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## The Mount Sinai Hospital A Brief History

JEREMY HUGH BARON, D.M., F.R.C.P., F.R.C.S., F.R.C.P.G.

### Abstract

In 1852, The Jews Hospital was founded for the increasing number of Jews in New York. It opened in 1855 with 45 beds on West 28th Street; 92% of the patients were indigent. In 1864, the hospital formally became nonsectarian and, in 1866, changed its name to The Mount Sinai Hospital. The medical staff was primarily Jewish, because until relatively recently, it was difficult for Jewish doctors to obtain postgraduate training or specialist posts at major New York hospitals. As the Jewish population moved uptown, so did The Mount Sinai Hospital: in 1872 to 66th Street, and in 1904 to 100th Street, with 456 beds, growing with new buildings and services to the current 1100 beds, 50,000 discharges, 400,000 inpatient days and 300,000 outpatient visits each year.

Services increasingly became specialized, and then subspecialized. Key innovations included the choice of interns by competitive examination (1872), an advisory Medical Board (1872), the Nurse Training School (1881), the library (1883), the Alumni Association (1896), a professional medical hospital administrator (1903), research laboratories (1904), clinicopathological conferences (1905), the Social Services Department (1906), postgraduate teaching programs (1923), full-time chiefs of clinical services (1944), the dedication of the Mount Sinai School of Medicine (1968), and the merger in 1998 into the Mount Sinai-New York University Medical Center. **Key Words:** Mount Sinai Hospital New York, history.

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THIS CHAPTER HIGHLIGHTS some of the main events of the first hundred years of Mount Sinai (1–13). In the 1850s, the increasing population of New York City, frequently subject to overcrowding, poverty and disease, signaled the need for new hospitals to complement the older voluntary ones (New York Hospital, 1771; Lincoln, 1839; St. Vincent's, 1849) and the older municipal institutions (Bellevue, City). The increasing number of Jews in New York (16,000) led the Hebrew Benevolent Society in 1850 to plan a Jewish hospital. In 1852, they and the Young Men's Hebrew Association, the German Hebrew Benevolent Society, and the Assistance and Education Society formed Articles of Association (1). Land was bought on the south side of then-rural West 28<sup>th</sup> Street between 7<sup>th</sup> and 8<sup>th</sup>

Avenues, ground was broken in 1853, and The Jews Hospital was opened May 17, 1855 with 45 beds (2). The hospital's services were intended primarily for the indigent, and of the 216 patients admitted in 1855–1856 only 16 could pay (3).

In the 1852 Articles of Association, the hospital was established for “medical and surgical aid to persons of the Jewish persuasion” (1) but from the beginning accident cases were admitted from all ethnic groups. In 1862, the Jews Hospital admitted soldiers from the Civil War. The following year, those injured during the Draft Riots were admitted (4). In 1864, a formal nonsectarian policy was adopted, but this policy was not widely recognized (5). To emphasize this change in policy, the hospital was renamed, in 1866, The Mount Sinai Hospital (5). Nevertheless, this change did little to diminish the anti-Semitism prevalent at the time.

In the 19th century and much of the 20th, Jews were not readily accepted into medical schools (14). Moreover, it was more difficult for them to obtain postgraduate training and even more difficult to become specialists at a univer-

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From the Dr. Henry D. Janowitz Division of Gastroenterology, Mount Sinai School of Medicine, New York, NY.

Address correspondence to Dr. J.H. Baron, Division of Gastroenterology, Box 1069, Mount Sinai School of Medicine, One East 100th Street, New York, NY 10029-6574.

sity hospital. Some medical schools did not take any Jews, while some of the better schools, such as the College of Physicians and Surgeons ("P & S") Medical School at Columbia University, had a quota of only 10% Jewish students (14, 15). When Crohn qualified at P & S in 1906, he came to The Mount Sinai Hospital as an intern (16). When Janowitz qualified at P & S in 1939, second in his class, he was given a message that he should not expect an internship at Columbia, but should contact Dr. George Baehr at Mount Sinai, as should his friend (third in the class), whose "accent was too thick for the Harkness Pavilion" (16).

Some social exclusions were blatant. When Crohn attended to a patient vacationing in a hotel in Maine, he could not spend the night there, and when he went to an executive board meeting of the AGA in Pittsburgh, he found that he alone was lodged in a hotel because he could not stay with the other board members at the Fort Duquesne Club (17, 18). When Winkelstein went to meetings of the AGA in the 1920s, he could not stay in the main conference hotel (19). In 1962, I visited Dr. Morton Grossman's department in Los Angeles and one day was invited to have lunch with Stuart Tuttle at his country club. Dr. Grossman learned where I had visited and remarked that I had been entertained where Dr. Tuttle could never have taken him (20).

As the Jewish population of New York progressively moved uptown, The Mount Sinai Hospital followed. In 1872, it relocated to Lexington Avenue between 66<sup>th</sup> and 67<sup>th</sup> Streets (6), and then again in 1904 to Fifth Avenue at 100<sup>th</sup> Street (11). At the time of this second move, Mount Sinai had 456 beds. By 1875, when a separate outpatient dispensary was opened, gynecology and pediatrics cases were treated separately. From 1872, interns were chosen by a competitive examination and served two years (8). In 1877, the beds were divided into Medicine and Surgery. The Association of the Alumni of The Mount Sinai Hospital was created in 1896. The Mount Sinai Training School for Nurses was incorporated in 1881 (8). The medical library opened in 1883. The first subspecialist, an ophthalmologist, was appointed in 1879 and a pathologist (Henry Heineman) and a neurologist (Bernard Sachs) in 1893 (10).

Sachs (21) enunciated the ethos of a Mount Sinai Hospital specialty service: "The chief aims . . . should be the considerate treatment of the patient, making use of the most recent methods, the training of an adequate House Staff, and, above all, the development of a group of able associates and assistants . . . who would be certain in the course of time to contribute materially to the advancement of neurological science. . . . Incidentally I stressed

the importance of the doctor looking neat, being scrupulously clean, using good English, and articulating distinctly."

In 1903, Mount Sinai appointed Dr. S.S. Goldwater as the first professional medical hospital administrator in the U.S. (1). Dr. Goldwater maintained that health was not a privilege but a right, and he fought throughout his long career in New York to ensure that its citizens should be warm, well fed and sheltered. Under Dr. Goldwater's administration, The Mount Sinai Hospital's Social Service Department was opened in 1906.

The development of a medical school in The Mount Sinai Hospital took almost one hundred years. In 1873 the Board was asked, but considered it not expedient then, to start a medical school. In 1908, when the decision was made to take medical students from Bellevue and Columbia, the titles of clinical professor of medicine and clinical surgery were awarded to senior hospital staff. Clinical pathological conferences were held occasionally from 1905 and regularly from 1919. Formal postgraduate teaching programs began in 1923.

Research, too, flourished at Mount Sinai. When the Pathology Department was formally instituted in 1906, the 15 staff members were all engaged not only in routine clinical testing but in "active research work in . . . higher problems of modern medicine" (12). The philanthropist Adolph Lewisohn (a Mount Sinai Hospital trustee from 1898 to 1938) insisted that a first-rate hospital must be a first-rate research center; he therefore financed both with capital and revenue the laboratories built in 1904 and 1916. By 1923, there were 22 professional laboratory staff members. The laboratory directors became full-time salaried employees in 1926, Klemperer for morbid anatomy, Shwartzman for bacteriology and Heidelberger for chemical pathology. But there were also 60 volunteer researchers-clinicians who maintained an active clinical practice, seeing patients, but who also devoted more than 20 hours per week to research (22, 23). They were motivated by being associated with progress in scientific medicine, which was thought to lead to a higher level of clinical care. They also knew the Mount Sinai policy of promoting clinicians with a scientific background. Thus, over its first hundred years, The Mount Sinai Hospital evolved from a small community hospital into a major medical center which was recognized internationally for its excellence in clinical care, research and postgraduate teaching.

As an aside for the overseas reader, an explanation of the usual staffing structure of a major hospital may be helpful. In the 1850s all, and in the 1990s almost all, of the senior clinicians (consultants) were ‘voluntary attending’; that is, they earned their livelihood in private specialist practice in their outside offices. They used the hospital only for the admission of patients to private beds. They were not paid for their hospital work in caring for patients in the wards, for operative procedures, or for research or undergraduate or postgraduate teaching. The post of attending was keenly sought, because even a voluntary staff position at a major hospital encourages other doctors to refer patients to the attending, or patients to refer themselves, and also because hospital privileges permit admissions of private patients whose care is facilitated by the “house staff” (interns, residents and fellows). Today there is also a large “full-time” salaried staff, but earlier this century only a few senior academic staff members, such as departmental or divisional chairmen, were salaried.

As early as 1872, the Hospital trustees were advised by a medical board. To avoid conflicts of interest or the diversion of funds to research activities, separate financing for research was instituted after 1925, with the encouragement of scientifically minded clinicians and pathologists. By 1937, joint committees were set up for research, administration, education, and the residency and fellowship program. In 1944, full-time chiefs of the clinical services were appointed, George Baehr directing the first medical service and medical research, followed by Isidore Snapper for the second service and graduate medical education. In the 1950s, the Board considered again the question of establishing a medical school, but these plans did not materialize until 1963, when the Mount Sinai School of Medicine of the City University of New York was incorporated. It now has about 400 medical students, 50 M.D./Ph.D. students and 130 Ph.D. students. The Mount Sinai Hospital now has more than 1100 beds, with approximately 50,000 discharges, 400,000 inpatient days, and 300,000 outpatient visits each year. In 1998, The Mount Sinai Hospital and New York University Medical Center agreed to merge into the Mount Sinai-New York University Health Services Organization, with NYU awarding degrees for two separate medical schools, the NYU School of Medicine and the Mount Sinai School of Medicine.

Thus, in a century and a half, The Mount Sinai Hospital grew from a tiny, 45-bed sectarian hospital serving an almost wholly indigent community

into today’s giant academic medical center, known for its clinical, scientific and teaching excellence.

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