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Contributors

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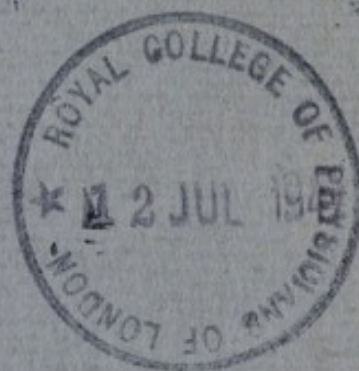
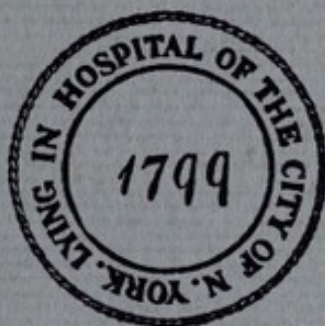
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148TH
ANNUAL REPORT
OF
THE SOCIETY OF
THE LYING-IN HOSPITAL
OF THE CITY OF NEW YORK



FOR THE YEAR

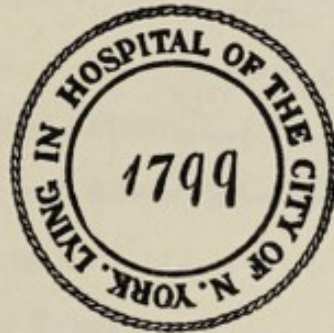
1946

530 EAST 70th STREET, NEW YORK 21, N. Y.



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148th
ANNUAL REPORT
OF
THE SOCIETY OF
THE LYING-IN HOSPITAL
OF THE CITY OF NEW YORK



FOR THE YEAR
1946

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

OFFICERS

| | |
|-------------------------------------|-----------------------|
| WILLIAM H. JACKSON | <i>President</i> |
| JOHN HAY WHITNEY | <i>Vice-President</i> |
| HENRY S. STURGIS | <i>Treasurer</i> |
| LANGBOURNE M. WILLIAMS, JR. | <i>Secretary</i> |

BOARD OF GOVERNORS

| | |
|-------------------------|-----------------------------|
| CONELIUS N. BLISS | LANGDON P. MARVIN |
| WALTER G. DUNNINGTON | HENRY S. STURGIS |
| BARKLIE HENRY | JOHN HAY WHITNEY |
| G. BEEKMAN HOPPIN | LANGBOURNE M. WILLIAMS, JR. |
| WILLIAM HARDING JACKSON | WILLIAM WOODWARD |

COMMITTEES

EXECUTIVE COMMITTEE

| | |
|------------------------|----------------------|
| MRS. E. FARRAR BATESON | WALTER G. DUNNINGTON |
| MRS. CRAWFORD BURTON | MRS. ALLAN S. LOCKE |
| MRS. PAUL PRYIBIL | |

FINANCE COMMITTEE

| | |
|-------------------|------------------|
| G. BEEKMAN HOPPIN | HENRY S. STURGIS |
| WILLIAM WOODWARD | |

LAW COMMITTEE

| | |
|----------------------|-------------------|
| WALTER G. DUNNINGTON | LANGDON P. MARVIN |
| WILLIAM WOODWARD | |

NOMINATING COMMITTEE

| | |
|--------------------|-------------------|
| CORNELIUS N. BLISS | LANGDON P. MARVIN |
| WILLIAM WOODWARD | |

| | |
|----------------------------------|--------------------------------|
| MURRAY SARGENT | <i>Director</i> |
| WILLIAM H. SPILLER, M.D. | <i>Superintendent Emeritus</i> |
| GEORGE W. WHEELER, M.D. | <i>Assistant Director</i> |

REPORT OF THE PRESIDENT OF THE LYING-IN HOSPITAL FOR 1946

It is a pleasure to be able to report that the past year was the first year since 1941 that closely resembled the pre-war period. With the return of doctors from the armed services, the professional staff achieved its normal strength, and it became possible to increase activities in the fields of research, teaching, and patient care.

While it is true that during the war years a staff adequately equipped to carry on a high standard of patient care was maintained, the lack of professional and lay personnel limited the amount of work which could be undertaken. This shortage also temporarily affected plans evolved for the future expansion of the Hospital. In the Medical Report which follows, a partial list of the research problems being investigated shows clearly the extent and variety of the work under study.

In 1946, the Hospital was unable to utilize additional semi-private rooms because of the continuing shortage of nurses. If that situation improves in 1947, it will be possible to open these beds and thus help to offset the great demand for these accommodations.

1946 has been a year of growth, development and continued service to the community. The Board of Governors is proud of the achievements accomplished by the staff.

WILLIAM H. JACKSON,
President.

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

Comparative Income and Expense Account For the Years Ended December 31, 1945 and 1946

| INCOME | 1945 | 1946 |
|---|---------------------|-----------------------|
| Operating Income of the Lying-In Hospital | | |
| In-Patients..... | \$528,126.00 | \$600,107.00 |
| Out-Patients..... | 34,842.00 | 41,417.00 |
| | <u>\$562,968.00</u> | <u>\$641,524.00</u> |
| Interest and Dividends..... | 48,027.00 | 50,149.00 |
| Real Estate, Net..... | 27,600.00 | 28,683.00 |
| Trusts..... | 1,326.00 | 1,447.00 |
| Gifts and Miscellaneous..... | 1,064.00 | 798.00 |
| Total Income..... | <u>\$640,985.00</u> | <u>\$722,601.00</u> |
| | | |
| EXPENSES | | |
| Operating Expenses of the Lying-In Hospital | | |
| In-Patients..... | \$709,008.00 | \$814,012.00 |
| Out-Patients..... | 84,822.00 | 107,026.00 |
| | <u>\$793,830.00</u> | <u>\$921,038.00</u> |
| Provision for Depreciation: | | |
| In-Patients..... | \$ 75,218.00 | \$ 81,564.00 |
| Out-Patients..... | 16,938.00 | 18,360.00 |
| | <u>92,156.00</u> | <u>99,924.00</u> |
| Non-Operating Expenses..... | 482.00 | 504.00 |
| Total Expenses..... | <u>\$886,468.00</u> | <u>\$1,021,466.00</u> |
| | | |
| Deficit, reimbursed by The Society of The New York Hospital | | |
| From Special Funds..... | \$162,065.00 | \$164,834.00 |
| From General Funds..... | 83,418.00 | 134,031.00 |
| | <u>\$245,483.00</u> | <u>\$298,865.00</u> |

HENRY S. STURGIS,
Treasurer.

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

| | |
|-------------------------|----------------------------|
| R. GORDON DOUGLAS, M.D. | WILLIAM P. HEALY, M.D. |
| BYRON H. GOFF, M.D. | ANDREW A. MARCHETTI, M.D. |
| JAMES A. HARRAR, M.D. | HERVEY C. WILLIAMSON, M.D. |

ASSOCIATE ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

| | |
|----------------------------|------------------------------|
| WILLIAM H. CARY, M.D. | JOHN F. McGRATH, M.D. |
| OGDEN F. CONKEY, M.D. | JOSEPH N. NATHANSON, M.D. |
| EDWARD H. DENNEN, M.D. | JOHN A. O'REGAN, M.D. |
| LYNN L. FULKERSON, M.D. | MEYER ROSEN SOHN, M.D. |
| W. HALL HAWKINS, M.D. | NELSON B. SACKETT, M.D. |
| CARL T. JAVERT, M.D. | FRANK R. SMITH, M.D. |
| HOWARD S. McCANDLISH, M.D. | *HOWARD C. TAYLOR, JR., M.D. |

ASSISTANT ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

| | |
|---------------------------|----------------------------|
| JOHN T. COLE, M.D. | DONALD G. JOHNSON, M.D. |
| ROBERT L. CRAIG, M.D. | CHARLES M. McLANE, M.D. |
| FREDERICK W. FINN, M.D. | CURTIS L. MENDELSON, M.D. |
| WILLIAM F. FINN, M.D. | JOHN B. PASTORE, M.D. |
| RALPH W. GAUSE, M.D. | JACOB T. SHERMAN, M.D. |
| J. RANDOLPH GEPFERT, M.D. | ERWIN FLETCHER SMITH, M.D. |
| OSCAR GLASSMAN, M.D. | CHARLES T. SNYDER, M.D. |
| ARTHUR V. GREELEY, M.D. | *WILLIAM B. STORMME, M.D. |

RESIDENT OBSTETRICIANS AND GYNECOLOGISTS

| | |
|------------------------|----------------------------|
| ROBERT E. AHEARN, M.D. | *WILBUR M. DIXON, M.D. |
| JOHN T. COLE, M.D. | BRUCE F. P. WILLIAMS, M.D. |

*Resignation.

MEDICAL STAFF—*Continued*

ASSISTANT RESIDENT OBSTETRICIANS AND GYNECOLOGISTS

| | |
|----------------------------|----------------------------|
| THOMAS L. BALL, M.D. | ROBERT LANDESMAN, M.D. |
| †JAMES D. BREW, JR., M.D. | JOHN E. McALLISTER, M.D. |
| CHARLES E. DOUGHERTY, M.D. | PAUL F. MÜLLER, M.D. |
| †WILLIAM P. GIVEN, M.D. | †P. WOODBURY SMITH, M.D. |
| JOHN W. H. GLASSER, M.D. | WINSTON L. SUMMERLIN, M.D. |
| HENRY D. HUMPHREY, M.D. | EBEN D. TISDALE, M.D. |
| ELMER E. KRAMER, M.D. | CARR A. TREHERNE, M.D. |
| HOWARD L. WILCOX, M.D. | |

INTERNS

| | |
|---------------------------------|-----------------------------|
| †FORBES DELANY, M.D. | †WILLIAM A. LANGE, M.D. |
| †HAROLD J. DELCHAMPS, JR., M.D. | WILLIAM D. McLARN, M.D. |
| DAVID S. ELLISON, M.D. | STANLEY E. SMITH, JR., M.D. |
| W. LEONARD GREENE, M.D. | †JOHN S. STEWART, JR., M.D. |
| JACOB W. HEINS, M. D. | J. GEORGE TIFFT, M.D. |

CHEMIST

ROY W. BONSNES, B.S., Ph.D.

STATISTICIAN

FRANCES A. MACDONALD, A.B.

LABORATORY ASSISTANTS

| | |
|------------------------|----------------------|
| CATHARINE ARCHER, B.A. | IONA F. DAVIS |
| ANGELICA MANN | <i>Bacteriology</i> |
| *JANET MILLER, B.A. | |
| <i>Pathology</i> | |
| *ELEANOR M. BREW, B.A. | LUCY JANE FORD, B.A. |
| NELSON L. OSTERBERG | <i>Hematology</i> |
| <i>Chemistry</i> | |

NURSING STAFF

VIRGINIA M. DUNBAR, M.S., R.N., *Director of Nursing Service*
VERDA F. HICKCOX, B.S., R.N., *Head of Obstetrical and
Gynecological Nursing Service*

*Resignation.

†Military service

MEDICAL REPORT

To the Board of Governors

of THE SOCIETY OF THE LYING-IN HOSPITAL

GENTLEMEN:

Herewith is presented the professional report of the Lying-In Hospital for the year 1946.

The Hospital rendered medical and nursing service to a far greater number of patients in 1946 than during any previous year since the opening of the new building in 1932. In 1946 the total census of discharged patients, including infants, was 9,795 as compared with 8,817 in 1945. This sharp increase is reflected in both the obstetrical and the gynecological services.

In the maternity division 4,523 women and 3,561 babies were cared for, with an uncorrected maternal mortality of 1.01 per 1,000 pregnancies and an infant mortality of 1.80 per cent. The gynecological division treated 1,722 women. The total number of gynecological operations performed during the year was 1,487 with a postoperative mortality of 0.47 per cent. This number of operations represents an increase of 20 per cent over the 1945 figure.

The most pressing need of this department is additional accommodation in both the private and semi-private services. So far we have been unable to use all the new semi-private rooms, constructed in 1945, because of the continuing shortage in the nursing staff. We are endeavoring to find a solution to this problem, particularly because of the great demand for semi-private gynecological accommodations. When these newly constructed rooms are opened we will have 26 private, 53 semi-private and 132 ward or teaching beds, of which 86 are obstetrical and 46 gynecological. As stated in the 1945 annual report, this presents a well-balanced service as between obstetrics and gynecology, as well as between private and teaching beds.

The marked rise in the birth rate during 1946 throughout the nation apparently follows the postwar pattern of the first World War. Thus we will probably see a slight decline in the next year or two. On the other hand, the percentage of hospital deliveries is steadily mounting with a dwindling of home deliveries and so the demand for hospital facilities will be very little, if any, less than at present.

The five-year residency system has been re-established. In this schedule of post-graduate hospital training in obstetrics and gynecology, each doctor, during his third year, spends four months in the Department of Pathology in Cornell University Medical College. This cooperative undertaking between Pathology and Obstetrics and Gynecology has proved to be most beneficial and stimulating not only to the house staff but also to the two Departments.

It is noted with regret that we are unable to accord further hospital training to the many returning veterans, so eager to obtain adequate experience before entering the practice of medicine.

The J. Whitridge Williams Assistantships in Obstetrics and Gynecology, made possible by a generous grant from the Rockefeller Foundation, proved to be of great value in affording further training to two returned veterans, who had not fully completed their residencies when inducted into the armed forces. The Foundation was farsighted when it founded these assistantships, in that this enables the Hospital to prepare and train selected and promising young doctors for academic careers or as competent obstetricians and gynecologists. It is obvious that such additional hospital experience will help to offset the disruption of training incident to war. It is of great interest and importance to record that most, if not all, of the returning veterans have one common aim, and that is to obtain thorough and adequate hospital training before venturing on a career of the practice of medicine. Undoubtedly their war experiences pointed up deficiencies in training as well as the advantage and satisfaction stemming from a well-rounded and complete post-graduate residency training.

The accelerated teaching program, instituted during the war, is being discontinued and so we are reverting to the far more efficient and desirable prewar schedule.

The investigative program of the Hospital during 1946 included studies on eclampsia, hypertensive disease, nephritis, uric acid clearance, obstetric paralyses, puerperal infection, retroperitoneal tumors, heart disease in pregnancy, the causes of premature delivery, obstetric anesthesia and transverse presentation. The research on eclampsia has been made possible through a generous extension of a previous grant-in-aid from the John and Mary R. Markle Foundation. Greatly as a result of these chemical investigations, we have been able to care for 77 eclamptic patients during the past fourteen years with only one maternal death. We also wish to record the generous, continued financial support from the Commonwealth Fund for the vaginal smear investigations conducted by the Department of Anatomy of Cornell University Medical College and this Hospital.

It is with a great deal of pleasure that we welcome the return of those members of the Attending Staff who had left to serve in the armed forces during the war period. Their return has substantially lightened the burden of those who remained to carry on the work of the Hospital. To this latter group I wish to express my sincere gratitude for the manner in which each was more than willing to shoulder extra responsibilities.

To the Board of Governors and to the Ladies' Auxiliary Board the Staff members are deeply indebted for their continued support.

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

REPORT OF NURSING ACTIVITIES

I have the honor to present the report of the Nursing Service of the Lying-In Hospital for 1946.

The hoped for increase in staff appointments during 1946 failed to materialize, although total personnel on the last day of the year exceeded the number on the first by fourteen. Comparison of actual staff, by type of worker, based on the record for the last week in each month shows an average of 70 per cent of the graduate and practical nurses authorized by the budget, 61 per cent of the supplementary workers, and an increase of 27 per cent in the student body. The average for all workers during the year was 83 per cent of the estimated requirement.

The service was more active than during any other year since the opening of the Hospital at this location in 1932; approximately 3,500 more patient days, 360 more operations and 360 more deliveries were recorded than during our previous record year, 1945. The average number of nursing hours per patient day was substantially less than the need based on experience and published studies through the years. Some comparison of actual hours of service with the estimated requirement follows:

| | <i>Hours Per Patient Day</i> | <i>Estimated Need</i> |
|----------------------------|----------------------------------|---------------------------|
| Infants..... | 1.71 | 2.5 |
| Pavilion Patients..... | 2.15 | 3.7 |
| Semi-private Patients..... | 2.45 | 3.7 |
| Private Patients..... | 3.2 | 6.4 |

It should be borne in mind that these figures give only a general picture, as private duty nurses, although few in number, were not included. However, hours of service do include many activities which support but do not represent actual bedside nursing, such as answering the telephone (a rather large item), moving beds and attending to many housekeeping duties. Studies which sampled the situation throughout the year show that 47 per cent of the nursing hours were given by students,

45 per cent by graduate and eight per cent by practical nurses. In one important division student practice furnished as high as 81 per cent of the service. In October an additional supervisor was appointed to assist with the teaching program for the increased number of students.

The service to patients of necessity was limited to essential nursing care. While routine procedures are required for effectiveness and safety, to be satisfactory for either infant or adult patients and satisfying to the nurse some individualization of care is important. Only with adequate staffing is such a schedule possible. Though care was taken in planning the hospital day to insure the maximum comfort for the patient and to furnish a clear picture of good hygiene and nutrition, planned assistance and instruction were confined chiefly to routine group conferences and demonstrations on the daily care of the baby. Very little attention could be given to problems of individual patients. It is possible, too, that during six years of increasing nurse shortage, some appreciation of the importance to the patient of attention to minor details of her care has been lost. In addition, high turnover lessens the efficiency of an already limited staff. Improved personnel practices, established throughout the hospital during the latter part of the year, should aid in retaining the present staff and in attracting others to this center. With plans for an in-service program under consideration, improved quality and effectiveness is anticipated, with resulting satisfaction to both patients and professional staff.

One hundred and ninety-seven students completed the course in obstetrical and gynecological nursing during the year and five others had special elective practice in the department. One hundred and sixty-three of this number were undergraduate students: ninety-five from Cornell University—New York Hospital School of Nursing, thirty-three from Skidmore Department of Nursing, New York City, and thirty-five from Moses-Taylor School of Nursing in Scranton, Pennsylvania. Thirty-four were graduate students.

Miss Mary E. Klein, who has been a member of the supervisory staff since the Clinic opened and for the past two years

Acting Director of the Nursing Service, left in September to accept an appointment as Head of Medical and Surgical Nursing in the New York Hospital. Miss Klein has made an outstanding contribution to the work of this department. Her staunch support, the honesty and integrity with which she managed administrative problems of this department, earned for her the respect and admiration of the entire staff. Our good wishes go with her in her new work. In the same month the position of Assistant Department Head was created. Miss Jeanette Walters, also a member of the supervisory staff since 1932, was given the appointment. Miss Walters was replaced by Mrs. Barbara Semple Howell.

Great credit is due the members of the nursing staff of the Woman's Clinic who have maintained at least "safe standards" of service under persistently discouraging conditions.

In conclusion, I would like to express my gratitude to Dr. Henricus J. Stander and the Administration for the privilege of an extended leave of absence to accept overseas service with the American Red Cross.

VERDA F. HICKCOX

*Head of Obstetrical and
Gynecological Nursing Service*

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

REPORT OF THE PRESIDENT FOR THE YEAR 1946

The Ladies' Auxiliary of the Lying-In Hospital has made an excellent showing in the year 1946, as the statistics in the Director's report will show. The work has been complicated by the great number of babies, mostly illegitimate, whose mothers wished to give them up for adoption and for whom there is no available place. The hospital staff and the Social Service have done all in their power to put a stop to the so-called black market adoptions but with inadequate nursery facilities it has been impossible to control the practice, though in every case our workers have made every effort to dissuade the mother from taking this step.

Another difficulty we have had to face is the greatly reduced number of convalescent homes which will take mothers and new born babies. Two large homes to which we once sent newly discharged patients have been closed and in these difficult days no new ones are opening so that convalescent care presents a real problem.

The Board of Managers is most fortunate in that Mrs. Henry S. Morgan and Mrs. Robert A. Lovett, who were away during the war years have rejoined us. Mrs. Lewis Harder resigned as a member of the Board and Mrs. Philip Harder was elected in her place. Mrs. Symington resigned as she no longer lives in New York.

Mrs. Francis Rue again headed our team for the United Hospital Fund and did a most thorough and conscientious job. She reported receipt of \$7,790.02 from contributors. The Board took one day of box week at Lord & Taylor's, with discouraging

results, considering the time and effort involved. We collected only \$18.91, but what with the restrictions imposed on us by the management of the store, we were considerably handicapped.

Mrs. Searls again headed our Occupational Therapy in a most efficient manner as the receipts from sales show. We consider this a most necessary part of our work as the shortage of nurses and the great falling off of volunteers leaves the patients with nothing to occupy their time. She reported:

| | |
|--|----------|
| Patients served..... | 385 |
| Income from sale of materials to patients..... | \$364.34 |
| Income from showcase sales..... | 129.65 |
| TOTAL INCOME..... | \$493.99 |
| Expenditures on Materials..... | 260.67 |
| BALANCE ON HAND..... | \$233.32 |

As Chairman of the House Committee, Mrs. Searls also reported that she attended four meetings called by the Co-operative Council of Jewish Women to discuss the Layette Bank. Before the first meeting, a committee from eight organizations had decided just what constitutes a basic layette. The meetings now have under discussion ways and means of participation and distribution. Eighteen layettes were given out in 1946; 15 large, 3 emergency and one blanket. Few supplies were purchased due to continuing scarcities.

Mrs. Bateson has carried on the Sewing Class alone as Mrs. Locke was forced to resign during the year. Both Mrs. Bateson and Mrs. Locke deserve great credit for finding almost impossible to find materials and Mrs. Bateson for carrying on somehow during the delivery strike when materials failed to arrive.

We are again indebted to Mrs. Burton for having inaugurated the Babies Alumni which enrolled 1,377 new members. This marked a decrease of 9 from the previous year. However, there were 101 more renewals this year than last. The income however, totalled \$2,291.50, an increase of \$244.95 over 1945.

We hope during the coming year to study methods used in other hospitals in order to increase our income from this source.

I know that the Board joins me in expressing our appreciation of the splendid work done by the Social Service Department under difficult conditions and I personally, want to thank the Board itself for its cooperation.

HELEN PORTER PRYIBIL

President

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

January 1, 1946 to December 31, 1946
(From Report of the Treasurer)

CASH ON HAND, JANUARY 1, 1946..... \$ 9,694.54

RECEIPTS

ANNUAL DUES

| | | | |
|-------------------|----|--------|-------------|
| Patron..... | \$ | 800.00 | |
| Associate..... | | 200.00 | |
| Contributing..... | | 300.00 | |
| Sustaining..... | | 570.00 | \$ 1,870.00 |

DONATIONS

| | | | |
|----------------------------|----|----------|----------|
| United Hospital Fund..... | \$ | 4,869.47 | |
| Greater New York Fund..... | | 2,883.19 | |
| Mrs. Morgan Hamilton..... | | 100.00 | |
| Miscellaneous..... | | 149.00 | 8,001.66 |

| | | | |
|---|--|--------|--|
| REFUND OF CONTRIBUTION made October 27, 1939 to The New York Hospital. | | 652.41 | |
|---|--|--------|--|

| | | | |
|-----------------------------------|--|-------|--|
| CHRISTMAS FUND FOR EMPLOYEES..... | | 53.00 | |
|-----------------------------------|--|-------|--|

BABIES' ALUMNI

| | | | |
|---------------------------|----|----------|----------------------|
| Dues..... | \$ | 2,181.50 | |
| Sewing Class..... | | 583.65 | |
| Occupational therapy..... | | 154.27 | 2,919.42 \$13,496.49 |

DISBURSEMENTS

| | | | |
|--|-------------|-------|-------------|
| Salaries..... | \$11,760.74 | | |
| Postage, printing, stationery and petty cash..... | | 40.25 | |
| Christmas gifts to employees..... | | 53.00 | |
| Auditing..... | | 35.00 | |
| Miscellaneous..... | | 35.00 | \$11,923.99 |

BABIES' ALUMNI

| | | | |
|------------------------------|----|--------|------------------|
| Relief..... | \$ | 100.00 | |
| Sewing Class..... | | 522.33 | |
| Printing and stationery..... | | 223.25 | 845.58 12,769.57 |

| | | | |
|--|--|--------|--|
| Excess of receipts over disbursements... | | 726.92 | |
|--|--|--------|--|

| | | | |
|---|--|-------------|--|
| BALANCE, CASH ON HAND, DECEMBER 31, 1946..... | | \$10,421.46 | |
|---|--|-------------|--|

Respectfully submitted,

ROSINA O. BATESON, *Treasurer.*

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

1946

OFFICERS

| | |
|---|--------------------------------|
| MRS. PAUL PRYIBIL | <i>President</i> |
| MRS. CRAWFORD BURTON | <i>First Vice-President</i> |
| MRS. ALLAN S. LOCKE | <i>Second Vice-President</i> |
| MRS. E. FARRAR BATESON | <i>Treasurer</i> |
| MRS. WM. A. W. STEWART | <i>Assistant Treasurer</i> |
| MRS. ALEXANDER P. MORGAN | <i>Recording Secretary</i> |
| MRS. CLARENCE VAN S. MITCHELL | <i>Corresponding Secretary</i> |

MEMBERS OF THE BOARD OF THE LADIES' AUXILIARY

| | |
|-------------------------------|-------------------------------|
| MRS. E. FARRAR BATESON | MRS. ALEXANDER P. MORGAN |
| MRS. CRAWFORD BURTON | MRS. HENRY S. MORGAN |
| MRS. LEWIS B. HARDER | MRS. FREDERICK H. PRINCE, JR. |
| MRS. ALLAN S. LOCKE | MRS. PAUL PRYIBIL |
| MRS. ROBERT A. LOVETT | MRS. FRANCIS J. RUE |
| MRS. CLARENCE VAN S. MITCHELL | MRS. FRED SEARLS, JR. |
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 Bartow, Mrs. Francis D.
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Wellington, Mrs. Herbert G.
Whitridge, Mrs. Arnold
Woods, Lt. Col. Helen H., A.C.

*Deceased.

REPORT OF THE SOCIAL SERVICE DEPARTMENT

1946

I have the honor of presenting the report of the Social Service Department of Lying-In Hospital for the year 1946.

The past year has convinced us that peace does not bring tranquility. The Social Worker who stood by the Veteran's family through the War years with its problems of separations, unsatisfactory joint living arrangements and a host of other perplexities is now called upon to help in the problems arising from hasty marriages, infidelities, and the housing shortage which makes it almost impossible for the family to set up a home of its own. These and many other difficulties are closely related to the sickness of our patient, in her acceptance of a pregnancy or the kind of recovery she makes.

We continued our concentrated work with the unmarried mothers, 77 of whom were referred to us for assistance. A surprising trend of the year was the marked increase in the number of married women pregnant out of wedlock. This number increased from 4 in 1944 to 19 in 1946.

Our concern regarding Black Market adoptions was again translated into action by participation in committee work and cooperation in various studies. Concrete achievement has been slow but as the year ends, the United Hospital Fund, Welfare Council and Academy of Medicine are combining their forces in a City-wide committee which we hope will lead to changes for the better. We are happy to be able to participate in this committee's activities.

We have noted a decrease in volunteer services, though members of the Ladies Auxiliary have kept our Sewing Class going and our layette supplies available. For this we are most grateful.

We have given special attention to those patients requiring psychiatric help. Special care is taken in referring the patient

to the Payne Whitney Clinic, making sure that she understands the nature of the clinic and why the referral is being made.

The study we were making at the end of last year in relation to follow-up resulted in relieving the Social Workers of further routine duties in this area so that the major part of her time may be devoted to her true function of case work.

The Department has been fortunate in having the minimum of personnel turn over this year and tribute is paid to the faithful and untiring work of the staff members.

As in years past, we wish to express our appreciation to the Medical and Nursing Staffs and to the Ladies' Auxiliary for their whole hearted help and cooperation.

VIRGINIA T. KINZEL

Director of Social Service

PATRONS AND BENEFACTORS

A donor 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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GRACE G. WILKES
GEORGE G. WILLIAMS
EGERTON L. WINTHROP
MRS. ROBERT WINTHROP

ANNA WOERISHOFFER

ENDOWED BEDS

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.—EXTRACT FROM BY-LAWS.

- 1895 MR. AND MRS. GEORGE G. WILLIAMS. *In Memory of* MRS. ROBERT L. STUART
- 1902 ANNA WOERISHOFFER. *In Memory of* ANTOINETTE, COUNTESS SEILERN
- 1912 MRS. GEORGE P. EUSTIS. *In Memory of her mother,* LUCY MORGAN STREET
- 1912 ANNA WOERISHOFFER. THE ANNA WOERISHOFFER BED
- 1914 LILLA GAITES. THE MARIE STUART BED
- 1916 HENRY CLAY FRICK
- 1928 ESTATE OF HENRI D. DICKINSON. *In Memory of* IDA MAY DICKINSON

DISTRIBUTION OF BEDS

| | | | |
|-------------------|-------|-------|-----|
| PRIVATE..... | 26 | | |
| SEMI-PRIVATE..... | 53 | | |
| PAVILION..... | 132 | 211 | |
| | <hr/> | | |
| NEWBORN..... | | 121 | 332 |
| | | <hr/> | |

DISCHARGES

OBSTETRICAL (Adults)

| | | | |
|-------------------|-------|-------|--|
| Private..... | 634 | | |
| Semi-Private..... | 810 | | |
| Pavilion..... | 3,068 | 4,512 | |
| | <hr/> | | |

GYNECOLOGICAL

| | | | |
|-------------------|-------|-------|-------|
| Private..... | 183 | | |
| Semi-Private..... | 356 | | |
| Pavilion..... | 1,183 | 1,722 | 6,234 |
| | <hr/> | <hr/> | |
| NEWBORN..... | | | 3,561 |
| | | | <hr/> |
| TOTAL..... | | | 9,795 |

STATISTICS

OBSTETRICAL DEPARTMENT

(January 1, 1946—December 31, 1946)

TOTAL DISCHARGES

| | |
|--------------------------------------|-------|
| Abortion, operative..... | 298 |
| Abortion, spontaneous..... | 117 |
| Previa ble operative delivery..... | 7 |
| Previa ble spontaneous delivery..... | 13 |
| Full term operative delivery..... | 926 |
| Full term spontaneous delivery..... | 2,385 |
| Premature operative delivery..... | 52 |
| Premature spontaneous delivery..... | 145 |
| Discharged before delivery..... | 475 |
| Infant boarder..... | 11 |
| Not pregnant..... | 13 |
| Postpartum..... | 80 |
| Died undelivered..... | 1 |
| Total..... | 4,523 |

TOTAL INFANTS (Full Term and Premature)

| | |
|---------------------------------|-------|
| Total deliveries..... | 3,508 |
| Multiple pregnancy (Twins)..... | 53 |
| Total..... | 3,561 |

RACE (FULL TERM AND PREMATURE DELIVERIES AND ABORTIONS)

| | |
|--------------|-------|
| White..... | 3,740 |
| Colored..... | 203 |
| Total..... | 3,943 |

ECTOPIC PREGNANCY

| | |
|--------------|----|
| Tubal..... | 17 |
| Cornual..... | 1 |

SYPHILIS (DELIVERIES AND ABORTIONS)

| | |
|---|----|
| Lues with lesions, serology positive..... | 1 |
| Lues, no lesions, serology negative..... | 27 |
| Lues, no lesions, serology positive..... | 13 |
| Total..... | 41 |

Incidence of Syphilis (unknown cases excluded) = 1.12%

TOXEMIA (DELIVERIES AND ABORTIONS)

| | |
|----------------------------|-----|
| Eclampsia, antepartum..... | 1 |
| intrapartum..... | 4 |
| postpartum..... | 0 |
| Hypertensive disease..... | 62 |
| Pre-eclampsia, mild..... | 93 |
| Pre-eclampsia, severe..... | 41 |
| Renal disease..... | 4 |
| Unclassified..... | 9 |
| Total..... | 214 |

Incidence of Toxemia = 5.43%

TYPE OF PELVIS (NOT INCLUDING ABORTIONS)

| | |
|-------------------------------------|-------|
| Normal..... | 3,137 |
| Flat simple..... | 76 |
| Funnel typical..... | 32 |
| Funnel flat..... | 1 |
| Generally contracted typical..... | 26 |
| Generally contracted funnel..... | 6 |
| Naegele..... | 1 |
| Rachitic, flat..... | 3 |
| Rachitic, generally contracted..... | 2 |
| Spondylolisthetic..... | 1 |
| Other..... | 3 |
| Not measured..... | 220 |
| Total..... | 3,508 |

PRESENTATION (NOT INCLUDING ABORTIONS)

| | |
|----------------------------------|-------|
| No record..... | 15 |
| L.O.A..... | 1,463 |
| L.O.T..... | 252 |
| L.O.P..... | 94 |
| O.A. (Primary)..... | 90 |
| O.P. (Primary)..... | 23 |
| R.O.A..... | 868 |
| R.O.T..... | 186 |
| R.O.P..... | 140 |
| Breech..... | 126 |
| Brow..... | 2 |
| Face..... | 6 |
| Transverse..... | 12 |
| Compound..... | 4 |
| Vertex (Not Differentiated)..... | 227 |
| Total..... | 3,508 |

OPERATIONS (FULL TERM AND PREMATURE DELIVERIES)

Forceps

| | |
|------------|-----|
| Low..... | 574 |
| Mid..... | 148 |
| High..... | 1 |
| Total..... | 723 |

Incidence of Forceps = 20.61%

| | |
|--|-------|
| Breech extraction..... | 88 |
| Version and extraction..... | 8 |
| Braxton-Hicks version..... | 1 |
| Manual removal of placenta..... | 20 |
| Episiotomy (Spontaneous and Operative Deliveries)..... | 2,008 |
| Repair third degree laceration (Spontaneous and Operative Deliveries)..... | 63 |
| Insertion of bag..... | 1 |
| Destructive operation, infant..... | 1 |

Cesarean Section

| | |
|----------------------|-----|
| Classical..... | 41 |
| Low cervical..... | 84 |
| Extraperitoneal..... | 6 |
| Radical..... | 5 |
| Total..... | 136 |

Incidence of Cesarean Section = 3.88%

INDICATIONS FOR CESAREAN SECTION

| | |
|---|-----|
| Carcinoma of the rectum..... | 1 |
| Cervical dystocia..... | 2 |
| Contracted pelvis..... | 4 |
| Contraction ring..... | 1 |
| Diabetes..... | 1 |
| Disproportion..... | 24 |
| Elderly primipara..... | 16 |
| Jaundice of unknown etiology..... | 1 |
| Locked twins and poor labor..... | 1 |
| Myoma..... | 2 |
| Placenta previa..... | 7 |
| Premature separation..... | 7 |
| Presentation (compound 1, transverse 5)..... | 6 |
| Previous cesarean section..... | 37 |
| Previous myomectomy..... | 1 |
| Previous stillbirths..... | 1 |
| Prolapsed cord..... | 4 |
| Prolonged labor..... | 2 |
| Suspected partial premature separation..... | 1 |
| Toxemia (eclampsia 1, preeclampsia 10, hypertensive disease 1)..... | 12 |
| Tuberculosis..... | 1 |
| Uterine inertia..... | 3 |
| Uterus didelphys..... | 1 |
| Total..... | 136 |

HEMORRHAGE (NOT INCLUDING ABORTIONS)

| | |
|---|----|
| Antepartum | |
| Placenta previa..... | 10 |
| Premature separation..... | 15 |
| Placenta previa and premature separation..... | 1 |
| Postpartum..... | 49 |

Incidence of Postpartum Hemorrhage

600 cc. or over, Cesarean Section not included = 1.45%

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 as follows: 6-10 a.m., 2-6-10 p.m., unless otherwise ordered.

| | |
|-----------------------------------|-------|
| Afebrile..... | 2,950 |
| One Day Fever..... | 368 |
| Febrile, puerperal infection..... | 148 |
| mastitis..... | 8 |
| pyelitis..... | 3 |
| intercurrent disease..... | 17 |
| other..... | 12 |
| No puerperium..... | 1 |
| Unknown..... | 1 |
| Total..... | 3,508 |

Incidence of morbidity (abortions not included) = 5.36%

Incidence of morbidity (abortions included) = 5.47%

Incidence of puerperal infection (abortions not included) = 4.22%

Incidence of puerperal infection (abortions included) = 4.34%

MATERNAL MORTALITY

Four maternal deaths in 4,512 discharged patients.

Gross maternal mortality (including abortion, ectopic and other) = .089% or .89 per thousand discharged patients or 1.01 per thousand pregnancies.

The four deaths were as follows:

| | |
|--|-------|
| 1. Antenatal patients (dying before delivery)..... | 1 |
| 2. Postpartum (full term and premature deliveries)..... | 3 |
| 3. All other patients (abortions and postpartum admission) | 0 |
| | <hr/> |
| Total..... | 4 |

INFANTILE MORTALITY

Total infantile mortality includes all full term and premature infants, deadborn, stillborn, or dying within 14 days following birth in the Lying-In Hospital Obstetrical Service. Any fetus weighing less than 1500 grams is not included in the Total Infantile Mortality.

64 infantile deaths in 3,561 total infants:

| | |
|-----------------------------|-------|
| Deadborn and stillborn..... | 39 |
| Neonatal deaths..... | 25 |
| | <hr/> |
| Total..... | 64 |

Gross Infantile Mortality = 1.80%

MATERNAL MORTALITY FOR PERIOD

September 1, 1932—December 31, 1946

PAVILION, PRIVATE AND SEMIPRIVATE SERVICES

During this period there were 92 deaths in 59,570 discharged patients; a maternal mortality rate of 0.154 per cent, or 1.54 per 1,000 patients discharged, or 1.77 per 1,000 pregnancies. The causes of death in these patients are shown in the following table:

| Cause of Death | 1932 1934 | 1935 | 1936 | 1937 | 1938 | 1939 | 1940 | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | Total | Grand Total | Per Cen Total |
|---|--------------|------|------|------|------|------|------|------|------|------|------|------|------|-------|----------------|---------------------|
| Infection | | | | | | | | | | | | | | | | |
| Antepartum..... | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 18 | 19.6 |
| Postpartum | | | | | | | | | | | | | | | | |
| Puerperal Infection.... | 2 | .. | 2 | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | 5 | | |
| Peritonitis following Ce- sarean Section..... | .. | 2 | 2 | 1 | .. | 1 | .. | .. | .. | .. | .. | .. | .. | 6 | | |
| Peritonitis following ruptured Appendix... | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | .. | 2 | | |
| Postabortal..... | .. | .. | 1 | .. | 1 | .. | .. | .. | 2 | .. | .. | .. | .. | 4 | 7 | 7.6 |
| Pneumonia | | | | | | | | | | | | | | | | |
| Antepartum..... | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | | |
| Postpartum..... | 2 | 1 | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 5 | | |
| Hemorrhage | | | | | | | | | | | | | | | | |
| Antepartum | | | | | | | | | | | | | | | 19 | 20.7 |
| Placenta previa..... | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | | |
| Premature separation.. | 1 | .. | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 | | |
| Postpartum | | | | | | | | | | | | | | | | |
| Vaginal Delivery..... | 1 | 1 | .. | 2 | 1 | .. | 1 | .. | .. | 1 | 1 | .. | 1 | 9 | | |
| Following Cesarean Sec- tion..... | 2 | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | 3 | 4 | 4.3 |
| Ruptured Uterus..... | 1 | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | 2 | | |
| Ectopic Pregnancy..... | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | 1 | | |
| Toxemia | | | | | | | | | | | | | | | | |
| Acute Yellow Atrophy .. | 1 | .. | 1 | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | 3 | | |
| Eclampsia..... | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 12 | 13.0 |
| Cardiac Disease | | | | | | | | | | | | | | | | |
| Antepartum..... | 1 | 1 | .. | .. | .. | .. | 1 | 1 | 1 | 1 | 1 | .. | 1 | 8 | | |
| Postpartum..... | .. | 1 | 1 | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 4 | | |
| Embolus..... | 3 | 1 | .. | .. | 1 | .. | 1 | 3 | 1 | .. | 1 | 1 | .. | 12 | 12 | 13.0 |
| Pyelonephritis..... | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | 2 | 2.2 |
| Anesthesia..... | 1 | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | 2 | 2 | 2.2 |
| Cerebro-vascular Accident.. | .. | 1 | 1 | .. | .. | .. | 1 | .. | .. | 1 | .. | 1 | .. | 5 | 5 | 5.4 |
| Transfusion Reaction..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | 2 | 2 | 2.2 |
| Tuberculosis, Miliary..... | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | 1.0 |
| Chorioepithelioma (Postpar- tum)..... | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | 2 | 2 | 2.2 |
| Carcinoma of Liver..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | 1 | 1.1 |
| Carcinoma of Thyroid..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | 1 | 1.1 |
| Blood Dyscrasia — erythro- blastic splenomegaly..... | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | 1.1 |
| Suicide (undelivered)..... | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | 1.1 |
| Colitis, Subacute..... | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | 1 | 1 | 1.1 |
| Not Determined (Insufficient Data)..... | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | 1.1 |
| Total..... | 17 | 14 | 11 | 8 | 4 | 2 | 7 | 4 | 8 | 4 | 5 | 4 | 4 | 92 | 92 | 100.0 |

STATISTICS

GYNECOLOGICAL DEPARTMENT

1946

TOTAL DISCHARGES..... 1,722

Race

| | |
|--------------|-------|
| White..... | 1,555 |
| Colored..... | 167 |

| | |
|------------|-------|
| Total..... | 1,722 |
|------------|-------|

DIAGNOSIS ON DISCHARGE

VULVA

| | |
|--------------------------------------|----|
| Bartholin gland abscess or cyst..... | 38 |
| Benign tumor..... | 2 |
| Condylomata..... | 4 |
| Congenital abnormalities..... | 4 |
| Diseases of clitoris..... | 2 |
| Diseases of hymen..... | 8 |
| Diseases of labia..... | 23 |
| Leukoplakia..... | 3 |
| Pruritis..... | 3 |
| Traumatic tear..... | 1 |
| Vulvitis..... | 5 |

VAGINA AND PERINEUM

| | |
|-----------------------------------|-----|
| Benign tumor..... | 7 |
| Congenital abnormalities..... | 14 |
| Cystocele, rectocele or both..... | 396 |
| Endometriosis..... | 1 |
| Gartner's duct tumor..... | 2 |
| Old perineal laceration..... | 37 |
| Relaxed outlet..... | 460 |
| Vaginitis..... | 14 |

CERVIX

| | |
|-------------------------------|-----|
| Carcinoma..... | 76 |
| Cervicitis..... | 271 |
| Congenital abnormalities..... | 9 |
| Endometriosis..... | 1 |

CERVIX—continued

| | |
|---------------------|-----|
| Fibroma..... | 4 |
| Hyperkeratosis..... | 5 |
| Laceration..... | 290 |
| Leukoplakia..... | 8 |
| Myoma..... | 7 |
| Polyp..... | 99 |
| Sarcoma..... | 1 |
| Stenosis..... | 18 |

UTERUS

| | |
|-------------------------------------|-----|
| Adeno-acanthoma..... | 3 |
| Adenomyoma..... | 13 |
| Adenomyosis..... | 40 |
| Carcinoma..... | 15 |
| Congenital abnormalities..... | 9 |
| Endometriosis..... | 1 |
| Endometritis..... | 36 |
| Hyperplasia of the endometrium..... | 116 |
| Hypoplasia..... | 4 |
| Menorrhagia..... | 600 |
| Metrorrhagia..... | 419 |
| Myoma..... | 415 |
| Polyp..... | 100 |
| Procidentia..... | 96 |
| Retroversion..... | 200 |

TUBE

| | |
|-------------------------------|-----|
| Carcinoma..... | 1 |
| Congenital abnormalities..... | 7 |
| Endometriosis..... | 3 |
| Hydrosalpinx..... | 31 |
| Pyosalpinx..... | 1 |
| Salpingitis..... | 119 |
| Tuberculosis..... | 1 |

OVARY

| | |
|-------------------------------|-----|
| Abscess..... | 4 |
| Carcinoma..... | 45 |
| Congenital abnormalities..... | 4 |
| Cystadenoma..... | 14 |
| Cyst, not simple..... | 133 |
| Dermoid cyst..... | 15 |
| Endometriosis..... | 12 |
| Fibroadenoma..... | 2 |

OVARY—continued

| | |
|----------------------------|----|
| Fibroma..... | 5 |
| Granulosa cell tumor..... | 2 |
| Parovarian cyst..... | 6 |
| Prolapse..... | 18 |
| Simple retention cyst..... | 15 |

OTHER CONDITIONS

| | |
|----------------------------|----|
| Gonorrhea..... | 25 |
| Pelvic abscess..... | 10 |
| Rectovaginal fistula..... | 7 |
| Syphilis..... | 37 |
| Vesicovaginal fistula..... | 1 |

OPERATIONS

| | |
|------------|-------|
| Major..... | 753 |
| Minor..... | 734 |
| Total..... | 1,487 |

VULVA AND VAGINA

| | |
|--|-----|
| Incision and drainage of Bartholin gland cyst or abscess.... | 26 |
| Colporrhaphy..... | 216 |
| Perineorrhaphy..... | 8 |
| Vulvectomy..... | 3 |

CERVIX

| | |
|-----------------------------------|-----|
| Amputation..... | 82 |
| Cauterization or coagulation..... | 41 |
| Dilatation of cervix..... | 35 |
| Dilatation and curettage..... | 749 |
| Myomectomy..... | 7 |
| Removal of polyp..... | 53 |
| Trachelorrhaphy..... | 6 |

UTERUS

| | |
|---------------------------------------|-----|
| Hysterectomy, abdominal subtotal..... | 247 |
| Hysterectomy, abdominal total..... | 114 |
| Hysterectomy, vaginal..... | 14 |
| Myomectomy..... | 30 |
| Suspension..... | 40 |
| Wertheim operation..... | 1 |

TUBE

| | |
|--------------------------|-----|
| Plastic operation..... | 2 |
| Salpingectomy..... | 256 |
| Tubal insufflation..... | 18 |
| Tubal sterilization..... | 8 |

OVARY

| | |
|------------------------|-----|
| Oophorectomy..... | 246 |
| Oophorocystectomy..... | 35 |

MISCELLANEOUS

| | |
|--------------------------------------|-----|
| Appendectomy..... | 89 |
| Biopsy..... | 99 |
| Exploratory laparotomy..... | 11 |
| Radium therapy..... | 33 |
| Patients receiving transfusions..... | 128 |
| Other miscellaneous operations..... | 301 |

MORTALITY

| | |
|-------------|----|
| Deaths..... | 11 |
|-------------|----|

Gross mortality = 0.639%

Of these there were 7 postoperative deaths which occurred
in 1,487 major and minor operative cases.

Postoperative mortality = 0.471%

SUMMARY OF OBSTETRICAL AND GYNECOLOGICAL SERVICES

September 1, 1932—December 31, 1946

TOTAL NUMBER

| | |
|--|---------|
| Obstetrical adult patients (Indoor, Outdoor, Berwind)..... | 59,570 |
| Infants (Indoor, Outdoor, Berwind)..... | 49,793 |
| Gynecological patients..... | 16,896 |
| Grand Total..... | 126,259 |

MORTALITY ON THE GYNECOLOGICAL SERVICE

FOR THE PERIOD

September 1, 1932—December 31, 1946

During this period there were 118 deaths in 16,896 discharged patients, giving a gross mortality of 0.698% or 6.98 per thousand patients discharged.

| OPERATIONS | | Deaths |
|------------|--------|--------|
| Major..... | 5,307 | 43 |
| Minor..... | 8,985 | 21 |
| Total..... | 14,292 | 64 |

Incidence of postoperative mortality = 0.448% (4.48 per thousand)

The causes of death in these 118 patients are shown in the following table:

| Cause of Death | 1932 | 1933 | 1934 | 1935 | 1936 | 1937 | 1938 | 1939 | 1940 | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | Total |
|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| Air embolism..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | 1 |
| Angio-fibrosarcoma of broad ligament.. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Asphyxia..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 |
| Carcinoma of Bladder..... | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | 1 |
| Carcinoma of Cervix..... | 1 | .. | 1 | 1 | .. | 1 | 1 | 1 | .. | .. | 2 | 3 | .. | .. | 3 | 13 |
| Carcinoma of Colon..... | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | .. | .. | .. | .. | .. | .. | 2 |
| Carcinoma of Ovary..... | 4 | 3 | .. | .. | .. | .. | 4 | 6 | 2 | 2 | 1 | 2 | 3 | 4 | .. | 31 |
| Carcinoma of Rectum..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | 1 |
| Carcinoma of Tube..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | 1 |
| Carcinoma of Urethra..... | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Carcinoma of Uterus..... | 1 | .. | .. | .. | 1 | 1 | 1 | 1 | 1 | 1 | .. | 2 | 1 | .. | .. | 9 |
| Carcinoma of Vagina..... | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | 2 |
| Carcinoma of Vulva..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | 1 |
| Cardiac Failure..... | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 2 |
| Coronary Thrombosis..... | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | 2 |
| Diabetes..... | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | .. | .. | .. | .. | .. | 2 |
| Hemorrhage, Cerebral..... | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Hemorrhage, Cervical Myoma..... | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Hepatic Abscess..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | 1 |
| Krukenberg Tumor..... | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | 2 |
| Malignant Melanoma..... | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Narcosis (gas, oxygen, ether)..... | .. | .. | .. | .. | 1 | 1 | .. | .. | .. | .. | 1 | .. | .. | .. | .. | 3 |
| Pelvic Inflammatory Disease..... | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Pelvic Malignancy (Type?)..... | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 |
| Peritonitis..... | 2 | 1 | .. | .. | 1 | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | 5 |
| Pneumonia..... | .. | 1 | 1 | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 |
| Pulmonary Embolus..... | 2 | .. | .. | .. | .. | 1 | 2 | 4 | 1 | 1 | 1 | .. | 1 | 1 | .. | 13 |
| Ruptured Appendix..... | .. | .. | .. | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 |
| Sarcoma of Ovary..... | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Sarcoma of Pancreas..... | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | 1 |
| Sarcoma of Uterus..... | 1 | .. | .. | .. | .. | 2 | .. | 1 | .. | .. | 1 | 2 | .. | .. | .. | 7 |
| Thrombo-Embolism..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 1 |
| Tuberculosis, miliary..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | 1 |
| Uremia..... | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | 1 |
| Total..... | 14 | 7 | 3 | 6 | 8 | 10 | 11 | 11 | 7 | 10 | 10 | 10 | 10 | 11 | 11 | 118 |

PUBLICATIONS OF THE MEMBERS OF THE MEDICAL
STAFF OF THE LYING-IN HOSPITAL

1946

Department of Obstetrics and Gynecology

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