

# Alfred Charles Beck

1885-1979

ALFRED CHARLES BECK was born in Toledo, Ohio, July 16, 1885. He died in his home, 35 Pierrepont Street, Brooklyn, New York, on March 22, 1979. He is survived by his wife Rhea Bennett Beck, whom he married on April 15, 1916. The Becks were a devoted couple.

He was graduated from the University of Michigan School of Medicine in 1910. While a student he came under the influence of Reuben Peterson, the professor of obstetrics and gynecology. Dr. Peterson first stimulated his interest in obstetrics and gynecology and arranged for him to spend a year in obstetrics with Dr. J. Whitridge Williams at Johns Hopkins Hospital. Among his colleagues on the house staff was Everett Dudley Plass, who remained his friend while both were alive.

While visiting Johns Hopkins in 1912, John Osborn Polak became impressed with the young man from Michigan working on Dr. Williams' service and induced him to come to Brooklyn. Dr. Polak was then Professor and Chairman of Obstetrics and Gynecology at the Long Island College of Medicine, now known as Down-State Medical Center of the State University of New York. Dr. Beck succeeded Dr. Polak as Chairman in 1930.

Dr. Beck established the first prenatal clinic in Brooklyn. He was devoted to the teaching and practice of obstetrics. From 1912 to 1946, when he retired, he personally taught obstetrics to all the students of the Long Island College of Medicine. To the assembled class he lectured, he quizzed, and he demonstrated obstetric maneuvers. At each session one or two students were invited into the pit of the amphitheater. These were given a particularly thorough quiz. He habitually chose students from the back row, thereby assuring full attendance down front. He held "Star Chamber" at the end of each clerkship. In these sessions, one student at a time, he asked questions not of fact but questions to make the student think. He was an excellent teacher. All students and residents agreed to this. He endeavored not to frighten but in fact he did, since the standards he held were so high. He was respected by students, residents, faculty, and practicing physicians.

From the lecture notes in his course in obstetrics he wrote his textbook, *Obstetrical Practice*, first published in 1935. His book is now in its tenth edition and has been reprinted in Portuguese and Spanish. The illustrations in his book are outstanding. He drew these himself and had them touched up by a professional artist.

His major contributions to medicine beyond his teaching, his textbook, and his care of patients were in management of abdominal pregnancy and eclampsia and in popularizing the low cervical cesarean section.

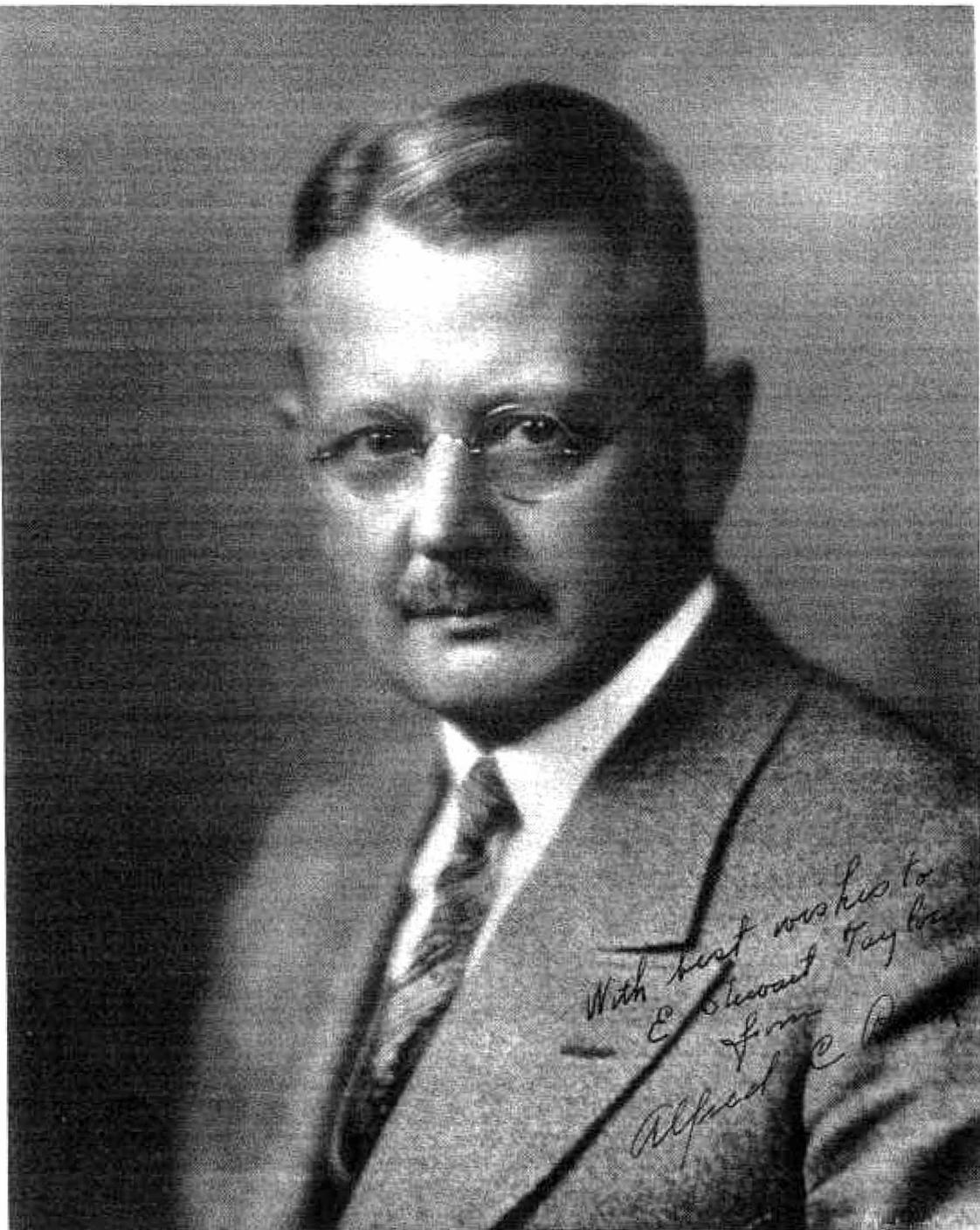
His hobbies included the opera, fly-fishing, fly-tying, and wood working. The Becks never owned a car. They rented a limousine for evenings at the opera in Manhattan and on Sundays they were often driven to Coney Island. Frequently, they invited one of the residents to join them in their Sunday drive. This was a good opportunity to talk and listen. Dr. Beck walked from his home to the hospital and to his office.

It is remarkable to look back on his career. He was one of the last of the professor, practitioner, scholar, and author combined into one. There were no full-time salaries, no part-time salaries, no institutional retirement plans, no travel funds, and no research funds. All of his work, whether practice, teaching, authorship, or scholarship, was of the highest order. He made his own way while leaving a heritage in obstetrics to others.

As a young man he had sandy hair, which became a distinguished gray as he matured. He was always trim and impeccably dressed. He looked every inch the distinguished professor-physician. He was not a robust man. Mrs. Beck spent many hours of her life seeing that he rested properly and protecting him from wet and cold. He loved to walk. Every morning for decades he walked across the Brooklyn Bridge and back. He even did this while his patients were in labor. This made the residents very anxious, but he never missed his deliveries. In 1946 he retired from practice and teaching because he was advised to do so for reasons of health.

Dr. Beck was ahead of his time. He was the first perinatologist. Long before others followed, he encouraged cesarean section in place of complicated forceps procedures. He was one of the first to adopt cesarean section for breech positions. He introduced local anesthesia into obstetrics as a routine procedure when most services were using general anesthesia. He brought pediatricians interested in the newborn into the delivery room and the nurseries. With all this, he was a modest man, and reserved. He was very proud of his Fellowship in the American Gynecological Society, to which he was elected in 1923. He had many friends in the Society and was held in high esteem for his honesty, scholarly attainments, clinical acuity, and friendly manner.

E. STEWART TAYLOR



*Alfred Charles Beck*  
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## *After Office Hours*

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### A Visit with Dr. Alfred Charles Beck

**I**T was Elbert Hubbard, the opulent essayist, who observed acutely, "Schoolteachers do not wallow in wealth nor feed at the public trough. No one ever accuses them of belonging to the class known as the predatory rich . . . They have to do their work every day at certain hours and dedicate the results to time."

Alfred C. Beck is known nationally as a teacher of obstetrics. He was a leading practitioner of the art, but first and foremost he was a teacher. When I visited him in his home, on the ninth floor of an apartment house in Brooklyn, I remarked that it is within walking distance of the medical school he served so long and so well. He took me out on the little balcony perched high under the eaves. He pointed to the college building. "The name has been changed to State University of New York, Downstate Medical Center," he said. "The building across the street is Long Island College Hospital."

Elbert Hubbard also wrote that "For histrionic purposes, a school teacher's cosmos is a plain, salty gray." Sitting in Dr. Beck's small study, speaking with him, his cosmos appeared anything but gray. It may not have as many colors as Joseph's coat, and they are not gaudy or ostentatious, but it is warm with an inner glow, variegated though uncluttered, and—I must add—God-fearing (a condition which colors a life in its own particular way).

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A small book lay open on the desk in Dr. Beck's study. "Latin," Alfred Beck said. "I

am studying Latin by myself." His reason for doing so will appear later.

Getting down to the business of the moment, he said, "Credit for anything worthwhile that I have done should be shared with four individuals. First, my good wife. She had a beautiful voice and excellent musical training, which she sacrificed when she married me. The other three were my great teachers: Reuben Peterson, J. Whitridge Williams, and John Osborne Polak. Dr. Peterson was responsible for my undergraduate education in obstetrics and gynecology, Dr. Williams for my graduate training in obstetrics and for the opportunity to observe the detailed workings of the resident system which I afterward introduced here in Brooklyn, and finally Dr. Polak for my postgraduate education in obstetrics as well as in gynecology."

Alfred Beck was born in Toledo, Ohio. His parents were impecunious, and as a result, he said, his finances were meager until he became self-supporting as a physician. He decided to study medicine when he was a first-year high school student in Toledo. He recalled that he was sickly as a boy. His parents and their physician decided that he should be taken out of school for a year. Alfred went to work in the doctor's office. It was probably inevitable that this office-boy, like many another, tried to read some of the medical books between chores, and so became imbued with the wish to study medicine, to become a doctor.

When he applied for admission to the University of Michigan medical school he

learned that the college preparatory course which he had taken in high school lacked the required credits in modern language, biology, and chemistry. He was advised to enroll for 2 years in the arts department at the University and in that way obtain both an A.B. and an M.D. degree eventually. But this, he felt, would be too much of a financial drain on his family. So he went back to high school, made up the one year of chemistry and biology and 2 years of German, and took up some other courses, all in one year. Having made up his deficiencies, he entered University of Michigan Medical College the following year.

When Alfred Beck was a senior he obtained a clerkship in the department of obstetrics, under Reuben Petersen. Through this he became better acquainted with his professor than the average senior student. The attraction was mutual. Dr. Beck said, "He looked after me a great deal, all through my subsequent life. I know he was responsible for my going to Johns Hopkins as an intern under Dr. J. Whitridge Williams, and I am sure that he was instrumental in my coming up here (to Brooklyn) with Dr. Polak. At any rate, Dr. Polak asked me to come here; and after some hesitation, I did."

The hesitation was due to the fact that young Dr. Alfred Beck had an idea that he wanted to go west. As an inducement, Dr. Polak offered a stipend of one thousand dollars a year. This was a great deal of money for a resident at that time (most hospitals paid nothing), and when added to the opportunity of training under Dr. Polak, it tipped the scales.

To begin with, conditions at Long Island College fell short of Dr. Beck's expectations. There were only 15 beds allotted to obstetrics. There was an enormous staff, organized into three divisions, each division with a chief, an assistant, and a junior assistant. "No one knew the significance of a residency as we understand it today," Dr. Beck recalls. "Everyone thought I was an intern who was

being paid a thousand dollars a year, and that was enough for me without any opportunity for further training. These men were looking for training themselves, you see, and they monopolized the good cases."

In the beginning, he said, the obstetric service was poorly organized. "When a woman wanted a doctor for confinement (at home, of course), she called the College, and the person who answered the telephone would call from the hall, 'Who wants a case for delivery?' One or two of the boys in the senior class would say, 'I do.' The one who was first would take a bag and leave to deliver the woman. If he ran into trouble, the student called for a junior assistant."

The young resident changed this haphazard and unsatisfactory procedure. He had the calls relayed to him. Then he took a nurse and a senior student to the home to supervise the delivery.

"There was practically no prenatal clinic," he recalled. "I let it be known that we would not deliver any new cases unless they came through the clinic. In time we built up an excellent prenatal service. I think it was one of the first respectable antenatal clinics in New York City."

There was another obstacle, more difficult to overcome. "Every time a good case was brought into the hospital one of the younger staff members would appropriate it, with the result that there was constant battle between me and practically the entire staff except Dr. Polak. I felt I wasn't getting anywhere. Three or four times I resigned. But Dr. Polak, being a most considerate sort of fellow, wouldn't let me go. Looking back, I don't understand how he put up with me. But he was patient, and I continued my residency, with great benefit to myself."

At the termination of the residency, Polak sent Beck to Boston to observe the organization of the obstetric services on the teaching service there. Upon his return, Polak reorganized the obstetric services at Long Island College Hospital in accordance

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with Alfred Beck's suggestions. "Instead of leaving, Dr. Polak convinced me that I should stay on. He practically put me in charge of the obstetric service. In addition, I assisted him in all of his operations." Dr. Beck's title—"assistant, or instructor, or something like that"—was not commensurate with his duties. "I wasn't very high in rank because he (Polak) had all of these men on his hands, and they were all above me. But he gave me preference, and they gradually dropped out," Dr. Beck said. "That's how we started."

### ABDOMINAL PREGNANCY

It was not very long after this that Alfred Beck operated upon a woman with an abdominal pregnancy. It was a service case, and Dr. Polak assisted. Dr. Beck said: "After removing the child, which was alive and in good condition, I attempted to remove the placenta. It was implanted on the broad ligament, on the right side, and extended up over the peritoneum. When my hand had partially separated it from its attachments the hemorrhage from the placental site was so profuse that I thought the patient would bleed to death on the table. Blood welled up and filled the pelvis, in spite of Dr. Polak's effort to sponge it away. Kocher clamps were plunged blindly through the pool of blood in the pelvis and fortunately caught the bleeding areas. I then said to Dr. Polak, 'God is good, let us get out while the getting is good.' He agreed and after wrapping gauze around the clamps I left them in place and closed the abdomen with the clamps protruding through the lower angle of the wound. On the third day the clamps were opened but left in place, and on the following day they were removed. Ultimately the gauze was also removed. The patient made an uneventful recovery.

"Well, at a time when we didn't have blood transfusions this patient came so close to dying that I couldn't get her out of my mind. After a week or so, it occurred to me

that it might be better in such cases to leave the placenta alone and close the abdomen without drainage, allowing nature to take its course."

With this in mind, he bought a dog and at his next cesarean section he kept the placenta sterile and then implanted half of it in the dog's abdomen. About 3 months later he sacrificed the dog and found that the placenta had been completely absorbed.

"After this experience with the patient and then with the dog, I looked up the literature very carefully," Dr. Beck said. "I collected over 200 cases of full-term abdominal pregnancies in which the child was alive at the time of the operation. As a result of this study I revised my original idea. At the A.M.A. meeting in Boston, in 1919, I read a paper outlining what I thought should be the proper management of an abdominal pregnancy."

These recommendations have become part of the professional background of every obstetrician. "Sometimes, in these cases, the placenta is attached to a pedicle and all that is necessary is to place a ligature on the pedicle and remove the placenta. In other cases, the placenta is on the back of the uterus or on part of the broad ligament adjacent to the uterus, and a hysterectomy can be done to control hemorrhage. If on inspection it appears that there would be difficulty in controlling the hemorrhage, I recommended leaving the placenta in the abdomen, without drainage. This, in general I think, is the practice that's followed today by nearly everyone."

### ECLAMPSIA

In the United States, up to about 1920, the obstetrician's first thought in eclampsia was to evacuate the uterus promptly and by whatever means was most expeditious. This meant rapid forceps delivery or version and extraction if the cervix was open; otherwise, cesarean section during the eclamptic attack. The rationale for this practice was that the

suspected cause of the eclampsia—the conceptus—must be removed before the patient is treated symptomatically. “We lost 20 to 25 per cent of our eclamptic women,” Dr. Beck said. “I wonder why all of them did not die.”

Stroganoff had already reported the superior results of his method of treatment, with its converse logic. Tweedy had confirmed Stroganoff. “But for some reason or other Stroganoff and Tweedy were not accepted in this country. Dr. Ross McPherson of New York Lying-in went to the Rotunda Hospital in Dublin to see how they were treating their eclamptics. When he came back he spoke highly of disregarding the child in cases of eclampsia, and reported results that were much better than ours.”

Among those who heard McPherson’s report was the Brooklyn team of Polak and Beck. “As a result, we decided that we were going to follow this new method of treatment. I doubt very much whether either of us could have done it alone,” Dr. Beck said. “When an eclamptic came in, following this decision, if I saw her first, I recommended treating the mother and disregarding the child. Some hours later, when Dr. Polak appeared on the scene, he would say, ‘That woman is going to die; deliver her at once.’ Then I would remind him that we agreed to stay with this conservative treatment until we had a few cases to see if it was superior to that of immediate delivery. The patient lived. Another case would come in and Dr. Polak would see her first. He would recommend conservative treatment. Some hours later when I saw her and it appeared to me that the patient was dying, I would suggest that we deliver her at once. Then Dr. Polak would remind me of our agreement. In that way we secured a series of cases and convinced ourselves that the woman should be treated first and delivered after she had recovered. I wrote several papers on this subject and so did Dr. Polak. In this way I think we had considerable to do with the acceptance of

the conservative treatment of eclampsia in this country.”

To obstetricians, the magnitude of this contribution, the number of lives of young women it has saved, need not be stressed. They will also know the soul-searching and intestinal fortitude involved in this type of clinical investigation. A great medical discovery is only useful when it is popularized, and both the discoverer and the promulgator deserve our esteem.

#### CESAREAN SECTION

In 1915 Polak came back from Europe enthusiastic about two things: one was twilight sleep, and the other was the low-incision cesarean section he had seen in Krönig’s clinic.

“As a result,” Dr. Beck said, “we did the low-incision cesarean section from that time on. I doubt if anyone else in America except De Lee was doing it then. De Lee and Polak probably got the idea at the same time, from Krönig.

“Well, the case I have in mind was operated upon by a resident with Dr. Polak assisting. I happened to be sick that night. This patient died 6 days later, of peritonitis. Fortunately, I was able to obtain permission to open the abdomen, and I found that the peritoneum had sloughed off at the upper angle of the wound and leakage had caused peritonitis.

“After this experience I suggested to Dr. Polak that the next time he had a cesarean section he should let me show him an improvement I had in mind. This was to anchor a previously prepared upper flap of peritoneum over the uterine wound and then suture the bladder-flap over it, so as to make a double peritoneal closure. We did about 100 of these two-flap, low cesarean sections. Our results were so good, the mortality was so low for cesarean section in those days, that we operated upon many patients who would not ordinarily have been accepted for such procedures. I reported our results in

papers read before the New York Obstetrical Society, The New York Academy of Medicine, the Philadelphia Obstetrical Society, the Michigan Society of Obstetrics and Gynecology, the A.M.A. in Minneapolis, the Southern Association of Obstetricians and Gynecologists in Atlanta, and again in Philadelphia at a meeting of the American College of Surgeons. As a result of these publications I, along with Dr. De Lee, have been credited with popularizing the use of the low cesarean section in this country. I found out another thing as a result of this study: that one shouldn't rush into print, because my next 100 cases didn't do quite so well, and as a consequence we had to go back to our old ideas concerning the selection of cases."

Beck did a great deal to improve and popularize the use of local anesthesia in obstetrics. He and Polak had used local anesthesia to a considerable extent before the latter's death, but generally it was so unsatisfactory that the resident staff and the nurses spoke of it as *vocal* anesthesia, because of the way many patients "carried on" during the operation. Dr. Beck decided to study the technic and improve it or give it up. He planned a routine in which the exact amount of the anesthetic agent was determined, and he insisted that sufficient time be allowed for the anesthetic to become effective. "To be certain that this was carried out, we always had a nurse stand nearby with a watch, to tell us when 10 minutes had elapsed after the infiltration was started," Dr. Beck said. "By waiting long enough, and by the use of proper amounts of Nupercaine and adrenalin, we were able to obtain very satisfactory local anesthesia. I well remember one case, that of a doctor's daughter. I asked the doctor if he cared to come into the operating room while I delivered his daughter. He stood by her side and talked with her throughout the operation. There seemed to be no anxiety on her part, and certainly she had no pain. He was amazed

when it was over, and when we were out in the hall he said that I had made him a very happy man, and that this partly compensated him for the fact that I had made him very unhappy about 2 weeks previously. I asked how that was, and he said that I was responsible for his son being dropped out of medical school."

#### THE TEACHER

The son, it happened, was sitting on a bench in the hall. Dr. Beck looked at him. "Is that so?" he asked. "You weren't entirely responsible," the young man said. "I had three or four other conditions."

"Did you really want to study medicine, or were you studying medicine because your father wished it?"

The erstwhile student turned to his father. "See, Dad," he said, "it was the wrong thing."

Commenting on this episode, Dr. Beck said, "This boy didn't want to study medicine but his father insisted, and of course he didn't make good."

Now he continued: "My teaching experience has been the most satisfactory of all my experiences, outside of my marriage. Unfortunately, I was a very exacting teacher. I probably took the work too seriously, and the result was that my students regarded me as a hard taskmaster. I meet them every once in a while now. They all thank me for the good course I gave them, but they never neglect to remind me that I was a hard taskmaster.

"I love to teach, and I always taught with the idea that if I could have the student enter into an argument with me I could make him think, and in that way I would impress upon him what I was trying to teach. But this was hard on the student because he was at a great disadvantage. For instance: we had very large classes—almost a hundred in a class—and I would have one of the hundred come down into the pit with me and have him demonstrate the mechanism

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and treatment of an abnormal presentation. He would make all of the mistakes that a doctor can make in a difficult delivery. If I was teaching breech extraction, I would place the baby in the mannequin as a breech presentation and have the student deliver it in front of the whole class. The student would introduce his hand, bring down a foot, and as he continued to pull and make all the usual mistakes, I would say, 'Now you have broken a leg, you just dislocated the hip, now you fractured the spine, now you've broken the humerus, now you have fractured the skull. This baby, if it isn't dead already, will die of hemorrhage of the brain.' That was good teaching, but it was awfully hard on the student. I thus sacrificed the good will of my student in order that I might emphasize his capacity to do harm. I thought about it many times, but I always felt that if my students should lose a patient or a baby because I failed to teach them properly, that I would be partly responsible for that death. I never found a way of being less harsh and still so exacting."

### "OBSTETRICAL PRACTICE"

Alfred Charles Beck became Professor of Obstetrics and Gynecology at the medical school and head of the department at Long Island Medical College in 1931, after Dr. Polak's death.

Soon after this appointment he had the urge to write "the type of (obstetric text) book I wanted for my students. Up to that time we used either Williams' or De Lee's textbook, but it seemed to me that the students had so much to do that these books were too voluminous," Dr. Beck said. "I wanted a more concise book, and one possibly better illustrated. As a result, I began to make drawings for the illustrations of such a book."

He was several years making the drawings. He had learned to draw from making illustrations on a blackboard, in his teaching. So they wouldn't look too crude, he said, he had

an artist, Alfred Feinberg, "go over them" with him. "Together we would turn out as many as 15 drawings in an afternoon. We had at least 800, possibly close to a thousand, illustrations in the first edition."

When news of this undertaking leaked out, 4 different publishers asked for the book. This is the way this strict disciplinarian, regarded by his students as a cold, and possibly unfeeling, perfectionist, made his choice: "We were in the depression at that time, and I felt that the students didn't have much money for books. So I let these publishers know that I would give the book to the publisher who would sell it at the lowest price. Williams and Wilkins were willing to sign a contract to bring it out for \$6.00 which was lower than the bid of any of the other publishers. The material was thus given to Williams and Wilkins, and they did such a nice job that I allowed them to go up a dollar, but to charge no more than \$7.00, which was the price when it came out."

Beck's *Obstetrical Practice* sold far beyond the author's modest expectations. Intended for his own students, its popularity with the other teachers, with obstetricians and physicians generally, carried it to seven editions and five extra printings, and Portuguese and Spanish editions.

The writing was not difficult, he informed us. "I did it in my vacations and when I was called out at night. I did a good deal of writing from half past one until about half past three or four o'clock in the morning. Everything is quiet then, the telephone doesn't ring, and you are not disturbed. I think it would have taken me much longer if I had written in the daytime."

In these free hours Dr. Beck also wrote the chapters on cesarean section and on ruptured uterus for Nelson's loose-leaf *Surgery*.

### HOBBIES

The Becks are devotees of the opera. The doctor credits this to his wife's influence. "Every Thursday night, when I wasn't busy,

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we attended the opera," he said. "Originally, in Brooklyn. When the opera was discontinued here, we were allotted wonderful seats at the Metropolitan, and have been going there ever since. I have the librettos of about 80 operas that we attended; some of them six or seven times. We've enjoyed them immensely."

Trout fishing has been his great recreation. "When Dr. Polak was alive we alternated our vacations: he took his in July and August and I used to go to the Catskills for the month of June and to Nova Scotia in September." That he was a skillful fisherman is evident from the story, vouched for by Mrs. Beck, that he caught a 10-pound salmon on a dry fly, while using a light trout rod.

If anyone doubts that fly-tying can be a fine art (and only the uninitiated will doubt it), he has only to see the wonderful collection of Dr. Beck's own production to be convinced.

This collection is housed in a beautiful cabinet of Dr. Beck's own craftsmanship. He is an expert cabinetmaker. In his home there are several products of his handiwork; others he has given to friends and to his church.

Gardening, on vacations, has been one of his favorite relaxations. His special form of exercise is walking. Early each morning, for many years, he has walked briskly from his home to and across the Brooklyn Bridge, and back. He has never owned or learned to drive an automobile.

At the New York Academy of Medicine he found photographs of 24 celebrated obstetricians-gynecologists, made beautiful walnut frames, and then gave the framed collection to Dr. Hellman for his College. Pleased with Dr. Hellman's appreciation, Dr. Beck then made identical sets for each of the four medical schools in New York. He recently completed, and had not yet delivered a set for the Albert Einstein Medical College, in the Bronx. It is a work of art. Dr. Beck now has in mind the writing of a book on these 24 medical celebrities.

"It was this which led me back to my Latin," Dr. Beck said, indicating the open book on his desk. "In looking over some of the books by these men, such as Harvey (William Harvey was also quite an obstetrician), I found that I had forgotten so much of my Latin that I couldn't read them. Now I am studying Latin by myself to enable me to write this monograph."

### RECOLLECTIONS

After seeing the house, admiring Dr. Beck's cabinetwork (displayed by Mrs. Beck), this visitor, reluctant to leave, stood talking to his hosts. Dr. Beck spoke again of Dr. Polak.

"He was a wonderful man, an expert operator, a splendid physician, even outside of gynecology and obstetrics. He was most interested in obstetrics. He had no hobbies; his work was his hobby. He would go on a vacation to Southampton while I looked after his practice; but he couldn't stay away. After he'd been down there a couple weeks he would call me up and say, 'Isn't there *somebody* who needs an operation?'"

"Dr. Polak loved to talk to medical societies. He discussed papers probably better than any other man I ever heard. A splendid teacher, he had the faculty of teaching students without irritating them; but he had a policy of giving a condition to about a third of the students each year. The students always blamed me for those conditions. I don't believe any student ever blamed Dr. Polak." (Dr. Beck told me this "off the record." I trust he will forgive this harmless and interesting revelation.)

"As I said," Dr. Beck continued, "Polak was a splendid operator, and he did things nobody else could do. Also, he was very lucky. For example, he would do vaginal plastics, repair the cervix, then do a uterine suspension—they believed in operating for retroversion in those days—and maybe take out a tube, then put his hand up and feel the gall bladder, remove the gall bladder and

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appendix, all at one operation. He did it routinely, and got away with it.

"For years we had offices in the same building. He was a very busy man. He used to see as many as 50 patients in an afternoon, three times a week. The afternoon hours would run from about half-past twelve to about half-past nine. Then if he had a consultation he would go out, and it made no difference whether it was in the middle of the night, or whether it was a charity patient."

Dr. Beck's first office was on Hicks Street in Brooklyn. He started in 1914, with Dr. Warren, who was Professor of Medicine; Dr. Brinsley, Professor of Surgery; and Dr. Tilney, who later went to New York as Professor of Neurology at Columbia University's College of Physicians and Surgeons. "We were paid nothing for teaching. The College was very poor then. The dog in which I put the placenta, I had to buy. I paid for his food and for the man to take care of him," Dr. Beck said. "When we needed new instruments we had to buy them ourselves."

As Dr. Beck's reputation and practice grew, the shared office became too small for him. "It takes time for a woman to undress and dress, and I needed more facilities than the other men. Dr. Polak's office was in his home, and it disturbed his family life. So along about 1918 I asked him, whether he would come in with me and have our offices together, if I could find a satisfactory location, and he said 'alright.' I took him at his word, although I knew that he never said 'No' to anyone. While he was on vacation I found an old house on the corner of Clinton and Livingston streets. We rebuilt it, and then we had our offices together . . . This is Dr. Polak's picture, and over here is Dr. Peterson's."

When I visited Herb Thoms, in Connecticut, he said: "Remember, when you see Dr. Beck, to give him my love. My *love*; you understand?"

I did *not* understand then.

I do now.

SAM. GORDON BERKOW, M.D.