

INTERVIEWS  
OF DOCTORS  
FROM JACOB/

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*Wm. L. Keenleyside as proxy Hospital.*

NYC.gov/records

class: 2 - 1000 B

The 2,500 seen by K. ...

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March 8, 1965

Kenneth Edwin Seelawe

1155 Astor Ave

Room 69

K17-0475

Intern at Jockey. First year.

Feb 21, 1965. Emergency

Room. Patient comes in. Card is stamped. Then waits. In this case checked that have been been much later than 20 min of the time Stamp. Time stamped 9:43 AM. Left about 10:30 AM.

Brider took of his pants.

Placed on table.

Doctor saw Brider walk - no limping and having no difficulty walking.

Whole examination lasted less than 1 hour.

Diagnosis of inflammation of Superficial Veins of right leg. Right calf, inner part. No evidence of Trauma.

Observed him on table 10 to 15 min. Put all bandage on right leg.

Didn't see any bruise on left leg. Shown pictures States would remember if he had seen it and would have seen it if there.

Brider would

On table, Butler able to  
flex the ankle without any  
difficulty.

*Bulfinch Holmes**370193*

SERVICE OF DR. \_\_\_\_\_

DIVISION \_\_\_\_\_

WARD \_\_\_\_\_

THE CITY OF NEW YORK

DEPARTMENT OF HOSPITALS

*Jacob*

**ADMISSION—EMERGENCY SERVICE**  
(Prepare Admissions and Transfers in duplicate)

Print Patient's Last Name, First Name

*BUTLER NORMAN*

Address

*661 ROSEDALE AVE*

If Minor, Print Parent's Name

*EDNA NURSE MARTIN*

**HISTORY (Where, When, How)**

*Trauma to left shin  
2 weeks ago*

**PHYSICAL EXAMINATION**

*Inspected wounds left  
Shin*

EMERGENCY NO.

*370193*

DATE

Time

A.M.  
P.M.

Age

Sex

Tel. No.

Arrived Via

Blue Cross No.

Hosp. Insur. Co.

☐ COMPENSATION

☐ LIABILITY

Print Employer's Name

Address

Print Defendant's Name

Address

☐ X-RAY FINDINGS

☐ LAB. FINDINGS

I Consent to Treatment:

*Norman Butler*  
Signature of Patient or Parent

WITNESS:

**TREATMENT AND MEDICATION**

*Erythro  
5 tabs  
BXN  
Clinic area*

**NOTIFICATION**

Police  
Pet.

Badge  
No.

Dep't. of Health  
(Division)

Medical  
Examiner

Other

**DISPOSITION**

☐ Treated & Released

☐ O.P.D.

Ward

Transferred to

I REFUSE TO ACCEPT THE PRESCRIBED  
TREATMENT; I RELEASE THE HOSPITAL  
FROM ALL CLAIMS.

Signature of Patient or Parent

WITNESS:

Signature of Physician in Attendance

M.D.

File original copies in the Record Room.  
Admissions and Transfers—Duplicate copies should accompany patient.  
Clinic Referrals—Send duplicate copies to the O.P.D. if requested by clinic doctor.



547-0475

**ADMISSION—EMERGENCY SERVICE**  
 (Prepare Admissions and Transfers in duplicate)

*put into 329*

Print Patient's Last Name, First Name

BUTLER NORMAN

Address

661 BASEDALE AVE

If Minor, Print Parent's Name

EMERGENCY NO. 370193

DATE Time A.M. P.M.

Age Sex Tel. No.

Arrived Via Blue Cross No. Hosp. Insur. Co.

☒ COMPENSATION ☐ LIABILITY

Print Employer's Name

 Address  
 Print Defendant's Name

Address

☐ X-RAY FINDINGS ☐ LAB. FINDINGS

**HISTORY (Where, When, How)**
*thin Oleg*
**PHYSICAL EXAMINATION**

Superficial thrombophlebitis  
 right leg. No evidence  
 of involvement of deep  
 veins.

I Consent to Treatment:

*X Norman Butler*  
 Signature of Patient or Parent

WITNESS:

**TREATMENT AND MEDICATION**

*aspirin 650 mg  
 4 times a day*

**NOTIFICATION**

Police Pct. Badge No.

Dep't. of Health (Division)

Medical Examiner

Other

**DISPOSITION**
☒ Treated & Released ☐ O.P.D. Ward

Transferred to

 I REFUSE TO ACCEPT THE PRESCRIBED  
 TREATMENT; I RELEASE THE HOSPITAL  
 FROM ALL CLAIMS.

Signature of Patient or Parent

WITNESS:

**DIAGNOSIS**

T P R BP

*Superficial Thrombophlebitis*

Signature of Physician in Attendance

M.D.

File original copies in the Record Room.

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Clinic Referrals—Send duplicate copies to the O.P.D. if requested by clinic doctor.

S.R. 5002 (Reverse side)

**ADMISSION—EMERGENCY SERVICE**  
(Prepare Admissions and Transfers in duplicate)

23

Patient's Last Name, First Name

*BUTLER NORMAN*

Address

*661 ROSEDALE AVE*

If Minor, Print Parent's Name

EMERGENCY NO. *370193*

DATE

Time *11:30* P.M.

Age

*26*

Sex

*M*

Tel. No.

Arrived Via

*CAR*

Blue Cross No.

Hosp. Insur. Co.

☐ COMPENSATION

☐ LIABILITY

Print Employer's Name

Address

Print Defendant's Name

Address

☐ X-RAY FINDINGS

☐ LAB. FINDINGS

*X-rays of R ankle*

*None*

**HISTORY (Where, When, How)**

*6 weeks ago was swollen about the legs with  
discharge causing welts which subsided  
about 2 weeks ago. 6 days ago developed  
swelling & redness of R ankle. Was  
treated with pen, stabs, elevators & ice band  
ages. Returns today with increased pain &  
spreading of inflammation.*

**PHYSICAL EXAMINATION**

*Area of redness, swelling and pain about  
medial side of R ankle. Thomas sign (+)  
Heave several painful lymph nodes in  
inguinal regions*

I Consent to Treatment:

*Norman Butler*

Signature of Patient or Parent

WITNESS:

**TREATMENT AND MEDICATION**

**NOTIFICATION**

Police  
Pct.

Badge  
No.

Dep't. of Health  
(Division)

Medical  
Examiner

Other

**DISPOSITION**

☐ Treated & Released

☐ O.P.D.

Ward

Transferred to

**I REFUSE TO ACCEPT THE PRESCRIBED  
TREATMENT; I RELEASE THE HOSPITAL  
FROM ALL CLAIMS.**

Signature of Patient or Parent

WITNESS:

*Norman Butler MD*  
*02-1-10-50*

Signature of Physician in Attendance

M.D.

File original copies in the Record Room.

Admissions and Transfers—Duplicate copies should accompany patient.

Clinic Referrals—Send duplicate copies to the O.P.D. if requested by clinic doctor.

S.E. 5042 (Reverse side)



Dr. Eslowe (Kenneth)

He is shown <sup>also</sup> next to by Butler on Jan 21, 1965

Coin at 9.43 AM 8.8 registered -

04 Aug 1943 re registered - admitted  
 re right leg - he said hi - supposed  
 re right leg  
 asked about pen.

Treatment

NYC.gov/records NYC.gov/records NYC.gov/records NYC.gov/records  
 Arthur Scher James Trout Jr 25 - wounds of feet  
 shoes

Carla Anne Subag *Carla Anne Subag*

# WITNESSES EXAMINED

Steno	Date	Name and Address	Occupation	Age
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Jacobs Hospital - Butler treated  
by Dr. Norman Bloom  
inside right knee  
Could walk alright

Treated for inside of right knee.  
Discharge and returned.

Address Book taken  
w/ Mrs. Mussel Dames

Disposition:

## ORIGINAL CASE REPORT

Date of Report.....

TO: ALEXANDER HERMAN

From: Asst. D. A. ....

Time and Place of Injury:

Manner of Injury:

Place Statements  
taken

Police Officers  
Assigned:

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### DECEASED

Name:

Marital Status and Age

Home Address:

Business Address  
and Occupation:

Time and Place  
of death:

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### DEFENDANT

Name:

Home Address:

Business Address  
and Occupation:

Marital Status and Age

Arrested or Other  
Disposition:

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### SUMMARY OF FACTS