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Reorganization of the Department of Anatomy in 1941

First Impressions of American Medicine

Departure of General Hospital No. 21 and Naval Medical Specialists Unit No. 72
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Reorganization of the Department of Anatomy in 1941

E. V. Cowdry*

Dr. R. J. Terry, beloved by two generations of medical students, has resigned from the headship of the department and has been appointed Professor Emeritus. He is in excellent health and thoroughly enjoying himself. Visitors to the department will find the fourth floor fresh and completely redecorated. They will discover Dr. Terry in his old quarters, busy with his research yet helping others in his characteristically effective and kindly way. Thanks to several anonymous friends and to money which he himself contributed, the unique osteological collection, which he amassed through the years, has been satisfactorily housed in steel cabinets in a large room next to his office. An increasing number of people make use of this collection. Dr. Terry is also engaged in securing photographs of as many ex-members of the staff as possible. These will make an imposing display. Long may he remain with us as a source of great strength to the school!

Nobody could adequately fill Dr. Terry's place as a teacher. In the reorganization no attempt was made to find a professor of eminence to succeed him. What was done instead was to change the structure of the department by expansion in the junior ranks. Thus two instructors were appointed and opportunities have been afforded for some beginners, who have just received their M.D.'s or Ph.D.'s, to come to us every year and to start at the bottom. This involves the making of appointments of senior students, like internes, in October or November to become effective the following July 1st. Obviously, however, a balance is necessary in this as in other things. To have too large a proportion of junior members of the staff, who themselves require training, would place too heavy a strain on the senior ones. The department has already regained the fluidity which it lost during the depression when no young people were appointed to take the places

* Professor of Anatomy.
of those leaving us. Attempts are being made to promote circulation of personnel by exchanges with other institutions.

It is the ambition of all leading departments of anatomy to train anatomists as well as medical students. There are three prerequisites to success. First, there must be a sufficient volume of young men and women from which to select the best. Second, those chosen must find in teaching and research a career that satisfies them to the extent that, with full knowledge of the situation, they are content for life with financial remuneration far less than that offered in clinical medicine. Third, and by no means least, positions must be found for those who have been trained and in whom we trust the reputation of Washington University. To train an anatomist and leave him high and dry is a disservice.

The anatomical sciences with which we are concerned are gross anatomy, histology and neuroanatomy. In an acceptable medical curriculum, judged by the A. M. A., together they amount to 14 to 18.5 per cent of the total, slightly more than the 12 to 16 per cent assigned to the physiological sciences (listed separately as physiology, biochemistry and pharmacology). To be rated as a full fledged anatomist an individual must have had experience in teaching all three of these anatomical sciences. But, after gaining this background, he should concentrate on one of them in order to attain maximum proficiency in it. The structure of our bodies has not changed materially since Cro-Magnon man. Some say that it has deteriorated a little, but the sciences of anatomy have developed since many of us were medical students. To dismiss them as morphology pure and simple is to betray ignorance of the fact that, having given birth to physiology, they have in turn been vitalized by physiology. In them knowledge of form and function march on together side by side.

Textbooks of histology and gross anatomy have been written by members of the staff who are constantly striving to improve them in edition after edition. Students are critical readers and make valuable suggestions. Dr. Trotter, Dr. Scott and Dr. O'Leary are in immediate charge of gross anatomy, histology, and neuroanatomy respectively. Outstanding successes in these major courses will do credit to them individually. For defects the head of the department is responsible. Teaching is in accordance with the accepted principle that students can best learn by doing; that information easily obtained is still more easily lost. This does not mean that there should be no lectures but rather that there should not be too many of them. Dr. Mall used to say that in each major course we owe the students two lectures a week, which must be associated as immediately as possible with laboratory experience. Obviously they must be of the best.

To bring to the students a more dynamic idea of structure, two series
of moving picture demonstrations were organized in 1941. The first, in October, November, and December consisted of weekly presentations of films of outstanding merit obtained by loan or by rent from investigators in many parts of the United States. These were shown in the auditorium, because our own lecture room was too small to accommodate those wishing to see them. The audience was made up of all first year medical and dental students and of a sprinkling of assistants and internes from the hospitals. The subjects included the movements of leucocytes, phagocytosis, the physiological control of small blood vessels, the action of lymphatic valves, etc. The second series of moving picture demonstrations is presented from January to June. It is less microscopic in nature and is intended primarily to supplement gross anatomy. The following are among the subjects which have been or will be presented: valves of the heart in action; anatomy of the abdominal wall, and movements of the alimentary tract in experimental animals. Further progress will be possible in the realization of this policy of linking structure with function, and of emphasis on the living as soon as arrangements can be made for fluoroscopic examinations in a room next the dissecting room.

Though some function must go along with structure, we think that the anatomical sciences should be taught as sciences of great value in themselves. A movement in some other schools, which would interfere with this and is now happily losing momentum, is the "combined course" craze. The lock-step process of an anatomist teaching the gross anatomy of the gastrointestinal tract, a histologist its microscopic structure, a biochemist its chemistry, a physiologist its function, and so on throughout the body would play havoc with orderly instruction. We do have, however, some integration between gross and microscopic anatomy, and our principle of the entire class dissecting the same structures synchronously has been adopted in many other medical schools.

Another tempting and insidious way to wreck the teaching of anatomy would be to emphasize at every step its importance in clinical medicine. But the fact that a sharp line should not be drawn between the preclinical and clinical instruction is fully recognized. Indeed two steps have been taken to bridge the gap that otherwise would exist between them. Thus, a very valuable course in surgical anatomy is always offered in the third year, which the department has been urged to extend. It has also been our practice for years to invite members of the clinical departments to give occasional special lectures to first year students. In their several fields, they are better qualified than we are to project the fundamental training that we give into the future experience of the students. During 1941 this valuable service was performed by staff members of eight departments of
the School of Medicine and by Dr. L. R. Boling of the School of Dentistry. In addition, Professor Duncan of the Department of Greek and Latin of the University gave much needed instruction in the derivation of anatomical terms. The students enjoy these lectures so much that there is a danger of over-development of this aspect of instruction. In our opinion it is at present optimum in both amount and quality.

Students are encouraged to approach their work as investigators seeking the truth. They must be helped, but not enough to take the initiative out of their hands, nor so little as to give them too great a sense of frustration. They see members of the staff actively engaged in research, much of which we try to explain to them, and some of the best students always find time to assist in small ways.

“Open house” is observed. The doors of all laboratories and offices are kept open. It sometimes happens that an informal talk, almost on the spur of the moment, is more helpful to them than hours of routine instruction. In the first year, particularly, a sudden adjustment to new conditions is necessary, and in this it is chiefly the privilege of the department of anatomy to help. And after the students leave us a consistent effort is made to keep in touch with them. Much to our gratification they call in frequently, sometimes with their problems, especially to Dr. Terry who is held in such high esteem by the alumni.

Anatomy is a service department as well as a teaching one. It is difficult for anyone not an anatomist to see the whole picture. The maintenance of the large morgue demands hard and unremitting labor. The supply of bodies must be kept up. It may decrease with the general increase in income of the poorer classes. Some legal matters require attention; frequently relatives of the deceased have to be interviewed. In addition to meeting our own needs, we regularly provide material for the Dental School and for the graduate courses in otolaryngology and ophthalmology. Many stillborns in the hospitals are assigned to us and we release most of them to the Department of Pathology. This is all well organized routine. It is the individual demands for material which are sometimes hard to meet because they are so varied, and since quick action is usually expected. Surgeons, particularly, often wish to dissect a special part or to visualize an operation in advance by the study of prepared specimens in our anatomical museum. This is one of the primary functions of a department of anatomy but it demands prompt and individual attention by senior members of the staff, especially by Dr. Trotter.

Another service performed is in the training of medical technicians. These young people do not pay any fee but, in return, make themselves generally useful. After a year or more, frequently supplemented by other
experience obtained for them in other laboratories, they usually find posts without any difficulty. They are placed in the Dental School, the Barnard Hospital, the laboratories of the Anheuser-Busch Co., Barnes Hospital, and numerous other organizations. The person to whom they owe most is, Mr. Joseph Albrecht, master technician and friend of medical students. Many desirable applicants for such training are turned away. The number has sharply increased since the war. To take in more than we do now would be to clog our own technical services. It seems that the time is approaching when the school as a whole should provide training for medical technicians on a cost, plus a reasonable percentage, basis.

With respect to special techniques, chiefly neurological, service is often rendered to the Oscar Johnson Institute and the departments of Surgery and Physiology, thanks to Dr. O'Leary. But aid is not only technical for Dr. O'Leary's opinion is repeatedly sought by young people, both inside and outside of the school. On the histological side, advice is frequently asked and unusual specimens come in for diagnosis. A member of the department serves as A. M. A. representative on the Commission for Standardization of Biological Stains, which is not a sinecure but entails work. As the only laboratory in the school equipped for emission spectrographic analysis, many determinations are made by Dr. Scott every year for the Departments of Pediatrics, Medicine, and so forth. The department, through Dr. Scott, has built at cost microincinerators for six American universities, the U. S. Public Health Service, and two foreign Governmental laboratories.

Members of the department have contributed papers, during the year, at meetings of the American Association of Anatomists, The Chicago Medical Society, the Southern Medical Association, and the American Physiological Society. Likewise, they have served on the National Research Council's Committees on Ageing and the Electron Microscope. The department is providing a President for the Local Anatomical Board and a Treasurer for the State Anatomical Board. A member of the department was an official representative of the University at the meeting of the Association of American Universities held at Lincoln, Nebraska. He also made all arrangements for the meeting of the American Academy of Tropical Medicine in St. Louis.

During 1941 much assistance has been received by the department from outside sources. Dr. Chanai Ruangsiri, a Thailand Government student, has been a distinct asset during nearly three years. When the war is over it is expected that he will take charge of histology in the medical school at Bangkok. The Markle Foundation has made a grant toward the expense of investigations by Dr. Scott and Dr. O'Leary. The Josiah Macy, Jr.
Foundation, always good to us in the past, has provided two research Fellows, Dr. Paul E. Nielsen and Dr. Albert Lansing. The Barnard Free Skin and Cancer Hospital has been of great assistance by supplying the salaries for two Research Associates, Dr. R. C. MacCardle and Dr. W. L. Simpson, both of whom spend full time in the department and regularly participate in teaching. In addition, we have had two valued visitors; Dr. W. C. Ma, Associate Professor of Anatomy at the Peking Union Medical College served for six months as Visiting Associate Professor of Anatomy, and Dr. P. J. Baumberger, Professor of Physiology at Stanford for nine months as Visiting Professor of Cytology.

War activities have been Numerous, exacting and welcome. Accommodations were provided in a hurry for a group of Naval medical officers to dissect the head, neck and thorax. We have a second and additional class of nurses to instruct. A course in anatomy for physical therapy technicians is in the offing. It is more than double the length in hours of neuro-anatomy. At present Red Cross night courses in first aid are given and are centered in this department since knowledge of anatomy is their cornerstone. Dr. George D. Williams was the first to enter the Army Medical Corps. He is stationed at Washington, D. C. Dr. Henry G. Schwartz left with General Hospital No. 21 and Dr. George H. Bishop has taken his place in the teaching of neuroanatomy. Dr. Robert Evans is a reserve artillery officer and has received notification that he will be called soon. Dr. Ross C. MacCardle will probably enter the Medical Air Corps for special work in aviation. Others are likely to follow, and our best wishes go with all of them.

PUBLICATIONS IN 1941


As long as the supply permits, reprints of these papers will be sent free of charge on request made to Dr. E. V. Cowdry.


The authors have used sulfanilamide crystals locally in twenty-three major thoracic cases and have observed no ill effects from the drug which has been implanted in amounts as great as 15 Gm. They state that the sulfanilamide crystals will not prevent or even minimize a putrid empyema if the bronchus is open. If the bronchus be closed and there is gross contamination at the time of operation the drug has value in preventing an empyema. The pleural surfaces exhibit an effective absorptive mechanism which is evidenced by blood concentrations as great as 16.6 mg. per cent within the first twenty-four hours. The blood concentration rapidly decreases after this. Sulfanilamide concentrations in the pleural fluid were above 200 mg. per cent during the first twenty-four hours.

As part of the accelerated program of education, the annual commencement of Washington University this year has been advanced from June 9 to Tuesday, June 2. As was the case in 1941 the exercises will be held at nine thirty o'clock, instead of at ten o'clock as previously.
First Impressions of American Medicine

E. F. B. Cadman and M. A. O’Hea

A first impression is in many ways similar to love at first sight—it does not often stand the test of time. With this in mind, it had been our firm resolve not to give way to the importunities of our hosts, but rather to wait till our first ideas, mellowed by the passage of time and matured by future American experience, assumed their rightful perspective. However, this attitude is rather uncompromising, because first impressions do have a definite value if only for comparison with later impressions. Given the opportunity, therefore, to record our early concepts we do so with full realization of their imperfections, but also in the firm belief that they may be of interest to our American confreres now and to ourselves at a later date.

Having only been in the United States a matter of a few months, our ideas of New World medicine are of necessity rather immature. Even at home, due to our student status, our contact with medicine has been chiefly academic, so that the following analysis will be based primarily on Medical Education in America, accompanied by appropriate comparisons with the British system of medical training.

One of the striking characteristics of medical education in this country is the system of compulsory premedical education. This, it appears, entails three or four years of ‘College’ prior to entering medical school, during which time the foundations of cultural and technical education are laid down. Then follow the four years of medical training proper, the last two years of which are devoted to intensive clinical work. Finally, comes what is perhaps the greatest and most valuable period of the young American medical man’s education—namely, his internship. At home, on the other hand, less emphasis is placed on the pre-medical training and on the internship. Thus the period of undergraduate medical training assumes a position of paramount importance.

On commencing our studies here, we were at once impressed by the variety and scope of the curriculum. Two features in the latter receive well-deserved recognition—Student Research and the system of elective courses. The advisibility of the latter, especially, is manifest by the fact

1 The Rockefeller Foundation has provided for the transfer of about twenty-five medical students from Great Britain to America. Mr. Cadman pursued the studies of the first two years at Birmingham and Mr. O’Hea at Glasgow. They are now in the third-year class at Washington University School of Medicine.—Editor.
that it gives the student—undergraduate though he is—a chance to indulge in his special interests and encourages him therein. Both of these features typify American Medicine with its high interest in research, its encouragement to youth and its overwhelming desire to find a niche for all in the profession. Another marked tendency is the increasing avoidance of the presentation of systematic lectures in things clinical, and the replacement of such by clinical demonstrations of the subject matter. Be this good or bad, it does force the student to his textbooks and to the journals, so that he makes a more thorough study of the theoretical aspects of a given case, and, at the same time, impresses in his mind a tangible clinical picture. It cannot be doubted, however, that this method has its limitations, the chief of these being that it does not nearly cover the very broad field that is modern medical practice.

In Britain it is customary for the teaching staff to have large private practices in addition to their teaching appointments. This means that their opportunities for research into channels of special interest to them must be at once limited, if only because of a lack of time. The system here, however, ensures that many of the clinical teaching staff will devote most of their time to university-hospital work and to research. The student undoubtedly feels that benefit of this in the more rational presentation of the several branches of medicine. Further, the younger medical man plays a greater part in the instruction of students, and brings a more youthful, albeit less critical, enthusiasm to the presentation of recent advances to the student; in addition many of the difficulties of the student are more readily appreciated by a young man, who, not so long ago, was a student himself. The general, contact between the students and the teaching staff is on a wider basis and appears to be much closer than at home, this being yet another expression of American "Hail, Fellow!"

Perhaps of most intimate interest to us, is the American Medical Student, his attitude to his work, his interests, his way of life. It would seem that his attitude is characterized by his lively interest in what he is doing, in the research going on in his school and in the published researches of other schools in the United States. There seems no doubt that medicine to the average student here represents what he most wants to do in life. The American Student is some years older than his corresponding British brother, and one might infer from this that he brings to his work a greater maturity of thought and a more stable ideology. Be this as it may, the former tends to loss of valuable time as an undergraduate which he might have spent more profitably in a prolonged internship. There is no doubt that the most valuable experience is to be gained, as a graduate, in hospital practice. It is therefore obvious that to gain such a status at a
relatively early age is most desirable. It is in this very respect, that the British student has some advantage over the American, notwithstanding the latter’s extensive premedical training, his all-inclusive medical training and his closer contact with research activity. Another very natural accompaniment of the American students’ wealth of years, is the tendency to undergraduate marriage. We, ourselves, are not in a position to judge how this works out socially, or to judge how it affects the attitude, and we may even say, the temperament of our American colleagues. The grit of certain American students deserves commendation; the task of working one’s way through school is indeed a stout one. This sort of thing is infinitely more common here than at home. The man who makes the grade with such a handicap certainly has “intestinal fortitude.”

Although not strictly a part of medical education, the general practice of medicine is of interest to all. In this field more so than in any other, the American and British systems differ. Medicine for the average man and woman—that is the working and lower middle classes—is still a comparatively expensive commodity in the United States. In Britain, provision is made for these classes under the National Health Insurance Act by which each employee contributes a small sum and in return receives the services of the physician of his choice. The physician is paid from the national fund so created. In this connection, it is of interest to note the rather antagonistic attitude taken to any national health system by American students. Any such scheme introduced into the United States of America would, we are sure, cause the same antagonism in Medical circles as did the National Health Act in Britain at its inception. It is of prime importance to record that the same Act has now extended adequate medical services to practically all and at the same time has given many physicians a chance to make a decent living.

In talking of hospitals, we would like to point out that this is not a first impression. Rather our first introduction to American hospitals was gained at the hands of Hollywood producers. While it is obvious to the more intelligent person that American hospitals do not cater only to pretty nurses and corridor loudspeakers, one did get some insight into the general layout. Our second impression, the one now being recorded, has been acquired through actual contact. We had heard that oft repeated statement “American hospitals are the best in the World” but national sentiment prevented its full acceptance. Now however, it would seem that one would have to travel far to find hospitals equalled in layout and in nursing and medical staffs. The system behind the hospital administration here is far different from that at home. We here refer to the private and not to city hospitals. In Britain, most of the former are kept up by voluntary contri-
butions. This shaky financial foundation is in sharp contrast to American hospital administration. The contrast is expressed in the availability of funds and endowments for research, for the acquisition of modern equipment and for the retention of salaried staff. This same question of financial support makes an important and all too obvious difference between American and British Medicine. It is this which has given American Medicine the fillip which has placed it in the front rank of World Medicine. It is the confidence which the profession in the United States has in their system which belies the need for any Federal efforts.

If in the above brief survey the observations have at times been trivial or even of doubtful factual basis, we pray that you will bear with us and allow us to take refuge in the fact that we are “new overs.” In conclusion, it might be well to summarize some major points of comparison between the respective systems. In general the British Schools are characterized by their individuality of effort, American Schools by their team work; the results of the latter speak for themselves. Again, another very important contrast is the financial support which American Schools enjoy while their British counterparts are sometimes working under unsurmountable financial difficulty. While in many ways the trends in Medicine between the two are divergent and will probably continue to be so, “there is much to be said on both sides.” It is for this very reason that we would make a plea for a closer bond between the schools of thought, and for an increased interchange or graduates or even undergraduates. This we feel would permit of saner comparison and would be advantageous to all. Finally, might we suggest in the words of Professor Loewenstein that, “The danger of inbreeding can be avoided only by the interchange of clinicians and teachers between the different schools in this country (Great Britain) and abroad.”

**SHORTAGE OF MICROSCOPES**

It is highly probable that during the next few years students will not be able to purchase new microscopes. Alumni, who have no need for their microscopes, can help in a solution of this problem. Mr. James J. Ritterskamp, Purchasing Agent of the University, will be pleased to hear from alumni and arrange to purchase used modern microscopes.

In the near future, the Quarterly expects to publish a full list of alumni in the Armed Forces. The editor would appreciate receiving information concerning the military rank and station of all alumni in the Army, Navy and Marine Corps.
Departure of General Hospital No. 21 and Naval Medical Specialists Unit No. 72

On January 10, thirty-two officers of General Hospital No. 21, Army reserve unit affiliated with the Washington University School of Medicine, left for their temporary station at Fort Benning, Georgia. The complete unit comprises 73 officers and, at full strength, is designed to staff and maintain a 1000 bed hospital which may be expanded to 2000 beds under emergency conditions. The Unit is under the command of Lt. Col. Lee D. Cady.

The Medical Specialists Unit No. 72, Navy unit affiliated with Washington University School of Medicine, consisting of nine specialists and nine alternates under the command of Comdr. Frederick A. Jostes, left on January 15 for their immediate base of San Diego.

On December 29, very shortly following the receipt of alert orders by both units, a ceremony was held in the rotunda of Barnes Hospital. Flags were presented by the Barnes Hospital Society and Washington University by Dr. Malvern B. Clopton, President of the Corporation of Washington University, and by Dr. Borden Veeder, Commanding Officer of General Hospital No. 21 in the last war. Mr. Frank Band, Chairman of the Board of Trustees of Barnes Hospital, made the principal address.

The flags were accepted by Lt. Col. Cady and Commander Jostes for their units.

Address by Mr. Frank Rand

In accordance with a plan worked out by the American Red Cross in 1916, Base Hospital No. 21 was one of fifty Base Hospitals organized to develop a group of hospitals from existing civil institutions, so that in time of need, fully organized and equipped units of physicians and nurses would be ready for active service. On April 27, 1917 orders were received from Washington to prepare for foreign service; and Base Hospital Unit No. 21 sailed from New York to England on May 19, 1917. Unit No. 21 served with distinction for twenty-three and one-half months; being demobilized on May 3, 1919.

In 1919, a Victory Parade was planned to be held in Washington. Unit No. 21 was the single unit selected to represent all hospital groups in that parade. On account of transportation difficulties, the plans for the parade were abandoned.

This meeting has been called by The Barnes Hospital Society for the purpose of giving recognition to and expressing appreciation of The Army
and Naval Medical Units affiliated with the Washington University School of Medicine, which are expecting to be called to active service at a moment's notice. As Chairman of The Barnes Hospital Board, it is my privilege to express not only pride in the personnel of these groups; but at the same time express a deep sense of gratification in the fact that Barnes Hospital has served as the training ground for the men and women who are about to begin the necessary and important work that lies ahead of them.

Flags will be presented to General Hospital No. 21, made up at present of 60 officers, most of them physicians and surgeons connected with Barnes Hospital group and commanded by Dr. Lee Cady, who holds the rank of Lt. Colonel. (This is the first general hospital to receive notice of call.) Flags will also be presented to Naval Medical Specialists' Unit No. 72, consisting of nine specialists and nine alternates in charge of Dr. Fred A. Jostes, with the rank of Commander.

The individual officers of General Hospital No. 70, affiliated with St. Louis University School of Medicine, have received alert orders and are now awaiting orders of mobilization.

In the atmosphere of this gathering for the presentation of flags, it seems appropriate to quote Chas. Summer, on our flag:

"There is the National Flag. He must be cold, indeed, who can look upon its folds rippling in the breeze without pride of country. If in a foreign land, the flag is companionship, and country itself with all its endearments."
The beauty of the Stars and Stripes is not in the blending or contrast of colors, but in the emotions that swell within our hearts when we look upon it with eyes of affection and see it as a lasting symbol of our country—our blessed country for which our founding fathers fought and died that we might enjoy forever the fruit of their sacrifice—liberty, with freedom of body, mind, and soul.

This is the heritage which must be held secure against the ruthless attacks of a foreign foe wherever he may be found. This is the heritage, without which our shackled lives would be worse than death. This is the spirit which has made a single unit of our Nation, without regard to race, color, or creed, a militant army of men and women fighting for the preservation of an ideal—the Christian ideal, “Peace on Earth—Goodwill toward men.”

It will be a bitter fight, demanding many sacrifices, creating many heartaches, subjecting all of us to the acid test of patriotism through the misfortunes and gloom that must come to us as the fight goes on. Adversity is a truer test of character than success; but we shall, with a frolic welcome, take the thunder and the sunshine—opposing them with free hearts and free foreheads.

Emerson said, “The Chief Characteristic of heroism is persistency.” There is no attribute that stands out more prominently in the character of our people than persistency. If this be heroism, then I know that these General Hospital Units may be classified as a group of heroes who have dedicated their lives to the tender care of our sick, wounded and suffering soldiers. It’s a magnificent thing that you are doing for your country. On those of us who are left behind, you have placed an obligation to support you with respect, admiration and devotion.

As ardent, consistent advocates of peace and goodwill toward all nations, our country enters this gigantic war struggle at a disadvantage in physical equipment; but we are prepared in resources, man-power, solidarity of purpose and courage to meet any challenge with confidence and abiding faith in a final and, I hope, a lasting victory. We shall face our problems in stride and meet them with a smile.

I think that our people together with these Hospital Units are inspired with the spirit of Ulysses, the rugged old hero of ancient Greece who called his comrades around him and told them of his firm purpose in Tennyson’s immortal lines:

“For my purpose holds
To sail beyond the sunset, and the baths
Of all the western stars, until I die
It may be we shall touch the Happy Isles,
And see the great Achilles, whom we knew.”
Though much is taken, much abides; and though
We are not now that strength which in old days
Moved earth and heaven, that which we are, we are;
One equal temper of heroic hearts,
Made weak by time and fate, but strong in will
To strive, to seek, to find and not to yield.—Tennyson, Ulysses.

"I pledge my allegiance to the flag of the United States of America, and to
the Republic for which it stands; one nation, indivisible, with liberty and justice
for all."

Prophylaxis of the Common Cold: Theodore E. Walsh, M.D. Archives
of Otolaryngology, V. 34, pp. 1093-1100, Dec. 1941.

The defenses of the nose against infections of the upper respiratory tract
are twofold—the front line, consisting of the mucous blanket and ciliated
epithelium of the nasal mucosa, and the second line, represented in the
natural immune responses of the tissues to pathogenic bacteria. The fifth
column activities invoked by the exigencies of modern living weaken the
first line of defense. Vaccines of pathogens common to the respiratory tract
have been employed to enhance the effect of the second line of defense.
The results have not been satisfactory as reported in the literature. Cannon
and Walsh applied vaccine directly to the nasal mucosa without trauma and
found agglutination titrations against the homologous organism higher in
saline extracts of the nasal mucosa than in similar extracts of spleen, lungs,
blood serum and other tissues. Experimental evidence indicates that the
rational method of vaccination against so local a disease as the common
cold is the application of vaccine to the vulnerable nasal tissues. The re-
sults obtained with a total of 627 patient years of vaccination (by nightly
spraying) are 74 per cent good results, 10 per cent fair and 16 per cent
failure. Further trial of this method for prevention of the common cold
is warranted by these results.

Synthetic Estrogen Diethylstilbestrol: McBryde, Castrodale, Loeffel, and

McBryde and his associates from a study of 150 cases have devised a
practical scheme of interrupted therapy with diethylstilbestrol. This con-
sisted of 1 mg. daily by mouth for 14 to 20 days followed by omission for
7 to 14 days. No toxic results were elicited and nausea was the only ob-
jectional symptom. On continuous therapy nausea occurred in 20 percent
of cases and on interrupted therapy in only 8.6 percent of cases. They
advise the general use of the drug in the smallest possible therapeutically
effective doses.
Report of Conferences

PATHOLOGY

REPORTED BY DR. EDWARD SMITH

Aneurysm of Cerebral Arteries. Subarachnoid Hemorrhage

From the Medical Service of the St. Louis County Hospital. Hospital No. 45798. A four year old white boy, was admitted to the hospital because of vomiting and headache of six hours duration. The past history was irrelevant except that four months previously he was struck by a bicycle and had received abrasions on his occiput. Examination at the time of admission revealed a temperature of 100°, a pulse of 95 per minute, and a respiratory rate of 30 per minute. The neck was stiff and there was a positive Brudzinski sign and a positive Kernig's sign. The spinal fluid pressure was 100 millimeters of water. The fluid was grossly bloody and it contained crenated red blood cells. The total protein content was 39 milligrams per cent and the sugar content was 52 milligrams per cent. There were 29 white blood cells per cubic millimeters, of which half were mononuclears and half were polymorphonuclears. Two days after admission the child developed a torticollis on the left, ptosis of the left eyelid, and weakness of the left side of the face. The temperature, pulse, and respiratory rate were normal. The patient became no worse and was apparently recovering when, on the fourteenth hospital day, he was found dead in bed.

Washington University Autopsy No. 9512. The basilar artery was dilated to an ovoidal shaped aneurysm at the junction with the posterior inferior cerebellar artery. The aneurysm was two centimeters in greatest diameter and contained several secondary saccular dilatations, the largest of which was six millimeters in diameter. There was a perforation one millimeter in diameter through the fundus of one of the secondary dilatations. Around the aneurysm and throughout the entire subarachnoidal space of the brain, especially over the base, was clotted blood. There was also clotted blood in all the cerebral ventricles. The remaining organs of the body were normal.

Discussion: This is a typical example of the small aneurysm of the cerebral artery with rupture. The age of the patient is unusual as the highest incidence is between 20 and 60 years of age. The aneurysms are always found at the point of bifurcation of the cerebral arteries. This led to much discussion and many investigations to determine the etiology and pathogenesis of the lesion. It is evident from all of these studies that syphilis
and bacteria have no relation. Some years ago Forbus (Bull. Johns Hopkins Hosp., 47:239, 1930) studied the cerebral arteries of a large number of individuals coming to autopsy. He found that in a considerable number there was a congenital defect in the media of the artery at the point of bifurcation. He also showed by models and actual experiments that the highest pressure within an artery is at the point of bifurcation. He therefore concluded that these aneurysms are the result of the action of the blood pressure on a congenitally weak point in the arterial wall. Forbus found similar defects in other arteries, coronary and mesenteric, and was at a loss to explain the absence of aneurysms in these vessels. Recently Glynn (J. Path. and Bact., 51:213, 1940) has challenged the hypothesis of Forbus. From histological studies Glynn believes that the initial lesion is an arteriosclerotic plaque which destroys the internal elastic lamina. The loss of this latter structure weakens the wall so that an aneurysm will be formed. Further work must be done before the final answer can be given.

From a clinical standpoint, aneurysm of the cerebral artery produces signs and symptoms dependent on the size of the aneurysmal sac and whether or not it is ruptured. Smaller aneurysms are not infrequently found at autopsy, and have given no clinical evidence of their presence. Larger aneurysms, over 1 or 2 centimeters in diameter, are space-consuming lesions within the cranial cavity and give signs and symptoms of pressure on the brain or on the cranial nerves, depending on their location. Since the aneurysms are most common about the internal carotid artery and its branches, the nerves most frequently pressed upon are the second and third giving reduction of the ocular fields and paralysis of the extraocular muscles. Rupture of the aneurysm with extensive subarachnoid hemorrhage is marked by an abrupt onset of headache, vomiting, and loss of consciousness, all probably related to a sudden increase of intracranial pressure. The blood within the meninges effectively blocks the transmission of this pressure to the eyes and there is rarely papilledema. Within a short time the symptoms of an irritation of the meninges follow—that is, stiffness of the neck and Kernig's sign. Lumbar puncture will reveal blood within the spinal fluid, and in patients who recover, this blood disappears in from 10 to 30 days. About 50 per cent show an immediate recovery but there is usually some residuum. Forty per cent of the deaths, or twenty per cent of all, occur within the first 30 minutes after onset of headache. Instantaneous death is unusual (Richardson, J. C. and Hyland, H. H., Medicine, 20:1, 1941). The calcification in the wall of the aneurysmal sac or erosion of surrounding bone may be visible in an x-ray plate (Sosman, M. C. and Vogt, E. C., Am. J. Roentgenol., 15:132, 1936).
Carcinoma of Tail of Pancreas with Multiple Venus Thrombi

From the Medical Service of the Barnes Hospital, Hospital No. 89906: A 51 year old white man was admitted with a chief complaint of painful swelling of both legs and feet. His present illness had begun three months previously with pain in both legs. Gradually, swelling and intermittent red discoloration of both lower extremities became a prominent part of the disease. The edema slowly extended to involve even the tissues over the sacrum. During the two weeks prior to admission the patient had four attacks of "pleurisy." On physical examination, the findings of note were that the liver edge was palpable four finger breadths below the costal margin and that thrombosed veins could be felt from the ankles to the middle one-third of each thigh. The laboratory work was not revealing. During the second and third week the patient became progressively jaundiced and from the third to the sixth week ascites developed in addition. A paracentesis was performed which yielded 4750 cc. of bloody fluid and the sediment contained no tumor cells. The patient died five months after the onset of his present illness. The clinical impressions were migrating thrombophlebitis of the legs and pelvis, recent intestinal infarct, and pulmonary infarct, right.

Washington University Autopsy No. 9313: There was advanced edema of both lower extremities which also involved the tissues over the sacrum. The body was intensely jaundiced and the abdomen swollen. In the peritoneal cavity were 3000 cc. of bloody fluid. The tail of the pancreas was slightly expanded by a grayish white hard tissue. The remainder of the pancreas was normal. In its lower third the common bile duct was compressed by the enlarged lymph nodes and the proximal duct system was moderately dilated. The liver was four times the normal size, weighing 6420 grams and the greater percentage of the parenchyma was replaced by tumor. Metastases were present in the wall of the gallbladder, on the inferior surface of the diaphragm, in the visceral pleura, all lobes of both lungs and in the peripancreatic, celiac and abdominal peri-aortic lymph nodes. From two centimeters above the junction of the renal veins the inferior vena cava was filled with a thrombus which extended down through the common, internal and external iliac veins bilaterally. In addition the splenic vein was entirely occluded by a thrombus as were also the portal vein and its intrahepatic radicles. Several of the branches of the pulmonary artery in the lower lobes of both lungs contained thrombi. There were a few infarcts in the lower lobes of each lung. An area measuring 15 x 20 centimeters in the greater omentum was the site of infarction.

Discussion: This case is an excellent illustration of the association of multiple venous thrombi with carcinoma of the body and tail of the
pancreas. In a series of autopsies with carcinoma of the body and tail of the pancreas at Columbia University (Am. J. Cancer, 34:566-585, 1938) multiple venous thrombi were present in 35 per cent. In contrast there was no other condition in which the association exceeded 10 per cent. It thus becomes a valuable point in the differential diagnosis of carcinoma of the upper abdomen. This finding should not be confused with the presence of single thrombi in the veins of the lower extremities or pelvis. These single thrombi are not uncommon in many diseases, notably in cardiac failure, in advanced carcinoma and in many severe infections.

**PEDIATRICS**

*Reported by Dr. C. S. Meeker, '38*

**Influenzal Meningitis**

Case Report: R. L. W. was a 15 months old male, white infant with a past history only of chicken pox. Feeding and development had been normal. Three weeks prior to entry the child developed a cough, running nose and a low grade fever. Two weeks before entry his private physician noted an increase in illness with the onset of a stiff neck. Relatively mild meningismus persisted up to the day of admission when the baby was hospitalized because of increasing fever, vomiting, and restlessness.

Physical examination confirmed the presence of a stiff neck. The fontanelle was flat. Bilaterally bulging ear drums with dull gray color were observed. The pharynx was mildly reddened. The examination of the chest and abdomen was negative. There was a positive Brudzinski and Kernig sign. The initial lumbar puncture yielded purulent fluid with an 8,700 cell count most of which were polys. On smear two encapsulated gram negative rods were seen with H. influenzae antiserum—Type B. Culture of the spinal fluid remained sterile. The child was placed on 0.6 gm. per kilo per 24 hours by mouth of sulfadiazine. Two doses of 15 c.c. of 1 per cent sulfanilamide were given intrathecally the first day. During the first three days the drug level in the blood rose to 27.5 mg. per cent and in the spinal fluid to 16.5 mg. per cent. By this time the cell count had fallen in the spinal fluid to 80. The drug was cut in half on the fourth hospital day and discontinued on the seventh hospital day. On the third hospital day a left myringotomy was performed with release of pus containing only diphtheroids. There was an initial leucocytosis of 20,700. Most of the cells were polymorphonuclear leucocytes. Tuberculin and Kline tests were negative. On the thirteenth hospital day there was an exacerbation of the meningitis with typical organisms seen on smear but again failing to grow on culture. The patient was placed on 0.6 gm. of sulfadia-
zine per kg. per 24 hours by mouth with prompt response. He has been afebrile and symptom free for 4 days.

Discussion: Purulent meningitis caused by Hemophilus influenza has presented until recently an almost hopeless therapeutic problem. The infection is almost entirely confined to the realm of pediatrics. Eighty-five per cent of Fothergill's (1) cases, for example, in a series of 201 occurred between the ages of 2 months and 3 years. Predisposing causes are multiple and include diseases such as otitis media, mastoiditis, sinusitis, pneumonia and other respiratory infections. The disease is not to be confused with the epidemic respiratory disease also known as influenza which is caused by a virus. Mortality figures under two years of age quoted from extensive review of the literature by Mitchell (2) range from 97-100 per cent. In the past few years the use of specific serum and chemotherapy has resulted in a definite reduction of this mortality rate. Horse serum received extensive trial here and elsewhere with disappointing results. The increased effectiveness of specific treatment is due to the use of rabbit anti-influenzal serum because of its greater penetrating power and some evidence that it crosses the blood-brain barrier. This combined with chemotherapy has resulted in the best figures to date reviewed and compiled by Lindsay (3). It is to be noted that even in these series, recoveries under two years of age are very rare. Mortality with combined therapy in the total number of cases treated in the various series selected was 53—76 per cent.

Wollstein (4) in 1915 first called attention to the fact that cultures of the Pfeiffer bacillus obtained from the blood and leptomeninges were usually pathogenic for rabbits while those from the respiratory tract were of slight or no virulence. It remained for Pittman (5) in 1931 to demonstrate that virulent bacilli could be identified by: 1) their colonies which were smooth surfaced, large, opaque, and possessed an iridescence in oblique transmitted light; 2) the fact that these bacilli were capsulated; 3) their soluble specific substance, which was present in the culture filtrates and washings of the bacteria. Fothergill (1) confirmed this finding and noted that in over 150 strains which he studied, 95 per cent fell into the same immunological classification. It was possible, then, to state that the ordinary respiratory strains were a heterogeneous group, whereas, the smooth meningeal strains were essentially homogeneous. The respiratory strains do not have a fixed reaction with any one specific serum, nor do they have capsules. Pittman originally described virulent strains as belonging to Type B variety. She noted three exceptions. Silverthorne (6) in his series also found four non-virulent strains of influenzal bacilli by typing—sera and mouse-mucin test. Three of these cases recovered. These so-called "non-virulent" invaders usually belong to the A or F groups. They do not give standard serologic tests,
and do not have capsules. It is possible that these more innocuous forms of bacilli contribute largely to the "cures."

Fothergill (1), Alexander (7), and others have used a mixture of Type B organisms with known "Quellung" reaction with specific serum as antigens to produce immune sera in rabbits. Serum derived from such rabbits causes capsular swelling in dilutions as high as 1:350. It is used either unaltered or as refined globulin fractions. Earlier work by Fothergill indicated that the serum worked best intrathecally when mixed 2:1 with complement from lyophilized guinea pig serum, or human complement. Intrathecally it was used in 10-20 c.c. doses. Intravenously and intramuscularly 30-60 c.c. doses were used over a period of three or more days. Recently Dingle (8) suggested the use of the specific polysaccharide injected intra-cutaneously as a means of determining when an excess of antibody had been obtained in the blood. One-tenth c.c. of 1:10,000 dilution of the specific soluble carbohydrate substance is injected intradermally and the reaction read in twenty minutes. A wheal and erythema, as originally described by Francis for pneumococcus polysaccharide, is considered positive.

Chemotherapy should be used in large doses. Two per cent sodium sulfapyridine, or one per cent sulfanilamide can be introduced intrathecally once or twice a day. Orally sulfapyridine and sulfadiazine can be used in sufficient quantities as to assure spinal fluid concentrations of 15 to 20 milligrams per cent. The higher dosage levels are more easily maintained with sulfadiazine without toxicity. It has been the experience at St. Louis Children’s Hospital that these high levels usually sterilize the spinal fluid in most of the types of purulent meningitides in 24 to 48 hours. This includes two recent cases of influenza bacillus meningitis for which serum was not available.

The only typical diagnostic finding is the demonstration in the spinal fluid of an extremely pleomorphic, gram-negative, bacillus which is usually present in large numbers. The majority of the organisms are small bacilli. In addition, coccoid forms, diplococci, larger bacilli and frequently long filamentous forms may be noted. Spinal fluid obtained before treatment in 0.25 to 0.5 c.c. amounts can be overlaid by similar amounts of specific serum. In the positive case a mid-zone white ring precipitation is indicative of the presence of a Type B strain organism. Such a reaction disappears after serum has been given. The patient’s serum can be tested for the "Quellung" phenomenon with known organisms, for bactericidal power, and for precipitation reaction. These last mentioned tests, of course, are only positive in the presence of antibody in the blood, and usually in successfully treated cases become increasingly more positive as time elapses.
BIBLIOGRAPHY


In a study of 161 cases of cancer of the vulva during the past 35 years, the author has noted that leukoplakia, abscess of Bartholin's gland, urethral caruncle, senile warts, and syphilis appear to have etiological importance. Prompt removal of these pre-existing lesions may lead to an appreciable lowering in the incidence of cancer. Mention is made of possible influence of the estrogens on the development of leukoplakic vulvitis and cancer of the vulva. Leukoplakic vulvitis is rarely seen before the menopause except in the presence of some ovarian disturbance or where both ovaries have been surgically removed. The etiological relation of leukoplakic vulvitis to cancer of that region seems established beyond any reasonable doubt.

Relative Frequency and Site of Predilection of Intrathoracic Tumors: Brian Blades, American Jour. Surg., V. 54, pp. 139-148.

Blades states that the most frequent site of origin of intrathoracic tumors is from the bronchus. He discusses the problem of increasing frequency of these tumors. The location of the tumor in the small or large bronchi determines the symptomatology by pure physical principles. The theories of origin of these tumors are mentioned. He states that the so-called posterior superior sulcus tumor, Pancost Tumor, is a topographical classification of any tumor having its origin in this location and producing shoulder girdle pain, Horner's syndrome, and paresis of the arm. They are most frequently bronchiogenic carcinoma and neurofibroma. Mediastinal tumors are classified by their location. Anterior mediastinum contains the lymphomas, dermoids, teratomas, mediastinal thyroids, and the cysts of the mediastinum. The posterior mediastinum gives rise to tumors of nervous tissue. The rare mediastinal tumors are listed. The tumors of the chest wall are discussed and their malignancy stressed.
Message from the President of the Alumni Association

January 24, 1942

During the late summer, Chancellor Throop brought to my attention the necessity that we raise more money for the Medical School. Therefore as many of the Executive Committee as possible had lunch with the Chancellor and he presented the facts of the problem to us. The need seems so urgent that it was decided to get together the permanent secretaries of the various classes of the Medical School in order to formulate plans.

On October 15, 1941, thirty graduates of the Medical School met at a dinner sponsored by the University. The President of the University, Dr. Clopton; Chancellor Throop; Dean Shaffer of the Medical School and other members of the Faculty were present so that all together there were about forty of us. We had with us Mr. Douglas V. Martin, Jr., of the Globe-Democrat staff, who has had much to do with the campaign to raise funds among the Alumni for the University. He told us how some of the other schools of the University had been able to render a great deal of help.

The decision we reached at the meeting was that we have some alumnus of the Medical School write a letter which would state definitely our present need. Dr. Louis H. Jorstad of the class of ’34 was asked to write this letter. His message to you follows.

C. A. Stone, M.D.
President of the Washington University Medical Alumni Association

Dear Alumnus:—

This letter will be short and to the point. Washington University Medical School needs money and needs money badly. For the first time in the nearly ninety years of Washington University’s existence, the deficit is beyond the possibility of making it up by internal adjustment. The anticipated deficit for the University is $175,000.00 for the year 1941-42, including that for the Medical School of $70,000.

All retrenchments possible within the limits of adequate service and continuing standards have been made. Further reduction will definitely cripple effective work.

The physical facilities of the University give the casual observer the impression of substantial wealth and well being. These are evidence that
in times gone by, farseeing men and women have given freely of their means to make these things available for the training and education in which you shared.

Now we are in a new, or let us say changed, era. Income from these endowments and invested funds has decreased from $5\frac{1}{2}$ to $3\frac{1}{2}$ percent in the last ten years. To Washington University this has meant an annual decrease of $500,000.00; to the Medical School it is a decrease of $170,000. In addition, new sources for large maintenance endowments are drastically limited.

We must look for support now and annually from larger numbers of individual donors. You and I must support Washington University Medical School. Any amount you give, particularly on an annual subscription basis, will be deeply appreciated. A measure for this amount might be one dollar for each year since your graduation.

Sincerely yours,

Louis H. Jorstad, M.D.
Class of 1924.


The authors state there are investigations in the literature which demonstrate that ticks play a part in the epidemiology of Russian encephalitis. *Dermacentor andersoni* has been reported to transmit equine encephalomyelitis to ground squirrels. Blattner and Heys have studied the *Dermacentor variabilis* tick from the environs of Saint Louis. They found that larval ticks which fed on inoculated adult white Swiss mice detached themselves from these infected mice when the mice died of encephalitis. They then attached themselves to other normal young mice. Four out of six of these previously non-infected mice died approximately 10 days following attachment of the infected tick. Before death they developed convulsions and in each instance the virus was recovered from the brain by passage to normal Swiss mice and demonstrated specifically by egg protection tests. A control experiment determined that young mice did not contract encephalitis by contact only. The presence of the virus in the larval ticks was determined by grinding the vectors and inoculation into two-weeks-old mice. Four of the six mice succumbed and the presence of the virus proven by serial passage. When infected full grown ticks were allowed to feed on normal adult mice, it was noted that these mice developed considerable resistance to intracerebral inoculation of the virus.


Hansel, French K. Diagnosis of allergy of nose and paranasal sinuses with particular attention to the atypical types. Archives of Otolaryngol. v. 34 pp. 1152-1162, Dec. 1941.


The authors find that the results in a series of 160 cases of recent anterior poliomyelitis extending over a period of four years seems to indicate that the type of early treatment has little or no effect on the course of the disease and alters little, if any, the degree of residual paralysis which is seen. Clinical evidence shows that the amount of residual involvement is dependent on the amount of actual destruction which takes place in the anterior horn cells. During the acute phase of the illness the secondary processes tend to obscure the actual destruction. Immobilization is indicated for: (1) comfort of the patient, (2) prevention of deformities, (3) prevention of stretch paralysis in involved muscles.
News from the Medical School and Affiliated Hospitals

Early in December of 1941 the University officially announced one of the largest single gifts in recent years to the Medical School. Mr. Wallace Eenard, of the Eenard Linoleum and Rug Company of St. Louis, has been interested in the development of Washington University and for some time has planned to assist our work. After studying the needs of the University and of this community in consultation with members of the administration and of the Faculty of the University and with other interested men, Mr. Eenard gave an endowment of $250,000 to Washington University, the income from which is to be used for the support of the Department of Neuropsychiatry. The present Department of Neuropsychiatry was established in 1938 on the basis of a three-year grant from the Rockefeller Foundation, which was renewed in 1941 for an additional three years. Mr. Eenard's gift is very encouraging evidence of the interest of the people of St. Louis in continuing the teaching, research and community services of the Department.

The construction of the cyclotron at Washington University has been completed and it should be in full operation within a few months. Dr. Robert L. Thornton and Dr. A. S. Langsdorf, Jr., have been in charge of the project. A large magnet was constructed by the American Rolling Mills Company and delivered in St. Louis on June 1, 1940. The first evidence of a small “beam” on the target was obtained in November, 1941 after sixteen and one-half months of construction. By the middle of December, 1941 a beam of 375 microamperes at 9,000,000 volts was secured. This is a higher output than any other cyclotron in the country except the large 220 ton machine at Berkeley. It is extremely likely that the energy in our machine can be raised to about 13,000,000 volts. On December 29, 1941 Dr. Thornton was called to Berkeley to take part in studies concerned with national defense. Dr. Langsdorf will remain in charge of the cyclotron under the general supervision of Dr. Sherwood Moore of the Department of Radiology and Professor A. L. Hughes of the Department of Physics. In July of last year the Commonwealth Fund awarded a fellowship to Dr. Louis Hempelmann, '38, to study under Dr. Lawrence at Berkeley. He will return soon to participate in the medical activities related to the cyclotron. Dr. Herman A. Kalckar of the Department of Pharmacology
has been appointed a Research Associate in Radiology and is now engaged in the installation of a laboratory for biological research in the Edward Mallinckrodt Institute of Radiology.

During 1941, the new 13 story hospital building at the St. Louis City Hospital was completed and occupied. This structure occupies the ground space made vacant by razing the old Radiology Building and the two very old ward buildings which flanked it. This new building is conveniently connected with all the original buildings of the group by corridors at ground and first floor levels. On the ground floor is the Receiving Room. The main floor houses a newly and completely equipped Radiology Department. On the second floor are the various operating rooms. In order upward, are Ophthalmology and Otolaryngology, Urology, Gynecology, two floors for Obstetrics, two floors for Pediatrics, and two floors for Fractures. The top floor includes a Prison Ward and Occupational and Physiotherapy Departments in addition to laboratory space for clinical research. Completed in recent years are the Bliss Psychopathic Hospital, the new Power Plant, the new Laundry, and the new Service Building. The Clinic Building has been renovated and equipped. When the planned renovation of the two large ward buildings and the administration building is completed, the institution will be completely modernized.
At the Southern Medical Association meeting held in St. Louis, November 10-13, 1941 the following alumni and members of the faculty of Washington University were elected as officers for 1941-1942: Dr. Drew Luten, Associate Professor of Clinical Medicine, Vice-Chairman of the Section on Medicine; Dr. Robert A. Moore, Edward Mallinckrodt Professor of Pathology, Secretary of the Section on Pathology; Dr. C. Malone Stroud, ’26, Instructor in Clinical Medicine, Chairman of the Section on Allergy; Dr. F. H. Ewerhardt, ’10, Assistant Professor of Physical Therapeutics, Chairman of the Section on Physical Therapy; Dr. Willard M. Allen, Professor of Obstetrics and Gynecology, Vice-Chairman of the Section on Gynecology; Dr. Raymond L. Murdock, ’19, Oklahoma City, Okla., Chairman of the Section on Proctology; and Dr. John H. Burleson, ’90, San Antonio, Texas, Chairman-Elect of the Section on Ophthalmology and Otolaryngology.

A Health and Hospital Advisory Committee was recently appointed by Mayor Becker of St. Louis. The Committee is to make recommendations for appointments to major health, hospital and institutional positions. Members of the committee are: Dr. Joseph C. Peden, President, St. Louis Medical Society; Alphonse M. Schwitalla, Dean of St. Louis University School of Medicine; Dr. Frank R. Bradley, Superintendent of Barnes Hospital; Phillip A. Shaffer, Dean of Washington University School of Medicine; H. J. Mohler, President of the St. Louis Hospital Council; Dr. Arthur N. Vaughn, President of the National Medical Association.

New appointments to the staff of the Medical School since October include: Dr. Albert I. Lansing, Research Fellow in Anatomy; Dr. Melvin B. Kirstein, Assistant in Clinical Medicine; Dr. Hugh W. Garol, Assistant in Neurology; Dr. Thomas W. Wesson, Assistant in Ophthalmology; Dr. Shih-Doh Wu, Visiting Assistant in Pathology (Sept. 15 to Feb. 1); Dr. John Jay Powers, Instructor in Clinical Pediatrics (On leave of absence from January 10 with Hospital Unit No. 21); Dr. Arda A. Green, Research Associate in Pharmacology; Dr. F. E. Hunter, Assistant in Pharmacology; Dr. Herman W. Kalckar, Research Associate in Radiology (Effective September 1); Dr. Marshall W. Kelly, Assistant in Clinical Surgery (Effective September 1); Dr. Mario Besso-Pianetto, Visiting Fellow in Chest Surgery (Effective September 18).

Dr. Harry Alexander, Professor of Clinical Medicine and Acting Head of the Department of Medicine, will give a two weeks graduate course in
Allergy between April 6 and April 18, 1942. This course is a part of the program of intensive post-graduate courses arranged by the American College of Physicians.

In order to integrate the activities of the clinical departments and the hospital, a Joint Medical Board has been appointed by the Chancellor. This Board consists of the heads of all clinical departments, Superintendents of the hospitals, Director of the School of Nursing, Director of the Washington University Clinics and the Dean of the Medical School. It replaces the former faculty committees on the Barnes, St. Louis Children's, and St. Louis Maternity Hospitals, Mallinckrodt Institute of Radiology, the Washington University Clinics, and the Administrative Board of the School of Nursing.

Due to present conditions, the Post-Graduate Course in Otolaryngology is smaller this year than is usual, having only ten students. The course starts the latter part of September and ends in May. Four of the present class have received appointments at Barnes Hospital for the coming year.

Dr. William Boyd, Professor of Pathology, University of Toronto, gave a special lecture to the faculty and student body on Wednesday, December 3, entitled "The Changing Incidence of Diseases with Special Reference to Carcinoma of the Lung." Dr. Boyd also gave a paper before a joint meeting of the St. Louis Pathological Society and St. Louis Medical Society on "Cause and Effect in Relation to Disease," and spoke at the annual AOA lecture at St. Louis University on "Lawrence of Arabia."

The annual Barnard Lecture was given at the St. Louis Medical Society on November 18. The lecturer was Dr. James B. Murphy of the Rockefeller Institute, and the subject of his address was "An Analysis of the Trends in Cancer Research."

Dr. Eugene Landis, Professor of Medicine at the University of Virginia, gave a lecture on "Pathogenesis of Edema" in the Medical Amphitheatre of Barnes Hospital on December 15, 1941.

On April 1, 2 and 3, 1942 the American Association of Pathologists and Bacteriologists and the American and Canadian Sections of the International Association of Medical Museums will meet at Washington University. The American Board of Pathology will hold an examination in St. Louis on March 30 and 31, 1942.
On October 30 and 31, 1941 an examination was held in St. Louis by the American Board of Neuro-Surgeons. Dr. Ernest Sachs, Professor of Clinical Neurological Surgery, is a member of the Board. Other members of the staff of the Medical School who assisted in the examination were: Dr. Lawrence Post, Dr. Archie Carr, Dr. Sherwood Moore, Dr. Meyer Wiener, Dr. Sidney Schwab, Dr. A. O. Fisher, Dr. William O. Russell, and Dr. James O'Leary.

On July 1, 1941 Dr. Dan White was appointed intern in dentistry at Barnes Hospital. It is planned to expand the dental service and the following attending staff has been appointed: Dr. B. E. Lischer, Dentist in Chief; Dr. James A. Brown, Associate Dentist; Dr. Wm. B. Spotts, Associate Dentist; Dr. Lester H. Jasper, Assistant Dentist; Dr. E. C. Brooks, Assistant Dentist; Dr. H. B. Robinson, Assistant Dentist; Dr. Wm. E. Koch, Jr., Assistant Dentist.

The Chancellor of the University announced the following gifts to the Medical School between October 1 and December 31, 1941: from Mr. E. Mallinckrodt, $1,800 to the Department of Medicine to be expended at Dr. Carl Moore's direction; from the National Research Council, $500 to Dr. Leo Loeb in continued support of his studies on endocrinology of old age; from Mr. Edgar M. Queeny, $1,000 for work in Neurosurgery under the direction of Dr. Sachs; from Eli Lilly and Company, $1,800 in continued support of a fellowship under the direction of Dr. Bronfenbrenner; from the Jane Coffin Childs Memorial Fund, $600 to Dr. Robert Moore for studies of the lability of the hemopoietic apparatus in strains of mice in relation to susceptibility to leukemia; from the Jane Coffin Childs Memorial Fund, $1,500 in continued support of the investigations of Dr. Leo Loeb on the relation of hormones to cancer; from the Winthrop Chemical Company, $500 in continued support of the investigations of the sulfonamide compounds being carried out under the direction of Dr. Hartmann; from Mead Johnson and Company, $2,700 in continued support of Dr. Elman's studies on amino acids; from the Josiah Macy, Jr. Foundation, $2,000 to the Department of Anatomy in support of the study of ageing in mammalian cells with special reference to the influence of calcium upon membrane permeability by Dr. Albert Lansing; from the Rockefeller Foundation, two fellowships grants of $1,723 each for the expenses of two British medical students; from the Burdick Corporation, a pledge to continue through 1941-42 their contribution of $120 per month in support of work under the direction of Dr. Kountz; from Dr. Clarence J. Gamble, $1,500 in continued support of the work conducted by Royal Brown, a student, in the
Department of Obstetrics and Gynecology; from Mr. Wallace Renard, a gift of $250,000 (to be paid in installments) as an endowment for the Department of Neuropsychiatry; from the Commonwealth Fund, $1,780 in continuation of support of Dr. White’s study of kidney function; from the Ciba Pharmaceutical Products Company, $1,500 in continuation of support of work under the direction of Dr. Robert Moore; from the National Defense Research Committee, a grant to Dr. Carl Cori; and from Colonel Fred W. Wilson, $1,200 to provide the stipend for a fellowship under the direction of Dr. Carl Moore.

Dr. Evarts Graham, Bixby Professor of Surgery, presided at the Annual Clinical Congress of the American College of Surgeons in Boston on November 3-7. The president’s address was entitled “American Surgery in a Changing World.”

Dr. Sherwood Moore, Professor of Radiology, and Dr. Wendell G. Scott, Assistant Professor of Clinical Radiology, attended the meeting of the Radiological Society of North America in San Francisco, December 1-6. They gave a refresher course on “Body Section Radiography.”

Dr. Charles Duden is serving as President of the Barnes Hospital Society until a successor of the late Dr. Warren Rainey is elected.

Dr. Leo Wade, ’38, resident physician of Barnes Hospital, was appointed Medical Director of the City Hospital on January 1. After graduation at Washington University, Dr. Wade served as house officer in medicine and pathology at New York Hospital, and in medicine at the New Haven Hospital.

Dr. W. B. Christian recently received the appointment of Superintendent of Homer G. Phillips Hospital. At the same time Dr. W. H. Sinkler was appointed Medical Director. Both Dr. Christian and Dr. Sinkler are graduates of Howard University College of Medicine in Washington, D. C.

Dr. E. B. Quarles has been appointed Assistant Superintendent of Barnes Hospital. Dr. Quarles is a graduate of the University of Richmond and the Medical College of Virginia. He interned at Nassau Hospital in Mineola, N. Y., and the Essex County Isolation Hospital in Belleville, N. J., and was located at America, Alabama, for a short time before coming to St. Louis in February, 1941.
At a meeting of the Executive Committee of the National Board of Medical Examiners on October 27, Dr. Borden S. Veeder, Professor of Clinical Pediatrics, was elected a member of the Board. He became the chairman of the division of pediatrics which has charge of the part II examination in that subject.

Dr. Evarts Graham, Bixby Professor of Surgery, gave the after-dinner address at the December meeting of the Faculty Club of Washington University.

Dr. Thomas Findley, instructor in Clinical Medicine, has accepted a position on the staff of the Tulane University School of Medicine.

Through an arrangement with the Judges of St. Louis County, the Health Commissioner of the county, Dr. E. G. McGavran, has been appointed Associate Professor of Public Health at the school and will actively participate in the teaching of the subject.

Dr. Morris Moore, Mycologist to the Department of Dermatology, attended the meeting of the National Tuberculosis Association which was held in Bethesda, Maryland on December 12, 1941. He presented a paper on "Inoculations of Chorioallantoic Membrane of Developing Chicks with Certain Mycobacteria."

The meeting of the American Academy of Dermatologists was held in New York December 14-18 and was presided over by Dr. Richard Weiss, '09, Assistant Professor of Clinical Dermatology. Others from the medical school attending were: Dr. Clinton Lane, Dr. M. F. Engman, Jr., Dr. M. D. Marcus, Dr. Adolph Conrad, Jr., and Dr. Morris Moore. Dr. Weiss and Dr. Lane conducted round table discussions, Dr. Weiss on the "Treatment of Lupus Erythematosus" and Dr. Lane on "The Treatment of Warts."

On November 26, 1941 Dr. Theodore E. Walsh, Professor of Otolaryngology, addressed the Detroit Otolaryngological Society on "Prophylaxis and Treatment of Upper Respiratory Infection."

At the annual meeting of the American Medical College Association, Washington University was represented by Dean Philip Shaffer, Dr. Franklin Walton and Dr. Carlyle Jacobsen. Dr. Jacobsen presented a paper on "Interest Patterns and Achievements in Medical School."
Dr. Evarts A. Graham, Bixby Professor of Surgery, has been awarded the Lister Medal for 1942, which is given in recognition of distinguished contributions to surgical science. He will deliver the Lister Memorial Lectures during 1942 or later under the auspices of the Royal College of Surgeon's of England.

The St. Louis County Hospital has been given a grant by the Federal Government of something over $500,000 for the construction of a new Health Center on the hospital grounds. The influx of defense workers in the County has taxed the health facilities to the limit and additional space for hospital beds and clinics is urgently needed.

Since the fall of 1939 the library has had difficulty in securing delivery of medical journals from Continental Europe. Provision has been made for allocation of funds in order that the missing numbers and volumes may be purchased after the war. It is of the utmost importance that the extraordinarily fine collection of journals be kept complete.

Dr. William O. Russell attended the meeting of the Association for Research in Nervous and Mental Diseases in New York during the Christmas holidays.


Deakin and Patton studied 200 successive and unselected cases of male gonorrhea treated with sulfathiazole in the Washington University Clinics. The procedure and course of treatment included diagnosis of disease by positive smear and culture on admission, then the administration of 20 gm. of sulfathiazole orally at the rate of 4 gm. a day for 5 days. The follow-up consists of observation of the patient over a period of 11 weeks during which time the patient returned at intervals of the first, second, third, seventh, and eleventh weeks for study of urine and prostatic secretion. After this period of observation and a minimum of 4 negative smears and cultures he was discharged. The results of this study revealed that of these 200 cases 145 were cured, 49 were closed without proof of cure, and only 6 were regarded as failures. Sulfathiazole is more efficient than sulfanilamide or sulfapyridine in the oral treatment of male gonorrhea. They concluded that approximately 19 out of 20 men may be rendered non-infectious for gonorrhea by the oral administration of 20 gm. sulfathiazole in a 5 day period.
Faculty and Alumni in National Defense

Miss Louise Knapp, Director of the School of Nursing, reports that the demands for graduate nurses in military and other Federal services is accentuating the existing shortage of nurses. In order to meet the situation the School of Nursing is conducting two programs. One is the attempt to increase the enrollment in the School of Nursing. This year a February class is being accepted which will represent an increase over the students admitted last year. The School is, therefore, receiving aid from the Federal Government under funds allotted to the United States Public Health Service to assist schools in increasing their enrollments. The money is to be used to pay for the additional instruction needed and a certain sum has been set aside which can be used for entering students who need financial assistance. For such students the enrollment fee of $200 may be paid from the Federal funds. Another way that the School is attempting to relieve the shortage of nurses is by offering Refresher Courses to inactive graduate nurses who need to brush up on modern procedures. The third class numbering seven was enrolled on January 26. Thirteen nurses have previously completed the course and seven of these are working regularly in the hospitals here. General Hospital No. 21 was called for active duty and required 120 graduate nurses, all of whom must be eligible for Army Service. So far 74 nurses have enrolled, of whom 31 are graduates of Washington University; 9 from St. Luke's Hospital; 9 from Jewish Hospital; 4 from Lutheran Hospital; 3 from St. John's Hospital, 2 from Missouri Baptist Hospital, and the remainder from other schools.

The nine members of the staff of the Edward Mallinckrodt Institute of Radiology who have been called to the army and navy were honored on January 27 by the unveiling of a service flag in the lobby of the Institute. Dr. Joseph W. Larimore, who originally suggested the ceremony, unveiled the flag on which there are nine blue stars on a white field inside a red border. The stars represent the following men in service: Dr. George Fraser, Dr. Robert W. Kelley, Dr. John H. Wedig, Dr. Robert L. Thornton, Dr. Bart White, Dr. Daniel White, Dr. Wendell G. Scott, Dr. John R. Lionberger, Jr., and Dr. Louis B. Matthei.

Dr. David McKenzie Rioch, Professor of Neurology and Head of the Department of Neuropsychiatry, is a member of the Sub-Committee on Neurology of the National Research Council.
Dr. Evarts Graham, Bixby Professor of Surgery, is Chairman of the Committee on Surgery of the National Research Council.

Washington University School of Medicine in conjunction with Barnes Hospital is initiating a training course for physical therapy technicians. The first course starts February 2. Applicants for this course have an alternative. Those wishing to utilize their training in civilian hospitals will be given a six months period of study followed by three months of practical training in Barnes Hospital. Those intending to join the Army Medical Corps will be given the six months course here and will then be sent to an army hospital for an additional six months training in practical application. A second course will begin October 1, 1942 and 12 to 15 people will be accepted at that time.

The St. Louis Chapter of the American Red Cross inaugurated a program of training Volunteer Nurse's Aides to help meet the needs of the St. Louis Hospitals on November 10, 1941. This project is a part of the Civilian Defense Program and is being carried on by Red Cross Chapters throughout the country. These Volunteers are women who are high school graduates, between the ages of 18 and 50. They are given an 80 hour course of training—35 hours of demonstration and practice of simple hospital procedures in the class room, and 45 hours of supervised practice in hospital wards. The training is non-vocational. The first class of 23 received their class room instruction in the McMillan Hospital and their supervised hospital practice in Barnes, St. Louis Children's, Firmin Desloge, and St. Mary's Hospitals. Each volunteer nurse's aide is required to give a minimum of 150 hours of service to the hospital in which she had her practice. A second class has been enrolled and instruction will begin on January 12, 1942.

The library of the Medical School has been designated to receive and collect books through the Victory Book Campaign of the American Library Association, Red Cross, and United Service Organization.

On December 9, the day after war was declared by the United States, the Executive Faculty of the Washington University School of Medicine met and discussed principles and plans for an acceleration of medical education. At a second special meeting on December 11 the following resolution was passed:

In view of the national emergency be it resolved that the Faculty of the Washington University School of Medicine immediately take steps
to facilitate the graduation of medical students for the duration of the State of War and that the Dean be authorized to appoint a special committee to consider ways and means to accomplish this end.

As a basis for the work of the committee, the Faculty expresses the belief that the facilitation of graduation can best be accomplished by telescoping the work of the four years into a shorter period of time by utilization of the summer months for the instruction of all four classes in the School.

The committee authorized under this resolution is urged to draw up definite proposals consistent with available personnel and facilities and to report a plan to the Faculty at the earliest possible moment.”

The committee authorized under this resolution met on several occasions during the Christmas holidays and submitted to the Faculty at the regular January meeting definite proposals. In general these encompass the following points: Students now in the medical school will start the work of the next year on June 15, 1942. A new class will be admitted to the first year on July 13, 1942. Students in all classes will attend school 44 weeks in each year, divided into four periods of 11 weeks each. The individual periods will be so arranged that three successive periods constitute an academic year. The present Junior class will be graduated in March, 1943 instead of June, 1943. The present Sophomore class will be graduated in December, 1943 instead of June, 1944, and the present Freshman class will graduate in September, 1944, exactly three years after they entered medical school. Vacation periods will be divided so that there are approximately five weeks in September, two weeks at Christmas, and one week in June. In view of the impracticability of teaching certain subjects during the hot summer months, some rearrangement of the sequence of courses was necessary. The more important of these are that biochemistry will be taught as the first subject of the freshman year, and pathology taught as the first subject of the second year—that is during the summer of 1942.

A Civilian Defense Unit has been organized at Washington University under the general chairmanship of Dean William H. Stead. The Medical division is in charge of Dr. Glover Copher.

A new course in First Aid has been added to the schedule of all four classes of the medical school. Under the direction of Col. E. H. Perry, Dr. Glover H. Copher, and Dr. Louis T. Byars, the course is planned to cover those phases in the immediate treatment of emergencies which are not adequately dealt with in the regular curriculum. Some of these subjects are: the diagnosis of abdominal and thoracic emergencies; chemical warfare and the proper handling of gas casualties; common emergencies and the im-
mediate treatment which they require; and bandaging and splinting with special emphasis on the necessity of improvisation at the site of the injury. The course will occupy four hours a week in the curriculum of all classes, and will be given in two divisions: one for the first and second year classes; and the other for the junior and senior classes.

The Secretary of War has appointed a Central Epidemic Control Board, composed of physicians from civil life, to act as advisers to the Surgeon General. Operating under the Central Board are eight investigating commissions, each of which has a number of consultants and teams. At Washington University, Dr. J. V. Cooke is a member of the Commission on Measles and Dr. L. Julianelle and Dr. Robert A. Moore are members of the Commission on Influenza.

Many members of the faculty and alumni of Washington University are active in the organization and work of the Missouri Social Hygiene Association. Among these are Dr. Richard S. Weiss, President, Dr. Rogers Deakin, 1st Vice-President, Dr. Harriet S. Cory, Executive Director, Mrs. M. C. Emanuel, Organizer for Industrial Program, and the following members of the Board: Mr. R. Forder Buckley, Judge John W. Calhoun, Dr. A. H. Conrad, Mr. Douglas V. Martin, Jr., Dr. Llewellyn Sale, Mr. Milton Stahl, Dr. F. H. Ewerhardt, and Mr. A. Sidney Johnston. The association is a member of United Charities, Inc., and is now a unit in the National Defense Program in the Health and Welfare Division of Civilian Defense. The association occupies an important place under three headings; Venereal Disease Control Among Industrial Workers, Social Hygiene Education in the Public Schools, and Social Protection. The Health Commissioner of St. Louis recently stated that the situation incident to mobilization and industrialization would have been most difficult without the authority of the Venereal Disease Ordinance sponsored by the Association. Similarly, the Baby Health Bill passed by the Missouri legislature at the request of the Association has been an important step in the control and eradication of congenital syphilis.
News of Alumni

1916
Paul H. Stevenson, Senior Surgeon (R), U. S. P. H., is a member of a medical commission to China which was formed for the purpose of making a medical survey along the Burma-Yunnan Railway Project.

1922
Dr. Curtis Lohr has been placed in command of General Hospital No. 70 of St. Louis University School of Medicine.

1924
T. K. Brown was elected Secretary of the Board of Directors of the St. Louis Clinics at their annual meeting January 22.

1929
Frank B. Queen is a Major in the Medical Corps of the Army and is stationed at Beaumont General Hospital, El Paso, Texas.

1931
John R. Cochran of the Medical Corps Detachment, Goodfellow Field, Texas, recently was promoted to the rank of captain. From 1934 until he was called to duty he was a physician and surgeon in Ft. Worth, Texas.

1933
Charles H. Flynn is located in Clarinda, Iowa where he has a general practice with special interest in internal medicine.

1934
Paul Kunkel is a Captain in Base Hospital Unit No. 5 of Harvard Medical School.

1935
Harry D. Rosenbaum, Captain in the Army Medical Corps, is on active duty at Fort Leavenworth, Kans.

Charles L. Langsam on furlough from Fort Bragg, N. C., visited the Medical School recently.

Norman Johnson is doing the major surgery at a new hospital opened two years ago in Clarinda, Iowa.

1936
Henry W. Edmonds announces the birth of Nancy Gill Edmonds on Thanksgiving (the November 24th one).

1937
Barnard Cole Trowbridge, who is practicing otolaryngology and bronchoesophagology in Kansas City, Mo., is an Assistant in Otolaryngology at University of Kansas Medical School.

1938
The engagement of Loren F. Blaney to Elizabeth Caldwell Jones has been announced. Dr. Blaney is resident in medicine at Isolation Hospital, St. Louis, Mo.

Adolph H. Conrad, Jr., Captain in Base Hospital Unit No. 21 now stationed at Fort Benning, Ga., was married on December 13 to Evelyn Bertrue Hufford.

Reuben Rhys Harris, Lieutenant, United States Army, married Julia Antoinette Thiemonge on December 19 in Birmingham, Ala.

Anthony Piraino is a general practitioner in Oberlin, Ohio. In the June, 1941 issue of the Ohio State Medical Journal he had published "Hydatidiform Mole with Report of a Case."

1939
Dr. Earl L. Burbidge, Associate Medical Director of Sharpe and Dohme, sent to all members of the class a very complete document concerning the ac-
tivities of the class. Among the other interesting facts it showed that over twenty men from this class are now in the Army or Navy.

Lt. Miles Foster is in the laboratory at Fort Leonard Wood, Mo.

1940

Willard D. Rowland was married to Mary Saugrain Pettus on December 16. Dr. Rowland is at the Mayo Clinic in Rochester, Minn.

Robert R. Anschuetz and Ella Elizabeth Pfeiffenberger were married January 21. Mrs. Anschuetz is the daughter of Dr. Mather Pfeiffenberger, '02. Lieutenant Anschuetz is in General Hospital Unit No. 21.

1941

Henry Schwarz II was married on December 27 to Margaret Ann Gross. Dr. Schwarz is a Lieutenant in Base Hospital Unit No. 21 stationed at Fort Benning, Ga.

UNVEILING OF JOSEPH N. McDOWELL’S GRAVESTONE

In recent numbers of the Quarterly it has repeatedly been announced that the class of 1895 Missouri Medical College is contemplating the erection of a stone monument at the grave of Dr. Joseph Nash McDowell in Bellefontaine Cemetery. This stone has been erected and is ready for unveiling.

The exercises will take place on Saturday, March 28, shortly after 4 P. M. At that hour those in attendance will meet at the Willow Entrance of Bellefontaine Cemetery on Florissant Avenue just east of the terminus of North Kingshighway Boulevard. From that point a guide will show the way to the McDowell lot where the brief exercises will be held.

Miss Rebecca Duane Mastin, daughter of Dr. and Mrs. E. V. Mastin, being the great-great-great-granddaughter of Ephraim McDowell, the uncle of Joseph Nash McDowell, will unveil the stone. Dr. Philip A. Shaffer, Dean of the School of Medicine will speak; and Dr. George E. Throop, Chancellor of the University, will conclude the ceremonies.

All members of the medical profession and their friends are invited to attend.

THE COMMITTEE:

Robert E. Schlueter
John Zahorsky
Robert J. Terry
Lt. Col. Earl H. Perry, MC, USA, announces that 153 Junior and Senior medical students have applied for Second Lieutenants Medical Administrative (Temporary) commissions. Under the revised selective service policy in regard to medical students, those who have failed to apply for a commission are reclassified and placed in the I-A bracket. As has always been true of the medical profession in any emergency, practically every eligible student has "come through" and the student body of Washington University Medical School will not be affected by the draft.

On December 19 the new student lounge was opened. The old cafeteria has been completely renovated and divided into space for the medical school bookstore, business office and the student lounge. The lounge is furnished with leather covered chairs and davenports, floor lamps, tables, a piano, and a bookcase. Alumni are urged to help by sending in books and other reading material; window drapes, venetian blinds, and pictures are also needed. In the back of the lounge there is a small kitchen with a stove, sink, and dishes.


The Junior Class has announced that tentative arrangements have been made to hold the annual Junior-Senior Prom at the Forest Park Hotel some time in April. It has not yet been decided whether or not the custom of awarding prizes in recognition of achievement by members of the Senior Class will be followed this year.

The following students have announced their recent marriages: Freshman, Francis J. Ellis; Sophomore, Donald Eugene Smith; Juniors, Frank Hinch Birsner, John Lloyd Cockrell, Gerald J. Conlin, Ira Clare Layton, Elmer Bowman Miller, Ernest Tuttle Rouse, Edison C. Rupp, and Foyell P. Smith; Seniors, William M. Anderson, Frederick Wm. Kingle, Ruth Schreiber, and Abraham George White.

Births: Mr. and Mrs. Donald Meamber, boy; Mr. and Mrs. Samuel T. Ellis, Jr., boy; Mr. and Mrs. Edwin M. Hamlin, boy; Mr. and Mrs. Harry J. Lawler, girl.
In Memoriam

William L. Abney, '08, San Juan, P. R.; aged 57; died May 12, 1941.
Louis C. Barrette, '25, Sacramento, Calif.; aged 43; died, November 15, 1941.
James H. Butler, Mo. '99, Lincoln, Ill.; aged 66; died, October 31, 1941.
John E. Cannon, Mo. '82, Celeste, Texas; aged 83; died, July 15, 1941.
Thomas Douglas, Mo. '89, Ozark, Ark.; aged 73; died, November 17, 1941.
George W. Duncan, '08, Iberia, Mo.; aged 62; died, November 3, 1941.
William W. Gourley, Mo. '87, Fulton, Ky.; aged 81; died, July 15, 1941.
Philip Griesbaum, '10, Lebanon, Ill.; aged 57; died, July 29, 1941.
Robert Walker Hale, Mo. '93, Thermopolis, Wyo.; aged 72; died, October 29, 1941.
J. T. Higgs, Mo. '85; East St. Louis, Ill.; aged 81; died, July 15, 1941.
Max W. Jacobs, '05, St. Louis, Mo.; aged 62; died, January 19.
Julius J. Jeude, '98, St. Louis, Mo.; aged 60; died, January 11.
C. S. Keagy, Mo. '89, Mill Shoals, Ill.; aged 78; died, November 19, 1941.
Robert H. K. Kirk, Mo. '87, St. Louis, Mo.; aged 78; died in April, 1941.
A. C. Leggatt, '95, Ferguson, Mo.; aged 68; died, May 12, 1941.
James T. Leigh, Mo. '82, Duquoin, Ill.; aged 83; died, October 30, 1941.
L. E. Love, Mo. '77, Dardanelle, Ark.; aged 88; died, May 18, 1941.
George V. Poynor, Mo. '88, South West City, Mo.; aged 85; died, July 23, 1941.
Douglas C. Ramsey, St. L. '80, New Providence, N. J.; aged 81; died, May 22, 1941.
Charles H. Robertson, Mo. '93, Salem, Ore.; aged 71; died, July 16, 1941.
Max C. Starkloff, St. L. '81, St. Louis, Mo.; aged 82; died, January 15, 1941.
Edwin F. Yancey, Mo. '82, Sedalia, Mo.; aged 83; died, November 21, 1941.
WASHINGTON UNIVERSITY

George R. Throop, Ph.D., LL.D., Bridge Chancellor

Walter E. McCourt, A.M., Assistant Chancellor

The College of Liberal Arts
Frank M. Webster, Ph.B., Acting 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
William H. Stead, Ph.D., Dean

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

The School of Graduate Studies
Richard F. Jones, Ph.D., Acting Dean

The School of Law
Joseph A. McClain, Jr., A.B., LL.B., J.S.D., LL.D., Dean

The School of Medicine
Philip A. Shaffer, Ph.D., Dean

The School of Dentistry
Benno E. Lischer, D.M.D., Dean

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

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

The University College
William G. Bowling, A.M., 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: Those desiring information concerning any of the divisions listed above should write to the Dean or Director concerned.