The Hospital for the Ruptured and Crippled Eugene H. Pool, Fourth Surgeon-in-Chief 1933–1935 Followed by Philip D. Wilson, Fifth Surgeon-in-Chief 1935

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Received: 4 June 2008/Accepted: 4 June 2008/Published online: 18 July 2008

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Abstract In 1933, for the second time in the history of the Hospital for the Ruptured and Crippled (R & C), a general surgeon, Eugene Hillhouse Pool, MD, was appointed Surgeon-in-Chief by the Board of Managers of the New York Society for the Relief of the Ruptured and Crippled. R & C (whose name was changed to the Hospital for Special Surgery in 1940), then the oldest orthopaedic hospital in the country, was losing ground as the leading orthopaedic center in the nation. The R & C Board charged Dr. Pool with the task of recruiting the nation's best orthopaedic surgeon to become the next Surgeon-in-Chief. Phillip D. Wilson, MD, from the Massachusetts General Hospital in Boston and the Harvard Medical School was selected and agreed to accept this challenge. He joined the staff of the Hospital for the Ruptured and Crippled in the spring of 1934 as Director of Surgery and replaced Dr. Pool as Surgeon-in-Chief the next year. It was the time of the Great Depression, which added a heavy financial toll to the daily operations of the hospital. With a clear and courageous vision, Dr. Wilson reorganized the hospital, its staff responsibilities, professional education and care of patients. He established orthopaedic fellowships to support young orthopaedic surgeons interested in conducting research and assisted them with the initiation of their new practices. Recognizing that the treatment of crippling conditions and hernia were becoming separate specialties, one of his first decisions was to restructure the Hernia Department to

become the General Surgery Department. His World War I experiences in Europe helped develop his expertise in the fields of fractures, war trauma and amputations, providing a broad foundation in musculoskeletal diseases that was to be beneficial to him in his future role as the leader of R & C.

Keywords Eugene H. Pool · Virgil P. Gibney · William Bradley Coley · Hospital for the Ruptured and Crippled (R & C) · New York Hospital · Hospital for Special Surgery (HSS) · Philip D. Wilson · Franklin D. Roosevelt · Fiorella H. LaGuardia · Robert Moses · Robert B. Osgood · Memorial Hospital · Philip D. Wilson, Jr · Bradley L. Coley · Bradley L. Coley, Jr · Helen Coley Nauts · Fenwick Beekman

Introduction

In 1933, for the second time in the 70-year history of the Hospital for the Ruptured and Crippled (R & C), a general surgeon became Surgeon-in-Chief. Eugene Hillhouse Pool, MD (1874–1949) was appointed the fourth Surgeon-in-Chief by the Board of Managers of the New York Society for the Relief of the Ruptured and Crippled. A distinguished nationally known surgeon, Pool had been Director of the Second Surgical Service of the New York Hospital and Professor of Surgery at Cornell University Medical College.

As the oldest orthopaedic hospital in the country, R & C became a leading institution in orthopaedics from its founding in 1863. This reputation grew even more with the introduction of surgery in 1888 by its second Surgeon-in-chief, Virgil P. Gibney, MD (1847–1927). It was further supported by an additional staff appointment, Dr. Royal Whitman (1857–1946), a highly respected and qualified orthopaedic surgeon. Gibney, with his administrative abilities, foresight and caring for patients, complemented

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Whitman who was a skilled surgeon, writer and teacher, although less endowed with communicative skills. In spite of this leadership, the reputation of the hospital started to show signs of decline in the first quarter of the century. As the surgical techniques for treatment of hernia made significant advancement, the historical relationship between the treatment of rupture and crippling conditions became outdated, although the bracemaker still remained to provide for both conditions. Declining ties of the professional staff with the hospital and within the hospital were further strained by the looming financial crisis in the country. In 1929, the hospital's status suffered when at age 72, Whitman resigned. Dr. William B. Coley, MD (1862–1936), the third Surgeon-in-Chief, was not an orthopaedic surgeon, and this added to the hospital's declining status in the orthopaedic world [1]. Eventually Coley, suffering from poor health, resigned from the office of Surgeon-in-Chief in 1933.

The Board of Managers realized it needed help from the academic medical community. It was urgent to appoint temporarily, a prominent surgeon to the office of surgeon-in-chief to reestablish R & C as a leader in orthopaedics. The Board persuaded Dr. Eugene Pool to accept this position on an interim basis.

For his first year in office, Pool critically observed the state of the hospital, its staff, its treatment of patients, teaching, education and research, and formulated a plan for the changes needed.

At the end of his first year in office, Dr. Pool reported to the Board of Managers the following:

Since receiving the honor of being appointed Surgeon-in-Chief..., I have been an observer rather than a worker, and have studied basic problems rather than details. In this connection one is impressed by the extremely doubtful nature, which a private, unattached hospital faces. Medicine and surgery have progressed so much during the three decades of the present century that the purely clinical institution finds itself handicapped in comparison with teaching and scientific centers as a result of lack of stimulus of scientific thought and the lack of laboratory facilities. The solution is an allegiance or affiliation with a university whereby the clinical workers may have access to and the use of the laboratory facilities of the more highly developed institution and contacts with and the advice of the highly trained minds. Such an affiliation for the Hospital for Ruptured and Crippled is much to be desired.

The Hospital for Ruptured and Crippled was in the early days the leading orthopaedic centre of the Country. It has not retained this position. We should therefore plan to regain it.

If the institution is to develop on the lines suggested, a conspicuous leader should be chosen and placed in

charge of the activities of the institution and all efforts should be centered upon the development of orthopaedic surgery and regaining the position of the institution, which it held under those great leaders Gibney, Bull, Whitman and Coley.

The interests of the institution are superior to those of the individual and every one should feel that any sacrifice should be made to further its interests.

He summarized that "The main weakness seemed to be a considerable number of attending surgeons, none of whom devoted a large part of their time to the Institution, with the result that there was no head and little research work and teaching" [2]. The Board received this report on February 8, 1934 and immediately took action to seek out the best possible orthopaedic surgeon to fill this office.

Eugene H. Pool was born June 3, 1874 in New York City. Pool graduated from St. Paul's School in Concord, New Hampshire and received his A.B. from Harvard College in 1895. He was accepted to the College of Physicians and Surgeons of Columbia University and was awarded his MD in 1899. During his surgical internship at New York Hospital (1900–1901), Pool was influenced by one of his mentors, Dr. William T. Bull (1849–1909) who later invited him to join his practice. Bull, having a large surgical practice, was one of the master surgeons of his time. He had been appointed to the staff of the New York Hospital in 1883 and was a colleague and partner of both Dr. Coley and Dr. Gibney [3, 4].

Dr. Pool maintained a close association in practice with Dr. Bull for 7 years, while rising through the ranks of the faculty of the College of Physicians and Surgeons, finally becoming Professor of Clinical Surgery in 1915. Likewise, his staff appointments at the New York Hospital rose to a senior level. He became an Attending Surgeon in 1932 when the New York Hospital moved uptown to join the Cornell-New York Hospital Medical Center. He was appointed Clinical Professor of Surgery at the Cornell University Medical School and Senior Attending Surgeon at the New York Hospital.

Pool assumed the position of Chief of the Second Surgical Division of the New York Hospital, and under his command that department became one of the greatest surgical services in the country. His surgical skills were taught, copied and admired throughout the surgical world, and he encouraged his students to pursue research projects and further their education. Dr. Pool died in 1949 at the age of 75. His career and his contribution were memorialized by his surgical colleague Frank J. McGowan, MD, in an obituary published in the Bulletin of the New York Academy of Medicine:

...Dr. Pool was an extraordinarily able man. Endowed with a fine mind, he developed it to the highest degree. He was wise in counsel, discerning in judgment, unflinching in

leadership, with a limitless capacity for work. ...He had vision, was a straight thinker and was able to crystallize his thoughts....He had a keen sense of kindly humor. He had a love of people and boundless kindness toward people. That is why his patients believed in him, trusted him implicitly and never forgot him [5].

Many R & C surgeons were drawn into service during World War I. Despite the fact that Woodrow Wilson won reelection as President of the United States in 1916 using the phrase “he kept us out of the war” the country increasingly began to side with Britain and France and other countries fighting Germany. The sinking of the British passenger ship *Lusitania* by a German submarine in 1915 resulted in the deaths of 128 Americans and provided the spark that ignited America against the Germans. Finally, Wilson asked Congress for a declaration of war on April 6, 1917. We were little prepared for war with only 370,000 men under arms. By the end of World War I, that number had swelled to 4.8 million. Of those mobilized, America’s losses were 48,000 killed in battle and 56,000 lost to disease. Compared to the rest of the countries, these figures were trivial. Germany had 1.8 million dead; Russia, 1.7 million; France, 1.4 million; Austria-Hungary 1.2 million and Britain, 908,000. In addition to those killed, there were millions wounded. Of over two million British troops wounded, there were 240,000 amputees [6].

Pool served with distinction in France with Base Hospital 9 (New York Hospital Unit) located in a place called Bitray about two miles from Châteauroux (Fig. 1). The organization making up this hospital was mobilized in July 1917 on Governor’s Island and Ellis Island in New York. It included in part, 27 officers, 64 nurses and 150 enlisted men [7]. The next year, in 1918, the hospital was converted to an orthopaedic hospital and a staff of orthopaedic surgeons was selected under the direction of Lt. Col. Joel Goldthwaite. One section of those was led by

Fig. 1. Base Hospital 9 located in a building originally built as an insane asylum. In 1917, it was used first as a general hospital but in the spring of 1918 became the Orthopaedic Centre of the American Expeditionary Forces [7]

Fig. 2. Lieutenant Colonel Eugene H. Pool with the Army Medical Corps in World War I served during the St. Mihiel and Meuse-Argonne offenses in France (Courtesy of the National Library of Medicine)

Dr. Richmond Stevens of the Hospital for the Ruptured and Crippled.

Dr. Pool eventually was appointed Consulting Surgeon to the 1st Army. Although a general surgeon, Pool’s war exposure in trauma, treatment of joint injuries and principles of wound treatment, allowed him to publish a number of articles in these fields. These experiences were particularly helpful in later years when he assumed the leadership of R & C. Discharged January 30, 1919 with the rank of Lieutenant Colonel, Dr. Pool was awarded not only the Legion d’Honneur and the Distinguished Service Medal but was given a citation for meritorious services by the Commander-in-Chief, General John J. Pershing¹ (Fig. 2)

In February 1934, Dr. Pool as Surgeon-in-Chief gave his first report for the year 1933 to the Board of Managers of the New York Society for the Ruptured and Crippled. The message had clear goals to find the best orthopaedic

¹ A celebrated veteran of the Spanish–American and Philippine Wars, Major General John “Black Jack” Pershing led the American Expeditionary Force (AEF) which other Allied Commanders tried to push into a subordinate role in troop replacement.

surgeon for the office of surgeon-in-chief, affiliate with a university, and expand the laboratories, research and education facilities. Additionally, it was vital to promote the interests of the hospital rather than emphasize an individual practitioner, a concept that has continued to challenge the academic medical world, even in our present times [2].

How could a reasonable financial arrangement be reached between the individual physician/surgeon and a hospital where such a close symbiotic relationship was advantageous? In the 1930s, most physicians and surgeons practiced independently trying to make a living at the time of a great depression without concern for the health of their hospital. The key is that both the individual physician and institution need to be successful as well as players on the same team. Our current hospital, Hospital for Special Surgery, has attained that goal being named no. 1 in Orthopaedics in our country in 2007 [9]. The formula may be very complex and difficult to achieve, but the end results need to be a mutual respect benefiting both parties. Many academic institutions and staff even today have not been able to formulate the winning combination to make this all work.

Dr Pool's search ended with the appointment of Philip D. Wilson, MD, of Boston, a nationally known leader in orthopaedics, to fill the office of the Surgeon-in-Chief. At age 48, he resigned as the Chief of the Fracture Service at Massachusetts General Hospital and from the faculty of Harvard Medical College. Dr. Wilson came on the R & C staff in May 1934 as Director of Orthopaedic Surgery while Pool retained the title of Surgeon-in-Chief. An affiliation was made with the College of Physicians and Surgeons of Columbia University, and Dr. Wilson was given a university appointment as Clinical Professor of Orthopaedic Surgery [1].

On February 14, 1935 in the Seventy-first Annual Report of R & C, Pool gave his second and last report as Surgeon-in-Chief [8]. Dr. Philip D. Wilson was to join the staff in 3 months. Two floors were added for expansion of the laboratories (Fig. 3), and a new X-ray department had

Fig. 3. A floor was added in 1934 to the East Wing of R & C to include routine clinical and pathological laboratories and three laboratories for research (From Hospital for Special Surgery Archives)

Fig. 4. Dr. Wilson had stressed the importance of a Medical Library and had supervised and planned the building of a dedicated library in 1935 to house books and journals. The staff was financially supportive which provided the Library with a good foundation (From Hospital for Special Surgery Archives)

been installed. A medical library was established with a secretary (Fig. 4)

With the appointment of Philip D. Wilson as Surgeon-in-Chief at the Hospital for the Ruptured and Crippled in 1935, Eugene H. Pool resigned from that office and was given the title of Senior Consulting Surgeon and Surgeon-in-Chief Emeritus (Fig. 5). Maintaining his private practice

Fig. 5. Dr. Eugene Hillhouse Pool at the time he served as Surgeon-in-Chief at the Hospital for the Ruptured and Crippled (Courtesy of Medical Center Archives of New York—Presbyterian Hospital/Weill Cornell)

Table 1 Dr. Pool's honors

Honors
New York Surgical Society—President, 1923–1925
Society of Clinical Surgery—President, 1927–1929
New York Academy of Medicine—President, 1935–1936
American Surgical Association—President, 1936

and staff privileges at the New York Hospital and a number of other hospitals, he continued to attain many high honors in professional societies (Table 1). Dr. S. S. Goldwater, New York City Commissioner of Hospitals, appointed Dr. Pool Administrative Consultant in Surgery for the city hospitals in 1934. In 1935 Governor Herbert Lehman appointed Dr. Pool, Chairman of the Committee to rewrite the medical provisions of the Workmen's Compensation Act. This committee was created due to widespread abuses in this field uncovered during the administration of the previous Governor Franklin D. Roosevelt. The committee completely rewrote all the provisions of the Workmen's Compensation Act, which were incorporated entirely in a bill presented by Governor Lehman to the State Legislature and passed with only minor revisions. In 1934, Pool was awarded the Columbia University Alumni Federation's Gold Medal for distinguished contributions to the university.

Pool resigned from the New York Hospital on April 7, 1947 and died on April 9, 1949. He had been divorced from his first wife, Esther Hoppin Pool in 1930 with whom he had two sons, Dr. J. Lawrence Pool and Beckman Pool². His second wife, Kitty Lanier Harriman Pool, died in 1936 while his third wife Frances Saltonstall Pool survived him.

Upon his death, The Evening Sun, a leading newspaper in New York City, in a rare editorial on April 13, 1949 paid a superb tribute to Eugene H. Pool, concluding;

...A man who habitually shunned the spotlight...he left a shining example for doctors, present and future.

Just like the many changes occurring during the early third decade at the Hospital for the Ruptured, our nation was being challenged like it never had been before by the *Great Depression*. The economic depression took its toll on the hospital operations, its staff, and particularly the physicians. Beginning with the devastating crash of the stock market on October 28–29, 1929, our country did not begin to show any recovery until the mid-1930's after Franklin D. Roosevelt had been inaugurated as the 31st president of the United States. Much of the country had blamed the previous Republican President Herbert Hoover for the depression, although its roots went further back into

the administration of Calvin Coolidge. Hoover's big mistake was that he kept reassuring our country that *things were going to get better if they all had a little patience*.

Roosevelt, who had been elected Governor of New York State in 1928, had been afflicted with polio in 1922, leaving him essentially powerless in his lower extremities. Despite his physical frailties, he had an invincible spirit while facing major challenges (Fig. 6). The unemployment rate, hovering as high as 25%, had caused real hardship to families never before confronted with such overwhelming economic challenges. The job shortage led to the illegal deportation of 400,000 Mexican-Americans, so that white males could get more jobs or get relief from the government [10].

In his first 100 days in office, Roosevelt, aided with help from a large southern dominated Democratic majority in Congress, was able to introduce a considerable array of programs. These began to turn the country around. Roosevelt's *New Deal* was what the country needed to pull itself up by its bootstraps (Table 2).

In 1935 President Roosevelt introduced and encouraged Congress to pass the Social Security Act, the sweeping federal unemployment insurance and pension provision systems paid for by employers and their employees.

New York City, with Wall Street at *the eye of the storm*, was experiencing troubled times, the like of which had never been seen before. The crash brought not only financial collapse with wages and rents tumbling and long breadlines but a significant increase in crime. There was a wave of gang warfare, murder, gambling, bribery and corruption in politics with links between the underworld and the police [11].

After spending seven terms in the House of Representatives as a Congressman from then Italian East Harlem, Republican Fiorella H. LaGuardia, ran on an anti-corruption Fusion ticket as well as a nominee on the American Labor Party. He won a difficult election and served as mayor from 1934 to 1945.

Fig. 6. One of President Roosevelt's braces. He could only stand with some support or with his long leg braces locked using both of his crutches, a fact not appreciated by the American people (From Hospital for Special Surgery Archives)

² J. Lawrence Pool, MD (1906–2004) having interned in medicine at New York Hospital eventually was appointed Professor and Chairman of the Department of Neurological Surgery, Columbia University in 1949, retiring in 1972. He and his brother Beckman were the amateur squash champions of the world and together wrote more than 13 books on the subject.

Table 2 FDR's new deal programs in the first 100 days

New deal programs	
Tennessee Valley Authority Act (TVA)	Civilian Conservation Corps (CCC)
Works Projects Administration (WPA)	Emergency Banking Act
Homeowners Loan Act	Federal Emergency Relief Act
Agricultural Adjustment Act (AAA)	Civil Works Administration (CWA)

Born in 1882 in the Bronx, Fiorella Enrico LaGuardia changed his middle name to Henry and affectionately was known by his constituents as *the little flower*, the Italian translation of his first name. Raised as an Episcopalian, LaGuardia's non-practicing Catholic father was from Cerignola in Apulia, a southeast region of Italy, and his Jewish mother from Trieste, Italy.

LaGuardia was a fighter who aggressively pursued organized crime figures. The first thing he did when elected mayor was to order the chief of police to arrest the mobster Lucky Luciano. LaGuardia supported Roosevelt and his *New Deal* program and instituted a number of changes that helped address many issues created by the depression in the city. Loved and trusted by his constituents, he was such a liberal Republican that he originally had difficulty enlisting party support.

One of his first appointments was that of Robert Moses (1888–1981) as Commissioner of the New York City Department of Parks, a position Moses held until 1961. Robert Moses, a 1909 graduate of Yale, had entered college just before his 17th birthday. After Yale, he applied at Oxford University where he was accepted and matriculated in Wadham College. There, conservatism prevailed, a political philosophy that would stay with Moses most of his life. Moses, who was unsuccessful in seeking the nomination for Mayor became the 1934 Republican nominee for Governor of New York State but lost the election to Herbert Lehman. He went on to build New York City like no one else in history [12]³.

He was responsible for establishing the concepts of *authorities*, which would be independent from political pressures. His lifetime accomplishments of designing, building and completing miles of highways, inspiring bridges, extensive parks, cultural centers and a convention center were astonishing (Table 3). He brought jobs to the city in the depression years and after, until the mid century. He was a brilliant thinker with great vision. He had hoped to create New York City as a model city for the rest of the nation. At the end of his career, he had built 658 playgrounds in New York City, 416 miles of parkways (more than all in Los Angeles) and 13 bridges.

So, it was a tumultuous period in New York City and the nation when Dr. Wilson joined the Ruptured and Crippled staff in May 1934. He took the rest of that year to assess

Table 3 Creations and influences of Robert Moses in the five boroughs

Creations and influences
Triborough Bridge
Bronx-Whitestone Bridge
Throgsneck Bridge
Cross Bronx Expressway
Bruckner Expressway
Henry Hudson Parkway
Grand Central Parkway
Northern State Parkway
Southern State parkway
Belt Parkway
Jones Beach State Park
Orchard Beach
Jacob Riis Park
Lincoln Center
Shea Stadium
Co-op City
New York Coliseum
World's Fair

and make necessary tactical changes (Fig. 7). Dr. William Coley as Surgeon-in-Chief Emeritus helped him reorganize the surgical department. The three independent orthopaedic divisions were abolished and replaced by a Children's Service and an Adult Service under the Surgeon-in-Chief. Members of the orthopaedic staff were to rotate on these

Fig. 7. Dr. Philip D. Wilson in his office circa 1934 when he moved from Boston to New York (From Hospital for Special Surgery Archives)

³ Those interested in learning more about Robert Moses are encouraged to read Robert A. Caro's critical but masterful 1,246-page biography of Moses, *The Powerbroker*.

services for equal periods. The Department of General Surgery, under the direction of Dr. Carl G. Burdick, replaced the two hernia departments. The internists and pediatricians were combined into one service under Dr. Carlisle S. Boyd. Two teaching fellowships along with the Gibney Research Fellowship were designated to augment the incomes of newly practicing orthopaedic surgeons who were part time in teaching and research. At that time, training requirements to become an orthopaedic surgeon were similar as they are today. They included 4 years of college and four of medical school followed by 2 years of general surgery and 2–3 three years of an orthopaedic residency. Realizing that the graduating orthopaedists would have two to three lean years to cover expenses, the Surgeon-in-Chief proposed to the Board a plan to appoint six additional fellows for 2 to 4 years at annual incomes of \$2,000 to \$3,000. This would not only support these new orthopaedic surgeons but would allow for replenishing the staff with new graduates. By the end of 1937, the major departments were reworked and appeared as such [13] (Tables 4 and 5).

Table 4 The department of orthopaedic surgery Staff in 1937 as recorded in the 74th annual report of the board

HOSPITAL STAFF

Senior Consulting Surgeon And Surgeon-In-Chief Emeritus
EUGENE H. POOL, M.D.
Surgeon-In-Chief
PHILIP D. WILSON, M.D.
DEPARTMENT OF ORTHOPAEDIC SURGERY
Attending Orthopaedic Surgeons
RICHMOND STEPHENS, M.D.
EARL E. VAN DERWERKER, M.D.
Associate Orthopaedic Surgeons
PAUL C. COLONNA, M.D.
LEWIS CLARK WAGNER, M.D.
Assistant Orthopaedic Surgeons
FRANCIS CARR, M.D.
PETER C. RIZZO, M.D.
T. CAMPBELL THOMPSON, M.D.
Executive Assistant To Surgeon-in-Chief
Teaching Fellows
ERNEST EDGAR MYERS, M.D.
Senior Research Fellow
JOHN R. COBB, M.D.
Gibney Research Fellow
Junior Research Fellows
J. NEILL GARBER, M.D.
(Completed January 1, 1938)
ARTHUR A. THIBODEAU, M.D.
(Completed January 1, 1938)
Visiting Fellow
ARTHUR EYRE-BROOK, F.R.C.S.
Bristol, England
In Charge Of Plaster Room
EDWARD LEROY BARNETT, M.D.
Orthopaedic Surgeons To Out-patient Department
DAVID I. HORWICH, M.D.
ROBERT L. PATTERSON, Jr., M.D.
Assistant Orthopaedic Surgeons To Out-patient Department
WILLIAM FRIEDER, M.D.
FRANCIS J. FADDEN, Jr., M.D.
J. THEODORE GEIGER, M.D.

Table 5 The hernia department now reorganized into the department of general surgery under Dr. Carl Burdick

DEPARTMENT OF GENERAL SURGERY

Chief of Service
CARL G. BURDICK, M.D.
Attending Surgeon
FENWICK BEEKMAN, M.D.
Associate Surgeons
DAVID GILLESPIE, M.D.
RODERICK V. GRACE, M.D.
BRADLEY L. COLEY, M.D.
WALTER F. JONES, M.D.
VINCENT HURLEY, M.D.
Assistant Surgeons
ROLAND L. MAIER, M.D.
JOSEPH SHAEFFER, M.D.
VANSEL S. JOHNSON, M.D.
NORMAN L. HIGINBOTHAM, M.D.
JOHN E. SULLIVAN, M.D.
YOLANDE H. HUBER, M.D.
W. ROSS McCARTY, M.D.
DEPARTMENT OF MEDICINE AND PEDIATRICS
Chief Of Service
CARLISLE S. BOYD, M.D.
Associate Attending Physicians
R. GARFIELD SNYDER, M.D.
FRANK G. PETTENGILL, M.D.
Assistant Attending Physician
CORNELIUS H. TRAEGER, M.D.
Physician To Out-patient Department
JOSEPH ALEXANDER, M.D.
LE MOYNE C. KELLY, M.D.
Assistant Physicians to Out-patient Department
FRANK ROSSOMONDO, M.D.
J. W. FORSTER, M.D.
LILLIAN HELLSTROM, M.D.
Clinical Assistant To Out-patient Department
WILLARD H. SQUIRES, M.D.
Pediatricians To Out-patient Department
RICHARD SCHORR, M.D.
FRANK H. ORR, M.D.
Assistant Pediatrician To Out-patient Department
WILLIAM WHELLER, Jr., M.D.

Dr. William B. Coley, Surgeon-in Chief Emeritus, had died the prior year on April 15, 1936 at R & C after surgery for diverticulitis, performed under local anesthesia by Dr. Pool [4]. Dr. Coley's son, Bradley L. Coley, MD (1892–1960), a general surgeon who assisted his father when Dr. William Bradley developed health problems in his later years, was on the original Hernia Staff and continued on the surgical staff of R & C (Fig. 8). He replaced his father as the second Chief of the Bone Tumor Service at Memorial Hospital, serving on staff at Memorial Hospital from 1921 to 1959 until he reached the statutory age limit. His operation for replacing the hip joint for bone cancer was an accepted procedure throughout the country as were many of his other procedures detailed in his classic text, “Neoplasm of Bone and Related Conditions”, first published in 1949.

An instructor at Cornell Medical College and two other medical schools, Coley won the Legion of Merit during World War II when he served in the Philippines as a

Fig. 8. Dr. Bradley L. Coley, at an earlier period in his professional life (Courtesy of Bradley L. Coley, Jr.)

surgical consultant to the Eighth Service Command. After the war, he was a founder of Amputees Alliance, a self-help society for amputees⁴.

Bradley L. Coley was married to Phyllis Macdonnell and had three sons, Dr. William B. Coley, II, Dr. Geoffrey M. Coley and Bradley L. Coley, Jr. whose nickname was “Pete”⁵. (Coley BL Jr, personal communication, 2008). Bradley L. Coley died in 1960 at the age of 68 years old.

Born April 5, 1886 in Columbus Ohio, Philip Duncan Wilson received his bachelor’s degree from Harvard College and medical degree from Harvard Medical School in 1912. Following training as a surgical house officer (1912–1914) at Massachusetts General Hospital, he returned to Columbus, Ohio to join his father, Edward J. Wilson, MD, a well-known physician in practice. With Europe at war, the young Dr. Wilson along with Dr. Marius

Smith-Peterson from Boston was invited to join the Harvard Unit of American Volunteers under the leadership of Dr. Harvey Cushing to care for wounded French soldiers. He spent 3 months at the American Ambulance in Neuilly, where he treated many fractures. Dr. Wilson served under two senior medical officers, Dr. Robert E. Greenough and Dr. Robert B. Osgood, both of whom took a liking to him (Fig. 9). In 1916, he spent another 3 months as a volunteer in a French Military Hospital on the coast of Normandy.

When the United States entered the war in April 1917, he was commissioned a Captain in the Medical Corps and was sent overseas as a battalion medical officer assigned to the British Expeditionary Force. Later transferred to N.3, Australian, Casualty Clearing Station, he was reunited with Dr. Robert Osgood, who was organizing the orthopaedic service for the American Expeditionary Force. He had Wilson detached from the British and sent him for advanced war surgery to study amputation centers and management of amputations in London, Paris and Italy. After reassignment at Base Hospital no. 9 near Châteauroux (Fig. 1) where Dr. Eugene Pool had been assigned, Wilson received his promotion to Major and was assigned to the AEF as orthopaedic consultant in amputations. He returned to America in February 1919 to assume the position of Chief of the Amputation Service at the Walter Reed General Hospital until his honorable discharge in July 1919.

A few months later he was invited to join the practice of Dr. Joel E. Goldthwait and Dr. Robert B. Osgood in Boston and was appointed to the staff of Massachusetts General Hospital (MGH) and to the Harvard Medical School as Instructor in Orthopaedic Surgery. Eventually in 1929, Dr. Wilson was deeply disappointed when he was passed over for Chief of Orthopaedics at Massachusetts General Hospital in favor of Dr. Marius Smith-Peterson. However, Wilson served as Chief of the Fracture Service at the MGH and wrote the section on amputations in Nelson’s Loose-Leaf Living Surgery. In collaboration with Mr. William A Cochrane, F.R.C.S., Edin. Wilson authored the textbook, *Fractures and Dislocations* [2]. In 1933, while still practicing in Boston, he became one of the founders of the American Academy of Orthopaedic Surgeons serving as its President in 1934.

While on his first tour in France in 1915, Dr. Wilson met a 28-year-old French nurse’s aid at the American Ambulance in Neuilly and soon became engaged and then married in July 1916. Germaine Parfouru-Porel was the daughter of a famous actress. Her mother was also a successful producer and served as the head of the Odéon, the second state theater in Paris. Although Germaine Porel (the name was shortened by her father) was bilingual, she grew up in a home where her parents only spoke French. After returning to the United States, Dr. and Mrs. Wilson eventually raised three children: Paul Wilson, Philip D. Wilson, Jr.⁶, and Marianne Wilson Finkel.

With the Hospital for the Ruptured and Crippled now under the leadership of a renowned orthopaedic surgeon,

⁴ As a result of World War II, there were over 15,000 amputees, while in World I, there were over 2,600 major amputees [14].

⁵ I am most indebted to “Pete” Coley for his generous time and assistance in providing me with many original documents, photos, reprints, anecdotes and other materials from his family collections. His recall of the history of the lives of his grandfather Dr. William Bradley Coley, his father Dr. Bradley L. Coley and his aunt Helen Coley Nauts enriched my appreciation of the Coley contributions to orthopaedics and cancer in the first half of the 20th century. The name William B. Coley, lives on as a periodic symposium and an annual award honoring him. The William B. Coley Award is given each year to an accomplished scientist in the field of cancer immunology at the annual dinner of the Cancer Research Institute in New York, founded by Helen Coley Nauts in 1953.

⁶ Philip D. Wilson Jr. eventually would become Surgeon-in-Chief of the Hospital for Special Surgery in 1972.

Fig. 9. During World War I in a military hospital, Dr. Philip Wilson is the first seated on the left and Dr. Robert Osgood is the second seated on the right

Dr. Wilson’s changes made a direct impact on the organization of the hospital. He recruited new staff and expanded programs in education and research. He successfully established an academic affiliation with The College of Physicians and Surgeons of Columbia University. Wilson appointed three full time fellows (including a Gibney Fellow) who were registered in Graduate Medical Education at the College of Physicians and Surgeons. After two years of study, they were awarded a degree in Medical Science in Orthopaedics. The first such fellows were T. Campbell Thompson MD, John R. Cobb, MD and Marvin Stevens who received their degrees in June, 1936. Wilson then created specialty clinics and assigned a staff member as Chief (Table 6).

Resident education was very important, originally established at the hospital by Virgil Gibney in 1887. The length of training for the eight orthopaedic residents was

Table 6 Specialty clinics and chief of the clinic

Clinic and chief of the clinic
Scoliosis Clinic—John Cobb, MD
Clubfoot Clinic/Plaster Room—Leroy Barnett, MD
Cerebral Spastic Clinic—Robert Lee Patterson, Jr., MD
Back Pain Clinic—Ernest E. Myers, MD
Arthritis Clinic—R. Garfield Snyder, MD
Obesity Clinic—Frank G. Pettingill, MD
Bone Tumor Clinic—William B. Coley, MD/Bradley L. Coley, MD

Fig. 10. Fenwick Beekman, MD, was a general surgeon and second in command in the Department of General Surgery at R & C in 1937

lengthened from 18 months to 2 years. General surgical residents trained for 1 year, and there was a medical resident for one year.

The annual Surgeon-in-Chief pro tempora was inaugurated with Dr. George Bennett, Professor of Orthopaedic Surgery at Johns Hopkins Medical school, as the first to occupy that role.

Opened in 1935, the new Medical Library had comfortable chairs, cases to house books and journals and a secretary to assist with preparing bibliographies. It replaced a small area in the physicians' Staff Room where some books and periodicals were collected but often disappeared before residents had a chance to read them.

The X-ray Department showed steady growth, and for the first time, had a full time radiologist on staff. Dr. Raymond W. Lewis was appointed Director of the X-Ray Department in June 1938.

The hospital suffered a major loss with the death of its administrator, Joseph D. Flick, on December 14, 1937. Having been appointed in 1917, Mr. Flick, at age 66, served 21 years under Dr. Gibney and the next three surgeons-in-chief who were most indebted for his devoted assistance. Overseeing a number of expansions of the building during periods of crisis and change, he was succeeded by Edward A. B. Willmer, a civil and mechanical engineer from Labrador [15].

The history of the first 75 years of the Hospital for the Ruptured and Crippled has been meticulously and carefully documented by Dr. Fenwick Beekman (1882–1962; Fig. 10), attending surgeon at R & C. It is the only book published on the history of Ruptured and Crippled and was written on the occasion of the hospital's 75th anniversary [2].

Dr. Beekman served as the first hospital Chairman of the Library Committee and was past President of the New York Historical Society in 1947. A member of the family for whom Beekman Street was named, he was a founding member of the Board of Surgery and the American Board of Plastic Surgery and had been Clinical Professor of Surgery

at New York University Medical College. We are truly indebted to Dr. Beekman for preserving such a wonderful source of history of the oldest orthopaedic hospital in this country⁷ [2].

References

1. Wilson PD, Jr, Levine DB (2000) Hospital for Special Surgery. A brief review of its development and current position. *Clin Orthop* 374:90–105
2. Beekman F (1939) Hospital for the Ruptured and Crippled. A historical sketch written on the occasion of the seventy-fifth anniversary of the hospital, Statistical Press New York, 1939.
3. Levine DB (2006) Gibney as surgeon-in-chief: the earlier years, 1887–1900. *HSS J* 2:95–101
4. Levine DB (2008) The Hospital for the Ruptured and Crippled: William Bradley Coley, Third Surgeon-in-Chief 1925–1933. *HSS J* 4:1–9
5. McGowan FJ (1949) Eugene Hillhouse Pool-1874–1949. *Bull NY Acad Med*. 25no. 7, 467–469
6. Everett S (1980) The two world wars, v I – world war I, Bison Books New York, 1980.
7. Brown RS (1920) Base hospital no. 9 A.E.F. (privately Printed) New York
8. Pool EH (1935) Seventy-first annual report of the New York Society for the Relief of the Ruptured and Crippled, New York, pp. 7–11
9. Comarow A (2007) Best hospitals. What it takes to be the best. *US News World Rep* 143no. 3, 112,
10. Allen FL (1940) Since Yesterday: The 1930's in America, Harper & Bros New York, 1940.
11. Lyman SE (1975) The story of New York, Crown New York, 1975.
12. Caro RA (1975) The power broker. Vintage
13. Wilson PD (1937) Seventy-fourth annual report of the New York Society for the Relief of the Ruptured and Crippled, New York, pp. 31–32
14. Amputee Coalition of America. Military in-Step: U.S. Military Builds on Rich History of Amputee Care: <http://www.amputee-coalition.org/military-instep/rich-history.html> [accessed: 2/19/2008]
15. Levine DB (2007) The Hospital for the Ruptured and Crippled moves east on 42nd Street 1912 to 1925. *J HSS* 3:131–136

⁷ Beekman's detailed history of Ruptured and Crippled from its origin in 1863 until 1939 gave me an important source of information for that 75-year period. I plan to continue collecting the hospital history for the years 1939 until the last decade of the 20th Century.