

**A REPORT OF THE GYNECOLOGICAL
SERVICE OF MOUNT SINAI
HOSPITAL, NEW YORK, FOR THE
TWELVE YEARS FROM JANUARY 1ST,
1883, TO DECEMBER 31ST, 1894**

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BY

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A REPORT OF THE
GYNECOLOGICAL SERVICE OF MOUNT SINAI HOSPITAL,
NEW YORK,

FROM JANUARY 1ST, 1883, TO DECEMBER 31ST, 1894.¹

Prior to the year 1877 there was no separate gynecological department in Mount Sinai Hospital. In this respect this hospital did not differ from the majority of others in this country at that time. Cases coming under this category were assigned to the medical and surgical female wards respectively, according to the estimated nature of the case. Gynecological operations were rarely performed, especially if of a serious or capital nature. With the establishment in 1875 of the dispensary connected with the hospital and of a separate gynecological department in that institution, cases of this nature were seen more frequently, and if requiring hospital treatment were of course referred to the hospital wards. In time it became apparent that these cases could not receive the proper care and attention in the general surgical ward, and in 1877, consequently, a special gynecological service was created and Dr. Emil Noeggerath placed in charge,

¹ I am greatly indebted for the collation of figures and the collection of statistics up to 1893 to Dr. L. J. Ladinski, of New York, formerly house surgeon to Mount Sinai Hospital, and for the collation of the cases of the last two years to Dr. Thomas D. Tuttle, house surgeon during the year 1894, now of Fulton, Missouri.

with the title of gynecologist to the hospital. On his resignation in the spring of 1882 I was promoted from the position of gynecologist to the dispensary, which I had held since the inception of that institution, to succeed Dr. Noeggerath as gynecologist to the hospital.

The gynecological service had been gradually increased, until, on my taking charge of it, it had attained its present dimensions and comprised twenty free beds in one large ward. This ward is situated on the northern side of the hospital, occupying the whole first floor, and is known in the hospital books as the "First Female Ward." There are ten beds on a side. The ward measures seventy-five feet in length, twenty-four feet in breadth, and fifteen feet in height. Each patient, therefore, has 1,350 cubic feet of air allotted to her. The beds are not surrounded by curtains, in order to allow free ventilation. There are eight large windows in the ward, besides seven top ventilators. At each end of the ward are large folding doors, which are usually kept open. The ventilation of the ward can therefore be said to be in every respect first-class, and such a thing as impure air or overcrowding is entirely out of the question.

At the rear of the ward is a small room used for the purpose of examination of patients and for minor operations such as can be performed without special preparation—*e.g.*, dilatation and curetting of the uterus, opening of small abscesses, etc. Bath rooms, lavatories, and closets occupy the remainder of this extension. In the front of the ward is a small private room designed for patients in moderate circumstances who are able to pay a trifling weekly sum to the hospital, besides another room with two windows which contains two beds and is specially reserved for laparotomy cases during the first week after operation, who are attended by special trained nurses furnished by the hospital free of charge.

So far as the general wards of a hospital permit, the gynecological patients of Mount Sinai Hospital enjoy all the privileges which can reasonably be expected by patients from the lower classes who pay nothing for either board or medical attendance.

The medical care of the ward is in charge of the surgical house staff of the hospital, which comprises one house surgeon, one senior and one junior assistant, one surgical dresser, and one provisional, the latter being assigned to the gynecological and

ophthalmological services specially, his duty being to attend either of the surgeons of these departments during their visits when the senior members of the surgical staff are otherwise engaged. There are also four nurses constantly in the ward, who are detailed by the training school connected with the hospital. It is almost needless to say that the ward is never without sufficient supervision by these nurses either by day or by night.

At the head of each bed is a card bearing the date of admission, name, age, etc., of the patient, also the diagnosis after it has been made by me, and, if an operation has been performed, the date and nature of the operation. Besides, the usual temperature, pulse, and respiration chart hangs above each bed, and the customary notes are made at regular hours by the head nurse. Regular rounds are made by the house staff twice daily, and I make it a rule to visit the ward every day, with rare exceptions, and to examine every patient, no matter how trivial the complaint, at least once a week. Serious cases, of course, are looked after by me as often as they may require.

Visitors are allowed to see the patients between 2 and 4 o'clock every Wednesday, Saturday, and Sunday—a custom which undoubtedly is a great comfort to many patients, but at times is productive of harm, particularly in nervous, excitable, or very sick patients. Capital cases are not permitted to see visitors unless by my special permission.

The number of patients admitted to the gynecological service has gradually increased from year to year, being 181 in 1883 and 505 in 1894. A reference to the table given later on will show the relative increase of cases in each year. The number of operations has increased in proportion.

The gynecological service has always been and still is a continuous one, and is therefore a considerable tax upon my time and strength, which I have been able to bear in consequence of being allowed to take a vacation every summer of from two to three months. During this time in former years the service was supplied by one or the other of the visiting surgeons to the hospital, notably Drs. Scharlau, Wyeth, Fluhrer, and Gerster, who have very kindly substituted for me during my absence. In order to furnish an official substitute during my vacation or other temporary absences, two years ago the directors appointed an assistant gynecologist in the person of Dr. Joseph Brettaner,

who since then has had charge of the service during the summer months.

For the accommodation of patients able to pay there are twenty-five private rooms on the second floor. These rooms are at the disposal of all the members of the visiting staff, medical, surgical, gynecological, and ophthalmological and aural. The rules of the hospital permit the visiting physician or surgeon to charge patients occupying such private rooms for his services, provided the patient has been sent to the hospital by him as his private patient or the patient desires the exclusive attendance of one particular visiting physician.

In the following table will be found a record of the various diseases treated in my service during these twelve years, of the operations performed, and of the results obtained. It was not possible for me to give the figures from May, 1852, when I took charge of the service, to January, 1883, because the books at that time were so carelessly kept as to be useless for a report of this kind.

TABLE I.

LIST OF DISEASES AND THEIR RESULTS.

Disease.	Number.	Cured.	Improved.	Unimproved.	Died.	Remarks.
VULVA:						
Abscess (vulvo-vaginal).....	11	10	1	During pregnancy.
Elephantiasis.....	1	1	..	..	..
Epididymitis.....	2	..	2	..	..
Fistula (vulvo-vaginal).....	1	1	..	..	..
Polypus (left labium).....	1	1	..	..	..
	16					
PERINEUM:						
Laceration.....	184	142	41	..	1	Death from septicemia.
Phlegmon.....	1	1	..	..	..
	185					
RECTUM:						
Carcinoma.....	3	..	2	..	1	Incidental.
Condylomata.....	3	3	..	..	..
Fissure in ano.....	3	3	..	..	..
Fistula in ano.....	3	3	..	..	..
Fistula (recto-vaginal).....	5	3	2	..	..
Hemorrhoids.....	8	7	..	1	..	
Ischio-rectal abscess.....	1	1	..	..	..
Polypus.....	1	1	..	..	..
Proctitis.....	1	1	..	..	..
Stricture.....	3	..	3	..	..
Ulcer.....	1	1	..	..	..
	1					Syphilitic.
	1					
	33					

TABLE I.—Continued.

Remarks.	Number.	Cured.	Improved.	Unimproved.	Dead.	Remarks.
URETHRA AND BLADDER:						
Urethral caruncle.....	11	11	..	..	..
Urethral prolapse.....	1	1	..	..	..
Urethral stricture.....	1	1	1	..	..
Urethral fibroids.....	1	1	..	..	..
Urethrocele.....	1	1	..	..	..
Epithelium of urethra.....	1	1	..	..	..
Epithelium of bladder.....	2	..	..	..	1	
Cystitis.....	22	14	11	2	1	
Vesico-vaginal fistula.....	11	9	1	1	..	
Vesico-uterine fistula.....	1	1	..	..	..	Peritonitis from rupture of ovarian abscess.
	50					
VAGINA:						
Atrisia.....	8	7	1	..	..
Cyst.....	1	1	..	..	..
Cystocele.....	37	15	21	1	..	
Double.....	1	1	..	..	..
Epithelioma.....	2	..	2	..	..
Occlusion (imperforate hymen).....	1	1	..	..	..
Rectocele.....	65	54	7	4	..	
Rupture.....	1	1	..	..	..	Parturient.
Stenosis.....	7	7	..	..	..
Ulcer (due to pessary).....	5	4	1	..	..
Vaginitis (venereal).....	39	14	6	..	..
Vaginitis (senile).....	1	1	..	..	..
	149					
UTERUS:						
CERVIX UTERI:						
Carcinoma.....	14	3	46	..	5	
Hypertrophy.....	4	4	..	..	..
Laceration.....	518	316	169	33	..	
Polypus.....	8	8	..	..	..
	584					
CORPUS UTERI:						
Abortion.....	147	143	..	..	4	Deaths from septicemia.
Anteflexion.....	52	32	20	..	..	Sterility.
Atrophy (senile).....	1	1	..	..	..
Endometritis (including cervical).....	297	197	94	6	..	
Fibroid tumor.....	130	56	60	7	7	Cured by galvano-puncture, abdominal hysterectomy, or vaginal enucleation.
Foreign body.....	1	1	..	..	..
Pregnancy and labor (ordinary).....	97	95	..	..	2	
<i>a.</i> Extrauterine.....	16	14	..	..	2	
<i>b.</i> Double uterus.....	1	1	..	..	..
<i>c.</i> Hydaiids.....	4	4	..	..	..
<i>d.</i> Hydrannon.....	1	1	..	..	..
<i>e.</i> Placenta previa.....	2	1	..	..	1	
Hyperplasia.....	4	2	2	..	..	Uncomplicated.
Infantile.....	5	4	1	..	..	Amenorrhoea and sterility
Inversion.....	1	1	..	..	..	Complete amputation and oophorectomy.
Lateral flexion.....	1	1	..	..	..
Metritis, puerperal.....	5	3	1	1	..	
Prolapse.....	40	15	22	3	1	Death after ventral fixation.
Retroversion and retroflexion.....	161	85	60	10	..	
Sarcoma (?) and carcinoma (4).....	6	6	3	..	8	
Subinvolution.....	31	9	12	..	..
Stenosis of uterine canal (ext. and inter.os).....	90	67	22	1	..	
	1081					
TUBES:						
Salpingitis, chronic (and oophoritis).....	312	59	237	22	1	52 cured by removal.
Hydrosalpinx.....	4	4	..	..	..
Haematosalpinx (probably not ectopic).....	1	3	..	..	..
Pyosalpinx.....	40	21	11	3	5	
	397					

TABLE I.—Continued.

Disease.	Number.	Cured.	Improved.	Unimproved.	Died.	Remarks.
OVARIES:						
Abscess.	16	15	1	1		
Cystic tumor	128	115	11	2		
Fibroid	3	2	1			
Carcinoma	7	2	2	3		
Hematoma	3	3				
Papilloma	3	3				
Prolapse	20	20				
Edema	1	1				
Oophoritis (chronic) with salpingitis	380	60	275	4		19 cured by removal.
	523					
PELVIC PERITONEUM AND CELLULAR TISSUE:						
Abscess	103	87	6	1	9	
Carcinoma	1			1		
Cyst of broad ligament	10	10				
Cellulitis	79	67	8	4		
Hematocele (intra-peritoneal) and Hematoma (extraperitoneal)	27	21	1		5	Deaths from septicemia.
Peritonitis	602	304	281	10	7	
Sarcoma	4			2	2	
	826					
ABDOMEN:						
Abscess of wall of	1	1				
General carcinoma of abdominal organs	9			3	6	
Carcinoma of peritoneum	1			1		
Carcinoma of colon	1				1	
Sarcoma of wall of	2	2				
Peritonitis, general	24	12			12	Secondary and septic.
Peritonitis, tubercular	4		3		1	
Rings of wall of	10	3	7			
Hernia of abdominal wall (ventral hernia)	6	3	3			Following abdominal section or pregnancy.
	88					
GENERAL DISEASES:						
Amenorrhoea	31	30		1		
Abscess of kidney	1	1				
Abscess of psoas muscle	1	1				
Carcinoma mamma	5	5				
Dermoid tumor of nates	1	1				
Hysteria	22	17	4	1		
Floating kidney	8	1	7			
Intestinal obstruction	3	1			2	
Phlegmasia dolens	1	1				
Phlegmon of pubes	1	1				
Perityphlitis	3	1			2	
Pyemia	1				1	
Caries of coccyx	1					
Cystic tumor of mamma	3	3				
Abscess of mamma	1	1				
Nymphomania	1			1		Clitoridect my.
	85					
Total number of diseases treated	8060	3211	1456	191	102	

Total number of patients treated.....3898
 Admitted and found not to be gynecological, therefore not included in above list..... 313

Total number of patients admitted to gynecological service from January 1st, 1883, to January 1st, 1895.4211
 Some patients therefore were afflicted with more than one separate disease.