GRAND LAWN FÊTE!

IN THE INTERESTS OF THE

METHODIST EPISCOPAL HOSPITAL.

ON THE GROUNDS OF THE HOSPITAL SIXTH ST. & SEVENTH AV.,

On the Afternoons and Evenings of May 30th and 31st and June 1st, 1893.

SEASON TICKETS, 50 CTS. EACH. SINGLE ADMISSION, 25 CTS. CHILDREN'S TICKETS, 15 CTS.

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PROMENADE CONCERTS,

EVERY AFTERNOON AND EVENING.

* SCHNEIDER'S ORCHESTRA.*

RESTAURANT

OPEN EACH DAY,

From 2 to 10 P. M.

Menu.

<table>
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<td>Chicken Salad</td>
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Programme.

TUESDAY AFTERNOON, MAY 30TH, 1893.

1. March, "Tannhäuser"—Wagner.
2. Overture, "Fidelio"—Lannes.
3. \[Additional details not clearly visible\]
Message to our Community

In observance of New York Methodist Hospital’s 125th anniversary this year, we have created a new written history of the Hospital. No New Yorkers are prouder of their heritage than Brooklynites and we hope that you will enjoy this retrospective view of an important Brooklyn institution and the community it serves.

At the same time that we are commemorating a century and a quarter of caring for Brooklyn, we are also celebrating the opening of our new patient care pavilion. The new building houses a significantly expanded Emergency Department, a new Pediatrics Unit, our Nuclear Medicine Division and several new inpatient floors with a large number of private patient rooms. The new space will allow us to enhance our cardiology program, add beds to our maternity service and neonatal intensive care unit and expand services in several other clinical areas. With great excitement, we look ahead to a future as Brooklyn’s premier hospital.

Completion of such a substantial project during this banner year is a happy coincidence that highlights our enduring commitment to our mission: to provide excellent and compassionate care to the people of Brooklyn. With the continued hard work of the physicians, nurses, health professionals, support staff members, trustees and volunteers who serve our Hospital, we are confident that New York Methodist will be able to invite Brooklynites to celebrate many more significant anniversaries as we move through the 21st century.

Mark J. Mundy
President and Chief Executive Officer

John E. Carrington
Chairman of the Board

With great excitement, we look ahead to a future as Brooklyn’s premier hospital.
1881 was a busy year in Brooklyn.

High above the East River, workmen and engineers inched closer to finishing the “new eighth wonder of the world,” the great bridge that would link New York City and Brooklyn, the nation’s first and third largest cities. Beneath the bridge, in the shipyards, foundries, refineries and warehouses of Greenpoint, Williamsburg and Red Hook, hammers rose and fell and machinery hummed, noisy testimony to the industry and commerce that made Brooklyn the fourth leading American manufacturing metropolis.

The city continued to grow by leaps and bounds, its population swollen by an ongoing influx of European emigrants who had more than doubled Kings County’s population in 20 years, to a total of nearly 600,000 by 1880. As businessmen and builders plotted the development of new residential districts to house this burgeoning population and planned new transit lines to move commuters between home and work, Brooklynites enjoyed themselves listening to concerts at their own Academy of Music, taking a dip in the ocean at Coney Island or cheering on their own Brooklyn Atlantics at the Union Base Ball Grounds in Williamsburg.

It was also a busy year for the Reverend James Monroe Buckley, editor of the influential Methodist Episcopal periodical The Christian Advocate. Buckley, formerly the pastor of a congregation on Hanson Place, had set his heart on founding a new hospital. The clergyman’s motivation for this ambitious task was a tragic accident of a sort that occurred all too frequently in the city’s crowded streets. Years earlier, when Buckley had been minister to a congregation in Stamford, Connecticut, his church organist had been struck by a runaway team of horses while visiting New York City. The wounded man had to wait an hour before an ambulance could be found to take him to an “unhomelike institution,” where his arm was amputated. Within hours he died.

Buckley was well aware that as Brooklyn continued to grow, such accidents, as well as the other health emergencies besetting an expanding population, required new and state-of-the-art hospital facilities. As a Methodist, he also felt that his denomination should play a role in implementing and sustaining the medical and social services that an increasingly urban America needed.
Founding Fathers

The Reverend James Monroe Buckley faced a daunting task on the day he entered George Ingraham Seney’s office at the Metropolitan National Bank in Manhattan to ask for a donation to help educate a fatherless boy. Businesslike to the point of brusqueness, Seney was the very model of a successful Gilded Age banker for whom time was money. “Can you possibly give me two minutes?” the minister asked the banker. As Buckley later recalled, “He took out his watch and looked at me like a caged lion, and said: ‘I will give you three minutes,’ and then looked me in the face.”

I said “Need six men, twenty-five dollars a piece a year, for six years, have got all but one, Oliver Hoyt is one, William Hoyt another.” He said, “Put me down.”

That first encounter opened the door for the founding of Methodist Hospital. After Buckley called for such a hospital in January 1881, Seney offered him donations that eventually totaled $410,000, bestowing his initial gift with the words, “Go build your hospital.” So single-handedly did the banker provide the seed money for the new institution that in its early years many knew it simply as “The Seney Hospital.”

For the Reverend Buckley, matters of health had pressing personal as well as public significance. Tuberculosis had taken the lives of his father and two of his grandparents, and Buckley himself struggled with the disease throughout his life. Like many Protestant clerics of his day, he supported the temperance movement to prohibit alcohol consumption, and opposed theater-going as morally unhealthy. George Seney was a more worldly man, an ambitious businessman who worked himself up from a starting position as teller to become a leading banker of his day, a generous philanthropist to Wesleyan and Emory Universities, and a devotee of European and American painting whose acquisitions today grace the collections of the Metropolitan Museum of Art and other museums. In funding the Hospital, Seney sought to honor the memory of his father, a Methodist minister, and he agreed with Buckley that the Hospital should be placed under the supervision of the Methodist Episcopal Church. But he also insisted that it be a GENERAL HOSPITAL, open to Jew and Gentile, Protestant and Catholic, Heathen and Infidel, on the same terms. The joint legacy to Brooklyn that Buckley and Seney together created in 1881 lives on in New York Methodist Hospital. As Buckley later noted wryly of their initial encounter, “if I had taken four minutes, I doubt if I would have a dollar for the boy or later for the hospital.”

Early Years

Buckley and Seney may have given bir th to a hospital, but its infancy proved frail and uncertain. Creating a hospital turned out to be an expensive business. In 1884, with the shells of the main building and two side pavilions nearing completion, George Seney’s Metropolitan National Bank failed when the value of its invest- ments in unreliable railroad securities plummeted. While Seney’s contributions to the Hospital by this time totaled $410,000, the beneficence of the institu- tion’s principal philanthropist now came to an abrupt halt as did work on the three hospital buildings. In order to give their project a fighting chance for sur vival, the Hospital’s board of managers appointed the Reverend George P. Mains as financial agent. By soliciting contributions from Methodists all over the country, Mains was able to raise the $100,000 that permitted builders to complete one facility, the 70-bed West Pavilion. On December 19, 1887, the Methodist Episcopal H ospital

State of New York. On September 21st of that year, they laid the cor nerstone for the Hospital’s main building. Construction commenced on the first three of what was supposed to be a grand total of nine hospital buildings.

In January 1881 he used the columns of The Christian Advocate to challenge his fellow Methodists to establish such a facility, asking them, “Is it not time that somewhere we built a hospital?” Buckley’s challenge was promptly answered by George Ingraham Seney, a prominent banker, art connoisseur, Methodist layman and Brooklyn resident. Seney pledged $100,000 and several land lots to begin construction of the hospital pavilions, and to incorporate the institu- tion and appoint a board of tr ustees. On May 27, 1881, the Methodist Episcopal Hospital was born when Buckley and his associates obtained a char ter from the State of New York. On September 21st of that year, they laid the cor nerstone for the Hospital’s main building. Construction commenced on the first three of what was supposed to be a grand total of nine hospital buildings.

1881
Methodist Episcopal Hospital is chartered
(May 27); cornerstone laid for main building
(September 21)

1883
Brooklyn Bridge opens to the public; a minor-league baseball team, the Brooklyn Baseball Association, is organ- ized; later becomes the Brooklyn Dodgers. Seventh Avenue (Brooklyn) trolley line begins operation.

This badly faded, but much prized photograph was taken on September 21, 1881, at the ceremony to lay the Hospital’s cornerstone, as Reverend James Monroe Buckley delivered an address. Reverend James Monroe Buckley, left, and George Ingraham Seney.
The Accomplished Dr. Pilcher

I
n 1881, James Monroe Buckley invited his friend Lewis Stephen Pilcher, M.D., to organize the medical and surgical departments of a new hospital to be erected in Park Slope. The energetic 36-year-old surgeon jumped at the chance. After serving in the Civil War and obtaining his medical degree from the University of Michigan, Pilcher opened a private surgical practice in Brooklyn. He viewed Buckley’s invitation as an opportunity to create in Brooklyn a major hospital that would incorporate the latest innovations in surgical technique and medical administration.

Pilcher undertook his assignment at a moment in history when American hospitals, abetted by revolutions in the use of anesthesia and antisepsis, were attaining unprecedented importance as centers for surgical practice. Fully grasping the opportunity before him, he embarked in 1884 on a three-month fact-finding tour of the hospitals of Germany, England and Scotland in order to lay the groundwork for Methodist as a state-of-the-art surgical and medical center. His meetings with European innovators such as Joseph Lister inspired Pilcher to envision the Park-Slope hospital as an institution that would adhere to the most modern scientific methods in the training, medical practice and administrative organization of doctors, surgeons and nurses.

During his years at Methodist (where two of his sons assisted him as interns and then as surgeons), Pilcher gained fame as one of the nation’s leading surgeons and its preeminent surgical journalist. He made important contributions to surgical knowledge in the fields of wound treatment, intestinal surgery and tracheotomy for the treatment of diphtheria. In 1884 he founded the *Annals of Surgery*, the first journal in the English language devoted exclusively to surgery, which became a crucial medium for the dissemination of surgical knowledge on both sides of the Atlantic. Pilcher served as its editor for half a century, retiring from the *Annals* at the age of 89.

A tireless worker for more than two decades after he left Methodist Hospital, Pilcher did not forget his accomplishments on Sixth Street, nor his critical role in bringing the hospital into being. “During twenty-six of the years of my life which included the period of greatest and most fruitful activity,” he observed in 1925, “I gave this institution the first place in my thoughts and energies.”

admitted its first patient, followed by five more before the end of the year. In its first year of operation, the Hospital’s medical faculty numbered 16: two attending surgeons (including Lewis S. Pilcher, M.D., president of the Hospital’s Medical Board), two attending physicians, four assistants, two consulting physicians, two consulting surgeons, one pathologist and a house staff of three additional doctors. The Hospital also attracted a small support staff of “interns,” new doctors in need of postgraduate training, who among their other duties were responsible for examining and recommending admission of new patients.

With the Main Building unfinished due to lack of funds, the W est Pavilion quickly proved to be cramped quarters for all the activities taking place there. Surgeons operated on patients in an attic hallway on the W est Pavilion’s fourth floor. As one doctor remembered, “The chimney piece served to hang our irrigating apparatus upon; the fireplace served as a receptacle for the soiled clothes hamper; and the walls were painted white in order to get some approach to that purity and cleanliness so necessary for operating room work. Whenever a splint was needed, an attendant would dive through the trap door into the dark garret of the West Pavilion and bring it forth.”
Four years later, the Hospital Superintendent’s office was located in the basement, the matron was housed in a made-over elevator shaft and the kitchen and laundry “rumbled and smoked in the basement and annoyed visitors, private patients, officers and the occupants of our Children’s Ward.” Still, the staff held high ambitions for making the Hospital a center of medical care and education for Brooklyn and beyond. In 1888 the Hospital opened its Training School for Nurses, which immediately proved to be a highly effective educational program as well as a source of nursing support for the doctors. The Children’s Ward, opened in 1889, inaugurated Methodist’s commitment to pediatric care for Brooklyn’s youngest residents.

Crossroads for the City

In the late 19th century, hospitals were not yet the complex medical centers serving diverse populations that we recognize today. Traditionally, hospitals functioned as charitable institutions for the care of a city’s poorest inhabitants. Doctors treated patients, usually for free or for a nominal fee, in barracks-like public wards that afforded no privacy. This had been true when Brooklyn’s first hospital, Kings County Hospital, was opened as an almshouse infirmary in 1831, and it remained so when Buckley and Seney created Methodist Episcopal 50 years later. If the poorest and often least hopeful cases — sick prisoners, the mentally ill, “vagrants” and the homeless — ended up in city-run public facilities like Kings County, private hospitals such as Methodist existed to serve the vast laboring population that philanthropists described as the “worthy poor.” Thus Methodist initially served Brooklyn’s working class immigrants and their American-born children. But the Hospital also linked their world (if briefly) to that of a different set of Brooklyn residents, the financially comfortable native-born men and women who administered the Hospital’s affairs, provided its medical services and raised funds to keep it going. While Buckley and Seney may have located their hospital in Park Slope because land happened to be available there, their choice also put the Hospital strategically in a zone between these two social worlds.

A mere two blocks to the east lay the exclusive and privileged world of the “Gold Coast,” the domain of wealthy merchants and professionals and their families whose townhouses faced Prospect
the most perfect vehicle of its kind ever constructed in America,” could go for th
along Brooklyn’s wide avenues and nar-
rower streets to bring back individuals
stricken by sudden illness or injur y in
their homes, workplaces or in the streets.
Eventually the Hospital would own at
least two of these horse-drawn vehicles so
as to enable intern s to travel to simulta-
neous emergencies in different par ts of
Brooklyn.

In its earliest years the Hospital
divided its ser vices between the “med-
ical” and the “surgical,” with the latter
encompassing the vast majority of its
patient caseload. While some of this sur-
gery was elective, much of it consisted of
emergency cases r ushed to the Hospital
by its ambulance. As the Hospital’s first
annual report observed in 1888, “the great
strain which our intense modern life puts
upon both body and mind” jeopardized
the well-being of Brooklynites in the
forms of industrial machiner y, urban
overcrowding and traffic, and “the multi-
plication of vices always associated
with crowded populations,” including
alcoholism and addiction.

Directions
to the Hospital
Persons coming to the Grand Central
Station should take the elevated railroad
(Third Avenue) to Brooklyn Bridge, and,
crossing the Bridge to Brooklyn, take Seventh
Avenue electric car to the Hospital.
Persons coming by Weehawken should
cross to Franklin Street and thence to the
Bridge (five minutes walk) by Chambers
Street horse car, then proceed as above.
Persons coming by the Pennsylvania or Lehigh
Valley Railroad can take the Annex ferry to
Brooklyn, and then the Seventh Avenue car to
the Hospital.

The Hospital’s horse-drawn
ambulance, described as
“the most perfect vehicle of
its kind ever constructed in
America,” was originally staffed by interns.
In 1888, four pupils and four "probationers" became the first students of the new Methodist Episcopal Hospital's Training School for Nurses. With hospitals speaking up to meet the needs of an industrial and urban America (4,500 were founded between 1885 and 1915), Methodist's board and administrators recognized that such a school would provide a vital training ground not only locally but nationally as well. The Training School instituted a three-year curriculum, conducted by the Hospital faculty and a Supervisor of Nurses, in which students learned "the outlines of anatomy and physiology," how to dress wounds, and how to apply "fumigations, poultices, cups and leeches." They also learned the proper methods for disinfecting utensils, making beds, and for "preparing, cooking and serving delicacies to the sick." The student nurses were required to attend frequent lectures (eventually including two on gynecology delivered by Dr. Florence Leigh-Jones, one of the era's rare female physicians), study manuals and textbooks, and assist the doctors in the wards, operating room, and outpatient department. While the Hospital lodged and fed the students, it defrayed the program's costs by employing them as unpaid student nurses, it being understood that such work constituted a key element in their education. The school proved a success. In 1899, the Hospital could report that "the enthusiasm, intelligence, and excellent training of these nurses have been favorably acknowledged, and their services are much in demand elsewhere as well as in this city." In an era of rigid gender roles, nursing was one of the few professional fields open to middle-class women. Methodist presumed it would have an unmarried female student body when it instructed new pupils to bring with them "two dresses and one wrapper of gingham or some other wash material, made plainly; six large white aprons... plain underclothing, all marked with the owner's name." Applicants had to be between the ages of 21 and 35, signifying that many were making a choice between marriage and a career. Within a decade, word of the school had spread widely, largely through the Methodist Church grapevine. Students in 1899 came from as far afield as Canada, Colorado and "Dakota." That same year, the Hospital noted that of its 123 nursing graduates, 20 had as Toronto, Canada, Colorado and "Dakota." That same year, the Hospital noted that of its 123 nursing graduates, 20 had married, four (four of them to doctors), 85 still resided in Brooklyn, while others were scattered from Los Angeles and Chicago to Ireland, Denmark, and a U.S. military post in the Philippines. Many remained active nurses, serving hospitals nationwide. Helen B. Riley, Class of 1892, who later married Dr. John Schopp, presumably assisted him with the patients he served in the town of Pony, Montana. The most famous graduate was Doro Schwartz, R.N., author of *Give Us To Go Blithely*, *My Fifty Years of Nursing*, and a pioneer in developing training programs for advanced nurse practitioners, especially in geriatrics and family medicine. The Hospital came of age in the period when modern social work was born, and in 1911 the Hospital appointed Miss Lucy C. Catlin, R.N., as its first social service nurse. Miss Catlin admitted patients to the Hospital's outpatient department, coordinated the Hospital's work with other relief agencies, and became Methodist's official "home visitor," bringing services directly to patients in their homes. Caring for the social as well as medical needs of patients remained a key element of nursing (and nursing education) at Methodist throughout the decades to come, and lives on in the Hospital's range of outreach services. In 1971, due to the increased demand for nursing to serve both R.A. and R.N. degrees, the Hospital closed its School of Nursing. Over the course of 83 years, 2,700 nurses had obtained their training and received their first professional hospital experience here. It was a legacy that left its mark, not only in Brooklyn but around the world, wherever Methodist-trained nurses served patients with skill and compassion.

Early case report to bear this out. Patients during the Hospital’s first year included a 17-year-old boy struck by a locomotive, a man in his 20s injured at sea by a falling mast, and a 55-year-old man hit by a derrick chain. In 1899, a fairly typical year, the Hospital’s ambul ance made 1,376 calls, transported 376 individuals with wounds, 186 who had sustained contusions, 120 with fractures and 76 suffering from alcoholism. Workplace hazards brought patients to the Hospital for both surgical and medical care. Injured construction workers were cared for in 1971, as they now build Park Slope and adjoining districts. Doctors noted that workers in Brooklyn’s freight yards, foundries and sugar refineries suffered frequently from various pulmonary illnesses. As a community hospital, Methodist treated patients for a seemingly endless variety of ailments and afflictions, ranging from epilepsy, "hysteria," typhoid fever, and opium and gas poisoning, to providing corrective surgery for a veteran whose legs had been amputated during the Civil War. It also became the principal health center for the young single women, many of them immigrants, who worked as live-in domestic servants, cooks and nannies for the moneyed families occupying Park Slope’s new brownstone townhouses.
In vowing to serve the “worthy and deserving poor,” Methodist opened its doors to the constituents of Brooklyn’s ethnic mosaic. In 1898, for example, out of a total of 1,381 patients, 951 had been born in the United States, although this number probably included many children of immigrants. The other 430 had been born in a total of 18 foreign countries, with Ireland, Germany, England, Sweden and Italy the leading contributors, representing the influx of nor thern and, increasingly, southern Europeans into Brooklyn. While the majority of patients adhered to one or another of the Protestant denominations (269 were Methodists), the single largest religious group was the 362 Roman Catholic patients, a natural development in a period when so many European Catholic emigrants found a home in Brooklyn. Thirty-one Jews and five who listed their religion as “none” were also present. In an era when racial exclusion and segregation in Brooklyn and New York City for ced blacks into separate restaurants, theater galleries, schools and sports teams, the Hospital had from the start made a commitment to be “open to the sick of all lands and colors.” Methodist confirmed this commitment when in 1888 it admitted as one of its earliest patients a 16-year-old “colored girl” in need of skin grafts for burns, and its early patient rolls also included a number of Brooklyn residents born in the West Indies, most likely members of the city’s Afro-Caribbean population.

Financial Challenges

Keeping the Hospital financially healthy remained an uphill battle. While Methodist possessed the largest endowment fund of any Brooklyn hospital in 1890, its costs skyrocketed during the next decade, making it impossible to finish construction on its planned complex of buildings. One cause was the financial depression that threw millions of Americans out of work in the mid-1890s and hit Brooklyn as hard as any other community. As increasing numbers of men, women and children lost their jobs, the demand for free medical care shot up. In order to serve the swelling population of those desperate for treatment, the Hospital reduced the amount of time a given patient could occupy a bed; an average stay in the Hospital declined from almost 22 days in the early years to 18 days in 1899. To relieve the strain by providing some medical services on an outpatient basis, the Hospital in 1895 turned the first floor rooms of the East Pavilion...
into a dispensary (an outpatient clinic), thus broadening the reach of an initial dispensary program established in 1889 but at that time limited only to former Hospital patients. The new dispensary, paid for out of donations by former Hospital interns, was soon providing free treatment to some 16,000 yearly visitors.

Despite financial pressures, Hospital board members and administrators remained committed to a vision of expanding the Hospital’s services and facilities, a vision that proved costly to realize even as it promised a healthier future for Brooklyn. In 1888, the Hospital’s annual report had noted that while Brooklyn contained a total of 920 hospital beds (70 of them at Methodist, the rest at seven other hospitals), the City of Brooklyn needed one hospital bed for every 500 residents—a ratio that required a city-wide total of 1,600 beds. The Hospital’s Superintendent, the Reverend Dr. John Breckenridge, canvassed tirelessly to raise funds to permit Methodist to both survive and expand. In nationwide campaigns, Breckenridge successfully solicited funds from Methodist congregations and Conferences as far afield as Maine, Ohio and West Virginia. He appealed to donors to endow hospital beds at Methodist “in perpetuity” for $5,000, or by the year at $365 annually. By 1889, some 13 beds had been endowed in perpetuity. Closer to home, Dr. Breckenridge delivered stirring fund-raising sermons to Methodist congregations throughout New York City and Long Island, while the ladies of the Brooklyn Florence Nightingale Societies delivered $1,300 for the construction of an elevator in the West Pavilion.

From its inception, Methodist also sought to defray costs by adopting a policy that would soon become the norm for American hospitals: Requesting or requiring that patients pay for at least some of their care. In 1888 the Hospital announced that it was “necessary to limit the number of free patients, and to ask that those who can pay a part or the whole of the cost of their maintenance should do so.” The Hospital’s trustees noted that a patient who could pay for a bed in one of the Hospital’s “open wards” should be contributing $1.50 a day or $10 weekly for his or her care. Meanwhile, a small number of private rooms would be available at a cost of between $15 and $30 weekly (this at a time when a skilled Brooklyn workman earned about $15 for a 60-hour week, and working women rarely earned more than $7 weekly).

The Hospital’s goal was to attract a middle-class clientele whose payments would offset the costs of providing free or reduced-fee service to their less fortunate fellow Brooklynites. In an era when physicians and surgeons attended middle-class Americans in their homes or in private offices, most viewed hospitals as dens of contagion where the poor went to die. To change this perception, Methodist (and other hospitals) began to provide private rooms and special meals to paying patients, and offered admitting and operating privileges to Brooklyn doctors who brought their private patients to the Hospital. Methodist further attracted doctors and paying patients by providing bacteriological and surgical equipment in an era when the discoveries of Lister, Koch, Pasteur and Roentgen were transforming medicine, thus providing physicians with access to new knowledge and technologies they might not be able to...

Above: The Barnier Room was the first private room to be endowed for $20,000. Elizabeth Barnier donated the money in honor of her parents.

Right: Raising money was key to the Hospital’s continued success. This “Benefactors Wanted” notice appeared in many early annual reports and other publications.

The Hospital pharmacist, c. 1900. New scientific methods available at Methodist attracted doctors and their middle-class patients. Fees collected from these patients helped to subsidize the free care given to those who couldn’t afford it.
find or afford in private practice. The Hospital used this income to enable it to continue its “free work” for non-paying patients. As the trustees declared in 1888, “no one will ever be refused admission on account of inability to pay unless the resources of the Hospital have been exhausted.” Indeed, 20 years later, in 1908, approximately two-thirds of the Hospital’s services were still being provided to patients free of charge.

The 20th century arrived two years early for Brooklyn. On January 1, 1898, Greater New York City officially came into being. Overnight, Brooklyn lost its identity as an autonomous city and became one of New York City’s five boroughs. With more than one million residents, Brooklyn automatically helped to transform Greater New York into the world’s second largest city (following London). The new era would prove eventful both for Brooklyn and for Methodist Hospital. For example, for the first (but not the last) time in its history, the Hospital provided care for American servicemen during and after one of the country’s wars. In the aftermath of American victory in Cuba in the Spanish-American War of 1898, the Hospital took in some 95 of the “boys in blue,” including 45 who had been evacuated to Camp Wykoff on Long Island and then transported by trolley line to Park Slope. Although many were “burning with fevers which seemed beyond human control,” under the watchful care of the Hospital’s doctors and nurses, only one of the soldiers died. Meanwhile, Brooklyn’s citizens donated goods to make the veterans comfortable. A Miss MacBennet, for example, collected “under clothing, stationery, postage stamps, ice cream and delicacies” for distribution among the recuperating soldiers.

The new century also ushered in a period of renewed building and expansion for the Hospital. A surgical pavilion was completed in 1900, the same year that electricity replaced gaslight in some of the Hospital’s facilities. In 1902 philanthropist William A. Halls, Jr. offered to share the cost of completing the long-awaited Main Building and West Pavilion if the Hospital raised funds for the purpose. As a result, in December 1906 the Hospital was able to dedicate and open the Halls Administrative Building. By then, the Hospital had opened an Obstetrics Department, which immediately became one of the busiest and most popular services. By 1907, the Hospital’s original 70 beds had grown to 200.
The staff and trustees in 1912 could look back proudly on 25 years of service in which the Hospital had cared for a total of 42,879 inpatients, provided nearly $1 million in free care and over 100,000 outpatient dispensary visits. Superintendent Abram S. Kavanagh noted in 1914 how a visitor who spent an hour in one of the Hospital’s hallways had been “amazed” at the amount of activity he observed. The visitor “had seldom been in a place where so much was going on. The nurses and orderlies on the floor, the attendings arriving, the friends of patients coming, messenger boys with flowers…” With Brooklyn’s population surging toward two million, Methodist had every reason to remain a center of activity.

This new era was not without its growing pains. Tensions between the Hospital’s house physicians and attending physicians (doctors in private practice who brought paying patients into the Hospital and enjoyed admitting and operating privileges) proved to be one such problem. Competition between the two groups for Hospital resources and privileges accounted for most of the friction. The Hospital implemented a partial resolution in 1915, when the administration agreed to reorganize its surgical service under two head surgeons. This change also reflected a new age in which American doctors were acquiring more control over day-to-day hospital operations. The Hospital’s Medical Board, which consisted of its senior, attending, and consulting physicians and surgeons, gained the right to nominate their own representatives to the Hospital’s Board of Trustees, and the power to nominate or reject candidates for positions on the attending staff. In earlier years, the lay Board of Managers had appointed all physicians.

As always, money matters lay at the heart of most of the Hospital’s challenges. While in 1888 the average cost of a day’s stay for a patient had been $1.01, by 1917 it had risen to $2.65. As costs climbed and New York City’s private hospitals became increasingly reliant on funding from the municipal government to underwrite care, Methodist faced an official city formula that forbade payment for several categories of patient care and limited public subsidies to an amount half the actual cost of “charity” care. While private philanthropists and Brooklyn businesses (including the Abraham & Straus Department Store and the Ansonia Clock Company, whose employees presumably benefited from the Hospital’s proximity) continued to offer financial gifts, the struggle of Methodist and other hospitals with the city for increased funding fore...
shadowed a century’s worth of battles over public reimbursement. Patriotism overshadowed such matters in 1917, when, following American entry into World War I, the Hospital put its West Pavilion at the federal government’s disposal. As doctors and intern volunteers were drafted into military service and the Hospital became a collection point for clothing and supplies donated to the troops, Methodist faced a staff shortage. Fortunately, most of the 1,173 convalescing U.S. Navy seamen whom the Hospital served in 1918 were not in need of serious medical or surgical care, and thus did not overwhelm the staff’s ability to serve them. On the other hand, the influenza epidemic that struck Brooklyn that year, and which killed 20 million people worldwide, constituted a crisis. The Hospital had already faced one public health emergency when, in 1916, an outbreak of infantile paralysis (poliomyelitis) swept the New York area. Ironically, however, the polio epidemic had actually reduced patronage at the Hospital’s popular outpatient dispensary, as parents avoided congregating with their children in a setting where contagion might be ripe. The flu epidemic, conversely, filled the Hospital to the point of overflowing. As flu victims occupied beds and cots in the Hospital’s typhoid ward and even in makeshift areas of the Halls Building, 62 nurses also came down with the illness. In light of the citywide emergency, the Hospital ultimately turned over its wards to the city for the care of flu-stricken public charity patients.

Years of Growth and Challenge

The “roaring twenties” would witness new construction at the Hospital, including the erection of Service Buildings One and Two in 1927-28 and the breaking of ground for a new Nurses’ Residence in 1929. By mid-decade, Methodist’s total bed capacity had risen to 375. To reach the Hospital during emergencies, funds to purchase the modern ambulances were donated by doctors and members of the Florence Nightingale Societies.
Brooklyn residents could now rely on a General Motors ambulance (whose $2,276 price tag had been met by funds donated by the doctors and Florence Nightingale Societies) that had replaced the much-used old horse-drawn vehicles. Eventually, the Hospital would possess two motorized ambulances in order to make emergency calls. Perhaps most notable of the Hospital’s new additions was the Maternity Building, completed in 1924 and known for several decades as the West Pavilion until 1997 when it was renamed the William C. Kirkwood Pavilion. (Mr. Kirkwood, a Hospital trustee for more than 20 years, serving as vice chairman from 1982 until his death in 1997, was one of the first babies born in the Maternity Building.) Obstetrics had become one of the Hospital’s “growth” fields. In the Mater nity Building’s first eight months, 863 babies were born, and the Hospital’s doctors made news in 1925 when they delivered three sets of twins within 24 hours.

Rising costs continued to accompany Hospital growth. The average daily cost of providing for a patient had shot up to $4.88 by 1925. It was in this period that the Hospital’s fundraisers hit upon the idea of the Red Stocking Appeal, in which Brooklyn schoolchildren and church groups received cardboard folders shaped like Christmas stockings in which they could insert ten dimes. Supplementing Methodist’s regular Christmas fundraising drive, the Red Stocking Appeal quickly became a popular way for Brooklyn’s young to raise money and awareness for their community hospital. The Red Stocking icon may be the earliest fundraising symbol in the country, predating the Easter Seal and March of Dimes campaigns.

The onset of the Great Depression in 1929 shattered the health as well as the dreams of countless New Yorkers. It also put tremendous pressure on the city’s medical institutions to provide care while having to slash expenses and cope with diminished revenues. As the Hospital’s private rooms for paying patients stood empty, Brooklyn’s ill swamped its outpatient dispensary and its free wards. Methodist also took in overflow patients from beleaguered public hospitals, putting further pressure on its own strained resources. By 1932, the trustees mandated that all staff members whose salaries exceeded $80 a month take a ten percent wage cut.

In 1935, some patients availed themselves of a new system of insured hospital payments, officially titled Group Hospitalization in Greater New York but popularly known as the “three-cents-a-day plan.” Hospital Superintendent Chester C. Marshall promoted the program as an answer to the “demands for socialized medicine” in an age of effort to secure the health of all New Yorkers in the face of rising medical costs.

Despite the economic disaster of the Depression, the Hospital’s staff continued to plan and innovate. In 1931, they affiliated with the Brooklyn Metropolitan General, the predecessor of the Brooklyn–Long Island Hospital System. Eventually, a new affiliation was created with the Lutheran Hospital System, and in 1961, the Lutheran and Metropolitan Systems merged to form what is today known as the Lutheran Hospital System.
ated with Long Island College Hospital in order to receive undergraduate medical students for training. The Hospital’s long-cherished dream to augment the W est Pavilion became a reality with the opening of the new Buckley Pavilion in 1942.

The Hospital’s denominational ori-entation remained a key feature of its identity. Board members and administra-tors still described patients, regardless of their religious beliefs, as “guests of the church.” The Hospital provided vital services to Methodist clergymen strug-gling with the onslaught of the Depression. No case was more dramatic than that of the Reverend Lloyd W. Karschner, who in 1933 at age 75 hitch-hiked from his home in Millville, Pennsylvania, to Brooklyn because he knew the doctors at the Hospital would perform the cataract surgery he needed but could not afford. The Hospital’s affiliation also resulted in a name change. In 1939, as the three American branches of Methodism prepared to come together as the United Methodist Church, Methodist Episcopal Hospital officially became the Methodist Hospital of Brooklyn. The UMC and the Hospital have since replaced their corporate connection with a “traditional” relationship.

A Borough and a Hospital in Transition

The postwar years were a bit like a ride on the Coney Island Cyclone for Brooklyn. As Dodger Jackie Robinson integrated major league baseball and postwar prosperity lifted the incomes and aspirations of Brooklynites, the Hospital continued to grow.

1930
Brooklyn is the city’s most populous borough, with 2,560,401 inhabitants.

1935
Group Hospitalization in Greater New York goes into effect, offering insurance to New Yorkers; forerunner of later health plans.

1939
Methodist Episcopal Hospital renamed The Methodist Hospital of Brooklyn.

1941
United States enters World War II; many Hospital staff members serve in Armed Forces. Belt Parkway opens.

1950
44 percent of Methodist’s patients would have at least some of their hospital expenses paid by Blue Cross. This circumstance foreshadowed a new, postwar medical economy, one in which hospitals relied increasingly on the insurance benefits of patients in addition to philanthro-py, public reimbursement and the private payments of well-to-do patients.
The social identity of the borough was also changing in the postwar era. As the children and grandchildren of European immigrants moved to Manhattan or the suburbs, their places were filled by newcomers, mostly African Americans from the South, emigrants from the British West Indies, and Puerto Ricans, who joined already-established black and Latino communities in Brooklyn. These new immigrants enriched the borough with their cultural contributions and their aspirations, but poverty, racism and discrimination also accompanied their relocation to the urban North.

Methodist Hospital served Brooklyn’s people as these changes took place. Costs continued to escalate. While the average length of stay was down to 10 days by 1953, the cost of a day’s care was now averaging $21.77. Yet the Hospital forged ahead to adapt and expand its services for a changing Brooklyn. (In 1957, the Hospital noted that 86 percent of its patients lived in Brooklyn, with almost 40 percent being residents of Park Slope.)

The Hospital’s doctors enjoyed a widespread reputation for their skills. From its earliest years, the Hospital was known far and wide as “The Baby Hospital.”

The late 1950s, however, also brought less happy tidings. The Brooklyn Daily Eagle, an institution for over a century, closed its doors in 1955, and two years later the borough’s beloved Dodgers moved to Los Angeles. More critically, many of the factories, refineries and processing plants that had employed Brooklyn workers for decades began to desert the borough, sparking a protracted and sometimes painful reorientation of Brooklyn’s economy from manufacturing to service industries. While Park Slope, once celebrated for its elegant Gold Coast, remained home to a vital community, its residents coped with the loss of blue-collar jobs, the abandonment of buildings by tenants and landlords and other urban stresses. In response, the Hospital’s Social Services Department became an increasingly active agent in the local community.

As early as 1911, Methodist had appointed Miss Lucy C. Catlin, R.N., as its “social service nurse and supply secretary.” Miss Catlin paid 45 visits to the homes of local families in need during her first year, arranging for visits to the Hospital’s outpatient department, coordinating needed services with other relief agencies, and even attending to the religious needs of some families. By the 1940s and 1950s, the Hospital’s Social Service Department was aiding patients seeking improved housing, coordinating care for patients with psychiatric and emotional problems, and obtaining the services of a teacher through the New York City Board of Education to instruct children hospitalized for extended stays.

There was no playing hooky from school, even for hospitalized children, beginning in the 1940s. Today, the NYC Department of Education operates P.S. 403 on the Pediatrics Unit.

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1942—Buckley Pavilion is completed.

1947—Jackie Robinson starts his first season with the Dodgers, integrating Major League Baseball.

1950—44% of Hospital patients have at least part of their treatment covered by Blue Cross.
Brooklyn population peaks at 2,738,272.
Brooklyn-Battery Tunnel is completed.

1942

1947

1950

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The Hospital initiated a number of innovative programs in the 1960s. In 1962, for instance, Methodist opened an acute adult psychiatric in-patient unit, the first in any volunteer hospital in Brooklyn. (The first inpatient geriatric psychiatric unit in Brooklyn was opened by NYM in 1983). A 1963 article by the Hospital’s Robert A. Wilson, M.D., and Raimondo Brevetti, M.D., with Thelma A. Wilson, R.N., laid the earliest groundwork for hormone replacement therapy during menopause.

The following year the Bartone School of Radiography was founded as a two-year training program. Today it offers training in diagnostic radiography, computerized tomography and magnetic resonance imagery. Another of the Hospital’s initiatives in this era, the School of Medical Technology, trains college seniors to work as medical laboratory technologists. These educational endeavors led to others: The School of Radiation Therapy Technology, which trains technologists in radiation technology (1989), the Nurse Leader Program, to train nurse technicians (1992), and the NYM Paramedic Program (2001).

Volunteerism was a part of the Hospital from its inception, but it wasn’t until the 1960s that a formally organized effort was undertaken. Today, more than 1,000 individuals – ranging in age from 16 to 90 – volunteer their time and expertise at NYM through the numerous oppor tunities offered by the Department of Educational and Volunteer Resources. During the next decade, the Auxiliary was founded as a service and fundraising organization for the Hospital. Its most significant source of funds is from the Hospital gift shop, which is operated by the group. Since its founding in 1978, the Auxiliary has raised nearly $3 million dollars, which has been used to support Hospital programs, equipment, renovations and aesthetic additions.

York City for its highly effective surgery department. Methodist’s doctors were also discerning diagnosticians. As early as 1896 for example, they concluded that one of the inpatients, a 30-year old Scottish emigrant who worked in a Brooklyn ceramics factory, suffered from the neurological condition known as Tourette’s Syndrome, this in an era before the syndrome was widely recognized.

The spiritual needs of patients continued to be addressed with the establishment in 1960 of the Department of Pastoral Care’s Clinical Pastoral Education Program. This tradition continues today and chaplains of many faiths are available around the clock to respond to patients’ spiritual needs and, if requested, connect them to their faith traditions. The Pastors Clinic, also started in 1960 (later extended to include pastors’ spouses as well), offers clergy a four -day retreat, during which they receive complimentary medical screenings and learn about the Hospital’s traditions and mission.
Catastrophe came to Park Slope a little before 11 a.m. on Friday, December 16, 1960. That morning, a United Airlines DC-8 jet en route from Chicago to Idlewild (today's JFK) Airport collided with a TWA Super Constellation propeller plane over New York harbor. The wreckage of the jet plunged to earth at the intersection of Seventh Avenue and Sterling Place, killing five pedestrians as well as a man inside a church, and setting fire to over a dozen buildings. A total of 128 passengers and flight crew perished on board the two planes.

As firemen, police, and emergency workers rushed to the scene, they realized that one victim had miraculously been thrown clear of the wreckage onto a snow bank. Eleven-year-old Stephen Baltz had been traveling alone from Chicago to spend Christmas with relatives in Yonkers. Stephen proved to be the only survivor of the collision. Park Slope resident Dorothy M. Fletcher comforted Stephen as she and two policemen lifted him into a car. “We are taking you to Methodist Hospital,” she told the boy. “That’s good,” he was able to reply, “because I am a Methodist.”

Stephen was rushed to Methodist, intermittently conscious and concerned that his mother, who was waiting at the airport to meet him, would be worried. For the next twenty-four hours, Methodist’s surgeons, staff, and nurses worked non-stop to save his life. Sheila Carolan, the Hospital’s chief emergency service nurse, spent all of Friday night with Stephen, noting later that he was “bright and sunny and had a good sense of humor.” People all over the country prayed for him, and the Hospital received hundreds of telegrams and phone calls expressing hope for the boy’s recovery. But his internal burns and other injuries were too severe. At 1 p.m. the following day, Stephen Baltz passed away in his sleep at Methodist Hospital, with his mother and father nearby.

As a token of appreciation for all that the Hospital had done, Stephen’s father presented the Hospital with the still-blackened coins from his son’s pocket, as the start of a fund for some project to help other children. Gifts flooded in from all over the country as well as overseas, as gestures of concern and tribute to Stephen Baltz’s brave fight. Out of this fund, an intensive care unit was established in the Pediatrics Department so that other children might be helped. To this day, the Pediatric Intensive Care Unit serves the Hospital’s community. The coins from Stephen’s pocket remain a cherished and honored heirloom, and a reminder of Methodist’s role in doing its all to try to save the one courageous survivor of a terrible day.

A Day of Tragedy

Stephen Baltz, 11, the sole survivor of the plane crash, was found alive on a snow bank. He succumbed to his injuries the next day.
In an era of frequent hospital consolidations and closings, a signal event occurred in 1970 when, after two years of close cooperation, the Carlton C. Peck Memorial Hospital in Crown Heights merged with Methodist Hospital. Methodist remained the “Baby Hospital,” with 3,079 deliveries in 1963. Significantly, the humanitarian imperative that prompted Buckley and Seney to found the Hospital over 80 years earlier lived on in the fact that one-third of these births were “ward cases,” in which physicians gave their services without compensation. The Obstetrics and Gynecology Division introduced fetal monitoring in 1970-71, and instituted family-centered maternity services, with options for “rooming in” and for fathers to hold their newborn babies.

The institution remained proud of its identity as the “Mother Hospital of Methodism,” the very first of 78 United Methodist Church-affiliated hospitals in the United States. In 1970, the Hospital was designated a National Historic Landmark of the United Methodist Church. The plaque, displayed at the Hospital, reads, in part: “The First Methodist Hospital in the world established May 27, 1881 in the City of Brooklyn, NY, on this site.”

**A New Era**

As New York City weathered a fiscal crisis and a widespread reputation for urban decay in the 1970s, Brooklyn was experiencing the first stirrings of a rebirth that would blossom fully in the decades to come. After 1965, revised federal immigration laws drew fresh generations of newcomers to New York City, many of whom settled in Brooklyn, where they reinvigorated old neighborhoods and community businesses. Migrants brought their languages, cuisines and traditions from Latin America, the Caribbean, Asia, the Middle East, Africa, Eastern Europe and the Soviet Union. In the same years, Brooklyn’s economy, like that of Manhattan, underwent a reorientation to the service and information sectors. In Park Slope, young professionals recognized the charm and convenience of one of Brooklyn’s most distinguished neighborhoods and began moving in, changing the commercial and residential character of the district. While urban problems (including challenges to health, especially in poorer communities) did not disappear, Brooklyn was on an upswing.

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**1965**

Revised federal immigration law paves way for new waves of emigrants to arrive from Latin America, the Caribbean, Asia, Africa and Eastern Europe.

**1966**

Brooklyn Navy Yard closes; later reopened as industrial park as part of Brooklyn’s economic revival. Brooklyn Heights is designated as the city’s first historic district.

**1969**

West Indian-American Day Carnival moves to Brooklyn from Manhattan, symbolizing the growth of Brooklyn’s Afro-Caribbean population.
Brooklynites’ from diverse backgrounds came to know the Hospital as employees and as patients. In harmony with the borough’s regained vitality, Methodist Hospital undertook a modernization program that renewed and enhanced the entire institution. The old Nurses’ Residence building was transformed into a new East Pavilion to meet the need for more office space. The eight-story New Pavilion opened in 1983 with a state-of-the-art operating room suite, recovery rooms, an obstetric suite, delivery rooms and nurseries, intensive care units, a blood bank and clinical laboratories. In 1997, the New Pavilion was renamed the John E. Carrington Pavilion to honor Dr. Carrington, a Methodist minister and trustee who joined the board in 1968 and undertook a modernization program that renewed and enhanced the entire institution.

The 1980s, however, presented the Hospital with problems as well as opportunities. By 1983 with a state-of-the-art operating room suite, recovery rooms, an obstetric suite, delivery rooms and nurseries, intensive care units, a blood bank and clinical laboratories. In 1997, the New Pavilion was renamed the John E. Carrington Pavilion to honor Dr. Carrington, a Methodist minister and trustee who joined the board in 1968 and undertook a modernization program that renewed and enhanced the entire institution.

What can a Hospital mean to a Community?

A Sweet Story
In May 1892, a gentleman riding in Prospect Park was thrown from his horse and brought to this hospital with a fractured skull. He was the confidential clerk in a large sugar firm of Brooklyn. The proprietor came and said, “We cannot spare that man, and if you save his life you will never be sorry.” It was a critical case, and for some days Life and Death sat on opposite scales, rising and falling at every change of pulse and respiration and temperature. At last surgical skill and vigilant nursing won the victory, and the man lived. The firm soon sent us a check for one thousand dollars in grateful recognition of services rendered.

I have vivid memories of New York Methodist Hospital, or as we simply called it, The Methodist. I grew up five blocks from here. My mother, during that period, was a typical hospitalized patient. She was admitted to Methodist with chest and back pains. The EKG done at our home by the paramedics was negative and we came to the Hospital just as a precaution—” Major surgery about to be performed. The ERG done at our home by the paramedics was negative and we came to the Hospital just as a precaution—

On May 12, 2006, our lives changed forever. That’s when my husband Marvin was taken to New York Methodist with chest and back pains. The ERG done at our home by the paramedics was negative and we came to the Hospital just as a precaution—

As a life-long resident of Park Slope, there have been several occasions when I and my family have been assisted by New York Methodist Hospital. We have consistently received good care. But one particular memory of my childhood in the early 1950s comes to mind. My mother had been hospitalized for a few days but to a five-year-old, it seemed to be forever. This was during a time when children were not allowed to visit, so my father arranged for my mother to be at the window of her room in the Buckley building. I remember standing on the corner of Sixth Street and Seventh Avenue and waving to my mother at the window, several floors above. I think of how happy it made me feel to this day each time I walk along Sixth Street.

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But then I met Leonard Lee, M.D., cardiothoracic surgeon. He talked me through the procedure, calmly answering my many naive questions. A few minutes later as I kissed my husband goodbye, I was confident he was in the right hands.

My husband’s recovery is on track. The entire staff was terrific. They helped us realize how truly lucky we are to have a hospital like New York Methodist in our neighborhood.

Harvey Polis

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Jan and Marvin Lefkowitz

My wife and I were married on July 11, 1976—a week after America’s Bicentennial celebration. We were scheduled to leave for a Bermuda honeymoon the next day. Well, on our wedding night, Carole came down with terrible abdominal pains and a fever. Her doctor had her admitted to Methodist immediately, fearing appendicitis. It turned out to be some sort of infection which was successfully treated at Methodist. Of course our honeymoon was delayed about a month and I took an awful ribbing from friends and family about what must have transpired on the wedding night that forced Carole into the Hospital!

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significantly sicker than had previously been the case. The New York State government had instituted stringent regulations and complex reimbursement policies for hospital costs. Methodist, along with nearly every other hospital in the state, began moving into a deficit position. In 1988, the Hospital’s president, Don A. Rece, noted that “our elected officials have assumed that a hospital can simply reduce costs when its financial situation needs to be improved...that assumption has proven to be both short sighted and unwarranted.”

Rece, who had been the Hospital’s first administrator not to be an ordained Methodist minister, retired in 1990 after 24 years of service to the Hospital. As his successor, the Hospital’s Board of Trustees chose Mark J. Mundy, who came with many years of experience in health care administration. Although the early 1990s continued to be a period of instability for health care providers, Methodist began, once again, to flourish. Working together on the assumption that hospitals “exist to serve their communities,” the Methodist board and administration endeavored to anticipate the kinds of facilities and programs that the Hospital’s community would need during the coming years.

The 1990s proved to be a busy and momentous decade for the Hospital. The Hospital’s Department of Radiation Oncology, a regional center for such treatment, founded a School of Radiation Therapy Technology and a stereotactic radiosurgery program. The Hospital also made a major commitment to new, minimally invasive surgery techniques. The first laparoscopic gall bladder removal and first laparoscopic hernia repair performed in Brooklyn took place at New York Methodist in 1991 and 1992, respectively. The first deep brain stimulation surgery [to control symptoms of Parkinson’s disease] in New York City was performed at NYM. Additionally, the Hospital availed itself of new developments in diagnostic imaging technology such as ultrasound, computerized tomography (CT) scanning, magnetic resonance imaging (MRI) and nuclear medicine.

Another pioneering program was the Nurse Leader Program, instituted in 1992, which over a 12-week course, trains nurse technicians to perform duties that require less training than that acquired by registered nurses, but that are nonetheless important to the patient’s welfare. The program quickly became a model for institutions throughout the country.
Prior to construction, the Hospital solicited neighborhood input and a number of modifications (the inclusion of observed bicycle spaces, the placement of a pedestrian entrance on Seventh Avenue and others) suggested by members of the community were incorporated into the final design.

New programs in place by the mid-1990s offered a wide array of innovative inpatient and outpatient services. Among them were a cardiac catheterization unit, a cardiopulmonary physiology laboratory, a chest pain emergency center, a chronic pain management center, a sleep disorders recognition program. Other programs included a Women’s Health Center, a primary care center, and a comprehensive cancer center.

Recognizing the need to extend primary care services beyond the Park Slope campus, and embodying the tradition of community care exemplified in the Hospital’s early years by its outpatient dispensary, the Hospital opened the New York Methodist Hospital Family Health Center at 210 Flatbush Avenue in 1992, the first of several such ambulatory centers.

By the early 1990s, it was clear that market forces were driving health care providers into a new era, even without health care reform legislation. The Hospital’s trustees secured the institution’s future when they entered into an alliance with The New York-Presbyterian Hospital, now the New York-Presbyterian Healthcare System, formed in 1993. The New York Hospital Care Network, now the New York-Presbyterian Healthcare System, was formed to ensure that people in the metropolitan area would continue to have access to high quality medical care in spite of a rapidly evolving health care system and escalating costs. Membership in the System and affiliation with the Weill Medical College of Cornell University also enhanced graduate medical education at Methodist, as residents in many of its training programs now benefited from shared NewYork-Presbyterian/Weill Cornell faculty members in several specialties. A new name accompanied membership in the System: in 1993 the medical complex centered on Sixth Street and Seventh Avenue officially became New York Methodist Hospital (NYM).

Just a few years later, NYM embarked on a major construction project, replacing an unsightly parking lot on Seventh Avenue with a modern medical pavilion, designed to blend with the neighborhood’s 19th century architecture. Completed in 1998, the NYM Medical Office Pavilion features street level retail establishments, four floors of NYM faculty and private physician offices, rehabilitation facilities and a multi-level underground parking garage.

1992
Hospital opens its first satellite ambulatory care center, now called the New York Methodist Hospital Family Health Center, on Flatbush Avenue.

First laparoscopic hernia repair in Brooklyn performed at The Methodist Hospital.

Nurse Leader Program initiated.

1993
The Hospital joins The New York Hospital-Cornell Medical Center to form the New York Hospital Care Network (now the NewYork-Presbyterian Healthcare System).

The Methodist Hospital of Brooklyn becomes New York Methodist Hospital.
center, a reproductive endocrinology lab, a spine and arthritis center and a women’s diagnostic center. The year 2000 saw the opening of new obstetrics facilities that included a mother-baby unit (post partum floor), an expanded Neonatal Intensive Care Unit and a birthing center with 12 labor-delivery-recovery rooms committed to a “family-centered birthing experience.” Along with a state-of-the-art fertility center, these new facilities upheld NYM’s proud reputation as the “The Baby Hospital,” while extending women’s health care through the latest technologies and therapies. In 2005, more than 5,000 babies were born at NYM.

Toward the Future

The first years of the 21st century brought further expansion at New York Methodist Hospital, under the leadership of the president and CEO Mark J. Mundy. By 2004, the NewYork-Presbyterian Healthcare System had become one of the largest comprehensive networks of healthcare providers in the country, serving one of every five patients seen in the greater New York metropolitan area. New York Methodist Hospital continued to develop and offer a range of state-of-the-art medical services, including advanced laparoscopic surgery, the latest version of deep brain stimulation (to treat Parkinson’s Disease) and IMRT, one of the most advanced forms of radiation therapy against cancer tumors. Under the direction of Stanley Sherbell, M.D., executive vice president for medical affairs, the Hospital strengthened its medical residency programs and recruited many nationally recognized physicians.

One of the new century’s most noteworthy events for the Hospital was the opening in April 2004 of the New York Methodist-Cornell Heart Center which brought to Brooklyn a patient-centered, state-of-the-art cardiac surgery center staffed with a top-rated surgical team from the Weill Cornell Medical Center. The new Center was developed after New York State selected NYM to create a comprehensive heart surgery program for the borough of Brooklyn. It is only the third such center in Brooklyn and was approved by the State following a highly competitive process.

After years of intensive planning, construction and the hiring of an exceptionally trained and talented staff, the Center opened with two cardiac surgery rooms, eight-bed cardiac intensive care unit, and patient and family waiting areas. A team of interventional cardiologists plays an integral role in the cardiac

Infectious Diseases Treated at Methodist

1902
- Typhoid fever
- Paratyphoid fever
- Scarlet fever
- Malaria
- Influenza
- Tuberculosis

2005
- Tuberculosis
- Blood-borne illnesses (HIV, Hepatitis B & C)
- Meningitis
- Influenza
- Multidrug-resistant organisms:
  - MRSA (Methicillin Resistant Staph Aureus) and VRE (Vancomycin Resistant Enterococcus)
surgery program. These physicians specialize in advanced non-surgical procedures, including balloon angioplasty and stent placement. The opening of the New York Methodist-Cornell Heart Center also served to strengthen NYM’s role as a borough-wide medical institution.

In 2003, construction began on a new building on the Hospital’s Park Slope campus, to be completed in 2006, allowing for the expansion of the Cardiology Division, the Emergency Department, the Mother/Baby Unit, the Neonatal Intensive Care Unit and the Pediatrics Unit, along with more than 100 new private inpatient rooms. Nicknamed the “Infill” building, the new construction literally filled in the space in-between and behind the Hospital’s existing buildings.

Other construction projects were begun in 2003, including a new façade for the Kirkwood Pavilion and new entrances for the ambulatory care clinics and the Emergency Department.

From the seed money that George Seney gave to James Monroe Buckley in 1881, New York Methodist has grown into a medical center with an annual budget exceeding $475 million. The 70 beds it provided in the West Pavilion in 1887 have become more than 600 beds (including bassinets). Its original medical faculty of 16, with a support staff of a handful more, has turned into a total staff of nearly 3,000 fulltime or equivalent employees plus more than 1,000 attending physicians. From a total of six patients in 1887, NYM today treats more than 30,000 inpatients each year, and records nearly 100,000 outpatient clinic visits, approximately 60,000 visits to its Family Health Centers and about 65,000 Emergency Department visits. In the 1880s, an inpatient would spend an average of almost 22 days in one of the Hospital’s beds; today, most spend less than a week.

For all its growth, NYM continues true to its original vision of serving the health needs of the people of Brooklyn. As in the 1880s, the Hospital serves native Brooklynites as well as people from all over the world who have come to Brooklyn seeking a better life. Growing up with Brooklyn, the Hospital has changed with the times to meet the constantly evolving needs and challenges of a city and a borough that have never stood still. New York Methodist Hospital faces a busy and dynamic future of dedication to the health of Brooklyn’s people, a future consistent with its heritage of 125 years in their service. It is a fitting legacy for an institution founded to be “a general Hospital and open to the sick of all lands and colors and creeds” and one with a spirit “so liberal that the doors shall be thrown wide open to any human being that God Almighty permits to live anywhere on the face of his earth.”

New York Methodist Hospital has come a long way in 125 years.

2003
Construction begins on new Infill Building.

2004
New York Methodist-Cornell Heart Center opens.

2006
NYM celebrates its 125th anniversary. Although the Hospital has been in the same location for its entire existence, all of its original buildings have now been replaced. While NYM has long been Park’s Slope’s neighborhood Hospital, it now functions as a major regional medical center for the entire borough of Brooklyn.

Although the Hospital has been in the same location for its entire existence, all of its original buildings have now been replaced.