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THE STORY
OF THE FIRST FIFTY YEARS
OF
THE MOUNT SINAI HOSPITAL
1852-1902

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FOREWORD

In the course of the years 1942–1943, on the occasion of the celebration of the Hospital’s 90th anniversary, the Journal of The Mount Sinai Hospital carried in a series of installments the Story of the Hospital during its first fifty years of existence.

The historical notations now assembled in this volume were presented in a way to reflect the course of medicine—in New York and elsewhere—during that period and the changing background of the Hospital’s development.

The narrative has been compiled by Miss Jane Benedict from Hospital archives, personal and professional correspondence, medical and historical literature, and extensive interviews with those who have been both eye-witnesses and agents of its progress.

The two sections are offered, not as a definitive history of the early years of the Hospital, but rather as source material from which a more complete history will be written. A third section is now in preparation and will be published in the Journal of The Mount Sinai Hospital from time to time as the material becomes available.
CHAPTER INDEX

THE FORMATIVE YEARS, 1852-1872

CHAPTER I
The founding of the Hospital and its Founders. Social factors which made such an organization a needed and welcome addition to old New York...

CHAPTER II
Breaking ground for Mount Sinai’s first home. The laying of the cornerstone. The dedication ceremony. How and from whom support was obtained. A glimpse of New York at that period...

CHAPTER III
The organization of the Medical and Administrative Staffs during the first year. A close-up of surgery and surgeons during the transition from the pre-anesthetic era

CHAPTER IV
The Hospital’s participation in the national emergency during the Civil War. The character of nursing care at that time. Current public attitude toward post-mortem examination. The men who were influential in shaping the Hospital’s medical tradition

CHAPTER V
Changing the Hospital’s name. Outgrowing the old home and preparations for a larger one. The rôle of the Hospital in the cholera epidemic and Boyne Day riots. The accident which finally determined the decision to move to new quarters

GROWTH AND DEVELOPMENT, 1870-1904

CHAPTER VI
Planning, financing, building and opening of the new Hospital on Lexington Avenue. The growth of the City and its transportation

CHAPTER VII
Expansion in organization. The growth of its medical resources. The formal establishment of the Medical Board and the Dispensary. The enlargement of the House Staff. The separation of Medical and Surgical Services

CHAPTER VIII
Establishment of new departments and specialties. New York’s first Pediatric Service. Establishing the School for Nursing

CHAPTER IX
The Surgeons on the Staff. Surgery as practiced in the early days on Lexington Avenue

CHAPTER X
Growth of the Hospital’s activities. Additions to the buildings. New separate Dispensary building

CHAPTER XI
Beginnings of the Laboratory. The first X-ray Department. The Hospital outgrows itself. Plans for the new building on Fifth Avenue
THE FORMATIVE YEARS, 1852-1872

CHAPTER I

THE FOUNDING OF THE HOSPITAL AND ITS FOUNDERS. SOCIAL FACTORS WHICH MADE SUCH AN ORGANIZATION A NEEDED AND WELCOME ADDITION TO OLD NEW YORK.

When Sampson Simson and his eight associates founded the Jews’ Hospital in New York, parent of the modern Mount Sinai, they were giving form and substance to what had long been a hope of the Jewish community. The Jews of New York were active citizens in a city which was experiencing the growing pains of the Industrial Revolution. Only the year before the founding of the Hospital a railroad line had been completed between New York and Dunkirk on Lake Erie. An already industrial population was being daily increased by the hordes of immigrants who poured in from Europe. The census of 1850 revealed that of 515,547 men and women in New York, 83,620 were employed in 3,387 factories. In the efforts to cope with problems arising from New York’s development as a trade center, the Jews played an energetic part.

Their communal rôle dated from 1654, when a group of Jews had emigrated to New Amsterdam from Brazil, in order to escape the persecution of Brazil’s Portuguese conquerors. Upon their arrival in the American colony, the home government of Holland passed the Act of Toleration stating that the Jews might remain provided they cared for their own poor. From that time on, the Jews of New York effectively organized charitable work among their people. At first directly through the synagogues, and later through independent organizations cooperating with the synagogues, Jewish charity cared for the aged, the orphaned, and the destitute. It provided free education and taught the needy a trade with which to help themselves. It formed societies to attend the sick and dying, and to visit poor homes invaded by disease.

These worthy efforts were made against overwhelming odds. With the swiftly increasing influx of immigrants, many of whom were forced by circumstance to live in the frightful slums of that period, to give adequate care to the ill in the midst of destitution proved almost impossible. Many Jews were thus in urgent need of hospitalization. There were, of course, city hospitals—like Bellevue—in which such patients were welcome; but there was no institution sponsored and supported by the Jewish community itself. This lack was felt ever more keenly by the Jewish population as time went on.

A determination to meet this need was announced in 1850 by the Hebrew Benevolent Society, on the occasion of its twenty-ninth anniversary, when the

1 Wilson, James Grant: Memorial History of the City of New York, New York Historical Company, 1893, Vol. 4.
Directors of that Society declared that "... the surplus funds safely invested will shortly enable us to adopt preliminary measures for the establishment of a Jewish Hospital, the great and final object of our institution." In the course of the following year, 1851, the same organization called a conference of charitable societies, and definite plans were formulated for the founding of a hospital as soon as there were sufficient funds.

While their plans did not go into effect, they nevertheless served to prepare the ground for future action. Accordingly, when Sampson Simson and his eight associates incorporated the Jews' Hospital in New York on January 15, 1852, they found the Jewish community ready to extend full cooperation.

The group that Sampson Simson had gathered about him were old friends. They knew each other well and had worked together in previous charitable undertakings. This group included, in addition to the venerable Simson, the Rev. Samuel M. Isaacs, John I. Hart, Benjamin Nathan, John M. Davies, Henry

Sampson Simson
President of the Jews' Hospital in New York, 1852-55

... Invitation to Twenty-ninth Anniversary Celebration, Hebrew Benevolent Society, 1850. (In possession of the American Jewish Historical Society.)

... A Plan for the Institution of a Hospital for the Sick and Aged, 1851. (In possession of the American Jewish Historical Society.)
Hendricks, Theodore J. Seixas, Isaac Phillips, and John D. Phillips. These nine
men signed the incorporation papers and were the first Directors of the Hospital. They held their first meeting in the Trustees' Room of the "Synagogue in Crosby Street," home of Shearith Israel, the oldest Jewish congregation in America.

Sampson Simson, then seventy-two years old, was elected their President. Graduated from Columbia College in 1800, he later studied law under Aaron Burr, and was probably the first Jew admitted to the New York Bar. Unmarried, reserved, preferring country life on his Yonkers estate to the growing bustle of New York, he was the patriarchal figure of his sister's family. He wore the picturesque costume of an earlier day—even to knee breeches and buckles—had long white hair, old-fashioned, over-sized spectacles, and carried a silver-headed cane upon which he was in the habit of leaning when seated.

One can well imagine the gravity with which these deeply religious and public-spirited men heard their President call the meeting to order and read the articles

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Rev. Samuel M. Isaacs

Director of the Jews' Hospital in New York, 1852-56; Vice-President, 1856-57

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of incorporation which stated, "...we have associated and hereby do associate ourselves into a benevolent, charitable and scientific Society ... to be known as 'The Jews' Hospital in New York'." The minutes of that meeting record that having read the articles of incorporation, "The President ... declared the Society organized for the purposes therein stated" which were "...medical and surgical aid to persons of Jewish persuasion and for all other purposes appertaining to Hospitals and Dispensaries ..."

The articles of incorporation read in part as follows:

"We Sampson Simson, Samuel M. Isaacs, John I. Hart, Benjamin Nathan, John M. Davies, Henry Hendricks, Theodore I. Seixas, Isaac Phillips, and John D. Phillips, Citizens of the United States of America and the State of New York and Residents of the City of New York, County of New York and State aforesaid, being each over Twenty-one years of age and desirous of associating ourselves (with such persons as may hereafter be admitted as members for benevolent, charitable and scientific purposes in conformity with and under the provisions of an act of the State of New York entitled "An Act for the incorporation of benevolent, charitable, scientific, and missionary Societies," passed April 12, 1848 Certify that We have associated and hereby do associate ourselves into a benevolent, charitable and scientific Society to be known and distinguished in law, or otherwise by the name of 'The Jews' Hospital in New York,' that the particular business purpose and object of such association and Society will be medical and surgical aid to persons of the Jewish persuasion; and for all other purposes appertaining to Hospitals and Dispensaries; that the said Society will be under the management and control of Nine Directors: that Sampson Simson, John I. Hart, Benjamin Nathan, Henry Hendricks, Samuel M. Isaacs, John M. Davies, Theodore I. Seixas, Isaac Phillips and John D. Phillips shall be the Directors of such Society for the first year of its existence; and that the said Sampson Simson shall be the President; the said John I. Hart, Vice-President; the said Benjamin Nathan, Secretary; and the said Henry Hendricks, Treasurer of the said Society for the first year. And that the place of business of the said Society will be in the city, County, and State of New York.'"

It was with a profound sense of responsibility that these men established the first Jewish Hospital in the United States. The enterprise was consistent with their own records as energetic citizens in a rapidly growing city, and with a long tradition of active participation in the life of the community. One of their number was a descendant of the Rev. Gershom Mendez Seixas who during the Revolution had persuaded the very congregation in whose building this group was meeting, and of which some were members, to close the doors of their synagogue rather than remain in New York after it had fallen into the hands of the British. He himself went to Philadelphia and took up religious duties, while other members of the Portuguese Congregation scattered to various sections of the country. The Simson family went to Danbury, Connecticut, and it was there that Sampson Simson was born in 1780. The greater part of his life Sampson Simson was active in philanthropic work, giving generously and judiciously of his very considerable wealth. In choosing the objects of his philanthropy, he depended greatly upon the advice of the Rev. S. M. Isaacs. The latter, the rabbi of the

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We, Sampson Jordon, Samuel M. Davis, John H. Kurt, Benjamin Nathan, John H. Davis, Henry Hendricks, and the subscriber Isaac Phillips and John D. Phillips, citizens of the United States of America, and of the State of New York, and residents of the City of New York, Lounds of New York and State aforesaid, being each over twenty-one years of age, and desirous of associating ourselves with each other in order to form a benevolent, charitable and scientific institution, for the promotion of benevolent charitable, scientific, and medical objects, do hereby, in the presence of the undersigned, subscribe our names to the within instrument, to-wit:

I, John D. Phillips, do hereby subscribe my name to the within instrument in the presence of the undersigned. In witness whereof, we have hereunto subscribed our hands this 15th day of January, 1852.

From the Incorporation Papers of the Jews' Hospital in New York, dated January 15, 1852
Congregation Shaaray Tefila, was born in Holland in 1804, but grew up in England. In 1839 he was called to the United States as rabbi of the Congregation B’nai Jeshurun. Somewhat later he became the leader of Shaaray Tefila when that group, in 1845, split off from the older congregation. From the time he arrived in this country, he was the guiding spirit of New York philanthropy among the Jews. A ruddy-faced, pleasant man, he knew and liked many people in various walks of life. He was popular and always in great demand, especially with young folk. But above all he was fond of his immediate family circle, often singing old English folk songs with his children. A defender of the older and stricter forms of his religion, he was nevertheless tolerant of other views. He was a sincere and honest minister, always ready to help others, to take part in organizing a new charity, and to speed in the middle of the night on a visit to the distressed or the dying.

Associated with Rev. Isaacs in the Congregations B’nai Jeshurun and Shaaray Tefila were John M. Davies, John D. Phillips, and John I. Hart, who was elected Vice-President of the new Hospital. Hart had been one of the committee which, in 1825, requested and received aid from the Portuguese Congregation in founding B’nai Jeshurun. John D. Phillips was active in the fur business and also dealt extensively in real estate. He was one of those who had sufficient foresight to visualize a New York which might extend beyond its then northern limit of Thirty-fourth Street, and include the rural villages of Bloomingdale, Yorkville, and Manhattanville. These sections, in 1852, could be reached only by horse and carriage over rutted country roads. But John D. Phillips bought large holdings in the neighborhood that is now Fifty-seventh Street, and became one of the early and enthusiastic promoters of uptown New York.

Benjamin Nathan, first Secretary to the Hospital; Henry Hendricks, its first Treasurer; Theodore J. Seixas and Isaac Phillips, were all members of the historic Portuguese Congregation, Shearith Israel, founded in 1655. Benjamin Nathan was a member of the New York Stock Exchange; Henry Hendricks was an owner of Hendricks Brothers Copper Rolling Mill, one of the oldest firms in the United States; Isaac Phillips was Appraiser of the Port of New York, City Commissioner of Education, and a President of the Portuguese Congregation. Theodore J. Seixas and Henry Hendricks had worked together the previous year at the conference called by the Hebrew Benevolent Society to plan the founding of a Hospital.

7 The Jewish Messenger, January 6, 1882.
8 Interview with Miss Miriam Isaacs, daughter of Rev. S. M. Isaacs, June 7, 1938.
10 Interview with Mr. Lewis Phillips, grandson of John D. Phillips, June 16, 1938.
11 Interview with Captain N. Taylor Phillips, son of Isaac Phillips, June 15, 1938.
12 Interview with Mr. Henry Hendricks, great-grandson of Henry Hendricks, June 24, 1938.
13 See footnote 11.
14 A Plan for the Institution of a Hospital for the Sick and Aged, 1851. (In possession of the American Jewish Historical Society.)
The crowded conditions in the slums, accompanied by destitution and crime which paralleled the rapid industrial growth of the city during the period between the 1840's and 1870's led to the founding of many charitable institutions. Churches and Sunday Schools turned their attention to social work, aiming at the rehabilitation of those whom life in the slums had warped. With the increasing spread of disease, due to unhygienic conditions in the overcrowded tenements, the need for more hospitals became imperative. It was during this period that the Association for the Improvement of the Condition of the Poor came into existence; that the Young Men's Christian Association, the Children's Aid Society, the Society for the Prevention of Cruelty to Children, were organized; and that St. Luke's Hospital, the Hospital for the Ruptured and Crippled, and the Roosevelt Hospital were established. The Jews' Hospital was a part of this trend to improve the lives of the unfortunates forced to live in the slums.

The step was a courageous one as can be sensed from a statement by the Hospital Board published some years later, which in retrospect described the financial condition of the Jews' Hospital Society when it was first formed:

"The history of the Hospital is the history of most of our benevolent institutions. With no other endowments than the impulsive and limited donations of their charitable and religious originators—with no other revenues than that hoped for from the free-will offerings of their friends and associates—they are organized, established and set in operation, wherever and as often as their usefulness is suggested, or their necessity felt."

It was thus with no assurance of what money might be forthcoming that the Jews' Hospital in New York came into being. So urgent was the need for such an institution that the founders felt the effort must be made.

It was particularly encouraging, therefore, that at the first meeting of the Board, the second order of business should be a letter announcing a substantial donation. It was signed by Barrow Benrimo, chairman of a group called the Young Men's Committee, which on February 4 of 1852 had given a ball for the benefit of the Jews' Hospital Society. This donation of $1,034.16 was the initial contribution to the Hospital, the proverbial shoestring on which it started. A resolution of thanks for "their laudable and successful efforts in commencing in a liberal degree the establishment of a fund to carry out the objects of this institution" was passed and sent to the members of the Committee, which included Barrow Benrimo, Samuel A. Lewis, L. H. Simpson, George Henriques, Adolphus S. Solomons, Rowland Davies, Max Bachman, George King, L. Bierhoff, Noah Content, Henry Honig. That this group was particularly interested in helping the Hospital is not surprising, since the year before its chairman, Barrow Benrimo, had been a delegate to the conference called by The Hebrew Benevolent Society to discuss the possibility of a Hospital.

Another member of the Committee, Adolphus S. Solomons, in reminiscing some twenty years later, described a visit he had made in 1851 to a Jewish hospital in Frankfort-on-Main. He told of the shame he had felt when he had to

16 Plan for the Institution of a Hospital for the Sick and Aged, 1851. (In possession of the American Jewish Historical Society.)
admit that there were no such hospitals in the United States, and how he "then and there determined that, God willing, such a reproach upon his native land should not long exist, if he could do aught to prevent it..." A year later came the opportunity to do considerably more than "aught." He contributed materially toward the proposed Jews' Hospital, and his support continued after it had become a fact. As an older man and an active citizen of Washington, D. C., he was to show his interest in medical aid, not only by assisting in the organization of the American Red Cross, but also by his part in the development of the Garfield, Columbia, and Providence Hospitals.

The first problem facing the young Society was to obtain a place in which their Hospital could be set up. A committee was appointed at the second meeting of the Board to find a building that could be used as temporary quarters. At the third meeting, this group reported that it had found a house which could be rented for nine months for one hundred and twenty-five dollars; it was voted to accept this offer. A month later, however, a special meeting was called to announce that Sampson Simson "had executed a deed to the Jews' Hospital in New York for a lot of land on the south side of Twenty-eighth Street between Seventh and Eighth Avenues, 25 feet front and rear by about 98 feet more or less." The Board immediately set about securing appropriate plans for the erection of a Hospital on this piece of land.

In 1852, Twenty-eighth Street was far beyond the bustle of the city. The surroundings of the site were sufficiently rural to allow the picking of tomatoes, the building of bonfires, and the roasting of potatoes. At that time the fashionable sections of the city were Bond Street, Washington Square, and East Broadway, where the red brick homes of wealthy citizens lined the thoroughfares. Those streets that were not dirt roads were paved with cobblestones. Illumination was furnished by gas, which had been introduced into New York only twenty-nine years before the founding of the Hospital. Transportation depended on horses or on one's own two feet. Sampson Simson, living on his estate in Yonkers, must have considered the trip to New York a formidable journey when he set forth in a horse and carriage to jolt his way over the rutted country roads that led to the city.

In the first month of the Society's existence, a constitution was drawn up and sent with a circular to those who might be interested. The circular declared that "from the mere dues of members, but an insufficient sum can be obtained; it is therefore incumbent on the Directors at once to call on those who have the abil-

19 Minutes of Board of Directors' Meeting, Jews' Hospital, October 20, 1852.
21 Wilson, James Grant: Memorial History of the City of New York, New York Historical Company, 1893, Vol. 4.
22 See footnote 21.
ity, to enable them to carry out the objects of the Society.” The dues mentioned were five dollars a year and entitled one to a voting membership. The circular expressed also the hope of setting up the temporary Hospital as indicated before, but this intention was soon abandoned; energy and money were concentrated on the erection of the Twenty-eighth Street building.

Donations were not long in coming. In this connection it is interesting to note the intimate character of this group which formed the Hospital’s early supporters—the family relationships, the associations with each other and with the charitable and religious work which had led to the Hospital’s creation. The minutes of Board meetings for the years 1852 and 1853 indicate that the Directors were prompt contributors. So meticulous are the records of those early days that we are told that Sampson Simson paid a bill of $61.86 for the Society and allowed it to stand as a donation. Lewis M. Morrison and Joseph Fatman, the one to be elected a Director three years later and the other after five years, both helped to support the young organization. Mrs. Frances Hendricks and Selina Hendricks, the mother and sister of Henry Hendricks, each gave five hundred dollars, with the promise that if five thousand dollars were collected within one year, each would repeat the donation. The name of George Henriques on the list of contributors indicates that members of the Young Men’s Committee of some months before maintained their interest in the founding of a Jewish hospital. Rev. J. J. Lyons, rabbi of the Portuguese Congregation, and Rev. Ansel Leo of the B’nai Jeshurun Congregation, who had married Sampson Simson’s niece, were included in these records. The familiar family names of Seixas, Hart, Nathan, Henriques, Morrison, and Davies appear frequently, indicating the extent to which entire families were interested. That the community as a whole was also sympathetic with the move is indicated by the donation of two hundred and fifty dollars from “A Priest.”

The Board divided into groups to solicit funds from the various congregations. M. Hendricks Levy paid one hundred dollars as a life member of the Society and offered his services in collecting funds on a trip “through several of our states.” By April of 1853, the Board decided that when the seven thousand dollar mark was reached, the Building Committee should be authorized to “enter into contracts according to specifications.” By October 2 of that year, Mrs. Hendricks and her daughter were notified that five thousand dollars were in the hands of the Treasurer and as the records show, they fulfilled their promise by contributing a second five hundred dollars each.

On October 30, 1853, the Building Committee reported that the mason had started digging and that in ten days he would be prepared for the laying of the cornerstone.
CHAPTER II

BREAKING GROUND FOR MOUNT SINAI'S FIRST HOME. THE LAYING OF THE CORNERSTONE. THE DEDICATION CEREMONY. HOW AND FROM WHOM SUPPORT WAS OBTAINED. A GLIMPSE OF NEW YORK AT THAT PERIOD.

Ground was broken for Mount Sinai's first home in the fall of 1853. On October 30, the Building Committee reported that in ten days the mason would be ready for the laying of the cornerstone. It was not until Thanksgiving Day, however, that the ceremony took place.

Invitations were sent to the "President, Trustees, and Hazanim (Cantors) of the several Hebrew Congregations in this City and vicinity; also the President, Directors and other Officers of the various Hebrew Charitable Societies;" to members and subscribers of the Hospital Society, and to other interested persons. Guests were asked "to meet the Officers and Directors at the ... Synagogue in Crosby Street on Thursday, November 24, at 2 o'clock p.m. for the purpose of proceeding to lay the cornerstone of the Institution."²³

The minutes record that the Board and their guests "having formed in procession, proceeded by cars of the 8th Avenue Railroad at Canal Street to the ground in 28th Street."²⁴ The "Railroad" by which they "proceeded" was horse-drawn, with cars pulled on tracks, an innovation which had been introduced into New York twenty-one years earlier and was not to be superseded for another ten years.

"The trowel, having been presented by H. Hendricks, Esq. (Treasr.) chairman of the Building Committee with appropriate remarks, was received by the President S. Simson, Esq. who replying thereto proceeded to lay the cornerstone. Services were also performed by the Revs. J. J. Lyons, S. M. Isaacs, and Ansel Leo. The Board ... subsequently attended the delivery of a Discourse by the Rev. S. M. Isaacs at the Wooster St. Synagogue. ..."²⁵

By December, 1853, it was announced that the Hospital building had reached the height of one story, that the contracts let amounted to nine thousand dollars and that at least two thousand dollars more was needed to meet that commitment. In order to raise this sum of money a "Dinner and Ball" was given in January of 1854, to which the committee decided that "ladies, as well as gentlemen, should be invited, well persuaded that in enlisting the sympathies of the gentler sex, their cooperation in so noble a cause could not fail to crown it with complete success."²⁶

This fund-raising event also marked the celebration of the laying of the cornerstone. It was held at Niblo's on the corner of Prince Street and Broadway,

²³ Minutes of Board of Directors' Meetings, Jews' Hospital, November 14, 1853.
²⁴ Minutes of Board of Directors' Meetings, Jews' Hospital, November 24, 1853.
²⁵ See footnote 24.
²⁶ Report and List of Donations, Banquet in Aid of Funds of Jews' Hospital, January 26, 1854.
a garden and restaurant where the finest social functions of the day were held. "A very large and respectable company, composed of Israelites, and our fellow citizens of other denominations, assembled in the large reception room." At five o'clock, "after sufficient time had been allowed for friendly greetings, and an introduction to the venerable President of the Institution, they were ushered into the spacious banqueting-room, which had been arranged for their reception and entertainment; sixteen tables were spread . . . The usual prayers, before and after meat, were performed by the Rev. J. J. Lyons, and Rev. Ansel Leo, after which the President stated in a brief speech the objects and requirements of the Institution. Toasts, as usual, appropriate to the occasion, were read, and addresses delivered . . . " After the meal and the formalities had been completed, "the company withdrew to the splendid ballroom" to dance the quadrille, polka, schottische, and waltz.27

The fund raising, however, was by no means forgotten amid the abundant festivity. Donations amounted to seven thousand, two hundred and thirty-five dollars. Again a closely knit group rallied to support the Hospital, and names already prominent in its brief history are foremost among the donors. The Directors are listed among the first: Sampson Simson, Henry Hendricks, John I. Hart, John D. Phillips, Benjamin Nathan, John M. Davies, Theodore J. Seixas, Rev. S. M. Isaacs, and Isaac Phillips. The sons of two of these men, Lewis Phillips and Isaac Hendricks, seconded their fathers in helping the new institution. Miss Selina Hendricks, among others, demonstrated tangibly the "sympathies of the gentler sex." Emanuel B. Hart, who in 1857 was to be elected a Director and was later to be President of the Hospital, Lewis M. Morrison, and Joseph Fatman, are all included in the "Report and List of Donations." Henry I. Hart, chairman of the committee which gave the "Banquet and Ball," was joined by others of its members: Henry Josephi, Jacob I. Moses, George S. Mawson, Dr. Simeon Abrahams. Five men who had been on the Young Men's Committee of two years before again gave assistance. They were Barrow Benrimo, George Henriques, Adolphus S. Solomons, Rowland Davies, and L. Bierhoff. The names of Rev. and Mrs. Ansel Leo, relatives of Sampson Simson, and of Rev. J. J. Lyons of the Portuguese Congregation, again appear among the sponsors.

The long list of almost five hundred contributors on this single occasion also contains names which indicate that the efforts of the founders and their associates had aroused the sympathies of many benevolent outsiders, such names as O'Brien, Campbell, Gilsey, Weeks, Jewett. Donations came from Philadelphia, Schenectady, Charleston, Baltimore, New Orleans, and Chattanooga; for the development of railroads and the extension of the telegraph system six years before had shortened distances and cities were brought closer together. Of particular interest is the contribution of Dr. William B. McCready, a leading New York physician and a founder of the New York Academy of Medicine (1847), who was to become one of the Consulting Physicians to the Hospital

27 See footnote 26.
when it opened the following year. The circle of those interested in the Hospital was widening.

A few weeks after the “Banquet and Ball” the Board received news of the generous legacy of twenty thousand dollars willed to the Hospital by Judah Touro, a wealthy philanthropist of New Orleans. Judah Touro had been a native of Newport, Rhode Island, and a prominent member of its Jewish community, originally settled by some of the Jews who had landed in New Amsterdam in 1654. They arrived in the “new land” penniless and Peter Stuyvesant ordered their baggage sold at auction in order to provide payment for their passage. Moreover, two of their number were put into jail as “hostages.” Discouraged by such a reception, some of the band trudged on to Newport, there to found the thriving Jewish colony.28 It was this colony young Judah Touro left when he sailed for New Orleans in 1802. He opened a small shop on the waterfront where he sold New England products—codfish, candles, soap, and cheese. His wares were well received; he prospered, and entered the shipping business, building up a tremendous fortune. Touro exhibited benevolent inclinations early and throughout his life was a large contributor to charitable and public funds and religious enterprises, both Jewish and Christian. A fortune of eighty thousand dollars was left to him when his sister died, but he resigned all legal title to it, turning it over to charity. In his own will he left numerous bequests to charitable and public institutions, distributing his gifts beyond his native Newport and his adopted New Orleans.29

With the impetus given to the Hospital funds by the success of the “Banquet and Ball” collection and by the encouraging news of the Touro bequest, the Directors turned their attention to the acquisition of more land. Sampson Simson had given the Hospital one lot and had set aside the adjoining one for the erection of an “Orphan and Indigent Asylum.” The Hospital, however, was apparently given the use of the second lot for a garden, although the Asylum continued to be mentioned as a future project. The second annual report, dated December 31, 1854, indicates that the Hospital had bought two lots of land “extending from 27th to 28th Streets, with a front on each street of 25 feet, and situated on the easterly side of, and immediately adjoining the lots donated by the President of this society. . . . The acquisition of these lots enabled the Directors to alter the original plans for the Hospital building; so as to occupy a front of 50 feet on 28th Street; the lots in the rear, being those fronting on 27th Street, to remain open until otherwise required. so as to afford ample space for air and exercise.” In reporting this to their membership, “the Directors . . . experience much satisfaction at the progress made within the last year . . . This result thus far, is mainly attributable to the unprecedented success which attended the Banquet celebration of the 26th of January last.” The Touro bequest had not yet been received, “although the Directors are in daily expecta-

tion of receiving the amount of the legacy...” Indeed, the minutes show that the month previous to the report, the Directors had signed notes amounting to five thousand dollars to meet the cost of construction. The building was nearly completed, however, and the report goes on to note that “arrangements are being made for furnishing the interior, and the building itself, it is contemplated, will be entirely finished within the next sixty days.” It is interesting to note that this early report bears the imprint “Adolphus S. Solomons—Print.” The young man who, during his German tour in 1851, had felt deep shame in admitting that there was no Jewish hospital in the United States, had by now established his own publishing house and was able to offer its services as well as his own efforts toward putting into effect his resolve that “such a reproach upon his native land should not long exist.”

In February of 1855 Sampson Simson, now seventy-five years old, resigned as President, sending his fellow members of the Board “my fervent wishes for prosperity of the institution and your individual happiness.” Despite the entreaties of a committee which was appointed to persuade him to alter his decision, the elderly founder held firm in his determination. The Directors elected John I. Hart as President, with Benjamin Nathan as Vice-President and Theodore J. Seixas as Secretary. Henry Hendricks remained Treasurer. These elections took place in February of 1855, at the first meeting to be held in the Hospital building. A resolution of thanks was sent to the Portuguese Congregation for allowing the Board to meet in its synagogue during the previous three years.

On May 17, 1855, the building on 28th Street was thrown open to the public and dedicated. The service was a religious one, such as was used in the dedication of a synagogue—a fact which drew unfavorable comment from Isaac Leeser, editor of one of the Jewish papers, The Occident. The invitation to this “peculiarly interesting occasion, the first of this character to be recorded in the annals of our American-Jewish population,” lists as chairman of the committee George Henrixes of the Young Men’s Committee, and as secretaries three who had served with him: Adolphus S. Solomons, Samuel A. Lewis, and Barrow Benrimo. Many familiar names form the body of the committee: Sampson Simson, the retired President who still continued to be moderately active in the Hospital’s affairs; Isaac Hendricks, the son of Henry Hendricks; Emanuel B. Hart; L. H. Simpson of the Young Men’s Committee; Asher Kurscheidt, Dr. Simeon Abra-

Services were conducted by Rev. J. J. Lyons and Rev. Ansel Leo. At the “Banquet and Ball” which followed, two of the speakers were Lieutenant-Governor Henry Jarvis Raymond and Israel Moses, Assistant Surgeon of the United States Army, soon to serve on the Jews’ Hospital staff as an Attending Surgeon. It was announced that although it had been hoped to set aside part of the Touro legacy as a permanent fund, it had become necessary to use all but five thousand dollars of it in meeting the cost of building the hospital which reached the sum of thirty thousand dollars. Once more an appeal was made to
the public, and donations amounting to six thousand dollars were subscribed. The banquet included the drinking of twelve toasts, beginning with one to the Jews' Hospital and ending with the traditional "To the Ladies."

The building was opened to public inspection; it was four stories high, with a large ward and several small ones on each floor. In the basement were the kitchens, offices, and utility closets. A contemporary account reveals that "the

Reproduction of a column which appeared in the New York Daily Times

ward ... contained a number of bedsteads, near each of which stood an armchair .... Everything looked scrupulously clean and white .... For ventilation ample care had been taken, by having in every story openings, covered with metallic gratings, from the outside, so that pure air will always flow in, no matter what the state of the weather may be: we believe also that the draft through these openings can be stopped off should it prove too strong, as we felt during the
ceremony of dedication . . . ." The account finds it worthy of comment that "water and gas are introduced." The Croton water system had been completed thirteen years before the Hospital opened, but the Board minutes indicate that its use had to be paid for although the Directors had petitioned the Common Council to relieve them of this expense. The editor of The Occident notes that in a small building behind the Hospital "there are separate rooms for pay patients." He remarks also that "the ladies of New York must not be forgotten in this connection, as they for weeks before the opening of the hospital were engaged in preparing the bedding and other things of the kind, in ample and we should judge abundant quantities."

A drawing of the Jews' Hospital, later renamed The Mount Sinai Hospital

The year the Hospital opened, 1855, the notorious and corrupt Fernando Wood was Mayor of New York. He was re-elected in 1856 and again in 1857—the year he particularly distinguished himself by defying the State Government. The Legislature had passed amendments to the City’s charter, one of which provided for a uniformed and more efficient police force, known as the Metropolitan. The incumbent police force were Fernando Wood's political adherents. Arming this band, he withdrew into the City Hall and barricaded the building. Branding the amendment unconstitutional, he "defended" the City Hall from the Governor's representative, Street Commissioner Daniel D. Conover. Fi-

30 An Account of the Dedication of the Jews’ Hospital, The Occident, Isaac Leeser, Editor, July, 1855.
31 Minutes of Board of Directors’ Meetings, Jews’ Hospital, February 4, 1855; November 11, 1855.
32 See footnote 30.
nally, however, the Seventh Regiment and two warrants of arrest with which Daniel Conover was armed persuaded him to leave his fortifications. The following year (1858) Wood was defeated by the candidate of a Citizen's Committee, Daniel T. Tiemann, who was elected on a platform of reform. Tiemann was re-elected in 1859, but because of a split in the Citizens' Committee, Wood was back in office in 1860 and was re-elected in 1861. Bribery and corruption were reinstated, to stay for a good many years.\(^\text{33}\)

Even before 1852 New York had begun to take on the cosmopolitan aspect with which we are familiar today. In 1850 Jenny Lind, the "Swedish Nightin-

gale," had been a triumphant success under the managership of Phineas T. Barnum. She had sung at Castle Garden, the center for all public entertainment. In 1851 Louis Kossuth, the Hungarian patriot, had been enthusiastically acclaimed in the same building. The year after the Hospital's incorporation, on July 4, 1853, the first World's Fair to be held in the United States opened in the Crystal Palace, a large iron and glass structure which, until it burned down five years later, was the wonder of its day. In 1855 the great French tragedienne, Rachel, toured the country. In New York she was waited upon by a committee from the Jews' Hospital; she expressed her interest by sending a donation of one hundred dollars to the institution. In the same year William Makepeace Thackeray delivered a series of lectures.

In August of 1858 the possibility of closer contact with other continents was to be made a reality, when the first cable was laid across the Atlantic and messages were transmitted over it. It broke, but was finally relaid in 1866. In 1859 the largest streamship afloat, the Great Eastern, the Queen Mary of her time, crossed the ocean in eleven days. That same year the Japanese Embassy was established, seven years after Commodore Perry had visited Japan, and its staff was feted in New York with great ceremony. The new hospital was born into a world in which geographical distances were shrinking as horizons continued to expand.

34 See footnote 33.
35 Minutes of Board of Directors' Meetings, Jews' Hospital, September 2, 1855; November 4, 1855.
36 Wilson, James Grant: Memorial History of the City of New York, New York History Company, Vol. 4, 1893.
CHAPTER III

THE ORGANIZATION OF THE MEDICAL AND ADMINISTRATIVE STAFFS
DURING THE FIRST YEAR—A CLOSE-UP OF SURGERY AND SURGEONS
DURING THE TRANSITION FROM THE PRE-ANESTHETIC ERA.

Even before its building was completed, there had been offered to the little Jews' Hospital the services of some of the most eminent physicians of the period, offers that were of tremendous value to the struggling Society. Valentine Mott, the dean of American surgery, was among the first, in 1853, to express his readiness to serve on the Staff. He was in his sixty-eighth year, the outstanding surgeon of his day and a pioneer in vascular surgery. His teacher, Sir Astley Cooper, spoke of him as one who "has performed more of the great operations than any man living." He is said to have amputated almost a thousand thighs and was the first to place a ligature around the innominate artery only two inches above the heart. At one time, in 1828, he had to tie forty arteries in a single operation which lasted four hours. Such operations appear all the more astounding when it is considered that they were performed before the days of ether, with the patient fully conscious while under the surgeon's knife.

The year 1846, which preceded the incorporation of the Jews' Hospital by only six years, is of great significance for in that year ether was used for the first time in an operation performed in any hospital. Dr. J. Collins Warren operating and Dr. William T. G. Morton administering the anesthetic were the first to give a demonstration of surgery without pain at the Massachusetts General Hospital in the presence of the surgical and medical staff of that institution. With the operation successfully completed Dr. Warren, apparently sensing the need of dispelling the doubt that lingered in the minds of those in the audience, turned to them and said, "Gentlemen, this is no humbug." Thus the "observant eyes and studious brain" of Crawford W. Long of Georgia; the experiments of Horace Wells of Connecticut, and the tenacity of William T. G. Morton of Massachusetts made it possible for the surgeon to remove diseased tissue without causing added suffering to the patient. The terms "anesthesia" and "anesthetic," coined by Oliver Wendell Holmes, came into general usage shortly thereafter.

Valentine Mott's career began some forty years before the discovery of anesthesia. The conditions under which he had been forced to operate during that time are suggested by the following excerpt from an account written in 1865—early enough for the pre-ether days of surgery to be still fresh in the author's mind:

38 Gross, S. D.: Memoir of Valentine Mott. Lindsay & Blakiston, 1868.
41 See footnote 39.
“...in Dr. Mott’s early days stout arms held down the writhing man, firm violence was requisite to keep proportionally quiet the shrieking child, while her neck swollen with convulsive efforts, presented but a warning obstacle to relative anatomy, and yet the trachea must be cut to save her life.”

The pioneer days of medicine during which Valentine Mott developed as a brilliant and careful surgeon were crowded with emergency operations that had to be performed almost on the spot where the patient was stricken. In those days when Mott began his career (newly graduated from Columbia College, 1806), a surgeon was often called upon to go the length of the city at any hour of the day or night to give aid to a critically ill patient. The time of waiting for his arrival must have been an anxious one for the patient’s relatives, as the speediest transportation was the horse; the streets were badly paved and ill lit; the distances between built-up sections were great and lonely enough to threaten

42 Francis, Samuel W.: Memoir of the Life and Character of Dr. Valentine Mott. W. J. Widdleton, 1865.
harm to the late traveler. To perform an operation in a hospital was a crude enough procedure in the light of our modern methods, but to operate in a patient's home presented even greater difficulties.

"Many a time had the young anatomist (Valentine Mott) been called upon to perform at midnight, by the flickering aid of a tallow candle, or the misty light of a muffled lamp, operations not only difficult in themselves and dangerous to the patient, but without any other assistance than that of excited relatives or ignorant friends. Such operations as that for hernia, the ligation of a lacerated artery or the performance of tracheotomy, have not only been attended with complete success, but afforded instant relief to the sinking sufferer." 43

When the Jews' Hospital came upon the medical scene, such men as Valentine Mott had already seen the early crudities in medicine beginning to smooth out. They saw the chaotic conditions under which medical schools had been organized in the twenty years previous to the incorporation of the Hospital, and which persisted for some time, under which a group of physicians could establish a school with practically no supervision from the government. They would set themselves up as teachers, providing almost no equipment or adequate libraries, the teaching of medicine often being purely didactic, without any recourse to hospital material for practical demonstration or dissection for the study of anatomy. To be sure, not all the medical schools founded in the twenty years between 1832 and 1852 were of this description, but among the fifty-three that sprang up in that period there were many that had no right to exist. 44 It was to correct these conditions, among others which were producing inadequately trained physicians, that the American Medical Association was formed in 1847.

Although for some years the situation did not improve much, Valentine Mott lived long enough to see the recognition of the existing evil. A great step forward was the publication of one of the most monumental works in American medicine, Daniel Drake's A Systematic Treatise, Historical, Etiological and Practical, on the Principal Diseases of the Interior Valley of North America as They Appear in the Caucasian, African, Indian and Esquimaux Varieties of its Population. This publication appeared in two volumes, in 1850 and 1854, a contribution which was remarkable for a man who had never been outside the United States and who had received his medical education in this country while many of his contemporaries went abroad for part of their training.

Valentine Mott himself, after having been graduated from Columbia College, spent three years in England and on the continent, "... the facilities for acquiring accurate and clinical information in this city (New York) being almost altogether confined to jails, almshouses and prison ships; besides being under the supervision of unprincipled, ignorant politicians who in most cases, sacrificed the lives of the deceased to the acquirement of unmerited gains." 45 Such was the situation forty years before the Jews' Hospital was founded; it was the same

43 See footnote 42.
45 See footnote 42.
period during which Daniel Drake trained himself in this country, but matters had improved somewhat by 1852. Drake’s book, besides being the first encyclopedic account of the climate, geography, and population of the United States, particularly in the West, stressed the relationship of these conditions to disease. It was the first introduction to public hygiene. Drake died in the year the Hospital was founded.

Valentine Mott’s generation had also witnessed the work of William Beaumont who died the year after the Hospital was organized. His chief work was a contribution to physiology which appeared in 1833 and recorded his *Experiments and Observations on the Gastric Juice and the Physiology of Digestion*. This was the result of 238 experiments carried on through a fistula in the stomach of a man who had been wounded accidentally by a discharge of buckshot. Great advances were also made possible in the field of gynecology through the discovery by James Marion Sims, an Alabama physician, who in 1849 developed a successful operation for vesico-vaginal fistula. He published his procedure in 1852, and came to New York in 1855. In that year Sims founded the Woman’s

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48 See footnote 44.
Hospital, became its Chief Physician, and there carried on the most advanced
gynecological work of the day.47

Knowledge of antisepsis was completely lacking in Valentine Mott’s day and he carried out his extraordinary operations without its aid. Nine years before the Hospital was organized, however, Oliver Wendell Holmes, professor of Anatomy at Harvard Medical School, the father of Oliver Wendell Holmes the famous Associate Justice of the United States Supreme Court, published a significant paper On the Contagiousness of Puerperal Fever in which he stated that physicians were unwittingly conveying the disease from patient to patient and insisted that no doctor should attend a woman in childbirth after he had attended a case of puerperal fever or had been present at a post-mortem of one. Although this theory met with opposition, Holmes nevertheless continued to defend it, and in 1855 he published a monograph on Puerperal Fever as a Private Pestilence in which he reiterated his views.48

It was thus in the dawn of modern medicine that the Jews’ Hospital came into existence. It was a day when ethical medicine was gaining ground; when knowledge of disease and public hygiene was advancing; when ether had banished forever operations which of necessity were carried out speedily on struggling patients; when progress was being made in physiology and gynecology; and when the danger of contagion was beginning to be recognized, though not as yet understood.

The first Staff, announced by the Board of Directors on May 21, 1855, included some of the most prominent physicians and surgeons practicing in New York. These men had faith in the efforts of Sampson Simson and his associates. There were four Consulting Physicians. One was Chandler R. Gilman, a witty conversationalist who in his younger days had supplemented the meagre earnings of his early medical career by writing.49 He was Professor of Obstetrics and Diseases of Women and Children at the College of Physicians and Surgeons, having been appointed in 1841; and in 1894 he was one of the few contemporary physicians to insist that there was such a thing as criminal insanity and that such criminals should have special treatment. Another was William Detmold, a German, who had introduced orthopedic surgery in New York, had founded an orthopedic clinic at the College of Physicians and Surgeons in 1841, and was to be the first President of the New York County Medical Association in 1884.50 William H. Maxwell was the third Consulting Physician, while the fourth was Benjamin W. McCready, a highly respected physician and an early contributor to the funds of the Hospital.

The two Attending Surgeons were Israel Moses, an Army surgeon who also had contributed toward the building of the Hospital, and Alexander B. Mott, the son of Valentine Mott, and his father’s assistant during the last sixteen years.

47 See footnote 44.
48 See footnote 39.
50 Notations from the List of Founders of the New York Academy of Medicine. (In possession of the New York Academy of Medicine.)
of the elder Mott’s practice. He was an excellent surgeon in his own right, and the founder of the Bellevue Medical College.\textsuperscript{51} There were three Consulting Surgeons: the great Valentine Mott; Thomas M. Markoe, one of the founders of the New York Academy of Medicine eight years earlier;\textsuperscript{52} and Willard Parker, a leader in surgery, a brilliant lecturer who had taught at Berkshire County Medical College and the College of Physicians and Surgeons,\textsuperscript{53} and a co-founder with Daniel Drake of the Cincinnati Medical College in 1835.\textsuperscript{54} The Resident and Attending Physician was Mark Blumenthal. A member of the Portuguese Congregation, Mark Blumenthal was its official doctor in its help of the sick poor, family physician to at least half the Congregation,\textsuperscript{55} and a respected citizen who lived to be ninety years old.\textsuperscript{56} His letter of appointment reads:

"At a meeting of the Directors held on Monday the 21st Inst., you were

\textsuperscript{51} See footnote 38.
\textsuperscript{52} See footnote 50.
\textsuperscript{53} See footnote 50.
\textsuperscript{54} See footnote 39.
\textsuperscript{55} Interview with Capt. N. Taylor Phillips, son of Isaac Phillips, June 15, 1938.
\textsuperscript{56} Meyer, Alfred: Recollections of Old Mount Sinai Days. J. Mount Sinai Hosp., Vol. 3, No. 6, 1937."
unanimously elected Resident Physician to this Institution, & (this is) to apprise you that the Hospital will be opened for the reception of patients daily." The letter was signed by Theodore J. Seixas, Secretary. Dr. Blumenthal was paid two hundred and fifty dollars for his first year's service, and in the following years he received five hundred dollars.

The Hospital doors were thrown open for the reception of patients on June 5, 1855 and a record of the first case was entered in the case book by Dr. Blumenthal on June 8. The patient was Louis Seldner upon whom Dr. Moses operated successfully for a fistula. During the remainder of that year, from June through December, 110 patients were admitted. The Hospital's full capacity was forty-five. (Mount Sinai, the descendent of the Jews' Hospital, has a bed capacity of 856.)

During the first year of hospital service, more precisely on February 11, a ruling was laid down which provided that "patients afflicted with malignant, contagious or incurable diseases" should not be admitted to the Hospital. Tuberculosis was considered incurable, typhoid and typhus were classed as contagious. From December of 1855 through December of 1856, 216 patients were admitted. Only sixteen were asked to contribute to their support under the ruling, "No patient having the ability to pay shall receive the benefit of the Society without charge."

The expenses of the Hospital during its first year of activity offer interesting figures when compared with those of the Mount Sinai of today. The Finance Committee of the Jews' Hospital reported in 1857 that the total expenses for the year 1855–56 had amounted to a little over $5,493. The items included in the account are worth examining:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions</td>
<td>$1,726.87</td>
</tr>
<tr>
<td>Medicines and Surgical Instruments</td>
<td>447.61</td>
</tr>
<tr>
<td>Salaries and Wages</td>
<td>1,511.14</td>
</tr>
<tr>
<td>Fuel</td>
<td>297.10</td>
</tr>
<tr>
<td>Stationery</td>
<td>33.36</td>
</tr>
<tr>
<td>General Expenses, Croton Water, Gas, Assessments, Repairs</td>
<td>1,049.50</td>
</tr>
<tr>
<td>Clothing for Patients, Beds and Bedding</td>
<td>429.18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,493.76</strong></td>
</tr>
</tbody>
</table>

Mount Sinai's total expenses for 1938 were over $2,329,000.

In contrast with $447.61 spent by the Jews' Hospital on medicines and surgical instruments, the modern Mount Sinai spent over $200,000 in 1938—almost forty times the entire amount the little institution on Twenty-eighth Street spent in a year! Today medical supplies include items not dreamed of in the Hospital work of the 1850's—for example, supplies for X-ray and electrocardiographic work.

Other portions of that early financial report show similar contrasts. In 1855–56 a little over $1,500 was spent on salaries and wages, while salaries and wages in 1938 came to more than $1,250,000, constituting over half of the modern Mount Sinai's total expenses. Provisions (food) cost the Jews' Hospital
Early case histories

In 1857, the Finance Committee took pains to explain that although the approximately $1,726; today, Mount Sinai spends over $375,000 annually for food.
fuel bill amounted to only $297.10, there had been on hand $200 worth of coal, so that the actual total cost was raised to $497.10 for that year. To feed the boilers which generate steam for heating, cooking, sterilization of instruments, and providing power at the modern Mount Sinai, over $75,000 was spent for oil in 1938.

Of great significance is the fact that included in the sum expended by Mount Sinai in 1938 are items which are conspicuously absent from the brief statement of 1855–56: the School of Nursing, the Social Service Department, the Out-Patient Department, the Laboratories, research, and post-graduate medical education. These branches of hospital work did not exist in the days when the Jews’ Hospital first opened its doors. Their gradual inclusion in later reports forms a series of milestones marking the progress of medicine and of hospital administration.

The rule concerning patients afflicted with incurable diseases was apparently not rigidly adhered to, according to the following statement in the report for 1856:

“Several whose diseases were known to be incurable, were nevertheless admitted, because, in the opinion of the physicians and surgeons, they were susceptible of relief, and because, in the opinion of your Committee, consumptive patients should not be permitted to linger out a wretched existence in a strange asylum, whilst a Jews’ Hospital is in being to afford hope to the dying pilgrim.”

The steady flow of European immigration into the United States and the conditions in which many of these immigrants lived, conditions which were increasing the percentage of typhoid and tuberculosis patients, are reflected in this early report. Of the two hundred and sixteen patients admitted, only five were natives of the United States, the largest number, one hundred and ten, coming from Germany. Of the fourteen deaths which occurred at the Hospital that year, half were caused by typhoid and tuberculosis.

The minutes of the Board of Directors’ meetings indicate that in October, 1856, the Directors had become disturbed over the number of typhoid cases which were refused admission to the Hospital because the disease was considered contagious. They turned to the Medical Board to ask once again if its contagious character was definite. The answer was in the affirmative, but a significant resolution was sent to the Directors:

“Resolved, that the simple fact of a disease being contagious should not preclude its reception into an Hospital, and that proper regard to separation, ventilation and the number admitted to the ward, will obviate to a great extent any danger from the reception of patients suffering under typhoid fever.”

The Board of Directors then instructed the Executive Committee to admit such cases at its discretion. Nevertheless, the report for 1856 contains a strong plea from the Visiting Committee that rather than reject typhoid patients, some plan should be devised for a separate building to accommodate them. This appeal is characteristic, not only of the contemporary layman’s theories about medicine, but also of the spirit that animated the Hospital’s founders.

“Your Committee cannot refrain from calling the serious attention of the Board of Directors to a renewed consideration of the subject of admitting ty-
typhoid fever patients. Every week their feelings are harrowed by listening to tales of woe they cannot ameliorate, by appeals from the most abject heirs of sickness, poverty and want, to whom they must refuse admittance because they are laboring under typhoid fever, and through fear that its contagious character might infect other patients.

"Can no plan be devised to erect a building where they might be nursed and tended? Are those poor creatures to have no chance of recovery? Must they perish or be sent from your doors to enter other hospitals? Think what a sad disappointment it is to them to be rejected by their brethren in faith.

"The Committee are aware that you have asked the Faculty whether typhoid fever is contagious, and that the answer was in the affirmative. But will that alleviate the distresses of those who appeal to you for admission? Renew again the consideration of this subject, and, if necessary, appeal to the Jewish community for aid in this emergency. Such an appeal to Israel has ever been successful. . . ."
CHAPTER IV

THE HOSPITAL'S PARTICIPATION IN THE NATIONAL EMERGENCY DURING THE CIVIL WAR. THE CHARACTER OF NURSING CARE AT THAT TIME. CURRENT PUBLIC ATTITUDE TOWARD POST-MORTEM EXAMINATION. THE MEN WHO WERE INFLUENTIAL IN SHAPING THE HOSPITAL'S MEDICAL TRADITION.

Nursing at the Jews’ Hospital was neither better nor worse than in any other institution during that period. Trained nurses were unknown. Women were hired without any previous schooling in the care of the sick. They were usually uneducated and frequently slovenly. The men employed to attend male patients—for women did not take care of the men—had no better training. The minutes of the Board meeting for February 1, 1857, cast an interesting sidelight on the nursing of that early period. The Directors resolved: “... also to engage for the first and second wards two additional nurses so that in each ward there may be a day and night nurse, that nurses shall exclusively give all medicines to the sick, and that boxes be placed over each bed in such a way that no sick person could reach the medicine in them.”

Although there were some religious sisterhoods which trained their members in the care of the sick poor, there were in the United States no nurses’ training schools as we know them today. The year before the opening of the Hospital, when the Crimean War broke out in Europe, Florence Nightingale was sent to Scutari to superintend the hospital barracks there. So successful were the reforms she effected, in the face of opposition and petty cavilling, that after the war a Florence Nightingale Fund of fifty thousand pounds was raised to start a training school at St. Thomas’ Hospital in London. Florence Nightingale had received her training at a school for deaconesses founded by a German pastor and his wife. In 1860, five years after the Jews’ Hospital in New York had opened its doors, the training school at St. Thomas’ Hospital in London started its first course with fifteen probationers. But it took thirteen years before the first training school in the United States was founded at Bellevue Hospital, and it was not until eight years later, in 1881, that Mount Sinai incorporated its school.

In its first years the work of the Hospital was sectarian. Two days before the Hospital was opened for the reception of patients the Board passed a resolution “... that the Visiting Committee be instructed not to receive any patients other than Jews except in cases of accident, until further notice of the Board.” The same religious principles which set the regulations for the Visiting Committee also controlled the matter of post-mortem examinations. On December 5 of that first year of service, Dr. Blumenthal asked permission of the Board to per-

58 Garrison, Fielding H.: History of Medicine, W. B. Saunders Co., 1924.
form a post-mortem examination in order to justify his diagnosis concerning the cause of death. Permission was granted, but only by a margin of one vote.\(^59\) As the result of the controversy which followed this decision among the Board members, a letter was sent to Rev. N. M. Adler, Chief Rabbi of All Jews in the British Empire, asking his advice on the subject. The answer was that post-mortem studies were desecration of the dead with only two exceptions: when someone is accused of murder and an autopsy may prove that the deceased died a natural death; and when the cause of the disease is unknown and other patients exhibit symptoms similar to those of the deceased.\(^60\) This opinion was accepted as final, but nevertheless permission to make post-mortem studies was granted usually by a close vote of the Board. In the years between 1855 and 1870 the minutes show only one occasion when such permission was actually refused.

As the Hospital grew, its activities necessarily spread beyond its immediate building. Dr. Blumenthal's report covering 1856 explains this expansion: "At first its (the Hospital's) charities extended only to its inmates, only special cases receiving care outside the walls of the Institution. These out-door patients were also attended to if able to come and present themselves once or twice weekly; and in this direction, the Hospital's usefulness has now extended so far, that it deserves to be considered one of its most important branches particularly as the German dispensaries, to which many of our poor resort, are down town, too far to be available to the poor in the upper part of the City." Many years elapsed before an Out-Patient Department was established, as a distinct unit.

Continuing his report, Dr. Blumenthal pointed out that of the two hundred and fifty patients admitted in 1858, fifty-four were "pedlers"—"... a fact ascribable to so many immigrants being cast upon our hospitable shores, without profession or trade. On the female side, forty-nine are domestics, a class that in view of the many hardships to which its members are exposed, is deservedly considered as highly worthy of the benefits the Hospital can offer. Many of this class are very young, and have in their homes enjoyed comparative comforts, having, perhaps, never before been separated from their natural protectors, but are here coerced into service as a means of subsistence."

In 1859 the Board turned its attention to the reorganization of the Medical Staff. The position of Resident and Attending Physician was abolished. Instead, three Attending Physicians were appointed, and the position of House Physician and Surgeon created. One of the Attending Physicians thus appointed was Abraham Jacobi, who continued in close association with the Hospital from the year of his appointment in 1860 until his death in 1919. During these years he witnessed the tremendous strides made by American medicine with the discovery of antisepsis and asepsis; the progress in surgery; the advance of preventive medicine; and the development of his own special field of pediatrics. He was an active participant in the fight for improved civic conditions in New York, and a most enthusiastic citizen of his adopted country.

[^59]: Minutes of Board of Directors' Meetings, Jews' Hospital, December 5, 1855.
[^60]: Letter from Rabbi N. Adler, Reprinted in The Occident, Isaac Leeser, Editor, June, 1856.
Abraham Jacobi was born in Germany in 1830, and came to the United States in 1853, the year after Sampson Simson founded the Hospital. At twenty-three Jacobi had already seen much of the dramatic in life. He came of poor Jewish parents, and his education was gained at the cost of considerable privation. In the manner of European students of that day, he went from one University to another, from Greifswald to Göttingen and from there to the University of Bonn, from which he graduated in 1851. He first studied Oriens-

Dr. Abraham Jacobi

tal languages, but soon was attracted to medicine through his interest in anatomy and physiology. Meanwhile the Revolution of 1848 broke out, and the young student was drawn into the struggle. Therefore, when he went to Berlin to appear for his examinations, he was seized by the Prussian authorities and imprisoned for a year and a half in the fortress at Cologne. Finally, acquitted of the charge of treason, he was convicted of lèse majesté and sent to Minden. He served only six months of his sentence, for having gained the friendship of the jailer, he made his escape to Hamburg where he boarded a ship for England.
From England he embarked on a forty-three day voyage to the United States, landed in Boston and from there made his way to New York. He set up offices at 20 Howard street and in the first year of practise earned nine hundred seventy-three dollars and twenty-five cents by charging twenty-five cents for office visits, fifty cents for house calls and five to ten dollars for obstetrical cases. In the first year "... he found his workshop and temple—the New York Academy of Medicine." Its presiding genius was Valentine Mott "... easily the dominating Asclepiad of the generation." Dr. Jacobi was admitted to fellowship in the Academy in 1857 and in the same year became a lecturer on pediatrics at the College of Physicians and Surgeons.

One year before Dr. Jacobi was appointed to the Staff of the Jews' Hospital, he had written in collaboration with Emil Noeggerath a book, Contributions to Midwifery and Diseases of Women and Children, which was published at a cost of eight hundred dollars to the authors. The unbought copies were a drag on the publisher, and the authors bought the entire edition, but having no space to store it, sold all the copies for waste paper. Despite its conspicuous lack of success, the book had distinct value and was one of the first efforts in that field. Jacobi adopted the United States as his home with a devotion which many years later, in 1903, was to make him reject the coveted Chair of Pediatrics at the University of Berlin because of his preference for this country. His acceptance of the Chair of Pediatrics at the College of Physicians and Surgeons marked the beginning of "clinical and scientific pediatrics in this country." By 1860 he held the special Chair of Diseases of Children in the New York Medical College. Here, two years later, he established a pediatric clinic—the first in this country. The New York Medical College, however, did not survive the Civil War, since many of its students were Southerners who left New York during that period. In 1865 he accepted the clinical chair in the Medical Department of the University of New York, and in 1870 was appointed Clinical Professor of Pediatrics.

According to the rules laid down with the reorganization of the Medical Staff of the Jews' Hospital, the House Physician and Surgeon must be a medical graduate, to be appointed for one year by the Board of Directors after having been examined by the Medical Board. The young man thus appointed was Dr. Seligman Teller who served in that capacity for twelve years. His salary for the first year of his service was one hundred and fifty dollars, and later was gradually increased to four hundred dollars. When the young doctor married, in 1867, the Board of Directors rented one floor of a building adjacent to the Hospital for the sum of three hundred dollars a year as a home for the doctor and his bride. Dr. Teller contributed one hundred dollars to the rental. It is re-

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63 See footnote 61.
64 See footnote 62.
65 Knopf, Dr. S. Adolphus: Abraham Jacobi, In Memoriam, Privately printed, 1919.
66 See footnote 61.
called that Mrs. Teller used to visit the patients daily and that one day, feeling particularly sorry for a young boy, she went home and baked him a cake. What this did to Hospital discipline is not on record. Dr. Teller died in 1885. Another German-American, Dr. Ernst Krackowitzer who like Jacobi was a political exile from Germany, was among the early appointees of the Hospital. He was associated with Dr. Jacobi and took the place of Dr. Thomas Markoe as Attending Surgeon. He was a well trained surgeon and pathologist who later established the German (now Lenox Hill) Hospital in New York. He died of typhoid fever in 1875, and Dr. Jacobi, his intimate friend and great admirer, delivered his eulogy at the New York Academy of Medicine.

The reorganization of the Medical Staff was taking place at the time the threat of civil war was hanging over the country. When the Civil War broke out there was, at first, some talk of New York remaining a free and neutral city. That idea was soon dispelled, however, and instead New York became the base for Union supplies. Moreover, on April 19, 1861, New York voted one million dollars for the defense of the Union. On the same day the Seventh Regiment, with nine hundred and ninety-nine men, marched off to Washington. On April 20, one hundred thousand people expressed their whole-hearted support of the Union at a mass meeting in Union Square. Eighty-seven Vice-Presidents were elected, one of whom was Joseph Seligman, a Director of the Jews' Hospital in that year. A Union Defense Committee was organized on April 22 and continued to function until April 20, 1862. During that year it raised and gave to soldiers' widows and orphans over one million dollars. In the first year of the war, a circular addressed to "... the women of New York and especially to those already engaged in preparing against the time of wounds and sickness in the army," urged that a system of caring for the sick and wounded be organized. The Woman's Central Association for Relief was formed, and out of their work grew the United States Sanitary Commission.

Three days after the mass meeting of April 20, 1861, the Directors of the Jews' Hospital passed a resolution "... that the Board of Directors tender to the State authorities a ward in this Hospital for the accommodation of such soldiers who may be wounded in the service of the United States." The minutes of the Directors' meeting for June 18, 1862, indicate that forty-eight beds were bought for the soldiers as well as other supplies in appropriate quantities. Extra employees were hired, and Lewis May and L. M. Morrison were added to the Board of Directors for the period during which the soldiers remained in the Hospital. Rules for the admission of soldiers excluded those afflicted with contagious diseases, and permitted the acceptance of only ten typhoid fever cases. Apparently ten such cases were all that could be accommodated on a separate ward. The minutes of September 7, 1862, show that a special book was to be kept for donations to the soldiers and that on September 21, twenty-one more beds were provided for soldiers, bringing the total number of beds available for them up to sixty.

In 1862 the Draft Riots occurred in New York and the Jews' Hospital, in

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67 Interview with Miss Lillie Guinzburg, niece of Dr. S. Teller, June 30, 1938.
68 See footnote 62.
addition to the care it gave to wounded soldiers, also administered aid to some of the victims of the riots. During this uprising, which occurred when it was announced that a draft was to be put into effect, rioters broke into the Provost Marshal’s office on Twenty-eighth Street, the street on which the Hospital was located. The Colored Orphan Asylum on Fortieth Street was burned to the ground, fortunately after the frightened children had been hustled out through a rear door.69

Dr. Israel Moses

In 1864 a fair was held in buildings on Fourteenth Street and Union Square in order to raise money for the United States Sanitary Commission and it yielded over one million dollars. On June 8 of that year the minutes of the Directors’ meeting show that Dr. McDougall, Medical Director of the United States Army for the Department of the East, inquired whether soldiers might again be cared for at the Jews’ Hospital. The reply voted by the Board was that fifty soldiers could be accepted, subject to the rules concerning contagious diseases.

During the critical years of the Civil War the excellent work of the Jews’ Hospital made it still more an integral part of the City. This work, in part, effected a change which influenced the future of the Hospital. In caring for soldiers irrespective of their Jewish or non-Jewish origin, in arranging for visits by ministers of various denominations to these soldiers, the Directors were preparing the ground for the non-sectarian policy which has distinguished the Hospital ever since. Exceptions had been made earlier to the older and now discarded rule laid down in 1855, "... that the Visiting Committee be instructed not to receive any patients other than Jews." Accident cases of all nationalities and religions had been accepted since the first day of the Hospital’s existence. But the national crisis led to the Board’s realization of the necessity of rising above sectarianism, and of brushing it aside completely.

Men active in Hospital affairs wholeheartedly embraced the cause of the Union in those years. In July of 1861, Dr. Israel Moses resigned from the Staff in order to join the Army. Joseph Seligman, elected to the Board of Directors in 1855, was often called to Washington to consult with President Lincoln on financial matters. Because of his increasing responsibilities, he found it necessary to resign from the Hospital Board in 1862. Rev. Samuel M. Isaacs, who had helped to found the Hospital and had served on its Board until 1857, had continued to display his interest by visiting the patients regularly in his capacity of rabbi. During the Civil War, Rev. Isaacs was an ardent supporter of the Union and as editor of the Jewish Messenger was particularly articulate in championing its cause. His straightforwardness lost him many Southern subscribers and he was well aware of the results of his editorial policy when he wrote, "... we want subscribers for without them we cannot publish a paper and Judaism needs an organ ... but we want much more truth and loyalty, and for them we are ready, if we must, to sacrifice all other considerations."

On April 21, 1865, Abraham Lincoln’s funeral cortège started from Washington and for several days his body lay in state in New York’s City Hall, where thousands came to do it reverence. Rev. Isaacs read the Scriptures at the funeral.

70 Minutes of Board of Directors’ Meetings, Jews’ Hospital, July 7, 1861.
72 Editorial: Jewish Messenger, January 6, 1882.
73 Interview with Miss Miriam Isaacs, daughter of Rev. S. M. Isaacs, June 7, 1938.
CHAPTER V

CHANGING THE HOSPITAL'S NAME. OUTGROWING THE OLD HOME AND PREPARATIONS FOR A LARGER ONE. THE RÔLE OF THE HOSPITAL IN THE CHOLERA EPIDEMIC AND BOYNE DAY RIOTS. THE ACCIDENT WHICH FINALLY DETERMINED THE DECISION TO MOVE TO NEW QUARTERS.

While medical progress in this country was being hampered by the events of the Civil War, it was making rapid strides abroad. Uppermost in the minds of the investigators was the cause of infection. Louis Pasteur, in the vanguard of the experimenters, opened a new and most important chapter in medicine by his discoveries, which brought to an end the days when cleanliness of hands and instruments was not considered essential to the success of an operation and when festering of a wound was spoken of as "laudable pus."

Lister, having become aware of the discoveries of Pasteur, and realizing the importance of microorganisms in his surgical failures, turned to chemical antiseptics as a means for the prevention of infection and chose carbolic acid for that purpose. He published the satisfactory results of this method in a paper, *Antiseptic Principles in the Practice of Surgery*. This was the background, in 1863, when the problem concerning patients infected with typhoid fever, which had troubled the Board since the year the Hospital first had received patients, was finally settled. In a resolution from the Medical Board, signed by Drs. Jacobi, Schilling, and Henriques, the difference in contagiousness between typhus and typhoid fever was set forth:

"Whereas typhoid fever is, under ordinary circumstances, no contagious disease, the cause of its becoming so being rare both in this City and Hospital, there can be no objection to admitting cases of typhoid fever into the Hospital. The Medical Board would recommend such cases to be intermixed with other patients in the same wards, unless there may occur apparent reasons for isolation in a separate ward.

"Whereas, further, typhus fever although more contagious than the former, will not develop its contagious character in a clean and spacious Hospital in the same degree as in the filthy and overcrowded abodes of poverty and disease, and, therefore, will not produce the same danger for any member of the community at large.

"Whereas, then, by running a very small risk from the contagiousness of the fever, will avert a very great danger from the community, the Medical Board recommends these cases to be isolated in an airy and spacious ward."

In 1865 New York found itself faced with a serious problem which demanded a solution—the need for a quarantine station. Previous to 1858 there had been such a building on Staten Island, but the citizens there objected to its presence because they felt it unhealthy and considered it detrimental to the value of real estate. When the city refused to do anything about its removal, the incensed
citizens burned it down. After that there was no place for isolating immigrants with contagious diseases and New York paid bitterly for this neglect. In November of 1865, the ship Atlanta sailed into the harbor carrying immigrants with the dreaded Asiatic cholera. New York still remembered how heavily it and other cities had suffered from the cholera epidemic of 1832. In an effort to prevent repetition of the three thousand deaths which had resulted from the earlier epidemic, the Atlanta passengers were transferred to an old hulk lying in the harbor. A Board of Health was appointed, with Willard Parker, Consulting Surgeon to the Jews' Hospital, as one of the four commissioners. The minutes of the Hospital Directors' meeting of December 17 of that year record a resolution to throw open the Fourth Ward to cholera victims.

By 1866 there was still no quarantine station, and another ship with cholera victims among its passengers entered the harbor. An epidemic broke out in the city. There were 1205 deaths. By June 3 of that year the Directors of the Hospital rescinded the resolution of the previous year because they found that the Board of Health was caring for such patients. They determined, however, to be in readiness to accept such cholera victims as might apply. Dr. Teller's report for the year 1866 notes that, "... the Hospital was kept entirely clear of cholera Asiatica, by giving proper attention to the first symptoms of chlorinie and diarrhea, and by using proper disinfectants."

Ever since it first cared for wounded soldiers in 1862 the Hospital had maintained its completely non-sectarian policy. In 1864, the Executive Committee had reported, "The Committee deem it proper to observe that many of those admitted to the Hospital were not of our faith, no distinction ever being made as to either the nationality or the religious belief of the sufferer." Valentine's Manual for 1865, in describing the Hospital, states, "Although the Hospital was founded by gentlemen of the Hebrew faith, yet the benefit of this excellently managed institution, which is supported entirely by the contributions of its members, is freely extended to all, of every religion or nationality, and the visitor will often find under the care of its officers, sufferers who widely differ in the matter of religious beliefs." Yet it was difficult to convince the public of this non-sectarian policy, and the Hospital was suffering accordingly.

The 1867 report explains this: "The Directors have had to encounter much opposition in making their claims on the charitable fund of the city and state in consequence of the name of the Hospital, it being alleged as 'sectarian' and not for the benefit of all who may seek its protection and care."

Because of this difficulty, by special act of the Legislature in 1866, the Jews' Hospital in New York became "The Mount Sinai Hospital." The name was chosen from the words spoken to Moses on the way to Mount Sinai: "I, the Lord, am thy healer."

The close of the Civil War initiated a period of expansion in New York. Above Forty-second Street the city was sparsely settled. There were 25,261

74 Wilson, James Grant: Memorial History of the City of New York, Vol. 55, New York History Company, 1893.
75 Interview with Capt. N. Taylor Phillips, son of Isaac Phillips, June 15, 1938.
vacant lots below Eighty-sixth Street. But the years after 1865 saw the trend of the city northward. Speculation and a building boom, encouraged by the Tweed Ring which had ridden to power, reached their heights in 1871, then waned until they sank into the panic of 1873. During these years Madison Avenue was graded. St. Nicholas Avenue was created. Seventh Avenue and Broadway from Twenty-fourth Street to Central Park were broadened. The city began to assume something of today’s aspect. In 1865 a paid Fire Department replaced the volunteer group which had previously served the city, and hand-pumped engines were replaced by steam. That same year saw the introduction of “French Flats,” the predecessor of the modern apartment house. Seasoned New Yorkers predicted the failure of so crazy a scheme, outraged at the notion of asking any but slum dwellers to house their families in a series of rooms all on one floor. Nevertheless, the idea “took”, and apartment dwelling became a reality.

Transportation was also a problem that had to be solved. In a growing and industrialized city whose northern limits were constantly pushing uptown, there was still no convenient way of travelling from one end to the other. The urgency of the traffic problem is apparent in the following description of a Frenchman who visited New York in 1868:

“Broadway, the principal thoroughfare, is often beset with dreadful dangers—wagons, drays, and carriages of every description choking it up for blocks, as well as many by-streets and avenues. Foot passengers have often to wait very long before they can cross from street to street—unless they belong to the fair sex, in which case they are soon escorted over, as polite policemen seem to make it their principal business to open a way for the ladies.”

In 1866 an elevated railroad, operated by a cable and running on a single track had been created. It ran from Battery Place through Greenwich Street to Ninth Avenue and Thirty-sixth Street, terminating only a few blocks from the Hospital. Steam was later substituted for the cable, but presently the line failed. Between 1868 and 1870, two underground roads as passageways for traffic were chartered, but never constructed. Not until 1878 was a steam elevated line to be built, from Rector Street to Central Park.

The means of getting from New Jersey, Brooklyn, Staten Island and Williamsburg to New York assumed great importance in the winter of 1866–7. Ferries usually carried the farmers who brought their produce to the city from the outlying districts, but during that winter the rivers around Manhattan Island were frozen much of the time. It was then that New York turned its mind to the construction of bridges. In 1867 John A. Roebling was chosen Chief Engineer of the New York Bridge Company. The erection of the Brooklyn Bridge was begun, although it was not completed for many years.

This period during which New York was beginning to meet the problems of a growing cosmopolitan city had its effect on the little Hospital on Twenty-eighth Street. The surroundings, which had been so rural when Sampson Simson donated the first lot of ground, where for many years tomatoes could be picked

76 Longchamp, Frederick: Asmodeus in New York, 1868.
and goats were free to wander in the open spaces, had changed slowly. As elevated lines were built, as new streets were opened and old ones graded, as the city pushed its way uptown, the Twenty-eighth Street neighborhood took on an industrial aspect and the old residences degenerated into slums. The Hospital's surroundings were no longer either quiet or healthy. A contemporary account says:

"At the time of the opening of the Hospital, the neighborhood was clean, airy and quiet. But during the last few years the building has been surrounded by factories, breweries, and workshops, whose steam-engines are puffing day and night, to the great annoyance of the patients, who sigh for quiet and rest."

Moreover, the Hospital buildings which accommodated only sixty-five patients even with the additions made from time to time, were becoming increasingly inadequate. The report for 1867 shows that there were 594 applications for admission in the previous year, and 564 were accepted. The value of Mount Sinai to the district it served is amply indicated by comparison of that year's admissions with the numbers admitted in the first six years of the Hospital's existence: 1855, 113; 1856, 212; 1857, 220; 1858, 250; 1859, 221; 1860, 269.

These early efforts to give adequate service to the community have been amply borne out in the modern Mount Sinai's work. In 1941 the Hospital cared for 17,222 in-patients and 27,654 out-patients, a total of 44,876 individuals.

On December 28, 1866, the Medical Staff addressed to the Board of Directors a letter condemning the First Ward during the summer months because "... its proximity to the street renders it obnoxious from the effluvia arising from the garbage and its surroundings. The very insufficient ventilation is injurious to the patients and detrimental to the health of the nurses and attendants." Moreover, the report of the House Physician and Surgeon pointed out that the Fourth Ward was unusable in winter because the heat from the furnace was not adequate to reach more than three wards. In 1855 the Hospital had had the best that was known in ventilation, heating, and sanitation; but in 1867 engineering had made sufficient progress to leave the methods of 1855 behind. For these reasons the 1867 report states:

"The location of the Hospital, we regret to say, becomes daily more and more unpleasant, and its size and accommodations inadequate for the wants of our people. ... The chief essential, in the locality of a Hospital, is pure air and plenty of it, whilst its surroundings should be cleanly and cheerful, calm and tranquil, in all of which health-promoting requisites, it is to be regretted, the present site is quite deficient."

The incident which finally convinced the Directors that the Hospital must be moved occurred in 1868, when a steam boiler exploded in an adjacent factory.

"The scene of this frightful accident was about one hundred feet from the Hospital. ... It is sufficient to say that the buildings were in danger; the walls were shaken, the windows shattered; but we are glad to add no serious damage was done to the Institution. The panic among the patients having been allayed,

77 Richmond, John Fletcher: New York and Its Institutions, 1871.
and their terror tranquilized, the doors of the Hospital were immediately opened to the wounded, the dying and the dead."78

On November 2, 1867, the Finance Committee was authorized to buy ten lots of land running from Sixty-fifth to Sixty-sixth Street west of Fourth Avenue. On October 6, 1868, however, a grant was secured from the city for twelve lots running from Sixty-sixth to Sixty-seventh Street on Lexington Avenue on a ninety-nine year lease at the nominal rate of one dollar per year. This was accomplished through the efforts of Emanuel B. Hart, who had been a member of Congress and Surveyor of the Port of New York and who was the Hospital's Vice-President. The lots which the Finance Committee had bought were re-sold, and Mount Sinai made preparations to erect a new building which would answer its needs more adequately.

In planning for this first major expansion, the Trustees were able to count on the cooperation of a new organization which proved consistently helpful to the growth and functioning of the Hospital. The Ladies' Auxiliary Society was organized in 1868 "... to assist The Mount Sinai Hospital in the furnishing of such articles of clothing and other wares for the inmates of the hospital as the Board of Directresses may determine and in general to perform such other acts as may tend to the well-being of said hospital."79

While membership was open to "any lady ... on the payment of one year's dues," many of the most energetic members were the wives or relatives of men active in the affairs of the Hospital. Mrs. Benjamin Nathan, the first treasurer of the Society, was the wife of the President of the Hospital Board, who at the first meeting "eloquently addressed the Ladies on the subject of Charity, and the beneficial and humane objects of the Hospital and its Auxiliary Society."80 The first President was Mrs. Henry Leo.

For many years the Ladies' Auxiliary Society was the chief helpmate of the Hospital, furnishing all the linens and beddings used in the wards, providing flowers, decorations, and hostesses at social functions, assisting in fairs and bazaars. On one occasion the three stands sponsored by the Society at a Fair netted $11,201.52.81

An incredible amount of cutting and sewing was accomplished at the weekly meetings. As the needs of the hospital grew, however, it became necessary to employ outside help, "thereby assisting many poor women who take this way of supporting themselves."82 The economic burden kept pace with the hospital's growth, until by 1909 the Society was expending approximately eight thousand dollars a year, "all of which they have provided by their own efforts."83 The thousands of dozens of towels, the sheets and pillow cases, blankets and garments contributed by the Society in later years represented an increase far beyond the

78 Annual Report of the Directors of The Mount Sinai Hospital, 1868.
79 Article I, section 2, By-Laws of the Ladies' Auxiliary Society, 1868.
80 Minutes of the Ladies' Auxiliary Society, March 15, 1868.
81 Minutes of the Ladies' Auxiliary Society, December 30, 1875.
82 Minutes of the Ladies' Auxiliary Society, December 18, 1893.
expectations of the ladies who elected their first Officers and Board of Directresses in the committee room of the Synagogue Bnai Jeshurun on March 15, 1868.

In the year 1871, the last year Mount Sinai remained in the Twenty-eighth Street building, a public misfortune occurred in which the Hospital again took part. In 1870 the Orangemen of New York had held a parade to commemorate the Battle of Boyne. The music they played, especially Boyne Water, angered the Irish and a battle ensued. The following year, when the Orangemen applied for a permit to parade on Boyne Day, the permit was refused by the Superintendent of Police on the ground that such a parade would again provoke a riot. This was apparently done with the sanction of Mayor A. Oakey Hall. Public opinion was aroused, and a meeting was called to protest the refusal. Governor Hoffman was called upon and the permit finally granted. Meanwhile, most of the Orange lodges, under the impression that they were not going to be allowed to parade, had left New York to celebrate out of the city limits. Therefore, when the permit was granted at the last moment, there were only about one hundred Orangemen ready to parade. Almost completely surrounded by police guard and regiments, the parade started. When it had proceeded as far as Eighth Avenue between Twenty-fourth and Twenty-fifth Streets, a shot was fired from one of the tenements. Some members of the Seventh Regiment lost their heads and without orders, fired into the holiday crowds that lined the sidewalks. A riot immediately ensued. Fifty-four people were killed and wounded. Mount Sinai and Bellevue Hospitals gathered up the dead and dying. The case book of the Hospital for 1871 records twenty-five victims “injured at the riot in Eighth Avenue.”

Those first formative years spent in the Twenty-eighth Street building saw the development of a Hospital which became increasingly vital to the Community it served. In 1870 there were 677 patients cared for in the Hospital, 1,064 out-door patients treated. Of these 1,741 men, women and children, only twenty-two contributed anything to their expense. From an intimate group of benevolent men who had conceived the idea of aiding the sick poor of their own faith, the Hospital had widened to include a group of all nationalities and races, serving the public irrespective of religion. In a growing city which sorely needed such institutions, it had made for itself a recognized place as a hospital which would rise to meet emergencies when immediate medical care was required.

84 Annual Report of the Directors of The Mount Sinai Hospital, 1871.
CHAPTER VI

PLANNING, FINANCING, BUILDING AND OPENING OF THE NEW HOSPITAL ON LEXINGTON AVENUE. THE GROWTH OF THE CITY AND ITS TRANSPORTATION.

On an afternoon in May of 1870, the Mayor of New York and the Directors of The Mount Sinai Hospital mounted the steps of a wooden platform erected above the dirt roadway at Lexington Avenue and Sixty-sixth Street. To the strains of Meyerbeer’s *Marche aux Flambeaux*, they took their places for the ceremony of laying the cornerstone of the Hospital’s new building.

In the presence of an enthusiastic gathering which included “...many prominent clergymen and citizens and quite a number of ladies (who) added the welcome charm of their presence,” Mayor Oakey Hall set the stone in place and applied the mortar with an ivory-handled silver trowel. Speeches, “...frequently interrupted by hearty plaudits from the listeners,” were made by Benjamin Nathan, the Hospital’s President, and Emanuel B. Hart, its Vice-President, who placed in the cornerstone various newspapers of the day, several hospital reports, and some currency. Rev. J. J. Lyons, an old friend of Mount Sinai, offered a prayer, a service he had also performed when the cornerstone of the first hospital building was laid in 1853. Eben’s Band, a popular band of the day, played more music while the crowd dispersed to various carriages and drove off down the dusty road that was Lexington Avenue.

It was fifteen years since the modest four-story building on Twenty-eighth Street, Mount Sinai’s first home, had opened its doors. During those years the Hospital had taken a position in the front rank of the city’s philanthropies as a non-sectarian institution with a prominent medical staff. Its activities had so increased that the new building which the Directors and Staff were planning was to offer a 120 bed capacity in contrast with the 65 then available in the Twenty-eighth Street building. This great step in the expansion of facilities was an expression of the policy which has characterized Mount Sinai ever since—a constant desire to improve its service to the community, a persistent effort to satisfy the needs of the sick poor.

The drive for funds to erect the new building was initiated under the guidance of Benjamin Nathan, a kindly and generous figure in New York philanthropy. President of the Hospital since 1836, Benjamin Nathan had made a gift of ten thousand dollars to the institution in 1863, as had Joseph Fatman, also a member

1 The Jewish Messenger, May 27, 1870.
2 New York Herald, May 26, 1870.
of the Board of Directors. The twenty-thousand-dollar donation was given with
the understanding that it should form the basis for a permanent endowment
fund and that the names of the donors should not be announced until after their
death. The generosity of Benjamin Nathan was known to his Board, however,
and his leadership in the drive to erect the Lexington Avenue building was an
inspiration to his fellow members. A few months before the laying of the corner-
stone the Board was able to announce that sixty-five thousand dollars had been
collected in subscriptions. In the midst of this fund-raising activity the Hospi-

tal was shocked by the sudden death of its President who was mysteriously mur-
dered during a thunderstorm in the summer of 1870.

The drive to erect the new building continued under the guidance of Emanuel
B. Hart who succeeded Benjamin Nathan as President. On November 30,
1870, the Hebrew Orphan Asylum and Mount Sinai held “The Great Hebrew
Charity Fair.” The bazaars and booths remained open for three weeks at the
Twenty-second Regiment Armory on Fourteenth Street. Thousands of visitors
came and heeded the behest of the blue and gold lettering over the buffet: “Eat
your food with pleasure; try to support your brother and the needy; and God
will bless your work.” From this highly successful Fair Mount Sinai received
approximately $101,675 to swell its fund.

It was at the Fair that Lazarus Morgenthau, a member of the Hospital Society,
presented to the Directors a large leather-bound volume known as “The Golden
Book of Life” in which were inscribed the names of those visitors and friends
who contributed to the erection of the Lexington Avenue building. Intact to
this day, with its intricate design minutely wrought in pen-and-ink on the title
page, the volume is a reminder of an earlier period which admired ornate scroll-
work and elaborate decoration. Through the Golden Book of Life the Hospital
collected $3,303.50.

By January of 1872, through the sale of the old Hospital and the receipt of
various legacies, the Board announced that the building fund had been consider-
ably increased. There remained, nevertheless, a deficit of sixty-five thousand
dollars before the total cost of three hundred and thirty-five thousand dollars
could be attained. Fund raising, therefore, had to be continued after removal
to the Hospital’s Lexington Avenue home. (In 1904 $2,752,000 was to be raised
for erecting on Mount Sinai’s present site the ten buildings—many of them now
altered or replaced—which formed the nucleus of the modern Hospital. Com-
pared with such a sum, $335,000 seems modest enough, but in the seventies it
was a considerable amount to raise.)

The dedication of the completed building, which extended from Sixty-sixth
to Sixty-seventh Street on the east side of Lexington Avenue, was held on May
29, 1872, in the garden at the rear. The Board had seen to it that “... a good

3 Minutes of Board of Directors’ Meetings, The Jews’ Hospital, October 4, 1863; Novem-
ber 8, 1863.

4 Minutes of Board of Directors’ Meetings, The Mount Sinai Hospital, July 31, 1870.

5 A Graphic Report from Federation for the Support of Jewish Philanthropic Societies,
Vol. 1, No. 3, September, 1935.
band of music be in attendance and a choir of voices." It had directed that "the yard be planked and an awning and seats erected and a platform arranged for the speakers and invited guests." The opening prayer was offered by Rev. S. M. Isaacs, one of the founders of the Hospital. He had been a member of the Board of Directors until 1857, and had continued to serve Mount Sinai as one of the committee of ministers who regularly visited the patients. The inaugural address was made by the President, Emanuel B. Hart, who was followed by Governor John T. Hoffman.

The new home of the Hospital, described in a contemporary publication as being "in the most approved style of architecture," was typical of public build-

* Minutes of Board of Directors' Meetings, The Mount Sinai Hospital, April 20, 1872.
* Richmond, John Fletcher: New York and Its Institutions, 1871.
ings of that period. Built of the "best Philadelphia brick" and trimmed with marble, it stood three stories high aside from the basement and attic. The center portion was an administrative building which came to be known as the Middle House. This was flanked on either side by passage-ways one story high which led to the wings. These extended farther back toward Third Avenue. Behind this central portion was a garden for the use of convalescents, and several small buildings containing machinery and apparatus.

The wings of the Hospital consisted of wards, the south for male patients and the north for female patients. The ground floor of the Middle House contained a reception ward which because of its size later came to be known as the "accident closet," a meeting room for the Board of Directors, and living quarters for the House Physician and Surgeon. In later years this became the House Staff living room and a meeting place for the Attending Staff. On the second floor were accommodations for private patients and in years to come for the House Staff. On the third floor were the operating rooms and a synagogue. Elevators, dumb-waiters, and steam heat were features especially emphasized by the press. The corridor floors were of marble, and heavy decoration, the style of the day, prevailed. Particular mention was made of "... columns, pilasters, pedestals and urns for containing flowers." The architect was Griffith Thomas who had designed "... the magnificent offices of the Park Bank, and other celebrated buildings about the city." The Daily Times, in describing the plan, makes much of the spread between the wings: "The great feature of this building, which will certainly be one of the handsomest and most imposing in the city, is the distance—125 feet—between the pavilions. The greatest width yet given has not exceeded 110 feet. This is a most important point in establishments of this class, where light and ventilation are essential elements."

With its red brick walls generously trimmed with white marble and its blue window shades, The Mount Sinai Hospital on Lexington Avenue was one of the early landmarks in a comparatively uncrowded neighborhood. In 1872 the district between Sixtieth and Eightieth Streets was about as far "uptown" as the original Twenty-eighth Street building had been in 1855. New York's great period of expansion was well under way. The removal of Mount Sinai to its Lexington Avenue site was an early part of the trend of public buildings and charitable institutions to uptown New York.

Although Mount Sinai, in 1872, dominated the immediate scene and commanded "a fine view of the Park and vicinity" (Central Park was three blocks to the west!) there were other institutions which had likewise moved to that part of the city. Farther downtown the Orphan Home and Asylum of the Protestant Episcopal Church had erected a building at Lexington Avenue and Forty-

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8 Daily Times, May 15, 1870.
9 Notes dictated by Dr. Percy Fridenberg, February 19, 1938.
ninth Street. The Woman’s Hospital founded by James Marion Sims, extended from Forty-ninth to Fiftieth Street. Nearby at Fifty-first Street and Lexington Avenue, stood the Nursery and Child’s Hospital. The Presbyterian Hospital, founded four years before, had built farther uptown than Mount Sinai—from Seventieth to Seventy-first Street and from Madison to Fourth (Park) Avenue. The Presbyterian Home for Aged Women was at Seventy-third Street east of Madison Avenue, and the German (Lenox Hill) Hospital at its present site, Fourth (Park) Avenue between Seventy-Sixth and Seventy-Seventh Streets. One block east of the German Hospital, on Third Avenue, was the Hebrew Orphan Asylum which had benefited jointly with Mount Sinai at the Fair two years before.\textsuperscript{12}

![The Mount Sinai Hospital on Sixty-seventh Street. X shows the location of the Pathological Laboratory.](image)

Open lots covered with squatters’ shanties, like the one on Lexington Avenue opposite the Hospital, were not the only marks of a young New York in 1872.\textsuperscript{13} Lexington Avenue and the side streets were all unpaved and in bad weather presented a sea of mud to doctors who drove hurriedly up in their buggies or carriages.\textsuperscript{14} In 1871 the elevated railroad that ran up Ninth Avenue to Thirtieth Street failed, and from then until 1875 horse-cars and carriages were the only means of transportation in the city.\textsuperscript{11} To get from one end of the constantly growing town to the other was a perplexing problem. In 1874, before the completion of the Brooklyn Bridge, a trip from Brooklyn to the German (Lenox

\textsuperscript{12} Valentine’s Manual of the City of New York, 1875.


\textsuperscript{14} From photograph of Lexington Avenue building in its early days.
Hill) Hospital followed this leisurely pattern: "To reach the Hospital from Brooklyn, I had to travel by horse-car to the Roosevelt Street ferry, cross the East River, walk up to Chatham Square and then board a Third Avenue horse-car which took me to Seventy-seventh Street."16 Showing remarkable restraint, the author adds, "It was a tedious trip." With parts of the city still unpaved, street illumination only by gas, and the best transportation dependent on horsepower, New York in 1872 was still far from the days of rapid transit.

It was not long after Mount Sinai moved to its Lexington Avenue home, however, that signs of the city's steady growth began to appear. In 1873, the year following the Hospital's dedication, Hunter College, then known as the Normal College, erected its building at Sixty-eighth Street facing Fourth (Park) Avenue, thus becoming a close neighbor of Mount Sinai.16 In the same year the New York Foundling Hospital moved to Sixty-eighth Street between Lexington and Third Avenues.17 Lexington Avenue was paved in 1875.18 Three years later the squatters' shanties on the west side of it disappeared19 to be replaced by the Seventh Regiment Armory which moved uptown from Third Avenue and Sixth Street to its present site.12 This presented its own problems in the form of shrilling bugles, tramping feet, and thumping drums. The minutes of the Board of Directors' meetings show great concern over "...a festival contemplated to be held in the Seventh Regiment Armory opposite this Hospital" because of "...the probable disturbance of the comfort of our inmates."20

Poor means of communication and transportation determined the speed with which doctors could be reached in the seventies and early eighties. If a member of the Attending Staff were needed at the Hospital—or, indeed, anywhere—there was nothing to do but go and fetch him. There were no telephones for emergency calls. Once transmitted to another part of the city, telegrams could only be delivered by hand and therefore were hardly quicker than a regular messenger. All that could be done was to dispatch an errand boy to the doctor's office and hope that he was not out in his buggy making calls. Until 1878 such a messenger had his choice of taking a hansom cab or the horse-drawn Third Avenue Railroad which stopped at Sixty-sixth Street just behind the Hospital.12

Four years after Mount Sinai moved to Lexington Avenue, Alexander Graham Bell invented the telephone. It was demonstrated at the Centennial Exposition in Philadelphia in 1876, but was considered simply a novelty. Slowly, however, its usefulness became apparent and a few instruments were installed. The year following the exposition, it was proudly noted that there were two hundred telephones in use "all over the United States."21 By 1882 it was possible to

16 Information from Hunter College.
17 Information from New York Foundling Hospital.
18 Information from Department of Highways, New York City.
19 Information from the Seventh Regiment.
20 Minutes of the Board of Directors' Meetings, The Mount Sinai Hospital, September 12, 1880.
call Mount Sinai on its newly installed telephone by asking for “Thirty-ninth Street, 257.”

The problem of transportation other than horse-power was finally tackled in 1875, with the passage of the Husted Act. This provided for a Commission to study rapid transit (or the lack of it) and make a recommendation to the city. One of the group appointed was Joseph Seligman who had been a member of the Hospital Board of Directors until 1862. The decision of the Commission was that “...elevated railways are not only more likely than any other to be actually constructed in this city, but are the best for the purpose in view.”

In December of that year, 1875, building of such “railroads” began on Ninth, Sixth, Third, and Second Avenues. The following year the New York Company brought its lines up as far as Fifty-ninth Street and proudly announced that it was running “forty through trains each day.” In 1878 the Sixth Avenue line ran from Rector Street to Central Park. In the same year the Third Avenue line reached Sixty-sixth Street and erected a station on Third Avenue behind the Hospital. In 1880 the Second Avenue line reached Sixty-seventh Street, and the same year two roads extended to Harlem.

A contemporary account describes public reaction: “The latest Herculean undertaking of New York has been the erection of elevated railways through the streets. The project had been in agitation a full dozen years before its successful issue in 1878, and neither the Erie Canal nor the Croton Aqueduct encountered more fierce and determined opposition. Horse-railroad companies and property owners brought suits and laid injunctions at every step. Charters were declared unconstitutional, and cases carried from tribunal to tribunal. When the battle was at last won, the helpless and hopeless community cried out in agony that the noise would kill business, the unsightly objects destroy the beauty of the city, and the moving trains in the air frighten horses and endanger human life... The noise quickly blended in the general din, the new sense of convenience displaced that of deformity, and the brute creation mildly observed and passed on, as if beyond surprise at any modern improvement in the city of New York.”

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22 Information from New York Telephone Co.
23 Information from the Interborough Rapid Transit Co.
CHAPTER VII


During the years Mount Sinai spent in its Lexington Avenue building, 1872-1904, medical events of great significance were occurring throughout the world. During that period Louis Pasteur taught chemistry at the Sorbonne, and from 1889 until his death in 1895 directed the work of the Institute which bears his name. Robert Koch, co-founder with Pasteur of the science of Bacteriology, announced his discoveries of the bacilli of anthrax, of tuberculosis, and of the dread pneumonia. The infective agents of leprosy, gonorrhea, typhoid fever, lobar pneumonia, and diphtheria were found at that time.25

These epoch-making discoveries in Europe awakened in the United States the realization of the necessity of scientific research in medicine and despite the lack of centers for concentrated research significant contributions to American medicine had been made in the first half of the nineteenth century. The medical societies, the medical colleges and the academies of medicine, the most important of which was in New York, and such organizations as the Pathological Society of Philadelphia which Silas Weir Mitchell had helped to found in 1857, all made their modest contributions to medical research.

The first American publication of comprehensive research did not appear until late in the nineteenth century. The volumes of The Medical and Surgical History of the War of the Rebellion, compiled in the office of the Surgeon General of the United States, were issued one by one in the years between 1870 and 1883.26 Although the first physiological laboratory in the United States had been established in 1871,25 it was not until 1886 that the first center for organized research was founded with the opening of the Pathological Institute at Johns Hopkins University Medical School, under the leadership of William Henry Welch. This was the first step made by America in the march of scientific medicine.26 Seven years later Mount Sinai set aside a small room for its laboratory and the men who formed its Staff played a part in this chronicle of medical progress.

With the prospect of moving into a larger building and caring for a greater number of patients, the Medical Staff of The Mount Sinai Hospital met in January of 1872 at the home of Willard Parker, Consulting Surgeon to the Hospital, to consider improvements in the Hospital's organization and the work of its professional staff. The meeting was called to order by the great surgeon, whose impressive stature was tempered by a face expressing kindliness and good

humor.27 The minutes of that meeting record that "Dr. Parker was chosen Chairman and Dr. Percy was chosen Secretary for the ensuing year."28 The latter, an Attending Physician to the Hospital, was born in England, had received his medical degree at the College of Physicians and Surgeons in New York, and had been one of the founders of the New York Academy of Medicine in 1847.29 Also present at that meeting was the other Consulting Surgeon, Thomas Markoe. Like Willard Parker, Markoe had served on the Staff since the Hospital’s first year of service. There were three Attending Surgeons, Krackowitzer, Raphael, and Guleke. Ernst Krackowitzer was a tall, wiry man of whom it was said, "... he had an open and straightforward character, was an indefatigable worker, a kind and unselfish colleague ... he was active in every worthy movement."15 Benjamin Raphael was in that year Mount Sinai’s delegate with Abraham Jacobi to the convention of the American Medical Association in Philadelphia.30 Herman Guleke, a graduate of Dorpat, "had a good equipment of medical knowledge."15 There were four Attending Physicians on the Staff: Abraham Jacobi, already a recognized leader in the field of pediatrics; Ernest Schilling, who did not live to see the Hospital move into its new quarters; Samuel Percy; and Charles A. Budd, who had persuaded Dr. Jacobi to join him on the faculty of the New York Medical College,31 where in 1862 the latter established the clinic which initiated bedside teaching in pediatrics.32

At this meeting it was resolved "That the Board of Directors be notified that the Medical Staff of The Mount Sinai Hospital have organized for the consideration of all matters appertaining to the Medical Management of the Hospital." The term had been loosely used before but this marked the actual organization of the Medical Board.

At the first Medical Board meeting a plan was discussed which was to develop into the creation of the House Staff. For twelve of the years the Hospital had spent on Twenty-eighth Street, Dr. Seligman Teller had faithfully served as House Physician and Surgeon, thus caring for both branches of the service at the same time. When the removal of the Hospital to Sixty-sixth Street was announced Dr. Teller tendered his resignation because his practice, which he had apparently carried on while he held his position at the Hospital, was located in the lower part of the city.33 According to the minutes of that meeting, "It was thought by all that at the opening of the new Hospital at least two Assistant Physicians and Surgeons would be needed and that gentlemen well qualified to act as Assistants could be obtained, in fact would apply for the position."28 It

28 Minutes of Medical Board Meetings, The Mount Sinai Hospital, January 11, 1872.
29 Notes on List of Founders of New York Academy of Medicine, Dr. Samuel Purple. In possession of New York Academy of Medicine.
30 Minutes of Medical Board Meetings, The Mount Sinai Hospital, May 5, 1872.
33 Interview with Miss Lillie Guinzburg, Niece of Dr. Seligman Teller, June 30, 1938.
was further decided that "... an examining board of Drs. Krackowitzer, Jacobi, and Percy be appointed for the year 1872, which board will receive applications for vacancies and examine candidates for the position of House Physician." The Secretary recorded that "... he would tomorrow take the proper steps to put notices on the blackboards of all the Medical Colleges in the City for application."

During the first five years of the Hospital’s occupancy of its new building, considerable difficulty was encountered in maintaining a staff of two House Physicians and Surgeons, a situation due partly to the failure of many applicants to pass the examination. One inventive young man succeeded in dodging the examinations for three months, meanwhile insisting that he was a graduate of the University of Paris but that his diploma had been burned in the Chicago fire. At the end of three months his diploma was proved to be as fictitious as his excuses.

Not without significance is the fact that in the first year the new plan was undertaken, one of the applicants was a woman, Ann A. Angell. She was accompanied by Eliza Phelps who took an examination for Apothecary. Both these women, graduates of the Woman’s Medical College of the New York Infirmary, stood highest in their respective examinations. In those days it was considered highly unusual for a woman to enter the medical profession. The Medical Board recommended the two applicants to the Board of Directors, but were told that "... the Board did not receive the nomination of women very favorably." The Medical Board, however, had been so well impressed that Dr. Percy was sent to a Directors’ meeting to urge the appointments of Drs. Angell and Phelps. The Board of Directors finally conceded and appointed Dr. Phelps Apothecary and Dr. Angell Second Assistant instead of First. As such she was to care for female patients only, except in emergencies. Such an emergency arose in 1873 when she acted as Temporary House Physician and Surgeon. As no other Assistant was available at the time, the Attending Physician, Dr. Percy, called daily at the Hospital to help her in her tasks. The Board of Directors apparently repented of their previous attitude, and in that same year sent three hundred dollars to Dr. Angell "as an acknowledgement of her valuable services during her stay in the institution."

The month before the Hospital moved from Twenty-eighth Street, Dr. Jacobi introduced a resolution at a meeting of the Medical Board to "establish an outdoor department to the Hospital." The suggestion was approved by the Directors who announced in the Annual Report of 1872 that besides anticipating "... opening an Infirmary for the treatment of out-door patients," they intended "... greatly to extend the sphere of its (the Hospital’s) usefulness by the es-

31 Minutes of Medical Board Meetings, The Mount Sinai Hospital, April 30, 1873.
32 Minutes of Medical Board Meetings, The Mount Sinai Hospital, November 10 and 17, 1872.
33 Minutes of Medical Board Meetings, The Mount Sinai Hospital, June 12, 1873.
34 Minutes of Board of Directors’ Meetings, The Mount Sinai Hospital, May 11, 1883.
35 Minutes of Medical Board Meetings, The Mount Sinai Hospital, April 30, 1872.
establishment of a clinique, contributing thereby to the advancement of medical science and aiding the student in the study of his profession.”

Ever since the earliest days of the Hospital’s existence, men and women who were not ill enough to be hospitalized had come to be treated by the House Physician and Surgeon. But with a growing number of patients and a larger institution it was necessary to provide a more satisfactory arrangement. Although a Dispensary was mentioned as an accomplished fact in 1874 it was not until 1875 that the plan of three years earlier was fully realized and a separate Dispensary Staff was appointed. In that year, four divisions of the Dispensary or “Out-Door” (today Out-Patient) Department were established: Internal (Medical), Surgical, Gynecological, and Children’s. All these divisions occupied two small rooms in the basement of the building. By the end of two years four rooms were provided. Today Mount Sinai’s Out-Patient Department is housed in its own special building with the Children’s Clinics held in another building. The total number of clinics, both adult and children’s, has now reached seventy. The Dispensary though small in 1875, soon was recognized as being of great educational value, and the division of Dispensary work served as an early sign of the Hospital’s participation in the trend toward specialization.

The Dispensary Staff consisted of eight Physicians who elected a President and

39 Minutes of Board of Directors’ Meetings, The Mount Sinai Hospital, February 21, 1875.
Secretary, and held regular meetings. At the head of the Gynecological Department was Paul Fortunatus Mundé, editor of the *American Journal of Obstetrics*. He was a regal figure with a fine head, long sweeping mustache, massive shoulders, and a military bearing. Gentle with his patients, popular with his colleagues, a born raconteur, his was a colorful personality. He had come to the United States at the age of three with his father who had fled from Germany after the Revolution of 1848. He was brought up in Massachusetts and entered Yale Medical School, but left to join the Union Army at the outbreak of the Civil War. He was then only seventeen. Later he entered Harvard Medical School, graduating in 1866, and then returned to Germany where he spent seven years. As a volunteer in the Bavarian Army, Dr. Mundé served as

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40 Interview with Dr. Howard Lilienthal, April 5, 1939.
assistant surgeon during the Austro-Prussian War and later as battalion surgeon
in the Franco-Prussian War. Afterwards he studied gynecology and obstetrics
in Heidelberg, Berlin, and Vienna.\(^{42}\) In his capacity of first head of The Mount
Sinai Dispensary’s Gynecological Department, he attracted to it much clinical
material.

The Children’s Department was placed under the leadership of Mary Putnam
Jacobi, another sign of the Hospital’s early progressive stand on the appointment
of women. Mary Jacobi (then Mary Putnam) was the first woman to graduate
from the New York College of Pharmacy,\(^ {43}\) and the sixth woman to graduate
from any American medical college.\(^ {25}\) In 1864 she had gone to the Female
Medical College in Pennsylvania. So impressed was the College with her train-
ing that she was granted a degree after “a brief course” of only one year. But
apparently Mary Putnam was less impressed than her alma mater and, after some
experience gained at the New England Hospital, she dared to seek admission
to the awe-inspiring École de Médecine in Paris, the first woman to do so. Such
a step required courage in those days, when to enter a classroom full of men was
to take one’s seat amidst hostile and often vocal disapproval, not only by the
students, but also by the professors. So apprehensive were the authorities at
L’École de Médecine that they advised Mary Putnam to wear men’s clothing in
order not to attract attention to herself! She was wise enough to refuse. She
returned to the United States in 1871, an accredited graduate of L’École, and
immediately became active in her profession. Through the influence of Abraham
Jacobi, whom she met on her return to this country, she was accepted as a member
of the New York Academy of Medicine. In 1875 she and Abraham Jacobi were
married.\(^ {43}\)

James J. Walsh has written, “After the Blackwells (pioneers in the struggle of
women to gain medical education) the most important factor in the movement
that brought about the introduction of medical education for women, and prob-
ably to be considered after them only in time, for her professional influence was
coordinate with theirs, was Mary Putnam Jacobi.”\(^ {44}\)

One of the important trends in nineteenth century medicine was the rapid
advance made in surgery. In the United States however the Listerian methods,
fundamentally responsible for such progress, were slow to take hold, and surgery of
the seventies and eighties still reflected the practice of an earlier day. It was not
until 1877, in the Presidency of Adolph Hallgarten, that Mount Sinai set up two
distinct services, Surgical and Medical, with separate wards for each. Before
that, although the division of surgical and medical cases had, of course, been
recognized by the members of the Staff, the only division of patients in the wards
had been on the basis of sex. Previous failure to separate the services was due
to the fact that in those days surgery was hardly considered a separate practice.

\(^{42}\) Mann, Matthew D.: Paul F. Mundé, American Journal of Obstetrics, April, 1902.
\(^{43}\) Robinson, Victor: Abraham Jacobi, Medical Life, Jacobi Number, Vol. 35, No. 5,
May 1928.
\(^{44}\) Walsh, James J.: History of Medicine in New York, National Americana Society,
Vol. 1, 1919.
The situation in 1874 was such that "... without exception, the visiting (attending) surgeons of all New York hospitals were general practitioners first, and surgeons in an accessory way. No one was a surgeon as we understand the term now, hence any one might be a surgeon if he chose to operate and found patients willing to submit." Surgery was considered a branch of medicine to which doctors turned only as a desperate remedy, since they "... in a general way considered surgical interference an extremely risky and doubtful expedient. Up to the eighties, or thereabouts, no one could have supported himself by the exclusive practice of surgery; there was not enough of it."

The most common operative procedures were of an emergency nature, for relief of strangulated hernia, and for relieving suffocation by tracheotomy. Consultations were the order of the day, before even a relatively minor operation. As many as six doctors might consult. Each stated his opinion, starting with the youngest, and the majority ruled. The prevailing fear of surgery is more easily understood when it is realized that the rules of antiseptic procedure were not generally observed. Infection caused a high mortality rate, as much as 35 per cent in the case of amputation. Yet Joseph Lister had used carbolic acid as an antiseptic in 1865 and his methods had made sufficient headway in Europe so that in 1872 it could be written of Volkmann's Clinic in Halle that there was "... the strict application of the new Listerian method of wound treatment," and that "scrupulous cleanliness and liberal use of the carbolic spray and solution were the rule. The results were marvelous, and incomparably superior to anything ever seen before." But it was not until 1878 that an amputation according to Listerian methods was performed in New York. The operator was Arpad Gerster, who in 1880 was appointed a member of the Attending Staff at Mount Sinai.
CHAPTER VIII

ESTABLISHMENT OF NEW DEPARTMENTS AND SPECIALTIES. NEW YORK’S FIRST PEDIATRIC SERVICE. ESTABLISHING THE SCHOOL FOR NURSING.

Separation of the Medical and Surgical Services was first instituted in 1877, and in the same year the organization of the House Staff was changed to accord with this division. An Admitting Physician, who lived outside the Hospital, was considered a member of the House Staff. He was to have "... morning and afternoon hours at his office and two hours daily at the Hospital for the examination of applicants, ... visit at their homes those patients unable to come in person, have supervision over diet and condition of wards." His salary was set at five hundred dollars a year. There were to be four members of the House Staff, chosen as before by competitive examination. These were the Resident Senior and Junior Physicians, and Resident Senior and Junior Surgeons, all of whom lived in the Hospital. The terms later adopted were House Physician or Surgeon for the Senior, with the term "Resident" also dropped from the Junior's title.

Alfred Meyer, later a Consulting Physician to the Hospital, was the first Junior Physician to serve under this plan. He has described the examination which was oral and given at the home of one of the examining doctors. One question dealt with the symptomatology, pathology, and complications of typhoid fever; another with the treatment of a pistol shot wound in the abdomen. The applicant having the best mark had the choice of services, and until 1886 it was an unheard of event to choose surgery—eloquent testimony to the status of that branch of hospital service. In that year Howard Lilienthal, now Consulting Surgeon, made this unprecedented choice, which he subsequently said was received like "the equivalent of a social error." But whatever the effect on the startled examiners, it was a decision he never had occasion to regret.

At the end of a six month period the services interchanged, and at the end of the year each Junior—now advanced to Senior—returned to his original service. Thus two years comprised the term of internship. There were few rules for the House Staff. Their duties were many and varied. They ranged from admitting accident and emergency cases in the absence of the Admitting Physician to helping with the extraction of teeth in the Dispensary. Persuading families to allow post-mortem examination was another task which met with rather inconspicuous success.

Interns wore ordinary street clothes when on duty, as did the members of the Staff who appeared on rounds in the long frock coats of the period. One intern

45 Minutes of the Board of Directors' Meetings, The Mount Sinai Hospital, February 4, 1877.
was dismissed because he insisted on wearing his slippers.\textsuperscript{13} It was not until 1890 that a member of the House Staff introduced the now familiar white coat, at which one of his fellow interns was heard to mutter, “The next thing you know we’ll be marching into the wards with a fife and drum corps.”\textsuperscript{19}

The House Staff plan as developed in 1877 provided for the granting of a diploma to graduates of Mount Sinai, and in 1885 one was presented to Josephine Walter, the first woman in the United States to serve a formal internship. Encouraged by Willard Parker, her family physician, and by Abraham Jacobi, Dr. Walter had studied at the New York Infirmary for Women. After she passed her House Staff examinations, the Mount Sinai Board of Directors considered the case of “Josephine Walter, an interne.” Since it was regarded as improper for a woman to serve on the Surgical Service, which the House Staff exchange of services necessitated, she was given a choice of being Assistant Admitting Physician or of serving in the children’s ward. She accepted the latter.\textsuperscript{46}

Following the organization of the two separate services, there developed an increasing interest in new and specialized departments, a trend which was to continue during the Hospital’s stay on Lexington Avenue and which mirrored the growing tendency toward specialization throughout the field of medicine. The appointment of Emil Noeggerath as Gynecologist to Mount Sinai in 1877 marked a step in this direction, but by confining the Gynecological Department to its Dispensary Mount Sinai followed the general inclination of that period to regard diseases of women as so limited a specialty that dispensary care was considered ample. Selected cases admitted to the Hospital were sent either to the medical or the surgical wards. The prevailing fear of surgery naturally extended to gynecology and therefore operations were rare, especially in serious cases.\textsuperscript{47}

Lean, tall, and melancholy,\textsuperscript{15} “long fingered, clear-thinking,” and a careful operator, Emil Noeggerath was considered one of the best diagnosticians in his field.\textsuperscript{15} He was lured from a quiet country practice in a small town on the Rhine by the promise of a position in a university which was to have been organized in St. Louis. He arrived in New York with his family in 1857. Ill, with few resources, and ignorant of the language and customs of a strange country, he found that the plans for the university had failed to materialize. In due time, however, he managed to develop an excellent obstetrical and gynecological practice in New York.\textsuperscript{48} With Abraham Jacobi he was co-author of the ill-fated work, \textit{Contributions to Midwifery and Diseases of Women}, of which the authors were forced to sell eight hundred copies as scrap paper. Again with Dr. Jacobi, he helped to found the \textit{American Journal of Obstetrics} in 1868.\textsuperscript{32} Pioneer work in the study of gonorrhea, however, marks the apex of Dr. Noeggerath’s scientific career. Seven years before Albert Neisser announced his discovery

\textsuperscript{46} Dr. Josephine Walter, Reprint from the Encyclopaedia of American Biography, American Historical Society, 1937.

\textsuperscript{47} Mundé, Paul F.: Report of the Gynecological Service of Mount Sinai Hospital, from January 1, 1883 to December 31, 1894, New York, William Wood Co., 1895.
of the germ which causes gonorrhea, Emil Noeggerath, in 1872, published his work on *Latent Gonorrhea in Women*. He drew attention to the fact that even after active symptoms of gonorrhea disappear, the infection remains and is still contagious. He was in agreement with the view that the infection is caused by an organism which secretes itself in the mucous membranes. The majority of his colleagues were far from sharing his concept of the latency of the infection or of its relation to sterility. Long after Neisser's discovery Noeggerath's work was finally given its proper value.48

The first separate service for the care of children to be established in any New York hospital was organized at Mount Sinai in 1878. Its creation and maintenance were made possible by a legacy of twenty-five thousand dollars, left

to the Hospital in that year by Michael Reese of California. The necessity for such a separate service had long been felt. The department in the Dispensary was not adequate to care for the number of children who came, among them many from the Hebrew Orphan Asylum a few blocks away. Nor was it satisfactory or desirable to send children into the general medical and surgical wards. Moreover, for eighteen years the Mount Sinai Staff had counted among its members the man who did more than any other to influence early pediatrics in America, and who had held the first chair in that field in the United States: Abraham Jacobi, Attending Physician since 1860.

Dr. Jacobi's massive leonine head, with its veritable mane of hair, topped a short slight body. His eyes were penetrating, his manner energetic. Gentle and kind, he nevertheless possessed a flashing wit that could cut as well as glitter. Although primarily a pediatrician and physician, Dr. Jacobi—like most practitioners of his day—also entered the field of surgery. It was not unusual for him to perform operations on the trachea in cases of diphtheria, and it is on record that he resected ribs for empyema and operated for cancer of the esophagus.

A further step in the setting up of special departments was the organization of an eye service in 1879. Emil Gruening, appointed Attending Ophthalmologist, took care of ear, nose and throat cases as well. He was to be the first surgeon anywhere in the United States to perform an operation for mastoiditis. William Holland Wilmer, a graduate of the Mount Sinai House Staff, in 1887 became the first of Dr. Gruening's pupils and an assistant in his practice. Dr. Wilmer subsequently became a noted eye specialist in his own right, and in 1925 the Wilmer Institute at Johns Hopkins was established in his honor.

Dr. Gruening was a short, compactly built individual with a fine scholarly profile and the full beard of the period. His tremendous hands with their thick joints appeared massive in contrast to the smallness of his stature, and made his surgical skill all the more amazing. It was extraordinary to see the light, deft touch with which he performed operations on the eye, or on infants in cases of mastoiditis. Dr. Gruening operating for cataract was "something never to be forgotten." A description of his careful and conscientious performance is revealing, not only of the man, but also of surgery of those days:

"The Graefe knife was held in the mouth of the operator, its ivory handle projecting from the right, the keen blade from the left, barely missing the gray beard and luxuriant moustache. The local preparations of the operative field were made: the scrubbing and irrigation of the conjunctival sac, the insertion of the speculum. The corneal section was then skillfully executed and the knife at once conveniently replaced. The cystotome divided the capsule, usually after iridectomy, the lens was extracted and the bandage applied. Through it all

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49 Libman, Emanuel: Notes from the Medical History of The Mount Sinai Hospital, 1912.
51 Interview with Dr. Harold Neuhof, December 21, 1939.
gentle quiet conversation went on defying what would ordinarily be regarded as an impediment to speech. Although there had been apparent disregard of asepsis or antisepsis, not a single case of infection was observed by me. Gruening actually antedated Arbuthnot Lane in the details of aseptic procedure for no contaminated object ever entered the field of operation.\textsuperscript{10}

The Mount Sinai Training School for Nurses, established when nursing education was still in its pioneer stage, was an experiment undertaken after considerable hesitation. In 1873 Bellevue Hospital had founded one of the first professional training schools in the country. The nineteen graduates of the first Bellevue class soon proved to the medical profession the tremendous advantage of having scientifically trained nurses take the place of the untrained, frequently
careless and inefficient women who had previously cared for the sick. By 1880 there were in the United States fifteen training schools, and their graduates were in great demand, for every hospital struggled with problems resulting from an inadequate supply of capable, trustworthy nurses. The 1878 report of the Mount Sinai House Physician mentions "... the difficulty of obtaining good nurses," and in 1880 a similar report points out that: "On account of the introduction of trained nurses into some of the wards, the nursing has been conducted much better than formerly, and the Directors have reason to congratulate themselves upon the improvements made in this department." These nurses were undoubtedly graduates of the Bellevue School.

As early as 1878, five years after the founding of the school at Bellevue, a group of women who were members of the Mount Sinai Ladies' Auxiliary realized that it was desirable, and necessary, for the Hospital to train its own nurses. Under the guidance of Mrs. Alma de Leon Hendricks, a Director of the Auxiliary, plans were laid for such a school at Mount Sinai. Though shelved for a while these plans had an effect, for consciousness of the new trend in nursing had penetrated the Hospital. In 1880 the Medical Board sent a resolution to the Board of Directors "... regarding the establishment of a training school for nurses in connection with this Hospital." As a result, a committee was formed of several Directors and members of the Ladies' Auxiliary to consider the advisability of the plan. A month later the committee reported to the Board that:

"It has been practically demonstrated in all the Hospitals of Europe and some in this country that regularly trained, skilled nurses not only materially relieve pain and disease and are of vital assistance to the physician, but also greatly reduce the death rate therein by keeping the resident doctors fully posted on all that transpires during their absence and noting the progress of diseases and reporting same to them. It has been a matter of fact in Mount Sinai Hospital that great difficulty is encountered in obtaining thoroughly competent nurses to take charge of the wards. More particularly is this the case in the female department where the discharges have been the most frequent and the available supply not equal to the demand. Having this in mind your Committee feel that a necessity exists for regular, trained nurses, and such can only be obtained by the establishment of a school for that purpose, connected with the Hospital."

Accordingly, in February of 1881, the Mount Sinai Training School for Nurses was incorporated "... chiefly at the instance of some ladies well known in the community for their interest in various charitable spheres." An institution separate from, but cooperating with the Hospital, the School had its own Board of Directors all of whose members, until 1895, were women. Mrs. Florian Florance was the first President. Within a few years a closer relationship with the Hospital was established—a relationship which continues to exist today.

52 Minutes of Board of Directors' Meetings, The Mount Sinai Hospital, Nov. 12, 1880.
53 Minutes of Board of Directors' Meetings, The Mount Sinai Hospital, Dec. 12, 1880.
54 Annual Report of the Directors of The Mount Sinai Hospital, Executive Committee Report, 1881.
With eight probationers and four graduates from Bellevue Hospital the School organized a curriculum, modeled on the Bellevue plan, which would cover two years’ training. The Superintendent was Kate Rich, a Bellevue graduate. The students received practical instruction in the female and children’s wards of Mount Sinai, where the graduates acted as head nurses. Experience in obstetrical work was provided at the Ladies’ Lying-in Society, the Nursery and Child’s Hospital, and the New York Infant Asylum. Theoretical instruction was given by means of lectures supervised by a Committee on Instruction, which included two members of the School’s Board of Directors and three members of the Hospital’s Medical Board. The lectures included semi-weekly talks on "... outlines of anatomy; physiology of digestion, circulation and respiration; hygiene of infants and adults in health and disease." A measure particularly progressive for those days provided that “each class also receive anatomical demonstrations on the cadaver." At regular intervals lectures were given by members of the Staff: eleven on surgical emergencies; seven on medical emergencies; six on gynecology and obstetrics; six on bandaging and general surgical dressings; one on diseases of the eye and ear; two on diseases of the nose and throat.

In the first two years of the School’s existence forty-three pupils were accepted. (In 1942 Mount Sinai’s School of Nursing had a student body of 268.) A Home for the nurses was set up in a private house at 850 Lexington Avenue, at Sixty-fourth Street. These accommodations soon proved inadequate, and a second high-stooped, brownstone house was rented at 852 Lexington Avenue.

The struggle of nurses to attain full professional responsibility was to extend over a span of many years. They were not prepared for the many responsibilities which now constitute a routine part of a nurse’s training. In summing up the work of the School’s first two years, Mrs. Florance was forced to admit that although “... those competent to judge have informed us that our nurses have both practical and theoretical facilities for instruction which are not surpassed,” still the curriculum lacked “... opportunities for observing much acute surgery." Nurses were not expected to be present at operations, and if they did find their way into the operating room it was simply by courtesy: "Through the courtesy of the House Staff of The Mount Sinai Hospital, our nurses have been more frequently invited to attend operations and post-mortem examinations than formerly."

Not until the nineties did graduate nurses participate in any of the functions of the operating team. Even then they did not hand instruments to the surgeon as they do today. That was the office of the Junior House Surgeon. The nurses were present to help with dressings, and only in 1901 was the position of head operating room nurse instituted.

Following the example of Bellevue, Mount Sinai in 1881 opened only the women’s and children’s wards to the pupils and graduates of the School. The following year the question arose whether or not the School was to provide

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57 Interview with Dr. Martin Ware, April, 1938.
58 Minutes of Board of Directors’ Meetings, The Mount Sinai Hospital, Feb. 2, 1902.
a staff for the male wards which were still cared for by untrained orderlies. This was an extremely daring proposal. The Medical Board hedged and suggested that female nurses enter the male wards "under certain conditions." The "conditions" were not defined. The Board of Directors was more blunt. It flatly refused such a proposal. Three years later, in 1885, the School was given the care of the male medical wards. The male surgical wards, however, did not become a part of its responsibility until 1897, and then it would seem, only after the suggestion of "training junior doctors in nursing" was found impractical.

59 Minutes of Board of Directors’ Meetings, The Mount Sinai Hospital, June 27, 1881.
60 Minutes of Board of Directors’ Meetings, The Mount Sinai Hospital, April 9, 1882.
61 Minutes of Board of Directors’ Meetings, The Mount Sinai Hospital, Oct. 10, 1897.
CHAPTER IX

THE SURGEONS ON THE STAFF. SURGERY AS PRACTICED IN THE EARLY DAYS ON LEXINGTON AVENUE.

The first ten years in the Lexington Avenue building were marked by great changes in the personnel of the Hospital Staff. Of those who had been its members in 1872, only three remained in 1882: the venerable Willard Parker, now eighty years old, and Thomas Markoe serving as Consulting Surgeons; and Abraham Jacobi still active as Attending Physician to the Children’s Service. Three other members completed the Medical Staff of the Hospital. They were Alfred L. Loomis, an outstanding clinician and teacher, who somewhat later, in 1855, was elected President of the New York Academy of Medicine; Henry N. Heineman, who was destined to become the Hospital’s first Pathologist; and Julius Rudisch. The latter, while assisting Jacobi in his private practice, had been persuaded by him to become House Physician and Surgeon in 1875, the combined duties being still vested in one person. When Dr. Jacobi, in 1879, became Pediatrician to the Hospital, Dr. Rudisch took over his duties as Attending Physician. At this time the special Department of Ophthalmology was headed by Dr. Gruening and in 1882, on the resignation of Dr. Noeggerath, Dr. Mundé became chief of the Gynecological Service.

During the same period there appeared on the Surgical Staff the names of four men who were to establish a great tradition for the Hospital. These were Daniel M. Stimson, William F. Fluhrer, John Allan Wyeth, and Arpad G. Gerster.

Daniel Stimson, the son-in-law of Willard Parker, and a follower of his school of surgery, was above all a soldier. His portrait painted in the uniform of Surgeon to the Seventh Regiment shows a vigorous man of erect carriage and alert expression. His military bearing was characteristic of the manner in which he conducted his rounds. The House Surgeon was the only one he addressed at these times, and a too enthusiastic Junior who might break in with an eager explanation was silenced with a look, to be quietly rebuked after rounds were over. A cultured gentleman, a connoisseur of painting, his manner polished and courteous, Dr. Stimson was less formal after rounds. It was his invariable habit on arriving at the Hospital in his shining black barouche with its silver lamps, to tip his own coachman a half-dollar—an act which caused considerable wonder on the part of observers. Dr. Stimson was a painstaking operator, but in cases that called for a procedure developed in pre-anesthetic days he showed an amazing rapidity that recalled the headlong speed of those earlier times.

William F. Fluhrer, a surgeon of the old school as far as aseptic methods were concerned, was a meticulous operator. Imperturbably calm, he would spend hours over an operation. If lunch time came, he would interrupt his work to consume a sandwich and a cup of coffee while the patient was carefully watched

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62 Dr. Morris Manges’ account of Julius Rudisch at Memorial Exercises for Dr. Rudisch, 1926.
over by the anesthetist. One such operation achieved the record time of eight hours. On the other hand, this tall, dignified man whose manner seemed as slow and quiet as his surgical technique, could show great speed in an emergency—as in his amputation of a leg in twenty seconds in a case of traumatic spreading gas gangrene. Speed, indeed, was sometimes preferred to asepsis or antisepsis. The story is told by Dr. Lilienthal that Dr. Fluhrer, impatient with the lack of progress being made by the younger surgeon during an operation, took the knife from his hand, sharpened it on his shoe, and proceeded to operate! The patient recovered. Dr. Fluhrer was also ingenious in the designing of instruments and in the fashioning of wooden models for his inventions. He invented the aluminum probe for brain operations and a urethrotome which was prohibitive in price, but perfect in its function. He was one of the few early American genitourinary specialists. In 1895 he was appointed head of the first such service established at Mount Sinai.

64 Interview with Dr. Charles Goodman, August 14, 1938.
John Allan Wyeth, blue-eyed and suave, was a Southerner of quiet manner and iron determination, who became a pioneer in post-graduate medical teaching. At seventeen he was a soldier in the Confederate Army. Later he farmed to raise money for his education. After graduating from the University of Louisville he worked as a steamboat captain in order to earn enough for laboratory and post-graduate medical training. But on reaching New York in 1872, he found that no such thing as post-graduate medical schools existed. He took some courses at the Bellevue Medical College, and as a demonstrator in anatomy assisted Edward Gamaliel Janeway, the great diagnostician who himself was to join the Mount Sinai Staff in 1883. He then traveled abroad for two
years, visiting various medical centers. Returning to New York, he was appointed Attending Surgeon on the Mount Sinai Staff in 1882. The following year he realized his ambition to establish a school for medical graduates, the Polyclinic. On its first staff appeared the names of several Mount Sinai Attend-

65 Address by Dr. D. Bryson Delavan at the unveiling of the statue of Dr. John Allan Wyeth at the Polyclinic Hospital on May 1, 1914. (In possession of the New York Academy of Medicine.)
Dr. Wyeth’s operating technique was characterized chiefly by the great calm and self-possession with which he worked. His operative clinics were extremely popular. The vivid descriptions of the procedure under way and the anatomy involved were delivered in so smooth a fashion that the student felt surgery might after all be as simple as Dr. Wyeth seemed to find it. Apparently nothing could disturb that monumental calm. One day when a particularly important patient on whom the surgeon had just finished operating was being carried from the room, the stretcher tipped and the middle-aged patient crashed to the floor. The only comment, made in that soft southern accent, was, "Isn’t that too bad?" The patient recovered and was none the worse for the incident.  

With the appointment of Arpad G. Gerster to the Staff in 1880, the trend toward true aseptic and antiseptic surgery at Mount Sinai began. Born in
Hungary in 1848, he was educated abroad and came under the influence of such great teachers as Rokitansky, Skoda, and Billroth. He emigrated to the United States in 1873 and as he traveled across Europe he visited the various medical centers. Although "...surgical mortality was appalling" there were places, such as Volkmann's Clinic at Halle, where the newer Listerian methods seemed to be working miracles in reducing the death rate. Dr. Gerster landed in New York in 1874 at the time when "the towers of the Brooklyn Bridge stood as yet unconnected by cable. The water side was lined by a forest of masts, belonging mostly to square-rigged sailing vessels."  

Through a letter of introduction, Dr. Gerster met Ernst Krackowitzer, and after assisting him in operations at the German (now Lenox Hill) Hospital, of which Dr. Krackowitzer had been one of the founders, he became the older surgeon's assistant. Later he himself was appointed to the staff of the German Hospital. Highly energetic, straightforward, equipped with a thorough medical education and a rich cultural background, Arpad Gerster was well fitted to be a leader. With Drs. Fred Lange of New York and Christian Fenger of Chicago, both of whom had also been educated in European medical schools, he was among the early advocates and chief exponents of aseptic procedure. That he found the "...older men all attuned to pre-antiseptic methods" is amply proved by such incidents as that of Dr. Fluhrer sharpening a knife on his shoe, or Dr. Neoggerath, in the days when women's hair was abundantly long, sewing up an incision with a hair extracted from the patient's head.

In 1888, eight years after his appointment to the Mount Sinai Staff, Dr. Gerster published the first book on asepsis by an American author: Rules of Aseptic and Antiseptic Surgery. Previously works on the subject has been imported from England. It was also the first medical book to be illustrated with halftone plates, the photographs for which were taken by the author himself in the operating rooms of The Mount Sinai and German (Lenox Hill) Hospitals. Just as Oliver Wendell Holmes in his treatise on puerperal fever forty-five years earlier had accused physicians of being carriers of disease, Dr. Gerster placed the responsibility for postoperative infection squarely on the shoulders of the surgeon.

"It cannot now be successfully denied," he wrote, "that the surgeon's acts determine the fate of a fresh wound, and that its infection and suppuration are due to his technical faults of omission and commission." (The italics are Dr. Gerster's.)

Concerning the fear of surgery which in the seventies and eighties characterized both patient and surgeon, he says: "The dread of undertaking and submitting to a surgical operation has greatly diminished, and timely, that is, early surgical interference has become more and more frequent, to the advantage of both patient and physician. The declaration that, because of aseptic and

67 Mayo, William J.: Early Days of the New York Surgical Society. (Cutting in possession of New York Academy of Medicine.)
68 Interview with Dr. Howard Lilienthal, April 5, 1939.
69 Information from Appleton-Century Co.
antiseptic methods, "... surgery has become a conservative (the italics are again the author's) branch of the healing art" was indeed the statement of one considerably in advance of his time.

In training the young men under him at the Hospital, Dr. Gerster insisted on the strict application of aseptic and antiseptic principles. He was one of the first to break away from the older and cruder school of surgery, and to teach that human tissue is a delicate thing which must be delicately handled. With his forceful personality, and blunt and direct approach, he was a teacher to be feared as well as liked and respected—"There was no fooling Gerster." The most brilliant operator and the most logical surgical thinker, his pupils found him a compelling instructor with a vast store of practical experience, information, and anecdote to share. A. A. Berg and Howard Lilienthal, both graduates of the Mount Sinai House Staff and eventually great surgeons in their own right and members of the Consulting Staff, were students of his teaching and assistants in his private practice. A versatile man with a great variety of interests, he was a musician, a painter, and in later years an etcher. A student of history and lover of literature, he was also an ardent fisherman and hunter, fond of taking long camping trips in the Adirondacks, accompanied only by an Indian guide. He was a man of practical bent and it was his delight to display to those who were interested the "German instrument pouch," a kit he carried strapped to the small of his back. This presented a somewhat terrifying aspect when, spreading the tails of his frock coat to sit down, he exposed to view the kit, "of ample proportions." It contained a collection of fine instruments, "... a supply of hardware which seemed enough for carrying out a major operative procedure."

In the eighties and nineties patients were loath to go to a hospital and the more serious the case, the more anxious the patient's family to keep him at home. It was therefore quite customary for a surgeon to operate away from the hospital, often amid the filth and unsanitary conditions produced by the tenements. In his book Dr. Gerster devoted considerable space to the possibility of carrying out Listerian and aseptic surgery in a private home. The advice deserves quoting:

"A clean, well-lighted room is selected out of which all unnecessary furniture, hangings, etc., should be removed. A bare well-scrubbed floor is preferable to a carpet. One or two narrow kitchen tables, covered with a quilt and provided with a straw pillow, will make a capital operation table. A piece of rubber cloth (3 x 4 feet) is placed over the quilt, and a clean sheet is laid on the top. Fountain syringes are filled with a sublimate solution and placed on chairs to the right and left of the operating table, and suitably suspended from a nail or chandelier near the operating table. Two tin basins are filled with a corrosive sublimate solution and placed on chairs to the right and left of the operating table for

71 Elsberg, Charles: Mount Sinai in the Late Nineties and the Beginning of Neurosurgery in the Hospital. J. Mt. Sinai Hospital, Vol. 4, No. 5, 1938.
72 Interview with Dr. A. J. Rongy, April, 1939.
the occasional rinsing of the hands of the operators and assistants. The author has found that it is very convenient to be independent of the patient’s resources, as far as the necessary vessels for sponges and instruments are concerned. A nest of four good-sized block-tin wash basins, six tin soup basins (six inches in diameter) and four tin bake pans will serve every purpose and the small expense will be abundantly repaid by the cleanliness and sense of comfort that will result. The employment of copious irrigation during operations requires measures for protecting the person and clothing of the surgeon against the influence of the chemicals commonly used. An ample apron, made of light rubber sheeting and reaching from the chin to the toes is most convenient, and can be easily cleaned. The surgeon’s shoes may be protected by a pair of light rubbers. However, they are apt to sweat the feet. The author overcame this drawback by the use, at the Hospital, of wooden pattens (French sabots) worn over the shoes. They are donned without the aid of the hands, and keep the feet warm and dry, and can be bought at 75 Essex Street, New York."

The pre-Listerian methods of the older surgeons died hard and for some time the new surgery went on side by side with violations of its precepts. Nevertheless, the eighties saw the adoption at Mount Sinai of the sterilization of instruments in a solution of carbolic acid. Major operations were infrequent. Despite the fact that Willard Parker had already performed the first appendectomy in the United States in 1864, Dr. Gerster, as late as the eighties, was one of the few surgeons at the Hospital willing to operate on such cases. By the middle eighties "... operations were done à la Lister under a cloud of carbolic acid vapor." There was an attempt to arrange schedules so that the dirty cases followed clean ones, and "... after any particularly septic operation our operating room was sprayed for hours, or better still, all night with carbolic."

CHAPTER X

GROWTH OF THE HOSPITAL'S ACTIVITIES. ADDITIONS TO THE BUILDINGS. NEW SEPARATE DISPENSARY BUILDING. ADDITIONS TO THE STAFF.

By the tenth year of its occupancy of the Lexington Avenue building Mount Sinai had already found the facilities that seemed so spacious in 1872 inadequate for the constantly increasing service the Hospital was giving the community. During 1882, 1,692 men, women and children were patients at Mount Sinai as compared with 874 cases cared for in 1872-3. Of those who entered the institution in 1882 all but 76 were treated gratuitously. The Dispensary showed a similar record. In the first twelve months of its official existence, 1875-6, it had held 4,592 consultations and filled 13,004 prescriptions. The number of consultations for 1882 reached 35,785 and 40,025 prescriptions were filled.75

This growing activity had already forced the Directors "...to reluctantly refuse patients for want of room."76 Therefore, it was with considerable satisfaction that the Board, under the Presidency of Hyman Blum who served in that office from 1879 to 1896, could report that by the end of 1883 a program of rehabilitation and improvement would be completed. Additional wings two stories high were being added to the building. This made possible the setting aside of special wards for eye and ear, and one for gynecological cases. Highly interesting is the fact that when these wards were opened the help of the Training School was immediately enlisted, and its pupils and graduates asked to serve on the nursing staff. The erection of an isolation building for patients who might develop contagious diseases during their stay at Mount Sinai was a marked improvement in facilities. Significant of the type of construction in general use when the Lexington Avenue building was erected is the stipulation in the Directors' plans for "the removal of all woodwork and similar dangerous material." For it had been customary to line the wards and operating rooms with wainscoting and woodwork, absorptive material which was frequently the cause of erysipelas and other infections.

Two years later an additional story was added above the passages leading from the Middle House to the wings. This provided four rooms for the House Staff and ten for private patients for whom there had not been sufficient room before. That such additional space for private patients was needed is indicative of the fact that very slowly the prosperous were accepting the idea of going to a hospital in times of illness. The alterations which were completed in 1885 brought the bed capacity of the Hospital to approximately 200. (Today Mount Sinai provides accommodations for 856 patients.)

There was another problem, however, which could not be solved by this program of building improvements, that of caring for chronic invalids. As early

75 All statistics are from the Annual Reports of the Hospital.
76 Annual Report of the Directors of The Mount Sinai Hospital, 1883.
as 1876 the Directors had pointed to the fact that "we have in many cases used the discretionary power given us to receive incurable cases, where we thought we might build up the patient a little for a time, when the condition of the Hospital would admit of their being accepted; but the applications of this class are so numerous that, were we to receive them indiscriminately, the usefulness of the institution would be greatly impaired." 77

There were no Jewish institutions to receive such cases, and many Jewish patients were disinclined to go to the city hospitals. As a result, there were a few glaring instances where chronic invalids remained in the Hospital practically as permanent charges, one for at least six and a half years. 78 So disturbed were the Directors at this situation and at the inability of the Hospital to cope with it, that in 1880 they adopted a resolution to look into the founding of "a hospital for the gratuitous treatment of chronic diseases" in connection with Mount Sinai. 79 In the following year a proposal to add an additional wing for seventy-five such patients was considered, until it became apparent that there was no room. With the plan obviously impracticable for the Hospital itself, the Board in 1883 resolved to cooperate with the United Hebrew Charities in the organization of such an institution, with the result that the Montefiore Home for Chronic Invalids was opened in 1884.

The overcrowded condition of the Hospital was somewhat improved by the organization in 1886 of a district service to bring free medical aid and nursing to those applicants whose illnesses could safely be treated at home. The plan had first been discussed by the Board of Directors in 1882, and district nursing had long been an ambition of the Training School. In the first four months the three physicians of the District Corps cared for forty-two patients and made one hundred and fifty visits. The Corps was then enlarged to five physicians, and in the first year of its service presented this record: 412 cases referred by the Admitting Physician to the District Corps; 184 cases cured; 89 cases improved; 139 cases subsequently admitted to the Hospital. 80 As a result medical care was given to 273 patients who otherwise could not have been treated because the Hospital wards were full.

The activity of the Dispensary also in some measure relieved the overcrowding of the Hospital. The Directors reported in 1889 that the Admitting Physician had found it possible to refer to the Dispensary 694 cases not sufficiently serious to be hospitalized. 81 But this in turn demanded expansion—the creation of new departments in the Dispensary and the addition of more members to its Staff. There had already been added an Eye and Ear Department, the Staff of which included Carl Koller. Dr. Koller, now Consulting-Ophthalmologist to the Hospital, was famous for the discovery of the use of cocaine as a local anesthetic, which he announced before the German Ophthalmological Congress at Heidelberg in 1884. The news of the discovery spread rapidly through Europe and to

77 Annual Report of the Directors of The Mount Sinai Hospital, 1876.
78 Minutes of Board of Directors’ Meetings, The Mount Sinai Hospital, October 17, 1880.
79 Minutes of Board of Directors’ Meetings, The Mount Sinai Hospital, June 12, 1887.
80 Annual Report of the Directors of The Mount Sinai Hospital, 1890.
the United States. 81 In the late eighties, therefore, the use of cocaine in operations for cataract was in general use at Mount Sinai. 10

The activities of the Dispensary and the Training School required more adequate quarters than the few rooms in the basement occupied by the one and the private houses which served as a Home for the other. Accordingly, in 1889 the Directors began to plan a building that would house these two divisions of the Hospital. A plot of land was rented on the north side of Sixty-seventh Street, between Lexington and Third Avenues, and construction of the new building began.

Although in 1889 there were still open lots, such as the one leased for the Dispensary and Training School, the neighborhood about Mount Sinai had been built up considerably in the course of the seventeen years since its dedication. Behind the Hospital and facing Third Avenue was the Chapin Home, a Presbyterian Institution for the care of the aged. In 1894 a part of the land between the two institutions, which belonged to the Chapin Home, was made available to the Hospital House Staff for a tennis court. 82 The only means of access was a window in one of the wards and thence to the brick wall which separated Mount Sinai from the Chapin Home. This entrance and exit required a bit of athletic accomplishment all its own, especially at the signal that a member of the Attending Staff had arrived, when it was necessary to return with some show of dignity. The signal itself was not exactly conducive to hospital quiet, for the call system of those days was at first a steam whistle located in the yard and later a large gong. The number of ear-splitting blasts or resounding strokes indicated whether the Attending was a member of the Medical or the Surgical Staff. 83

Beside the public and charitable institutions which had been built along Lexington Avenue, private homes of the prevailing brown stone began to appear in the neighborhood. That the blocks surrounding the Hospital were rather solidly built up by 1889 is merely one detail in a more general expansion. In 1873 the city boundaries had crossed the Harlem River, absorbing Harlem itself and the villages of Morrisania, West Farms, and Kingsbridge. These rural settlements had been swallowed up as the city's northern boundary moved on to Yonkers. "Harlem Village is no more. Harlem as a separate district of the city, easily distinguished, isolated, apart, a refuge from the hubbub of business and traffic, has also ceased to be." 84

In 1895 Kings, Queens, Richmond, Long Island City, Flushing, and Jamaica were absorbed into Greater New York and the present five boroughs were created.

As New York expanded, means of transportation necessarily improved. Until 1885 the "el" and the horse-car had been the only means of public conveyance. In that year cable-traction cars appeared; 85 but three years later there

82 Minutes of Board of Directors' Meetings, The Mount Sinai Hospital, June 17, 1894.
83 Notes dictated by Dr. Perey Fridenberg, Feb. 19, 1938.
were still forty lines of horse cars in the city.\textsuperscript{66} One of them was the Lexington Avenue "Railroad" which plodded past the Hospital and was not replaced by an electric street car until 1895.\textsuperscript{67}

Means of approach to the city were also improving. The year after the Hospital's cornerstone was laid, work started on the Grand Central Terminal for the trains of the Hudson River, New York, and New Haven and Harlem railroads. The structure, on the site of the present Terminal Building, was approached by a trench open to the sky, the same route which today forms the tunnel leading down Park (then Fourth) Avenue.\textsuperscript{68} In 1883 the Brooklyn Bridge was finally completed. For sixteen years New Yorkers had seen work proceeding slowly on the mammoth undertaking that was then the longest suspension bridge in the world.\textsuperscript{74} The erection of other bridges began ten years after the completion of Brooklyn Bridge; one in 1893, across the Harlem River at Third Avenue; two others in 1895, across the Harlem at 155th Street and at 181st Street; and in 1898, the Williamsburg Bridge.\textsuperscript{85}

In the late eighties and early nineties street illumination still depended chiefly on gas. At the Centennial Exposition in 1876 arc lights were exhibited, but their flickering made them so impractical that they were regarded chiefly as a curiosity. Two years later Thomas Edison presented to the world his invention of the incandescent lamp, and street illumination was one of its first uses.\textsuperscript{84} Although in 1888 Broadway was strung with electric lights from Fourteenth to Twenty-sixth Streets, two years later 27,114 gas lights still remained.\textsuperscript{85} It is indicative of the skepticism with which electric light was regarded that in 1889, when the Mount Sinai Directors were considering specifications for the new Dispensary building, a motion that it be wired "...for the eventual use of electricity" was defeated.\textsuperscript{89} Nor was it ever installed in the Lexington Avenue building which the Hospital occupied until 1904.\textsuperscript{68} Gas light illumined the wards, an elaborate gas chandelier hung in the entrance hall, and gas fixtures on adjustable brackets lined the walls of the operating room.\textsuperscript{90}

In June of 1890 the Dispensary building was opened. It stood six stories high and was connected with the Hospital by a tunnel under Sixty-seventh Street. The first two floors were devoted to the Dispensary service and were entered by a door on the left side of the building. The four top stories belonged to the Training School and could be reached either by stairs or elevator, through a door at the right. Living quarters for the nurses and rooms for the Ladies' Auxiliary and the Board of Directors of the School made up these four floors. Of Belle-ville stone up to the first story, with brick and terra cotta above, and its façade elaborately decorated in the style of the nineties, the Dispensary and Training School building still stands today—the home of the Polish Legation.

With this additional space available, the Dispensary could establish the new

\textsuperscript{67} Information from New York Omnibus Co.
\textsuperscript{68} Information from Offices of the New York Central Railroad.
\textsuperscript{69} Minutes of Board of Directors' Meetings, The Mount Sinai Hospital, April 28, 1889.
\textsuperscript{90} From old photographs of the Hospital.
departments its increased activity demanded. The "Internal" or Medical Department was reorganized into two divisions, one for men, and the other for women. The Eye and Ear Department was separated so that there was one department for diseases of the eye and another for those of the ear, nose, and throat. A new department was created for neurological cases and another for skin and venereal diseases. These, with the Surgical, Gynecological and Children's Departments, formed the nine divisions of the Dispensary's domain. Eleven new appointments were made to its Staff, resulting in a group of twenty-six doctors. Due to the enlarged facilities and a bigger Staff, the Dispensary was able to show a seventy-five per cent increase in its work in 1891 as compared with its record for 1889-90.

The enlargement of the Dispensary Staff was supplemented three years later, in 1893, by additional appointments to the Hospital Staff. These appointments were indicative not only of Mount Sinai's own development, but also of increasing growth and specialization in the medical field as a whole. The study of nervous disorders and of skin diseases were two branches of medicine which had made substantial progress in the closing years of the nineteenth century. Neurology was already a well established field in Europe under such leaders as Carl Westphal and Wilhelm Erb. Although in the United States the subject was less advanced, in the eighties and nineties there were groups of men in Philadelphia, Boston, and New York who were making notable contributions to neurological literature. Prominent in this New York group was Bernard Sachs, today dean of American neurologists.

Dr. Sachs was appointed Consulting Neurologist to Mount Sinai in 1893. The title of Consulting Neurologist did not then imply, as it does today, that the holder had formerly been a member of the Attending Staff. Because neither the Board of Directors nor the Medical Board were sure that there would be sufficient neurological material to warrant the regular attendance of a member of the Staff, a Consulting rather than an Attending was appointed. For three years the Hospital had had a Neurological Department only in its Dispensary, and the creation of this Consultingship marked an increasing interest in the subject. However no beds were set aside for a special service and neurological cases continued to be sent to the medical wards.

Although he was not a member of the Attending Staff, Dr. Sachs was extremely active in studying the clinical material on the general medical wards. He had been contributing to the field of neurology since 1881, but one of his most important works was completed after he came to Mount Sinai. In 1895 he published A Treatise on the Nervous Diseases of Children, the first American publication on this subject. Shortly thereafter he made further important observation on a disease which he named amaurotic family idiocy, a term well chosen by its discoverer with whose name that of Warren Tay is commonly bracketed (Tay-Sachs disease). In 1894 he was elected President of the American Neurological Associa-

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91 Report of the Neurological Department of The Mount Sinai Hospital, Dr. Israel Wechsler, 1938.
tion, an office to which he was re-elected many years later, in 1932. He was chosen President of the New York Neurological Association in 1896, and twelve years later was again elected to the Presidency. In 1931 he was elected President of the First International Neurological Congress and in 1933 he served as President of the New York Academy of Medicine.

In 1900, seven years after he had been appointed Consulting Neurologist, Dr. Sachs was made Attending to a distinct Neurological Service at Mount Sinai, the first in a New York hospital, with twelve beds set aside solely for neurological cases. Until 1924 he was Neurologist to the Hospital and today, after twenty-four years as a member of the Attending Staff, Dr. Sachs is again Consulting Neurologist to Mount Sinai.

92 Interview with Dr. Bernard Sachs, October 10, 1938.
GROWTH AND DEVELOPMENT

In 1942 Dr. Sachs was honored by his associates, former pupils and a host of friends by a special issue of the Journal of The Mount Sinai Hospital, dedicated to him on the occasion of the sixtieth anniversary of his highly fruitful participation in the practice and progress of scientific medicine.

At the same time that a Consultingship in Neurology was created Sigismund Lustgarten was appointed Consulting Dermatologist to the Hospital. Just as neurological work within the Hospital was at first considered experimental, so the specialty of skin diseases, although there had been such a department in the Dispensary since 1890, was hardly thought to require the constant services of an Attending. A student of the great European skin specialists, von Hebra and Kaposi, Dr. Lustgarten was trained not only in his own specialty of dermatology, but also in general medicine, chemistry, and pathology. Coming to the United States from his native Vienna in 1889, he had soon become active in medical circles and quickly gained a reputation as a diagnostician. As a Consultant and later as an Attending Physician to the Hospital, Dr. Lustgarten did not limit his diagnostic work to dermatology alone and frequently was called to attend in the general wards. At that time there were no extensive laboratory tests (until 1893 there had been no Laboratory in the Hospital at all) and diagnosis depended almost entirely on clinical knowledge. The occasion on which Dr. Lustgarten discovered a case of leprosy in the medical wards is famous in hospital annals. Equally dramatic was his diagnosis of mercurial poisoning in a patient who had been isolated for scarlet fever. Like several of his colleagues, Dr. Lustgarten was a man of culture and erudition, a lover of music and a connoisseur of painting, himself a good draftsman and a collector of fine engravings and etchings. Soft-spoken, dignified, a man of great intellectual stature, he commanded universal respect. In 1900 he was made Attending Dermatologist, and a separate Dermatological Service was organized.93

In 1893 the Consulting Staff included three other members, in addition to Drs. Sachs and Lustgarten. Dr. Thomas Markoe, the one remaining representative of the Hospital’s first Staff, was the only Consulting Surgeon. The two Consulting Physicians were Alfred Loomis and Abraham Jacobi, both of whom had resigned from the Attending Staff ten years before. Upon the death of Dr. Willard Parker in 1884, Dr. Jacobi had been elected President of the Medical Board, a position he still held in 1893. He was now sixty-three, a man of striking and even magisterial appearance. The statuesque head, its gray hair as profuse as ever, suggested “... the living embodiment of some great high priest of knowledge of old.”91 His reputation for integrity as a doctor and as a fighter for improved medical standards had placed him in the leadership of the New York Medical World. As a consultant he was constantly called upon and commanded wide influence.94 At that time the flow of European immigration was filling the slums on the east side of the city, and sickness among tenement dwellers was a frequent calamity. On such occasions there was an almost pathetic faith in a

93 Account of Dr. Lustgarten from an interview with Dr. Richard Hoffmann, May 5, 1939.
consultant, "a professor from uptown." Dr. Jacobi was the one most often called in such cases, and the sick poor could not have found a more honest practitioner or one more forgetful of selfish interests. Summoned at the last minute to some emergency case, his entrance was usually dramatic. Dressed in a black overcoat with a flowing black cape, and a broad-brimmed black hat, he would dash up in a black coach drawn by two black horses. He was active in every move of the medical profession. "Nothing of importance associated with the practice of medicine took place unless Jacobi was called on the scene." In 1881 he was elected President of the New York Medical Society, and he was President of the New York Academy of Medicine from 1885 to 1888.

The Attending Staff in 1893 was composed of nine members: five Physicians, one of whom was Attending to the Children's Service, and four Surgeons. Of the Attending Physicians, Dr. Rudisch had been on the Staff for fourteen years and Dr. Heineman for thirteen. Alfred Meyer was a graduate of the House Staff in 1878, and the energetic force behind the establishment of a medical library in 1883. Barnim Scharlau had become Physician to the Children's Service in 1883, when Dr. Jacobi was appointed Consulting Physician. Like Jacobi, he was a practitioner of the old school, who sometimes turned surgeon. The loyalty of this sombre man to Dr. Jacobi was an outstanding characteristic. The fifth Attending of 1893 was Edward Gamaliel Janeway, "the greatest diagnostician of his day," a man of lightning movements and perceptions. In making his examination he would bend quickly over the patient's body, hardly appearing to notice details, yet when he raised his head the diagnosis would be complete, including reasons for the conditions he described. The examination seemed to have taken only two minutes but not an item had been overlooked. There was nothing superficial about this spectacular performance, for Dr. Janeway's knowledge was based on sound clinical experience, an absorbing interest in pathology, and brilliant powers of observation. Devoted to his work, he was tireless and enthusiastic, an inspiring leader and talented teacher. His manner was simple, kind, quiet and reserved. Born in New Jersey in 1841, he had graduated from the College of Physicians and Surgeons in 1864 and four years later was appointed Curator of Bellevue Medical College. In 1873 he became Professor of Pathological Anatomy at Bellevue, and later Dean of the School. It was in the wards and the post-mortem room at Bellevue that a great part of his extensive clinical and pathological knowledge was gained. Always interested in matters of public health, he served as Health Commissioner of New York from 1875 to 1882. He was a pioneer in the struggle against tuberculosis, and had pointed out its contagious nature as early as 1882. For many years he was called upon by the city whenever epidemics threatened New York. It is significant that in the training of this great physician, pathology played a fundamental part. The rôle of science in medicine was assuming an increasingly important position.

The Surgical Staff in 1893 remained unchanged, with Drs. Fluhrer, Gerster,
Stimson, and Wyeth as its members. Two years later Dr. Stimson joined the Consulting Staff. Of the two special services, Gynecological and Ophthalmological, Drs. Mundé and Gruening continued as chiefs. In this period Dr. Mundé, "king of the Department of Gynecology," carried on the operative clinics that are remembered as impressive and highly picturesque.

"His (Dr. Mundé's) clinics were attended by many representative visitors and the scene at the beginning of the session was, indeed, striking. The room had been prepared and the space for visitors roped off. The patient was placed on the table in the correct posture. The anesthesia was managed by a member of the House Staff with the barbaric open ether inhaler. At the slightest sign of reaction the ether was pushed almost to the drowning point. Everything in readiness, Mundé stripped to the waist, except for a short-sleeved thin undershirt far from concealing his splendid torso, his trousers covered by a rubber apron, entered the arena under the ropes, the veritable picture of a superb prize-fighter."
Of this procedure, Dr. Mundé wrote: "The Surgical Staff endeavor to be scrupulously clean and aseptic at all operations. I myself put on a clean under-shirt and a pair of trousers which I keep at the Hospital and which are baked after every operative clinic. I do not believe it possible that more scrupulous antisepsis can be employed anywhere than is done in the operating rooms or wards of The Mount Sinai Hospital. Visitors are admitted to operations with the distinct understanding that they carry no infection with them and refrain from conversation or from handling anyone or anything connected with the operation."

By the nineties, aseptic methods of operating technique had generally replaced the antiseptic, and although instruments were still kept in a carbolic solution, the carbolic spray was no longer used. In the equipment, however, there were glaring violations of aseptic procedure. The usual routine was to don over a previously sterilized long white butcher's coat a rubber apron which could only be washed. The hands were then scrubbed with pure green soap for six or seven minutes by the clock, dipped into potassium permanganate and, to decolorize them, into a strong solution of oxalic acid. By that time they were raw and sore, and frequently there appeared points of irritation which were apt to turn into boils. Some of the Staff used the cotton gloves advocated by von Mikulicz, who himself once operated at Mount Sinai as the guest of Dr. Gerster. It is remembered that he used about twenty pairs of these cotton gloves in the course of a twenty minute operation. Rubber gloves, a tremendous innovation, were introduced into the Hospital by Dr. George E. Brewer who served on the Surgical Staff for one year in 1899, but they were not generally accepted by the Staff, many of whom preferred operating with bare hands. The first gloves reached to the elbow and were therefore somewhat clumsy. Masks were never used by the operator, the interns, or the nurses, when nurses were present. Towels were carefully sterilized and then piled on open shelves where dust promptly contaminated them. The operating room itself, even in the nineties, continued to be lined with unsanitary dark wood and wainscoting. The table used was designed by Dr. Gerster. Made of ordinary wood, it was constructed at an angle and equipped with a trough that led to a pail suspended beneath. The covering was a rubberized material which could only be washed, and was held down to the table by large brass-headed nails.

There were general disadvantages too. In order to protect themselves against carbolic acid solutions, many surgeons wore the sabots suggested by Dr. Gerster in his book. The only containers large enough to hold an adequate supply of sterilized bandages were old-fashioned candy jars bought at the corner store and dignified as operating room equipment. Operations were carried on by gas light, as has already been pointed out. There was no head operating room nurse. A member of the House Staff presented the instruments and until 1896 nurses helped only with the dressings. In 1896, however, "Dr. Gerster appeared before

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96 Report of the Gynecological Service of The Mount Sinai Hospital from January 1, 1883 to December 31, 1894, Paul F. Mundé, Wm. Wood & Co., 1895.

97 Interview with Dr. Martin Ware, April, 1938.
the Board and argued in favor of a change in the handling of instruments of the Surgical Department, and the suggestion came out that nurses could receive valuable training and do good service in connection with operations. 798

One consequence of the gradual adoption of aseptic and antiseptic methods was a slow but steady growth of confidence in surgery, on the part of both patient and surgeon. During the ten years from 1884 to 1894 the annual number of operations increased from 456 to 1311, indicating that surgery was slowly coming into its own. 99 (Today the annual total is approximately eight times the number of operations performed in 1894.) Further indication of this progress is seen in the beginnings of surgical specialization, aside from gynecological and ophthalmological, which had been established early at Mount Sinai. In 1895 a Genito-Urinary Service, commanding ten beds, was organized under Dr. Fluhrer, one of the few such specialists in the United States at that time. 64 But even in the nineties, pre-Listerian surgery was not quite a thing of the past. The story is told of a surgeon who, on coming to the Hospital to operate, was asked if he did not care to wash his hands. "What for?" he replied, "I washed before leaving the office." 768

In 1893 the Staff was further enlarged by the appointment of assistants to the various services. Nathan E. Brill and Morris Manges were added to the Medical Staff. At first interested in neurology, Dr. Brill had increasingly turned to investigation in internal medicine and did extensive research in blood diseases. In 1910 he described the form of typhus which bears his name, Brill's disease. Three years later, with Frederick S. Mandlebaum, he was the first to present the clinical features and pathological anatomy of a rare disease described by the French physician, Gaucher. 100 When he died in 1925, Dr. Brill was a member of the Hospital's Consulting Staff. Dr. Manges, later Consulting Physician to the Hospital, became Professor of Clinical Medicine at the New York Polyclinic Medical School in 1898, and in 1911 held the same position at the Bellevue Medical College where he continued to teach for eleven years.

In surgery, Howard Lilienthal and William Van Arsdales were appointed. Dr. Lilienthal, who in 1922 became Consulting Surgeon to the Hospital, was a graduate of the House Staff of 1888. Today he is noted as an authority on thoracic surgery, and the author of a comprehensive and outstanding book on the subject. He is also a past President of the New York Surgical Society, the New York County Medical Society, and the American Society for Thoracic Surgery. Dr. Van Arsdales, a promising young surgeon whose death in 1899 was most untimely, was the inventor of an instrument, the first of its kind, with a saw edge so designed that it could cut a curved line. 68

Joseph Brettau, later Consulting Gynecologist to the Hospital, and in 1927 President of the American Gynecological Society, was also appointed in 1893 to

798 Minutes of Board of Directors' Meetings, The Mount Sinai Hospital, January 12, 1896.
99 Annual Report of the Directors of The Mount Sinai Hospital, 1895.
the Gynecological Service. "An incisive, bold, sure operator,"\textsuperscript{101} he has by his organizing ability and professional integrity left an indelible mark on the Gynecological Service. He was a pioneer in the development of the more extensive type of gynecological operation.\textsuperscript{102} In the same year Henry Koplik was made Assistant to the Children’s Service. Four years earlier Dr. Koplik had been the founder, at the Good Samaritan Hospital, of the first sterilized milk station in the United States. In 1898 he discovered the spots diagnostic of measles, known as Koplik’s sign.\textsuperscript{100} When Dr. Koplik died in 1927 he was Consulting Pediatrician to the Hospital to which he had given thirty-four years of distinguished service.

Another addition was Charles May, a graduate of the House Staff of 1884, who was appointed to the Eye Service. Today Consulting Ophthalmologist to Mount Sinai, Dr. May in 1914 devised the method of illumination now universally used in all ophthalmoscopes and known by his name. This method, by the use of convex lenses to concentrate the light, and a solid glass in the shape of a prism, so simplifies the ophthalmoscope that it can be used by any medical man even though he may have no special eye training.\textsuperscript{103}

It is significant that in these years the appointments to the Staff, both of Attendings and Assistants, later known as Adjuncts, included many men who had served as interns at the Hospital. Mount Sinai was beginning to assume its place as an educational institution and a creative force in the training of young medical men.

\textsuperscript{101} Report on the Gynecological Service, The Mount Sinai Hospital, Dr. Max Mayer, January, 1939.
\textsuperscript{102} Interview with Dr. Harold Neuhof, December 21, 1939.
\textsuperscript{103} Information from Dr. Charles May.
CHAPTER XI

BEGINNINGS OF THE LABORATORY. THE FIRST X-RAY DEPARTMENT. THE HOSPITAL OUTGROWS ITSELF. PLANS FOR THE NEW BUILDING ON FIFTH AVENUE.

The general interest of the profession in the scientific aspects of medicine and the growing employment of investigative methods was reflected in the constant references to Mount Sinai's need of a laboratory which appeared in the minutes of the Board of Directors and the Medical Board. But this interest in research developed slowly at first and had small beginnings. Before 1893 the nearest approach to laboratory work in the Hospital had been urinalysis, and that was done in the lounge provided for the Attending and House Staffs. In 1891, as a result of considerable agitation on the part of some members of the House Staff, a special room was set aside for such tests, and urinalysis was performed "in a little arrangement rigged up with an alcohol lamp." The room, however, was inadequate for any other work. In 1893 the Medical Board expressed "their sense of the urgent necessity of the establishment of a laboratory." In that same year the modest nucleus of what is now a most important and extensive part of the Hospital's work was organized.

Dr. Henry N. Heineman, Attending Physician, was appointed Pathologist and Frederick S. Mandlebaum, a graduate of the House Staff of 1891, was assigned to him as an Assistant. Dr. Mandlebaum, in the two years following his graduation from Mount Sinai, had studied in Berlin and Vienna under the leading pathologists of the day. For six months after their appointment Drs. Heineman and Mandlebaum were a staff without a laboratory. As a consequence Dr. Mandlebaum did the Hospital's pathological work at his own office. In December of 1893 Dr. Heineman announced his intention of donating laboratory equipment for the new department and five hundred dollars a year to pay the salary of his Assistant. The Pathological Laboratory, as it was called for many years, found its first home on the second floor of the north wing, in a room "half the size of an ordinary hall bedroom" which had formerly been the coat room for the students from the Nurses' Training School. Here two people could just manage to work at one time. This situation prompted the Laboratory rule which read that "there shall be no intrusion on the Pathologist or his Assistant." At one side of the room was an alcove, slightly above the

104 Notes dictated by Dr. H. A. Cone, June, 1938.
105 Minutes of the Board of Directors' Meeting, The Mount Sinai Hospital, January 12, 1893.
106 Libman, Emanuel: Notes on the History of the Laboratories of The Mount Sinai Hospital, prepared about 1932.
107 Minutes of the Board of Directors' Meeting, The Mount Sinai Hospital, December 24, 1893.
level of the Laboratory itself, where committee meetings were often held. That early Laboratory was planned neither for privacy nor quiet, and the equipment of those days was far from perfect. The sterilizer leaked and could be used only if a broom handle, wrapped in cotton, were held against the hole. The thermostat (there was only one) was heated by a gas burner which was

Out of that small and badly equipped laboratory came an enormous amount of work. All gross material from the operating room and that obtained at post-mortem examinations was studied there. In the first two years of the laboratory's existence, Dr. Mandelbaum performed all post-mortem examinations. He did his own cutting of sections, staining of slides, and cleaning and sterilizing of test tubes. He even dusted the room itself and mopped its floor. White mice

109 Interview with Dr. Emanuel Libman, April 6, 1939.
and guinea pigs were kept in the basement where the morgue was also situated. In the daytime the animals were brought out to the Hospital yard in their cages. There was no little excitement when a grocery cart upset the cages and the frightened animals scampered in and out among the equally frightened convalescents sitting in the garden.

Despite all obstacles in that cramped room and the small one that was added to it in 1900, significant scientific work was carried on. It was there that Dr. Mandlebaum, who became Pathologist when Dr. Heineman resigned in 1895, began the research on Gaucher’s disease which was completed after twenty years. There also the first studies in America of the Widal reaction in typhoid fever were made by Charles A. Elsberg, then Assistant Pathologist and a recent graduate of the Mount Sinai House Staff who later became an outstanding neurosurgeon and a member of the Consulting Staff. In that laboratory it was possible to trace an epidemic of typhoid in the Training School to an employee who was probably a typhoid carrier. There Emanuel Libman, leading diagnostician and bacteriologist, and member of the Hospital’s Consulting Staff, began his valuable research on the heart condition, subacute bacterial endocarditis, which is often referred to as Libman’s disease. Dr. Libman became Assistant Pathologist soon after his graduation from the House Staff in 1896. Later, when the Hospital had already moved to its present site, he became Associate Pathologist, a position he held until 1923 and to which he brought the enthusiasm and imagination which to a large degree are responsible for the position the Mount Sinai Laboratories have achieved.

These were the men, who because of their convictions as to the significance of science in medicine, because of their willingness to give much time and effort not only to creative research but also to demands of the most routine matters, were responsible for making the meager laboratory a center of scientific activity and a source of inspiration, insuring Mount Sinai’s progress. In this respect Dr. Arpad Gerster’s comment is particularly apt: “The Pathological Laboratory of Mount Sinai Hospital had an extremely small beginning. Its first perch was in a place not much larger than a bird’s cage—that is, in a bay window in the north-west corner of the old Hospital. The birds inhabiting it were of the right breed.”

The year 1895 was marked by the announcement of Wilhelm Konrad Roentgen, Professor of Physics at the University of Würzburg, that he had found “a new kind of rays” which, although themselves invisible, could penetrate wood, paper, cloth, and—most amazing of all—human flesh. These rays could be used to “photograph” the metal or bones beyond such a barrier. The first reaction of the medical world to this announcement of the X-ray was incredulity, closely followed by great enthusiasm. “Photographs” of human hands showing the bony structure beneath the tissue were common by 1896. But the discovery was considered largely an oddity and its implications were not immediately realized. The general public dubbed Roentgen’s discovery “ghost pictures” and the common attitude of curiosity was not unmixed with humor, even indignation. Cartoons in the newspapers and popular weeklies forecast the fate of fashionable society when a photograph taken at a dance might reveal only a crowd of waltz-
ing skeletons. Indeed, one worthy assemblyman in the New Jersey State Legislature introduced a bill "prohibiting the use of X-rays in opera glasses in theaters." However, the fear of the medical profession that pictures of bones alone would be of no practical value was soon allayed, and within a few years after Roentgen’s discovery X-ray machines came into general hospital use.

Mount Sinai purchased its first X-ray machine in 1900. For the first year it was chiefly in the hands of the House Staff, and the first plate was taken by Dr. Emanuel Libman, the House Surgeon. The patient was a fat man and the exposure which took ten minutes revealed a fracture of his thigh. Some of the subsequent plates, however, failed to show fracture or bone breakage which had been discovered by clinical diagnosis. Within one year a separate department for X-ray work was established and Walter M. Brickner, a graduate of the House Staff and a member of the Surgical Staff of the Dispensary, was appointed "Radiographist."

Dr. Emanuel Libman

Eugene Eising, the House Surgeon. The patient was a fat man and the exposure which took ten minutes revealed a fracture of his thigh. Some of the subsequent plates, however, failed to show fracture or bone breakage which had been discovered by clinical diagnosis. Within one year a separate department for X-ray work was established and Walter M. Brickner, a graduate of the House Staff and a member of the Surgical Staff of the Dispensary, was appointed "Radiographist."

An article by Dr. Brickner in 1903\textsuperscript{111} summing up the work of his Department indicates the great satisfaction felt even then when the X-ray findings were confirmed by clinical diagnosis, an operation, or post-mortem examination. Confidence in radiography increased rapidly so that seven years after the Department was founded and the Hospital had already moved to its present site, the Annual Report for 1908 includes the following comment:

"The services of this Department (radiographic) have been utilized to a much larger degree by the Surgeons and Physicians of the Hospital, and by the profession, and this Department is gaining in importance as the value of this service and its practical application in the practice of surgery and medicine are more largely recognized."

Since 1882 the reports of the Hospital Directors had indicated that the available space was inadequate for the demands made by the community on Mount Sinai. This condition had been somewhat improved by the alterations and additions already described as well as by the expanded facilities of the Dispensary and the creation of the District Service. The latter, organized in May, 1886, was known as the "District Corps of Physicians," and was the first medical service of its kind in the city. Various districts were mapped out with a capable volunteer physician in charge of each district. Patients for whom there was no room in the Hospital, and who were unable to provide themselves with medical aid, were referred to these district doctors and were treated by them in their own homes until they could be admitted to the wards, or as frequently happened, until a rapid cure was effected. Nurses from The Mount Sinai Training School were assigned to this service, and medicines were prepared for the Hospital at cost by the best pharmacies in each district and were provided to the patient free of charge.

However the overcrowding of the Hospital was only temporarily relieved. The Annual Report covering 1887\textsuperscript{112} points out that 597 patients were kept on a waiting list because there was no room to accommodate them. When room was available they were notified to that effect, but they failed to respond, probably because they had gone to another hospital. And just as there had been emergency demands on the little Twenty-eighth Street Hospital, so the larger Mount Sinai in its Lexington Avenue building was also called on to meet similar situations. On December 19, 1889, fire broke out in the Presbyterian Hospital, at Seventieth Street and Fourth Avenue. Mount Sinai, three blocks to the south, promptly took into its building forty of the patients, for "we rightly considered them as our neighbors and treated them as such."\textsuperscript{113} The victims of the fire were

\textsuperscript{111} Mount Sinai Hospital Reports, Vol. 3, 1903. (These reports are accounts of interesting cases written by members of the Hospital Staff. Volume I was published in 1898, Volume II in 1901 and the subsequent volumes, numbering five, came out every two years until 1907 when the publication was discontinued. These Reports, edited by Dr. Paul F. Mundé and Dr. N. E. Brill, may be considered the forerunner of today's Journal of The Mount Sinai Hospital, founded in 1934 and edited by Dr. Joseph H. Globus.)

\textsuperscript{112} Annual Report of the Directors of The Mount Sinai Hospital, 1887.

\textsuperscript{113} Annual Report of the Directors of The Mount Sinai Hospital, 1893.
cared for wherever there was space, in wards and private rooms. When American soldiers returned from the Spanish-American War in 1898, many of them were ill with typhoid fever and malaria. The Government had not sufficient hospital accomodations for these men, and Mount Sinai offered to care gratuitously for forty-four of them.

In 1893 the population of New York reached 1,800,000. This was twice what it had been when the Hospital moved to Lexington Avenue twenty years earlier.\footnote{World Almanac, 1937.} The demands on public and voluntary hospitals increased accordingly. Moreover, in those twenty years more than 17,000,000 immigrants had come to the United States,\footnote{Recognition these conditions which were contributing toward the over-crowding of the Hospital, the Board of Directors, under the Presidency of Hyman Blum, resolved in 1893 to erect a new fireproof building on the same site Mount Sinai then occupied or on a new one. The new building was to have a bed capacity for three to four hundred patients. The problem was how to finance this plan.}

Throughout the years spent in the Lexington Avenue building, the Hospital had received generous gifts: in 1882, the balance of a $25,000 donation from Simon Abrahams; three years later, $10,000 from Julius Hallgarten; from William Meyer, in 1891, the balance of a $10,000 gift; by 1894, the aggregate of $55,000 from Sarah Burr. But these contributions, liberal though they were, had been steadily drawn upon for the expenses necessary to run a hospital which year after year treated from 88 to 96 per cent of its patients free of charge. Therefore the new project required a special building fund. In 1893 bonds were issued and subscriptions began to come in.

At this point a new method of fund raising was proposed by Mr. George Blumenthal who had been elected to the Board of Trustees in 1892. (Mr. Blumenthal later served as Mount Sinai's President from 1911 to 1938 and as its distinguished President Emeritus until his death in 1941.) Convinced that raising money by the issuance of bonds was an unnecessarily complicated process and that those who were willing to help the Hospital would be ready to donate money outright, he urged that the old system of fund raising be abandoned. Older members of the Board, more experienced in such matters, threw up their hands at such a proposal. Money had always been raised by asking donors to subscribe to bonds, and any other way would be considered odd by the people accustomed to the established plan. Moreover, payments had already been made on the bonds issued in 1893. Strong in his conviction that immediate collection of funds would succeed, Mr. Blumenthal pressed his view. He contended that the value of bonds already subscribed could readily be converted into outright donations, and offered to speak to each subscriber himself. Moreover he prophesied that $400,000 in cash could be raised in a short time. Finally, persuaded by the enthusiasm of this younger member, the Board consented to a six-week trial
period and to be guided by the result. Before the meeting adjourned on that memorable Sunday morning, the Trustees themselves had pledged a total of $140,000. Within four weeks the $400,000 in cash donations was raised. The issuance of bonds then and there became an outmoded fashion of fund raising.\textsuperscript{115}

After careful debate, the idea of erecting a new building on the Lexington Avenue site or of buying the property of the Chapin Home was abandoned. Land available for the new Hospital was under consideration for several years. It was finally announced in 1898 that "The Mount Sinai Hospital has agreed to purchase of plot of ground on the easterly side of Fifth Avenue between 100th

![Mr. George Blumenthal](image)

and 101st Streets in this city, being 201 feet 10 inches on Fifth Avenue, running easterly 325 feet on both 100th and 101st Streets, making one plot 201 feet 10 inches $\times$ 325 feet."\textsuperscript{116}

By 1904, the year in which the Hospital moved to 100th Street, the enlargement of the Staff and its increasing departmentalization were indicative of plans for a Mount Sinai of wider scope. In that year, Sigismund S. Goldwater, a graduate of the House Staff of 1902, was appointed Superintendent (the title is now Director) of the Hospital—the first medical man to hold that position. Commis-

\textsuperscript{115} Interview with Mr. George Blumenthal, December 27, 1939.

\textsuperscript{116} Minutes of Board of Directors' Meeting, The Mount Sinai Hospital, February 15, 1898.
sioner of Health of New York City in 1914, Commissioner of Hospitals from 1934 to 1940, and subsequently President of the Associated Hospital Service of New York, he gained an international reputation as a hospital planner and administrator. In the twenty-four years he spent as Director and Superintendent of Mount Sinai he brought to his work a vision and foresight which played a major rôle in its development.

In the year of the Hospital’s removal to 100th Street, its Consulting Staff numbered four. The Physicians were Dr. Jacobi and Dr. Janeway, who had resigned from the Attending Staff seven years before. The Surgeons were Dr. Stimson and Dr. Fluhrer who in 1900 had resigned as Attending to the Genito-Urinary Service. There were now four instead of three Attending Physicians on the Staff: Drs. Brill, Manges, Meyer, and Rudisch. Drs. Brill and Manges had been appointed Attending Physicians in 1898. The number of Adjunct Attending Physicians had been doubled so that there was now an Adjunct for each of the four medical services. The Attending Physician to the Children’s Service was Dr. Koplik who had succeeded Dr. Scharlau when the latter resigned in 1900. There was still only one Adjunct on the Children’s Service.

The Attending Surgeons in 1904 were Drs. Gerster and Lilienthal. Dr. Lilienthal had been appointed an Attending in 1899. For the three preceding years Dr. Gerster had been the only Attending Surgeon, since Dr. Wyeth had resigned because of ill health, Dr. Stimson had joined the Consulting Staff, and Dr. Fluhrer had been Attending only to the Genito-Urinary Service. There were four Adjuncts on the Surgical Staff in 1904 instead of the former two. Two Gynecological Services had been established, one under Dr. Brettauer who had become Gynecologist at the death of Dr. Mundé in 1902; the other under Florian Krug, who since 1888 had been Gynecologist to the German (now Lenox Hill) Hospital,117 and in 1903 had been appointed to the Mount Sinai Staff. The Genito-Urinary Service, which had been suspended as a separate division when Dr. Fluhrer joined the Consulting Staff, was reestablished in 1902 under the direction of Hermann Goldenberg. An Adjunct was appointed to this Service for the first time. Dr. Goldenberg had served as chief of one division of the Dermatological Department of the Dispensary since that Department’s organization in 1890, and he went on with this work for many years, even after his appointment to the Genito-Urinary Service. In 1911 he became Attending Dermatologist to the Hospital, and as Consulting Dermatologist continued his services to Mount Sinai from 1929 until his death in 1937.

By 1904, the Neurological Service under Dr. Bernard Sachs and the Dermatological Service under Dr. Lustgarten each had acquired an Adjunct. The Eye and Ear Service under Dr. Gruening now had two Adjuncts instead of one. A separate department had been created for diseases of the throat, and Dr. Bryson Delavan became Laryngologist to the Hospital in 1903, an entirely new position. Dr. Delavan had been chief of the Children’s Department of the New York Dispensary as well as of the Department of Clinical Medicine there. From 1878

117 Mayer, Max: Report of the Gynecological Department of The Mount Sinai Hospital, January, 1939.
until 1883, he had been Curator of the Museum and Assistant Pathologist at the New York Hospital, and from 1887 Professor of Laryngology and Rhinology at the Polyclinic.\textsuperscript{118} When the new Laryngological Service was established at Mount Sinai, an Adjunct was also appointed to it. The Radiographic Department under Dr. Walter Brickner had had an Assistant since 1902. In that same year two anesthetists were appointed. Before this, members of the House Staff administered ether, for such work had not been regarded as needing special training.

The Laboratory Staff, by 1904, also showed signs of expansion. Dr. Mandlebaum was Pathologist, and continued in that position until his death in 1926. A Physiological Chemist, Samuel Bookman, was appointed in 1904. Dr. Bookman continued in that capacity on the Laboratory Staff until 1927, when he became Consulting Chemist. In addition to an Assistant Pathologist, there were appointed to the Laboratory an Assistant Physiological Chemist, a Second Assistant Pathologist, a Laboratory Assistant, and a Pathology Intern.

\textsuperscript{118} National Encyclopedia of American Biography, Current Series.
Like the rest of the Hospital, the Training School for Nurses was displaying growth. Its student body in that year numbered eighty-five, with ten probationers. This is in striking contrast to the eight probationers who formed the School’s first class in 1881.

When the Mayor of New York laid the cornerstone of Mount Sinai's Lexington Avenue building in 1870, the inscription on the trowel which he had used read “Beth Cholim,” or “home of the sick.” Essentially, to be a home of the sick is the function of every hospital. In 1870 Mount Sinai was such a home rather than a scientific institution. There was no formal Medical Board to administer medical matters, no division of the fundamental services, no organized Dispensary, no separation of departments treating diseases that require specialized knowledge, no division of research and investigation, no system for the training of young men. But slowly the medical scene changed, and in the thirty-two years spent on Lexington Avenue the Hospital changed with it. On the Mount Sinai Staff were many pioneers who led the gradual progress toward a more scientific approach in medicine. For, roughly, those thirty-two years were a period in which the whole concept of scientific medicine had taken form. The basic and gradual growth which marked those years at Mount Sinai paralleled that which took place in the medical world at large, and served to lay the foundations essential for a mature, scientific institution in the years to come.

This concludes the first and second sections of the Story of The Mount Sinai Hospital. The third section is now in preparation and will be published in the Journal of The Mount Sinai Hospital from time to time as the material becomes available.
The story of the first fifty years of the Mount Sinai Hospital, New York.