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The Mount Sinai Hospital A Brief History

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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

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 28th Street between 7th and 8th

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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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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