Washington University Medical Alumni Quarterly, January 1947
Symposium on Blood

Shenandoah Tragedy

Proposed Child Guidance Clinics
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Symposium on Blood*

Experiences in Blood Banking in Europe and Their Application to Civilian Practice

DR. HARRY AGRESS, Instructor in Clinical Medicine
Washington University School of Medicine

In the course of operation of the 21st General Hospital in North Africa, Italy and France, we had the opportunity of observing the growth of blood banking on a major scale. During our stay in North Africa, 213 transfusions were administered and blood was used in much the same fashion as it is used in civilian practice. There the emphasis was on the emergency aspect of transfusions or on obvious symptomatic requirements, such as profound anemia. In the following twelve months of operation this figure increased to 9,819 transfusions, although the admissions to the surgical service were only one and one half times as great as in the previous year. This tremendous increase in the use of whole blood is accounted for by a radically altered viewpoint as to the indications for transfusion in the management of the wounded soldier. It was proposed to correct serious traumatic orthopedic derangements by surgery at a much earlier stage than tradition had deemed wise, namely, a few days after injury. Experience with these orthopedic patients was so gratifying that the principles elaborated in managing them were extended to include surgical patients of all types. Many of these patients had received emergency and lifesaving quotas of whole blood and plasma in medical installations close to the battlefield. They had had sufficient surgical care to render them safely transportable to installations similar to ours. It was at these general hospitals several days after injury that “reparative surgery” was proposed. Vaughan has emphasized the great (and generally unrecognized) need for the whole blood transfusions in this period of the management of the wounded.

Study was made of the blood status of 4,404 patients on admission to the surgical service of this hospital. The data which follow include patients with wounds ranging from relatively minor ones to injuries of vast extent. The hemoglobin, hematocrit and total proteins were determined by the copper sulfate method, which was found to be clinically accurate and to be particularly suitable to the needs for mass testing. Of the 4,404 patients studied, 64 per cent showed a deficit in either hemoglobin or total proteins. As might be expected the majority showed deficits in hemoglobin only and they constituted 61.8 per cent of the group. When a correlation was set up between the hemoglobin level and the percentage of patients showing a diminished total protein (below 6 grams per cent), it was found that an important relationship presented itself (fig. 1). At a hematocrit of 40 volumes per cent only 2.3 per cent of the patients had protein levels below normal, but at a level of 20 volumes per cent in the hematocrit, 38.7 per cent of patients had subnormal protein concentrations. Stated in other words, the more anemic the patient was the more likely he was to be low in total proteins as well. As might be expected, it was also found that there was correlation between the extent of injury and the blood levels. In a group of 183 "uncomplicated" compound comminuted fractures of the femur, 76.9 per cent of the patients were deficient in hemoglobin or total proteins. In another group of twenty-seven patients with complicated compound comminuted fractures of the femur, there was not a single case in which the hemoglobin or proteins were normal. It might be
added here that this group of more seriously wounded men constituted the subject material for the application of the principles of reparative surgery.

It is well recognized that the protein status of patients bears an important relationship to surgical shock and to postoperative well-being. Elman has emphasized this relationship and has extended it, pointing out that many patients have approached protein depletion long before the concentration of total proteins has become subnormal; so that one might presuppose that many patients have approached dangerous levels of tissue protein depletion which would make them poor surgical risks. Elman has further emphasized the importance of "acute protein starvation," a condition for which the soldier on the battlefield is an excellent candidate. One need look only at the gaunt appearance of most of these men to realize that serious nutritional depletion has occurred, and Lyons calls attention to acute weight losses varying from 5 to 35 kilograms in wounded soldiers. Considering all these factors, it is no small wonder that this group was traditionally labeled "untouchables" insofar as formidable surgery was concerned.

The introduction of plasma, amino acids and other substances having a physiologic action approaching whole blood lent encouragement to more satisfactory management of the surgical patient. In fact, at the beginning of World War II, plasma had received such an enthusiastic reception that it had almost supplanted whole blood, especially in overseas theaters. However, it soon became generally apparent that although plasma was frequently lifesaving, it failed to sustain these patients through repeated surgical procedures. In these same instances whole blood was found to do the task. There is experimental evidence supporting these observations in the classical work of Whipple who demonstrated that the "body guards jealously the fabrication of the hemoglobin and given a need for both plasma protein and hemoglobin, the protein flow favors hemoglobin synthesis." Here were patients with both hemoglobin and protein deficiencies and it seemed to follow from Whipple's observation that if their hunger for hemoglobin were satiated, there would be improvement in their protein status. Figure 2 presents such sequence in a typical surgical case. With normal physiology restored, the surgeons had patients who had been converted from poor surgical risks to excellent ones. That this was so clinically was attested by the results in the operating rooms of this hospital, where surgical shock was practically nonexistent after the institution of this program, despite the fact that the program included the performance of formidable major surgery.

In order to restore hemoglobin values to normal, it was found that pre-
vious concepts as to the amount of blood that each patient would need had to be revised in the direction of giving a great deal more blood than previously bad been considered necessary. Although no hard and fast rules can be pronounced as to requirements of a given case, it was found generally that for each increment of 3 volumes per cent deficit in the hematocrit below 45 volumes per cent, there was required 500 cc. of blood to restore blood values to normal. At an initial level of 33 volumes per cent in the hematocrit, 2,000 cc. of blood were required. These initial requirements usually were given within a forty-eight hour period just

![Figure 2.](image)

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"Uncomplicated" compound fracture of femur; operation -debridement and internal fixation 5 days after injury. Operation 13 Jan.

Legend: __________ Hematocrit   T-Transfusion

x x x x x Total proteins   (500cc.)

prior to and during the course of an operation. Of course, the amounts of blood were further modified by surgical intervention, infection and additional bleeding. The progress of each patient was followed by serial copper sulfate determinations and adjustments were made in the amount given subsequent to the initial dosage. Analysis showed that 1,749 patients received 7,692 transfusions of 500 cc. each, an average of approximately 2,150 cc. of whole blood per patient. Most of the seriously wounded orthopedic cases required from eight to twelve transfusions to keep them in-balance. Attention is again called to the fact that many of these
patients had already received blood and plasma in forward hospitals prior to coming to our unit.

In order to handle the large quantities of blood required for this program, operation of a blood bank was a prime requisite. The laboratory service assumed complete responsibility for the functioning of the blood bank. Enlisted laboratory technicians were used for every phase of operating the blood bank, excepting the administration of blood to patients. The bank was organized on an assembly line basis and with this organization it was possible to procure, process and administer as many as 132 transfusions in one day without the utter confusion that might be anticipated in handling such quantities of blood. (The laboratory staff consisted of twenty enlisted men and three officers and handled the routine of a general clinical laboratory along with the blood bank.) The source of our blood was chiefly from members of the Armed Forces overseas, although some blood was flown from the United States to us by the American Red Cross. In the selection of donors, special attention was directed toward the possibility of transmission of hepatitis and malaria and measures were taken to minimize these hazards. Typing and cross-matching were performed on every blood unit passed out of the blood bank. Although type “O” blood was used to some extent as “universal” donor, the preference was the use of “type for type.” However, no unpleasant experiences were had when type “O” was used for patients other than this type.

The reaction rate encountered in one series of over 400 transfusions studied carefully was approximately 3 per cent. Most of these were of a pyrogenic nature. One full blown, nonfatal, hemolytic reaction in an Rh negative sensitized individual was encountered.

From the experiences related here, I have gained the impression that whole blood has a greater place in the management of the surgical casualty (traumatic or otherwise) than it has been given in the past. It is recommended that whole blood be used in the preoperative care of the anemic patient in quantities adequate to restore normal values. Although plasma may be a lifesaving measure, whole blood should be used when available in preference to plasma because it furnishes more for the patient. It is felt further from our experiences that whole blood hastens the convalescence of the patient to the point of making it economically worthwhile. More whole blood is not used in many places because it is not readily available. The establishment of a blood bank will remedy this defect. In the use of donors, attention is invited to the prevalence of malaria and hepatitis in members of the Armed Forces and that careful histories, as well as proper laboratory procedures, be carried out if they are used as donors.
Bibliography


Shenandoah Tragedy*

DR. WILLARD BARTLETT, Professor Emeritus of Clinical Surgery
Washington University School of Medicine.

My own compelling interest in Thomas J. "Stonewall" Jackson and the tragedy of 1863 was aroused by a visit to General Custis Lee, brother of the great leader, at Lexington, Virginia, when he was president of Washington and Lee University. A young friend and I had just graduated from college when we decided to ride our bicycles from Central Illinois to the Shenandoah Valley and explore that historic region which had been soaked with the best of Southern and Northern blood. It was just twenty-nine years after the unspeakable misfortune of which I write, an event which may have determined the outcome of the war, one which certainly shook the military world.

The little city of Lexington seemed very lovely that summer day when General Lee, a stately gentleman just past middle life, took me up to the Virginia Military Institute for one of the most stimulating experiences of my life. We stood in the class room in which Jackson had taught during the ten years which preceded the secession; I shall never forget Lee's recital of the incident of cadet impatience to be off as soon as war had been declared. The teacher is said to have cautioned them against haste, then to have offered to lead them when the proper time arrived, at which the

fifteen-year-old boys screamed with merriment on hearing such warlike words from their always moderate and peace-loving teacher. When the proper time came he did lead them marching away bravely together, the cadets to graves in the Valley, the leader to that Valhalla which is the eternal home of all heroes.

Thomas J. Jackson was born in Clarksburg, West Virginia (a part of Virginia itself until it seceded) on January 21, 1824. He was orphaned at seven; grew up on a farm; was appointed to West Point at the age of eighteen though his preparatory education had been poor, never having reached a highschool grade. He graduated at West Point in 1840; took part in General Scott's campaign from Vera Cruz to Mexico City; was twice brevetted for good conduct; later had army duty at Fort Hamilton, New York, and Fort Meade, Florida. He resigned from the army in 1851; then taught philosophy and artillery tactics for ten years at Virginia Military Institute. He was an earnest member of the Presbyterian church, was greatly interested in slaves and conducted a Sunday school for them.

Jackson was a tall, spare man with a full beard, singularly handsome but a man of few words. He was twice married, first to Miss Eleanor Junkin and secondly to Miss Mary Ann Morrison.

A few days after the secession of Virginia, General Jackson took over command of the troops at Harper's Ferry; a few weeks later he became commander of a brigade and remained one until Bull Run where he acquired the title "Stonewall." There he was made Major General. In November of 1861 he took command of the Shenandoah Valley and that portion of Virginia northwest of it, his specialty being rapid movements against one enemy, then another, keeping them all bewildered. In December, 1862, he was advanced to the rank of Lieutenant General, commanding the right wing of the Confederate Army.

The campaigns which brought him most fame seem to have been Bull Run, Richmond, Manassas, Harper's Ferry, Antietam, and Chancellorsville. This brilliant tactician lived but thirty-nine years, as it happened, because on May 1, 1863, Lee ordered him to attack Hooker at Chancellorsville, causing the latter to withdraw into the wilderness to establish new lines. Next day he was early again on the march and highly successful; then between eight and nine o'clock of the moonlight Saturday evening he rode forward to reconnoiter, but when returning his party was mistaken for Federal troops and was fired on by the 18th North Carolina regiment of Lane's brigade, the General receiving wounds that proved fatal eight days later.

One bullet entered the right hand, two the left arm, the latter cutting the brachial artery and shattering the humerus. The General's horse
plunged beneath the limb of a tree which struck the rider in the face, but one of the officers caught the reins and the wounded man fell into his arms. Companions took off his blood soaked garments and tried to bandage the wounds, while others sought Surgeon General McGuire of the Stonewall brigade who was nearby. Jackson was bleeding and in great pain, supported by officers on each side while shells and bullets flying about threw men, officers, and riderless horses into complete disorder. He was undismayed, however, though bleeding profusely and deathly pale when he issued his last order, "Pender must hold out to the last." He begged to lie down so a litter was made, but when one of the bearers of it fell the General pitched to the ground incurring a fresh serious injury to his chest.

McGuire, who had found him by moonlight coming through the trees, met him with an ambulance. The General was still bleeding profusely though he remained calm, self-controlled, and expressed sympathy for others. McGuire placed his finger on the left brachial artery and held it there during the ride in the ambulance, during which time whiskey and morphine were administered. Two and one-half hours after the wounding McGuire made an examination. Then by two o'clock Sunday morning in a hospital Jackson, under blankets, again got whiskey and water. A little later chloroform was given after which a bullet was taken from his right hand which had been fractured and his left arm was amputated high, entailing a simple, quick, bloodless circular operation. The other bullet had entered the outside of his forearm just below the elbow to come out the opposite side above the wrist. The few slight face wounds were dressed; then the General delegated authority to General Stuart, after which he slept several hours.

Monday morning he was free from pain and hopeful; some hours later he suffered right chest pain resulting, according to the Surgeon General, from the litter fall though no lesion was discovered and his pain was gone a few hours later. Tuesday morning he was removed in the ambulance and arrived at the Chandler House about 8:00 p.m. where he died five days later. He ate fairly well after his arrival, slept the entire night and on Wednesday was thought to be improving. He felt well, was cheerful, had his wounds dressed and then asked when he could return to battle. At daylight Thursday, however, he was in great pain and McGuire found a right pleural pneumonia. Cupping, mercury, antimony, and opium were employed. His wife arrived then and nursed him to the end. All wounds were dressed Friday, he breathed with difficulty, there also was great exhaustion. On Sunday morning, May 10, 1863, his wife told him that recovery was doubtful; he then expressed his wish to be buried in Lexington after stating that he had hoped that some Sunday would be his last
day on earth. Then his mind began to wander and he gave murmured army
commands, his last words being, “Let us cross over the river and rest under
the shade of the trees.”

The remains were taken to Richmond for a public funeral, then to
Lexington for burial. In 1875 a bronze monument was erected to his
memory in Richmond, it having been paid for wholly by English subscribers
who greatly admired this American military genius.

Eighty-three years have now elapsed since Jackson’s wounding. It is
only natural that we surgeons of three generations should entertain a
composite opinion of surgical thought as it has developed since that time
and speculate on the treatment and prognosis in a like accident of today.
(All of this is to be taken as hypercritical since Hunter McGuire was a
distinguished surgeon whose son, Stuart, I am proud to claim as a friend.)

We must consider hemorrhage, early amputation, anesthetic, asepsis,
systemic antiseptics, and information regarding impending death.

1. Hemorrhage left the Civil War surgeon helpless as far as replacement
therapy was concerned; indeed, its control was limited to pressure,
cautery, ligation, or amputation.

2. Today it is considered unlikely that gangrene will follow destruction
of the brachial artery, particularly if a paravertebral block dilates the
collaterals. Surely prolonged observation of the ischemic arm previous to
amputation would be justified, particularly after profuse bleeding and
shock.

3. Chloroform, though admittedly dangerous, was of course the accepted
anesthetic of the period. A form of nerve block today would take its
place and at the same time centripetal shock impulses would be prevented
from reaching the already damaged nerve centers.

4. The Civil War was over long before the thought or practice of
antisepsis or asepsis reached America from its European birthplace. I
heard my own father some twenty years later enthuse frequently over the
appearance of laudable pus after amputations.

5. The pneumonia, which was apparently “the last straw,” today could
have been easily controlled by sulfonamides, I suppose, if not almost
certainly by penicillin. Systemic antiseptics had not been dreamed of in
1863.

6. Today we are not given to warning the patient of impending death,
so one fails to see how the General’s chances of recovery were enhanced
by frequent depressing messages on this subject from many of the group
about him.
Permanent Child Guidance Clinic May Be Set Up in Near Future

A permanent child guidance clinic may be set up later this year by Washington University School of Medicine, in place of the Interim Clinic the school is now operating.

The Interim Clinic was established through the cooperation of Washington University School of Medicine, the Washington University Clinics, and the Community Chest, following the collapse of the St. Louis Child Guidance Clinic at Children’s Hospital in December 1946.

Twenty-five patients who were under treatment at the former St. Louis Child Guidance Clinic were in group therapy at the Occupational Therapy Workshop, under Miss Marion Clark. The Interim Clinic, under the direction of Dr. S. E. Warson, assistant professor of psychiatry at Washington University, will be housed at 4562 Scott Avenue, and will be able to care for the needs of those cases left over from the old clinic. New cases will be admitted within the limitations of personnel and therapeutic objectives.

The need for an adequate child guidance service for St. Louis has long been evident, and even before the closing of the clinic at Children’s Hospital, plans were being made to set up such a service. These plans are on their way to materialization, and the Interim Clinic will serve until final arrangements are completed for a permanent clinic.

In 1923, with the aid of the National Committee for Mental Hygiene, a psychiatric child guidance clinic was organized under municipal auspices. Because of inadequate funds and personnel, this clinic did not succeed. In 1931, through the support of private subscriptions, a child guidance clinic was established on Lindell Boulevard. Financial support for this clinic was also inadequate.

The clinic finally came to be supported entirely by the United Charities, now the Community Chest. Through the years many meetings have been held by the Social Planning Council and other interested groups in an effort to reorganize the clinic and establish it on a sound foundation.

Dr. Milton Kirkpatrick, Director of the Division on Community Clinics of the National Committee for Mental Hygiene, was invited to St. Louis to make a survey. He recommended that a strong independent central organization be set up that would be financed largely by the Community Chest. He emphasized that skilled personnel and an adequate budget were essential.

Dr. Milton Senn of Cornell University Medical College in New York, was brought to St. Louis for a second survey. Dr. Senn pointed out,
as had Dr. Kirkpatrick, that St. Louis needed at least three child guidance clinics—one to serve the schools; the second to serve Children's Hospital, the medical school and referring social agencies; the third to serve the courts and the social agencies.

Representatives of the Social Planning Council, the Child Research Foundation, the Departments of Pediatrics and Neuropsychiatry at the medical school, the School of Social Work and the Departments of Psychology and of Education of Washington University have met and discussed plans for the new organization.

Dr. Robert A. Moore, acting dean of Washington University School of Medicine, has drawn up a proposal for a child guidance clinic as part of Washington University Clinics. Until these plans can be put into effect, the Interim Clinic will be in operation.

Community Nursing Council Organized to Study Nursing Service

The St. Louis Council on Community Nursing has recently been organized and the first general meeting was a luncheon at the Jefferson Hotel on Wednesday, Feb. 5.

The objectives of the Council are to study existing needs and facilities so that nursing service can be improved. The Council is also interested in expanding the education of graduate nurses so that more will be qualified in special fields.

The organizations which are backing the Council include the Medical Society, the Hospital Council, the Third District Nurses Association, and Blue Cross, and other hospitals not members of the Hospital Council.

Representatives of the Social Planning Council, the Board of Education, the Rotary Club, the Universities, and the parochial schools have also expressed an interest in the activities.

The Committee on Recruitment of Student Nurses, the Committee on better staffing by graduate nurses of agencies and institutions, and a Committee on the practical nurse problem have already started work. The Committee on Public Information has outlined a program which will be put into effect in the near future.
Dr. Graham Made Honorary Member of French Surgical Academy

Dr. Evarts A. Graham, professor of surgery at the School of Medicine, and Surgeon-in-Chief at Barnes and St. Louis Children’s Hospitals, has been made an honorary member of the French Academy of Surgery.

The Academy, which was organized by Louis XV in 1731, is composed of those who have particularly distinguished themselves in the field of surgery.

Dr. Graham, who came to Washington University as professor of surgery in 1919, has received international recognition in his field from many nations.

He is an honorary fellow of the Surgeons of Great Britain and Ireland, an honorary fellow of the Royal College of Surgeons of England, an honorary member of the Swedish Royal Society of Sciences, and an honorary member of the Argentine Society of Surgery.

Dr. Graham was awarded the Lister medal from the Royal College of Surgeons of England in 1942, and was the recipient of the St. Louis award in 1942.

Opportunity for Physician’s Practice, Building in Hale, Missouri

There is an opportunity in Hale, Missouri, a few hours drive from Kansas City, to take over the practice of a retiring physician and a business building with all clinical furnishings and equipment.

The retiring owner includes all office and reception room furnishings and equipment, consultation room furnishings, instrument cabinet and instruments, sterility cabinet, x-ray machine, electrical treatment machine, refrigerator, scale, violet-ray machine, urinalysis cabinet, and many other things.

The six-room brick office building, modern, with all equipment is priced at $5,550.

Hugh F. Wells, Rt. 2, Hale, Missouri, is handling the sale.

Drs. Glaser, Carson Are New Assistant Deans

Dr. Robert J. Glaser, assistant in medicine, and Dr. Merle J. Carson, instructor in pediatrics, have taken over the duties of Dr. Franklin E. Walton, former assistant dean. Dr. Walton will devote his time to surgery.

Dr. Glaser is in charge of placing students in internships, and Dr. Carson is in charge of postgraduate affairs.
Department of E. E. G. Technology Established Next Fall

A Department of Electroencephalographic Technology will be established next fall, under the direction of Dr. James O'Leary, professor of neurology. The eight-month course will begin October 1, 1947 and extend through June 1, to be divided into three trimesters. During the first trimester there will be four didactic hours a week and 22 laboratory hours a week. In the second trimester there will be 11 hours a week, and in the third trimester there will be 11 didactic hours and 17 laboratory hours.

Prerequisite for the course is graduation from an approved high school in the upper two-thirds of the graduating class. The course will be limited to not more than six students.

Instruction in the course will be given by Dr. O'Leary, Dr. George Bishop, professor of biophysics, and Dr. William Fields, assistant in neuropsychiatry.

Interdepartmental Apparatus Exchange Established Under Department of Maintenance

An Interdepartmental Apparatus Exchange has been established under the direction of the Department of Maintenance. Under this plan, apparatus which is purchased by a department may be used throughout the Medical School, with the permission of the department.

The basement hallway between the North and South Buildings will be set aside and locked for storage of equipment. When a department has finished using a piece of equipment, it may be stored in this space, for use by whomever needs it. Ownership will remain with the department, and apparatus may be recalled at any time.

Periodically, lists of available apparatus will be circulated to all departments.

Second Conference on Degenerative Diseases to be Held in St. Louis, September, 1947

The second Conference on Degenerative Diseases will be held in St. Louis September 1 and 2, 1947, under the auspices of the research unit at City Hospital and the School of Medicine.

Members of the committee on arrangements are Dr. Willard Allen, professor of obstetrics and gynecology, chairman; Dr. Edmund V. Cowdry, professor of anatomy, Dr. William B. Kountz, assistant professor of medicine, Dr. Robert A. Moore, professor of pathology, and Harvey L. White, associate professor of physiology.
Jackson Johnson Scholarships Awarded on Regional Basis

Seven scholarships, under the Jackson Johnson Fund, will be awarded on a regional basis annually, beginning next fall. In addition, three graduate fellowships valued at about $2,000 each will be awarded from the same fund.

Regions from each of which at least one applicant will be selected to receive the award, are western, Rocky Mountain, north central, south, northeast, southeast and New England.

Applicants must have completed premedical training and have lived for at least three years in the region from which they apply.

Applications must be submitted by March 1, and winners will be announced by April 1.

Institute on Problems of Aged at Brown Hall on February 21

An Institute on Problems of the Aged was held at Brown Hall from 9:30 a. m. to 3:30 p. m. February 21.

Mr. Oscar Schulze, director of Recreational Services for Older People at Benjamin Rose Institute in Cleveland, Ohio, began the program at 9:30 with “Cultural Aspects of an Aging Population.”

Dr. Robert A. Moore, professor of pathology, followed with “The Doctor Looks at the Physical Characteristics of Old Age.” Dr. Edwin Gildea, professor of psychiatry, ended the morning session with “The Mind and Personality of Age.”

“The Content of Living for the Aged in the Institution” was the topic of Mr. True Taylor’s address. Mr. Taylor is superintendent of Bethesda-Dilworth Home and Bethesda Hospital.

Mr. Schulze concluded the meeting with “The Content of Living in the Home.”
Departmental Notes

Preventive Medicine

Dr. George Saunders, assistant professor of preventive medicine and Regional Consultant to the Veterans Administration, made an inspection trip to the Veterans Hospitals at Wadsworth, Topeka, and Wichita, Kansas, and inspected the outpatient departments at the Regional Offices in Wichita and Kansas City, Kansas.

Dr. E. Gurney Clark, head of the Department of Preventive Medicine, gave a talk before the Missouri Social Hygiene meeting on January 13.

Physiology

Dr. Joseph Erlanger, professor emeritus of physiology, attended a conference December 13 and 14 on “The Fundamental Nature of Bioelectric Potentials” at the Rockefeller Institute for Medical Research in New York City.

The conference was held in honor of Dr. W. J. V. Osterhout and was under the sponsorship of the National Academy of Sciences. Invitations to the conference were extended to about 25 physicists, chemists and biologists.

Obstetrics and Gynecology

Dr. W. C. Scrivner, instructor in clinical obstetrics and gynecology, is on the Board of Directors of the Mississippi Valley Medical Association for 1947, was elected vice-president of the newly-founded Illinois Association of the Gynecologists and Obstetricians and is president elect for the St. Clair Medical Association of East St. Louis.

Dr. Willard Allen spoke at the Rochester Academy of Medicine meeting on January 7 and at the Chicago Medical Society meeting on January 15.

Dr. James F. Nolan, associate professor of obstetrics and gynecology and executive secretary of the Medical Advisory Board, which advises on professional services at Los Alamos, went to Los Alamos January 15 and from there to Washington, D. C., to meet with the Atomic Energy Commission.
Neuropsychiatry

Dr. Edwin F. Gildea, head of the Department, attended the semiannual meeting of the Middlewestern Department Heads in Psychiatry and Neurology at the University of Minnesota on January 13, 1947.

Dr. Samuel R. Warson, assistant professor of psychiatry, attended the meeting of the American Group Therapy Association in New York January 10 and 11.

The annual meeting of the Association for research in Nervous and Mental Diseases, which has held in New York on December 13 and 14 was attended by four members of the Department of Neuropsychiatry. They are Dr. George Saslow, assistant professor of psychiatry, Dr. Irwin Levy, assistant professor of clinical neurology, Dr. Hans B. Molholm, assistant professor of psychiatry, and Dr. William S. Felds, Rockefeller Post-war assistant in neuropsychiatry.

Radiology

Dr. Sherwood Moore, professor of radiology, and Dr. Wendell G. Scott, associate professor of radiology, attended the annual conference for teachers of clinical radiology, given by the American College of Radiology in Chicago February 7 and 8.

Dr. Robert A. Moore, who was among nine deans of medical schools invited to attend the meeting, was unable to attend.

Dr. Peackock of Glasgow, Scotland, visited the Department of Radiology in December.

Pediatrics

Dr. Alexis F. Hartmann, head of the Department, spoke to the Pediatrics Section of the New York Academy of Medicine on February 13. His topic will be “Some Quantitative Aspects of Disturbances of Acid-Base Balance.”

Dr. Martin Withers, assistant in pediatrics, is going to Los Alamos on February 1.
Pharmacology

Dr. A. S. Marravvi, head of the Department of Pharmacology at Wayne University in Detroit, visited the Department of Pharmacology recently.

Surgery

Dr. Robert W. Bartlett, associate professor of clinical surgery, attended the 54th Annual meeting of the Western Surgical Association in Memphis, Tenn., December 6 and 7. He spoke on “The Management of Colostomies in the 15th Hospital Center (England)” at the morning session December 6.

Dr. Franklin E. Walton, associate professor, spoke before the Women’s Association of the Ladue Chapel on “Modern Palestine” on Tuesday, Dec. 10.

Dr. Robert Elman, associate professor of clinical surgery, has just had a new book published entitled “Parenteral Alimentation in Surgery, With Specific Reference to Proteins and Amino Acids,” published by Paul B. Hoeber, New York City.

Dr. Evarts A. Graham, head of the Department, is serving on a committee, appointed by Dr. Frank B. Jewett, president of the National Academy of Sciences, to propose a reorganization of the Memorial Hospital of New York City.

The American Association for Thoracic Surgery will meet at the Hotel Jefferson in St. Louis May 28-30.

Dr. Eugene Bricker, associate professor, attended the annual meeting of the Society of University Surgeons in Boston, February 13-15.

Dr. Robert Elman was guest speaker at a joint meeting of the Minneapolis Surgical Society and the Hennepin County Medical Society at Minneapolis January 6. His topic was “Protein and Amino Acid Therapy.”

Dr. Robert A. Moore, head of the Department, gave the Christian Fenger Lecture at the Chicago Institute of Medicine on January 13. His title was “Interpretive Morphology.”
Otolaryngology

Dr. Wayne Sirles, 34, former instructor in the Department of Otolaryngology, died of a heart attack Wednesday, Dec. 11.

He was graduated from the University of Illinois College of Medicine in 1937, interned at City Hospital, and took postgraduate training in otolaryngology at the School of Medicine in 1940-41. He was assistant in otolaryngology in 1941-42.

Dr. Arthur Proetz, professor of clinical otolaryngology, returned in December after spending six weeks in South America, where he delivered 22 lectures in Spanish. He was invited by the Laryngological Societies of Brazil, Peru, and Argentina.

He was married to Miss Esther Schroepfer on December 31.

Dr. Theodore Walsh, head of the Department, went to New York City for the meeting of the Eastern Section of the Triological Society January 10 and 11, and to Chicago for the Middle Section of the Society on January 19 and 20.

Dr. Harry W. Lyman, professor emeritus of clinical otolaryngology, who is president of the Southern Section of the Society, attended the meeting in Miami Beach, Fla., on January 6.

Dr. Arthur M. Alden, associate professor of clinical otolaryngology, attended the Middle Section in Chicago with Dr. Walsh.

Pathology

Dr. Robert Stowell, assistant professor of pathology, who has been studying with Dr. Caspersson in Stockholm, as a Commonwealth Fellow, will return in March. Dr. Stowell attended a conference in England on nucleoproteins and was invited to give a review of his work.

Dr. Herbert Breyfogle, who for the past four years has been pathologist to the St. Louis County Hospital, head of the Department of Legal Medicine in St. Louis County, and instructor in pathology at the School of Medicine, left in December to become chief medical examiner for the state of Virginia.

Dr. Breyfogle came to St. Louis from the Department of Legal Medicine at Harvard.
Dr. Antonio Villasana of Mexico arrived in the Department recently to study, under a Rockefeller fellowship.

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**Occupational Therapy**

Miss Ada Wells Ford, instructor in occupational therapy, was invited to participate in an Educational Research Program, conducted by the American Occupational Therapy Association, held in New York City December 27 to January 11.

The study, under the direction of Dr. Hyman Brandt, includes an evaluation of didactic and clinical instruction for the purpose of developing a testing procedure which will determine the individual's fitness for the field of occupational therapy.

Miss Ford was requested by the American Occupational Therapy Association to represent the area of skills for this study.

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**Anatomy**

Dr. Edmund V. Cowdry, professor of anatomy, was elected vice-president of the American Association for the Advancement of Science and chairman of the Section on Medical Sciences for the calendar year 1947 at the Boston meeting of the Association.

Dr. E. V. Cowdry was chairman of the panel on "Cellular Physiology" of the Growth Committee of the National Research Council, which met in St. Louis December 13 and 14.

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**Miscellaneous**

The alumni of the School of Medicine have elected Dr. D. K. Rose as their representative on the Board of Directors of the University.

Mrs. Anna Murphy, mother of Miss Marion Murphy, librarian, died suddenly December 17 in Barnes Hospital.

A conference on schools for hospital administration was held in New York on January 9 and 10. Dr. Frank Bradley, director of Barnes Hospital, Dr. Robert A. Moore, acting dean, Mr. Graham Stephens, associate director of hospital administration, and Mr. Frederick Veeder, hospital administration, attended from here.
Dr. Carl F. Cori, professor of biological chemistry and pharmacology, and Dr. Sol Spiegelmann, assistant professor of bacteriology and immunology, were among representatives from 24 universities, research organizations and governmental bureaus to attend the Ninth Washington Theoretical Physics Conference, October 31-November 2. The subject discussed was “The Physics of Living Matter.”

Dr. Reubin Kahn, who is in charge of the Department of Clinical Laboratories in the Hospital of the University of Michigan, spoke Thursday, Nov. 12 on “Bases for False Negative and False Positive Reactions in the Serology of Syphilis” in the Medical School Auditorium.

The University Drug in St. Louis featured a window display in January on “Medicine in St. Louis.” Photographs of Dr. Robert A. Moore, acting dean; Dr. Joseph Erlanger, professor emeritus of physiology and Nobel Prize winner; Chancellor Arthur H. Compton, Nobel Prize winner, and the Washington University Medical Center were included in the display.

Dr. Clayton G. Loosli, assistant professor of medicine and director of the Student Health Service at the University of Chicago, spoke on “The Problem of Control and Prevention of Respiratory Diseases,” Thursday Feb. 6 in the Medical School Auditorium.

Dr. Robert A. Moore, dean, gave the annual Phi Beta Pi lecture at Baylor University College of Medicine in Houston, Texas, February 13. He spoke on “Tumors of the Testis.”

Dr. Max Wintrobe, professor of medicine at the University of Utah, addressed faculty and students on “Anemia of Infection,” Thursday, Feb. 13 at the Medical School.

Dr. Robert A. Moore, dean, attended a meeting concerning specialty boards, in Chicago February 9, and spoke on "Formal Graduate Courses in the Basic Sciences."

Dr. F. William Sunderman, associate professor of Research Medicine at the University of Pennsylvania, visited the Medical School on January 22 and 23, and Miss Catherine Worthingham, director of Technical Education for the National Foundation for Infantile Paralysis, visited here on January 27.

Dr. Honor B. Fell, director of the Strangeways Laboratory, Cambridge, England, was special lecturer at the Medical School Wednesday, January 22. She spoke on "Organized Growth in Vitro."

Dr. Martin D. Kamen, chemist to the Mallinckrodt Institute of Radiology, and Dr. Sol Spiegelman, assistant professor of bacteriology and immunology, were pictured in Time magazine January 20.

Under the heading "Tempest in the Cells," Time explained the work Drs. Kamen and Spiegelman have been doing with yeast cells, and its relations to genes.

**Dermatology**

Dr. Richard Weiss, professor of clinical dermatology, met with the committee of the American Academy of Dermatology and Syphilology in Buffalo, N. Y. on January 19.

The committee arranged the program for the annual meeting of the education committee.

Dr. Weiss then went to New York City, where he met with the American Cancer Society. The American Cancer Society is arranging details of the meeting of the International Cancer Congress, which will convene in St. Louis next September.
1885

E. Bryant Elkins, who had practiced medicine in Greene and Christian Counties in Missouri for 62 years, died February 25 in Springfield, Mo., at the age of 85. He was active professionally until a week before his death.

1887

Louis C. Rohling died of infirmities at Bethesda General Hospital in St. Louis January 18. He retired from active practice about 10 years ago.

1894

Orion W. Bedell of St. Louis died August 31, 1946.

1895

Sander Horwitz, district superintendent of the Illinois Department of Public Health, illustrated the relationship between tonsillectomy and the bulbar type of poliomyelitis in a newspaper account recently. He warned that nose and throat surgery be postponed, and not performed from June to December.

Dr. Horwitz visited the Alumni Office to discuss plans for a reunion of his class recently. Tentative plans have been made for the reunion of the class of 1895, to be held in Peoria, Ill., in the spring.

1896

James A. Cravens of Greenfield, Ill., died December 1, 1946.

1897

Elmer A. Scherrer of Denver, Colo., died October 26, 1946.

Henry F. Dice of Ridgefarm, Ill., died August 14, 1946.

1909

Thomas W. Taylor of St. Louis died August 13, 1946.

1912

George S. Gilpin is now at 3241 West 65, Cleveland, Ohio.

1917

Clarence J. Brown was promoted in December to the rank of Rear Admiral, Medical Corps, U. S. Navy. He is on duty in Washington, D. C. as general inspector of the Naval Medical Department.

1920

Lester L. Williams of El Dorado, Kansas, died December 1, 1946.

Alton Ochsner, the William Henderson professor of surgery and director of the Department of Surgery at Tulane University, and director of the Section on General Surgery of the Ochsner Clinic, has been selected to receive the Times-Picayune (newspaper) Loving Cup for 1945.

The annual cup, which is awarded to the citizen of New Orleans who is considered to have performed the greatest community service, will be presented to Dr. Ochsner for his many years of service to the city.

The committee who selected Dr. Ochsner reported that they took into consideration his time and effort in advancing the friendship of the medical profession with other nations and states—his leadership in lay activities—and his contribution to medical education through the non-profit Alton Ochsner Medical Foundation.

1922

Lee Cady is the Branch Medical Director, Veterans Administration, Dallas, Texas.

1924

Frank L. Abbey is practicing neuropsychiatry in Colorado Springs, Colo. He is associated with the Colorado
Springs Psychopathic Hospital. He writes, "I have been practing neuropsychiatry since 1933 and have been working here since 1941. I was formerly on the staff of the Menninger Clinic in Topeka, Kansas, and was Assistant Physician at the Topeka State Hospital from 1934 to 1941."

1925

R. J. Crossen of St. Louis was guest speaker at the 70th anniversary of the Cincinnati Obstetrical and Gynecological Society. His topic was "Practical Procedures for Prevention of Gynecological Cancer."

Roland A. Slater was discharged from the Army in February 1946, and is now in private practice in Peoria, Ill.

"My practice is limited to Proctology, and after a year, things begin to seem natural in civilian life again," he writes.

Einor H. Christopherson took a brush-up course in pediatrics at Cornell University and Washington University before getting out of the army. He is now practicing pediatrics in San Diego.

Clarence H. Woodmansee is at the Desert Clinic, Palm Springs, Calif.


"I always enjoy receiving the Alumni Quarterly," W. G. Hamm writes from Atlanta, Ga. "Rarely do I get an opportunity to see any of my old classmates and the Quarterly is a means of keeping up with them to a certain degree."

1927

Charles H. Leslie has been mayor of the City of Glendale, Mo., since 1937.

W. B. Wilcoxen is back in Bowling Green, Mo., after five years in the service. He is doing EENT. He was a colonel in the Medical Corps.

"I would like to see the class of '27 have a reunion this spring," Louis Nixon Claiborn of New Haven, Conn., writes.

1928

Earl Maxwell is stationed at Letterman General Hospital, San Francisco, Calif.

Ronald F. Elkins is practicing Proctology in Springfield, Mo., where he returned after military duty.

1929

Charles E. McLaughlin, Jr., is back in Omaha, Nebr., in teaching and practice of general surgery (University of Nebraska) after three years in the Navy.

While in the service, he spent 18 months in general surgery at Great Lakes and the United States Naval Hospital, Corpus Christi, and spent 18 months aboard the carrier, U. S. S. Essex, as surgeon and acting Senior Medical Officer.

He was awarded seven combat stars on the Pacific Ribbon, two on the Philippine Liberation Ribbon, the Presidential Unit Citation, and the Navy Commendation Ribbon.

1930

B. F. Byland returned from overseas in September, and is back in practice in Maryville, Mo. He served in Europe for 10 months and was in the 42nd General Hospital in Tokyo for 10 months as chief of urology and assistant chief of surgery.

James P. Conway was discharged from the Navy in January 1946, and is now assistant professor of pediatrics at Marquette University, Milwaukee, and has a private practice in pediatrics.
1931

Joseph E. Smadel is chief of the Division for Virus and Rickettsial Diseases at the Army Medical School, Washington, D. C.

Don D. C. C. Robertson was released from the Medical Corps of AUS in April, with the grade of Lt. Col. He is now doing general surgery in Orlando, Fla.

1932

Charles Gordon Stauffacher has returned to general practice in Sedalia, Mo., after four years in the Army. He is on the staff of Bothwell Memorial Hospital in Sedalia.

1933

Ralph W. Knewitz writes, “After five years in the Army, I’m back in the Murphy Building—ENT. Married to Janet Byrne (R.N. ’33), and have one son, Karl, age 9. I always enjoy the Quarterly.” Dr. Knewitz is in East St. Louis, Ill.

1934

Robert N. Williams is in Ontario, Calif. He served in the South Pacific for a year, and was head of the hospital on San Clements Island, Calif., for two and one-half years.

1935

Albert H. Krause has been assistant chief of surgery at the Veterans’ Administration Hospital, Muskogee, Oklahoma, since July 1, 1946. Recently, he successfully completed the first part of the examination of the American Board of Surgery.

E. S. Wallace was on active duty with the Army Medical Corps in November 1940, serving with the Second and Tenth Armored Divisions. He is now Division Surgeon, Second Armored Division, Camp Hood, Texas, with the rank of Lieut. Col. He formerly practiced medicine in Lexington, Mo.

Edward Massie gave a lecture to the Topeka Medical Society at Topeka, Kansas, and another to the Medical Society at Mt. Vernon, Ill., recently. On November 1, he presented an original paper on “The Heart in the Terminal State; Effect of Intracardiac Epinephrine” at the American Federation for Clinical Research in Chicago. Dr. Massie is assistant professor of clinical medicine at Washington University.

1936

William A. Young is a pediatrician, practicing in the Medical Arts Building, Salt Lake City.

Robert C. Dunn was a member of the pathology department at the United States Marine Hospital, Baltimore, Md., and in January 1947, he began research in pathology at the National Institute of Health, Bethesda, Md.

James D. Morrison is in Billings, Montana, practicing ophthalmology. He served in the Army as an ophthalmologist with the 29th General Hospital (affiliated with Colorado General Hospital and Medical School) during the war. The Morrisons have a son, William James, age four months.

1937

John E. Miksicek is a psychiatrist with the St. Louis Regional Office of the Veterans Administration in St. Louis.

R. A. Little is back in East St. Louis, after four years in the Navy Public Health Service.

Donald R. Robert is back in general practice in Elkins, W. Virginia, after five years in the Army Medical Corps as a Lieut. Col.

1938

Eugene F. Melaville was separated from the Army Medical Corps with the grade of Colonel in April, and is now back in general practice in Rochester, N. Y.
James B. Jones is practicing internal medicine in Webster Groves, Mo.

Loren F. Blaney is practicing internal medicine at the U. S. Engineer Hospital, Los Alamos, N. M.

"I would certainly like to hear from some of my classmates," Howard A. Steiner writes. "My practice in Cleveland, which I began after my return from the service in 1945, is limited to radiology. I am associated with two hospitals."

"Irv Berger ('39) was in the office the other day. Irv, cheerful and good-looking as ever (maybe a little more (?) hair on head) is in psychiatry, associated with Crile General Hospital in Cleveland, and hopes to start his practice here this year," Dr. Steiner added.

1939
Lt. Col. Leo J. Geppert is chief of pediatrics at Brooke General Hospital, Ft. Sam Houston, Texas. He has been in the service for about five years.

1940
Kendall D. Gregory has just finished a year on medicine at City Hospital in St. Louis. On July 1, 1947, he will start a year as the Unit I (Washington University) Medical Resident at City Hospital. He'll be on pathology until then.

Thomas B. Dominick is a resident in radiology at St. Louis City Hospital, and will complete his training on July 1.

H. M. Wiley has been out of the Army for several months, and has returned to his former position as resident surgeon at the Ellis Fischel State Cancer Hospital, Columbia, Mo.

1941
Charles Yarbrough is in private practice in Cairo, Illinois.

Joseph E. Moreland was discharged from the Army a year ago, and is now serving an assistant residency in ophthalmology at the School of Medicine. He plans to take a residency in Cleveland in June, 1947, for one year.

Garland F. Smith is resident in surgery at DePaul Hospital, in St. Louis. He served in the Army for four years. The Smiths have three children—Freddy, 3; Christy, 2; and Steve, 3 months.

Thomas Lewis Ozment, a Lt. Col., is at Percy Jones General Hospital, Battle Creek, Mich. He has been in the Service since June, 1942.

John H. Beatty completed a residency in medicine at the University of California Hospital, and is now with the San Francisco Department of Public Health.

1942
Jules Lewis Glashow was discharged from the Army as a Major, MC, in April, having served with Supreme Headquarters AEF in England, France, and Germany, and the 82nd Airborne Division during the "Bulge." He is now in private practice in New York City.

George A. Daman, who returned from the Southwest Pacific area in October, is now in St. Louis.

1943
James C. Quick is in general medical practice in Clendenin, W. Va., following his discharge from the Medical Corps with the rank of Captain.

Martin P. Meisenheimer is at St. Joseph's Hospital, Joliet, Illinois.

George E. Scheer, who was discharged from the Navy in June, has moved from Wichita, Kansas to St. Louis, where he has a residency in orthopedic surgery.

Ralph H. Luikart II has returned to Massachusetts General Hospital for continuation of his residency in dermatology "after two long, long years in the Army."
"I enjoy the Quarterly—thanks," he wrote.

Ernest Rogers is a resident in tuberculosis at San Francisco Hospital.

Don L. Fisher is a resident in medicine at the Presbyterian Hospital of Chicago.

Ray Weldon was discharged from the Army in September, and since then has been on the staff of Bryce Hospital, Tuscaloosa, Ala.

Alva E. Miller is assistant chief of the Neuropsychiatric Service at Fitzsimmons General Hospital, Denver, Colo.

Harry E. Lichtwardt, who spent 18 months on Okinawa, was discharged from the Army in November, and is now a resident in surgery at Women’s Hospital, Detroit.

Andrew Maurice Moore, who is now assistant chief of plastic service at Valley Forge General Hospital, writes, "Since entering the Army, all but two months have been spent here under Drs. Brown, Cannon, and Lischer." He married Margaret Reimholz on June 15, 1946.

James N. Sledge was released from active duty in October, 1946, and has been in a residency in internal medicine in Portland, Oregon, since that time. The Sledges are parents of a 17-month-old son. Mrs. Sledge is the former Evelyn Wahlers (Medical Social Worker at Washington University).

J. R. Mallory is assistant resident in medicine at St. Luke’s Hospital, St. Louis. He was discharged from the Navy in July, 1946, following a tour with the third Marine Division.

Robert Jean Wescott is with the 121st General Hospital, Bremerhoven Sector.

Dallas D. Anthony Jr. was appointed to a residency in radiology at Barnes Hospital, to start July 1947. He was discharged from the service in November and is now in Springfield, Mo.

Nathaniel D. Ewing is chief of the General Surgery Section, Regional Hospital, Ft. Knox, Ky. He is a Captain in the Medical Corps.

James H. Quinn and his wife (Desime, also ’43) are in Missoula, Montana. They have one son, age one and one-half years.

William L. Caton is senior house officer at Boston Lying-in Hospital.

John F. Blinn, Jr., was separated from the Army in November. He and his wife, with their son (born November 1, 1946) visited his parents in Stockton, Calif., and on January 1, 1947, he began a six-month appointment at San Francisco City and County Hospital.

Irvin M. Birenboim is doing ENT at Tilton General Hospital, Fort Dix, N. J. He is a Captain in the Medical Corps. The Birenboims have a seven-month-old daughter.

Eugene E. Taylor is stationed at Colm Hospital, Canal Zone. He is a Lieutenant in the Medical Corps.

Edward C. Spitze is attending the Aviation Medical Examiners course for Army Air Forces, Aviation Medicine, Randolph Field, Texas.

Robert L. Brereton, a Lieutenant in the Medical Corps, is now at the U. S. Veterans’ Hospital, Whipple, Arizona.
WASHINGTON UNIVERSITY

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Stuart Alfred Queen, Ph.D., Dean

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Isaac Lippincott, Ph.D., Acting Dean

The George Warren Brown School of Social Work
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The Henry Shaw School of Botany
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The School of Fine Arts
Kenneth E. Hudson, B.F.A., Dean

University College
Willis H. Reals, Ph.D., Dean

The Summer School
Frank L. Wright, A.M., Ed.D., Director

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

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