

THE SLOANE HOSPITAL FOR WOMEN; ITS DEVELOPMENT, SIGNIFICANCE, AND POSSIBILITIES*

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I AM delighted to speak on this occasion because I have many associations with the Sloane Hospital. In the first place its history is almost exactly coterminous with my own medical life, as the original building was opened for the reception of patients on Jan. 1, 1888, while I received my doctor's degree three months later (April 17). In the second place I have known personally each of its four successive heads and have been on terms of intimacy with the last three.

On this occasion I shall begin my remarks with a brief reference to the condition of obstetric education in this country prior to my graduation and then indicate the significance of the foundation of the Sloane Hospital. After that I shall say a few words as to its history, shall recall some of my recollections of its several heads and their early associates, and finally I shall conclude by advancing the somewhat iconoclastic proposition that possibly we have not advanced so very far during the past generation and that certain of our so-called advances have not contributed to medical knowledge, or greatly to the well-being of those committed to our care.

It is difficult for those who have recently entered the field of obstetrics and gynecology, and especially for those who have received their training in the well-equipped clinics of Boston, New York, Philadelphia, Baltimore, Chicago, St. Louis or San Francisco, to realize how recent such foundations are, or to visualize the conditions which existed prior to their establishment.

During the one hundred years intervening between the first course on obstetrics given by William Shippen in Philadelphia and the opening of the Sloane Maternity, no essential change had occurred, and nowhere was opportunity afforded to ambitious young men to obtain such knowledge of practical obstetrics as can be gained only by a prolonged service in a large lying-in hospital under competent leadership. From time to time small lying-in hospitals were established in various communities, but they were not intended for the training of doctors but rather as asylums for poor and respectable married women. It should be recalled that the introduction of clinical teaching in obstetrics by James P. White of Buffalo in 1850 gave rise to great excitement and to such bitter criticism that he was compelled to resort to the courts in order to protect his reputation. Some idea of the prevailing state of mind may be gained by recalling that several of the medical witnesses

*Read before the Society of the Alumni of the Sloane Hospital, November 16, 1928.

at the trial testified that such instruction was unnecessary, and even if it were that all its essentials could be obtained from watching the delivery of cows or sheep in a barnyard. And yet all that White attempted was to demonstrate the process of delivery before his class but without giving its members any opportunity to examine the patient.

Consequently while there had been numerous fluent, and even eloquent, teachers of obstetrics during that period, their instruction consisted entirely of didactic lectures, with the result that students who desired to perfect themselves in that branch were compelled to go to Europe.

It is generally believed that the first lying-in hospital in this country intended primarily for the training of students was established by the College of Physicians and Surgeons of Baltimore in 1822. It, however, was a small, makeshift affair, installed in a private house, and disappeared after a precarious existence. A similar institution was opened by the University of Maryland in 1887, and it was there that I witnessed one of the two deliveries which I saw before graduation, and yet I received the obstetric prize.

It should also be remembered that it was not until the ideas of Semmelweiss, Holmes, Simpson and Tarnier concerning the infectious nature of puerperal fever had been accepted that devastating epidemics ceased to ravage lying-in hospitals; but they could not come to full fruition until after Pasteur had demonstrated the causative rôle of the streptococcus and until Stadfeld of Copenhagen had introduced the use of bichloride of mercury as an efficient antiseptic. So much was this the case that even as late as 1875 the International Congress of Physicians held at Brussels advocated the abolition of large lying-in hospitals and recommended the delivery of poor women in their own homes.

This recommendation found an earnest opponent in Garrigues, who in 1877 studied the mortality in 10,950 women who had been delivered during the course of years in six institutions in New York City and found that it averaged 2.3 per cent. Notwithstanding this mortality and the further fact that none of the institutions in question were utilized for the instruction of students, he held that lying-in institutions were not so excessively dangerous and concluded, provided the number of deliveries did not exceed one thousand per year and proper antiseptic precautions were observed, that they might be used for purposes of instruction without too great risk. Moreover, in his address at the opening of this hospital, Gaillard Thomas took pride in stating that the mortality from infection had been reduced to about 3 per cent. Doubtless, such results represented a great improvement over the past, as Dr. William M. Polk stated soon after he came to New York that a normal woman who was compelled to be delivered on the

"Island" ran a greater risk of death than had her father or brother in taking part in the bloodiest battle of the Civil War.

Furthermore, it should be remembered that until a few years before the opening of Sloane, cesarean section still remained a murderous operation and had not been performed successfully in a hospital in New York or Paris until after 1880. In this connection it may be of interest to state that Lusk thought it necessary to take 31 pages in describing the three successful cesarean sections which he reported to the American Gynecological Society in 1888.

Finally, in trying to give you an idea of the conditions then existing, I might mention that there were no large outdoor obstetric charities in New York City until 1890 when the Midwifery Dispensary in Broome Street was organized by Markoe, Lambert, Painter, Flint and Edgar, which, after its incorporation with the Society of the Lying-In Hospital of New York, became the nucleus of the great institution presently to arise on Second Avenue. Moreover, I do not think that I shall go far wrong when I attribute its inception, at least in part, to the influence of Sloane, in which you may recall Markoe served as the first resident.

In this condition of affairs, I can well appreciate what must have been the feelings of Dr. McLane when he announced to the authorities of the College of Physicians and Surgeons that he had been able to persuade Mr. and Mrs. William D. Sloane to offer with unprecedented generosity to build, equip and support a modern obstetric hospital adjoining the college, which was to be devoted to the care of poor women and to the instruction of students.

A thoroughly modern, three-story building, with accommodations for 28 patients and the necessary staff, was promptly erected at the corner of Fifty-ninth Street and Tenth Avenue, and was the forerunner of the building we know so well. It was dedicated on Dec. 29, 1887, and was opened for the reception of patients on Jan. 1, 1888. Drs. John C. Dalton, Francis Delafield and James W. McLane were the medical members of its first board of managers, and Dr. Gaillard Thomas, professor of gynecology and the former chief of McLane, made the principal address at the dedication.

As is well known Thomas was the great medical orator of his day and he did not belie his reputation on that occasion as is indicated by the following lines in which he expressed thanks to the donors: "I come to you the bearer of threefold thanks. In the name of science, for which you have shown so much solicitude; in the name of medicine for which you have so wholly pledged your appreciation; in the name of Humanity, which for cycle upon cycle will profit by your liberality, from the deepest depth of our hearts we thank you."

The gift was indeed a princely one, and remains so even today, when we have become accustomed to benefactions of great magnitude. In

one particular, however, Thomas was a poor prophet, for he said, "This house of refuge and of mercy, built with all the cunning of the architecture of our day, will stand for centuries"; and yet nine years later it was enlarged to accommodate 72 additional patients; and in 1911 a new wing was constructed to house gynecologic patients; and now, forty years after the dedication of the original building, the entire clinic has been moved to its present quarters miles away. Memory is a tricky function, and had I not refreshed my recollections, I should have stated that with the exception of the gynecologic wing the building which has just been vacated represented the original structure which had made a vivid impression upon me when I first visited it in 1890.

The opening of the Sloane Maternity in 1888 will always remain an important event in the history of medical education in this country, as for many years it represented the only institution worthy of the name which offered suitable facilities for the training of medical students and of young medical men in practical obstetrics. The College of Physicians and Surgeons should be proud of this distinction, and the people of New York are to be congratulated upon possessing for so long in their midst an institution which has supplied them with many competent obstetricians.

While the gynecologic wing was added in 1911, it was recognized that the function of the institution had altered, and, consequently, its name was appropriately changed from the Sloane Maternity to the Sloane Hospital for Women. Moreover, as in the meantime the college had been incorporated into Columbia University, it became in fact a University Woman's Clinic. Here again, a new trail was blazed, and the institution must forever enjoy the distinction of being the forerunner of the other woman's clinics which are now developing in various parts of the country and which are beginning to put it somewhat in the position which Germany enjoyed shortly after the end of the Franco-Prussian war.

The building was dedicated under happy auspices, and the presence of the president of the college, Dr. John C. Dalton and of Gaillard Thomas gave promise that it would do more than merely relieve suffering women and give sound training to medical students, but that it would also aim to extend the bounds of obstetric knowledge. Dalton, as you remember, was a distinguished physiologist, but what makes him particularly interesting to us is the fact that he was the first American to interest himself in the structure and function of the corpus luteum. In 1851 he wrote a 100 page prize essay on the subject, which was illustrated by excellent colored plates. In it he clearly demonstrated the difference in size, as well as in the persistence, of the corpus luteum following menstruation and pregnancy respectively—a fact which holds after the lapse of nearly eighty years. He later

took up the subject again in contributions made to the American Gynecological Society in 1876 and 1877, and so zealous was he in the prosecution of his researches that in the year elapsing between the last two papers, he was able to collect from autopsies in various parts of the country 38 sets of ovaries illustrating various phases in the life history of that important structure.

In those days T. Gaillard Thomas was a name to conjure with, and for the sake of the younger men I shall say a few words concerning him. Born in South Carolina, he received his medical degree in Charleston in 1852 and immediately thereafter obtained an internship at Bellevue. Following this he spent two years in Europe and on his return to New York became associated with Dr. J. L. Metcalf in general practice. He rapidly became prominent and within a few years succeeded Gunning S. Bedford as professor of obstetrics at the University Medical College. In 1863, he was appointed professor of obstetrics and of the diseases of women and children at the College of Physicians and Surgeons, with which he maintained his connection until his retirement at the age of seventy years. In 1879 the combined chair was divided, Thomas retaining gynecology, while McLane and Jacobi were assigned to obstetrics and pediatrics, respectively. This is not the place to consider his work critically, and it must suffice to say that his reputation was as great in Europe as in this country, and that on the occasion of his seventieth birthday he was tendered a banquet by his colleagues which surpassed any similar function which had been given in New York up to that time.

I do, however, wish to render him a personal tribute, as he made a great impression upon me when I first met him as a young man. I remember as if it were yesterday, calling upon him at his home without an introduction of any kind to ask him to do me a personal favor. I shall never forget his appearance and manner, a large man with a short white beard, an attractive voice and most delightful manners. He promptly granted my request, put his arm about my shoulders and accompanied me to the door with the assurance that it was his pleasure to serve me. His courtesy impressed me greatly, and in my dealings with young men I have tried to remember it, but I am afraid not always successfully.

Thomas was a great speaker and had deliberately trained himself in the arts of oratory, so that he sometimes made an impression beyond his merits. He dearly loved a discussion, and I have been told that on such occasions he sometimes allowed his oratory to overreach his discretion, and in this connection I like to recall the following story, for whose accuracy I cannot vouch. In discussing a paper at a medical meeting he overwhelmed his opponent by quoting figures from various authorities which were so contrary to the speaker's experience that he could make no reply. On returning home the speaker looked up the

references adduced and to his relief and surprise found that they completely substantiated his own conclusions. The next morning he called upon Thomas in great wrath to demand an apology but was surprised and disarmed when Thomas put his arm around him and said in his fine voice, "but, my dear sir, you would not hold against a man anything said in the heat of an argument."

Strange to say, only perfunctory obituary notices are to be found concerning James Woods McLane, who conceived the idea of the Sloane Maternity and was its head for the first ten years of its existence. I only remember meeting him once on my first visit to Sloane when I was courteously received by a pleasant and intelligent gentleman about fifty years old, who soon turned me over to his resident obstetrician, Tucker. After graduating from Yale and the College of Physicians and Surgeons, McLane showed such great promise that three years after receiving his medical degree he was appointed lecturer on *Materia Medica* at his alma mater and professor the next year. He soon became associated with Gaillard Thomas and in 1872 was appointed adjunct professor of obstetrics, diseases of women, and jurisprudence. When Thomas' chair was divided in 1878, McLane became professor of obstetrics and served until his resignation in 1898. At that time he did not entirely sever his connection with the school but continued to act as its dean until 1903 when he resigned as the result of a difference of opinion with President Butler. Following this he took great interest in the Roosevelt Hospital and served as a trustee and as president of its board until his death in 1912 at the age of seventy-three years.

From what I can gather, he was a man of great ability, a good doctor, an excellent lecturer, and a very efficient administrator. He engaged in general practice throughout his life, had a high social position and was regarded by many as a Brahmin. He was not a great contributor to medical literature and, as far as I can ascertain, wrote only a few papers of which the most important was a "Report of the First Series of 1000 Successive Confinements at the Sloane Maternity," to which reference will be made later. Probably his best known contribution was his insistence upon the advantages of the solid bladed forceps, which bears his name; but his most important service was the development of the Sloane Hospital and the training of a group of men who have perpetuated his teachings in New York. He apparently had little conception of the investigative function of a hospital, which, however, could scarcely be expected from one of his training and environment; but he was a strong man who had the courage of his convictions and did not hesitate to resign when he found himself unable to put them into effect.

During the ten years he was head of the clinic, he turned out four men who were a great credit to it, as well as to him: Markoe, Tucker,

Brodhead and Vorhees. Markoe was the first resident and after leaving the service took a prominent part in organizing the Midwifery Dispensary and afterward the Lying-In Hospital. I knew him well and am indebted to him for many courtesies. Like his former chief he was rather an administrator than a contributor to medical literature, but two of his papers will always persist. These are an article written in conjunction with Samuel W. Lambert in 1894 "Studies of Methods of Obstetrical Instruction," and "Observations and Statistics on 60,000 Labors," which appeared in 1909. In the first-mentioned article the methods of instruction in vogue in Europe were critically studied, and afterwards the desiderata were outlined for suitable instruction in this country. At that time the writers stated, "The true relation of obstetrics and gynecology is one of prevention and prophylaxis. Gynecology would be the minor branch today if the same pains were taken to instruct students as are given in the teaching of surgery, for example. Gynecology and obstetrics should be bound together; or rather, they should be one, but in this amalgamation obstetrics should take the lead and gynecology should be the secondary part." The second paper represents a storehouse of obstetric information and serves as a lasting tribute to the efficiency with which data were recorded at the hospital whose head he was.

My most vivid recollection of this period is in connection with Ervin Alden Tucker, who was resident obstetrician from 1890 to 1895. It was he who first showed me over the hospital, and he whom I looked up at each succeeding visit. He was a young man of great energy and of unusual clinical ability, and I imagine that it is at least in part due to him that the prompt success of the hospital was attributable. Like his predecessor he was not interested in abstract problems, but everything practical made a strong appeal to him. Consequently, most of his contributions were casuistic in character, so that the only one which will probably be remembered was "Birth of the Secundines"—an elaborate paper based upon the observation of 2,700 cases and clarified by 80 tables. His premature death at the age of forty was a great loss to practical obstetrics, and the affection in which he was held by his fellows was shown by the minute preserved in the transactions of the New York Obstetrical Society.

Brodhead and Vorhees are still alive and need no eulogy, but if anyone will take the trouble to go over their writings, as I have done, it will become apparent that each of them has been a consistent contributor and at one time or other has touched upon nearly every field of clinical obstetrics.

Following the resignation of McLane, the directorship of the Clinic devolved upon Edwin Bradford Cragin, whom most of you remember. He served from 1898 to 1918, being appointed professor of obstetrics

in 1899 and of gynecology in 1904. When the gynecologic wing was added to the hospital, as has been indicated above, its name was changed to the Sloane Hospital for Women, but for some reason Cragin conducted the two branches separately, so that many of his assistants completed their service with a training in only one of them.

There is no need for me to attempt to recall to you the energetic little man with his short beard and spectacles, who took his duties so seriously and who was so accomplished a gynecologist and obstetrician. I knew him well for years and was intimately associated with him in connection with several committees of the American Gynecological Society. I rather gained the impression that he had no interests outside his medical work, and I was delighted to learn from Ryder's sketch that he found a prolonged period of relaxation each year at his farm at Colchester, Connecticut. I am also under obligations to him for allowing several of my assistants to work under him and thus gain another point of view. Each of them returned to me enthusiastic concerning the advantages he had enjoyed.

Cragin was an excellent teacher and I understand that his students received great inspiration from him. He was a constant contributor to medical literature, but most of his papers were casuistic or general in character. He wrote two books: *Essentials in Gynecology*, which went through eight editions; and in 1916, in association with Ryder, an excellent *Textbook of Obstetrics*, which was a mirror of his experience and practice. One of his very important services was to insist upon the proper relationship between obstetrics and gynecology, as well as to resist repeated efforts to separate them in the school. The last article, which he wrote shortly before his death in 1918, was entitled "The Functions of a Woman's Hospital in a Large City," and the following lines from it clearly convey his conviction concerning the relation between the two subjects. "The man who is best fitted for obstetrics with its complications and injuries is the man with gynecologic training and experience. The man best fitted for gynecologic work is the man not only with surgical but with obstetric training and experience. The hospital best equipped for the conservation and reconstruction of women is a woman's hospital with a social service, an obstetric and a gynecologic department. A city with one or more such hospitals is rich. A city without one such hospital is poor."

Sloane is indebted to Cragin for maintaining its traditions as a great obstetric hospital and for adding to it an efficient gynecologic division, thus making it possible for his successors to transform it into a woman's clinic in the fullest acceptance of the word. In addition to giving fundamental instruction to hundreds of students, he trained a number of expert obstetricians. Cragin died just after the close of the World War, at the age of fifty-nine years, and in all probability should be regarded as having sacrificed himself to his zeal and restless activity.

This brings us to William E. Studdiford, a graduate of Princeton and of the Bellevue Medical School, who succeeded Cragin in 1919. He had been trained by Lusk and had been an attending physician to Sloane for five years before becoming its chief. He was not a great investigator nor a remarkable teacher of undergraduate students, nor was he a frequent contributor to the literature, and probably his best article was one submitted to the American Gynecological Society in 1909, on "The Involuntary Muscular Fibres of the Pelvic Floor." Yet his appointment was received with universal satisfaction, as it was generally felt that he was the right man for the post, and everyone believed that he was as honest and capable as he was physically large, and that he possessed the courage of his conviction. His friends felt that he knew what a real woman's clinic implied, and they trusted him to put his ideals into operation.

He at once set his big nature to the task, and his chief delight was to meet constantly with his associates and to imbue them with the idea that progress could be made only by seriously devoting themselves to adding to our store of medical knowledge. He promptly secured the cooperation of a number of men who were interested in borderline problems and made Dr. C. W. Johnson responsible for cooperation between the hospital and the department of pathology. This latter arrangement bore almost immediate fruit and was manifested by important investigations concerning birth injuries and the occurrence of pneumonia in stillborn and freshly dead infants.

His friends felt if his life was spared that he would soon make the Sloane a center of serious investigative activity; but unfortunately, just as this was developing, he died suddenly on Nov. 17, 1925, in his fifty-eighth year. All his friends regret his untimely loss, and no one more so than myself, as we felt that he was a true man, could be relied upon to be faithful to his ideals and to his friendships.

His tenure of office was too short to make possible the development of a school of obstetrics, but I am confident that large numbers of young men are the better for having been brought into contact with him and will carry through life the example of his rugged intellectual honesty.

Studdiford's mantle fell upon the shoulders of Benjamin P. Watson, who was trained in Edinburgh, and had professorial experience in Toronto and at his alma mater. He comes imbued with the traditions of Edinburgh, where each of his predecessors for 100 years has made the fullest use of relatively scant facilities to advance the bounds of obstetric and gynecologic knowledge. I predict the development of a school of obstetrics and gynecology such as Studdiford had in mind, the type of institution of which the old physiologist Dalton, who was present at the dedication of the original building would approve, that is a clinic devoted to the triple purpose of giving the best possible

treatment to its patients and enlightened training to students, and of advancing knowledge for its own sake.

When I read McLane's report upon the results obtained in the first one thousand deliveries at the Sloane Maternity up to Oct. 1, 1890, the query involuntarily suggested itself as to whether they are excelled by the clinical results obtained at the present time, and whether many of the vaunted advances of the past forty years are really as important as we are prone to suppose.

His results showed six maternal deaths in 1,000 deliveries at a time when the hospital was burdened by large numbers of emergency cases. The deaths were due to the following causes: 2 from placenta previa, and one each from rupture of the uterus, eclampsia, chronic nephritis before delivery, and septicemia. One of the patients with placenta previa and one with ruptured uterus were admitted in a moribund condition, while the patient who died from septicemia was profoundly infected at the time of admission. Accordingly, only three of the deaths could be attributed in any way to the clinic; namely, one from placenta previa, one from eclampsia, and one from chronic nephritis before the onset of labor. In other words, McLane's death rate was three per thousand, or three-tenths of 1 per cent and without a fatality from infection, a record of which any of us might be proud. Nothing was said in the report concerning the fetal mortality, which, in the absence of organized prenatal care, as well as of certain operations now in current use, must have been considerably higher than now.

In the series sixteen high forceps operations were reported, no cesarean sections, and three craniotomies upon children which had died prior to admission. Furthermore, it must be remembered that at that time rubber gloves or rectal examination had not been thought of, that the technic of abdominal palpation was probably rudimentary, and that vaginal examination was probably practiced in every patient with antiseptic precautions which would now be regarded as defective. The hands were disinfected by means of bichloride and alcohol; vaginal douches of bichloride solution, 1 to 5000, were routinely employed at the onset of labor and at the end of the second stage, while intrauterine douches followed every operative intervention. Yet there were no deaths due to infection. Since no mention was made of the puerperal morbidity, it is impossible to compare its incidence with that observed at the present time.

All must admit that McLane's results were remarkable and compare very favorably with those obtained in the succeeding 28,000 deliveries at Sloane. These were analyzed by Lyons in 1912 and showed an average gross mortality of 0.99 per cent. How can such results be explained? I am unable to give an answer, but to my mind they justify my query.

Who at the present time could conceive of conducting 1,000 deliveries without a considerable number of cesarean sections for contracted pelvis, without a laparotomy or so for labor obstructed by myomata or ovarian cysts, or in an emergency service for rupture of the uterus—not to speak of the cesareans which many do for eclampsia, placenta previa, or premature separation of the placenta? Furthermore, in the late eighties, it was not the practice to cut and reconstruct the perineum, nor were deep cervical incisions or vaginal hysterotomy frequently employed. Tamponade of the uterus for the control of hemorrhage had just been introduced, while blood transfusion was not thought of as a routine procedure; and yet McLane obtained as good maternal results as are being reported today or better.

Do such results mean that the women of forty years ago possessed a tougher fiber than at present? Or do they mean that in our current practice we are unwittingly sacrificing the mother for the sake of the child, or that some of us are possessed by an uncontrollable *furor operandi*, which takes little thought for the welfare of the mother? I am convinced that the latter is the case in many parts of the country, especially outside the conservatively managed teaching clinics, and I know that in some of the small hospitals with so-called open services many unnecessary operations are constantly being performed with an appalling sacrifice of maternal life. Furthermore, I have a suspicion that a considerable fraction of the excessive risk in childbirth, which characterizes this country, is due to unnecessary resort to cesarean section by those who do not realize its dangers and limitations.

In support of this belief I need only mention that one of my former assistants, who had also served a year at Sloane, informed me that last year in one of the hospitals in Houston, Texas, 102 cesarean sections had been performed. Fifty-two of them were done by various members of the staff with 18 deaths, as compared with 50 performed by himself and his partner with a single death, a mortality of 35 and 2 per cent, respectively. Without attempting to justify the indications in either group, it is apparent that in the former group at least 17 women had been sacrificed to ignorance.

I shall not attempt to labor the subject, but I do not hesitate to state that it is my experience in visiting clinics in various parts of the country that the frequency of operative interference is generally in inverse ratio to the interest which the chief of the service takes in the fundamental problems of obstetrics, and generally speaking the broader his scientific training the less is his interest in mere operating.

I hope you will not misunderstand me and consider that I am opposed to progress, as I hold that the greatest radicalism sometimes constitutes the truest conservatism. But at the same time I could not repress my impulse to lay stress upon the excellent results which were

obtained in this hospital in its earliest days and to draw from them conclusions which sound almost fantastic.

We should always remember that the fundamental dictum in all branches of medical practice should be *primum non nocere*, and that its precept and example are best set in a clinic whose chief is interested in other things than in merely accumulating and reporting large series of operations.
