THE AMERICAN

JOURNAL OF OBSTETRICS

AND

DISEASES OF WOMEN AND CHILDREN.

VOL. LXXIII. MARCH, 1916. NO 3.

ORIGINAL COMMUNICATIONS.

THE EDUCATION, LICENSING AND SUPERVISION OF THE MIDWIFE.*

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THE problems emanating from the consideration of the education, licensing and supervision or of the eventual elimination of the midwife have in the past few years attracted much attention, and are undoubtedly closely allied to the study and prevention of infant mortality, as well as maternal mortality and morbidity.

The time has come when the problem of the midwife in this country must be reckoned with.

In the past the responsibility for the midwife has been entirely ignored or assumed in a half-hearted manner in isolated instances.

Papers have been prepared and read upon the subject, indeed several notable ones before this Association; medical societies have discussed the problem; resolutions have been adopted and committees on ways and means appointed.

It is a deplorable fact that little of a practicable nature has been accomplished.

Broadly speaking, three standpoints are taken in this country. First, the midwife must be abolished. Second, the midwife should be ignored and left to her own devices. Third, the midwife should be raised to a higher plane by proper education and state control.

The first proposition is in my belief impossible, until there is

* Read at Sixth Annual Meeting of the American Association for Study and Prevention of Infant Mortality, Philadelphia, Nov. 10, 1915

some better substitute for the midwife; the second is unworthy of consideration; the third is at present the only practical way of dealing with the midwife problem, whether it has for its object solely the temporary safeguarding of helpless women and children, or a more far-reaching aim—namely, the final elimination of all but educated midwives.

To-day an anomalous condition exists in this country. On the one hand physicians, and even trained nurses, before they are permitted to enter upon the practice of their profession, are required to receive several years' instruction in the care and treatment of the sick, as well as special instruction in the treatment and care of child-bearing women and new-born infants.

On the other hand, although about 40 per cent. of the confinements in this country are cared for by midwives, these same midwives are, except in rare instances, ignorant, untrained, incompetent women, and some of the results of their obstetric incompetence are, unnecessary deaths and blindness of the infants, and avoidable invalidism, suffering and death of the mothers.

The elimination of the midwife at present is an impossibility, her ultimate elimination is an open question.

The consensus of opinion points to the truth of this statement; and this was the belief of this association, as brought out at its Second Annual Conference held in Baltimore, 1910.

Since the evil for the moment cannot be eradicated, the danger to the public can be minimized by some provision for the proper regulation, supervision and control of the midwife by the state and for her training to do her work in a cleanly and intelligent manner.

The argument, from time to time, has been advanced, that the so-called trained midwife is a safer obstetric attendant than some of the newly graduated physicians from our medical colleges.

In the past this was undoubtedly true in many instances, is even true to a less degree to-day.

The statement, that in some localities the midwife has fewer cases of puerperal infection in her practice than the physicians in the same locality, is, if true, no argument in favor of the midwife, but rather for the raising of the standard of medical education.

Even if we to-day admit, as this Association was told four years ago,* that the midwife with all her faults is not responsible for as many deaths as the ignorant doctor who refuses to recognize his limitations, this admission on our part is still no excuse for the ex-

* J. Whitridge Williams, Proceedings of the American Association for Study and Prevention of Infant Mortality, Second Annual Meeting, p. 192.

istence of the midwife, but a call for a higher medical standard in our medical schools, especially in obstetric teaching. This ideal medical standard is being rapidly put into practice, so that in the coming generation of medical men, no such comparison with the midwife will be possible.

The most satisfactory way to abolish the more objectionable part of the midwife problem is to recognize the midwife, place her under control, and state educational requirements, and to elevate these latter to such a height that only intelligent midwives shall remain to practise.

Somewhat similar measures have recently accomplished much for medicine in this country. Witness the fewer medical schools, fewer and better medical men graduates from the schools, and a general uplift along all medical lines. In the United States during 1913, as compared with 1912, the medical schools were decreased by fourteen, the students by 1200, and the graduates in medicine by 500.*

One cannot but be optimistic as regards the future of medical education. The work in the uplifting of the standard of Medical Education, begun and carried forward by the American Medical Association, and recently strengthened by the American College of Surgeons, will gradually, but surely, eliminate the incompetent medical man.

Without in the slightest degree belittling the importance of the education, licensing and supervision of midwives, let us, in all our endeavor along these lines, ever aim at the ultimate elimination of the midwife.

In the Third Annual Meeting of this Association, in 1911, the question of "The Elimination of the Midwife" was ably presented.†

Quite recently again, indeed within the past few weeks, Doctor Ziegler, the reader of the foregoing paper, thus expresses himself:‡

"Any scheme for improvement in obstetric teaching and practice which does not contemplate the ultimate elimination of the midwife will not succeed.

"This not alone because midwives can never be taught to practise

* Report of Federal Bureau of Education.

† "The Elimination of the Midwife," by Charles Edward Ziegler, Proceedings of the American Association for the Study and Prevention of Infant Mortality, pp. 31–32.

‡ Charles Edward Ziegler, "The Teaching of Obstetrics," American Association of Obstetricians and Gynecologists. (See page 50, January AM. JOUR. OF OBST.)

obstetrics successfully, but most especially because of the moral effect upon obstetric standards."

It is quite within the bounds of possibility that the extension of maternity hospitals as well as further development and increase of our outdoor maternity services will in time render the existence of the midwife unnecessary.

A rough estimate, recently made of the number of patients cared for by maternity hospitals and dispensaries in the Borough of Manhattan, alone shows that about 10,000 were last year confined in maternity hospitals as charity patients and 7000 in their own homes, a total of 17,000 free confinements.

A study of birth returns for the City of New York during the past ten years is instructive. For 1905, 1906, 1907, 1908, the percentage of births reported by midwives is about the same, namely, in the neighborhood of 43 per cent. But in the past six years there has been a gradual but persistent decline in the births reported by midwives until in 1914 it reaches 37.6 per cent., as is shown by the following table:

CITY OF NEW YORK,

BIRTHS REPORTED.

1905	Physicians	60,051	
	Midwives	43,830	42.1 per cent.
1906	Physicians	63,661	
	Midwives	48,111	43.0 per cent.
1907	Physicians	68,186	
	Midwives	52,536	43.5 per cent.
1908	Physicians	71,210	
	Midwives	55,652	43.8 per cent.
1909	Physicians	73,359	
	Midwives	49,616	40.3 per cent.
1910	Physicians	77,071	
	Midwives	52,010	40.2 per cent.
1911	Physicians	82,788	
	Midwives	51,756	38.4 per cent.
1912	Physicians	82,390	
	Midwives	53,265	39.2 per cent.
1913	Physicians	83,770	
	Midwives	51,364	38.0 per cent.
1914	Physicians	87,650	
	Midwives	52,997	37.6 per cent.

How readily a maternity dispensary service is built up is well illustrated in our experience with the Bellevue School for Midwives. We started our school upon August 1, 1911. In the five months from that date to January 1, 1912, the school cared for fifty-four

confinements in its hospital building and six in the surrounding tenements.

In the year from January, 1912 to January, 1913, it cared for 185 patients in the school, and 131 in the tenements, and in the year from January, 1914 to January, 1915, 307 in the school and 630 in the tenements.

But this solution of the problem is not so simple as it at first sight appears.

As has been recently pointed out,* the immigrant woman employs a midwife, not only because she is cheaper than a doctor, but because the patient prefers a midwife to a doctor, who is a man.

The number of women among the foreign-born population, who employ a midwife because she is a woman and not a man, in New York is very large. Be the number large or small, the recent movement to encourage graduate nurses from our training schools to fit themselves for obstetric work not only in the city tenements, but in the rural districts, would meet this objection.

It is planned to offer a course of midwifery this autumn in the Washington University Hospital in St. Louis, open only to graduate nurses and offered for the purpose of increasing their equipment to do rural visiting nursing.

There is the woman who employs a midwife because she is cheaper than the doctor; and second, the woman, usually in our experience, of the new immigrant class, who secures the services of the midwife because she prefers a woman "doctor" to a man doctor. Moreover, an advantage to the patient, of the midwife over the doctor, which never must be lost sight of in any plan for the elimination of the midwife, rests in the fact, that the midwife not merely delivers the woman, but often bathes the mother and baby, cares for the other children of the household, and frequently acts as housekeeper and cook as well.

Our observation points to the fact, that while newly arrived immigrants often seek the services of midwives in their first confinements, they later apply to maternity hospitals, or outdoor maternity services for their subsequent labors. Innumerable hospital records are available to illustrate this fact.

The elimination of the midwife as such need not necessarily cause any great hardship, for most of the better class of midwives now in existence could subsequently find a livelihood, should they wish it, in caring for the older children and the household during the

* "Grace Abbott, the Midwife in Chicago," Publication of the Immigrant's Protective League, Series I, No. 4.

mother's two weeks absence in a maternity hospital, or during the time the mother is confined to her bed in her own home under the care of a dispensary physician. It would be quite feasible that the one-time midwife will act as a moderate-priced obstetric nurse under the last condition. Indeed, it is not uncommon for licensed midwives to apply to the training school for nurses of some of the smaller New York hospitals for admission to the course of training for nurses.

It is most unfortunate, that for those women who can and wish to pay for their confinement in a maternity hospital, there are very few moderate-priced private rooms in our New York hospitals available for such patients.

EDUCATION.

The gist of the matter is, that since, for the moment, the midwife cannot be eliminated, she must be educated, licensed and supervised.

The licensing and supervision present no insurmountable obstacles, but the education of material, such as offers itself in New York City, is a much more difficult problem.

The countries of the Old World have faced this problem and solved it with greater or lesser success.

Most of us are familiar with the training of the German midwife, and it may not be generally known, as Miss Alice Gregory of the National Training School for Midwives in England has pointed out, that Holland, Belgium, France and Italy give a full two years' training to their midwives; and Norway, Sweden and Denmark, one year.

England faced this problem and solved it as late only as 1902, by the establishment of the Central Midwives Board by an Act of Parliament entitled "An Act to Secure the Better Training of Midwives and to Regulate their Practice."

Miss Caroline C. Van Blarcom, secretary of the New York Committee for the Prevention of Blindness, has studied at first hand the details of the English method and described it in a report entitled "The Midwife in England—Being a Study of the Working of the English Midwives Act of 1902" (1913).

The success in any branch of education rests largely in the material with which we have to deal.

Miss Crowell's graphic accounts of the character of the midwife in New York City, in 1906, show that of the 500 midwives personally interviewed, less than 10 per cent. could be classified as capable,

reliable midwives; the rest were hoplessly dirty, ignorant and incompetent. Over 90 per cent. in New York City hopelessly dirty, ignorant and incompetent. So much for their characteristics.

The education of previously ignorant and untrained women to be midwives in courses of three, six or twelve months' instruction is an impossibility.

A graduate nurse, from a training school in good standing, can undoubtedly be trained in six months or less, to become a safe and efficient attendant upon cases of normal labor, and could be depended upon to realize her own limitations and seek professional aid, should danger threaten or occur.

The possibility, on the other hand, of educating a woman, previously ignorant of all medical matters to become an efficient midwife in one or even two years, is an open question.

However disheartening the outlook, an attempt to educate the midwife has to be made, and a modest attempt in this direction was begun some four years ago, on August 1, 1911, when the Bellevue Midwife School opened its doors.

It is the first wedge, a beginning, and the only school of its kind in this country.

It is my great pleasure in this connection, to refer to an interesting, historical coincidence. Less than half a century ago, there was opened at Bellevue Hospital in New York City, the first training school for nurses in this country, based on the Nightingale plan. The establishment of this school was due solely to the vision of Miss Louisa Lee Schuyler, who formed the committee, which subsequently organized the training school.

The same mind, which conceived the importance of introducing in this country courses of training to fit honorable and intelligent women to care for the sick, has recently appreciated the dangers which are due to and may result from allowing untrained midwives to care for mothers and babies.

And so at old Bellevue Hospital, the cradle of trained nursing in this country, was also started The Bellevue School for Midwives, the first institution of its kind in this country, and opened in April, 1911.

This midwife school was the direct result of the work and planning of the New York Committee for the Prevention of Blindness, organized by Miss Schuyler in 1908, and of which she has been the wise and devoted Chairman ever since.

The actual establishment of the Bellevue Midwife School was due entirely to the efforts of Dr. John Winters Brannan, President of the Board of Trustees of Bellevue Hospital. He had such faith in the

practicability of the views of the New York Committee for the Prevention of Blindness, that, of his own accord, he secured from the city sufficient funds to make possible the little midwife school mentioned.

Possibly a brief report of the first four years' work of the Bellevue School for Midwives, the only one of its kind in this country, would interest the Association.

REPORT OF THE BELLEVUE MIDWIFE SCHOOL, FROM AUGUST 1, 1911 TO AUGUST 1, 1915.

Applicants for training are accepted from residents of New York City, between the ages of twenty-three and thirty- five, who must be cleanly in their person and homes, and of high moral character. There are no fees for instruction; board and lodging are also furnished free of charge. Applicants serve a probation period of four weeks, after which they are registered as pupils if they have shown suitable aptness. They must live in the school, and pursue a six months' course, during which they are taught the management of normal confinements, and to recognize abnormalities. Instruction is given by a visiting obstetrician, the resident obstetrician and superintendent. In addition, practical demonstrations are given and bedside clinics are held daily in the wards of the school.

During the first two months, the work includes the care of the mothers and babies in the school; the second two months, assisting at labors in the hospital and in the tenement district; attend clinics, and postpartum calls on out-patients under the supervision of a graduate nurse. The last two months, pupils deliver patients, first in school and on the district, under the direction of the resident obstetrician. In conjunction with the school, a prenatal clinic is held every afternoon at two o'clock. At the clinic, applicants for care during confinements are registered, short histories are taken, urines are examined, physical and pelvic examinations are made, instruction as to hygiene is given to the patient, probable date of confinement estimated and patients told to return at definite intervals. This is an important feature in the course of the pupils, as each is required to serve a definite time in the clinic and make examination under the direction of the resident obstetrician. Pupil midwives serve at least ten hours daily, every week. Each midwife must witness or assist in at least eighty deliveries and, in addition, deliver a minimum of twenty cases. When this course is completed, a practical and oral examination is given by a visiting obstetrician, and if the candidate successfully passes these, a diploma is granted.

SCHOOL ESTABLISHED AUG. 1, 1911.

Number of inquiries or applications from prospective midwives	803
Number of applications from prospective midwives accepted	204
Number entered school	106

Number of pupil midwives dropped from Roster on account of illness, incompetence, character, etc..... 40
Number of pupil midwives in school at the present time. 33
Number of graduates of the school
1912..... 25 1913..... 22
1914..... 40 1915..... 36 (six months) 123

Nationality of the Graduates.

Italian	30	Romanian	1
German	24	Slavish	1
American	13	Bohemian	1
Hungarian	13	Russian	4
Polish	10	Swedish	1
Irish	5	Finnish	1
English	3	Norwegian	1
Austrian	6	Swiss	1
Scotch	3	Lithuanian	2
Danish	2		

Nationality of Pupil Midwives in School.

Italian	12	Polish	6
German	3	Russian	1
American	4	Irish	1
Hungarian	3	French	2

Number of Applications Taken of Patients at Clinic.

Years	
August, 1911 to January, 1912	39
January, 1912 to January, 1913	421
January, 1913 to January, 1914	1218
January, 1914 to January, 1915	1351
January, 1915 to August, 1915	1018
	4047

Number of patients registered undelivered, to be delivered, and delivered elsewhere..... 1316

Delivery of patients	In school hospital	In tenements
August, 1911 to January, 1912	54	6
January, 1912 to January, 1913	185	131
January, 1913 to January, 1914	230	464
January, 1914 to January, 1915	307	630
January, 1915 to August, 1915	190	534
	966	1765
Total		2731

Number of Maternal Deaths at the School.

1. Septic pneumonia—edema of lungs (delivery normal) .. 3
2. Accidental hemorrhage—hydramnios.
3. Suicide—ruptured uterus.

Number Died after being Transferred to Bellevue.

1. Rupture of uterus (ventral fixation had been done).....3
2. Puerperal sepsis—(labor uneventful, negative blood culture).3
3. Ruptured pelvic abscess, myocarditis.

Maternal mortality, 0.21 per cent.

Number of Fetal Deaths and Causes.

Prematurity	7	Abscess of parotid gland	1
Atelectasis	4	Pneumonia	1
Syphilis	0	Fractured skull	1
Generalized hemorrhages or hemophilia	4	Cong. malformation of heart	2
		Rupture of adrenal gland	1
Malnutrition	1	Cerebral hemorrhage	2
Unknown	4	Melena neonatorum	1
		Total	29

Number of Cases Transferred to Bellevue (Mothers).

Contracted pelvis	19	Hydramnios	2
Abscess of mammary gland	2	Phlebitis	2
Alcoholism	1	Secondary syphilis	1
Psycopathic	3	Toxemia	1
Influenza	2	Otitis media	1
Miscarriage	1	Sepsis, puerperal	2
Salpingitis and pelvic cellulitis	2	(One bad Widal reaction.)	
Ventral fixation	1	Hemorrhage	1
		Total	41

Number of sapremia (no mortality)	6
Number of mammary gland abscesses	2
Number of infections of umbilical cord	0
Number of gonorrheal ophthalmia	1
Number of deaths of out-patients	0
Number of infections of out-patients	0
Number of revoked licenses from graduates of Bellevue Hospital School of Midwives	0

The conservative nature of our teaching at the Bellevue School for Midwives is shown by the fact that in the first four years of its existence the forceps was used only sixty-seven times in 2731 cases, or once in each forty cases—a forceps percentage of 2.4 per cent.

Not the least advantage of our primitive attempt to educate the midwife at the Bellevue School is the thorough teaching of each candidate for graduation her limitations. The material that we have to work with is often poor, if not impossible; our standards of education as yet may not be of the highest; the six-month course allowed us is all too short for anything like an adequate training, but one important fact is instilled into the brain of each midwife, and

that is the knowledge of her own limitations—the knowledge of what not to do, and when to seek the aid of a practising physician.

If we must have the midwife among us, then let us hope that the standard of her education be placed so high that only the more intelligent will be able to successfully compete for license to practise.

The higher standards sought for the training and examination of midwives in England, through the provisions of the Midwife Act, have resulted in securing for the profession a higher class of women. These now include not only the well-educated and well-trained graduates of standardized midwifery schools, but also many nurses who recognize the value and importance of midwifery training and are willing to enter the service, now that it has been made a reputable calling (Van Blarcom).

SUPERVISION.

As far as we have been able to ascertain, most of the supervision of the midwife in this country exists only on paper, and is not put into actual practice. Notable exceptions are to be found in the cities of Philadelphia, Buffalo, Pittsburgh and Providence.

Supervision means not alone the inspector visiting the midwife in the latter's home and checking off the contents of such a bag as she (the midwife) chooses to present for inspection, but it means going to the homes of the midwife's patients and observing the actual conditions of mother and child.

That this is entirely practicable is being demonstrated to-day in the cities just mentioned and, as far as we are aware, in no others.

Even licensed midwives should be supervised by the local department of health, this supervision to consist of instruction as well as inspection and to be carried on for the purpose of limiting the work of even most highly trained midwives to nursing care, instruction in hygiene of pregnancy, attendance upon normal cases of confinement only, and instruction of the mother in the care of her baby.

Quite obviously this instructive supervision involves a knowledge of the condition of the midwife's patients, and this can only be learned through visits to the homes of the patients themselves. Moreover, supervision of this character is made still more effective through conferences with the midwives convened periodically for this purpose. In two or three places in this country midwife supervisors assemble midwives under their jurisdiction, discuss practical points in their work, and encourage questions and discussion.

This outline of supervision follows closely the system which has

been in successful operation for some years in England and New Zealand—two countries conspicuous for their low infant death rate.

A study of the midwife question in England, previously mentioned as made by Miss Van Blarcom, has been used as a basis for recommendations looking toward effective midwife control in this country. It is gratifying to note that already, in a few instances, these recommendations have been adopted in whole or in part.

LICENSING.

No unlicensed woman should be permitted to practise midwifery, and only as a temporary measure should any but properly qualified women be granted a license.

The Advisory Council of the New York State Department of Health, empowered by law to regulate the practice of midwifery in New York State outside of New York City, Buffalo and Rochester, amended the Sanitary Code of the State of New York on November 16, 1914, to include a chapter on midwives. The plan of the Department of Health, which the New York Committee for the Prevention of Blindness endorses, comprises:

1. The licensing of all women who call themselves midwives, in order that they may be brought under the supervision of midwife inspectors.
2. After January 1, 1915, the issuing of licenses to those women only who had attended fifteen maternity cases and nursed fifteen lying-in patients, under the supervision of a physician, this pending the enactment of laws empowering the Board of Regents to examine and license midwives and regulate midwife training schools.
3. The adoption of rules and regulations which would limit the work of midwives to attendance upon normal cases only, and nursing of mother and child, these rules and regulations to be enforced by a practical system of supervision which would tend to improve the work of the midwives over their patients.

Since January 1, 1915, the New York State Department of Health has required all midwives to register their name and address with the local registrar of vital statistics, this registration to be repeated annually and upon any change of a midwife's address. Moreover, the State Department has already adopted rules and regulations governing the details of the practice of midwives and has made a beginning toward midwife inspection such as has been described above, having as its object the improvement of those women who were capable of profiting by instruction, and debarring from practice those who were unquestionably a menace to the welfare of mothers and babies.

This action is regarded as the most progressive step thus far taken in this country toward the solution of the midwife problem.

It is frankly acknowledged by those who are interested in this work that women who have attended fifteen maternity cases and nursed fifteen lying-in patients as their sole preparation to practise as midwives are far from being adequately trained for this function. It should be understood, therefore, that this limited and inadequate preparation is accepted only as a temporary provision which forms one link in the chain which will ultimately provide for adequate midwife control. It must be remembered that in the licensing of doctors, lawyers and all other practitioners, it has been necessary, first, to register all who claim to be practising the profession in question and, next, to set the standard for admission to practise, which has always been admittedly too low and which has been almost invariably steadily raised. Accordingly, it is hoped that in the not far-distant future there will be on the statute books of the State of New York a law which will permit (*a*) only those women to practise as midwives who shall have been licensed to practise by a state board of examiners appointed by the Regents; (*b*) licenses to be issued only to those candidates who shall have passed a written and oral examination given by the State Board of Midwife Examiners; and (*c*) only such women as have graduated from schools for midwives approved by the Regents shall be eligible for this State Board examination. If a law imposing this restriction is passed, it will then be possible to steadily raise the standards of training, examination and licensure until only highly trained women will find it possible to obtain midwife licenses. This will mean the elimination of the unfit and even mediocre practitioners, and leave in the field only a small group who may be regarded as public health nurses.

Within the present year Miss Grace Abbott, Director Immigrants' Protective League, Chicago, in an article "The Midwife in Chicago" makes a study of the training and control of the midwife in that city, and incidentally of several of the other larger cities of the country.

Miss Abbott concludes that "since the licensing of practitioners is a state function, to meet the need of the Chicago situation, an amendment to the statutes containing the following essential features should be obtained:

"(1) Training in a school approved by the State Board of Health.

"(2) Licensing after examination.

"(3) Annual renewal of licenses without cost, provided the midwife has observed the rules and regulations of the board.

"(4) Supervision of the practice of midwives."

As Chicago has no school for midwives, requirement (1) would be of little use. The establishment of such a school would undoubtedly be forthcoming upon the passage of such a law.

As far as the practical education of the midwife is concerned, such a school for midwives as that at Bellevue Hospital, now in the fifth year of its existence, could readily be extended and enlarged to meet almost any requirement.

CONCLUSIONS.

1. The midwife should have no place in modern medicine or surgery.

2. For the present the elimination of the midwife is an impossibility.

3. The midwife is to-day a necessary evil, for traditional, social and economic reasons, attending as she does about 40 per cent. of confinements in this country.

4. Of the three professions, namely, the physician, the trained nurse and the midwife, there should be no attempt to perpetuate the last named as a separate profession.

5. The midwife should never be regarded as a practitioner, since her only legitimate functions are those of a nurse plus the attendance on normal deliveries when necessary.

6. The solution of the midwife question in the rural and outlying districts is to be found in the inclusion of midwifery service in rural district nursing, should a physician be not available.

7. Control of the education, licensing and annual renewal of license should be in the power of the State Board of Health or State Board of Education, supervision of the practising midwife by the local board of health, and annual renewal of license to depend upon the midwife's record for the year.

8. State licenses, state control, high standard of education, annual renewal of license, critical and constant supervision of the midwife, encouragement to trained nurses to take out midwife licenses, and further extension of dispensary maternity services will mitigate the midwife evil, reduce the ranks of the midwife, and render the remaining ones less a menace to the country, and pave the road for their final elimination.

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