The Hospital for the Ruptured and Crippled Renamed The Hospital for Special Surgery 1940; The War Years 1941–1945

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Abstract In 1939, the 75th anniversary program marking the founding of the Hospital for the Ruptured and Crippled (R & C), the oldest orthopaedic hospital in the nation, was held at the hospital site in New York City. Dr. Philip D. Wilson, Surgeon-in-Chief since 1935, used this event to mark the return of the hospital to its leadership role in the country. When the Hospital for the Ruptured and Crippled first opened its doors on May 1, 1863, the name of the hospital was not unusual; it described the type of patients treated. In 1940, the Board of Managers with guidance from Dr. Wilson changed the name to the Hospital for Special Surgery (HSS). In 1941, with Britain engaged in a European war, Dr. Wilson felt there was a need for the Americans to support the British. He personally organized the *American Hospital in Britain*, a privately funded voluntary unit, to help care for the wounded. After the United States actually entered World War II in December 1941, HSS quickly organized support at all levels with a significant number of professional and auxiliary staff, eventually enlisting in the military. Even with such staff turnover, the hospital continued to function under Dr. Wilson's leadership. After the war ended in 1945, Wilson forged ahead to further restore HSS as a leader in musculoskeletal medicine and surgery.

Keywords Hospital for the Ruptured and Crippled (R & C) · Hospital for Special Surgery (HSS) · Philip D. Wilson · Eugene H. Pool · Harry Platt · American Hospital in Britain · Franklin D. Roosevelt · Robert Lee Patterson, Jr. · Richard H. Freyberg · Norman T. Kirk · T. Campbell Thompson · Milton Helpern

Introduction

On October 31st, 1939, the 75th anniversary program was held to mark the founding (in 1863) of the Hospital for the Ruptured and Crippled (R & C), the oldest orthopaedic hospital in the United States. The event took place in the hospital building then located on 42nd Street between 1st and 2nd Avenues in New York. Four years prior, in 1935, Philip D. Wilson, MD (1886–1969) had been appointed the fifth Surgeon-in-Chief, following two Surgeons-in-Chief who were not orthopaedic surgeons. After the turn of the century, R & C was in decline, having lost its position as a leader in orthopaedics. Recognizing this, the Board of Managers of the New York Society for the Relief of the Ruptured and Crippled, the hospital's governing body, charged the fourth Surgeon-in-Chief, Dr. Eugene H. Pool (1874–1949), to recruit the best orthopaedic surgeon in the nation for the next position of Surgeon-in-Chief [1].

So not only was the anniversary celebration a mark of the 75 years of the hospital's existence but it also served as recognition of the turning point for the hospital to regain leadership in orthopaedics at a national level. The festivities, which began on a Tuesday, ended on Saturday evening with a social event at the Waldorf Astoria Hotel (Table 1).

Dr. Wilson reorganized the hospital staff and added new laboratory space in the building. He introduced new academic programs including the annual Surgeon-in-Chief *Pro Tempora*. The first to serve in this position was Dr. George E. Bennett (1885–1962), Professor of Orthopaedic Surgery at Johns Hopkins Medical School. Dr. Edward Gallie (1882–1959), Professor of Surgery and Dean of the Medical School of Toronto University, served next in this position in 1936 (Dr. Gallie had been a house surgeon at R & C in 1906 and Dr. Bennett in 1909) [2].

With advancement of modern surgery in orthopaedics and hernia conditions, the relationship between the ruptured and the crippled, once held together by the role of the brace maker, had declined. This inspired a decision to rename the hospital. The Hospital for the Ruptured and Crippled was a well-known name at that time. New York hospitals, during the nineteenth century, were often known by a disease, a

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Table 1 Program of the 75th Anniversary 1939

Tuesday, October 31		
Reception and inspection of the hospital. All departments of the institution shown in operation (details on pages 4 to 6)		3:30–6:00 P.M.
Tea in the Solarium		4:00–6:00 P.M.
Wednesday, November 1		
Reception and Inspection of the hospital. All departments of the institution shown in operation. (Details on page 4 to 6)		3:30–6:00 P.M.
Tea in the Solarium		4:00–6:00 P.M.
Thursday, November 2		
Scientific program and operative clinics at the hospital (details pages 7 and 8)		8:30 A.M.–12:00 p.m., 2:00–5:00 p.m.
Meeting and luncheon if alumni association of the hospital for ruptured and crippled at the hospital.		12:15–1:30 P.M.
75th Anniversary Dinner at the University Club		7:30 P.M.
Friday, November 3		
Scientific program and operative clinics at the hospital (details on page 9 and 10)		8:30 A.M.–12:00 p.m., 2:00–5:00 p.m.
Alumni Luncheon given by the Board of Managers at Woodstock Tower, 320 east 42nd Street		12:00–2:00 P.M.
Saturday, November 4		
Scientific program at the hospital (details on page 11)		9:00–11:00 A.M.
Golf tournament. Time and place will be announced at luncheon on Friday		
75th Anniversary Dance of the Alumni Association in the Ascor Gallery of the Waldorf-Astoria		10:00 P.M.–3:00 a.m.

condition or affiliation with a religious faith or ethnic group. So when R & C first opened its doors on May 1, 1863, sponsored by The New York Society for the Relief of the Ruptured and Crippled, the inclusion of *ruptured and crippled* in its name was not unusual. Lenox Hill Hospital was founded in 1857 as the German Hospital. That same year, Saint Vincent's Hospital was incorporated under the legal title of the Sisters of Charity of St. Vincent de Paul. Mount Sinai Hospital, founded in 1852, was first known as the Jews' Hospital in New York. Aristocratic German Jews controlled the board, the hospital, and staff. Until the turn of the century, poor patients of Russian Jewish descent were often treated as second-class citizens, while non-Jewish patients could only be seen for an emergency. Prejudice in class, religions, and ethnic backgrounds prevailed in both hospital staff and patients. In 1868, James Lenox, a distinguished member of the Presbyterian Church of New York, circulated a letter among his own group stating that while the Jews, Germans, Roman Catholics, and Episcopalians have established hospitals for themselves, the Presbyterians had done nothing of the kind. The Presbyterian Hospital in the City of New York was incorporated in 1868 with Mr. Lenox chosen as President of the Board.

It should be noted that hospitals were not as restrictive to acute and chronic care as today. There were *homes* for long-term care, *asylums* for disabled, *infirmaries* for outdoors care, and *almshouses* for needy immigrants who arrived at port cities early in the nineteenth century.¹ There were Institutions in Manhattan and Westchester often called by descriptive conditions that certainly would be unacceptable in our society today (Table 2) [3].

It was not until after 1870 that hospitals started to be redefined as institutions of medical science rather than those of social welfare. A few voluntary hospitals, such as the Massachusetts General Hospital and the Pennsylvania Hospital, existed and were generally cleaner and better

managed than municipally run hospitals but still were not widely used by the middle and upper classes [4].² They had close affiliation with university medical schools. Their poorer class of patients was used for teaching purposes and their wealthy class patients provided revenues and bequests.

On February 13, 1941, Lawrence McK. Miller, the Secretary of the Board of Managers of the New York Society for the Relief of the Ruptured and Crippled, reported in the 77th annual report that the name of the hospital had been changed in 1940 to the Hospital for Special Surgery. He wrote: "For many years objections have been raised at various times regarding this name". The incorporated title, The New York Society for the Relief of the Ruptured and Crippled, was retained [5].

In 1969, Dr. Wilson wrote in the *Forward* of the biography of Virgil Gibney:

The adjective orthopaedic had been preempted by other Institutions of New York working in this field, and so the Board decided to make use of the title devised by the great British pioneer, Sir Robert Jones, to designate the surgical hospitals he organized for the care of the wounded soldiers who had received injuries of the bones and joints in World War I, all of whom were assigned to the division of orthopaedics, and so one historic title was exchanged for another [6].³

Both Dr. Philip D. Wilson and his predecessor, Dr. Eugene H. Pool, had served in Europe in World War I, but now another war was looming to interrupt Wilson's career. On September 1, 1939, Germany invaded Poland. Great Britain and France, having signed a pact to come to Poland's defense, declared war on Germany. President Roosevelt and a great majority of the United States wanted

¹ Back to the colonial era, the city provided almshouses for the poor, sick, homeless, hungry, and destitute.

² Such hospitals were called *voluntary* because they were supported by voluntary contributions and not taxes.

³ The name *The Hospital for Special Surgery* was later shortened to *Hospital for Special Surgery* in 1996.

Table 2 Additional nineteenth century institutions in the New York area with dates founded

Bloomington Asylum for the Insane	1806
The New York Orphan Asylum	1807
The Stranger's Hospital	1871
The Home for Incurables	1866
The Home for Friendless Women	1865
The House of Rest for Consumptives	1869

to avoid war at any cost, particularly since the country was rebounding from the Great Depression [1].

As early as 1939, Wilson had proposed that a representative from the American Orthopaedic Association be appointed to a Joint Committee on Military Affairs set up by the American Academy of Orthopaedic Surgeons. The next year, a committee of five was established and chaired by Dr. Wilson [7].

In the summer of 1939, while visiting in England, Dr. Wilson met with leading British orthopaedic surgeons and inquired whether in the event of war, would the assistance of American surgeons be desired as in World War I. The British were most grateful for the offer. On May 20, 1940, Wilson telegraphed Mr. Harry Platt (1886–1986), Professor of Orthopaedic Surgery at the Royal Infirmary of Manchester, England. He offered to set up a hospital unit of orthopaedic facilities in Britain. On May 31st, Mr. Platt replied:

Officially authorized to say that your offer is gratefully accepted. All facilities will be granted by our Government for entry of members of unit to Great Britain. Our greatest need is surgeons with orthopaedic training. Grim days are ahead but we are undaunted [5] (Fig. 1).

Dr. Wilson incorporated the hospital under the laws of the State of New York so that it could be registered with the Department of State in Washington under the Neutrality Act. It then could be licensed to raise funds. The Board of Managers of the Society for the Relief of the Ruptured and Crippled was overwhelmingly supportive. William Church Osborn, President of the R & C Board of Managers, was appointed president of the new board. Others from the Hospital for Special Surgery (HSS) were to serve on the new Board. Winthrop Aldrich, President of the Allied Relief Fund (later merged with the British War Relief Society), arranged financial support. The last step was to form a staff. A small advance group of 12 persons, dressed in the light blue uniforms of the American Hospital in Britain, sailed from Brooklyn on the steamship *Western Prince* on August 22, 1940 (Fig. 2). Their supplies included surgical instruments, orthopaedic appliances, and dressings sufficient to last 3 months.

After sailing through submarine-infested waters, the ship landed safely at Liverpool on September 1st, and the unit was greeted by an outpouring of gratitude from the British people. The Park Prewett Hospital at Basingstoke in Hampshire, a 1,500-bed former hospital for the insane, had been converted to a general surgical and medical hospital at the beginning of the war. The American Hospital was assigned a block of six wards with 300 beds and a

separate operating room. Between then and the end of the year, 254 operations were performed mainly on soldiers, sailors, and members of the Royal Air Force as well as on civilians injured in German air raids. Such raids had intensified just as the Americans arrived.

The object of creating the American hospital was threefold:

1. to give surgical assistance to the British;
2. to provide moral support in time of need; and
3. to gain experience in treatment of war casualties.

Wilson returned to the United States on January 1, 1941. He was replaced as the director of the American Hospital in Britain by Dr. Wallace Cole (1888–1973), Professor of Orthopaedic Surgery of the University of Minnesota. Wilson established an American Hospital headquarters office at the Hospital for Special Surgery.

Eleven months later, on the morning of December 7, 1941, Japanese forces, consisting of six aircraft carriers and 423 planes, bombed the United States Pacific Fleet at Pearl Harbor, Hawaii. On December 8th, the United States and Britain declared war on Japan with President Franklin D. Roosevelt's address to the nation calling December 7th, "a day which will live in infamy" [8]. On December 11th, Germany and Italy declared war on the United States. These events united the nation behind the president, effectively ending the isolationist sentiments of the American public. The Pearl Harbor attack resulted in the deaths of 2,335 servicemen and 68 civilians, with 1,178 being wounded.

Dr. T. Campbell Thompson (1902–1986), Executive Assistant to the Surgeon-in-Chief, presented to the Board of

Fig. 1. Phillip D. Wilson conferring with Harry Platt early in the war (from Hospital for Special Surgery Archives)

Fig. 2. The First Unit of the American Hospital in Britain, Ltd sailed on August 22, 1940 to Liverpool (from Hospital for Special Surgery Archives). *Seated L. to R.:* Miss Miriam L. Knight, Miss Adelbert E. Overman, Miss Mildred L. Lewis, Mrs. Sheila M. Converse, Mrs. Helen D. Dial. *Standing L. to R.:* Dr. Philip D. Wilson, Dr. Donald E. Dial, Dr. Charles H. Bradford, Dr. W. Richard Ferguson, Dr. Frederick W. Waknitz, Dr. John M. Converse, Dr. Norman Egel

Managers the 78th Annual Report of the Surgeon-in-Chief in place of Dr. Wilson, who had been granted a leave of absence to return to England [9]. There, Wilson organized the new Churchill Hospital in Oxford, which was originally designed by the Ministry of Health to care for local air raid casualties (which turned out not to be needed by the British). These facilities were allocated to the United States Army for the American Hospital in Britain to be moved from Park Prewett Hospital [10].

On January 1, 1942, the American organization, now grown with a staff of 12 doctors and 140 personnel, moved to Oxford. It was a 600-bed hospital with British war casualties occupying 50% of the beds.

After the United States entered the war, it was necessary for the voluntary and private American Hospital in Britain to become part of the US Army Medical Corps. This transfer took place on July 15th and was the second General Hospital. Presbyterian Hospital from New York staffed it. Major Robert Lee Patterson, Jr.⁴ was appointed Director of

the Orthopaedic Service. Dr. Patterson had not only been on the Presbyterian staff but also on the R & C staff. During the war, Patterson rose to the rank of Colonel and worked in hospitals in both France and England (Fig. 3). Now that the American Hospital in Britain was dissolved, its business office originally located in the Hospital for Special Surgery was closed [11].

The war significantly affected the R & C staff, but hospital care for a large part proceeded uninterrupted. The orthopaedic resident staff remained at eight, but to cooperate with the Manpower Commission, the length of the residency was reduced from 2 years to 1 year. Although this did not meet the requirements of The American Board of Orthopaedic Surgery, it was felt that a greater number of orthopaedic doctors was needed and thus could be trained. More than 36 attending physicians and surgeons and 11 residents and fellows took leaves of absence to join the military (Table 3). Some of those were key staff, including Dr. Charles L. Burstein, Director of Anesthesia, and Dr. Dominic Desanto, Director of Laboratories. Dr. Milton Helpert temporarily replaced Dr. Desanto. Because of the demand of the United States Army for physical therapists, a war emergency course for training physical therapy technicians was instituted at the hospital.

⁴ Robert Lee Patterson, Jr. (1907–1994) would eventually serve as Surgeon-in-Chief of the Hospital for Special Surgery (1963–1972). Presbyterian Hospital had its own orthopaedic staff until 1945 when New York Orthopaedic Hospital would merge with it.

Fig. 3. Colonel Robert Lee Patterson, Jr. was attached to the Normandy invasion forces and earned the Legion of Merit (from Hospital for Special Surgery Archives)

The staff at home also did their part in supporting war activities. At the outbreak of war, they promptly organized a unit of the New York City Civilian Defense Corps. In November 1942, F. Wilson Keller, Director of the Hospital, inaugurated *The Record and Chronicle*, the first hospital newsletter to be published (Fig. 4). The hospital had an outstanding record among greater New York institutions in supporting various war bond campaigns. Individual staff members also generously donated to many voluntary organizations, including the national War Fund and the American Red Cross.

In 1944, there was a major reorganization of the Department of Medicine and Pediatrics at the hospital. Prior to that time, the departments functioned as separate clinics. Routine pediatric care was provided on the Orthopaedic and Surgical Services. The arthritis clinic was established under Dr. R. Garfield Snyder. With the retirement of Dr. Carlisle E. Boyd as Chief of the Department of Medicine and Pediatrics, the hospital appointed Dr. Richard H. Freyberg (1904–1999) as Chief of the Department of Internal Medicine and Pediatrics on September 1, 1944 (Fig. 5). A medical ward of 20 beds was to be established to study the rheumatic diseases. Dr. Freyberg had previously held the positions of Assistant Professor of Internal Medicine and Director of the Rackham Arthritis Research Unit at the Medical School and University Hospital of the University of Michigan.

Meanwhile, the war in Europe was about to escalate. On June 6, 1944, the Invasion of Normandy took place. It was the largest seaborne invasion of that time, involving 850,000 troops crossing the English Channel from Great Britain to France (the first successful wartime landing across the English Channel in nine centuries). Allied land forces came from Canada, Free French forces, the UK, and the United States. There were overnight parachute and glider landings, massive air attacks, and naval bombardments followed by early morning amphibious landings. The objective was to secure Normandy, which would lead to the downfall of Germany. D-Day was a success

but very costly, as over 10,000 allied troops died, were wounded, or were missing in action [12].

The massive casualties provided a source of advancement in medical care. Nearly 70% had extremity wounds. Major orthopaedic advancements in fracture care, wound management, amputation surgery, and rehabilitation resulted from experiences on the battlefields, in primary battle hospitals, and in major hospital centers. External

Table 3 HSS Staff physicians on leave of absence to the military during World War II (some names may be inadvertently missing)

T. Campbell Thompson	Assoc. Attending Orthopaedic Surgeon
Dominic Desanto	Director of Laboratory
Francis J. Carr	Assoc. Attending Orthopaedic Surgeon
Henry P. Lange	Assist. Attending Orthopaedic Surgeon
Robert Lee Patterson, Jr.	Assist. Attending Orthopaedic Surgeon
Peter C. Rizzo	Assist. Attending Orthopaedic Surgeon
Henry Lange	Assist. Attending Orthopaedic Surgeon
Frederick Waknitz	Director of Research
John J. Flanagan	Orthopaedic Surgeon to the Out Patient Dept.
David Horwich	Orthopaedic Surgeon to the Out Patient Dept.
William Cooper	Orthopaedic Surgeon to the Out Patient Dept.
Theodore Geiger	Assist. Orthopaedic Surgeon to the Outpatient Dept.
Robert Mazet	Assist. Orthopaedic Surgeon to the Outpatient Dept.
Bradley L. Coley	Attending Surgeon
John E. Sullivan	Assoc. Attending Surgeon
Norman L. Higginbotham	Assoc. Attending Surgeon
Joseph Shaeffer	Assoc. Attending Surgeon
Vansel S. Johnson	Assist. Attending Surgeon
W. Ross McCarty	Attending Plastic Surgeon
John M. Converse	Assist. Attending Pediatrics
Richard Schorr	3rd Pediatric Physician to Outpatient Dept.
Edmund Joyner	Cardiologist
Henry Kirkland	Asst. Attending Ophthalmologist
Arthur A. Knapp	Attending Neurosurgeon
Thomas Hoen	Asst. Attending Gynecologist
Eugene T. R. Stone	Asst. Attending Dermatologist
Elemer Marjey	Attending Oral Surgeon
Clarence A. Dunn	Assoc. Attending Oral Surgeon
Edward Stroh	Assist. Attending Dentist
Sidney Leistner	Attending Anesthetists
Charles L. Burstein	
Residents and Fellows	
Donald E. Dial	
Theodore A. Lynn	
Charles F. Kincheloe	
William G. Rhorer	
Harry Sherman	
Lynn R. Callin	
Jerome Lawrence	
John J. Dorsey	
Vincent Turco	
Jerome Lawrence	
Homer C. Pheasant	
Unspecified	
William R. Duncan	
David Littauer	
Joseph Messina	
Lowell Thomas	
Charles Wohl

Fig. 4. This was the first hospital newsletter and was sent to all staff members in the military service twice monthly (from Hospital for Special Surgery Archives)

fixation of fractures, developed during the 1930s, was used in the early war years, but soon was discontinued because of high infection rates. It was not until after the war in the 1950s that Gavril Ilizarov, a Russian orthopaedic surgeon (1921–1992), introduced his circular external fixation device that infection rates were significantly reduced [13].

Gerhard Küntscher (1900–1972), a German surgeon, perfected intramedullary nailing for long bone fractures. The method was first observed in captured Allied airmen, treated while prisoners of war.

About 18,000 members of the United States Army lost limbs. Five amputation centers for revision surgery, prosthetic appliance fitting, and rehabilitation physical therapy were established. This was done on the advice of Colonel Norman

T. Kirk, MD (1888–1960) who had experienced four wars since 1912. Dr. Kirk rose to the rank of Major General and became the United States Army Surgeon General from 1943 to 1947. He was the first military doctor to become certified by the American Board of Orthopaedic Surgery and become a member of the American Academy of Orthopaedic Surgery.⁵

Lt. Colonel T. Campbell Thompson, MD and Major Donald B. Slocum, MD headed the Amputation Center at Walter Reed Army General Hospital.

⁵ Under General Kirk, the Army Medical Corps was expanded from 1,200 to 47,000 physicians, 15,000 dentists and 500,000 personnel. President Harry S. Truman chose Dr. Kirk as his personal physician during the Potsdam Conference.

Fig. 5. Dr. Richard Freyberg when he was appointed to head the Departments of Medicine at Pediatrics at the Hospital for Special Surgery (from Hospital for Special Surgery Archives)

During 1944, despite 440 persons leaving employment at the Hospital for Special Surgery (100% labor turnover), the hospital maintained its statistical goals. In 1944, the inpatient occupancy rate was 77%, with an average daily census of 161, compared to 1943 when the percentage of occupancy rate was 71% and the average daily census was 174. A few wards had to be closed temporarily because of lack of adequate staff, especially nurses [14].

Likewise, in 1944, there was an active hospital Developing and Planning Committee to deal with long-term planning. It met on a number of occasions with academic and municipal leaders in the city as well as hospital staff and made the following conclusions:

1. A need for teaching and research makes a close affiliation with a medical school necessary.
2. Such affiliation should be sought, allowing the hospital to retain its own autonomy.
3. Expansion of the physical plant should provide space for 150 beds, private doctors' offices, and a private clinic.

Dr. Wilson, in his 1944 Annual Report, wrote that the hospital newsletter *Record and Chronicle* had been so favorably received by the military overseas and stateside that the hospital had increased publication to bimonthly. It provided an important means of communicating hospital news and gossip, so important for the morale of our service personnel during those challenging war years. Here is an excerpt from the first issue:

Phil Wilson has been bouncing around town in a Bantam car. Says it's a cousin to the Austin, and it gets 40 miles to

Fig. 6. Dr. Milton Helpert, Director of Laboratories, as published in the hospital's newsletter, the R & C, in February 1952 (from Hospital for Special Surgery Archives)

the gallon. The car has been named Archie and rumored to have been garaged in the building of his apartment at 134 East 74th Street on Halloween night to avoid having the ragamuffins carry it away [15].

The war ended in Europe on May 7, 1945, *V-E* (Victory in Europe) *Day*, when Germany surrendered. On August 6, 1945, a B-29 United States bomber dropped an atomic bomb on the city of Hiroshima, Japan, killing 75,000 people and injuring over 100,000 in a city of 340,000. Japan hesitated to surrender until 3 days later when another atomic bomb was dropped on the city of Nagasaki. The next day, on August 10, 1945, Japan surrendered. The bloodiest war in history was over [16].

In 1946, the first year after the war, improvement of nursing services was critical. Cleanthe Logetheton, Director of Nurses, resigned in April and was replaced by Bertha Pieraccini. However, the very next year, Ms. Pieraccini unexpectedly resigned and Cleanthe Logetheton resumed her position.

Another important change was the appointment of Dr. Milton Helpert (1902–1977) as Pathologist and Director of Laboratories (Fig. 6). He had been serving as Acting Director of Laboratories while Dr. Dominic DeSanto, the Director, was in the military. After the war, Dr. DeSanto decided to accept another position in Los Angeles. Dr. Helpert's permanent appointment was of great importance because he was considered by the staff to be an excellent diagnostician, very skillful in his field, and always produced excellent reports.⁶

⁶ Eight years later, in 1954, Dr. Helpert became the Chief Medical Examiner of the City of New York, a post he held until 1973. He was Professor and Chairman of the Department of Forensic Medicine at New York University's School of Medicine from 1954 to 1974 and was on the faculty of Cornell University Medical College. He was referred to as the world's greatest detective and the foremost authority in forensic medicine in the world [17].

Dr Philip D. Wilson, his staff, and a very able and supporting Director of the hospital, F. Wilson Keller, courageously led the hospital through very challenging and disruptive years. Looking back, Dr. Wilson, a true orthopaedic pioneer, had the foresight and appreciation of long-term goals of the hospital and the ability to make such goals become reality.

In the nineteenth century, Dr. Virgil Gibney, surgically trained, possessed the organizational and communicative skills to convert a sleepy orthopaedic hospital, with a pediatric inpatient length of stay of often 2 years, into a true surgical facility [18–20]. Gibney established the Hospital for the Ruptured and Crippled as a leader of orthopaedic surgery at that time. In the twentieth century, Dr. Philip D. Wilson restored this role, with Hospital for Special Surgery now being voted *number one* in orthopaedics in 2007 and 2008 [21].

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