

Neal Flomenbaum, MD
EDITOR-IN-CHIEF



Everything Old Is New Again

A recent conversation led me to some startling discoveries about the history of emergency medicine and a sobering thought about health care.

When I asked a colleague knowledgeable about hospital history if he knew anything about the “New York Hospital House of Relief,” he referred me to a chapter in an unpublished manuscript in the hospital archives. After reading it and looking at related photographs and documents, I realized that such late-20th-century advances in delivering emergency care as “fast track” clinics, observation units, day surgery facilities, and satellite emergency centers had all been thought of and implemented a hundred years earlier in lower Manhattan.

The Society of the New York Hospital, chartered by England’s King George III, began building a hospital near New York’s city hall in 1771. After a hundred years at its original location, it was closed and a new site secured further uptown for its replacement. But closing the old hospital left lower Manhattan without a major hospital (a situation strikingly similar to the current one in almost the same location after St. Vincent’s Hospital closed in 2010). Responding to the need, the hospital governors obtained a recently vacated police station from the city and converted it into an emergency hospi-

tal and ambulance station, which it named the “House of Relief.”

The “Relief” that opened in 1875 included facilities for performing emergency surgery, treating sunstroke victims, and housing up to 26 recovering patients. It also included a stable for a horse-drawn ambulance modeled after those used in the Civil War and then successfully adapted by NYC for transporting patients to Bellevue Hospital.

In 1894, New York Hospital replaced its first “House of Relief” with a new building constructed specifically to treat emergency patients and a few years later added an ambulance station across the street, connected to the hospital by a second-story pedestrian bridge.

The new “Relief” ground floor contained an emergency treatment center, operating room, isolation area, sunstroke ward, patient wards, and ambulance driveway and entrance. A dispensary, reception area, and exam rooms were on the first floor, staff quarters on the second and fourth floors, and on the third floor were wards for patients until they could be safely transported to the new main hospital on 15th Street.

More important were appointments of the most talented and prominent trauma surgeons of the time to direct and operate at “Relief”: William T. Bull and later, Lewis A. Stimson. Their clinical experiences at “Relief”

resulted in textbooks and journal articles and the training of dozens of house officers. Thirteen of the 66 house surgeons became distinguished academicians—until it all ended abruptly in 1918, when “Relief” was made available exclusively for the treatment of US Navy sailors, and in 1919, sold to the US government for use as a public health hospital. In 1932, when the New York Hospital moved with Cornell University Medical College to its third and present location further uptown, it gave away its last three ambulances, thus ending that service too, until the early 1980s.

What happened? The main hospital, like most others, included an emergency “room” and relied on the city and others to provide ambulance services while pursuing and achieving remarkable advances in many other areas of medicine and surgery. During that time, county and city hospitals became the places that provided most of the needed emergency trauma, surgical, and medical care. But even those facilities generally lacked the organization, supervision, and teaching of the “House of Relief” and it would take half a century after “Relief” closed for emergency medicine to be invented—again.

Today, emergency medicine and prehospital care have been restored to their prominent roles at my hospital and nationally, but nothing should be taken for granted. **EM**