The Significance of Comprehensive Medical Service

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Midwest Chemical Award to the Coris
Frank Phillips Plaque in Barnes Hospital
Dr. Terry’s Seventy-Fifth Birthday
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Office of the Washington University Medical Alumni Quarterly, 602 South Euclid Avenue, St. Louis 10, Missouri

Published quarterly by Washington University School of Medicine, St. Louis 10, Mo. Entered as second class matter December 14, 1937, at the Post Office at St. Louis, Mo., under the act of August 24, 1912.

*In the Armed Forces.
Eighty-fifth Commencement, School of Medicine and School of Nursing, Saturday, March 2, 1946. In front, Arthur H. Compton, Chancellor, on left and Harry B. Wallace, President of the Corporation on right. Second row—Reverend Amos Thornbury, Minister of Grace Methodist Church, on left, and David P. Barr, professor of Medicine, Cornell University, Commencement speaker on right.
The Significance of Comprehensive Medical Care

By David P. Barr, M.D.
Professor of Medicine, Cornell University Medical College, and Physician-in-Chief, The New York Hospital

Chancellor Compton, Dean Shaffer, Members of the Graduating Class, Ladies and Gentlemen:

It is a great privilege for me to address the graduating class of Washington University Medical School. For seventeen years I was a teacher in this institution, and after an absence of five years, I still feel myself an integral part of it. During that time, I became thoroughly acquainted with its great potentialities and its distinguished Faculty. I am aware that for the past three years you of the graduating class have been exposed to some of the most inspiring of living teachers. I realize that you have had unexcelled opportunities to assimilate the medical lore of our time and to develop the habit of painstaking and dispassionate inquiry which is the basis of new knowledge. From the lives and the example of your preceptors, you have been in a position to acquire that spirit of self-sacrifice and devotion which has always characterized the medical profession. No doubt you have also been able to develop your share of the tolerance, the humor, and the optimism which comes from intimate knowledge of the foibles, the strength, and the magnificence of human beings in distress.

You join this day the long procession of those who, after arduous training, have gone forth to the practice of medicine. You become members of the relatively small but extremely privileged group which in your generation will uphold the tradition of the medical profession and which alone will possess the art of healing the sick and infirm. You inherit ideals and standards of behavior which throughout the ages have changed but little. Today you can subscribe to the oath of Hippocrates with the same reverence as did the priest-physicians in the Temple of Cos. But while your ideals are those of your predecessors, your knowledge and your practical resources are greater than those of any who have gone before.
You who are graduating today are the heirs of the medical thought of all the wise physicians who have preceded you. Like Hippocrates, you will consider diagnosis in relation to prognosis. You will be able “to foresee and foretell in the presence of the sick,” and “to see and announce beforehand those who will live and those who will die.” You will endeavor to classify your observations at the bedside according to the method of Sydenham. Like, Laennec, Corvisart, and Skoda, you will attempt to predict from physical signs what anatomical lesions are present. Every day in your recognition of the principle of specificity in disease, you will pay homage to Bretonneau, and this will be true whether you are considering a bacterium, the lack of a vitamin, the lack or excess of a hormone, or a chemical poison. To understand disease, you will ascertain the functional capacity of diseased organs and determine subtle chemical or physical difference in the internal environment by methods which have been given to you by Claude Bernard and Carl Voit, by Graham Lusk and Joseph Erlanger, by Lawrence Henderson and Walter Cannon, and by the other great physiologists of the nineteenth and twentieth centuries. In your therapy, you will profit from the labors of Pasteur, Ehrlich, Lister, Morton, and Banting, as well as Minot and Fleming.

In this elaborate preparation you have equipped yourselves as did your predecessors to recognize disease and to treat it, to deal with patients who are ill or believe themselves to be. This in itself is a sufficient responsibility. But great as it is, you will probably be called upon to undertake still more. Indeed it is likely that you will be expected not only to treat the sick but also to supervise health and to anticipate and prevent disease. We are living in a time of profound change and there are many special as well as general factors which can greatly alter the circumstances under which you will practice your art. Some of them may be mentioned.

1. Among the more important medical factors is the almost incredible development of therapy. Disease formerly considered incurable now yield to the simple administration of specifics. We possess insulin for diabetes, potent liver extracts for pernicious anemia, important synthetics for the control of bleeding, purified vitamins for undernutrition, and endocrine preparations for many diseases of the glands of internal secretion. We have learned to use the life-saving plasma and its derivatives. Above all, we possess chemotherapeutic agents which have rendered promptly effective the treatment of some of the most justly dreaded infections.

2. Equally significant are the triumphs in the prevention of disease and the benefits which are to be derived from pure water and uncontaminated food, from programs for vaccination against infectious disease, from case-finding in tuberculosis and syphilis, from prenatal, postnatal, and well-baby clinics, and from frequent health examinations of adults.
3. Another factor of great importance is the demonstration that groups of physicians working in great hospitals or in organized clinics can render important services which can be equalled with difficulty even by the best individual practitioners. By such groups it has also been shown that patients may enjoy, while ambulant, many of the diagnostic and treatment facilities that were formerly available only to those confined to hospitals.

4. Another medical factor which has been given great impetus by experiences in the present war is emphasis upon convalescence and rehabilitation and upon measures designed to insure more rapid recovery from illness and more prompt restoration to vigorous health.

5. These various medical influences have in common the tendency to produce important changes in the character of service rendered by the physician to the community. Widespread epidemics of typhoid, diphtheria, and dysentery are becoming increasingly rare. Diseases such as pneumonia, meningitis, osteomyelitis, mastoiditis, and empyema that formerly filled...
our hospital wards are becoming less prevalent and are causing shorter periods of disability. Many conditions which previously enforced entry to hospitals may now be cared for by brief protection in the home and sometimes without interruption of occupation. The development of ambulant services have rendered unnecessary many hospital admissions, while the better use of convalescent and nursing homes and of recreational and social agencies in the community could shorten, and to some extent have already shortened, the sojourn of many patients in the more elaborate and expensive hospitals.

The trends which may influence your practice, however, are not confined to those which develop through the efforts of physicians or which arise from the development of medical science. Among the people at large there exist today a number of widely held beliefs which may profoundly modify the practice of medicine and the service of physicians. Some of these may be mentioned.

1. Medical care in addition to diagnosis and cure of disease should include preventive measures, evaluation of psychological and environmental factors and general health supervision.

2. Optimal measures for diagnosis and treatment of disease and for preservation of health are now so effective that it is thought they should be available to all of the people.

3. Medical care is not now optimally organized, supervised, or distributed, and something ought to be done about it.

4. An effective method of improving medical service and its distribution is the organization of groups of physicians and surgeons working in, or in close association with, well equipped, centrally located hospitals and effective health departments.

5. Medical service can be made more available and can be better distributed by prepayment in the form of insurance.

From consideration of these influences, there has come the concept that medical care is not entirely an affair between an individual physician and his patient, that there is a community responsibility which must be fulfilled, that the application of all that medical science has offered should be available to entire communities. There has arisen a belief that programs for keeping people well would be worth while and might even be feasible, that medical care should cease to be intermittent and should become continuous, that it should cease to be segmental and should become comprehensive.

But what is comprehensive care? The term has been much used by the public, by politicians, by social reformers, as well as by some physicians, but it is doubtful whether it means the same to all who use it. Perhaps a simple definition is the best. Comprehensive medical care should make available all that modern medical science can offer toward the preservation
of health and prevention and cure of disease. Naturally it includes appropriate use for adults as well as for children of all procedures for immunization. It implies measures for preventing the spread of infectious diseases, not only of the contagions of childhood, but also to tuberculosis where the responsibility involves both case finding and case supervision and to venereal disease where care does not stop with diagnosis and treatment of individuals but extends to the discovery and management of those who have been exposed. Provision of comprehensive medical care implies frequent contact between physician and patient. Health supervision should start at conception, and should extend throughout the entire life of an individual. Health records compiled jointly by parents, physicians, and patients should be kept for every individual, and should include not only the occurrence of disease, injuries, and operations, but also the time of all immunizations, of specific treatments, as well as of examinations, X-rays, and laboratory procedures. Access to the physician should be easy and unobstructed. It should not depend alone upon the accident of illness. Examinations should be sufficiently frequent and searching to permit early recognition of physical and psychological abnormalities. Comprehensive medical care cannot draw a line between diseases of the body and diseases of the mind but must take full cognizance of the problems involved in preventing and treating both physical disease and emotional maladjustments.

In every practitioner's office there are many patients whose complaints are troublesome and chronic, whose diagnosis is often in doubt, and whose treatment is less than satisfactory. Frequently these are persons who are emotionally maladjusted and ill fitted to cope with the stresses of daily life. They include those who without organic defect are anxious, depressed and insecure to the degree that they consider themselves ill or more or less incapacitated. Among them are many who have been diagnosed as migraine, peptic ulcer, ulcerative colitis, thyrotoxicosis, or hypertension. Some of them have presented themselves for treatment with specialists complaining of vasomotor rhinitis, laryngitis, or conditions indicative of inflamed and oversecreting mucous membranes. Others may appear in the offices of the ophthalmologists as incipient or chronic glaucoma. Their complaints are numerous and insistent. They try the patience of physicians who have insufficient time to examine and analyze the background of their insecurity. Qualitatively they cannot be differentiated from the anxiety states or neuroses which developed under the stress of war. Quantitatively, however, they greatly outnumber the war casualties. The problem of the care of these patients is as old as the practice of medicine. The need for intensive study is not new but has been focused and intensified by many acute cases engendered by the war. To you who are now entering the practice of medicine, their plight cannot be neglected. Much of your attention and thought must
be directed to the intelligent care and supervision of the emotionally infirm. In any plan of comprehensive service, such patients will receive an unprecedented amount of attention.

One may ask whether comprehensive service according to our definition is feasible or practicable. Certainly it has never been offered and its attainment will constitute no easy task. Many changes will be necessary before it can be entirely achieved. Some notes about difficulties seem pertinent.

1. The idea of comprehensive service has captured the imagination of legislators, politicians, labor union leaders, large employers of labor, and social scientists. There appears to be a widespread belief that it can be legislated or decreed into being. Surely it is important to realize that comprehensive service cannot spring full-born from any plan. Those who think compulsory national insurance can bring it about will be disappointed.

2. The ideal of comprehensive medical care will not become an intrinsic part of medical thinking as long as in medical schools and in daily practice the specialties of internal medicine, pediatrics, preventive medicine, psychiatry, and surgery, are maintained in their present positions of isolation.

3. Comprehensive service will never become a reality until the physician in his daily routine contacts with the sick illustrates to patients and to his students what comprehensive medical care actually means. Few physicians indeed are equipped to perform this service, and to make it a reality will require the training in medical schools of physicians with new orientation. Those of us who were trained thirty years ago in the habits of organic and curative medicine are too firmly fixed to lead successfully in the preventive, psychological, and emotional aspects of comprehensive service.

4. Barriers which separate the physician from his patients must be removed. There is at present a widespread feeling that one must be ill to talk with his doctor; furthermore, the knowledge that each visit or consultation may cost money in a feared but unknown amount must in some manner be done away with. Here lies an important argument for prepayment plans.

5. There must be education of the patient. The public at present is by no means ready to take advantage of comprehensive medical service. Much education will be required before people in general will realize the advantage of hygiene, of proper nutrition, and constant medical supervision in health as well as in illness. A great physician, the late William W. Herrick, expressed this well in an address which he made at the Academy of Medicine in New York just before his death last year. "Good medical care is a two-way path; while more is required of the physician, much is required of the patient. There must be cooperation based upon justifiable confidence in the physician and the intelligent carrying-out of his advice and recommendations. Important obstacles to good medical care are ignorance and indolence. These qualities are by no means confined to the in-
digent classes; in medical matters they are quite as common among the
economically protected groups. Individuals, intelligent in other depart-
ments of life, often are strikingly ignorant in medical affairs, being de-
ceived by the pseudoscientific patter of the charlatan, the medical dogmatist,
or the cheat. Not infrequently in the self-indulgent, the source of poor
medical care is the unwillingness to face unwelcome medical facts and to
follow advice demanding self-discipline.”

6. Actually, there exist today no patterns for the operation of compre-
hensive medical care. For a variety of reasons, it is fallacious to assume that
comprehensive medical care is provided at the present time in our more
prosperous communities. Too often it is luxury care and therefore inap-
plicable to most individuals or groups; it usually takes too little account of
preventive medicine and it is seldom organized to the extent that it can
utilize effectively all of the existing medical resources. It is equally fallacious
to accept as standard and as an ideal to be copied the practices of our great
hospitals. Advanced as they are, they lack many essential features. While
the quality of ward management in a few of the best institutions approaches
the ideal, ambulant care is irregular and usually insufficient. Domiciliary
care is non-existent, and lip service only is given to the many problems of
rehabilitation and the care of the convalescent. Treatment and management
are intermittent and segmental. Examination of many institutions engaged
in extending medical care and of many plans for the improvement of medi-
cal service reveals admirable and practical features, but nowhere is there a
translation into practice of all that medical science might offer to the public.

The impossibility of immediate introduction of comprehensive medical
care on a national or state-wide basis is all too apparent. Necessary health
centers and hospitals are available in only a few communities. The number
of physicians having a real concept of adequate medical care or possessing
the ability to apply it is insufficient. The public is unprepared to utilize
or accept such service. Furthermore, since comprehensive medical care has
never been put to actual practical test, no one can say how feasible are its
details or how useful it might be. No one can say a) how much of compre-
hensive care physicians may actually be able to offer; b) how much the
public will accept; c) how much the service will cost.

The difficulties are impressive and numerous. There is also a very great
danger in the present growing agitation for the immediate rapid extension
of medical service. The intrinsic faults in present medical practice appear
to be in organization and distribution, but if an effort to increase the
quantity and extend the distribution of care were to result in widespread
deterioration of quality, the effect would be disastrous. To any informed
and dispassionate observer, there can be little doubt that an abrupt and
extensive change such as might be induced by the passage of the Wagner-
Murray-Dingle bill would find the country woefully unprepared and bring confusion and mediocrity from which it could take years to recover.

If, then, the difficulties and dangers are so great, should you who are now entering the profession conclude that comprehensive service ought not to be attempted? Should you as physicians, ever zealous to offer the best in medicine and ever solicitous of the welfare of the community, vigorously oppose changes which might bring it about? Should you number yourselves with those who truly but complacently say that the medical service in the United States is the best the world has ever known? Will you take the attitude that if improved distribution and organization are to be attempted, they must conform rigidly to all the medical practices of the past—to the custom of fee for service, to unlimited free choice of physicians—and that they can be attempted only through channels and methods prescribed and controlled by the organized medical profession?

Truly it is doubtful whether sweeping changes in the structure of practice can be prevented or even long delayed by the efforts of individual physicians or by the joint efforts of an organized medical profession. Whenever the people through their elected representatives become convinced that change is desirable, the medical profession must conform.

But there is another and from the standpoint of the profession possibly a more important argument against an attitude of unyielding resistance. In your training as physicians, there is a fortunately persistent emphasis upon the scientific approach, upon the spirit of inquiry, upon the advantages of trial and experiment, and upon an open-minded critical scrutiny of the results of experiment. Can we not as physicians and scientists apply to those social and economic questions which so affect our practice the same patient and thorough investigation which we regard so highly in the fields of medical science? Can we not lead in establishing better service?

At this time when there is imminent threat of governmentally controlled compulsory insurance for an ill-defined and little understood comprehensive medical service, it is most important—it is crucial that experiments in medical care be undertaken. They should be numerous and of considerable variety since they should be designed to meet the special needs of widely different communities. They may well include experiments in large industrial organizations, in cooperative groups, in county medical societies. Not least they should include trials in great teaching hospitals closely associated with medical schools where exemplary conditions may be attained and where the results can have an immediate and significant influence upon education.

Some of the trends which we have discussed today will without question greatly influence the circumstances of your medical life. You may find yourselves practicing not alone as did your predecessors but as members of a
group. Many of your patients may have insured themselves for comprehensive medical care. You may be preoccupied with preventive aspects of medicine, with general health supervision, with the detection of disease in its early and hopeful stages, with problems of emotional adjustment, and of convalescence and rehabilitation.

It is to be hoped that in approaching these problems, you will view them broadly in the light of what may be best, not primarily for the medical profession, but for the welfare of mankind. It may be hoped that you will approach them scientifically and without prejudice; that in your judgments you will not be too hampered by tradition nor too enamored of change. It is to be expected that no matter what forms of practice may emerge from conditions in or out of your control, you will strive to preserve the quality of medical care. Above all, that you will be in your generation the guardians and exemplars of the ideals of conduct and service that through the ages have been the one constant attribute of the profession of medicine.
The Inauguration of Arthur Holly Compton as Chancellor of Washington University

In a series of ceremonies which brought to the campus one of the most distinguished gatherings in the history of Washington University, Dr. Arthur Holly Compton, Nobel Prize winner, and one of the leaders in the development of atomic energy, was inaugurated ninth chancellor on February 22.

Representatives of educational institutions and learned societies came
Arthur H. Compton, Chancellor of Washington University. In his inaugural address, he expressed his desire that the institution should be “a source of new knowledge,” and therefore a center of research.

Forward Lowry, President of Webster College, one of the speakers at the inauguration.
Three university presidents — seated, Arthur H. Compton of Washington University, and Rev. Patrick Holloran of St. Louis University; and standing, Frederick A. Middlebush, of the University of Missouri.

from all points of the compass to participate in the event, which marked the ninety-third anniversary of the founding of Washington University.

Prominent among the guests were the new Chancellor's brother, Dr. Wilson M. Compton, President of Washington State College, Pullman, Washington, Dr. Howard F. Lowry, President of Wooster College, alma mater of the Comptons, and Dr. James B. Conant, President of Harvard University. The occasion also brought together, for the first time since V-J Day, many of the distinguished scientists who had worked with Chancellor Compton on the development of the atomic bomb. Among these were Vannevar Bush, President of the Carnegie Institution, who, during the war had headed the Office of Scientific Research and Development, Dr. Charles A. Thomas, Vice-President of the Monsanto Chemical Company, Dr. Joseph Kennedy, now on the faculty of Washington University, Dr. Enrico Fermi of Columbia University, and General L. R. Groves, military member of the group which worked on the famous Manhattan Project.

The inauguration was held in the morning in the Field House, which had been specially decorated for the occasion. Music by The St. Louis Symphony Orchestra preceded and followed the ceremonies.

Harry Brookings Wallace, President of the Washington University Corporation, presided at the inauguration, and symbolized the induction of the new chancellor into office, by placing around his neck a gold and silver chain from which was suspended the seal of the University. This handsome emblem, a gift of Mr. Wallace, was designed and fabricated at The St. Louis School of Fine Arts, and will be worn by the Chancellor of the University at commencement exercises and other formal ceremonies.

Addresses at the inauguration were delivered by Dr. Conant, who spoke on “The American Community of Scholars,” and Dr. Lowry, whose topic was “The Twilight of Opinion.”

Chancellor Compton, speaking on the subject, “Education for a Greater Destiny,” emphasized the role which Washington University will play in the development of science and of leaders.

“The goal before us is education for a greater destiny,” he said. “Our nation is setting a pattern for the world. Here, at our nation’s heart, the pattern selected by Washington University can thus shape the growth of man. With the cordial support of the Corporation and friends of the University, the loyal cooperation of the faculty, and the earnest effort of the students, this University will take an ever greater part in building our community and our world.

“With our increased enrollment and the need to give more extensive education, it is evident that more space and more equipment are needed. To supply these needs we are proceeding at once with the erection of new buildings for the School of Engineering and for chemistry. No need is
General view of the dinner at the Jefferson Hotel
more urgent than for a union building that will bring together students and faculty and give an opportunity for the growth of normal college life. Here will be a center for integrating many of the scattered parts of our university into a vital whole.”

Honorary degrees of Doctor of Science were conferred upon Washington University’s Nobel Prize winner Joseph Erlanger and Dr. Fermi; and honorary degrees of Doctor of Laws were conferred upon Vannevar Bush and Charles E. Merriam of the University of Chicago.

The delegates were guests at a luncheon at the Women’s Building, where Ethan A. H. Shepley, as toastmaster, introduced the recipients of honorary degrees who spoke briefly. Other speakers were Dr. Frederick A. Middlebush, President of the University of Missouri, and Rev. Patrick J. Holloran, S.J., President of St. Louis University.

A reception at the Chancellor’s residence featured the afternoon, with the deans of the University, student leaders, and members of the Inauguration Committee assisting.

The evening program was given at a dinner in the Gold Room of Hotel Jefferson, where Dr. Evarts A. Graham, Professor of Surgery, presided.

Addresses of greeting were made by Daniel K. Catlin, First Vice-President of the Washington University Corporation; Dr. Wilson M. Compton, who spoke for other institutions; W. Winans Homer, President of the American Society of Civil Engineers, who spoke for the alumni, Dr. Arthur L. Hughes, Professor of Physics, who spoke for the faculty; and Harry G. Lazarus, co-president of the Student Senate, who spoke for the students.

Formal addresses were delivered by Vannevar Bush and Charles A. Thomas.
Midwest Award to the Coris*

At a banquet paced by the sparkling introductions of toastmaster A. H. Winheim and attended by over 380 guests including three Nobel Prize winners and three other medalists, the second annual Midwest Award was presented to Carl F. and Gerty T. Cori at the Coronado Hotel, St. Louis, March 21. The recipients, professors of biochemistry at Washington University School of Medicine, St. Louis, were honored for their many contributions to the knowledge of metabolic processes culminating in the discovery of the enzyme phosphorylase. The award is made annually by the St. Louis Section of the AMERICAN CHEMICAL SOCIETY to give public recognition to residents of the midwestern area for meritorious contributions to the advancement of pure or applied chemistry or chemical education.

Two of the Nobel Prize winners were speakers on the program at the banquet; Arthur H. Compton, chancellor of Washington University, delivered an address on “St. Louis as a Scientific Center,” and Edward A. Doisy, professor at St. Louis University, spoke about the medalists. Among the guests of honor were Joseph Erlanger, professor emeritus, Washington University, also a Nobel Prize winner, Gaston DuBois and Francis C. Frary, Perkin Medalists for 1944 and 1945, respectively, and Lucas P. Kyrides, first recipient of the Midwest Award. Other honored guests included Alden H. Emery, secretary of the AMERICAN CHEMICAL SOCIETY, who spoke briefly on the similarity between a successful research program such as the Coris' and the work of the ACS; Charles A. Thomas, vice-president of Monsanto Chemical Co. and a director of the SOCIETY; Walter J. Murphy, editor of Industrial & Engineering Chemistry and CHEMICAL & ENGINEERING NEWS; Robert L. Taylor, editor of Chemical Industries; Leroy McMaster, Washington University and a charter member of St. Louis Section; P. A. Shaffer, dean of the Washington University School of Medicine; Evarts Graham, Washington University; and Patrick J. Holloran, S.J., president of St. Louis University. Carl E. Pfeifer, of Monsanto Chemical Co. and chairman of the St. Louis Section, presented the medal.

ST. LOUIS AS SCIENCE CENTER

Stating that St. Louis was in the beginning primarily a place of commerce, Dr. Compton reported that the first record of science in the city was the visit of John J. Audubon in 1843. But, more important than that, the city led in the development of the laboratory method of instruction in this country. It is not generally known, stated Dr. Compton, that the laboratory method was well developed by Professor Nipher of Washington University's physics department before its value was appreciated in most of the older

*Reprinted with permission of Chemical and Engineering News.
institutions of the country. An objective of Nipher's laboratory studies was to teach inductive reasoning, and Dr. Compton told a story about one of Nipher's students who arrived, by this process, at the startling discovery that within experimental error (he had selected numbers at random) all odd numbers are prime.

“We have now developed to a stage where the experimental errors of science are reduced,” continued Dr. Compton. “The fame of Carl and Gerty Cori is based upon the reliability of their careful measurements. Thus, when earlier investigators had demonstrated within experimental error that sugar in the liver is released to the blood by the action of the enzyme diastase, the Coris found that this was indeed an experimental error; that the true catalyst was instead a substance which they named ‘phosphorylase.’ The value of such precision is that it enables us to understand what is
happening and to control nature through the knowledge that we thus gain.

"Of recent years St. Louis has caught the attention of the world as a leader in science. The work for which the Coris are being honored is a part of the same tradition that resulted last year in the award to St. Louisians of three Nobel prizes. Our industries and our educational institutions are working together toward making St. Louis a source of ideas and of men equipped with knowledge of science, such as are needed for the full development of the possibilities of the central west.

"It has been said that there are three principal factors which are responsible for the leading positions of our city. These are: the ready access to agricultural products and other raw materials, its excellent transportation outlets, and its abundant supply of competent labor. To this can be added with rapidly growing significance the fact that St. Louis, with its Coris, and Doisys, and Erlangers, and its younger men of like ability who are growing up among us, is becoming the technical and cultural center that serves as a source of stimulation of life and industry in the heart of our nation."

Speaking about the medalists, Dr. Doisy remarked that their history is simple because they present so many parallels. They were both born in Austria, the same year, they both studied at the German University at Prague, they worked together on graduate research, they received their doctorates in medicine in 1920 and were married shortly thereafter.

Coming to America, the team of Carl and Gerty Cori took up studies on metabolism of tumors, metabolism and fate of sugar in the animal body, the mechanism and action of epinephrine and insulin on metabolism, and the action of organophosphates in the body. One of their most recent accomplishments was in the investigation of the release of stored blood-sugar, explaining the mechanism of how the body can store glycogen in the liver. They not only proved that the catalyst in the conversion of glycogen to blood-sugar is not diastase, as previously supposed, but they found the true catalyst, isolated it, prepared it in pure crystalline form, and named it "phosphorylase."

"Genius the Coris have; there is no question about it," said Dr. Doisy. "But their capacity for hard work has aided that genius to blossom and to benefit mankind. They are good Americans, excellent companions; the kind of companions that fishermen like to take to the woods with them. They are swimmers as well and all-round outdoor people."

Co-Workers

In presenting the medal, Dr. Pfeifer stated that the St. Louis Section is the first to bestow public honor to the Coris and that this is in keeping with the purpose of the award—to pick out for the first time those chemists
Mr. Arthur H. Compton, Chancellor of the University, extends his congratulations to Gerty and Carl Cori on the announcement of the Midwest Chemical Award to them.
in the midwest who have done so much for the advancement of chemistry
and the benefit of mankind. "It is given to the Coris so that the public
can recognize their momentous contributions to the field of biochemistry."
Immediately preceding the presentation of the medal, Mrs. Cori was given
a bouquet of roses.

In a brief speech of acceptance, Dr. Gerty Cori expressed her appreciation
for the honor and pointed out that they had not been just a team of two
but that they had many co-workers, and she wished to thank them also.
Among those who had contributed as research assistants and co-workers,
Mrs. Cori mentioned Sidney Colowick, Gerhard Schmidt, Arda Green, Earl
Sutherland, John Taylor, Milton Slein, Marjory Swanson, and Winston
Price.

In his speech of acceptance, Dr. Carl Cori outlined the development of
their investigations on glycogen release and described the work that led up
to the isolation and synthesis of phosphorylase.

Chairman of the Committee on Arrangements for the Midwest Award
Dinner was W. K. Menke, assisted by John Harris, printing; Paul Krueger,
medal; Stanley Lopata, tickets and finances; Tom McDonnell, invited
guests; Charles Naylor, hotel; R. I. Randall, program; E. G. Somogyi,
publicity; and R. U. Haslanger, miscellaneous.

Address for the Medalists

CARL F. CORI, Washington University School of Medicine

Before coming to St. Louis in 1931, we had been working on the whole
animal; we wanted to find out how carbohydrate, one of the principal food-
stuff's, is handled in the body. Our aim was to get quantitative chemical
data which would tell us the fate of ingested sugar as completely as possible.
This made it necessary to develop a type of experiment in which a sort of
balance sheet could be drawn up. We fed rats a known amount of sugar
and placed them in a respiratory chamber which permitted us to determine
how much of the sugar was oxidized to CO₂ and H₂O. At the end of the
experimental period the whole animal was analyzed for carbohydrate. In
this manner we could account for up to 90% of the absorbed sugar and we
found that about one-half of it was oxidized, while the rest was stored as
glycogen in liver and muscles. Some sugar was also converted to fat and
stored as such.

Having developed these methods, we were interested in varying the ex-
perimental conditions of the animals and this led us into the field of
hormonal influences, particularly the effect of injection of insulin and
epinephrine. These and other hormones participate in the regulation of the
blood-sugar level and an understanding of their mode of action is of im-
portance in such metabolic diseases as diabetes mellitus.

It was possible with these methods to show the changes in the disposal
of sugar brought about by hormones—for example, injection of insulin led
to a larger part of the absorbed glucose being oxidized and converted to
muscle glycogen and this was balanced by a decreased deposition of glycogen
in the liver. Though such changes could be accurately described, the
mechanisms of action of hormones remained obscure.

It became clear that this type of work would not give us an answer to
the question of the sequence of chemical reactions which occur in the body.
By accounting for most of the ingested glucose, we could merely find out
about over-all processes—that is, the glucose molecule, the fate of which
we were following, was present as glycogen or as fat or it had disappeared
from the body by oxidation, but what happened to the glucose molecule in
between was not revealed.

It then seemed to us that one way in which we might satisfy our aims
was to resort to experiments in the test tube, and we took this step at a
time at which work on the whole animal still seemed very profitable. We
were very fortunate in not having to regret this decision and we also had
a bit of luck to start with.

The following is an account of the actual experiments and of the se-
quence of events which led to the discovery of a new intermediate of carbo-
hydrate metabolism. While working with minced and washed frog muscle,
we found that during incubation in a solution containing inorganic phos-
phate and a trace of muscle adenylic acid, there was formed a hitherto
unknown sugar-phosphate ester. This substance was isolated and identified
as glucose-1-phosphate and its structure was proved by chemical synthesis;
it proved to be d-a-glucopyranose-1-phosphate.

The glucose part of the molecule could have come only from glycogen,
since no other carbohydrate was present in muscle, and the phosphate in-
corporated in the molecule could have been only that which was added,
since the phosphates normally present in muscle had been removed by wash-
ing before incubation. This indicated to us that an enzymatic reaction was
taking place between glycogen and inorganic phosphate and that the reac-
tion product was glucose-1-phosphate.

The lucky circumstance which was mentioned earlier was that in the
experiments with minced muscle, the washing procedure had removed
other enzymes which act on glucose-1-phosphate. One such enzyme (phos-
phoglucomutase) which was investigated later, causes an intramolecular
migration of the phosphate group from carbon 1 to carbon 6 of the glucose
molecule, giving rise to the formation of glucose-6-phosphate.

We had developed a method for the determination of glucose-6-phosphate
in the tissues. This ester is normally present in muscle in a concentration of 0.002 to 0.003 M. The method referred to was based on a simultaneous analysis of the reducing power (toward alkaline copper solution) and the organic phosphate content of the isolated product. Having previously investigated the concentration of glucose-6-phosphate in muscle under a variety of conditions, we had come to the conclusion that it was formed from glycogen and inorganic phosphate, and the experiments with frog muscle were designed to study the mechanism of formation of this ester.

What we found was that there was on short incubation a lack of agreement between reducing power and organic phosphate content—glucose-1-phosphate, in contrast to glucose-6-phosphate, does not reduce alkaline copper solution—and since this discrepancy disappeared on longer incubation we suspected the formation of an unknown intermediate, a precursor of glucose-6-phosphate. We know now—from the position of the equilibria of the different enzymatic reactions involved—that this precursor, that is, glucose-1-phosphate, would not have accumulated in detectable amounts, if the washing procedure had not removed preferentially the greater part of the enzyme which converts glucose-1- to glucose-6-phosphate. Apart from this lucky circumstance we were also fortunate in the choice of the phosphate method. Glucose-1-phosphate, in contrast to glucose-6-phosphate, is easily hydrolyzed in acid solution at room temperature, and some of the phosphate methods then in use would have resulted in the splitting of the ester to glucose and inorganic phosphate. It should be pointed out, however, that even this lucky set of circumstances would have been of no avail had it not been our practice to analyze the product by two independent methods.

The isolation of glucose-1-phosphate had a number of consequences. It was found that the enzyme which formed this ester was present not only in muscle but in all animal tissues which contain glycogen. The mechanism of formation of blood sugar in the liver which had remained obscure could now be explained by the conversion of glycogen to glucose-1-phosphate, followed by the splitting of the latter to glucose and inorganic phosphate by a phosphatase present in the liver.

The enzyme was also found in yeast and, as was shown by Hanes, in those parts of higher plants which contain starch.

The enzyme has been isolated from muscle in crystalline form. It is a protein of a molecular weight of about 400,000 as determined by ultracentrifugation and diffusion measurements. It has been named phosphorylase, a name derived from the fact that the enzyme splits the glucosidic linkages in glycogen or starch by the introduction of phosphate groups. In this manner the glucose units in the polysaccharides mentioned are converted to glucose-1-phosphate.
Perhaps the most remarkable property of the enzyme is that it acts in a reversible manner, that it can convert glucose-1-phosphate to glycogen or starch, the equilibrium of the reaction being in favor of the polysaccharide. This represents a case of an in vitro synthesis of a naturally occurring substance of high molecular weight. We have spent a great deal of time in investigating the kinetics of this reaction; there is the possibility that similar mechanisms exist in the enzymatic synthesis of other substances of high molecular weight.

One of the significant findings is that when the crystalline enzyme and glucose-1-phosphate are mixed, no reaction takes place; but when a trace of starch or glycogen is added, polysaccharide synthesis sets in immediately. We believe that the reason for this is that the enzyme is not self-starting, but needs some material to build on to and that this material has to be of the kind that the enzyme is going to make. According to this view the enzymatic synthesis of polysaccharide consists in the addition of glucose units to the polysaccharide chains which were added to start the reaction. A linear polymer is formed which gives a blue color with iodine. A second enzyme is needed to give a branched polysaccharide structure such as is present in glycogen.

Several other enzymes concerned with carbohydrate metabolism have been investigated in our laboratory and some of these have been isolated in crystalline form. The enzyme hexokinase which converts glucose to glucose-6-phosphate by a reaction between glucose and adenosinetriphosphate is of particular interest. Once glucose-6-phosphate is formed, one enzymatic pathway leads to glycogen, another to oxidation or fermentation. It has been possible to convert glucose to glycogen in the test tube by the combined action of 3 purified enzymes and thus to elucidate the steps which make up the over-all reaction which occurs in the body—namely, glucose → glycogen. The reverse reaction, glycogen → glucose, has already been discussed.

Hexokinase initiates the utilization of glucose in the body, and if it were not functioning the animal would show hyperglycemia and glycosuria. Our present indications are that this enzyme is influenced in its activity by hormones. A hormone derived from the anterior pituitary inhibits this enzyme in vivo and in vitro, while insulin, both in vivo or in vitro, counteracts this inhibition. We wish to emphasize that this is not the only effect of insulin in the body. However, we seem to be getting closer to an understanding of the mechanism of the action of hormones. Although this is only a beginning and may require many years of work, it is gratifying to us, because it brings somewhat nearer to realization one of our early scientific endeavors.
BIBLIOGRAPHY


Remarks by Gerty T. Cori

I don't need to tell you how deeply we appreciate the honor conferred on us by being chosen for the Midwest Award of 1946. I cannot refrain from voicing particularly my appreciation that you have included in this award the weaker member of the team, whose work, as you have just heard, started way back in the historical past. I hope you will permit me to use this opportunity to express my appreciation to the many co-workers who have participated in the work which has been mentioned here. We have been very fortunate, ever since we came to Washington University Medical School, in being able to attract a number of gifted and devoted scientific workers. There is, first and foremost, Sidney Colowick, who came to us some 10 years ago, just out of college and who has since developed into an independent scientist, one of the best in his age group in this country. There is Gerhard Schmidt, who came from Germany, who worked on the early phases of the isolation of the enzyme phosphorylase. There is Arda Green, who taught us a great deal about the art of handling proteins and of whom one friend said that she can do more with a cook spoon than others with a complicated piece of apparatus. There is Earl Sutherland, who as a medical student solved a difficult problem by demonstrating the reversibility of an enzyme reaction. He has just returned from several years in the service, with enthusiasm for biochemistry undimmed. There is John Taylor, whose physical-chemical training proved to be very helpful in the isolation of enzymes, Milton Stein, whose devotion to his work is unsurpassed, Marjory Swanson, whose interest is in enzymatic polysaccharide synthesis, and finally Winston Price, who has been favored by nature with special gifts and who is impatient to explore all unexplored parts of biochemistry, preferably all in one year. They and others whom I cannot all name have been fine companions and friends who have borne with us the failures and rejoiced in the successes which research brings.
Frank Phillips, center, at the dedication of a plaque in the Barnes Hospital in his honor. With him are, left, Harry B. Wallace, president of the Board of Directors of Washington University, and right, Frank Rand, chairman of the Board of Trustees of Barnes Hospital.
The Frank Phillips Research Fund

A plaque honoring Frank Phillips, chairman of the Frank Phillips Foundation, Inc., of New York, donor of a $75,000 grant to Barnes Hospital for research on the causes and cures of headaches was unveiled at Barnes Hospital January 22.

Frank C. Rand, chairman of the board of trustees of Barnes Hospital, unveiled the plaque which was presented by Washington University. Placed at the entrance to the chemical laboratory in the hospital, the plaque is inscribed “This chemical laboratory is equipped and maintained as a tribute to the public spirit, generosity and scientific interest of Frank Phillips.”

Harry B. Wallace, president of the Washington University Corporation and Chancellor Arthur H. Compton, attended the ceremony together with members of the research committee including Dr. F. R. Bradley, chairman, Dean Philip A. Shaffer of the School of Medicine; Dr. Sherwood Moore, professor of radiology; Dr. Edwin F. Glidea, professor of neuropsychiatry; and Dr. Archie Carr, neuropsychiatrist.

Mr. Phillips, who is chairman of the board of the Phillips Petroleum Company, and Mrs. Phillips maintain the foundation from personal funds. The grant was made by the foundation in the form of a continuing grant that will allow the study to continue in the School of Medicine for about five years.

The grant was established in 1944 for investigation as an extension of research on a disease, hyperostosis, first reported by Dr. Moore, who is head of the Mallinckrodt Institute of Radiology, at the Canadian Medical Association convention in 1935. The research is being directed toward the fundamental conditions which cause it and accompanying symptoms, particularly headache. Dr. Moore’s announcement of the disease was based on the examination of 20,000 radiographs of the skull. Metabolic disorders and mental disturbances which occur in persons so afflicted are also being studied.

Doctor Terry’s 75th Birthday

Members of the Department of Anatomy past and present marked the 75th birthday of Robert J. Terry by a surprise party given January 25, 1946 at the University Club. Dr. Terry began teaching in the Missouri Medical College (a predecessor of our present School of Medicine) in the fall of 1895, the year of his graduation, and was retired in 1941 as Emeritus Professor of Anatomy. Those attending the party were:
Dr. V. P. Blair  
Dr. and Mrs. Robert W. Bartlett  
Dr. C. Carruthers  
Dr. and Mrs. C. M. Charles  
Mr. C. H. U. Chu  
Dr. Walter P. Covell  
Dr. and Mrs. E. V. Cowdry  
Dr. and Mrs. F. H. Ewerhardt  
Dr. and Mrs. E. L. Keyes  
Dr. Raymond R. Lanier  
Dr. Ross C. MacCardle  
Miss Meryl M. Miles  

Dr. Mary Ritchey  
Dr. Robert K. Royce  
Dr. and Mrs. Henry G. Schwartz  
Dr. George A. Seib  
Dr. and Mrs. W. L. Simpson  
Dr. and Mrs. Edmund A. Smolik  
Dr. Valentina Suntzeff  
Dr. Mildred Trotter  
Dr. J. H. Van Dyke  
Dr. and Mrs. Richard L. Webb  
Mr. L. F. Wicks  
Mrs. George D. Williams

Dr. Cecil M. Charles acted as toastmaster and cleverly combined the gala spirit with the nostalgic memories felt by all. Dr. Vilray P. Blair spoke about the Department of Anatomy in its earlier days bringing up many interesting and amusing incidents. Dr. E. V. Cowdry, the present head of the department, discussed the lasting influence of Dr. Terry's work in molding a fine department. Dr. Mildred Trotter, who has been a member of the department since her graduate training, brought out the importance of the Terry Anatomical Collection which is internationally recognized as one of the most useful and best documented skeletal collections. In view of Dr. Terry's wide interest in nature and his present undertaking of cultivating every tree and wild-flower native to St. Louis County at his country home in Crescent, Missouri, the committee selected as a token of their affection L. H. Bailey's dictionary entitled, "Hortus Second." Following the presentation, Dr. Terry responded with a review of his association with the school and department since 1895.

One of the enjoyable features of the dinner was the large birthday cake with candles arranged to make "75," which was served by Dr. Terry. When the cake was brought in everybody rose and sang lustily, "Happy Birthday to you." Dr. Terry responded in song. Several of Dr. Terry's favorite musical selections were played on the accordion by the University Club's minstrel. Messages of congratulations which included letters, telegrams and cards were read from:

Mr. Joseph Albrecht  
Dr. William G. Becke  
Dr. R. R. Bensley  
Dr. Hubert Bradburn  
Dr. and Mrs. K. S. Chouke  
Miss Audrey Cushing  
Dr. and Mrs. Charles H. Danforth  
Mrs. Douglas Drake  
Dr. Byron F. Francis  
Dr. Ernest Gardner  
Miss Margaret Goessling  

Miss Louise Harrison  
Mr. and Mrs. John Hennessey  
Dr. Virginia S. Lanier  
Miss Geraldine R. Lermit  
Dr. Frederick T. Lewis  
Dr. and Mrs. Alfred M. Lucas  
Dr. Edward A. Miller  
Mrs. Bess Lloyd Milles  
Dr. Paul E. Nielson  
Miss Agnes O'Gorman  
Dr. James L. O'Leary
Dr. W. F. Ossenfort  
Dr. and Mrs. Don Packer  
Dr. and Mrs. L. E. Rector  
Dr. William O. Russell  
Dr. Gordon H. Scott  
Dr. Leith H. Slocumb  
Dr. Ray S. Snider  
Dr. T. D. Stewart  
Dr. W. E. Sullivan  
Dr. Beatrice Whiteside

Following is a special poem written for the occasion by Mrs. Maude Hennessey, a former librarian of the Medical School:

We could sing of a life of joy and tears,  
Of seventy-five successful years,  
Seventy-five years of work well done,  
Of life well lived and friendships won.  
And the satisfaction it must be  
On such an anniversary,  
To number among one's associates  
So many greats and nearly greats.  
But we know the sincerest tribute paid  
By men with reputations made,  
Is the pardonable pride in their commentary,  
"My Anatomy Prof was Doctor Terry."
News from the Medical School and Affiliated Hospitals

The following gifts to the School of Medicine were announced between October 1, 1945 and March 31, 1946: from the St. Louis Alumnae of Delta Gamma Fraternity, $140, and from Dean Adele Starbird, $10, to the Delta Gamma Fund in the Department of Ophthalmology; from The John and Mary R. Markle Foundation, $5,000 to aid for two years Dr. Cowdry’s study of ageing of human skin; from Dr. A. B. Jones, $187.50 to the Department of Neuropsychiatry; from The Rockefeller Foundation, $2,000 for a postwar fellowship in the Department of Pharmacology; from the W. K. Kellogg Foundation, a pledge of financial assistance in extending and strengthening our post-graduate medical education program, the maximum funds available to be $150,000 over a three-year period; from The Jane Coffin Childs Memorial Fund, a grant in the amount of $3,100 in continued support of a photometric histochemical study of tumors by Dr. Robert E. Stowell in the Department of Pathology; from The Nutrition Foundation, a grant of $4,300 for the year 1946, $4,300 for the year 1947, and $6,000 for the year 1948, in continued support of the project “The mechanism of carbohydrate reactions in animal tissues” under the direction of Dr. Carl Cori in the Department of Pharmacology; from the Upjohn Company, a renewal grant of $2,000 in support of Dr. MacBryde’s endocrine studies; from The Rockefeller Foundation, $6,000 for postwar assistants in the Department of Surgery; from the Monsanto Chemical Company, $5,575, and from the Lambert Pharmacal Company, $1,500, in continued support of dermatological research under the direction of Dr. Richard Weiss; from the C. V. Mosby Company, $500 for the continuance of the Wm. McKim Marriott Scholarship for another year; from the C. V. Mosby Company, $750 to Dr. Carl Moore in support of researches in hematology and nutrition in the Department of Internal Medicine; from Mr. Bert Hopper of Taylorville, Illinois, $500 to Dr. Hartmann in the Department of Pediatrics; from the Life Insurance Medical Research Fund, $6,750 in support of research by Dr. John R. Smith, Department of Internal Medicine, on pulmonary edema in experimental heart failure; from Eli Lilly and Company, $10,000 to Dr. Carl Cori, Department of Pharmacology, for his use in research on carbohydrate metabolism; from the Abbott Laboratories, $5,000 for fellowships in the Department of Pharmacology; from The International Cancer Research Foundation, $2,300 to the Department of Bacteriology for the use of Dr. Spiegelman for studies of enzymes; from friends of Mr. Wallace Renard in honor of his 60th birthday, a total of $845 which is to be added to the Wallace and Lucille K. Renard En-
dowment Fund; from Mrs. Edward Mallinckrodt, $3,500 as a gift to the School of Medicine; from the U. S. Public Health Service, a grant of $7,500 to Dr. Clark in the Department of Public Health and Preventive Medicine to continue research in the treatment of early and neurosyphilis with penicillin, which was supported last year by a grant from the OSRD; from Dr. Kiyoshi Inouye, $500 as a contribution to the Medical School; from Dr. J. C. Schmidtke, $500 to be added to the scholarship fund of the Medical School; from the Cutter Laboratories, $1,000 to the Department of Pediatrics to assist Dr. J. V. Cooke in proposed studies dealing with immunization of children with combined diphtheria immunizing agents; from The Commonwealth Fund, $10,560 annually for two years for the continuation of Dr. Elman's investigations on the systemic effects of injury; from the Baruch Committee on Physical Medicine, a one-year Baruch Fellowship in Physical Medicine in the amount of $3,000 for studies under the direction of Dr. Erlanger; from Dr. C. Malone Stroud, $100 for support of research in the field of allergy; from the Louis D. Beaumont Trust, $2,000 to be added to the Beaumont Fund for research in the Department of Surgery; from Dr. Gail D. Allee, $50 to the Medical Research Fund of the Department of Internal Medicine; form the grandparents of Phillip Hunkel, $5 to be added to the Phillip Hunkel Memorial Fund in the Department of Internal Medicine; from Sharp and Dohme of Philadelphia, $450 to continue the fellowship for research on the chemical determination of estrogens in pregnancy; from The Upjohn Company, $1,000 to be used in defraying the expense of investigating and photographing the use of Gelfoam and Thrombin in otolaryngology under the direction of Dr. Theodore Walsh; from Lederle Laboratories, $2,400 in continued support of pneumonia research studies under the direction of Dr. W. Barry Wood; from Burroughs Wellcome & Co., $500 in support of the research of Dr. John R. Smith in the Department of Internal Medicine; from an anonymous donor, $6,000, from Mr. Frederic Penn, $1,000, from Mr. Eugene H. Marxer, $500, from Mr. Norman Stupp, $500, from the Ludwig Music House, $100, from Mr. Paul Childress, $500, from Judge Rubey M. Hulen, $500, and from Dr. William B. Kountz, $300, for the study of degenerative diseases under the direction of Dr. Kountz.

The following members of the staff have returned from service in the armed forces: Dr. Franklin E. Walton, Associate Professor of Surgery and Assistant Dean in Charge of the Post-graduate Program; Dr. Harvey Lester White, Associate Professor of Physiology; Dr. Eugene M. Bricker, Associate Professor of Surgery; Dr. Thomas Burford, Associate Professor of Surgery; Dr. Leonard T. Furlow, Associate Professor of Clinical Neurological Surgery; Dr. James L. O'Leary, Associate Professor of Neuroanat-
omy and of Neurology; Dr. Margaret G. Smith, Associate Professor of Pathology; Dr. Henry G. Schwartz, Associate Professor of Neurological Surgery; Dr. Edgar A. Blair, Assistant Professor of Physiology; Dr. Justin J. Cordonnier; Assistant Professor of Clinical Genitourinary Surgery; Dr. Robert W. Bartlett, Assistant Professor of Clinical Surgery; Dr. Frederick A. Jostes, Assistant Professor of Clinical Orthopedic Surgery; Dr. Hyman H. Fingert, Assistant Professor of Clinical Psychiatry; Dr. Paul W. Preisler, Assistant Professor of Biological Chemistry; Dr. John F. Patton, Assistant Professor of Clinical Genitourinary Surgery; Dr. Lee D. Cady, Assistant Professor of Clinical Radiology; Dr. Samuel R. Warson, Assistant Professor of Psychiatry; Dr. Alfred J. Cone, Assistant Professor of Clinical Otolaryngology; Dr. Wendell G. Scott, Assistant Professor of Clinical Radiology; Dr. Louis L. Tureen, Assistant Professor of Clinical Neurology; Dr. Norman Arneson, Assistant Professor of Clinical Obstetrics and Gynecology and of Clinical Radiology; Dr. Ben H. Senturia, Assistant Professor of Otolaryngology; Dr. Elson B. Helwig, Instructor in Pathology; Dr. Oscar P. Hampton, Instructor in Clinical Orthopedic Surgery; Dr. Julius Elson, Instructor in Clinical Medicine; Dr. Henry Allen, Instructor in Pathology and Assistant in Clinical Medicine; Dr. George J. L. Wulff, Jr., Instructor in Clinical Obstetrics and Gynecology; Dr. John Seddon, Instructor in Clinical Medicine; Dr. Guerdan Hardy, Instructor in Clinical Otolaryngology; Dr. Max Deutch, Instructor in Clinical Pediatrics; Dr. Bruce Kenamore, Instructor in Clinical Medicine; Dr. Joseph J. Gitt, Instructor in Clinical Neurology; Dr. Harry Agress, Instructor in Pathology and Assistant in Clinical Medicine; Dr. Joseph Edwards, Instructor in Clinical Medicine; Dr. Robert Votaw, Instructor in Clinical Otolaryngology; Dr. Stanley L. Harrison, Instructor in Clinical Pediatrics; Dr. Helman C. Wasserman, Instructor in Clinical Obstetrics and Gynecology; Dr. Arthur R. Bortnick, Instructor in Clinical Obstetrics and Gynecology; Dr. Harold M. Cutler, Instructor in Otolaryngology; Dr. L. C. Boemer, Instructor in Clinical Otolaryngology; Dr. Sol Londe, Instructor in Clinical Pediatrics; Dr. John Ray Powers, Instructor in Pediatrics; Dr. Leon Bromberg, Instructor in Clinical Medicine; Dr. Edward H. Lyman, Assistant in Clinical Otolaryngology; Dr. Adolph H. Conrad, Jr., Assistant in Clinical Dermatology; Dr. Virgil O. Fish, Assistant in Clinical Surgery; Dr. Maurice B. Roche, Assistant in Clinical Orthopedic Surgery; Dr. Joe M. Barker, Assistant in Surgery; Dr. Henry Schwarz, II, Assistant in Surgery; Dr. D. Elliott O’Reilly, Assistant in Surgery; Dr. Mordant E. Peck, Assistant in Surgery; Dr. Albert I. Lansing, Assistant in Anatomy; Dr. R. J. Cook, Assistant in Medicine; Dr. Truman G. Drake, Assistant in Clinical Medicine; Dr. Robert W. Kelley, Assistant in Clinical Medicine; Dr. Harold Freedman, Assistant in Clinical Medicine; Dr. Melvin Kirstein,
Assistant in Clinical Medicine; Dr. Sim F. Beam, Assistant in Clinical Medicine; Dr. Benjamin Charles, Assistant in Clinical Medicine; Dr. John Wedig, Assistant in Clinical Medicine; Dr. Edmund B. Alvis, Assistant in Clinical Ophthalmology; Dr. S. Albert Hanser, Assistant in Clinical Ophthalmology; Dr. Robert D. Mattis, Assistant in Clinical Ophthalmology; Dr. Harry D. Rosenbaum, Assistant in Clinical Ophthalmology; Dr. Russell J. Crider, Assistant in Surgery; Dr. John J. Modlin, Assistant in Surgery; Dr. George E. Roulhae, Assistant in Surgery; Dr. Hubert L. Allen, Assistant in Clinical Obstetrics and Gynecology; Dr. Morris D. Marcus, Assistant in Clinical Dermatology; Dr. James Bagby, Assistant in Clinical Dermatology; Dr. Alfred Fleishman, Assistant in Clinical Medicine; Dr. William D. Hawker, Assistant in Clinical Obstetrics and Gynecology; Dr. Edgar H. Keys, Fellow in Obstetrics and Gynecology; Dr. Ralph B. Woolf, Fellow in Obstetrics and Gynecology; Dr. Howard E. McKnight, Fellow in Obstetrics and Gynecology; Dr. Charles W. Mills, Fellow in Obstetrics and Gynecology.

New appointments to the staff include: Dr. Richard L. Webb, Visiting Professor of Anatomy; Dr. Palmer Futcher, Assistant Professor of Medicine; Dr. Earl Sutherland, Instructor in Pharmacology; Mr. R. E. Kious, Instructor in Public Health; Dr. Robert C. Kingsland, Instructor in Clinical Medicine; Miss Ada Wells Ford, Instructor in Occupational Therapy; Miss Dorothy L. Flint, Instructor in Occupational Therapy; Dr. James T. Hall, Instructor in Otolaryngology; Dr. Herman Erlanger, Instructor in Clinical Medicine; Dr. Merrill J. Reeh, Instructor in Ophthalmology; Miss Roberta Elizabeth Foote, Instructor in Public Health; Dr. Walter Baumgarten, Jr., Assistant in Clinical Medicine; Dr. Luis C. Prieto, Jr., Assistant in Obstetrics and Gynecology; Dr. Frederic C. Loomis, Assistant in Obstetrics and Gynecology; Dr. Frank Townsend, Assistant in Pathology; Dr. Franz Leidler, Assistant in Pathology; Dr. William F. Rose, Assistant in Clinical Surgery; Dr. F. Dale Wilson, Assistant in Surgery; Dr. F. Louis Knotts, Assistant in Surgery; Dr. Fred J. Gray, Jr., Assistant in Surgery; Dr. Darwin W. Neubauer, Assistant in Surgery; Miss Helen Harkness, Assistant in Occupational Therapy; Dr. Adolph A. Baluka, Assistant in Occupational Therapy; Mrs. Helen V. Leidler, Research Assistant in Medicine; Dr. Robert Loeffel, Research Assistant in Pharmacology; Dr. Andre Germain, Fellow in General and Chest Surgery; Dr. Mason Trupp, Fellow in Neurological Surgery; Dr. Victor A. Hughes, Fellow in Obstetrics and Gynecology; Dr. Graham Webster, Fellow in Pharmacology; Dr. Alex Harell, Baruch Fellow in Physical Medicine; Dr. C. Laird Wilson, National Research Council Fellow in Orthopedic Surgery; Dr. Samuel Bukantz, Fellow in Allergy in the Department of Medicine; Dr. Lee T.
Ford, Jr., Fellow in Orthopedic Surgery; Dr. Claud C. Young, Fellow in Obstetrics and Gynecology.

The following staff members have resigned: Dr. Carlyle Jacobsen, Professor of Medical Psychology and Assistant Dean; Dr. Bian Blades, Assistant Professor of Clinical Surgery; Dr. Cyril M. MacBryde, Assistant Professor of Clinical Medicine; Dr. Daniel Myers, Assistant Professor of Clinical Medicine; Dr. Julius Jensen, Assistant Professor of Clinical Medicine; Dr. Daniel W. Badal, Instructor in Psychiatry; Dr. Samuel P. Harbison, Instructor in Surgery; Miss Rosemary Phillips, Instructor in Public Health; Dr. William R. Arrowsmith, Assistant in Clinical Medicine; Mrs. Lucille Spitz, Assistant in Neuropsychiatry; Miss Esther Goodale, Assistant in Psychiatric Social Work; Dr. William Mundy, Research Assistant in Medicine; Miss Ruth Peterson, Research Assistant in Medicine; Mrs. Jean Nolan, Research Assistant in Pathology; Dr. Osler Abbott, Fellow in Chest Surgery.

Carlyle F. Jacobsen resigned on April 1 as Professor of Medical Psychology and Assistant Dean of the School of Medicine, to become Dean of the Graduate School of the University of Iowa. Dr. Jacobsen came to the School of Medicine with Dr. David Eioch and Dr. John Whitehorn in 1938 when the Department of Neuropsychiatry was established. Dr. Jacobsen was well known among the administrators of medical schools throughout the United States, and had made many contributions to establishing criteria for admission to medical school.

The appointment of Dr. Franklin Walton as Assistant Dean and Director of the Division of Postgraduate Studies was announced by the Dean’s Office in January. Dr. Walton will devote his entire time to planning and arranging postgraduate courses for returning medical veterans and others. Appropriately, he has established his office in the space formerly occupied by the Army Specialized Training Program. All correspondence concerning postgraduate work should be sent to Dr. Walton.

Plans for deceleration at the Washington University School of Medicine include a summer vacation of the usual pre-war length and extension of the school year from nine to twelve months for the junior and senior classes. These two classes started the junior year on the 25th of March. One-quarter of eleven weeks will be completed by the middle of June. There will then be a vacation until the middle of September followed by three consecutive quarters of eleven or twelve weeks each and graduation early in June of 1947. This will permit those who have had the first two or three years on the accelerated program to spend more time in the clinical
subjects, and graduate at a time when internships will be available. It will also allow a much needed vacation for both the faculty and students this summer.

The program of the Army and Navy in Washington University School of Medicine has been discontinued. Those preparing for the Navy were transferred from active to inactive status in December. The Army discontinued its program in April and gave a discharge to the men. An increasing number of students are enrolling under the benefits of the Veterans Administration.

E. V. Cowdry, Professor of Anatomy, Willard M. Allen, Professor of Obstetrics and Gynecology, and Robert A. Moore, Professor of Pathology attended the ninth annual meeting of the Club for Research on Aging in New York on February 18 and 19. During the past year the members of the Club for Research on Aging became charter members of the Gerontological Society, Incorporated. This Society has established a new Journal to be known as the Journal of Gerontology. Dr. Moore is the Editor-in-Chief. The first number of the Journal was mailed in April, 1946.

Speakers at the April Graduate Medical Assembly from the faculty of Washington University School of Medicine included James B. Brown, Associate Professor of Surgery and Robert A. Moore, Professor of Pathology.

E. V. Cowdry, Professor of Anatomy, and C. F. Cori, Professor of Pharmacology and Biochemistry have been appointed to the panels of the Committee on Growth of the National Research Council. This Committee will administer the research grants and fellowships of the National Cancer Society. Dr. Cowdry was appointed to the panel on cellular biology and Dr. Cori to the panel on enzymes.

Dr. Cyril M. MacBryde, for many years on the staff of the Department of Medicine, has moved to Los Angeles where he will continue private practice, and teach and conduct research at the University of Southern California Medical School.

Basil O'Conner, Chairman of the American Red Cross, recently announced the appointment of three members of the faculty of the School of Medicine to the Red Cross Advisory Board on Health Services. The three were Evarts A. Graham, Professor of Surgery, W. Barry Wood, Jr., Professor of Medicine and Elizabeth McKinley, Director of the Social Service Department.

The Chancellor has announced the appointment of Dr. Leo J. Wade, '38, as head of the Washington University Health Service. Dr. Wade will
continue as an Assistant Professor of Medicine and Assistant Professor of
Preventive Medicine. After graduation Dr. Wade was on the House Staff
of the New York Hospital and New Haven Hospital before returning to
the Barnes Hospital as Resident in Medicine. Since that time he has been
Medical Director of the St. Louis City Hospital.

Frank W. Ewerhardt, '10, Assistant Professor of Physical Therapy and
in charge of Physical Therapy in Barnes Hospital, will retire at the end
of the current academic year as Chairman of the Faculty Committee on
Athletics.

Dr. H. Rommel Hildreth was guest speaker of the Oklahoma State Medi-
cal Association meeting in Oklahoma City on May 1, 2, and 3, 1946. The
title of his speech was The Incision in Cataract Surgery. Dr. Hildreth
was also guest speaker on April 22-25, 1946 for the E E N T Section of
the Kansas Medical Society in Wichita, Kansas. He spoke on Tear Sac
Surgery, Orbital Tumors, Muscle Surgery and Intraocular Foreign Bodies.

Dr. Lawrence T. Post, Consultant for the ninth district, will make a tour
of its Veteran's Hospitals. He is leaving May 7 and is to be gone until
May 16.

Dr. Richard S. Scobee went to Washington, D. C., on February 12, 13
and 14 to attend a committee meeting of the Army Navy National Research
Council Vision Committee. Dr. Scobee has been a member of this com-
mittee which was in charge of the visual problems for the armed services
of the United States during World War II.

Extensive refresher courses in various medical fields for returning veter-
ans are now under way in the School of Medicine, with plans for additional
classes to be held early next year, Dean Philip Shaffer has announced. At
present postgraduate instruction is offered to medical veterans in residencies
and fellowships in all clinical subjects, fellowships in all preclinical sci-
ences, a one-month refresher course in ophthalmology and an eight-month
refresher course in the same subject; a two-month refresher course in oto-
laryngology, and an eight-month graduate course in the same field.

As facilities and staff in the School of Medicine become available other
regular and special courses will be arranged, both for individuals and for
groups, Dean Shaffer said.

Development of a medical program which “materially reduced the inci-
dence of the crippling or even fatal infection” in battle fractures, has won
for Lt. Col. Oscar P. Hampton, Jr., former Assistant in Clinical Ortho-
pedic Surgery at Barnes Hospital, the Legion of Merit, the War Depart-
ment announced.

Col. Hampton was cited for performance of outstanding services in
North Africa and Italy as consultant in orthopedic surgery, medical section, Mediterra-
nean theatre of operations.

The citation read in part:

“Col. Hampton early in the Tunisian campaign observed that the preva-
 lent method for the management of battle fractures should be abandoned
and more radical procedures substituted therefor. Pursuing this develop-
ment with the use of penicillin during the Italian campaign, the surgical
management of the compound fracture of warfare was revolutionized.”

Dr. Robert Elman presented two papers on “Protein Metabolism and
Surgical Convalescence” on 23 November 1945 at the War-Time Graduate
Medical Meeting, Kennedy General Hospital, Memphis, Tennessee.

At the Conference on Proteins and Protein Hydrolysates in Nutrition on
December 7 and 8, 1945 in New York City an address was given by Dr.
Elman entitled “Clinical Observations Following the Intravenous Injection
of a Protein Hydrolysate in Surgical Patients.”

The death of Mr. Daniel N. Kirby is a serious loss to Washington Uni-
versity as well as to this community. Widely known and respected as an
attorney and public spirited citizen, he rendered devoted and unselfish ser-
vice both to civic progress and to the betterment of education.

A distinguished graduate of the College and of the Law School, Mr.
Kirby became a member of the Corporation of the University in 1926 and
was thereafter a leader of that body, especially in affairs concerning legal
education.

During the past ten years he has been also Chairman of the Corporation
Committee for the School of Medicine. In this capacity he early acquired
an understanding of the relations between the University and the Hospitals
affiliated with it in the Medical Center. Under his influence and guidance
the Trustees of the University and of the Hospitals have reached a fuller
comprehension of their joint relationships and of the common aims and
purposes of these institutions. Recent improvements in the joint organiza-
tion of the Medical Center, as well as the very cordial relations between the
Boards, are the outcome, mainly, of Mr. Kirby’s tact and diplomacy.

The Executive Faculty records with deep regret the loss of an able
friend and adviser of the School of Medicine, one whose services strength-
ened the foundations of this medical center for its future development.
Dr. and Mrs. Robert E. Stowell left in March for the Medical Nobel Institute at Stockholm, Sweden, where Dr. Stowell will work for a year with Dr. T. Caspersson on research work employing measurements with ultraviolet light in the cytochemical studies of tissues.

His work has been made possible by a fellowship from the Commonwealth Fund and a leave of absence as Assistant Professor of Pathology at Washington University, School of Medicine. Upon his return he will apply the new techniques in his work on the photometric studies of tissues.

Dr. and Mrs. Stowell were married December 1, in Jacksonville, Illinois. Mrs. Stowell is the former Miss Eva Mae Chambers, a graduate from MacMurray College in Jacksonville who interned in dietetics at Barnes Hospital last year. Dr. Stowell received his M.D. Degree from Stanford University in 1941, and a Ph.D. from Washington University in 1944. Following their wedding, Dr. and Mrs. Stowell went to New Orleans where Dr. Stowell was visiting professor of pathology at Louisiana State University.

On September 26 Dr. Jacobsen made the announcement of the following awards, and presentation was made by Dr. Shaffer:

The GEORGE F. GILL PRIZE was awarded to Mr. Virgil Bleisch for excellence of work in anatomy.

THE HOWARD A. McCORDOCK BOOK PRIZE was awarded to Mr. Alonzo L. Farr of the second year class for general excellence in pathology.

NU SIGMA NU AWARDS went to the outstanding member of the first and second year classes. It was awarded to Mr. Virgil Bleisch for the first year, and Mr. Alonzo L. Farr for the second year class.
### Appointments for the Class of March, 1946

<table>
<thead>
<tr>
<th>Name</th>
<th>City, State</th>
<th>Hospital Name</th>
<th>City, State</th>
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<tr>
<td>Adams, Raymond</td>
<td>Seattle, Washington</td>
<td>St. Luke's Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Bailey, Drennan</td>
<td>University City, Missouri</td>
<td>St. Louis City Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Barrow, Jack</td>
<td>Carbondale, Illinois</td>
<td>St. Louis City Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Bates, Raymond R.</td>
<td>Tucson, Arizona</td>
<td>San Joaquin General Hospital</td>
<td>Stockton, California</td>
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<td>Bonebrake, Mac D.</td>
<td>Salem, Missouri</td>
<td>St. Louis Maternity Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Brownlie, Arthur R., Jr.</td>
<td>St. Louis, Missouri</td>
<td>St. Luke's Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Bublis, Mary Cheaney</td>
<td>St. Louis, Missouri</td>
<td>St. Louis City Hospital</td>
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<td>Busch, Ralph B., Jr.</td>
<td>Webster Groves, Missouri</td>
<td>U. S. Naval Hospital</td>
<td>Bremer- ton, Washington</td>
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<td>Chamberlain, Gilbert L., Jr.</td>
<td>New Franklin, Missouri</td>
<td>Barnes Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Cornfield, Morris</td>
<td>University City, Missouri</td>
<td>Cedars of Lebanon Hospital</td>
<td>Los Angeles, California</td>
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<td>Deane, Garrett E.</td>
<td>Clayton, Missouri</td>
<td>Baltimore City Hospital</td>
<td>Baltimore, Maryland</td>
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<td>De Huff, Ann W.</td>
<td>Santa Fe, New Mexico</td>
<td>Johns Hopkins Hospital</td>
<td>Baltimore, Maryland</td>
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<td>Dorrough, Bernell F.</td>
<td>Birmingham, Alabama</td>
<td>Jefferson-Hillman Hospital</td>
<td>Birmingham, Alabama</td>
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<td>Elders, Frank A., Jr.</td>
<td>DeSoto, Missouri</td>
<td>St. Louis City Hospital</td>
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<td>Elliott, Gladden V.</td>
<td>Cabool, Missouri</td>
<td>Barnes Hospital</td>
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<td>Ernst, Roland P.</td>
<td>Kirkwood, Missouri</td>
<td>DePaul Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Ewing, George M.</td>
<td>Brookfield, Missouri</td>
<td>Queen's Hospital</td>
<td>Honolulu, Hawaii</td>
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<td>Farrier, Robert M.</td>
<td>East St. Louis, Illinois</td>
<td>U. S. Public Health Service</td>
<td>Staten Island, New York</td>
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<tr>
<td>Folsom, James C.</td>
<td>Grove Hill, Alabama</td>
<td>Jefferson-Hillman Hospitals</td>
<td>Birmingham, Alabama</td>
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<td>Forman, Carolyn W.</td>
<td>Birmingham, Alabama</td>
<td>Philadelphia General Hospital</td>
<td>Philadelphia, Pennsylvania</td>
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<td>Funsch, Robert E.</td>
<td>Richmond Heights, Missouri</td>
<td>Barnes Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Gallagher, Donald M.</td>
<td>Rossford, Ohio</td>
<td>DePaul Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Gibstine, Marvin H.</td>
<td>St. Louis, Missouri</td>
<td>Jewish Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Hall, Gilbert R.</td>
<td>Spirit Lake, Iowa</td>
<td>St. Luke's Hospital</td>
<td>Denver, Colorado</td>
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<td>Harrison, Wiley H.</td>
<td>Guthrie Center, Iowa</td>
<td>U. S. Naval Hospital</td>
<td>Mare Island, California</td>
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<td>Hawkins, Richard D.</td>
<td>Bedford, Indiana</td>
<td>St. Louis Children's Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Hayward, Boyd E.</td>
<td>Logan, Utah</td>
<td>Barnes Hospital</td>
<td>St. Louis, Missouri</td>
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<td>Hoffman, Howe C.</td>
<td>Geyersville, California</td>
<td>The General Hospital of Fresno County</td>
<td>Fresno, California</td>
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<tr>
<td>Inglis, Ervine P.</td>
<td>Webster Groves, Missouri</td>
<td>Deaconess Hospital</td>
<td>St. Louis, Missouri</td>
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<tr>
<td>Ishii, Albert H.</td>
<td>Lihue, Kauai, Hawaii</td>
<td>St. Louis County Hospital</td>
<td>St. Louis, Missouri</td>
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</tbody>
</table>
Jackson, James O., Kansas City, Missouri—Research General Hospital, Kansas City, Missouri.
Johnson, Melvin J., Roslyn, South Dakota—St. Joseph’s Hospital, Tacoma, Washington.
Jolley, Harold N., Wood River, Illinois—St. Luke’s Hospital, St. Louis, Missouri.
Jones, Ralph H., Marshall, Missouri—DePaul Hospital, St. Louis, Missouri.
Kendrick, John F., Jr., Raleigh, North Carolina—Grady Memorial Hospital, Atlanta, Georgia.
Kieffer, Victor B., University City, Missouri—Missouri Baptist Hospital, St. Louis, Missouri.
King, George W., St. Louis, Missouri—Lutheran Hospital, St. Louis, Missouri.
Kirkham, Lindsay J., Independence, Missouri—Harper Hospital, Detroit, Michigan.
Koehler, John W., Webster Groves, Missouri—St. Louis City Hospital, St. Louis, Missouri.
Lanier, Patricia F., Webster Groves, Missouri—Barnes Hospital, St. Louis, Missouri.
Lee, Robert E., Webster Groves, Missouri—Missouri Baptist Hospital, St. Louis, Missouri.
Leeper, Claude K., University City, Missouri—St. Thomas Hospital, Nashville, Tennessee.
Luer, Carlyle A., St. Louis, Missouri—St. Louis City Hospital, St. Louis, Missouri.
Lunceford, Tennie Mae, Lanett, Alabama—Lutheran Deaconess Hospital, Chicago, Illinois.
Magallon, Dorothy T., North Little Rock, Arkansas—St. Louis Maternity Hospital, St. Louis, Missouri.
Martt, Jack M., Clayton, Missouri—Queen’s Hospital, Honolulu, Hawaii.
McConnell, Robert B., St. Joseph, Missouri—Colorado General Hospital, Denver, Colorado.
McGrath, John M., Nevada, Missouri—Robert Packer Hospital, Sayre, Pennsylvania.
Merrill, Robert S., Milwaukee, Wisconsin—Columbia Hospital, Milwaukee, Wisconsin.
Moffett, James B., Dexter, Missouri—Baptist Memorial Hospital, Memphis, Tennessee.
Nauert, Nicholas H., Jr., St. Louis, Missouri—St. Luke’s Hospital, St. Louis, Missouri.
Nicolai, Charles H., St. Louis County, Missouri—Missouri Baptist Hospital, St. Louis, Missouri.
Niedermeyer, Edward L., Addieville, Illinois—Deaconess Hospital, St. Louis, Missouri.
Old, Jacob W., Jr., Joplin, Missouri—Santa Barbara Cottage Hospital, Santa Barbara, California.
O’Neal, Lawrence W., Sunflower, Kansas—Barnes Hospital, St. Louis, Missouri.
Owen, James W., Jr., Skiatook, Oklahoma—Barnes Hospital, St. Louis, Missouri.
Patt, Walter H., Jr., St. Joseph, Missouri—Miami Valley Hospital, Dayton, Ohio.
Perry, Horace M., Jr., Woodmere, New York—Barnes Hospital, St. Louis, Missouri.
Petrakis, Nicholas L., Sioux Falls, South Dakota—Minneapolis General Hospital, Minneapolis, Minnesota.
Ramsey, Claire C., Jackson, Alabama—St. Louis City Hospital, St. Louis, Missouri.
Rauber, Albert P., Auburn, Alabama—St. Louis Children's Hospital, St. Louis, Missouri.
Rhoades, Albert L., Belle Vernon, Pennsylvania—U. S. Naval Hospital, Portsmouth, Virginia.
Richardson, Glenn B., Montgomery, Alabama—U. S. Naval Hospital, New Orleans, Louisiana.
Roberts, Stanley E., Gallatin, Missouri—St. Luke's Hospital, St. Louis, Missouri.
Rutledge, Robert C., Jr., Houston, Texas—U. S. Naval Hospital, Chelsea, Massachusetts.
Schmidt, Arthur E., Jr., St. Louis, Missouri—Presbyterian Hospital, Chicago, Illinois.
Schropp, Rutledge C., Des Moines, Iowa—St. Louis City Hospital, St. Louis, Missouri.
Schuman, Arnold, St. Louis, Missouri—Jewish Hospital, St. Louis, Missouri.
Scott, Walter F., Jr., Birmingham, Alabama—Lincoln Hospital, New York, New York.
Seabaugh, Loy R., Jackson, Missouri—St. Louis City Hospital, St. Louis, Missouri.
Seabaugh, William O., Cape Girardeau, Missouri—St. Louis City Hospital, St. Louis, Missouri.
Shapleigh, John B., II, St. Louis, Missouri—New York Hospital, New York, New York.
Sisk, James C., St. Louis, Missouri—St. Louis City Hospital, St. Louis, Missouri.
Slonim, Nathaniel B., St. Louis, Missouri—Salt Lake County General Hospital, Salt Lake City, Utah.
Smith, Theodore J., Stamford, Connecticut—Norwalk General Hospital, Norwalk, Connecticut.
Snyderman, Sanford C., Kansas City, Missouri—Miami Valley Hospital, Dayton, Ohio.
Spain, Robert S., Greenville, North Carolina—Hospital Division, Medical College of Virginia, Richmond, Virginia.
Thiel, Stanley W., Ritzville, Washington—Barnes Hospital, St. Louis, Missouri.
Vellios, Frank, St. Louis, Missouri—Barnes Hospital, St. Louis, Missouri.
Walker, Willard B., St. Louis County, Missouri—Barnes Hospital, St. Louis, Missouri.
Webster, Robert N., Northwood, North Dakota—St. Louis City Hospital, St. Louis, Missouri.
Welsh, William H., Fairmont, West Virginia—St. Luke's Hospital, Cleveland, Ohio.
Wiedershine, Leonard J., St. Louis, Missouri—Jewish Hospital, St. Louis, Missouri.
Wieman, Harry K., DeSoto, Missouri—St. John's Hospital, Tulsa, Oklahoma.
Wiggins, George E., West Plains, Missouri—Seattle General Hospital, Seattle, Washington.
Williams, Joseph C., Kansas City, Missouri—St. Louis Maternity Hospital, St. Louis, Missouri.
Members of the Faculty Who Have Returned from the Armed Services

Harry Agress, 1045 Missouri Theatre Building, St. Louis, Mo.
Henry Allen, 817 Missouri Theatre Building, St. Louis, Mo.
Hubert L. Allen, 630 South Kingshighway, St. Louis, Mo.
Edmund Alvis, 903 Carleton Building, St. Louis, Mo.
Robert Anschuetz, 600 South Kingshighway, St. Louis, Mo.
Millard Arbuckle, 505 Humboldt Building, St. Louis, Mo.
Norman Arneson, 4952 Maryland, St. Louis, Mo.
James Bagby, 626 Metropolitan Building, St. Louis, Mo.
Willard T. Barnhart, 401 Beaumont Medical Building, St. Louis, Mo.
Robert W. Bartlett, 929 University Club Building, St. Louis, Mo.
Willard Bartlett, Jr., 929 University Club Building, St. Louis, Mo.
Sim Beam, 52 Middlesex Drive, Brentwood, Mo.
Edgar A. Blair, 2901 Olive, St. Louis, Mo.
L. C. Boemer, 517 Beaumont Medical Building, St. Louis, Mo.
Arthur Bortnick, 634 North Grand, St. Louis, Mo.
Eugene Bricker, 600 South Kingshighway, St. Louis, Mo.
Louis Bromberg, 4456 Maryland, St. Louis, Mo.
Thomas Burford, 600 South Kingshighway, St. Louis, Mo.
Lee Cady, 46 Hillvale Drive, St. Louis, Mo.
Ben Charles, 912 Beaumont Medical Building, St. Louis, Mo.
Alfred J. Cone, 453 North Taylor, St. Louis, Mo.
Adolph H. Conrad, Jr., 512 Beaumont Medical Building, St. Louis, Mo.
R. J. Cooke, 8529 Douglas, St. Louis, Mo.
Justin Cordonnier, 3720 Washington, St. Louis, Mo.
Russell J. Crider, 600 South Kingshighway, St. Louis, Mo.
Harold Cutler, 640 South Kingshighway, St. Louis, Mo.
Max Deutch, 1206 Missouri Theatre Building, St. Louis, Mo.
Truman Drake, 114 North Taylor, St. Louis, Mo.
Joseph C. Edwards, 1018 Beaumont Medical Building, St. Louis, Mo.
Julius Elson, 4500 Olive Street, St. Louis, Mo.
Hyman Fingert, 600 South Kingshighway, St. Louis, Mo.
Virgil O. Fish, 1114 Missouri Theatre Building, St. Louis, Mo.
Harold Freedman, 1106 Missouri Theatre Building, St. Louis, Mo.
Leonard T. Furlow, 916 University Club Building, St. Louis, Mo.
Joseph J. Gitt, 600 South Kingshighway, St. Louis, Mo.
Samuel Harbison, Pine Road, Sewickley, Pennsylvania.
Guerdan Hardy, 539 North Grand, St. Louis, Mo.
Oscar P. Hampton, 3720 Washington, St. Louis, Mo.
Stanley Hampton, 1018 Beaumont Medical Building, St. Louis, Mo.
William D. Hawker, 903 University Club Building, St. Louis, Mo.
S. Albert Hanser, Missouri Theatre Building, St. Louis, Mo.
Elson Helwig, 507 South Euclid, St. Louis, Mo.
Frederick Jostes, 418 Beaumont Medical Building, St. Louis, Mo.
Robert Kelley, 622 Beaumont Medical Building, St. Louis, Mo.
Bruce Kenamore, 3720 Washington, St. Louis, Mo.
Edgar H. Keys, 630 South Kingshighway, St. Louis, Mo.
Melvin Kirstein, 601 Humboldt Building, St. Louis, Mo.
Albert I. Lansing, 602 South Euclid, St. Louis, Mo.
Sol Londe, 201 Lister Building, St. Louis, Mo.
Edward H. Lyman, 906 Carleton Building, St. Louis, Mo.
Morris D. Marcus, 600 South Kingshighway, St. Louis, Mo.
Robert Dean Mattis, 645 Missouri Theatre Building, St. Louis, Mo.
Paul F. Max, 701 Beaumont Medical Building, St. Louis, Mo.
Howard E. McKnight, 630 South Kingshighway, St. Louis, Mo.
Charles W. Mills, 630 South Kingshighway, St. Louis, Mo.
John J. Modlin, 600 South Kingshighway, St. Louis, Mo.
James L. O'Leary, 600 South Kingshighway, St. Louis, Mo.
D. Elliott O'Reilly, 600 South Kingshighway, St. Louis, Mo.
Joe M. Parker, Vienna, Illinois.
John F. Patton, 723 University Club Building, St. Louis, Mo.
Mordant E. Peck, 600 South Kingshighway, St. Louis, Mo.
John Ray Powers, 600 South Kingshighway, St. Louis, Mo.
Paul W. Preisler, 600 South Kingshighway, St. Louis, Mo.
Burchard Pruett, 460 Bellerive Blvd., St. Louis, Mo.
Maurice B. Rouche, 418 Beaumont Medical Building, St. Louis, Mo.
Harry D. Rosenbaum, 425 Metropolitan Building, St. Louis, Mo.
David Rothman, 462 North Taylor, St. Louis, Mo.
George E. Roulhac, 600 South Kingshighway, St. Louis, Mo.
Howard A. Rusk, 50 Green Acres Ave., Scarsdale, N. Y.
Val B. Satterfield, 415 Lister Building, St. Louis, Mo.
Henry G. Schwartz, 600 South Kingshighway, St. Louis, Mo.
Richard Scobee, 600 South Kingshighway, St. Louis, Mo.
Wendell Scott, 4952 Maryland, St. Louis, Mo.
John Seddon, 5341 Waterman, St. Louis, Mo.
B. H. Senturia, 6355 Waterman, St. Louis, Mo.
Wayne P. Sirles, 630 South Kingshighway, St. Louis, Mo.
Dudley, R. Smith, 4952 Maryland, St. Louis, Mo.
Louis Tureen, 4487 Westminster, St. Louis, Mo.
Franklin Walton, 602 South Euclid, St. Louis, Mo.
Samuel R. Warson, 640 South Kingshighway, St. Louis, Mo.
Helman Wasserman, 1222 Missouri Theatre Building, St. Louis, Mo.
John Wedig, 1127 Warren Street, Alton, Illinois.
Harvey Lester White, 750 Yale, University City, Mo.
Ralph B. Woolf, 630 South Kingshighway, St. Louis, Mo.
George Wulff, 8063 Teasdale Lane, St. Louis, Mo.
Publications by the Staff of the School of Medicine

September, 1945 - February, 1946


Alexander, H. L., Duden, C. W., Scheff, Harold, et al. Healed ulcers of the colon with atrophy; fibrous thickening and stenosis of the large intestine with stricture of the rectum (history of identification of Endameba histolytica from the stools eight years previously); ileostomy stoma in midline of lower anterior abdominal wall (history of ileostomy and skin graft—eight months); dehydration and emaciation, advanced. (Barnes case 83) J. Missouri M. A. 43: 26-34, Jan., 1946.


Alexander, H. L., Poppe, J. K., Goldman, A., et al. Partially healed wound of the chest (history of operation for removal of posterior mediastinal tumor, 8 days); empyema of the right pleural cavity, 300 cc. (history of culture of beta hemolytic streptococci and treatment with penicillin and sulfadiazine, 5 days); interstitial bronchopneumonia of all lobes of lungs; acute nonsuppurative interstitial nephritis. (Barnes case 85) J. Missouri M. A., 43: 100-105, Feb., 1946.

Alexander, H. L., Reinhard, E. H., & Bottom, D. S., et al. Hodgkin's sarcoma involving the stomach with extensive ulceration, the lungs, liver, spleen, tracheobronchial and paraaortic lymph nodes; extension of the tumor from the wall of the stomach into the body and tail of the pancreas; atrophy and fibrosis of the bone marrow, ascites (5,800 cc.) Barnes case 78) J. Missouri M. A. 42: 555-563, Sept., 1945.


Alexander, H. L., Taussig, B. & Wood, W. B., Jr., et al. Healed surgical wounds of the abdomen and absence of the left ovary and appendix; pseudomucinous
cystadenocarcinoma involving the left periovarian tissue, peritoneum, liver, lungs, spleen, kidneys, heart, vertebrae, left ureter, left common iliac lymph nodes and peripancreatic lymph nodes; hydroureter left; hydronephrosis, bilateral, left, advanced; right, slight. (Barnes case 81) J. Missouri M. A. 42: 697-700, Nov., 1945.


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Fowler, W. M. Hematology for students and practitioners. N. Y., Hoeber, 1945.


Gunther, C. E. M. Practical malaria control. N. Y., Philosophical library, 1944.


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Whipple, A. O. Hypoglycemia and hyperinsulinism. V. 3, p. 54A-54E.


Potter, H. W. Mental deficiency. v. 6, p. 81-116.

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Harvey, H. D. Surgery of the stomach and duodenum. v. 5, p. 43-103.


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Krieg, W. J. Visualization of functional anatomy of the ear. n. p. Published for the medical profession by the Auerex corporation. 1945. Pamphlet #616.


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Richard Kirtley Pemberton, born March 7, 1871, in Callaway County, Mo. died at McAlester, Oklahoma, September 24, 1945, of coronary occlusion. He was the son of Dr. John K., and Maggie (Hord) Pemberton. His father, a prominent physician, died in 1913.

Dr. Pemberton attended the Arkansas State University and taught school in Callaway County for three years. He began his medical studies at Barnes Medical College but transferred to the Missouri Medical College, graduating with the class of 1895.

R. S. Marnell retired December 1, after serving as a member of the staff of the Stockton State Hospital for 27 years. He will live at Twin Lakes, near Santa Cruz, California.

While at the Stockton State Hospital he published several scientific articles in medical journals, the most recent of which was one on brain syphilis. He was a member of the San Joaquin County Medical Association and the Neuro-Psychiatric Society.

Dr. Marnell was presented with a wrist watch, a platform rocker and books from employees at the State Hospital.

After a short vacation, Dr. Marnell will open offices in Santa Cruz specializing in neuro-psychiatry. His new address is Route 3, Box 254, Santa Cruz, California.

H. H. Shackelford has moved to 3903 Ohio, St. Louis 8, Missouri.

We were informed that H. V. Gibson is now back as Health Officer at Great Falls, Montana.

Harry M. Roebber, on terminal leave from the Army, has resumed his medical practice at Bonne Terre, Missouri.

The Legion of Merit medal, awarded posthumously to the late Colonel Armin W. Leuschner, was presented to his widow, Lieutenant Mildred Leuschner of the Army Nurse Corps, in a ceremony at Brooke Hospital Center. Brigadier General George C. Beach, Center Commander, made the presentation.

Colonel Leuschner graduated from Washington University, School of Medicine in 1929. Mrs. Leuschner graduated from Washington University, School of Nursing in the class of '44. She joined the Army Nurse Corps in December, 1944, after receiving official word of her husband's death.

Colonel Leuschner was principal assistant to the Surgeon of the Third Army. He was taken from the Third Army to form the headquarters for the Sixth Army which left for overseas duty in March of 1943. He received wounds October 26, 1944 on the Island of Leyte in the reconquest of the Philippines which caused his death.

A memorial to Colonel Leuschner in the form of a photograph and memorial tablet, was unveiled in the medical library of the Brooke General Hospital.

James W. Bagby, former Commander in the U. S. Navy, has resumed practice at 626 Metropolitan Building, St. Louis, Missouri. He served overseas in the Solomon Islands and later as Chief of Dermatology and Syphilology at the U. S. Naval Hospital at Oakland, California.

William Henry Doyle has been promoted to the rank of lieutenant colonel. Leonard G. Rosenthal has as his new
address 2807 North Grand, Room 217, St. Louis, Missouri.

1935

Arthur P. Echternacht has notified us that his new address is Culver Hospital Laboratories, P. O. Box 111, Crawfordsville, Indiana.

Elmer G. Graul was recently promoted to the rank of lieutenant colonel and is now on terminal leave from the Army after five years’ service, forty-three months of which were spent overseas. He was with the 41st Division for two years. Later in Australia he became Surgeon of the Officer Candidate School near Brisbane. Colonel Graul participated in several New Guinea campaigns, and was finally with the 27th General Hospital in the Philippines. His home address now is 4003 Flora Pl., St. Louis, Mo.

1936

Lawrence Breslow announces his release from Military Service and his return to the practice of medicine limited to infants and children at the Uptown Bank Building, 4753 North Broadway, Chicago, Illinois.

1937

Since leaving St. Louis City Hospital, H. L. Townsend has been at the Kentucky Baptist Hospital, Louisville, Kentucky as radiologist.

L. E. Mendonsa’s address now is 504 North Central Avenue, University City 5, Mo.

Lieutenant Colonel M. A. Compton, M. C., O-21039 has as his new address: Surgeon’s Office, Bremen Port Command, A. P. O. 751, c/o Postmaster New York, N. Y.

Captain Charles M. Polan is stationed at Newton D. Baker General Hospital, Martinsburg, West Virginia.

1938

J. Wallace Findley, who was discharged from the Army Medical Corps on October 12, 1945, is now opening his office for the treatment of ear, nose and throat diseases at 626 Lathrop Building, 1005 Grand Avenue, Kansas City, Missouri.

Commander Ernest Serrano, now on terminal leave from the Navy, has opened an office for the practice of medicine in Hollywood, Florida.

A daughter, Betsey Jane, was born to Dr. and Mrs. Cornelius S. Meeker, February 18, 1946 at Waukegan, Illinois.

Cornelius S. Meeker, recently released from the Navy Medical Corps announced the opening of his office at 307 W. Washington Street, Waukegan, Illinois, April 1, 1946. Practice limited to diseases of infants, children and adolescents.

1939

John R. Hall, Jr., Tenth Corps surgeon, has been promoted to the rank of full colonel at El Paso, Texas.

Captain Robert H. Greeley is now Group Surgeon of the 305th Bomb Group, A. P. O. 633, c/o Postmaster, New York, N. Y.

Lieutenant Colonel Leo J. Geppert’s address now is Brooke General Hospital, Fort Sam Houston, Texas. He returned to the United States from Germany in December, 1945. Colonel Geppert was awarded the Bronze Star for bravery in service.

1940

Wesley A. Barton writes that he has just bought a small modern air-conditioned building for his office, containing 12 rooms for a small urological clinic, in Chattanooga, Tennessee.

Llewellyn Sale, Jr., has notified us that his new address is 4500 Olive Street, St. Louis 8, Missouri.

James Mann is now at the Boston State Hospital, 591 Morton Street, Boston, Massachusetts.

1941

The following letter was written to Dr. Rogers Deakin, Secretary-Trea-
surer of the Washington University Medical Alumni Association 29 October 1945 from Chanyi, China:

“You have no idea how welcome the Quarterly is especially when it follows one overseas. I am now located in western China at a Sub-Headquarters for the Service of Supply of the U. S. Forces in the China Theatre, having arrived here in August of this year. I arrived in India December 1944 and went through the last phase of the Central Burma Campaign as a member of the Mars Task Force, staying with it until it was dissolved in June of this year. During the campaign our Medical Collecting Company functioned only as a hospital which enabled us to see many casualties, however the predominating types were medical, consisting of malaria and amebic dysentery.

After the campaign was completed the Collecting Company was recalled to India, dissolved, and several dispensary units formed. I had an interesting drive over the Ledo-Burma Road which took 28 days to complete. Things are pretty quiet now and everyone is just sitting around waiting to go home—we will probably leave from Shanghai in the near future.

I hope to pay a visit to the best school in the world when I return to the United States. Thanking you for your time, I remain

Charles Ransom, Major, M. C.
Sub. Hq., SOS, USF, CT
A. P. O. #272
c/o Postmaster, New York, N. Y.”

J. L. Baughman joined the Army July 1, 1942, went overseas with the 24th Infantry Division in the Pacific area including Oahu, Australia, New Guinea, Leyte, Mindoro, and Mindanao for slightly over three years, and was put on inactive duty September 13, 1945. He is now starting his residency in Medicine at the University of Colorado, Denver, Colorado.

Major and Mrs. Russell L. Herdener have announced the birth of a son, Charles Russell II, born February 26, 1946 at the Anglo American Hospital in Lima, Peru.

March, 1943

Captain Don L. Fisher is now with the Army of Occupation in Japan. He is connected with the medical detachment of the 25th Division who have their headquarters situated near Nagoya. He sailed for overseas duty on August 19, 1944 and served with the 25th Division at New Caledonia and during the Luzon Invasion of the Philippines. His present address is, Captain Don L. Fisher, O-463104, Division Headquarters, Office of the Surgeon, A. P. O. 25, c/o Postmaster, San Francisco, California.

Fred Turbeville was recently discharged from the armed services and is now resuming his practice in pediatrics at Greenville, Texas.

Captain Daniel G. Santer returned from overseas in the early part of December, 1945. He is now chief of the Medical Service, Station Hospital, Fort Monroe, Virginia.

December 1943

Dr. and Mrs. Walter A. Rohlfing, Jr., have announced the birth of a son, Jeffrey William, born February 27, 1946 at Fresno, California.

The address of Daniel S. Castile, Captain, M. C., is 365th Bomb Squadron, 365th Bomb Group, A. P. O. 633, c/o Postmaster, New York, N. Y.

Captain James Cravens is at Oliver General Hospital, Augusta, Georgia now. He became the father of a daughter in October, 1945.

1944

Robert D. Lange has notified us his new address is Glen Lake Sanatorium, Oak Terrace, Minnesota.
Lieutenant Albert Eisenstein is now stationed at the Regional Hospital, Fort Meade, Maryland. He mentioned in a letter to the Alumni Office that he had seen Herbert Mazur, class of December, 1943, who is stationed there at the Separation Center.

Dr. and Mrs. Charles Stuart Exon have announced the birth of a daughter, Carolan, born December 22, 1945 at Laurel, Mississippi.

Lieutenant John W. Payne, M.C., 1618 N. Vermilion, Danville, Illinois, graduated from the Army Air Forces School of Aviation Medicine, Randolph Field, Texas, February 8, 1946.

Under the guidance of its Commandant, Brigadier General E. G. Reinartz, the School of Aviation Medicine specializes in training physicians and surgeons in a special branch of medical knowledge, practically unknown during World War I, but which now aids in safeguarding the lives of Army pilots and air force personnel.

The intensive course in Aviation Medicine which Lieutenant Payne has just completed is one prerequisite for attaining the wings of a “Flight Surgeon” in the Medical Corps, U. S. Army Air Forces.

We were notified that Dallas Anthony is in the medical corps and stationed at present in Korea.
In Memoriam

Walter Baumgarten, ’96, St. Louis, Mo., died Aug. 23, 1945, aged 77.  
Henry Tyler Coleman, ’95, Pattonville, Mo., died Dec. 19, 1945, aged 71.  
Albert Neville Coughlin, ’21, St. Louis, Mo., died Aug. 29, 1945, aged 51.  
John D. Dameron, ’94, Stockton, Calif., died Sept. 25, 1945, aged 72.  
Talbot Farrens, Mo. ’81, Clarinda, Iowa, died June 2, 1945, aged 90.  
John Rogers Hudson, ’04, St. Louis, Mo., died Jan. 3, 1946, aged 89.  
Charles A. Jenkins, ’93, Keokuk, Iowa, died Dec. 5, 1945, aged 79.  
William Kluegel, ’08, St. Louis, Mo., died Dec., 1945, aged 62.  
C. B. Leslie, ’97, Meade County, Kan., died Aug. 8, 1945, aged 72.  
Richard K. Pemberton, ’95, McAlester, Okla, died Sept. 24, 1945, aged 74.  
Richard C. Sinclair, ’33, St. Louis, Mo., died Sept. 21, 1945, aged 37.  
Martin Van Raalte, ’12, Chicago, Ill., died Dec. 5, 1945, aged 57.  
Alexander W. Widner, ’92, Newton, Mo., died Aug. 21, 1945, aged 76.  
Robert E. Wilson, ’96, St. Louis, Mo., died July 14, 1945, aged 75.
WASHINGTON UNIVERSITY

Arthur H. Compton, Ph.D., Sc.D., LL.D., Bridge Chancellor

The College of Liberal Arts
    William G. Bowling, A.M., Dean
The School of Engineering
    Alexander S. Langsdorf, M.M.E., Dean
The School of Architecture
    Alexander S. Langsdorf, M.M.E., Dean
The School of Business and Public Administration
    Isaac Lippincott, Ph.D., Acting Dean
The George Warren Brown School of Social Work
    Benjamin E. Youngdahl, A.M., Dean
The Henry Shaw School of Botany
    George T. Moore, Ph.D., Director
The School of Graduate Studies
    Joyce C. Stearns, Ph.D., Dean
The School of Law
    Wayne L. Townsend, A.B., LL.B., J.S.D., Dean
The School of Medicine
    Philip A. Shaffer, Ph.D., Dean
The School of Dentistry
    Otto W. Brandhorst, D.D.S., Dean
The School of Nursing
    Louise Knapp, R.N., B.S., A.M., Director
The School of Fine Arts
    Kenneth E. Hudson, B.F.A., Dean
University College
    Willis H. Reals, Ph.D., Dean
The Summer School
    Frank L. Wright, A.M., Ed.D., Director

Mary Institute, a preparatory school for girls, located at Ladue and Warson Roads, is also conducted under the charter of the University.

Note: Complete information about any of the schools listed above may be obtained by writing to the Dean or Director concerned.