The Hospital for the Ruptured and Crippled, Entering the Twentieth Century, ca. 1900 to 1912

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Abstract The continuing story of Hospital for Special Surgery (HSS) from its origin in 1863 as the Hospital for the Ruptured and Crippled (R&C) on lower Second Avenue in New York saw expansion at its second site. A new 200-bed hospital was constructed and opened in 1870 on the corner of 42nd street and Lexington Avenue. Converted by the second surgeon-in-chief, Virgil P. Gibney, M.D., from a 28-bed home for the incurables to a modern orthopedic and surgical hospital with outstanding professional staff, the R&C emerged into the 20th Century as a unique treatment center for disabled children and adults and a foremost training center for young orthopedic surgeons. The interaction of the New York Central Railroad and support of a very influential and philanthropic Board of Managers helped promote the growth and development of this institution. In 1912, it relocated for the third time in its history to 321 East 42nd Street, just east of Second Avenue. That same year the HSS Alumni Association was founded as the Alumni Association of the R&C.

Key words Hospital for the Ruptured and Crippled (R&C) · Hospital for Special Surgery (HSS) · Virgil P. Gibney · Royal Whitman · Harvard · Flexner · Hopkins · Rockefeller · Vanderbilt · New York Central Railroad · A. R. Shands · William Church Osborn

Introduction

Founded in 1863 by James Knight, M.D., a general practitioner, and now the oldest orthopedic hospital in existence in this country, the Hospital for the Ruptured and Crippled (R&C) moved from its first site on Second Avenue to the corner of 42nd Street and Lexington Avenue in 1870 [1, 2].

In 1898, after a serious fire, a new addition was added to the present building. It was a five-storied expansion constructed on the corner of 43rd Street and Lexington Avenue. Housing an operating suite, *its first* (Table 1), on the fifth floor and also an operating room for outpatients, it was connected to the original building by a low one-storied structure composed of an outpatient department. The new addition nearly doubled the floor space of the 42nd Street building [3]. Also included were a gymnasium, chapel, mortuary, a separate pavilion for infectious diseases, and a workshop (Fig. 1). Yet, because of a lack of funds, there were still no beds for adult inpatients or for private inpatients.

Along with expansion and introduction of the era of operative treatment, there were many other *firsts* at R&C (Table 1). After 12 years as the second surgeon-in-chief, Virgil P. Gibney, M.D., had changed R&C from a home for the incurables to a modern hospital equipped with surgical facilities and complete hospital equipment.

Medical staff

Appointed to the professional staff were exceptionally trained physicians and surgeons who were active in teaching the house staff, delivering presentations at medical meetings, writing medical papers, and developing new surgical methods (Table 2). Prominent among the consultants were Charles McBurney, M.D. (1845–1913), who had been appointed surgeon-in-chief at Roosevelt Hospital in 1888 and delivered his classic paper on the surgical approach to

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Table 1 Hospital's firsts

ca. 1900

1887	1. First orthopedic residency program in this country was established. 2. The use of the name <i>Resident</i> to indicate a physician-in-training in this country was first introduced by Gibney.
1898	1. An Office of Superintendent was created with the appointment of Sherman H. LeRoy. (<i>the medical and administrative functions not being completely separated until 1902</i>). 2. Two neurologists were appointed to the orthopedic clinic. 3. First operating room
1899	1. A pathology laboratory was opened. Edward G. Janeway, M.D., was first appointed as pathologist in 1874 and later consultant. He died in 1911. In 1900 F. M. Jeffries, M.D., was appointed pathologist and bacteriologist, holding that position for 30 years. 2. Walter Truslow, M.D., organized the first scoliosis clinic. 3. The first X-ray machine was installed.
1901	1. Preston T. Satterwhite, M.D., was appointed first anesthetist and instructor in anesthesiology.
1903	1. Because of a generous gift from a philanthropic lady, the first adult ward was opened exclusively for female inpatients.
1905	1. Fred H. Albee, M.D., was the first appointed radiologist.

appendicitis at the New York Surgical Society in 1889; Edward G. Janeway, M.D. (1841–1911), was New York City Health Commissioner from 1875–1881; and L. Emmett Holt, M.D. (1855–1924), the most prominent pediatrician of his time in this country, was Attending Physician in 1888 at the newly opened Babies Hospital and held the title of Professor of Diseases of Children at the Columbia University College of Physicians and Surgeons from 1901–1922. His text, *The Diseases of Infancy and Childhood* (1896), became the definitive pediatric textbook in the English language with 20 editions published by 1996. Holt had first begun his career as a clerk at R&C and had been encouraged by Gibney to study medicine.

On Gibney's orthopedic staff, acclaimed by Samuel Kleinberg, M.D. (1885–1957), to be “the most accomplished orthopedic surgeon of his day in our country” [4] was Royal Whitman, M.D. (1857–1946) (Fig. 2). Whitman devised an operation to stabilize the flail foot in postpolio

patients. He reported this procedure *astragalectomy and backward displacement of the foot* entitled *The Operative Treatment of Paralytic Talipes of the Calcaneus Type* in 1901 in *The American Journal of Medical Sciences*. This article gave him worldwide recognition in this field and recognition to the hospital. In the same year, Whitman first published his textbook, *Orthopedic Surgery*. This was the most comprehensive and complete orthopedic text in the English language for the next 40 years. He went on to publish a number of other subjects, including *The Diagnosis and Treatment of Incomplete Epiphyseal Fracture of the Hip*, *The Treatment of Central Luxation of the Femur*, and *The Reconstruction Operation for Ununited Fracture of the Femur* [5].

Dr. Whitman remained on staff for 40 years until 1929 when he retired and moved to England. In 1943 after the death of his wife, he returned to the United States where he lived for the remainder of his life.

Fig. 1. A workshop (ca. 1900) for making braces and other mechanical devices was established in the new addition on 43rd Street

Table 2 Medical staff in 1900**Medical Staff****Surgical and Medical Staff****Surgeon-in-Chief**

Virgil P. Gibney, M.D.

Attending surgeon to Hernia Department

William T. Bull, M.D.

Attending Physician

Austin Flint, Jr., M.D.

Assistant surgeons**Orthopedic Department**

Wisner R. Townsend, M.D.

Royal Whitman, M.D.

Hernia Department

William B. Coley, M.D.

John B. Walker, M.D.

Consulting surgeons

John W. S. Gouley, M.D.

Robert Abbe, M.D.

Joseph D. Bryant, M.D.

Charles McBurney, M.D.

Charles T. Poore, M.D.

Henry S. Stearns, M.D.

Consulting physicians

Edward G. Janeway, M.D.

F. P. Kinnicutt, M.D.

Andrew H. Smith, M.D.

L. Emmett Holt, M.D.

A. Alexander Smith, M.D.

Walter B. James, M.D.

Consulting dermatologist

L. Duncan Bulkley, M.D.

Consulting ophthalmic and aural surgeon

David Webster, M.D.

Consulting Neurologists

A. McLane Hamilton, M.D.

Joseph Collins, M.D.

Consulting laryngologist

D. Bryson Delavan, M.D.

Out-patient staff**Orthopedic surgery****Chiefs of clinic**

W. R. Townsend, M.D.

Royal Whitman, M.D.

Clinical assistants

Homer Gibney, M.D.

J. Hilton Waterman, M.D.

Walter Trustlow, M.D.

C. P. Flint, M.D.

Henry Ling Taylor, M.D.

Charles D. Napier, M.D.

Arthur H. Cilley, M.D.

P. W. Nathan, M.D.

D. D. Ashley, M.D.

The senior assistant

Neurologists to out-patients

Joseph F. Terriberly, M.D.

Ernest W. Auzal, M.D.

Instructor in gymnastics

Miss Katharine B. Park

Department of Hernia**Attending surgeon**

William T. Bull, M.D.

Chiefs of clinic

William B. Coley, M.D.

John B. Walker, M.D.

Clinical assistants

W. Duff Bullard, M.D.

Table 2 (continued)

E. E. Walker, M.D.

Preston Satterwhite, M.D.

Shirley E. Sprague, M.D.

The first junior assistant

House staff**House surgeon**

E. Leroy Barnett, M.D.

Senior assistant

J. Wilbert Stone, M.D.

First junior assistant

Edward J. Parish, M.D.

Second Junior Assistant

Thomas DeLorche Burckhalter, M.D.

Pathologist and bacteriologist

F. M. Jeffries, M.D.

Dental Surgeon

A. L. del Castillo, D.D.S.

Masseur

Berthold E. Krystall, M.D.

Virgil P. Gibney, surgeon-in-chief, physician, and educator

Virgil Gibney, besides being a very able Chief Surgeon, was also a voluminous contributor to the orthopedic literature, fond of teaching, and a caring physician.

Soon after being appointed surgeon-in-chief, he published several articles on the scope of orthopedics and later on case reports from the operating room. Other topics he authored were on clubfoot, congenital dislocation of the hip, and tuberculosis of bone and the hip [3].

He realized the importance of making the institution a teaching hospital. Such views were expressed in his Presidential Address before the American Orthopedic Association in 1912 when he said:

Orthopaedic surgery is gaining a foothold in all medical colleges throughout the country. Not only are new orthopaedic hospitals being founded but orthopaedic adjuncts to the general hospitals are demanded, and there is no reason why a medical student should not be trained in early diagnosis...I suggest, therefore, that those of us who hold hospital appointments should insist on teaching privileges and the educational use of the material at our command...[3]

Gibney established the first orthopedic residency program in the United States when he was appointed surgeon-in-chief in 1887 [4] (Table 1).

First orthopedic residency program

As the newly appointed surgeon-in-chief in 1887, Gibney elected to reside outside the hospital. He established a training program for young physicians who would reside in the hospital. At first the house staff consisted of three

Fig. 2. Royal Whitman, M.D., was an Assistant Surgeon in the Orthopaedic Department and a Chief of the Out-patient Clinic in 1900

appointments of 4 months each but soon it was enlarged to four for a total of 16 months of training. The doctors-in-training became known as *residents*. The following is from the 37th Annual Report of the Board of Managers:

How appointments on house staff are made

Candidates for positions on the House Staff must be graduates in medicine. In making an appointment, preference is given to those who have had a general hospital service. The applicant is appointed February, June, and October. He serves four months as Second Junior, four months as Junior, four as Senior and four as House Surgeon, residing in the Hospital during the entire sixteen months. The applications are to be made personally and in writing to the Surgeon-in-Chief [6].

The next year, the 16-month program was abandoned and reverted back to a total of 12 months. The additional training period was thought to discourage the better class of medical student and hospital graduate applicants. But soon, medical students were attracted to the hospital to observe orthopedics and pathology, creating a larger pool of applicants for the training program.

From 1887 until 1925 when Gibney resigned as surgeon-in-chief because of failing health, 144 orthopedic residents trained under him [7]. Of those, many became giants in their fields such as George Bennett, M.D., Joseph Buchman, M.D., Paul Colonna, M.D., William Gallie, M.D., Toufflick Nicola, M.D., A. R. Shands, M.D. (Fig. 3), and L. C. Wagner, M.D.

Lewis Clark Wagner (1897–1974) joined Dr. Gibney as his younger partner in the latter years of Gibney's active private practice. He was on staff at R&C until the late 1950s when he had a stroke. For many years he was hospitalized at the Kingsbridge VA Hospital in the Bronx. When I was a junior resident there, I resuscitated him after a cardiac arrest. Currently, the annual best paper award by a resident at Hospital for Special Surgery (HSS), presented at the annual meeting of the Alumni Association, was named after him in 1962.

Reforming medical education

The turn of the century saw turbulent times in the medical world. To appreciate how these might have affected the

Fig. 3. House Staff Certificate of Aurelius Rives Shands, M.D., Washington, DC, who served as Junior Assistant, Senior Assistant, and House Surgeon from October 1, 1892 to January 1, 1894

Fig. 4. Grand Central Depot, ca. 1880, looking at a view of the southern façade with a glut of hansoms and horse-drawn jitneys lined up. Reprinted from the collection of the New York Historical Society, negative no. 47557

hospital, it is important for the reader to be reminded what medicine in our country was all about during that era. Medical regulation was lacking. Medical education was proprietary even in the best medical schools such as Harvard.

Standards and medical licensing blossomed in the latter quarter of the 19th century. To establish such recognition, the medical profession had to join with other sectarians to win licensing laws. The principal medical sects in America at that time were the Eclectics and Homeopaths [8]. The Eclectics were botanic doctors who took their name from their ability to take the best from various medical schools. They were founded by Wooster Beach in 1827, first as the United States Infirmary and then 3 years later as the Reformed Medical College of the City of New York. Beach, born in Connecticut, did receive a degree from an acceptable medical college but was out to reform and improve existing methods in the practice of medicine. The Eclectics did accept scientific teaching but in treatment methods, taught herbal medicine and opposed drugging and bleeding.

The Homeopaths were entirely a different culture of medicine. Founded by Samuel Hahnemann (1755–1843), a German physician, homeopathy taught that disease was a matter of spirit inside the human body, not governed by physical laws. They had three doctrines:

1. Disease could be cured by drugs that produced the same symptoms in a healthy person.
2. The more diluted the dose, the greater the effect.
3. All diseases were the result of a suppressed itch (psora).

Some of the appeal of homeopathy was the dependent and personal relationship developed by the patient and doctor—a trend away from today's practice of medicine.

The battle of the sects and traditional medicine was intense during this period. When Lincoln was shot on April 14, 1865, Secretary of State William Seward had an attempted assassination on his life by Lewis Powell, an associate of John Wilkes Booth, on the same night. The Surgeon General was denounced for taking part in the treatment of Seward, as his personal physician was a homeopath.

The American Medical Association (AMA) was ruthless. A New York physician was expelled because he bought milk sugar at a homeopathic pharmacy. Collaboration with the sects was in violation of the AMA's code of ethics.

But this all changed in 1903 when the AMA revised its code of ethics. Within a few years, orthodox medical societies were seeking out members of other sects. Reformation in medicine was not easy to accept but was important for the future of medicine. New licensing laws brought higher standards. Proprietary medical schools frowned on these changes. Requiring medical school applicants to have a high school or college degree or its equivalent encouraged medical schools to manufacture such fraudulent certificates.

Harvard, Hopkins, and Rockefeller at the forefront

When the Baltimore merchant Johns Hopkins died in 1873 and left \$7 million¹ to build a hospital and university, that became a significant peg in the advancement of medical education. Before this time, even Harvard Medical School was not closely affiliated with a university. Harvard's faculty collected fees from the students, paid the school's

¹ About \$109 million in 2005 dollars.

WILLIAM CHURCH OSBORN
1892 - 1951
President, 1910 - 1925
President, 1928 - 1937
President Emeritus, 1938 - 1951

Fig. 5. William Church Osborn died in 1951 at the age of 59

expenses, and divided what was left. The Harvard system changed in 1871 when Charles Eliot, President of Harvard University, was able to prevail on the medical school faculty to become salaried under the control of the Harvard Corporation that would then in turn govern the medical school.

The next major event was when Johns Hopkins University opened its medical school in 1893 (lagging behind the opening of its hospital in 1889 because of a lack of funding) with a 4-year program requiring applicants to have a college degree, be fluent in French and German, and have a background of science courses.

Not until 1901 did Harvard require a college degree to apply to their medical school. In fact, Harvard's only requirement before was that an applicant should be able to read and write. Soon, the University of Pennsylvania School of Medicine and Columbia College of Physicians and Surgeons required college degrees from their applicants. Hopkins, like Harvard, paid faculty salaries not paid

by the students. These dramatic changes in medicine at the time are prefaced in John Barry's epic story of the deadliest plague in history, *The Great Influenza* [9].

The big four

The founding physicians at Hopkins were known as the *Big Four*.

Pathologist William Henry Welch, M.D. (1850–1934), the son of a physician, graduated from the College of Physicians and Surgeons, *one of the most prestigious medical schools of that time*. He then trained in Germany in pathology and bacteriology, returning to Bellevue College in a teaching and research position. He was the first of the Hopkins faculty arriving in 1884 where he established a laboratory in 1886, training 16 graduate students. It was the first graduate training program for doctors in this country.

Surgeon William Stewart Halstead, M.D. (1852–1922), came next, who was recruited by Welch. Battling a life-long addiction to drugs, *including cocaine*, Halstead was a meticulous, careful surgeon with unusual technical skills. He was strongly supported by Welch who appointed him to a research lab while he recovered from his addiction. He was the first to require surgeons to wear rubber gloves when operating.

William Osler, M.D. (1849–1919), a British Canadian, arrived in 1888 as physician-in-chief. He was a premier physician who published his famous text in 1892, *Principles and Practice of Medicine*.

Gynecologist Howard Kelly, M.D. (1859–1943), brought from Philadelphia in 1889 by Osler, completed the *Big Four*.

Welch, the founding editor of the *Journal of Experimental Medicine*, became the most eminent physician in medicine in this country. He was described as *the glue that cemented the entire American medical community* [9]. He was a national and international figure, serving as president or chairman of the AMA, the American Association of the Advancement of Science, and the National Academy of Sciences besides numerous other medical societies. His power to transform the lives of professionals was unchallenged. Welch's second skill was to cultivate major funding for research. Hopkins' influence on other medical schools was soon felt. Those that did not change eventually failed.

Table 3 The Osborn dynasty

Board of Trustees	
1863–1874	Jonathan Sturges, Founding Member
1871–1891	William H. Osborn
1892–1951	William Church Osborn
1913–1928	Frederick H. Osborn
1941–1951	A. Perry Osborn
1951–1963	Earl D. Osborn
1957–1988	William H. Osborn, Jr.
1982–2004	Katherine Osborn Roberts, Life Trustee

Table 4 First annual alumni meeting 1913, page 1

1910 was a notable year in the advancement of American medicine. That year, the Rockefeller Institute Hospital opened its doors to the scientific research of named diseases.

In 1901, John D. Rockefeller (1839–1937) founded the Rockefeller Institute for Medical Research, *the name being changed to Rockefeller University in 1965*. Its laboratories were first opened in 1903.

Table 5 First annual alumni meeting 1913, page 2

MONDAY, DECEMBER 29 TH	TUESDAY, DECEMBER 30 TH
10.00 A. M. ROLL CALL	8.30 A. M. ORTHOPEDIC OPERATIONS TO BY DR. V. P. GIBNEY AND MEMBERS OF 11.00 A. M. THE ATTENDING STAFF
10.30 A. M. INSPECTION OF NEW HOSPITAL	11.00 A. M. HERNIA OPERATIONS BY TO DR. WILLIAM B. COLEY AND 12.30 P. M. DR. JOHN B. WALKER AND MEMBERS OF THE ATTENDING STAFF
11.00 A. M. WARD ROUNDS WITH DR. VIRGIL P. GIBNEY AND DEMONSTRATION OF INTERESTING CASES	12.30 P. M. LUNCHEON GUESTS OF THE HOSPITAL THROUGH THE COURTESY OF DR. V. P. GIBNEY
12.30 P. M. LUNCHEON AS GUESTS OF THE HOSPITAL THROUGH THE COURTESY OF DR. V. P. GIBNEY	
1.30 P. M. BUSINESS MEETING FOR PURPOSE OF ORGANIZATION, ETC.	2.00 P. M. DEMONSTRATION OF CASES, ETC. BY TO THE FOLLOWING MEMBERS OF THE STAFF: 4.00 P. M. DOCTORS ROYAL WHITMAN HOMER GIBNEY ARTHUR H. CILLEY CHARLTON WALLACE B. H. WHITBECK W. L. SNEED S. KLEINBERG JAS. P. MORRILL
2.00 P. M. DEMONSTRATION OF CASES, ETC. TO BY THE FOLLOWING MEMBERS OF THE 4.00 P. M. STAFF: DOCTORS WISNER R. TOWNSEND HENRY LING TAYLOR WALTER W. STRANG E. LEROY BARNETT PERCY W. ROBERTS GEORGE HAWLEY GEORGE BARRIE WILLIAM FRIEDER C. H. SANFORD	
7.00 P. M. RE-UNION DINNER (INFORMAL) AT HARVARD CLUB, 27 WEST 44 TH ST.	

Chairing both the Institute's Board and the Board of Scientific Directors, William Welch declined the offer to head the new institute. He asked Simon Flexner, M.D. (1863–1946), a pathologist, who was previously at Hopkins to assume that position, which he did in 1903. Yet, the Rockefeller Institute was clearly under the control of Welch for a number of years. Eventually, Flexner made the institute into his own shadow—sharp, edgy, and brutal. The institute was first—its individuals were second.

It admitted patients at no charge with known diseases that were being investigated at the institute to further study their conditions. It was the only such institute in the world.

Flexner report

In 1904, the AMA formed a Council on Medical Education whose charges were to inspect 162 medical schools in the United States and Canada, more than half of all medical schools in the world. In 1907, the Council concluded that the better schools were improving but the proprietary schools persisted as significantly substandard. Here was a great dichotomy in medical education. With less than optimal cooperation and support from many of the physicians in the country, the AMA needed help and sought out the assistance of the Carnegie Foundation. Carnegie commissioned Abraham Flexner (1866–1959), an educator on staff, to survey medical education in this country. Flexner, brother of Simon Flexner, had graduated from Johns Hopkins University and studied at Harvard but was not a physician. In 1910, his report was published, which concluded that 120 of 150 medical schools should be closed.

Flexner's muckraking report created havoc. Fifteen thousand copies were printed. The AMA's Council on Medical Education immediately rated all medical schools as:

Class A: Fully satisfactory
Class B: Redeemable
Class C: Needed complete reorganization. *All schools owned and operated by the faculty were automatically placed in this category.*

Within 4 years, 31 states denied licensing to Class C schools, which then closed. By the late 1920s, almost 100 medical schools had closed.

First female ward at R&C

In the surgeon-in-chief's Fortieth Annual Report, Gibney announced a generous contribution from a good friend of the hospital to support an adult female ward for 2 years [10]. In 1903 an 18-bed ward admitted 85 women whose ages ranged from 14 to 48 years. Still, R&C did not have the funding to provide beds for adult males.

Expansion in teaching also continued. In 1904 the hospital opened its doors to selected fourth-year medical students to learn on the wards and in the operating rooms. This, of course, gave further opportunity for better selection of house staff. The hospital became well-known in its field and received applications from all over the United States and Canada.

Table 6 HSS Alumni Association officers

Officers	
Past Presidents	
1913–1915	Virgil P. Gibney, M.D.
1916–1917	Clarence L. Starr, M.D.
1917–1918	No meeting, war years
1919–1920	A. R. Shands, M.D.
1920–1922	William T. Shields, M.D.
1922–1923	F. W. Gilday, M.D.
1923–1925	E. W. Hannock, M.D.
1925–1926	John A. Brooke, M.D.
1926–1928	A. Mackenzie Forbes, M.D.
1928–1930	Charlton Wallace, M.D.
1930–1931	Lewis Clark Wagner, M.D.
1931–1932	Earl Van Derwerker, M.D.
1932–1933	Percy W. Roberts, M.D.
1933–1934	Lewis Clark Wagner, M.D.
1934–1935	Armitage Whitman, M.D.
1935–1936	Richmond Stephens, M.D.
1936–1937	No meeting
1937–1938	Andrew R. MacAusland, M.D.
1938–1939	Walter Craig, M.D.
1939–1940	Paul Colonna, M.D.
1940–1941	Earl Van Derwerker, M.D.
1941–1942	Frank A. Purcell, M.D.
1942–1943	Barney Owens, M.D.
1943–1946	No meeting, war years
1947–1948	Francis J. Carr, M.D.
1948–1949	Theodore A. Willis, M.D.
1949–1950	Toufick Nicola, M.D.
1950–1951	Burr H. Curtis, M.D.
1951–1952	Rufus A. Aldredge, M.D.
1952–1953	Walter C. Graham, M.D.
1953–1954	Arthur A. Thibodeau, M.D.
1954–1955	J. Gordon Petrie, M.D.
1955–1956	Albert C. Schmidt, M.D.
1956–1957	John J. Flanagan, M.D.
1957–1958	Reginald C. Farrow, M.D.
1958–1959	Joseph H. Boland, M.D.
1959–1960	Donald W. Blanche, M.D.
1960–1961	Frank F. Parrish, M.D.
1961–1962	Paul C. Colonna, M.D.
1962–1963	John R. Cobb, M.D.
1963–1964	T. Campbell Thompson, M.D.
1964–1965	Frank W. Teague, M.D.
1965–1966	Theodore A. Lynn, M.D.
1966–1967	Lee Ramsay Straub, M.D.
1967–1968	William F. Donaldson, M.D.
1968–1969	Homer C. Pheasant, M.D.
1969–1970	Ernest M. Burgess, M.D.
1970–1971	Paul H. Curtiss, Jr., M.D.
1971–1972	Vincent J. Turco, M.D.
1972–1973	Michael M. Donovan, M.D.
1973–1974	Richard P. Embick, M.D.
1974–1975	J. Paul Harvey, Jr., M.D.
1975–1976	Robert L. Patterson, Jr., M.D.
1976–1977	James A. Nicholas, M.D.
1977–1978	Charles H. Herndon, M.D.
1978–1979	Harlan C. Amstutz, M.D.
1979–1980	Philip D. Wilson, Jr., M.D.
1980–1981	Peter V.C. Dingman, M.D.
1981–1982	Bernard Jacobs, M.D.
1982–1983	Americo A. Savastano, M.D.
1983–1984	Alexander Hersh, M.D.
1984–1985	John D. Haugh, M.D.
1985–1986	Allan E. Inglis, M.D.
1986–1987	Alan Pavel, M.D.
1987–1988	David B. Levine, M.D.
1988–1989	Victor M. Goldberg, M.D.
1989–1990	Leon Root, M.D.

Table 6 Continued

1990–1991	Clifford W. Colwell, Jr., M.D.
1991–1992	Russell F. Warren, M.D.
1992–1993	Chitranjan S. Ranawat, M.D.
1993–1994	Paul A. Lotke, M.D.
1994–1995	John P. Lyden, M.D.
1995–1996	Michael F. Rodi, M.D.
1996–1997	Thomas P. Sculco, M.D.
1997–1998	Merrill A. Ritter, M.D.
1998–1999	Eduardo A. Salvati, M.D.
1999–2000	Norman Johanson, M.D.
2000–2001	Patrick F. O'Leary, M.D.
2001–2002	Paolo Aglietti, M.D.
2002–2003	Joseph M. Lane, M.D.
2003–2004	Serena Hu, M.D.
2004–2005	Charles N. Cornell, M.D.
2005–2006	Gary M. Gartsman, M.D.
2006–2007	Paul M. Pellicci, M.D.
Past secretary/treasurers	
1913–1916	Charles Ogilvy, M.D.
1919–1920	Richmond Stephens, M.D.
1920–1921	Isadore Zadek, M.D.
1922–1923	Earle E. Van Derwerker, M.D.
1924–1925	Touflick Nicola, M.D.
1925–1927	Irwin Balensweig, M.D.
1928–1932	Lewis Clark Wagner, M.D.
1933–1938	Francis Carr, M.D.
1939–1940	Peter Cyrus Rizzo, M.D.
1940–1941	John J. Flanagan, M.D.
1941–1942	Frederick Vom Saal, M.D.
1942–1946	No meeting—war years
1946–1948	Lewis Clark Wagner, M.D.
1948–1949	Henry P. Lange, M.D.
1949–1961	Lewis Clark Wagner, M.D.
1961–1968	Peter Cyrus Rizzo, M.D.
1968–1975	Bernard Jacobs, M.D.
1975–1982	David B. Levine, M.D.
1982–1989	Thomas D. Rizzo, M.D.
1989–1994	John P. Lyden, M.D.
1994–1901	Charles N. Cornell, M.D.
2001–2004	Paul M. Pellicci, M.D.
2004–2006	Riley J. Williams, III, M.D.

The Vanderbilts and the New York Central Railroad

The relationship and influence of the New York Central Railroad and Grand Central Terminal with R&C and Gibney is an interesting story. Grand Central, the hospital's friendly neighbor, was opened in 1871. It was built by the shipping magnate, Cornelius Vanderbilt (1794–1877). Vanderbilt, a descendant of the Dutch family van Der Bilts who had arrived in 1650, was born on Staten Island. His unscrupulous tactics by leasing nonseaworthy vessels to the federal government made him one of the many profiteers during the Civil War. He bought up railroad stocks, initially the New York and Harlem Railroad, which had started operating horse-drawn trains in 1832 and then the Hudson River Railroad, followed by the New York Central Railroad in 1869. Soon after, Vanderbilt obtained permission from the New York City Council to build Grand Central Terminal. Constructed at a cost of \$6.4 million², Vanderbilt

² About \$75 million in 2005 dollars.

had commissioned the famous architect John B. Snook, who designed a house at Fifth Avenue and 40th Street for his son William H. Vanderbilt, to draw up plans for the new terminal. By the time it opened in 1871 (*the year after R&C had moved to the corner of Lexington Avenue and 42nd Street*), it was virtually obsolete. Renovated in 1898 and further in 1900, the terminal was reborn as Grand Central Station (Fig. 4).

Because of a major train collision in 1902 in the Park Avenue tunnel, there was a public outcry for electric trains. The New York Central and Hudson River Railroad announced plans for a major expansion of Grand Central. Pressure mounted on the R&C to sell their property to the railroads. Similarly, in 1892 other pressure by the railroad for the hospital to sell their property had been attempted, but prominent members of the Board of Managers were able to thwart those threats. Among those on the hospital board who defended the interests of R&C was Cornelius Vanderbilt II (1843–1899), favorite grandson of Cornelius Vanderbilt. Vanderbilt, the grandson, was the member of the board who personally recalled Gibney from Europe to accept the hospital's offer to become the second surgeon-in-chief at the time of Knight's death. Vanderbilt unfortunately had a stroke in 1896.

Besides befriending Vanderbilt, Gibney had extraordinary personal relations with many of the staff of the New York Central, including porters, baggage men, gatemen, and attendants. With the hospital next to Grand Central, it was always open to those who worked at the railroad. Those injured were seen without charge. The chief of the Red Caps would always sing praises of Dr. Gibney. Taking a train to his country home in Bridgeport, Connecticut, Gibney always had time to talk to any of the railroad workers.

Mrs. Gibney also had an unusual relationship with the railroad and ancillary services. As she had her laundress in Bridgeport and the Gibneys spent the winter in New York, she was able to make the following arrangements. Jackson's Express Co. in New York would pick up her laundry at 16 Park Avenue and deliver it to the Baggage master at Grand Central where it was put in the baggage car for Bridgeport. There, Hicky's Express delivered it to the laundress in Bridgeport. Clean clothes were returned in the same manner, and all at no charge to the Gibneys.

New site purchased

As the work on the new terminal proceeded, Gibney realized the railroad's need for expansion and felt it was time to look for a new site for the hospital. The Board responded quickly, and negotiations between the hospital and the New York Central were reached in 1910. The property on 42nd and 43rd Streets was sold to the railroad for \$1.35 million³. A new site east on 42nd Street between First and Second Avenues extending through to 43rd Street was offered to the hospital and it was purchased for \$307,125. The plot was half as large as the old property.

³ About \$26.5 million in 2005 dollars.

The new building with basement and six stories was officially opened on December 16, 1912 but the patients had been moved there November 29, 1912 within a day. The credit for this complex property change was mainly given to William Church Osborn, elected President of the Board in 1911, who exhibited perseverance and good judgment (Fig. 5). Osborn came from a long line of family members involved with the hospital's board dating back to his grandfather, Jonathan Sturges, a founding member of the hospital in 1863 (Table 3).

Alumni association

In 1912 a Constitution and By-laws of the Society of the Alumni of the R&C were drafted. The object was advancement of the branches of surgery represented at the hospital and promotion of social exchange. Membership was designated as:

1. *Active Members*: Persons who have served on the house staff
2. *Associate Members*: Persons who have served on the attending staff

The annual dues (as amended on December 19, 1914) were \$1 per member plus the cost of the annual dinner. The first meeting of this organization was held on December 29 and 30, 1913 (Tables 4 and 5). Annual meetings were held without interruption except in the years of World War I, World War II, and 1936–1937. Alumni officers of the R&C (*the name was changed in 1940 to the HSS*) have included many prominent orthopedic surgeons over the past 93 years (Table 6).

Alumni worldwide have returned at various times to attend the scientific programs provided annually at the alumni meetings usually in November. This devoted Alumni Association was a major force in strengthening the hospital and promoting it as a leader in the orthopedic world [11]. From this group now more than 1,500, alumni have continued to encourage young physicians in training to apply for postgraduate residency and fellowship positions at HSS. As the size and composition of the house staff changes, the Alumni Association has become even stronger and more important for the future of HSS.

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