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Cancer and Politics: The Operation on Grover Cleveland
Wartime Army Medical Laboratory Activities
Recent Polls Concerning the Proposed Clinic

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Every story is set off by its accompanying background. Sometimes this scenery has to be created by literary artifice; in other instances, nature or circumstance supplies it. In 1893 one of the most dramatic surgical operations in American history lent color to a period that was packed with sufficient explosive tinder to alarm the best and most patriotic minds of our people. The patient was Grover Cleveland, the President of the United States. The operation was the removal of his left upper jaw, which was the seat of malignant disease.

Age, overwork, obesity, the attritional effect of his years in office with their influence on prognosis are not insignificant details of background; but, after all, they constitute technical data of purely surgical significance. At the very heart of the concern of those charged with the destiny of our country in 1893, was the fact that in one pan of the balance lay the life of a man, and in the other all the elements of an incipient political revolution.

Here is the picture: In November of 1892, Grover Cleveland won his second election for the Presidency of the United States over his opponent, Benjamin Harrison and on March 4, 1893, took office. This was a period of exciting unrest, due to the heavy exportation of gold by the United States; the suspension of free coinage of silver by India; the lack of confidence in public credit, due to the shortage of gold in the treasury of the United States; the fear of a silver basis; the unwise speculation of this era and the problem of general unemployment. These various factors precipitated on June 27, 1893, a devastatingly disastrous panic. One of the first acts of President Cleveland was to call a special session of Con-

gress for August 7, 1893, to repeal, absolutely and uncompromisingly, the Sherman Act. The essential goad for driving Congress over partisan hurdles, on to this repeal, was that very "defiant frankness" and "blazing indiscretion" which were in reality Cleveland's powerful virtues even though construed by his foes as his faults. It was, literally, on the very eve of this battle that the President developed sarcoma of the left superior maxilla.

On June 18, 1893, just 50 days before Congress was to meet in special session, Dr. R. M. O'Reilly, who later became Surgeon General of the United States Army, examined the President and discovered an ulcer of the left side of the hard palate; this lesion was about one and one-half centimeters in diameter, encroaching on the soft palate and the underlying bone. A portion of the lesion was excised for biopsy and was pronounced by the pathologist of the Army Medical Museum (who did not know the name of the patient) to be highly suggestive of malignancy. Dr. Joseph D. Bryant, an intimate friend of the President and a New York surgeon of renown, who was called in at the suggestion of Dr. O'Reilly, advised an immediate operation. The President accepted this counsel without qualification.

From what has already been said regarding the gravity of the economic unrest in the country, it will be appreciated readily that the diseased area in the mouth of President Cleveland, though no larger than a silver quarter, loomed on the horizon in ecliptic proportions. The challenge of surgery had been accepted by the patient; but had the public got word of what was brewing, the consequences would have been unpredictable. Secrecy was therefore the order of the day, and as we shall see later, every circumstance connected with the incident was shrouded from both the members of Congress and the public at large.

Unfortunately, however, one newspaperman, under the by-line of "Holland" (E. J. Edwards) published, in the Philadelphia Press of August 29, 1893, a report that the President had undergone a serious operation for the removal of some teeth and a good deal of the bone from the upper jaw. Many of the details set down by "Holland" were uncannily correct. But the fact that the President had opened the special session of Congress on August 7th, presenting no evidence of scar and in perfect voice, tended to discount the report of Holland as more or less of a canard or at best as a gross exaggeration. The Editor of the Philadelphia Public Ledger, Mr. L. Clarke Davis, a personal friend of Mr. Cleveland, characterized Holland's report as an infamous exploitation of a toothache and a cancer fake. Other newspapers denied that any operation had been performed. And so, from the date of operation, July 1, until Dr. W. W. Keen published an authentic, play by play account of the incident, 24 years later,
and 9 years after Grover Cleveland’s death, the general public was kept in ignorance of all the facts in the case.

Before outlining the information detailed in Dr. Keen's account of the operation, the postoperative course, and the measures taken to preserve secrecy, it may not be amiss to call attention to the fact that of our 32 Presidents, two have been subjects of malignant disease—Grant and Cleveland. This represents a proportion of approximately one to sixteen, a figure that is strikingly lower than the one in eight that is generally presumed to be the actuarial ratio of cancer incidence. All such figures should be taken with more than a grain of salt, as anyone will realize who patiently analyzes the most authentic historic accounts of the lives and deaths of our Presidents, only to discover the difficulties in the way of establishing accurate diagnoses either in the illnesses they endured or the specific causes of death in any but a negligibly small number of them. There is no more warrant for concluding that the Presidency of the United States carries with it a partial immunity to cancer than there would be justification in assuming that the American electorate suffers from a presidential assassination complex, because in the comparatively short period of 81 years, from 1865 to 1946, we have murdered over 18 percent of our Chief Executives.

As further evidence of the elusive value of statistics, is the fact that, of the Presidents who were subjects of cancer, 50 per cent recovered. Cleveland was operated upon in 1893, and died fifteen years later of cardiovascular-renal disease, uncomplicated by anything that resembled either recurrence of the original tumor or metastasis springing from it. His various biographers refer to recurrent attacks of gastrointestinal disease, but one finds nothing indicating that these attacks were, in any way, associated with gastrointestinal malignant disease—primary or metastatic. A semi-official public statement, signed by his friends, Dr. Joseph D. Bryant, Dr. George R. Lockwood, and Dr. J. M. Carnochan, and published the day of his death, stated that “heart failure, complicated with pulmonary thrombosis and oedema, were the immediate causes of his death.” This statement also reiterates the facts that “Mr. Cleveland for many years had suffered from repeated attacks of gastrointestinal disease. Also that he had long standing disease of the heart and kidneys.” Despite these seemingly accurate data, a copy of the official death certificate, kindly furnished me by the Department of Vital Statistics of the State of New Jersey, records the duration of the President’s illness as “about one day.” A photostatic copy of this death certificate is herewith reproduced.
The final cause of the death of President Cleveland is significant, chiefly in its bearing on the dramatic incident of the operation for the removal of the President's left upper jaw. The preexisting cardio-vascular-renal disease must have added greatly to the concern of the surgeons. The entire episode created an explosive touch-and-go situation that not only called for the secret restoration of the health of the President, but also demanded every ounce of precaution to avoid serious postoperative complications, and to assure the resumption of his activities by the President within the short period of about six weeks before Congress met in special session. These ends must be accomplished by surgeons working on a sub-
ject who was, on any account, a poor surgical risk. It is true that the famous New York internist, Dr. E. G. Janeway, after a careful physical examination, issued a clean bill of health, reporting normal lungs, good pulse, little if any arteriosclerosis, and almost normal kidneys. But Dr. Keen, in discussing the hazards of anesthesia, remarks that much anxiety was due to the fact that the patient was 56 years old, very corpulent with a short thick neck, in general representing the apoplectic habitus, and harassed almost to the point of physical and nervous exhaustion by the cares of office and in particular by the unrelenting pressure of patronage and office seekers.

These details, together with those set down earlier concerning the unsettled social, economic, and political state of the Nation, furnish us all that is necessary as a background for the fateful operation, which we shall now describe. All the details embraced in this particular part of the recountal rest, by necessity, on one source, namely, the story published by Dr. W. W. Keen in the *Saturday Evening Post* on the 22nd of September, 1917 (page 24). Dr. Keen, a Philadelphian, who was 80 years old when he wrote this article, had enjoyed international pre-eminence as a surgeon for many decades. He was, therefore, the logical man to serve as Dr. Joseph D. Bryant's consultant. Dr. Bryant had as aids and additional consultants, Dr. Janeway, the internist, Dr. Ferdinand Hasbrouck, the dentist and nitrous oxide gas anesthetist, Dr. R. M. O'Reilly, ether anesthetist, and Dr. John Erdmann, who was Dr. Bryant's assistant in private practice.

Since it seemed that secrecy could be best preserved by having the operation performed on a boat, it was decided to make use of the yacht “Oneida” whose owner Mr. E. C. Benedict, of New York, was a devoted and intimate friend of President Cleveland. At different times of the day and night of June 30, 1893, carefully avoiding all scrutiny, Doctors Janeway, O'Reilly, Hasbrouck, Erdmann, and Keen boarded the yacht, lying in New York harbor. That same night, the president, with his secretary of war, Daniel Lamont, and Dr. Bryant, boarded the yacht which had been converted, temporarily, into an efficient hospital ship. Mr. Benedict was also a member of the party.

On the morning of July 1, the yacht proceeded up the East River at half speed, while the operation was performed. Under nitrous oxide gas anesthesia, Dr. Hasbrouck extracted the two upper left bicuspid teeth. Then, after Doctor Bryant had made the necessary incisions in the roof of the mouth, ether was substituted for nitrous oxide gas during the rest of the operation, throughout which Doctors Keen and Erdmann assisted Doctor Bryant. The entire left upper jaw was removed from the first bicuspid tooth to just beyond the last molar tooth. A small portion of the soft
palate was removed, but the orbital plate was left intact. The antrum was found to be partly filled by a gelatinous mass, grossly sarcomatous in nature and confirmed later to be sarcoma by Dr. William H. Welch, the professor of Pathology at Johns Hopkins University. The entire operation was done within the mouth, thus avoiding an external scar as visible evidence of the performance of an operation. The skillful use of pressure packs, hot water and the galvanocautery made it possible to complete the operation with the aid of only one ligature. During the course of the operation, which lasted approximately one hour, about six ounces of blood was lost. At the completion of the operation, the wound cavity was packed with gauze and the patient was returned to his bed in excellent condition. The postoperative course was uneventful, the patient’s temperature never rising above 100 degrees F. and his pulse averaging 90. Unfortunately, however, speech, “labored but intelligible,” while the wound was packed, was wholly unintelligible when the packing was removed, “resembling the worst possible case of cleft palate.” This defect was corrected by the New York dentist, Dr. Kasson C. Gibson, who fitted the President with an artificial jaw of vulcanized rubber.

The second day after operation, the President was out of bed, and two days after that, the evening of July 5th, the yacht sailed up Buzzards Bay, where the patient was transferred by launch to Gray Gables. He walked to his residence with apparent ease. A few days after this, Dr. Bryant, suspicious that a remnant of tumor tissue had escaped removal, requested Doctors Keen, Erdmann, and Janeway again to board the Benedict yacht “Oneida,” where, on July 17th, under the same secret precautions as previously all suspicious tissue was excised and the entire surface seared with the galvanocautery. Again the President was up and about on the second postoperative day.

On August 5, 1893, just twenty days after the second operation, President Cleveland arrived in Washington, D. C. in order to direct the strategy of the repeal of the Sherman Law. The law was repealed. It is generally conceded by authorities in the field of history, that, had Cleveland’s opponents suspected the true state of affairs concerning his physical compromise, the gravity of the consequences would have been unpredictable. Doctor Keen, in his account of the operation, remarks that if knowledge of the performance of the operation had leaked out, at the time, we can “only surmise and shudder” over what the national and political consequences might have been.

Grover Cleveland died fifteen years, lacking a mouth, after the removal of his jaw. One finds nowhere in literature any credible, specific state-
ment regarding the cause of death. As has already been noted, the death certificate is not satisfactory. There circulated a rumor, a short time after Mr. Cleveland died, that his death was due to abdominal cancer. It is impossible to discover whether or not this is true; or, if true, whether the lesion was an independent primary growth or a metastatic lesion. None of the full length biographies clears up the question. Confronted with this dilemma, even at this late day, I inquired of Mr. Cleveland's widow, Mrs. Frances Folsom Cleveland Preston, who wrote me saying that she regretted her lack of information concerning "the doctors' side of it all." She goes on to say further in her letter that, "I never knew what it was, but it must have been the same deadly enemy, internally. The doctors have all gone. No one really knows. I was close to the suffering and distress of mind and body and could be thankful when the relief came."

One participant in the dramatic incident, Dr. John F. Erdmann, who assisted Dr. Bryant, is still living, in the city of New York, active in the practice of surgery. I wrote him for information, and he has been kind enough to tell me that he knows that Mr. Cleveland died of intestinal obstruction but does not know whether the obstruction was due to a malignant growth. Dr. Erdmann feels that if the obstruction were due to a malignant growth, it must have been a second primary tumor because it developed almost fifteen years after the removal of the jaw tumor. Dr. Erdmann further states that he had been told by Dr. Bryant that Dr. Keen was called into service as consultant in order to "assume responsibility, in part, in the event of a fatality."

From the Department of Research of The Barnard Free Skin and Cancer Hospital, St. Louis Missouri. REFERENCES

Wartime Army Medical Laboratory Activities

The Wartime Army Medical Laboratory Organization*

GUSTAVE J. DAMMIN, M.D.

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It was indeed a pleasure to be invited to give an account of the wartime organization and activities of the Army's Medical Laboratories. Particularly to those who were in a position to observe and be part of the activities in the Surgeon General's Office, the Army Institute of Pathology and the Army Medical School, as well as in laboratories in the Zone of the Interior and overseas, it is a record of achievement that can be related with a sense of pride and accomplishment.

The medical laboratories were supporting a force active under every possible climatic condition. Laboratory units with responsibilities primarily clinical, public health, or research, or a combination of these, were appropriately assigned in the Zone of the Interior or continental United States, and overseas. For a proper appreciation and understanding of the scope of operation of the Army Medical Laboratories it would be necessary for a Medical Department officer to have had a tour of duty in Washington, in one of the Service Commands, and in a Theater of Operations. Let us follow a hypothetical laboratory officer of the Medical or Sanitary Corps through such a series of assignments.

In the Surgeon General's Preventive Medicine Service was the Laboratories Division. This division, in conjunction with other divisions of the Preventive Medicine Service, with Personnel Service, Training Division, Supply Service, and others, with the Army Medical School and the Army Institute of Pathology, was responsible for Army Medical Laboratory policy. Included in its mission were the constant review of technical methods and

* Presented before the Laboratory Section of the American Public Health Association at the Seventy-fourth Annual Meeting in Cleveland, Ohio, November 13, 1946
laboratory equipment, the commissioning assignment, evaluation, and separation of Medical Department laboratory officers, the review of manuscripts submitted for publication, the formulation of tables of organization and equipment, equipment lists, and the publication of directives, Army regulations, Medical Technical Bulletins, Technical Manuals, Field Manuals, etc., relative to medical laboratory activities.

Our officer would have found the Army Institute of Pathology occupied with rapidly expanding an installation which was (1) providing a worldwide diagnostic service, (2) conducting correlative and analytical studies of problem diseases, such as infectious hepatitis, scrub typhus, trench foot, and coronary artery disease, (3) maintaining a continuous program of officer training in pathology, both resident and by means of teaching collections of slides and clinical data, and (4) providing training media through its Illustration Service.

He would have found the Army Medical School concerned with an intensive training program in tropical medicine and special laboratory technician training for enlisted men. Diagnostic biologicals, such as Weil-Felix antigens, antigens for serologic tests for syphilis and Shigella and Salmonella typing kits were prepared and shipped to our far-flung laboratories. Definitive studies on submitted cultures, sera, chemical and parasitological specimens, and research on immediate problems were conducted in the various divisions of the school. The Veterinary Division, in addition to training and investigation, was preparing vaccines against equine encephalomyelitis and Japanese B encephalitis.

These installations were conducting clinical, public health, and investigative laboratory studies on a scale never before attempted. The field of neurotropic virus and rickettsial diseases was being intensely studied. The medical officer was being provided a type of diagnostic service never before available through a single agency. This service would unquestionably be a stimulus to broader and better laboratory service in civilian medicine of the future.

Our hypothetical officer would have found active laboratory services in the Zone of the Interior hospital system that was established. There were 65 General, 26 Regional, and 142 Station Hospitals operated by the Army Service Forces alone. Though their work was principally clinical, these laboratories also had opportunity for public health and research laboratory work. Pertinent epidemiological studies of local importance were conducted, newer drugs and laboratory methods were evaluated, methods for determination of drug levels in the blood were devised, and studies of increasingly important problem diseases such as malaria, infectious hepatitis
and schistosomiasis were carried out. A large portion of the technical staff in each hospital laboratory would have been found to be civilians. They formed an important stable staff required by the turnover occurring in enlisted technician staffs to meet overseas needs.

To conserve the small supply of experienced tissue pathologists, 19 histopathologic centers were established. These were usually general hospitals located to serve a number of smaller hospitals in a designated area of a service command. The chief laboratory service in such a hospital served as a regional consultant. Final review of many specimens was conducted at these centers, thereby leaving only essential material for final disposition at the Army Institute of Pathology.

Facilities in the Z. I. hospitals varied. As the war progressed, the General Hospitals became more concerned with patients returning from overseas. Some became special centers dealing primarily with one or several of the various specialties, tropical diseases, neurosurgery, plastic surgery, etc.

The Regional Hospitals arose from strategically located Station Hospitals and provided general hospital facilities for cases originating in the Zone of the Interior.

The Service Command laboratories, of which there were 10, were designed to supplement the epidemiological, sanitary, and diagnostic laboratory services afforded by other medical department laboratories in the Zone of the Interior. The laboratories were established administratively as part of the Service Command Surgeon’s Office, the commanding officer of the laboratory being the Service Command Laboratory consultant, and his staff representing a laboratory consultant staff to the Surgeon. As such, all types of laboratory problems originating within the Command were referred to the Service Command laboratory. On epidemiological problems the laboratory worked with the Surgeon’s preventive medicine officer, on clinical laboratory problems, with the Surgeon’s medical consultant. In addition to investigating outbreaks of epidemic diseases such as bacillary dysentery, influenza, and streptococcus infections, the laboratories conducted a continuous evaluation program. This was designed to assist the hospital laboratory officer in evaluating his staff. Known chemical, serological, bacteriological, and parasitological specimens were sent to hospital laboratories for examination. Results of these examinations were renewed by the Service Command laboratory and the hospital laboratories were rated on a sliding scale. These laboratories also conducted continuous on-the-job training programs for laboratory officers and enlisted technicians.

A large responsibility was delegated to the Veterinary Section of these
laboratories. Highly trained technical help and elaborate apparatus were required to examine foods of animal origin purchased for Army consumption. Meats, cheese, eggs, milk, and other dairy products had to meet Army standards of acceptability.

Surveys for insect vectors and definitive identification of such vectors were the work of the entomologist of the laboratory. On such problems, the laboratory worked in cooperation with the Service Command Sanitary Engineer.

The laboratory personnel needs were difficult to meet. Requirements for all types of laboratory specialists were relatively greater in the Army than in civilian life. As need for tissue and clinical pathologists increased, the need for expansion of the Sanitary Corps increased. The Sanitary Corps laboratory officer assumed the important rôle for which he was by training and experience equipped. The Sanitary Corps Reserve had helped considerably in the initial staffing of laboratories, but many more bacteriologists, chemists, serologists, and parasitologists were needed. Criteria for direct commissioning and commissioning from enlisted status were established. At the height of the war there were over 1,200 Sanitary Corps laboratory officers on duty.

Our hypothetical laboratory officer now has an APO address and writes from a Theater of Operations. The ranking laboratory, the Medical General, provides for the theater the facilities provided by the Army Medical School, the Army Institute of Pathology, and the Service Command Laboratories in the Zone of the Interior. Selected specialists staff this laboratory which represents the Theater Surgeon's consultant staff for the investigation of clinical, public health, and research laboratory problems. The unit consists of 23 officers and 76 enlisted men. The commanding officer is the theater laboratory consultant and as such is in contact with the staff of the Theater Surgeon's Office and the laboratories in the field. The facilities of his laboratory are needed in the study of such immediate problems as infectious hepatitis, shock, influenza, bacillary dysentery, and anaerobic infections. By courier, service is provided other laboratory installations. On technical matters, the laboratory maintains communications with the Office of the Surgeon General, the Army Medical School, and the Army Institute of Pathology.

Special units are delegated to particular problems. Missions whose work involves epidemiological and laboratory investigations are dispatched by the Army Epidemiological Board for the study of diphtheria in Germany and Italy, encephalitis in Okinawa and Japan, schistosomiasis in the Philippines, and other problem diseases overseas, and by the Typhus Commission for the
study and control of scrub typhus in the Pacific and Burma, and epidemic typhus in Europe and North Africa.

The smaller more mobile laboratory with responsibilities principally of a public health nature, though also clinical and research in part, is the “medical laboratory,” which can be assigned to an Army or a communications zone. It has a staff of 11 officers and 36 enlisted men. This versatile unit has been found better suited to the European than the Pacific campaign. It is so adaptable that as a unit or a base laboratory with several mobile sections it is always busy. Eight “medical laboratories” are assigned to the European Theater, 9 to the Pacific, and 2 in India-Burma.

The hospitals must maintain a degree of adaptability. The general station, evacuation, and field hospitals at times must meet special campaign and evacuation situations. For efficient operation and an economical use of specialist personnel, several general hospitals are united to form hospital centers. The laboratories of the general and larger station hospitals provide a complete laboratory service (tissue pathology, bacteriology, etc.). The evacuation, field, and smaller station hospitals are prepared for routine clinical pathology.

It is difficult to determine whether overseas, the laboratory personnel or supply problem was the greater. There were 217 general, 196 station, 91 evacuation, and 99 field hospitals overseas. One could improvise, and one did, to meet both problems. Although there were over 1,000 medical laboratory officers and over 1,200 Sanitary Corps laboratory officers, Table of Organization and Manning Table Allowances were never wholly met. The Medical Department was still determined to have the best laboratory service possible support the best clinical and preventive medicine service provided any Army.

Despite overall personnel shortages, the laboratories served the clinical and the preventive medicine services well and in the field of investigation could point to outstanding contributions to our knowledge of malaria, schistosomiasis, Shigella and Salmonella infections, diphtheria, Q fever, influenza, typhus and the neurotropic virus diseases, trench foot, infectious hepatitis, and to the diagnosis, epidemiology, and pathology of other problem diseases. Needless to say, few of these represented purely laboratory studies, and could not have been carried out without the assistance of the clinicians, epidemiologists and others of the Medical Department.

Our hypothetical officer has now returned from overseas, has been separated from the Army and is again back in his laboratory. He finds that he no longer has readily available a laboratory which can type that Group A streptoccoccus which he isolated from the outbreak at the school,
or send a telegram diagnosis on that biopsy, or rapidly identify suspected Shigellas or Salmonellas as it was done for him by the field medical laboratory, or accept sera, blood, or spinal fluid from a suspected case of lymphocytic choriomeningitis, or perform agglutination-inhibition tests for influenza on specimens collected from cases of upper respiratory disease at the hospital. He desires such services now not only because he has become accustomed to them, but because they add an accuracy and thoroughness to his work, and because he knows that through such services the laboratory becomes of greater assistance to the clinician and the epidemiologist. Should such refinements become more generally available, and it is believed that they should, then the Medical Department can look with pride not only on the wartime accomplishments of its laboratories but also on their favorable influence on peacetime medicine.

Recent Polls Concerning the Proposed Clinic

In November, 1946, a poll of the members of the Barnes Hospital Society on a proposal for a small clinic was taken by the Council. In the fall of 1947, polls of the alumni and of the veterans on the faculty were taken. The results of these polls are published for the information of the alumni.

Poll of Members of Barnes Hospital Society

This poll was based on the following statement:

“The Board of Managers of the Washington University Clinic, Inc., conscious of its responsibilities and obligations to the community, desires to establish a clinic for patients from all economic levels. The reasons for this step are two-fold:

1. Provide health care in a manner which many people desire; and
2. To improve the program of medical education and medical research in this center.

These objectives are entirely in harmony with the present aims of the School of Medicine, the hospitals, the clinic, and the medical profession. However, in order that there be no doubts concerning the plan, the Board of Managers, speaking for itself and for the affiliated institutions, announces three basic policies:

1. The clinic will be operated by a separate corporation, not by the School of Medicine or the hospitals.
2. It is not feasible to undertake the actual organization and operation of a large clinic until such time as there are available:
   a. suitable offices, waiting rooms and other facilities for private patients in a new building, and
   b. additional hospital beds to care for the increased demand which will come because of the clinic.

On the other hand, it is possible to establish a small clinic as a pilot clinic, without disturbing the present relations between staff, hospitals, and school.

3. Although we will give every support to expansion of the full-time principle, we believe that the part-time physicians render a real service in the field of medical education and research and in the care of patients.

The administrative relations of the clinic to now-existing institutions and groups may be defined as follows:

1. Final authority in all matters shall reside in the Clinic Board of managers composed of representatives of the Board of Trustees or Directors of interested institutions. At present these include two each from Barnes Hospital, St. Louis Children’s Hospital and Washington University, and one each from McMillan Hospital and Maternity Hospital.

2. The Joint Medical Board of the affiliated hospitals will assume a jurisdiction in the Clinic analogous to that it now exercises in the hospitals; that is, it makes recommendations to the Board of Managers for all appointments and dismissals, and for professional conduct and standards.

3. The Joint Medical Board will be reorganized to include the heads of all clinical services in the hospitals and clinic, and six members elected by the entire staff of all hospitals and the clinic. Two of the six shall be from the staff of the Barnes Hospital, one of the Clinic, one of Children’s Hospital, one of the Maternity Hospital, and one of the McMillan Hospital. Elections shall be held so that each representative holds the position for three years and is not eligible for reelection.

4. All members of the professional staff of the Clinic shall be members of the faculty of the School of Medicine.

5. The Chief of each service shall be the head of the same department in the school or the associate designated by him with the approval of the Medical Board and the Clinic Board of Managers.

6. The assignment of duties in the Clinic shall be made by the chiefs-of-service, with the approval of the Joint Medical Board.

In accordance with the expressed intent not to establish a large clinic until clinic and hospital facilities are available for the increased number
of patients, the Board proposes to establish a pilot clinic at the present
time. The following items may be regarded as basic in this preliminary
undertaking.

1. All patients who come to any of the institutions in the medical center
without a physician will be assigned for care by the staff of the Clinic in
space now used for a similar purpose.

2. On recommendation of the Joint Medical Board the necessary number
of physicians will be appointed by the Board of Managers to include those
serving both on a full-time and part-time basis.

3. Both part-time and full-time physicians will be paid a salary com-
mensurate with their ability, and their service to private patients in the
Clinic.

4. The Doctors' Offices in the Barnes Hospital or the equivalent will
continue to be available to the part-time staff to see their own private
patients.

5. The present program of medical care in the clinic building for patients
unable to pay full fees will continue without charge."

Three questions were asked with the following results:

1. Do you approve, or do you have a substantial objection to establishment
of a clinic on the basis in the attached proposal?
   Approved .................................................. 91
   Substantial Objection .................................. 125
   Omit .......................................................... 2
   .......................................................... 218

2. Would you be willing to accept an appointment in such a clinic on a
part-time basis?
   Yes ............................................................ 103
   No ............................................................... 107
   Omit ........................................................... 8
   .......................................................... 218

3. Are you full-time or part-time staff member?
   Full-time ................................................... 37
   Part-time ..................................................... 179
   Omit .......................................................... 2
   .......................................................... 218
RESULTS OF RECENT ALUMNI POLL REGARDING THE PROPOSED CLINIC

In August of this year a questionnaire was sent to all alumni asking their opinion in regard to the proposed pay clinic at the Medical School. Twenty-eight hundred questionnaires were mailed. Six hundred and eighty replies were received. The tabulated results of this poll are as follows:

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<tr>
<th></th>
<th>In favor of Clinic</th>
<th>Opposed to Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alumni practicing in St. Louis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In favor of Clinic</td>
<td>17 (7%)</td>
<td>220 (93%)</td>
</tr>
<tr>
<td>Opposed to Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alumni practicing out of St. Louis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In favor of Clinic</td>
<td>79 (17%)</td>
<td>364 (83%)</td>
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<tr>
<td>Opposed to Clinic</td>
<td></td>
<td></td>
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<tr>
<td>Total in favor</td>
<td>96 (14%)</td>
<td></td>
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<tr>
<td>Total opposed</td>
<td>584 (86%)</td>
<td></td>
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</tbody>
</table>

This information was incorporated in a letter which was sent to each member of the Corporation of Washington University, the Executive Faculty of the Medical School, and the Board of Clinic Managers.

Chancellor Arthur Compton and Dean Robert Moore acknowledged this communication with the following courteous replies:

September 19, 1947

Dr. George W. Ittner, Jr.
3720 Washington Avenue
St. Louis, Missouri

Dear Dr. Ittner:

I want to thank you for sending me the results of the poll which you recently made of the alumni of the Washington University School of Medicine. These results will be given careful consideration in our discussions with regard to the desirability of the establishment of the pay clinic.

I note that you have received replies from 24% of the questionnaires sent out, and that of these 24%, 86% opposed the clinic. I should imagine that from the manner in which the ballot is worded that you would have a more extensive response from those who opposed the clinic than from those who favor it. Certain of the Medical School's most prominent alumni have taken the occasion of this ballot to write me effectively argued cases for the establishment of the clinic by the Medical School.

I suppose we must recognize that the result of the ballot has little bearing on the value of the proposed clinic to the medical profession, the
University and the community. What it does show is that there is a substantial group of Washington University alumni that would be unhappy if the clinic is established.

Yours sincerely,
(Signed) Arthur H. Compton

September 22, 1947

Dr. George W. Ittner
Alumni Association
Washington University School of Medicine
St. Louis 10, Missouri
Dear Dr. Ittner:

Thank you for your note giving the result of the ballot by the alumni concerning the establishment of a clinic. Several people have written me and have talked to me expressing the opinion the pamphlet did not present the matter in sufficient fullness to permit a real evaluation of the problem. Accordingly, as I told Dr. Deakin, the current Alumni Quarterly carries the full statement of the attitude of the school toward the problem.

Very truly yours,
(signed) Robert A. Moore, Dean

POLL OF VETERANS ON THE FACULTY

The following questions were formulated by a committee of representative full-time and part-time veteran faculty members and were unanimously agreed upon by the entire committee.

TO VETERANS OF WORLD WAR II:

At your request, the following questionnaire was formulated by your Questionnaire Committee. This questionnaire was submitted to all veterans of World War II who are on the faculty of Washington University School of Medicine. A total of 112 questionnaires were sent out and 80 were returned.

The data obtained from the returned questionnaires are presented below. Certain discrepancies in the figures are due to the fact that some questionnaires were incompletely filled out and certain individuals could not be classified as to their status in the organization.

**Question I:** Do you believe the establishment of a clinic staffed by full-time physicians in the employ of Washington University would improve the standard of professional care of the patients in the Washington University group of hospitals?
Summary:

<table>
<thead>
<tr>
<th></th>
<th>Grand Total</th>
<th>Full Time</th>
<th>Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>No</td>
<td>64</td>
<td>9</td>
<td>53</td>
</tr>
</tbody>
</table>

Question II: Do you believe such a clinic would improve the standard of teaching of the Medical School for:

(a) Undergraduate students?
   Yes  No
   18  59

(b) Residents?
   Yes  No
   27  50

(c) Short term post-graduate students (1-6 weeks)?
   Yes  No
   17  61

(d) Long term post-graduate students (6 weeks-1 year)?
   Yes  No
   20  57

Question III: Do you believe a clinic administered by the Medical School would:

(a) Be unfair competition to the veteran established in the private practice of medicine?
   Yes  No
   53  24

(b) Financially handicap the veteran starting out in private practice by its competition?
   Yes  No
   57  20

(c) Deter the veteran in his decision to practice in St. Louis?
   Yes  No
   53  25

Question IV: Do you believe that veterans (as a group) desire positions in such a clinic as a means of economic rehabilitation on re-entry to civilian life?

Yes  No
9  69
**Question V:** Have you been officially consulted regarding the plans for the clinic by any of the committees or groups who have made such plans?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>74</td>
<td>1</td>
<td>14</td>
<td>3</td>
<td>57</td>
</tr>
</tbody>
</table>

**Question VI:** Do you believe such a clinic, if established should be allowed to grow to a point where it dominates the Medical School?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>74</td>
<td>1</td>
<td>14</td>
<td>3</td>
<td>55</td>
</tr>
</tbody>
</table>

**Question VII:** Do you believe the professor and director of a department in the Medical School should receive a substantially smaller salary than the respective head of a department in the clinic?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>65</td>
<td>2</td>
<td>13</td>
<td>4</td>
<td>49</td>
</tr>
</tbody>
</table>

**Question VIII:** The clinic has been proposed as essential to meet financial needs of the Medical School:

(a) Do you accept as the only alternative?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>68</td>
<td>4</td>
<td>11</td>
<td>1</td>
<td>55</td>
</tr>
</tbody>
</table>

(b) Do you believe other methods should be more thoroughly explored?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>2</td>
<td>11</td>
<td>2</td>
<td>58</td>
<td>0</td>
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</tbody>
</table>

**Question IX:** Would you like to know if the earnings from the clinic are to be used for maintenance of present standards of excellency in the Medical School or to be used to expand facilities of the Medical School?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>63</td>
<td>10</td>
<td>9</td>
<td>6</td>
<td>51</td>
<td>4</td>
</tr>
</tbody>
</table>

**Question X:** If the clinic comes into being would you:

(a) Resign your faculty position?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>63</td>
<td>0</td>
<td>15</td>
<td>9</td>
<td>46</td>
</tr>
</tbody>
</table>

(b) Feel that your present faculty position will be jeopardized?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>33</td>
<td>0</td>
<td>15</td>
<td>39</td>
<td>17</td>
</tr>
</tbody>
</table>
(c) Feel that your chances of promotion in the department would be decreased?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>21</td>
<td>0</td>
</tr>
</tbody>
</table>

Question XI: If the clinic should become a functioning reality, would you be willing to accept a position in it?

(a) In a full-time capacity?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>57</td>
<td>10</td>
</tr>
</tbody>
</table>

(b) In a part-time capacity with pay?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>31</td>
<td>10</td>
</tr>
</tbody>
</table>

(c) In a part-time capacity without pay?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>50</td>
<td>2</td>
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</table>

Question XII: Do you believe the administrative forces in the clinic may control professional policies, etc.; or, to put it simply, do you fear “M. A. C.” control?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>57</td>
<td>20</td>
<td>7</td>
</tr>
</tbody>
</table>

Question XIII: In general, what is your reaction to the proposed clinic?

<table>
<thead>
<tr>
<th></th>
<th>Favor</th>
<th>Against</th>
<th>Und.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>50</td>
<td>17</td>
<td></td>
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</tbody>
</table>

Question XIV: In order to get a breakdown of above opinions from the standpoint of financial brackets,

(a) What is your average annual net income?

<table>
<thead>
<tr>
<th></th>
<th>Full Time</th>
<th>Part-time Non-Salary</th>
<th>Part-time Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$7,760</td>
<td>$13,000</td>
<td>$13,200</td>
</tr>
</tbody>
</table>

(b) What percentage of your gross income goes to pay your expenses in the practice of medicine?

Overhead for part-time man averages 25% of gross income.

(c) What percentage of your hospital practice is done in Washington University group hospitals?

For part-time man, averages 49%.
Things Which I Think the Members Should Know about the Alumni Association of the Medical School

A graduate of the medical school automatically becomes a life member of the Association.

The annual dues are $3.00.

There are about 2,800 addresses of alumni in our files at this time.

Several hundred alumni remit their dues each year.

An annual meeting, usually a dinner meeting at which the graduating class is a guest of the association, is held each spring near graduation. New officers and members of the executive committee are nominated and elected at this meeting.

An alumni representative to the Corporation of the University is elected annually. This individual, by rule of the University, may not serve in this capacity for more than three consecutive years. He may attend all meetings of the Corporation but has no vote.

The dues collected from the membership are used:

1. To pay the salary of a part time secretary in the Alumni office. The present secretary devotes a half day to the affairs of the association and to the Barnes Hospital Society, who also contribute to her salary. She works for the medical school the other half day.

2. To pay for printing and mailing of statements for dues and any other correspondence from the office, stationery, etc.

3. To pay the expenses of the annual dinner meeting.

4. The balance is kept in a fund which is available for student loans. Approximately a thousand dollars in student loans are outstanding which have not been repaid.

The association at the present time has $2,000 in government bonds in a safe deposit box and about $1,500 in its checking account.

Contrary to popular belief, the association does not contribute anything to the financial support of the Alumni Quarterly. The medical school assumes all responsibility for its printing and mailing.

The editor and editorial board of the Quarterly are appointed by the medical school. The editorial policy and the contents of the Quarterly are determined by the editor.

Rogers Deakin, President of the medical school alumni association

Nov. 1, 1947
Dr. Carl Cori and Dr. Gerty Cori Receive 1947 Nobel Prize in Medicine

The 1947 Nobel Prize in Medicine was awarded jointly to Dr. Carl F. Cori and Dr. Gerty T. Cori, both professors of biochemistry at the Medical School. They received the medal from King Gustav V of Sweden in Stockholm on Dec. 10, and share the award with Dr. Bernardo A. Houssay of Buenos Aires.

Dr. Carl Cori, head of the department of biochemistry, and his wife received the award for their discovery of the process in the catalytic metabolism of the glycogen. They isolated phosphorylase, the enzyme which begins the process of converting animal starch into sugar. At the presentation ceremonies, they gave a paper entitled “Isolation and Properties of Some Crystalline Enzymes of Muscle,” explaining their prize-winning research.

With the award to Drs. Cori, the number of Nobel Prize winners on the University staff was brought to four. Chancellor Arthur H. Compton won the 1927 prize in physics, and Dr. Joseph Erlanger was co-winner of the 1944 award in medicine. Dr. Erlanger also attended the ceremonies in Stockholm and delivered a paper on his research in nerve physiology.

Dr. and Mrs. Cori came to Washington University in 1931 and began their prize-winning work in 1935. Both were born in Prague, met while students at the University of Prague, received their medical degrees from there in 1920, and were married a few months later. They came to the United States in 1922, he as biochemist at the State Institute for the Study of Malignant Diseases, Buffalo, N. Y. and she as his assistant.

Dr. Theorell, head of the biochemical department of the Nobel Institute of Medicine, said of the work of Drs. Cori: “Your magnificent work has now elucidated in great detail the extremely complicated enzymatic mechanism involved in the reversible reactions between glucose and glycogen. Your synthesis of glycogen in test tubes is beyond doubt one of the most brilliant achievements in modern biochemistry. Your discovery . . . seems to lead to a new conception of how hormones and enzymes cooperate. I extend to you hearty congratulations on your outstanding contribution to biochemistry and physiology.”

Other recent awards received by the Coris are the 1945 Midwest Award of the St. Louis section of the American Chemical Society, and the Squibb Award of the Association for the Study of Internal Secretions. Dr. Carl Cori won the $1,000 Lasker Award in Medicine in November, 1946, and last April he was given the $5,000 prize by the National Fund of the National Academy of Sciences.
Organization of Washington University Medical Society

Plans are being formulated to reorganize the Washington University Medical Society, which became inactive some years ago. A committee has been formed for this purpose, and proposals have been made to hold the first meeting on Wednesday, January 14, at 8 p.m. in the Medical School Auditorium.

At a meeting attended by representatives of most of the departments of the Medical School on November 14, 1947, it was generally agreed that such a society would be a valuable means of acquainting students, faculty, and alumni with the research activities of this School.

The membership will include the student body, faculty, and alumni. It was proposed that four or five meetings a year be held and that the program of each be varied in such a way that it would be interesting to the membership. Special meetings would be called for presenting talks by distinguished out-of-town visitors.

Arrangements have been made for publication of abstracts of papers presented to the Society in the Medical Alumni Quarterly. This will be done under a section entitled “Proceedings of the Washington University Medical Society.”

At the first meeting the following tentative by-laws will be presented for approval or disapproval, and recommendations for officers of the Society will be suggested. It is hoped that those interested in this Society will make every effort to attend.

Proposed Constitution and By-Laws of the Washington University Medical Society

November 28, 1947

Article I

Section 1. The name of the Society shall be The Washington University Medical Society.

Section 2. The purpose of the Society is to provide means whereby research conducted at Washington University Medical School can be presented to students, faculty, and alumni of the School, and to other interested persons.
Article II

MEMBERSHIP

The membership shall be composed of students, faculty, and alumni of the Washington University Medical School.

Article III

OFFICERS

Section 1. The officers of the Society shall be: President—term 1 year, Vice-president—term 1 year, Secretary—term 3 years.

COUNCIL

Section 2. The Council shall consist of the President, Vice-president, Secretary and three members of the Society. Their terms of office shall be one year except in the case of the Secretary who can hold office for three years.

Section 3. The affairs of the Society shall be controlled during the period between meetings by the Council.

COMMITTEES

Section 4. The President shall appoint all committees.

Section 5. Program Committee: The Program Committee shall consist of a chairman and four members. They shall ordinarily be appointed from members of the faculty of the School. No two of the members of the committee may represent the same department in the Medical School. It shall be the duty of the Program Committee to organize the scientific programs of the meetings, to select the subjects for presentation which they consider of most interest to the membership, and to arrange for the publication of abstracts in the Washington University Medical Alumni Quarterly.

Section 6. Nominating Committee: The Nominating Committee shall consist of a Chairman and two members. It shall be the duty of the Nominating Committee to recommend to the membership candidates for election as officers of the Society. The election of officers shall ordinarily take place at the last meeting of each school year.

Section 7. Other committees may be appointed by the President as the need arises.

Article IV

ELECTIONS

Election shall be by majority vote of membership present.
Invitation to attend the meetings shall be extended to all persons in this area interested in the research activities of the School.

Four to five meetings a year shall ordinarily be held, the dates and times to be decided by the Council.

Suggestions for alterations or improvement of these by-laws will be welcomed by the organization committee.

Dr. Henry A. Schroeder, Chairman
Dr. Carl G. Harford
Dr. Robert E. Stowell
Dr. John F. Taylor

Office Space for Young Doctor

From Rolla, Mo., Mrs. Mary A. Smith of 1006 Elm St., writes: “I wish to inform you I have an eight-room office building in Newburg, Mo., which has been used as a doctor’s office for many years, and in connection this doctor used five rooms as a five-bed hospital. I would like to continue using this office for that purpose. Will you please take this matter up with some of your students who are finishing their medical training. This is a good location for someone starting out, as the town has only one doctor, who is ill and unable to care for his patients. It is a town of fifteen hundred population, a railroad center, and also a farming community. This suite of office rooms can be divided and used as a doctor’s office and also a dentist’s office.”

Any persons interested in this offer should write directly to Mrs. Smith, mentioning this article in the Quarterly.

Opportunities for Young Physicians

Two requests for young physicians to take over established practices in small towns have come to the Alumni Office recently. If there are any alumni who know of men eligible and willing to fill such positions as these, the undersigned doctors will be glad to make arrangements.

Dr. L. L. Hunt of Fair Play, Mo., writes that he is in search of a young doctor to take over his office and step into a good-paying practice.
Hunt has retired because of his health, leaving the town with no M.D. and one osteopath. He is interested in obtaining both a doctor and a dentist for Fair Play, which is badly in need of such services.

Dr. M. K. Underwood writes from Rolla, Mo.: "Here in the Ozarks, the doctors of our Phelps-Crawford-Dent-Pulaski Medical Society are very much interested in getting young M.D.'s to fill vacancies in rural locations. We have two excellent locations, not far from Rolla on good highways, near good elementary schools, in communities that need medical attention and are able to pay a doctor a living income. The older doctors are willing to coach the young men in giving them the necessary encouragement to get started."

**Markle Foundation Offers New Grants**

The John and Mary R. Markle Foundation of New York City is offering opportunities for careers in academic medicine to young scientists through a new program of "post-fellowship" grants.

According to the executive director of the Foundation, the purpose of this program is to attract young scientists to academic medicine by giving them academic security and financial assistance for a period up to five years. The program will be conducted in cooperation with accredited medical schools in the United States and Canada.

Grants of $25,000 payable to the schools $5,000 annually for a five-year period, will be available with the beginning of the school year in 1948. Candidates will be recommended by medical schools, and will have had training in special fields to qualify them for regular faculty appointments and which will enable them to conduct original research. Final choices will be made by regional committee appointed by the Foundation. Those chosen will be "Scholars in Medical Science."

**Public Understanding Is Goal of National Society for Medical Research**

Some background information on the National Society for Medical Research may be helpful to those who are not familiar with this relatively new organization. Organized in 1946, the Society came into being because the anti-vivisection cult was presenting a threat to progress in the biological sciences.

The National Society for Medical Research has as its purpose the development of better public understanding of the principles and methods
of scientific investigation. It is an association of medical colleges, institutions, and associations. In addition to nearly every national scientific organization in the United States, several lay groups are members.

The Society advocates that those who have scientific knowledge must accept responsibility for public dissemination of that knowledge, and so attempts to aid journalists, broadcasters, teachers, and other public educators.

Dr. A. J. Carlson, professor emeritus of the University of Chicago, is president of the Society, whose headquarters is in Chicago.

**Three Assistant Deans Now on Staff**

Two additions to the staff have brought to three the number of assistant deans who help in the administrative duties of the School of Medicine. Dr. Robert I. Watson and Dr. Thomas H. Hunter started their new appointments on Sept. 1, the former as assistant dean and associate professor of medical psychology, and Dr. Hunter as assistant dean in charge of students and assistant professor of medicine.

Dr. Watson formerly was head of the Bureau of Measurement and Guidance at Carnegie Institute of Technology in Pittsburgh, and was assistant professor of psychology there in 1946-47. He also administered naval aviation and neuropsychiatric work in Carnegie, serving under the rank of lieutenant and later, lieutenant commander. He was assistant professor of psychology at the University of Idaho from 1938 to 1940. Dr. Watson, who received his Ph.D. degree from Columbia University in 1938, will act as counselor to the students through the Dean’s Office.

Dr. Thomas Hunter came to Washington University from Columbia University College of Physicians and Surgeons, where he was instructor in medicine. Upon graduation from Harvard College, Dr. Hunter received the Henry Fellowship for study in England and studied at Cambridge University from 1935 to 1938. He returned to Harvard to take his medical degree in 1940. Dr. Hunter, as assistant dean in charge of students, will advise students during their four years of undergraduate medicine, and will assist both students and graduates in securing internships and residencies.
360 Register in Medical School

A total of 360 students registered in the School of Medicine this fall, with classes starting on Sept. 15. The Postgraduate Division had 89 at the start of the fall term.

The freshman class has its capacity of 86 students, which includes eight girls and three students from China, Hawaii, and Puerto Rico. Thirty-five of the freshmen are Missourians, of which 24 are from the St. Louis area.

There are 82 sophomores, 101 juniors, and 91 seniors.

Students in postgraduate work are divided as follows: anatomy, 14; basic science in surgery, 15; ophthalmology, 12; otolaryngology, 19; pathology, 5; pediatrics, 25.

Four Refresher Courses to Be Offered

The Division of Postgraduate Studies is offering five short courses for physicians during the rest of the school year, covering various subjects.

A one-day course is Diseases of the Liver will be given on January 12. In addition to staff members on the instruction program, Dr. Cecil J. Watson of the University of Minnesota School of Medicine will be a guest speaker.

“Cardio-Vascular Disease” will be the subject of the session on Tuesday, January 13. Dr. Tinsley Harrison of Southwestern Medical College in Dallas is to be the guest speaker.

On January 26, and 27, a course in the Commoner Diseases of Blood and Blood-Forming Organs in Children will be offered, with Dr. Louis K. Diamond of Harvard School as guest speaker.

The Department of Pediatrics will be in charge of the last two courses. The first, on February 16 and 17, will have as its subject “Nephritis and Other Genito-Urinary Diseases.” The last session will be on “Fluid Administration and Electrolyte Balance,” and will be given March 15 and 16.

Hospital Administration Course Extended
by W. K. Kellogg Grant

A grant of $9,975.16 for a graduate program in hospital administration was awarded to the School of Medicine by the W. K. Kellogg Foundation, Dr. Robert A. Moore, Dean, announced on Sept. 21.
In making the announcement, Dr. Moore said: "Too much emphasis cannot be placed on the foresight and vision of the Kellogg Foundation in making possible through financial aid the courses in hospital administration at the graduate level."

The funds are for the second year of the course, which was established last year under the aid of the Kellogg grant. The hospital administration course covers a 21-month period, with nine months of academic work, and a year's internship in a hospital approved by Washington University. It is conducted under the auspices of the School of Medicine and utilizes the faculty and facilities of the School of Business and Public Administration and the School of Social Work.

Dr. Frank R. Bradley, director of Barnes Hospital, is Director and Professor of Hospital Administration instruction. There are 13 students now enrolled in the course, among them two doctors and one graduate nurse. Requirements for admission are a bachelor's degree from a college acceptable to Washington University, or a medical degree from a medical school approved by the American Medical Association.

Dean of Korean School Studies at W. U.

Dr. Pyeng K. Koh, dean of the Taegu Medical College in Taegu, Korea, spent two months studying the educational and administrative systems in actual use at the Medical School. After leaving St. Louis late in October, he visited several other medical centers before sailing back to Korea.

Dr. Koh visited each of the various departments in the Medical School to learn the type of lectures given, how laboratories were conducted, and how administrative records were kept. He also studied the system of hospital management used in the affiliated hospitals. Extremely interested in everything that was done, he said he hoped the information he gathered would be helpful in making improvements for medical education in Korea.

The Taegu Medical College is a four-year school with 300 students and has an affiliated hospital of 220 beds. Dr. Koh came to the United States under the auspices of the Danforth Foundation in time to attend the Fourth International Cancer Congress in St. Louis early in September.

Alumni Honored for 50 Years of Practice

Among 35 doctors honored by the St. Louis Medical Society for 50 years of practice in St. Louis were 13 alumni of the School of Medicine. In ceremonies on Sept. 30 they were presented with Golden Anniversary Certificates and named "Jubilarians."
Cancer Research Commission Formed at International Meeting in St. Louis

The School of Medicine was one of the hosts to the Fourth International Cancer Research Congress which met in St. Louis early in September, with staff members playing important parts in its success. Dr. Edmund V. Cowdry, professor of anatomy, was president of the Congress, which met for the first time since September, 1939. Truly indicative of international cooperation, the meeting was attended by 700 cancer research scientists representing 44 nations.

Cancer research knowledge from all parts of the world was presented in reports to Congress, and in order to coordinate and integrate research, the International Cancer Research Commission was formed. The Commission is a full-time organization, headed by Dr. Ignacio Millan of Mexico City. Elected to the executive committee of the Commission was Dr. Cowdry, representing the United States.

During the Congress, Dr. Cowdry proudly read a message from President Truman announcing that the United States Atomic Energy Commission was making radioactive isotopes available to qualified research workers in other countries for medical biological research, provided they were used only for approved purposes and that information on research would be available to all qualified scientists.

Delegates to the Congress were guests of the School of Medicine at a special concert by the Little Symphony in the University Quadrangle on Sept. 4. The 1200 persons at the concert were treated to a surprise when the wife of a delegate from Athens, Greece, sang selections from Brahms and Verdi, in addition to the listed program by orchestra and piano soloist.

The Congress consisted of scientific sessions, presentation of papers, and research exhibits, all held in Hotel Jefferson. Highlights of entertainment for the visitors were the Little Symphony, a Cardinal-Cincinnati base-
ball game, a performance of “Show Boat” at the Municipal Opera, tours of the city, and several cocktail and dinner parties given by faculty members and their wives.

Dr. M. T. Burrows, Former Staff Member, Dies

Dr. Montrose T. Burrows, former associate professor in the School of Medicine, died in Los Angeles on Aug. 21, at the age of 62. Dr. Burrows was associate professor of pathology from 1917 to 1920, and associate professor of experimental surgery from 1920 to 1927. He was director of research at Barnard Free Skin and Cancer Hospital from 1920 to 1927.

Dr. Burrows was considered one of the pioneers in developing the tissue culture technique. In recent years, he had specialized in cancer treatment and research in Pasadena, Calif., where he moved after leaving St. Louis in 1927. Results of his studies had been published in various journals, and covered a wide range of subjects, including tissue culture, vitamin theory of cancer, heart muscle construction, poliomyelitis, and focal infection.

Funeral services were conducted in Los Angeles, with burial in Halstead, Kansas, Dr. Burrows’ Birthplace.

Income on Large Trust Fund Given to School for Geriatrics Study

The income from a substantial trust fund was willed to the University by Mrs. Ina C. Urbauer, who died on Nov. 19. The money is to be used for the study of geriatrics and its allied fields in the School of Medicine.

Mrs. Urbauer was the wife of Hugo F. Urbauer, chairman of the board of the Midwest Piping and Supply Company of St. Louis, and was herself a director of the board. After 20 years the shares of Midwest stock will revert to the University. The exact value of the trust fund has not been determined.

Dr. Sidney Schwab Dies Nov. 12 in Boston

Dr. Sidney I. Schwab, professor emeritus of neurology, died Nov. 12, in Boston after a week’s illness. Dr. Schwab had returned from practice early in November and was living at his summer home in Cotuit, Mass.

He came to Washington University in 1913 as associate in neurology and associate professor of clinical neurology. He became professor of clinical neurology in 1917. Dr. Schwab was neurologist to Barnes and St. Louis Children’s Hospitals, chief of the neurological clinic in the Dispensary and Consulting Physician to St. Louis City Sanitarium.
A native of Memphis, Dr. Schwab received his medical degree at Harvard University in 1896 and took postgraduate work at the Universities of Berlin, Paris, and Vienna. He started practice in St. Louis in 1899.

During World War I, he was neurologist for Base Hospital 21 of the A. E. F., and became widely known for his work with shellshock cases. Dr. Schwab was made professor emeritus in 1942.

New Morgue for Medical Center

The recently-completed morgue at the rear of the Clinics Building was put into operation the middle of October and since then has demonstrated its improvement over the old facilities.

Constructed in six weeks at a cost of about $4,000, the new morgue has ten refrigeration units, each operating separately. These units were purchased from the War Assets Administration. The morgue is of block and brick construction built onto the rear of the pathology storerooms at ground level. It affords easy access to ambulances through an outside door on the driveway. A ramp leads from the storeroom to the morgue, providing a private entrance.

Dismantling of the old morgue is now in progress with plans to use the space for an extension of pathology storage rooms.

All Seniors Have Intern Appointments; 57% Will Be in Teaching Hospitals

The entire class of 1948 has been placed in internships, according to Dr. Thomas H. Hunter, Assistant Dean in Charge of Students. Each student had received his appointment by Nov. 17.

Particularly outstanding is the fact that 57% of the class has been accepted for positions in teaching hospitals over the country. Included in the list are Cornell, Vanderbilt, Harvard, Duke, Minnesota, and other prominent universities.

Washington University will be represented in practically all of the leading hospitals in the United States when the class of 1948 begins internships. Dr. Hunter reported that all seniors “have excellent jobs.”

Dr. Sedgwick Mead Appointed to Staff

Dr. Sedgwick Mead, Baruch Fellow in Physical Medicine in Boston, has been appointed assistant professor of physical medicine, as of Jan. 1, 1948. At Washington University we will direct the division of physical medicine. He is married and has two small sons.
Dr. Mead took his undergraduate work at the University of Arizona and Harvard College, receiving his medical degree from Harvard Medical School in 1938. After four years of military service, Dr. Mead was separated from the army in 1946 as a major. During his service he was acting chief, Laboratory Service of the Sixth General Hospital; and Chief, Laboratory Service of the 170th Station Hospital.

FACULTY APPOINTMENTS AND PROMOTIONS

Anatomy
Ju-kang Woo appointed fellow in anatomy.

Biochemistry
Dr. Edwin G. Krebs, appointed instructor in biological chemistry; Dr. Henry Z. Sable, promoted to assistant in biological chemistry.

Internal Medicine
Dr. Moises Grinstein, appointed fellow in hematology; Dr. Fritz Kubowitz, appointed research biochemist in medicine; Dr. K. T. Lee, appointed fellow in medicine; Dr. Thomas W. Moffatt, appointed fellow in clinical dermatology.

Neuropsychiatry
Dr. Philip H. Starr, appointed fellow in neuropsychiatry; Dr. Warren B. Mills, appointed assistant in neuropsychiatry; Dr. Samuel A. Trufant, III, appointed fellow in neuropsychiatry; Dr. Nathan Blackman, appointed instructor in clinical psychiatry.

Occupational Therapy
Mr. J. Milster Barks, title changed to assistant in clinical occupational therapy.

Ophthalmology
Dr. Richard A. Westsmith, appointed assistant in ophthalmology and assistant resident; Dr. John Colbert, appointed assistant in clinical ophthalmology.

Otolaryngology
Dr. John I. Matthews, appointed research fellow in Otolaryngology; Dr. Morris Davidson, appointed assistant in clinical otolaryngology; Dr. Edward P. Friedl, appointed fellow in otolaryngology; Dr. Daniel D. Klaff, appointed assistant in clinical otolaryngology.
Pathology
Dr. James T. Boyd, appointed assistant in pathology.

Pediatrics
Dr. Samuel Gollum, Dr. Kenneth Koerner, and Dr. John Martz, appointed assistants in clinical pediatrics; Dr. Albert Rauber, appointed assistant in pediatrics.

Surgery
Dr. McCarthy De Mere, appointed fellow in plastic surgery; Dr. Fred C. Reynolds, reappointed assistant in orthopedic surgery.

Miscellaneous
Dr. Robert I. Watson, appointed associate professor of medical psychology; Dr. Lee G. Sewell, appointed instructor in clinical psychiatry; Dr. Sedgwick Mead, appointed assistant professor of physical medicine; Dr. Writht Langham, appointed assistant professor of biophysics (in residence at Los Alamos); Dr. Joseph C. Willett, appointed lecturer in public health; Dr. Ying-Sze Soong, appointed fellow in obstetrics and gynecology; Dr. Nathan Blackman, appointed instructor in clinical psychiatry; Miss Helen Brazell, appointed instructor in social and environmental studies; Dr. Robert D. Brookes, appointed assistant in clinical neurology; Mr. Samuel Granick, appointed instructor in medical psychology; Dr. Otto Grunow, appointed instructor in radiology; Lt. Col. Theodore L. Hartridge, appointed assistant professor of military science and tactics; Dr. Mary L. Hemmy, appointed lecturer in medical social work.

Departmental News

Anatomy
Dr. William Simpson, research associate in cytology, resigned from the staff in October to direct the Detroit Institute of Cancer Research. The research, said Dr. Simpson, will emphasize the bio-chemistry, bio-physics, and general biology of the process of cancer on the basic level. The Institute occupies a new, two-story building with nine large laboratories and special laboratories for isotype and radiation studies.

Nine Chinese graduate students in anatomy honored Dr. Edmund V. Cowdry, professor of anatomy, and his family with a Chinese dinner on Nov. 29. The dinner was given at the Green Garden Restaurant in St. Louis and was authentically Chinese. Dr. Cowdry attended a reception given by the Chinese Consul in New York City on Nov. 25 for the Tenth
Anniversary of the American Bureau for Medical Aid to China. The Bureau, of which he is a Director, has given fellowships to five of the Chinese students now studying under Dr. Cowdry.

**Bacteriology and Immunology**

Dr. Sol Spiegelman, assistant professor of bacteriology and immunology, returned late in August from a two-month tour of Europe attending international meetings and studying. He gave talks at the International Congress for Cytology in Stockholm and at the Conference on Growth in Oxford, England. He also attended the International Congress for Microbiology in Copenhagen, and spent three weeks conducting experiments at the Pasteur Institute in Paris.

**Occupational Therapy**

The new director of the Department of Occupational Therapy is Miss Sue P. Hurt, who arrived August 1. For the past year, she had been educational field secretary to the American Occupational Therapy Association in New York City. Miss Hurt is a graduate of the Richmond Professional Institute of the College of William and Mary, and of the Philadelphia School of Occupational Therapy.

**Ophthalmology**

Dr. Lawrence T. Post, professor of clinical ophthalmology, was awarded the Lucien Howe Medal of the American Ophthalmological Society. The award was given for his outstanding work in teaching and leadership in the field of ophthalmology. Dr. Post recently was elected president of the American Orthoptic Council.

A new course in orthoptic technology started Sept. 15, with four students, all women, enrolled. The theoretical part of the eight-month course is given at the School of Medicine, while practical experience is gained at the St. Louis Ophthalmic Laboratory in the Missouri Theater Building.

**Otolaryngology**

Dr. Theodore Walsh, professor of otolaryngology, returned late in August from a two-month tour of South America, where he gave a series of lectures and operations in most of the major cities on the continent. Dr. Walsh reported that a great change has taken place in the medical profession in South America in that physicians now come to the United States for advanced training, where they formerly looked to Europe.
Pathology

Dr. Robert A. Moore, professor of pathology, attended the Scientific Advisory Board of the U. S. Army Institute of Pathology and the Study Section on Gerontology of the National Institute of Health, both meetings being held in September. Dr. Moore spoke on “Tumors of the Testis” before the Toledo Academy of Medicine in Toledo, Ohio, and to graduate students at the Cancer Commission of the University of Pennsylvania in Philadelphia during November. He also spoke at the annual Post-Collegiate Medical Alumni Assembly of Ohio State University, where he received his medical degree.

The War Department film on Army Medical Laboratories has been completed and will be ready for distribution soon, according to Dr. Gustave Dammin, assistant professor of medicine and pathology. Dr. Dammin, who is a consultant to the Secretary of War, was technical advisor on the film.

Radiology

The last of a series of lectures on radiation physics and allied subjects was given at Mallinckrodt Institute of Radiology on Nov. 26. The series, under the supervision of Dr. A. N. Arneson, covered an eight-week period, with two one-hour lectures each week.

Surgery

Dr. Evarts A. Graham, professor of surgery, flew to England to receive the 1942 Lister Award for distinguished contribution to surgical science. The presentation had been delayed for five years because of war conditions, and was made at the Royal College of Surgeons of England in London. Dr. Graham was named president-elect of the International Medical Assembly of the Interstate Postgraduate Medical Association during the meeting in St. Louis in October.

Dr. Graham was appointed an honorary consultant to the Medical Department, U. S. Navy Bureau of Medicine and Surgery.

Dr. Nathan A. Womack, professor of clinical surgery, has accepted a position as professor of surgery at the University of Iowa Medical School, starting sometime before the summer of 1948.
Reunion in St. Louis

Thirteen alumni were present at a Medical School reunion sponsored by the class of 1901 on Nov. 12, 1 at the Hotel Chase in St. Louis. Dr. Robert J. Terry, class of '98 and professor emeritus of anatomy, sent the accompanying photo of the occasion to be included in the Quarterly. From left to right, those attending the dinner are: John R. Lionberger, '01; William F. Hardy, '01; Robert J. Terry, '95; Walter C. G. Kirchner, '01; Pierre I. Chandeysson, '01; W. H. Luedde 1900, Robert E. Schlueter, '95; Irwin J. Harris, '01; Joseph Grindon, Jr. (a graduate of St. Louis University School of Medicine); Joseph Grindon, Sr., '89 (in his 90th year); John M. Bradley, '01; E. C. Spitze, '01 and M. K. Wylder, '01.
Publications by the Staff of the School of Medicine


Alexander, H. L., Wilson, K. S. and Harford, C. G. Mucous plugs in all of the secondary and tertiary bronchi and the smaller bronchial radicals (history of intrinsic bronchial asthma for fifteen months and death during asthmatic attack); emphysema of all lobes of the lungs; moderate dilatation and hypertrophy of the right ventricle of the heart; calcified nodules in the lower lobe of the right lung. Barnes hospital case report 93. J. Missouri med. assn. 44: 664-674. Sept., 1947.


Dogramaci, I. Measuring the specific gravity of small amounts of urine, a rapid and simple method. J. Pediat. 30: 672-675, June, 1947.


Alumni News

1876
Arthur G. Henderson died July 25 at his home in Imboden, Ark., at the age of 95. He had been prominent in many Arkansas medical organizations.

1886
E. D. Miles of Carthage, Mo., died March 10 after many years of practice in St. Clair and Henry Counties, Mo.

1887
Lee W. Cotton of Enid, Okla., died there last summer.

1891
Edward T. Hornback died July 15 in Hannibal, Mo., where he had practiced for 55 years. At 83 years of age, he was the oldest practicing physician in Marion County.

John T. Soraghan died Aug. 19 of infirmities at De Paul Hospital, St. Louis. He was 80 years old, and had practiced in St. Louis for 50 years before retiring in 1942.

An interesting letter was received from J. W. Craig of Miami, Okla., in which he recalled the letter he sent to all members of the class on the fiftieth anniversary of their graduation. He reports that a nephew by marriage returned without a scratch from 75 air missions over Germany and is now a freshman at W. U. Medical School.

1897
Frederick E. Woodruff has retired after 50 years of practice in St. Louis, but is remaining in the city to live.

1898
On a visit to St. Louis, G. G. R. Kunz of Tacoma, Wash., dropped into the alumni office to look up classmates remaining in the St. Louis area. He recalled that he practiced with Max Starkloff in the Carondelet area from 1898 to 1906 when he moved to Tacoma, and hadn’t been back since. Dr. Kunz visited his old office, where he found a hardware store occupying the building, and the site of Missouri Medical, now a vacant lot. Dr. Kunz says his son is working with him and taking over, but he is still working, and intends to keep busy.

News has been received of the death of Thomas Dorbandt in San Antonio, Texas, where he had been practicing, last spring.

1901
James A. Craig of Metamora, Ohio, died last summer.

1902
After more than 40 years of practice in gynecology in St. Louis, Harry M. Loewenstein died Aug. 6 at the age of 69. He had been on the staff of Missouri Baptist Hospital for 35 years.

1906
Thomas A. Lawler visited the Medical School on Sept. 22 when he brought his son back to home territory for a check-up at Barnes. Still practicing after 43 years at Taylorville, Ill., he says he is taking things a little easier now that other doctors have returned to civilian patients. He works only by appointment, with three-fourths of his practice in surgery. Both the Lawler sons, Kenneth and Delbert, returned safely from active war duty.

1908
Thomas H. Roe of Rock Springs, Wyoming, died last summer.
G. B. McPheeters is Director of Public Health in the Nayne-Greene District, North Carolina. He was president of the American School Health Association 1945-46.

1908
Benjamin Brandt died recently in his home town, Foristell, Mo.

1912
George S. Gilpin reports that he has three children and five grandchildren. Two sons served in the recent war. Dr. Gilpin says he is retiring in five years or maybe sooner.

1919
During the past summer, A. J. Sparks moved from Fort Wayne, Ind., to Alexandria, La.

1921
Iris M. Chamberlain recently moved from Chicago and is in Antigua, Guatemala, Central America.

1924
Milo Tedstrom is a major in the Army Air Force, stationed at Roswell, N. M.

1925
R. J. Crossen and James B. Brown ('23) of St. Louis were guest speakers at the Colorado State Medical Association's annual meeting Sept. 19, 20, and 21. Dr. Crossen read papers on "Uterine Carcinoma" and "Medical Gynecology," and Dr. Brown gave papers on "Plastic Surgery."

1927
Clinton Higgins is in Memphis, Tenn., at the U. S. Naval Hospital there.

Eleanor Peaster recently moved from Oklahoma to De Soto, Mo.

The following letter was received from Al G. Henrich in Los Angeles:

"Heard an address last night (Sept. 30) at the Beverly Hills Medical Society meeting by George R. Herrmann, now Professor of Medicine at Texas U., but formerly resident in medicine at Barnes. Was George Dock's last full-time resident at Washington U. He has two daughters who are M.D.'s, and a son who is a sophomore in medicine at Michigan this year." Dr. Herrmann spoke on coronary artery disease.

Eleanor L. Schmidt is with the health service of Ohio University in Athens.

Herbert H. Gass visited St. Louis recently and reported to the Alumni Office that he will be living in Kansas City for about a year, then will return to the Chandkuri Leper Hospital, Central Provinces, India, where he has been working for many years.

Frederick Liebolt moved from Florida to New York City.

Roy W. Tandy is at the U. S. Naval Hospital in Oakland, Calif.

1934
Harmon J. Bailey reports that he is practicing in Asheville, N. C., doing gynecology and obstetrics. He has three daughters, a home in the country and says he is happy.

1935
L. G. Pray writes from Fargo, N. D.: "Am practicing pediatrics in an 18-man group. Am married and have two small sons, 3 and 5 years of age.

Dominic T. Russo of Raritan, N. J., has two adopted children, both brought into the family when less than one month old. Timothy is now 3 and Felicia, 1½.

Edwin S. Wallace, a lieutenant colonel, is at the School of Medicine,
Edward Massie, St. Louis, gave talks to the Peoria Medical Society and the Mattoon County Medical Society in Illinois during October. In November he spoke on “Coronary Disease” before the Princeton (Indiana) Medical Society.

1936

From Santa Ana, Calif., Edward A. Miller writes the following: “It was my pleasure to attend a postgraduate course in the School of Medicine at Stanford University, San Francisco, during the month of September of this year. While there it was my pleasure to get together with other members of my class including Dr. Ivan Miller, Drs. Thad and Virginia (Petway) McNamara, and Dr. Carl Smith.

“Dr. Ivan Miller is now a certified radiologist, and after a good many months in the South Pacific in the army, from which service he emerged as a lieutenant colonel, he is planning to go to work for the Veterans Administration in that area. Dr. Thaddeus McNamara is studying urology with a view to taking his American Board in the near future. Dr. Carl Smith is doing internal medicine.

“After a long evening in my quarters at the Mark Hopkins Hotel, all of us had dinner in downtown San Francisco and for many an hour we discussed at least every member of our class and recalled old times. It was indeed an enjoyable evening and one that all of us will remember for some time.”

Wallace Allen is with Ford Naval Hospital in Pensacola, Fla.

O. Elliott Ursin returned in August from Yokohama, Japan, after three years of overseas service as executive officer for Surgeon, Eighth Army. He was commissioned in the regular Army Medical Corps in 1938 and is now attending a course in Public Health leading to a master’s degree in Public Health. His wife and two children resided with him in Japan during the past year.

1937

John Mac Dougall moved recently to Houston, Texas, from Memphis.

Martin Compton is port surgeon and commanding officer of the Station Hospital at New Orleans Port of Embarkation.

1939

B. Francis Barham of Asheboro, N. D., writes: “Saw Jack Graham while he was touring the South. Looking forward to a class reunion—want an excuse to visit St. Louis.

Irving L. Berger recently opened his office in Cleveland, Ohio, for the practice of psychiatry. He is a member of the staff of the Mental Hygiene Clinic of Mt. Sinai Hospital, and is attending physician in psychiatry at Crile Veterans Administration Hospital.

1940

Robert H. Young is practicing Ob-Gyn at Woodland Clinic, Moberly, Mo.

David N. Kerr is associated with David M. Skilling ’28, specializing in internal medicine in St. Louis.

Roland R. Cross, Jr., writes from Hines Veterans’ Hospital in Hines, Ill., that James Cross and Charles Fildes, both of ’41, are also there in general surgery.

Robert E. Koch has opened his office in the Beaumont Building, St. Louis, with a practice limited to internal medicine.

Horace M. Wiley recently completed training with the National Cancer In-
stitute and is associated with Everett D. Sugarbaker, formerly of the Missouri State Cancer Hospital, in offices at Jefferson City, Mo.

1941

James A. Kinder, Jr., recently moved from Cape Girardeau, Mo., to Denver, Colo.

Calvin C. Ellis, formerly Major Ellis of the Army artillery, is now in St. Louis.

Howard S. J. Walker, Jr., is an assistant resident in surgery at Barnes Hospital, St. Louis.

1942

Edward H. Jones, Jr., is assistant resident at Cleveland City Hospital in dermatology and syphilology and has received an appointment as resident in same for 1948-49.

1943

Foyell P. Smith is in general practice in a four-man clinic doing chiefly obstetrics at Lexington, N. C. He has a daughter, one year old, named Penny.

Francis J. Ellis writes that he is in private practice in Springfield, Mo., specializing in obstetrics and gynecology.

Walter A. Rohlfing, Jr., and his wife announced the birth of their third child, Tracey Ellen, on Aug. 24. The baby weighed in at 9 lbs., 9 oz.

Donald Huelsmann received his army discharge in July and is in group practice at the C. H. Van Ravenswaay Clinic in Boonville, Mo., specializing in internal medicine. He has two children, both boys.

Donald E. Smith was separated from the army in March, having been at Madigan General Hospital. Since the first of May he and his family have been living in Rochester, Minn., where he is a fellow in internal medicine at the Mayo Clinic, continuing a three-year fellowship that was started before his call to active military service.

Grace Elizabeth Bergner is associated with the Grant Medical Clinic in St. Louis.

Fremont P. Koch, formerly of St. Louis, now can be reached in El Segundo, Calif.

J. R. Mallary moved from St. Louis to Arlington, Kans., last summer.

Kent McQueen is practicing in Tiskilwa, Ill.

Wilma Farrington has moved from Seattle to Albuquerque, N. M.

Francis I. Ellis is in Springfield, Mo.

Helen Elizabeth Yeager now lives in Columbia, Mo.

December 1943

Bead Boles is again collecting information concerning the class of December 1943. He asks that all members of that class please send their names and addresses to him at St. Louis Children's Hospital so that a questionnaire outline may be mailed to them. "Please include addresses and latest information relative to any members of the class that you may have—the last years of the war have scattered the class and a complete report will be possible only with the aid of every person," he writes.

1944

Rowe F. Bisbee is on the staff of St. Luke's Hospital in Denver, Colo.

Recently out of the army, Lamar H. Ochs has moved to Lebanon, Ill.

1945

Jack R. Rhodes writes the following from Europe: "For the last year I have been stationed at the Heidelberg
Dispensary, Heidelberg, Germany. We have an ‘outpatient’ type of service for approximately 1,500 troops and some 700 American families in the vicinity. I expect to be rotated to the hospital in Heidelberg in August for the remaining six months of my army service. You will be interested to know that Dr. Dave Smith is now stationed at the Fourth Medical Laboratory here in Heidelberg. We have enjoyed getting together recently."

Capt. Robert H. Ruby, assistant surgeon at headquarters, Far East Air Materiel Command, had the distinction of receiving the ribbon and inscribed climbing pole given those who reach the summit shrine atop Mount Fuji. He ascended Japan’s sacred volcano after arriving in the occupation area early in August. He is stationed at Fuchu, Honshu, Japan.

Thomas K. Hood is a lieutenant in the Naval Reserve now stationed at the N. O. T. S. Dispensary in Inyokern, Calif. On Oct. 27 Victoria Helen, his first baby daughter, arrived.

Alan Hal Thatcher is at U. S. Marine Hospital in Oceanside, Calif. James C. Marr is with the Naval School of Aviation Medicine and Research in Pensacola, Fla.

1946

Lakewood, Ohio, is the home of Jack M. Martt, recently returned from Queen’s Hospital in Honolulu.

Andrew and Patricia Farnsworth Lanier are in San Francisco, where he is with the U. S. Public Health Service.

Roland P. Ernst is in Augusta, Ga.

Nicholas L. Petrakis recently moved from Minneapolis General Hospital to the Naval Air Station in Seattle.

Arnold Schuman completed his internship at Jewish Hospital, St. Louis, and is in Ft. Worth, Texas.

William H. Weiss is living in Fairmount, W. Va.

Ordered to active naval duty in July following a 15-month rotating internship at St. Louis City Hospital, Robert N. Webster is now stationed at U. S. Naval Hospital, Bethesda, Md. He is a ward medical officer on urology with a one-year assignment as resident on urology service beginning Jan. 1, 1948.
WASHINGTON UNIVERSITY

Arthur H. Compton, Ph.D., Sc.D., LL.D., Bridge Chancellor
Charles Belknap, B.S., Vice Chancellor
Joyce C. Stearns, Ph.D., LL.D., Dean of Faculties
Thomas Edward Blackwell, Ph.B., M.S., J.D.,
Director of Business Administration

The College of Liberal Arts
Stuart A. Queen, Ph.D., Dean

The School of Engineering
Alexander S. Langsdorf, M.M.E., Dean

The School of Architecture
Alexander S. Langsdorf, M.M.E., Dean

The School of Business and Public Administration
Isaac Lippincott, Ph.D., Acting Dean

The George Warren Brown School of Social Work
Benjamin E. Youngdahl, A.M., Dean

The Henry Shaw School of Botany
George T. Moore, Ph.D., Director

The School of Graduate Studies
Carl Tolman, Ph.D., Dean

The School of Law
Wayne L. Townsend, A.B., LL.B., J.S.D., Dean

The School of Medicine
Robert A. Moore, M.D., Ph.D., Dean

The School of Dentistry
Otto W. Brandhorst, D.D.S., Dean

The School of Nursing
Louise Knapp, R.N., B.S., A.M., Director

The School of Fine Arts
Kenneth E. Hudson, B.F.A., Dean

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

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

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

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