

THE METHODIST

GENERAL HOSPITAL

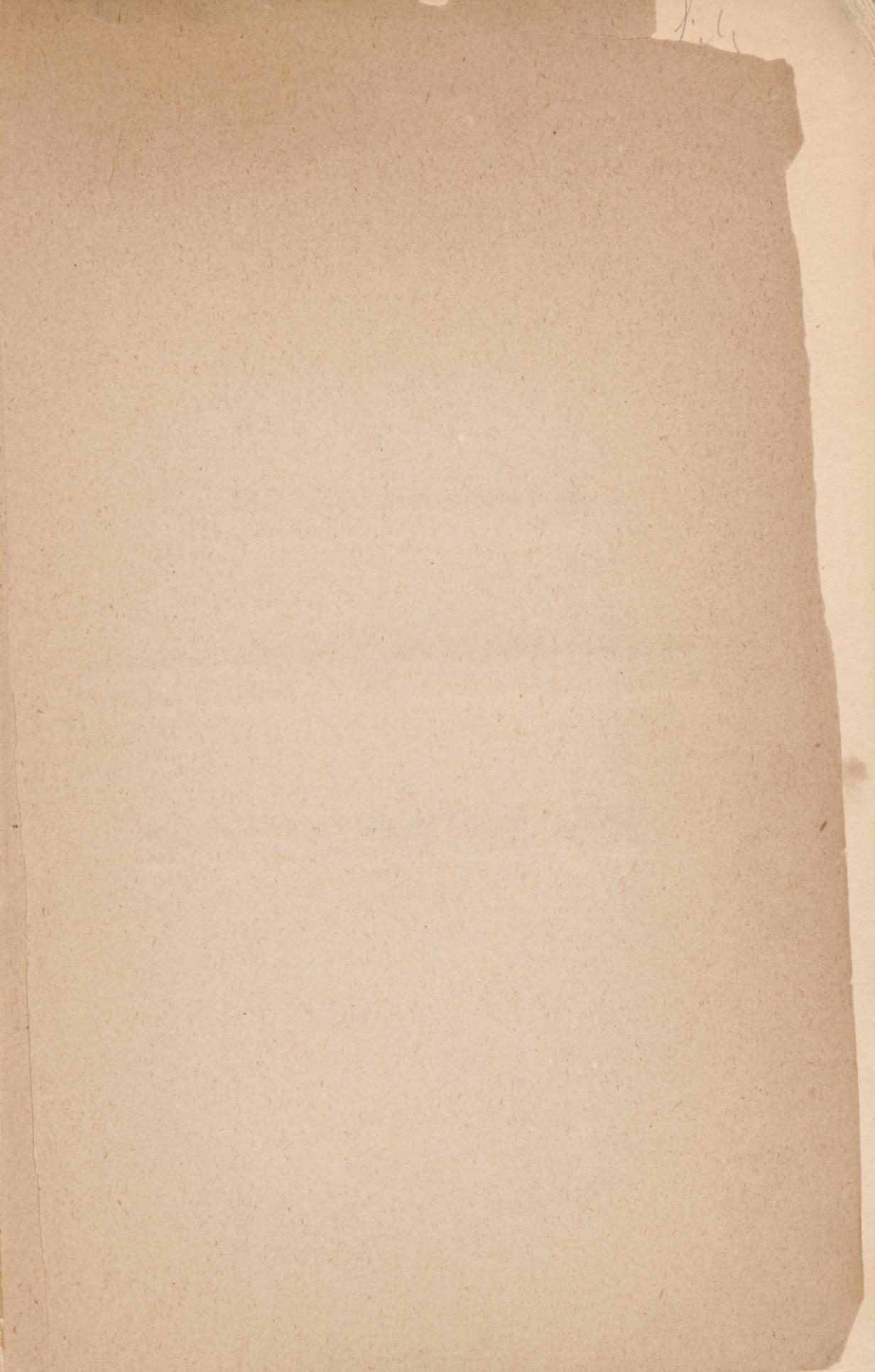
TO CURE THE PATIENT'S NEEDS



THE HOSPITAL

GENERAL HOSPITAL

In Original Form



✓

1885. Lilly

COMPLETING A GREAT CHARITY.

THE METHODIST
GENERAL HOSPITAL

Its Origin, Purposes, Needs.

“ I was sick and ye visited me.”

“ Inasmuch as ye have done it unto one of the least of these
my brethren, ye have done it unto me.”

1885.

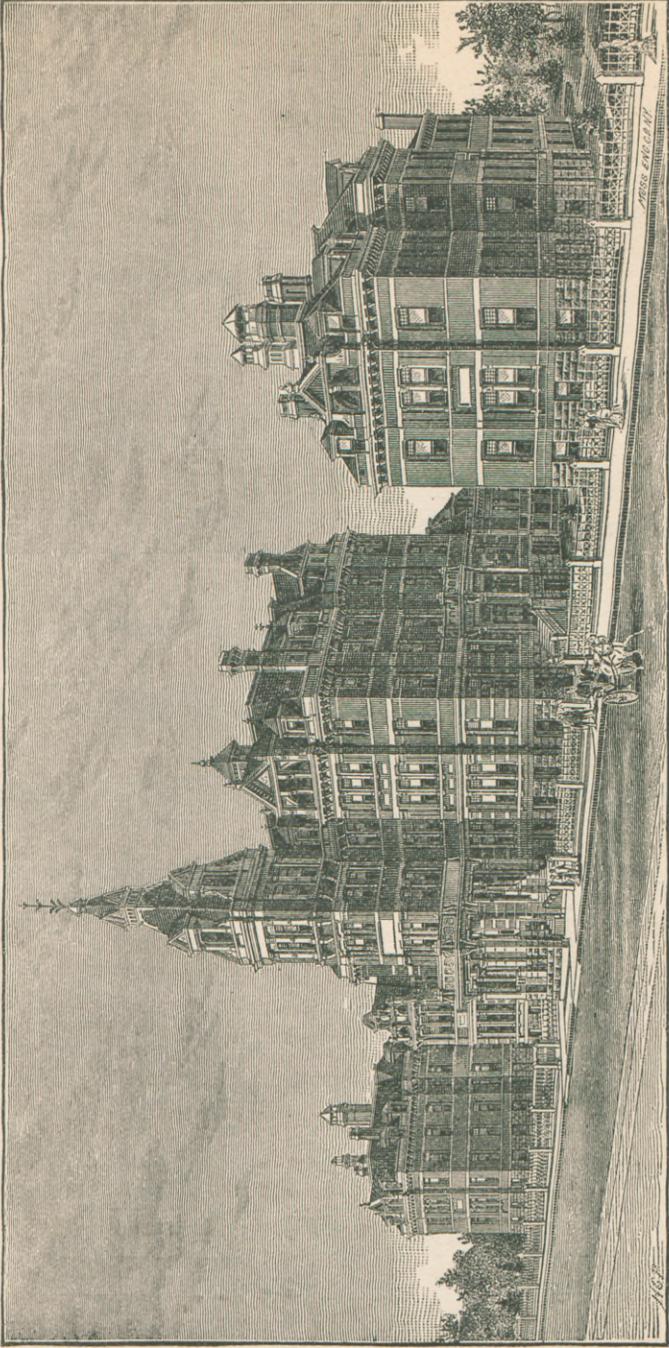
This pamphlet is based on, and is, in part, an abridgement from a more extensive and detailed statement prepared by the Rev. A. D. Vail, D. D., Corresponding Secretary of the Board of Managers of the Hospital.

This pamphlet is published without expense to the Hospital Association.



CONTENTS.

	PAGE
I. ORIGIN AND PURPOSE	5
II. THE HOSPITAL NEEDED	6
III. WHY GIVE THE HOSPITAL A DENOMINATIONAL TITLE	10
IV. PRESENT PLANS AND ESTIMATED COSTS	12
V. PLANS FOR SUPPORT	15
VI. THE FRIENDS NEEDED	20
VII. BEQUESTS	22
VIII. SUMMARY	23
IX. APPENDIX	26
Act of Incorporation, Officers, Plans and Description of Buildings.	



THE METHODIST GENERAL HOSPITAL.

Location—Sixth Street, between Seventh and Eighth Avenues, Brooklyn, N. Y.

The Methodist General Hospital.

I.

ORIGIN AND PURPOSE.

It is well known to the general public that in the year 1881, Mr. George I. Seney, in response to his conviction of the needs of more hospital accommodations for the sick and the poor of the great city-system centering in New York, offered to give the munificent sum of \$200,000 to found a hospital.

It was never the expressed design of Mr. Seney to complete by his own gifts this hospital. He rightfully felt that others would in due time come forward to complete and endow the work whose foundation he had so grandly laid.

It was the desire of Mr. Seney to secure an institution which, in the perfection of its appointments and in the excellence of its sanitary conditions, should be equal to the best in the world. To secure these results no pains have been spared. Competent medical experts, in the interests of this work, have visited the leading institutions in Europe and in this country, and in all the architectural development of the buildings there has been a studious conformity to the plans most approved by medical science and experience.

As the needs of this great work developed upon his thought, Mr. Seney was prompted to approve of plans, the completion of which would involve a much greater outlay than that originally contemplated.

The responsibility for the completion of these plans he personally assumed, continuing to defray the expenses as they matured until his payments aggregated the princely sum of \$410,000.

As a result, there stand, dedicated to the needs of humanity, in a superb location occupying an entire block just west of Prospect Park in Brooklyn, and in an advanced state of completion, three noble buildings. These buildings are externally complete—as shown in the frontispiece of this pamphlet and in the larger engraving of the appendix—wanting only the doors and windows. The interior work is also, in many features, largely provided for.

The munificent founder committed his gift to the supervision of the Methodist Episcopal Church, but he especially stipulated that this should be a

GENERAL HOSPITAL,

open to Jew and Gentile, Protestant and Catholic, Heathen and Infidel on the same terms.

It is the desire of the Board of Managers faithfully to carry out this design in its largest and most generous meaning.

And now, this institution stands in the midst of these populous cities, and, in the name of the sore and pressing needs of multitudes, it appeals for further gifts that it may open its doors in a ministry of blessing to the sick and wounded.

A sum of a little more than \$200,000 will complete and furnish these buildings in all departments. Surely, in presence of the enormous wealth of these great cities, this is not a large sum to ask. There are many single men who, without embarrassment to themselves, could complete this enterprise, and thus make their very name a blessing forever.

It certainly cannot be, when the needs for this charity shall be fully known, that it shall remain long undeveloped.

If one man, for the good of his kind, can make so magnificent a beginning, surely among the wealthy thousands others will come forward to put the crown of completion upon a work so noble.

II.

THIS HOSPITAL NEEDED.

That another great hospital, under Christian auspices, in the crowded cities that cluster around the bay of New York, is one of the most pressing necessities of the hour, is susceptible of demonstration. The fearful amount of sickness and suffering among the worthy and deserving poor is far beyond the thought of all who have not made the matter a study.

A great epidemic would humiliate us beyond measure, by showing the poverty of our resources to aid the poor. The number of sick whom our physicians, without expectation of fee or reward, are constantly helping, aggregates multitudes; while in a large proportion of these the charitable efforts of these physicians are greatly hampered

or entirely neutralized by the conditions in which their patients are unavoidably placed.

In New York and Brooklyn, and in the adjoining cities, those who in their times of accident and sickness are absolutely dependent upon our hospitals and dispensaries are many thousands.

The sanitary statistics of London, which are perhaps as carefully prepared as those of any city, reveal the startling fact that, on the rigidly lowest basis, at least, one-fourth of the population of a great city receive gratuitous medical care and counsel within a single year.

Our great American cities will show similar figures. And, whatever may be the causes, we must include the sad fact that the need of assistance increases in a more rapid ratio than the advance of population.

In London the population doubled between 1830 and 1869, but eight of the great hospitals treated five times as many in the latter year as in the first.

The great strain which our intense modern life puts upon both body and mind, the ever-increasing danger to life and limb resulting from the vast multiplication of mechanical contrivances to supplement and to supplant manual labor, the gravitation of populations into cities, and the crowding of them into areas insufficient to maintain them in health without the aid of complex artificial contrivances, the multiplication of vices always associated with crowded populations—out of these, and kindred conditions, grow the ever-increasing needs of a wise charitable supervision in great cities.

A discriminating experience teaches that at least two¹ hospital beds are required for every 1,000 of city populations. This estimate does not include the hospitals or infirmaries that are adjuncts to work-houses or almshouses for the relief of paupers.

In the city of London, in which public charities are perhaps as well distributed and administered as in any city in Christendom, there are *seven* beds to every 1,000 of the population.

But let the smaller estimate be taken and applied to the city of Brooklyn. Calculating its population at 700,000, this city should have 1,400 beds available for its worthy sick poor. What is the real state of the case? Careful inquiry shows that the entire hospital accommo-

¹ Oppert in his work on Hospitals and Infirmaries, which is a recognized authority, puts the number at four to every thousand of population.

dation of the city of Brooklyn is only 850 beds.¹ 500 of these beds are maintained in the three institutions which are supported by the Roman Catholic Church. The accommodations of these three hospitals especially are constantly taxed to the utmost, and those having them in charge furnish the information that *worthy applicants are almost daily turned from their doors because of lack of room for their reception.*

It thus appears that the actual present hospital needs of the city of Brooklyn are much in excess of the supply.

New York City in respect to hospital accommodations is much better off than Brooklyn. Yet after treating 41,329 cases last year, the authorities report that thousands were turned away from the doors of the New York hospitals for the lack of room.

But the growth of population in these cities makes necessary the wisest forethought with reference to the needs of the near future. The growth of these cities is as wonderful as a magician's dream. A single decade will add vastly to the needs for a wise charity in them. And if the present needs are inadequately met, how are the needs of the near future to be provided for? Only, certainly, by building wisely and generously now.

In this respect, a charitable public cannot too much admire, or too zealously emulate the wisdom and foresight of the Roman Catholic Church. It would seem that this Church is doing more, through its organized charities, to relieve the wants of the sick and suffering in hospitals than all the other denominations combined. In the two cities of New York and Brooklyn this Church is now maintaining in a very noble way more than 950 hospital beds, and it is already planning to add to these 200 more.

These additional 200 beds will be equivalent to a large hospital in themselves. The Roman Catholic Church is planning for this heavy additional tax upon its resources which the support of these 200 beds will require because its hospital managers know well that these added accommodations are absolutely needed.

The immediate need of more hospital accommodations can, therefore, hardly be overstated. Our present general hospitals are occupied

¹ Brooklyn Hospital....	125 beds.	St. Mary's Hospital.....	200 beds.
Long Island College Hospital..	150 "	St. Peter's "	150 "
St. John's Hospital... ..	25 "	St. Catherine's Hospital.....	150 "
Homœopathic "	50 "		

up to their full ability to care for patients. Wherever empty beds are found, its explanation is found in the lack of the resources required for their support. More money, much more money, is needed to enable them to do a better and a larger work.

And still there are thousands uncared for. In the homes of the worthy poor many sicken and die for want of the conveniences and treatment which could be afforded them in a good hospital. But it is not only for the destitute or for the poor suddenly overtaken by calamity that hospital accommodations are needed. The conditions of society presented in great cities furnish a vast number of persons in greatly differing circumstances, but all alike in being homeless and without adequate provisions for their care when sick or disabled—such are sailors, as a class, a large proportion of young mechanics and clerks, servant girls and female operatives and saleswomen, travelers and temporary sojourners of every kind, and a great multitude of people living in hotels and boarding-houses. In addition to these must be considered the needs of many, both in the cities and in the country, who are neither destitute nor homeless, but whose cases are such that special treatment or special skill is needed for their relief such as can only be obtained in a well-organized hospital. It is difficult to judge between these several classes as to which of them appeals the most to sympathy and consideration. In the statistics which have just been given, the needs of the destitute have chiefly entered into the calculation, but it will be seen that the equal needs of the other classes ought not to be refused a hearing. Demands on every hand for a large and wise charity in providing for the relief of the sick and disabled, are pressing at the very doors of those who are able to help.

The Methodist General Hospital is needed. When completed it will present facilities for hospital work equaled by very few institutions in this country. It will not only be a boon to the afflicted, but it will be a source of just pride and honor to the charitable public.

Will not every reader of this pamphlet volunteer at once to take some part, according to his ability, to open promptly the doors of this institution for the relief of the sick and the healing of the wounded?

III.

WHY GIVE THIS HOSPITAL A DENOMINATIONAL TITLE ?

This Hospital is to be known as the Methodist General Hospital. The question will be asked, "Is it designed for Methodists alone?" No more for them than for any other people. It is an institution for humanity. Its doors are to stand forever open to all persons who may properly be admitted to such an institution, whether Christian, Infidel, or Pagan.

Why, then, give it a denominational title? In this case it would be a sufficient answer to this question to say, that the founder of this Hospital chose to commit his gift to the representatives of that denomination in which his own father lived and died an honored minister. But it was the furthest thing possible from his thought that this institution should be conducted on any narrow or sectarian basis.

The name which the Hospital bears can present no reasonable bar to the gifts of those who in this way desire to benefit humanity. The Managers of this Institution seek to be only fellow-workers with all for the common good.

But the advantages of denominational hospitals are by no means to be ignored. A denominational charity secures a very wide distribution of interests not only in its administration, but in the proper subjects for its benefits. It is desirable that the hospital should open its doors to all the deserving poor, but not to professional paupers. Professional paupers are proper subjects for the State, but not for private charities. It is most desirable, in every way, to guard against imposition from this source; and it is believed that by its methods of organization and support a denominational hospital secures this immunity more perfectly than most public charities.

Again, proper hospital administration always involves large expenditures, and the annual expenses of a hospital require the regular accession to its funds of large amounts. It is only in very exceptional instances, and then usually only after a long history, that a hospital becomes the possessor of an endowment the income from which is sufficient to meet its expenses. A hospital, therefore, needs a large constituency, which is directly and continuously interested in its work, from which it may derive the funds necessary for its current expenses, after it has once been built. With the organization of society in this

country, a large religious denomination presents pre-eminently the most favorable conditions for supplying such a constituency.

One of the noblest outgrowths of denominational life within the last fifty years will be found in the great hospitals bearing the names of the different Christian churches. This is at least a partial answer to those who believe in the narrowness of creeds. Every one of these hospitals opens its doors as freely to others as to those of the denomination whose name it bears.

These great hospitals are denominational only as they collect the hundreds of little streams of charity, and then spread them, as the Nile spreads from her rich abundance, that which she has gathered in the far-off mountains.

Two great facts are leading the Christian Church of to-day to new and large charities :

First, God has greatly increased and prospered the young men of the Church, and given them money to use in his own cause.

Secondly, the preaching of the Word has been largely in the direction of Christian works, and the Church is showing its love of God by its love for men.

A great hospital is generally the outgrowth of the benevolence of some princely man, who determines to build and who soon inspires others with his enthusiasm.

So did James Lennox, and he made not only possible but real the great Presbyterian Hospital of New York, one of the grandest monuments to his princely liberality. But in all these cases the growth has been slow, and the delays in the end have inured to the benefit of the institution. It was not best for one man to build the whole, and Mr. Lennox gave in a way that led others to give, and at last a hospital was opened, rightly not bearing the name of one man, but of a great denomination, whose members thus are more widely interested in its prosperity. If the Presbyterian Hospital is denominational, it is nevertheless like a vine running along the dividing lines ; it is dropping its rich fruitage into all the adjoining gardens.

In a similar way grew up the famous St. Luke's and the Mount Sinai Hospitals of New York. A few large gifts were needed in the beginning, but the present magnificent charities were of slow growth and represent the gifts of the many.

The Methodist church may justly be expected to give its fostering care to the institution bearing its own name. This church, in com-

parison with some other of the leading denominations, is by no means so wealthy in proportion to its numbers in the great cities; but with multitudes of its young men increasing in means and liberality, with a growing sentiment among all Christians that they are but stewards of their Lord's money, it may be confidently expected that this Hospital, when once completed, will have a continued and increasing support.

With the knowledge of the success of other institutions, with the advantage of their experience, with the inspiration of their usefulness, and the certainty that the cause is one which must commend itself to all lovers of their kind, the Methodist General Hospital now makes its appeal to a benevolent public.

IV.

PRESENT PLANS AND ESTIMATED COST.

A Special Committee was appointed by the Board of Managers to report on the amount of money needed to complete the hospital and to suggest a plan for raising the money. After determining the cost of the work to be done, and believing that the people would give the money when they knew the facts, they decided to secure, if possible, the services of a thoroughly competent man to act as the financial agent of the institution. The Rev. GEORGE P. MAINS, a member of the New York East Conference, was appointed by the Bishop for this work in April, 1885.

The Committee reported that, in their judgment, it was inexpedient at this time to attempt to raise the entire amount of money required to complete all the buildings of the hospital, but that they would recommend an attempt to raise sufficient to complete and open for use as a hospital one of the pavilions, together with the rooms in the basement of the Central Main Building, for the economic uses of the institution. In addition to this, some expense would have to be incurred upon the other buildings, and in grading and fencing the grounds, so as to make the surroundings of the pavilion of a proper character.

Careful inquiry as to the amount required to pay for the proposed work had convinced the Committee that it would not exceed \$60,000.

This conclusion was based on the following detailed estimates that had been submitted by the architect, Mr. John Mumford, and

had been examined and indorsed by Messrs. John French and Samuel Booth, of the Building Committee :

FOR CENTRAL BUILDING.

Laundry fixtures.....	\$2,000 00	
Steam heating	1,062 00	
Sash, doors and blinds.....	4,400 00	
Plastering and mason work.....	1,841 00	
Carpenter work.....	1,500 00	
Gaspipes and plumbing.....	500 00	
Kitchen utensils.....	1,200 00	
		<u>\$12,503 00</u>

WEST PAVILION.

Steam heating.....	\$6,775 00	
Sash, doors and blinds.....	3,400 00	
Plastering and mason work.....	4,765 00	
Carpenter work.....	6,500 00	
Plumbing and gas-fitting.....	4,000 00	
Hand elevators and lifts.....	800 00	
Iron air-duct covers.....	500 00	
		<u>26,740 00</u>

FURNITURE.

Iron bedsteads	\$ 891 00	
Bedding, etc.....	691 50	
House furnishing goods.....	110 40	
Furniture	528 50	
Dry goods	1,289 59	
Crockery.....	154 00	
		<u>3,664 99</u>
Apothecary shop outfit.....		300 00
800 feet iron fencing.....	\$2,500 00	
Stone coping and foundation for fence.....	1,500 00	
Flagging Sixth street and inside of fence.....	1,500 00	
Grading walks and sodding.....	2,000 00	
400 feet board fencing	400 00	
		<u>7,900 00</u>
Stable		3,000 00
Contingencies		4,292 01
Architect's fees.....		1,500 00
		<u>\$59,900 00</u>
Total amount		

The completion of a pavilion according to the plan herein detailed will furnish accommodations for 54 beds in wards and in private rooms, and will provide, to the extent of its capacity, in every way a first-class hospital.

The Board of Managers adopted these suggestions of its Committee, and ordered that the work be proceeded with as soon as the entire amount of the estimated cost should have been raised.

The plan for raising this \$60,000 is by conditional subscriptions, none of which shall be binding unless the entire amount shall have been validly subscribed.

To assist in raising this money, an appeal is made to

EVERY READER OF THIS PAMPHLET.

But this only proposes a commencement of the work. It still remains to complete internally the central main building and another pavilion. It is hoped that the final work of completing these buildings may be entered upon soon. The central building, one of the finest hospital buildings in the world, may be completed and furnished throughout for about \$100,000. The other pavilion—the pavilions are exactly alike—can be completed and furnished for a sum not exceeding \$30,000.

This work appeals to the friends of humanity. Consider the quality of this appeal. Is there any cause to which you can more worthily consecrate your means? By doing this, you would do a work like that to which Christ gave a large part of His earthly ministry, the kind of work which has clothed with deathless sanctity the names of John Howard and Florence Nightingale. If God has blessed you with large means, will you not regard it as your grateful privilege to contribute to the completion of a house of mercy whose doors, when you are dead, will stand perpetually open to welcome and bless the sick and wounded, and to give a ministry of Christian cheer to the dying?

The managers are sure that the full capacity of this hospital will be taxed as soon as it can fairly be thrown open to the public, and, from their knowledge of the situation, are confident that the running expenses of the institution can be certainly provided for from the first.

The present necessity is the *completion of the buildings.*

THE PLANS FOR SUPPORT.

When the buildings are completed and furnished for use, then will come the question of its support as a great charity: How can this be done? The substance of what follows has been taken from careful studies and estimates made for the information of the Board of Managers by one of its medical members, and may be relied upon.

In the course of a single year each bed will be occupied by many different persons, one patient giving place to another as he goes forth healed or helped. The cost of maintaining a bed varies in different hospitals. In 1883, the money spent for each bed in the Mt. Sinai Hospital was \$377; in St. Luke's, \$426; in the Roosevelt, \$471; in the Presbyterian, \$524. For the purposes of an estimate an average of \$450 for the Methodist Hospital may be accepted; 50 beds then would require \$22,500.

We may classify the sources of income under the following heads: 1. Interest from invested funds. 2. Payments by patients. 3. Church Hospital Association Fees. 4. Donations from individuals. 5. Miscellaneous and Hospital Sunday collections. 6. Subsidies from city treasury.

INTEREST FROM INVESTED FUNDS.

This source of support is, of course, the most desirable, and in most hospitals the effort to provide it has been earnest and unremitting, and the reports of many institutions note large additions to their permanent endowment annually. Thus the Presbyterian Hospital in New York, with its 110 beds, received \$172,422.64, in 1883, toward its endowment; \$150,000 of this was the result of a special effort to raise an endowment fund, \$22,422.64 was the result of an organized effort of some duration to secure the endowment of special beds by particular churches.

In 1884, \$18,737.77 was received from this latter source also, and \$21,070.25 from legacies and bequests. The total amount of income received by this institution from its invested funds was \$33,499.47 in 1884, while its total current expenses were \$51,404.36.

In 1884, St. Luke's Protestant Episcopal Hospital in New York received an income from its invested funds amounting to \$30,025.53. It received \$28,823.48 in general legacies, and \$26,000 from individuals

for the endowment of particular beds. The managers of this institution have made particular efforts to advance its endowment by this plan of having special beds endowed, these beds being known by the name of the persons endowing them, or, as in many cases, by the name of persons in whose memory they are endowed. According to the report of this hospital for the year ending October 18, 1884, 91 of its beds have thus been endowed. The endowment plan being that a gift of \$5,000 should endow a bed in perpetuity; \$3,000, during the life of the donor; \$3,000, a bed in the children's ward in perpetuity.

If an earnest effort was made to awaken the interest of Methodist Churches, and of individuals having sympathy with the charitable work of the Church, equally liberal offerings would undoubtedly be forthcoming for the support of the Methodist Hospital. The securing of a permanent endowment fund must engage the special efforts of the friends of the institution from the beginning. The sources from which it is to be obtained are general donations, legacies and bequests, and the endowment of particular beds by individuals, churches and societies. It cannot be expected that much can be obtained before the institution shall have been opened; but, according to the experience of other like institutions, it may be expected that the influence of its own work, after it shall have been inaugurated, will be such as to win the needed endowment from the constituency to which it will specially appeal, and whose charity it will professedly represent. A permanent endowment fund will become an important element in making possible a future increase in the number of beds maintained in the hospital.

PAYMENTS BY PATIENTS.

The amount received by hospitals from patients who are able to pay more or less for their maintenance while in hospital must naturally vary much, being dependent upon the class of people who look to the particular hospital for relief, and to the care with which the authorities of the institution look to it that its benevolence is not abused by those who can, but will not pay for what they receive. The custom most in favor with American hospital authorities, with reference to payments by patients, is that while no person who would be likely to be benefited by the care of the hospital should be refused admission on account of inability to pay, yet that all who are able to pay for their maintenance, even though it be but little, should be required to

do so. By this means a hospital is able to extend its charity to a larger number of those who need it, and escapes, at the same time, the evils of an indiscriminate charity.

The reports of other hospitals show that payments from patients amount to a considerable sum. From the last annual statement of the Hospital Saturday and Sunday Association of New York City, we learn that the cost of maintaining, in 1884, the 20 hospitals that form that Association was \$546,380—of which \$131,241 (about 24 per cent.) were received from paying patients.

During 1884 the Presbyterian Hospital of New York received \$6,463.16 from paying patients: St. Luke's P. E., \$8,803.90. In the previous year the New York Hospital received \$26,570.08, and the Massachusetts General Hospital, \$18,389.28.

The tendency upon the part of persons needing unusual care, or special surgical treatment, and of those who have not home facilities for their care when sick, to avail themselves of the advantages of hospital treatment, esteeming it a privilege to pay for the same, is continually increasing in this country. All the conditions which surround the Methodist General Hospital are such as to give reason to believe that a large number of persons who would be able to pay all or some part of the cost of their maintenance, from a very wide extent of territory, would apply for reception into it. At least, it seems that we are justified in the conclusion that the amounts that would be received from such patients would not fall below the general average. If this be the case, somewhat more than \$5000 annually may be relied upon by the hospital from this source.

INCOME FROM ASSOCIATION FEES.

It is purposed at once to form a general HOSPITAL ASSOCIATION throughout the Methodist Churches of New York, Brooklyn, Jersey City, Newark, and in adjacent communities.

In this Association there will be four general classes, viz.: Life Members, Patrons, Members, and Contributors.

A person is made a Life Member by the payment of \$250 and approval, upon the presentation of his name, by the Board of Managers. A life member shall have the privilege of nominating one patient annually to a bed in the hospital during his lifetime, and of voting at the election of Managers of the Hospital.

A person becomes a Patron for one year by the payment of \$25, and for that year is entitled to the same privileges as a life member.

The annual payment of \$5 shall constitute the donor a Member, subject to approval by the Board of Managers. All members shall be entitled to vote at the election of Managers of the Hospital at meetings regularly called for that purpose.

A person is constituted a Contributor by the annual payment of \$1.

The names of all members of these various classes will duly appear in the printed reports of the institution.

In connection with each church a Local Committee, including persons of both sexes, will be appointed to represent and to advance the interests of the Association in that church.

The experience of the Jewish Hospital in New York (Mt. Sinai) is most suggestive of the possibilities of an Association such as is here proposed. From membership fees in a similar Association connected with that hospital there was realized in the year 1883, \$35,192.50. Up to the present writing, owing to the approaching summer vacation season, associations have been started in only two churches, viz.: The Nostrand Avenue Church of Brooklyn and the church in the village of Flushing. The cause was presented in neither case under the most favorable conditions, but in the former church the sum of \$642 was pledged, and in the latter, \$81. The conditions of the pledges are such that much of these amounts will be annually repeated for five years.

Selecting these churches as samples, it is reasonable to expect that at least from \$12,000 to \$15,000 annually may be realized from this source. In the meantime, the yearly presentation before the churches of this cause will be an effective means of stimulating a wide interest in the institution.

INDIVIDUAL AND MISCELLANEOUS DONATIONS.

The amounts received by a hospital from the casual donations of individuals who become interested in its work must, in the nature of the case, vary much; but the experience of other institutions shows that they often amount to a considerable sum. From this source the Presbyterian Hospital in New York received in 1883, \$1,798.14, and in 1884, \$776.25. The P. E. Hospital of Philadelphia received in 1883, \$9,792.15. St. Luke's P. E. Hospital in 1884 received \$5,792.75

Under this head may be classified also the contributions elicited by Fairs, Festivals, Concerts, Donation Parties and the like. Thus at a fair for the benefit of the Homœopathic Hospital of Brooklyn, in 1884, more than \$8,000 was realized. By the Purim Ball in New York, in 1883, \$15,115 was realized for the benefit of the Mt. Sinai Hospital. By a fair held annually for the benefit of the Brooklyn Orphan Asylum a regular income of between five and ten thousand dollars is received. As the result of a concert, a festival and a donation party, the Methodist Home for the Aged in Brooklyn netted \$2,587 in 1884. It would seem as if the amounts which can be received from these sources are limited only by the needs of an institution and the energy and wisdom of its managers. It would seem reasonable to expect from this source at least \$1,500.

HOSPITAL SATURDAY AND SUNDAY COLLECTIONS.

An additional source of income for hospitals—the Hospital Saturday and Sunday collection—are the public general collections which are taken up in New York and Brooklyn on the last Sunday and preceding Saturday of each year, and which are divided among the hospitals that form the Association, according to the number of days of hospital care extended to free patients in each institution. This has amounted to much less in Brooklyn than in New York City. If, as may be expected, the Methodist General Hospital is admitted into this Association, an annual sum of about five hundred dollars might be expected from this source.

SUBSIDY FROM CITY TREASURY.

The city of Brooklyn pays annually from its general treasury between fifty and sixty thousand dollars to the various incorporated hospitals situated in it; in return for which these hospitals receive and care for without charge all persons brought to it by the public ambulances. The amount received by each of the larger hospitals is \$4,000.

The same amount would undoubtedly be paid to the Methodist General Hospital when once in operation.

SUMMARY.

The immediate sources of income available for the support of the Methodist General Hospital are, therefore :

Invested Funds.....	\$ — —
Payments by Patients.....	5,000 00
Hospital Association Fees.....	12,000 00
Miscellaneous Donations.....	1,500 00
Hospital Saturday and Sunday Fund.....	500 00
City Treasury	4,000 00
Total.....	\$23,000 00

VI.

THE FRIENDS NEEDED.

There are no disguises to be made. This institution needs friends. Two hundred thousand dollars are needed to open all departments of the hospital for its designed work. This is a large amount of money. Will it be secured? Yes. From whom? The writer of this paragraph does not know, but he has the profound conviction that large-minded men will be found who will honor themselves and bless humanity by responding to the needs of this work. Where these men now are it is useless to speculate. Providence always has men for emergencies; and here is a call of Providence. The men who are to render large help may or may not have been known as liberal givers in the past. Every great demand of charity discovers a new generation of philanthropists. To all such this noble hospital now makes eloquent appeal. And this appeal is for princely gifts.

There is now the call and the opportunity for some man or men to come forward and write their names in the elect list of benefactors to mankind. This suggestion is the farthest possible from ignoring or discounting the smaller sums which may be relied upon for this cause from the many who, though generously disposed, are less able than others to give in large amounts. The widow's contribution, though but two farthings, was declared by the Saviour to be larger than any gift cast into the treasury. Every dollar, coming from whatever source, is needed, and will be most gratefully received. Indeed, the smaller gifts, in their aggregation, must be relied upon largely to keep this institution healthfully at work. These gifts will be the exponent of popular interest felt in the institution.

But it may not be forgotten that the work proposed is a large work. It will be attended with large costs. It needs from persons

who are able a few large foundation gifts to fortify it for the heavy demands to be made upon it.

And what nobler thing can any one do than to answer to these needs? Those who have abundance, by the very prerogatives of that abundance are the divinely-appointed creators and custodians of public charities. They, in these respects, have great privileges, and to discharge well the duties growing out of these privileges is to be rewarded with the sweetest luxury that can come to a human life.

The necessities of the age lay an increasing demand upon men of means to endow the causes of charity. It is not only true that the poor we have always with us, but the promise seems to be that for generations to come, especially in large cities, these will be present in increasing numbers.

These statements contain nothing new. They are statements of plain and broad truths, the force of which many fully feel. And now, the Methodist General Hospital comes forward as a new agency of relief in this great field of human needs. It is the purpose of this publication to invite attention to the merits of this institution.

Its object and its present needs merit a large response from persons who are able to promote the one and to relieve the other.

The personal attention of every reader of this pamphlet is asked, especially to the following suggestions and propositions, marked I, II, III, IV, V, VI, VII:

I. An appeal is made for a man who will come forward and complete and equip the main central building. Millions of surplus money are now lying idle in the banks. An investment that should secure the completion of this building would be productive at once, and would bring back its rich returns for generations to come.

Who will make this investment?

II. There is a call to some one to complete and furnish a pavilion. This can be done for \$30,000. Is there any better investment for a person who could spare the means than to do this, and thus mortgage to himself the personal gratitude of each of the thousands who, in years to come, in that pavilion, will receive skilled treatment and kindly nursing?

Who will respond to this call?

III. But there are hundreds of men who, though not able to help so largely, are able to help liberally. Is it too much to say that

a hundred men ought to be found at once in New York and Brooklyn and in the surrounding communities who could give each \$5,000?

Will you be one of this hundred?

IV. Is it too much to expect that within the same limits there are a hundred other men who will give each \$1,000?

Will you be one of this hundred?

V. Certainly there are still one hundred persons who will give each \$500.

Will you be one of this hundred?

VI. There is a much larger number of persons who can give in sums of \$100, \$50 and \$25.

Where will you place yourself in this list?

VII. If you would make a contribution, if you desire further information, if you would like an interview, if you are interested, call upon or address the

Rev. GEORGE P. MAINS,

at 356 Quincy Street,

Brooklyn, N. Y.

He is the authorized and accredited Financial Agent of the institution. He will be glad to furnish any needed information, or to receive any communication of interest.

VII.

BEQUESTS.

The Methodist General Hospital needs at once large and generous gifts from living men. If it be practicable, the best time to give money is in one's lifetime, when the donor can enjoy the satisfaction of seeing the fruits of his own benevolence. He who gives thus makes his gift twice a blessing—a blessing to himself as well as to others. The fortunes of the man who is his own executor are not likely to be absorbed in litigation instituted by selfish or dissatisfied heirs.

But it is still true that the circumstances of many are such as not to permit them to set apart their means for charitable purposes during life. Many such intend, at their decease, to devote to charity the principal now essential to their own business activity, or whose income was essential to their support while living. To all such, and to all others, the Methodist General Hospital is commended as a charity

which, in all respects, is worthy of remembrance. The history of most charitable institutions of long standing shows that their strength and usefulness have been greatly augmented through the bequests of friends.

By leaving funds securely invested in behalf of a worthy charity the donor leaves behind him an agency of mercy which will make his life-work continue a blessing among men. In the most valuable sense such a person "being dead, yet speaketh."

If the reader purposes to leave any portion of his estate to charitable institutions, he is invited carefully to consider the claims of the Methodist General Hospital.

The following is a brief legal form under which bequests may be made in behalf of the hospital:

FORM OF BEQUEST.

I give, devise and bequeath unto "THE METHODIST EPISCOPAL HOSPITAL in the city of Brooklyn," a corporation duly incorporated by the Legislature of the State of New York by an act entitled, "An Act to incorporate The Methodist Episcopal Hospital in the city of Brooklyn," passed May 27, 1881,
(Here insert the amount of money bequeathed, or a description either of specific personal or real property, or both, given, or, if it be the residue of an estate, state that fact.)

VIII.

SUMMARY.

I. THE HOSPITAL PROPERTY.—\$410,000, the gift of one man, has been invested in this property. This has secured as a site an entire city block in a location most admirable. Upon this site have been erected three magnificent buildings; a central main building, and two lateral pavilions. These buildings are more than two thirds completed. When complete, they will furnish rooms for 140 beds, besides all the dormitories and offices, and other appointments required for the administration of a first-class hospital.

To the extent of its accommodations, there is no better Hospital property in America than this. To complete these buildings and open them for their designed use, the *reader of this pamphlet is invited to contribute.*

2. THIS HOSPITAL IS NEEDED.—These great cities are growing almost beyond precedent. Their present hospital accommodations are far below the needs. Thousands of worthy patients are turned away from the doors of the New York Hospitals yearly for want of room. The same is true of Brooklyn. Brooklyn with a population of 700,000 ought to have at least 1,400 hospital beds. Its available beds number less than 850. The present needs are not met. The needs of the near future will be multiplied. This appeal is one of humanity. There is no nobler object to which a man of benevolent purpose can devote his means.

3. THIS HOSPITAL IS NOT SECTARIAN, though bearing a denominational name. Its charter is as broad as humanity. Its doors are to stand open for all, irrespective of country, color or creed. It is expected that this Hospital will appeal especially to the benevolence of the Methodist people. This is the advantage of a denominational charity. A large element of its support is in the sustained good will of the numerous class whose name it bears. But as this is to be in the best sense a public and a humane institution, it makes its just appeal to *all classes of citizens* irrespective of preferences of creed.

Every man's gift in behalf of this institution will receive the largest and most grateful recognition.

4. As for the purposes for which money is needed, see detailed statement in Chapter IV.

5. THE HOSPITAL, WHEN ONCE OPENED CAN BE ADEQUATELY SUPPORTED.—For detailed information under this head, see Chapter V.

As soon as the buildings can be completed a systematic and continuous effort will be made to secure an interest-bearing fund. From facts already known it is confidently expected that at the very opening of the institution, a goodly number of persons will endow beds, the donor giving to a particular bed his own name. A gift of \$5,000 will endow a bed in perpetuity, entitling the donor or his representatives to the continuous use of one bed in the Hospital. A gift of \$3,000 will entitle the donor to the continuous use of one bed during his lifetime. It is believed that this will be a favorite method with the proprietors of large establishments where many persons are employed.

It would be easy for the workmen in a large house by the raising of \$450 a year to secure the right to have at least one of their own number treated in the Hospital for every day in the year.

There could be no better provident society for the sick among the poor. In a shop or store where there are 130 employees, a tax of a cent a day on each person would secure a bed for a year. And so by a modification of this plan to suit particular cases, it would be found easy for many societies, or groups of families, to secure the right to the continuous use of one bed a year in the Hospital.

This institution is worthy of help. It has friends who already bear its interests upon their hearts. To these friends others will be added. By these, devices will be planned and worked, which must result in giving strength and solidity to this charity.

The managers of this Hospital are practical and well known-men, who have no salaries to secure, no private interests to serve through such an institution. It is entirely free from political management, and all of its employees must secure and hold their places on the ground of merit.

As there is no large endowment to control, the Board will surely demand the most rigid economy in its affairs. Every man who aids the Hospital may feel that all that careful financial management and skilled experience can do, will be done to render his aid most efficient.

6. Read Chapter VI. on "The Friends Needed."

7. BEQUESTS.—As to what is suggested under this head, see Chapter VII.

APPENDIX.—See appendix for act of incorporation, list of officers, plans of buildings, etc.

APPENDIX.

A.

ACT OF INCORPORATION.

AN ACT to incorporate the Methodist Episcopal Hospital in the City of Brooklyn.

The People of the State of New York, represented in Senate and Assembly, do enact as follows :

SECTION 1. George I. Seney, James M. Buckley, George G. Reynolds, Milton S. Ferry, Oliver Hoyt, Theodore Runyon and their associates, as hereinafter named, are hereby constituted and appointed a body corporate, in fact and in name, by the name and style of "The Methodist Episcopal Hospital in the City of Brooklyn," with power to establish, maintain and conduct a hospital in the city of Brooklyn, in Kings County and State of New York.

SEC. 2. The property and concerns of said corporation shall be vested in and managed by a board of thirty-two managers to be constituted and provided for in the following section :

SEC. 3. George I. Seney, Oliver Hoyt, Samuel Booth, James M. Buckley, John B. Cornell, William M. Ingraham, Albert D. Vail, George G. Reynolds, Daniel A. Goodsell, Lewis S. Pilcher, M. D., George C. Martin, James Magee, Alfred E. M. Purdy, M. D., John Elliott, John French, Milton S. Terry, Thomas L. Rushmore, Theodore Runyon, William J. Hutchinson, Mark Hoyt, Daniel Ayres, M. D., James M. Fuller, Henry A. Buttz, Stephen Barker, Wm. H. Stiles, James H. Taft, James M. Fitzgerald, John M. Phillips, the Rev. Wm. L. Harris, Bishop of the M. E. Church, now residing in the city of New York ; the Rev. Matthew Simpson, Bishop of the M. E. Church, now residing in Philadelphia, Pa. ; the Rev. Randolph S. Foster, Bishop of the M. E. Church, now residing in Boston, Mass. ; and the Rev. Edward G. Andrews, Bishop of the M. E. Church, now residing in the city of Washington, in the District of Columbia, shall constitute the first Board of Managers of said corporation.

SEC. 4. As soon as practicable after the passage of this act, the said Board shall organize and by lot divide the thirty-two managers

into four classes of eight each, so that each class shall contain a Bishop of the Methodist Episcopal Church. The term of office of the first of said classes shall expire on the second Wednesday of January next; that of the second, third and fourth classes respectively on the second Wednesday in January one, two and three years thereafter, so that eight managers, and one of them a Bishop as aforesaid, shall be elected by the said Board of Managers annually by ballot to hold their seats for four years. Managers shall hold their offices until others are elected in their places.

SEC. 5. The Board of Managers shall have power to fill all vacancies that may occur in said Board, to enact by-laws, and to appoint all such agents, assistants and attendants as may be proper to carry out the purposes of said corporation. Among these shall be included a superintendent and a chaplain, or both a superintendent and a chaplain, but these positions shall be held only by members of the M. E. Church. Whenever the place held by a Bishop shall become vacant, either by expiration of his term or in any other manner, such vacancy shall be filled by the election of the same or some other Bishop of the M. E. Church.

SEC. 6. Not less than ten managers shall constitute a quorum for the purpose of electing officers, making or changing by-laws, or for holding any special meeting, but for all other purposes and at stated meetings, six shall be a quorum.

SEC. 7. The said corporation are authorized to take by purchase, devise, bequest, or otherwise, or may hold, transfer and convey for the purposes of said hospital any real and personal property so far forth as the same is in accordance with the general laws of this State, and not otherwise, and which said property shall be exempt from local taxation, and shall be entitled to the benefits of the provisions of law relating to charitable institutions.

SEC. 8. This corporation shall possess the general powers, and be subject to the provisions, restrictions and liabilities contained in the third title of the eighteenth chapter of part first of the Revised Statutes.

SEC. 9. This act shall take effect immediately.

Passed, May 27, 1881.

B.

OFFICERS AND MANAGERS, MAY 28, 1885.

OFFICERS.

President,	-	-	-	-	JAMES M. BUCKLEY.
Recording Secretary,	-	-	-	-	JAMES N. FITZGERALD.
Treasurer,	-	-	-	-	GEORGE I. SENEY.
Corresponding Secretary,	-	-	-	-	ALBERT D. VAIL.

MANAGERS.

Terms expire 1886.

THOMAS L. RUSHMORE,	GEORGE COPELAND,
WILLIAM M. INGRAHAM,	DANIEL A. GOODSSELL,
JOHN ELLIOTT,	HENRY M. BUTTZ,
A. E. M. PURDY, M. D.,	BISHOP E. G. ANDREWS.

Terms expire 1887.

SAMUEL BOOTH,	STEPHEN BARKER,
WILLIAM STILES,	MARK HOYT,
JAMES MCGEE,	JAMES M. KING,
HENRY M. BENEDICT,	BISHOP W. L. HARRIS.

Terms expire 1888.

GEORGE I. SENEY,	JOHN D. SLAYBACK,
DANIEL AYERS, M. D.,	JOS. S. STOUT,
OLIVER HOYT,	JAMES N. FITZGERALD,
GEORGE G. REYNOLDS,	BISHOP J. F. HURST.

Terms expire 1889.

W. H. B. PRATT, M. D.,	JOHN FRENCH,
J. M. PHILLIPS,	J. M. BUCKLEY,
L. S. PILCHER, M. D.,	A. D. VAIL,
J. H. TAFT,	BISHOP R. S. FOSTER.

FINANCIAL AGENT,

GEORGE P. MAINS,

356 Quincy Street,

Brooklyn, N. Y.

GENERAL DESCRIPTION
OF THE
METHODIST GENERAL HOSPITAL.

SITE.—Upon the slope which inclines from the westerly side of Prospect Park, in the City of Brooklyn, N. Y., downwards towards the bay, the easterly boundary of the hospital grounds being about 300 yards distant from the Park. The highest point of the site is 136 feet 7 inches above high water.

The plot of land constituting the hospital grounds consists of the entire city block bounded by Seventh and Eighth Avenues and Sixth and Seventh Streets, in the City of Brooklyn. The grounds are rectangular, being 695 feet 9 inches from east to west, and 200 feet from north to south. For purposes of air space the area of these surrounding streets will always remain as available as that of the block itself. This more than doubles the superficial ground area upon which to estimate the ultimate limit in the number of patients that ought ever to be aggregated on this site. At the rate of 540 square feet to each patient—the present accepted standard of requirement—this site could be made to safely accommodate 500 patients.

DRAINAGE.—The grounds slope rapidly, the Seventh Avenue line being 25 feet lower than the Eighth Avenue line. This secures perfect surface drainage, and equally good deep drainage, owing to the loose, gravelly nature of the soil, except at one point on the upper portion of the grounds, where a saucer-like stratum of clay forms a pocket, for the drainage of which special drains, that empty into the street sewer main, have been constructed.

THE BUILDINGS.—The accompanying prints show the external appearance of the buildings as far as completed, and the details of the relations of the buildings to each other, and of the varying offices, rooms and wards. The buildings front upon Sixth Street, and consist of a main central building, an accessory central building, and two pavilions, one on either side of the main building. The basements only of these buildings are connected by light corridors.

The details of the grouping of these buildings upon the ground is best seen in Fig. 3, which shows the plan of the basement stories.

Only about the central one-half of the area of the block is occupied by these buildings, leaving abundant space for additional pavilions, or for such other buildings as the future needs of the hospital may require.

The Main Central Building is 155 feet 6 inches in length and 92 feet in depth, exclusive of the tower, which projects 19 feet. The height to

the top of the cornices is 61 feet 8 inches, and to the top of the tower 126 feet.

The building is of brick, trimmed with New Jersey free-stone. It is fire-proof, the floor beams, partitions and stairs being of iron, and the roofs of iron, asbestos and slate. There is no woodwork on the exterior, all cornices and dormer windows being of stone. The windows and porches are ornamented with handsomely carved capitals in different designs.

The basement story is ten feet high, and is designed to contain a sitting and reception room for employees, a sewing room, toilet and store rooms, an accident reception ward and an examining room. In this basement is to be placed the heating apparatus for the building, to consist of boxes enclosing steam coils, which receive supplies of fresh air from air-ducts leading to them from a common inlet, the supply being insured and regulated by a fan. These boxes each communicate with flues that pass upwards in the walls of the building to the various rooms on each floor, where they open by suitable registers. These flues are made of galvanized iron, and in each case their capacity has been made the subject of careful calculation, to insure the full delivery of an adequate amount of fresh air in the room supplied by it. An inspection of Fig. 2 will show the course of the primary air-ducts, as they form a part of the foundation plans of the buildings. There will be seen also an extension of these air-ducts to the pavilions. In the pavilions, however, they are merely accessories to a different system of air supply, arranged for those buildings, which will be described in an appropriate connection. It should be noted here that from all the rooms of the main central building adequate exhaust flues to carry off vitiated air lead, which are gathered together beneath the roof above, where they open into appropriate louvred lanterns to discharge their contents into the outer air. There will be an elevator from the basement to the third story.

The first story (see Fig. 4) will be 18 feet high, and will contain the manager's room, general reception room, officers' and nurses' dining rooms, superintendent's and clerks' offices, toilet rooms, and the chapel. The latter is octagonal in plan, with ceiling 22 feet high, and will seat 160 persons. The plan is so arranged that the public can attend services in it without entering the hospital proper.

The principal entrance to the building is through a vestibule 17 feet 6 inches wide. This opens into a grand corridor 30 feet wide, from which springs the main staircase. The central portion of this corridor forms a rotunda, 17 feet in diameter, which is supported by cast-iron columns, and extends upwards to the roof, where it is surmounted by a glass dome light.

The second story, 15 feet in height, is planned (see Fig. 5) to contain living rooms for the superintendent and matron, and a number of private rooms for paying patients. A room for a library and museum purposes is provided over the chapel. This room is octagonal in plan, 40 feet in diameter, with ceiling 24 feet high, surmounted by a large skylight.

The third story is 13 feet high, and is arranged for one ward of ten beds, with the necessary service rooms. Six smaller rooms for patients are also provided for on this floor (see Fig. 6).

The fourth story (see Fig. 7) is intended to be devoted to dormitories for nurses, and will afford ample accommodation for thirty persons.

On each floor, from the basement to the fourth story, isolated by a branch corridor of some length, toilet rooms are placed in the north-western corner of the building, provided not only with abundant cross ventilation by windows, but also with a special exhaust ventilating chimney, into which flues lead from each water-closet bowl. The walls of the toilet rooms are built of enameled bricks.

In this part of the building, also, is placed a second staircase which, beginning at the basement, communicates with every floor.

This building, beside providing for the various administrative offices and residences, the chapel and museum, and the home for nurses, will afford accommodations of a superior character for about 30 patients.

The Accessory Central Building.—This building will be placed directly in the rear of the main central building, and be connected with it by a covered corridor. It will be 54 feet deep and 80 feet wide, and will front on Seventh Street. It will be two stories in height, with a high mansard roof, containing a full story and an attic. It will have a basement (see Fig. 2), in which will be placed the boilers, engine, coal vaults, and fan blowers for supplying the air currents, brought through ducts leading from large ornamental shafts in the grounds adjacent, to the general system of fresh air ducts of the institution.

The first story (see Fig. 3) will contain a kitchen, preparing room, bakery, store rooms and refrigerators.

The second story (see Fig. 4) will contain the laundry ironing room, employees' dining room, and apothecary's shop.

The third story (see Fig. 5) will be occupied exclusively for dormitories for employees, with necessary toilet rooms.

In the attic (see Fig. 6) there will be a disinfecting room.

The plans of this building are prepared, but the work has not yet been commenced. The estimated cost is \$35,000. It will be essential for the proper carrying on of the work of the institution when all its parts are in use.

For the more pressing immediate needs of the work incident to the opening of one pavilion for hospital uses, sufficient facilities will be obtained by fitting up some of the rooms in the basement of the main central building.

The Pavilions.—These contain the main or common wards, and the necessary service rooms. There are two of them, alike in every respect, one on each side of the main central building, and distant from it 40 feet. The extreme width of the front or service portion of each pavilion is 60 feet, and the total depth of the pavilion is 150 feet. The portion containing the wards is of two stories, with a basement. The base-

ment is 9 feet high, entirely above ground, fully lighted by windows uniform in number with those of the floors above, with concrete floors, plastered ceilings, and whitewashed walls. It will contain nothing except the apparatus for heating and ventilation.

The wards proper are rectangular, 96 feet long and 32 feet wide. Their height is 15 feet. There is one window to every two beds; the windows on the two sides are placed directly opposite each other, and in the upper part of each window-frame is a transom sash. The long axis of the wards runs nearly north and south, and the wards have a full and uninterrupted exposure upon the east, south and west sides respectively. Each ward is calculated to contain twenty-four beds, and in that case would provide nearly 2,000 cubic feet of air space, 128 square feet of floor area, and a wall space of 8 feet, including windows, to each bed. A constant and copious supply of fresh air is provided for by registers placed in the walls between each window, which communicate with flues that lead to external openings in the basement walls eight feet above the surface of the ground. These flues also communicate with heating chambers, enclosing steam coils, placed in the basement, and, by suitable valves, the air current may be made to pass through these heating chambers, or directly upwards into the ward above. The temperature may thus be regulated, but in no case can the volume of air be interfered with. These flues likewise communicate with the air ducts leading from the central fans described in connection with the main central building, by means of which the power of forcing or accelerating the ventilation of the wards will be supplied whenever the natural powers of aspiration, upon which the ward system of air supply depends, is found deficient.

For the removal of vitiated air from the wards equally complete provision is made by means of two great aspirating chimneys in each pavilion. From apertures, suitably guarded, beneath the foot of each bed in the floor of the wards, and from a series of registers placed near the ceiling of the lower ward, and along the center of the ceiling of the upper ward, foul air ducts lead that converge to common ducts that finally empty into great aspirating chimneys, where, by means of steam coils, a constant force of aspiration is maintained. The arrangement of the floor foul-air flues of the lower ward is well shown in the plan of the pavilions contained in Fig. 4.

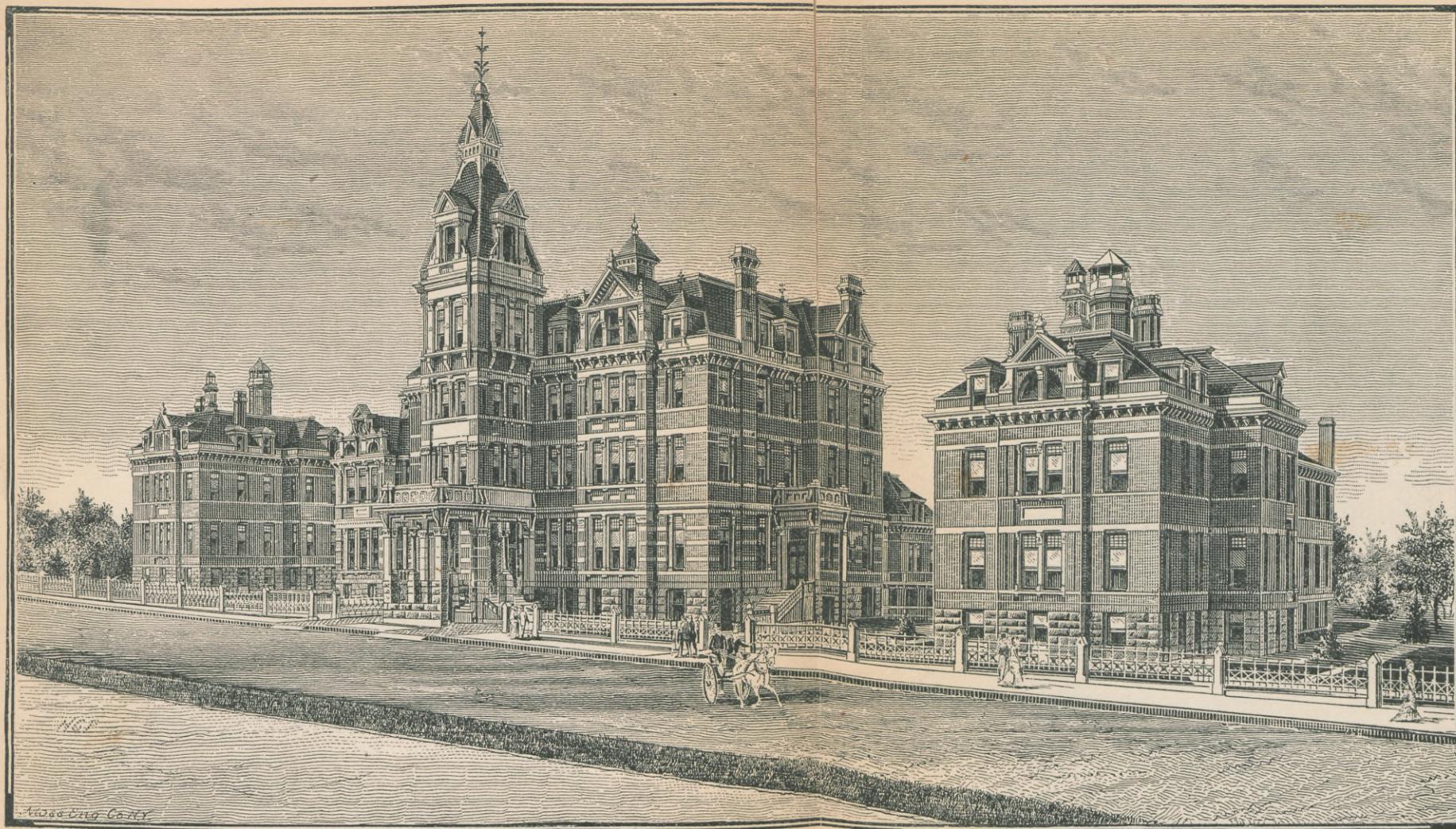
In addition to these, four open fireplaces are provided in each ward, one in each of its corners. Each of these becomes, when in use, an accessory aspirating flue.

The wards open at their northern end into a wide corridor, which is enlarged so as to form a convenient sitting-room for convalescents. Around this cluster the service rooms for each ward. The arrangement is shown in Figs. 4 and 5. On either side this corridor leads to a wide, open balcony upon which the staircases and the elevator shaft that connect the floors open. The isolation of each floor is thus accomplished, there being no communication between the floors of the pavilions without first passing into the open air of the balcony. Each ward is pro-

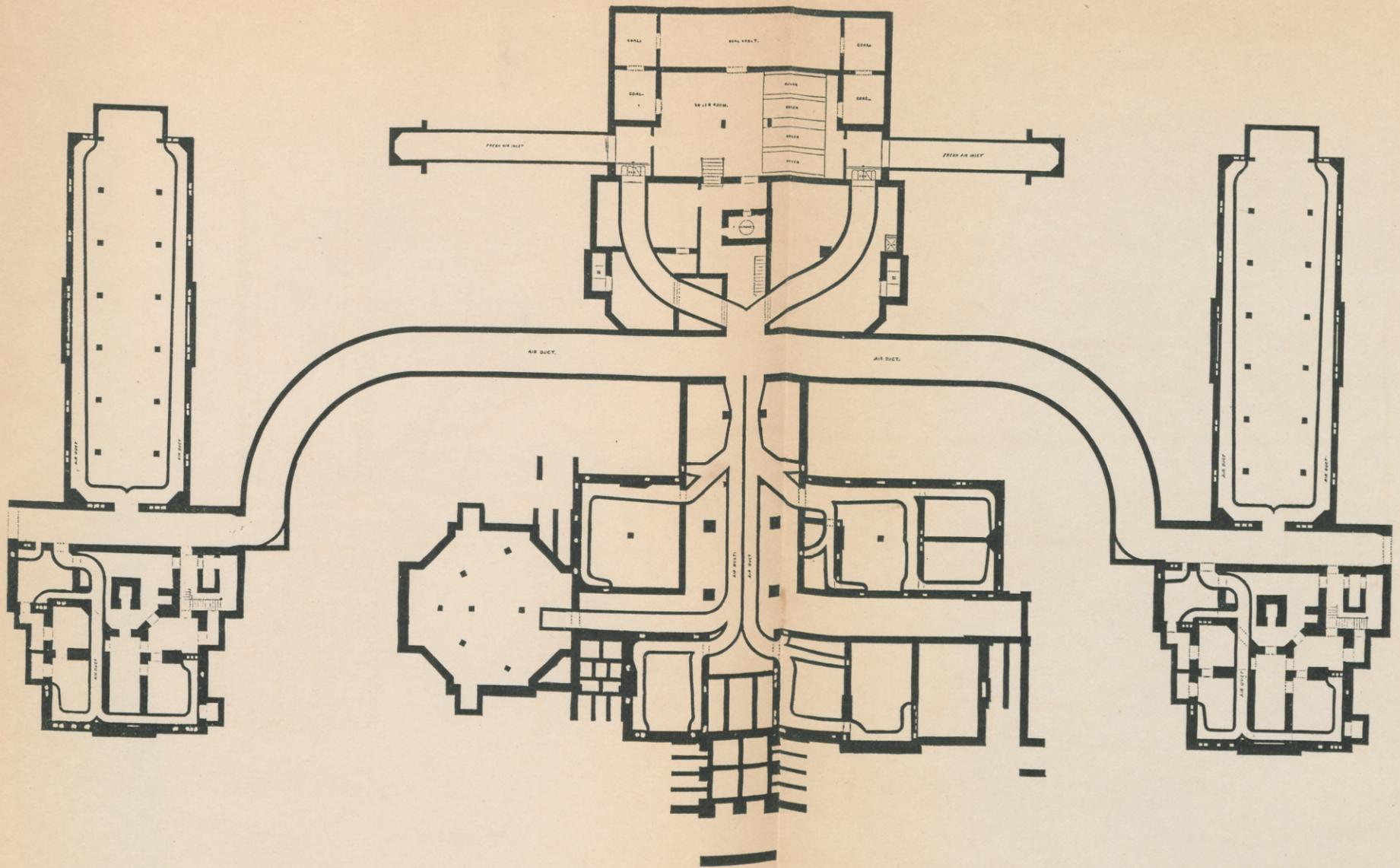
vided with water-closets, lavatory, bath-room, nurse's day-room, linen closet, scullery and closet for patients' clothing, none of which communicate directly with the ward. In addition an isolating room, capable of receiving two patients, is provided for each ward.

In the basement of the service portion of the pavilion is provided a dining-room for convalescents, and a dormitory for servants, and an isolating room for maniacal patients. The basement corridor is continuous with the general corridor that connects all the buildings. A separate lift is provided, leading from the basement to the scullery of each ward. To this service portion of each pavilion is added a third story, in which is provided residence apartments for the hospital *internes*, also a small isolated ward for one patient, and a laboratory room.

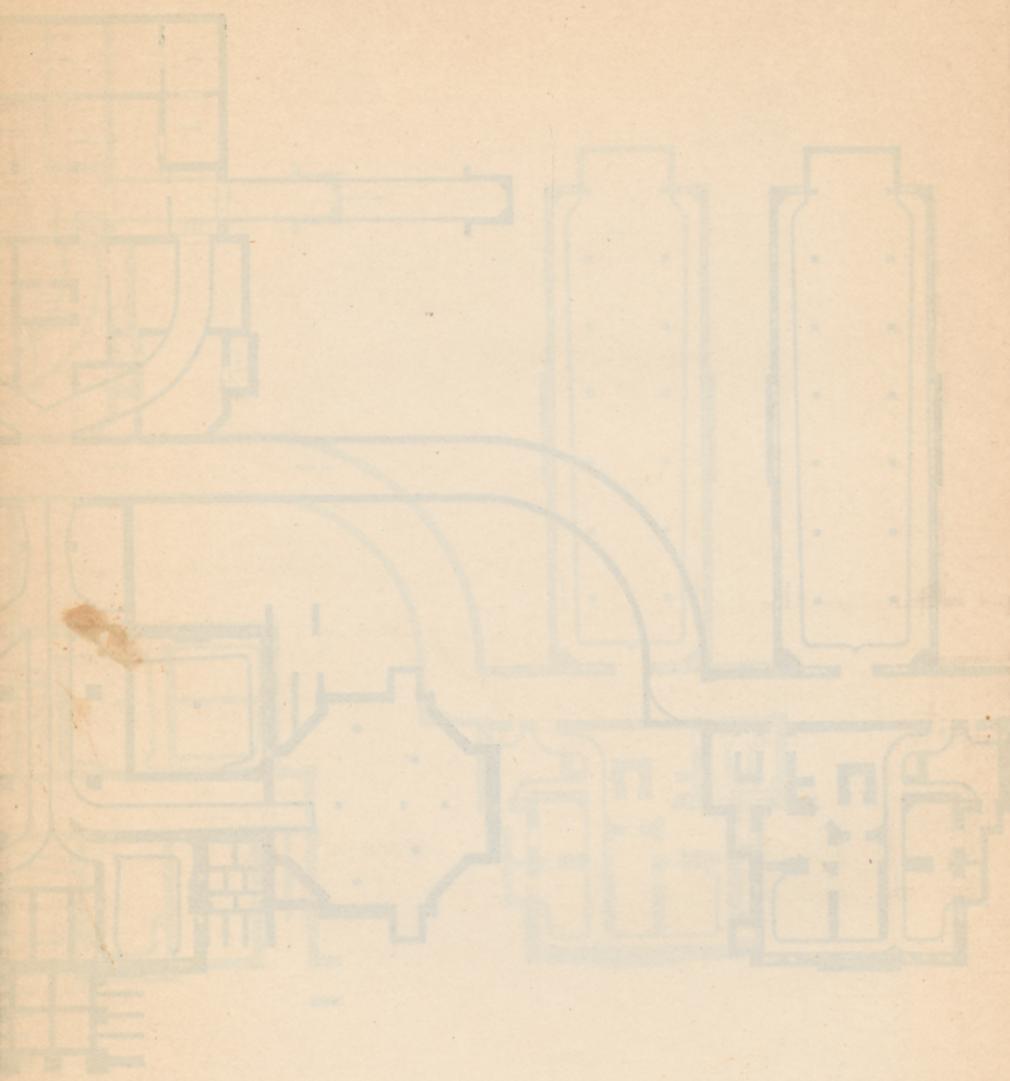
The design for the hospital contemplates additional separate buildings for surgical operating purposes, for the reception and care of the dead, and for stables to accommodate an ambulance equipage. The details of all these buildings remain for future determination.



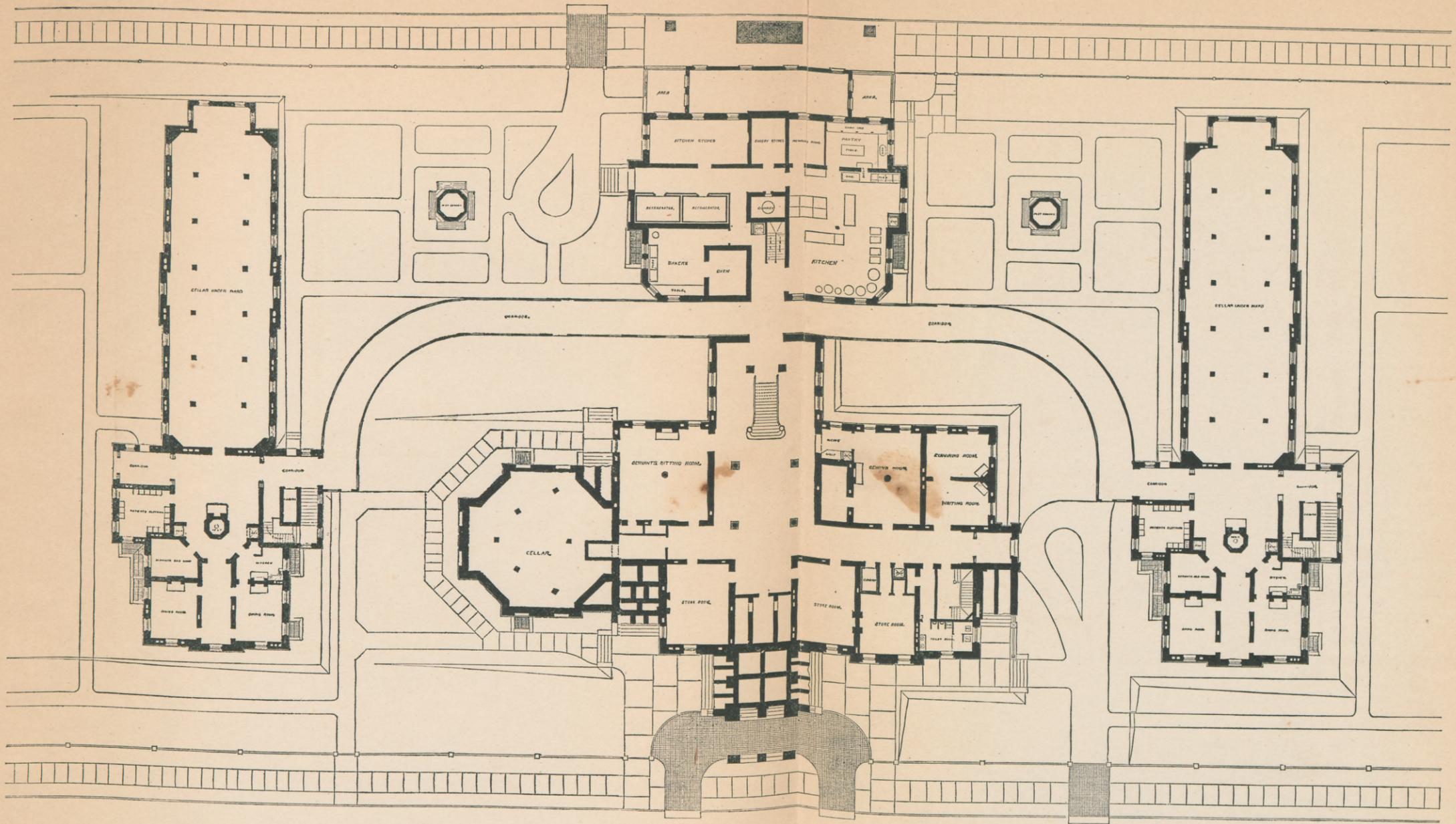
THE METHODIST GENERAL HOSPITAL,
SIXTH STREET, BET. SEVENTH AND EIGHTH AVENUES,
BROOKLYN, N. Y.
FIGURE I.



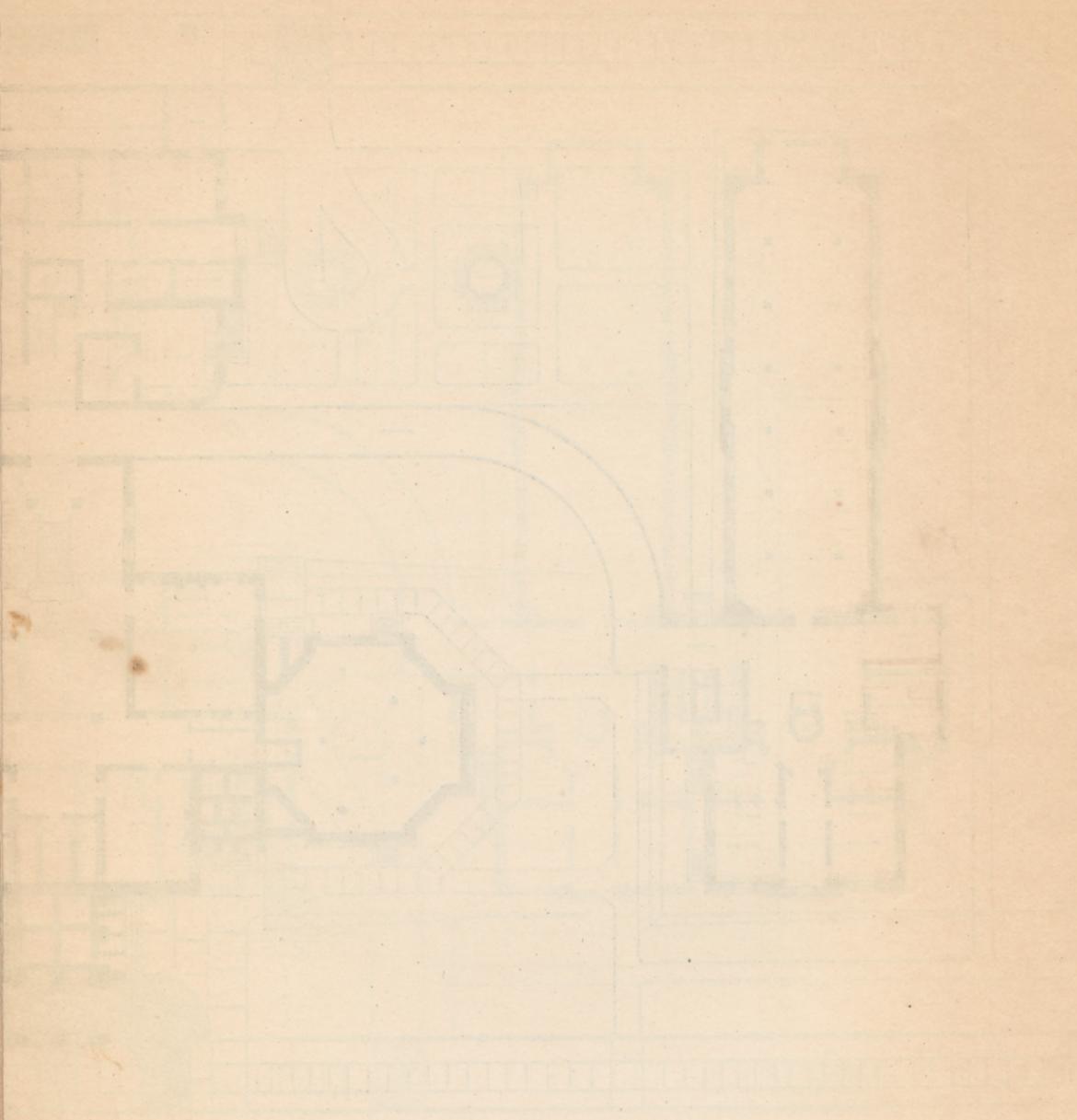
THE METHODIST GENERAL HOSPITAL,
 SIXTH STREET, BET. SEVENTH AND EIGHTH AVENUES,
 BROOKLYN, N. Y.
 FIGURE II.—FOUNDATIONS AND AIR DUCTS.



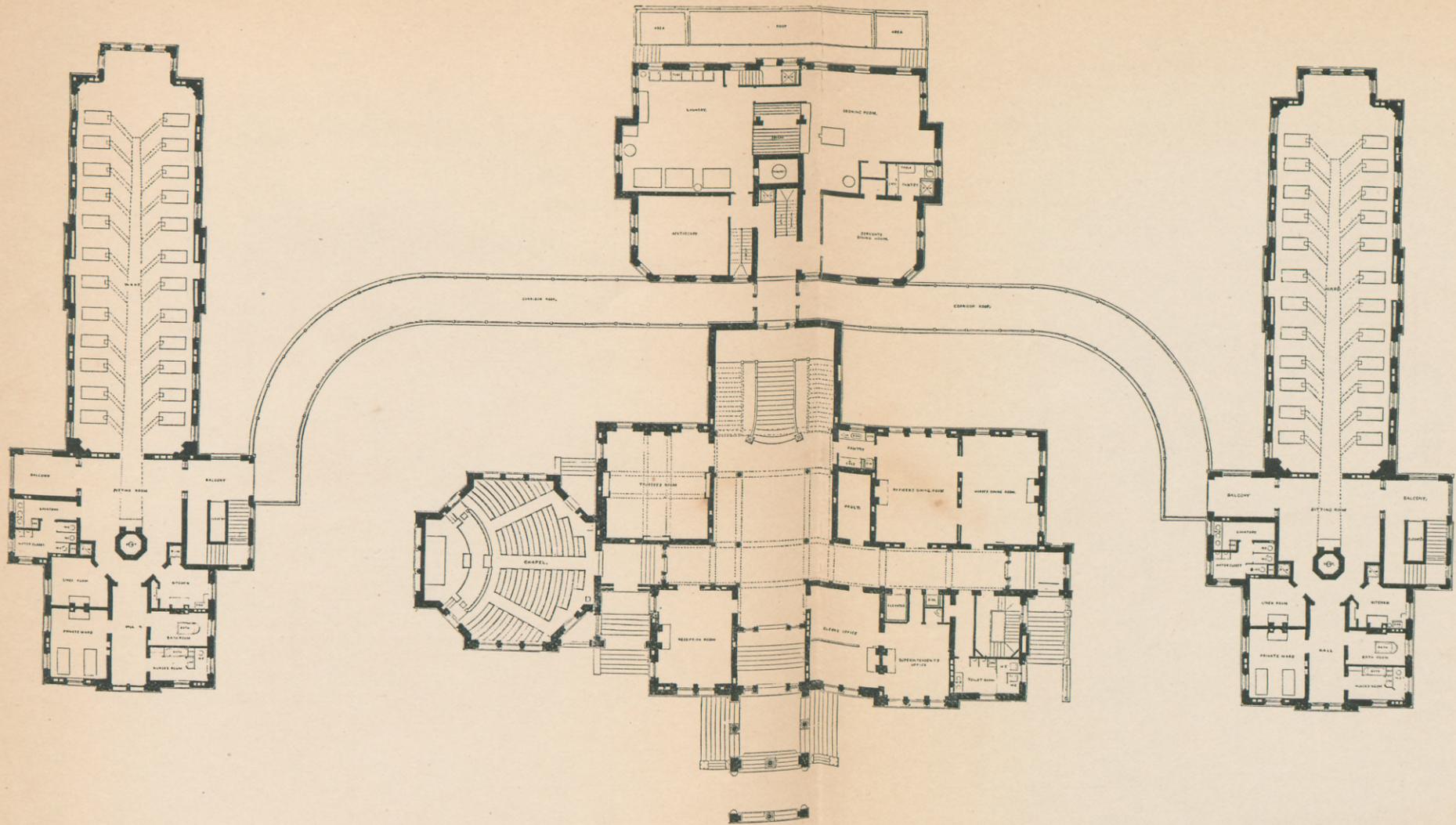
THE METHOD OF
WITH STREET VIEW
BRICK
FIGURE REPRODUCTION



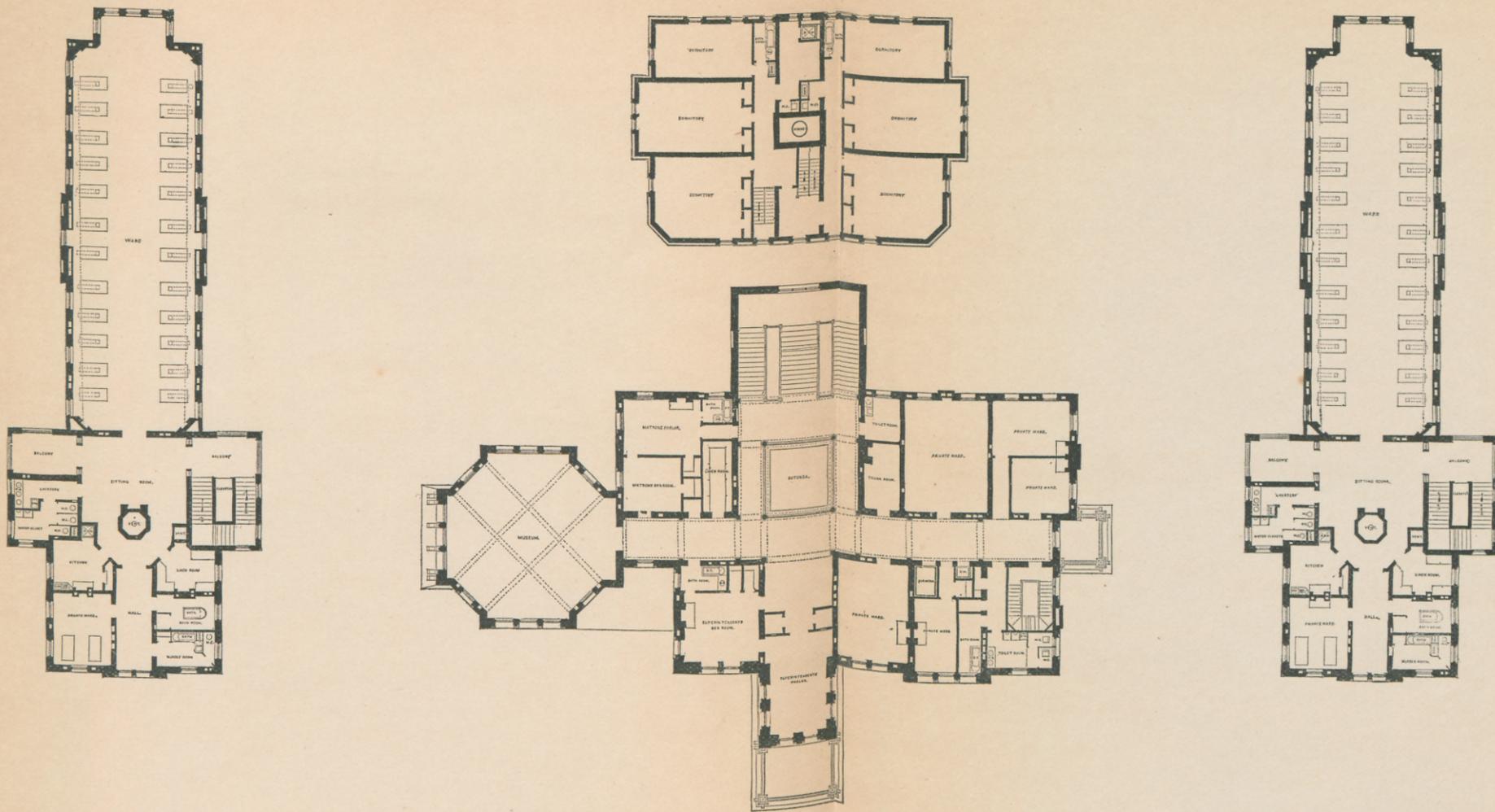
THE METHODIST GENERAL HOSPITAL,
 SIXTH STREET, BET. SEVENTH AND EIGHTH AVENUES,
 BROOKLYN, N. Y.
 FIGURE III—BASEMENT.



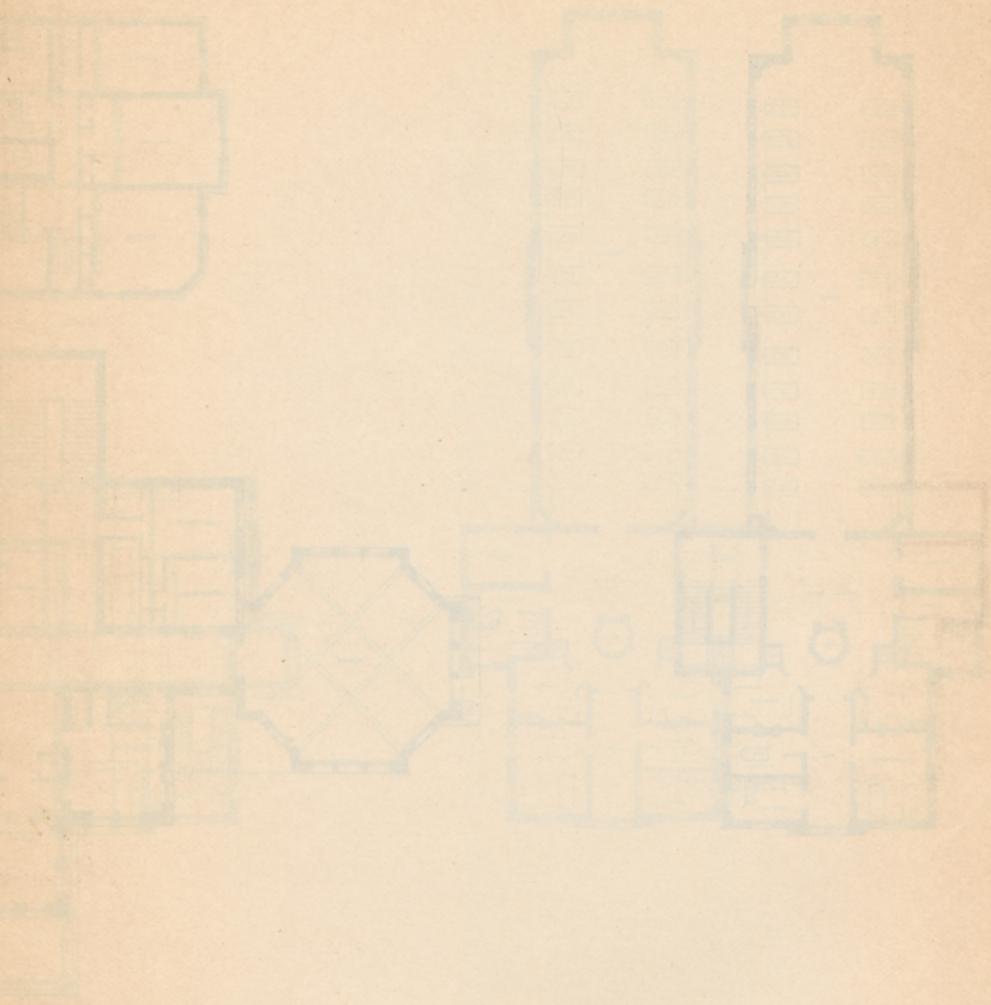
THE METHOD OF
21TH STREET, NEW YORK
FIGURE 11



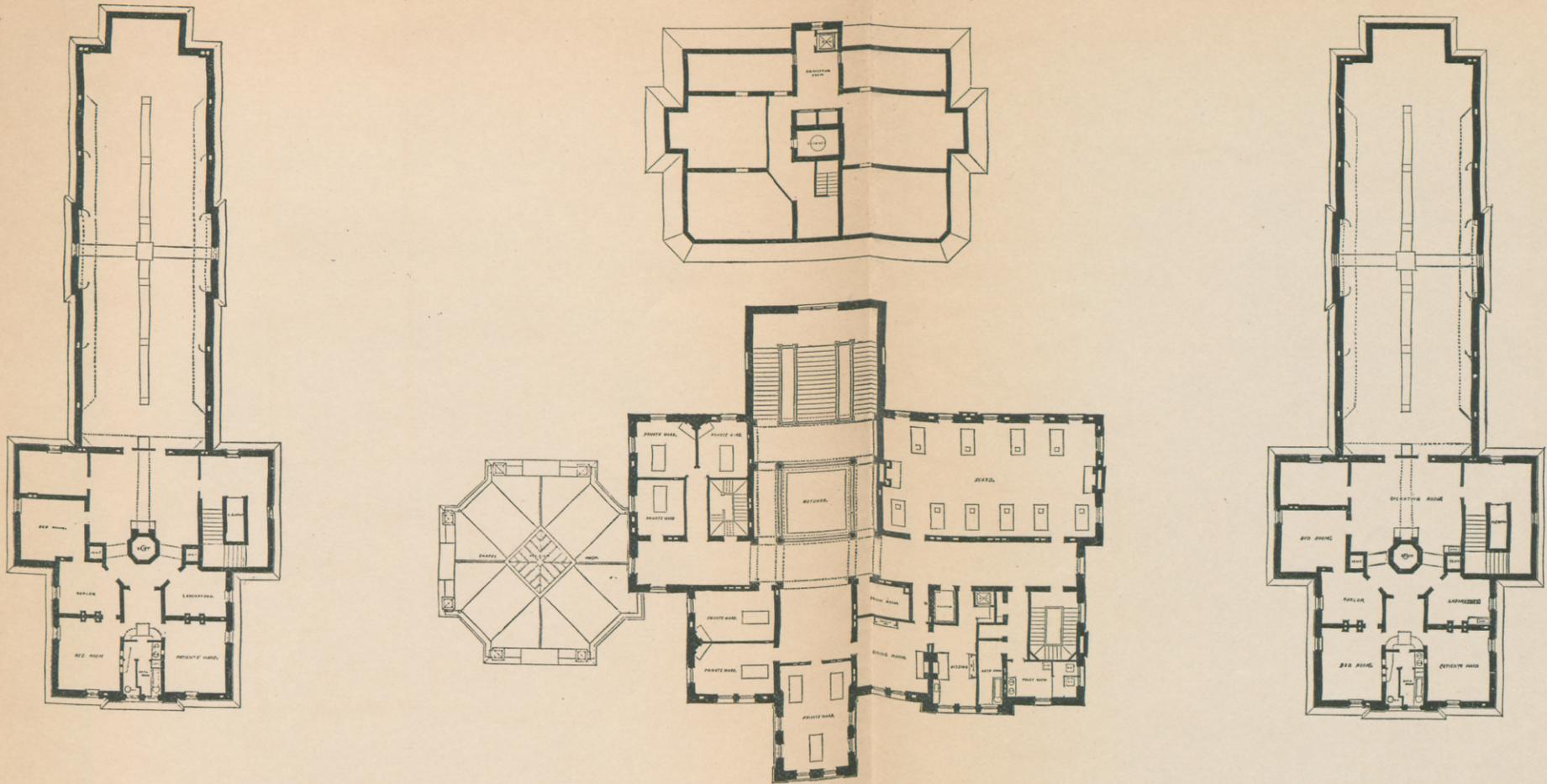
THE METHODIST GENERAL HOSPITAL,
 SIXTH STREET, BET. SEVENTH AND EIGHTH AVENUES,
 BROOKLYN, N. Y.
 FIGURE IV—GROUP PLAN OF FIRST STORY.



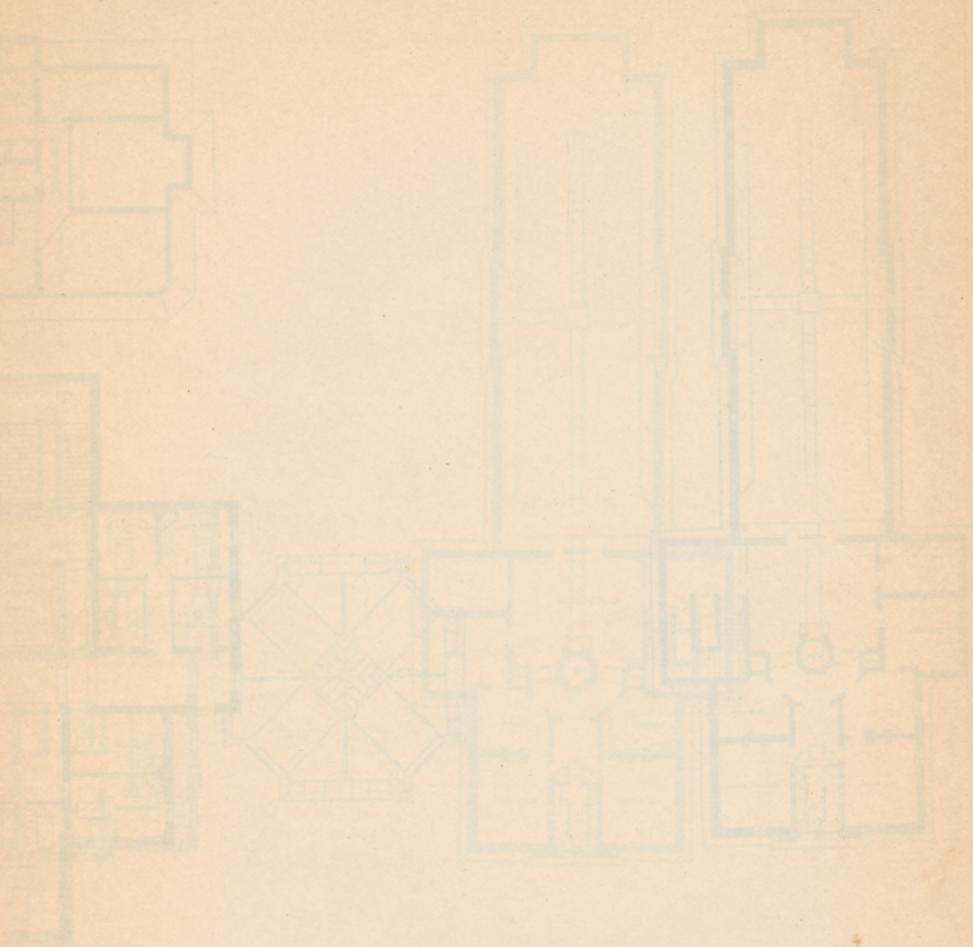
THE METHODIST GENERAL HOSPITAL,
 SIXTH STREET, BET. SEVENTH AND EIGHTH AVENUES,
 BROOKLYN, N. Y.
 FIGURE V—GROUP PLAN OF SECOND STORY.



THE METHODIST CHURCH
SIXTH STREET METHODIST CHURCH
BOSTON
FIGURE 4-3000-10



THE METHODIST GENERAL HOSPITAL,
 SIXTH STREET, BET. SEVENTH AND EIGHTH AVENUES,
 BROOKLYN, N. Y.
 FIGURE VI—GROUP PLAN OF THIRD STORY.



THE METHUEN BLDG
FIFTH STREET, BOSTON
BRICKLYN
FIGURE VI - GROUND PLAN

