The Hospital for the Ruptured and Crippled Moves East on 42nd Street 1912 to 1925

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Abstract In 1912, the Hospital for the Ruptured and Crippled (R & C) moved to its third location since its founding in 1863. It was a newly constructed six-story building on 42nd Street between Second Avenue and First Avenue. At the time Dr. Virgil Gibney, the second Surgeon-in-Chief, was 65 years of age and had already served 25 years in that position. The building housed a New York City public school since the length of stay of the children, many afflicted with tuberculosis and poliomyelitis, might be over 1–2 years. The large number of immigrants in the city led to very challenging social conditions that saw changes made in the first two decades of the twentieth century. When this country entered World War I in 1917, the physician staff was significantly affected as many volunteered for military service. Soldiers, sailors, and marines were treated at R & C, and military physicians were educated in orthopedics and hernia care on the wards and in the outpatient department. Because of declining health in 1924, Dr. Gibney retired and was replaced as Surgeon-in-Chief by his long-term friend and colleague, Dr. William B. Coley in January 1925.

Key words

Hospital for the Ruptured and Crippled (R & C) ·
Hospital for Special Surgery (HSS) · Virgil P. Gibney ·
Royal Whitman · James Knight · York and Sawyer ·
Theodore Roosevelt · John P. Mitchell · Joseph Flick ·
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Introduction

Virgil Pendleton Gibney (1847–1927) entered his 25th year as Surgeon-in-Chief of the Hospital for the Ruptured and Crippled (R & C) in 1912, the year the hospital (founded in 1863) moved eastward on 42nd Street to its new and third location. It was to remain at this location until 1955 when it would relocate to its present site on East 70th Street.

Gibney would continue as the second Surgeon-in-Chief until 1924 when he would retire at age 77 because of failing health. He put R & C on the map as a world leader in its field, devoted not only to patient care but advancement of medical education and research. He was a prolific writer, having published 178 medical papers from 1876 to 1920 in professional medical journals [1]. One of the most significant publications was his book *The Hip and its Diseases* published in 1884. This earned him the memorable event that year of being asked for his resignation by Dr. James Knight (1810–1887), the founder of the hospital and its first Surgeon-in-chief. Knight, not a surgeon, was strongly opposed to any surgical treatments except for minor procedures as tenotomies. When he learned of this book, he was outraged by Gibney's action. It was 3 years later when Knight died that the Board of Managers of R & C would appoint Gibney as the second Surgeon-in-Chief [2].

The new hospital

Because of its necessity to expand Grand Central, the New York Central Railroad pressed the hospital to sell their property on 42nd and 43rd Streets and Lexington Avenue. Gibney understood their needs and encouraged the Board to proceed. The Board of Managers was concerned that the location of the new hospital be very accessible to its patients. The location of the present building certainly fit that requirement. The Trustees realized that the ability to reach the hospital from any part of the city on one fare of five cents was critical to its patients who

Fig. 1. To accommodate hospital patients, Dr. Gibney arranged with the city to have the 42nd Street trolley stop in front of the hospital instead of at the corner

were mostly poor children and their parents (Fig. 1). After considerable deliberation, a contract of sale was made to purchase a plot of land to construct a new building [3]. Credit was given to William Church Osborn (1863–1951), President of the Board, for administering some very complex negotiations for the sale of this property and the building of a new hospital. The property was purchased for \$307,125¹ and was located on the north side of 42nd Street between First and Second Avenues [4].

The newly constructed building consisted of a basement plus six stories. It officially opened December 16, 1912 (Fig. 2) and was designed by the architectural firm of York and Sawyer. The partners Edward York (1863–1928) and Philip Sawyer (1868–1949), both trained in the prestigious office of McKim, Mead, and White, established their own offices in 1898 in New York City. York and Sawyer specialized in designing banks and hospitals, many of which were among the finest built in the USA in the early decades of the twentieth century. Among some of their famous buildings was the classical revival style Greenwich Savings Bank (1922–1924) on Broadway and 36th Street, the Byzantine-inspired Bowery Savings Bank (1921–1923) on East 42nd Street, and the Federal Reserve (1919–1924) on Maiden Lane. The firm also produced designs for the New York Academy of Medicine on East 103rd Street, the New York Athletic Club on Central Park South, and the Beaux-Arts edifice of the New York Historical Society on Central Park West. From the end of the nineteenth century until the First World War, many of New York's prominent landmarks exemplified Beaux-Arts Classicism,² such as the central pavilion of the Metropolitan Museum of Art, the Statue of Liberty, and the New York Public Library to name a few [5].

¹ About \$6.3 million in 2006.

² Beaux-Arts Classicism originated at the famous Parisian school, École des Beaux-Arts, where many young architects from the USA studied. Favored materials included light-colored stone and brick, particularly marble, limestone and granite, lightening the color of the city from drab brownstones.

Fig. 2. The new Hospital for the Ruptured and Crippled was built on 42nd Street between First and Second avenue. It is currently the location of the Ford Foundation

The basement of the hospital housed utilities and service spaces such as the brace shop, leather room, sewing room, laundry, kitchen, and housing for male employees. The first floor provided the outpatient facilities and the Matron's and Surgeon-in-Chief's offices. The second floor housed sections for the residents, female employees, and graduate nurses. The third floor had three girls' wards and a female adult ward (Fig. 3). The fourth floor had three boys' wards, an operating amphitheater, and support areas (Fig. 4). The fifth floor had space for a male adult ward, a large playroom and classrooms, whereas the sixth floor had two outdoor roof gardens and space for expansion.

Moving day for the patients was November 29, 1912, all accomplished in an afternoon. The patients had their lunch in the old hospital and dinner in the new one [6]. The official opening of the 200-bed hospital was not until December 16th. Although it had been planned that all patients could be hospitalized in the new building, because of lack of funds, the adult male ward could not be opened. Until this time there had been no provisions for private patients.

Beginning in 1913, the Social Service Department was organized with one director and expanded the next year when an assistant was hired. The X-ray department was a small unit now headed by Dr. Byron C. Darling. His title (1911–1916) was changed from radiologist to roentgenologist in 1913.

A laboratory was not equipped at first because of lack of funds. Dr. F. M. Jeffries was the attending pathologist

Fig. 3. There was one female adult ward but no male adult wards yet

Fig. 4. The operating amphitheater with an observation gallery provided multiple operating tables for procedures to be performed consecutively

but was not full time. He did very minimal pathological examinations and no routine inpatient work or autopsies.

Nursing at R & C

When R & C, first located in the home of its founder, Dr. James Knight, opened its doors on Second Avenue in 1863, it was not staffed with any nurses. Nursing care was provided by Knight's wife, daughter, and *hired domestics* [7]. It was only 3 years before that time that the first school of nursing was established in 1860 by Florence Nightingale at St. Thomas Hospital in London. Nightingale (1820–1910), as a pioneer of nursing and reformer of hospital sanitation methods, pushed for reform of the British military health care system, and with that, the profession of nursing gained respect and was born [8].

The first Chief Nursing Officer at R & C was Ella S. Murdock in 1896, listed on staff as *Matron* (Table 1). In 1909, there were only seven graduate nurses working 12-h shifts. In 1912, the title of *Matron* was expanded to include *Directress of Nursing*, and Ella S. Patterson, RN, assumed that position. At that time, more than 18,000 patients had been cared for. Many of the children with crippling diseases were inpatients for years. School classrooms were provided, and Manhattan Public School 401 was established in the hospital. A public school continued to exist at HSS until the late 1960s.

Peddlers, pushcarts, and pickles

Immigration into New York City continued to be rampant well into the twentieth century, focusing mainly on the Lower East Side (the original location of R & C), which was bordered from 14th Street on the north, on the west by Broadway and Pearl, on the east by the East River, and on the south by Fulton Street. Immigrants clustered together in sections such as Little Italy, Chinatown, Bulgaria, and from other countries of Eastern Europe. The Italian population increased from over 44,000 in 1880 to over 1.3 million in

1910. More Italians were located here than in any other place in North America [9]. Families were crowded in one-room living areas, sometimes with no toilets or bathing facilities. Public health was unregulated, and disease spread quickly among the tenements of New York. When horses used for ice and coal businesses would die, they often lay on the streets for days until the Society for the Prevention of Cruelty to Animals (SPCA) collected them. Children would play around dead carcasses. Muck from these animals contaminated the streets, one reason why *brownstone* entrances were designed above the end of a long flight of front stairs.

Yet, as immigrants poured into these areas, they brought with them the hope and promises of golden dreams. They were escaping poverty and the endless toil their parents had experienced and sought to be free in the new land of opportunity. They shortened their first and last names, learned English, took advantage of free schools, bought new clothes to look like Americans, learned the mysteries of the iron stove and washboard, learned not to fear the policeman, and sought employment particularly as peddlers on the streets. Even schoolchildren would work after school to help support their families.

“We bought our pickles from a lady on the pushcart... When she was finished she brought them down to the rat infested basement and left them there for the next day. Then she went down to the rat-infested basement and brought up the barrels. Those that had rat bites, she threw away” —A lower East Side resident [9].

Working conditions went through changes, improvement forced by ongoing events. In 1911, the tragic *Triangle Fire* occurred at the Triangle Shirt Waist Company. A total of 147 girls and women lost their lives. Blocked exits and no fire regulations accounted for the major part of this disaster. After this fire, better safety regulations and safer working environments were legislated. In 1914, workers in the men's garment industry were unionized into the Amalgamated Clothing Workers [10].

Table 1. Chief nursing officers of the Hospital for the Ruptured and Crippled and Hospital for Special Surgery

Names	Period of service
Ella S. Murdock, Matron	1896–1911
Ella E. Patterson, RN, Matron and Directress of Nursing	1912–1916
Jean L. England, Matron and Directress of Nursing	1917–1924
Ethel B. Ridley, RN, Directress of Nursing	1924–1942
Cleanthe E. Logotheton, Directress of Nursing	1942–1954
Mary Jeanne Clapp, RN, Director of Nursing	1954–1965
D. Dean Smith, MA, RN, Director of Nursing	1965–1977
Barbara J. Kelly, MA, RN, Director of Nursing	1977–1989
Susan Bowar-Ferres, PhD, RN, CNAA Vice President for Nursing	1989–1997
Jacqueline Kostic, MS, RN, CNAA Vice President for Nursing	1997–2005
Stephanie J. Goldberg, MS, RN, CNAA Vice President Patient Care Services, Chief Nursing Officer	2005–

Fig. 5. The Sailors' ward was one of the first adult male wards opened in the history of the hospital

Fig. 6. Joseph Flick was Hospital Administrator from 1917 to 1937

Progressive era

Changes in social reform were being led by journalists, politicians, and crusaders during the first two decades of the twentieth century. They were known as *progressives*, and these muckrakers³ were joined by many leaders at local, state, and national levels. Theodore Roosevelt (1858–1919) served as President of the USA from 1901 to 1909. He ran again for President in 1912 on a progressive ticket (Bull Moose Party) but was shot in the chest by a fanatic in Wisconsin. Although he recovered, he lost the election to a Democrat, Woodrow Wilson (1856–1924).

The progressive movement embraced the women who promoted temperance reform. As a result, the 18th Amendment (Prohibition) was passed on January 16, 1920. The 16th Amendment (federal income tax) was passed in 1913, the Meat Inspection Act and the Pure Foods and Drug Act in 1906, and the Federal Reserve Act in 1913.

Still not addressed in this country was legislation to protect against disease. This had been instituted in Western countries, first in Germany where the first national system of compulsory health insurance was established. Others followed with similar systems in Austria (1888), Norway (1909), and Britain (1911). France and Italy provided assistance to pay for treatment in designated industries. Extensive aid was provided in Sweden (1891), Denmark (1892), and Switzerland (1912).

Yet in the USA, this issue was not discussed in political arenas. The Socialists in 1904 were the first to support health insurance, led by the American Association for Labor Legislation (AALL). In the election of 1912, Roosevelt supported health insurance but the election of Woodrow Wilson was a blow to the Progressive party. It was another two decades before the national government started debating many of these social issues [11].

World war I

In 1915, a British ship, the *Lusitania*, was sunk by a German submarine, resulting in 128 American deaths. With the USA having close ties to Britain and France, Wilson eventually asked Congress for a resolution to declare war on Germany that passed on April 6, 1917.

The US military was ill equipped for war with just 370,000 men in the Army and National Guard combined. By War's end in 1918, the military swelled to 1.4 million, with a toll of 48,000 killed and 56,000 lost to disease. The staggering number of deaths was Germany, 1.8million; Russia, 1.7 million; France, 1.4 million; and Britain, 950,000. Called "the War to end all wars." It cost our country \$33 billion.⁴

Back in New York City, the youngest and most honorable mayor the city ever had was Mayor John P. Mitchell (1879–1924) who, at age 34, served one term (1914–1918). Unfortunately, when he ran for re-election, it was on a fusion ticket, and he lost to Tammany Hall candidate John F. Hylan (1868–1936). Mitchell enlisted in the air force, only to be killed in training. Hylan, a dark-horse candidate promoted by newspaper magnate William Randolph Hearst, went on to win a second term but eventually was defeated by state senator James J. "Jimmy" Walker in 1925.

Facing new challenges

Recovering from the demands of increased patients from the poliomyelitis epidemics of 1907 and the summer of 1916, the hospital received patients from not only the city and suburbs but also from upstate New York. Dr. Gibney wrote: "The treatment of those disabled by the 1916 epidemic continues with such success that the State Charities Aid Association appealed to us for aid for the

³ President Teddy Roosevelt often attached the name *muckraker* to journalists who seemed to expose the moral filth of life in this country. The term was originally used in the seventeenth century novel *Pilgrim's Progress*.

⁴ About \$440 billion in 2006.

Table 2. Resident staff in 1921

Department	Name
Orthopedic Department First Division	Virgil P. Gibney, M.D., Surgeon-in-Chief
	James Wyant, M.D.
	Robert E. Burns, M.D.
	Louis Wagner, M.D.
	William Horan, M.D.
	Sherman Burns, M.D.
Second Division	Bernard Gaston, M.D.
	Paul C. Colonna, M.D.
	Robert Patterson, M.D.
	Leon Slater, M.D.
Hernia Department	Virgil P. Gibney, M.D., Surgeon-in-Chief
	Irving Schwartz, M.D.
	David Warsaw, M.D.
	Russell Smith, M.D.

Fig. 7. Virgil Pendelton Gibney, M.D., was age 77 in 1924 when he resigned as Surgeon-in-Chief

paralytic crippled throughout the state and has sent during the year up-state cases requiring operation for correction of deformity to the number of 113, the larger number being of the 1907 epidemic” [6].

The war had a major effect on the hospital. The medical staff was depleted as many physicians enlisted into the military or joined other voluntary organizations to help the cause. Some saw active service in France.

A new ward was equipped and opened for treatment and surgery on recruits from the US Army. In addition, 34 army surgeons were taken on full time to learn orthopedics. The wards and the outpatient department were open to these military officers, and men in khaki were seen all day throughout the hospital.

During the year 1917, 76 military personnel were treated in a new ward opened in the solarium on the sixth floor. This marked the first time in the history of the hospital’s 54 years of existence that adult male inpatients were treated at Ruptured and Crippled.

In March 1918, the Surgeon General of the Navy requested that sailors deferred from the navy for orthopedic conditions be seen at the hospital. Dr. Royal Whitman (1857–1946) was so successful at rehabilitating these patients that the hospital was soon called upon to have sailors with hernias be treated. Dr. William B. Coley (1862–1936) directed this program. Gibney reported that, to accommodate all these military personnel, the hospital had to encroach upon the children’s wards, the women’s wards, the schoolrooms, the gymnasium, and in the summer, the roof. There were 120 beds provided for soldiers, sailors, and marines that were filled continuously [6] (Fig. 5).

New administrator

During these troubled times, the Surgeon-in-Chief was fortunate to have had the able assistance of a new administrator, Mr. Joseph Flick. He was a comfort to Gibney and the Board of Managers. The hospital had moved to larger quarters and experienced the need for new regula-

tions, new financial needs, and new policies in this time of conflict with the country in a major war.

Eminently fitted to handle these problems. Flick, born in Belgium, came to America in 1897 to better his condition. His appointment was made when he was 46 years of age. Serving in a number of hospital administrative positions, he came to R & C from being Superintendent of the New York Farm Colony on Staten Island. Gibney had more words of praise for Flick than the two previous superintendents (Fig. 6). He confided that Flick always has been ready to co-operate in making the institution stand for the best interest of its patients.

Following the war years, the hospital was pressed to balance its budget. The deficit for the year 1920 was \$59,000,⁵ and the Board was at a loss to find ways of increasing the revenue. To keep down expenses as much as he could, Flick practiced economy but not at the expense of his patients. He expanded means of enrolling donors to the hospital. In his annual report of 1923, Gibney wrote about Flick: “I desire to call to your attention to the able way in which your superintendent, Mr. Joseph D. Flick, has added to the finances of the hospital by his untiring efforts” [12].

All the available spaces of the hospital became in use. There were five wards for children, one devoted to hernia cases, three adult wards, and one for compensation cases. There was a desperate need for private adult patients, and finally, in 1923 a new wing containing three floors for private patients, an operating room plant, and facilities for nurses was opened and was quickly filled to capacity. Called the *Private Pavilion* at first, its name was changed to *The Gibney Pavilion for Private Patients* in 1931. An additional resident was added to the house staff assigned to this pavilion [6].

In 1921, the orthopedic department was reorganized into the first division whose chief was Dr. Royal Whitman and

⁵ About \$600,000 in 2006.

the second division whose chief was Dr. Henry Ling Taylor (1857–1923). The Hernia Department with a separate staff had its own residents assigned exclusively to it. Because of the expansion in the hospital beds, the number of residents had been increased and totaled twelve (Table 2).

The end of an era

In the summer of 1922, Virgil Gibney suffered a mild stroke from which he recovered, enough to return partially to his private practice. He was joined in his practice in July 1923 by Dr. Lewis Clark Wagner (1897–1974) who had just finished his orthopedic residency under Gibney [4]. Wagner was able to take the strain of a private practice off Gibney. Establishment of a medical board in 1923 relieved other challenges for him as Surgeon-in-Chief. At the end of 1924, Dr. Gibney told the Board of his desire to resign as Surgeon-in-Chief (Fig. 7). The Board accepted his resignation in January 1925 and appointed Dr. William Bradley Coley (1862–1936), a general surgeon, as its third Surgeon-in-Chief [1, 13]. Dr. Gibney was named Surgeon-in-Chief Emeritus.

The original intention of the 20 organizers of the New York Society for the Relief of the Ruptured and Crippled in 1863 to care for cripples, both children and adults, and to make these benefits available to the poorest in the

community continued to be practiced into the first quarter of the twentieth century [6].

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