Outlook Magazine, Summer 1974

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Recent articles in the New England Journal of Medicine\(^1,2\) call attention to an important issue in medical education and practice. About half of all new physicians in the United States since 1967 have been foreign medical graduates (FMG’s). A somewhat smaller proportion, about 30 per cent, of all house officers in American hospitals are FMG’s. Only a small number of these FMG’s are U.S. citizens who attended foreign medical schools. The rest are from a wide range of countries, with the Philippines, India, and other Asiatic countries contributing nearly 60 per cent.

Using the recent report from the National Academy of Medicine on the costs of medical education, the articles estimate that it would cost over half a billion dollars each year to educate an equivalent number of American physicians to replace the FMG’s.

The appropriateness of the United States’ importing scarce medical talent from poor developing countries has been challenged on many occasions. The New England Journal articles recognize this issue but are concerned primarily with a different question: Is the quality of medical practice being lowered by the FMG’s, many of whom were educated under less optimal circumstances than those in the United States?

Conceding that it is very difficult to answer this question confidently, there is a presumption that physicians whose education is, on the average, inferior, scientifically at least, are likely, again on the average, to practice an inferior grade of medicine. Efforts at more valid and comprehensive evaluations of FMG’s are needed and may help solve the difficulties inherent in such questions.

But in view of these considerations, it is hard to know whether or not the United States is educating and training enough physicians. If more elaborate screening and additional training, already recommended,\(^3\) result in fewer FMG’s practicing in this country, we may well face a serious physician shortage before many years.

The issues are complex and dogmatic statements are inappropriate. Yet one wonders how valid have been the assertions of the national administration that we are headed for a physician surplus at the beginning of the next decade.

Samuel B. Guze, M.D. ’45
Vice Chancellor for Medical Affairs

OUTLOOK

Washington University School of Medicine
Summer, 1974

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From the '20s to the '70s
Around the Medical Center

IN THE NEXT ISSUE . . .

. . . Outlook begins a new feature on members of the Washington University School of Medicine faculty who have distinguished themselves and the institution through their contributions.

Stephen C. Kinsky, Ph.D., professor of pharmacology, will be featured in the first of the series. Dr. Kinsky, who joined the faculty in 1959 as an instructor, was promoted to his present rank in 1968.

The article will comment on the natural progression of his highly regarded research in the areas of 1) polyene antibiotics, 2) immune lysis, and 3) antibody production.

ON THE COVER

William S. Coleman, M.D. '74, is looking directly ahead, but his thoughts, while reflecting on the commencement address, might have strayed to Boston—and the beginning of a surgery residency at Massachusetts General Hospital.

BACK COVER

"Slow down, Dad," was the plea of David Jonathan Willbrand, 4, son of Jeffrey W. Willbrand, M.D. '74, following the May 19 commencement exercises.
COMMENCEMENT, 1974

The Last Day for The Largest Class

What will the graduates of Washington University School of Medicine's Class of 1974 remember most about May 19, the day of commencement?

That it was hot and humid?

That a distinguished official from the National Institutes of Health and a U.S. Senator from Missouri gave orations full of awesome information?

That Mom and Dad (and perhaps the in-laws) were there?

Or was it just one grand whirl of a day that happened in a blink on the way to internship?

In the morning, at the “official” commencement on the Brookings Quadrangle, DeWitt Stetten, Jr., M.D., Ph.D., deputy director for science at the National Institutes of Health, spoke on “The University and Its Professional Schools.” Then the 2,600 degree recipients, undergraduate and graduate, heard themselves announced as they received the diplomas from their deans, and then shook the Chancellor’s hand.

Of a more personalized nature were the activities for the Medical School graduates: lunch with classmates, families and faculty, followed by the Senior Program.

After the processional, sans music, Class Representative Bruce C. Broady introduced Senator Thomas F. Eagleton, who remarked on “A Dangerous Trend for Democracy: The Atmosphere of Disillusionment and Cynicism with Politics Today.”

The Senior “Teachers of the Year” awards were then presented to Stanley Lang, Ph.D., associate professor of physiology and biophysics; and Richard D. Aach, M.D., associate professor of medicine (in absentia).

The class of '74, whose 114 members in the morning had received the academic hood of Washington University lined with red and green, then walked across the stage for their final official recognition, and the clasp of the vice chancellor’s hand. For 27 there also were academic honors, most with accompanying reward.

Mark Leslie Berger, Sidney I. Schwab Prize in Neurology;

Max Henry Burgdorf, St. Louis Pediatric Society Prize;

Stephen Dale Burrows, Alexander Berg Prize, and Jacques J. Bronfenbrenner Award;
Chancellor William H. Danforth, M.D., and Charles Allen Thomas, chairman of the University Board of Trustees, led the processional into the Brookings Quadrangle.

And 34 years later, another Dr. Mann! James Mann, M.D. '40, appeared as pleased as son, Jonathan, with his newly received diploma.

William Sanford Coleman, Sidney I. Schwab Prize in Psychiatry, Robert Carter Medical School Award, Louis and Dorothy Kovitz Senior Award Prize in Surgery, and Alpha Omega Alpha Book Prize;

Arthur Jackson Crumbley, III, Medical Fund Society Prize in Surgery;

Louise Ann Donohoe, Sandoz Award in Psychiatry;

Lewis Conrad Fischbein, Alfred Goldman Book Prize in Diseases of the Chest;

Peter Glickman, Richard Alan Jacobs, Howard Grant Liang, Jonathan Max Mann, and David Shai Olander; Mosby Scholarship Awards;

Pearl Evelyn Grimes and Mark Howard Wener, Lange Medical Publications Book Awards;

Roslyn Ann Kaplan, St. Louis Internist’s Club Book Award;

Margaret Woelf Meyer, Missouri State Medical Association Award, and American Medical Women’s Association Citation;

Stanley Mogelson, Medical Fund Society Prize in Medicine;

Moon Hea Nahm, Richard S. Brookings Medical School Award;

Barry Ross Paull, Hugh M. Wilson Award in Radiology;

Patricia Ann Penkoske, Keith Allen Wichterman and Jeffrey William Willbrand, Dr. Samson F. Wennerman Prizes in Surgery;

William Clayton Stratton, George F. Gill Prize in Pediatrics;

Alan James Tiefenbrunn and David Logan Yarian, Joseph J. Gitt and Charlotte E. Gitt Prize;

David Samuel Weil, Samuel D. Soule Award in Obstetrics and Gynecology;

Julian Carroll Williams, Upjohn Achievement Award.

Each of the new Doctors of Medicine will have his or her own memories of this day—and of the entire Medical School years. It is hoped that a majority of the remembrances of this, the largest graduating class yet, will be fond.
Young Doctors Helping to Keep Old-fashioned Romance Alive

By ELLEN SWEETS

Those bemoaning the untimely demise of old-fashioned romance in an age of computerized matchmaking and communal romantic “arrangements” can take heart. Stefan and Natalia Kozak are doing their part to keep the notion alive.

Sitting amidst stacked cartons of household goods, the Kozaks looked more like the average urbanite’s stereotyped concept of small-town high school sweethearts than the physicians they both now are.

The Kozaks, who on May 19, 1974, received their medical degrees from Washington University, were packing prior to moving to Iowa City where they will both complete their internship and residency requirements in a program for physicians interested in family practice.

By the time they have completed those requirements, they will have decided whether they will head for the inner city, the country, the county or set up an urban practice. “In all probability,” said Dr. Stefan Kozak, “we’ll come back to somewhere in the Midwest, but where, it’s just too soon to say.”

He, like his wife, is soft-spoken and gentle in manner. It is not difficult to imagine them as real-life smalltown physicians not unlike television portrayals somewhere between the schmaltz of “Marcus Welby, M.D.,” and the romanticized drama of “Medical Center” wherein the main characters are not only doctors, but counselors, confidants and friends to the patients they treat.

Dr. Natalia Kozak noted that they had chosen general practice because there is a renewed interest among younger medical students in family practice, and because they believe that there is a genuine need for physicians to deliver primary health care.

“You’d be surprised how many people see only specialists and then have no idea where to go when something outside of that doctor’s speciality arises,” she said. “In general practice, we will have studied enough ‘odds and ends’ that in some areas we will be able to treat patients immediately or tell them exactly whom they ought to see for treatment.”

Both cited the fact that often women, who only see an obstetrician or gynecologist on a regular basis, will go to him or her for an ailment unrelated to that field simply because they have never dealt with anyone other than a gynecologist or a pediatrician.

If the Kozaks sound like a pair that has stepped out of the 1930s, when the family doctor really was a friend, confidant, counselor and physician, the initiation of their romance and eventual marriage is equally reminiscent of days gone by.
Applause, applause! Stanley Lang, Ph.D., associate professor of physiology and biophysics, applauds the cheering Class of '74 who voted him “Preclinical Teacher of the Year.”

A beaming Dolores Reynolds Tucker shares the joy of commencement with her husband, Thomas, and their daughters Donna Lynn, 11; Allyson Marie, 12; and Tracy Ann, 9.

Natalia Hyk, whose Ukrainian parents came to the United States more than 20 years ago, enrolled at Washington University after completing her early education in Griggsville, Ill. Her father, who is a physician, began teaching her about bone structure and in Latin, no less, when she was a child.

“Ever since I was seven, I’ve wanted to be a doctor,” she said, “and I used to tag along with him when he made calls and was just terribly impressed with his work.”

The impression stuck. Meanwhile, back in the city, Stefan, a graduate of Southwest High School, also had been accepted by Washington University.

Stefan, the first-generation American son of Czechoslovakian parents, met Natalia when they were both undergraduate students in biology. Because they both had Slavic-sounding names, Natalia’s mother suggested that they introduce themselves. Meanwhile, his mother also suggested that they meet.

Consequently, a blind date was arranged in which they were to recognize each other by the fact that Natalia would be carrying an umbrella and he would carry a raincoat.

“It was really very funny,” she laughed, “because we were both very shy.” She was in her late teens, and he only two years older than she.

“Eventually we became friends,” she continued, “and that is what we have been first and foremost; there was no kind of blind love.”

There are remnants of the shyness still, although she is now 24 and he is 26. As she talked he smiled in much the same way a 10-year-old might upon being the embarrassed recipient of one of those “my-what-a-big-boy-you-are” greetings from a maiden aunt.

They studied together, helping one another with academic problems. On June 12, 1971, after their first year in medical school, they were married.

Three years later, on the eve of their third wedding anniversary, they discussed future plans as they sat in the living room of their small upstairs apartment on Clayton Avenue. There were few pieces of furniture that were not piled high with small, medium and large cartons.

“We expect the movers any day now,” Stefan said as he apologized for the cramped sitting space and pondered the fate of their favorite piece of furniture, and upright piano—which, unsurprisingly enough, they both play.

They will both intern at the University of Iowa Hospitals in Iowa City.

“We have a little house behind the hospital and are really looking forward to having a place of our own,” Natalia said, with a sideways glance at her husband. “Then, over the next three years we will decide where we want to be,” she continued. “Do you know that there are over 135 counties in the United States that have no doctors at all?”

The emphasis she placed on the obviously rhetorical question suggested that the doctors may well be instrumental in reducing that statistic by at least one county.

(Editor’s note: Ellen Sweets is a member of the St. Louis Post-Dispatch staff. This article appeared in the June 13, 1974, issue, and is reprinted with permission.)
New graduate Louise Donohoe holds the check from her father in the amount of "my last cent." Her parents are Mr. and Mrs. Charles J. Donohoe.

Even with platform shoes on, Pearl E. Grimes barely comes up to the shoulder of Wilfred L. Anderson.

Mr. and Mrs. Max Golden were all smiles May 19 on the occasion of their third son's receiving the M.D. degree from Washington University. From left are David, '68; Paul, '74; and Jeffrey, '72.

Senator Thomas F. Eagleton, who addressed the new physicians, gave his autograph to Yigal Kahana, 8, son of Baruch E. Kahana, M.D. '74.

Let me be the first! Sidney Boyers, M.D. ’39, proudly shakes hands with his son, Jerold, after he had officially become Dr. Boyers.

Unable to attend the ceremonies, Richard D. Aach, M.D., was presented his "Clinical Teacher of the Year" plaque by Lewis C. Fischbein, left, and Bruce C. Broudy of the Class of ’74.
And between courses, visit four exciting Caribbean ports: Haiti, San Juan, St. Thomas and Puerto Plata. The "floating resort" M/S SKYWARD leaves Miami February 22, 1975, for this Second Annual Clinical Conference of the Washington University Medical Center Alumni Association. Scientific sessions will be conducted by members of the Medical School faculty.

Luxurious accommodations . . . gourmet meals . . . exciting shipboard activities . . . relaxation . . . enjoyment . . . and more!

Arrangements are being made by Lee Kirkland, president of Group Travel Services of Kansas City.

Don't leave without me. Please send me complete information about that glorious week afloat for the Annual Clinical Conference.

Washington University  
Medical Center  
Alumni Association  
660 South Euclid Avenue  
St. Louis, Missouri 63110

NAME

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TELEPHONE
When I was asked to give the 1974 AΩΑ Lecture, I would certainly not have had the courage to accept the invitation, had it not been for the fact that on March 1 I heard a very outstanding talk by Dr. Jeremiah Barondess, clinical professor of medicine at Cornell University Medical College, delivered at the joint meeting of the American College of Physicians and the Society of Internal Medicine in Kansas City. Dr. Barondess' views about some of the problems that confront the medical profession at the present time coincided very closely with my own opinions. The first part of my discussion today will be an elaboration of these ideas.

I would like to consider the confidence crisis that confronts us under two headings: first, from the standpoint of tremendous events which have occurred during the last 20 years that have profoundly influenced the mechanics of the delivery of medical care and the interplay between patients and the medical “system,” especially as we know it in a large medical center; and second, from the standpoint of the relationship of the individual physician and the patient.

In order to understand the historical events which underlie the confidence crisis which now confronts us, it is necessary to consider the truly astonishing scientific revolution which during the last 100 years has converted medicine from little more than witchcraft into a highly complex science. We tend to forget that 130 years ago the average doctor had little to offer other than crude surgery, and purging, puking and blood letting, which often shortened rather than prolonged the patients' lives.

But even more astonishing than the emergence of medicine from the age of witchcraft has been the more recent, ever increasing explosion of scientific knowledge which has occurred during the lifetime of all of the medical students and house officers in this assembly. It is a sobering experience to stop for a minute and consider the scope and magnitude of this explosion.

Some of the more important areas in which revolutionary new concepts have emerged include the elucidation of intracellular coding and the recognition, “computerization” and transferral of genetic information that occurs during cell division; new information on the biochemical pathways involved in the development of the energy required for cellular metabolism; metabolic control and feed-back mechanisms involved in a host of cellular and organ functions, the nature and function of subcellular organelles, the role of cyclic AMP, the complex physiology of renal function, the mechanisms of transport of inorganic and organic molecules across cell membranes and the elucidation of antigen-antibody reactions and cellular immunity—to mention just a few of the tremendous advances in our knowledge of cellular and organ function.

At the present time tremendous emphasis is being placed on investigation of the relationship between living organisms and their environment, including the interaction between species and energy flow in ecosystems as well as population genetics.

In addition to these great advances in basic science knowledge at the biochemical, physiological, cellular, organ and organism levels, there have also been startling advances at the clinical level. Consider the spectacular improvements in the treatment of infectious diseases. When I was an intern, bacterial endocarditis was still a highly lethal disease because, although penicillin had just been discovered, its availability was limited and it was used in totally inadequate doses by present day standards. The only treatments for tuberculosis were bed rest, pneumothorax and thoracoplasty. Renal dialysis was unknown and renal failure meant almost certain and prompt death. Open heart surgery had not been considered. In our simplicity and ignorance we never dreamed of the avalanche of potent and, at times, toxic drugs which are now available to correct aberrations in physiological function, to soothe those who are agitated, to “elevate” those who are depressed, to kill cancer and leukemic cells, and, at times, to interact with other drugs to the detriment of the patient.

Indeed, it can be said that we are in the midst of the golden age of medicine from the standpoint of scientific...
accomplishment. This being so, one would suppose that our profession as a whole, and we, as individual physicians, should be regarded, by at least a majority of people, with respect, if not with reverence. None of us is naive enough to believe that this is so.

One has only to read the extraordinarily candid remarks of Senator Edward Kennedy to appreciate that we are considered money mad, selfish, and often even incompetent to translate existing medical knowledge into optimum medical care. One may dislike Senator Kennedy, but there can be little doubt that he is an astute and experienced politician who would not make such public comments unless he was convinced that his remarks would fall on sympathetic ears. One could comment that the Senator himself belongs to a "profession" which is held in even lower regard than the medical profession at present, but I find no comfort in this fact.

Direct attacks on the medical profession are unpleasant enough, but even more difficult to deal with is biting ridicule as exemplified by a recent "Code of Ethical Behavior for Patients" published in Saturday Review.

DO NOT EXPECT YOUR DOCTOR TO SHARE YOUR DISCOMFORT

Involvement with the patient’s suffering might cause him to lose valuable scientific objectivity.

BE CHEERFUL AT ALL TIMES

Your doctor leads a busy and trying life and requires all the gentleness and reassurance he can get.

TRY TO SUFFER FROM THE DISEASE FOR WHICH YOU ARE BEING TREATED

Remember that your doctor has a professional reputation to uphold.

DO NOT COMPLAIN IF THE TREATMENT FAILS TO BRING RELIEF

You must believe that your doctor has achieved a deep insight into the true nature of your illness, which transcends any mere permanent disability you may have experienced.

PAY YOUR MEDICAL BILLS PROMPTLY AND WILLINGLY

You should consider it a privilege to contribute, however modestly, to the well-being of physicians and other humanitarians.

DO NOT SUFFER FROM AILMENTS THAT YOU CANNOT AFFORD

It is sheer arrogance to contract illnesses that are beyond your means.

NEVER REVEAL ANY OF THE SHORTCOMINGS THAT HAVE COME TO LIGHT IN THE COURSE OF TREATMENT BY YOUR DOCTOR

The patient-doctor relationship is a privileged one, and you have a sacred duty to protect him from exposure.

NEVER DIE WHILE IN YOUR DOCTOR’S PRESENCE OR UNDER HIS DIRECT CARE

This will only cause him needless inconvenience and embarrassment.

Why is there this startling discrepancy between the unprecedented and spectacular achievements of medical scientists in the conquest of disease and the low regard in which our profession and we as individual physicians are held? I would like to explore the idea that some of the legitimate criticisms that are leveled against the medical profession are direct results of the success which medical scientists have achieved in improving the treatment of disease and in offering the reasonable expectation that in the future there will be progressively increasing progress in combating both organic and functional disorders which

1974 Alpha Omega Alpha Lecture participants, were from left, William S. Coleman, M.D. ’74, chapter president; Edward H. Reinhard, M.D. ’39, lecturer; Jack Barrow, M.D. ’46, secretary treasurer; and Virgil Loeb, Jr., M.D. ’44, chapter councillor.
render people ineffective human beings. This may sound paradoxical, but the paradox derives from the fact that medical science and medicine are not the same thing. Dr. Baroness expressed this very cogently. He said "Medical Science is science in medicine; medicine itself is a broader thing, a discipline at the interface of science and human need, and it therefore possesses aspects which are trans-scientific, and requirements which cannot be met through scientific advance alone; instead such advances must be incorporated into the clinical event, into the essential personal transaction between doctor and patient without disrupting its human orientation."

With this definition in mind, I would like to consider some of the complaints, leveled against our profession by patients, which seem to me to be legitimate and which are directly the result of the information explosion. Certainly, no one can possibly doubt that the delivery of optimum medical care is absolutely dependent on the proper and efficient application of present-day medical knowledge to clinical problems, that medical science is the foundation upon which all clinical effort rests, and that further advances in medical care are clearly dependent on a steady expansion of knowledge in the basic sciences and medical science. However, as a result of the vast increase in medical knowledge which has already occurred, and the availability of increasingly accurate and effective, but also increasingly complicated diagnostic procedures, the care of the individual patient is becoming ever more complex and depersonalized. In community hospitals, many, if not most, patients are now cared for by two or more physicians, each handling problems in his or her own specialized field of interest. If it were not so, it would be impossible to bring to bear on the clinical problems the best and most up-to-date information, as no one physician can possibly have at his fingertips detailed data about recent advances in knowledge in all the subspecialties of internal medicine—to say nothing of surgery, the surgery subspecialties, psychiatry, radiology and other branches of medicine. In a large medical center, in addition to this often impressive list of consultants, the patient is seen, examined by and interacts with numerous house officers, fellows, and, perhaps, medical students.

This multiplicity of doctors often persists after the patient is discharged. He or she may continue to be followed by an internist and a psychiatrist, in addition to occasional visits to an ophthalmologist, a dermatologist, and perhaps a yearly visit for the female patient to a gynecologist for a pelvic examination and a Pap smear. This fragmentation makes it enormously difficult to provide the patient with long-term, comprehensive, unified medical care. The internist may not probe into the patient's personal life, because he knows this individual is seeing a psychiatrist regularly. But proper understanding and treatment of the troublesome diarrhea may be impossible unless the internist is aware that the patient's wife is an alcoholic, or that he is obsessed with anxieties about his sex life or his business. The problem is further complicated as the patient grows older, by the accumulation of more and more past illnesses and permanent disabilities which might have a bearing on the present illness. A thick dossier accumulates and, unfortunately, in our nomadic society where many families never live more than four to five years in any one place, medical information about a patient is often spread over many localities. A new physician seeing the patient for the first time may be overwhelmed by the magnitude of the job involved in getting all of the available data about the patient together in one place. The busy physician often finds it easier to guess what kind of a tumor was removed from the patient's neck four years ago, than to write or telephone for the biopsy sections or even a copy of the pathology report. If the patient has an illness such as diabetes, rheumatoid arthritis, hypertension or arteriosclerosis, there is a tendency to ascribe new complaints to the old disorder, and new organic diseases and overwhelming personal events which are responsible for new symptoms may be ignored.

At this point I would like to dramatize these abstract considerations by considering a hypothetical 50-year-old woman from Prairie Junction, Mo., who has the misfortune to run a fever for five weeks. Her family physician finds no obvious cause for the fever, and he becomes concerned that the FUO may be a manifestation of some serious, underlying disease, so he refers her to Dr. Patrick Spratt at a large medical school affiliated hospital.

First the patient suffers the trauma of waiting for several hours in the waiting room while the halt, the lame and the blind swirl around her like a prairie dust storm. She is finally admitted and arrives in her hospital room at 4 p.m. An intern takes a history and examines her at 7:30 p.m. She doesn't really have any symptoms except "fever," but on specific questioning she admits to recent headaches, occasional indigestion and slight weight loss. Her hemoglobin is 11.5 grams. At 10 p.m. the assistant resident takes another history and examines her again. Dr. Spratt and then a medical student repeat the process the following morning.

During the ensuing three weeks the patient has 10 blood cultures, a lumbar puncture, chest x-rays, and an upper and then a lower gastrointestinal x-ray examination, both carried out with an almost total lack of privacy in surroundings that resemble Omaha Beach at the time of the Allied invasion. Every orifice of her body including the most private ones are examined with minute care.

Minimal neurological findings have been detected and consequently an electroencephalogram, skull films, and fi-
nally an EMI test were performed. The confused patient makes the mistake of asking the intern what an EMI test is. The intern replies, as he dashes out of the room, that EMI refers to Electrical Musical Instruments, the name of the company that makes the computerized monster.

At the end of the second week the patient mails a letter to her husband in Prairie Junction about her experiences in the hospital, and she encloses the bill which was placed on her bedside table while her lumbar puncture was being performed. Three days later her husband is sitting in a rocking chair smoking a pipe and staring out over his cornfield with the hospital bill in his hand. He is staggered by the amount of the bill, but, in particular, he is trying to figure out what could possibly have been done on the Electrical Musical Instrument machine that could conceivably cost $230.

The patient in the other bed in the two-bed unit is desperately sick and is attached to a cardiac monitor. Two days after our patient’s admission, the other patient has a cardiac arrest and something called Code 7 is announced over the speaker system. The marines storm in dragging their howitzers and gas tanks and all the paraphernalia of the war against death behind them. It is to no avail, the patient dies. The curtains are pulled, but it is very obvious an hour later that a bed that was occupied by a human being is now cold and empty. The patient remains depressed for the next 24 hours.

She becomes very confused by the number of doctors who come in to see her, so she keeps a record. When she leaves the hospital, as nearly as she can figure it out, she has been seen by Dr. Spratt, an infectious disease specialist and his three fellows, a gastroenterologist and his two fellows, a hematologist and two fellows, a neurologist, an intern, a resident and a medical student. She has been presented on teaching rounds attended by more physicians than there are in the entire county where she lives. Unfortunately, on the day she is discharged, Dr. Spratt has left the city to attend a medical meeting and she gets her final instructions from Dr. Spratt’s associate, whom she has never seen before. However, it is of little consequence because the fever is still of unknown origin and the student nurse could have given the instructions, which are to “keep in touch with your family physician.”

A month later bills begin to arrive from the medical specialists. The patient tries to connect the bills with the individuals. By now they are all a blur of unfamiliar faces. She wonders if this bill is from the fat doctor with the black mustache, or is it from the tall, skinny doctor with the flowing white coat who was clean shaven, but otherwise looked like Abraham Lincoln. It is all very confusing.

Now this is obviously an exaggeration, but there is enough truth in this little account so that it hurts. (You are all laughing, but only because you would rather laugh than cry.) What I am trying to emphasize is that as medical knowledge has increased by geometrical proportions, medical care of an individual patient has become enormously complex, and the Alice-in-Wonderland experience we put patients through, and what it costs, is baffling and traumatic.

The idea that doctors are greedy and overpaid is subtly nurtured by items in the daily press—such as the recent article in the Post-Dispatch which stated: “Five doctors at Southern Illinois University’s School of Medicine at Springfield are paid more than $50,000 a year. . . . They are among the state’s highest paid employees; Governor Daniel Walker earns $50,000 a year. . . . 17 of the 20 highest paid state employees are administrators or faculty members at state medical schools.” Can anyone doubt that the dissemination of such information creates resentment and hostility in the mind of a patient who has to borrow money to pay crushing medical bills for a catastrophic illness.

During the 30 years that I have been on the faculty of this medical school, it has been fascinating watching the unfolding careers of young physicians after completion of their residency and fellowship training. Until fairly recently a typical house officer lived in a run-down apartment in a condition of real poverty until he entered medical practice. Thereafter, his income increased very rapidly, but, often, his financial responsibilities increased even more rapidly, and 10 to 20 years later he found himself under constantly increasing pressure to increase his income still further in order to keep up with the cost of private schools and colleges, big cars, expensive vacations and all the ramifications of the affluent life often deemed essential to maintain a social status appropriate to a successful professional person. With increasing income, debts and anxieties about financial problems tend to increase rather than decrease. The old problem of “keeping up with the Joneses” is not a joke—it is very real.

There is a principle, known to me if to no one else, as

"The marines storm in dragging their howitzers and gas tanks and all the paraphernalia of the war against death behind them. It is to no avail, the patient dies."

Reinhard’s Principle, which states that if you wish to achieve peace and freedom from financial worry, buy a house in an old, modest neighborhood with large trees and rolling lawns, a neighborhood which is shunned by the moguls of industry, a neighborhood where you are Jones. Let your neighbors worry about keeping up with you and your family and not vice versa. I am aware that this principle is based on a philosophy of life that is un-American and obviously subversive. Few of you will heed this advice, and I can only predict that 20 years from now some of you will look back in sorrow on May 1974 and remember that you heard the voice of a prophet crying in the wilderness, but turned a deaf ear.

Actually, physicians’ fees account for a relatively small percentage of total medical costs, and it is urgently neces-
Medicine and the Crisis in Confidence

sary that all of us in the medical profession not only exercise restraint in any further increases in fees, but also apply ourselves diligently to the task of decreasing hospital bills and drug bills. We all know that some patients are admitted to the hospital who could easily be taken care of as outpatients. Organized medicine should strongly encourage health insurance, which pays for outpatient medical care, in order to remove the almost irresistible pressure to hospitalize a patient with a borderline illness, so that the expense will be borne by an insurance company, and we should also support pre-paid health plans for low and middle income groups. Furthermore, the number of drugs prescribed for a single patient is sometimes scandalous, and an expensive drug is often prescribed when a much less expensive drug would be just as effective. How many of you know that the cost of treating a 135-pound patient in Barnes Hospital with 500 mg/kg/day of carbenicillin, which would be an appropriate dose for certain severe systemic infections, is $144 per day just for the drug.

So much for the medical care delivery system. Next, I would like to consider the accusation that Senator Kennedy has levelled at the medical profession—that a great many physicians are incompetent and do not keep abreast of advancing medical knowledge. Here again, this problem stems, in part, from the successes of medical science. About 400 years B.C. Hippocrates said:

"The art is getting longer and longer, the brain of the student not bigger and bigger."

About 2,300 years later, in 1972 A.D., Lukasiewicz, of the engineering faculty of Carleton University in Ottawa, Canada wrote a fascinating article, the title of which was "The Ignorance Explosion: A Contribution to the Study of the Confrontation of Man with the Complexity of Science-Based Society and Environment." The gist of this article was that as human knowledge expands, the amount of information available, but which we are ignorant of, expands proportionately. The first two scientific journals were founded in 1665: The Philosophical Transactions of the Royal Society of London, and the Journal des sgavans in Paris. Professor Lukasiewicz states that since 1760 the number of scientific journals has been increasing at a constant exponential rate, doubling every 15 years or increasing tenfold every 50 years. It has been estimated that in the last 200 years more than 100,000 scientific journals have been founded, many of which have ceased publication. However, Zelikoff estimated that 50,000 scientific journals were being published throughout the world in 1968. Very early it became apparent that the mind of man could not handle this mass of data, and the first abstract journal was published in Germany in 1714. By 1963, 1,855 scientific abstract journals were being published. At the present time a world-wide comprehensive system for the dissemination of scientific information is being developed under the auspices of the United Nations. This plan, called the World Science Information System, envisages computer storage of all scientific information, machine transplanted into a common metalanguage which can then be retrieved in any desired language.

In this explosion of scientific knowledge, medical science has certainly been at the forefront. I have harbored the simplistic and naive idea that the situation could be partially alleviated if editors of medical journals would just stop publishing bad articles and articles that merely repeat what is already known. This will occur when we march through the gates into Utopia. Until that day we will be dependent on a judicious and selective reading of medical journals, attending medical meetings, seminars and post-graduate courses, and, more recently, checking up on how far behind we have fallen by taking self-assessment tests such as the one being given now by the American College of Physicians. There can be little doubt but that, in the future, computers will play a prominent role in enabling us to obtain quick answers that must now be laboriously dug out in the library.

I am grateful that I have had the opportunity to be a part of this tremendously exciting period in medical history; I am also grateful that in another eight or 10 years I will be able to retire to a rocking chair. I will rock very slowly, read what I want to read, and watch you younger lemmings trying to avoid getting pushed off a cliff and drowning in an ocean of abstracted, translated, computerized, dehumanized data.

Another serious problem which contributes to the erosion of the confidence patients have in their physicians derives from an unexpected source. The physician practicing medicine today often has to deal with a patient who has pre-conceived notions about how he should be treated, and unrealistic expectations about the possibility of a prompt and permanent cure because he has been bombarded by radio, television and press accounts of new discoveries concerning diet and drugs in the treatment of disease, as well as a vast array of medical discoveries announced by research workers and public agencies. The individual patient is seldom qualified to judge the applicability of this information to his or her individual problems, but the pronouncements are often accepted at face value. Even more serious than this is the increasing intensity of drug advertising in the public news media. Smith et al in 1972 monitored a commercial network television channel in Detroit during a typical 130-hour broadcast week. Only 30 per cent of this health time offered useful information, and 70 per cent of the health material was inaccurate or misleading or both. Most difficult of all to deal with are the news reports in the mass media of dramatic cancer, arthritis or other cures that involve outright quackery. A
good example of this is the recent furor about Laetrile. Laetrile, a substance made from apricot seeds, was first promoted as a treatment for far advanced cancer by a group of doctors in California in 1920. Later the claim was made that Laetrile contained 1-mandelonitrile-beta-gluconorinsidase, and that the enzyme beta glucuronidase present in tumor cells released hydrocyanic acid and stopped respiration in the tumor cell. Can you imagine a more dramatic way to do in a tumor cell? While it is true that when this substance gets into cells, minute amounts of cyanide may be released, the amount released is infinitesimal, and, more important, almost all normal cells contain beta glucuronidase, and there is no selective action on malignant cells. Nevertheless, the drug was extensively used in the late 1950s and early 1960s, although it was never approved by the FDA or any other legitimate scientific authority. When it was banned in this country it fell into disuse. It then reappeared on the scene under the label of "vitamin B-17"—a vitamin, and thus it was hoped it would not be subject to banning by the FDA. This ploy didn't work, and its distribution was again forbidden. However, recently it has been used extensively at a "clinic" in Mexico, and a woman living in the St. Louis area appeared on television and gave a glowing account of how she was cured of breast cancer by this "new" wonder drug after having been told by her doctor that she had metastatic breast cancer and had only a few months to live.

In dealing with a patient who demands Laetrile therapy or even some legitimate form of therapy which is not, however, appropriate for the particular patient, we have a tendency to be hostile and brusque. Why should we have to put up with this nonsense? There are two important factors to remember. First, the patient lacks the background and knowledge to permit him or her to properly evaluate the wild and exaggerated claims that have been made about the treatment, and, second, if the patient has a life-threatening illness, grasping at straws is a normal, human reaction. There is no substitute for a detailed and time-consuming explanation that the drug has been care-

"From the day we graduate from medical school we are set apart. We are called 'doctor,' whereas everyone else is called Mr. or Ms. We are the Chosen People. There is a great tendency to develop a God Complex."

fully studied by several impartial groups of scientists who have found that it does not release cyanide selectively in malignant cells, and that in controlled studies in animals it has been shown to be no more effective than a placebo. The television testimonial given by Ms. "X" concerning her "cure" presents a difficult problem to deal with and one can only painstakingly explain to a cancer patient who has been impressed by such a testimonial that Ms. "X" almost certainly misunderstood what her regular doctor said, as it is well known that some breast cancers proliferate and metastasize very rapidly, whereas other breast cancers are extremely indolent and even with no treatment of any sort may remain asymptomatic for months or even years. If the patient you are dealing with is ignorant or poorly educated, there is an even greater moral obligation to take the time to try and save her from being victimized.

We have discussed numerous factors that influence what patients think about the medical profession, including depersonalization and fragmentation of medical care, the skyrocketing cost of medical treatment, doubts about the competence of large segments of the medical profession, and the role of the news media and drug advertising in creating false ideas and expectations as to what can reasonably be achieved. However, we must realize that it is not really these problems that have led to the crisis in confidence—rather, it is the way in which we have reacted to them. Dag Hammarskjold has said:

"Is life so wretched? Isn't it rather your hands which are too small, Your vision which is muddied? You are the one who must grow up."

In a sense all of these things which we have been discussing are intimately related to the topic which I have saved for last, as I believe it is the most important factor influencing the crisis in confidence. I am referring to the relationship between the doctor and the patient.

Less than two weeks ago, on May 5, a conference was held in New York City under the co-sponsorship of two women's organizations. The topic was Psychological Perspectives in Women's Medicine—Telling It the Way It Feels. After talks by a panel of guest psychologists, gynecologists, science writers and others, the meeting was thrown open for discussion. According to the New York Times reporter, it turned out to be a day-long gripe session. While a few of the women had kind things to say about their physicians, most of them were highly critical. One small, dark-haired woman said, "I went to the doctor Thursday, and afterwards I walked a block, sobbing hysterically. There was great hostility because I dared to ask him a question about a drug he had prescribed. He said 'Where did you get your M.D. degree?' I said I read Consumer Reports." Under the threat of death, the woman said, choking back tears, "I will not go back to him."

From the day we graduate from medical school we are set apart. We are called "doctor," whereas everyone else is called Mr. or Ms. We are the Chosen People. There is a great tendency to develop a God Complex. Arrogance is a luxury we can no longer afford.

I hate the term "bed-side manner," because to me this implies that something akin to charisma, the ability to charm and inspire admiration in the patient, is what we are seeking. Nothing is farther from the truth. To me, the essence of an ideal doctor-patient relationship is a quality that is hard to define, but can be illustrated. I would like
to give you several illustrations; the first event was told to me while I was an assistant resident here at Barnes Hospital, and the others occurred within the last few months.

In 1939 Dr. Carl Moore was the director and only faculty member on the staff of the division of hematology. He often saw patients in consultation at other hospitals in St. Louis, and one day he went to see a middle-age woman who had an anemia, the etiology of which had eluded the doctors taking care of her. When Dr. Moore saw her he noted that she had snow-white hair and she told him that other members of her family had become white-haired at an early age. On examining her he noted that her tongue was smooth and atrophic. He asked the patient if she had ever been anemic before, and she replied, "Oh, yes." Dr. Moore soon discovered that eight years prior to 1939 she had been examined at the Mayo Clinic, where liver shots were prescribed which caused rapid and complete correction of her anemia. She took the liver shots for three years and then stopped taking them because she was no longer anemic. In some astonishment Dr. Moore inquired why she had not told these facts to her present doctors. She replied "I tried to, but they told me to shut up and answer the questions they were asking." This is a grotesque example of a common problem.

We are arrogant, scornful of the patients' lack of scientific training and we are terribly rushed; we often talk when we should listen. This shortcoming is seldom as crude as in the example we have just given, but we physicians try to keep the discussion on the track that we have decided on and we discourage rambling. To some extent this is necessary for the doctor's survival, but often it turns the patient off, and important information is withheld.

The next case report illustrates a more subtle way in which our attitude toward patients turns them off. Several weeks ago, a patient who I had seen half a dozen times before made a return visit to my office. She had gastrointestinal complaints and a mild anemia which seemed to be due, in part at least, to iron deficiency, although we could document no blood loss. She initially responded to iron therapy, but her hematocrit then levelled off at about 10 grams in spite of more than adequate iron therapy. One of the hematology fellows, Dr. Lange, saw her and then came into my office to discuss the problem with me. His first statement was: "This patient is crazy." The patient had what we refer to in medical vernacular as a positive system review—she not only had every symptom in the book, but many of these symptoms were described in bizarre terms. I readily agreed that she was, indeed crazy—a classical example of what is often referred to as a "crock." I concentrated my attention on trying to decide what to do about my small fragment of "responsibility" for her total care—i.e., what to do about the anemia.

After I had examined her, Dr. Lange saw her again and carefully explained to her that her overwhelming fatigue could not possibly be due to her inconsequential anemia, and that her fatigue and most of her other symptoms appeared to be related to nervousness and anxiety. Apparently, he inspired a confidence in her that I had been too busy to encourage. She opened the flood gates and recounted an amazing story of a life undergoing total disintegration. Her husband had been admitted to a mental institution with little prospect that he would ever be released. She had no family and no close friends. Her financial situation had deteriorated from affluence to abject poverty. In a desperate effort to support her family, she enrolled in a school to get special training for a specific job. However, several months before she was scheduled to graduate she had a severe exacerbation of her GI symptoms, which forced her to drop out of the school. She had three teen-age children and she tried frantically to smile and joke when they were around, even though it was not clear where the money would come from to feed them in the future, and she had an overwhelming desire to hide in a closet and cry.

And I, in my affluence and comfort, had done no better than to agree she was crazy. How would I have reacted to her insoluble problems? How would you react? The haughty physician finds it so easy to dismiss the patient as a crock. It is so much more trouble, indeed it may be considered unmanly, to listen to the patient, to hear, to understand, to experience the terror. God forgive us for our arrogance.

One last brief case report. Three months ago a 40-year-old woman with overwhelming fatigue, fever, and inguinal adenopathy was referred to me by a physician in Southern Illinois who thought she had a malignant lymphoma. Again, this patient had a multitude of symptoms, including incapacitating fatigue. After she was admitted to the hospital we learned that her temperature never went above 99.6°F. The adenopathy was quite inconsequential and none of the nodes seemed worthy of biopsy. The erythrocyte sedimentation rate was 6. Three days later at 3 p.m. on a Saturday I reviewed her chest x-rays, chemistry profile, urinalysis and other laboratory data and came to the inevitable conclusion that I had made a mistake. She had no organic disease and should never have been admitted to the hospital.

"The haughty physician finds it so easy to dismiss the patient as a crock. It is so much more trouble, indeed it may be considered unmanly, to listen to the patient, to hear, to understand, to experience the terror."
where sometime vary in size spontaneously in perfectly healthy people, and that daily temperature fluctuations up to 99.6 occur in some individuals in the absence of any disease. There was little difficulty in convincing the patient that nervous tension and anxiety can, and often do, produce profound fatigue, cramping abdominal pain and periodic diarrhea, all of which she had.

We then explored together various factors that might have been contributing to the symptoms which were making it impossible for her to function as a normal human being. She stated that her husband worked seven days a week and they never went out anywhere together socially. He had not taken a vacation for 10 years. She and her husband operated a small business together, and she kept the books and had to write all the collection letters, which she found very distasteful. They had had serious collection problems recently, which upset her a great deal. She worried about raising her children in our present permissive, drug oriented, crime-ridden society. Her husband's father had died at age 45 of lung cancer, and her husband himself had smoked 2½ packs of cigarettes a day for 20 years. His standard answer to her pleas to stop smoking was, "It's too late, the damage has already been done. I have accepted the fact that I will die someday of cancer of the lung." This reply always drove the patient up the wall. Her sexual relations with her husband were very satisfactory (sorry, Freud, you win some and you lose some). When we parted the patient seemed to have good insight into the pathogenesis of her symptoms, and she was obviously enormously relieved to know she had no organic disease. Follow-up a month later revealed that she was much less tired, and although she still had symptoms, she was coping with them satisfactorily.

I mention this case not because there is anything particularly interesting or exciting about it, but because the events incapacitating this very conscientious, anxious, insecure woman were so commonplace, so ordinary. She had seen many doctors, but none of them had ever discussed her personal life with her or allowed her to unburden herself. The truest statement in the hospital chart was that the picture of a turkey was not in the tradition of William Osler.

Karl Gustave Jung has been quoted as saying "Only the hurt physician can heal." Obviously any doctor can cure pneumococcal pneumonia by giving penicillin, but Jung was suggesting that healing, in its broader context of restoring a sick and distraught person to wholeness, requires a physician who has himself suffered, as only then can he really understand and experience the suffering of others. I suspect that there are some persons who achieve compassion without themselves having suffered greatly, but there is certainly an element of truth in Jung's statement.

So if you are a brash, arrogant, over-confident young medical scientist who has difficulty developing empathy with your patients (and, parenthetically, I might add, I have observed a few such around these marble halls), do not become discouraged. Someday you may see one of your children injured in a devastating accident, or one of your children may get hooked on hard drugs, or your marriage may disintegrate, or you yourself may suffer a catastrophic mental or physical illness. It is possible that out of your suffering and agony and from the depths of the black catacombs of despair through which you pass at this time, you may develop compassion. You may learn to understand the length and the breadth and the depth of hopelessness that some of your patients experience, not because they are dying, but because they are unable to cope with the fears, the anxieties, the ego crushing experiences of their lives, or perhaps because of the gradual realization that their lives are devoid of any real goal or meaning. You may learn that human illness is rarely the simple result of a bacterial or viral infection, an autoimmune reaction, the proliferation of malignant cells, or an endocrine or vascular disturbance. You will perceive that disease is a many faceted monster, and that often the obvious organic disease, if there be such, is superimposed on a psyche in torment. You will be aware that the prolonged and expensive treatment you prescribe in the hospital may eradicate cryptococci from the patient's spinal fluid and simultaneously destroy his financial integrity and the stability of his family. And when you have achieved this degree of understanding, your patients will know that you are aware of their torment, that you feel their pain, that you experience with them the awful disruptiveness that disease can create in the human microcosm we call the family, and in the last hours, they will know that as death approaches you will not visit them less and less frequently for shorter and shorter periods of time. Rather, they will know that you will not be afraid or too busy to walk through the valley of the shadow of death with them; your touch, your presence, your candor will comfort them; they will not feel alone and abandoned, they will achieve acceptance, and when the final impenetrable curtain is lowered they will depart from the stage in peace.

In short, if you study for the rest of your life, do not flaunt your superior status in life, show humility, and, in addition, finally achieve the kind of understanding and compassion we have been talking about, there will be no lack of confidence; indeed, your patients will know that they are being taken care of not only by a competent medical scientist, but also by a great physician.
"You haven’t changed at all!” he exclaimed.

But both doctors knew that was an exaggeration, because it had been 25 years since they had been face-to-face.

The scene was repeated often from May 8 to 10 as alumni from 10 classes gathered in St. Louis for reunions.

The returning graduates had plenty of time scheduled for socializing, but many also utilized the three days for learning. The Medical School’s Continuing Education Program, in conjunction with the Medical Center Alumni Association, sponsored a seminar on the “Management of Medical and Surgical Crises.”

Faculty from many disciplines lectured at the morning sessions, and elective small groups gathered in the afternoons. The participants reportedly responded positively to both methods of presentation. The program was organized by Elmer B. Brown, M.D. ’50, professor of medicine and associate dean for continuing medical education.

Class chairman who planned the alumni social activities were Paul R. Whitener, ’24; Guerdan Hardy, ’29; Stanley F. Hampton, ’34; Robert E. Shank, ’39; Virgil Loeb, Jr., ’44; James C. Hawkins, ’49; William S. Costen, ’54; Charles Kilo, ’59; Ronald G. Evens, ’64; and J. Andy Sullivan, ’69.

Wives of the visiting alumni were not neglected. Many went on tours arranged by the Ladies Committee, headed by Mrs. Donald Finger. Some visited long-time friends. Others shopped. Most seemed to be enjoying themselves as much as their husbands were.

The reunions were highlighted by Friday’s banquet which was attended by more than 500.

There, in his last official act as president of the Medical Center Alumni Association, James A. Wood, ’49, made a few short remarks, introduced the guests, asked each class to stand to be recognized, and then invited all members of the Class of ’29 to come forward so President-Elect Donald H. Finger, ’50, could present each with a Certificate of Honor Membership.
Renewal of Friendships and Knowledge


CLASS OF 1944: Back, from left, Owensby, Perman, Nottingham, Hensel, Callaway, Donaldson, Exon; middle, Fee, Rodgers, Johnston, Campbell, Pursell, Miller, Smith, Loeb; front, Simril, Murfin, Hunt, Obermeyer, Doherty.

CLASS OF 1939: From left, Dr. Passanante, Dr. Shank, Mrs. Passanante, Dr. Wall, Mrs. Wall, Dr. Crider, Mrs. Crider, Dr. Baur, Mrs. Baur, Dr. Brockbank, Mrs. Brockbank, Dr. Baumgarten, Mrs. Baumgarten, Mrs. Hall, Dr. Hall, Mrs. Reinhard, Dr. Reinhard, Mrs. Milder, Dr. Milder, Mrs. Crockett, Dr. Crockett, Mrs. Beasley, Dr. Beasley, Mrs. Nuttall, Mr. Bernard, Mrs. Melick, Dr. Nuttall, Mrs. Smith, Dr. Melick, Dr. Smith.

Reunion

An attentive audience observed a demonstration on emergency room equipment.

Program Chairman, Elmer B. Brown, M.D. '50
During the coffee breaks the portraits outside Clopton Amphitheatre were admired by many of the alumni attending the continuing education program.

1974

Participants in the Symposium on the Management of Multiple Trauma were, from left, Sidney Goldring, M.D., '47, professor of neurological surgery; Marshall B. Conrad, M.D., '45, assistant professor of orthopedic surgery; Thomas B. Ferguson, M.D., professor of clinical cardiothoracic surgery; and John A. Collins, M.D., associate professor of surgery.

CLASS OF 1954: Standing, from left, Friermuth, Behrens, Ahlvin, Weiss, Bergmann, Walsh, Whitsell, Costen, Parsons; seated, Knox, Ray, Hard, Craighead, Rosenstein, Hermann.

CLASS OF 1958: From left, Dr. Kinney, Dr. Parelman, Dr. Ashbell, Mrs. Finch, Dr. Finch, Mrs. Laatsch, Dr. Laatsch, Mrs. Talbert, Dr. Talbert, Mrs. Jacob, Dr. Jacob, Mrs. DeBruine, Dr. DeBruine, Mrs. Stohr, Dr. Stohr, Dr. Kile, Mrs. Kile.

Dean M. Kenton King, M.D., welcomed George H. Garrison, M.D. '24; Mildred Trotter, Ph.D., emeritus professor of anatomy; and Alfred O. Adams, M.D. '24, to the luncheon on the final reunion day.

The Ladies Committee organized tours of St. Louis and St. Charles for the wives of alumni attending the reunion. Before luncheon the first day aboard the Lt. Robert E. Lee, the group posed for this picture.

Librarian Estelle Brodman, Ph.D., took Dr. and Mrs. Alfred O. Adams ('24) to the archives to show them the extensive papers, manuscripts and memorabilia there. The Adams were particularly interested in the William Beaumont collection.

Stanley N. Rokaw, M.D. '49, visited with Dr. and Mrs. Carl G. Hartford ('33) at the Alumni Banquet.

Mr. and Mrs. Charles Ruggeri were greeted at the Alumni Banquet by Eugene M. Bricker, M.D. '34. The Ruggeris managed the Phi Beta Pi fraternity house for many years before his retirement.
Calendar of Continuing Medical Education at Washington University School of Medicine

1974

September 11 through November 13 (Wednesdays)
"Current Concepts in Pulmonary Diseases"
Ten 3-hour sessions—3–6 p.m. weekly
Program Director: John A. Pierce, M.D.

September 14 (Saturday)
"Industrial Injuries of the Hand"
Program Director: Paul M. Weeks, M.D.

October 9 through December 18 (Wednesdays)
"Morphologic Hematology for Technologists"
Ten 2-hour sessions—7–9 p.m. weekly
Program Director: Virginia Minnich, Sc.D.

October 23–25 (Wednesday through Friday)
"The Age of Adolescence—Its Life Styles, Handicaps, Drug Stresses and Home vs. Parent Problem Areas"
Program Director: Robert B. Deitchman, M.D.

November 4 (Monday)
"Animal Models of Aging in the Auditory System"
Program Director: David E. Crowley, Ph.D.

November 8–10 (Friday through Sunday)
"Anesthesia for the Geriatric Patient"
Program Director: C. Ronald Stephen, M.D.

November 14–15 (Thursday and Friday)
"Ophthalmology for the Primary Physician"
Program Director: Morton Smith, M.D.

November 21 (Thursday)
"Common Pediatric Problems"
Program Director: J. Neal Middelkamp, M.D.

December 6 (Friday)
"Current Topics in Diabetes"
Program Directors: Charles Kilo, M.D., and Francis Zacharewicz, M.D.

1975

February 6–7 (Thursday and Friday)
"Recent Advances in Oncology"
Program Director: Stuart A. Kornfeld, M.D.

February 22 through March 1 (Saturday through Saturday)
"The 1975 Washington University Medical Center Alumni Association Annual Clinical Conference"
7-day Caribbean cruise
Program Directors: Donald H. Finger, M.D., and Elmer B. Brown, M.D.

February 26 through April 30 (Wednesdays)
"Morphologic Hematology for Internists and Pathologists"
Ten 2-hour sessions—7–9 p.m. weekly
Program Director: Virginia Minnich, Sc.D.

March through May (dates to be announced)
Board Examination Review

March 6–7 (Thursday and Friday)
"Use of the Laboratory in Clinical Practice"
Program Director: Leonard Jarett, M.D.

March 19–20 (Wednesday and Thursday)
"Topics in Gastroenterology"
Program Director: Francis J. Tedesco, M.D.

March 24–26 (Monday through Wednesday)
"Introductory Workshop on Clinical Laboratory Computing: Specification and Evaluation"
Program Director: John W. Lewis, Ph.D.

April 3–4 (Thursday and Friday)
"Evaluation of the Patient with Kidney Disease"
Program Director: Saulo Klahr, M.D.

April 14–15 (Monday and Tuesday)
"Symposium on Obstetrics and Gynecology"
Program Director: George J. L. Wulff, Jr., M.D.

April 23–25 (Wednesday through Friday)
"Diagnosis and Management of Disorders of Skeletal Metabolism"
Program Director: Louis V. Avioli, M.D.

May 1, 2, 3 (Thursday through Saturday noon)
"Topics in Internal Medicine"
Program Director: Jerry R. Meyers, M.D.

May 14–16 (Wednesday through Friday)
Alumni Reunion—"Postgraduate Course in Infectious Diseases"
Program Director: Gerald Medoff, M.D.

For additional information, write:
The Office of Continuing Medical Education
Washington University School of Medicine
660 South Euclid Avenue
St. Louis, Missouri 63110
or telephone (314) 367-9673 or 454-3372.
Once upon a time, back in 1918, a bashful young lady from Tarkio, Mo., dreamt of becoming a doctor and spending the rest of her life doing missionary work in Ethiopia.

So she asked her family physician for encouragement and he said, “No. Girls don’t grow up and become doctors.”

And she asked medical school teachers and they said, “No. Nobody gets into medical school without lots and lots of science.”

So the young lady, who was not quite so bashful anymore, took chemistry and biology and physiology. And not long after she was admitted to medical school. And not long after, in 1924, she was one of four girls in a class of 75 students graduated from the Washington University School of Medicine.

But that was 50 years ago, back when 214 or six per cent of the 3,562 U.S. medical school graduates were women. (In 1973, 924 or nine per cent of the 10,391 medical school graduates in the U.S. were women.)

That was when students rode to and from class on streetcars. And doctors-to-be spent $200 for tuition a year instead of practically that much just for textbooks.

And when Washington U. girls were kindly asked to spare themselves and fellow students embarrassment by leaving a medical class every time male physiology was discussed.

Dr. Elizabeth Thompson Koppenaal, now 78, remembers those days well. Although she never made it to Ethiopia, she’s the “bashful young lady” who became a doctor, married a real estate man and until her retirement six years ago, was a women’s and children’s doctor in Elmhurst, Ill.

She was in practice in 1928 when penicillin was discovered and in 1953 when Jonas Salk announced the development of a polio vaccine. But in town recently for her 50th year medical class reunion, she was delighted to reminisce.

She talked about waking up at 4 a.m. to study. And sharing a room with the “box of bones” assigned to every medical student. And about being outnumbered by male students nearly 17 to 1.

"I guess I stayed aloof. It was probably my fault," she mused. “There was really nothing special about being in class with so many men.”

And what about male patients once she was in private practice?

“Men?” she chirped with the defiance of a young miss. “I never wanted them for patients. The only men I took were the few who came to the office with their wives.

“And I probably should have refused. I never felt I knew enough about men to treat them.”

Dr. Koppenaal remembers sitting in the back seat of a car, taking Sunday drives with the family she lived with her senior year, and reading an American Medical Association Journal that summarized the male urological tract.

“The girls were responsible for the material on tests,” she explained. “But every time teachers talked about men, they asked us to leave.

“Girls might have stayed in class at other schools, but at Washington U., where the first woman graduated in 1921, the girls left the room.”

Dr. Koppenaal speaks directly and without hesitation. Her graying hair is brushed away from her face into a loose bun. She peers through golden-rimmed bifocals, smiling the disarming smile of a young child.

Today she wears muted dresses with scarves tied at the neck. But more than a half century ago, her student wardrobe consisted of three aprons her mother made and two white coats she made herself and washed and ironed almost daily “because I was too stingy to pay anyone to do it for me.”

Money, says Dr. Koppenaal, was always a problem. The ’20s may have been “roaring” in some sectors, but not in a family of three daughters all hankering for college degrees.

Dr. Koppenaal’s father was the president of Tarkio College, at that time a United Presbyterian-related school. Her mother was a music teacher. Without money from home, Dr. Koppenaal says, she never could have made it through school.

Was it unusual for a woman in the 1920s to want a career?
"Not at all," claims Dr. Koppenaal. "One of my sisters was getting her master’s degree in education. My other sister was a missionary in Europe for 40 years."

The problem wasn’t wanting a job, she says. It was finding one.

Just out of medical school in 1924, Dr. Koppenaal interned at Mary Thompson Hospital in Chicago, a "friendly little place that served working girls and gave women doctors a place to work."

Dr. Koppenaal didn’t have to intern at a women’s hospital, but a certain young man whom she later married was attending Northwestern University and Mary Thompson was "well... convenient."

As for treatment from colleagues in the late ’20s and early ’30s, Dr. Koppenaal says that, overall, women doctors were treated fairly. But naturally there were a number of obstinate doctors and nurses.

In 1927 Dr. Koppenaal went into private practice in Illinois. She sterilized her gowns in the oven, charged $25 to deliver a baby and "spent many a night on the ‘L’ train in Chicago because I didn’t buy my second-hand Chrysler for 18 months."

During the Depression she held three jobs. She earned $35 a week from Western Electric, $36 from the telephone company, plus whatever she was paid as a doctor.

By this time she was married to a real estate man, but even with combined incomes they found it difficult to stay ahead.

“And don’t think all doctors are rich,” she bristled. "Until my aunt died in 1938 and left me money, I never had any. I always charged less than anybody else. For years people paid $2 to come to my office. I’ve never believed in taking somebody’s last cent for a medical bill.”

In 1939 Dr. Koppenaal’s mother died. In 1940 her husband died. In 1941, childless and devoted to her career, she built the house in Elmhurst, Ill. (about 20 miles west of Chicago) where she lives today.

“My office was always in my house,” she said. "I spent my mornings at the hospital. I saw patients Mondays through Thursdays and Saturdays and spent Fridays at a baby clinic.

"I wouldn’t say I had any regular hours. Some days I worked well past midnight."

Dr. Koppenaal didn’t have much help either—not even a secretary. She kept a tape recorder hooked to her telephone for messages. Once the recorder sounded so garbled, she said, "that a patient thought I was gasping and called the police to check on me."

Dr. Koppenaal’s policy was to let her patients talk out their problems. “Only I probably let them talk too long,” she said with a laugh. “And the first patient of the day always talked the longest, so I was always off schedule.”

She has always believed in good nutrition. Food is more important than vitamins, she says. “There’s no such thing as starving a cold or feeding a fever or just the opposite. If a patient needs food, he should eat.”

Of current medical care she says, “Patients get better treatment today than in the old days. We know more so we can do more for them.”

Dr. Koppenaal practiced 41 years. In 1968 she retired. If she had it to do again, she claims she never would have gone into solo practice.

“It’s too much for one person,” she explains. “I never even took vacations because my patients wanted a woman doctor and I never could find anyone to leave my practice to.”

Even in retirement Dr. Koppenaal maintains her medical contacts. She attends class reunions and receives the latest medical journals. She belongs to several Illinois medical societies. And she dotes on her former patients like a devoted grandmother.

“You should meet one of my girls,” she said proudly. “I delivered her and now she’s going to journalism school. She’s very capable. One day I know she’ll get a very fine job.”

Then Dr. Koppenaal, who still thinks of herself as "a bashful lady,” smiled one of her disarming smiles.

(This article is reprinted with permission of the St. Louis Globe-Democrat.)
Alumni Activities

The President’s Letter

It’s rather hard to believe that next spring my medical school class will be celebrating its 25th anniversary. However, a stroll around the medical campus makes one become exquisitely aware that there is little left of the old, and even much of what was new has disappeared or been revisited by architects, interior decorators, carpenters, etc.

The most striking changes, of course, have been in the student facilities. The McDonnell Medical Science Building is truly something to behold. The environment for teaching is just magnificent, and would almost make it worthwhile to go back to Medical School again. Note I only said almost. Even the bookstore, a former haunt of ours, has changed—not just in personnel, but in appearance and attitude.

To coincide with this, there has been a bit of a metamorphosis in the relationships of people around the medical center. Enthusiasm for our jobs has increased significantly. People seem to be happier together and working better together in contrast to what we see in other areas around the world.

One of our more dramatic changes has been the development of an ongoing education program. Elmer B. Brown, M.D., Class of '50, who is a professor of medicine, has served well as associate dean in charge of this program. He has arranged multiple programs during the past year. All have been received with a shout of more, more, more, more, let’s have some more.

Elmer has already set into motion a program for our second “Winter Travel Scientific Session.” As you know, last year we went to Hawaii for the first Annual Medical Center Alumni Conference, and between bathing in the sun and eating delightful food, we had four days of excellent scientific sessions. This year our program is going to be based around a Caribbean cruise, and once again Elmer has agreed to help us with this. The cruise will take place in the latter part of February.

You will be receiving brochures about it soon. We certainly hope you will join us. Our plans are even better than those of last year. Who knows, but in the '75 or '76 season we might even go to the Antarctic Circle. We’ll worry about that then.

I should like to take this opportunity to ask you to contact the Alumni Office for any information or help that can be given to you. The staff there is superior. They seem to enjoy their work and keep us busy with their great ideas and their plans. Of course, as you know, very little coming from the Alumni Office really originates from the medical staff. It is generally innovated by the people there who let us think that we did it all. Thus the joys of being the President. Hoping to see you in the Caribbean.

Donald H. Finger, M.D. '50
President
Medical Center Alumni Association

Pre ‘20s and ’20s

Bert Hardy, '08, who retired in 1954 after 35 years as an industrial surgeon with Standard Oil of California, now resides in Chula Vista, Calif.

Paul R. Whitener, '24, St. Ann, received the 50-year pin from the Missouri State Medical Association at the Past Presidents Banquet.

Charles B. Huntley, ’29, Missoula, Mont., retired from general surgery practice, recently formed a communications network for diagnosis and control of venereal disease.

Robert A. Phillips, '29, Taipei, Taiwan, Republic of China, is a research professor of epidemiology and international health in the School of Public Health and Community Medicine of the University of Washington, Seattle.

Arthur E. Varden, ’29, San Bernardino, Calif., is emeritus clinical professor of pediatrics at Loma Linda University School of Medicine and chairman of the medical advisory board at San Bernardino County General Hospital.

’30s

Maurice A. Diehr, '30, St. Louis, received the Physician’s Recognition Award from the American Medical Association.

William W. Herman, '33, Shaker Heights, Ohio, retired from private practice in 1971, was appointed assistant professor of pediatrics at Case-Western Reserve University School of Medicine.

Joseph B. Kendis, ’33, St. Louis, is director of the South County area alcohol treatment and rehabilitation center to be in the new St. Anthony Medical Center. He also serves on the Missouri Advisory Council on Alcohol and Drug Abuse, and has been recognized nationally for his efforts to treat alcoholism.

Richard Sutter, ’35, St. Louis, was honored as Beta Man of the Year by the St. Louis Beta Theta Pi Alumni Club.

V. Terrell Davis, '36, has been director of the Wilmington, Del., Medical Center Department of Psychiatry since retiring from the U.S. Public Health Service in 1972.

Walter Baumgarten, Jr., ’39, is curator of the St. Louis Medical Society Library.

William R. Bernard, ’39, Springfield, Ill., associate in family practice at Southern Illinois Medical School, is president of the Flying Physicians Association, Inc.

John R. Hall, Jr., ’39, Dickinson, Tex., is adjunct professor of occupational medicine at the University of Texas School of Public Health in Houston where he was founder and first dean.
**40s**

Bruce L. Canaga, Jr., '41, Sacramento, Calif., after retiring from the U.S. Medical Corps is practicing internal medicine with the Kaiser Permanente Hospital Group.

Howard S. J. Walker, Jr., '41, Mobile, Ala., is professor of clinical surgery at the College of Medicine, University of South Alabama.

C. Barber Mueller, '42, professor of surgery, McMaster University, Hamilton, Ont., is a member of the Goals and Priorities Panel of the National Board of Medical Examiners.

William G. Reese, '42, Little Rock, received the Distinguished Faculty Award of the Arkansas Caduceus Club for 1974 "in grateful acknowledgement of outstanding service and leadership." He has been professor and chairman of the University of Arkansas Medical Center Department of Psychiatry since 1951.

Ernest T. Rouse, Jr., '43 March, St. Louis, was elected president of the Barnes and Allied Hospital Society.

Gordon M. Todd, '43 March, is an assistant clinical professor of physical diagnosis and cardiology at the fledgling Medical College of Ohio at Toledo.

Morris Alex, '43 December, received the Dr. Arthur E. Strauss Award from the St. Louis Heart Association for his work in a risk reduction screening program at McDonnell Douglas Corp., and a blood pressure screening program in the St. Louis area.

Louis A. Gottschalk, '43 December, Newport Beach, Calif., professor and chairman of the Department of Psychiatry and Human Behavior, University of California at Irvine College of Medicine, was presented the school's Distinguished Research Award for his work in developing measurements and procedures in psychiatry.

Jack W. Cole '44, New Haven, Conn., Ensign Professor and chairman of the Department of Surgery at Yale University School of Medicine, received the Macy Faculty Scholar Award for 1974. He is also the chairman-elect of the Council of Academic Societies, Association of American Medical Colleges.

Albert Eisenstein, '44, is professor of medicine at Mount Sinai School of Medicine of The City University of New York.

Jack K. Frost, '44, Centralia, Ill., is a breeder and owner of racing quarter horses.

William T. Moss, '44, Wilmette, Ill., on July 1 became professor and chairman of the Department of Radiation Therapy at the University of Oregon Medical School. He has published the fourth edition of *Radiation Oncology*.

David W. Talmage, '44, Denver, professor of medicine and microbiology at the University of Colorado School of Medicine, has been appointed to the National Advisory Allergy and Infectious Diseases Council of the National Institutes of Health.

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**Medical Center Alumni Executive Council Named**

Internist Donald H. Finger, '50, has succeeded internist James A. Wood, '49, as president of the Washington University Medical Center Alumni Association.

George B. Rader, '51, a surgeon, is president-elect, and W. Edward Lansche, '52, an orthopedic surgeon, is vice president of the 6,000-member organization. Secretary-treasurer Duane C. Hellam, '59, is an assistant professor of medicine on the School of Medicine faculty.

New local members of the Executive Council are John D. Davidson, '52; John L. Horner, '36; George A. Oliver, '52; Thomas F. Richardson, '63; and Charles L. Roper, M.D., former house officer.


Edward J. Twin, '45, Shawnee Mission, Kan., is professor of medicine at the University of Missouri at Kansas City School of Medicine and executive director of the Truman Medical Center.

Frank J. Catanzaro, '48, St. Louis, has been appointed medical director at Missouri Baptist Hospital.

Ralph H. Forrester, '49, was appointed associate dean of the University of Texas Medical School in San Antonio and chief-of-staff at the Audie Murphy Veterans Administration Hospital. He was nominated for Who's Who in Texas, 1974.

Roger E. Fox, '49, Oceanside, Calif., is a Charter Fellow of the American Academy of Family Physicians. He has been investigating acupuncture.

Robert Moore, '49, is professor and chairman of the Department of Pediatrics at Texas Technical University School of Medicine in Lubbock.

Maurice L. Sievers, '49, Phoenix, Ariz., is medical director of the U.S. Public Health Service and senior clinician of internal medicine and clinical research at the Phoenix Indian Medical Center. His 14-year study of parasitic fungal infection among Southwest American Indians was recently published. Other work on "Unusual Comparative Frequency of Gastric Carcinoma, Pernicious Anemia and Peptic Ulcer in Southwestern American Indians" was printed in *Gastroenterology*.

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**50s**

William N. Chambers, '50, has been appointed director of the Division of Psychiatry and Law, and associate professor of psychiatry at the University of South Florida in Clearwater.

Theodore C. Feierabend, '51, is assistant professor of surgery and plastic surgery at Christian Medical College and Hospitals, Ludhiana, Punjab, India.

Eugene A. Foster, '51, Charlottesville, is professor of pathology at the University of Virginia School of Medicine, and director of the school's Alternative Curriculum, a three-year program which stresses early instruction in clinical skills.
Ann Hunt, '51, received a Master of Public Health degree (in maternal and child health) from the University of California, Berkeley in June, and in July became director of Utah's Handicapped Children's Services in Salt Lake City.

Philip S. Norman, '51, Baltimore, Md., head of the Division of Clinical Immunology at Johns Hopkins University School of Medicine, was voted president-elect of the American Academy of Allergy.


Marvin Rennard, '52, St. Louis, received the A.M.A. Physician’s Recognition Award.

Jean A. Chapman, '53, is president of the Cape Girardeau County Medical Society and the Missouri State Allergy Association.

Leo J. Freiermuth, '54, Portland, is a senior instructor in internal medicine at the University of Oregon Medical School. He also was elected National Secretary of the Horseless Carriage Club of America.

Robert E. Hermann, '54, Cleveland, Ohio, is associate clinical professor of surgery at Case Western Reserve University School of Medicine and head of the Department of General Surgery, Cleveland Clinic Foundation.

A. Martin Lerner, '54, Birmingham, Mich., is professor and chief of the Department of Medicine, Hutzel Hospital, and head of the Division of Infectious Diseases, Wayne State University School of Medicine, Detroit.

Malcolm H. McGavran, '54, Hershey, Pa., is professor of pathology at Pennsylvania State University College of Medicine.

Daniel Nathans, '54, Baltimore, Md., is professor of microbiology at Johns Hopkins University School of Medicine.

Charles L. Neely, '54, is professor of medicine and chief of medical oncology at the University of Tennessee College of Medicine, Memphis.

William D. Sawyer, '54, Indianapolis, is professor and chairman of microbiology at Indiana University School of Medicine.

David D. Ulmer, '54, Palos Verdes Peninsula, Calif., has appointments as professor and chairman of the Department of Medicine at Charles R. Drew Postgraduate Medical School, and as professor of medicine at the University of Southern California School of Medicine.

John C. Whitsell, II, '54, New York City, is professor of surgery at Cornell Medical College and attending surgeon at New York Hospital. He also serves as surgical director of the Rogosin Kidney Center.

David M. Witten, '54, Birmingham, is professor and chairman of the Department of Diagnostic Radiology at the University of Alabama School of Medicine.

Lawrence G. Crocker, '55, Madison, Wisc., is the immediate past president of the Dane County Medical Society which instituted an innovative prepaid health insurance program based on “open panel” approach during his term of office.

Nina Lowy Steg, '55, has been appointed pediatric director of the Dupont Rehabilitation Center, Wilmington, Del.

Col. Dale R. Dunnahoo, '56, Keesler AFB, Miss., chairman of the Department of Obstetrics and Gynecology at the USAF Medical Center, has been appointed chairman, Armed Forces District of Obstetrics and Gynecology for 1974-1977. In 1972 he received a Ph.D. degree in physiology from the University of Southern California.

Raymond W. Hartwig, '56, Shawnee Mission, Kan., was appointed chairman of the Department of Radiology at Trinity Lutheran Hospital, Kansas City.

Zachary Apfel, '57, Brooklyn, N.Y., is assistant clinical professor of pediatrics at the Downstate Medical School.

Harold L. Endlich, '57, Granada Hills, Calif., has appointments as director,
Department of Radiology, Granada Hills Community Hospital, and assistant clinical professor of radiology at U.C.L.A. He is consultant radiologist at the U.S. Veterans Administration Hospital, Sepulveda, and California State University, Northridge.

Alexander Gottschalk, '58, Hinsdale, Ill., was named a Fellow of the American College of Radiology for outstanding work in medicine and contributions to radiology.

William Hejna, '58, Riverside, Ill., dean of Rush Medical School, received an honorary D.Sc. degree from his alma mater, Grinnell College. He also has been elected president of the State of Illinois Council of Medical Deans.

Robert B. Winter, '58, Minneapolis, associate professor of orthopaedic surgery at University of Minnesota School Medicine, is president of the Scoliosis Research Society and secretary of the Pediatric Orthopaedic Society.

Paul H. DeBruine, '59, Decatur, a clinical associate at the University of Illinois, is chief of the Department of Anesthesiology at Decatur Memorial Hospital, and director of its School for Nurse Anesthetists.

H. Stephen Farmer, '59, Princeton, N.J., is in the private practice of otolaryngology at Princeton University, and is teaching at Rutgers Medical School.


Roger J. Meyer, '59, Evanston, has been appointed adjunct associate professor of health care at the University of Illinois School of Public Health. He is chairman of the American Congress of Rehabilitation Medicine’s Handicapped Child Committee and recently published a series of monographs on "Local Health Care Systems."

Albert Oberman, '59, Birmingham, is professor of public health and epidemiology and associate professor of medicine at the University of Alabama Medical Center.

Raymond G. Schultze, '59, Tarzana, Calif., is the executive vice chairman of the Department of Medicine at the UCLA School of Medicine.

The Gold Medal of the Society of Biological Psychiatry on June 10 was awarded to Eli Robins, Wallace Renard Professor of Psychiatry and head of the department. He was the ninth recipient of the award for "significant contemporary contributions to the advancement and extension of knowledge in biological psychiatry."

'60s

Alan E. Eberstein, '60, Dallas, Texas, went to Israel for a study mission in May.

James F. Jekel, '60, Hamden, Conn., associate professor of public health at Yale Medical School, is coauthor of School Age Mothers Problems, Programs and Policy.

John S. Schoentag, '60, was elected president of the St. Louis Dermatological Association.

Benje Boonshaft, '61, St. Louis, received the A.M.A. Physician’s Recognition Award.

Raymond B. Isely, '61, Yaounde, Cameroon, Africa, organized the "First Conference on Health Education in Africa," with more than 125 from nine countries attending.

William G. Juergens, Jr., '61, St. Louis, was elected secretary-treasurer of the Barnes and Allied Hospital Society.

Henry N. Massie, '63, Berkeley, Calif., is research psychiatrist at Mount Zion Hospital, San Francisco, and clinical associate at the San Francisco Psychoanalytic Institute. He is the principal investigator in a project to study "Early Natural History of Childhood Psychosis" through the analysis of home movies predating the diagnosis of illness.
Heart transplant authority Norman E. Shumway, M.D., Ph.D., right, shares a light moment with Thomas H. Burford, M.D., center, clinical professor of cardiothoracic surgery, and Clarence S. Weldon, M.D., professor and director of the division, before delivering the fourth annual lecture in Dr. Burford's honor on May 30. The Stanford University surgeon spoke on "Cardiac Transplantation, Experimental and Clinical Aspects."

Thomas F. Richardson, '63, St. Louis, was elected vice president of the St. Vincent's Hospital medical staff.

Alan S. Bookin, '64, Los Angeles, Calif., has been named chairman of the Department of Dermatology for the Ross-Loos Medical Group, America's oldest privately owned prepaid medical group.

John F. Bigger, '64, North Augusta, S.C., has accepted a position as associate professor of ophthalmology at the Medical College of Georgia, Augusta.

Ronald G. Evens, '64, St. Louis, was elected vice president of the Barnes and Allied Hospital Society.

Harold E. Garber, '64, North Miami Beach, director of laboratories at Parkway General Hospital, has been named chairman of the Florida State Society of Pathologists' Quality Assurance Committee. He is a member of the steering committee of the five-state Southeastern Regional Quality Control Group and a delegate to the College of American Pathologists.

Robert L. Palmer, '64, has a private family practice in Hamilton, Montana. He also raises purebred Hereford cattle and registered quarter horses.

Ben Werner, '64, Berkeley, a lecturer at the University of California School of Public Health, and medical epidemiologist with the State Department of Health, was the recipient of a World Health Organization award to study communicable disease control in Japan, the Philippines, Hong Kong, Malaysia and Singapore. He has written 14 papers on communicable disease problems and coauthored a book on epidemiology.

Bruce I. White, '64, St. Louis, received the A.M.A. Physician's Recognition Award.

Donald D. Hubbard, '65, Mercer Island, Wash., is practicing at the Valley Orthopaedic Fracture Clinic in Renton, Wash.

Jeannie J. Kinzie, '65, Milwaukee, assistant professor of radiology at the Medical College of Wisconsin, and head of radiation therapy at the V.A. Hospital, participated in an educational television program on early detection and treatment of breast cancer.

Eugene G. C. Wong, '65, Honolulu, Hawaii, a nephrologist at the Straub Clinic and Hospital, is chief of the hemodialysis center program at St. Francis Hospital Institute of Renal Diseases.

Kirby L. Allen, '66, Salem, Ore., is practicing radiation therapy at Memorial Hospital.

David A. Bray, '66, Palos Verdes, Calif., was an instructor in advanced rhinoplasty, and co-director of a soft tissue techniques course sponsored by the American Academy of Facial Plastic Surgery.

W. Stephen Corrie, '66, Toledo, is assistant professor of neurology in the Department of Neurosciences at the Medical College of Ohio.

Philanthropist Mrs. Jane Pelton is given a champagne toast by Saulo Klahr, M.D., professor of medicine, renal division director, left, and Eduardo Slatopolsky, M.D., associate professor of medicine, at the May 26 dedication of the Kuhn-Pelton Kidney Unit. The dialysis facilities in Barnes Hospital were doubled by the gift of this 6-bed unit from Mrs. Pelton in memory of Dr. and Mrs. Daniel Kuhn and Mr. and Mrs. Edward Hubbard Pelton. Dr. Slatopolsky is director of the dialysis center.
Lynn M. Taussig, '68, Tucson, Ariz., has been appointed assistant professor of pediatrics, director of the Pediatric Pulmonary Division, and assistant director of the Division of Respiratory Sciences at the University of Arizona School of Medicine. He was awarded a Young Investigator Pulmonary Research Grant from the National Institute of Health, and presented a paper at the 12th International Congress on Diseases of the Chest in London, England.

David L. Williams, '68, after two years as an ophthalmologist at Vandenberg Air Force Base, will open private practice in Santa Barbara, Calif.

Earl D. Hearst, '69, Virginia Beach, Va., is in private practice with the Psychiatric Associates of Tidewater, Inc.

John C. Long, '69, who has been a clinical and research fellow at Massachusetts General Hospital, and a pathology teaching fellow at Harvard Medical School, is now at the Hematopathology Branch, Armed Forces Institute of Pathology, Washington, D.C. He com-

Susan L. Grant Desmarais, '66, Framingham, Mass., has been elected chairman of the Framingham School Committee. She is currently attending Boston College Law School.

H. Mike Jones, '66, Henderson, N.C., resigned from active duty in the Navy, and is now with Medical Diagnostic Laboratories.

Michael B. Rumelt, '66, Greenbrae, Calif., received a Heed Fellowship and a Glaucoma Fellowship in ophthalmology from the University of California Medical Center, San Francisco. He spoke to the Association for Research in Vision and Ophthalmology on "Enhancement of Visibility of Iris Lesions with Color Infrared Photography."

Philipp E. Bornstein, '67, is in the private practice of psychiatry in Springfield, Ill.

Ira J. Kodner, '67, who began the Enterostomal Care Center and Ostomy Care Program at the Jewish Hospital of St. Louis, now has a fellowship in colon and rectal surgery at the Cleveland Clinic in Ohio.

Michael R. Treister, '67, has returned to Chicago from Clark Air Force Base, Philippine Islands. He is practicing orthopaedic and hand surgery at Norwegian-American Hospital, Walther Memorial Hospital, and St. Mary of Nazareth Medical Center in Chicago. He also is a volunteer physician for the 1974 Golden Gloves Tournament.

Vernon D. Loverde, '68, San Francisco, after two years with the U.S. Public Health Service, has a pulmonary fellowship at the University of California, San Francisco, Medical School.

Honoring the late George H. Bishop, Ph.D., at the Sixth Annual Washington University Neurosciences Symposium April 19 were, from left, S. Howard Bartley, Ph.D., distinguished visiting professor at Memphis State University; Herbert Jasper, M.D., professor of neurophysiology at the Université de Montreal; Dr. Bishop's brother, Fred Bishop, Chattanooga, Tenn.; James L. O'Leary, M.D., professor emeritus of neurology; William M. Landau, M.D., professor and head of the department of neurology; Viktor Hamburger, Ph.D., professor emeritus of biology; Robert King, M.D., State University of New York, Upstate Medical Center; and Stephen Kuffler, M.D., John Franklin Enders University Professor at Harvard Medical School. Dr. Hamburger delivered the 19th Bishop Lecture in Experimental Neurology on "Changing Concepts of Developmental Neurobiology."
peted in three annual Boston Marathons.

William N. Neubauer, '69, is assistant chief of surgery at the U.S. Public Health Service Hospital, Norfolk, Va.

Robert C. Newman, '69, Ogden, Utah, is on the clinical obstetrics and gynecology staff at the University of Utah School of Medicine. He was named to Who's Who in Texas for 1973-74.

J. Andy Sullivan, '69, St. Louis, was awarded the Carl Berg Traveling Fellowship by the American Academy of Orthopaedic Surgeons to observe treatment of children with diseases and deformities of the joints and spine in the United States and Canada. In July he entered the Army for two years service.

Paul R. Williams, '69, San Pedro, Calif., has completed a two-year research fellowship in neonatology at the UCLA School of Medicine-Harbor General Hospital, Torrance.

'70s

Carla Beechie Cohen, '71, Harvard, Mass., after completing a pediatric residency there, is assistant director of the Pediatric Ambulatory Center at Massachusetts General Hospital.

Thomas Ryan, '71, is practicing psychiatry in the Army at the Red Stone Arsenal in Huntsville, Ala., after finishing a residency at University of Cincinnati.

John P. Anhalt, '72, Rochester, Minn., is a consultant in microbiology, Department of Laboratory Medicine, at the Mayo Clinic, following a residency at Johns Hopkins.

Mike and Mimi Glode, '72, Bethesda, Md., are at the National Institutes of Health. Mike is a research associate and Mimi a post-doctoral fellow. They have been in Dallas at University of Texas Southwestern Medical School.

Wm. Virgil Roberts, Jr., '72, a Barnes Hospital psychiatry resident, is conducting a study on the effects of hysterectomies and cholecystectomies on psychological, emotional and psychiatric health.

William W. Barnes, '73, has completed a pediatric internship at St. Louis Children's Hospital and is working at the Claremore Indian Hospital in Oklahoma.

Lesley L. Blumberg, '73, Los Angeles, Calif., is a resident in obstetrics and gynecology at Cedars-Sinai Medical Center.

Thomas C. Namey, '73, Montreal, Quebec, Canada, recently spent six weeks above the Arctic Circle on Baffin Island as a member of the McGill-Baffin Zone Project, a plan for providing health-care for this population.

Missouri Congressman James W. Symington was given a tour of the Lipid Research Center by Director Gustav Schonfeld, M.D., left, and Joseph L. Witztum, M.D., coordinator of the research project. Dr. Schonfeld explained how the exercise electrocardiogram is used in the Coronary Primary Prevention Trial study. Symington is a ranking member of the Public Health Subcommittee.
Sol Spiegelman, Ph.D., director of the Institute of Cancer Research at Columbia University's College of Physicians and Surgeons, on May 17 spoke on "Molecular Evidence for Viruses in Human Cancer" at the 17th annual Philip A. Shaffer Lecture, honoring a former Medical School dean and member of the biochemistry faculty for 50 years prior to his death in 1960.

Richard C. Walters, '73, in July began a residency in dermatology at Barnes Hospital.

Former House Staff and Former Faculty

Robert J. Glaser, M.D., Atherton, Calif., president of the Henry J. Kaiser Family Foundation, was honored by the announcement that the new University of Colorado Medical Hospital's auditorium will bear his name.

Thomas R. Hamilton, M.D., is professor and head of medical microbiology and immunology at the new School of Medicine of the University of Minnesota, Duluth.

Darwin R. Labarthe, M.D., has joined the Department of Medical Statistics and Epidemiology at Mayo Clinic where he is completing a doctoral dissertation on blood pressure variability and subsequent mortality.

James E. McGuigan, M.D., received the 7th annual Distinguished Achievement Award, for research studies of peptic ulcer disease, from the American Gastroenterological Association. He is professor of medicine and chief of the gastroenterology division at University of Florida College of Medicine.

Harold G. Norman, Jr., M.D., Miami, is president of the Florida Society of Plastic and Reconstructive Surgeons.

Herman W. Reas, M.D., as assistant professor of pediatrics at the Medical College of Ohio in Toledo, and director of pediatric pulmonary medicine at St. Vincent Hospital, is developing his second family practice residency for the city.

Cheng Chang Tsai, M.D., is an instructor in pathology at St. Louis University School of Medicine.

Tai Po Tschang, M.D., St. Louis, was made a diplomate in acupuncture in January.

Otolaryngology fellow I. Kaufman Arenberg, M.D., received Honorable Mention from the publishers of the Student American Medical Association's The New Physician for his electron photomicrograph of "Papillae of Guinea Pig Tongue" (magnification 113X).

Entertainer Sammy Davis, Jr., right, in St. Louis for a $70,000 benefit performance for Washington University Medical Center's Chromalloy American Kidney Center and Denver's American Medical Center, Cancer Research, exchanged pleasantries prior to the show with Philip E. Hofsten, M.D., assistant professor of medicine and member of the renal division faculty. The kidney center, located in Barnes Hospital, received $35,000 from the benefit.

IN MEMORIAM

Alumni

William D. Moore, '08... Date Unknown
Eugene M. Lucke, '12... Feb. 27, 1974
Noresh C. Atoorthy, '19... March 20, 1974
George G. Ebandjeff, '25... April 25, 1974
Donald M. Dowell, '29... April 9, 1974
Paul B. Nutter, '32... Nov. 19, 1973
Lee Wallace Dean, Jr., '33... May 9, 1974
John D. Maddox, '33... April 19, 1974
Elmer G. Graul, '35... June 27, 1974
Edmund S. Lockhart, '36... Feb. 23, 1974
Marie H. Wittler, '37... March 25, 1974
Alfred A. Thurlow, Jr., '43 March... May 22, 1974
Jacob W. Oid, Jr., '46... Dec. 30, 1973
Roger F. Christensen, '58... May 18, 1974
Willy J. Weinstein, '56... June 21, 1974

Faculty

Walter P. Covell, Ph.D., M.D. ... April 27, 1974

Former House Staff

John E. Choiser, M.D. ... Jan. 22, 1974
Lee Wallace Dean, M.D. ... May 9, 1974
Norman D. Hall, M.D. ... March 2, 1974
William R. Eubank, M.D. ... Oct. 25, 1973
Names Make News

Rank Elevations Announced for 102 Medical Faculty

Washington University School of Medicine recently elevated 17 members of the faculty to emeritus rank and promoted 85.

Newly named emeriti were William E. Allen, Jr., associate professor of clinical pediatrics; A. Norman Arneson, professor of clinical obstetrics and gynecology and of radiology; Daniel Bisno, assistant professor of clinical ophthalmology; Edward W. Cannady and Julius Elson, instructors in clinical medicine; Margaret C.-L. Gildea, professor of clinical psychiatry; Carl G. Harford, professor of medicine; Stanley L. Harrison, associate professor of clinical pediatrics; Frederick A. Jacobs, assistant professor of clinical pediatrics; Joseph C. Jaudon, professor of clinical pediatrics; Marianne Kuttner, assistant professor of clinical pediatrics; Manon McGinnis, research assistant professor of psychiatric social work in child psychiatry; William H. Meinberg, assistant professor of clinical ophthalmology; Theodore E. Sanders, associate professor of clinical ophthalmology; Ruth Silberberg, professor of pathology; Barrett L. Taussig, assistant professor of clinical medicine; and George C. Wee, instructor in clinical surgery.

Promoted to professor were Ralph A. Bradshaw and Barbara I. Brown, biological chemistry; Virginia Minnich and John D. Vavra, internal medicine; Arthur L. Prensky, neurology and pediatrics; Ronald M. Burde, Allan E. Kolker and Steven M. Podos, ophthalmology; Ralph D. Feigen, pediatrics; John O. Hollosy, preventive medicine and public health; Richard W. Huggins, clinical psychiatry; Michael J. Welch, radiation chemistry; and John A. Collins, surgery.

Associate professors include Lewis J. Thomas, anesthesiology, biomedical computer laboratory, and physiology and biophysics; Robert W. Vaughan, anesthesiology; Alfred W. Alberts and Craig M. Jackson, biological chemistry; William F. Holmes, biological chemistry and biomedical computer laboratory; David A. Gee, health care administration; John G. Haddad, Jr., internal medicine; John J. Jeffrey, Jr., research associate professor of biochemistry in medicine, dermatology; Irene E. Karl, research associate professor of medicine; Neville Grant, Mary L. Parker and Franz U. Steinberg, clinical medicine; Darryl C. DeVivo, neurology and pediatrics; James A. Ferrendelli, neurology and pharmacology; Marvin A. Fishman, neurology, pediatrics, preventive medicine and public health; Herbert E. Rosenbaum, clinical neurology; Jacques P. Sauvage, obstetrics and gynecology; Charles R. Gillick, clinical obstetrics and gynecology; Stephen Walton, ophthalmology, and Robert C. Drews, clinical ophthalmology.

Others named associate professor were Marshall B. Conrad, orthopedic surgery; Gershon J. Specter, otolaryngology; Carl H. Smith, pathology and pediatrics; Gustave L. Davis, John S. Meyer, Steven L. Teitelbaum, patholog; Anthony S. Pagliara, pediatrics; Theodore J. Cicero, neuropsychology in psychiatry; Boyd K. Hartman, psychiatry; John M. Anderson, Robert B. Deitchman, Edward H. Kovart, Wanda M. Lamb, Sydney B. Maugh, and Frank O. Shobe, clinical psychiatry; Mokhtar Gado, radiology; William E. Allen, Jr., clinical radiology, Michael E. Phelps, radiation sciences in radiology; and George D. Oliver, Jr., radiation physics in radiology.

Promoted to assistant professor were Eugene A. Bauer, Nathan A. Berger, William A. Emerson, Hershel R. Harter, Steven P. Friedley, Jerrold J. Landwehr, Timothy J. Sullivan, III, and H. James Wedner, internal medicine; James N. Heins, Bernard Hultbet, John J. Kelly, William E. Korenblat, James M. Lieberman, Edward J. Miller, and Lester T. Reese, clinical medicine; Linn B. Perkins, health care administration; Neva P. Arrivas, George Bohigian, Robert M. Feibel, F. Thomas Ott, clinical ophthalmology; Matthew Newman, ophthalmology; John W. Lewis, III, pathology; William T. Shearer, pediatrics; Argyrios A. Tsiuflis, clinical pediatrics; Haruo Kusama, child psychiatry; Elizabeth M. Smith, psychiatric social work; Robert S. Hicks, Eugene Holomon and Joe E. McKinney, clinical psychiatry; Alexander N. Nakeff, cancer biology in radiology; James W. Debnam, Jr., clinical radiology; and Richard Carlin and Richard P. Parsons, clinical genitourinary surgery.

Sophomores, Freshmen Laud Best Teachers of the Year

The Class of '76 at the end of their sophomore year honored six faculty members by naming them "Outstanding Medical Educators."

Citees were Richard Aach, M.D., associate professor of medicine; David H. Alpers, M.D., professor of medicine; Ralph D. Feigin, M.D., associate professor of pediatrics; James A. Ferrendelli, M.D., assistant professor of pharmacology and of neurology; John Kissane, M.D., professor of pathology; and Philip Needlemen, Ph.D., associate professor of pharmacology.

The Class of '77 voted as those who had contributed most to their medical education during the freshman year: Julian B. Fleischman, Ph.D., assistant professor of microbiology; Arnold J. Kahn, Ph.D., assistant professor of anatomy; Stanley Lang, Ph.D., associate professor of physiology and biophysics; and Robert E. Thach, Ph.D., professor of biological chemistry.

Dale Purves, M.D., assistant professor of physiology and biophysics was named "Most Outstanding Freshman Educator."

Dr. Ternberg Reelected To Faculty Governing Body

Washington University School of Medicine's Faculty Council reelected Chairman Jessie L. Ternberg, Ph.D., M.D., professor of surgery.

Richard D. Aach, M.D., associate professor of medicine, was reelected vice chairman of the 350-member organization.

Helene Hill, Ph.D., associate professor of radiology, was elected secretary.

New members of the Council's executive committee are Leonard Banaszak, Ph.D., associate professor of biological chemistry and of physiology and biophysics; Ralph D. Feigin, M.D., professor of pediatrics; Alan Pearlman, M.D., associate professor of neurology and of physiology and biophysics; and Joseph J. Volpe, M.D., assistant professor of pediatrics and of neurology.

Other members include Stanley J. Birge, M.D., assistant professor of medicine; Edmund Hunter, Ph.D., professor of pharmacology; Virginia V. Weldon, M.D., associate professor of pediatrics; and Robert A. Woodruff, Jr., M.D., professor of psychiatry.
Dr. Ferguson Re-elected To Executive Faculty

Washington University School of Medicine's part-time faculty has re-elected Thomas B. Ferguson as representative to the Executive Faculty.

Dr. Ferguson, professor of clinical cardiothoracic surgery, will serve a second one-year term as a voting member of the Medical School governing body.

He has been on the faculty since 1956 when he was appointed an instructor in thoracic surgery after completing a residency at Barnes Hospital. His promotion to professor came in 1973.

Active in many organizations, Dr. Ferguson served as secretary of the American Association for Thoracic Surgery, 1966-72; was vice president of the St. Louis Medical Society, 1970; president of the St. Louis Heart Association, 1970-72; and president of the Barnes and Allied Hospital Society, 1972-73. Presently he is a member of the American Thoracic Society and on the boards of numerous associations.

He also is on the editorial board of The Annals of Thoracic Surgery.

Thomas Ferguson was born May 6, 1923, in Oklahoma City. He received both the B.S. and M.D. degrees in 1947 from Duke University where he was elected to Phi Beta Kappa and Alpha Omega Alpha.

Recognition Received...

...by Walter F. Ballinger, M.D., Bixby Professor and Head of the Department of Surgery, who in May was the Jacobson Visiting Professor at the University of Newcastle upon Tyne, Royal Victoria Infirmary. He also delivered a lecture on "Hyperparathyroidism" at the University of Edinburgh.

...by Philip R. Dodge, M.D., professor and head of the department of pediatrics, who was appointed to the National Advisory Child Health and Human Development Council. He also has been named a member of Missouri's State Mental Health Commission.

...by David M. Kipnis, M.D., Busch Professor and head of the Department of Medicine, who was elected a fellow of the American Academy of Arts and Sciences.

...by Philip Needleman, Ph.D., associate professor of pharmacology, who was presented the Eli Lilly and Company's John J. Abel Award for independent and original research by an investigator under the age of 36. The award, a bronze medal and $1,000 honorarium is given to stimulate fundamental research in pharmacology and experimental therapeutics.

...by P. Roy Vagelos, M.D., professor and head of the Department of Biological Chemistry, who was named to the newly formed Commission on Human Resources of the National Research Council.

Foundation Gift Benefits WU Service Patients

The Mary Rankin and Ettie A. Jordan Charitable Foundation has given $30,000 to the Washington University Medical Service (Unit I) at the St. Louis City Hospital, Max G. Starkloff Memorial.

Judge James M. Douglas, a trustee of the St. Louis-based foundation, announced that the funds will purchase a fluoroscope with image-intensifier for the hospital's 7-bed cardiovascular intensive care unit.

John R. Smith, M.D., professor of medicine and chief of the hospital's cardiovascular division, said the new equipment will permit greater effectiveness in the management of patients in this vital life-saving area.

"In addition to the value of the instrument for the monitoring of precarious patients with myocardial infarction, or those in shock from severe heart attack, it will be useful for the implantation of artificial pacemakers," Dr. Smith commented.

161 Years of Service

Total of 13 Retirees

Washington University honored retiring employees at a luncheon June 28 in Wohl Center Cafeteria.

Certificates of acknowledgement and appreciation for their service to the university were awarded these 13 from the Medical School: Bertha Bush, anatomy, 25 years; James Celmars, pathology, 17; William Dunlap, housekeeping, 12; Marie Fehrenbach, neurology, 17; Christine Jacobs, psychiatry, 16; Catherine Mikus, pediatrics, 16; Rose O. Mueller, bookstore, 13; Velmar Muskopf, pediatrics, six; Verna Olive, pediatrics, six; Ruth Reiss, pediatrics, six; Delmar Seba, power plant, 10; James Smoots, physical plant, five, and Ollie Ward, microbiology, 18.