



Medical Violet



THE OATH



SWEAR

by Apollo the physician and
Esculapius & Health & All healers the gods & goddesses
that according to my ability & judgement

I WILL KEEP THIS OATH

& this stipulation to reckon him who taught me this Art
equally dear to me as my parents to share my substance
with him & relieve his necessities if required to look upon
his offspring in the same footing as my own Brothers & to teach them this Art
if they shall wish to learn it.

WITHOUT FEE OR STIPULATION

That by precept lecture & every other mode of instruction I
will impart a knowledge of the Art to my own sons & those of my
teachers & disciples bound by a stipulation & oath

ACCORDING TO THE LAW OF MEDICINE

but to none others. I will follow the system of regimen which
according to my ability & judgement I consider

FOR THE BENEFIT OF MY PATIENTS

Abstain from whatever is deleterious & mischievous. I will give
no deadly medicine to any one if asked nor suggest any such
counsel. In like manner I will not give to a woman a pessary to produce
abortion.

WITH PURITY & WITH HOLINESS I WILL PASS MY LIFE & PRACTICE MY ART

I will not cut persons laboring under the stone, but will leave this to be
done by men who are practitioners of this work. Into whatever houses
I enter, I will go into them for the benefit of the sick & will abstain from
every voluntary act of mischief & corruption. AND FURTHER
from the seduction of females or males of freemen & slaves.

Whatever in connection with my professional
practice or not in connection with it I see or hear
in the life of men which ought not to be spoken
of abroad, I WILL NOT DIVULGE

as reckoning that all such should be kept secret
While I continue to keep this Oath unviolated
may it be granted to me to enjoy life & the practice
of the Art respected by all men in all times!

But should I trespass & violate this Oath
may the reverse be my lot!





"Forty Niner"



Medical Violet

1949

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College of Medicine*

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Volume XXV



In Dedication

TO Dr. Connery and Dr. Tewksbury, with gratitude and respect, we dedicate this volume for their guidance, friendship, and teaching wisdom in helping us achieve a sound way of thinking as Doctors of Medicine.



DR. JOSEPH CONNERY



DR. MARGARET TEWKSBURY

In

ARTHUR MULLIN WRIGHT'S long career of devoted service to the College of Medicine and Bellevue Hospital ended at the time of his death June 24, 1948. He had retired from active contact with students. Since 1908 he had been on the faculty of the Department of Surgery. Dr. Wright was the George David Stewart Professor of Surgery and chairman of the department from 1933-1946, and thereafter Emeritus Professor of Surgery until his death.

Dr. Wright was a man of noble character and outstanding ability. He was beloved by students of all levels because his charity was abounding.

His achievements and interests were many. In 1920, Dr. Wright organized a post-graduate course in Surgery in the New York University College of Medicine which was the first of its kind in America. He was interested in research and was responsible for much of the investigation of infections, nutrition, and internal hemorrhage in surgical patients at Bellevue Hospital. It was he who conceived the plan of the Department of Anaesthesia and brought Dr. Rovenstine to Bellevue Hospital.

He will live forever through his influence on an untold number of doctors.



Arthur Mullin Wright M. D.

1879-1948

Memoriam

HIPPOLYTE M. WERTHEIM died on November 8, 1948 at a young but well accomplished fifty years. His achievements as a physician, teacher, and alumnus will be remembered because of his generosity, his vitality, and his unceasing devotion to his profession and to his school.

Dr. Wertheim was a graduate of New York University-Bellevue Hospital Medical School, class of 1920. He joined the faculty of the Medical School as an assistant in Surgery, rose to Associate Professor of Clinical Surgery and was chief of General and Neurosurgery, Psychiatric Division, Bellevue Hospital.

During the war years he quietly served as a civilian Neurosurgeon for the Navy. He lectured to disabled men thereby setting himself as an example of how completely one could overcome a physical handicap.

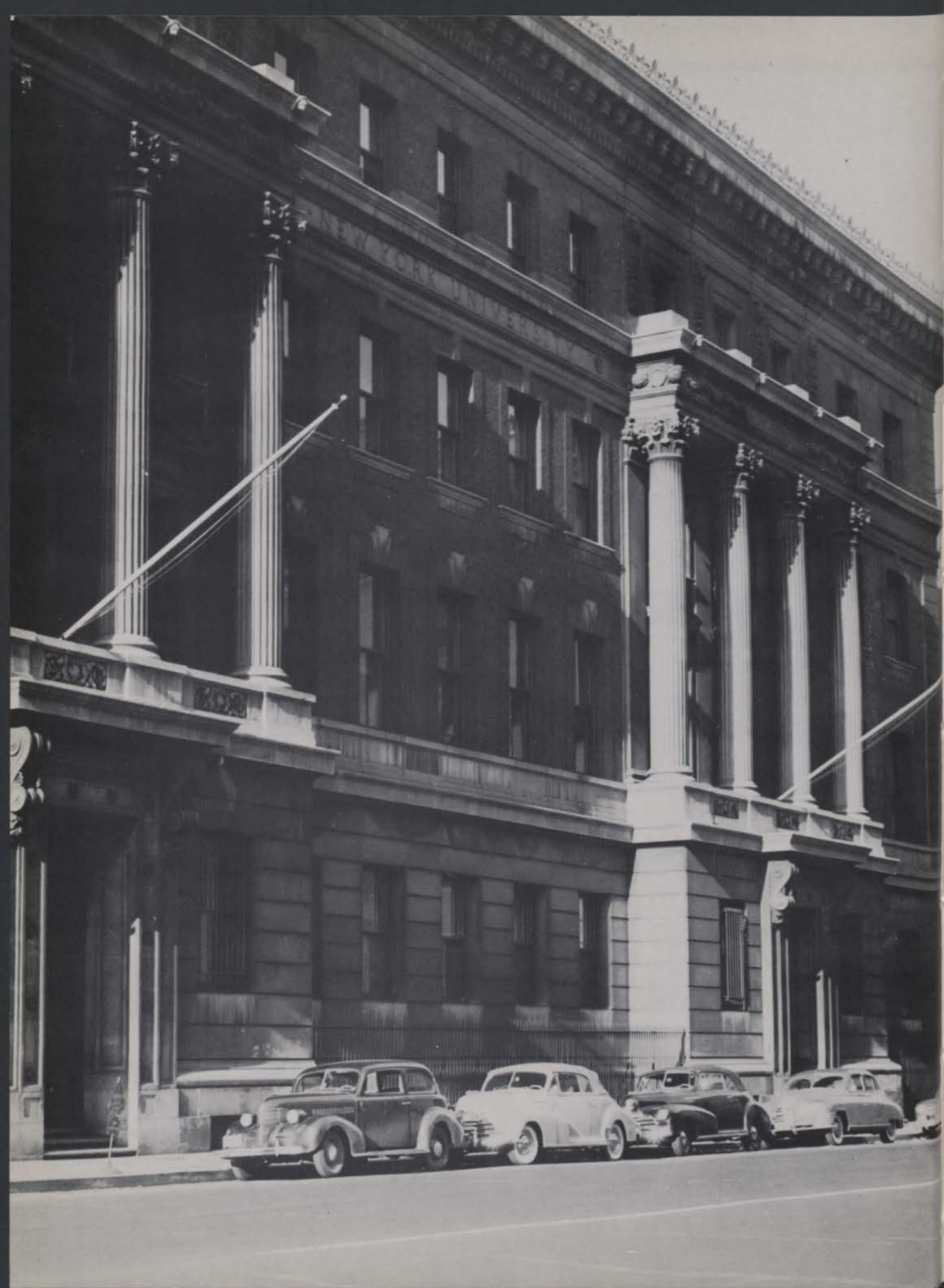
Dr. Wertheim was awarded the Alumni Meritorious Service Medallion in 1946. He was president of the Medical Alumni Association in 1946-47 and a member of the Board of Directors of the Alumni Federation from 1944 until his death. He was a leader of the Medical Center Fund from its inception and worked tirelessly for its continued progress and success.

As a teacher and man, he had great faith in the ability and future of the fledgling physician. He spent long hours teaching and studying at Bellevue Hospital. Strong of character and convictions, Dr. Wertheim radiated confidence to those about him. His work was well done.



Hippolyte M. Wertheim M. D.

1898-1948





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Phi Beta Kappa; Sigma Xi; Sigma Nu; Kappa Delta Pi; Psi Chi; Perstare et Praestare. Dartmouth. 1904, B.A.; 1908, M.A.; Clark, 1910, Ph.D., LL.D. Lenoir; Wake Forest; Georgia; Dartmouth; North Carolina; Michigan; Rollins. Chancellor of New York University since July 1, 1933.





Currier McEwen M. D.

DEAN

NEW YORK UNIVERSITY-BELLEVUE MEDICAL CENTER
COLLEGE OF MEDICINE

477 FIRST AVENUE, NEW YORK 16, N.Y.

TO THE CLASS OF 1949:

More than a hundred years have passed since the graduation of the first class to enter the old University Medical College. Just fifty years ago, that College merged with its sister school in Bellevue Hospital to form the College as we have known it in recent years. Now, in this year of your graduation, you have witnessed another milestone in the history of the College—the organization of the New York University-Bellevue Medical Center and the merger into it of the New York Postgraduate Medical School and Hospital to become the Postgraduate Medical School and University Hospital of the new Center.

These have been important steps in the steady progress of our College and the source of great pride to us all. That pride, however, must never be tinged with complacency; it must be our earnest purpose to see the College continue to grow in its capacity to serve its students and the Community. The encouragement and help of each one of you will ensure that progress.

Each one of you has right to be proud also of the record of the Class of 1949. On behalf of the Faculty I bring you congratulations and best wishes for your success and happiness in the years ahead.

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THE administration and staff of the newly founded New York University-Bellevue Medical Center, now in its first year of operation, greets the graduating Class of 1949 and wishes them every success in their future careers in the medical profession.

We believe this last year of their undergraduate work has been perhaps the most eventful in the life of the medical school. In this year the plans and program for the University section of the New York University-Bellevue Medical Center have been realized in many ways, and major strides in future developments have taken place.

Briefly, the major activities of the Center were as follows:

- 1) The formal establishment of the Medical Center through its Trustees, Center Administration, and community support.
- 2) The consolidation of the New York Post-Graduate Medical School and Hospital into the Medical Center.
- 3) The establishment of the New York University Post-Graduate Medical School as a part of the Center.
- 4) The completion of negotiations with the Samuel H. Kress Foundation for a grant of eight million dollars in support of post-graduate medical education.
- 5) Completion of the final definitive architectural plans for the new Medical Center buildings.



Medical Center

The permanent organization and administration of the new Center has now been established, and we believe represents strong community support through a fine group of citizens serving on the Board of Trustees and headed by Mr. Winthrop Rockefeller as Chairman. The general executive direction of the Medical Center is now administered by a group of well-qualified persons serving in the office of the Director and in the service divisions required for overall supervision of the general program. Dr. Donal Sheehan, who was primarily responsible for initiating the proposal to establish this Medical Center, is now serving in the important post of Chairman of the Scientific Committee. Dr. John H. Mulholland is Chairman of the Medical Board which is composed of a group of



College of Medicine and Post Graduate Medical School

exceptionally fine clinicians, and Dr. Edward M. Bernecker, formerly Commissioner of Hospitals of the City of New York, is the Administrator of Hospital Services. Dr. Currier McEwen continues as the Dean of the College of Medicine, and Dr. Robert Boggs has been serving as Acting Dean of the Post-Graduate Medical School.

One of the most important developments, from the point of view of carrying out the full program of the Center, was the consolidation of the New York Post-Graduate Medical School and Hospital into the Medical Center. This permitted the immediate establishment of the University Hospital in the old Post-Graduate Hospital facilities, and also accelerated the formation of the New York University Post-Graduate Medical School which will incorporate the programs of the old Post-Graduate Medical School and the functions of the post-graduate division of the College of Medicine. The effect of this consolidation, therefore, was to put into operation the plans for the principal units of the Medical Center program.

The support of the Samuel H. Kress Foundation, through a grant of more than eight million dollars, has been one of the most outstanding gifts announced in recent years. It will assure the completion of new Post-Graduate facilities in the Medical Center buildings, and the continuation of an expanded program of post-graduate medical education. The Medical Center is now, even prior to the construction of new facilities, attracting physicians from all over the United States and virtually every country in the world for continued research and study, and when its new facilities are ready it will permit a greatly enlarged program in these fields of medical education.

More than a full year of study has been spent in the development of the architectural and engineering plans of the Center. The plans are now completed in a definitive form so that as rapidly as funds are available and building sites cleared, construction may be commenced. The total estimated cost of land and buildings is twenty-five million dollars, and underwriting and support of the program for a period of years will require another seven million.



University Clinic and Institute of Rehabilitation



Early in 1949 Mayor William O'Dwyer and Commissioner Robert Moses reviewed the plans for the Medical Center and complimented the University on the substantial improvement that these facilities would make in connection with the general East side re-development, and the provision of modern and adequate medical teaching buildings. In addition, the Mayor said, "The city plans to spend twenty-two million dollars to rebuild the older parts of Bellevue and five million more for a new home for the Bellevue Schools of Nursing . . . With the exception of the modern buildings, namely, the Administration Building and the Psychiatric and Tuberculosis buildings, all the old Bellevue structures will go . . . If the Legislature and the people approve the one hundred fifty million dollar bond issue proposed for hospital construction, it is probable that this work will start late in 1949 or in the years immediately following."

The principal units of the University section of the Medical Center as shown in the pictures accompanying this article are the University Hospital, Institute of Physical Medicine and Rehabilitation, The Schools of Medicine, and Alumni Hall which is the main auditorium, the medical libraries, and the Hall of Residence.

Those concerned with undergraduate activity and problems have for many years looked forward to the possibility of providing residence facilities. From most of the funds now on hand it would appear possible to commence the Hall of Residence building in the very near future. This would provide accommodations for more than two hundred undergraduate students, interns, residents, technicians, and other key personnel. It would also provide sorely needed recreational facilities, students' dining rooms, lounges etc.

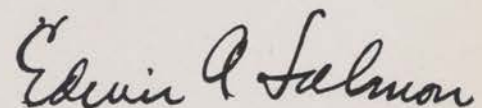
The University Hospital will contain six hundred beds, including adequate facilities for the psychiatric patients and rehabilitation. It will also contain a university clinic for ambulatory patients and ancillary services for the best possible medical diagnoses and care. The University Hospital will primarily provide for persons of the middle income group, containing moderate semi-private room facilities for those having Blue Cross or similar hospital insurance contracts.

The laboratories for teaching and research in the clinical departments will be located in the lower floors of the hospital building, and the pre-clinical departments, class room laboratories, and medical libraries will be located in the Medical Schools building adjoining the hospital unit. All of these facilities will be so integrated that the comprehensive functions of the Center—teaching, research, care of patients—will be carried on under the best possible conditions.

Other principal features of the new buildings will include the University Clinic with its consultation rooms, diagnostic laboratories, treatment units and related facilities. The Institute of Physical Medicine and Rehabilitation will greatly expand the program now being continued in temporary facilities on 38th Street, and will provide vocational, physical, and occupational therapy units, a therapeutic pool, and other modern equipment for this service. Alumni Hall Auditorium will provide accommodations for five hundred persons and, in addition, smaller lecture rooms will be available in this unit. These facilities will be used for general meetings of the Medical Schools, Alumni the medical profession, and the public.

As this is written, the assets available for the development of the new facilities and program of the Medical Center is twenty million dollars. It is believed, therefore, that almost coincidental with the completion of the undergraduate work of the Class of 1949, ground-breaking ceremonies and construction will commence on the new Center. This is indeed a fitting climax to a year that has been most important and eventful in the history of your New York University-Bellevue Medical Center.

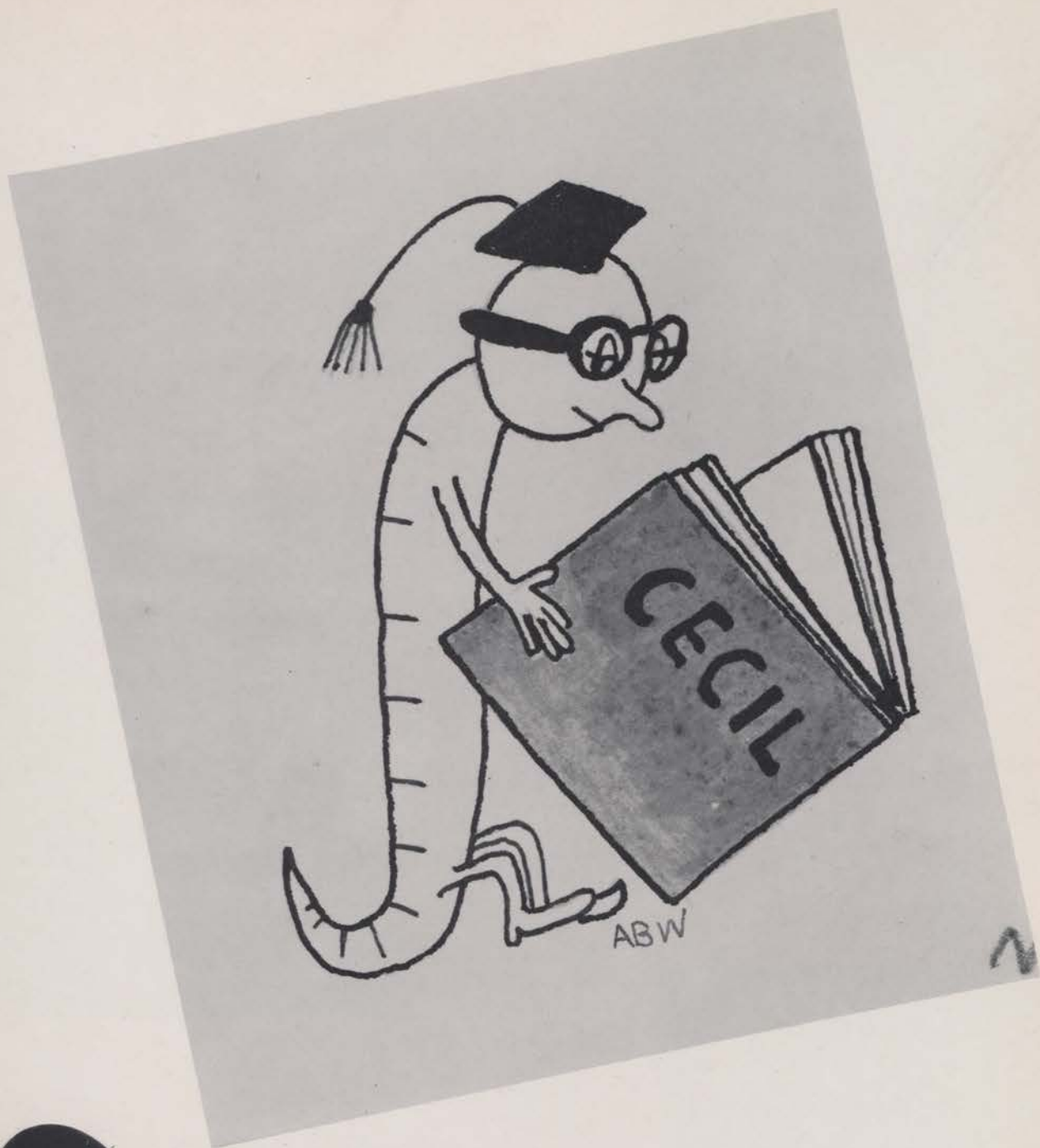
All good wishes from the entire staff and organization of the Medical Center.

A handwritten signature in dark ink, reading "Edwin A. Salmon". The signature is written in a cursive, flowing style with a large initial "E".

EDWIN A. SALMON
Director



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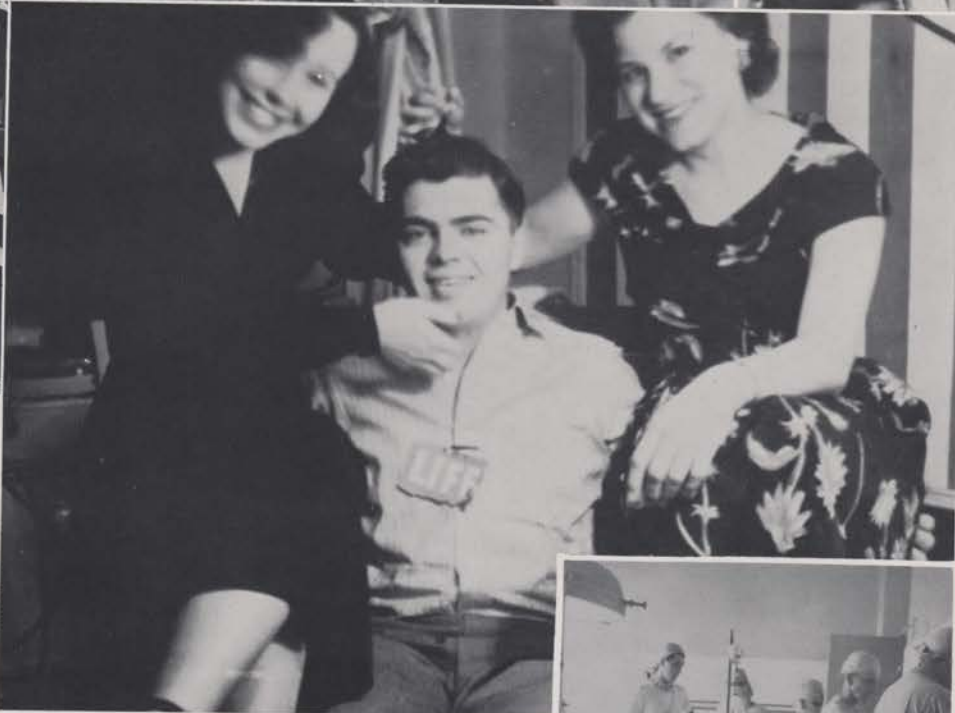
Percy Jones General Hospital
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Class History











First Year

EIGHT THIRTY A. M. . . . A Monday morning in September 1945 . . . 23rd Street and Fifth Avenue . . . Out of the subway . . . Into the bus . . . "You masher, you!" . . . Back on the pavement . . . In through the middle door . . . 8:58 and $\frac{1}{2}$. . . 23rd Street and First Avenue . . . Sprinting to 28th . . . Lecture is at 26th Street . . . See Bulletin Board . . . No lecture—come back in P. M. . . . Buy books . . . Read 28 pages of biochemistry, or else . . . Lunch, with fingernails as dessert . . . Elevator—5 please . . . Swinging doors—Anatomy Department—a funny odor . . . The doors open . . . And there they are—row on row of grey, shrouded, silent figures—the fifth partner—the fellow who won't graduate.

This was our introduction to medical school, to the new world we were to enter. We got used to the smell in anatomy lab even if our neighbors on the subway and bus didn't. But why should they complain? We brought them bits of culture—We also brought gallon bottles of urine.

It was quite a debut. The Lord Doctor J. Pick made his way around the lab, scaring four-fifths of the tables. Drs. Bergmann, Boehm, and Bolling, affable contrasts to the redoubtable Uncle Joe, taught us things that weren't in the texts. We struggled through histology lab, using high-powered imagination to produce new and unusual organs.

Learning Biochemistry was quite an entertaining experience. Prof. Greenwald lectured to the first three rows on the right and wandered around the lab in sneakers, conserving natural resources. The very British Prof. Cannan introduced us to pH, pK, and long equations, but to no avail. We carried innumerable jugs of urine into the lab and made merry with the Kjeldahl apparatus. The Department got soft-hearted—we never analyzed our spinal fluid. Then there were the three soldiers and the German prisoner. They gave us a rough two hours, not including the time spent in conclave with Dr. Cannan after the faculty had gotten over their first shock and marked the papers.



In our second trimester, we were introduced to the Physiology Department which galvanized us into action. We crossed thresholds, ran from first to third rheobase on maximal stimulation and pivoted on our chronaxies. Dr. Hampel explained the mysteries of nerve conduction, synapses, motor pools, etc. Up in lab we used heroic measures to save moribund felines. Chenkin made the supreme sacrifice—he delayed lunch for five minutes. We learned to take blood pressure and found that the systolic pressure is usually higher than the diastolic. Prof. Homer Smith translated his lectures on the kidney, and this time we had dogs as experimental animals—no more gallon bottles! We rode bicycles, breathed all sorts of mixtures and even fasted for twelve hours as we learned to breathe and metabolize.

Any class history would be remiss if it failed to mention that dynamic, exciting course on how to use a slide rule—Biostatistics! To go from the ridiculous to the Freudian, we were also exposed to the initial lectures on the workings of the mind on Friday afternoons. The University waged psychological warfare at the end of the first year when exemptions were not announced till the afternoon of the last day. But we fooled 'em. We got through somehow, and on into the second year.



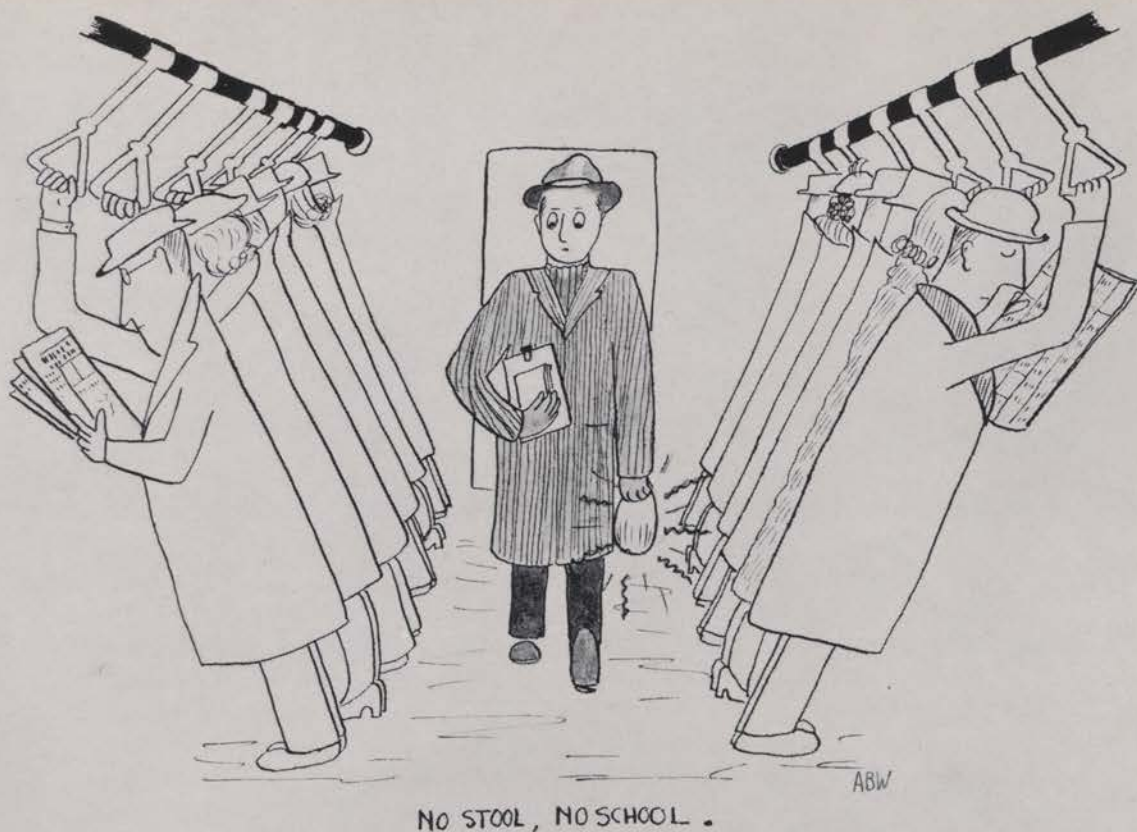


Second Year

ON our return from the long summer vacation, a welcome sight greeted our eyes—long vistas of cool green cloth—new pool tables! Between billiards and bridge, pool and the World Series, we managed to get started on levels of drugs in the blood-a-stream. We found that “thees is a good drug but zey don’t use it in zis country.” “G-strophanthus” became the rallying cry of Section B, and Manheim prescribed so much digitalis at one whack, he contaminated Dr. DeBodo’s mind. These were the days when we squeezed ze tails of numerous canines; when Dr. Loewi was directed to mop up the effects of morphine on a dog; and when we looked with trepidation into long brown envelopes.

Neuroanatomy and neurophysiology were sneaked in somehow as we slid down the pyramidal tracts on our Babinskis and hid behind the dorsal columns. We learned that the spinal cord went from the brain to the tail giving off reflexes in between.





Once a week we trudged over to the Psychiatric amphitheatre to have our Ids. Egos, and Superegos retreaded. There were demonstrations and reading exercises. It was a good course—we took only one exam in two years.

After we had been digitalized to the point of toxicity, we moved on to a new world—conceived in agar and dedicated to the proposition that man and bacteria are created equal. The germs won out. After all, they had no place to go of a Saturday night. It was remarkable. Some mice died of injections of distilled water while others cavorted gaily about, laughing at huge doses of fierce pneumococci, as we fouled up our unknowns.

The lectures were good. Dr. McLeod covered $2\frac{1}{2}$ miles per lecture as he ambled about the front of the room waving to friends in the balcony. Dr. Adams' passionate bacteria multiplied in logarithmic fashion, and Dr. Pappenheimer raised anamnestic hematomas while giving us diphtheria. But boy! did we learn things. For instance—to get a negative Wassermann it has to be positive, but if it's positive it's negative because if it doesn't agglutinate, somebody threw in a pair of loaded tubes anyhow.

But Bacteriology was not all. We also learned Parasitology. Here the bugs were bigger but they had longer names to go with their king size. Tsutsugamushi disease became a household by-word and every patient with a big liver and spleen had Kala-azar or Schistosomiasis. After wading thru several weeks looking at prepared slides, we were given our big chance! We could collect and examine our own stools for amebae, old shoes and lost hair. Too bad, Harry.

This was the year of the mad dash from 28th to 26th Street and back again as we took Pathology, and vice versa. We sat scrounged over our trusty scopes, oozing malignancy from every pore, palpating each other for enlarged nodes, finding malignant melanomas by the carload and otherwise exhibiting all the signs of epidemic hypochondriasis. After exams we sat in horror, lest the signifi-



cant tap on the shoulder should summon us before W. C. von Glahn himself. Of course, we remember Shep, looking more like the Moose than the Moose himself.

In our last trimester we ran into the Connerys—Jumping Joe and his calm wife, Margaret. They made livable the somewhat tedious and often painful laboratory periods. On occasion we even managed to learn something about blood dyscrasias, but, even more important, we learned to talk in a straightforward manner.

In this last trimester we also found ourselves in the dark every Friday afternoon, as Irwin Siris demonstrated the effect of Trommer on bones. We found out that Orr, O-R-R, is spelled O-R-R, and means Orr. Who Orr is, we still don't know. We handed in dissertations on various topics each week, and each week there were fewer and fewer men in the library looking up the answers, and more and more in the lounge copying them. No final exam here, because Brooklyn was playing a night game.

We had our first contact with patients that year when we were given our course in Physical Diagnosis. Some of us were fortunate (?) enough to make the safari out to Goldwater by land, sea, or taxi. In physical diagnosis we learned that all patients in the hospital are sick, even if proven otherwise.





LITTLE notes from the office—you made it, brother, you're in the third year . . . Scurrying off to get white coats—the mark of the clinician . . . Off to the wards . . . A sweaty few have worked during the summer, and they give out with the WORD . . . However, we're not yet disenchanted, but it doesn't take long.

MEDICINE—where attendings advise us to stay on the wards—get clinical experience—history and physical first, then lab work . . . So-o-o-o—after doing a WBC, RBC, HB, ESR, sputum for AFB, Gram stain, urine, spinal fluid, running over to Path lab with EMERGENCY N. P. N. and sugar, we see the patient—as he's wheeled down to X-RAY . . . Real clinical experience . . . Charlie Kossmann gives us ECG'S to read—we give them right back—we're illiterate . . . Rounds, and Dr. Tillet, demonstrating ethereal percussion and esthetic auscultation . . . The patient's greetings, ranging from "Say, sonny, are you really a doctor?", to "Hey! Get me a bedpan! . . . We get even with the latter group—they look like pincushions after we finish their blood work-up . . . Then there were blood cultures. Every time a patient sneezed he had his blood cultured . . . Score was—Blood cultures 273, Positives 0 . . . ESR's were ordered continually on Coronaries, SBE's and Rheumatics—so Goldman got confused—result—innocent bystander had one on the house . . . Nights and week-ends, either a feast or a famine—John Williams gets eight, one Saturday P. M., so we all stay till Midnight. Next day—one admission. (Write your own comment.)

Third Year





PEDIATRICS—more hot cases, requiring rare acumen and great diagnostic skill—URI. URI, URI, coryza, boarder, boarder, URI, and occasionally a real full-blown—cold . . . Up to 7, and unheard murmurs—luckily, we read the chart beforehand . . . Conferences in the morning, lecture at 11:30, and conference in the afternoon . . . Then we see patients—like Hell we do! There are blood counts to do . . . Kids vegetate for three months, and their only contact with the outside world is through needle-puncture . . . The 4th Floor—so neat and clean . . . Here we examine patients—no physical findings—Diagnosis—T. B.—look at the X-Ray and read the chart . . . Stimulating conversations with the patients—they speak Spanish, we speak English . . . Dr. Kirmse enthusiastically whips us into shape the first 3 days—Dr. Kirmse retreats, to be seen no more . . . Dr. Lincoln teaches us something about T. B., and we even learn to read X-Rays . . . Freinkel quotes the literature . . . Lectures every morning, on everything from Diet to Diarrhea to Diaper Rash—covering the subject from top to bottom . . . Nemir speaks faster than Baldwin (who is faster than a CBC on Saturday night) . . . Willard Parker, and lo and behold! Mond gets the Measles . . . Friedman gets Eliasoph.

NEUROPSYCHIATRY—and the important dictum—"If they're in a hospital, they must be sick." . . . We didn't always agree, so that the following actually occurred:—



Student (Initials, Tom Ingarra) —But Doctor, he looks as sane as I do!"

Instructor (slowly)—"Well, you know, it's hard to evaluate border-line cases." . . . This made us wear our white coats . . . Neuropsych had another treat for us—trips to Goldwater, where AC-DC Impastato asked ridiculous questions—they must have been, because he got ridiculous answers . . . If we couldn't make a diagnosis, we asked the patient. If the patient didn't know, then the staff didn't either, so we were safe . . . Lectures, and a different speaker every week. We were impartial—fell asleep on all of them . . . The Man of Distinction gave two talks on Neurosurgery.

SURGERY—just like in the movies . . . We scrubbed in, ready to assist in new and unusual operations—I&D., I&D., I&D., then, a real rarity—hemorrhoidectomy, or an exciting saphenous ligation . . . Occasionally, however, a real treat—Doubilectomy! (Quick Henri, the sphincterotome!) . . . Penicillin was a thing of the past—necrotic tissue was the answer . . . So—on the wards all the patients got Penicillin—the bacteria didn't know any better, they grew in healthy tissue, like little spoil-sports . . . Then there was the score board in the lab . . . And the Final Word came from the BIG THREE—Andre, Bucky, and Miss Prothr—Beg Pardon—Steinschneider . . . A month on fractures, learning to put the astragalus in valgus, while Immobilizing Both Adjacent Jernts . . . Does Watson tell Jones? . . . Conferences with Dr. Kutisker—and we finally learn some Surgery . . . Monday mornings, with Big John and the Seniors . . . Learning at 11:15 that one's case is downstairs awaiting presentation at 11:30 . . . Picking up the required answers to the standard questions:—

Q.—Would you operate in this case?

A.—Indubitably!

Q.—What was the mistake here?

A.—Dead Tissue!

Q.—Would you use Penicillin in this case?

A.—Dead Tissue! (It gets to be a habit.)





Saturday mornings the lucky few present papers . . . Numerous questions were asked and answered, but a few still evade reply, even by the mighty Meyer, e. g.:—

- 1.—Has anybody here seen Galvin?
- 2.—Doesn't Dr. Mahoney look cute in his scrub suit?
- 3.—Dr. Echlin, where did you learn to dance???

On Thursdays we were exposed to the Facts of Life . . . We found out what LOP, ROA, RIP, and BMT meant . . . TUMS were slipped surreptitiously to our patients on the advice of an unimpeachable, and also unquotable source . . . Dr. Thomas also showed up, to give three memorable lectures entitled, "In Defense of the Spirochete." . . . Industrial Medicine lectures proved a soporific, but we hung on grimly, since this was the FIELD OF THE FUTURE . . . Then came exams, and,—surprise! they were twin to the Fourth year exams . . . So we passed, (naturally), and found ourselves in Dr. McCormack's office, where we learned that 75% of the class was in the First Quarter . . . We could now apply anywhere for internship . . . Thus secure, we left for our last long vacation.





Fourth Year

THEN it was September, 1948. We were Seniors at last! . . . Our families asking us, "Is it ethical to introduce you as Doctor now?" . . . The old grind again—filling out application blanks—for JOBS this time . . . Now we can support our wives—on 25 dollars a month! . . . Photographs for the applications—Who said pictures don't lie? . . . Going to clinics in our spare time . . . Trips to Goldwater, and living in the library, in order to review the literature from the year 606 B. E., (Before Ehrlich) on the blood supply of the auxiliary stomach in ruminants dwelling in the Circassian Mountains at heights of from 9,000 feet to 9,262 feet 6 inches. This, of course, is known as Operation Shafiroff, or, "Albert! only 148 pages?" . . . Other lucky characters donned whites again and became delivery boys . . . A few really lucky boys substituted on Psycho-Medicine on their electives . . . The rest went more or less peacefully on their way, bumbling through clinics, trotting off to the various links in the Bellevue farm system, or playing bridge as usual.





But all was deceptively serene. An indication of things to come was the sudden disappearance of Miss Andre, three days before applications had to be filed. For the next month, however, things went along at a fairly even keel, punctuated only by occasional explosions by Dr. Ralli. There were dissertations on Semantics by Dr. Chasis, and occasional teaching in the clinics. Every once in a while, we would drag ourselves to such out-of-the-way places as Jamaica, the Bronx, or Brooklyn, for interviews. Strange—meeting the same people in the anterooms, and telling the same lies once we got into the inner sancta and found our future staring us in the face.

Then, November 15—and our future shook hands with our past . . . We just shook! . . . Forgotten were draft boards and subsidies . . . No more bridge games in the lounge . . . The place looked like N7 . . . There was a mad scurrying hither and yon, Bell Telephone made up their deficit inside of two hours, and amazed looks began to appear on hitherto inscrutable visages.

When the rattle of nickels had ceased, and the smoke had cleared, we found that about 20% of the class had only a handful of rejections apiece to show for their efforts, while another 30% had worried themselves into exhaustion. But they had jobs.

Then, when false calm had settled on the lounge, the unemployed 20% began to run themselves bow-legged, tracking down the wildest of rumors—the hospitals were short of internes! But it wasn't rumor—the Boston hospitals were short, the Chicago institutions were clamoring for men, and New York hospitals found themselves with gaping holes in their staffs. (To say nothing of their pride).

So Dr. Mulholland became a prophet with honor—we all got good internships. And, the longer we waited, the better they were. (Junior class, take heed!) . . . For once the students were in front of, instead of behind, the 8-Ball . . . This, like Christmas, comes but once a year, so take advantage of it chillun.

The rest of the Fourth year was anti-climactic—bridge games drew more spectators than did the lectures (the games were better, anyhow!) . . . We found ourselves sailing o'er land and sea on the good ship "Preventive Medicine" . . . We put out the New York TIMES, waded ankle deep in gore at the slaughter house, and ruined the reputation of the Sanger Clinic . . . We even found time to read the numerous journals that piled up—JAMA, The New England Journal, the Annals, Racing Form, Sporting News . . . Some of us got to clinic on time—only once. After that we arrived with the attending physicians—15 minutes before closing . . . Our interests ran the gamut—from EENT to Proctology . . . Some of us became fixated at lower levels . . . Pediatric O. P. D. was not for the slow and unwary as "Dodge the Stream" became the popular pastime.

We all saw "Life with Father" on Broadway, while "Life With Mother" was an enjoyable, but somewhat newer addition to the theatrical world. But "Life With an Expectant Mother" was something to be experienced only in the Fourth year, on the Obstetrical clerkship . . . The saga of this "Battle of the Bulge" or "Escape From Freedom" is best made clear this way:—





O is for the Zero the students learn,
 B is for the million Butts that they burn,
 S is for Studdiford—Lord High Chief.
 T is for Term—which may be so brief.
 E is for the Enema—which the nurse doth make,
 T is for Trips—to the Blood Bank we take.
 R is for Rabbits—need we say more?
 I is for Interne—asleep on the floor,
 C is for Counts—Red, White, and Blue,
 and S is for Scut work—we all have to do.

Put them all together, they spell **OBSTETRICS** . . . Lest We Forget Thee
 Not, Oh Obstetrics, as, right hand over heart, we sing our Obstetrical Hymn:—
 “Neath the Pubic Arches”.

And so we wind up our Medical School careers, with one eye cocked over
 our shoulder at Selective Service, and the other fastened on a trim ankle—Heck,
 we’re not hermits!











Barbara Anne Davis



Virginia Anne Reh



"Janie" Knappenberger



Moser Family



Charles Brumbach



Richard Katz

Medical Futurama



William W. Dennett



"Student to Soldier"

AFTER one year of weekly sessions of Military Science and happily collecting monthly pay checks, our Waterloo was met. On July 10, 1948, twelve future seniors, hale and hardy, reported to Fort Sam Houston for Medical R. O. T. C. training. A friendly but G. I. atmosphere prevailed.

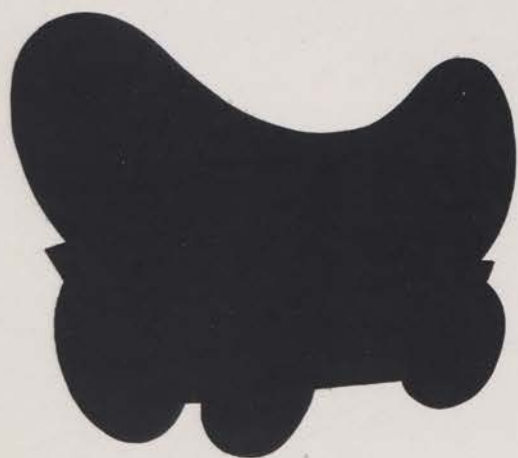
One week of orders, counter-orders, drilling, sweating, and swatting flies in outdoor classes elapsed before we settled down to a routine of passive resistance during the day. Evenings were spent enjoying the warm southern hospitality to the point of intoxication.

With the passing of time, Army life became easier and classes shifted indoors. This facilitated the siesta when films were shown and otherwise reading pocket-mysteries. The climax of the summer was the 36 hour bivouac at Camp Bullis, home of tick fever. Here we staggered through a medical field problem, alternating between carrying litters and resting on them. That night we fearfully slept outdoors on the ground. Our medical career did not benefit from the experience.

The most enjoyable part of the summer was the trip to Monterrey, Mexico. A border incident almost resulted because of language difficulty and mercenary desires of the Mexican customs officials. In Monterrey we roamed freely through the streets, market place, and houses. The bull fights were sensational and it was with regret that we returned to the States loaded with perfumes and empty wallets.

Shortly afterwards the session ended and the N. Y. U. group headed east. A summer well spent.





Class of
1950











Class of
1951





Clinical History

CHIEF Complaint. The patient is a twenty-two year old white male admitted to the Medical Violet with the following complaints:

1. Chronic somnolence, two years duration.
2. Pain in the right arm, three months duration.
3. Diarrhea, one day.

Present Illness. For the past two years, the patient has been unable to satisfy his need for sleep. He associates this with the change of jobs in September 1947 for one with long hours and little pay. At first he noticed slight fatigue during the day . . . especially after standing several hours doing laboratory procedures. With the inauguration of a six day week, the patient became chronically somnolent and progressively somnambulant. He would suddenly fall asleep about 9:15 A. M. despite verbose distractions offered by his bosses at that hour. The patient's own remedy was black coffee, taken ad. lib, but without much relief.

During the summer vacation, his condition underwent a remission, but relapsed severely when he returned to work. Within recent months he has become Benzedrine resistant and spends much of the day "in a fog".

The patient first noticed pain in the right arm last December. After carrying heavy equipment believed necessary for his work, he felt a sharp pain in the right shoulder. At the same time, his friends noticed asymetry of his posture, with drooping of the right shoulder. He attempted to compensate by simultaneously carrying equipment with the left hand as a balance, but this reduced his stature two inches.

After a sleepless night, the patient awoke this A. M. with severe cramps and diarrhea, and anorexia and nausea. This syndrome recurs rhythmically at eleven week intervals, with minor episodes in between. He consulted Health Service at his factory but says they told him the trouble was all in his head. Now he is writing to drug companys for sample antacids.



Systemic Review: Essentially negative except for recent weight loss of fifteen pounds, anxiety, palpitations and nocturia.

Family History: Non contributory.

Previous Diseases: Medical—Used childhood diseases; adult diseases expected. Surgical—Several corrective operations contemplated. Venereal—Denied.

Social History: For the past six years the patient has been striving to become an apprentice in his line. He drinks six cups of coffee and eats a dozen hamburgers daily—a recent dietary revision under the influence of management. Periodically he is intoxicated. He smokes two packs of cigarettes and chews one pack of gum daily, consumes about twelve aspirins a week, and uses three Benzedrine Inhalers monthly. By mutual agreement with his family, he lives alone nearer his place of work.

Evaluation: This history is unreliable. During the interview, the patient was disoriented and confused; his thoughts were obsessive with delusions of persecution, all related to his work and supervisors.





Class of
1952





The Book of the Fresh-men

1. And it came to pass, in the year of Our Lord 1948, that a goodly horde besieged a great Temple of Learning.
2. And the name of this Temple was the New York Un-i-ver'-si-ty Col-lege of Med'-i-cine.
3. And this goodly horde cried out to those within, saying: Yea, masters, we would be like you. Instruct us, we beseech you, in your noble art.
4. To which a group of savants answered: Yea, verily.
5. And this group of savants was known as the Board of Ad-mis'-sions.
6. Thus it came to pass that one hundred twenty and seven entered the portals, to be known as fresh-men. Which gives rise to much wonder, for amongst the fresh-men were a number of wo'-men.
7. The fresh-men were greeted thus: Lowly you are, and not wise. Go, be humble, and stint not your travail, that you may learn our craft.
8. Whereupon the fresh-men went forth and studied. A-nat'omy they learned. and marvelled much at the odors. A man there was, by name Barney, with whom was held long discourse on the feet of the ca-da'-ver.
9. Chem'-is-try was there also, with which the fresh -men were much plagued. For there set upon them a master with tongue of great sharpness, who chided them most unmercifully, speaking often of the great ignorance of the neophytes.
10. Phys'-i-ol-ogy there was, and statistics also, which troubled the fresh-men much indeed.
11. And the fresh-men were sore beset, and cried out saying: Will we ever, indeed, become great healers?
12. To which their masters hearkened and said: Yea, indeed.
13. With which response the fresh -men were greatly heartened, and soon matured.
14. Onward they went, and soon were known as soph'-o-mores.





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PUBLISHING the MEDICAL VIOLET this year has been a most enjoyable experience. Well-at least it was more interesting than certain Orthopedics lectures, and did keep the staff awake many a morning, noon, and night. We even sacrificed (occasionally) the traditional lunch hour bridge game. Starvation indeed. But we hoped that all would not be in vain.

Very early in the game it became apparent that the scientific methods learned in medicine could not be applied to our adopted profession, journalism. Office hours were whenever two members met, in or out of the office. The word deadline was eliminated from our vocabulary, ruefully at first, but later with cheerful resignation. Artists we were, especially in temperament.

Actually the accomplishments of the staff were manifold. During the past years, INFLATION had increased the costs of printing to such an extent that we feared sale into servitude as payment for the debts accumulated since the war. Drastic action had to be taken. The size of the yearbook was regrettably reduced and advertising was doubled so that the MEDICAL VIOLET 1949 is the first in years to see black ink. It may be smaller in size but in literary achievement, pictorially and verbally, we hope the MEDICAL VIOLET 1949 will grow larger in your heart during the years that follow.

On this occasion, the staff very sincerely extends thanks to Mr. Frank Ball, the publisher, who helpfully guided us through deep waters.



Caught Napping...





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