The Manhattan Transfer
HSS moves from East 42nd Street to East 70th Street

April 5, 1949
An affiliation agreement is made with New York Hospital.

1955
Dr. T. Campbell Thompson became the Surgeon-in-Chief in 1955 and served through 1963.

May 25, 1955
Nurses assist pediatric patients in the move.

1955
Dr. Philip D. Wilson, Sr., seen here in earlier years, retired as Surgeon-in-Chief in 1955 and became the first Director of Research.

May 25, 1955
Moving Day: patients left 42nd Street after breakfast and were installed in their rooms at 70th Street in time for lunch.

May 25, 1955
T. Gordon Young, HSS Administrator, in front of the new HSS hospital, oversees two residents and nurses transferring a patient.
Memorandum

To: Members of the HSS Alumni Association
From: Thomas P. Sculco, MD, Surgeon-in-Chief
Date: Spring 2005
Re: HSS Update for Alumni

HSS is currently in one of the most exciting periods in its almost 150 year history. The major expansion of the Hospital has begun which will add three new floors to the existing building. This will give us an additional 56 beds and 10 operating rooms, with a new eight-room ambulatory operating room suite, and increase the number of orthopaedic procedures at the Hospital to over 20,000 per year. A new 11-story physician office building will be built over the FDR Drive as part of this expansion. The entire project will span four years, and a major fundraising effort has begun. The overall cost of the project will be $210 million. The clinical activity of the entire staff and the demographics of musculoskeletal needs in the future justify this ambitious undertaking.

A major reorganization of research at HSS is ongoing under the leadership of Francesco Ramirez, PhD, Chief Scientific Officer and Lionel Ivashkiv, MD, Director of Basic Research. A recent research retreat for the orthopaedic surgeons has helped focus areas of research interest and planning for the next five to ten years. Clinical research will have new infrastructure and leadership to facilitate and improve clinical research at HSS. This will contain a clinical trials program and improved clinical databases. Increased collaboration between basic research and clinicians is a priority in this reorganization, and expansion of existing collaborative programs (soft tissue, osteolysis, bone/cartilage) is planned.

The AAOS meeting in February was incredibly successful for HSS. Faculty gave over 100 papers and presentations at the meeting, and the hospital had a prominent booth on the floor of the meeting hall. The Alumni Cocktail Reception at the Cosmos Club was attended by 250 alumni and guests; it has become a very successful social function at the AAOS. Many thanks go to David B. Levine, MD, Director of Alumni Affairs, Stephanie Stein and Sherri Kronfeld for organizing this wonderful event.

At the meeting, Russell Windsor, MD took office as President of the Knee Society. Oghenebo Boachie-Adei, MD serves as an at-large member of the Board of Directors of the AAOS and Daniele Green, MD, one of our pediatric orthopedic surgeons, was named to the AAOS Leadership Fellow Program. Eduardo Salvati, MD, Alejandro Gonzalez della Valle, MD and Geoffrey Westrich, MD were awarded the John Charnley Award from the Hip Society. Michael Gardner, MD, a PGY 3 resident, received an OREF grant to study the effects of mechanical intervention in fracture healing. Residents Matthew Cunningham, MD and Dr. Westrich were also named recipients of the AAOS/OREF Clinician Scientist Development Award.

The HSS Journal, a multidisciplinary musculoskeletal journal from HSS, will have its first issue in early summer, and all alumni will receive a copy of the journal. It will feature articles by HSS staff and alumni. The Editor-in-Chief is Richard Laskin, MD with Laura Robbins, DSW, serving as Executive Editor, responsible for the planning and launching of the journal.

Our website, under the direction of Theodore Fields, MD and Edward Jones, MD, is better than ever, and I encourage you to visit www.hss.edu to see the latest upgrades. There is much information available there for patients as well as physicians.

Remember the dates for next year’s Alumni Meeting: November 10-11, 2005. The visiting Surgeon-in-Chief Pro-Tempore will be Charles Court-Brown, MD, from Edinburgh University. There will again be many symposia on state-of-the-art clinical issues and research. We will also be honoring the recipients of the AAOS/OREF Clinician Scientist Development Award.

On November 5th, alumni joined friends of the hospital for “A Night at the Opera,” a benefit for HSS at Lincoln Center. Here, Dr. Sculco addresses the crowd.

Who’s Who in Your HSS Alumni

Administrators
David B. Levine, MD
Director of Alumni Affairs
skyacres@taconic.net

Stephanie R. Stein
Associate Director
Resource Development
Education Division
steins@hss.edu

Sherri Kronfeld
Special Projects Coordinator
Education Division
kronfelds@hss.edu

Alumni Officers
2005 President
Charles N. Cornell, MD
Secretary/Treasurer
Riley J. Williams, MD
2006 President-elect
Gary Gartsman, MD

How to Contact Us
Phone: 212.606.1823
Fax: 212.734.3833
Email: alumni@hss.edu
Web: www.hss.edu

You are a Hospital for Special Surgery alumnus if you trained at the Hospital or if you are on staff at HSS, no matter what specialty you work in.

Hospital for Special Surgery is an affiliate of NewYork-Presbyterian Healthcare System and Weill Medical College of Cornell University
This year marks HSS’ 50th anniversary at our present site. It was on May 25, 1955 when the old hospital on East 42nd Street moved to 535 East 70th Street (see Archives article in this newsletter). Tributes to this event are being held this year by our staff.

New Officers
We welcome our new Alumni Association officers, Charles N. Cornell, MD, President and Riley J. Williams, MD, Secretary-Treasurer. Dr. Cornell finished his HSS orthopaedic residency in 1985, and presently, is Attending Orthopaedic Surgeon at HSS and Professor of Clinical Orthopaedic Surgery at Weill Medical College of Cornell University. He also serves as Director of Orthopaedic Networks. He has a long-time legacy at New York Hospital, where his father George Cornell, MD, and his grandfather, Nelson Cornell, MD, were on the surgical staff.

Dr. Williams graduated from HSS in 1997 as an orthopaedic resident, and then, completed an HSS sports medicine fellowship. He holds a dual appointment at HSS, in the Department of Orthopaedic Surgery Sports Medicine & Shoulder Service and as a Clinician-Scientist in the Research Department. He is also an Assistant Professor at Weill Medical College of Cornell University.

HSS Reception – AAOS
250 alumni attended the HSS reception on February 25th at the Cosmos Club in Washington, D.C. during this year’s annual meeting of the Academy. Those of you who could not make it that night — we missed you! Attendees enjoyed a gala event in the sumptuous baroque main ballroom. An open bar, tempting appetizers and entrees were enjoyed by all, while old friendships were renewed in a setting of classical guitar performed by Michael Kolstetitem.

Annual Alumni Meeting
The 86th Annual Alumni Meeting was the largest ever, with 359 attendees. Your Alumni Meeting Planning Committee has been hard at work planning another stimulating and educational program for this year. Please check the dates carefully, as for the next three meetings, we have moved the meeting time to the second week of November to avoid conflicts with other national meetings. Unfortunately, because of so many other meetings during the year, conflicts are almost impossible to avoid. Mark your calendars now for November 10th-11th, 2005.

Dr. Levine presents Charles L. Christian, MD with the first ever Distinguished Alumnus Award, several weeks after the Alumni Meeting.

From the Director’s Chair
On November 4-5, 2004, alumni, current staff, residents and fellows came together for the 86th Annual Meeting of the HSS Alumni Association. With almost 360 people in attendance, this Alumni Meeting was the largest ever.

In addition to abstracts selected from the many submitted, there were topical symposia such as Spinal Deformity; Rheumatoid Arthritis: Medical/Surgical Approach; Bearing Surfaces and Osteolysis and Minimally Invasive Surgery among others. In all, this year’s meeting featured over 60 presentations, ranging from scientific sessions, to vigorous debates, to panel discussions.

We hosted several distinguished guest experts during this year’s meeting. Ellen Gravallese, MD of Harvard Medical School, Beth Israel Deaconess Medical Center, was the Physician-in-Chief Pro-Tempore. She delivered the 35th Richard H. Freyberg Lecture on Inflammation and Joint Destruction in Rheumatoid Arthritis: What Have We Learned? Joshua J. Jacobs, MD of Rush Medical College, Rush-Presbyterian-St. Luke’s Medical Center, served as Surgeon-in-Chief Pro-Tempore. He gave the 41st Philip D. Wilson Orthopaedic Lecture on Frontiers in Joint Replacement. Rocky S. Tuan, PhD, of the Cartilage Biology and Orthopedics Branch in the National Institute of Arthritis, Musculoskeletal and Skin Diseases at NIH gave the first-ever Chief Scientist Pro Tempore Lecture on Cell-Based Tissue Engineering and Regeneration: Future Paradigm for Orthopaedics.

The Chief Scientist lecture was one of several new additions to the Alumni Meeting program. This year, the Alumni Affairs Committee presented its first Distinguished Alumnus Award to an exemplary HSS alumnus who has shown outstanding leadership in his field. Charles L. Christian, MD, who served as Physician-in-Chief of HSS from 1970 to 1996, was the recipient of this new annual honor. Although Dr. Christian could not attend the meeting in person, thanks to modern technology he was able to accept the award via teleconference. Dr. Christian was very moved to receive this honor, and he visited HSS a few weeks later to accept the award in person (see photo on page 3).

Another special feature in the 2004 program was a panel discussion on the impact of media on a consumer’s medical decisions, which featured several outside guests including medical journalist Max Gomez, PhD from WBCTV and Deborah Wolf from the FDA. This interesting group attracted a “full house” of alumni, HSS staff and lay people. Thanks go out to Tim Wright, PhD for bringing this multi-disciplinary group together for a thought-provoking session.

A lunch was held on Thursday evening for the Alumni Cocktail Reception, held for the first time at Rockefeller University, our neighboring institution on York Avenue. Over 150 alumni, HSS staff, residents and fellows socialized in a room with a stunning river and bridge view. The 5, 10 and 20 year reunion classes held private dinners later that night. During the meeting, Domenick Sisto, MD gave a presentation on the class of ’84, and Scott Rodeo, MD gave a presentation on the class of ’94.

Friday afternoon featured the ever popular awards session, in which recent graduates of our residency and fellowship programs are honored for their research work. Andrew D. Pearle, MD received the Lewis Clark Wagner Award for CRP Levels are Associated with Local Inflammatory Findings in OA. Andrea Baldini, MD and Susan Bukata, MD were co-recipients of the Philip D. Wilson Award for Patellar Function in Total Knee Arthroplasty and PTH Augmented Bone Healing in a Rabbit Spine Fusion Model, respectively. The meeting concluded with Serena Hu, MD’s moving Presidential Address: Life Lessons from HSS.

On Friday evening, our alumni joined HSS attendings and friends of the hospital for “A Night at the Opera,” a gala benefit at Lincoln Center. The evening featured dinner in the New York State Theater, followed by a performance of the opera La Traviata.

The Alumni Meeting was an outstanding success, and the hospital is already looking forward to next year’s program. — Editor

Save the date!

87th Annual Alumni Meeting

November 10-11, 2005

Surgeon-in-Chief Pro Tempore:
Charles Court-Brown, MD, Chief of Orthopaedic Trauma at Edinburgh University/The Royal Infirmary of Edinburgh in Scotland

Physician-in-Chief Pro Tempore:
Paul Emery, MA, MD, FRCP, ARC Professor of Rheumatology, Head of the Academic Unit of Musculoskeletal Disease, Clinical Director – Leeds Teaching Hospitals Trust in Leeds, U.K.
Business Meeting Highlights

The Business Meeting was conducted by Serena Hu, MD, 2004 Alumni President and Paul Pellicci, MD, Secretary/Treasurer. The hospital’s senior management gave brief reports, including John Reynolds, CEO; Thomas Sculco, MD, Surgeon-in-Chief; Stephen Paget, MD, Physician-in-Chief; and Francesco Ramirez, PhD, Chief Scientific Officer. One item of note was that 2004 was the Hospital’s most profitable year yet, and we have been able to turn those profits into investments in technology and staff. The new focus for improvement is in research.

Richard Laskin, MD discussed the upcoming HSS Journal. You can read more about the new journal in Dr. Laskin’s article in this newsletter. Paul Pellicci, MD gave the Secretary/Treasurer report and spoke about association finances. He encouraged all alumni to contribute their annual dues. He was acknowledged for his three-year term of service to the Alumni Association. David B. Levine, MD spoke on alumni matters, including the work of the Alumni Affairs Committee, and awards recently bestowed to HSS alumni.

Charles Cornell, MD is the 2005 President. The new officers elected were Gary Gartsman, MD, 2006 President and Riley Williams, MD, Secretary-Treasurer.
Alumni Profile:
The Life and Times of Philip D. Wilson, Jr., MD
by Sherri Kronfeld
Editor, Alumni News

One week prior to Philip D. Wilson Jr., M.D.'s 85th birthday, I sat down with him to speak about his 60+ years of involvement with the hospital, including serving as Surgeon-in-Chief from 1972 - 1989.

What was your first encounter with HSS?
I first saw the Hospital for Special Surgery at the age of 14 from the Tudor City Hotel across the street on a hot weekend in the summer of 1934. Forty-second street then had north/south ramps, the Hospital was on the north side. After two years later I remember watching an operation with a friend in a surgical amphitheater. The case was a scoliosis patient undergoing spinal fusion. A nosteoplastid graft was being taken from the tibia with a good deal of bleeding. My friend fell from his stool, passing out cold at the sight. He later became a respected orthopaedic surgeon with a practice in Princeton. The next time I saw that theatre was when I was a patient myself undergoing a left medial meniscectomy by T. Campbell Thompson. However, the major problem was an ACL tear so that he performed a Bennett capsulorrhaphy at the same time.

You rotated here as a medical student?
In 1943, I and two other medical students from Columbia P & S served a month's externship. VincTurco, who later became a highly respected orthopedic surgeon in Hartford, took a great deal of time with us and we learned a lot. All three of us ended up in orthopaedics and all took our residencies at HSS, but at separate times. However, that was not until several years later because we all had to finish medical school, take internships and general surgical residencies and serve in the Army or Navy before we could go on with our specialty training.

So after your internship you joined the service?
I went into the Army. I was assigned to the medical corps in Brooke Army Medical Center in San Antonio from 1946-48. It was a very busy military hospital, like Walter Reed is today. I did fractures and orthopaedic surgery. We saw a lot of broken femurs, things like that. I studied a great deal while I was there. In those days you could write to the National Medical Library and they would send you journals. I learned from all those journals about orthopaedic surgery and built up quite a library for myself. Then when I ran into things I didn't know about on the base, I could look into my own library. We had a Harvard-trained doctor there who was in charge, and a civilian doctor from the Mayo Clinic program. I learned a lot from them.

Tell me about your residency training.
I finished my army service in March of 1948. The HSS residency program was two years in length. A new resident was appointed every three months and I was fortunate to be able to start April 1st. The full-time staff of the Hospital at that time included three orthopaedic surgeons and two rheumatologists. All other attendings had their offices outside the hospital. Besides the orthopaedic surgical service, there was a general surgical service which included all types of surgery but mainly hernia repairs. Mornings were devoted to surgery or teaching conferences, while afternoons and Saturdays were reserved for seeing patients in the clinics. The orthopaedic teaching services had the amphitheater OR's on Wednesdays and Fridays, one for the children and one for the adults. Tuesday and Thursdays the amphitheater OR's were devoted to the general surgical staff. Monday mornings were reserved for a follow up and teaching conference including the entire staff. Patients would come back for follow up, ratings one year after their procedures. There was a teaching conference for children on Tuesdays mornings and one for adults on Thursday mornings. The same patients were then operated on the following Wednesdays and Fridays. Private cases were performed at other times including afternoons and Saturday mornings. Each orthopaedic resident served two three-month rotations on private services and the other six months were devoted to radiology, pathology, and other investigative or educational ventures.

Did you live “in residence” at the hospital?
They did have rooms for house staff, but if you were married you could live on your own. I lived with my wife in an apartment on York Avenue. Residents were on call every second or third night, when you were on call you had to stay at the hospital. Back then we could park on the street, we didn't need parking garages. The residents stayed on the same floor. The pay was low back then. When I was an intern (Ed. Note: in general surgery) in Boston, I remember the pay was $25 a month. But they gave you meals and housing also.

Where did you go after HSS?
The educational requirement for orthopaedic board certification changed from two to three years at about that time so that residents had to take an extra year elsewhere. For my third year of training I was fortunate to be able to get a position in the UCSF University Hospital working with Verne Inman who was active in orthopaedic biomechanic research. He was a great enthusiast and in studying joint forces he persuaded many students to volunteer
their extremities for such studies, which involved the insertion of percutaneous pins in their bones as markers.

Where did you go after your training in California?

I returned to this Hospital to become an attending in August 1951. I joined my father, T. Campbell Thompson and Ramsay Straub. All other orthopaedic surgeons had their offices outside and volunteered their services for teaching. They also were privileged to admit patients and treat them privately. Although the four of us were full-time, as were Dr. Freyberg and Bernie Rogoff, MD (a graduate rheumatology fellow), our reimbursement situations were essentially the same as the outside voluntary staff but we were spared the need to maintain an outside office.

Was research a part of this hospital at that time?

In the early 1950s, orthopaedic research at HSS was confined to follow-up studies, development of new surgical techniques and studies of bone and joint pathology. Dr. Freyberg and Dr. Rogoff were doing some investigations but there was no designated research program.

What was the hospital like?

Earlier on when HSS was at 321 East 42nd Street (1912), a preponderance of its patients continued to be indigent pediatric patients, but a ward for adult females had been provided. Facilities for the inpatient treatment of adult males however were not made available until the better part of a decade later. By the time of my residency some 36 years later adults well outnumbered children, there were three private patient pavilions and six or seven wards, only one or two of which housed pediatric cases.

When I came on as an attending in 1951, I was the fourth in-house orthopaedist. We also had Dr. Freyberg, the rheumatologist, and he had one fellow. That was it, only five full-time attendings. The rest of the attendings had off-site offices, including important figures such as Doctors Bob Patterson, John Cobb, Lewis Clark Wagner, Peter Rizzo and Alex Hersh. After the hospital moved to its present site, the general surgical department was terminated. We then began to build our medical staff gradually.

You witnessed the transition of the Hospital from a place that offered free care to children and the poor to the hospital of today that is primarily for private care.

Well, you have to remember that the Medicare/Medicaid Act became effective in 1966 and initiated tremendous changes in health-care and hospitalization practices.

Did the Hospital move toward private care for financial stability?

No, the focus of health care shifted toward privatization. We worked hard to maintain teaching services for adults and children and to do that effectively we eventually needed to provide more teaching attending and resident staff.

What kind of surgeries did you do at 42nd Street?

This was largely before the era of prosthetic joints so that the common procedures were concerned with correction of bone or joint deformity, stabilization of paralytic joints, tendon transfers, spinal fusions and/or disc decompressions, open reduction and internal fixations of fractures, cup arthroplasties, etc. From 1950 on femoral prosthetic replacement gradually became more prevalent.

What was the average length of stay like at that time?

We don’t have as precise figures for those years as we do today. However three to four weeks would probably not be off the mark. For scoliosis surgery, the hospital stay was six to eight weeks. Then the patient would be discharged in a cast to their home or to a convalescent hospital. They would return at and be recast. The overall treatment lasted nine months, with the patient in a large body cast for six months. We had an active clubfoot clinic for outpatient serial cast changes and brace fitting. Refractory and severe deformities were admitted for surgical correction, however.

What unusual surgical techniques were done at the 42nd Street location?

The introduction of the Wilson spinal plate for fixation of fusions for lumbar instability or painful degenerative joint disease with or without disc removal was an innovation. Synovectomies and capsular releases for arthritic or post-traumatic joint contractures at the elbow or knee were others. A total elbow arthroplasties, to name but a few.

Were there fellows at that time?

We had one fellow in scoliosis. Other than that, we had very few in orthopaedics until we took over at the Bronx VA in the late 50s. They had been training people at the VA., and we brought them into HSS as fellows, as they already had orthopaedic training. We increased the number of fellowships over time. Originally most fellows were foreign medical graduates who were not fully trained and wanted to do their orthopaedic training in the U.S. for one year.

This spring marks the 50th anniversary of the “Manhattan Transfer.” What do you remember about the move?

It was very efficiently handled, especially by T. Gordon Young, our administrator, and the nursing staff. We lowered admissions in the days prior to the move. The move itself was carefully programmed; everyone knew what to do. The patients had breakfast at the old location in the morning, and they were here by lunch. The car traffic was not so bad then. The old building was on 42nd between First and Second Avenues, so all we had to do was come up First Avenue.

What was here at that time, besides the new Hospital?

The Hospital was an isolated building at the end of the block. There was a warehouse where the research building is today. There was an empty lot behind that, facing 72nd, that the Hospital owned. We sold that lot in the 60s.

Did operations begin immediately at the new location?

We didn’t do elective surgery on the day of the move, we might have done a bit of ER surgery. Before we moved up here, in 1951, we took over the small orthopaedic surgery unit at New York Hospital. That was called the “non-proximate affiliation.” When we moved up here it became a “proximate affiliation.”

Is that original "non-proximate affiliation" what led to our moving up here to be near New York Hospital?

Yes, that was the first stage. At New York Hospital there were a few doctors, Frederick Liebolt, MD, T. Thomas Dring, MD, and others who came on to our staff. We at HSS also assumed responsibility for staffing, quality-of-care and educational monitoring of the orthopaedic services at NYH.
Meet Your President:
Interview with Charles N. Cornell, MD

by Sherri Kronfeld
Editor, Alumni News

Charles N. Cornell, MD is the 2005 Alumni President. On an unusually warm March afternoon, we met in his office to discuss his HSS experience and his vision for the Alumni Association.

What drew you to medicine?
I come from a medical family. My grandfather, Nelson Cornell, MD, was a frustrated orthopaedist, working as a general surgeon. My father, George Cornell, MD was as well.

How did you get into orthopaedics?
When I went to Cornell Medical School, my father urged me to take Alan Inglis’ anatomy class. After that, I was hooked on orthopaedics. I rotated at HSS as a fourth year medical student, and I was completely sold on the place. This was in 1979. I rotated on Dr. Wilson, Jr.’s service. The chief residents at that time were Harry Bade, MD and Steve Stuchin, MD.

What was your residency interview like?
We just had a few interview rooms at that time, maybe three rooms. I remember talking about my research work. During medical school, I was an Arthritis Foundation fellow in Rheumatology at HSS, so I knew everyone there.

Do you have any special memories from when you were a resident?
The party on the roof of the Hospital. Every June 30th we had a party for the PGY 3’s to celebrate their last night on call. Dr. Pellicci was a young attending then, and he paid for the party. We brought the party supplies into the hospital covered on gurneys. This was maybe 1983. It was a rite of passage for all the residents.

What are other memories you have of your residency at HSS?
The third floor cafeteria was a great place for all the residents. We met there, and had breakfast and lunch. Attendings, nurses, everybody would come there. It was a nice, social thing.

Did you live in 310?
Yes, I lived in 310, and the on-call rooms, which were in the Caspary Research Building then.

What were the on-call rooms like?
They were terrible! [Laughs]. They were above the kennel, and the dogs kept everyone awake all night.

Were there any special characters in your class?
It was actually the class ahead of us that was unbelievable. They tortured Dr. Wilson so much. I think they aged him! They had Chappie Conrad and others. My group was quiet and hard-working.

What did you do after you completed your residency?
I was Joe Lane’s fellow for six months doing metabolic bone. Then, I went to the University of Washington for a trauma fellowship. Harborview Hospital was a county hospital, just trauma. The work they did there was very high quality, comparable to HSS.

So you had both trauma and metabolic bone training.
It was a great combination. I got excellent training as a joint surgeon at HSS, then excellent trauma training. Together with the metabolic bone, I was able to move into geriatric trauma orthopaedics.

After your training, you returned to HSS?
Dr. Wilson had already asked me to come back. Dr. Wilson told me to go away to do a Trauma fellowship, and he told me to come back to HSS. In those days, you did what Dr. Wilson told you to do. I spent 1986-96 working on Trauma with Dr. Lyden and Dr. Helfet. Then, I went over to New York Hospital in Queens and was the Chief of Orthopaedics there for eight years. Then, I came back over here, working at both hospitals. Now, I’m primarily at HSS on the Trauma Service.

Dr. Sculco appointed you Director of the Orthopaedic Network. What is that like?
I oversee our satellite locations. I work with the Medical Directors of each of the affiliated sites, and I provide financial oversight. It has been interesting. We have improved the exposure of the affiliates on the HSS website. We have standardized security procedures at the different locations. We have raised the quality of care.
You are currently serving as Alumni Association president. What are you most looking forward to at the upcoming Alumni Meeting?

We have Charles Court-Brown, MD coming as the Surgeon-in-Chief Pro-Tempore. I am very interested in what he has to say. He sees all the trauma in Edinburgh, Scotland; he has done over 1,000 open tibial fractures. He does a lot of non-operative care of the elderly. They have done a great job over there of collecting and reporting on their experience; they have a massive amount of data and are able to report on it in a very informative way. Court-Brown is going to present to us his experience. We are going to develop a symposium around him on orthopaedics and the aging population.

As President, is there anything you would like to tell alumni?

We want all the alumni to get involved. The size and the support of the association has turned it into a politically powerful part of HSS. The greater the participation, the greater the impact. Also, the Annual Alumni Meeting is one of the best educational experiences out there. We want to guide that by picking topics that have relevance and that draw the most interest.

Tell us about your family.

I am still married to Priscilla, who some people may remember I lived with in 310. We have three kids. Kate is 23; she is a television reporter in Louisiana. Peter is 19, and he is attending NYU. Our 11-year-old is the last hope to become a doctor.

No orthopaedic surgeons?

We just want them to do what they need to do to be happy, and they seem to be figuring that out.

Dr. Cornell looks forward to celebrating the 20th reunion of the class of 1985 at the Annual Alumni Meeting.

Catching up with HSS Alumni

These updates were submitted by your fellow alumni. Do you have professional achievements you would like to share here? Contact the Alumni office!

We hear from Michael J. Pagnani, MD, resident ‘92 and fellow ‘93, that he has moved his practice from a Sports Medicine setting to a Knee & Shoulder group in Nashville. He plans to focus more on his Knee subspecialty.

Charles W. Carpenter, MD, resident ‘70, is enjoying retirement with his interests in boat building, wood turning and maple syrup making. He and Sue keep in close touch with many HSS alumni.

It has been a busy time for Paul Kovats, MD, foot fellow ‘96. He is now the Director of the Foot and Ankle service at Hackensack University Medical Center. He is also the President of the Bergen County, NJ Medical Society. Paul is proud to have received “Best Doctor” recognition in New Jersey from 1999-2004.

Keith Kenter, MD, spine fellow ‘97, writes that he was recently elected into the American Orthopaedic Association (AOA). He is now the Director of Resident Education at the University of Cincinnati.

From the “windy city,” Bernard R. Bach, Jr., MD, sports fellow ‘86, dropped us a line. In June 2004, Dr. Bach was the recipient of “Claude N. Lambert – Susan Thomson Endowed Chair in Orthopaedic Surgery” at Rush University Medical Center. Together with his colleagues from Rush University Medical Center, he is a team physician for the Chicago White Sox (2004 season) and the Chicago Bulls (2004-05 season).

We also have quite a lot of news to report from our alumni in Asia:

Wun-Jer Shen, MD, spine/scoliosis fellow ‘94, emailed his former chief David B. Levine, MD an update of what he has been doing since graduation. After his training was complete, “I returned to my home city of Kaohsiung, Taiwan. I am now in a combined private practice/academic situation. I teach at and have a Spine Fellow from Kaohsiung Medical University. My practice is 90% spine, combined deformity and degenerative, and 10% ‘crazy stuff.’ In the February 2005 issue of JBJS, I co-authored an article on how to equalize leg length when doing THRs in patients with Crowe 4 dysplasia of the hip.”

Hideo Fujii, MD, resident ‘54, tells us that he has been working at the Himeji St. Mary’s Hospital in Japan for 33 years. He is planning to retire in spring 2005.

Finally, we received a nice note from Ching-Chuan Jiang, MD, biomechanics fellow ‘88. He is currently president of the Asian Insall Club. The 3rd Asian Insall Club meeting will be held in Shanghai in October, 2006.

“The size and the support of the association has turned it into a politically powerful part of HSS. The greater the participation, the greater the impact.”
The Manhattan Transfer
Celebrating Our 50th Anniversary
1955 - 2005
By David B. Levine, MD
Chairman, HSS Archives Committee
Emeritus Orthopaedic Surgeon
(Note: This column is excerpted from several of Dr. Levine’s articles “Looking Back: A Periodic Column on HSS History.” These articles appear in ECHO, the monthly HSS staff newsletter.)

After 43 years on East 42nd Street, HSS pulled up its roots on May 25, 1955 to resettle into a new six-million dollar building on East 70th Street. The country was in a time of relative international and domestic tranquility with low interest rates, low inflation and plentiful, cheap oil. It was a period of post-bellum prosperity, with life less complicated and slower moving. Dwight D. Eisenhower, the 34th President of the United States, was two years into his first term of office.

That year, our hospital had an average length of stay of 25 days with 1,500 operative procedures performed annually. It became affiliated with New York Hospital—Cornell Medical Center. The office of the Surgeon-in-Chief changed hands from Philip D. Wilson, Sr., MD to T. Campbell Thompson, MD. T. Gordon Young was the benevolent administrator who was known for his concern, compassion and attention to detail. He named moving day that May as The Manhattan Transfer.

April 1, 1955, was the day set aside by T. Gordon Young, Director of HSS, for staff to visit the new building on East 70th Street. Here is what HSS staff would have found:

Operating Suite: On the fourth floor was the operating suite of four rooms, three of equal size with Room 4 too small to perform a major procedure such as a spine or hip. Between Rooms 2 and 3, was a small gallery where visitors could watch procedures. The operating suite was run with an iron hand by Hazel Evans, RN, (OR Supervisor 1941-1967) with the professional assistance of Gwendolyn Dubuque, RN. The operating schedule was from 8:30 a.m. to 2:30 p.m. weekdays. That first year, 1,554 procedures were performed.

Inpatient Rooms: These were situated on floors five through eight, both north and south sides, with pediatrics located on 5 south. The eighth floor had both private and semi-private rooms. A typical nurses’ station was simple with an adjacent drug room. There were no computers. An intercom to patient rooms was sometimes audible.

Therapeutic Pool: Located in the southeast corner of the second floor was a large elevated pool for patients to perform underwater physical therapy. The previous pool on 42nd Street (opened in 1928) was the first therapeutic pool in a hospital in New York City. Eventually, during further renovations over the years, the new second floor pool was closed, and the remaining base was filled in with foam and covered.

Moving Day: May 25, 1955 was moving day. Nurses played a significant role in the transfer of patients from the old facility, which went without incident. Seventy-three patients were moved in less than 2 1/2 hours - in time to have their lunch at 535 East 70th Street. The HSS nurses played a major part of this success story of The Manhattan Transfer.

When HSS opened its doors at 535 East 70th Street on May 25, 1955, the eight-story 170 bed building provided all the state-of-the-art amenities of a mid-20th century hospital. The architects, Rogers and Butler, designed the “A” shaped building with the inpatient rooms having a view of the East River. The site was provided by New York Hospital. An additional two lots north on the East River (now partially occupied by the Caspary Research Building) were bought for $400,000.

On the second floor was a 48-seat auditorium built for live patient conferences and other teaching rounds. Monday mornings were reserved for end-result orthopaedic conferences where patients were examined on stage. There were two ratings, one by the patient and one by the surgeon. The facility was expanded and remodeled over the years to be occupied presently by the Richard L. Menschel Education Center.

A cafeteria, mainly for staff, was situated on the third floor just west of the original bank of elevators. It was open daily for three meals, and often the cooks would leave hot meals in the evenings for the residents detained in the operating rooms. It was the soul of the hospital where staff of all levels met. Eventually, it was replaced by the Belay Café in 1988.

We look forward to commemorating 50 years at 70th Street with special events throughout 2005, including a program on May 26 in the Richard L. Menschel Education Center.

From the HSS Record & Chronicle (September 1955)
“... It is magnificent! So very different; So wonderful, so glorious, so fine. Shall it remain the greatest too. T hat depends on you and you; On how one’s job is done, both yours and mine...”
– Author unknown

How to Submit Archival Materials
Mail your submissions to: Tim Roberts, Medical Librarian, Education Division, Hospital for Special Surgery, 535 East 70th Street, New York, NY 10021 • 212.606.1210 • robertst@hss.edu
Today's rheumatology brings to mind "the best of times and the slightly less than the best of times" to paraphrase from the Dickens' novel A Tale of Two Cities. The best is represented by the stupendous new biologic agents that have changed the face of rheumatology and our patients' lives. Because of them, we are again attracting the best and brightest to our subspecialty, just like in the old days. The slightly less than the best relates to the recent COX-2 issue (see box below) and NIH research cutbacks.

Overall, HSS is thriving financially and academically, increasing in size, impact and outreach. Building expansions are underway, both on the top of the present Hospital and, soon over the East River Drive, just north of the Hospital building.

Highlights since our last communication include the following:

- Peggy Crow, MD will be the next President of the American College of Rheumatology. We congratulate Peggy on this extraordinary honor.
- Michael Lockshin, MD assumed the editorship of Arthritis and Rheumatism in April 2005, taking leadership of this centrally important position in international rheumatology.
- Laura Robbins, DSW, has been named the National Chair of the Arthritis Foundation.
- Our Physician-in-Chief Pro-Tempore at the upcoming HSS Alumni Meeting (November 10-11, 2005) will be Paul Emery, MD from Leeds, England.
- We announce the opening of the HSS Gosden Robinson Early Arthritis Center, focused on the clinical, research, education and community outreach components of early arthritis.
- Rob Spiera, MD has rejoined the HSS faculty as Director of the Clinical Research Center for the Study of Scleroderma and the Vasculitides. Clinical investigation in both these fields is exploding, and at HSS is in Rob's able hands. He was a co-investigator in the Wegener's- etanercept study that appeared in the NEJM.

The Cadwell Legacy: Franchellie M. Cadwell, the President of her own advertising agency, was a rheumatoid arthritis patient of Chuck Christian, MD and after him Sergio Schwartzman, MD. She recently passed away and $9 million from her estate to HSS. This generous bequest will fund the following:

- The Margaret R. Cadwell Endowment for Musculoskeletal Research in support of collaborative programmatic initiatives between the Weill Medical College of Cornell University and HSS.
- The Collette Kean Research Chair, to be held by Jane Salmon, MD. Jane has done groundbreaking translational research in the areas of atherosclerosis in systemic lupus and rheumatoid arthritis and the role of complement in the antiphospholipid syndrome.
- The Franchellie M. Cadwell Chair will be held by Sergio Schwartzman, MD and will support the establishment of an Autoimmunity Ophthalmology Center at HSS. The mission of this unique center is to give world-class care and perform cutting-edge research in the important area of autoimmune and inflammatory eye disorders, such as uveitis.
- The Charles L. Christian Research Fellowship is in honor of Frankee's physician and the previous HSS Physician-in-Chief from 1970 to 1995, Charles L. Christian, MD. This fellowship will support the research of Ioannis Tassioulis, MD, an Assistant Professor of Medicine at Cornell and junior faculty member at HSS. His research focuses on the regulation of cytokine function in systemic lupus and rheumatoid arthritis.
- The Franchellie M. Cadwell 4th Floor Research Laboratories at HSS.

The Kirkland Center for Lupus Research continues to be quite productive in its research output in the areas of: the role of interferon alpha in systemic lupus (Peggy Crow, MD and Kyriakos Kirou, MD), atherosclerosis in SLE and RA and complement in the antiphospholipid syndrome (Jane Salmon, MD, Guillermina Girardi, PhD) and cognitive dysfunction in SLE and the antiphospholipid syndrome (Michael Lockshin, MD and Melanie Harrison, MD, MS).

Finally, it was wonderful to see so many of our alumni during the ACR Scientific Meeting held in October 2004 in San Antonio, TX. Our past, present and future fellows in rheumatology mingled at the Alumni Reception held at the Marriott Riverwalk Hotel.

A fun evening at the Annual College of Rheumatology meeting in San Antonio, TX in October. From left, the incoming rheumatology fellows Dr. Moskowitz and Dr. Triantafyllopoulou, Charis Xeng, MD (rheumatology attending), Marge Pangas, RN (rheumatology nurse manager), Stephen A. Paget, MD and HSS social workers Karen Ng and Wendy Doran, CSW.

Find the answers you need about COX-2 inhibitors at www.hss.edu
Perspective on the Recent Data about Celecoxib (Celebrex) and Naproxen (Aleve) www.hss.edu/Conditions/Arthritis/Naproxen-Celebrex-Perspective
HSS Physicians Review Literature on the Safety of COX-2 Inhibitors Review of the literature on three controversial areas in the use of COX-2 inhibitors: acute pain management, cardiac problems, and bone healing and fusion.
www.hss.edu/Professionals/Conditions/Arthritis/Safety-Of-Cox-2-Inhibitors
HSS Booth
Staff from our website and marketing departments manned an HSS booth at the AAOS Convention Center again this year. The purpose was to publicize the free educational content for physicians and patients on our website, www.hss.edu. Doctors from around the globe signed up to receive monthly email updates about new content being posted to the site. The Alumni Association had a strong presence at the HSS Website Booth, where we gathered updated contact information, distributed the newsletter and reminded alumni about our reception.

CME Program at AAOS
The first ever HSS sponsored CME program was offered at the Academy this year. Difficult Fracture Healing Choices – Cells, Matrices & Factors: Do They Help? was an evening symposium held at the Willard InterContinental Hotel. The course chair was Joseph Lane, MD. Charles Cornell, MD, 2005 Alumni President, was among the faculty.

Alumni Reception an Evening to Remember
On February 25th, over 250 guests gathered for the Annual HSS Alumni Reception at the American Academy of Orthopaedic Surgeons Conference in Washington, D.C. The event was held at the exclusive Cosmos Club. HSS alumni, attending physicians, residents and staff mingled in the baroque ballroom of the historic mansion.

To begin the evening’s festivities, Thomas Sculco, MD, Surgeon-in-Chief, welcomed alumni to D.C. and spoke about HSS’ growth and building expansion. David B. Levine, MD, Director of Alumni Affairs, encouraged alumni to continue their involvement with HSS.

Since many of our orthopaedic alumni travel from around the world to attend the AAOS meeting, this annual event is a great opportunity to catch up and make new acquaintances. The Cosmos Club reception included guests from Australia, Taiwan, Italy and other countries.

The elegant musical performance, delicious food and exquisite surroundings were summed up by one attendee as “typical of HSS – a classy event that shows how proud we are of what we do.” Several alumni left the party asking, “How will you ever top this?”

Keep a lookout for news about the 2006 alumni party, when HSS visits The Big Easy... New Orleans!

— Editor
Your Alumni Affairs Committee is hard at work making sure that the HSS alumni experience is the best it can be. The interdisciplinary committee meets on a quarterly basis to discuss current and future social functions, educational meetings and communications.

We are continuing our efforts to develop a strategic business plan that meets the needs of our alumni here at HSS, across the U.S. and countries around the world. We have come so far in our expansion, and we need to set the stage for the future. While the Alumni Affairs Committee has been working diligently on this for the past year, we encourage every alumnus to give ideas. A lumni out in the “field” can help us shape the future. Your input is vital to our success. We would like all members to help plan the future of the Alumni Association. Please consider the following questions and send your ideas to alumni@hss.edu.

1. How can we improve the Alumni Association over the next three years?
2. What new programs or activities would you like to see the Alumni Association host?

We look forward to hearing your suggestions. The Alumni Affairs Committee is also committed to improving the association’s financial picture, and with Riley Williams, III, MD as our energetic new Secretary-Treasurer, we are moving in the right direction. Please see the article below from the Association’s Secretary-Treasurer, Riley Williams, III, MD.

The Rewards of Membership

by Riley J. Williams III, M D, Secretary-Treasurer, HSS Alumni Association

The benefits of membership.

It is my honor to serve as Secretary-Treasurer of the HSS Alumni Association. I believe most of us would agree that HSS is a unique and wonderful institution that is deserving of our time and consideration. As such, I would ask you to consider the benefits of membership in the Alumni Association:

Alumni Association – member benefits:

■ FREE: attend the Alumni Meeting and receive 14 CME credits ($350 value)
■ FREE: attend the Alumni Reception at AAOS, plus a guest
■ FREE: two issues per year of the Alumni News
■ Half-price to attend the Alumni Reception during the Alumni Meeting
■ Use of Caspary Lodge
■ Access to Kim Barrett Medical Library
■ Networking opportunities with former colleagues and current HSS faculty
■ Job listings and postings for current Residents and Fellows

Potential future benefits, beginning in 2005:

■ FREE: subscription to the HSS Journal
■ FREE: access to HSS e-Library, electronic journals

As dues are the primary source of funding for Alumni Association newsletters and social events, your support is an important part of running this organization. As you can see in the chart below, only 40% of HSS alumni paid their dues in 2004. Our Alumni Affairs Committee has established a goal of 50% of eligible dues payers participating in 2005. This level of support would help the Association greatly in becoming a self-sustained, financially sound entity. Please join us in supporting your HSS Alumni Association by paying your annual dues and being part of a growing trend.

![Chart showing dues breakdown, goal, and projection]

From left, alumni Paul Lotke, MD and Charles Msika, MD

From left, alumni Andrew Welland, M D, Frank Cordasco, M D, Cato Laurencin, M D

From left, alumni Dan Weiland, M D, and Leslie Beasley Vidal, M D join resident Tony Wanich, M D

From left, alumni Mike Terry, M D and Tim Farley, M D
HSS Surgeon-in-Chief and charter member of The Wilson Society, Thomas P. Sculco, MD, has arranged to leave a generous bequest to Special Surgery. A devoted surgeon and educator with a career at HSS spanning 30 years, Dr. Sculco has heightened his extraordinary commitment by naming HSS in his will. Dr. Sculco believes in leading by example, hoping that other members of the medical staff will follow in his footsteps to establish a planned gift with the Hospital. “As physicians, planning a gift to HSS is important, because it enables us and our successors to continue to give our patients the best care possible,” he said. “It plays a critical role in the future of this institution.”

The Wilson Society, named for Philip D. Wilson, Jr., MD and his father, the late Philip D. Wilson, Sr., MD, was established to recognize the generous benefactors who have made a provision for HSS in their estate plans. If you would like to learn more about how planned gifts can provide significant financial benefits to both the donor and HSS, please contact Sandra Kessler Hamburg, Director of Planned Giving, at 212.606.1196.

**Supporting HSS through Planned Giving**

by Rachel Olszewski, Development Associate

Planned Giving

Supporting HSS through News at laskinr@hss.edu.

will produce one of the best musculoskeletal journals available. If I

by Richard Laskin, MD

Feature Articles by HSS Alumni

New Peer-Reviewed Journal to H 

Alumni Association members, all HSS alumni will receive the Journal and clinical research endeavors of the alumni and faculty of HSS. As articles, state-of-the-art and review compendiums, and basic science will be available in electronic form first, followed by a print version.

Ronald MacKenzie, MD will be the deputy editors of the journal in as well as a strategic planning board. Timothy Wright, PhD, and C. International members, including alumni, a cadre of article reviewers including articles on the role of the IRB, preparation of clinical and research endeavors of the alumni and faculty of HSS. As articles, state-of-the-art and review compendiums, and basic science will be available in electronic form first, followed by a print version.

Ronald Mackenzie, MD will oversee a section in each volume of the Journal that are currently being peer-reviewed. We are interested in the areas of Basic Science and Rheumatology.

The Wilson Society, named for Philip D. Wilson, Jr., MD and his father, the late Philip D. Wilson, Sr., MD, was established to recognize the generous benefactors who have made a provision for HSS in their estate plans. If you would like to learn more about how planned gifts can provide significant financial benefits to both the donor and HSS, please contact Sandra Kessler Hamburg, Director of Planned Giving, at 212.606.1196.

**New Peer-Reviewed Journal to Feature Articles by HSS Alumni**

by Richard Laskin, MD

Editor-in-Chief, HSS Journal

This summer will mark the publication of the first volume of HSS Journal, the Musculoskeletal Journal of Hospital for Special Surgery. The Journal, published by Springer-Verlag, will be available in electronic form first, followed by a print version.

The Journal will be peer-reviewed and contain original scientific articles, state-of-the-art and review compendiums, and basic science and clinical research endeavors of the alumni and faculty of HSS. As Alumni Association members, all HSS alumni will receive the Journal by mail and will have access to the online version as well. Each volume will contain a special Radiology and Imaging Corner, discussing the use of current state-of-the-art imaging to aid in diagnosis of a specific musculoskeletal disease process. Likewise, each edition will contain an article on an important aspect of the history of HSS, written by David B. Levine, MD, Chair of HSS Archives Committee. C. Ronald MacKenzie, MD will oversee a section in each volume of the Journal on medical ethics. Plans for the first two years in this area include articles on the role of the IRB, preparation of clinical and research studies, allocation of care and relationships with industry.

The HSS Journal has an editorial board with both U.S. and International members, including alumni, a cadre of article reviewers as well as a strategic planning board. Timothy Wright, PhD, and C. Ronald MacKenzie, MD will be the deputy editors of the Journal in the areas of Basic Science and Rheumatology.

We have already received a large number of articles for the first volume that are currently being peer-reviewed. We are interested in article submissions from all our alumni. Instructions for authors can be found on the HSS website at the HSS Journal subheading.

We all look forward to you joining in this endeavor which I feel will produce one of the best musculoskeletal journals available. If I can answer any questions about the Journal for you, please email me at laskinr@hss.edu.

**Anesthesiology Update**

by Richard S. King, M.D

Attending Anesthesiologist and Director of Education, Department of Anesthesiology

As HSS expands, the Department of Anesthesiology continues to grow to meet the needs of our patients and staff. Joseph Oxendine, MD, one of our 2003-2004 fellows, became the 31st member of our Attending Staff in February. Dr. Oxendine is the eleventh fellow to join our Attending Staff. This summer, two of our 2004-2005 fellows, Christopher DiMeo, MD, and Daniel Maalouf, MD, will also join our Attending Staff.

To date, over 40 fellows have graduated from our Regional Anesthesia Fellowship Program—the largest in the country. This year, for the first time, our Department will present two special awards at our annual Fellowship Dinner: an award for clinical excellence and an award for scholarly activity. The recipients will be chosen by the Attending Staff. The fellows will get to vote for the third annual “Teacher of the Year.”

In April, we held our 9th Annual Symposium: Controversies and Fundamentals in Regional Anesthesia at the Waldorf=Astoria Hotel in New York City. An important component of this CME program has always been our workshops, which feature a small student-to-teacher ratio, allowing for enhanced interaction and dialogue. For the first time, we had specialized ultrasound workshops, taught by members of our Attending Staff, and two of our fellows who trained in residency programs internationally known for their pioneering ultrasound techniques: the University of Toronto and New York University. Several of our former fellows return each year for the meeting, making it an annual alumni event for the Department of Anesthesiology.

In 2004, we launched our department website: www.hssanes.org. In 2005, we have added several pages of new content, including FAQ’s for patients, guidelines for regional anesthesia fellowships (a collaborative project among several programs, initiated by our department) and a feature for professions entitled “Right to the Point.” The feature currently up on the site is “Aesthesia and Analgesia for Total Knee Replacement and Total Hip Replacement at Hospital for Special Surgery,” authored by Paul Ritchie, MD (another former fellow) and our department director, Gregory Liguori, MD. This spring, we will also launch a Pain Medicine website: www.hsspainmed.org

This autumn, we will hold our first Department Retreat. Members of the Attending Staff and Managerial Staff will participate in a full-day program to strategize on our vision for the next five years, both in general sessions and in specialized workshops.

Dr. King is an active member of the Alumni Affairs Committee.
The Life and Times of Philip D. Wilson, Jr., MD
Alumni Profile: The Life and Times of Philip D. Wilson, Jr., MD
continued from page 7

Were HSS staff pleased to move and join New York Hospital?
Yes, the orthopaedic and rheumatic disease staffs were, but the general surgeons were not, and we all felt badly for them. Most obtained admitting privileges elsewhere. We wanted to create a better teaching programs in orthopaedics and rheumatology and the sacrifices had to be made. By mutual agreement the fracture service remained at NY H under the dynamic leadership of Preston Wade, a general surgeon primarily interested and highly proficient in the care and teaching of musculoskeletal trauma. Bob Patterson, MD joined him as co-chief and HSS residents henceforth took their trauma rotations at NY H. However it would be another ten years or more before NY H decided to create an effective ER with a properly staffed ambulance.

Did we ever have an ER?
HSS never had a properly designed or staffed ER at any of its previous sites. The closest thing to it was a minor procedures room on the street floor of the 321 East 42nd Street building, but without direct street access.

Tell me about the emergence of research, which began at this location.
When Dr. Wilson, Sr., retired as Surgeon-in-Chief in 1955, he was appointed Director of Research. Facilities for laboratories were limited until five years later when building of the Caspary Research Lab facility on the north side of 71st Street was completed.

So your father was the initiator of the “clinician-scientist” concept here?
Yes, that is what he wanted.

How were things structured in the new hospital location?
We got going quickly. The fifth through eighth floors were patient bed floors. The fifth and sixth had wards, and the seventh and eighth were private patients. The southern wing of the fifth floor was for pediatric surgery. The other half of the floor was for teenagers, this became mostly scoliosis. On the sixth floor was Rheumatology and their ward. The staff was greatly expanded.

What kind of surgery was done?
Post-Polio cases had dropped off because of the success of the Sabin vaccination program. The southern wing of the sixth floor had been equipped with a Hubbard Tank, but this was removed and the floor turned over to inpatients with other needs, especially arthritis. Out-patients were increasingly managed in new Supraspecialty Clinics - these were built on the models of those such as Scoliosis, Hand, Clubfoot etc. which had proved so successful, and were created and staffed over the course of time. Hip, Knee, Comprehensive Arthritis, Metabolic Bone Disease and Sports Medicine are some examples. These improved the quality of care, teaching and end-result studies. They also led to the development of the graduate fellowship program, which more and more attracted candidates who were fully trained in orthopaedics.

So specialization started from the clinics, and then staff began to specialize?
Yes, when I became Surgeon-in-Chief in 1972 the superspecialty clinics were extended to include inpatient services as well, thereby improving not only the continuity but also the quality of care. It also facilitated the advancement of new techniques. Meanwhile, the sizes of the attending and residency staffs also increased.

How did the residency program change?
At 42nd Street we had eight residents total. We extended the program to four years and grew the number of residents. (Today there are eight-residents per class and the program is five years in length - Ed). How have residents changed over the years, from your residency in the 40s through today?
You are aware of the concept that technology turns over every few years. Orthopaedic surgery is no exception. Its scientific base has grown extensively and with that, orthopaedic residency educational programs have increasingly competed effectively with other medical disciplines for top ranking medical students. The educational accomplishments, talents and skills of all applicants have increased steadily and HSS has been fortunate to attract what we consider the best of these. I never cease to be immensely impressed and the future looks bright.

The interview process here is quite well known, how did it come about?
It was modeled on the ABOS certification process used for the oral part of the exam, and begun here at about the same time as HSS joined the national matching program.

I’ve heard that there used to be a psychologist in one of our interview rooms.
Yes, there was a psychologist who had an interest in orthopaedic patients. David B. Levine, MD was a close associate of his, and he had the idea to bring him into the process.

Was it useful to have him?
Yes, he gave us an outside perspective. But we also added other examiners from the research labs and rheumatology. The interviews began as one-on-one, but soon increased to two-on-one to improve objectivity. Scores from each of five

to seven teams of examiners were then averaged and used for ranking purposes. C.V.'s, letters of recommendation and prior evaluations of student HSS clerkships were also factored in.

We seem to have moved up to the present. You've seen a great deal of changes over your 60 years of involvement with the Hospital. Where do you see HSS going in the future?
We want to stay at the forefront of our field in education, research, and clinical care. We need to improve the sophistication of our research programs, in basic science and especially in clinical research. We are realizing that already but still have a long way to go. Outcome research also has to be brought to the forefront.

We've been ahead of our times in clinical care, with specialty services like the Osteogenesis Imperfecta and Skeletal Dysplasia centers. Where do you see us headed clinically?
Following trends in population changes, HSS will be increasingly involved in geriatric musculoskeletal problems and diseases, not only in a corrective sense but also in their amelioration - as well as, where possible, their prevention.

Orthopaedics for an aging population seems like a popular topic now. Even our sports attendances are interested, as the elderly want to remain active and physically fit.
I can understand that, I’m about to turn 85 and I still like to be active.
Do you play any sports?
I am keen on tennis and golf, and I sail when I can.

At this point we had to conclude our interview as Dr. Wilson had a busy afternoon of patient appointments ahead of him - at age 85. His staff of assistants and nurses buzzed around outside his office answering calls.

Thank you to Dr. Wilson for sharing his memories of HSS’s past and insights into our future!
Specialists in Mobility

Alumni News

Upcoming Education Division CME Programs
HSS offers CME programs throughout the year. All courses listed below will be held in New York City. Register online at www.hss.edu/shopping. Questions? Email education@hss.edu or call 212.606.1057.

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>DATE</th>
<th>TARGET AUDIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic &amp; Entrapment Nerve Injuries in the Upper Limb with on-site Cadaver &amp; Surgical Demonstrations</td>
<td>May 20, 2005</td>
<td>Physiatrists, Orthopaedists, Neurologists, Plastic Surgeons, Primary Care Physicians &amp; PT’s</td>
</tr>
<tr>
<td>Current Trends &amp; Treatment Techniques in Pediatric &amp; Adult Idiopathic Scoliosis</td>
<td>June 10, 2005</td>
<td>Orthopaedic Surgeons, Spine Surgeons, Residents &amp; Fellows</td>
</tr>
<tr>
<td>Current Concepts in Sports Medicine</td>
<td>Sept. 30 – Oct. 1, 2005</td>
<td>Primary Care Physicians, Orthopaedic Surgeons, PT’s, AT’s, PA’s, Residents &amp; Fellows</td>
</tr>
<tr>
<td>Operative Management of Pediatric Fractures</td>
<td>October 21, 2005</td>
<td>Orthopaedic Surgeons, ER Physicians, Residents &amp; Fellows</td>
</tr>
</tbody>
</table>

The Manhattan Transfer
HSS moves from East 42nd Street to East 70th Street continued

1955 One of the new OR’s.

1955 A nurse shows pediatric patients the view from the roof.

1955 In the new hospital, the third floor cafeteria served as a social center for staff.

Sept. 30, 1955 A formal dedication was held at a dinner at The Park Lane Hotel.

1955 A patient is lowered into the new therapeutic pool.