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¹ Deceased, May 13, 1940.
Welcoming Address to Freshman Class,  
September 27, 1939

ROBERT J. TERRY

Dr. Terry spoke on the subject of rest and diversion for the medical student as necessary for health, for the promotion of good work and for developing a background of interests to be pursued and cherished along with the practice of medicine.

In his student days he had neglected to take time off for rest and recreation with resultant serious effects to his health and loss of valuable opportunities of gaining inspiration from many sources offered in the environment in which he studied. Dr. Terry stated that he began the study of medicine at the College of Physicians and Surgeons in New York and maintained an almost unbroken programme of lecture taking, laboratory work and home reading for the school year. He saw almost nothing of the great city, missing its libraries, museums, theatres, concerts, and points of historical interest. He missed the inspiration he would have received if he had read Irving, Bryant and Walt Whitman in their own town. Although the opportunities were present he did not avail himself of them to go out into the beautiful surrounding country. He confessed having heard Robert Collier preach a powerful sermon, of having attended Pontifical High Mass at St. Patrick’s Cathedral on Easter Sunday, of having walked in Central Park occasionally and of attending Bashford Dean’s lectures on
fishes in Columbia College, admitting, however, that if said College had not been across the street from his boarding house on Madison Avenue and 49th, he would not, in all probability have seen that great institution. Dr. Terry completed his course in medicine in the Missouri Medical College in St. Louis, continuing his obstinate adherence to the programme of continuous and uninterrupted study, seeing none of his friends, going nowhere but to the school, spending his two vacations, the first in repeating the physiological experiments of Foster's Physiology, the second in attending clinics all the days of a St. Louis summer. Result: impaired health and a vacation in the South, and a vast hunger for the things in life outside of medical lore, that stir the imagination and warm the heart.

Continuing, Dr. Terry said that he regretted the mistake he had made by his isolation policy and if he were today entering the first year class in the Washington University School of Medicine he would set aside time for recreation and rest and take them. He would work strenuously over his studies during the week and let nothing save sickness or death interfere with his work. That week ends would be spent in seeking rest and diversion.

St. Louis and the country surrounding offer a rich field for diversion, with appeals to almost every taste and inclination. There followed in Dr. Terry's address citations of interesting things that he would do and places that he would visit week ends if he were a student in the School today: The beautiful grounds and fine buildings of Washington University; the Missouri Botanical Garden with its superb collections. As a stranger in St. Louis he would learn something about the City: its harbor created by Robert E. Lee, the Old Catholic Cathedral; the Court House where the Dred Scott case was tried; street names commemorating the founders of the City, Laclede, Chouteau, Lucas, of governors and officers of the upper Louisiana Territory, St. Ange de Bellerive, Carondelet; read the early romantic history of the City, successively in possession of Spain, France and the United States; see the grand plaza now in process of development; visit some of the fine public schools; St. Louis University, whose great medical school and hospitals he would visit. He would walk in beautiful Bellefontaine Cemetery and find the grave of the pioneer physiolo-
gist, William Beaumont. The industries of the City would draw attention: the great fur market, the manufacture of shoes, distribution of hardware and steel products. Dr. Terry said he would try to compensate for lost opportunities by going often to the exhibits in the wonderful Art Museum in Forest Park, enjoy our Symphony Concerts on Saturday nights, would see some of the best actors and the best films. He would early join the Public Library and read again Mark Twain and Eugene Field, Irving's Astoria and Charles Dickens' impressions of St. Louis in American Notes; hear inspiring sermons from the many able members of the pulpit in our churches; attend lectures and addresses of the leaders in modern thought who come to St. Louis. Performances at Sportsman's Park and Francis Field would be looked forward to with joyous expectation. He would find the City so full of a number of things as to make him pause and choose those that he would like best, not missing: the marvellous assembly of Lindbergh trophies, collections of the Missouri Historical Society and its fine library; the matchless Zoo; the tennis courts, baseball grounds and golf links in the meritorious park and playground system of St. Louis.

Said Dr. Terry, “Four years of week-ends is too short a time to taste of, let alone digest, all the good things that are spread before the student in the region where Washington University School of Medicine is located.” Leaving the City and following the Gravois Road the student would pass the log cabin home of Ulysses Grant. The Gravois is one of the roads leading to the valleys of the Meramec and Big River, inviting canoe dashes over riffles and holding hopes of landing bass. He would spend week ends on the Piney and Current and St. Francis Rivers; see the great springs that abound in the Ozarks, explore the State Parks, not failing to visit Onondaga Cave. If he were a student whose home was in the East, he would be specially intrigued by the Mississippi and Missouri Rivers. Perfect, lazy relaxation on a Mississippi steamboat, taking in the gorgeous panorama of trees in autumn; thrilled with the show of blooming apple orchards in spring! The Mississippi, calling to the imagination the explorations of De Soto; of Marquette and Joliet and the ill-fated LaSalle; the hazardous adventure of young Zebulon Pike, commissioned by
Jefferson to find the sources of the Great River. Across, in the American Bottom of Illinois, he would find the extensive group of Indian mounds, Cahokia being the largest in North America, and would feel his interest rise in noting its several resemblances to the pyramids in Mexico. Down on the Illinois side vestiges of Kaskaskia would recall to him the Indian councils of pioneer times, of Pontiac's rebellion; still further south his week-end trip might carry the student to Fort de Chartres, built by the French and in its day the strongest fortress in North America. The ferry near by carries to St. Genevieve, the oldest town in Missouri, where the student can see the ancient mansion of the French Commandant of Louisiana Territory, and visiting the old cemetery read on the stones the names of the first settlers, many of whose descendants became distinguished citizens of St. Louis. To the west, in a little cemetery in Potosi, rest the remains of Moses Austin, by whose vision, enterprise and courage began the American settlement of Texas.

The naturalist Audubon pretended to keep store in St. Genevieve with Ferdinand Rozier, but spent his time collecting birds and painting their portraits; ascended the Missouri River in 1843, seeing flocks of Carolina parrakeets and the ivory billed woodpecker now long extinguished by the gunner. The Missouri River will draw the student to follow its course and urge him to read of the establishment of the Spanish post at its mouth, to become Fort Bellefontaine in American possession and to have the command transferred to Jefferson Barracks; to read the narratives of the Lewis and Clark expedition up the Missouri to the Yellowstone and across the mountains to the Pacific; to explore the Boone's Lick region and see Daniel Boone's well preserved stone house; the spot where the German philanthropist, Duden, settled and by his letters to the Fatherland brought German families to farm the bluffs and found pretty towns in Missouri. He would enter Washington, the home of the "Missouri Meerschaum Pipe," Jefferson City with its magnificent capitol building; Arrow Rock and the old tavern figuring in western emigration, and there the home of Dr. John Sappington, who introduced quinine throughout the Mississippi Valley and so helped rid it of malaria, to the encouragement of settlement.
"Would I join a fraternity? Yes, if invited, and I would relish the festivities of Saturday night and would study the collections of examination papers set by the professor of anatomy. The student with musical training can pursue his art in one of the musical clubs of the University; the love of natural history will be fostered by joining the Bird Club.

"The catalogue of interesting things to take on in free time at the week end is too large and varied to present in my allotted time; but enough examples have been mentioned, I believe, to give an idea at least of the scope. Most of such activities can be enjoyed with little or no expense. I wish that it were possible for me to enter this School with the incoming class, to study medicine, clothed in its modern splendid garments, with zeal during the week, and pass the weekends in enjoyable and profitable diversion."

There will be a Medical Alumni Reunion, Wednesday, November 22, at the Southern Medical meeting. Good entertainment is promised. Lantern slides will be shown: "As they were then and as they are now!" Secure tickets and information at the Registration Desk. Dr. W. A. Ruch, '28, 899 Madison, Memphis, Tenn., is in charge of arrangements.
Department of Military Science and Tactics

The Reserve Officers' Training Corps (R. O. T. C.)

ELI E. BROWN, LT. COL., M. C., U. S. A.

Sixty years after the founding of West Point, in July 1862, the Civil War being then in progress, President Lincoln signed the Morrill Act. It provided that colleges and universities which had received grants of public land should maintain military training under government supervision, as part of their courses of instruction. It is one of the wisest of our laws. The Morrill Act gave birth to our Reserve Officers' Training Corps. It was not called the “ROTC” in those days but the land grant colleges, which include most of our great state institutions, have furnished many gallant and able officers for all of our wars since that time. These universities take a mighty and justifiable pride in the important service they have thus rendered to the Nation.

After the World War the value of the college trained officer was more fully appreciated. The provisions of the Morrill Act were greatly extended and improved and the ROTC as we know it today was established. Thus have we come, at last, to the only source from which our great need could be met. The ROTC is one of the most important of our national institutions. Upon an adequate national defense the security and continued existence of our country depend.

The college student who takes the ROTC course is performing the highest patriotic duty he is capable of rendering. He cannot exaggerate the importance of that duty. The ROTC affords to him, early in life the privilege of high patriotic service, and it affords him also training in the nation’s greatest school of good citizenship. He need not feel that one hour of this training is wasted whatever his future life may hold in store.

The ROTC includes a senior division in universities and colleges which grant degrees and in essentially military schools not conferring degrees, and a junior division in other schools, public or private. The senior division includes a basic course,
covering two years, and an advanced course, also two years. The two courses thus cover the ordinary span of a college course—four years, except in the land grant colleges. This establishment of the ROTC is voluntary with college authorities, but such a unit having been established, a student having enrolled in the course of instruction is required to complete a two year course as a prerequisite to graduation, unless he is relieved of the obligation by the War Department.

The ROTC consists of "Units" of the different branches of the Army such as Infantry, Cavalry, Artillery, and Medical. Thus at Washington University School of Medicine the Unit is Medical, while at the main University the Unit is Coast Artillery.

A school having complied with the legal requirements is entitled to have one or more officers and enlisted men of the Army (in the same branch of the Army as the unit he instructs) detailed as professor of Military Science and Tactics, assistant professors, and instructors, and to participate in the benefits of federal appropriations for the support of the ROTC.

The Medical ROTC was instituted at Washington University School of Medicine in 1921 and has continued to the present time with the exceptions of 1934 and 1935 when it was discontinued by the War Department as an economy measure.

The men who have held the position of assistant professor
of the department of military science and tactics at Washington University since its beginning are, in the order of their appointments: Major Robert W. Kerr, 1922-1924; Captain John R. Hall ('08), 1924-29; Major Robert M. Hardaway, ('10) 1929-1932; Major John R. Hall, 1932-34; Major Floyd V. Kilgore, 1934. Interim. Major Campbell H. Glascock, (D.D.S., Dental Corps), acting assistant professor, 1936; Major Joseph R. Darnall, 1936-38; and Lt. Colonel Eli E. Brown, 1938-.

The courses for the various branches are prescribed by the War Department. In the Medical ROTC the course consists of the following subjects:

**First Year**

National Defense Act and ROTC
Military obligations of Citizenship
Military History and Policies
Organization of the U. S. Army
Organization of the Medical Department, U. S. Army
Medico-Military History
Military Courtesies and Customs of the Service
Leadership
Military Sanitation and First Aid
Map Reading
Supply and Mess Management

**Second Year**

Tactics and Technique of the Separate Branches
Combat Orders and Solution of Problems (Medical)
Service with Medical Detachments
Organization and Employment of Medical Service with Infantry and Cavalry Divisions including problems and map exercises

**Third Year**

Military Preventive Medicine which includes:
  - Physical Examinations
  - Food and its relation to Disease
  - Prevention and control of Communicable Diseases
Military Administration
Defense against Chemical Warfare
Medical Aspects of Chemical Warfare
Aerial Photo Reading
Fourth Year

Military Law and the Law of Military Offenses
Courts-Martial
Military Hospitals
Medical and Surgical Diseases peculiar to War
Aviation Medicine
The Medical Service of large Forces including Illustrative Map Problems
The Medical Service of the Corps and of a Field Force
Officers' Reserve Corps
Property, Emergency Procurement and Funds

Medical students after satisfactorily completing the first 2 years of ROTC are admitted to the advanced course and are eligible to attend the ROTC Camp at a Military Post for a period of six weeks. The number attending these camps depends on the amount of the Government appropriation available. These camps are conducted usually shortly after the regular medical school term is over.

The Federal Government in addition to furnishing instructors also provide uniforms, arms, shelter and other equipment, food and medical care, without cost to the student. The students also receive, in addition, commutation of rations at a

Washington University Medical R. O. T. C. at Camp, Jefferson Barracks, Mo., 1939
rate fixed by the War Department not to exceed the cost of a garrison ration during their school course not to exceed two years. This sum amounts to about $100.00 per year. The student also receives travel allowances to and from camp, and during the period of the ROTC camp receives the pay authorized for soldiers of the seventh grade (pay grade) in the Regular Army and actual subsistence in lieu of commutation.

The object of the annual encampments is to supplement the military training during the college year with additional outdoor training, and to familiarize the students with the administrative and tactical functioning of troop units. The students are organized into provisional units and given all possible opportunity for training in command and leadership. The general object of the courses of instruction is to qualify the students for positions of leadership. The purpose of the basic course (1st two years) is to give the student a knowledge of the fundamental training requirements of his branch of service and to qualify him to instruct untrained civilians in the duties of privates, corporals and sergeants. The purpose of the advanced course is to qualify the student for a commission in the Officers' Reserve Corps.

The training the students receive at the ROTC Camp consists of calisthenics, drill, military problems, demonstrations of arms such as tanks, machine guns, chemical warfare gases, military sanitary camps, map reading, etc.

The afternoons are confined to athletics such as volley ball, soft ball, base ball, swimming, horseback riding, golf, tennis,
and wrestling. Reading and writing tents are provided along with theater and church facilities.

The Medical ROTC students of this Area, which comprises the following universities — Vanderbilt University, Indiana University, St. Louis University, State University of Iowa, University of Minnesota and Washington University, are trained as a unit, but each university has its own athletic team. Our school won the volleyball championship and finished second in softball.

The training period for the last camp began June 8th and ended July 19, 1939 and was conducted at Jefferson Barracks, Missouri. Total enrollment of the camp was 138.

The enrollment of Medical ROTC students at Washington University at the beginning of the 1939-40 school year was 145.

There will be a Washington Medical Alumni Reunion, Wednesday night, November 22, at the Southern Medical meeting in Memphis. If you are going, plan to be there.
The Role of Type Specific Antipneumococcus Serum in the Treatment of Pneumococcus Pneumonia

LAWRENCE D. THOMPSON

Serum has been advocated for the treatment of pneumococcus pneumonia in this country since the report by Cole and Dochez in 1913. The serum employed by them was type specific antipneumococcus horse serum and appeared to lower the mortality rate for Type I infections. The serum, however, was unconcentrated, large amounts were necessary, and reactions were frequent and severe. A type specific serum for Type II infection was also prepared but did not have so marked an effect in reducing the mortality rate as did the Type I serum.

During the following decade such horse serum was improved and refined and products such as Antibody extract, which was nearly protein free, were produced. In 1924 Felton devised a method for concentrating the serum. This procedure reduced the total volume of serum necessary and also reduced, but did not eliminate, the reactions to the serum. Polyvalent sera, combining Type I and Type II were made available and seemed to be just as beneficial as the type specific sera, provided an adequate concentration of each antibody was present. While these sera would definitely lower the mortality rate, particularly in Type I pneumonia, their use was largely limited to medical centers. The use of serum for the treatment of pneumococcus pneumonia by the general practitioner was not wide spread. This situation was due in part to a number of factors. In the first place, the reduction in the mortality rate, while appreciable, was still not all that could be desired. The incidence of thermal reactions and anaphylactoid reactions was relatively high. The incidence of subsequent serum sickness was also over 50 per cent. Typing of pneumococci was a long process and, particularly in the outlying districts, was not readily available. Many cases of pneumonia which were probably not caused by the Types I or II pneumococci were treated with unsatisfactory results.
In 1929 our conception of the term “pneumonia” began to change. Through the work of Cooper and others we came to regard “pneumonia” as comprising thirty or more definite specific infections. The incidence of the various types were reported in the next few years from a number of centers and it was noted that the type incidence varied in different centers and from year to year. We no longer were careful to classify pneumonia as “lobar” and “lobular” but we came to recognize a case as a specific pneumococcus infection due to either Type I, Type II, Type III, Type IV, etc. pneumococcus with the distribution of the lesions either lobar or lobular. The Neufeld method of pneumococcus typing, which is a much more rapid process than the old mouse injection method came into wide use. The use of type specific horse antisera increased. The definite lowering of the mortality rate reported, with the lower incidence of reaction seemed to give serum treatment a definite role in the treatment of pneumonia.

Type specific rabbit antipneumococcus serum had first been used experimentally by Klemperer and Klemperer in 1891. Rabbit serum was revived in 1937 by Horsfall and Goodner et al. and reports of its use in the human showed a much more marked lowering of the mortality rate than the use of horse serum. Wood in reviewing the literature lists the following advantages of rabbit serum over horse serum:

“1. Unconcentrated rabbit antiserum has a relatively high mouse protection potency as compared with unconcentrated horse antiserum.
2. The antibody contained in antipneumococcus rabbit serum is three or four times smaller than that contained in horse antiserum and might therefore be expected to penetrate infected tissues more readily.
3. More than optimum amounts of horse antiserum inhibit the protective action of the serum in mouse protection tests, but no such “prozone” phenomenon can be demonstrated with rabbit serum.
4. Rabbits may be immunized in four weeks, whereas six months may be required to obtain potent horse serum.
5. The cost of production of rabbit antiserum is estimated to be considerably less than that of horse antiserum, especially for the rarer types of pneumonia, for which it is desirable to produce relatively small amounts of serum.”

Numerous reports on the use of unconcentrated rabbit antipneumonia serum have appeared since 1937. More recently several reports have appeared on the use of concentrated rabbit antipneumococcus serum. These various reports have indicated mortality rates in the neighborhood of 10 per cent
rather than the 18 to 20 per cent rates formerly reported by the use of horse serum. Rabbit serum appears also to have the advantage of producing less serum sickness than horse serum.

A study of the literature up to 1939 seemed to justify the following opinions:

1. All pneumonia infections should be typed as early as possible, preferably by the Neufeld method.
2. Type specific rabbit antiserum should be given in adequate amounts (100,000 to 300,000 units) at the earliest possible moment. Of course, all precautions against sensitivity should be observed and close watch kept for immediate reactions.
3. Type III pneumococcus infections are little affected by type specific serum.
4. The earlier in the disease that the serum is given the lower the mortality rate resulting.
5. The peak of mortality rate occurs in the fifth to seventh decades regardless of types of infection and the day of disease on which treatment is instituted.
6. The presence of a bacteremia adds markedly to the seriousness of prognosis and frequently of complications.

Thus the role of type specific serum in the treatment of pneumonia seemed to be very definitely established. However, in the fall of 1938 and early in 1939, based on experimental work in the previous eighteen months, a new drug, sulfapyridine [2 (P-amino-benzenesulfonamido) pyridine] was introduced in the treatment of pneumococcus pneumonia. No attempt will be made in this brief report to review the literature leading up to the introduction of this drug and the already voluminous literature since then on the results of its use and theories of its mode of action. During the past winter it was our privilege to use this drug in a series of 145 cases of pneumococcus pneumonia of various types. During the same season we were privileged to treat a series of 126 cases of pneumonia of Types I, II, V, VII, VIII and XIV with unconcentrated type specific rabbit antipneumococcus serum. The results of the two series compared favorably with other reports so far as mortality rates were concerned. The serum-treated series showed a gross mortality rate of 7.9 per cent. Whereas the drug treated series showed a gross mortality rate of 9.09 per cent. These figures, however, are not strictly comparable as the drug-treated series contained 26 Type III pneumococcus infections while the serum-treated series contained
none of this type. The mortality rate of Type III cases treated by the drug was 16 per cent, with a bacteremia incidence of 8.3 per cent. This figure is in keeping with other reports on the use of the drug in Type III infections and is markedly lower than the expected mortality rate of something over 50 per cent.

No conclusions can be drawn from the relatively small number of observations as yet available. Impressions only can be stated.

1. The type specific rabbit antipneumococcus serum seems to be more effective than horse serum in the treatment of most types of pneumococcus infections and a satisfactory method of treatment for most types.
2. Type specific serum therapy for pneumococcus Type III infection does not appear to be very effective as yet.
3. Sulfapyridine is a definite advance in the treatment of Type III pneumonia infections and to date is superior to serum therapy.
4. Sulfapyridine is of definite value also in the treatment of pneumococcus infections of types other than Type III, particularly in cases where typing cannot be performed. There is some suggestion, however, that certain types may be "drug fast" and thus not respond satisfactorily.
5. Type specific serum treatment with rabbit serum still entails some danger due to an appreciable incidence of sensitivity and is followed in about 30 per cent of the cases by serum sickness.
6. Sulfapyridine has many toxic side effects which makes its indiscriminate use by the general practitioner dangerous.

At the present time therefore the exact role of serum in the treatment of pneumonia cannot be stated dogmatically. Further observations must be made. More detailed study of sulfapyridine and similar drugs must be carried out. There is now the suggestion that the drugs act more readily when some antibody is present. The final answer may be some combination of serum and drug therapy.

REFERENCES


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Don’t forget the Washington University Medical Alumni Reunion at the Southern Medical meeting (Wednesday night, November 22). Get tickets and information at the registration desk at the meeting.
The Prophylaxis and Therapy of Tetanus

PHILIP L. VARNEY

Many of the major wars of history have been fought over soil heavily infected with tetanus spores. The frequency with which these organisms infect soldiers wounded while fighting in such areas has led to a rather widespread belief that tetanus is primarily a war disease rather than one of civilian life. Its occurrence is almost invariably unexpected both by the physician and the patient, with consequent delays in treatment which seriously affect the outcome. This is shown by the mortality rate, which even in well conducted general hospitals, is seldom less than 45 per cent and frequently is as high as 90 per cent. A comparison of these abnormally high rates with the low, and in some cases, insignificant tetanus mortality rates of institutions in which tetanus is adequately treated by properly trained teams of physicians points not only to the need for wider dissemination of knowledge of what adequate treatment consists in, but also to the desirability of extending the practice of widespread active immunization against diseases such as diphtheria to include tetanus.

Part of the blame for the high tetanus mortality rate must be borne by the victims themselves who, astonishingly enough, frequently request medical aid only after symptoms of tetanus have become fully established and the pain unbearable. The belief is widespread that little can be done to save a patient who is first seen at this stage of intoxication. When antitoxin is available it is frequently administered in grossly inadequate doses under circumstances which harm rather than benefit the individual. Attention to outward symptoms of intoxication may blind the attendant to the fact that his patient is starving to death or is becoming dangerously dehydrated. Tetanus toxin alone rarely, or never, produces irreversible changes in the central nervous system or other tissues incompatible with life. Death is usually due to one of the preventable factors previously described, or to the profound shock and exhaustion caused by unalleviated pain and muscular contraction. Adequate and proper care of the patient by attendants suffices to minimize these causes of death. There remains then only the
need for removal of the focus of infection and the early and proper use of passive and active immunization to neutralize and prevent the further effects of free toxin, or that stored at the site of infection, in order to increase greatly the chances for recovery of the patient.

The average physician rarely is called upon to see or treat a case of tetanus and seldom has more than a vague conception of the procedure required adequately to safeguard the patient. The procedures outlined below may, therefore, serve as a brief description of the chief steps to be carried out in treating every case of tetanus. Each of the steps should be completed before proceeding to the next, to avoid harming the patient. Application of one of the steps to a particular patient, with failure to use the others is of little value to the victim.

The patient is isolated in a sparsely furnished, dimly lighted room, protected from external or internal noises or other stimuli, and anesthetized immediately with one of the relatively non-toxic anesthetics such as avertin. Properly prepared solutions of avertin in doses of 70-80 mg. per kilo of body weight may be introduced rectally as often as required to maintain relaxation of the patient. Deep anesthesia is unnecessary and undesirable.

The patient is tested for sensitivity to horse serum, and if he reacts negatively to this he should receive immediately a large dose of antitoxin intravenously. Drugs to alleviate serum reactions should be instantly available. Adults of average weight should receive not less than 100,000 units of antiserum slowly and cautiously. Unless the patient is sensitive to it, injection of serum by the intramuscular or subcutaneous route should be avoided because of the slowness of absorption. Whenever possible introduce the serum so that it reaches the blood stream in minimum time. Desensitization of sensitive individuals should be attempted with a view of enabling them to withstand subcutaneous or intramuscular injections of antitoxin, but it should be understood that individuals so treated are less well protected than individuals who have received serum intravenously. Intraspinal introduction of serum is dangerous and unnecessary. If the level of blood antitoxin equals or exceeds one unit of antitoxin per cubic centimeter, the normally impermeable blood-brain barrier becomes per-
meable to antitoxin which thereupon spills over into the cerebrospinal fluid.

A single massive dose of antitoxin frequently will protect a patient against tetanus intoxication until he completely recovers, but reinjection of serum into previously normal individuals should be practiced preferably not later than the seventh day if the focus of infection remains, or the wound is extensive or severe and is badly contaminated. If additional serum is needed again it should be given at decreasingly short intervals to properly protect the patient. Individuals who are initially sensitive to or who develop sensitivity to horse serum eliminate it rapidly and will require additional antitoxin not later than the fourth day, and occasionally much sooner.

Passively conferred immunity is temporary at best and soon disappears so that the patient is susceptible to reintoxication immediately or at some time in the future. Tetanus spores may persist in normal tissues indefinitely in a dormant form, and may eventually vegetate and produce idiopathic tetanus. To protect the patient adequately, therefore, we must incite his tissues to develop a lasting active immunity of their own, preferably during the period they are protected from damage, by circulating antitoxin obtained from the horse. Homologous antitoxin is known to be more effective than serum from heterologous sources in protecting tissues; thus actively produced circulating antitoxin is of distinct benefit to the patient therapeutically, shortens the course of intoxication, decreases or eliminates the need for additional antitoxin from the horse, and eliminates the danger of idiopathic tetanus.

Studies begun by the author and Doctor Bronfenbrenner in 1930, in an effort to develop methods for combining active and passive immunity, were successfully concluded in 1932. The procedure is as follows:

As soon as the patient has been passively immunized by means of intravenous injections of antitoxin, 0.5 to 1.0 cc. of alum-precipitated tetanus toxoid is injected intracutaneously. The patient should be anesthetized because of the pain. The toxoid may be injected at one or more sites. These intracutaneous injections are repeated on the fourth and seventh days. The alum-precipitated form of toxoid must be used in preference to other available preparations, and it should con-
tain the original undissolved precipitate. Active immunity develops rapidly in spite of the circulating horse serum, so that massively infected experimental animals, protected by a single injection of antitoxin which alone sufficed to protect control animals for only seven days, failed to develop any symptoms of tetanus. Humans treated by means of this procedure developed active immunity readily, so that within 30 days each cubic centimeter of their serum neutralized 30,000 mouse m.l.d. of tetanus toxin.

Plain toxoid used in a similar manner stimulated the formation of only bare traces of antitoxin in 30 days. When injections of alum toxoid were made using the subcutaneous or intramuscular routes of introduction, antitoxin developed much more slowly and to a markedly poorer titre.

Debridement should be practiced as soon as the preceding steps have been completed. Surgery should be no more radical than if the possibility of tetanus developing was absent. Necrotic tissue and debris should be removed and the wound opened and washed out with a freshly prepared chlorine disinfectant, hydrogen peroxide or sodium perborate. Fresh loose pads soaked in disinfectants should be applied to the wound at intervals. Cautery is contraindicated.

The food supply should be adequate in caloric value for a strong working man. Hard foods necessitating chewing are hazardous for the patient and should be avoided. Liquid foods high in available carbohydrate are to be preferred, especially if they can be injected intravenously by the continuous drip method. Nasal feeding should not be encouraged since it may result in aspiration of food and resulting pneumonia.

The Prophylaxis of Tetanus

Individuals who have been injured in a manner which permitted the entry or possible entry of tetanus spores into wounded tissues and who are not sensitive to horse serum may be temporarily safeguarded by means of a single subcutaneous or intramuscular injection of antitoxin. The dosage varies from 1500 to 10,000 units depending upon the location or severity of the wound, or the degree to which it has been contaminated. Wounds acquired in modern indoor industrial establishments are rarely dangerous unless they occur upon the limbs. Wounds acquired while working or playing in
heavily infected barnyards, or those made by objects formerly in intimate contact with the soil, should always be considered potentially dangerous.

The passive prophylaxis of tetanus is fraught with dangers due to the possibility of serum reactions, and indeed many fatal anaphylactic reactions have been recorded. Serum sickness may, and frequently does, develop following the injection of even small doses of antitoxin. Serum paralysis occurs only rarely. Should these drawbacks to the use of antitoxin fail to materialize, the patient may still develop sensitivity to horse serum, or may lose his passive immunity so rapidly that tetanus may develop in spite of the introduction of antitoxin. In the latter event, however, the incubation period of the disease is usually greatly prolonged and the mortality is accordingly low. Nevertheless, the disadvantages and dangers of serum prophylaxis of tetanus have been sufficient in number to induce investigators to seek improved methods of protecting mankind. These methods entail the use of active immunization, which is brought about by the use of toxoids identical to those previously described.

During the latter part of the nineteenth century Japanese, French and German workers found that the toxin of Cl. tetani could be easily altered by chemical means so that it became relatively atoxic, although it still produced antibody formation in animals. Loewenstein in 1909 theoretically improved upon the preparation of the immunizing agent, and was the first to prepare formolized toxoid as used today. His results were unsatisfactory, as were those of von Eisler, who used similar methods. Ramon in France was the first to prepare an active immunizing agent of high potency which, upon injection into animals and man, stimulated the development of a potent antitoxin. This plain toxoid or anatoxin was too rapidly eliminated from the body to be considered a good antigen. By adsorbing the toxoid upon sterile tapioca starch or sterile aluminum hydroxide, however, Ramon and Glenny respectively discovered that the toxoid remained adsorbed upon the colloidal particles and upon injection into tissues had a marked and lasting antigenic effect. Cellular responses of the body walled off the toxoid into “islands” which remained to stimulate antitoxin formation for long periods of time.
Either alum-precipitated or tapioca toxoid may be mixed with other antigens and injected into tissues, with the result that instead of interfering with each other, a higher titre of antibodies is actually produced against each of the component antigens than had they been introduced independently of each other. Thus it is feasible to mix diphtheria and tetanus toxoids, tetanus toxoid and typhoid vaccine or B. C. G., etc. A combined tetanus-diphtheria toxoid is available on the American market, and the use of this product should be encouraged. The additional expense of combining diphtheria and tetanus immunization is slight, and the procedure offers a safe means of protecting against both diseases. Today both French soldiers and animals used in war are routinely immunized against tetanus. This movement has spread to other nations, as a result of which tetanus should be encountered in the present war among wounded soldiers much less frequently than during the World War.

Active prophylaxis against tetanus may be accomplished with the aid of any one of the various preparations of toxoid, and these may be introduced in a variety of ways and at different time intervals. Ramon recommends the subcutaneous injection of three doses of toxoid adsorbed on tapioca, in volumes of 0.5 to 1.5 cc., at intervals of several months. Because the procedure is easier, many workers recommend two repeated injections of alum-precipitated toxoid in doses of 0.5 cc. each, at intervals of from two weeks to two or more months. Immunity following the repeated injection of three doses of toxoid is superior to that developing after two injections, both as to final antitoxin titre and in the number of treated individuals who become immune. Expediency thus becomes the only excuse for the two injection method of immunization commonly used today in American communities. The results of attempts to immunize man by means of one injection of toxoid have been uncertain and variable.

The rate and intensity of antitoxin formation following active prophylaxis is dependent to a considerable extent upon the route of injection and upon the time intervals used. Toxoid deposited intracutaneously stimulates a very rapid formation of antitoxin, and very high titres are obtained, but the method is too painful to be used on other than anesthetized individuals.
Subcutaneous administration of toxoid is the next most efficient method, while intramuscular administration of toxoid results in a slow production of antitoxin, the titre of which remains comparatively low. However, if the intervals between injections are increased from weeks to months, each successive injection of toxoid, regardless of its route of administration, may cause a sudden outpouring of antitoxin so that the blood will possess very high antitoxin titres. This anamnestic reaction may accordingly be used to solidly immunize man, and the blood of individuals so treated may be found to have marked therapeutic effect when transfused into patients suffering from tetanus.

The degree of immunity produced by active prophylaxis varies unpredictably in different individuals, within very wide limits, some individuals showing only traces of antitoxin as the result of their experience, others possessing antitoxin measurable in terms of units per cubic centimeter. The duration of immunity shows equally great variations. Certain individuals with initially high titres may show a rapid falling off in titre, which soon reaches very low levels, whereas other individuals who may have had a lower initial titre may retain their antibodies for years. Many American investigators who base their beliefs on the results of blood antitoxin titrations have been skeptical as to the long duration of immunity, but in the majority of cases it is probable that tissue immunity persists at least several years after immunization, in spite of low blood antitoxin titres. That immunity exists is shown by the fact that a stimulating injection of toxoid in these individuals is followed by a sudden outpouring of antitoxin, while in experimental animals refractoriness to infection may actually be demonstrated experimentally long after the blood antitoxin has disappeared.

Unfortunately no skin test to determine presence or absence of immunity to tetanus is available, necessitating blood antitoxin titrations of each individual.

Individuals who have been previously actively immunized, even several years in the past, should not be given antitoxin in the event of a new injury normally necessitating its use, but instead should receive a single subcutaneous injection of alum-precipitated toxoid.
Dr. Evarts A. Graham Honored by Former House Officers

When a great teacher has reached the age of academic retirement, his former students usually show their appreciation of his endeavors in some way. Sponsored chiefly by the Germans, this has generally taken the form of the publication of scientific articles in a special edition of some medical journal and is popularly known as a “Festschrift.”

An unusual departure from this type of celebration was observed recently at Washington University when a group of students returned to do honor to a teacher in the prime of his life. Several years ago, former house officers of Dr. Evarts A. Graham decided to make the twentieth anniversary of his professorship of surgery an occasion for a reunion. Approximately forty of them gathered here on October 11 and 12 and presented a scientific program representing recent accomplishments. The program was as follows:

**WEDNESDAY, OCTOBER 11**

The Relation of Intrabronchial Pressure and Minimal Lung Function in Intrathoracic Surgery

W. E. Adams, Chicago, Illinois

Heart Disease with Particular Reference to Coronary Arteriosclerosis and its Sequelae....W. S. Priest, Chicago, Illinois

Roentgen Therapy for Bronchiectasis

Maurice Berck, New York

Hemothorax: Its Relation to Carcinoma of the Lung

H. L. Cabitt, Boston, Mass.

Hydatid Disease of the Lung

H. J. Hayden, Melbourne, Australia

Sclerosis of Lung from Radiation Therapy, Causing Intractable Cough .........Byron F. Francis, Seattle, Washington

Brain Tumor, Known Twenty-three Years Duration, Operation, Recovery..............W. B. Ehrlich, Newark, New Jersey

The Menopausal Age in Women with Cancer of the Breast

I. Y. Olch, Los Angeles, Calif.

Some Preliminary Experiments in Tetanus

W. D. Thompson, Philadelphia, Pa.
Axillary Approach with Muscle Splitting Incision for Extrapleural Pneumonolysis
Minas Joannides, Chicago, Illinois

Sulfanilamide and the Tubercle Bacillus
Harry C. Ballon, Montreal, Quebec

The Role of Vasospasm in Thrombophlebitis
Alton Ochsner, New Orleans, La.

Calibrate Intermediate Skin Grafts
E. C. Padgett, Kansas City, Mo.

THURSDAY, OCTOBER 12

Two Interesting Thoracic Cases
J. W. Gale, Madison, Wisconsin

The Effect of Experimental Partial Obstruction of the Cystic Duct

The Treatment of Postoperative Pulmonary Complications
with Especial Reference to Intratracheal Suction
Lyman Brewer, Ann Arbor, Michigan

Gastric Resection
W. B. Gnagi, Jr., Monroe, Wisconsin

Extrapleural Pneumonolysis (paraffin filling) at State Tuberculosis Sanatorium of Georgia
Edward Grove, Gainesville, Georgia

L. C. Barrette, Sacramento, Calif.

(Read by title) Some Special Uses of Extrapleural Pneumonolysis
R. C. Brock, London, England

(Read by title) The Influence of Emotional Factors upon the Esophagus
Wm. B. Faulkner, San Francisco, Calif.

Chest Surgery Then and Now
Evarts A. Graham

Brian Blades

Mixed Tumors of the Lung
Nathan A. Womack

Operation for the Development of a Collateral Circulation to the Heart
Peter Heinbecker

Cancer about Face and Neck
V. P. Blair

Malignant Brain Tumors
Ernest Sachs

Intravenous Administration of Amino-Acids
Robert Elman

A Method for the Administration of Crystalline Hormones
Duff S. Allen

The Surgical Treatment of a Selected Group of Intracerebral Hemorrhages
Leonard Furlow

Many who were unable to attend sent messages. Approxi-
THE WASHINGTON UNIVERSITY

Surgical Staff in 1920


Back row: Francis H. Straus, Glover Copher, George Belcher (deceased), Earl Padgett, Bransford Adelsberger (deceased), E. P. Lehman.

Approximately two hundred former surgical house officers and surgical fellows sent greetings from all parts of the world. Approximately thirty-five states were represented, as well as Canada, England, Scotland, France, West Indies, Trinidad, Hawaii, China, Japan, Siam, and Australia.

The scientific program was followed by a dinner in honor of Dr. Graham, attended by 170 former house officers, and colleagues of his in St. Louis. Acting as toastmaster was Dr. Graham’s first surgical resident, Dr. E. P. Lehman, now professor of surgery at the University of Virginia. Among the speakers were Dr. Allen O. Whipple, professor of surgery at Columbia University in New York; Dr. Philip A. Shaffer, dean of the Washington University School of Medicine; Dr. Malvern B. Clopton, president of the Corporation of Washington University; Dr. J. G. Hayden of Melbourne, Australia; Dr.
Harry Ballon of Montreal; and Dr. Warren Cole, ’20, professor of surgery at the University of Illinois. These men paid tribute to Dr. Graham as a scientist, a surgeon and as a teacher of medicine. Telegrams were read from former students and friends in all parts of the world.

At the close of the dinner it was announced that a lectureship was to be established at the University in honor of Dr. Graham by his former students, which would bring outstanding men in the surgical world to speak at the School.

In closing this account of what Dr. Graham has meant to the men he has taught, of the signal honor and recognition which a living man has gained, it seems fitting to quote the following editorial which appeared in the St. Louis Post-Dispatch:

**DR. GRAHAM AND THE COMMUNITY**

“Sir William Osler, the eminent Oxford physician, laid down three criteria for the truly great doctor. Such a man, he said, is, first of all, faithful to his patient; secondly, he is a good teacher and, finally, he is a tireless student—a painstaking researcher.

“Because so few can meet this three-fold test, it only adds to the stature of Dr. Evarts Graham, of the Washington University Medical School faculty, to say that he has distinguished himself in each field. Patients from far and wide have sought his ministrations. He has sent students to all parts of the world. And few living men have made greater contributions to the advancement of surgery.
“Former associates and pupils last night celebrated Dr. Graham’s twentieth anniversary as a professor of surgery here in St. Louis. Before sitting down to the festive table, they recounted his scientific innovations and the advances to which they were inspired by his teaching. This gathering was no mutual admiration society, but rather a post-graduate clinic. Yet, somehow, the discussions only skirted the importance of Dr. Graham to St. Louis.

“This is, in short, that he is a paragon of the men who have made possible here such an institution as Barnes Hospital, combining as it does the facilities of a nursing home with all the resources of a great medical school. There are few like it in all the country. Perhaps only the great medical centers of Boston, New York and Chicago can rival it. And so it acts as a magnet for great men of medicine, offering them advantages not to be dreamed of elsewhere, and, through them, to the people of St. Louis a healing service that is to be expected in few other communities.

“Dr. Graham might easily have set out to become a wealthy man. It would have involved no disloyalty to his patients. However, he chose to work for a modest university teacher’s salary, turning over all his fees to the school. That has meant not only a higher kind of service to his own patients, but a great boon to patients everywhere. He has utilized the facilities of Barnes to teach, and to investigate some of the many dark problems that modern medicine has still to solve.

“Certainly, the hospital has not been the least of the beneficiaries of the modest and yet amazingly efficient work of men like Dr. Graham. As a mere nursing home, like many another, it might have filled a limited need in the community, but it would not have been an institution to which those whose hope is almost gone come from up and down the land.

“It is true that men make institutions, but it is also true that institutions make men. There could be no Barnes Hospital without men like Dr. Graham. Also, if he is to have his unselfish and enlightened successors, men who are explorers of all the frontiers of medicine, be they scientific or economic, it will be because they have ready at hand the combined facilities of school and hospital as they now have at Barnes.”
Editorial Notes

With the completion of Volume 2 of the Quarterly, Dr. R. J. Terry asked to be relieved of his active editorial duties. Dr. Terry is responsible for the high standing which this journal has achieved; within the short space of two years it has come to be recognized as one of the best of such alumni publications.

The present issue is the first to appear under the direction of the newly appointed Editorial Board. It is our hope that the high standards established under Dr. Terry's editorship can be maintained; we are gratified that he has agreed to continue to serve on the Editorial Board.

The continued success of the Quarterly will depend largely upon the degree of cooperation of its readers, who are urged to send in any items of interest, appropriate for publication, and to make suggestions as to how the Quarterly may be improved.

The Dean's Corner

With this number of the Quarterly, the first of its third volume, a new Editor and Editorial Board take the helm. After two years of loyal, devoted and very successful direction of the Quarterly, during which period the publication has been established as an interesting and effective means of continued contact between alumni and the School, Dr. Terry asked that he be relieved of the burden of the editorship,—a burden which he reluctantly consented to accept only for the first short period. Every alumnus and every member of the faculty will wish to join in thanks to Dr. Terry for his splendid service in establishing this Quarterly.

With the cooperation of a committee of alumni, Drs. Blair, Day and Jorstad, the new Editor and Board have been selected and their consent secured to become responsible for this periodical. The Board is again composed of alumni of the School, except only for the dean (ex officio) and the alumni secretary. To Dr. H. L. White, the new Editor, and to the Board, this Corner offers fullest possible support and coopera-
tion as well as the thanks of the faculty for the important duties they will perform.

The space allowed this Corner permits only a word or two to explain the one mystery about the Quarterly: where is number three of the 1938-39 volume, and who lost it? The answer is, it is still in manuscript and the dean (not the editors) is responsible for the mishap and delay. On request Dr. Terry consented that the issue be prepared in the Dean's Corner as a pictorial invitation to alumni to return for the A. M. A. meeting in May. Too slow collection of material and pictures prevented its printing in time for the meeting; and it has since been neglected for more urgent duties. It will in time take its place on the reading tables of alumni, and will contain some pictures of the School and its staff that will make it worth waiting for. When you become impatient about that number, just blame the Dean's Corner.

Plan to get to Memphis for the Southern Medical, and don't forget the Medical Alumni Reunion, Wednesday, November 22.
News of the School

WASHINGTON UNIVERSITY REPRESENTATIVES AT ANNUAL MEETING OF THE IDAHO STATE MEDICAL ASSOCIATION

Although Northwest Medicine has pioneered many movements, the idea of having one medical school provide the entire program for the state medical meetings was an innovation that Idaho introduced several years ago. It apparently has proven eminently satisfactory because of its continuance, if one may judge from its continuance. Two years ago the faculty of Northwestern University School of Medicine furnished the program for the state meeting. Last year the University of Michigan was afforded that privilege, and this past summer representatives of Washington University School of Medicine were similarly honored. The annual meeting of the Idaho State Medical Association was held at Boise, August 23 through August 26, 1939. The Hotel Owyhee was designated as the convention hotel and the scientific sessions were held in its convention hall. Dr. F. G. Gibson, President of the Idaho State Medical Association, presided over the sessions which consisted of lectures and clinics conducted by Dr. David P. Barr, Dr. Sherwood Moore, Dr. Alexis F. Hartmann, Dr. Otto Schwarz, Dr. Nathan Womack and Dr. Franklin E. Walton. The registration and attendance of the Idaho meeting proved very gratifying to the local committee on arrangements and to the speakers alike. The annual president's dinner, at which Dr. Robert Smith, Class of '33, presided as toastmaster, and which was attended by Governor Ross of Idaho among other celebrities, was one of the highlights of the meeting. The guest golf prize was won by Dr. Otto Schwarz. Dr. Alexis Hartmann dashed off to Spokane to address the North Pacific Pediatric Society on Saturday, August 26, and prepared the way for the remainder of the Washington University contingent to open the program at Spokane August 28 for the fiftieth annual meeting of the Washington State Medical Association. Those participating were Drs. Barr, Moore, Schwarz and Womack, who delivered formal papers. The guest of honor at this fiftieth jubilee celebration was Dr. Olin West and the
registration was the greatest in the history of the Washington State Medical Association. The guest golf prize was again won by Dr. Schwarz. The annual meeting of the Oregon State Medical Association was held in Gearhart, Oregon, September 6 to 9. Drs. Schwarz, Hartmann and Womack delivered papers which constituted the bulk of the scientific program. Washington University Medical School appreciated the honor conferred upon it by Northwest Medicine and its representatives were thoughtfully received at all three state meetings. Many opportunities were afforded former students to discuss their local problems with these members of our faculty and in spite of the formal nature of the meetings many of the sessions took on the aspect of a Washington University Medical School reunion.

THE MODERN OREGON TRAIL
FRANKLIN E. WALTON

It has been 135 years since Thomas Jefferson suggested to his private secretary, a young man by the name of Meriwether Lewis, that it might be a good plan for him to investigate this “pig in a poke” that was purchased in the year 1804. Meriwether Lewis in turn asked for the services of his confidant, a young army officer by the name of Captain James Clark. They formed the nucleus of the Lewis and Clark Expedition which left St. Louis along with a band of 34 other adventurers in a scow, the purpose of which was to explore the northwest by way of the Missouri river. This was quite a contrast to the day and a half trip from St. Louis to Denver, Colorado, which represented the first stage of an 8,000 mile journey to renew acquaintances with alumni, visit hospitals in which our graduates were interning and to form new contacts for the medical school.

Colorado General, the Denver General, St. Luke’s, and the Presbyterian Hospitals of Denver were visited and then the nose of the trusty Ford was turned northward in the direction of Yellowstone Park. Washington University Medical School was even represented in this national park because of the presence of Bob Young, one of our senior students, who is the chief usher at the Old Faithful Lodge. If one could have picked the right spot they would have found the Busch Professor of Medicine, Dr. David P. Barr, whipping up the waters of a
small stream in the neighborhood of West Yellowstone in search of the elusive trout. Dr. Barr arrived at Boise apparently in the last stages of good health as demonstrated by a healthful tan but in a rather troutless fashion. It seemed like old home week at Boise to have Ralph Jones of the Class of '35 run the lantern for the lectures during the four days, Robert Smith of the Class of '33 toastmaster at the president's dinner, and to see many other graduates in this particular community. After this four day meeting during which Dr. Schwarz covered himself with glory in the golf tournament, we again headed northward and spent an evening at McCall, Idaho, the scene of the filming of the current movie "Northwest Passage," and the heart of the Payette lake country. There was an interesting squib in the commercial filler for the Payette Village Bugle which stated that two St. Louis surgeons, Drs. Arbuckle and Graham, were revolutionizing chest surgery by removing lungs en masse. Although I had encountered this scientific feat in medical journals on several occasions, this was the first time I had even seen it in the commercial filler of a local newspaper. One copy of this was sent to the committee on ethics of the local medical society. The caravan received similar excellent treatment at Spokane and were cordially greeted by "Pos" Adams, Fred Horning, and some 32 other members who were kind enough to gather in the convention hall while your representative showed them an hour's slides of the Medical School before, during, and after. I believe the oldest graduate I encountered in this meeting was Dr. Kunz, Class of '98. The only casualty in Spokane was the temporary loss of Dr. Barr in a dust storm while viewing Grand Coulee Dam. We then pushed westward, and after driving some 208 miles in 180 minutes through the equivalent of the salt flats of Bonneville at one stage of the trek, we arrived in Seattle. Paul Rollins, Class of '28, was kind enough to show us around the King County Hospital, where I encountered Harvey Bingham, Class of '38, in the act of scrubbing up for an operation, and McElroy, Class of '39, in the process of becoming adjusted to his new environment. A covert inquiry regarding Dr. Rollins revealed the fact that he was delivering most of the physicians' wives in Seattle which is an excellent criterion of his apparent status in the
medical eyes of the community. Dr. Caleb Stone, Class of '26, one of the surgeons of the Virginia Mason Clinic, was seen and we found him as active as ever. Dr. Rollins arranged for a salmon fishing expedition by chartering a cruiser and guide, and Drs. Womack and Barr enjoyed the pitch of the boat and a fine rainstorm on Puget Sound. Several members of the expedition had the good fortune to find Dr. Edward West, Professor of Bio-Chemistry at Oregon State Medical School and former Associate Professor of Biochemistry at Washington University. Dr. West was supremely happy and the salmon run apparently was much to his liking at that time. After being lost in the redwoods for a few hours, we finally arrived at San Francisco, visited the University of California, Stanford Medical School Hospital, and then pushed further southward to Los Angeles. Two pleasant days were spent there visiting Richard Taylor, who is doing an excellent job in radiology at the Good Samaritan Hospital and who has become gracefully gray and is as handsome as ever. Colby Hall is holding forth in the practice of otolaryngology in his usual fine fashion, is perhaps a bit heavier, has a few less blond hairs and is very proud of his pilot's license. Colby apparently does a bit of flying for sport but has not yet crossed the Great Divide. We spent a pleasant evening with Dr. I. Y. Olch, formerly Assistant Professor of Surgery at Washington University.

We had planned to return by way of the southern route so we could visit our men in Flagstaff, Phoenix, Albuquerque, so forth. But you can imagine our disgust at being washed out in the middle of the American desert and marooned in a bit of hard road because of the recent rains. Old settlers said this was the first time that rain had fallen in this neighborhood for 32 years. It did, however, compel us to re-route our course and return by way of Salt Lake City, Denver, and the Kansas plains. During the trip almost 200 alumni were met and the two questions foremost in most of their minds were, first, what new is going on around the Medical School; secondly, what happened to the April number of the Medical Alumni Quarterly.
DR. O. H. SCHWARZ RESIGNS AS PROFESSOR OF OBSTETRICS AND GYNECOLOGY; DR. W. M. ALLEN NAMED NEW HEAD OF DEPARTMENT

Dr. Otto H. Schwarz, ’13, who has been professor of obstetrics and gynecology and head of the department since 1929, under whose leadership the department and the St. Louis Maternity Hospital have developed into one of the leading centers for teaching and investigation in the country, recently requested to be relieved of his administrative duties in order to enter private practice.

On October 18, Chancellor Throop announced that Dr. Willard M. Allen, now associate professor of obstetrics and gynecology at the University of Rochester, had been appointed to succeed Dr. Schwarz.

Dr. Allen, who is thirty-five, took his medical degree some seven years ago from the University of Rochester School of Medicine. He has combined an already distinguished research career with extensive clinical activities, is a leading investigator in the field of sex hormones and their action in regulating the sexual cycle. In 1935, he was awarded the Eli Lilly bronze medal for distinguished service in biochemistry, in recognition of his work in preparation and chemical purification of the hormone progesterone.

Dr. Allen will assume his duties at Washington University on January 1. Dr. Schwarz will remain as director of the department until July, 1940. He will continue his teaching and research in the department. For his office and home, Dr. Schwarz recently purchased the house on Newstead and Westminster where his father, “Daddy” Schwarz, had lived and practiced so many years.

SURGERY

Dr. E. A. Graham gave the Fifth Annual Oration on Surgery at the meeting of the American College of Surgeons in Philadelphia, October 16. His subject was “Intrathoracic Tumors.” Dr. Graham was later elected president of the College.

Dr. Eugene M. Bricker, ’34, has been appointed chief surgeon of the new Ellis Fischel State Cancer Hospital. The hospital, which is at present located in Fulton, will move into its permanent quarters in Columbia about the first of May.
Dr. Charles Anderson, '39, has been appointed Catlin Fellow in Pediatrics.

**NEUROPSYCHIATRY**

Dr. H. H. Fingert, former resident in neuropsychiatry at City Hospital, is returning to start practice in St. Louis and has been appointed instructor in the department. He will be engaged in teaching and research at the Homer G. Phillips Hospital and at the Bliss Institute. This appointment was made on the basis of a grant from the Julius Rosenwald Foundation for teaching and research in negro psychiatry.

Mr. Alfred D. Buchmueller has been appointed Research Fellow in Social Service. He will act as executive secretary for a committee consisting of various members of the department who will conduct a survey of the facilities available for handling problem children and other child psychiatrical problems in St. Louis. The cost of the survey is being met by a grant from the Episcopal Orphans’ Home for Children.

**BACTERIOLOGY AND IMMUNOLOGY**

An automatic bacteria colony counting device, exhibited at the American Public Health Association meeting in Pittsburgh in October, was devised by Dr. Philip L. Varney, assistant professor of bacteriology and immunology.

**OPHTHALMOLOGY**

A new instrument for the precise cutting of corneal sections for repairing corneal opacities, was presented before the American Academy of Ophthalmology and Otolaryngology meeting in Chicago this October, by its inventor, Dr. Meyer Wiener, '96, professor of clinical ophthalmology.

**PHYSIOLOGY**

An International Committee for the Standardization of Blood Pressure Readings, appointed jointly by the American Heart Association and the Cardiac Society of Great Britain and Ireland, has recently made its report. This was published in the July, 1939, issue of the American Heart Journal and in the July 22, 1939, issue of the Journal of the American Medical Association.

Dr. Joseph Erlanger, Professor of Physiology in this school, was a member of this Committee, as was also Dr. J. C. Bram-
well, Professor of Medicine, University of Manchester. A number of years ago Dr. Bramwell worked in Dr. Erlanger’s laboratory on the mechanism of sound production in the auscultatory method of blood pressure determination.

**MEDICINE**

Dr. John Smith, ’34, who, as research fellow of the American College of Physicians, spent last year in Cairo working under Professor Anrep on the study of histamin and related problems, has resumed his teaching work in the department of medicine and Barnes Hospital.

**POSTGRADUATE COURSES IN OTOLARYNGOLOGY AND OPHTHALMOLOGY**

The eight-months’ course in Ophthalmology and the eight-months’ course in Otolaryngology began this fall with six and twenty-nine registrants, respectively, from twenty states.

**THE NEW CAFETERIA**

With interior decoration by Professor Valenti of the School of Architecture, and cooking by Mrs. Z. B. Sanders, the “new” medical school cafeteria opened on September 25, with 190 guests.

Its new appearance offers quite a contrast to the well-remembered gray walls of last year and the years before that. The lower third is painted salmon pink, and the upper two-thirds gray. Reddish linoleum covers the floor, and the counters, woodwork, chairs, and tables are painted apple green.

That Mrs. Sanders is deservedly famed for her cooking is attested to by the goodly number of customers each noon hour.

**APPOINTMENTS AND PROMOTIONS IN THE SCHOOL**

**NEW APPOINTMENTS**

Robert A. Moore, Edward Mallinckrodt Professor of Pathology
Willard M. Allen, Professor Elect of Obstetrics and Gynecology (effective Jan. 1, 1940)
Felix Deutsch, Associate Professor of Clinical Psychosomatic Medicine
Robert M. Bell, Instructor in Clinical Psychiatry
Justin J. Cordonnier, Instructor in Clinical Genitourinary Surgery
Elson B. Helwig, Instructor in Pathology
William O. Russell, Instructor in Pathology (Neuropathology)
Joseph B. Workman, Instructor in Ophthalmology
Hyman H. Fingert, Instructor in Psychiatry
Harry Agress, Assistant in Clinical Medicine
John H. Ahrens, Assistant in Pathology
William Arrowsmith, Assistant in Medicine
Wilson G. Brown, Assistant in Pathology
Robert Elliott, Assistant in Medicine
Orwyn H. Ellis, Assistant in Ophthalmology
S. Albert Hanser, Assistant in Clinical Ophthalmology
Harry Hauptman, Assistant in Obstetrics and Gynecology
Theodore Jones, Assistant in Medicine
Robert Kelley, Assistant in Medicine
Robert Kingsland, Assistant in Medicine
George J. Klok, Assistant in Pediatrics
Raymond R. Lanier, Jr., Assistant in Anatomy
A. Edward Meisenbach, Jr., Assistant in Ophthalmology
Joe M. Parker, Assistant in Surgery
Thomas G. Russell, Assistant in Radiology
Henry Saunders, Assistant in Pediatrics
Alfred S. Schwartz, Assistant in Pediatrics
Bernard Schwartzman, Assistant in Clinical Pediatrics
Lawrence M. Shefts, Assistant in Surgery
Gerald Slusser, Assistant in Pathology
Carl A. Wattenberg, Assistant in Surgery
Benjamin H. Charles, Assistant in Clinical Medicine
Truman Drake, Assistant in Clinical Medicine
Delores Fischer Bennett, Assistant in Applied Chemistry in Medicine
Edward H. Sieber, Assistant in Obstetrics and Gynecology
Sydney B. Maughs, Assistant in Clinical Psychiatry

PROMOTIONS
Dalton K. Rose, to Professor of Clinical Genitourinary Surgery
Martin H. Post, to Associate Professor of Clinical Ophthalmology
Nathan A. Womack, to Associate Professor of Clinical Surgery
Leonard T. Furlow, to Associate Professor of Clinical Neurological Surgery
Warren R. Rainey, to Assistant Professor of Clinical Surgery
Val B. Satterfield, to Assistant Professor of Clinical Neurology
Alfred D. Hershey, to Assistant Professor of Bacteriology and Immunology
Louis L. Tureen, to Assistant Professor of Clinical Neurology
Frederick A. Jostes, to Assistant Professor of Clinical Orthopedic Surgery
Harry N. Glick, to Instructor in Clinical Otolaryngology
Lilburn C. Boemer, to Instructor in Clinical Otolaryngology
Robert W. Bartlett, to Instructor in Clinical Surgery and in Anatomy
Alan D. Calhoun, to Instructor in Clinical Ophthalmology
Joseph Gitt, to Instructor in Clinical Neurology
Harry E. Mantz, to Instructor in Pathology
Edward Massie, to Instructor in Clinical Medicine
Hewitt I. Varney, to Instructor in Psychiatry
Joseph C. Edwards, to Instructor in Clinical Medicine

Medical Library

Dr. and Mrs. Clair S. Linton of Tucson, Arizona, visited the library in July.

Dr. George C. Mayfield, surgeon at the C. C. C. headquarters at Jefferson Barracks, was a recent visitor.

The library had a visit from Miss Mary Louise Marshall, who is the librarian of Tulane University School of Medicine and of the Orleans Parish Medical Society, New Orleans.

There was a recent visit by Mr. Jacob Kuhl, whose research has brought to light forgotten facts of Dr. Henry C. Davis' fight against the yellow fever epidemic 61 years ago, and who recently discovered Dr. Davis' grave in Franklin County. On its headstone is written: "H. C. Davis, M.D. Born Sept. 1, 1852. Graduated at St. Louis Medical College, 1875. Practiced 2½ years in hospitals of the city of St. Louis, Mo. Died Oct. 15, 1878. Yellow Fever. While in charge of Quarantine Hospital at St. Louis. Age 26 years and 44 days. The noblest sacrifice a man can make is to give his life at the call of duty." Mr. Kuhl said that when most of the attendants had fled the epidemic, Dr. Davis stood by his post at Quarantine Hospital (on the present site of Koch Hospital)
and was stricken with yellow fever while trying to remedy the sewage disposal system.

The following books have been added to the library recently:
Long, P. H., and Bliss, E. A. Clinical and experimental use of sulfanilamide, sulfapyridine and allied compounds. N. Y., 1939.

The following gifts have been received:
American Medicine. 2 volumes. N. Y., 1937. Gift of Dr. C. E. Gilliland.
Alumni Association of the School of Medicine

ALUMNI STUDENT LOAN FUND

For some years, the Alumni of Washington University School of Medicine have fostered a student loan fund designed to aid those students who would find it impossible to continue their study without financial assistance. This financial assistance is not given indiscriminately, but only after the student has completed his freshman year and has proven, by establishing a satisfactory scholastic record, that he has a real and serious desire to enter the field of medicine.

The money in the Student Loan Fund has so far been derived entirely from the annual dues paid by the members of the Alumni Association. In fact, all the dues received are turned over to this fund with the exception of the small amount necessary for the current expenses of the organization. In spite of this fact, it has been impossible to assist all students who have applied for loans.

Recently there has been increased cooperation and response of the alumni members, and as a result the Loan Fund has increased from $700 on January 1, 1939, to $1700 at the present time. The Alumni Association holds promissory notes for this amount signed by the students who have received our financial assistance. No interest is charged if the notes are paid within the year after graduation. Our sincere thanks go to those who have made the Student Loan Fund possible.

If we hope to maintain a loan fund of this nature, and if we hope to increase it, we will need the cooperation of every alumnus. May I suggest that if you have not sent in your annual dues to do so now, and should you choose to make a donation to this fund, it will be appreciated.

Again, our sincere thanks to all those who have helped build this fund.

*Edwin C. Schmidtke, Secretary-Treasurer.*

ALUMNI DINNER AT SOUTHERN MEDICAL

Southern Medical Association meeting, Memphis, November 21-24. Do not fail to attend the Washington University
Alumni Reunion on Wednesday night, November 22, at the Southern Medical. You may secure information and tickets at the registration desk. Dr. W. A. Ruch, ’28, 899 Madison, Memphis, Tennessee, is in charge of arrangements.

EMPLOYMENT SERVICE FOR MEDICAL STUDENTS AND THEIR WIVES

While the Medical School, its affiliated hospitals, and the Alumni are already giving jobs to a good many needy medical students and their wives, there are always a number of students for whom no provision has been made, who because of actual need are forced to take jobs which seriously interfere with their scholastic work.

The Alumni Room is following a suggestion which has come from several sources: to endeavor to secure employment which will not interfere with school work; and to secure part-time and full-time employment for students’ wives.

Actually some of the most desirable forms of employment for students are useful household jobs which would help to solve the householder’s problems as well as the student’s financial worries: staying with small children evenings, staying in the house with old couples and doing odd jobs for them in exchange for room and/or board, etc. Night switch-board work is small hotels or apartment hotels, externships in hospitals for room and part board, evening service station attendance, are other ways by which a student might successfully put himself through school.

Many of the wives of students are trained stenographers, able to take medical dictation.

We urge any alumnus who desires to help in this project that he do so by telephoning the Alumni Room, Barnes Hospital, FOrest 6400, when he knows of a part-time or full-time job that a student or student’s wife might fill. The Alumni Room is cooperating in this work with the Employment Office “on the Hill.”

ALUMNI AND FACULTY OFFICERS OF SOUTHERN MEDICAL ASSOCIATION

Among the Alumni and Faculty whose names appear as “Officers 1938-39” of the Southern Medical Association are the following:
Dr. Jerome S. Levy, '25, vice-chairman, Section on Gastroenterology; Dr. Wendell G. Scott, '32, vice-chairman, Section on Radiology; Dr. Clinton W. Lane, secretary, Section on Dermatology and Syphilology; Dr. Charles H. Eyermann, chairman, Section on Allergy; Dr. Lawrence T. Post, chairman, Section on Ophthalmology and Otolaryngology.
Alumni News

Noticed among the names of those awarded Fellowships in the American College of Surgeons at its meeting in October were the following alumni:

Bransford Adelsberger, '20 (posthumously); Frederick L. Liebolt, '30, New York City; Kenneth Peacock, '17, New York City.

William H. Smith, '06, Col., M. C., U. S. A., recently returned to St. Louis from Hawaii, where he was chief medical officer of Tripler General Hospital, to take charge of Station Hospital, Jefferson Barracks.

Leith Slocumb, '13, is in practice in Santa Ana, California. His address is 218 South Main Street.

Howard H. Heuston, '19, is in practice in Boulder, Colorado, and is mayor of the city.

Lee D. Cady, '22, Pasteur Medical Building, St. Louis, was elected president of the Associated Diplomates of the National Board of Medical Examiners when the Board met in St. Louis in May. Scott Johnson, '24, New York City, was elected vice-president.

Kehar S. Chouke, '22, who was assistant professor of anatomy at the University of Colorado Medical School left there for Philadelphia in September to take up his work in the Graduate School of Medicine of the University of Pennsylvania, where he has an appointment in the department of anatomy.

E. W. Blatter, '24, at last reports was with the American Consulate in Naples, Italy.


Louis Aitken, '27, and Mrs. Aitken are the parents of a baby girl, their fourth child, born October 22. Aitken is instructor in clinical medicine at Washington University.

To Frances Stewart Furlong, '27, and Dr. Robert D. Furlong was born a daughter and first child, Joan, September 11.

The engagement has been announced of Louis Kovitz, '29, Professional Building, Kansas City, Missouri, and Miss Dorothy Allis, also of Kansas City. The wedding will take place in Santa Barbara, California, in November.

George Mayfield, '30, is district surgeon of C. C. Camps for Missouri, and captain in the medical reserve corps. His address is Jefferson Barracks, Missouri. Forty camps are under his medical jurisdiction.

William W. Greene, '31, served as intern and assistant resident in surgery at Barnes Hospital and was resident surgeon at Jewish Hospital. He was in St. Louis in October on the occasion of the Graham Anniversary celebrations.

Louis T. Byers, '32, Metropolitan Building, St. Louis, and Mrs. Byars are the parents of a daughter, Caroline, Born July 18. This is their first child.

Landon R. McIntire, '33, is in practice at 216 North Main Street, St. Charles, Missouri.

Robert T. Terry, '33, Metropolitan Building, Denver, and Mrs. Terry are receiving congratulations
on the birth of a daughter and first child, September 21.

Sheldon Brownton, '33, recently returned to St. Louis to practice, and gives as his address 1339 McCutcheon, Richmond Heights, Missouri.

The engagement of W. T. K. Bryan, '33, Beaumont Building, St. Louis, and Miss Marian Grace Pfingsten of St. Louis was announced during the summer. The wedding will take place shortly.

Eugene M. Bricker, '34, has been appointed chief surgeon of the new Ellis Fischel State Cancer Hospital. The hospital is at present occupying quarters at Fulton, but will be moved to its permanent building in Columbia in May.

Oliver P. Schureman, '34, recently of the U. S. Army, has opened an office for the practice of general medicine. His address is 1417 Fair Oaks, South Pasadena, California.

Dr. and Mrs. Leo Lloyd, '34, Ochsner Hospital, Durango, Colorado, have a son, recently born.

Clement Molony, '34, is in the practice of pediatrics. His address is 1236 S. Wilton, Los Angeles, California.

Leonard G. Rosenthal, '34, completed a graduate course in oto-laryngology at Washington University under Dr. Dean, served a year on the otolaryngological service at Barnes Hospital, and has opened an office in the Lister Building, St. Louis, for the practice of otolaryngology.

Sydney B. Maughs, '35, was married June 10 to Miss Ruth Warfield Smith of Springfield, Illinois. He was recently appointed assistant in clinical psychiatry at Washington University, and has opened an office in the Beaumont Building for the practice of neurology and psychiatry.

Laurence G. Pray, '35, served last year as assistant resident in pediatrics at Johns Hopkins Hospital, Baltimore, and is now instructor in pediatrics at Columbia University, New York.

Carl P. Birk, '34, announces the opening of his office, 768 Citizens Building, Decatur, Illinois, for the practice of general medicine.

Bert M. Bullington, '35, instructor in medicine at the University of Michigan, has taken a fellowship in the W. K. Kellogg Foundation. His work will consist of post graduate teaching in various counties in which the Kellogg Foundation maintains health centers.

Edward Massie, '35, is in charge of Fever Therapy at Barnes Hospital. He recently opened an office for the practice of internal medicine in the University Club Building.

Arthur Echternacht, '35, is radiologist at Medical Center in Indianapolis and assistant professor of radiology in the University of Indiana. He is a first lieutenant in the Medical Reserve Corps.

Herman Hutto, '35, was resident in obstetrics and gynecology last year at the St. Louis Maternity Hospital. He is now associated with Dr. Q. U. Newell in the practice of obstetrics and gynecology and has an office in the Lister Building.

Allan B. Phillips, '35, who was the first resident in radiology to be appointed at the Mallinckrodt Institute, Washington University, has entered practice in association with Dr. Thomas Burcham, 1104 Banker's Trust Building, Des Moines, Iowa.

Bert Bradford, Jr., '35, served as
assistant resident and resident in surgery at the Lakeside Hospital, Cleveland; recently opened an office for the practice of surgery, in the Medical Arts Building, Charleston, West Virginia.

Arthur Bortnick, '35, was resident on obstetrics and gynecology last year at St. Louis Maternity Hospital. He has lately opened an office for the practice of this specialty, in the Lister Building, St. Louis.

Arthur C. Darrow, '36, served as house officer at the Frisco Hospital, St. Louis, for two years, is now engaged in the practice of general medicine, 8604a Natural Bridge, St. Louis.

John Horner, '36, and Mrs. Horner are the parents of a son, born July 7, 1939. Horner is associated in practice with Sam Grant, '20, at 114 N. Taylor, St. Louis.

Edgar Leo Engel, '36, was assistant resident in obstetrics and gynecology at City Hospital last year. He recently entered the practice of medicine in that specialty and gives as his address 2203 North Iowa, Evansville, Ind.

Robert Nussbaum, '36, was recently married to Miss Rae Wachtuch of St. Louis. He is a part-time clinic physician at St. Louis County Hospital and has an office at 3651 Grandel Square, St. Louis.

Robert J. Mueller, '36, is resident in psychiatry at Strong Memorial Hospital, Rochester and instructor in medicine (psychiatric) at the University of Rochester.

Carl W. Smith, '36, was resident in medicine last year at St. Louis City Hospital. He is now in practice and has an office in the Lister Building.

James H. Bryan, '36, was resident last year in Ophthalmology at Washington University, and is now associated in practice with Dr. M. H. Post at the Metropolitan Building, St. Louis.

Henry C. Huntley, '37, gives as his address Ellsburg, Missouri.

Philip C. Risser, '37, is now at Blackwell, Oklahoma.

Ray David Williams, '37, was assistant resident in medicine at Barnes Hospital last year. His present address is Mayo Clinic, Rochester, where he has a Fellowship.

Samuel Brady, '37, gives as his address: Box 863, Roanoke, Indiana.

George W. Ittner, '37, who is a senior resident at St. Luke's Hospital, St. Louis, was married August 21 to Miss Catherine L. Davis, of St. Louis.

James W. Burks, Jr., '37, is a Fellow in dermatology at Mayo Clinic, Rochester.

Morton Adler, '37, is resident at the Jewish Hospital, Louisville, Kentucky.

Alfred Gellhorn, '37, was married August 4 to Miss Olga Frederick of Nokomis, Illinois. He is at the Passavant Memorial Hospital, Chicago.

Joseph A. Fiorito, '37, is serving an appointment in obstetrics and gynecology at the Royal Victoria Hospital, Montreal.

John D. Stull, '38, is an intern in pediatrics at the Babies Hospital (Columbia University group), New York.

L. H. Hempelmann, Jr., '38, is interning in medicine at the Peter Bent Brigham Hospital, Boston.

Garrett Hogg, Jr., '38, gives as his address Cabool, Missouri.

James L. Doenges, '38, is a
"trainee" in cancer diagnosis and treatment, and a member of the department of pathology at Wayne University College of Medicine, Detroit.

William Bennett Hildebrand, '39, is an intern on medicine at the Northwestern Hospital in Minneapolis. After January 1 his address will be Minneapolis General Hospital, Minneapolis.

Gerald Slusser, '39, was married September 2 to Miss Evalyn Foltz, R. N., Washington University. He has a year's appointment in pathology at Washington University.

CAN ANY ONE GIVE ADDRESS OF, OR INFORMATION ABOUT:

W. H. Allen, '96
J. H. Buford, '96
W. G. Cowan, '92
Emily S. Crawford, '24
Ralph E. Dalton, '29
Samuel Mason Day, Jr., '37
Oscar M. Delaney, '22
Jesse L. Eaton, '84
J. M. Epstein, '93
Fuzimori Naokazu, '04
George B. Garrison, '17
Lillian Hadsell, '32

G. J. Hermann, '85
William G. Maness, '93
James Gray Mills, '99
Robert H. Mitchell, '36
Neal J. Phillips, '29
G. H. Schmidt, '77
A. C. Schuleburg, '06
Adrian H. Scolten, '31
William P. Shelton, '29
Thorne G. Wilcox, '10
T. B. Waters, '89
Geo. A. Zeller, '79

IN MEMORIAM

John O. Briscoe, Mo. '87, Weslaco, Texas. Died July 24, aged 79.
William Walter Cross, '97, Oakland, California. Died July 12, aged 86.
Henry F. Becker, Mo. '82, Danville, Illinois. Died May 1, aged 80.
Orin Eastland, Mo. '82, Shreveport, Louisiana. Died June 10, aged 81.
John Worth Gray, '06, Oklahoma City. Died June 18, aged 66.
Moses E. Haase, St. L. '82, Cedar Rapids, Iowa. Died September 11, aged 77.
E. F. Hauck, St. L. '80, Clayton, Missouri. Died October 8, 1939, aged 83.
Stanley Mountjoy Hall, '12, Missouri. Died April 18, aged 53.
Rufus C. Harris, Mo. '88, St. Louis. Died October 10, aged 63.
Henry Hertel, St. L. '78, East St. Louis. Died August 22, aged 89.
John Allen Hornsby, St. L. '80, Washington, D. C. Superintendent of Michael Reese Hospital, Chicago, 1907-1914; formerly professor of medicine, University of Virginia Department of Medicine, Charlottesville; served as surgeon of the White Pass and Yukon Railway, Alaska, as a special quarantine officer in Nome, Alaska, and as a medical officer of the U. S. Treasury Department at Nome; during the World War he was a confidential adviser to Secretary of War Newton D. Baker and was made chief inspector of military hospitals
in the United States and chief of the hospital construction division of the army; co-founder and first editor of Modern Hospital. Died June 4, aged 77.

Robert Lee Kimmins, Mo. '87, Meridian, Texas; at one time physician to the city schools of Beaumont, Texas. Died in July, aged 72.

William H. McDonald, Mo. '99, Newsome, Texas. Died June 5, aged 64.

Samuel H. Miller, Mo. '99, Joplin, Missouri. Died April 8, aged 77.


Ewing S. Moad, Mo. '82, Blue Springs, Missouri. Died June 21, aged 79.

Adam Hale Oliver, '93, Edwardsville, Illinois. Died June 1, aged 74.

John Franklin Rice, Mo. '86, Vinita, Oklahoma. Died May 23, aged 79.


William Levi Sears, Mo. '90, Hemet, California. Died March 22, aged 76.

Henry A. Smith, Mo. '79, Sumner, Mississippi. Died August 1, aged 81.

Charles V. Steward, Mo. '86, Bolivar, Missouri. Was an honor member of the Dallas - Hickory - Polk County Medical Society. Had practiced for 53 years in Polk and Hickory Counties. Died March 11, aged 81.

Jerome Thompson, Mo. '78, Morrisonville, Illinois. Died March 1, aged 83.

John A. Van Amburg, Mo. '86, Lutesville, Missouri. Died June 15, aged 78.

Moses Wiesh, Mo. '97, San Antonio, Texas. Died August 14, 1939, aged 85.
Student News

RECREATION ROOM FOR MEDICAL STUDENTS

Squash Courts Opened for Student Use

R. Jerome Cook, '41

Medical students at Washington University, this year for the first time, possess a recreation room on medical school grounds. This room, which was furnished in a modernistic fashion by the medical school, is located on the northeast corner of the second floor of Oscar Johnson Institute.

Several card tables, many comfortable chairs and a spacious bookshelf make the lounge complete. Nearby there is a Coca Cola machine while in an adjoining room facilities for ping pong are available. Restrooms for both sexes are conveniently located on the same floor. Contributions by faculty members and students of entertaining and interesting magazines for use in the lounge are being requested.

In addition to the new recreation room further opportunities for student diversion were presented when the members of the Board of Directors of Oscar Johnson Institute and MacMillan voted to permit Washington medical students to use the handball and squash courts in those buildings whenever the interns at Barnes Hospital are not occupying them. The courts are located on the thirteenth floor of Oscar Johnson Institute and MacMillan. Showers and lockers are available.

SCHOOL'S "RUGGER" TEAM LAST YEAR

CITY CHAMPIONS

To Play Undefeated Chicago Team

Bill Curtis, '40

Football, basketball, and soft ball have always been Saturday afternoon means of exercising and release from the tediousness of a medical education. But two years ago, a new sport was added to the other recent outlets, such as handball, squash, and bowling. This new game is called "rugger", but technically "rugby". It is a combination of touch football and soccer, requiring fifteen men to make up a team, and a ball, best described as an overblown Woolworth model. As in other English games, the periods are long, and broken legs permit no replacements. Nevertheless, a group of hardy medical students organized a fifteen and joined the local union. Within a surprisingly short time, sufficient working knowledge was picked up so that the group ended the season with a creditable record of four wins, three losses and one tie.

Last spring, due to better organization, more experience and new recruits, the medical team ran away with the St. Louis championship, suffering no losses in the league competition. However, in a home and home series with the
The championship Chicago team, which incidentally defeated the Canadian national champions and the New York champions and boasts of a three-year undefeated record, the medics suffered two close losses. This year the team is looking forward to breaking the Chicago Club's undefeated record, even though they have just recruited Jay Berwanger, All-American Chicago U. football player.

Editor's note: Curtis not to be held responsible for this paragraph. On October 21 the Junior and Senior Classes played for the championship of the Washington University School of Medicine, although the first and second year classes may not admit this. The game was won by the Seniors, 12 to 0. The prize, a keg of beer, was paid for and in large part consumed by the losers.

A. M. S. AT WASHINGTON
R. Jerome Cook, '41

The Association of Medical Students (AMS) is one of the youngest children in the family of American medical organizations. It is designed to give medical students an organization, a publication and a means of acquiring information so that they may be prepared to act in the best interests of themselves and of their profession.

The Association is a thoroughly democratic organization whose officers are medical students elected at the annual national conventions. There are no salaried position in the AMS. The determination of program and policies is entirely in the hands of the medical students of America. For this reason all medical students are urged to enter the Association in order that its program and activities may be truly representative of the entire medical student body.

Every month during the school term the AMS publishes "The Journal" which is delivered without charge to 24,000 medical students in the United States and Canada. "The Journal" has an advisory board of twenty outstanding members of the medical profession, including the deans of three major medical schools, fifteen leading scientists, clinicians, and educators, the editor of a scientific journal, and the Surgeon General of the United States. This magazine concerns itself with all phases of medical student interest. It contains articles and contributions by students from every part of the country as well as by prominent scientists and educators. Its correspondence columns are full of lively comment received from medical students of North America and Europe.

A chapter of the AMS was chartered at Washington University Medical School about a year ago. By last June there were, excluding the seniors, 125 dues-paying members enrolled. At the present time 235 students are dues-paying members.

During the past year the local chapter conducted many valuable activities. Together with the faculty members and the administration the AMS was responsible for the recent establishment of new student recreation facilities. Two moving pictures on surgical topics
with comments by professor of surgery were displayed to large and attentive audiences. The local chapter also wrote "Medical School News" which appeared bi-monthly in Student Life and related the news at the Medical School.

Further activities of the local Association last year were the investigation of the possibilities of inexpensive hospital insurance for medical students and the savings possible by cooperative buying of medical supplies. It is with these achievements as a background that the AMS confidently looks forward to an even more successful new year.

FRESHMAN CLASS — 1939-40

Anderson, Dewayne C., Stanhope, Iowa.
Anthony, Dallas, Springfield, Missouri
Arthur, John M., Kansas City, Kansas
Ashley, Hugh V., Cape Girardeau, Missouri
Aufder Heide, G. Russell, St. Louis, Missouri
Beamer, Parker R., St. Louis, Missouri
Bergner, Grace E., Granite City, Illinois
Best, Robert B., Paris, Illinois
Birsner, Frank H., son of Dr. Louis J. Birnner, Assistant Professor of Clinical Otolaryngology, grandson of F. E. Hinch, St. L. '82, St. Louis, Missouri
Bitter, Verner H., Tacoma, Washington
Bowersox, Warren A., Wichita, Kansas
Boyle, Jean R., Seattle, Washington
Callahan, William P., Wichita, Kansas
Case, Dorothy M., St. Louis, Missouri
Charnas, Raymond M., Brooklyn, New York
Conlin, Gerald J., Blackfoot, Idaho
Corbin, L. Tapp, Lexington, Kentucky
Dunn, Edward H., Portsmouth, Virginia
Farrington, Wilma R., St. Louis, Missouri
Feldman, David, St. Louis, Missouri
Fernau, Walter A., Belleville, Illinois
Firminger, Harlan I., St. Louis, Missouri
Gieseke, Harold W., Trenton, Illinois
Goldman, Melvin L., St. Louis, Missouri
Guterman, Bert, brother of Henry S. Guterman, Junior Class ('41), Worcester, Massachusetts
Haines, Wilbur F., San Mateo, California
Harding, Herbert C., Kansas City, Kansas
Hastings, John J., Kenosha, Wisconsin
Hatley, Owen P., Coeur d'Alene, Idaho
Holt, James H., Wichita, Kansas
Holt, Robert E., Stuttgart, Arkansas
Huelsmann, Donald, son of L. C. Huelsmann, '05, Colorado Springs, Colorado
Hunt, Max L., Henry, Illinois
Johann, Albert E., Des Moines, Iowa
Kanter, Stanley S., Mattapan, Massachusetts
Keeney, Ivan F., Ashland, Oregon
Klingberg, William G., Wichita, Kansas
Knezekoff, Leonard, St. Louis, Missouri
Knoke, Frederick W., Clayton, Missouri
Layton, Ira C., LeRoy, Kansas
Leibner, I. Wallace, Brooklyn, New York
Lemen, Lois E., daughter of Harry R. Lemen, St. L., '93, St. Louis, Missouri
Lemoine, Albert N., Kansas City, Missouri
Lippert, Stuart P., nephew of Oscar C. Zink, '21, Instructor in Clinical Radiology, Ft. Sam Houston, Texas
Lohman, Edward E., Farmersville, Illinois
Long, C. Sutton, Lexington, Kentucky
Masunaga, Eichi, Honolulu, T. H.
Mattick, Irvin H., St. Louis, Missouri
McDowell, Allyn J., brother of Frank McDowell, '36, Springfield, Missouri
McQueen, Kent, Preston, Idaho
McWilliams, John E., Colorado Springs, Colorado
Miller, Elmer B., University City, Missouri
Miller, James A., Colfax, Washington
Modert, Jean M., Mt. Vernon, Illinois
Moore, K. Lyle, Selma, California
Nace, A. George, Tacoma, Washington
Naney, A. Paul, Flora, Illinois
Quinn, James H., Independence, Missouri
Read, James A., Detroit, Michigan
Rose, Raymond F., brother of William F. Rose, '38, cousin of Edward Cannady, '31, Dupo, Illinois
Rosenstein, Ernest S., San Francisco, California
Rouse, Ernest T., Auburn, Alabama
Rupp, Edson C., Granville, Ohio
Santer, Daniel G., Milwaukee, Wisconsin
Schricker, J. Louis, Salt Lake City, Utah
Schwartz, Ernest, Oakland, California
Seidler, William A., Jamaica, Iowa
Shaw, Carvel T., Detroit, Michigan
Snyder, Edward N., St. Louis, Missouri
Sorenson, A. Roger, Minot, North Dakota
Tabankin, Alvin J., Newark, New Jersey
Thurlow, Alfred A., Santa Rosa, California
Todd, Gordon M., Pullman, Washington
Uhlemeyer, Henry A., cousin of Adolph Mueller, '29, St. Louis, Missouri
Vermillion, Crofford O., Anderson, Indiana
Wise, Robert J., Sparta, Missouri
Wissmath, F. Sum, Clayton, Missouri
Wittler, Harry A., brother of Marie Wittler, '37, nephew of Charles Streutker, Mo. '95, Lemay, Missouri
Wooldridge, Wilfred E., Springfield, Missouri
Yore, Richard W., University City, Missouri

MARRIAGES

James Delano, '40, to Miss Alice Morgan, R. N., Washington University, '38, September.
Virginia Singleton, '41, to Dr. Raymond Ray Lanier, Jr., September 8.
Ruth Campbell, '41, to Sam Martin, '41, July.
Letters

From China, Dr. Paul Slater, '29, who spent a year as assistant in the department of internal medicine at Washington University, and who has since returned with his family to his home in Nantung, where he is director of the Nantung Christian Hospital, writes:

"... About Nantung... of course the hospital was destroyed, with only some of the walls still standing... Our nurse, who was here, with the help of a few of our old staff, had opened up a kind of hospital in the old Nurses' Home... we can now accommodate about 53 patients. Up until July we had only one doctor... On some days I would see and try to treat as many as 150 (clinic) patients per day, as well as take care of the hospital cases... Many of the instruments from the old hospital had been dug out and after being replated we are using them. We are gradually adding new equipment. We changed one of the rooms into an operating room... Mrs. Slater has been of the greatest help to me and I don't know what I would have done without her. We now have a staff of one Chinese surgeon, Dr. Hsu... seven graduate nurses, and several student nurses... For the last few months we have been running from 25 to 45 in-patients.

There has been almost every kind (of patients). For the first three or four months, most of the in-patients were gunshot cases and fractures either due to the bullets or to the falling of walls, etc. Some of them got along remarkably well, I thought, considering the care that I, a medical man gave them. One of the most interesting cases was that of a nine year old boy who, while climbing a mulberry tree to get leaves for his silk worms, fell on to a cut branch, which stuck through his abdominal wall. When he was brought to the hospital most of his small intestines were protruding through the wound. Under spinal anesthesia I replaced them after seeing that they all looked all right... After long arguing with his father who wanted to take him home to die, I did a second operation on him (three days later, for abdominal obstruction). I had thought of the possibility of round worms, but was afraid to give him any medicine so soon after the first
operation. Sure enough, I found that the obstruction was in one of the coils of former prolapsed intestines and due to round worms which were just packed in that area with a ballooning of the intestines above. I was afraid to open up the intestine which looked perfectly all right so I just put a catheter for a drainage tube into the distended intestine above the obstruction. The patient made an uneventful recovery and on the fourth day after the second operation passed some 15 or 20 round worms. I suppose he is now climbing more trees and as happy as ever.

Other interesting cases, an empyema youngster on whom I did a rib resection and who made an uneventful recovery. And I, a medical man, but trying to make use of what I learned from Dr. Graham. It amounts to one's having to do the best he knows how himself and hoping that all will turn out all right. Now that Dr. Hsu is here I can give my time to the medical and help out on the eye, ear, nose and throat cases.

The medical cases are the most interesting to me and as soon as we can get a laboratory technician it will be more interesting. . . . I have had several interesting thyroid cases, but they are not easy to treat without being able to take basals, etc. There is so much tuberculosis out here now and without an Xray machine this too cannot be treated as it should. We are having much malaria now and occasionally get a pretty smear. Then a few of the things characteristic of this part of China. . . .

. . . We are happy in our work, but in it all there is an uncertainty. . . .

Conditions are more settled now, but during the spring they were bad, with lots of fighting about and even now we hear shots almost daily. So many factions, but we stand in with them all, I think, as we take care of the sick and wounded for all. The American and International Red Cross have helped us a great deal both with money and with American cracked wheat. We are very grateful to them and the American people for this. . . ."

(Signed) Paul R. Slater.
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