T-Wave
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Tulane University
School of Medicine
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In Memoriam

Judith J. Temple, MD
1954-1987

Dr. Judith Temple lost her life in a tragic auto accident last year. A staff physician in the Hematology and Oncology Section of the Department of Medicine and a member of AOA, Judy was highly regarded for her excellence in many areas. Students recognized her as a dedicated instructor and role model. Colleagues admired her clinical judgement and rapport with patients. Her absence will be sorely felt, not only by those who have worked with her, but by future students who will not know the joy of her inspiration and counsel.

Lewis I. Post, MD
1918-1987

By only listening to him it became obvious that Dr. Lewis Post enjoyed his work. During his long tenure with the Department of Obstetrics and Gynecology at Tulane, he shared the knowledge derived from his many years of medical experience with thousands of residents and students, who knew him as a practical man, a patient teacher, and a caring physician. His humor, philosophy, and encouragement will be missed by those who reaped the benefits of his teaching and wisdom.
We Came from Across the Land...

One of Tulane’s most valuable assets is the diverse group of people it draws to New Orleans for medical training from around the United States and other parts of the world. Students from as close as Mississippi and Arkansas, and as far away as Panama and Puerto Rico bring a variety of geographical, socioeconomical, political, and religious backgrounds that help enrich our understanding of and give us insight into the needs and problems of different peoples.

In our class alone there are jazz musicians, instrumentalists, cartoonists, poets, artists, and songwriters. Athletes from almost every sport also abound — runners, swimmers, cyclists, skiers, divers, hikers, canoeists, windsurfers, and (of course) Ultimate Frisbee fanatics. We have gourmet cooks who have introduced some of us to Brazilian codfish pie, Cuban black beans, Indonesian rice dishes, Spanish flans, Swedish herring, grilled salmon from the Northwest, enchiladas, New England chowders, as well as boiled crawfish and blackened redfish, not to mention a cake decorator who made many a birthday special. There is even amongst us a relative of the inventor of the “Homan’s Sign.”

Through our discussions of politics, social issues, music, and art, we have helped each other to open our minds, or to confirm within us previously established opinions. The spectrum of thoughts, ideas, and creativity among our class is often surprisingly broad — perhaps broader than we are willing to admit...or put up with. This diversity has exposed us to new concepts and experiences, enriched our lives, piqued our interests, and helped us to accept and enjoy the differences in others. It is something that makes Tulane unique from many other medical schools. We will continue to enrich the lives of each other in the years to come as we continue and renew friendships formed while acquiring our medical educations.
To Learn the Art of Medicine...

The real practice of Medicine — the "art" of Medicine — involves a great deal more than the simple act of prescribing medication or performing a surgical procedure. Rather, it requires a soothing touch, a sincere interest in and dedication to a patient’s recovery and future health, just the right number of compassionate and caring words, and the ability to realize when one can help, and when one cannot.

Over the past four years we, as students of

Pictured clockwise from above: Andree Burnett, Michele Malnar, Dan Kahn, Surgery team, Shachar Tauber, Amy Friedman, Robert Rosenberg (and friend), and Darma le.
this art, have come to know the importance of a well mind to the ailing body as it heals. The influences of lifestyle on health are becoming increasingly more apparent, and we have come to appreciate the necessity of educating our patients about themselves and their illnesses. The difference a physician can make in a human life by sharing with that person the responsibility for managing his or her problems is enormous. Our goal should always be to try to improve the overall quality of life of those we help as we strive to improve our own. Through these efforts we, as physicians, can better the world around us.

Our professors and instructors have shared with us their knowledge and skills so that we may, in turn, use the current and future technology, medications, and techniques to better and prolong the lives of others. They have also worked to instill within us a love and desire for further education. The interactions with our peers these past few years have taught us to support, care, and accept each other as well as those we care for.

We've each witnessed the miracle of birth, and the rewards of recovery from a debilitating illness. We've also felt the sadness and frustration as those we have cared for have passed away, and these experiences tug at our hearts, making us strive that much harder for the sometimes elusive "cure" — that little something extra that might prolong a special individual's life.

The Oath of Hippocrates

I do solemnly swear, by whatever I hold most sacred, that I will be loyal to the profession of medicine, and just and generous to its members.

That I will lead my life and practice my Art in uprightness and honor.

That into whatever home I shall enter, it shall be for the good of the sick and the well to the utmost of my power, and that I will hold myself aloof from wrong and corruption, and from the tempting of others to vice.

That I will exercise my Art solely for the cure of my patients and the prevention of disease, and will give no drug and perform no operation for a criminal purpose, and far less suggest such thing.

That whatever I shall see or hear of the lives of men and women that is not fit to be spoken, I will keep inviolably secret.

These things I do promise, and in proportion as I am faithful to this oath may happiness and good repute be ever mine — the opposite if I shall be forsworn.
Charity Hospital of New Orleans, “The Big Free,” has for centuries served the people of the Crescent City. Its doors never close and no person in need is ever turned away. For many, life begins and ends here, much the way the seal embedded in the floor of the front lobby proclaims to all who enter.

It is the only source of medical care for much of the population — a dumping ground and place of last hope for the indigent and those without medical insurance.
be it an emergency or a visit to continue long-term treatment. Yet it is also the "hospital of choice" for a crash or gunshot victim, or a wounded dignitary.

As a result of the "rollercoaster" Louisiana budget, the hospital has, in recent times, fallen prey to shortages of both supplies and hospital staff, stretching them literally to their limits in the face of an ever-increasing patient load. For this reason, medical students have become almost essential for the timely care of patients. From performing a simple blood draw or various other "scut," to doing library research on a difficult case, students play an important role in the functioning of the Hospital, which has been a training ground for generations of physicians.

As a referral center from clinics all over Louisiana, Charity has been the source of many of the most vexing and unusual cases seen during our medical training. In addition, the gross inefficiencies inherent in the operation of a public hospital have also made it the source of endless tales told by medical students, residents, and staff alike.

We will all carry memories of Charity, perhaps the smile of a mother after a difficult delivery, or the pained look of a loved one informed of a patient's untimely death. But probably most important will be the feeling that we can make a difference in the sometimes insensitive world of Medicine.
For those of us who were not natives, New Orleans became our home for four years. During that time, we participated in her customs and traditions, learned about her unique politics, ate her hot and spicy foods, and became part of her diverse population.

Some arrived with the notion that the French Quarter was the only thing the city had to recommend her. But it did not take long to discover the variety of things that was available to the curious. You could
browse on Magazine Street in search of that special poster or antique, wander through the Garden District admiring its many architectural treasures, relax and enjoy a lazy afternoon in Audubon Park, or take a peaceful ride on the streetcar under a canopy of majestic oak branches, to name only a few.

Of course many would regard eating as the most popular pastime of the Crescent City, and an abundance of restaurants, each with its own specialties and character, stood ready to satisfy just about any appetite. Whether it was Cajun blackened redfish, a shrimp po'boy (dressed of course), or traditional Monday Red Beans and Rice, everyone had ample opportunity to discover his or her favorites.

But the true flavor of the city was established by the people who call this place home. The “laid-back” attitude of the South that permeated daily life was slowly integrated into all of our routines until we learned to accept occasional inconveniences (such as the rather leisurely service at most “fast” food places, or someone making a left turn from the right lane, in front of, and just missing, your car) since little could be done about them. Still, our experiences here have inspired many memories. Yet, perhaps the fondest of these will be the ones that make us shake our heads (in delight or disbelief) and think quietly to ourselves, “Only in New Orleans!”
Vieux Carre

The French Quarter remains the essence of the character of New Orleans, echoing with the sounds of Jazz and billowing with the aroma of Cajun and Creole foods. Here can be found many local favorites, such as beignets, café au lait, pralines, oysters, and sweet (and hard-hitting) Hurricanes.

As night falls few notice. The streets remain alive with tourists, gawkers, and hustlers who form a human blanket that envelops Bourbon Street. Many visitors marvel at the gardens and fountains, and browse in small shops. One comes to realize that few places offer the atmosphere and ambience that are the Vieux Carré.
Preservation Hall trumpeter
(No, it's not Dr. Vaupell!)

Top: St. Louis Cathedral.
Bottom: Unique wrought iron railing.

CAFÉ DU MONDE

French Market fare.
Beignets anyone?
The Tulane University School of Medicine had its beginning as the Medical College of Louisiana in September 1834, as three brash young physicians, all less than 26 years of age, initiated medical education in Louisiana. They were Thomas Hunt, who was to become the first Dean of the medical school, Warren Stone and John Harrison. In addition to these three founders, the faculty of the school consisted of four other local physicians: Augustus Cenas, Charles Lutschein, T. R. Ingalls, and E. B. Smith.

Establishment of the school was met with considerable opposition from the Creoles, whose ideas concerning medical education were based on the European system that stressed academics well-grounded in the Latin and Greek classics. To them, the idea of providing such education without this foundation was incomprehensible. Furthermore, they regarded American universities with disdain, and considered them grossly inferior to their European counterparts.

Nonetheless, the Medical College first opened its doors in January 1835. In doing so, it became the first medical school in the Deep South, and the fifteenth in the country. The inaugural address was given by Dean Hunt at the First Presbyterian Church. This church and various other borrowed quarters were used for the first lecture presentations. A lecture room in the State House and several wards in Charity Hospital also served as classrooms. These temporary facilities were the only ones available during the next several years, while the faculty worked to secure the funds necessary to construct a permanent structure to house the fledgling school. In 1836, the governor of the state attempted to help the medical faculty with their cause. A measure appropriations $60,000 for this purpose was proposed and passed by the Senate. Unfortunately, the bill was defeated by the house.

It was not until 1843 that any definitive action was taken. On March 22nd of that year, a law was passed permitting the medical faculty to erect a building on a state-owned lot located on Common Street between Baronne and Dryades. As with most legislative “God-sends,” conditions were placed on the appropriation. First, the faculty members were required to donate their services to Charity Hospital for ten years, and, second, one student from each parish, to be named by the senator and representatives from that parish, were to be guaranteed admission to the College each year for the same period. In addition, the state reserved the right to reclaim all properties at the end of the term.

The fact that this bill gave professional privileges at Charity Hospital to the faculty of the College created an uproar among the New Orleans’ medical practitioners. This opposition was based on the false belief that the College would be given sole authority over medicine and surgery at Charity. When it was made clear that this was not the case, the medical community was able to work together, resulting in the best medical care that the city had ever seen, as well as providing the College with a clinical teaching hospital that was gradually evolving into one of the top such facilities in the country.
Having obtained legislative approval and financial funding to erect a building, the faculty immediately set about drawing up plans for a structure to house the Medical College. This building was estimated to cost $6,000 and was not completed until the end of 1843. In 1845, a Constitutional Convention directed that the Medical College of Louisiana become the Medical Department of the University of Louisiana. Two years later, additional funds were appropriated to erect buildings for the new University, and the original building was returned to the state to be used by the newly established Law Department. A much larger building was constructed adjacent to the original medical building for use by the Medical Department.

At the time of its founding, the number of students attending the Medical College was a grand total of 11. From 1834 to 1859, this number grew to an impressive 276. This rocketed to 404, however, just prior to the War Between the States (or “Civil” War to those not from the South) that began in 1861, as political and sectional hostility prompted Southern students to abandon Northern colleges. Yet, when the conflict ensued, students joined the war effort in such numbers that, by 1862, only 94 students remained enrolled. Federal occupation of New Orleans forced the closure of the University later that year.

In the fall of 1865, the school reopened its doors, enrolling 185 students. But the devastation left by the Civil War and the subsequent Reconstruction, placed the medical school in its most trying times, struggling financially for its very existence until 1884, when a wealthy New Orleans...
By the early 1890s, rapid growth had established the need for new facilities. In 1893, a new building, the Richardson Memorial Building, was built on Canal Street. Although this was heralded as one of the best equipped medical buildings of its day, by 1907, further expansion was again needed. At that time Alexander Hutchinson bequeathed a large sum in memory of his wife Josephine. This fund was used to construct a new Richardson Building on land that was to become part of the Uptown Campus. This building was designed to house all the preclinical departments. Facilities of the old Richardson Building were enlarged for clinical teaching purposes and renamed the Josephine Hutchinson Memorial Building.

Meanwhile, the school was continually attempting to raise its standards. When it was initially founded, the school year lasted four months, and two full courses of lectures were required for graduation. Since only one set of courses existed, the students were expected to take the same ones twice. Admission to these lectures was gained with a "ticket" purchased for the price of $20. At that time, this was the sole means by which the professors were paid. Additional fees included a matriculation fee of $5, and a diploma fee of $30. Incidental expenses included the purchase of two arms for dissection at 25 cents each. The requirement for admission was also rather simple, being only the ability to finance one's education.

Gradually, the annual sessions were expanded from the original four months to four and one-half months in 1879, then to six months in 1893. It was also in that year that an educational qualification for admission was first required of all students, namely a second grade teacher's certificate of a superintendent of education. Also, to further strengthen educational standards, attendance in three instead of two annual sessions was required. In 1899, this was lengthened to four obligatory sessions, and in later years, the length of these sessions was further increased until the curriculum evolved into what it is today.

By the early 1900s, it became apparent that a high degree of difference existed between the various medical schools in the country. In 1908, Abraham Flexner was selected by the Carnegie Foundation to undertake an analysis of the state of medical education. Flexner made a study of 155 American and Canadian medical schools, beginning at Tulane in the winter of 1908. He published his report in 1910, describing shocking and deplorable conditions in many places of medical education. This opened the eyes of the public and the medical community such that Flexner's report was, in effect, an obituary for a great many medical colleges. Within a few years, almost half of the then had disappeared, for the most part because of the adverse publicity.

Although Flexner found medical education at Tulane far from ideal, he ranked the school among the top three medical schools in the South. Tulane's high ranking was based on new and excellent laboratory facilities, the teaching faculty, the clinical availability of Charity Hospital, and the post-graduate instruction provided by the New Orleans Polyclinic.

In 1913, Tulane reorganized the Medical Department to include the School of Pharmacy, the School of Dentistry, the School of Medicine, and the Graduate School of Medicine. Today, only the latter two remain, the latter within the Graduate School. In 1958, the Division of Hygiene and Tropical Medicine was established, which has since evolved into the School of Public Health and Tropical Medicine.

The Josephine Hutchinson Memorial Building continued to house the clinical facilities of the School for nearly forty years. However, by the late 1920s, it had become crowded and obsolete. Funds were provided for a new medical unit, called the Hutchinson Memorial Building, to be built contiguous with Charity Hospital at what is now the present location of the School of Medicine. When it opened in December 1930, the building was acclaimed as the "best medical training unit in the South."

The preclinical departments, unfortunately, were still located on the Uptown Campus. In order to to provide the most enriching medical environment possible, it was re-
cognized that all four years of education needed to be consolidated on one campus. It was not, however, until October 1955 that a ten-story addition to the Hutchinson Memorial Building enabled the Second-Year departments to be moved downtown. In 1963, further additions to the downtown facility were built to house the First-Year departments, allowing the School to reunify its four classes in one building for the first time since the early 1900s.

The Tulane Medical Center was organized in 1969 to broaden Tulane's commitment to medical education, research, and patient care. The Tulane Medical Center Hospital and Clinic, the first such university hospital in Louisiana, was dedicated in October of 1976. This 300-bed hospital has enabled Tulane to consolidate a wide range of services in a tertiary-care environment. In the short period since its opening, it has become a major referral center for the region.

Since its founding 154 years ago as the Medical College of Louisiana, the Tulane University School of Medicine has undergone many changes, and not simply in name. Several buildings have come and gone, and while many different students and faculty members have occupied these buildings, so have federal troops during the Civil War. Though Tulane originally catered to those mainly from the South, it now attracts students from all parts of the United States. From its meager beginnings in 1834 with 11 students, the Tulane University School of Medicine has gone on to confer over 12,000 medical degrees, 160 of which are to be conferred on the Class of 1988. Throughout the years Tulane has always strived to improve its medical education, and is now ranked among the top medical schools in the country, and perhaps the world...something of which we can all be proud.
Charity Hospital of New Orleans:
A Rich History, a Poor State of Affairs

by John E. Salvaggio, MD
Henderson Professor of Medicine

Charity Hospital embraces an intriguing and colorful past, and has served a real purpose. It is steeped in Louisiana history, and has survived difficult times and some of the worst political squabbles and patronage problems in the country, enduring for over 250 years primarily because it was needed.

Its charter dates to January 1736, when Jean Louis, a French sailor formerly employed by the Company of the Indies who worked in New Orleans as a boat builder, bequeathed his estate of approximately 10,000 livres (about $2,500 today) to the founding and furnishing of Charity Hospital in early French colonial Louisiana. This makes it the oldest continually operating hospital in what is now United States territory. (Bellevue Hospital in New York City is also the same age, but was established two months after Charity.)

Perhaps it was the abandonment of the poor, who could not be cared for at the French military or “Royal” Hospital, that induced Jean Louis to be so generous. Initially called the Hospital of St. John or Le Hôpital des Pauvres de la Charité (Hospital for the Poor), its charter came into effect upon Louis’ death.

In his wisdom, Louis appointed the Reverend Father Philippe, Parish Curé and pastor of St. Louis Cathedral, to work with Councilman Raguet in disbursing his legacy and running the Hospital. Sunday collections were taken in the cathedral to support it. In addition, several local individuals made donations of property in their wills.

On March 10, 1736, a house at Chartres and Bienville Streets became the first quarters for the Hospital. Patients must have been admitted immediately, because only a month after its opening the house proved to be too small and by 1743 it became necessary to replace it.

A governmental land grant at the ship-turn at the end of a canal and fronting on the cemetery was provided to build the new Hospital. This location was advantageous since supplies could be unloaded from the ships as well as patients transferred to or received at the Hospital. Its proximity to a cemetery was also of obvious advantage.

After Louisiana was ceded to Spain in 1763, the French were allowed to administer Charity for six more years. With the arrival of Governor O’Reilly in late 1769, however, Charity came under control of church authorities and the Spanish government, as was the custom of such hospitals in Madrid and other Spanish cities.

In 1779, a great hurricane wreaked havoc upon New Orleans, reducing Charity Hospital to ruins. Only the kitchen and storehouse escaped its fury. This destruction resulted in much consternation and suffering, leaving homeless patients to “perish upon the streets or in some obscure corner.” Nonetheless, the Hospital survived.

During this terrible time, Don Andres Almonester y Roxas, a former war clerk, civil notary, and noble gentleman born in Andalusia, Spain, came to Louisiana and rescued the Hospital. He was a leading citizen of the colony and made a modest fortune as an owner of retail stores adjacent to Jackson Barracks. He was described by some as a “selfless benefactor” and by others as an “opportunistic land speculator.” Almonester offered the huge amount of $114,000 to rebuild the hurricane-ravaged Hospital. It was completed in October 1785, and named the Charity Hospital of St. Charles (the San Carlos Hospital) in...
ularly Germany and Ireland, were treated at Charity, and by 1858 foreigners outnum-
bered US natives by a ratio of six to one.

To provide additional financial aid to Char-
ity, taxes were placed on all concerts and
Carnival Balls. In addition, all theatres in
New Orleans were required to give four
benefit performances annually. Although an
official gambling act would not go into
effect until 1923, a tax on gaming halls was
instituted for the benefit of the hospital as
early as 1815. Further amended in 1832,
this law increased the number of gaming
halls and raised the tax to $7,500, three-
quarters of which was designated for Char-
ity Hospital. However, it was the 1842
Passenger Tax paid by all persons arriving
in New Orleans from foreign ports that
ensured the hospital’s financial stability
during this period.

Five years after the great fire, the square
roughly corresponding to the location of the
current Fairmont Hotel on Canal Street,
was sold by the city to the Administrators
of Charity to build a new hospital. Work
was begun in 1815, and when completed in
the same year, the new facilities were
described as “vast and commodious,
capable of caring for 120 patients.”

An open ward of the early 1800's.
A great flood inundated the city the next year and led to the creation of a medical licensing board (The Committee-Médical) to deal with the subsequent terrible sanitary conditions and medical problems. Indeed, the narrative of a young Boston minister who had visited New Orleans in that year described the hospital as "a deep disgrace to any civilized or Christian country."

A group of citizens visiting Charity in 1818 were horrified by the condition of patients, and complained to the governor and Hospital administrators. They noted the Hospital's filthy condition, and the total inadequacy of attendants. They also stated that patients had to sleep on mattresses upon which were "visible marks of the putrid discharges of those who had died on them of the most pestilential diseases." Chickens roosted in the hospital rooms, and "their offal covered the furniture in every direction." They further reported that brick dust was used to absorb the filth on the hospital floors, and that it arose in clouds and choked patients on the few occasions when the floors were swept! It is important to note here that many epidemics struck the city and killed thousands from early French colonial days through the 20th Century.

The deterioration of the San Carlos Hospital combined with a marked increase in the local population made it apparent that new facilities were again needed. Completed in 1833 at a cost of $149,570, the fourth version of Charity undoubtedly marked a milestone in its history. Records show the lower story was occupied in part by "the Medical College," indicating that when formed in 1834, the new Medical College of Louisiana (now Tulane University School of Medicine) was located within the hospital.

With the arrival of the Daughters of Charity, in combination with the above-mentioned items, the overall medical atmosphere in New Orleans was excellent, and the entire medical complex was, at that time, very likely one of the best of its kind in the world.

After the Civil War commenced in April 1861, its chaos made little difference to Charity Hospital. Following a series of resignations in February 1862, Ernest Lewis, a young student intern, was appointed of 21. Lewis refused to treat General Benjamin Butler's soldiers when Butler captured New Orleans with his flotilla and 15,000 man garrison. The General was extremely lenient with young Lewis even though Butler later learned that Charity was housing Confederate soldiers transferred from the old marine hospital when its supplies were cut off following the city's surrender. Lewis finally agreed to accept the federal soldiers, and actually convinced Butler that additional physicians were needed to care for them.

During the post-war period, lottery tickets were again sold to support the Hospital through the Louisiana State Lottery Company formed in 1868. The government finally outlawed this company around 1900, but until then, it provided — at least on paper — major support for Charity. The old Ship Passenger Tax that had helped greatly in the late 1840s and 50s, was diverted to the Bureau of Agriculture and Immigration. Thus the Hospital's debts rose markedly.

At this time, large numbers of blacks were admitted to the hospital. Prior to the War, most blacks had been treated by private physicians on the plantations where they had worked as slaves. When they became emancipated, more and more of them required the services of Charity. The Charity Board enacted a policy forbidding discrimination founded on race, color, or previous
condition. However, this was interpreted to mean only that care would be provided on an equal basis, and did not prevent the development of separate wards for whites and blacks later in Charity's history.

Another important advance occurred at Charity in 1885 when the first ambulance service was inaugurated. Until that time, the sick travelled to Charity in horse-drawn wagons or similar bumpy transportation that hardly benefited the patient. The tradition of Charity interns riding in ambulances lasted for almost 100 years, and was only discontinued in the 1960s.

Many new additions were made to the Charity complex around the turn of the century, and the hospital probably contained almost 2,000 patient beds. Other hospitals in the city had perhaps only 150 beds combined, including even the larger ones such as Touro Infirmary and Hotel Dieu with 50 to 60 beds each.

The population of New Orleans increased almost 30-fold between 1832 and 1926, while Charity's bed capacity had less than doubled. It was during this period that the Hospital was forced to place two patients to a bed, and sometimes even a third patient on a lower mattress near the floor.

The conclusion of World War I in 1918 signaled the arrival of another war — that between School of Medicine and Charity Administrators, as increasing hostilities came to the fore. But the worst was to come as Huey P. Long's and subsequent administrations came to power. After Long was elected in 1928, he immediately introduced a bill in the legislature allowing the governor to reorganize and appoint a new Charity Hospital Board of Administrators. He removed Charity's Superintendent, and replaced him with Dr. Arthur Vidrine, a 29 year-old Rhodes Scholar who was engaged in rural general practice.

Medical education had become more complex, leading to the establishment of

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**Dueling Doctors**

The mid-1800s was the age of dueling, and many encounters between physicians and even professors at the Medical College took place, each of which represents a story in itself. As an example, one acrimonious duel involving Charity Hospital physicians was fought in 1856 between bitter professional rivals, Drs. John Foster and Samuel Choppin, essentially stemming from the proper treatment of a medical student who had been shot by a law student in a Carnival ball fracas. Luckily, both Choppin and Foster missed each other when firing their shotguns, and the entire matter was settled without further ado.

Three years later, however, Choppin and Foster were at it again. For this duel Foster armed himself with a self-cocking five-valve revolver and Choppin with a single-valve Derringer in each of his pants pockets, as well as a Bowie knife in a coattail pocket. Before Choppin could cock his pistol, Foster shot him through the neck, injuring the jugular vein. Driven back several feet, Choppin's right pistol discharged, wounding his own left hand. Foster shot again, penetrating Choppin's upper thigh. Choppin then drew his other Derringer and fired at Foster who had turned to fire at him. Fortunately both missed. With his gun empty, Choppin drew his Bowie knife, and with blood streaming from his neck, charged at Foster. Foster was reluctant to kill his wounded opponent, and simply waved his revolver, imploring Choppin to stop. Luckily for Choppin, medical students at the scene rushed to his defense and separated the two men. Choppin's lacerated jugular vein was promptly repaired and his other injuries treated. Foster was arrested, jailed overnight, and released the next day as Choppin, who made a full and speedy recovery, refused to press any charges against his opponent.
many new clinical departments at Tulane. A special Tulane service was also initiated at Charity. Long made no attempt to block this move, yet in 1930 he abruptly dismissed Dr. Alton Ochsner, then Chairman of Surgery at Tulane, from Charity, allegedly because of Ochsner's complaints about political constraints placed on his attempts to build a first-rate Surgery Department at Tulane. The Long-Ochsner-Vidrine affair, together with Tulane's failure to award Long a law degree that he desired, quite possibly played a role in the establishment of the Louisiana State University Medical School at that time. In addition, Long enriched his campaign funds by a systematic five-percent deduction from the salaries of all Charity employees, the so-called "deduct box."

It had been clear for many years that the Charity Hospital building, then 100 years old, again needed to be replaced. Following Long's assassination on September 9, 1935, federal funds became available to build the current Charity Hospital, completed on June 27, 1939.

During the World War II years at Charity, a reorganization act was passed in the state legislature to create the Department of Institutions. This administrative branch was to manage all state hospitals, causing a great deal of political bickering. Governor Sam Jones threatened to close the Hospital in 1942, and parts of it were actually closed for a while. By 1943, 400 Charity physicians entered the armed services, and in 1944 there were only 131 interns and residents to staff the entire hospital. Charity's Anesthesiology Department and Blood Bank were also organized during these years by Dr. John Adriani.
At war's end in 1945, problems involving interrelationships developed not only for Charity, but also for the medical schools. The Ochsner Clinic had emerged as a large medical institution employing many of Tulane's faculty and developing its own residency training programs. The Veterans Administration Hospital also developed a residency program that further competed with Charity. With the rise of LSU Medical School, the old controversies between Tulane and Charity were now simply extended to it as well.

In the late 1950s many sweeping changes were considered for Charity and its associated schools. In the 1960s the ugly matter of segregation was faced and the "colored and white" wards that were on separate sides of the hospital were eliminated.

By the late 1960s financial problems for the Hospital and both schools were paramount, particularly as Tulane was increasing its residency affiliation with hospitals other than Charity, likely for political and financial reasons. The crucial nature of the situation prompted the governor to visit Charity, and the hospital's director described it as having slipped from a position of national leadership as a teaching center and medical institution for the poor, to a position of inferiority. He warned that the tight money situation a Charity had begun to have an adverse impact on the "life blood" of the institution, namely its intern and residency programs. The director stated that if the numbers of residents continued to decrease, the hospital would soon be in serious trouble. Attempts were therefore made to improve the situation. The Health Education Authority of Louisiana was established to revive the entire Tulane-LSU-Charity Hospital complex; some progress was made, but Charity remained essentially unaffected. The Department of Health & Human Resources, was also developed during the 1970s and control of Charity Hospital was moved to this large umbrella agency in Baton Rouge.

In 1974 LSU and Tulane signed an affiliation agreement with Charity providing that at three-year intervals the schools would alternate naming a medical director with an associate director being appointed by the other school. Under the new plan, a lay administrator was named as well.

Other important contracts were signed with Charity at this time whereby the deans of the schools were reimbursed to pay faculty members for performing hospital functions. Woefully inadequate financing continued at Charity, however, and the hospital has lost its accreditation on several occasions since 1975. This was threatening, not only for Charity, but for both schools and the entire medical education process.

At present the Hospital's grossly inadequate financing appears to be worse than ever despite a consistently high inpatient census and an outpatient clinic load that borders on intolerable. During the last year alone there have been several severe cuts in the hospital's budget. The situation at Charity has led to alleged poor working conditions for physician and student alike, and to reprimands by national residency review and accreditation committees.

And while many plans for problem solving are currently being developed, but the question remains, "Is this grand old institution a nineteenth century anachronism or can it be properly financed, funded, and equipped to provide the excellent care for patients and teaching opportunities for medical students that it has in the past?" Although the future cannot be predicted with any accuracy, one can only hope that future administrations will act favorably on initiatives to improve the relatively poor state of affairs that currently exists.

Dr. Alton Ochsner leads a "Bullpen" session in the 1950s.
Administration

Eamon M. Kelly, PhD
President
Tulane University of Louisiana

John J. Walsh, MD
Chancellor
Tulane Medical Center

James T. Hamlin, III, MD
Dean
School of Medicine

Clyde G. Huggins, PhD
Associate Dean
for Curricular Affairs

Morris D. Kerstein, MD
Associate Dean
of Graduate Medical Education

Martin S. Litwin, MD
Associate Dean
Director, Faculty Practice Plan

James S. Storer, MD
Associate Dean
of Clinical Affairs

Mary S. Baker
Administrative Assistant
to Dean Hamlin

Nita Breckenridge
Administrative Assistant

Julia C. Heine
Administrative Assistant

Jean White
Administrative Assistant
for Financial Aid
W. Clifford Newman, PhD
Associate Dean and Director of Admissions

Joseph C. Pisano, PhD
Assistant Director of Admissions Chairman, Financial Aid Committee

Wallace K. Tomlinson, MD
Associate Dean of Student Affairs

Carol A. Gaudet
Administrative Assistant to Dean Tomlinson

Melinda Smiley
Records Coordinator

Dionne M. Weber
Secretary

Elizabeth M. Garon
Admissions Coordinator

Roselyn M. Marshall
Secretary

Gayle A. Sayas
Administrative Assistant to Dean Newman

Anna C. Epps, PhD
Associate Dean Director, Student Services and MEdREP

Office of Student Services and MEdREP
From left to right, Front Row: Deidre Allen, Clothilde Johnson, and Laura Rivera. Back Row: Louise Rachal, Justine Parker, Jeanne Burke, Lois Cherie, Pam Luman, Yolanda Chaisson, and Ruth Post.
Faculty/Anatomy

Dr. Kirby with a wide tie.

Dr. Walker with a bow tie.

Dr. Moore didn’t tie one on.
Dr. Hamori prepares his friend for the "command performance."

Community Medicine

Biochemistry

Epidemiology/Biostatistics

Human Genetics

Editors’ Note: Some members of the Faculty were not available to be photographed, and regrettably do not appear here. In several instances, those pictured are representative of the departments when the Class of 1988 was enrolled in their courses.
Microbiology and Immunology

Dr. Johnson recounts the saga of "Microbius the Marvelous Microbe."

A. Arthur Gottlieb, MD
Chairman/Immunology

Lee A. Henderson, PhD
Immunology

John D. Clements, PhD
Enteric Pathogens

Ennemil J. Johnson, PhD
Microbial Genetics

Judith K. Domer, PhD
Mycology

Gerald J. Domingue, PhD
Renal Bacteriology

Robert F. Garry, Jr, PhD
Virology

Mary K. Johnson, PhD
Bacterial Toxins

Laura S. Levy, PhD
Virology

Patricia A. Mayeux, MS
Laboratory Instructor
Obstetrics/Gynecology

Martin L. Pernoll, MD
Chairman/High-Risk Pregnancy

Monaj K. Biswas, MD
Maternal-Fetal Studies

Simile Degetu, MD
Gynecological Oncology

Robert Gollin, MD
Obstetrics/Gynecology

Eduardo Herrera, MD
Gynecology

Pamela J. Moore, PhD
Course Director

April G. O'Quinn, MD
Gynecological Oncology

Lewis I. Post, MD
Gynecology

Paul R. Summers, MD
Infectious Disease

Dr. Summers and Resident Mauricia Bitran review a slide.

Dr. Biswas supervises Resident Lori Fulton in a C-Section.

Parasitology

Jack H. Eslenger, PhD
Filarial Systems

Emile A. Malek, PhD
Malacology

Robert G. Yoeger, PhD
Protozoology

John C. Wood, MD
Gynecology

Cori Wheeler, MD
Endocrinology
Drs. Reed, Pulitzer, and Daroca are happy with their selection of "Retinal Sarcoidosis" for the Slide Practical.
Dr. Pickoff and a TMC Nurse entertain a (very) new patient.
Dr. Domer and Agrawal wonder if "Barq's" would make a good unknown for the lab exercise.
Using "Reverse Plant Psychology," Dr. Muller tries to convince her "patient" that the fluorescent lighting is really sunshine.
Dr. Browder chews out his Resident for giving the students "too much" time off to study.

Relaxing comfortably in the Lounge, Dr. Ray Haddad awaits the next case.
A Trip to a Medical Degree

State of Confusion

MD2B

Start Here!
with
GSL and HEAL, or a Wealthy Family
Allowance: $1300/month + Tuition
or
Military Scholarship
Stipend: $7200 + Tuition and Books
or
Attend LSU
(see LSU Yearbook)

Specialty Roulette
"Match Day"
First Sticker You Land on After
Three Times around is Your Specialty
Then Leave Room for Next Time You Pass Through "Exit"

Obstetric Gynecology
Gain: Ability to Deliver Babies
Learn a Procedure
No Pay

Orthopaedics
Gain: Ability to Use
"Big Tools" on Living Beings
Wear a White Coat
No Pay

Ophthalmology
Gain: Ability to See
Wear a White Coat
No Pay

Oncology
Gain: Ability to Treat Cancer
Wear a White Coat
No Pay

Pathology
Gain: Ability to Read a Book
Wear a White Coat
No Pay

Pediatrics
Gain: Ability to Get Paid
Wear a White Coat
No Pay

Preventive Medicine
Gain: Ability to Prevent Disease
Wear a White Coat
No Pay

Psychiatry
Gain: Ability to Persuade
Wear a White Coat
No Pay

Radiology
Gain: Ability to See
Wear a White Coat
No Pay

Surgery
Gain: Ability to Cut
Wear a White Coat
No Pay

Specialty Roulette
"Match Day"
T-Wove
37
J
Freshman Year

"Abandon hope, all ye who enter here."

— Dante, Inferno

1984-85 Officers

Student Executive Committee
President: Creed Marikian
Vice President: Gregory Gex
Treasurer: Peter Simaneaux
Secretary: Scott Morrell
Honor Board: Cary Simmonds and Jonathan Uri

Freshman Class
President: James Mayer
Vice President: Rakesh Mangal
Secretary: Sheryl Young
Treasurer: Cynthia Stewart

Medical Milestones
First baby born from frozen embryo in Australia
"Agent Orange" makers create $180 million fund for Vietnam vets harmed by herbicide
French court rules widow has right to husband's sperm
Congress endorses stiffer cigarette warnings for packages and advertising
Baboon heart transplanted to "Baby Fae"
Henry Heimlich, MD, receives public service award for his life-saving maneuver
Gene therapy guidelines issued by NIH
First US septuplets born in Orange, California
Karen Ann Quinlin dies after 10 years in a coma

Other Noteworthy Events
Geraldine Ferraro becomes first woman candidate for Vice President
Bhopal, India is site of chemical accident that kills thousands
USSR Boycotts Summer Olympics in Los Angeles
Ronald Reagan and George Bush elected to second terms by a landslide
Nation's first compulsory seat belt law enacted in New York
Trivial Pursuit becomes a national fad
New Orleans' World's Fair closes after losing millions
Tulane University of Louisiana celebrates its Sesquicentennial
Drought in Ethiopia leads to starvation and death of one million people

Remember the first day? Looking around at all those people you didn't know. Finding out you were already 115 pages behind in reading something called "Bloom and Fawcett." The discovery of the need for organization. Little did we know that a pattern was being established — there would always be work to do and (despite good intentions) not enough time to do it.

There was the half-anticipation/half-dread involved in facing your calendar for the first time. Having five other people around, all in exactly the same situation, made things a little easier, but after only a half-hour went by someone wondered, "OK — who forgot it's human?" You laughed nervously with everyone else, trying not to let on that you might easily have been guilty of such a travesty. Yet undaunted, you forged ahead into uncharted territory.

Using the microscope became a daily chore that eventually led to the infamous half-day "practical" exams. Whether a slide contained a single muscle cell or absolutely nothing used to worry us. Now those "rectal rockets" are (for most of us anyway) just funny stories you found yourself relaying to incoming freshmen throughout the remaining years of medical school, laughing them off as part of "the game."

Personalities played a major role during first year, not just those of members of lab groups, but those of the faculty as well. Dr. Leon Walker was always quick with a fishing story or a double entendre — his UG triangle lecture became legendary. The erudite Dr. Peebles mentioned structures only to point out their "complete lack of importance." Dr. Kirby, who liked to build unusual (but usually informative) visual aids with which to teach, was also a great teacher of forbearance. "You can do anything in a week!" We needed such encouragement at times.

The somewhat inconceivable number of hours spent "learning" during that period may have given us reason to reflect on the significance of the graffiti "Stand or Fall" found on the cold bottom level of the library. Yet the semester finally did end, and most found the second one to be somewhat less taxing.

With a little more free time, beaches became a welcome haven, and a simple ride through Audubon Park was no longer a major hardship. We also had more than the "few hours" Dr. Vaupel once suggested we "take off" during first semester to "see the town." As we were able to become more human again, it became evident that medical school might not be all that Dante may have envisioned had he attended.
Are You a T1?

- **Brain** (Like a dry sponge)
- **Glasses** (Thicker lenses required since Histo)
- **Bags Under Eyes** (In Gross Lab all night)
- **Nasal Mucosa** (Sloughed 2' to formaldehyde)
- **Smile** (Doesn't know what he's gotten himself into)
- **Tie** (Optional)
- **Liver** (Normal)
- **Digital Watch** (Has hourly beeper and alarm)
- **Snack** (Still health conscious)
- **"Gunner" Pen** (Writes in four colors and comes with secret decoder ring — not shown)
- **Multicolored Highlighters** (Colors chosen to compliment Cranial Nerve Handouts)
- **Books** (Plans to read all of these)
- **Class Notes** (Took his own)
- **T1 Morning "Eyeopener"**
- **T1 Toy** (Femur or "that big thigh bone")

- **Studied Gross during Phi Chi Luau**

Dresses "as well as possible under the circumstances"
Typical T1 Timeline

7:24a  Tires screeching outside wakes T1 suddenly. Glances at clock, notes time ("Oh, heck!"). and jumps out of bed. (Originally intended to review embryology of the heart at 6 am, but slept through alarm.)

7:26a  Tries to brush teeth and study Moore at the same time. Finds it somehow makes more sense this way. (Maybe it's the fluoride.)

7:32a  Gets dressed in record time, downs a bowl of Cheerios, and heads for school, texts and atlases in hand.

7:35a  Arrives in the lecture hall adorned in the familiar K&B Purple in time to get his favorite seat in the front row where the formica has worn off. Goes over handout for lecture.

7:55a  "...Well I'll be?#*!@, said Wharton's Duct, the bugger double-crossed us." Thinks to himself, "Where would we be without mnemonics?"

8:22a  "...then with the scissors spreading technique carefully dissect along the medial aspect of the most superior portion of the inferior belly of the omohyoid muscle and reveal the subtle, often aberrant structure of the..."

10:47a  12:32p  (Lunch break) Tries to catch up on some slides from yesterday's Histo lab: "What's that red blob near the purple streak-like thing...no, not that...closer to that stuff that looks like blue Spaghettios..."

12:56p  "No, I haven't had time to read a paper in weeks. But I doubt NutraSweet™ is that dangerous...considering the amount of diet soda I've seen people in the class drink, if it were really bad, half of us would be in the hospital..."

3:10p  Wakes long enough to hear "I take issue with Moore on that point, for you see 'splanchnic' is Greek for 'Viscera,' which of course is Latin for 'gut,' and one cannot possibly..." but falls under the Sandman's spell once again, and thus asleep.

6:11p  T1 arrives home, somehow with more books than he left with that morning. (Probably picked up two or three of his lab partner's without noticing). Wasting no time, walks straight to his desk and begins to read.

7:32p  T1 takes time out to eat dinner. Has learned to eat and study at the same time (although he is more careful since he ate a spoonful of soil from a nearby potted plant some time last month).

8:22a  7:32p  Having lost track of the days and the fact tomorrow is Saturday, the T1 reviews "tomorrow's" dissection "one (yawn) last...zzzz..."
Yes, there were “only” 5000 or so named parts of the body, and yes, in the 17 weeks available we managed to learn just about all of them — or at least 70% of the ones that appeared on the practical exams. But not to worry...with specialization the way it is in medicine today, we might actually encounter only 10% or so in our practices. So in a sense, we’re 60% ahead! (Right?)

Unfortunately, getting to the stage where we could pass those exams was, to put it mildly, no easy task. The combination of late nights, bleary eyes, greasy door handles, frequent emptying of “the bucket,” and slimy instruments hardly put one in the mood to actually learn anything.

But learn we did. Every nook and cranny, not to mention every space, foramen, canal, triangle, cavity, fossa, chamber, os, pouch, ring, window, and meatus of the human form was explored at one time or another, and a feeling of relief came when it was all finally over.

Still, some have occasional nightmares involving yellow string or the like, but they soon awaken and revel in the knowledge that they emerged victorious. A feat even Phileas Fogg might have been proud of.
Kevin Rentree is distracted momentarily from his current work.

Susan McLellan studies her dissector.

Kim Sutker, Melanie Ellison, Maria Rodriguez, and Rich Robbins display the "teamwork" so important in studying Gross.
Left: Ken Gordon, Kathy Macaulay and Raquel Steele get to the root(s) of the Brachial Plexus. Right: Mimi Toft works late in the lab.

Bill Kutchera studies his trusty femur.

Etienne Mejia gives Wayne Wibright a hand with the foot.
Barton George gloves up.

Pete Weller does some fine dissection.

Paul Pflueger and Kim Callwood catch some Zs.
A Night to Remember, A Time to Forget

The Cadaver Ball provided us the opportunity to shed, at least for a night, the burdens of medical school, and celebrate the end of one of the most exhausting and aggravating series of courses many of us had ever faced. It was a special and memorable night — a time to trade our lab coats for tuxedos or evening gowns, and purge the smell of formaldehyde from our persons.

Some started the evening with dinner at one of New Orleans’ first-class restaurants; others with an informal gathering at a friend’s apartment. We all later converged on the Royal Sonesta Hotel on Bourbon Street, ready to prove to the classes that had gone before us that we were not the “hermits” we had appeared to be throughout the previous five months.

Spirits were high (and to a large degree flowing) as we mingled and actually met many of the members of our class we had not yet encountered.

The creative talents of the various Anatomy Labs were put on display as we made light of a time that many of us would rather forget. The presentations provided a much needed outlet for pent up frustrations, and were, for the most part, a source of entertainment for all.

After the skits were over, champagne corks were popped, toasts were made, the band started up, and the class settled down to the real business of the evening — dancing the night away. The evening was a welcome break from the day-to-day grind of the First Year.
The class hits the dance floor.


The long weeks of preparation finally paid off as each lab group presented its segment of the night’s entertainment designed to satirize the insanity of the first semester. It was finally Showtime!

Creative songs, skits, and even videos made light of our trials and tribulations in the guise of parodies of *The Wizard of Oz*, *Revenge of the Nerds*, *Monty Python and the Holy Grail*, a faculty meeting, an anatomy practical, the movie *Gremlins* ("Stemlins"), and even the TV series *Star Trek*. Few holds were barred as professors became the targets of the puns, quips, and impersonations that capitalized on their personality traits, idiosyncrasies, and physical characteristics. But it was all in jest...for the most part anyway.

Once we had had our “say,” Dr. Walker handed out his annual “ball and chain” award to the top student in Gross Anatomy...and then gave the key to his wife (who had probably not seen very much of her husband for a while.)

It was refreshing to be able to look back and laugh at what we had endured — our teachers and ourselves.

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*Puttin’ on the Skits*

Left: Anthony Masone tries a new method of dissection.
Center: Mehran Majidian and Shachar Tauber as the "Nerds." Right: Lynn Andrews and Laura Johnson provide music for the occasion.

Anne Brown, Evan Ratner, and Monica O’Brien sing "If I only had a Date..."

Joseph Chi and Ken Gordon poke fun at Drs. Chen and Rieck.

Kim Schnurpfell portrays Dr. Anderson’s alter-ego. (Would you moonwalk with this woman?)
John Uri does some leg work.

Randy Fisher and Debbie Doyle try some Monty Python humor.

Left: Monica and the Munchkins. Right: Top Anatomy Student Jim Volgtlander displays the secret of his success.

Rod Gex offers the “Official Drink of the Emerald City.”

Stuart Meyers steps up to the Mic.
Cuttin’ Up

Even a small whiff of formaldehyde somehow brings on a rush of memories. (Who can forget the “elevator-clearing” scent that followed us around, day in and day out, for an entire semester?) Looking back, it’s hard to believe our medical education started only four short years ago as we were handed a disposable safety razor and told to “begin.” We labored over our cadavers, meticulously tracing nerves and searching for anomalous vessels, and agonized over endless lists of origins, insertions, actions, and innervations.

Lab groups probably spent more time and shared more experiences together than in any other learning activity. Close friendships within these groups formed quickly, and we all became each other’s sources of encouragement and support.

The endless hours spent learning as a class and in small groups produced a constant anxiety, and the ever-present gnawing feeling of “how am I going to remember all of this?” An uneasiness filled the air as each of the tests and practicals approached — another hurdle to vault (or at least step) over.

Through all of this we somehow felt a sense of awe as the beauty and complexity of the human body unfolded before our eyes.

After the last exams were handed in, the corks popped and champagne flowed as we celebrated the end of our initiation into Medicine. It was the end of perhaps the most demanding course of our lives, and the beginning of an endless process of learning.
Stuart Meyers, Lynn Andrews, and Jay French unravel the mysteries of the GI tract.

Dr. Walker and Mike Chun celebrate the end of Gross Anatomy.

Left: Laura Johnson, Rick Roth, and Brad Butler are all smiles after the Gross final. Right: Cliff Selsky blows his own horn.
The laboratory exercises in Physiology were a welcome break from the grueling hours spent dissecting cadavers in Gross Anatomy, and the countless ones sitting in front of our microscopes looking at slides in Histology. We became our own Guinea Pigs as we learned about EKGs, PFTs, and even semen analysis.

The animal experiments were, for many, a sore point, but also our first true exposure to "Surgery," and, if used to their full potential, good learning experiences. Lines were carefully placed, and chest cavities entered, providing access to the mysteries of the living heart and lungs — somewhat different looking than the formaldehyde-soaked versions we had studied in Gross.

As with any "real" experiments, these exercises produced yards of tracings or other data that we scrutinized carefully, trying to determine (rationally?) what parts were actually meaningful. They offered our first real opportunity in medical school to think about what we were doing, and became an essential part of the foundation for the remainder of our courses here at Tulane.
John Kelley learns from Dr. Pisano that a "T-Wave" is more than the yearbook he just paid for.

Kent Heck and Chuck Menendez wonder if Will Kopfler might need CPR.

Cullen Hardy carefully pipettes a certain bodily fluid.

Bruce Ragen and Lisa Diard monitor blood pressure.
It's Party Time!

Most of the time, medical students are best described by the classical “Type A” personality profile — intense, hard working, and usually worried about (and living for) the next exam. When breaks do arrive, though few and far between, a miraculous transformation occurs, and a Type “PA” personality (“Party Animal”) becomes unleashed, almost as an instinctive response to a rather painful stimulus.

The Phi Chi Fall Luau kicked off each year with a wild “beachless” beach party. Although casualties included pineapple otitis externa, assorted bruises (many from the use of the now famous two-story Polynesian Water Slide), and acute hepatic toxicity, few were capable of remembering just how much of what happened really did (and even fewer actually cared).

By popular demand, a Halloween Party was held at Jay French’s Uptown home on an annual basis, complete with dancing, jack-o’lanterns, and a multitude of medical students and their guests displaying their alter-egos with a variety of imaginative costumes.

Throughout the years there were numerous spontaneous “end of the course,” “post-exam,” and “why-do-we-need-an-excuse-to-have-a-party?” parties, many with themes (“Red, White, and Black,” “Let’s Solve a Murder,” “King Cake,” and “Pumpkin Carving.”) All in all, the bottom line was “Work hard and play hard!”

Halloween Rogues’ Gallery: John Wiener, Denise Nigro, Amy Friedman, Debbie Doyle, John Melton, Brad Butler, Cary Simmonds, Steve Hopkins, Barbara Carroll, Erich Bruhn, Kirk Murdock, Maria Rodriguez, and Bob Hopkins.

Red, White & Black Partiers: Martha Schenk, Kirk Murdock, Sue Heverling, Brad Butler, Dan Kahn, Jeff Tan, and Maria Rodriguez.
Halloween Antics
“Let’s all go to the Mardi Gras!” Only twelve short days after Christmas a season steeped in tradition and pageantry begins in New Orleans. Kings and Queens and their royal courts reign over parades and festive balls. Purple, green, and gold are the colors of the season, symbolizing the virtues of Justice, Faith, and Power.

Excitement fills the air as the many Krewes parade through Uptown, and down St. Charles and Canal Streets to the delight of tourists and natives alike. Maskers on floats in elaborate garb fill the streets with trinkets where a sea of hands eagerly awaits the cups, beads, doubloons, panties, and flowers that are the treasures of the day. The crowds make their contributions as well, donning bright costumes and painted faces.

Fat Tuesday arrives, and everyone descends on the French Quarter where men and women bare their souls (not to mention various parts of their anatomy), and otherwise indulge in the merriment that is Carnival. After acquiring a prized coconut or two, you push through the crowd, and at last, over all the noise, you hear someone shout that now familiar line, “Throw me somethin’ Mister!”
Is it a He or a She? Nobody cares on Bourbon Street!

Mardi Gras Treasures

Cindy Stewart and Bob Bischoff enjoy a parade.

Tie NOT Optional.

Erich Bruhn and Kathy Macaulay shop around for good throws.
Odds & Ends

Anatomy Department fishing trip.
Evan Ratner and friend.

Ho Ho Ho!
Jorge Rodriguez chows down at Charity.

Jimmy Mayer and John Kelley give a lesson in infant nutrition.

Wendy Gaines tries a new look.

Singin' in the Rain: Chris Gay, Dunbar Ivy, Laura Johnson, and Darnalee.
Each spring as the “mudbugs” came out of hibernation, the class converged on “Haphazard,” Susan McLellan’s home-away-from-home, for a traditional Louisiana Crawfish Boil. Hundreds of pounds of these hotly in demand little crustaceans were boiled by “skilled professionals” in a mixture of salt, spices, and peppers to achieve that special flavor many of us have come to know and love since arriving in Louisiana to undertake medical training. The crawfish were devoured, almost as quickly as they were prepared, as the class indulged in an orgy of “suckin' heads” and “pinchin' tails,” along with potatoes, corn, and Dixie Beer.

Many spent the afternoons playing football or volleyball, or swimming in the mysterious amber water that was in the pool. Others simply took the rare opportunity to relax in the quiet bayou surroundings.

The sunshine and moss-covered cypresses provided the perfect setting for these days of fellowship that were welcome distractions from the hectic pace of medical school. It was a unique slice of Louisiana tradition we will always remember.
Andreé Young, Myrna Kleinpeter, and Debra Moore relax over the bayou.

Barton George, Jim Voigtlander, and John Kelley scramble for the fumble.

Randy Fisher and Rick Norem do some entertaining.

Debbie Bardugon makes the most of a sunny day.
Cindy Stewart and Rod Gex make a new friend.

Bob Hopkins only likes the tails.

Dave Post downs another plateful.

Hank Mitchell pours himself a cold one.

Kevin Rentree goes for the spike.
Dave Schenk and Debbie Doyle are queried about the progress of another pot of crawfish.

Kim Schnurpeil makes an entrance.

Joe Fernandez serves up some trouble.

Cary Simonds relaxes with some Dixie.
Sophomore Year

"The more we study, the more we discover our ignorance"

— Percy Bysshe Shelley

1985-86 Officers

Student Executive Committee
President: Shelby Wilbourn
Vice President: Catherine Wheeler
Treasurer: Anna Lou
Secretary: Michele Lajaunie

Honor Board: Cary Simmonds and Beth Windsor

Sophomore Class
President: James Mayer
Vice President: Bret Hughes
Secretary: Michele Molnar
Treasurer: Sheryl Young

Medical Milestones

President Ronald Reagan undergoes surgery to remove intestinal polyp
"Magic Bullet" treatment for Liver Cancer developed at Johns Hopkins
CBS Television poll ranks AIDS as number two US health problem
First woman receives an artificial heart
Medical licenses ruled "marital property" in court case
Sale of intrauterine devices halted
Two teams report having isolated the AIDS virus
US Army restricts smoking
Skeletal muscle implant aids in cardiac function

Other Noteworthy Events

Soviet Leader Mikhail Gorbachev succeeds Konstantin Chernenko
Columbian volcanic eruption kills 25,000 people; earthquake in Mexico City 7,000
Corazon Aquino challenges Ferdinand Marcos in Philippines Presidential Election
Reagan and Gorbachev hold summit in Geneva
Apartheid in South Africa leads to violence, corporate divestment
Gramm-Rudman-Hollings bill calls for automatic spending cuts to help reduce deficit
United Nations celebrates its 40th Anniversary
Titanic located after 73 years on Atlantic Ocean floor
"The Cosby Show" becomes number one rated TV program according to AC Nielsen

Second year offered a significant amount of time for relaxation and partying. But it was also our opportunity to find out how many tests could be crammed into a fixed period without the use of a crowbar. By this time we had all gotten to know who was quick on the uptake, who got worried before tests, who was candid, who was an activist, and who was a Frat brother. We had made some good friends and had everybody "pegged" just a little.

The note service became more reliable — perhaps too reliable — and a sizable portion of the class found it unnecessary to make an appearance save to check mailboxes, take tests, and participate in other "required" experiences such as Micro Lab and Quiz Bowl. Those who opted to attend lectures found the topics being presented often took a back seat to making plans for the evening.

Nonetheless, Pathology and Microbiology introduced us to the world of disease processes, and gave us reason to know the stream of incoherent facts we had (or had not) learned during Freshman Year. As we tried to discern the difference between an "-itis" and an "-osis," many found it difficult to cover enough just to pass the tests, let alone learn what you might need to know to actually practice medicine at some (possibly unforeseeable) future point. As time went on, the wisdom of Shelley became more and more apparent.

But as November arrived so did our diagnostic equipment, along with renewed hopes that we might get to work with the patients to whom we had pledged our dedication only two years before during interviews. As we ventured out in fresh white coats to test our instruments on unsuspecting victims, some had the opportunity to poke and palpate for hours on end, while others were lucky to get in a simple "take a deep breath" before being chased away.

Having begun to learn what we might be trying to diagnose, Pharmacology gave us the chance to find out how some of these conditions were treated. Drug therapies and interactions were covered and generic names memorized as we added to the knowledge base we needed for next year's challenges.

As the class settled down in the familiar orange seats for the last time, the fact that we would not really meet together as a group for the remainder of our education here at Tulane inspired a certain sense of sadness, for we had drawn much strength from the knowledge that we were "all in this together." Yet a feeling of excitement took its place as we handed in the last test and headed for the wards.
Are You a T2?

Brain (Saturated sponge)
Contact Lenses (Able to wear again)
Bags Under Eyes (In Pathology Lab all night)
Smile (HP in Epidemiology — used Gordon Honda's notes)
Books (Plans to read most of these — except Micro)
Liver (Fatty change)
MEdREP Notes (Worth their weight in paper)
T2 Morning "Eyeopener"

Jumped off garage roof at Phi Chi Luau

Dresses "sober like the clerk"

T2 Toys (Inside — haven't been stolen yet)

Stethoscope (Today heard S4 in patient with atrial fibrillation)
Crash Scissors (Really useful in PD)
Lab Coat (So fresh it stands by itself)
Reflex Hammer (Poised and ready)
Ophthalmoscope (Blinded herself looking for patient's "red reflex")

"Black Bag" (Must be on military scholarship)

I 70 T-Wave Sophomore Year
Typical T2 Timeline

7:52a 12 arrives at school. Picks up a cup of coffee to keep her awake long enough to get through the exam she is about to take (the third one this week).

9:55a "42-50. Match the following Pathological Conditions with the lecturer who presented them..." (It's going to be another one of those tests.)

10:55a Grabs a can of Diet Coke to keep her awake while she takes notes for Micro. Then remembers the lecturer is Emmett Johnson and decides to get two.

11:25a Already on Diet Coke number two, hopes she can make some sense of this lecture from the tape since she realizes everything she has written for the past 25 minutes is meaningless.

12:11- 12:54p Enjoys lunch and listens to a concert in the park near City Hall.

1:00- 2:25p "Attends" Biostats, as does her classmates, via "Gordon Honda's Correspondence Course in Medical Statistical Analysis..."

1:10- 1:27p Meanwhile, does the H&P she was supposed to do two days ago for Physical Diagnosis.

2:32 - 4:14p Has a date with "Man in the Pan." Begins to wonder when she finds both a prostate and a uterus in the bucket. (Wait until she finds out the cause of death!)

4:32p Passing by the key on her way to the elevators, T2 decides not to avoid the inevitable and starts to check her answers, but chickens out after missing a "sizable" number on the first two pages.

5:19p Goes jogging in Audubon Park before heading over to the Uptown Library to begin cramming for yet another test next week.

8:50p Has changed seats three times but can't seem to get away from gossiping undergraduates.

9:47- 10:27p Having given up on studying, she calls it an evening and meets a group of friends for pitcher night at "Cooter's..."
Of Mice and Meningitis

Of mice and meningitis, practical experience has been heralded as essential to any learning process. Perhaps that explains why we have had so many labs throughout our medical education.

Diluting bacteria for plating may not be on most people's list of "top ten things they like to do," but doing it helped us to understand what lab technicians have to go through, and why the result of a culture sent to the lab marked "STAT" won't appear in three hours. Similarly, the pharmacology experiments pointed out the danger of giving "just a little too much."

Some (unlike Lenny) did not like "playing with the rabbits," — or the mice for that matter. Fortunately for us, most patients will not be as uncooperative as they were, and (unless you are going into Psychiatry) will not be likely to bite either.

Of course knowing crystal violet from safranin will be very valuable when called to evaluate a patient with meningeal signs at 3:00 am, as will knowing the effects of an overdose of a drug such as atropine. One would therefore likely agree our hours in the lab were, although tedious, well spent.
Knight Worley appears less than impressed by the tortilla "aroma" of Pseudomonas.

Dave Post avoids the "sharp surprises" awaiting him at the other end of the tail.

Dr. Beckman and Debbie Doyle calculate an LD₉₀.

Will Kopfier and Chuck Menendez throw caution to the wind as they study Neisseria.
Playing Doctor

Physical Diagnosis was our introduction to the practical applications of the things we had been lectured to about for what seemed like an eternity. We were taught by some of the best, who offered us the benefits of their many years of clinical experience and acumen.

Yet as we gained more and more experience of our own, our touch became better, our ears a little keener, our eyes a little sharper, our confidence a little stronger, and our fingers numb from writing down pages and pages about what we had found — or thought we had.

Sure, we “blinded” countless patients in search of that elusive “red reflex” (and ultimately that sharp disc margin), caused them to writhe in pain trying to locate the spleen tip of those with acute abdominal pain, or made them wonder if they were deathly ill when we made funny faces as we spent three minutes or longer listening intently to one area of the chest, all in the name of “education.”

But these were just milestones — markers of our determination — as we progressed down the long road to perfecting our clinical skills.

Δ Margie Miranne takes a break before heading across the street to evaluate a patient.

Charles Collins strikes a pose with the late Dr. George Burch, renowned cardiologist and expert on the effects of climate on the cardiovascular system.
Clinician par excellence Dr. C. Thorpe Ray plays his heart out over the infamous Stethophones.

Dr. Ray in Various Situations

- Eating.
- Riding a Roller Coaster.
- Ready for basketball.
- In the shower.

Gregor Hoffman goes over his write-up just one last time over lunch.
Continuing the tradition of entertaining the freshmen just before they took their block exams drew on the creative talents of many of those in our class. Several presentations, including old favorites “Omohyoid” and the videotape “Stemlins,” were revived and received standing ovations from admiring crowds. But perhaps the most memorable was one featuring “Madonna-Wanna-Be” Monica O’Brien and twelve or so others costumed in some of the wildest outfits this side of Mardi Gras. Makes you wonder whether a few of them might have been better off with a career in show business. (Or maybe not...)

Histology Girl
(Sung to the tune of “Material Girl” by Madonna)

First we went to every class and taught for “Gunner’s Raw,” ‘Let’s go, let’s go’
Vacant seats are now the rule ‘cause only gunner’s go.
Now we’ve learned to skip Gross Lab and Embryology (Won’t go, won’t go)
Cause the boy who makes our day’s good at Bobby V.

REFRAIN
’Cau’s we are living in a Histology World
And she is a Histology Girl
Y’know that we are living in a Histology World
And she is a Histology Girl!

Some guys claim and think they’ve got that “HP” in their pockets,
(High Pass, High Pass!)
They won’t be so certain when they see those “rectal rockets.”
Slides may come and slides may go in less than 1:15 (Time’s up, time’s up!
But only she identified that eartworm stained in green

REFRAIN
Living in a Histology World...Living in a Histology World...
(Lead Vocal: Histology-ee-ee-ee)
Living in a Histology World...Living in a Histology World!
Our only words of help to you the Class of ‘89 (Eight-nine, Eight-nine)
if they could pass a group like us we know that you’ll do fine!
And next week you’ll be living in an Anatomy World
And she’ll be an Anatomy Girl
Y’know that you’ll be living in an Anatomy World
and she’ll be an Anatomy Girl!

Living in an Anatomy World...Living in an Anatomy World...
Living in an Anatomy World...Living in an Anatomy World
Living in an Anatomy World...Living in a Histology World...
The Gang's All Here

Left: "Best Notetakers" of the Sophomore Year: Rama Thiruvengadam, Paula Brinkley, Tommy Cross, Monica O'Brien, and Gordon Honda. (Not Pictured: Susan McLellan.) Center: Even Jim Homans smiled after the last exam. Right: Clayton Wagner and Craig Helm relax between lectures.
Left: Steve Gillespie listens as a question is asked. Right: Jay French and Lisa Diard display various levels of interest in the material.

Bret Hughes gives the class some last-minute messages before the PD Final.
Junior Year

“‘You have just crossed over into the Twilight Zone.’”

— Rod Serling

1986-87 Officers

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Honor Board: Lynn Andrews, Thomas Cross, Paul Gott, and Beth Windsor

Medical Milestones

First vaccine made with recombinant DNA techniques approved for human use.
Javir-7 artificial heart recipient William Schroeder dies after multiple strokes.
“Crack” addiction becomes widespread. Congress considers stronger drug legislation.
New test allows prediction of Huntington’s Chorea victims and debate over use ensues.
French investigators develop “Month After” pill.
AZT approved for treatment of AIDS patients; scientist tests AIDS vaccine on himself.
Chromosome 11 linked to Manic-Depression.
Surrogate motherhood goes on trial in landmark “Baby M” case.
Adrenal implant in brain aids four patients with Parkinson’s Disease in Mexico.

Other Noteworthy Events

Halley’s Comet approaches earth.
Chernobyl nuclear power plant leaks radiation; thousands evacuated.
Martin Luther King Holiday observed for first time.
Space Shuttle Challenger explodes, killing seven astronauts; halts shuttle program.
Philippine President Marcos flees that country amidst election controversy.
US bombs Libya in retaliation to terrorism.
Statue of Liberty celebrates her centennial with spectacular birthday party.
Prince Andrew of England marries Sarah Ferguson.

As the long-awaited Third Year began, we immediately found ourselves having to learn how to read chart abbreviations, write a note, get labs, draw blood, present a patient, and get around in a hospital. In time, of course, we mastered these things and more. We also learned the word “Scut,” and what it meant.

As had been anticipated, the hours tended to be incredibly long. On certain services 100-120 hour workweeks were not unheard of. As the time became a blur, and exhaustion made reality begin to blend with imagination, you could not help feeling as if a part of one of Rod Serling’s classic episodes on television.

This was especially true when you entered that part of the “Zone” known as the “call” room. If you were at Charity, the furniture dated to the 1930’s and you might idly wonder how many patients had expired in your bed. Outside the male and female talking elevators “binged” and announced their direction. When you became vastly amused by this, you knew you had been in house too long.

The year was divided into five blocks, three short and two long. Neuro/Psych offered the chance to play the game “Find the Infarct,” and perhaps do a few LPs. Dealing with problem patients such as “Superman” gave one great respect for the beneficial aspects of psychotropic medications. Delivering babies while on OB/Gyn could be great fun, but unfortunately the fun always seemed to start around 3 am. Gynecology was more sedate, but rushing a woman with a ruptured TOA to surgery provided enough excitement to keep things interesting. The last of the seven-week blocks was Pediatrics, the study of wheezes, sneezes, and infectious diseases. Of course in that short period nearly everyone fell victim to what we were supposed to just be studying. We were continuously reminded that children are not simply “little adults.” When did anyone think otherwise?

Medicine brought new emphasis to the EKG, CXR and heart sounds as diagnostic tools. Some patients had histories classic for their diseases, while others had non-contributory chief complaints! Write-ups, viewed by many as superfluous, often seemed to be “evaluated” based on the number of trees sacrificed for the effort. Meanwhile, Surgery ranged from boring to grueling, depending on the service you were “lucky” enough to be placed on. Many spent hours playing “human retacro,” but if you were interested (and assertive), you got to do a few minor procedures.

We ended the year with an understanding of the general areas of the field, upon which those who had not chosen a specialty in utero began to formulate plans. Of course those who were still “undecided,” still had “plenty of time” as Fourth Year became a reality.
After 250 years, Charity finds new strengths, challenges

Attention
"Please read this before submitting your symptoms"
Are You a T3?

-Surgical Cap- Head
5:00 (am) Shadow
Drooping Shoulders
(Lab Coat & Equipment
— Net Weight 30 lbs.)
Liver
(Alcoholic hepatitis)
Harrison’s
Textbook of Internal Medicine
(Cellophane wrapper
still intact)
Torn Pocket
(Through which ophthalmoscope
attachment recently fell into
24 hour urine collection)
Scut List
(On clipboard)
Brain
(Potato salad)
Glasses
(Missing — Lost in call room)
Bags Under Eyes
(Up all night “on call”)
Smile
(Fading — Now knows what he’s
gotten himself into)
Stethoscope
(Hears RRR $ m g r ALWAYS)
Charity Key
Lab Coat
(So dirty it stands by itself)
Reflex Hammer
(Ballast)
T3 Toy
(Uncharged — just for show)
Unknown Bodily Secretion
Tourniquet
(Holds up scrubs)
T3 Morning “Eyeopener”
(Once confused with
specimen cup)
NG Output
Scrub (Permanently wrinkled)
“Placenta” Feet
Dresses “if he can find the time”
Switched schedule to be “on call”
during Phi Chi Luau
Typical T3 Timeline

4:58a Wakes to sound of T4 Roommate arriving from "Le Bon Temps Roulé." Fell asleep reading for rounds. Hears alarm in the next room (5:00a), and reluctantly gets up. Decides to wear the scrubs he slept in.

6:05a Arrives on wards and makes Scut List. Two of his patients have spiked fevers overnight and need septic work-ups before staff rounds.

6:20 7:22a Writes five identical notes:
S. Pt s c/o, @BM, @status
O. VSS, Chest, CTA
Heart: RRR, Abd: @BS, soft
A: HD #X, stable
P: Labs pending; NH Placement

7:45: 9:19a Attends Morning Report. Has a donut (jelly) and some coffee. Seems to remember hearing Dr. Ray describe what a patient had for breakfast just by looking at his EKG and CXR, but for the most part slept through it.

9:25a T3 informed of new patient for him to pick up that has Lupus, occult malignancy, and RUA, and is offered the chance to present her on Staff Rounds (in 5 minutes). "Respectfully" declines.

9:38a Staff Rounds (aka the "Spanish Inquisition"). Is asked to read chest film of above-mentioned patient. Findings change topic to Sarcoid, rather than the Lupus he just spent 10 minutes reviewing...oh well...

11:42a Staff Rounds "end" (beeper goes off and he is called away). Takes blood sample of an IVDA to specimen receiving and, as this was very difficult to get, hand-carries it to appropriate lab.

12:22p Grabs a quick bite in the school cafeteria and then tries to read in Student Lounge. Within minutes he is fast asleep.

3:10p Awakens to find he has slept through lecture ("oh, s— I"), and then returns to Charity to check labs before meeting with his group. Discovers sample he submitted this morning marked "QNS" ("d— it!")

7:34- 12:56a After driving out to pick up dinner for his residents, T3 does H&P of first hit. Finishes just in time for 2nd hit, a GI bleeder who was mistakenly given heparin.

1:10a Heads for call room. Gets more sleep in elevator between floors 2 and 15 than he probably will all night. Finds his room occupied. One two doors down is empty and he decides to sleep there.

6:05a Sleeping T3 is wakened by Operator. Has (wow!) not been called. Then finds beeper dead and remembers he never called resident with new room number ("y—!")

So begins another day...
The wards became our home Third Year, as we substituted sore feet for the sore back side that came from sitting in lectures all day. Rising before the sun became commonplace, and even seeing that celestial body became a rarer occurrence.

Rounds were a new experience and challenge — a complex combination of trying to hear over the air conditioner or "The Three Stooges," trying not to demonstrate a Romberg Sign secondary to a lack of sleep while on call the night before, and trying to juggle your index cards preparing to present your next patient.

Of course there was the constant feeling the attendings were after what you didn't know rather than what you did — the staging system for a tumor your patient didn't have or a lab value from an admission three years ago — sort of "learn by intimidation."

But we didn't let the intimidation get the best of us, and by the end we could condense a complex history into a one breath presentation for Surgery (or a novella for Medicine), avoiding loose details that might lead to an unexpected line of questioning. Something for which we all might deserve a "round" of applause.
Operating Room personnel in action.

Debbie Fleschhacker finds the centerfold.

Left: Jim Voigtlander stars as "The Man Behind the Mask." Right: Mehran Majidian appears enthusiastic about the IV he has to restart.

A quiet moment in one of the ever-expectant delivery rooms of Charity's 10th floor. Inset: A new arrival.
Ron Kotfila feigns interest in a journal as he watches TV in the Student Lounge.

A Different Perspective: How Rounds Look to Some Staff Doctors

Charity's West Admit Room, 3:23 a.m. Inset: Kim Catlowood records her physical findings.

Stone relief carving outside Charity Hospital.

Beep in hand, Cynthia Cantrell looks too fresh to be post-call.

John Wiener and Hank Mitchell discuss the "important" issue of the day — where to eat.
An intricate sculpture greets all who visit Charity Hospital.

Familiar Forms.

Left: Brian Hughey does some Vegas-style shuffling so he can “deal” with his patients. Right: Famished, Jeff Tan wasn’t brave enough to try the daily Special in the cafeteria.

Reflecting the Skin

Segor Hoffman, Jim Voigtlander, and Brad Butler prepare to get plastered in the Orthopaedics service.
Left: Gordon Honda waits patiently for rounds to end. (Elapsed Time 02:48:06) Right: Jimmy Mayer makes a point to Michele Molnar as they traverse the bridge between TMC Hospital and the School of Medicine. Inset: Greg Ochsner catches up on the news.

Maria Rodriguez updates her social calendar between seeing patients.

David Barclay composes a SOAP note.
Clockwise from left: Room 4 stands ready for all who need its special services. Cliff Selsky palpates a PMI on a one-year-old child. Bobby Anderson makes an appearance. One of Charity's well nurseries. Kathy Macaulay smiles as Tommy Cross finds out what he "may have already won."

Baby Smith Regards a Raisin
The
New Orleans
Journal of Medicine
Established in 1834 as The New Orleans Journal of Medicine

VOLUME 153
April 1, 1987
Number 17

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MEDICAL PROGRESS

Causes and Control of Umbilical Extroversion ("Outies")

Martin L. Pernoll, MD

Umbilical extroversion ("outies") is a cosmetically unappealing condition affecting millions of people in this country. Precise figures regarding incidence are difficult to accumulate, however, it's probably safe to say that there are at least as many people with this condition as there are sheep in Kansas.

Until recently, the precise cause of this affliction has remained as mysterious as the little bar code printed on items sold in the supermarket. A few workers have claimed to have proven explanations for it, but you practically had to have a computer in order to really understand what they were talking about. Yet, we've now come to realize that the condition can begin to manifest itself as early as three or four hours after birth. Indeed, some have even suggested that the condition exists in the fetus itself, but these people are mostly strong-out, ex-hippie, sixties leftovers. Personally, I used to listen to the Beatles, but I never did any drugs as a teenager. And I still do have a significant amount of my own hair left, which is more than most of those guys can say.

But back to the scientific issues. The true cause of umbilical extroversion is probably related to placement of the clamp on the cord after birth. While this might seem obvious to some, it has been an especially elusive concept for obstetrician/gynecologists to grasp. There are so many other possible infectious, neoplastic, hereditary, autoimmune, and hormonal causes, that OB/Gyns had been waiting for someone else to figure out the true cause.

It's a situation not unlike something I remember from my days back in Oregon. Folks do a lot of cattle breeding up there, and you can see a two-headed calf once in a while. Sometimes a proprietor of a local tavern will obtain one of these and have a taxidermist stuff it, and then put it in the window of his barroom. Well, let me tell you something about this kind of bar. It is not
was not the case.

Dr. McSwain: Dr. Wall, Would you care to comment on the CT of the Head?

Dr. Michael Wall: The CT of the head is entirely negative. There is essentially nothing in this man's brain.

Dr. Gallant: Thank you, Dr. Wall. And now, Dr. McSwain, would you care to interpret the abdominal x-ray film?

Dr. McSwain: Well, as you probably know, I'm a psychiatrist, not a radiologist. However, from what little I remember from medical school, it would appear that this young man has several bullets lodged somewhere in the gastrointestinal tract. What do you call that first part? The jejunum? No, that's not right. But you know what I mean. By the way, is the spleen usually on the right or the left side?

Dr. McSwain: Well, the spleen is usually on the left side. But I've seen three cases of ectopic spleen where at laparotomy the patients were noted to have a leather change purse where the spleen should be. That's why it's always a good idea, taking into consideration the population of patients we see at Charity, to have a metal detector in the OR. That way, you know just what you're dealing with. It also helps to locate the bullets or fragments of knives, like those projectiles which you have astutely pointed out to us on the x-ray film (see Figure 2).

Moving right along, what might be the next appropriate step in the management of this patient, Dr. Wall?

Dr. Wall: Well, there's no substitute for a good ophthalmoscopic exam. In this particular patient, I recall seeing what might have been the "bowie" sign, but one of the nurses bumped me as I was leaning over, so I can't be absolutely certain. Also, in testing the extra-ocular muscle integrity, I thought the patient might have had a mild left fourth nerve palsy. There's an easy test for this, and it only involves drawing a few lines on paper.

Remind me to show you some time. In any case, the patient was wheeled to surgery before I could complete the examination of the right eye.

Dr. McSwain: Those certainly are very interesting findings, but if you have a patient bleeding out from the abdomen on the table, it's probably not a good idea to spend too much time testing his eyeballs. I think at this point I'd do what the residents did and take him upstairs and open him up. Before we consult the pathologist to describe what was found, would you care to venture a diagnosis, Dr. Gallant?

Dr. Gallant: In a series of large Scandinavian adoption studies, it was shown that the son of an alcoholic father has roughly an 80-85% chance of becoming an alcoholic. The other problem in this case is probably the related issue of denial. True, the patient was brought in only semi-conscious, and thus no history was obtainable, but I would think that even if this man could talk, he would probably deny the true extent of his problem.

Dr. McSwain: Dr. Wall, what are your thoughts on this matter?

Dr. Wall: In this population, the ocular manifestations of sarcoid must always be included in the differential, although idiopathic optic neuritis cannot be ruled out. However, I would venture that judging from the bizarre behavioral pattern suggested in this case, tertiary syphilis would be my number one choice — perhaps revelations regarding a tainted amourous relationship initially sparked the alteration.

Dr. McSwain: Well, I certainly agree that alcoholism and syphilis are quite possibly key elements in the final diagnosis, but its been my personal experience that quite often harder drugs are frequently involved. My best guess is that the reason for the gunman had to do with some drug deal that went bad. Of course, the type of weapon involved sometimes clue you in to the background circumstances.

Clinical Diagnosis
Young urban warrior shot several times in the abdomen.

Dr. Donald M. Gallant’s Diagnosis
Alcoholism.

Dr. Michael Wall’s Diagnosis
Dementia secondary to neurosyphilis.

Dr. Norman E. McSwain’s Diagnosis
Wired on cheap cocaine.

Medical Students’ Diagnosis
The dude went nuts after he got syphilis from some hooker. He got drunk one night, and somebody offered him some crack. He didn't have any cash to pay for it after he used it, so the other dude shot him.

Pathologic Discussion

Dr. Patrick Walker: It was difficult to tell from the gross appearance exactly what the bullets were made of. It was probably lead, or maybe some type of harder metal. They might even have been one of those newer alloys. I really don't know, since I never use a gun. One thing is for certain: they were not those scary teflon-coated numbers that the guy on 60-Minutes said could slice through six cops in a row all wearing protective vests.

Renal parenchymal disorders are not common, but they should always be considered. Unfortunately, in this case, there was no issue from the kidney submitted. In fact, what I had originally hoped was a snippet of Gerota's Fascia clinging to one of the slugs was probably only some fragment of peritoneum from who knows where.

It is significant that the ART and TPHA were both positive. The patient's serum alcohol level of .32 is probably also relevant to the issue at hand. At the present time we're still awaiting the final toxicology report, but all indications are that
Senior Year

"Nothing endures but change."
— Heraclitus

1987-88 Officers

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<td>Vice President</td>
<td>John Turner</td>
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<td>Treasurer</td>
<td>David Schenk</td>
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<tr>
<td>Secretary</td>
<td>Cynthia Schenk</td>
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Honor Board: Lynn Andrews, Erich Bruhn, Thomas Cross, and Constance Fry

Medical Milestones

State of New York moves to shorten resident's hours
"Hole" in ozone layer reported to be increasing incidence of skin cancers
First case of AIDS traced to 1969 — much earlier than previously thought
FDA approves Tissue Plasminogen Activator for human use

Other Noteworthy Events

Reagan and Gorbachev sign treaty eliminating an entire class of missiles
"Black Monday" marks plunge in Dow Jones Average: Down 508 points
US Constitution celebrates 200th anniversary; Golden Gate Bridge its 50th
Pope visits US; celebrates mass in New Orleans
New Orleans Saints have first winning season in history

Elected to Membership in Alpha Omega Alpha Honor Medical Society

Jeffrey Duchene Allen
David Jeon Baker
Robert John Bischoff
Jonathan Charles Bocaski
Deborah Joan Bowers
Ronald James French, Jr.
Paul Eric Gott
John Cullen Hardy
Craig Joseph Helm

Damasiusumsa Ie
Craig Howard Kliger
Jonathan Baird Lesser
Margaret Brown Liscook
Richard Frederick Neumier
Paul Christian Pflueger
Kevin Joseph Renfree
James Michael Robbins
Bruce Ian Rogen

Richard Stat Roth
Clifford Allen Selsky
Richard Newman Sherman
Jeffrey Tiong Guan Tan
Scott Douglas Twelvetrees
James Patrick Voigtlander
John Samuel Wiener
Wayne Anthony Wilbright
Newland Knight Warley

Senior year brought with it uncertainty. For, as far away as it seemed as we entered Tulane just four short years before, we were again faced with the task of finding yet another place to continue our seemingly never-ending education. Change became the watchword as electives, vacation months, and even specialty choices emerged as challenging decisions subject to revision with each day and phone call.

As members of our class became scattered like seeds in the wind, off to establish themselves in the hearts and minds of program directors around the country, there was a new excitement. We had been given a reprieve from the previous years of tedium — a chance to set out at last to explore that world of medicine that, until then, seemed confined to Tulane Avenue.

Extramural Rotations varied from the tense, audition-like clerkships alluded to earlier, to adventures in remote Third World outposts. Many of us ventured to Jamaica, taking places on the front line to fight disease in clinics at the seashore and in the rain forests. Ackee and saltfish, reggae and ganja, raw conch at Cornwall Beach, and the magnificent Reach Falls near Port Antonio were just a few of the delights available in an island country whose national motto is "No problem!" and whose inhabitants long ago realized the sheer lunacy of Americans enslaved by the hands of a clock.

On the home front, the core curriculum included a month of Community Medicine, two months of outpatient clinic work, and a one-month subinternship in the specialty of your choice. The allotted two months of vacation permitted most of us time to jet around to interviews and still have a chance to cool off on the slopes or warm up on the beach.

Changes also permeated the more personal aspects of our lives as well. Marriages were announced, and for many already married, the stork had scheduled an (unexpected?) arrival. Those who choose to remain a bit more footloose found themselves entering new and different circles of friends and soon-to-be professional associates.

During the second half of the year most of us returned to our New Orleans headquarters in anticipation of finding out how successful all the changes we had made had been at securing our futures on Match Day. But regardless, graduation was around the corner, and just about everyone was ready to "make the turn." We would soon be going our separate ways, but we would always carry with us the memories of our times here at Tulane.
Nurses labor under a heavy load at Charity
Are You a T4?

- Swimmer's Ear
  - (Forgot how to use - orders echo)
- Stethoscope
- Sunglasses on ID
  - (No particular reason)
- Liver
  - (Cirrhosis)
- New England Journal of Medicine
  - (Reads abstracts for rounds)
- FLEX Preparation Book
  - (Borrowed - too lazy to take National Boards as a sophomore)
- Shorts
  - (Currently on Community Medicine or Subinternship)
- T4 Morning "Eyeopener"
- Went to a REAL Luau
- Brain
  - (Pickled)
- Glasses
  - (Vuarnet)
- Bags Under Eyes
  - (Up all night partying)
- Smile
  - (Has obviously finished her Personal Statement)
- Airplane Ticket
  - (To Hawaii - Doing block of Radiology)
- Tennis Elbow
- Reflex Hammer
  - (Lost - Waiting for "freebie" next year)
- Suntan Lotion
- T4 Toys
- Dresses "gay like the minstrel"
Typical T4 Timeline

9:15a  (Alarm) T4 awakens long enough to hit the "snooze" button on her alarm clock.

9:24a  (Alarm) T4 can't quite commit herself to getting out of bed. Shuts alarm off completely and dozes off.

9:33a  Phone rings. T4 answers after three rings, but not before answering machine has begun with "Hello. Sorry I can't come to the phone right now, but I'm either laying in the sun, out at Cooter's, asleep, or sailing with Dr. Grogono..." When she finally gets the machine to stop, she learns it's the chairman of a program interested in setting up an interview. Having already decided to "blow that place off," she (politely) declines.

9:45a  Still "feeling the effects" of overindulging at the party she went to last night, she self-prescribes one or two Naprosyn Capsules, 375mg, "acquired" from clinic.

10:00- In a whirlwind, the T4 takes a shower, does her hair, brushes her teeth, gets dressed, eats breakfast (leftover slice of Domino's Pizza), and heads for downtown.

10:15a Arrives at Hutchinson Clinic in time to see first patient.

11:00a Completes clinic visit H&P; sends patient home.

11:15a Realizes that today is the beginning of a new block, and that she is supposed to have started a selective in Out-Patient Pediatric Allergic Dermatology. Decides its too late to begin today — will show up first thing next morning.

11:25a In Cafeteria. (Catches up on the latest gossip, discusses residency applications, compares notes with others on how much they've blown off their personal statements and CVs, makes plans for evening out, etc.)

12:00n T4 Remembers Drug Rep presentation being given on the 7th floor. Sleeps through lecture in order to get free lunch. Picks up EKG calipers as a bonus.

1:30- Talks on phone with travel agent, residency programs, and various creditors, trying to keep abreast of her "demanding" schedule.

2:25p T4 Has returned home. Takes advantage of PTIH (Prime Tanning Index Hours).

5:05p Goes to Quë Seira's "27 for 9" Happy Hour

7:30- Attends Bar-B-Que at friend's house. Conversation (again) degenerates into bitching about the Match and all the work that needs to be done to acquire "just the right residency." Becomes frustrated and says good night.

11:30p Watches "Late Night with David Letterman."

11:56p Falls asleep during "Stupid Pet Tricks" (They're even more stupid than usual.)

11:57p ZZZZZZ...
Judith Karen Alexander  
New Orleans, Louisiana

Jeffery Duane Allen  
Ocala, Florida

Robert Michael Anderson  
Metairie, Louisiana

Lynn Ann Andrews  
La Jolla, California

Judy Alexander prepares to examine another surgical specimen in the pathology lab.

James Keith Baker  
Metairie, Louisiana

David Moore Barclay III  
Philadelphia, Pennsylvania
Debra Ann Bardugon
Malverne, New York

Pamela Margaret Bartholomew
Metairie, Louisiana

Cecil Emerson Bassett III
Wayne, Nebraska

Barbara Ellen Bean
New Orleans, Louisiana

Charles Joseph Beck
Metairie, Louisiana

Erech Orlando Bell
Greenville, Mississippi

Between admits, Cecil Bassett settles down catch up on world events, but reads the comics instead.
Robert John Bischoff
Chatham, New Jersey

Jonathan Charles Boraski
Hinsdale, Massachusetts

Paula Brinkley
Agana, Guam

Claire Anne Brown
Ruston, Louisiana

John Boraski "drop-kicks" his Neurology Case Studies.

Erich William Bruhn
New Canaan, Connecticut

Andrée Avalon Burnett
Ocean Springs, Mississippi

Anne Brown thinks to herself, "...Adenoidcystic Carcinoma...
I was JUST going to say that...sure..."
Mary Caroline Burton  
Little Rock, Arkansas

Jay Brad Butler V  
Portland, Oregon

Barbara Carroll and Monica O'Brien look “too happy” to be on Neurosurgery.

Kim Maria Callwood  
St. Thomas, Virgin Islands

Cynthia Joan Cantrell  
Gadsden, Alabama

Caroline Burton doesn’t look too pleased with the photographer.

Barbara Ann Carroll  
Baldwin, New York

Margaret Kalai Cheung  
New York, New York
Lisa Diard prepares a few journal articles for conference.

Marty Cogburn selects a treat from the FIFTH basic food group: Fast Food.

Ann Marian Cowgill
Winchester, Massachusetts

Jacob Thomas Cross Jr.
Baton Rouge, Louisiana
Joanie Duff and Rob Rosenberg count the minutes till the end of Surgery.

Lisa Elizabeth Diard
Phoenix, Arizona

Deborah Joan Doyle
San Francisco, California

Joan Frances Duff
Phoenix, Arizona

Melanie Anne Ellison
Albany, Oregon

Paul Harris Feinberg
Spring Valley, New York

Joseph Ignacio Fernandez
Miami, Florida

Randall Garth Fisher
Provo, Utah

Deborah Sue Fleischhacker
Memphis, Tennessee
Ronald James French Jr.
New Orleans, Louisiana

Amy Sara Friedman
Parsippany, New Jersey

Wendy Gaines and Claude Smith learn to "never let a mechanical device know you're in a hurry."

Constance Louise Fry
South Miami, Florida

Wendy Robin Gaines
New Rochelle, New York

Bruce Gandle
Fair Lawn, New Jersey

Christopher Allan Gay
The Dalles, Oregon

Over lunch on the hospital balcony, Terry Cummings makes a point to Chris Gay.

Barton K. George
Phoenix, Arizona
Roderick Arthur Gex
New Orleans, Louisiana

Steven Anthony Gillespie
Marshfield, Massachusetts

Carol Ann Glaser
Citrus Heights, California

Kenneth Damian Gordon
New Orleans, Louisiana

Paul Eric Gott
Kinder, Louisiana

Thomas Lee Halvorson
Malta, Montana

John Cullen Hardy
Warren, Arkansas

Emmanuel Elmo Harrison
New Orleans, Louisiana

Gregory Paul Hebert
Lake Charles, Louisiana

Kent Alan Heck
Findlay, Ohio

Greg Hebert and Elizabeth Koch discuss a new patient over coffee.
Joe Hollingsworth catches his breath between catching babies.

Robert Jay Hopkins
Sacramento, California

Bret Alan Hughes
Carson, California
John Leung and Mark Huun find few things "black and white" as they go over chest films.

Brian Walker Hughey
Waverly, Tennessee

Heather Elizabeth Hunt
Tampa, Florida

Mark Albert Huun
Stockton, California

Darmakusuma Le
Plantation, Florida

David Dunbar Ivy
Vicksburg, Mississippi

Laura Akers Johnson
Tucson, Arizona

Daniel Aaron Kahn
West Hartford, Connecticut

Brian Dennis Kavanagh
New Orleans, Louisiana
John Katz and Bruce Gandel ask you to guess which one of them was on call last night?
Jimmy Mayer takes time out from his busy day to actually study some medicine.

Jonathan Keetsun Leung
San Francisco, California

Michael Lewis Levin
Skokie, Illinois

Paul Arthur Levy
Bronx, New York

Margaret Brawn Lisecki
Denver, Colorado

Kathryn Elizabeth Macaulay
La Habra Heights, California

Mehran Majidian
Calabasas, California

Rakesh Kumar Mangal
Pascagoula, Mississippi

James Calhoun Mayer Jr.
Metairie, Louisiana

Susan Leslie Favrot McElhan
New Orleans, Louisiana
Debbie Moore tries to convince herself she heard that mid-systolic click.

Etienne Arturo Mejia
Rio Piedras, Puerto Rico

Charles Vaccaro Menendez Jr.
New Orleans, Louisiana

Marguerite Frances Miranne
New Orleans, Louisiana

Stuart Joseph Meyers
New Orleans, Louisiana

Horace Lee Mitchell
Albany, Georgia

Rose Michele Moinar
Daytona Beach, Florida

Debra Dannette Moore
New Orleans, Louisiana

Andrew Bevan Morris
Swarthmore, Pennsylvania
Kirk Albert Murdock
Hayward, California

Denise Ann Nigro
Oak Brook, Illinois

Rick Norem finds out the 24 hour urine he ordered was done on the wrong patient.

Richard Frederick Norem II
Baton Rouge, Louisiana

John Morrah Norwood
Memphis, Tennessee

Back from two extramurals, John Norwood may need a forklift to get the mail that won't fit in his box.

Monica Mary O'Brien
St. Louis, Missouri

Greg John Ochsner
Sioux Falls, South Dakota
A post-call Marilyn Pelias dreads the thought of going over to GYN clinic.

Kevin Joseph Rentree  
Santa Rosa, California

Patrick Taylor Reynolds  
Coral Gables, Florida
Father-to-be Jim Robbins looks for good buys on items for the new arrival.
Richard Newman Sherman
Clarksdale, Mississippi

Albert Carleton Simmonds IV
Chevy Chase, Maryland

A happy Richard Sherman finishes Dermatology Clinic (and for the day) at 10:00 am.
Richard Mark Slataper
Franklin, Louisiana

Claude Brand Smith
Jackson, Mississippi

Raquel Steele gets some private tutoring in Biochemistry from someone who ought to know.

Mark Jung Stallworth
Knoxville, Tennessee

Raquel Ayn Steele
Metairie, Louisiana

Cynthia Marie Stewart
Bettendorf, Iowa

Gilbert Gordon Stock Jr.
Metairie, Louisiana

Kenneth Boyd Sumner
Mayfield, Kentucky

Kim Bowden Sutker
New Orleans, Louisiana

Jeffrey Tiong Guan Tan
Metairie, Louisiana

Shachar Tauber
Forest Hills, New York
Jon Uri locates a fetal heartbeat using ultrasound in labor and delivery.

Rama T. Thiruvengadam
Ellicott City, Maryland

Mark Harold Townsend
Baton Rouge, Louisiana

John Leander Turner IV
Greenville, Mississippi

Scott Douglas Tweten
Minot, North Dakota

Jon Uri
Beverly Hills, California

Clayton William Wagner
Silver Spring, Maryland

Peter Thomas Weller
Clarksville, New York
Wayne Wilbright changes his reservations (for the third time this week) to accommodate residency interviews.
Getting Personal

Gratulacjoen En Sønn God Jobb.
Art, Donna, and Teresa Halvorson

Congratulations and Good Luck "Skip"
We all love you and are very proud.
Dr. and Mrs. Ellis Wilkerson congratulate Danny on his becoming
a physician.

Congratulations, Gordon.
Mom and Dad Honda

Congratulations Martin Cogburn Jr.
on becoming an MD. Love and best
wishes from your PROUD parents and
brother Tom.

Congratulations, Elienne Mejia. We are
prout of you. Mom, Dad, Grandma, and
Karen.

Congratulations Richard! So proud of you.
Love, Mom, Jim, and Missy.

Congratulations Richard!
Uncle Raymond, Aunt Yvonne & Family.

Congratulations Richard!
Aunt Dee, Uncle Paul & Sons.

Congratulations Richard!
Uncle Richard, Vickey, Newman, Claire.

Congratulations Richard!
Uncle Phil, Aunt Shiri Rose & Phil.

Love and congratulations, Bob,
the first sixth-generation
Hopkins physician.
Dr. and Mrs. Donald M. Hopkins

A dream fulfilled, Darma le.
Congratulations and love. Your parents
and sisters.

Dad & Mom Wagner proudly say "Great
job, Clayton!"

Congratulations and love, Mark. You have
reached the beginning. Now the pinnacle
is where you would have it to be. It is
within you. Your loving mother and dad,
Dr. and Mrs. Parla.

We lovingly congratulate you,
Caroline.
Mary Burton, Bruce Jr.,
and Ruth McCoy

A mark of excellence, Terry.
We love you & hold you in the highest
esteem. Knock'er dead.
Love Mom, Dad, Kids, and Brandy.

Greg Pirri, we love you and
we are proud of you.
Mom and Dad.

Congratulations on a job well done.
Jonathan Leung. Your family and friends
back home.

Congratulations, Michele! God bless you!
Psalm 118:24. Love Mom, Dad, Tim, and
Frank.

The Rosenberg Family
congratulates Robert on
a job well done.

Dr. Mark Huun, Congratulations!
You did it! We love you! Mom, Dad, and
your brothers.

Mark Huun — Gramps & I are proud of
you. Love, Grandma.

Congratulations and success to Kirk
Murdock! Mom and Dad.

Congratulations, Joe Fernandez!
You made us proud and happy. Love, your
parents and sisters.

Champions are made of steel & dreams.
Joe Fernandez: you are our champion.
Love, Bug & Hal’s.

Congratulations, Bret Alan, the Hughes
Family’s MD #3. To God be the glory, a
dream fulfilled.

Congratulations Dr. Amy Friedman from
your proud Mom and Dad.

A dream fulfilled, Wayne!
Congratulations and love!
Mr. & Mrs. Harvey Wilbright.

Congratulations, Brian Hughley, and much
love from your Mom.

Congratulations, Bob and Cindy,
Mr. and Mrs. Walter J. Bischoff.

Yesterday it was just a
dream that today comes true.
Love & congratulations, Anne Brown.
Mother and Daddy et. al.

Thanks for everything, Mom & Dad. Love
always, Jeff Tan.

With great pride, joy and admiration
we congratulate you Bobby.
You have fulfilled the dreams of
those who love you
Mrs. Ann Anderson and Family.

A dream fulfilled, Kim.
Congratulations and love with the first
doctor in the family. We are proud of you.
Mother and Dad, your brothers
Kevin & Kendall.

Lynn — Congratulations, Doctor!
I always knew you would do it.
Your love, humor & understanding
helped me through it all.
With love and gratitude, John.

Congratulations & Best Wishes,
Kim Callwood, for your
continued success.
From Gov. & Mrs. Ralph M. Paiewonsky,
your Aunt Ethel & Uncle Ralph.

Shachar, congratulations on
becoming an MD. Love & best wishes.
Your parents and sisters.

To George & Nellie Roundtree with love
and admiration, your loving son,
Jonathan.

Thank Mom & Dad for $ & love, Andie for
your patience & love. And thank God it’s
over. Jonathan Leung

We are proud of you Dr. Judith K.
Alexander!!! Your parents, brother,
and sisters.

Dr. Lynn Andrews — The whole clan
salutes you. Congratulations on a
job well done!
Dad, Mom, Beth, Larry & Will.

Thank you to everyone who contributed
and worked on this year’s T-Wave. Gordon
Honda

Mr. and Mrs. William R. Wallace proudly
congratulate their granddaughter Kim
Callwood on her becoming an MD.

For Daniel & Sue: This one’s for you.
You’ve made all my dreams come true.
I couldn’t have been done without you.
All my love, your mucka mucka man Cliff.

Congratulations Brad.
We are very proud of you.
Dr. and Mrs. Jay B.V. Butler, Mike
and Kit and Jake.

Our dream comes true June 1988!
Congratulations, Debra Bardugon.
Love Mom, Dad, John and Family.

Thanks to all who contributed to T-Wave 1988.
John Leung
Congratulations and Best Wishes to the
Tulane University
School of Medicine
Class of
1988
from your colleagues and friends at the
Ochsner Medical Institutions

Ochsner
Health care like no other in the world.
Congratulations
To The
School of Medicine
Class of 1988

From The Staff And Administration of
Tulane University Hospital And
Tulane University Medical Group
The Department Congratulates the Class of 1988 on its Achievements, and Wishes its Members Success in their Future Endeavors.

Congratulations to The Class of 1988!

The Faculty and Staff of the Tulane University School of Medicine Department of Obstetrics and Gynecology wishes you "A Bundle of Joy!"
WHILE YOU'RE BUSY TAKING CARE OF PATIENTS, WE TAKE CARE OF YOU.

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Call Cary Kuhlmann for information – 523-2474.

Best of Luck in the Years to Come (and on the FLEX!)

Office of Student Services and MEdREP

Tulane Medical Bookstore

Congratulations to the Class of 1988!
Dr. Rudolph Matas was chief of surgery at Touro Infirmary from 1905 to 1935 as well as a professor at Tulane Medical School. He stood for innovation, dedication, and compassion...those things that Tulane Medical School and Touro Infirmary still stand for today.

Congratulations, class of 1988, from your friends and colleagues at Touro Infirmary.

May your careers in medicine challenge you and reward you.
**Tulane Medical Alumni Association**

**Best Wishes to the Class of 1988!**

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Children's Hospital congratulates the graduates of the Class of 1988 of the Tulane University School of Medicine.

Many of you have completed clinical rotations at Children's Hospital in pediatrics, pediatric subspecialties, pediatric rehabilitative medicine, pediatric orthopaedics, pediatric surgery, pediatric surgical subspecialties, pediatric radiology and in a host of other areas. We have been delighted to have you be a part of Children's Hospital and to see how a union of the Children's Hospital with the private practicing community and its affiliate institutions, Tulane University and Louisiana State University, has made us a most dynamic and growing force in pediatric care in the State of Louisiana and the entire Gulf Coast area. We look forward to continued growth, and we are certain that many of you will be a part of that growth.

As your residencies and fellowships progress we hope that many of them will be done in part here and that we will have the opportunity to watch you grow professionally. We hope that you will be frequent visitors and learn of the resource of our Children's Hospital in the New Orleans and Louisiana community.

Congratulations for much happiness and fulfillment in the future.
Rx - For What Ale's You

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New Orleans, LA
581-9809

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522-8686

Mike Serio's Po-Boys & Deli

#2
211 LaSalle Street
(Next to Joe's Bar)
522-0224

Mike Serio — Owner

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Tulane University Blood Center

Thanks for your Support
Since 1984,
You make a Difference!
May the road rise up to meet you,
May the wind be always at your back,
May the sun shine warmly upon your face,
and the Rain fall softly upon your fields.
And until we meet again,
May God hold you in the palm of his hand.

— An Irish Prayer