

FIFTH ANNUAL REPORT

OF THE

LIBRARY
JAN 14 1906
UNIVERSITY OF TORONTO

New York State Hospital

FOR THE CARE OF

Crippled and Deformed Children

FOR THE YEAR ENDING
SEPTEMBER 30, 1905

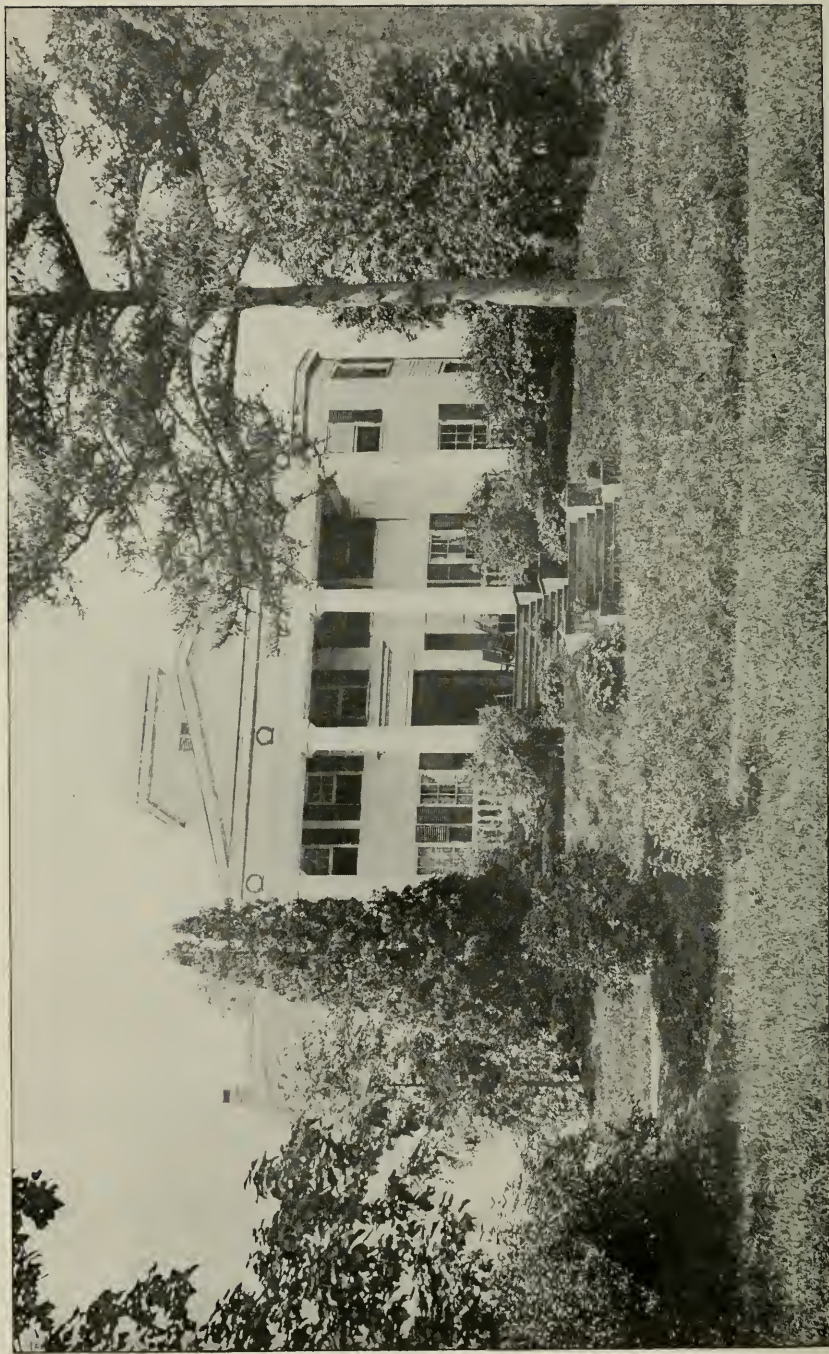
HOSPITAL LOCATED AT WEST HAVERSTRAW, N. Y.

(On the West Shore Railroad)

1905

ALBANY
J. B. LYON COMPANY, PRINTERS

1905



THE NEW HOSPITAL BUILDING OF THE NEW YORK STATE HOSPITAL FOR THE CARE OF CRIPPLED AND DEFORMED CHILDREN AT WEST HAVERSTRAW, ROCKLAND COUNTY, NEW YORK.

FIFTH ANNUAL REPORT

OF THE

New York State Hospital

FOR THE CARE OF

Crippled and Deformed Children

FOR THE YEAR ENDING
SEPTEMBER 30, 1905

HOSPITAL LOCATED AT WEST HAVERSTRAW, N. Y.

(On the West Shore Railroad)

1905

ALBANY
J. B. LYON COMPANY, PRINTERS
1905

LOCATION OF THE HOSPITAL.

The new hospital building is located on the main highway in West Haverstraw, N. Y., about one-half mile from the West Shore Railroad station, and about one-quarter of a mile from the Erie Railroad station.

BOARD OF MANAGERS.

Appointed by the Governor of the State.

THE RT. REV. HENRY C. POTTER, D. D.
J. HAMPDEN ROBB.
J. ADRIANCE BUSH.
GEORGE BLAGDEN, JR.
NEWTON M. SHAFFER, M. D.

Officers of the Board.

President.

THE RT. REV. HENRY C. POTTER, D. D.

Secretary and Treasurer.

GEORGE BLAGDEN, JR.

Chairman of the Executive Committee.

NEWTON M. SHAFFER, M. D.

MEDICAL STAFF.

Consulting Physicians and Surgeons.

Of the College of Physicians and Surgeons, New York City.

ROBERT F. WEIR, M. D.
FRANCIS DELAFIELD, M. D.

Of the Cornell University Medical College, New York City.

LEWIS A. STIMSON, M. D.
W. GILMAN THOMPSON, M. D.

Of the University-Bellevue Medical College, New York City.

JOSEPH D. BYRANT, M. D.
A. ALEXANDER SMITH, M. D.

Of the Albany Medical College.

A. VANDER VEER, M. D.
SAMUEL B. WARD, M. D.

Of the Buffalo Medical College, Buffalo, N. Y.

ROSWELL PARK, M. D.
CHARLES G. STOCKTON, M. D.

Of the Long Island Medical College, Brooklyn, N. Y.

JOHN D. RUSHMORE, M. D.
JOHN A. McCORKLE, M. D.

Of the Syracuse University, Syracuse, N. Y.

JOHN A. VAN DUYN, M. D.
HENRY L. ELSNER, M. D.

REGINALD H. SAYRE, M. D., of New York City.

L. A. WEIGEL, M. D., of Rochester, N. Y.

RICHARD B. COUTANT, M. D., of Tarrytown, N. Y.

HENRY A. GATES, M. D., of Delhi, N. Y.

GRANT C. MEDILL, M. D., of Ogdensburg, N. Y.

FRANK W. SEARS, M. D., of Binghamton, N. Y.

JOHN SENGSTACKEN, M. D., of Stony Point, N. Y.

EUGENE B. LAIRD, M. D., of Haverstraw, N. Y.

Attending Medical Staff.

Surgeon-in-Chief..... NEWTON M. SHAFFER, M. D.

First Assistant Surgeon.... P. HENRY FITZHUGH, M. D.

Assistant Surgeon..... HENRY SCOTT, M. D.

Assistant Surgeon..... JOHN JOSEPH NUTT, M. D.



LITTLE WALTER AND NURSE.

EXECUTIVE OFFICERS.

Superintendent THE SURGEON-IN-CHIEF.
(Non-Resident.)

Resident Officers.

Resident Physician and Assistant Superintendent,
LEE A. WHITNEY, M. D.
Matron MISS GERTRUDE A. HOXIE.
Stenographer MISS JESSIE WELLER.
Trained Nurses { MISS MYRTLE ROBERTS.
MISS IONA G. WILKINS.
MISS NETTIE HYLTON.

Non-Resident Officer.

Bookkeeper and Storekeeper NATHAN BECKWITH.

MM DEAR SIR :

With this I beg to transmit to you the report of the Surgeon-in-Chief of the New York State Hospital for the Care of Crippled and Deformed Children for the year ending September 30, 1905.

This report, I would add, has been submitted to the Board of Managers and adopted and approved by them.

I am, dear sir,

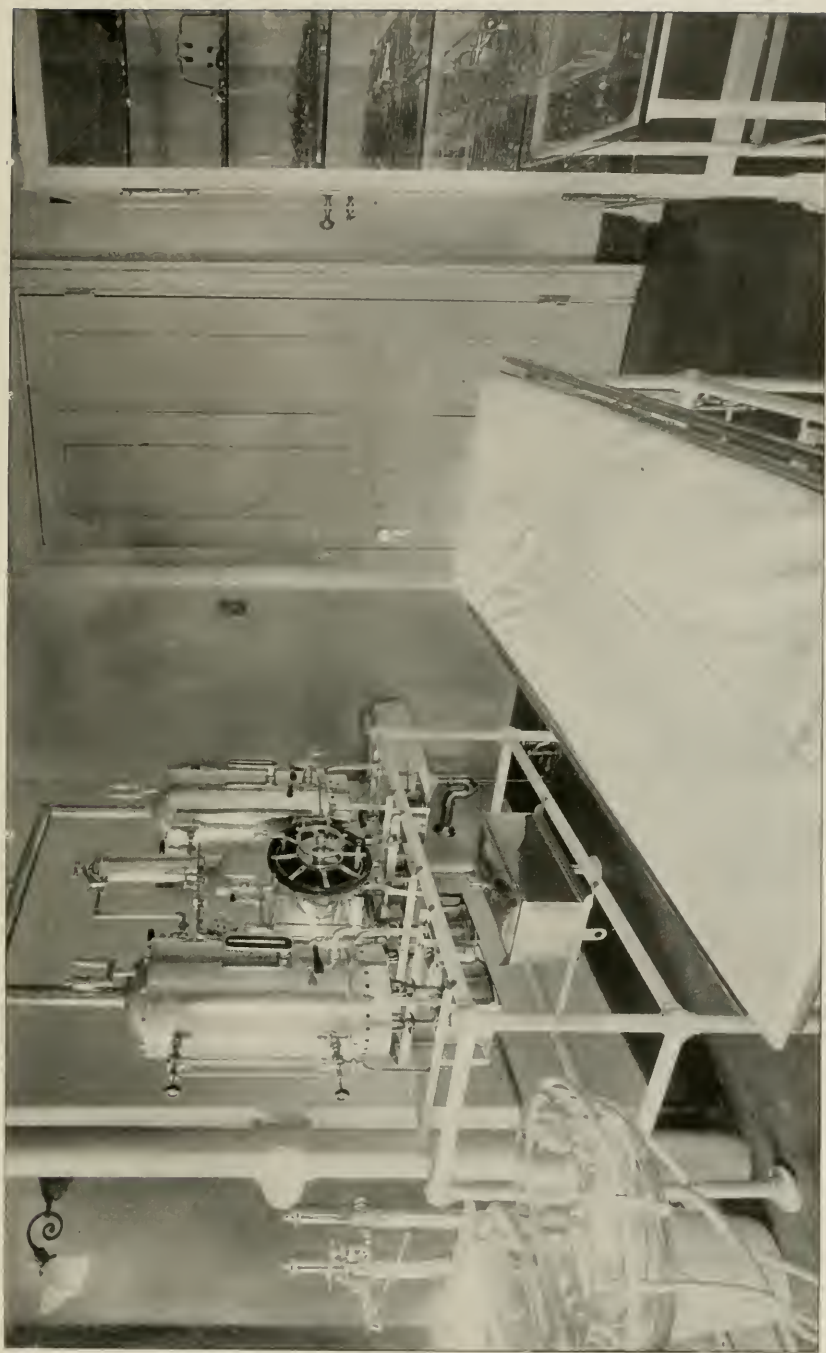
Very respectfully yours,

HENRY C. POTTER,

President.

The Hon. ENOCH VINE STODDARD, M. D., *President.*

December 11, 1905.



THE OPERATING ROOM.

REPORT OF THE SURGEON-IN-CHIEF AND SUPERINTENDENT.*

*To the Board of Managers of the New York State Hospital
for the Care of Crippled and Deformed Children :*

GENTLEMEN.—I have the honor to submit for your consideration a report of the work performed in your hospital for the year ending September 30, 1905.

In many ways the work has been more interesting—and more arduous—than in any previous year. The appropriation of \$50,000 being available, as stated in my last report, we commenced early last spring to bring about the necessary changes in the West Haverstraw building to adapt it to our needs. Various alterations were made in the interior of the building, all looking to the accommodation of the largest number of patients. The walls, floors and ceilings were thoroughly treated with antiseptics and given several coats of paint, including a last sanitary protection of two coats of varnish. A commodious wing was added to the house, giving ample bath and lavatory space, and a large two-story solarium was erected on the southerly aspect of the house. This latter addition gave us an assembly room for the children and set free for ward purposes a room which had been reserved, in our original plan, for a “play-room.” This change enabled us to increase the number of beds for patients from thirty-five, as indicated in my last (Fourth) Annual Report, to forty-five.

Notwithstanding many necessary delays, some inexcusable obstructions and dilatory tactics on the part of the mechanics,

* Read before a stated meeting of the Board of Managers held on December 11, 1905. Approved and ordered to be sent to the State Board of Charities.

we moved from our Tarrytown building into our new quarters at the time appointed, viz., April 1, 1905. The removal was made without any untoward incident, and we were soon adapted to our new environment.

The present building is a great improvement upon our old quarters at Tarrytown. Still our present accommodations are far from perfect. It is impossible to convert an ordinary dwelling, however well constructed, into a modern hospital. Your Board should take steps to establish a large hospital, modern in all its equipment, accommodating five hundred patients, in the immediate future.

The number of beds in the West Haverstraw hospital available for patients (45) is nearly double that of the Tarrytown building, which was 25. Our report for the year covers six months in the Tarrytown hospital and six months in our new quarters. We had twenty-five patients under treatment on October 1, 1904, and this number was maintained up to the time of our removal. Thirty-one new patients have been received, making a total of fifty-six patients treated during the year.

These patients are classified as follows:

Hip joint disease.....	18
Knee joint disease (white swelling)	5
Major deformities of infantile paralysis	2
Pott's disease of the spine (humpback).....	11
Congenital dislocation of the hip joint	3
Bowlegs	2
Club-foot (congenital)	5
Club-foot (acquired), due to infantile paralysis	8
Lateral curvature of the spine.....	2
Total	<u>56</u>



THE GIRLS' WARD.

It will be noted after a brief study of this table that thirty-four of the conditions treated (60.71 per cent) are tuberculous diseases of the joints. It is remarkable how rapidly patients of this class improve, under modern treatment, in the fresh air of Rockland county. It will be further noted that, as a class, our patients have deformities of the curable variety, or at least, that all the patients treated are afflicted with deforming conditions that can be very materially benefited by treatment. A person with a slight limp, for example, is not seriously handicapped in life, and some of our discharged patients, even after our short five years of existence, are earning their own living, are attending public schools, or are helping in the ordinary domestic affairs of life in their own homes. The Surgeon-in-Chief receives many applications from patients who, under our present interpretation of the rules, are not eligible to our Hospital. These are largely patients with hemiplegia (paralysis), due generally to a brain lesion occurring at birth, and who are mentally affected as well as physically deformed. The amount of benefit we are able to confer upon this class is so small and the time occupied in accomplishing this minimum result is so great, that it has been deemed best to decline this class, making room for those upon whom actual and lasting benefit can be conferred.

Ten patients (17.86 per cent of the whole number treated) were discharged during the year and one patient died, leaving forty-five patients under treatment on October 1, 1905. Of those discharged, one with club-foot, and one with congenital dislocation of the hip joint, were discharged *cured*. One with hip joint disease, two with the club-foot of infantile paralysis, one with the severe form of infantile paralysis, and one with Pott's disease of the spine, were discharged as *much improved*.

One with hip joint disease and one with Pott's disease of the spine were discharged as *improved*. One with a severe form of infantile paralysis, involving many muscles, including the spinal muscles, was discharged with *some improvement*. The deformities in this last named patient were removed by operation and apparatus was applied, but the patient, owing to the extensive paralysis of the spinal muscles, was unable to walk. The patient who died had tuberculous hip joint disease. While progressing satisfactorily he suddenly developed tubercular meningitis, which is, in itself, a fatal disease.

The health of the patients has been remarkably good during the entire year. There was no illness due to zymotic causes. A happier or brighter set of children than our patients would be hard to find.

There are forty-five patients now in the Hospital. These are classified as follows:

Hip joint disease.....	15
Knee joint disease (white swelling)	5
Pott's disease of the spine (humpback).....	9
Congenital dislocation of the hip joint	2
Bowlegs	2
Club-foot (congenital)	5
Club-foot, from infantile paralysis.....	5
Lateral curvature of the spine.....	2
	<hr/>
Total	45
	<hr/> <hr/>

Divided as to sex, there are twenty-one girls and twenty-four boys.

The home environment of the great majority of our patients is such that their residence in the Hospital must be a prolonged



THE BOYS' WARD.

one. In short, patients must be retained in the Hospital until a cure is fairly established. With the non-inflammatory class, such as bowlegs and club-foot, the residence in the wards need not be so prolonged, as the conditions are more quickly relieved. With the joint disease class, however, treatment must be maintained until convalescence is established, and supervision should be exercised for a sufficient time after the stage of convalescence is reached. In both classes the child should remain under observation until it can practically dispense with special home care, for the children we treat are, for obvious reasons, not apt to receive it. We have two patients now in the Hospital who entered in December, 1900, on the day we opened our doors for the reception of patients. They are in excellent condition, really convalescent, but not wholly well. To prematurely discharge them would be to insure a relapse, and this would throw away all the efforts we have made in their behalf as well as the money the State has invested in their treatment. We should always bear in mind that we are treating the really poor, and that our object is to make the patients self-respecting and self-supporting citizens.

We not only treat these patients but we also educate them. The upper floor of the solarium addition is used as a schoolroom. We have a regularly appointed (State) school teacher who teaches the patients, the morning being given to the larger, the afternoon being occupied by the smaller children. In addition, several hours a day are given by the teacher to the patients who are unable to leave their beds, where they are detained by conditions which require recumbency, or an active surgical treatment. We have it planned, when our new hospital building is erected, to create an Industrial School, teaching the trades to all our older patients, making it a permanent feature of our work.

The fifty-six patients treated during the year came to us from the following counties in the State:

New York.....	22	Orange	3
Westchester	5	Kings	4
Queens.....	3	Tioga	1
Monroe	2	Dutchess	1
Cayuga	4	Erie	1
Wayne	1	Fulton	2
Oswego	1	Rockland	3
Putnam	1	Total	56
Rensselaer	2		

Twenty-seven, or 48.21 per cent, of the patients treated came from "up the State" and outside of New York, Queens and Kings counties.

Your Surgeon-in-Chief is very frequently confronted by a condition of affairs which is difficult to remedy, but which we should consider very seriously. I refer, *first*, to the lack of interest manifested by many parents, especially in the rural districts, whose children are eligible to our Hospital, and, *secondly*, to the lack of means to transport those patients to the hospital, whose parents are anxious and willing to send them to us for treatment. There are many children throughout the State, certainly several hundred, if not thousands, who should receive treatment. At the end of their resources, both pecuniarily and professionally, the parents of these children need some one who will arouse their slumbering interest in their afflicted children. There ought to be a fund established by which these patients can be brought to the Hospital. This would go a long way toward solving the problem.* I am not referring to

* Dec. 21, 1905. A kind gentleman, much interested in the hospital, has placed at the disposal of the Surgeon-in-Chief \$500 to be used in transporting eligible, indigent patients, especially those in the rural districts, to and from the hospital until the State makes an appropriation for this purpose.

the inmates of the various poorhouses, or to the really pauper class, for whom a provision exists by which they can be transferred to a State institution, but to the many poor and self-respecting people who, with hardly enough income to meet the necessary expenses of life, have neither the means nor the ability to conduct a home treatment involving a knowledge of the use of a more or less expensive apparatus. These people should be reached. It can only be done at present by personal effort, by local Boards of Relief, by the various Benevolent Societies or by those interested in charitable affairs. To all these we appeal. We are willing and anxious to do our part.

It is with a feeling of deep, personal loss that I mention the death of Mr. J. Adriance Bush, one of our original Board of Managers. Aside from my high regard for his character, my personal relations with him were of such a nature that when I first (in 1896) conceived the idea of establishing this Hospital, knowing his high reputation as a corporation lawyer and his knowledge of legislative affairs, I applied to him for advice as to how to proceed in securing the favorable action of the authorities. He entered with much interest into my scheme, but did not encourage me to hope for immediate success. Afterward, when, after prolonged personal effort, the project to establish the Hospital was about to be presented to the State Legislature under very favorable auspices (see First Annual Report), Mr. Bush aided the enterprise by preparing the bill to be submitted to the Legislature and advised those interested in the Hospital in all legal matters pertaining to its advancement. He made no charge for his eminent legal services, and on more than one occasion he gave advice which proved of great value. The quick passage of the act to establish the Hospital was a matter of great rejoicing to Mr. Bush and myself, as well as to others who had become interested in the work.

For the past two years his failing health has made it impossible for him to take a very active part in the deliberations of the Board, but he, at no time, lost his interest in the work, and the last time I saw him, a few days before his somewhat sudden death, I consulted him about some legal matters in connection with our Hospital work.

I wish to place on record my admiration for his sterling honesty, his uniform uprightness and his keen sense of justice, and to express my sincere regret that our Board should have lost the services of such a staunch friend and wise counsellor.

Appended are several tables to which I especially invite your attention.

Table No. I states the condition and progress of the "continued patients," that is, those whose admission to the Hospital antedates the first of October, 1904.

Table No. II gives the condition on entrance of the "new patients," viz., those who entered during the fiscal year ending September 30, 1905.

Table No. III summarizes the surgical operations performed during the year. Twelve operations requiring the administration of an anæsthetic were performed on seven patients, all with good results.

Table No. IV states the condition on entrance and the condition on discharge of the patients sent home during the year.

All these tables are worth your attention and study, and I respectfully ask you to examine them. The work behind these tables represents a year's persistent effort on the part of your medical staff.

Our friends, as usual, have been most kind to us during the year, though we miss the many kind neighbors who so constantly remembered the children when we were in Tarrytown.



THE SCHOOL ROOM.

I append a list of the donations in material, money, etc., received during the year.

I also call attention to a copy of our Rules and Regulations, also to the forms of affidavit for use in securing admission to the Hospital, both of which are appended to this report, immediately after the list of Donations in Material, Money, Etc.

Respectfully submitted.

NEWTON M. SHAFFER, M. D.,

Surgeon-in-Chief and Superintendent.

NEW YORK, *December 11, 1905.*

TABLE NO. I.
Summary of "Continued Patients."

Case number.	Date of admission.	Age, Years.	Resident county.	Disease.	Application made and indorsed by affidavit of—	Condition on admission as per last report.	Remarks.
1	Dec. 7, 1900	7	New York...	Hip-joint disease	Mother	Stiffness, deformity and abscess	Apparatus has been removed for over six months. Is well. Soon to be discharged.
2	Dec. 7, 1900	7	New York...	Hip-joint disease	Mother	Thigh flexed and abducted; very painful; abscess.	No deformity. Good motion. Soon to be discharged.
3	April 11, 1901	9	Westchester	Hip-joint disease	Overseer of poor	Pain and extreme deformity; abscess; unable to walk.	Abscess healed. Good motion. In excellent condition.
4	April 17, 1901	16	New York...	Hip-joint disease	Aunt and guardian	Great deformity, pain and abscesses; unable to walk.	Is greatly improved. No deformity. Soon to be discharged.
5	Oct. 30, 1901	4	New York...	Knee-joint disease	Mother	Knee bent at right angle; very much swelled and acutely painful. Abscess present. In bed six months. General condition very poor.	Deformity corrected. No abscess. Good motion. General condition excellent.
6	Nov. 4, 1901	5	Queens	Hip-joint disease	Mother	In bad condition on entrance. Large abscesses discharging profusely. In bed for seven months. Hip much deformed. Critical condition.	Abscesses healed. Practically normal motion. <i>Cured.</i> Under observation.
7	Dec. 9, 1901	11	Westchester	Hip-joint disease	Mother	Condition on entrance very bad. Deformity marked. Six abscesses. Pain and fever. In bed six months.	Is nearly well. Good motion. General condition excellent.
8	Dec. 17, 1901	7	Monroe	Knee-joint disease	Superintendent of poor	Knee much deformed and very much swelled. Abscess. Was regarded as a hopeless case. In bed four months.	Very much improved. Abscess disappeared. Good motion at knee. General condition excellent.
9	June 25, 1902	7	New York...	Hip-joint disease	Mother	Hip much contracted. Disease of long duration.	Very much improved. Some deformity. No abscess. General condition fine.
10	Sept. 30, 1902	5	Westchester	Pott's disease (humpback)	Guardian	Abscess and deformity. Fever and debility. In bad condition.	Discharged, with slight improvement.
11	Jan. 28, 1903	6	Cayuga	Pott's disease (humpback)	Mother	Much deformity and pain. Marked muscular contraction. Abscess.	Is much improved. No increase of deformity.
12	April 21, 1903	4	Westchester	Pott's disease (humpback)	Grandmother	Pain. Head twisted to one side. In poor condition	Very much improved.
13	July 22, 1903	7	Putnam	Hip-joint disease	Mother	Very painful joint. Abducted and flexed. Unable to use limb.	Died of tubercular meningitis.

14	Oct. 10, 1903	Queens	Hip-joint disease	Mother	Right leg one-half inch shorter than left. Very little motion in any direction of hip joint. Duration five years. Beginning abscess.	Very much improved. No deformity.
15	Jan. 19, 1904	Queens	Hip-joint disease	Mother	Two and one-half inches shortening of right limb. Marked muscular spasms. Very limited motion.	Very greatly improved. Walks about at liberty. Good motion at joint.
16	June 11, 1904	Rensselaer	Club foot from infantile paralysis.	Mother	Two inches shortening of right limb. Marked contraction of right tendo-achillis. Duration nine years.	Discharged <i>cured</i> .
17	June 16, 1904	Orange	Club foot	Father	Marked equino-varus of right foot. Very rigid. Congenital.	<i>Cured</i> . Under observation. Soon to go home.
18	June 22, 1904	Cayuga	Bow legs	Superintendent of charity and mother.	Very marked bow legs with a sharp curve just above ankles.	Much improved. Deformity nearly overcome.
19	June 26, 1904	New York	Hip-joint disease	Father	Some spasm of muscles about left hip. Limited motion. Abscess.	Discharged. Hip in good condition. Deformity improved.
20	July 16, 1904	New York	Congenital dislocation of the hip joint.	Mother	Two and three-fourths inches shortening left limb. Head posterior to acetabulum. Trochanter on level with anterior superior spine. Very rigid joint.	Discharged <i>cured</i> .
21	July 18, 1904	Dutchess	Pott's disease and tubercular disease of wrist.	Father	Disease of cervical spine. Also tubercular swelling of left wrist.	Patient is improving. Neck and wrist in good condition.
22	Aug. 9, 1904	Erie	Club foot from infantile paralysis.	Superintendent of poor	Lower extremities very much atrophied. Left knee and ankle ankylosed; result of operation; right partially so. Almost entire loss of muscular power.	Discharged, very much improved.
23	Aug. 11, 1904	Fulton	Bow legs	Father	Marked bowing between knees and ankles.	Very much improved. Soon to be discharged.
24	Sept. 24, 1904	New York	Extensive infantile paralysis with marked lateral curvature of the spine.	Father	Very thin; extremely weak cannot stand without crutches. Lateral curvature.	Apparatus applied. Discharged much improved.
25	Sept. 29, 1904	Rensselaer	Club foot from infantile paralysis.	Mother	Paralysis of right leg; one inch shortening. Toe-drop dragging of foot. Marked limp.	Discharged, very much improved.

TABLE No. II.—(Continuation of Table No. I.)
Summary of new patients received during the year.

Case number.	Date of admission.	Age when admitted.	Resident county.	Disease.	Application made and indorsed by affidavit of—	Condition on admission.	Remarks.
26	Oct. 4, 1904	10	Wayne.....	Infantile paralysis. Great deformity.	Mother.....	Almost complete paralysis and marked deformity of right limb, with shortening; great deformity of knee, with contracted tendons at groin and heel.	Contracted tendons divided under ether. Deformity removed without great improvement.
27	Nov. 28, 1904	10	New York....	Acquired club feet from infantile paralysis.	Father.....	Contraction of both tendo-achillis; almost complete paralysis of both lower limbs.	Right tendo-achillis divided and left stretched under ether. Walks well in apparatus.
28	Dec. 2, 1904	6	New York....	Hip-joint disease.....	Father.....	Marked flexion, with pain.....	Deformity corrected; much improved. Walks about at will in hip splint.
29	Dec. 9, 1904	5	Fulton.....	Congenital dislocation of the hip-joint.	Father.....	Posterior dislocation of head of femur.	Operation by the Lorenz method; dislocation successfully reduced.
30	Jan. 13, 1905	4	Orange.....	Pott's disease (humpback).	Mother.....	Marked deformity in lower dorsal region; pain; difficult locomotion.	No increase of deformity. Much improved.
31	Feb. 6, 1905	4	Kings.....	Hip-joint disease.....	Mother.....	Slight deformity; very little movement of joint.	Very much improved. Motion of joint increased.
32	Mar. 14, 1905	4	Kings.....	Congenital club foot.....	Mother.....	Aggravated deformity.....	Division of contracted tendons and muscles; deformity corrected.
33	April 1, 1905	14	Monroc.....	Hip-joint disease.....	Overseer of the poor.....	Very slight movement of joint; abscess.	Cured. Will soon be discharged.
34	April 11, 1905	4	Orange.....	Pott's disease (humpback).	Father.....	Patient's physical condition very poor.	Hip splint applied. Patient discharged much improved.
35	April 18, 1905	9	Cayuga.....	Club foot from infantile paralysis.	Mother and Superintendent of Charities.	Disease in lumbar region; slight deformity; pain; both thighs drawn up.	Apparatus applied. Deformity corrected.
36	April 25, 1905	12	Cayuga.....	Lateral curvature of the spine.	Mother.....	Marked deformity. Patient in poor physical condition.	Apparatus applied. Patient much improved; runs about at will.
37	May 9, 1905	8	New York...	Knee-joint disease.....	Father.....	Marked deformity of right knee; result of operation for injury. Flexed to angle of 90°. No perceptible movement. X-ray gives appearance of ankylosis.	Heel cord elongated by stretching. Apparatus applied. Deformity corrected.
38	May 13, 1905	9	New York....	Pott's disease (humpback).	Mother.....	Disease in lumbar region; very acute. Slight deformity. Abscess.	Apparatus applied. Deformity arrested. Great improvement.

39	June 1, 1905	8	Westchester	Pott's disease (humpback)	Superintendent chester Temporary Home	Disease in lumbo-dorsal region; marked deformity; abscess. Patient in very poor physical condition.	Apparatus applied. Abscess healed. Discharged very much improved.
40	June 17, 1905	4	Toga	Congenital club feet	Father	Severe grade of congenital club foot. Patient in very poor condition.	Operation on right foot and left stretched under ether. Deformity corrected. Patient in excellent condition.
41	June 20, 1905	8	Oswego	Hip-joint disease	Guardian	Extreme flexion of thigh. Very acute symptoms.	Deformity overcome by apparatus. Is very much improved.
42	July 15, 1905	13	New York	Pott's disease (humpback)	Mother	Disease in lower dorsal region. Abscess; profuse discharge. Considerable deformity. Patient very emaciated and weak.	Has improved in every way. General condition much better.
43	July 19, 1905	12	Kings	Hip-joint disease	Mother	Very acute symptoms. Two abscesses. Very little motion. Thigh very much flexed.	Abscesses still present and somewhat larger. Deformity overcome.
44	July 19, 1905	8	New York	Knee-joint disease	Mother	White swelling of right knee. Extremely acute. Flexed to about 90°.	Deformity has been reduced by manipulation and apparatus about one-half. Is doing well.
45	July 19, 1905	5	New York	Knee-joint disease	Father	White swelling of right knee. Knee flexed to 90°. About 10° of movement.	Has improved very much. Deformity nearly reduced.
46	Aug. 1, 1905	4	New York	Hip-joint disease	Mother	Very acute symptoms. Flexed to 130°. No motion. Abscess.	Very much improved. Deformity much reduced. Is in excellent condition.
47	Aug. 28, 1905	7	Rockland	Club feet from infantile paralysis.	Mother	Contraction of right gastrocnemius muscle; paralysis of left, producing club foot on either side.	Operation on right foot; on left anterior muscles stretched; apparatus. Much improved.
48	Sept. 16, 1905	11	New York	Club foot from infantile paralysis	Stepmother	Marked toe-drop disability	Apparatus applied, in which patient walks well.
49	Sept. 21, 1905	10	Rockland	Brain paralysis, with club foot.	Mother	Very great deformity of right foot. Heel raised four inches from muscular contraction	Division of the tendo-achillis and plantar tissues. Excellent results. Patient walks in apparatus.
50	Sept. 21, 1905	4	Kings	Congenital dislocation of the hip-joint.	Father	Posterior dislocation	Awaiting operation.
51	Sept. 29, 1905	8	New York	Pott's disease (humpback)	Superintendent dall's Island.	Marked deformity in the dorsal region	Apparatus applied. In fair condition.
52	Sept. 29, 1905	4	New York	Pott's disease (humpback)	Superintendent dall's Island.	Diseases both in lumbar and upper dorsal region. Acute symptoms.	Apparatus applied. Is progressing satisfactorily.
53	Sept. 29, 1905	4	New York	Hip-joint disease	Superintendent dall's Island.	Very acute. Flexed to 150°. No motion. Night cries.	Apparatus applied, with relief.
54	Sept. 29, 1905	4	New York	Club foot due to a burn	Superintendent dall's Island.	Left club foot, due to cicatricial tissue, involving the tendon of the tibial anterior muscle.	Manipulation to be followed by operation, if necessary.
55	Sept. 29, 1905	7	New York	Club feet from infantile paralysis.	Superintendent dall's Island.	Right club foot, due to contraction of gastrocnemius muscle. Left club foot due to paralysis of gastrocnemius muscle.	Application of apparatus with good results.
56	Sept. 30, 1905	11	Rockland	Lateral curvature of the spine.	Mother	Slight curve to the right in dorsal region.	Apparatus and exercises.

TABLE NO. III.

*List of surgical operations performed during the year ending
September 30, 1905.*

Case number.	Age.	Date.	Disease.	Operation.
26	10	^{1904.} Nov. 16	Infantile paralysis.....	Division of flexors of thigh, of flexors of knee and tendo-achillis on the right side, followed by forcible stretching and reduction of the deformities.
27	10	Dec. 7	Club feet from infantile paralysis.	Divided right tendo-achillis. Manual over-correction of the deformity of left foot.
29	5	Dec. 31	Congenital dislocation of the hip joint.	Lorenz operation on right hip. Repeated efforts failed to reduce the dislocation.
29	5	^{1905.} Mar. 1	Congenital dislocation of the hip joint.	After several months of careful traction by apparatus, operation was repeated with success.
32	4	Apr. 26	Congenital club foot.....	Division of right tendo-achillis and plantar fasciæ.
32	4	May 12	Congenital club foot.....	Deformity over-corrected under ether.
40	4	Sept. 5	Congenital club feet.....	Division of right tendo-achillis and plantar fasciæ. Manual over-correction of left.
40	4	Sept. 12	Congenital club feet.....	Manual over-correction under ether.
40	4	Sept. 28	Congenital club feet.....	Manual correction under ether.
47	7	Sept. 5	Club feet from infantile paralysis.	Division of right tendo-achillis and forcible manual over-correction of the left foot.
47	7	Sept. 12	Club feet from infantile paralysis.	Manual over-correction repeated.
49	10	Sept. 27	Brain paralysis with acquired club foot.	Division of tendo achillis and plantar fasciæ of right foot.

TABLE NO. IV.
Summary of discharged patients for the year ending September 30, 1905.

Case number.	Disease.	Condition on admission.	Date of discharge.	Condition on discharge.
10	Pott's disease (humpback).....	Abscess and deformity. Fever and debility. In bad condition.	Mar. 11, 1905	Discharged with slight improvement.
16	Infantile paralysis, with club foot..	Two inches shortening of right limb. Marked contraction of right tendo-achillis. Duration nine years.	Dec. 9, 1904	Discharged cured of deformity.
19	Hip-joint disease.....	Some spasm of muscles about left hip. Limited motion. No abscess.	Feb. 14, 1905	Discharged with hip in good condition. Deformity improved.
20	Congenital dislocation of the hip-joint.	Two and three-quarters inches shortening left limb. Head posterior to acetabulum. Jrochanter on level with anterior superior spine. Very rigid joint.	Sept. 13, 1905	Discharged cured. Good motion and good formation of joint.
22	Infantile paralysis, with club foot..	Lower extremities very much atrophied. Left knee and ankle ankylosed, result of operation. Right partially so. Almost entire loss of muscular power. Very thin; extremely weak; cannot stand without crutches. Lateral curvature.	Oct. 4, 1904	Discharged very much improved. Walks fairly well in apparatus.
24	Extensive infantile paralysis, with marked lateral curvature of the spine.	Very thin; extremely weak; cannot stand without crutches. Lateral curvature.	Jan. 17, 1905	After the application of apparatus patient was discharged much improved.
25	Infantile paralysis, with club foot..	Paralysis of the right leg; one inch shortening. Tropic dragging of foot. Marked limp.	Dec. 9, 1904	Was very much improved by the application of apparatus. Walks well.
26	Infantile paralysis. Great deformity.	Almost complete paralysis and marked deformity of right limb, with shortening. Great deformity of knee, with contracted tendons at groin and heel.	Sept. 15, 1905	After operation upon all the contracted muscles, and the application of braces, patient was discharged without much improvement.
33	Hip-joint disease.....	Very slight movement of joint. Abscess. Patient's physical condition very poor.	Sept. 29, 1905	After application of hip splint the patient was discharged very much improved.
39	Pott's disease (humpback).....	Disease in lumbo-dorsal region. Marked deformity. Abscess. Patient in very poor physical condition.	Sept. 29, 1905	Patient much benefited by treatment. Was discharged in excellent condition. Very much improved.

TABLE NO. V.
Deaths for the year ending September 30, 1905.

Case number 13.....	Died November 25, 1904.....	Cause of death, tubercular meningitis.
---------------------	-----------------------------	--

Donations in Money, Material, Etc.

1904.

- Oct. 4. Mrs. J. H. V. Arnold, 200 West 78th St., New York City, 1 new hip splint.
- Oct. 11. Master Philip Kimball, Tannersville, N. Y., box of toys.
- Oct. 22. Miss Dorothy Taylor, \$200, proceeds of a fair held at Mountain Top, Central Valley, N. Y.
- Oct. 22. Miss Perkins, 1 box containing 3 books, cards and papers.
- Nov. 18. Tarrytown Branch of the Needlework Guild of America, Mrs. C. F. Odell, Pres., 4 boys' caps, 5 woolen tam-o'-shanters, 2 pairs woolen stockings, 24 pairs cotton stockings, 1 woolen sweater, 5 girls' petticoats, 2 under vests, 2 pair under pants 10 towels, 6 pair mittens, 16 handkerchiefs.
- Nov. 19. Miss Caroline Spiro, 2 dolls, 1 large bound scrap book, 4 cloth scrap books.
- Dec. 10. Mrs. Chas. E. Lord, 5 night dresses, 1 bath robe, 1 pair slippers, 1 pair drawers.
- Dec. 12. Miss Hudson, 18 magazines and 6 periodicals.
- Dec. 17. Helen Dawes Brown, 1 copy of her latest book, "Little Boys."
- Dec. 17. John D. Archbold, \$10 for Christmas.
- Dec. 22. Miss Anna R. Bush, \$15 for Christmas.
- Dec. 24. Miss Isoline H. Geisse, Montclair, N. J., 4 girls' night dresses, 4 pairs drawers, 1 white skirt, 9 under vests, 1 pair under drawers, 2 scrap albums filled, 2 packages, cards, calendars, etc.

- Dec. 24. Miss Florence LeRoy Knapp, 1 game ring toss,
1 game parlor croquet, 7 books.
- Dec. 24. Rev. Mr. Mellen, 1 bag marbles, 25 Christmas
boxes (candy), 3 games, 1 book.
- Dec. 24. Miss Pauline Partelow, 25 Christmas presents.
- Dec. 24. Russell & Lawrie, 5 lbs. candy.
- Dec. 24. John D. Archbold, Christmas dinner for children.
- Dec. 25. Mrs. Gen. Charles Ewing, entertainment at her
home for all the children and 25 presents.
- Dec. 25. Mrs. Thomas Black, large box of toys for all the
children.
- Dec. 28. Mrs. Hees, 244 Lexington Ave., New York City,
\$100 for the children.

1905.

- Jan. 13. Mrs. Newton M. Shaffer, 3 pair pajamas, 1 under
shirt, 1 bag for marbles, 10 memorandum books,
quantity of scrap pictures.
- Jan. 13. Roy Knapp, one overcoat.
- Jan. 15. Mrs. Newton M. Shaffer, a package of school books.
- Jan. 18. Mrs. Merritt, 1 bath robe.
- Jan. 23. Mrs. D. Stoker, Mainsburg, Pa., large roll of papers
and journals.
- Feb. 5. John D. Archbold, 1 pk. apples, $\frac{1}{2}$ bu. oranges.
- Feb. 7. Miss Hudson, magazines and papers.
- Feb. 8. Mrs. John D. Archbold, magazines and periodicals.
- Feb. 14. Dr. and Mrs. J. J. Nutt, 25 valentines, 25 boxes of
candy, 6 quarts of ice cream.
- Feb. 21. Miss Pauline Partelow, 3 doz. magazines.
- Feb. 21. Jacob Odell, sleigh-ride for children.
- Feb. 22. Miss Scoville, 25 boxes of candy.
- Feb. 29. Miss Pauline Partelow, 18 magazines.

- Mar. 5. John D. Archbold, 4 doz. oranges, 4 doz. apples.
- Mar. 18. H. H. Rogers, \$1000 for general hospital use, under the direction of the Surgeon-in-Chief.
- Apr. 10. Mrs. Harmon H. Nathan, \$20, for clothing, etc.
- Apr. 21. Dr. Crosby, Haverstraw, 10 magazines.
- Apr. 23. Easter Sunday, Mrs. H. W. Dodd, of Boston, ice cream for all the children.
- Apr. 23. Easter Sunday, Mrs. Newton M. Shaffer, a potted flowering plant for each child.
- Apr. 24. Easter Monday, Mrs. Newton M. Shaffer, entertainment (Legerdemain) for inmates.
- June 21. Mrs. Herman Broesel, swinging chair for children.
- June 22. Dr. J. J. Nutt, box of choice stick candy.
- June 30. Miss Grace Scoville, 30 night dresses and two dresses for girls.
- July 1. George Blagden, Jr., \$10 worth of fireworks for the Fourth.
- July 3. Mr. W. S. Snyder, \$2 worth of fireworks for the Fourth.
- July 4. Miss Mabel Welsh, ice cream and cakes.
- July 11. Miss Scoville, 27 night gowns.
- July 12. "A friend," box of shoes.
- Sept. 7. Mr. Henry Doyle, Haverstraw, package of magazines and periodicals.
- Sept. 16. Mrs. H. H. Nathan, 23 West 49th St., New York City, box of shoes.
- Sept. 27. Clarence Smith, Haverstraw, 40 pads for children.

NOTE.

For the information of those interested, the following rules governing the admission of patients, and the forms of affidavit, are appended. Affidavit blanks will be forwarded upon application to the Surgeon-in-Chief, New York State Hospital for the Care of Crippled and Deformed Children, West Haverstraw, N. Y.

RULES AND REGULATIONS

GOVERNING THE ADMISSION OF PATIENTS TO

New York State Hospital for the Care of Crippled and Deformed Children.

The New York State Hospital for the Care of Crippled and Deformed Children, established by the Legislature of 1900, is now open for the reception and treatment of patients.

The hospital was established "for the care and treatment of any indigent children who may have resided in the State of New York for a period not less than one year, who are crippled or deformed, or are suffering from a disease from which they are likely to become crippled or deformed."

The following conditions are imposed upon all applicants: "No patient shall be received except upon satisfactory proof made to the Surgeon-in-Chief, by the next of kin, guardian, or a State, town or county officer, under the rules to be established by the Board of Managers, showing that the patient is unable to pay for private treatment. Such proof shall be by affidavit. If there was an attending physician before the patient entered the hos-

pital, it shall be accompanied by the certificate of such physician giving the previous history and condition of the patient."

Patients from four to sixteen years of age will be received for treatment, and all applications will be acted upon in the order of their reception. No patient will be admitted without an examination by, and a certificate from, the Surgeon-in-Chief, or in his absence, one of his assistants.

No patient whose condition is such that death is likely to occur in the immediate future, or whose condition precludes a reasonable amount of relief as the result of treatment, will be admitted.

As this institution is a hospital, and not an asylum or home, it should be clearly understood by each applicant that the patient, if received, may be returned to the committing institution, parent or guardian, at the discretion of the Surgeon-in-Chief.

It would aid the Surgeon-in-Chief very much in deciding upon the eligibility of a proposed candidate for admission, if, in addition to a written statement, giving the past history and present condition of the applicant, a photograph showing clearly the nature and location of the deformity should accompany the application.

Application for admission should be made to Dr. Newton M. Shaffer, Surgeon-in-Chief, No. 28 East Thirty-eighth street, New York, who will appoint a time and place for the examination of the patient. Patients living at remote points in the State are referred to the following gentlemen (out-of-town members of the consulting staff): Dr. A. Vander Veer and Dr. S. B. Ward, of Albany, N. Y.; Dr. Louis A. Weigel, Rochester, N. Y.; Dr. Roswell Park and Dr. Charles G. Stockton, Buffalo, N. Y.; Dr. Richard B. Coutant, Tarrytown, N. Y.; Dr. J. Van Duyn and Dr. Henry L. Elsner, Syracuse, N. Y.; Dr. Henry A. Gates,



PLAYING CROQUET.

Delhi, N. Y. ; Dr. Grant C. Medill, Ogdensburg, N. Y. ; Dr. Frank W. Sears, Binghamton, N. Y. ; Dr. John Sengstacken, Stony Point, N. Y. ; and Dr. Eugene B. Laird, Haverstraw, N. Y.

Approved by the State Board of Charities and issued by order of the Board of Managers of the Hospital.

AFFIDAVIT BLANK

FOR PARENTS AND GUARDIANS.

TO NEWTON M. SHAFFER, M. D., *Surgeon-in-Chief*,
 No. 28 EAST 38TH STREET, NEW YORK.

STATE OF NEW YORK,)
 COUNTY OF) ss.:

..... being duly sworn, says that is
 the of aged years; that the said
 is suffering from; that has
 resided in the State of New York for over one year, and that
 I as am unable to pay for private treatment for
 the said.....

Name.....
 Residence.....

And further this deponent says not.
 Sworn to before me this day of 190 .

AFFIDAVIT BLANK

FOR STATE, COUNTY OR TOWN OFFICERS.

TO NEWTON M. SHAFFER, M. D., *Surgeon-in-Chief*,
NO. 28 EAST 38TH STREET, NEW YORK.

STATE OF NEW YORK, }
COUNTY OF..... } ss.

..... being duly sworn, says that he
is the officer in the..... of
..... New York State; that he is acquainted with the
position and circumstances of.....; that the said
..... is years of age; that
is suffering from.....; that has resided in the
State of New York for over one year, and that is unable
to pay for private treatment for condition.

Name.....

Residence.....

.....

And further this deponent says not.

Sworn to before me this day of..... 190 .

