her condition grew steadily worse and death occurred on December 27, 1935.

*Autopsy:* Not obtained.



## MORTALITY ON THE GYNECOLOGICAL SERVICE

FOR THE PERIOD  
SEPT. 1, 1932—DEC. 31, 1935.

During this period there were twenty-one (21) deaths in 2,344 discharged patients giving a gross mortality of 0.895%, or 8.95 per thousand patients discharged.

	<i>Operations</i>	<i>Deaths</i>
Major .....	752	7
Minor .....	1,124	3
Total .....	1,876	10

Incidence of postoperative mortality = 0.533% (5.33 per thousand).

The causes of death in these 21 patients are shown in the following table:

### CAUSES OF DEATH

	<i>1932</i>	<i>1933</i>	<i>1934</i>	<i>1935</i>	<i>Total</i>
Adenocarcinoma of uterus .....			1		1
Carcinoma of cervix .....			1		1
Carcinoma of ovary .....		1	2	2	5
Carcinoma of stomach .....			1		1
Cerebral hemorrhage .....				1	1
Generalized peritonitis .....		1	1	1	3
Hemorrhage (cervical myoma) .....		1			1
Krukenberg tumor .....		1			1
Metastatic sarcoma .....		1			1
Pelvic Malignancy (type?) .....			1	1	2
Pneumonia .....				2	2
Pulmonary embolus .....	1	1			2
Total .....	1	6	7	7	21

# LADIES' AUXILIARY

## TO THE SOCIETY OF THE LYING-IN HOSPITAL

### 1935

#### OFFICERS

<i>President</i> . . . . .	MRS. FREDERICK H. PRINCE, JR.
<i>First Vice-President</i> . . . . .	MRS. ROBERT A. LOVETT
<i>Second Vice-President</i> . . . . .	MRS. ALLAN S. LOCKE
<i>Treasurer</i> . . . . .	MRS. PAUL PRYIBIL
<i>Assistant Treasurer</i> . . . . .	MRS. E. FARRAR BATESON
<i>Recording Secretary</i> . . . . .	MRS. HENRY S. MORGAN
<i>Corresponding Secretary</i> . . . . .	MRS. ALEXANDER P. MORGAN

#### MEMBERS OF THE BOARD OF THE LADIES' AUXILIARY

MRS. E. FARRAR BATESON	MRS. C. V. S. MITCHELL
MRS. CRAWFORD BURTON	MRS. STEPHEN C. MILLETT, JR.
MRS. IRVING B. KINGSFORD	MRS. ALEXANDER P. MORGAN
MRS. THOMAS S. LAMONT	MRS. HENRY S. MORGAN
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MRS. ROBERT A. LOVETT	MRS. PAUL PRYIBIL
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MRS. WILLIAM A. W. STEWART	

#### ADVISORY COMMITTEE

MRS. JOHN C. HUGHES	
MRS. PAUL PENNOYER	
Chairman of Executive Committee . . .	MRS. FREDERICK H. PRINCE, JR.
Chairman of House Committee . . .	MRS. E. FARRAR BATESON
Chairman of Volunteer Committee . . .	MRS. ALEXANDER P. MORGAN



# LADIES' AUXILIARY

Treasurer's Report, Year Ending October 31, 1935.

## RECEIPTS

### ANNUAL SUBSCRIPTIONS:

Patrons .....	\$ 800.00	
Associates .....	100.00	
Contributing .....	525.00	
Sustaining .....	800.00	\$ 2,225.00

### DONATIONS:

Board of Governors, Lying-In Hospital .....	\$1,500.00	
Babies' Class .....	634.00	
Mrs. Morgan Hamilton .....	2,000.00	
Mrs. H. L. Satterlee .....	240.00	
Mrs. Junius S. Morgan .....	100.00	
Mrs. Paul G. Pennoyer .....	100.00	
Mr. Henry U. Harris .....	10.00	4,584.00

Christmas Fund .....	45.00	
Babies' Alumni Fund—dues .....	809.00	

Total Receipts .....	7,663.00	
Balance November 1, 1934 .....	2,949.22	

\$10,612.22

### GENERAL:

### DISBURSEMENTS

#### New York Hospital:

Salaries .....	\$6,764.61	
Social Service Exchange .....	100.25	\$6,864.86
Pension .....	360.00	
Lunch Money .....	143.25	
Printing & Stationery .....	163.78	
Petty Cash Advances .....	50.00	
Christmas Gifts .....	55.00	
Auditing .....	25.00	
Welfare Council of the City of New York .....	10.00	
Children's Welfare Federation .....	50.00	
Travelling Expenses .....	7.98	
Subscriptions to magazines presented to the library of the New York Hospital .....	14.50	
Check tax .....	.38	\$ 7,744.75

### BABIES' ALUMNI FUND:

Printing & Stationery .....	131.70	
Relief .....	250.00	
Material for Sewing Class .....	100.00	481.70

Total Disbursements .....	\$ 8,226.45	
Balance October 31, 1935 .....	2,385.77	

\$10,612.22

Respectfully submitted,

HELEN PORTER PRYIBIL,

*Treasurer.*



## ANNUAL REPORT OF THE SOCIAL SERVICE DEPARTMENT

I herewith submit the annual report of the Social Service Department for the year 1935.

The Social Service Department feels that its preliminary adjustments are over and that it is building henceforth on a firm foundation as a well-integrated unit in the Lying-In Hospital.

One of the most important of the department's many functions is the interviewing of every new obstetrical patient and every gynecological patient whose admission is advised. This contact is the point from which varied special services radiate, among them interpretation to the patient of the importance of medical recommendations. From such an interview it is possible to make an analysis of the social problems which influence each patient in her acceptance of the treatment prescribed for her. This individual contact is a reassuring one to the patient and expedites further planning when necessary.

The thorough follow-up of all patients by Social Service has resulted in an amazing percentage of returns to all of the clinics, notably the post-partum clinic where an average of 94% of the patients returned last year, an increase of 4% over the previous year.

Aside from casework when it is indicated, Social Service cooperates with the other departments in their work with individuals, for instance, with Maternity Center Association in carrying on a Sewing Club where the mothers are instructed in making articles for their babies' layettes.

The Babies' Alumni Fund, inaugurated in June, 1934, has progressed favorably and brings an income of from \$60.00 to \$100.00 a month which is used as a Relief Fund.

Relief is distributed in the form of milk or eggs, emergency food orders, corsets, surgical appliances and occasionally wages for a housekeeper when one cannot be supplied through the usual channels.

An analysis of our caseload shows that the majority of our cases are handled in cooperation with other agencies, due, of course, to the large number of individuals on relief. The source of our cases is very largely the clinics, indicating the value of seeing each patient and recognizing her problems before she is actually in the hospital. Unemployment is still the outstanding problem. However, the number of families having inadequate incomes has decreased slightly, perhaps because the public agencies have done more to supplement the budgets of sick persons. The problem of illegitimacy shows an increase, no doubt accounted for by our cooperation with agencies interested in unmarried mothers.



Continuing the policy of the Department, all its members are active in the American Association of Medical Social Workers and serve on the committees of both that organization and the Welfare Council.

We are most grateful for the contributions of magazines, layettes and baby clothing that we have received during the year and wish to thank the Ladies' Auxiliary, the Junior League, the Red Cross, the Junior Emergency Relief Committee and the Marlboro Missionary Society for their help. Unfortunately we cannot enumerate all of the individual gifts.

In closing, the Social Service Department wishes to express its appreciation of the interest and understanding of the Ladies' Auxiliary Board, as well as for their generous support and encouragement.

Respectfully submitted

VIRGINIA T. KINZEL,  
*Director.*

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

LIST OF MEMBERS

Aldred, Mrs. John E.	Dunscombe, Mrs. Duncan
Alker, Mrs. Carol B.	Emmons, Mrs. Weld
Anderson, Mrs. Henry H.	Ferry, Mrs. Mansfield
Andrews, Mrs. DeLano	Fortington, Mrs. H. A.
Auchincloss, Mrs. J. Howland	Frick, Mrs. Childs
Bacon, Mrs. Robert	Gardner, Mrs. Paul E.
Barney, Mrs. Charles T.	Gates, Mrs. Artemus L.
Bartow, Mrs. Francis D.	Goodridge, Mrs. F. G.
Bateson, Mrs. E. Farrar	Gould, Mrs. Edwin
Bloodgood, Mrs. Wilber A.	Govin, Mrs. May M.
Bodman, Mrs. Herbert L.	Greer, Mrs. Louis M.
Bowdoin, Mrs. George T.	Guthrie, Mrs. William D.
Braman, Mrs. Chester A.	Hamilton, Mrs. Morgan
Brown, Mrs. Donald W.	Hammond, Mrs. Paul
Budd, Mrs. Kenneth P.	Hard, Mrs. DeCourcy L.
Burrill, Mrs. Middleton S.	Harris, Mrs. Henry U.
Burton, Mrs. Crawford	Hay, Mrs. Clarence
Burton, Mrs. Robert Lewis	Hollins, Mrs. Harry B.
Campbell, Mrs. James B.	Hoyt, Mrs. Henry R.
Carhart, Mrs. Harold W.	Hoyt, Mrs. Richard F.
Carver, Mrs. Clifford N.	Hughes, Mrs. John C., Jr.
Cheney, Mrs. Ward	Hughes, Miss Mildred G.
Clark, Mrs. F. G.	Hyde, Mrs. Clarence
Clark, Mrs. Grenville	Iselin, Mrs. Arthur
Clarke, Mrs. George H.	Iselin, Mrs. Ernest
Cogswell, Mrs. William F.	Iselin, Mrs. O'Donnell
Collier, Mrs. Price	James, Mrs. Oliver B.
Corey, Mrs. Alan L.	Kingsford, Mrs. Irving B.
Coulter, Mrs. Charles J., Jr.	Kiser, Mrs. John W.
Cromwell, Mrs. Jarvis	Ladd, Mrs. William C.
Cushman, Mrs. Paul	Lamont, Mrs. Thomas S.
Davenport, Mrs. McHarg	Landon, Mrs. Harold M.
Davis, Mrs. Asa B., Jr.	Lawrence, Mrs. Effingham, Jr.
Davison, Mrs. F. Trubee	Lawrence, Mrs. John L.
de Rham, Mrs. Casimir	Lawrence, Mrs. Townsend
Dickey, Mrs. Charles D., Jr.	Ledyard, Mrs. Lewis Cass
Dickinson, Mrs. Charles C.	Lloyd-Smith, Mrs. Wilton
Douglas, Mrs. William P.	Locke, Mrs. Allan S.
Duer, Mrs. Beverley	Lorillard, Mrs. Pierre



Lovett, Mrs. Robert A.	Redmond, Mrs. Henry S.
Lowe, Mrs. Henry W.	Redmond, Mrs. Roland L.
McGrath, Mrs. Raymond D.	Reynolds, Mrs. Jackson E.
McLane, Mrs. Allan, Jr.	Robertson, Mrs. Hugh S.
Markoe, Mrs. James W.	Rockefeller, Mrs. John D., Jr.
Marsh, Mrs. John B.	Roosevelt, Mrs. Archibald B.
Marston, Mrs. Hunter S.	Roosevelt, Mrs. James
Milburn, Mrs. Devereux	Ryer, Mrs. Fletcher
Millett, Mrs. Stephen C., Jr.	Satterlee, Mrs. Herbert L.
Mitchell, Mrs. Clarence Blair	Schwab, Mrs. Hermann C.
Mitchell, Mrs. Clarence Van S.	Sheldon, Mrs. Raymond
Moore, Mrs. Louis DeB.	Smith, Miss Josephine C.
Morgan, Mrs. Alexander P.	Smithers, Mrs. Christopher D.
Morgan, Miss Anne	Stewart, Mrs. Wm. A. W.
Morgan, Miss Caroline L.	Taft, Mrs. William H., 2nd
Morgan, Mrs. Edwin D.	Taggart, Mrs. Rush
Morgan, Mrs. Henry S.	Tappin, Mrs. Huntington
Morgan, Mrs. Junius S., Jr.	Taylor, Mrs. James B., Jr.
Mott, Mrs. John B.	Tibbett, Mrs. Lawrence
Nichols, Mrs. George	Tilford, Mrs. Henry M.
Nixon, Mrs. Lewis	Thorne, Mrs. George
Nixon, Mrs. Stanhope W.	Tompkins, Mrs. Boylston A.
Norton, Mrs. C. D.	Twombly, Miss Ruth V.
O'Brien, Mrs. Kenneth	Van Ingen, Mrs. Lawrence B.
Pardee, Mrs. Harold E. B.	von Stade, Mrs. F. Skiddy
Parker, Mrs. Willard, Jr.	Wardwell, Mrs. Allen
Paton, Mrs. Morton S.	Warren, Mrs. George Henry
Peabody, Mrs. John D.	Warren, Mrs. Whitney
Pell, Mrs. Clarence C., Jr.	Weekes, Mrs. Harold H.
Pendleton, Mrs. Francis K.	Wellington, Mrs. Herbert G.
Pennoyer, Mrs. Paul G.	Wendell, Mrs. William G.
Pierce, Mrs. Palmer E.	Whitney, Mrs. George
Pratt, Mrs. Harold I.	Whitridge, Mrs. Arnold
Prince, Mrs. Frederick, Jr.	Witherbee, Mrs. Frank S.
Pryibil, Mrs. Paul.	Woods, Mrs. Arthur
Rawls, Mrs. Huston	





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.