1953

MEDICAL VIOLET

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1953

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New York University-Bellevue Medical Center

College of Medicine

Volume 30

DEDICATION

TO THE MEDICAL EDUCATOR

"WHAT are the requisites of a good teacher of medicine? First and foremost, he must love to teach. He must get real inward satisfaction just from teaching, just from the realization that he is doing a job that is well worth doing. No matter how profound his knowledge, if he is bored by imparting that knowledge to others, he will fail as a teacher because he will lack the power of inspiring his pupils.

It goes without saying that the good teacher must know his subject and he must know it not only as it stands revealed today but also as it has evolved from the past and is likely to develop in the future. He must be able to present apparently isolated facts as part of a great whole, as forming a pattern into which can be woven other facts as they emerge. The pattern may thus change in detail, but the broad, general picture will remain."

Address to the Students, Feb. 26, 1952, by B. P. Watson, M.D., Visiting Stieglitz Professor.

Chancellor's Message

THERE is no greater task to which man can dedicate himself than that of the relief of human suffering, and I want to congratulate and extend best wishes to all of you who are reaching an important milestone in your preparation for this noble work.

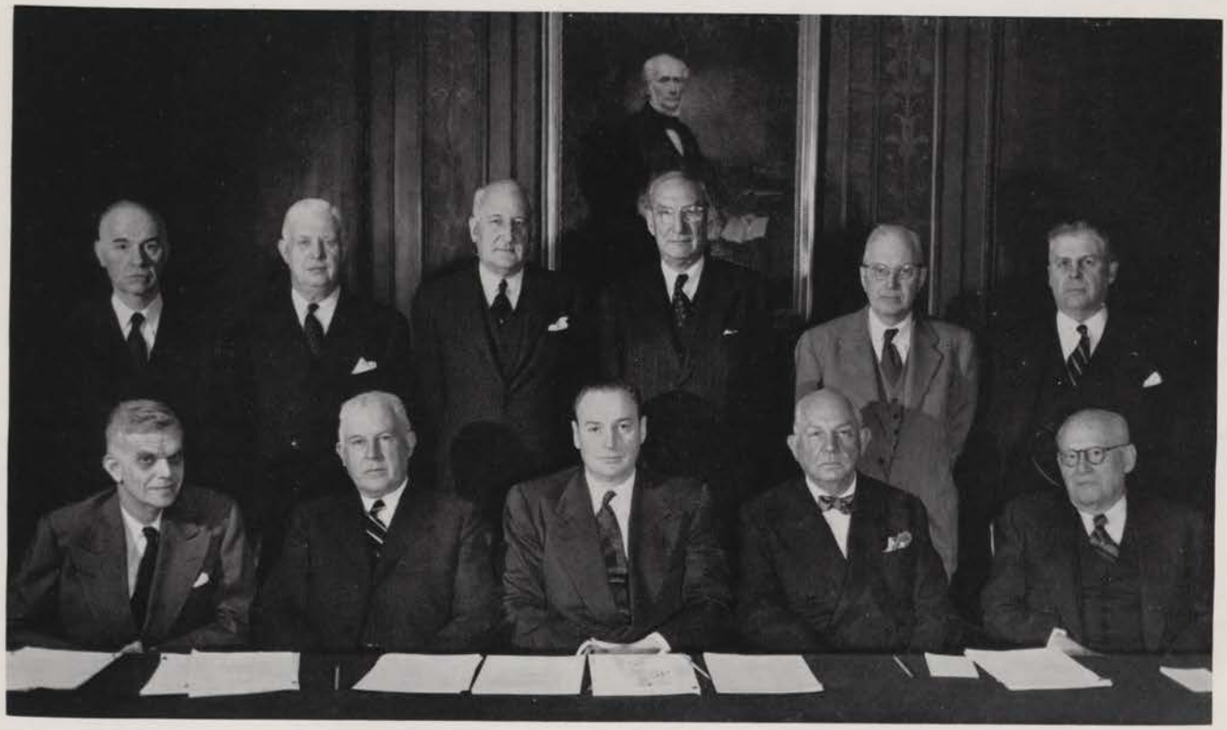
In the short period since I became chancellor, I have been impressed with the quality of your educational program and the growth of the University's facilities for teaching and research in medicine. These facilities are designed to aid society in its ceaseless fight to prevent and cure disease so that every man may reach his greatest potential of usefulness.

As you enter your professional life, I hope you will never forget the high ideals of your life's work. And I hope, too, you will maintain an interest in the University and its program, giving it your support so that others may enjoy the same opportunities you have had.

Henry T. Heald, *Chancellor*

Board of Trustees

Seated, left to right: Chancellor Henry T. Heald, F. Abbot Goodhue, Winthrop Rockefeller, Chairman; Charles S. McVeigh, Samuel D. Leidesdorf. *Standing, left to right:* O. V. W. Hawkins, LeRoy E. Kimball (Honorary), Nevil Ford, Harris A. Dunn, Herbert L. Spencer, George A. Brownell. *Members not pictured:* James M. Cecil, Harry Woodburn Chase (Honorary), Bernard F. Gimbel, Charles C. Harris, Rush H. Kress, Lawrence C. Marshall, Bayard F. Pope.



Currier McEwen, M.D.

Dean

To the Class of 1953:

Medicine and the basic sciences related to it have made enormous strides during the past decade. Certainly this has been brought home to each of you many times as you have labored under the difficulty of sifting out what was important among the new developments while you acquired knowledge and experience in time-honored principles. These advances now offer you opportunities for service to your patients that no previous class has had; but the progress which will be made in the years ahead places on you the heavy obligation to remain always critical students of medicine so as to be alert to accept what is good, and to reject that which is not.

Those same advances which have done so much for mankind have, together with economic and social phenomena of our time, raised serious problems for the medical schools of the country. Your school will need the loyal support of her sons and daughters to a greater extent than ever in the past. In behalf of all the Faculty I write this message of congratulations and good wishes with confidence that each one of you will continue to grow in medical and social maturity and in your determination to stand for the best interests of your College and for the best principles of your profession.

CURRIER McEWEN, M.D.
Dean

Almshouse On the River

FROM its very beginning, the history of Bellevue Hospital has been interwoven with that of the poor, the vagrant, the immigrant and the insane. New York was a town of about 9000 in 1731 when, following an epidemic of smallpox, the city fathers decided that beggars and criminals were becoming too much of a problem and voted to erect an almshouse to correct these evils. It was to be called the "Publik Workhouse and House of Correction of the City of New York" and was completed in 1736, on the spot where City Hall now stands, at a cost of 80 pounds and fifty gallons of rum, the city "to be the charge for liquor at laying the beams and raising the roof." One room in this institution was set aside as an infirmary and here, in a room about 23 by 25 feet on the upper floor on the Broadway side was the primitive origin of Bellevue Hospital, probably the oldest hospital in existence in the United States today.

In this house were confined the maniac, the unruly, the poor, the aged and the infirm; those who were able, were taught sewing, knitting, spinning, weaving and other useful occupations. The sick in the one room infirmary with the six beds were under the care of Dr. John Van Beuren, a young Dutchman from the medical school at Leyden. He and his successors were kept busy from the day the city aldermen opened their new almshouse, for New York was a growing city with poor housing and poorer sanitation and the plagues of smallpox, yellow fever, typhus and cholera visited it over the next century in deadly succession.

By 1796 there were 622 inmates in the city's "Publick Workhouse" (102 of whom were native born) and a lottery was held to raise money for a new structure to replace the worn out old building. Eighteen thousand tickets at $10 each were printed and enough money was raised to erect a new building on what is now Chambers Street.

At about this time, in 1794, the worst yellow fever epidemic to that time hit the city. There were 732 deaths and the city purchased a plot of land far out of town on the East River, just south of what is now 27th Street, called Belle Vue and converted the two story building on the property into a pest house. This was used intermittently from 1794 to 1811 whenever yellow fever struck New York. In 1811 the city bought part of Kips Bay Farm adjoining Belle Vue to the north, planning to build a new poorhouse here to replace the already inadequate one in the city.

There was some objection to this site as being too far out in the country—patients might die before they could reach the poorhouse—but these voices were

William N. Hubbard Jr., M.D.
Assistant Dean

H. Sherwood Lawrence, M.D.
Student Health Officer

Old Administration Building, Admitting Office, Pneumonia Alley.

stilled by the visionaries who pictured the eventual expansion of the city and by the fact that steamboats were now available to carry patients up to Belle Vue from the city via the river.

Belle Vue was a beautiful spot at that time—"a country smiling with orchards and gardens . . . pre-eminently distinguished for its grateful fruits, the plum, the peach, the pear and the apple and for its classic culture of the rosaceae." It was off here, during the Revolution, that the British General Howe anchored his frigates when he attacked New York, landing his men at the foot of 34th Street after throwing the defenders into a panic. And it was at the Murray house, adjoining the Kips Farm, that Howe had dallied at lunch while Washington rallied his forces and gained enough time for General Putnam to withdraw his men previously trapped at the Battery.

The buildings at Bellevue were completed in 1816 and consisted of the almshouse, a workshop, penitentiary and two hospital pavilions of six rooms each. By this time, it was impossible for the meager medical staff of two visiting physicians and two interns to perform their duties properly. There were 1600-2000 paupers in the almshouse and about 200 patients in the hospital. Until 1825 the history of Bellevue is one of one plague after another with the hospital overflowing and its medical staff terribly overworked.

Finally in 1825 conditions became so bad that the city council awoke to the fact they were running a large hospital, and not just an almshouse and prison and plans were made for transferring these appendages elsewhere. The medical staff was reorganized and from then on the institution at Kips Bay was known as Bellevue Hospital.

Typhus was the big problem in the next years till 1841. Often cases came directly from the immigrant ships docking in the harbor and patients were treated in tents set up on the lawn. Many of the young assistants died of this disease. In those years the resident physician had six such assistants appointed for one year. They served two months in each department of the hospital; phthisis and chronic cases, lying-in, penitentiary and smallpox, acute diseases, and surgical cases.

With the reorganization, however, the new post of resident physician in charge of the hospital soon became a political plum and the service rapidly deteriorated. The politicians milked the hospital dry, going so far as to sell at auction all the hospital grounds excepting the plot from 26th to 28th Streets from First Avenue to the river, for which act the Board of Aldermen were dubbed the "Forty Thieves" by contemporary writers. The politically appointed residents, who served for one year, were often not competent. Their assistants, usually undergraduates who paid the resident a fee, were overworked. Almost half the patients were insane, and provisions were scant, filth was everywhere, neglect by the attendants and

Foreground—Psychiatric Building; Pneumonia Alley on left running from the A.O. to the Medical Pavilion.

Old Gate House at 26th Street.

"nurses" was commonplace; typhus was rampant. Finally in 1847, after an epidemic of cholera, conditions became so bad the stench wafted over the walls and drifted down to City Hall via a series of newspaper articles. A new reorganization took place, the hospital was placed under a medical board of the top men of the time and Bellevue's golden age began.

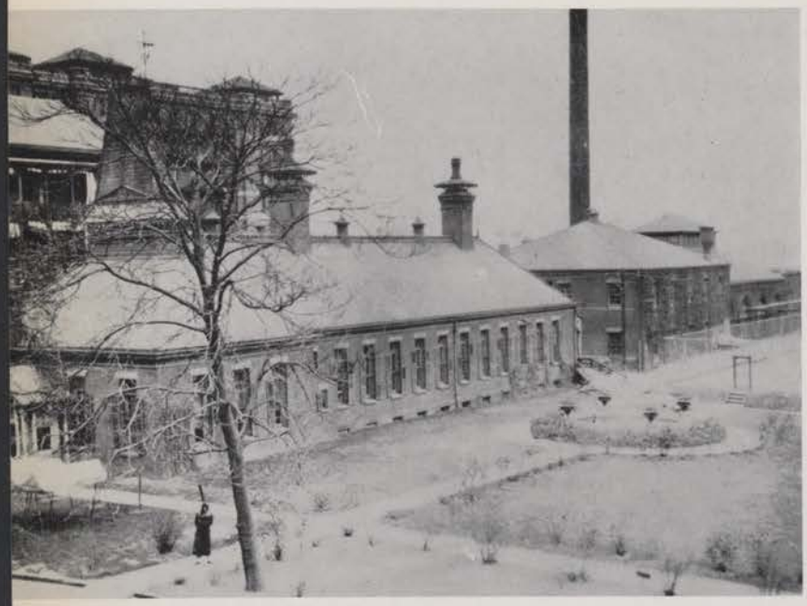
Under the guidance of such men as James Wood, Valentine Mott, John Francis and Willard Parker, Bellevue was finally separated from the almshouse; the hospital service was divided into medical and surgical divisions with a lying-in department attached to medicine. The wards were opened to medical students who were allowed to accompany the physicians on rounds and the death rate was reduced from 20 to 9 per cent.

As far back as 1787 the almshouse hospital was used for medical teaching by the pupils of leading physicians. The corporation of the city committed to a Dr. Romayne who ran a school in those days "the sick in the Almshouse and the Bridewell, whose diseases are registered, together with daily reports of the symptoms, the prescriptions, and the effects of medicine, for the further improvement of the students at physic." In 1804, Dr. Valentine Seaman began a course of lectures for female midwives on the obstetric art, in conjunction with a newly established lying-in ward. During the period of the resident physicians these men gave private lectures to students who paid them a fee. But the vast amount of clinical material available for teaching was largely going to waste when the new medical board took over. They began the first public courses of instruction in a newly built amphitheater and in 1857 a systematized series of clinical lectures was begun for which a certificate was awarded. The establishment of a complete medical college was recommended in 1860 and this was incorporated the following year as the Bellevue Hospital Medical College, which in 1898 combined with the New York University Medical Department to form the present school.

While serving as Superintendent of the newly established Board of Health, Dr. Edward B. Dalton, a surgeon who had served in the Civil War, proposed a scheme for an ambulance corps in the city and this was inaugurated at Bellevue in 1869, the first ambulance service established in any city in the world. It was soon put to the test one month later in July when a riot broke out in Elm Park, four miles from the hospital and many rioters succumbed to the heat. Everything worked with perfect smoothness. Among the rules adopted for the new service was that "each ambulance shall have a box beneath the driver's seat containing a quart flask of brandy, two tourniquets, a half-dozen bandages, some splint material, pieces of old blankets for padding, strips of various lengths with buckles, and a two-ounce vial of persulphate of iron."

Through the efforts of a group of public spirited women who were less than enthusiastic about the

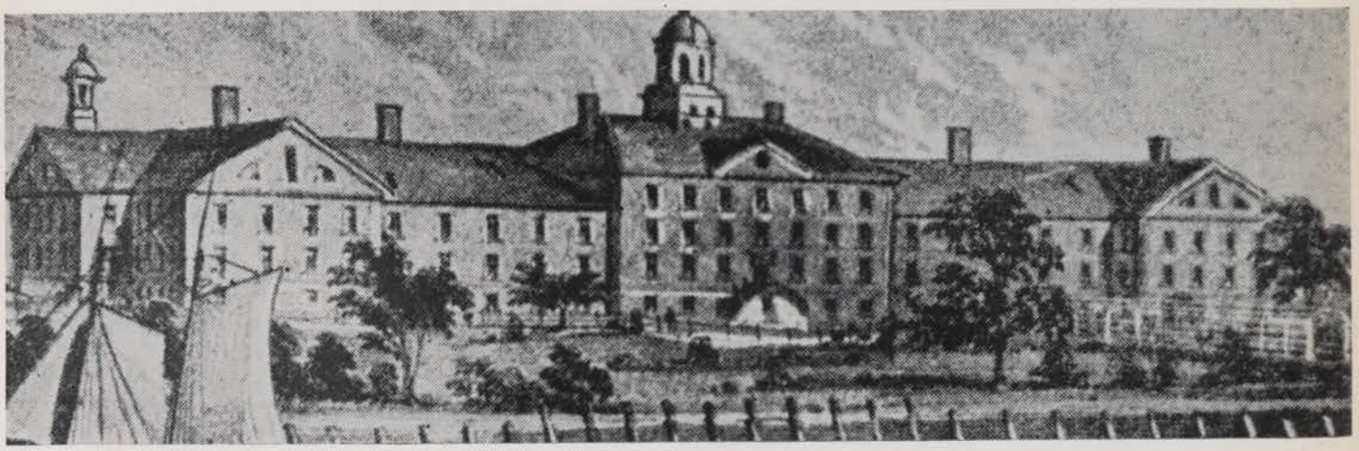
Visiting Day circa 1900.



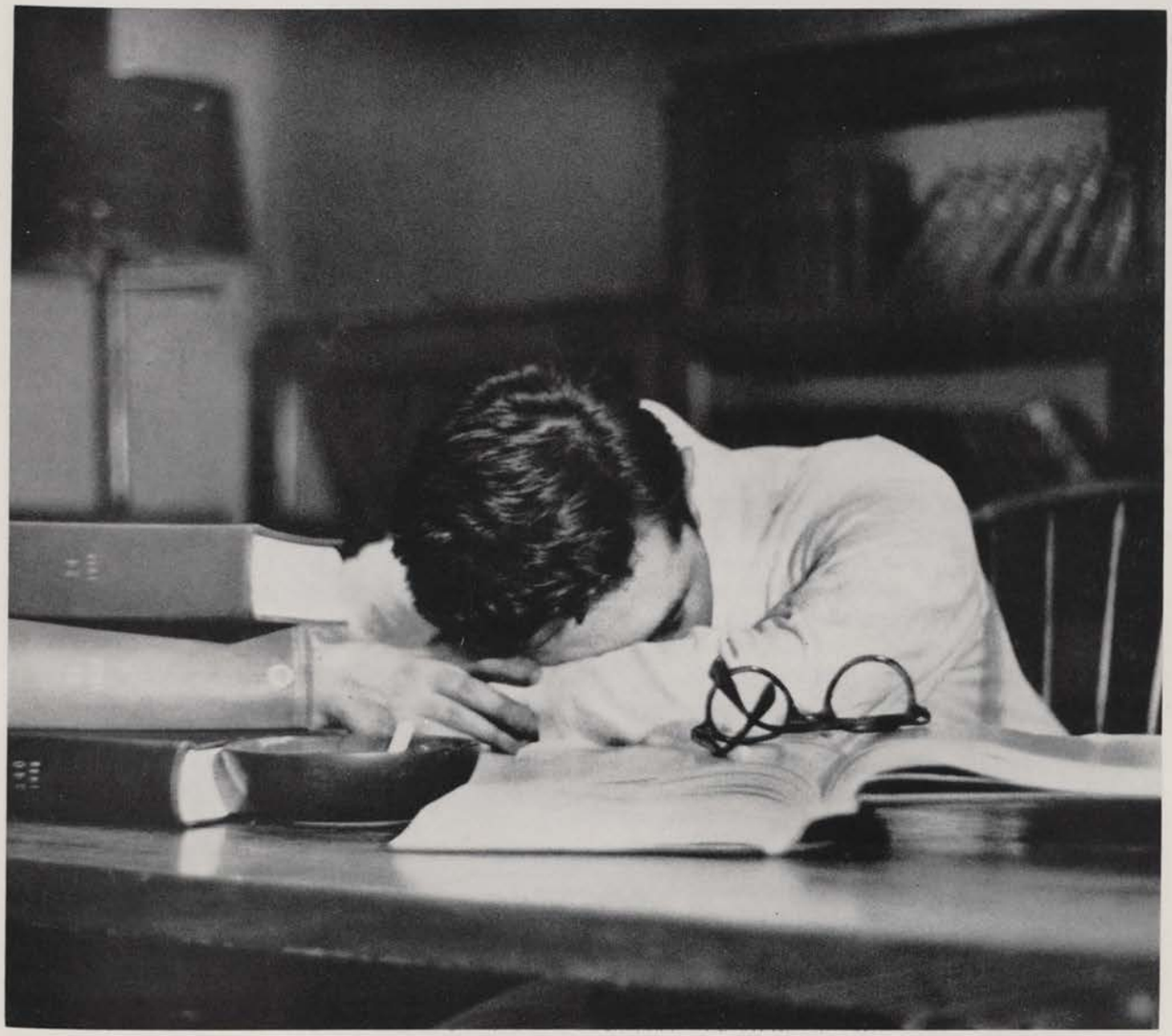
Sturgis Pavilion (Surgery and Medicine) with isolation tents in the foreground and the L and M Building in the background.

nursing care provided by the alcoholic females serving out their ten day sentences on the wards of Bellevue, the New York Training School for Nurses attached to Bellevue Hospital was established in 1873, the first regular nurses training school in this country. The previous ignorant, incompetent and often alcoholic female attendants were replaced by students and graduates from a school whose standards, from the beginning, were high, and whose graduates have gone out to pioneer and head other training schools throughout the country and the world.

Some of the great names of American medicine have been associated with Bellevue Hospital over the years. Valentine Mott, a surgeon of legendary skill in his day, served on the Medical Board following the reorganization of 1847 and during his years at the hospital made its operating theater famous throughout the country. Willard Parker, another member of that board, was an early advocate of public sanitary improvements and following him was Stephen Smith who was instrumental in the passage of the state Sanitary Code and served as the first Commissioner of Health of the city. Austin Flint and Edward Janeway practiced medicine on Bellevue's wards and William Welch and William Halsted interned there and served on its staff. Hermann M. Biggs was another intern who went on to achieve fame for his contributions to public health, in connection with the establishment of the New York Board of Health Laboratory, the administrative control of tuberculosis, introduction of diphtheria antitoxin, and the beginning of a venereal disease control program. Walter Reed received his M.D. from the Bellevue Hospital Medical College as did William Gorgas. The list could go on and on. For over the last century, as a result of the excellence of the men on its attending staff and its connection with the great medical schools of the city which run its services, Bellevue Hospital has been in the forefront of the advances in medicine and its auxiliary services. The prospect is that this will continue to be the case in the future.



SENIORS



"EXCEPT it be a lover, no one is more interesting as an object of study than a student. Shakespeare might have made him a fourth in his immortal group. The lunatic with his fixed idea, the poet with his fine frenzy, the lover with his frantic idolatry and the student aflame with the desire for knowledge are of "imagination all compact." To an absorbing passion, a whole-souled devotion, must be joined an enduring energy, if the student is to become a devotee of the grey-eyed goddess to whose law his services are bound. The student often resembles the poet—he is born, not made. While the resultant of two moulding forces, the accidental, external conditions and the hidden, germinal energies, which produce in each one of us national, family, and individual traits, the true student possesses in some measure a divine spark which sets at naught their laws. Like the Snark, he defies definition, but there are three unmistakable signs by which you may recognize the genuine article from a Boojum—an absorbing desire to know the truth, an unswerving steadfastness in its pursuit, and an open, honest heart, free from suspicion, guile, and jealousy."

The Student Life from Aequanimitas by Sir William Osler

Looking Backward

THE day is June 10, 1953, the place Ohio Field. "The following are recommended for the degree of Doctor of Medicine." You take off your cap to look again at the gold tassel. Is it possible that the four years are over?

You remembered the interview and the same old questions. You smiled grimly, took a deep breath, and gave him The Routine. He asked about research that you had done, so you sat back in your seat, rested your feet on his desk and told him about The Article. You feigned amazement that he hadn't read your paper "The Fenestrated Palate of the Tasmanian Wombat" in the Southern Delaware Journal of Comparative Ecology which you blithely referred to as the SDJCE. He apologized glumly and explained that he was a biochemist.

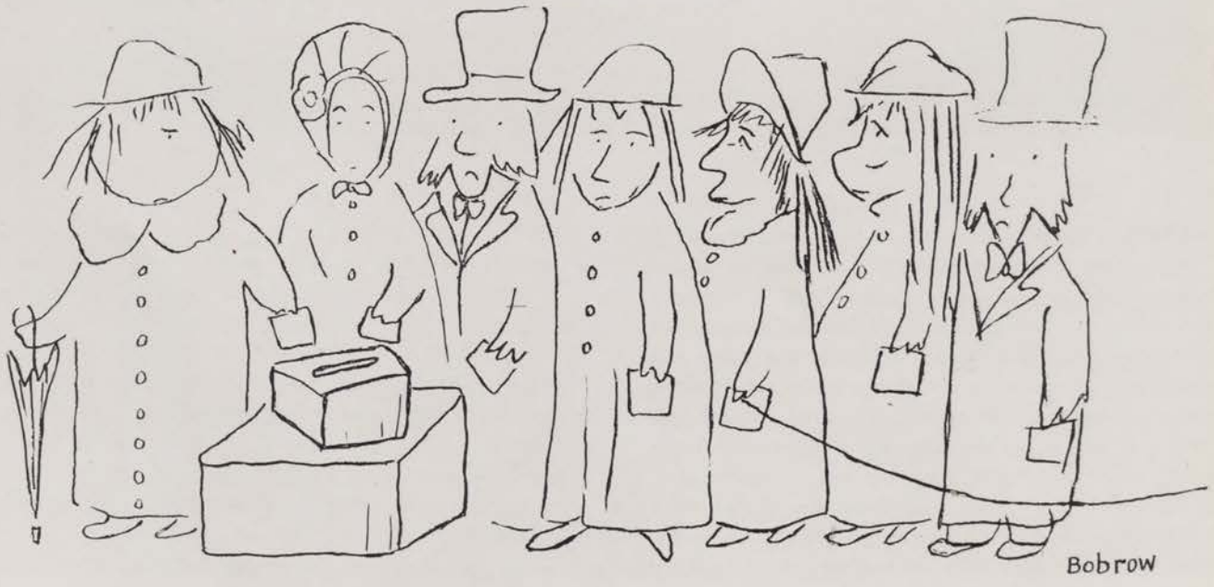
Two weeks later your acceptance arrived and there was a sudden rise in your social status. You registered and parted with what you realized in the fourth year was a ridiculously low tuition fee. Men from the second year class appeared and were especially glad to tell you about exams, labs, and brown envelopes, with an almost sadistic gleam in their eyes which you later learned was called paranoia.

Events moved swiftly once school actually began. There were rumors of many exams, but one the first day was ridiculous. Rapidly you were introduced to the series of laboratories that occupied most of your time the first year. In anatomy you pushed open the swinging doors, repressed the urge to vomit, and met your four partners for the coming year—one never got off the table. It was there that ideas of a career in surgery died as skin, fascia, and muscle rapidly disappeared beneath your keen, sometimes erratic blade. You soon learned who was expert at cleaning nerve sheaths and who should stick to stripping fat and carving the Sunday roast. You learned that a diaphragm is a muscle in the body and Dr. Eichna tried to convince you that anatomy could be correlated with clinical medicine.

You found chemistry a maze of obscure lectures and frantic experiments. The aim of the laboratory was to clean your table, stand a stool on it upside down and leave as soon as possible with a minimum of trauma to yourself and the glassware. Unlike undergraduate courses, your reagents came not from neatly labelled bottles but from a jug in the men's room. You went to Dr. Keston's lectures and decided to read more in the text. A look at the text and you were back listening to Dr. Keston. This search for clarity continued throughout the four years.

After several months on Anatomy and Biochemistry, Physiology arrived to tie this lack of knowledge into a coherent misunderstanding. The more compulsive among you rejoiced in the preciseness of the protocol and kymograph; the majority wearily smudged their chins and exsanguinated their cats. It was in this trimester that you realized that the Dalmatian coach hound was the most important animal in medicine and

The Board of Admissions Votes

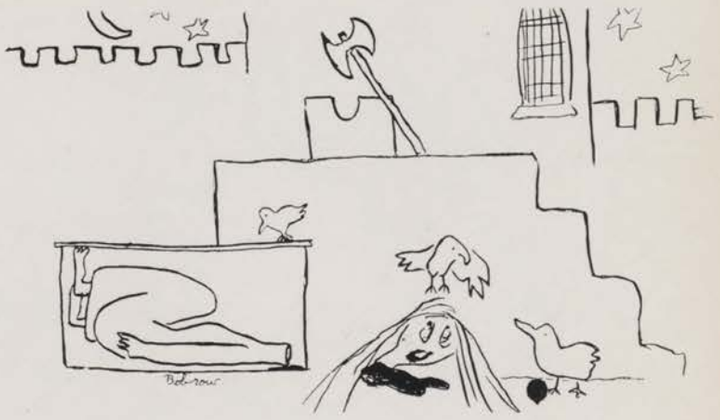


Dr. Eichna tried to convince you that Physiology could be correlated with clinical medicine. Homer Smith gave his famous lectures and you appreciated that he had done some marvelous work but you were not sure what it was. The aglomerular fish became the most important animal in medicine. You bought your first stethoscope and this was indeed another milestone in your life. You learned that a diaphragm is part of a stethoscope.

The instructors in Medical Statistics were extremely intense but you could never appreciate the course as significant even by a chi square test. After Psychiatry lectures you looked at everyone just a little differently.

Physiology

With the start of the second year you were lulled into a false sense of security by the relative ease of the program. The Dean greeted you in the hall by first name and you were overwhelmed with pride even though it wasn't your name. You reached the pinnacle of success and began to store your bridge cards with Charlie Shields. Brown envelopes from the Pharmocology Department shattered the illusion that the faculty also played bridge in their spare time. Dr. de Bodo added several new expressions to your medical vocabulary as he directed his three ring performance in the Pharmacology labs. You realized that the most important animal in medicine was the dog. Dr. Eichna

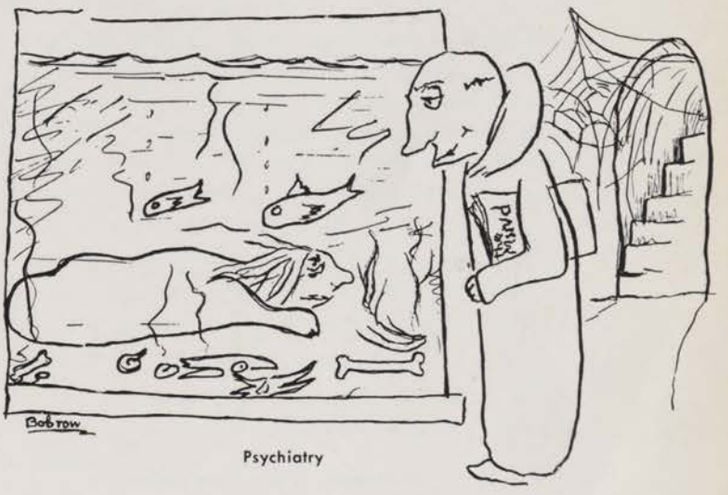


Surgery

tried to convince you that Pharmacology could be correlated with medicine.

The second trimester started with Dr. Von Glahn's initial lecture. Notebooks snapped open and pens appeared—those were the boys who made AOA. You became immersed in a mass of death and disease and you began to wonder how the human race had managed to survive.

Your microscope became chained to your wrist as you staggered over to Bacteriology several times a week. There you discovered that all the world's a stage and men and women merely culture media. The instructors strained to be helpful but the mice, the most important animals in medicine, just wouldn't cooperate. They scurried all over the floor, bred as if they had been crossed with a rabbit, didn't die from astronomical doses of pneumococcus but rapidly expired for no apparent cause. Unknowns were finally given out and when nothing grew out the first day, you suddenly felt what Uncle Willie described as rigor mortis. But after using agar slants, slanted agar, upper



Psychiatry

Pediatrics

plates, lower plates, typing sera of all varieties, and those treacherous mice, you stained your unknown and got it ready for observation. If you never see a half gram positive, half gram negative rod again it won't be too soon.

When Parasitology replaced Bacteriology, the bugs and names got larger and the snails loomed as the most important animals in medicine. Finding protozoa in your own stool was an eye-opener and you started getting diarrhea immediately thereafter. This condition became chronic as you realized Boards were approaching. Before the year ended, the faculty crammed in the one course really necessary for your coming work on the wards—Clinical Pathology. In the hospital this was known affectionately as scut. You ended your preclinical years, comforted in your ignorance by the thought that you'll learn it all on the wards.

The Saturday Night Cirrhosis Clinic

On your first day at Bellevue, you stored your stethoscope, ophthalmoscope, otoscope, tuning fork, and safety pins in the back of your locker to make room for the microscope and pipettes. When your first admission arrived, you eagerly approached his bed only to be brushed aside by the attending, resident, intern, student nurse, and an attendant who planned to go to med school some day. As you picked yourself up muttering about the team, a urine specimen was thrust into your hands and you began the "minimum of lab work" your resident casually mentioned in his introductory pep talk. When you finally saw your patient, you remembered the instructions to treat him as a person and not just as a case, so you ventured some small talk while palpating his prostate, but this sally was soon abandoned, usually due to lack of a common language, occasionally due to a spastic sphincter.

Combined Clinic

At first you were bewildered by the maze of medical abbreviations and it took a while before you realized that SOB referred to cardio-pulmonary physiology and not to an accident of birth. These difficulties resolved themselves in time and almost before you realized it, you were able to answer the attending's queries at great length without saying anything incriminating. You had mastered the art of medical discussion. Some students with natural ability were able to develop the art of asking lengthy questions which demonstrated their knowledge of terminology, if not of grammar.

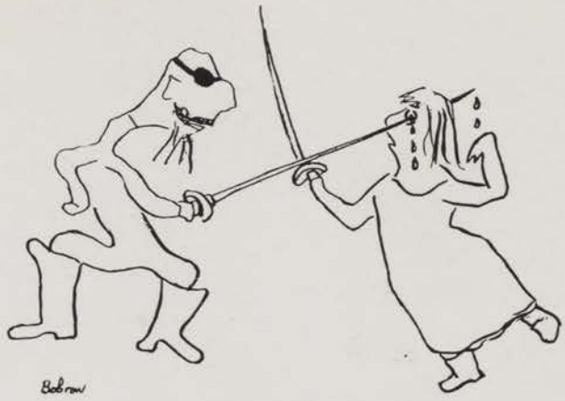
For three months on Surgery, you raced madly between wards, X-ray, blood bank, labs, and the OR, all the while learning from the patient. If he was not there in the flesh, his secretions and excretions substituted for him as an object of study.

You found Pediatrics to be a battleground between gantrisin and URI's. Conferences, conferences, conferences. Lightwood's syndrome, Letterer-Siewe's disease, deToni-Fanconi syndrome, and many other common everyday illnesses were thoroughly discussed. It wasn't until you got to clinic that you realized that colds were also fairly frequent.

You left the small bodies with large spleens for Neurology, where, like voodoo worshippers, you stuck pins into old ladies and tried to decide if they had a positive Babinski or were just ticklish. The secret of neurological success was simple—brain, spinal cord, or nerves. And the treatment was even simpler—there was none. Mornings on Psychiatry you were locked in with your patients so you had to sit and listen while they hallucinated, blocked, tackled, punned, or just gazed into space. You ended your third year with a profound respect for the natural healing abilities of the human organism.

The fourth year came and the study of medicine assumed a back seat temporarily to the study of internship applications. You received much advice, thumbed through thousands of reports, visited many hospitals, and in the end were as thoroughly confused as when you began. The matching plan and its monstrous IBM machine settled the whole problem on that fatal March 16th.

On Obstetrics you helped increase the Puerto Rican population of New York. Nights became a series of rectals and shouts of "Watch that multip, she's coming fast." The stretchers in the hall seemed surprisingly soft after a lapful of meconium somewhere around dawn.



Ophthalmology

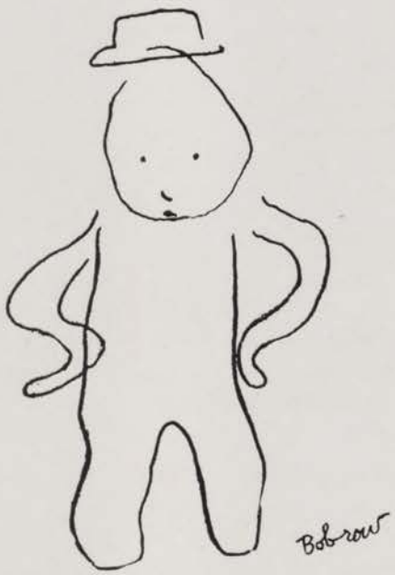
Preventive Medicine was a welcome interval where you wandered about the city peeping into such odd corners as slaughter houses, and printing plants. In the course of your trips, you visited the Sanger clinic, and for the first time really learned what a diaphragm is. Dr. Eichna tried to convince you that clinical medicine could be correlated with anatomy, chemistry, and physiology.

You worked in the Out-Patient Department and soon learned that each orifice had its own clinic. Laboratory reports became items to be fondly wished for but never seen. You discovered that a man with one finger can become a proctologist but it takes two to be a gynecologist. You were never told precisely which was more common in childhood, a cold or schizophrenia, but you will always caution mothers against teaching their kiddies to whirl. You went to Arthritis clinic and envied those who were at Diabetic clinic envying you on Arthritis clinic.

Electives offered you an opportunity for individual expression and everyone scattered into the limbo of research and specialization. You soon spotted those in research, unshaved, unkempt, and surrounded by a uriniferous aroma. The wisest merely dropped out of sight for two months, and were presumably meditating on great problems.

As morning lectures hit new highs in soporific didactics, even the AOA men opened their notebooks less and less and brave indeed was the lecturer who dared to dim the lights to show slides.

"You will now stand for the Hippocratic oath." Your dream is fulfilled. The four years are now hut a memory.



The Elusive Factor in Essential Hypertension

JAMES KERRIGAN AHERN
Larchmont, N. Y.
Wesleyan, A.B., 1948
San Joaquin General Hospital
French Camp, Cal.

SALVATORE VINCENT AMBROSINO
Brooklyn, N. Y.
New York University, A.B., 1949
Kings County Hospital
Brooklyn, N. Y.

JOHN GAMBLE ATKINSON
Watertown, N. Y.
Hamilton, A.B., 1949
Bellevue, 3rd Surgery Div.
New York City

STANLEY MARSHALL BECKER
Bronx, N. Y.
Columbia College, A.B., 1949
Jefferson Medical College
Philadelphia, Pa.

ALLAN ALEXANDER BERGER
Queens, N. Y.
Columbia College, A.B., 1949
Philadelphia General Hospital
Philadelphia, Pa.

HAROLD JOHN BERMAN
Washington, D. C.
Georgetown, B.S., 1948
Bellevue 3rd Medical Div.
New York City

ABRAHAM BERNSTEIN
Brooklyn, N. Y.
New York University, A.B., 1948
New Britain General Hospital
New Britain, Conn.

MITCHEL BERNSTEIN
Brooklyn, N. Y.
Wisconsin, B.S., 1948
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New York City

JOHN EDWARD BERRY
Butte, Montana
Portland, B.S., 1949
Public Health Service
Washington, D. C.

CHARLES EDGAR BILLINGS, JR.
Newtonville, Mass.
Wesleyan
Mary Fletcher Hospital
Burlington, Vt.

STANLEY ALVIN BLUMENTHAL
Hollis, N. Y.
C. C. N. Y., B.S., 1949
Mount Sinai Hospital
New York City

BENJAMIN BOBROW
New York, N. Y.
Tufts, A.B., 1949
Lenox Hill Hospital
New York City

ALAN IRA BORTZ
Uniontown, Pa.
Pittsburgh, B.S., 1949
University Hospital
Ann Arbor, Mich.

PAUL WELDON BOYLES
Gibsonville, N. C.
Duke, A.B., 1947
University of North Carolina, M.S., 1949
Bellevue 3rd Medical Div.
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WILLIAM HARVEY BRISTOW, JR.
Forest Hills, N. Y.
Harvard College, A.B., 1949
Bellevue 4th Medical Div.
New York City

STANLEY HERBERT BRODSKY
Brooklyn, N. Y.
Dartmouth, A.B., 1950
Long Island College Hospital
Brooklyn, New York

RITA MELNICK CHAFKIN
Brooklyn, N. Y.
New York University, A.B., 1949
Kings County Hospital
Brooklyn, N. Y.

JULIUS BURGESS CHAMBERS
Freeport, N. Y.
Middlebury, A.B., 1948
V. A. Hospital
Long Beach, Cal.

STANLEY MARVIN CHARNOFF
Brooklyn, N. Y.
New York University, A.B., 1949
Mount Sinai Hospital
New York City

RICHARD JOHN CIUZIO
Elmurst, N. Y.
Columbia, B.S., 1949
Meadowbrook Hospital
Hempstead, N. Y.

DAVID REES CODDON
St. Paul, Minn.
Macalester, A.B., 1945
Minnesota, A.M., 1948
Ancker Hospital
St. Paul, Minn.

LEONARD COHNSTEIN
Sunnyside, N. Y.
New York University, A.B., 1949
Meadowbrook Hospital
Hempstead, N. Y.

LEROY GEORGE DALHEIM
Staten Island, N. Y.
Cornell, A.B., 1949
Grasslands Hospital
Valhalla, N. Y.

EDWARD HUGH DAVIS
Lawrence, N. Y.
Michigan, A.B., 1949
San Francisco Hospital
San Francisco, Cal.

JO ANN DEATHERAGE
Tulsa, Okla.
Michigan
Wesley Memorial Hospital
Chicago, Ill.

VICTOR DE FINO
Brooklyn, N. Y.
New York University, A.B., 1953
Mary Hitchcock Memorial Hospital
Hanover, N. H.

ANGELO JOSEPH DE PALO
New York, N. Y.
Columbia College, A.B., 1948
Hartford Hospital
Hartford, Conn.

HELEN ADELINE DE ROSIS
New York, N. Y.
Adelphi, A.B.
Columbia, A.M.
Bellevue 3rd Medical Div.
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SIDNEY PHILIP DIAMOND
New York, N. Y.
New York University, A.B., 1948
Naval Hospitals
Washington, D. C.

DOMENICO ARTURO DIMASSIMO
East Rochester, N. Y.
Rochester, A.B., 1949
St. Vincent's Hospital
New York City

DUANE HARNACK DOUGHERTY
Grand Island, N. Y.
Buffalo, A.B., 1948
Millard Fillmore Hospital
Buffalo, N. Y.

CHARLES JOSEPH DUNN, JR.
Bellaire, N. Y.
Hofstra, A.B., 1949
Meadowbrook Hospital
Hempstead, N. Y.

GILBERT MARSHALL ECHELMAN
Orlando, Fla.
Florida, 1949
Charity Hospital
New Orleans, La.

WILLIAM FRANCIS ECKHARDT, JR.
Hoboken, N. J.
Columbia College, A.B., 1949
Bellevue 2nd Medical Div.
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ROBERT EISENBERG
New York, N. Y.
New York University, A.B., 1949
Children's Hospital
San Francisco, Cal.

ALPHONSE PAUL FALCO
Queens, N. Y.
Hofstra, A.B., 1949
Meadowbrook Hospital
Hempstead, N. Y.

HOWARD FILMORE FEIGELMAN
East Paterson, N. J.
Harvard College, A.B., 1949
Naval Hospitals
Washington, D. C.

ARTHUR FELIX
Hollis, N. Y.
New York University, A.B., 1949
Montefiore Hospital
Bronx, N. Y.

ROBERT CHARLES FEULNER
Queens, N. Y.
Columbia College, A.B., 1948
Milwaukee County Hospital
Milwaukee, Wis.

SIDNEY FINKEL
Brooklyn, N. Y.
Michigan, B.S., 1949
Cedars of Lebanon Hospital
Los Angeles, Cal.

SOLOMON FISCH
New York, N. Y.
Scranton, B.S., 1945
Rochester, Ph.D., 1949
Montefiore Hospital
Bronx, N. Y.

DONALD JAMES FOSTER
Forest Hills, N. Y.
Cornell, B.S., 1947
Naval Hospitals
Washington, D. C.

ARTHUR FRANCIS FRANZINO
Hollis, N. Y.
St. John's, B.S., 1949
Kings County Hospital
Brooklyn, N. Y.

ALVIN HENRY FREIMAN
New York, N. Y.
New York University, A.B., 1947
Illinois, M.S., 1949
Montefiore Hospital
Bronx, N. Y.

ELAINE UTAL GERMAN
New York, N. Y.
Wisconsin, A.B., 1947
Maimonides Hospital
Brooklyn, N. Y.

IRWIN GLASNER
Brooklyn, N. Y.
Missouri, A.B., 1948
Nassau Hospital
Mineola, N. Y.

POLLY ANNE GOLDBERGER
New York, N. Y.
Vassar, A.B., 1949
Mount Sinai Hospital
New York City

GEORGE GOODMAN
Brooklyn, N. Y.
Harvard College, A.B., 1949
Kings County Hospital
Brooklyn, N. Y.

FRED FRANCIS GRAZIANO
Nyack, N. Y.
Columbia College, A.B., 1949
Vassar Brothers Hospital
Poughkeepsie, N. Y.

ELLIOT IRVING GREENBERG
Brooklyn, N. Y.
New York University, A.B., 1948
Maimonides Hospital
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LLOYD GUTH
New York, N. Y.
New York University, A.B., 1949
Kings County Hospital
Brooklyn, N. Y.

EDITH HAND
Brooklyn, N. Y.
Brooklyn, A.B., 1945
Mt. Sinai Hospital
Miami Beach, Fla.

LEONARD COLEMAN HARBER
Long Beach, N. Y.
Johns Hopkins, A.B., 1949
Bellevue 3rd Medical Div.
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HERMAN LEON HESSEL
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New York University, A.B., 1948
Kings County Hospital
Brooklyn, N. Y.

LEONARD MYRL HIRSCH
Bronx, N. Y.
Bowdoin, A.B., 1948
Queens General Hospital
Jamaica, N. Y.

CHARLES MURRAY HOLTZMAN
Passaic, N. J.
Dartmouth, A.B., 1948
Maimonides Hospital
Brooklyn, N. Y.

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Brooklyn, N. Y.
Ohio Wesleyan, A.B., 1949
Cincinnati General Hospital
Cincinnati, Ohio

JAMES JOSEPH HUMPF
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New York University, A.B., 1949
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MARTIN ISRAEL INKELAS
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New York University, A.B., 1949
Montefiore Hospital
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JOSEPH JAHR
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Michigan, B.S., 1949
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SEYMOUR JOFFE
Brooklyn, N. Y.
New York University, A.B., 1949
University Hospital
Cleveland, Ohio

JOSEPH KATZ
Newark, N. J.
New York University, A.B., 1949
Kings County Hospital
Brooklyn, N. Y.

ELIAS EMILE KAWAS
Bethlehem, Jordan
Texas, A.B., 1949
Kings County Hospital
Brooklyn, N. Y.

FREDERICK ALVA JACOBS KINGERY
Portland, Ore.
Yale, B.S., 1949
University Hospital
Ann Arbor, Mich.

ARNOLD KOOPERSMITH
Brooklyn, N. Y.
New York University, A.B., 1948
Maimonides Hospital
Brooklyn, N. Y.

JULIUS KOREIN
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Maimonides Hospital
Brooklyn, N. Y.

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Passaic, N. J.
Seton Hall, B.S., 1949
St. Joseph Hospital
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Wisconsin, B.S., 1949
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Brooklyn, N. Y.
New York University, A.B., 1950
Boston City Hospital
Boston, Mass.

LEO KRAUSS
Bronx, N. Y.
Syracuse, A.B., 1948
Philadelphia General Hospital
Philadelphia, Pa.

WILLIAM LADNER
Hewlett, N. Y.
Wisconsin, B.S., 1949
Maimonides Hospital
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Cornell, A.B., 1949
St. Vincent's Hospital
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Mount Sinai Hospital
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Maimonides Hospital
Brooklyn, N. Y.

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St. Vincent's Hospital
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Smith, A.B., 1949
St. Louis City Hospital
St. Louis, Mo.

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Army Medical Service Hospitals
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Boston City Hospital
Boston, Mass.

GERSHOM MAILMAN
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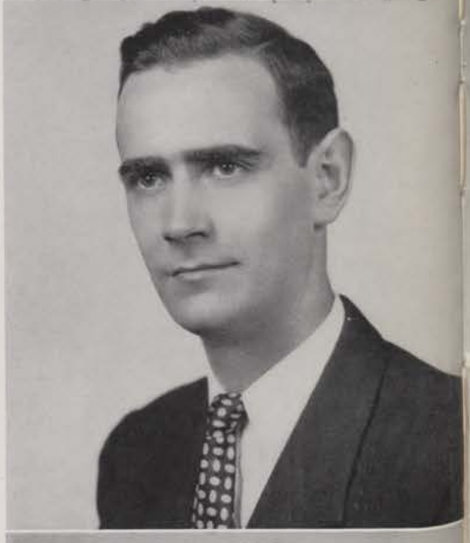
Missouri, A.B., 1949
St. Louis City Hospital
St. Louis, Mo.



GORDON FRANCIS MARQUISSEE
Herkimer, N. Y.
New York University, A.B., 1949
Strong Memorial Hospital
Rochester, N. Y.

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Brooklyn, N. Y.
New York University, B.S., 1950
Kings County Hospital
Brooklyn, N. Y.

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Columbia, B.S., 1949
Grasslands Hospital
Valhalla, N. Y.

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Dartmouth, A.B., 1949
St. Vincent's Hospital
Portland, Ore.

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Hempstead, N. Y.

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Manhattan, B.S., 1949
Methodist Hospital
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Brooklyn, A.B., 1948
Maimonides Hospital
Brooklyn, N. Y.

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Indiana, A.B., 1949
Charity Hospital
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Manhattan, B.S., 1949
Hahnemann Hospital
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Kings County Hospital
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Oregon, B.S., 1949
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Yale, B.S., 1950
Genesee Hospital
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Colby, A.B., 1949
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Brooklyn, A.B., 1949
Jefferson Medical College Hospital
Philadelphia, Pa.

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New York University, A.B., 1949
Lenox Hill Hospital
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PAUL ALDRICH QUALBEN
Weehawken, N. J.
Wagner, A.B., 1944
Luther Theological Seminary, B.Th., 1947
Methodist Hospital
Brooklyn, N. Y.

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New York University, A.B., 1948
Mount Sinai Hospital
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New York University, A.B., 1949
Philadelphia General Hospital
Philadelphia, Pa.

MARIO QUINTUS RICCI
Bronx, N. Y.
New York University, A.B., 1949
New Rochelle Hospital
New Rochelle, N. Y.

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Jackson Heights, N. Y.
Hunter, A.B., 1947
Buffalo General Hospital
Buffalo, N. Y.

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Bellevue 4th Surgery Div.
New York City

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Baltimore, Md.
Amherst, A.B., 1949
Sinai Hospital
Baltimore, Md.

STEPHEN SAUATY SAPEGA
Glendale, N. Y.
New York University, A.B., 1951
Mary Immaculate Hospital
Jamaica, N. Y.

CARL LUCIAN SAULS, JR.
Norfolk, Va.
Columbia College, A.B., 1947
Mallory Institute of Pathology
Boston, Mass.

JUDITH SPECTOR SCHACHTER
New York, N. Y.
Radcliffe, A.B., 1949
Bellevue III, Pediatrics
New York City

PAUL JOSEPH SCHMIDT
South Salem, N. Y.
Fordham, B.S., 1948
St. Elizabeth's Hospital
Brighton, Mass.

DANIEL PHILIP SCHOICKET
New York, N. Y.
New York University, A.B., 1948
Queens General Hospital
Jamaica, N. Y.

BEN SHEINER
Hillside, N. J.
Tufts, B.S., 1949
Queens General Hospital
Jamaica, N. Y.

MARVIN MARK SIEGLER
Brooklyn, N. Y.
New York University, A.B., 1949
University Hospital
Ann Arbor, Mich.

JORDAN JESS SKLAR
Brooklyn, N. Y.
Bethany, B.S., 1949
Lenox Hill Hospital
New York City

LELAND FANNING SPALDING, JR.
Manchester, Conn.
Connecticut, A.B., 1949
University Hospital
Ann Arbor, Mich.

EDWARD SPERLING
Bronx, N. Y.
Wisconsin
Montefiore Hospital
Bronx, N. Y.

JOKICHI TAKAMINE, III
New York, N. Y.
Williams, A.B., 1949
Lenox Hill Hospital
New York City

WALTER ANTHONY TRENKLE
East Meadow, N. Y.
Hofstra, A.B., 1949
Nassau Hospital
Mineola, N. Y.

STEPHEN ROBERT VOYDAT
Flushing, N. Y.
Columbia College, A.B., 1949
St. Luke's Hospital
Cleveland, Ohio

ARTHUR ABRAHAM WACHTEL
Bronx, N. Y.
Georgia, B.S., 1949
Queens General Hospital
Jamaica, N. Y.

STANLEY WALLACE WEITZNER
Brooklyn, N. Y.
New York University, A.B., 1949
Kings County Hospital
Brooklyn, N. Y.

JOHN ELLISON WING, JR.
Los Angeles, Calif.
California, A.B., 1948
V. A. Adm. Cen. Wadsworth
Los Angeles, Cal.

ALBERT MORTON ZIFFER
Miami Beach, Fla.
Columbia College, A.B., 1950
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EDWARD MAYNARD ZOHMAN
Brooklyn, N. Y.
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New York Hospital
New York City

Rosa Lee Nemir, M.D.

Henry E. Meleney, M.D.

Honorary Members of the Class of 1953

ALTHOUGH we have now reached that exalted state associated with graduation from the College of Medicine, we are not yet so far removed from our neophytic period that we cannot vividly recall those difficult, uncertain days as first year students. The transition from college to medical school, with its accompanying fears, was made considerably smoother due to the activities of our class advisor and guardian angel, Dr. Rosa Lee Nemir. Constantly reassuring us of our better qualities and making light of our shortcomings, dispelling misconceptions and apprehensions, she inspired self-confidence and class spirit which made the arduous first year bearable. Her luncheon gatherings, innumerable friendly chats, and ever ready greetings and cheerful smile made us feel as if we really belonged. Her ability to greet everyone in the class by name probably did more to make us feel at home than the countless orientation lectures. We knew we had a friend, someone who took a sincere interest in us.

Although Dr. Nemir had a full and busy schedule—teaching, research, private pediatric practice, housewife and mother—she always found time to listen to our problems, individually and as a class, and to help us find a solution. As we began to find ourselves during the succeeding years, we sort of drifted away from Dr. Nemir, but we never really forgot her. And so, for getting us off to a wonderful start when we needed it, and for setting a fine example in human warmth combined with medical achievement, the Class of 1953 extends its heartfelt thanks to Dr. Rosa Lee Nemir.

THE students of the College of Medicine will this year lose a distinguished member of the faculty as well as a friend with the retirement of Dr. Henry E. Meleney. He has earned the respect and admiration of all those with whom he has come in contact by virtue of his devotion to his work, his achievements in his chosen field, and his genuine interest in medical education and student welfare.

Dr. Meleney came to the College of Medicine in 1941 as Professor and Chairman of the Department of Preventive Medicine. Previously he had served on the faculty of Peking Union Medical College and at Vanderbilt University. His contributions to an understanding of such diseases as schistosomiasis, kala-azar, histoplasmosis, and malaria are well known to us all. Not content with academic success alone, he has found time to serve with distinction as President of the American Society of Tropical Medicine and of the American Society of Parasitologists and as a member of many committees of governmental and voluntary health agencies.

In future years, we will probably not remember the fine details of the life cycle of Schistosoma Mansoni, but we will remember his philosophy of medicine which might best be summarized as follows:

The individual's social situation—his family, his employment, the food he eats, and his reaction to these factors—may be as significant in the origin of his disease as the organism isolated from his sputum.

For this approach, Dr. Meleney, we thank you and wish you "Godspeed."

READERS of Mr. Potter's books, GAMESMANSHIP, LIFESMANSHIP, and ONEUPSMANSHIP, will no doubt realize that an application of their original principles to the subtler sphere of medicine has long been wanting. To meet this need, the Wardsmanship Institute of First Avenue has been founded. It has defined Wardsmanship as the art of being "one up" on all fellow doctors without actually being Ludwig Eichna. Thus, with less than an exemplary knowledge of medicine, one may still make one's colleagues feel a little humble in the presence of the Wardsman.

Wardsmanship should never be directed against patients. That relationship is called Doctorship and is defined as "being one up on the patient without actually killing him," while Nursemanship is defined as "being one up on both patient and doctor without actually marrying either."

The basic nomenclature is simple. A "ploy" is a move designed to make a victim feel like the Biblical swine before whom the pearls of the Wardsman are cast. A "gambit" is a move made to prepare the way for a ploy. If the victim is also a Wardsman, he will parry with a "counterploy." Whoever is victorious in this exchange is "one Up," while the loser is a "plonk." The words are illustrated with gambit, ploy and counterploy.

The scene is a medical ward, where Dr. Odoreida is demonstrating a cirrhotic patient. One of the clinical clerks, Bessemer, speaks:

B: Sir, do these patients handle water normally?

Dr. O.: Well, yes and no. But if I told you, you wouldn't remember would you? *Why don't you look it up*? There's an article by Ralli et al in the Acta Endocrinologica Slavenska for May of 1929. The library doesn't carry it, but you may have my copy. (Takes from back pocket and hands journal to student.)

B.: *But sir, I have read it.* Here, (opens journal knowingly, past title of article to third page thereof, and says with all mock humility), my brother was H. B. on this chart, the one whose specific gravity went down so precariously as a control. What I meant, sir, is: can one still trust this data *in the light of more recent investigations*?

Dr. O.: The work is valid. Ralli is a very *reliable worker in the field*. She may not have had all that radioactive stuff they waste, nor have gotten enormous government grants, but in *those* days we used heart and head as well as our slide rules. Yes, the data is reliable.

Bessemer's original question was a gambit, preparing for his ploy which showed familiarity with obscure literature as well as establishing a scientific heredity. Well did he know that Odoreida always quoted the article in question to generations of students! But the first *actual* ploy was that of Dr. Odoreida, kinsman of the original British Gamesman who downed Potter three for five at Ascot. *He* used Attending Physician Basic with "why don't you look it up?" Bessemer's next remark must be reckoned with as a *counterploy*. Note here the Young Scientific Student Basic, so well employed here, "in the light of more recent investigation." This conjures up images of long nights at the Academy spent over atomic protein theory, and is a remark especially well suited to bridge players. Dr. Odoreida's counterploy to *this* is another resort to Attending Physician Basic. The move is to discredit research after 1929. (A not too arbitrary date, since definitive articles on just about everything were written then, there being, towards the end of the year, suddenly much more time for definitive articles.) The technique (passed up from Baltimore?) is known among Attendings as "Strong Contempt For Precision Methods In Dealing With A Living, Breathing, Human Being Who Has a Soul." Note also the Triumphant phrase "reliable worker in the field." To be discussed under "Personal Knowledge of the Great."

To return. A simple concept dominates Wardsmanship. It is the *concept of a Big Man Type. The Institute has made it relatively* easy for members to assume such a type by recognizing only three basic Big Men Types. They are the Clinician, the Surgical Personality, and the Basic Science Investigator.

The Clinician

Astute in CPCs, profound in therapeutic conferences, flashing with aphorisms at the bedside, he is nevertheless, at his best over a cup of coffee, facing a fellow doctor. We quote a sample of Clinician Basic overheard at the Bellevue Inn. Dr. Malthus is speaking to Krock, a younger staff member.

Dr. M.: The case, strange as it may be, it was most like a case that Russ and I knew in the Navy. You know Russ Cecil, the textbook! Well, I was reminded of it last week in Cleveland at the IZFA meeting where

(1) Standard equipment for attendings. (2) Notice absence of stethoscope, flashlight, etc. Students will lend these if asked briskly. (3) Notice characteristic hand gesture. (4) Sneakers will keep you out of any O. R. (5) Ticket pocket, (M.D. car plates don't always work).

I met Russ again. Very much like this case. Seems that this young sailor—well, I'll spare you the details, but it's obviously a case of disseminated aspergylliosis.

Dr. K,: No! You' don't say! But what about the colonic trouble?

Dr. M.: Exactly. Nowadays you people think of cancer too much. The mass *I* felt in the sigmoid was almost characteristic. You know, on the old Battleships you didn't have a portable X-ray, so you had to rely on your fingertips. But you must have seen the pathognomonic shadow on the G. I. series. It was right at the umbilicus!

Dr. K.: No, I must confess I didn't.

Dr. M.: No wonder. No fault of yours; it looks so much like a gas shadow. Remember, Aspergylliosis is the great mimic! No doubt about it. You'll see at autopsy.

Dr. K.: Too bad we won't; the family has refused permission.

Dr. M.: What a pity!

At least five points of Clinician Basic are illustrated:

1—The Wardsman always refers to actual cases, rather than to papers or texts. This restores medicine to the arts. Anyone can read papers, but few can invent continuous precedents for every case.

2—It is better to refer to cases seen by you in conjunction with an established Big Man. This is referred to as "Guilt By Association" and is best used in conjunction with the practice of being familiar with the first names of these Big Men. The Institute has recently been informed of a majestic application of this principle. Four years ago at this school, three pioneer Wardsmen began to refer to each other as, "my friend Johnny, John Rott, you know, the eminent rheumatologist . . ." or "my friend Jim, James Quert, you know, the famous radiologist . . ." or "my friend Flicka, Miles Flicka, the well-known cardiologist. . . ." This habit, begun in their third year, not only carried them into AOA, but netted them huge compensation practices immediately after their internship. It is rumored that one neurosurgeon once made a smashing reputation by having William Welch refer to "my friend Harv, you know, Harvey Cushing, the . . ."

3—Refer to Military Service. As in the Second World War and afterwards it begins to mean less and less, a reference to the Marne or Ypres will stamp anything with clinical wisdom. At this point affect a slight limp. One can, by the way, employ the "reliable worker in the field" routine here to great advantage by saying: "He's all right. Worked under me in Le Havre, 1919."

4—Constantly refer to palpation of the abdomen. Things shift so much there, that one always has the out "must have been a fecal mass" if autopsy or operation proves one wrong. Apropos of that we come to:

5—The ploy of seeing lesions on G. I. series with certitude that no one else can. This is only to be undertaken by experienced Wardsmen who know that autopsy will not be permitted, or operation refused. This can be assured by a few well chosen words at the bedside of the moribund patient when the family is about. Most radiologists hesitate to make pathological diagnoses from flat plates. DO NOT LET THIS DISTURB YOU. The more vague the lesion, the more exact and emphatic must be your assertion.

The Surgical Personality is well adapted to wardsmanship. Nowhere else in the whole field of medicine is there so much drama, waiting to be underplayed. We illustrate with a scene in the Emergency Ward, where a patient is in shock, having devoured a can of

lye instead of his usual Red Heart. His esophagus is a shredded mass and his mediastinum is filled with blood. Intern and resident are pumping blood into him, while the clinical clerk completes his physical. Dr. Guildenstern, an attending surgical personality arrives. He is in operating room costume, pipe in his classic profile.

Dr. G. (fondling his M. G. club pin): Hello, Mike. Hello Mac. *Hello there,* young student. I hear they've raised tuition at the medical school. Shame! Now when I was in school and the army was paying. . . .

Intern: Dr. G., the pressure is still falling.

Dr. G.: Yes, I suppose it does in these cases. Well, Mike, did you see the race last Sunday? Great! That Porsche had it all the way. Why with that compression . . .

Resident: God! More hematemesis! Shall we take him up?

Dr. G.: If you want to be a *boy scout.* However, it's been my experience that we can let these cases ride. You mustn't be too anxious to cut. Remember, the art of surgery lies in knowing not only when to operate, but when *not* to. Now Mike, did this man love his mother?

Intern: You mean you want a social history when the man is . . .

Dr. G.: Yes. We are here to treat the patient as a whole. We want to know what he does with his life; how his surgery can help him adjust to the world of buses and offices . . .

C. C.: Sir, the lab report is back. He's dehydrated. Shall we give him saline?

Dr. G.: By all means. But not immediately. Don't rush to *do* things all the time. To be a surgeon one needs patience and infinite understanding. Yet we are not faith healers, and occasionally surgical care must needs bring the living tissue under the knife. But as Emily Dickinson so profoundly said:

> Surgeons must be very careful
> When they take the knife,
> Underneath their clean incisions
> Stirs the culprit—Life.

Oh, by the way, Mike, that man in the next bed. The medical men have misdiagnosed him. His heart isn't suffering from complete block. You really can't trust those seismographs they use here. Go on over, make an incision over the fourth intercostal space, retract the ribs and apply massage. Then you can stimulate the ventricles with this machine Lahey and I invented in our younger days. I just happen to have it in my bag. You see it's nothing but the common eyebrow tweezer, attached to a flashlight. Go on, but don't rush, there's time for everything. (This last is said as Dr. G. yells "Ole"! and with a cry, as if the bulls of Pomplona were loose, slices into the thorax of this neighboring patient.

Several aspects of wardsmanship are illustrated. We can sum most of them up by the injunction to observe Surgeon's Basic: Never appear anxious to operate. The surgeon who admits having gone into the specialty because of a love for the more incisive aspects of the art will never succeed. "One must surround the plumbing with culture." (Remarks made by William Osler at the laying of a cornerstone for the A. F. of L. Plumbers' Union building, now the dental school of N. Y. U., and subsequently reprinted in the J. A. M. A., Harper's and the American Steamfitter.)

References to the "patient as a whole," while old hat to most, serve occasionally to remind one's subordinates of ties that extend to Hippocrates. (This remark is to be forgotten in the more proctologic of surgeons.) Remember that more power is wielded by the refusal to do a procedure than by its tacit per-

(1) Keep scrub suit on under anything. (2) But keep up the debonair front. (3) Cleverly disguised sphincterotome. (4) Pipe ashes are good for wounds. (5) Well cut polo coat, an essential board requirement. (6) That 6 hour O. R. stubble is becoming.

formance. The surgeon's basic approach must be one of utter patience, combining with it an unwillingness to cut, and an eagerness for discourse.

To properly be at least one up on other surgeons, one must have been the inventor of an instrument. Preferably this instrument should be a simple combination of household gadgets, adapted to the needs of the operating room. Without this, and the notoriety attendant to having student nurses whisper one's name in awe as they pass a sterile potato peeler (for split thickness grafts) it is hard to be a Surgical Personality and, indeed, considered impossible by some.

But subtlest of all wardsmen is the Basic Scientist, the research worker in either anatomy, chemistry, bacteriology, or better a combination of all fields focused on one problem (such as the effect of pineal extract on streptococci and *their* effect on TM pah). He is in a position to master any other physician but we cannot illustrate his role by quoting any specific scene or conversation. For the Basic Scientist's greatest gambit is *absolute silence*. His appearance is characteristic and members of the group adhere to their uniform more closely than the Yale undergraduate adheres to his. He is unkempt, unshaven and more noticeably unbathed. He wears old army slacks, an older flannel sport shirt, and a tattered laboratory coat whose carefully frayed holes and tatters make a pleasing contrast to the several stains of turtle blood, anthracene pigments, and poached eggs. One notices, even from a distance, the lymphangitic streaks on the Scientist's forearm, indicative of a fatal infection completely unattended. Fluffs of guinea pig fur are scattered about his gory locks, and upon closer examination, one sees that his shoes (or sandals) are tied by odd bits of cardiac catheter.

THE BASIC SCIENTIST

(1) Belt of old cardiac catheters. (2) Lymphangitic streaks. (3) Carefully tattered lab coat. (4) Sandals (Compulsory!) (5) Unkempt appearance. (6) Serum R proteins. (7) Vyella shirt. (8) Wig. No bald man can appear constantly embarassed.

Yet however penetrating his insights when tickling the vagus of his experimental beasts, his true talents emerge at staff conferences, where clinicians and students alike look to him as comedians look to their scriptwriters. While talk is made about the clinical source of various diseases, the Scientist sits quietly in the corner. An absent smile stands on his face and he suddenly looks at his watch. All eyes turn to him as he next picks two tubes from his breast pocket. One is a brilliant red, the other a sick amber. They are labeled "Serum R Proteins—Fogarty" and the other "Serum R Proteins—Control." He holds them up to the light, and a look of comprehension fills his face. No word said in the conference after that has the same authoritative ring.

This is the only gambit the Scientist legitimately has. He must play it to the hilt, for in conversation he is easily outdistanced by the clinicians. Yet his inscrutible silence, reinforced by appropriate materials, can chill the ardor of anyone rash enough to have deserted the turtle's heart for the fracture room. But the Wardsmanship Institute has made a special agreement with the faculty across the street and now is empowered to offer the Basic Sciences Property Kit. This, obtainable by written request to "The Dog Room, Pharmacology Department, c/o Peter" will obtain for the sender the following necessary items:

1 laboratory coat, shredded, and with tubes of stain

1 Vyella flannel shirt, used as puppy litter liner

1 box of guinea pig fluff

1 foot length of polyethylene tubing with clotted blood

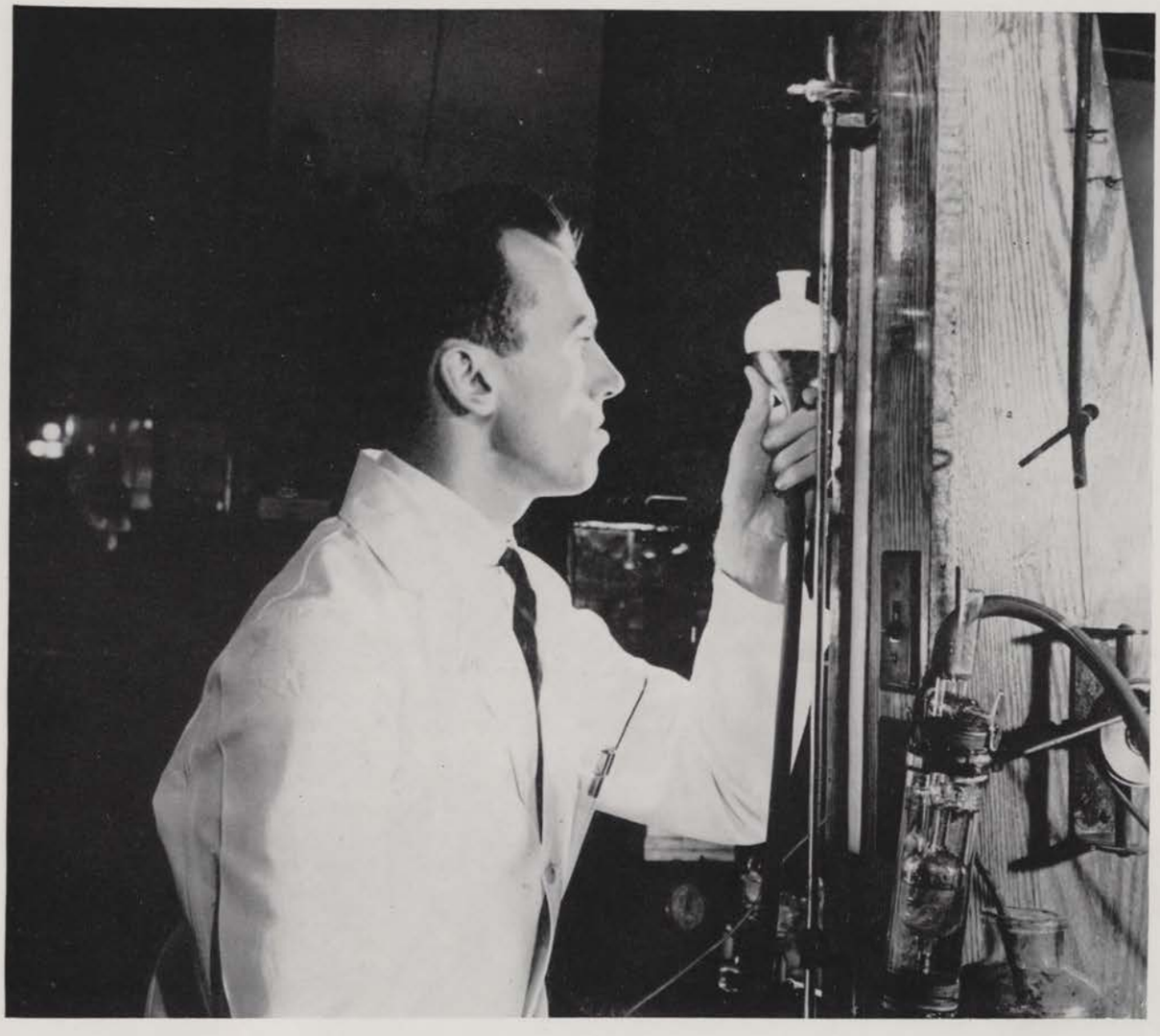
1 cosmetic set for painting lymphangitic streaks on forearms

1 small cage filled with insect vectors, for combing into hair

1 broken log slide rule, for hip pocket

2 tubes labelled "Serum R Reactive Proteins."

SYMPOSIUM ON MEDICAL EDUCATION



AS Editors, we have been faced with the problem of what constitutes a yearbook. We have felt that it should be more than a mere recording of our common experiences to be re-read at some future time with feelings of nostalgia.

With the taking of the Hippocratic Oath, we leave the semi-cloistered atmosphere of the medical college and assume positions of responsibility in the community. What kinds of physicians we become depends upon what factors have been important in our education.

The essence of medical education finds form, to a very large degree, in the individual views and experiences of the men who head the major teaching units of the medical college. Theirs is the privilege and obligation of translating the philosophy of medical education into substance. Although all of us have been made aware of their views through a subtle osmosis, many of us might have difficulty in expressing them in a concrete manner. Towards this end, the Editors have asked the departmental chairmen to further delineate their own views on their Philosophy of Medical Education.

The following articles constitute a symposium on medical education to which we hope our readers will refer in the future.

Donal Sheehan, M.D.

Anatomy

THE aim of every medical school is the training of men and women in the problems presented by disease and to fit them eventually for the practice of medicine. Specialization, it is generally felt, should not begin too early, and in the great majority of schools it is restricted to the postgraduate years. The undergraduate medical course, while serving as an introduction to all branches of medicine, is not, however, intended as an adequate preparation for immediate practice in any field. For this, subsequent hospital work is essential. The present medical curriculum has probably evolved with three main objects in mind: first, to give the student a scientific foundation in the physiological and pathological processes of health and disease; second, to teach him the methods of examination in the search for clinical data and to train him to weigh and synthesize such evidence logically and critically in reaching a diagnosis; and third, to introduce to him, in a general way, the varied types of ailments which he may be called on to treat, either therapeutically or from the standpoint of preventive medicine.

Briefly, then, a medical course serves to give a foundation in general principles, a method of examination and diagnosis, and an introduction to clinical work in various fields. Of these three interdependent aims, the pivotal point is, surely, the training in examination and diagnosis. Be this as it may, the attainment of such aims demands the full use of the available time in the present medical course, and no subject can occupy too much of the student's attention without jeopardizing, to some extent, the balance of the final picture. Anatomy cannot be an exception to this rule.

What, then, is the function of anatomy in the medical curriculum? The general facts of anatomy form the basis of all accurate diagnosis. Diagnosis of disease begins with a careful anatomical localization and proceeds then to an investigation of etiology. The primary diagnosis, the anatomical localization, is dependent not only on a knowledge of the position of structures but also on their function. Anatomy must, then, be taught from the functional standpoint. It is, indeed, the logical approach, for the student of medicine is interested first and foremost in function. The entire approach to the subject of anatomy and the selection of topics for emphasis must be guided by this principle.

Donal Sheehan, M.D.

Left to right: Dr. Pick, Mrs. Crouch, Dr. Wilson, Dr. Slautterback, Dr. Elshout, Dr. Odiorne, Dr. Harman, Dr. Hollinshead, Dr. Bergmann.

This was only the beginning

Milton Levy, Ph.D.

Biochemistry

PHYSICIANS are engaged in a most complex activity. They are required to observe, to correlate their observations, to reach conclusions and to suggest appropriate actions. The first class physician has the qualities of courage, self-reliance and discretion. His courage comes from self-confidence. It results when he knows that by training and practice he is thoroughly familiar with the work he has to do. Self-reliance is his ability to act on his own, to see the right line to take without needing someone at his elbow to tell him exactly what to do. Discretion is the faculty of adjusting his action to the particular circumstances. Every phase of medical education should contribute to the development of these qualities, for a physician needs them to a greater extent than most men. Insofar as you develop the ability to observe, to draw correct inferences from observations, to be guided by what is discovered and to profit through success or failure we succeed as medical educators.

How does your training in chemistry contribute in that effort? In the lectures you hear examples of how an experienced practitioner of the scientific method marshals his facts, correlates them and reaches generalizations through hypothesis and theory. In the conferences you can test your own efforts along this line against the experience of your conference teacher and the wits of your fellow students. In the laboratory you can do experiments and gain experience in observation. Reality given to your ideas of the substances and concepts mentioned in your lectures and textbooks. You learn the difficulty of making completely valid observations.

What are the facts of chemistry itself? Are these important? As a teacher I know that you will remember few facts and that those you retain for the future are likely to be those related over and over, incidental to other subjects in the curriculum. The laboratory takes much of your time, requires care and yields factual material small in proportion to the labor expended. Why not then get the same information by reading a page or so in a textbook? It is obvious that the accumulation of the facts of science is not our objective; rather it is to teach and give practice, as well as we can, in the methods of science. The vocabulary of chemistry should be useful but the most useful function of chemistry will be the illustration of a method. The fact that nicotinic acid is part of molecules concerned in many oxidation reduction reactions in cells will hardly help in the clinical recognition of

Clockwise: Drs. Wilson, Warner, Greenwald, Fellows, Keston, Levy, Weber.

a dietary deficiency of nicotinic acid but the story of the discovery and elucidation of the action and structure of coenzymes illustrates that even very difficult problems have solutions and how they are reached. When our students will have exhausted the information at their disposal and in textbooks, we hope that they will be prepared to help themselves because of their experiences in this school.

In medicine as in science "it is wrong always, everywhere and for anyone to believe anything on insufficient evidence." Examples of the evalution of sufficiency can be given in chemistry. The evaluations of evidence is a major activity of physicians and perhaps their intellectually most difficult task. The extent to which physicians seek to avoid this task by symptomatic and "shot gun" treatment is a measure of the failure of our efforts. The extent to which physicians observe accurately, prove their observations against their experience, and recommend action with confidence because they know the recommendation to be fully justified and proper is a measure of the success of our efforts.

Milton Levy, Ph.D.

An NPN of 4,000?

Homer W. Smith, Sc.D.

Chester W. Hampel, Ph.D.

Physiology

THE philosophy of the Department of Physiology centers on a struggle for survival between the traditional momentum of anatomy and the explosive developments of biochemistry and the clinical "sciences." This is not so serious as it sounds, because anatomy, biochemistry and the clinical "sciences" have taken over much of the teaching of traditional physiology.

There was a golden age when the student engaged in the study of physiology in order to learn how the normal organism is put together and how it works; and even, if time permitted, how it came through evolution to have the structure and function that it does. If he could not anticipate that someday a sick turtle would walk into his office, at least he had the precise image of a normal turtle in his mind and would have no difficulty in identifying the abnormal if he encountered it.

Now he attends such lectures, laboratory periods, and conferences as the curriculum permits, first, in order to pass into the second year; second, in order to be able to answer occasional questions in the departments of medicine, surgery, gynecology, etc.; third, because he has to pass a State or National Board examination labelled "Physiology"; and fourth, so that he can look back, in his later years, and feel that he has had a well-rounded training in the preclinical sciences. These reasons suffice to keep most students in attendance most of the time, despite the fact that the experience is frequently painful.[1]

W. Parker Anslow, Jr., Ph.D.

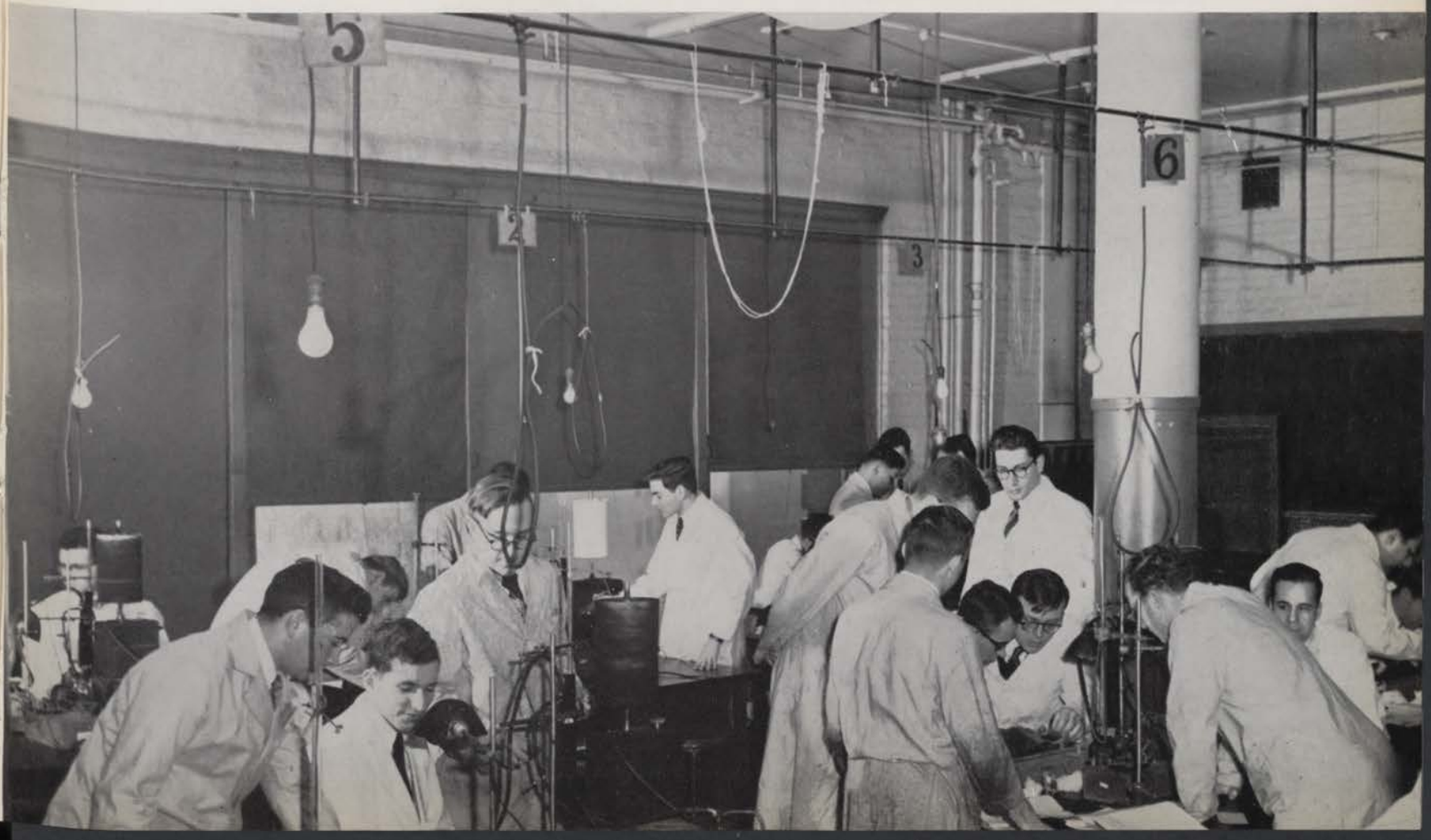
The future of the department can be predicated upon the past. As soon as a Department of Biophysics is established, Physiology as a formal course can be dispensed with. The department may, however, close before that time in consequence of the operation of Public Law 779.[2] Its demise will be regretted chiefly because it will terminate a long and happy liason between the students and the staff.

Homer W. Smith, Sc.D.

1. There is on record the case of the professor who dreamed that he was lecturing to his class. He awoke from his dream and found that he was, indeed, lecturing to his class.
2. 81st Congress.

Sitting: Drs. Gershberg, McLean, Hampel, Heineman. *Rear:* Drs. Smith, Zak, Brun, Hodler, Igarashi, Bitker, Becker.

Doctor, his B. P. is falling!



Preventive Medicine

Henry E. Meleney, M.D.

PREVENTIVE medicine is a concept rather than a specific scientific discipline. In order to present this concept effectively it should be woven into all the disciplines of Medicine. The teaching of Preventive Medicine has two main objectives. The first is to create and maintain in the student's mind the importance of promoting the highest level of health, of preventing disease or injury whenever possible, and of appreciating the many factors which may interfere with optimum health—physical, psychological, environmental, social and economic. The accomplishment of this objective requires the active participation of all departments of the medical school in promoting the concept of preventive medicine, and the participation of the Department of Preventive Medicine in the instruction given by other departments.

The second objective is to introduce the student to the mass phenomena of health and disease, and to acquaint him with the programs of agencies concerned with the maintenance of health and the non-medical problems of disease, and with the means by which the student can utilize these facilities for the benefit of the patient and the community. The accomplishment of this objective is the responsibility of the department of Preventive Medicine itself.

With the rapid advance in medical knowledge, the practice of medicine is constantly changing. Discoveries in the laboratory and clinic which produce opportunities for prevention or limitation of disability are applied to individual persons and to the community as methods of application become available. These developments constantly provide the physician with greater opportunities for emphasizing preventive measures in his practice. The cultivation of the preventive concept in the medical student requires that, in the study of each individual patient, the many factors in causation and the measures which might have been taken to prevent the present illness be given due consideration.

Although this philosophy of the teaching of Preventive Medicine does not give it a major emphasis at any one point in the medical curriculum, it does assume a major role if viewed from the perspective of its entire place in medical education.

Henry E. Meleney, M.D.

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M.D.

Sitting: Drs. Mainland, Most, Meleney, Emerson. *Standing*: Drs. Moore, Landes, Bianco.

An ounce of prevention . . . . .

William C. Von Glahn, M.D.

Pathology

PATHOLOGY is that branch of medicine that is concerned with the essential nature of diseases. Formerly, it was taught only from the viewpoint of the structural alterations of the various tissues and organs resulting from disease. It was obvious that this view had a somewhat limited application and that abnormal function due to derangement of tissues and organs resulting from disease was of equal importance. A knowledge of structural abnormality is necessary but with it must be correlated functional disorder accompanying the structural derangement. Only with this combined knowledge of anatomic and physiologic abnormailties does pathology become helpful to the fuller understanding of disease.

It is self-evident that the student must have a knowledge of normal anatomy, histology, biochemistry and physiology in order to interpret the structural and physiologic abnormalities produced by disease; with these there must be a familiarity with those bacterial agents that produce harmful effects on tissues.

Pathology brings together the information gained in the various courses previously studied and bridges the gap between the preclinical and the clinical years. Without a basic knowledge of pathology, there can only be a limited understanding of disease as seen in the patient.

The problem that is most acute to those who direct the course in pathology is what subjects shall be presented to the students in the time allotted. Certain fundamental and basic reactions that occur as the results of tissue damage must obviously be taught; following this as many of the lesions, that are found in the various diseases the student will encounter, are presented as time permits. It is not our intention to make an expert pathologist of the student; our desire is to give a foundation of the fundamentals; our hope is that he will be stimulated to continue his studies and enlarge his knowledge of disease.

William C. Von Glahn, M.D.

"As is our pathology, so is our practice."
Osler.

Leon Sokoloff, M.D.

John W. Hall, M.D.

Sigmund Wilens, M.D.

Slides and more slides

Severo Ochoa, M.D.

Pharmacology

SCIENCE may be divided into the animate and the inanimate, the former subdivided into the science of man and that of other life. My personal feeling is that no interest in general is closer to man than the study of man. We may question what is life. We can feel what life is, but do not know how to express the feeling. The curative power of an organism illustrates one side of its general tendency to maintain its structure and function, and if needed, re-establish them. As a matter of fact, all that happens in the organism undeniably tends to a useful purpose. The end concerns the self-preservation of the organism. To get an insight into the organismic order we have to look for the relation of the single factors to the whole of the end. In dealing with this relation we obviously take a viewpoint of teleology or finality. For many scientists teleology is tabu. The undeniable teleology of the organism is inconceivable, even though in my opinion we will never in the future understand teleology of living beings. Our perceptions are dependent on our sense organs. They therefore must be limited and imperfect. Should we feel disappointed about this limitation? I do not feel this. I am deeply thankful that there remains something great to be admired and to be revered — namely, that inconceivable creative power of nature, which really gives rise to a deep religious feeling.

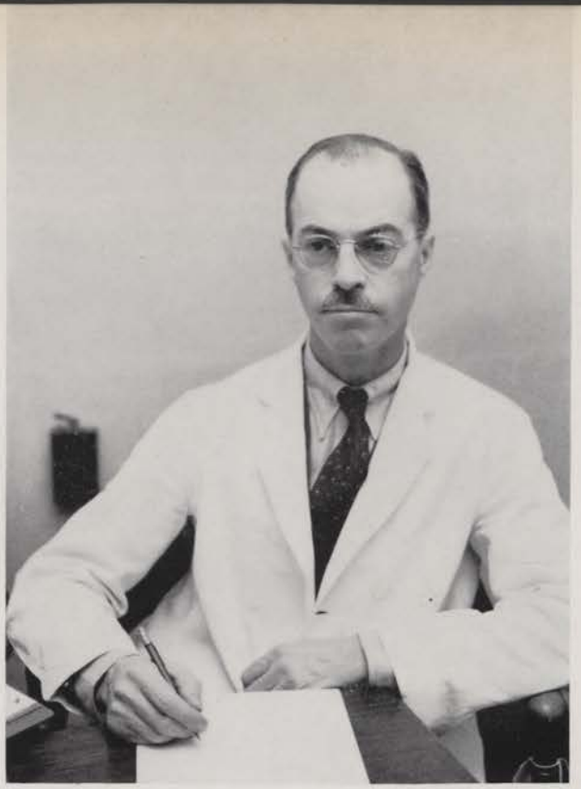
Further, it is obvious that structure and function are intrinsically connected. The knowledge of the microscopic and macroscopic structure should be acquired to respective function. And in this relationship another point of high importance. I am convinced that not even the best educated man in medicine is able to become familiar with everything. Consequently, the student of medicine must make a selection—that what to him are the most important things, and appeal to his self-confidence. We all have a great many opportunities for our perfection. But how to select them? Perhaps this may be best summarized by quoting the sentence: "A man's reach should exceed his grasp, or what's heaven for?"

Otto Loewi, M.D.

Richard C. deBodo, M.D.

Clockwise: Drs. Stern, Kaufman, Gilvarg, Ochoa, Harting, Alivisatos.
Absent: Loewi, Ratner.

Microbiology



Colin M. MacLeod, M.D.

THE commonest misconception about the nature of education is to be found in the false emphasis placed on teaching as contrasted with learning. The teacher, in actuality and despite his protestations, achieves not much more than the creation of an environment. If he emphasizes didactics he has created an insalubrious climate. If, on the other hand, he is humble enough to realize that his true function lies in guiding the student in the active process of learning, possibly even inspiring one or two of them now and then, he is accomplishing his role in society. The preposterous metaphor of the teacher as the noble sculptor who molds the raw clay that is the student unfortunately has persisted too long in the credo of professional educators. Far from being nobly molded, the student all too often suffers the indignity of being dressed in hand-me-downs which neither fit nor wear well.

Clockwise: Drs. MacLeod, Adams, Pappenheimer, Roe, Farkas, Rowen, Krauss, Garmise, Bernheimer, Christensen. *Rear:* Drs. Barksdale, Welsh.

The best tradition in American medical education has emphasized the process of learning. For example, the introduction of clinical clerkships in which the student himself studies disease in the living subject and does not derive his information solely in half-digested form from lectures and textbooks was a tremendous advance and has had a profound influence throughout the rest of the medical curriculum and also on branches of education unrelated to medicine. Application of this principle, however, is far from full realization in medical education and it is one of the important duties of teachers to see that it is more generally and intelligently cultivated.

The customary objections to this method of education are that it throws too much responsibility on the student and that it is inefficient in comparison to the didactic method. There is constant pressure to increase the number of didactic sessions so that more complete coverage of essential topics can be achieved, or so that the information the student has acquired can be correlated and integrated for him, and various other equally tiresome proposals. The proper aim is not to stuff the student's mind with facts that never become a part of his experience but rather to give him the opportunity to learn basic biological principles, to develop a thoughtful approach to medical problems, to make his own correlations, and to instill in him or strengthen the desire to continue to learn.

Colin M. MacLeod, M.D.

Clinical Pathology

Joseph E. Connery, M.D.

WITH our profound apologies to Dr. Connery and with pen grasped uncertainly in trembling fingers, the editors have attempted to spell out his philosophy of education as he might have written it to one of us:

Young man! Now how can I put down my philosophy of education! There are some things which you can't write down on paper. Dr. John Wyckoff (you've heard of him?) when he was speaking at the dedication of a new spa at Saratoga Springs a number of years before your time said that philosophy should not contain mere words; you should be able to look around you at your surroundings and your associates and be able to see it come to being in stone, brick and in the hearts of its adherents.

Son, the relations between a teacher and a student are ethereal. When you ask me to put them down in mere words, I would not be able to express them. If you want my philosophy of education, look around you at your fellows. It's only by the reflection (if any) in my students that you could determine what I think are the important factors in the education of the medical student.

The prime duty of a medical school is to train Doctors, not train teachers or researchers. The teachers and researchers will train themselves. Medical schools should train boys to be Doctors in the broadest sense of the word, to be humble, kind to patients and to make the sick well and keep the well healthy.

What did the Good Book say about a house built on sand? Unless you, as a physician, have the fundamental qualities of humility, curiosity and kindness to your patients and colleagues, this facade that you have built around yourself in four years of school will collapse like the house built on sand.

Nonsense!—asking me to write my ideas on medical education, I can't do it.

The Editors

Left to right: Miss Thatcher, Drs. Tewksbury, Connery, Johnson.

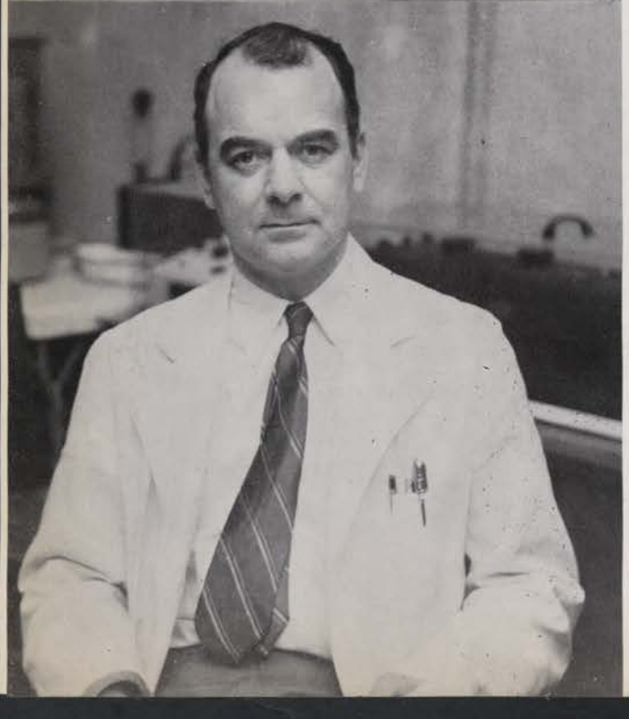
THE CLINICAL YEARS

"THE physician should observe thus in acute diseases: first, the countenance of the patient, if it be like those of persons in health, and moreso, if like itself, for this is the best of all; whereas the most opposite to it is the worst, such as the following; a sharp nose, hollow eyes, collapsed temples; the ears cold, contracted, and their lobes turned out: the skin about the forehead being rough, distended, and parched; the color of the whole face being green, black, livid, or lead-colored. If the countenance be such at the commencement of the disease, and if this cannot be accounted for from the other symptoms, inquiry must be made whether the patient has long wanted sleep; whether his bowels have been very loose; and whether he has suffered from want of food; and if any of these causes be confessed to, the danger is to be reckoned so far less; . . . But if none of these be said to exist, . . . It is to be known for certain that death is at hand."

Genuine Works of Hippocrates—Translated from the Greek by Francis Adams, LL.D.

William S. Tillett, M.D.

Elaine P. Ralli, M.D.



David P. Earle, Jr., M.D.

Medicine

THERE have been innumerable efforts to define education. For medicine, it is useful to cite the three following expressions concerning it by three distinguished ex-professors.

The first one once said that his final conclusion of medical knowledge to students was through the processes of osmosis and diffusion.

The second one had the custom, during his active career, of presenting to the fourth year class at his final clinic of the year in internal medicine, patients who illustrated new information that medicine had acquired since that graduating class started in the medical school four years previously.

The third one asserted that the aim of a medical school is to put the student in a position to complete his education through the remainder of his life.

Although these three points of view vary the emphasis, they all have the same connotation. They place in a position of secondary importance both the instructorial pronouncements by which a subject is said to be "covered" and perhaps permanently catalogued in notes and even minds, and also the efforts of students to acquire, through mnemonics, large bodies of data often referred to as "facts."

It is clear that knowledge of a certain amount of the static and even changing information is as necessary in medicine as it is for the understanding of any subject with technological features that are measureable. However, if medicine is to be maintained as considerably more than just another field of technology, then the emphasis and atmosphere of its educational institutions must continue to recognize and implement the greater aspects of their purposes even if they seem, and actually are, less tangible than the pedagogical transfer of dogmatic data.

The opening citations of this article are particularly pertinent to the point. In the first of the opinions, top significance is given to the environment in which medical education is conducted, the activities of which are presided over by the patients who exhibit both clear and subtle manifestations of their diseased states in combination with the enquiring efforts of a medical staff to understand, to document, to treat, and to search for new information. Any individual, unless he be made of impermeable stuff, cannot in such an environment fail to receive through intangible diffusion the full measure of real medical education.

The second point emphasizes the continual changes in and additions to knowledge within all the disciplines of medicine that require constant reorientation in the understanding of patients and their diseases. It reveals with clarity the unsatisfactoriness, for the medicine of tomorrow, of the mind crammed with the socalled facts of yesterday or even today. It underscores the importance in acquiring the state of being

STAFF CONFERENCE

educated, of the capacity to know how to learn and how to evaluate and how to grow with changes in a constantly changing medical world.

Finally, the third point of view minimizes the significance of a particular day on which the degree of M.D. is conferred, but emphasizes the high necessity of acquiring during the period of formal schooling the motivating urge to continue to learn throughout the ensuing decades by individual effort combined with an interest that is not artificial, and including in large measure the pleasure of living.

Self-generated effort, interest, and pleasure are the key qualities for acquiring the real and enduring medical education, which is in the last analysis self education operating in an appropriate environment.

For the well known types among student bodies with their: tell me what to do, tell me how to do it, tell me the answers, and demonstrate them to me, their situation can best be described by citing a few lines from a superb poem.

"Yonder see the morning blink:
The sun is up, and up must I,
To wash and dress and eat and drink
And work, and God knows why.
Oh often have I washed and dressed
And what's to show for all my pain?
Ten thousand times I've done my best
And all's to do again."*

William S. Tillett, M.D.

* From LAST POEMS by A. E. Housman. Copyright, 1922, by Henry Holt & Company, Inc. Copyright, 1950, by Barclays Bank Ltd. Used by permission of the publishers.

Ludwig W. Eichna, M.D.
Adolph Berger, M.D. and
Charles E. Kossmann, M.D.

Bertha Rader, M.D.
Joseph Brumlik, M.D.

Alfred Vogl, M.D.
Arthur C. DeGraff, M.D.

Surgery

John H. Mulholland, M.D.

Henry Doubilet, M.D. and
Samuel Standard, M.D.

Irwin E. Siris, M.D. and
Jesse Mahoney, M.D.

W. Ross McCarty, M.D.

A MEDICAL school is organized for the primary purpose of providing the means by which an undergraduate student may acquire knowledge of the mechanisms, prevention and the treatment of disease. The Departments of the clinical sciences must embody a hospital service where good patient care is exhibited, where a graduate training program is being conducted, and where responsibilities for inquiry into the unknowns of medicine are being met.

A considerable segment of disease is, according to our best knowledge of the moment, investigated, diagnosed, prevented, and treated by surgical measures. Manipulative or operating skill makes the designation of a department of surgery necessary, but it is only operating rooms and surgical techniques which distinguish surgery from medicine. The learning of operative skill is a matter of some years of further training beyond medical school and not at all or only slightly the concern of undergraduates. The surgical department is therefore comprised of three categories of functioning members; clinical clerks learning the basic methods of examination and diagnosis; interns and residents learning surgical skills; and the faculty attempting to learn about the unknown factors in surgery. The areas of learning are not sharply delineated and sometimes who is master and who pupil, is not clear in the exchange of ideas. It is solely important that all concerned are students.

A clinical clerkship should be a technique of instruction wherein the student undertakes certain duties of which he is capable and the performance of which are essential to the good care of the patient. In this role the clerk provides important information regarding the sick individual, evaluates data, makes decisions, and is guided in all measures performed in the patient's behalf. The teacher of all the students from clerks to professors is the patient with disease.

In the short period of clerkship, internship, residency, or even a life time, it is impossible to encompass all the clinical experiences which might be termed surgical. Therefore a good portion of the time should be spent with a view toward developing an interpretative critical attitude for unfortunately what is learned today as truth may be false tomorrow. Clinical clerkship is experience with patients as the introduction to the long educational process which is the life of a physician.

John H. Mulholland, M.D.

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, M.D.

Front row: Drs. Galvin, Siris, Mulholland, McCarty, Standard. *Second row:* Drs. Gillette, Murphy, Cowett, Doubilet. *Third row:* Drs. Bogatko, Maray, Sage, Stillman, Bates. *Rear:* Drs. Breed, Smith.

Dr. Kutisker and Clerks

Pediatrics

L. Emmett Holt, Jr., M.D.

RATHER than quoting my views on medical education, I would suggest that you quote the late Dr. William Stewart Halsted's philosophy on medical undergraduate education. His advice to the Johns Hopkins faculty some years ago was very simple: "Take the time away from the bad teachers and give it to the good teachers." L. Emmett Holt, Jr., M.D.

Robert Ward, M.D.

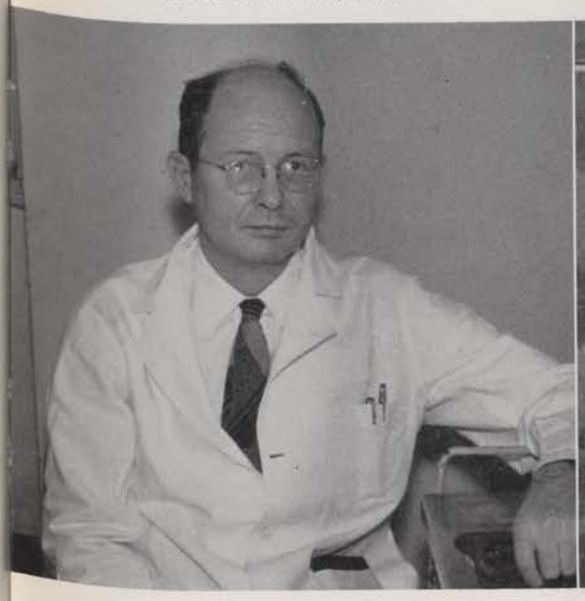
Edith M. Lincoln, M.D. and Janet S. Baldwin, M.D.

Ann G. Kuttner, M.D.

Top row: Drs. Ross, Cohlan, Hunt, Krugman. *Front row:* Drs. Sansoni, Holt, Ward, Pratt.

Suffer the Little Children . . .

Edward L. Pratt, M.D.



Harry Bakwin, M.D.

Saul Krugman, M.D.

S. Bernard Wortis, M.D.

Psychiatry and Neurology

"I SHOULD like to suggest a rather radical revision in the ordinarily accepted notions of what disease is and what we, as physicians, are trying to do. It is generally assumed, I believe, that the sick man comes to the doctor because he has been overtaken by fate, ill-fortune, bacteria, or some other invader. The disease is looked upon as something the patient hates, fights, and wants to be rid of. There are however many bits of evidence that such a view makes incorrect assumptions and ignores an important principle, namely, that the foe with whom many patients fight is not something outside of them but something inside—a part of themselves. It would seem as if a self-destructive impulse wages constant battle with the will to live and takes advantage of every opportunity to wreak its purpose upon its possessor. Sick people may be conceived of as persons in whom the battle has erupted so that they are trying to destroy themselves and at the same time fighting against it, imploring aid in this from the doctor. Such an hypothesis might be applied to such immediate and sudden self-destruction as is represented by suicide, or to more gradual and diffuse self-destruction such as neurotic invalidism. Perhaps such a thing as tuberculosis in which the individual seems to yield, sometimes all to willingly, to the invasion of an available assailant and even the more localized and focalized diseases may be thought of as further illustrations. In terms of this hypothesis the therapeutic indication is regularly the same whether in psychiatry, orthopedics, criminology, or cardiology. The physician must throw the weight of his knowledge, his skill, his experience, his chemical, mechanical and psychological adjuvants on the side of the embittered life instinct in opposition to the destructive tendencies."

From Psychiatry & Medicine in Bulletin of the Menninger Clinic (1936) by Karl A. Menninger

Morris Herman, M.D. and Marvin Stern, M.D.
Lauretta Bender, M.D.

Front row: Drs. Klein, Frosch, Sharp, Wortis, Herman, Bender. *Rear row:* Drs. Wechsler, Apfelberg, Berg, Yarrell, Thompson.

Morris B. Bender, M.D.

Samuel Brock, M. D.

Obstetrics and Gynecology

William E. Studdiford, Jr., M.D.

Claude E. Heaton, M.D.

John H. Boyd, M.D.

THE objectives of a medical school are manifold. Primarily such institutions were established to educate those who aspire to be physicians in the structure of the human organism, in the normal function of its various organs and systems, and in the recognition and treatment of the alterations in structure and function which comprise the picture which is called disease. While a certain proportion of such an indoctrination can be conducted in the absence of patients, the necessity for human material to properly train individuals in observation and in the application of fundamental principles soon becomes of paramount importance. Therefore, of necessity, a medical school must undertake the administration of a hospital and the care of patients. In so doing, it develops another objective, the training and education of young graduates, not along only broad and general lines, but also, intensively and over long periods of time in special fields. Thus the medical school becomes involved in the most valuable form of post-graduate training. Related to both of these objectives, must be the creation of opportunity to develop new lines of thought and to support investigations which may result not only in the diminution of the large areas in which ignorance persists but also in the correction of error in current concepts. A final objective can be defined as the re-education of practicing physicians in the newer concepts of diagnosis and treatment of disease.

While the above objectives relate to the medical school as a whole, it is obvious that they must be persued in each individual department. The subsequent remarks will relate mainly to the primary aims of the department of obstetrics and gynecology. By means of didactic teaching during the third year an attempt is made to review the special physiology and pathology peculiar to the pregnant and non-pregnant female. Without patients this form of teaching is of little value, but with such a background, the clerkship in the fourth year becomes of great value with experience in the care of patients

THE OBSTETRICAL STAFF

in the obstetrical and gynecological wards and clinics. Frequent opportunity is offered by rounds, clinics and conferences to attend and partake in discussions of cases by the resident and visiting staff. In short, the entire effort in undergraduate teaching is directed toward the demonstration of the fundamental principles involved in the physiological functions of the normal female, in the disturbances of these functions, and in the special diseases of the female genital tract.

A generation ago, a professor of obstetrics and gynecology in New York City made the statement that he would not rest until he was able to graduate a medical student capable of handling the most difficult obstetrical case. We have no such lofty ambition. Our only hope is that all of our undergraduate students will broaden their general knowledge of medicine, that some of them will undertake special training in our special field during their post-graduate years, and finally that some of the latter group will engage in creative investigation.

William E. Studdiford, Jr., M.D.

Urology

Robert S. Hotchkiss, M.D.

Physical Medicine and Rehabilitation

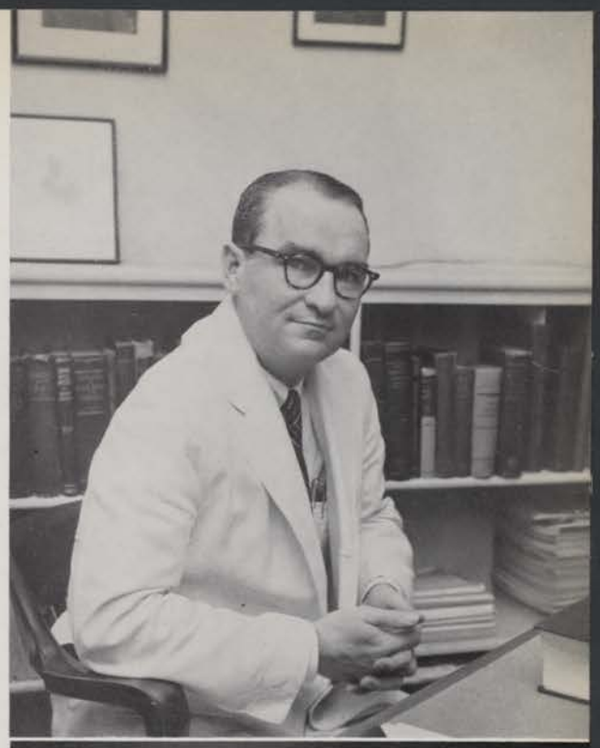
Howard A. Rusk, M.D. and George C. Deaver, M.D.

Dermatology

Marion B. Sulzberger, M.D.

Otorhinolaryngology

John F. Daly, M.D.

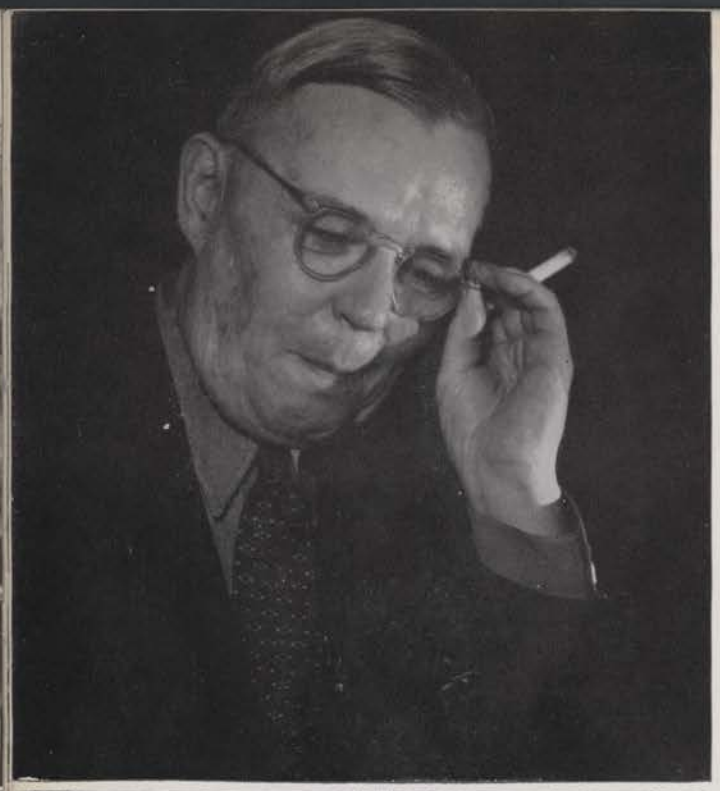


Radiology

Maxwell H. Poppel, M.D.

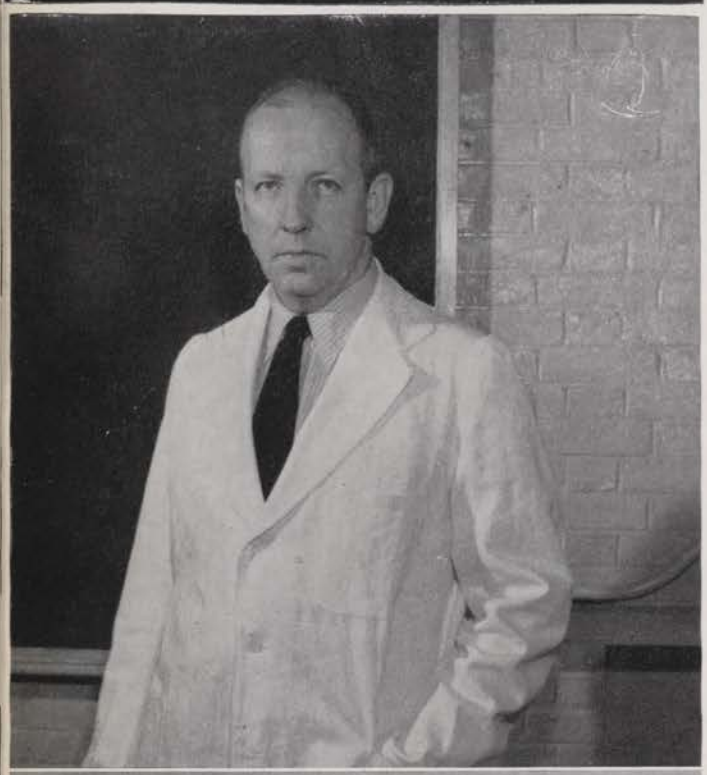
Ophthalmology

Arthur G. DeVoe, M.D.



Forensic Medicine

Harrison S. Martland, M.D.



Neurosurgery

Thomas I. Hoen, M.D.

Orthopedic Surgery

Walter A. L. Thompson, M.D.

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STUDENT

STUDENT ACTIVITIES

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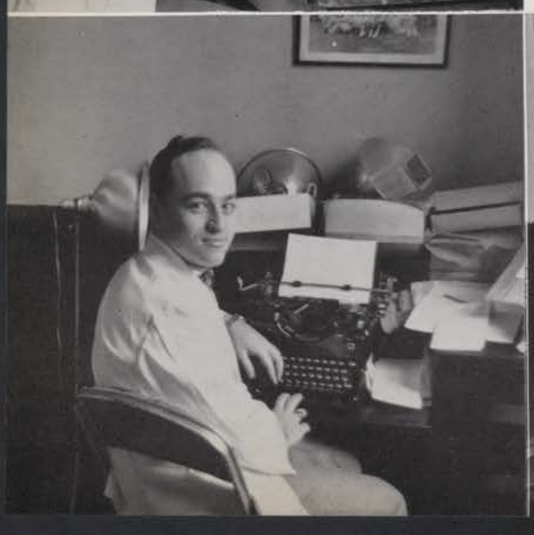

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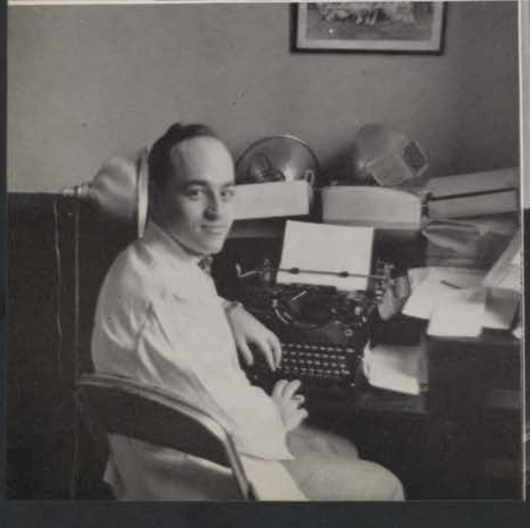

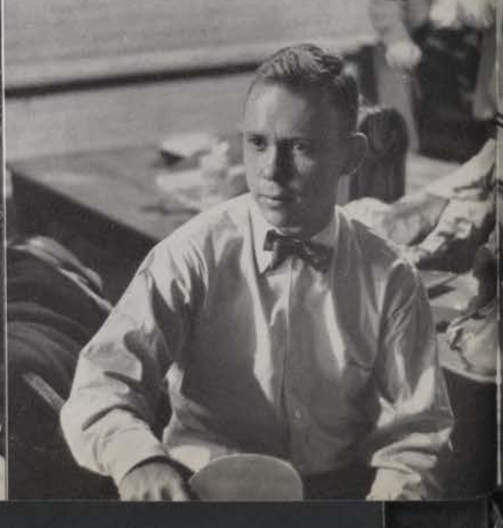

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Jack F. Wilder

Good to the last drop

So I said to Currier

Wake me up after lecture

Letterer-Siewe, what else?

Hoist the mainbrace!

Doubled and redoubled

Pediatrics is for the young in heart

Why do you want my picture?

And she said Daddy today

Frankly, I'll wow them

GP, what else

Got to laugh just thinking about it

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Alumni Greeting

IT is a privilege and an honor to be included among the contributors to your Year Book. This privilege gives me a double pleasure. First, that of congratulating you, and at the same time welcoming you to the Medical Alumni of our school; and secondly, that of reliving my own experiences at a similar time. With the degree and other honors being conferred upon you, you will be exposed to much advice by older and allegedly wiser people. I am not exempt from this urge. Here is my contribution.

On receiving your degree of Doctor of Medicine, the realization of a great ambition, you will be admitted to a profession whose members are respected, trusted and are receivers of confidences. Your next step in preparation will be to seek more training before you finally consider yourself adequately prepared to assume the responsibilities of your chosen profession. As time goes on, you will realize that the title of Doctor carries with it, obligations which go beyond those of merely prescribing for a patient. Your outlook on life, your behavior, and your character will be a standard which others will try to emulate. Whether you like it or not, you will become an important factor in the activities of the community in which you may settle.

As an Alumnus, I hope you always will remember the School which accepted you and gave the training to prepare you for your life work. It, like a parent, will expect much from you. Your school will be judged by your accomplishments and influence. Its reputation and prestige will increase in proportion to the good which you do, and the example you set for others. Let me remind you that "to whom much has been given, from them much will be required." In conclusion, let me again welcome you to the Alumni Association, and wish you in your future what all men desire—enough work to do, and strength enough to do it.

Anthony S. Bogatko, M.D.
Alumni President

May I present . . .

. . . my better half

A dab more Wright's

Aequanamitas

The patient died, you say?

Who, me?

What's a two-letter word for . . .

No fair peeking

Valentino

Watch my left-handed hook

Part of the team

A touch of Bell's palsy

Boat Ride

"WELL at least it's not raining this year," he said to the sweet young thing as they boarded the Day Liner for Bear Mountain. After devouring six hard-boiled eggs and four cheese sandwiches he settled back, surveying the mass of humanity about him. "What a motley bunch," he thought. "Mink sweat shirt and suede tennis sneakers, indeed." After a few determined lurches, during which time several children fell over the side, the Liner pulled away from 42nd Street and plowed dreamily up the river.

"This is living," he murmured as the shadow of the George Washington Bridge fell across the boat. "How about another cheese sandwich, honey?" "You've eaten everything already, you big ox," came the demure reply.

The hours passed. Talk of the coming exams, the faculty, sex, internships, and the horrible guitar and harmonica music which seemed everywhere. The devastating disclosure that cabins—which could be locked and bolted—were available on the boat came too late. They all were occupied. "What a deal that could have been," he mused. Finally Bear Mountain was in sight. What a scramble to organize those precious hard-boiled eggs, the camera, the plaid shirt, and the sweet young thing to debark in time. Then the pleasant five-mile hike to Dunderberg Field, after which the warm beer tasted pretty good.

Finding a suitable ant-infested area in which to place a blanket, he was settled at last. But not for long. "Hey, where's the john around here?", he called to one of the harried committee men. He couldn't make out the reply, but started off towards the denser overgrowth. Upon returning he found a softball game between the lower classmen and the faculty-seniors being organized. After several dusty innings, marked by the faultless umpiring of Dr. Anslow, all hell broke loose. Dr. Meleney blasted a terrific triple. "There must be something to this preventive medicine, I guess." The rest of the game was an anticlimax. Back to the beer at last.

"How about another cheese sandwich, honey?" "Oh, shut up," came the demure reply. "Must be this mountain air," he snarled back. Lolling on the grass after eating some borrowed hard-boiled eggs, he dwelt at some length in contemplation and rapt adoration of Dr. Von Glahn's feathered hat. "Must have some fibrinoid material in there somewhere," he thought. A small group of anxious third year men was clustered about Drs. Hubbard, Lawrence, and McEwen. Something about comprehensives. "Nobody ever flunks out, fellows. All our boys do very well and get good internships."

"5:30 already? And the damn boat leaves at six." The scramble to get everything together, the race to the dock—and the 25 minute wait until the boat got there. Propped up against the barbed-wire fence, he noticed that he felt half dead. "You've a swell sunburn," astutely observed the sweet young thing at his side. "Just my luck. Tomorrow morning's my interview with Mulholland. He'll think I've been goofing off on the whole surgery clerkship."

The Golddust Twins

Busy as sons of B's

Perchance to dream

ZZZZZZ

The fourth phase of medicine

How many q's in Consuela?

Seminar in renal physiology

Enough of this . . .

Vot thee hell!

So what if your A-Z's positive

My what big eyes you have.

There's a sale on at Brook's

A Bellevue Bacchanalia

RODNEY pulled on his white chamois gloves, casually flicked a cigarette ash from his left sleeve and returned to Wyckoff Lounge. His date was waiting where he left her—seated next to the fountain, gazing at the goldfish. The silver candelabra framed the scene, complemented above by the gorgeous crystal chandelier. In the background couples were floating dreamily about the marble dance floor, reflected kaleidoscopically by the mirrored pillars. The four television sets and innumerable chaise-lounges present in the room for the use of the students during the school day had been tastefully removed to the more remote recesses of the hall behind an exquisite velvet drapery in back of the statue of Mercury.

"How about another cheese sandwich, honey?", said Rodney as the girl lifted her gaze from the goldfish.

Together they walked to the sumptuous banquet table, occasionally glancing through the parted draperies. The marble facade of the hospital across the rolling lawn shone in the moonlight. An ambulance was pulling up to the Emergency Entrance. Rodney knew that all the facilities of the institution—the efficient laboratories, the immaculate operating rooms, the faultless X-ray department—would be rapidly mobilized to aid some unfortunate individual.

"The cheese sandwiches are gone,"' replied the impeccably attired waiter at the buffet table. "Perhaps you would care for some smoked turkey or pate-de-foi-gras?" "No thanks, old man," said Rodney as he and his date turned toward the bar.

After downing several glasses of Harvey's Bristol Cream while chatting with his other formally attired classmates, he noticed that the orchestra was playing a favorite waltz. Casually flicking a cigarette ash from his left sleeve, they strolled to the dance floor, past other couples sitting on the marble benches beside the rock garden or standing beside the waterfall. Carefully placing his arm about her waist they danced off as in a dream, nodding occasionally to the numerous faculty members who had insisted the student body get out and enjoy themselves more often.

Gotta get the 5:05

Say, cheese

Goody, two more urines to do

Say, this isn't half bad

So who goes to lecture?

Canned prunes?

Closed my eyes for only a minute

Then he trumped my ace

So I says to Decker

Then, I set fire to the bed

Look fellers, a goil.

William Grossman

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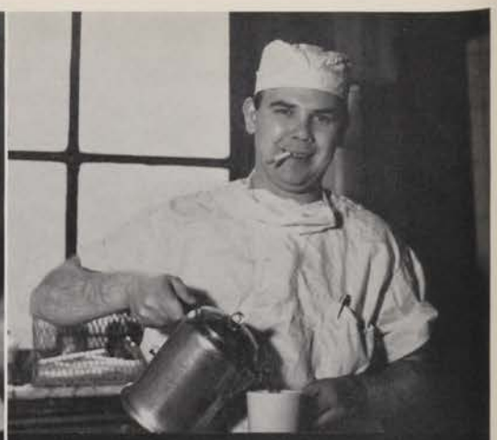

One lump or two?

How you all!

Surely

Making a slam's fun

Blowing off steam

No, it only hurts when I laugh

Poor little country boy

Congratulations! It's a baby.

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So that's how it's done

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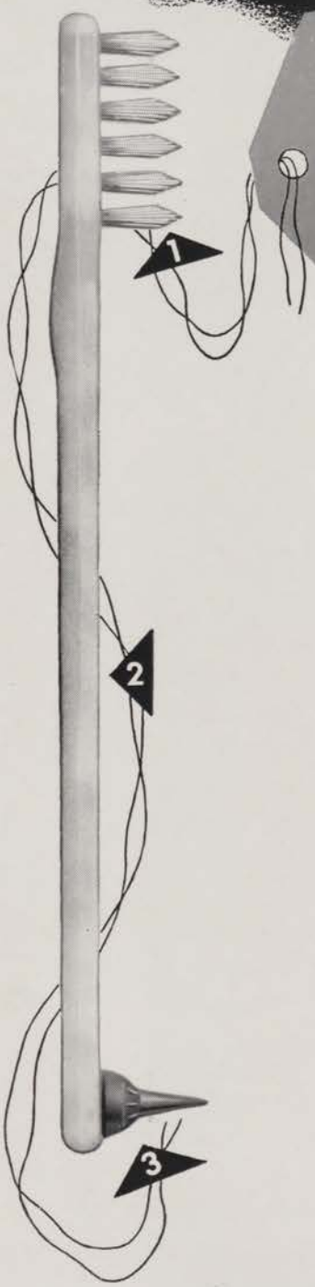

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4-year study,[2] complete report	185	75	110	2.33	1.31	43.6%
3-year study,[5] interim report	120	31	89	2.19	1.08	50.9%
2-year study,[1] interim report	60	30	30	1.60	0.96	39.6%

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John does the writing, I do the talking.

What! What!

How about a profile, too?

Now, let's talk about you.

Miami brings out the best in me

How do I like married life?

I'll get an attendant to take it over.

Bottoms up—as usual

The reconstructed front of the Sarapion Monument which stood in the Sanctuary of Aesculapius on the south slope of the Acropolis about 220 A.D. Photograph of monument and translation of inscription courtesy of American School of Classical Studies in Athens.

Tradition of service

Ἔργα τάδε ἰατρ[οῦ· Παι]ώνια πρᾶτον ϵ[---]
καὶ νόον ἰῆσθαι καὶ οἱ πρόπαρ ἤ τῳ ἀ[ρήγην]
μηδ' ἐσιδῆν θιγέην τε παρὲξ καὶ θεσμὰ καὶ ὅρκ[ον]

"These are the duties of a physician: First . . . and to heal his mind and to give help to himself before giving it to anyone (else), and not to look upon (his patient) or make approaches in a manner contrary to divine laws and to the oath. Let him cure not only with (professional) skill but also with blameless character. And as one unfit, though coming in the guise of a helper when he handles lovely maidens and matrons, let him not burn in his breast with desire (in a manner unworthy of a true) physician. Therefore I declare to the godly minded and the pure . . . Possessed of such a mind, like a savior god, let him make himself the equal of slaves and of paupers, of the rich and of rulers of men, and to all let him minister like a brother; for we are all children of the same blood. Therefore let him not hate any one nor hide envy in his heart, nor be lifted up with pride."

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