WHAT A DIFFERENCE
A DAY MADE!

George K. Turi, WUMS IV
Across the country medical school admissions committees have been working overtime. During the year 1971-72 the total number of applicants to U.S. medical schools was 29,172. This number clearly exceeded even the post-World War II peaks of the 1948-50 period. The problem for committee members is highlighted further by the fact that each applicant in 1971-72 filed an average of 7.2 applications, whereas the average figure during the previous peak years of 1948-50 was only 3.5.

Nationwide, the number of applicants for each acceptance was 2.4 in 1971-72. This is the critical figure and it is high, but still below the squeeze of 1948-49 when there were 3.5 applicants for each position in medical school. At that time an even greater number of would-be physicians were disappointed.

The size of the national entering class has doubled since 1947-48 when there were 6,512 acceptances. In 1971-72 students entering medical school numbered 12,361, and the anticipated enrollment for 1973-74 is 14,226.

Last year 45.1 per cent of women applicants were accepted and 41.9 per cent of the men. Only twice in the last 10 years has the percentage of acceptances of men exceeded the number for women.

The national attrition rate for medical students has been steadily decreasing for the past nine years. The percentage of withdrawals for all reasons in 1971-72 was only 1.66 per cent. This represents a very significant change in less than 10 years. The percentage in 1963-64 was a much higher 3.93 per cent.

It is clear that the nation will have many more physicians by 1980. Several less predictable variables, however, will determine whether the shortage of doctors will be any less acute.

**M. Kenton King, M.D.**
Dean

Dean King has concisely summarized the national status of medical school admissions. These same trends are clearly reflected in the data from Washington University School of Medicine.

While our entering class size remained stable at 86 students between 1958 and 1965, the number of applicants increased slowly from 1,418 to 1,833. In the next eight years, during which time the freshman class increased to its present size of 120 students, the volume mushroomed to 6,258 who sought entrance to our 1973 class.

Most of this increase has occurred since 1970 when there were 2,015 applicants to the School.

To meet this onrush and still maintain the personalized and individualized evaluation of each applicant, the Dean has increased the membership of the Committee on Admissions from five to fifteen faculty members and administrators and a concomitant increase in Admissions Office personnel.

This past year we have also instituted an Early Decision Program wherein applicants with outstanding academic records and superior Medical College Admission Test scores, who desire to apply only to Washington University as their first choice school, may have their application considered early and an admission decision rendered by October. Nineteen students for our 1973 class were selected by this means. The Association of American Medical Colleges is urging all U.S. medical schools to adopt an Early Decision Program for the 1974 application season.

To select only two students out of every 100 applicants is a very challenging, difficult and, at times, arbitrary and frustrating task. The Committee on Admissions is a very hard working, dedicated group of men and women who accept their committee charge with seriousness of purpose, a probing objectivity and great good nature with willingness to listen to and evaluate divergent opinions. Their mission is to attract, recruit, evaluate and enroll students of ever-increasing quality both from the standpoint of academic performance and personal qualification necessary for excellence in medicine.

It is always pleasing to the Committee on Admissions when applicants from within the "Washington University Family" are accepted for admission. This year fourteen WU undergraduate students, eight sons and daughters of WU alumni and three sons and daughters of WU medical faculty members will enter our 1973 class.

As an alumnus of the School of Medicine, I call upon all fellow alumni for your helpful comments, suggestions, student referrals and constructive criticisms which will assist your committee on Admissions in their important assignment.

**John C. Herweg, M.D. '45**
Associate Dean
### Table of Contents

2 The Deans Comment  
Too many applicants?  
A problem perplexes administrators.

4 The Medical Matchmaker, or  
"Have We Got a Hospital for You?"  
Prescription for post-graduate  
anxiety? The NIRMP Program.

7 To Intern or not to Intern.  
Is That the Question?  
The scholar and the medical school:  
What’s ahead next year – and beyond.

11 Boulder Medical Center  
Founder Reminiscences  
Constructive medicine!  
Alumnus builds on an idea.

14 Someone Special! To the Big Red,  
Dr. Fred Reynolds Certainly Is!  
Status is a martini at 35,000 feet.

16 Photo Potpourri

19 Health Care Textbook  
— A Team Report  
Does the prefect build the practice?  
A review of the hospital  
administration game.

20 Alumni Activities

23 Hawaii in February?  
Who Needs It?  
Venimus, Vidimus Condiscipuli  
First call to Maui in 1974.

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Ignoring the superstition stigma of Friday the 13th, the Class of '73 braved that April day to find where they would begin the practice of medicine.

The National Internship Matching had been scheduled for a week earlier, but "computer problems" brought about the delay.

Were they all glad they went to Cori Auditorium to receive the fateful envelopes? Of course not. But 45 per cent did receive their first choices — if that is any consolation.

Although some walked out solemnly after reading the "verdict," one student who brought his wife and a can of his favorite brew from Colorado was quaffing it with gusto, and she was smiling — oh, how she was smiling!

ST. LOUIS AREA HOSPITALS

Barnes Hospital
Gregory D. Beall, Medicine
James C. Boyd, Pathology
Stewart F. Cramer, Pathology
Bela S. Denes, Surgery
Philip Fleckman, Medicine
S. Vic Glogovac, Surgery
Mark W. Hosler, Psychiatry
Samuel K. Martin, Medicine
John M. Michael, Pathology
Mark S. Minkes, Surgery
Alan C. Moses, Medicine
Douglas G. Nuelle, Surgery
Kenneth R. Schroer, Pathology
Lawrence S. Waldbaum, Anesthesiology

The Jewish Hospital of St. Louis
Edward H. Birkenmeier, Medicine
Donald W. Bussmann, Surgery
John D. Hirsch, Surgery
Catherine Healy Kassens, Medicine
King Tak Lee, Medicine
Michael A. McCarty, Pathology
Steven H. Nichols, Pathology
James V. Seegers, Surgery
Jonathan Weintraub, Medicine
Steven Zalcman, Medicine
John W. Zerdecki, Medicine

St. John's Mercy Hospital
Howard L. Huddleston, Rotating
Daniel S. Karin, Rotating
Alan Kohn, Rotating

St. Louis Children's Hospital
Lynn E. Anderson, Pediatrics
William W. Barnes, Pediatrics
Yvonne C. Bussmann, Pediatrics
Edward J. Holland, Pediatrics

The Julius Paulins — heading back to Colorado!

Mark D. Jacoby, Pediatrics
Allan J. Shapiro, Pediatrics
George K. Turi, Pediatrics
Nancy E. Weaver, Pediatrics

St. Luke's Hospital
Mark A. Novak, Medicine

ARIZONA

Phoenix
St. Joseph's Hospital and Medical Center
Patrick C. Ayer, Rotating

CALIFORNIA

Oakland
Naval Hospital
Kenneth R. Koskella, Rotating
Los Angeles
Cedars-Sinai Medical Center
Lesley Z. Blumberg, Surgery

Los Angeles County,
U.S.C. Medical Center
Robert A. Weisman, Pediatrics

Martin Luther King, Jr.,
General Hospital
Jeffrie D. Miller, Pediatrics
San Francisco
Kaiser Foundation Hospital
William M. Caplan, Medicine
Children's Hospital and Adult
Medical Center
Joshua H. Rassen, Medicine
San Francisco General Hospital
Richard H. White, Medicine
San Diego
Naval Hospital
Dennis Richmond, Rotating
Stanford
Stanford University Hospital
Marc A. Levine, Surgery
Torrance
Los Angeles County Harbor
General Hospital
Kyrieckos Aleck, Pediatrics
Ronald Ziman, Rotating
We Got a Hospital for You?"

COLORADO
Denver
St. Joseph's Hospital
Julius F. Paulin, Surgery
University of Colorado Affiliated Hospitals
Joel D. Blumhagen, Medicine

CONNECTICUT
Waterbury
Waterbury Hospital
Richard C. Walters, Medicine

DISTRICT OF COLUMBIA
George Washington
University Hospital
Ace Lipson, Medicine

FLORIDA
Miami
University of Miami Affiliated Hospitals
Eugene M. Shepherd, Medicine


INDIANAPOLIS
Indianapolis
Indiana University Medical Center
David J. Carlson, Surgery

KENTUCKY
Lexington
University of Kentucky Medical Center
Barry S. Farber, Surgery
Jay S. Weiss, Medicine

LOUISIANA
New Orleans
Charity Hospital
Edwin H. Shuck, Surgery

MASSACHUSETTS
Boston
Massachusetts General Hospital
David C. Hooper, Medicine
Karen L. Scruggs, Pediatrics
New England Medical Center Hospitals
Robert L. Collins, Medicine

MICHIGAN
Ann Arbor
University of Michigan Affiliated Hospitals
Alan C. Peterson, Surgery

MINNESOTA
Minneapolis
University of Minnesota Hospitals
John M. Condit, Medicine
Jerrold M. Stempel, Medicine

Who said medical students never pick up their mail?

Chicago-bound William G. White.

Loyola University Affiliated Hospital
William G. White, Medicine

Michael Reese Hospital
John D. Reinhard, Medicine

Presbyterian St. Luke's Hospital
Michael F. Finkel, Medicine
Arthur E. Jacobs, Medicine

Who said medical students never pick up their mail?
Edward L. Holland — staying here.

MISSOURI
Columbia
University of Missouri Medical Center
Donald H. Knudson, Surgery

NEW JERSEY
Plainfield
Muhlenberg Hospital
Barbara Cooper Mandell, Pediatrics

NEW YORK
Brooklyn
State of University Kings County Medical Center
Robert A. Yanover, Medicine
New York
Beth Israel Hospital
Terry F. Plasse, Medicine
Bellevue Hospital Center,
New York University
Byron S. Cooper, Medicine
Presbyterian Hospital
John R. Wittenborn, Pediatrics
Syracuse
Syracuse Medical Center,
State University of New York
Howard L. DeLozier, Surgery

NORTH CAROLINA
Chapel Hill
North Carolina Memorial Hospital
John S. Black, Surgery
Lucien Simpson, Medicine
Durham
Duke Medical Center
David Fuller, Pediatrics
Jon F. Moran, Surgery

Winston-Salem
North Carolina Baptist Hospital
Douglas P. Miller, Medicine

OKLAHOMA
Oklahoma City
University of Oklahoma Hospitals
Annette Twitchell, Family Practice

OREGON
Portland
Good Samaritan Hospital and Medical Center
Roy C. Baron, Medicine
University of Oregon Hospitals
Edward F. Hill, Rotating
Gale G. Kerns, Rotating

PENNSYLVANIA
Danville
Geisinger Medical Center
David Kaplan, Rotating

TEXAS
Dallas
Parkland Memorial Hospital
Janice Mullinix, Medicine

Houston
Baylor College Affiliated Hospitals
Mark S. Jenkins, Medicine
Barry D. Milder, Medicine

UTAH
Salt Lake City
University of Utah Affiliated Hospitals
William M. Duff, Surgery
Arthur D. Earl, Family Practice
Frank J. Fazzio, Surgery

WASHINGTON
Spokane
Sacred Heart Hospital
James P. Wilhelm, Rotating

WISCONSIN
Madison
University Hospitals
John D. Guletz, Medicine

CANADA
Montreal, Quebec
McGill University Hospital
Thomas C. Namey, Medicine

Both pleased — Assistant Dean John Vavra, M.D., left, and David Hooper, who will be going to Massachusetts General Hospital.
To Intern or not to Intern.
Is That the Question?

The art of medicine cannot be inherited, nor can it be copied from books.

Paracelsus, 1493-1541

Education never ends, Watson. It is a series of lessons with the greatest for the last.

Sir Arthur Conan Doyle, 1859-1930

Both Paracelsus and Sir Arthur Conan Doyle saw the “handwriting on the wall.” If practice makes perfect, then a medical practice is made from education and experience. The Class of ’73 from Washington University School of Medicine is ready to put that theory into effect in the step beyond medical school: THE INTERNSHIP.

It also might be said: From young interns do great practitioners grow. For generations, this first year as a Doctor of Medicine has been utilized as a continued introduction to primary patient care. Internship has been considered the practical agent that crystallizes a student’s medical objectives; a year to assure him he has decided on his specialty (or to change his mind, if it isn’t).

But increasingly more hospitals are re-evaluating this year called “internship.” Is it an integral source of broad-spectrum experience, or a year-long impediment to specialization? Are the new graduates better prepared to attain professional goals, and thus less dependent upon internship programs?

Because many hospitals have eliminated the word internship from certain specialties, there are indications that these questions have not been heeded. Thirteen students about to affix the “Dr.” prefix were asked opinions. Philosophies included:

“Dad is an old family general practitioner, and as they now like to be called, ‘family physician.’ I’m not interested in this. I want the stimulation afforded by group practice, the economic feasibility of the group arrangement, and the option of better vacation time.”

Attitudes embraced appreciation (academic) and criticism (constructive), but one common element was ENTHUSIASM. All seemed certain that, equipped with the Washington University medical curriculum and application of brainwork, they’ll be probing for more than faith after the scalpel’s made its incision. Commentators included:

Kyrieckos Aleck, Los Angeles County Harbor General Hospital; pediatrics.
James C. Boyd, Barnes Hospital; pathology.
Donald W. Bussmann, The Jewish Hospital of St. Louis; surgery.
Yvonne C. Bussmann, St. Louis Children’s Hospital, pediatrics.
Michael F. Finkel, Presbyterian St. Luke’s Hospital, Chicago, Illinois; medicine.
Philip Fleckman, Barnes Hospital; medicine.
John D. Guletz, University Hospitals, Madison, Wisconsin; medicine.
Catherine Healy Kassens, The Jewish Hospital of St. Louis; medicine.

Donald and Yvonne Bussmann

King Tak Lee, The Jewish Hospital of St. Louis; medicine.
Jeffrie D. Miller, Martin Luther King Hospital, Los Angeles, California; pediatrics.
Barry D. Milder, Baylor College Affiliated Hospitals, Houston, Texas; medicine.
Thomas C. Namey, McGill University Hospitals, Montreal, Quebec; medicine.
Annette Twitchell, University of Oklahoma Hospitals, Oklahoma City; family practice.

The questions were designed to examine this end-of-the-medical-beginning for the most recent graduates, to analyze attitudes about how students will “practice what was preached” in valetudinario. The discussion does not relate an attempt at “Mirror, mirror, on the wall, who’ll be the fairest doc of all,” but it does reflect a composite of impressions developed post-exposure to the Washington University School of Medicine. Participants were asked:
"HAS WASHINGTON UNIVERSITY PREPARED YOU FOR YOUR PROFESSIONAL OBJECTIVE?"

Graduates agreed that the curriculum here is excellent. The approach of the program is regarded as academic rather than clinical. Paudits went to the senior year’s elective program, and criticisms centered around the lateness of patient contact and arbitrary grading systems.

D. BUSSMANN: "The basic sciences are stressed almost too heavily. Other medical schools emphasize clinical experience and bedside approach earlier. Postponing these methods makes it difficult for students to see practical applications of the theories they are learning. It’s a few years before your own idea of what a doctor is becomes reality."

MILLER: "There is a pretty good balance of clinical and academic medicine at Washington University. At first, I thought there was too much research orientation but now I feel that the approach prepared me very well."

BOYD: "During the first year, some things seemed esoteric, but looking back through the ‘retrospectoscope,’ I can see that they were relevant. I’ve been very happy here, and I feel that I have a good education."

MOLDER: "There should be more patient exposure in the first two years. The fourth-year electives provide an intern-like experience."

FLECKMAN: "Washington University has announced intentions to made academicians. That’s what I wanted to be. I got what I wanted."

TWITCHELL: "Sometimes I feel that I’m being graded by someone who can’t judge my performance on the wards. For example, my work is rated both by the house officer, who has one view, and by the attending staff member, whose evaluation may be different. The one who sees me the most has the least influence. There seems to be no obvious way around this problem."

ALECK: "The grading here is very arbitrary. A lot depends on how you get along with people around you, rather than on your knowledge of medicine. You find out pretty fast that non-abrasive people get along better."

GULETZ: "Washington University is very academically oriented. We learned the importance of keeping up with progress in medicine. I absorbed this attitude, and it will stand me in good stead all my life. Gaining this insight alone was worth coming here."

CONCLUSION: Here today, well-established tomorrow!

"ARE ADEQUATE MATCHING AND COUNSELING SERVICES PROVIDED?"

Roughly 94 percent of the graduating class participated this year in the National Intern and Resident Matching Program. This degree of involvement would indicate that most graduates approve the program, and comments from those interviewed supported this assumption.

Counseling services, however, incurred positive comments plus discouraging words ranging from dissatisfaction to disappointment. Most of the students were critical not of the counselors but rather of the advisory plan-of-attack.

TWITCHELL: "Several didn’t get their first choice, due to a combination of causes. Factors were the kind of counseling, the ever-increasing number of graduates, and the fact that there are not enough good positions available. A possible solution might involve interesting faculty of all specialties as counselors. This would relieve one person of the tremendous burden of counseling all the students."

ALECK: "There is an ‘American mythology’ of good hospitals. For example, applicants from schools on the East Coast are given preference often. We’re just as qualified, but this year, we didn’t match as well as did schools in the East."

Y. BUSSMANN: "Matching eliminates past problems with getting internships. It’s a good thing for married couples because through the program they have better opportunities to go where they want."

(continued on page 10)
### Washington University School of Medicine Internships 1964-1973

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### Graduates Interning in St. Louis Hospitals

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| Number of Graduates          | 81   | 83   | 85   | 76   | 83   | 82   | 88   | 92   | 94   | 97   |
| % Interning Locally          | 33.3 | 36.1 | 35.2 | 32.8 | 32.5 | 31.7 | 36.3 | 19.6 | 43.6 | 38.1 |
"If you are fortunate, you have a 'Godfather' ... a medical politician, who, through his contacts, might know facts that even the house staffs don't know about departments in the hospital. A few strategic telephone calls can get you an offer that can't be refused."

MILLER: "I feel that most minorities get 'a fair shake,' but there is some inherent prejudice toward women and Blacks: an attitude that might be reflected in the recommendations these students receive. It's hard to say whether the discrimination stems from personality conflicts, race, or sex."

BOYD: "Barnes Hospital was my first and only choice. You can't go wrong with a program at Barnes: the training is excellent!"

KASSENS: "I got the impression that some classmates were dissatisfied. A problem is the difficulty for any one advisor to be in contact with programs all over the country. It's unreal to expect him to do a fantastic job and still fulfill his other responsibilities."

NAMEY: "Having taken electives elsewhere, I have become increasingly impressed with the qualifications, both clinical and intellectual, of my classmates, with respect to their peers from other institutions. I feel that the average Washington University student merits a fine internship."

FINKEL: "I received my first choice. I have no 'axe to grind.' But with respect to what happened to many of my classmates, there is no way to call this (system) anything but deficient."

CONCLUSION: The early bid matches the term.

"ARE INTERNSHIPS NO LONGER NECESSARY?"

There was agreement that the experience afforded by internship is vital. Comments such as, "Firsthand knowledge is necessary to get the feel of medicine," and "You must learn the ins and outs of patient care ... beyond theory, to know the difficulties involved in the art of medicine" were typical. A majority agreed that disappearance of "interns" in the near future will be due to a change in hospital semantics.

ALECK: "I'll be entering pediatric residency right away, but the certification board demands three years' experience including the duties entailed in 'internship.' The rationale is that if you enter with the title of 'resident,' you'll still feel part of a three-year commitment."

LEE: "If a person is mature enough to know where he is going to specialize, the elimination of one year won't hurt him too much. However, the problem is that most medical students have such limited exposure to different medical fields."

FLECKMAN: "The three-year medical school is becoming a trend ... students know more now, and therefore can specialize earlier. It's wrong, for example, to require an intern who delivered babies while he was a student to spend time in obstetrics if he's interested in geriatrics."

TWITCHELL: "Streamlining is following demand. Family practice started out as an internship plus a three-year residency. Now, it is a three-year residency program."

CONCLUSION: An intern by any other name works just as hard.

"FOR EVERY ACTION, THERE IS AN EQUAL AND OPPOSITE REACTION."

The polarity of faculty and students is historic. But student-faculty disputes and refutes do not necessarily follow one another. In his comments on the previous issues, Assistant Dean for Internships John D. Vavra, M.D., who also is associate professor of medicine, assistant professor of preventive medicine, and chief of the Washington University Medical Service at City Hospital, concurred with a majority of the student responses. However, he pointed out that this year, 45 percent of the class received first choices; 16 percent, second, and 11 percent, third.

"I'm satisfied with these percentages, but some good students did match way down on the list. I don't know why it happened. Roughly half of the students had legitimate feelings, as did this office, that they did not match as well as they could have."

"I don't believe the difficulties with matching were the students' faults. Most of them are interested enough in their careers to take necessary initiative."

"There could be some hidden reasons for this failure to match well. Perhaps some hospitals feared that a student interested in a specialty such as psychiatry would change his mind and switch out after a year. Maybe the student's scholastic record, or our academic profile altered decisions. Possibly the interview worked against the applicant."

"In reference to the kinds of counseling offered, there is a reasonable chain of people in many departments who can counsel students as to where they should apply. Counseling does need to be improved. A lot of programs change, and I am too busy to keep up with them. We just need more interested people to participate in placement counseling."

Whether "intern" or "resident," first hospital choice or last, another group of doctors is ready to make its mark. From the comments received, it appears that "internship" is not the missing element in the equation: Bachelor's degree + Doctor of Medicine degree + ______ = PHYSICIAN. The necessary ingredient is experience, and Washington University synthesis helps mold the finished product.
Boulder Medical Center
Founder Reminiscences

In the senior year of my class of 1919, there appeared some rumblings of dissent, the nature of which I never did understand, as I was too busy working as a student intern in the old Mullanphy Hospital at Montgomery and Bacon Streets.

This may not have been surprising, as our class had come from various backgrounds, about one-third transferring from other schools to the junior class. In addition, because this was during World War I, the top men of the school were in France in Base Hospital 21, leaving some faculty members in positions they otherwise would not have held.

The situation seemed serious enough to bring Chancellor Frederick Aldin Hall to a meeting in the North Building. He quickly pointed out the position of the school and its ideals: ‘Washington University is not at all interested in the number of its graduates. It is interested in the quality of its graduates. It is our hope that some of you will enter the field of research, that others will become teachers in our medical schools, and others will become outstanding men in the communities in which they choose to locate.’

The class got the message, for nothing more than a few conferences with teachers were needed to settle their grievances. Perhaps, after all, it was only another ‘winter of discontent.’

Our class met the challenge in the large number who served as teachers and several who became heads of departments in large medical schools. Since I do not belong to either of the first two categories, my story, in some way, may entitle me to a place in the third.

In August, 1920, I returned to Boulder, Colorado, and finding my old anatomy teacher with a growing practice, I was invited to join him. We shared a one-room, one-desk, two-chair and a folding metal examining table office for a few weeks until a new bank building was completed where I selected a suite of offices, and with a $1,000 wedding gift furnished that community’s first modern medical office.

The response was immediate and gratifying. My partner, being associated with the University, had a large following in the students and faculty. We cared for the athletic departments and teams, also all of the men students on admission examinations. The University had no medical facilities whatever, being dependent on the local doctors for all medical problems and care. Soon we had all the local gas and electric companies’ work.

My dream of doing nothing but internal medicine and pediatrics was soon dispelled as I found myself engulfed in every possible aspect of general practice.

In four years I was elected president of the Boulder County Medical Society, which was only a group of arrogant, argumentative physicians who had alienated all the doctors in the outlying communities. They elected the county and state officers. I went to these other doctors, assured them we would have county meetings and elect officers and hold meetings in their communities, shut off the arguments, and have dinner meetings. All agreed, and the plan has continued through the years. Why should so simple a plan as this be needed? Ethics was an unknown word back then.

In 1928 I became disturbed with some of the city’s viewpoints. The council was made up of old men, a rather common idea of those days. Having become widely known, I was elected to the council, much the youngest of the group.

Four years later I was elected mayor, a job I held for eight years. This was the trying time of the depression, bank closings and all the misery that was inflicted upon us. The city was facing a financial disaster, but I had no support from the city manager or the council in solving the problem. After many weeks of jaw-boning, I finally got what I wanted, a finance committee, to study the problem and come up with a budget that averted the crisis. There were other problems, but in the end I was able to get an answer. The school board reluctantly followed my plan and saved their financial situation.

In 1933 my partner died suddenly with a coronary occlusion, leaving me with a crushing burden of two men’s work. Fortunately for me, I had been doing all my own surgery for several years and was able to carry on until his son came to join me just out of internship. Two years later I applied for American College of Surgeons membership, and was given the right to proceed with this trying situation of records and reports to support my application. This took two years of many Sunday hours and any others I could find. Finally all reports were approved, but under present conditions of membership no such conditions would be considered. It might have been in my favor that in this two-year period I had no surgical death.

By 1940 I was tired and jittery, plagued with a thyroid that took me to the Lahey Clinic in Boston, where Frank Lahey tediously dug out a couple of deep seated tumors, and the next morning I had a tracheostomy with all the complications. After five weeks I returned home pretty much worse for wear.

Then World War II suddenly burst upon us, soon taking every available able-bodied doctor except me. I was refused on account of age, 55. I did the major part of all the selective service examinations, and was called upon to help settle the problems of the state director and the medical director of this service. I was fortunate to have a young resident from Children’s Hospital in Denver come to join me, and together we survived the ordeal of the time.

In 1921, newlyweds Dr. and Mrs. Heuston explored Boulder Canyon in a Model T Ford.
Boulder Medical Center Founder Reminiscences

At the end of the war, understandably, I was tired, and because of the lack of adequate anesthesiology, surgery was increasingly difficult, and I wanted out. I asked my young partner, then serving in a Pacific hospital, to bring someone to take over. One of his staff was just the man we needed, Dr. C. H. Martin, a general surgeon from Durango, a 1933 WUMC graduate. Now we had four trying to work in an office designed for two, and soon we added a fifth. We tried alternating hours, as many Denver doctors did, due to shortage of space, but this was a totally unsatisfactory plan.

I always had believed that Boulder would one day become a city, due to its beautiful location. Another belief was that group practice was the direction medicine would take, although this idea was frowned upon by the belated top echelon of organized medicine. Now was my golden opportunity, as we were in an intolerable situation, and my associates readily agreed to study the situation. A number of other doctors, at my invitation, came to my home to hear what I had to say. I talked almost two hours. Ten doctors agreed to continue the study, while several others turned down the offer, greatly to our benefit.

After a year of weekly meetings and study of all the plans we could obtain, we hired an architect. Then we were floored with the builder’s bid, which far exceeded the architect’s estimate. By cutting out one wing, later proven unfeasible, we proceeded with the building and all its problems at that time. We were fortunate in securing 2½ acres across the street from our Community Hospital, giving us ample parking for some years to come. Just two years from the time we began our study, we had an open house, also frowned upon by many doctors, and almost 25 per cent of Boulder’s population came to see it.

I remained as chairman of the partnership for four years during many trials and tribulations of organization, and some traits of personality and attitudes of some of the doctors. Our first real crisis came when I suggested that we should expand with a new wing. The need was obvious, as we had added some new staff and were out of space. The response to my suggestion was both vocal and silent opposition, with no one supporting it. They simply were scared.

Again, it took a year to be convinced, but the addition proved profitable. From this time on growth was no problem, and another addition was made, then a complete remodeling and a much larger addition completed. Recently, a fourth floor was added, financed largely by a patient’s bequest.

Without an able business manager such a project never could have been put together or survived. We were fortunate in choosing a local high school teacher, holding a master’s degree from the University. The corporation owns all the physical plant and equipment and provides all the services. At first management of the hospital was not too complicated, but as the center grew, more help and more equipment were needed, the latter increasingly more complex.
Now the staff numbers 32 doctors, about 140 employees, and about one-fourth of the space is required for administration, storage of records and the endless amount of red tape. Two employees once cared for two doctors, now it takes four for one. The growth of the Center, in part, is due to the growth of the city, its population now about 75,000.

In the early days of the Center, some government officials, with a large group to be examined, came to look over our facilities. We were approved, and soon there came some top men of science and industry, and a large number of local citizens. The examination was long and detailed, emphasizing the need to undergo some isolated and trying situations where they would be sent. Where or what, we were not told. It was not until the world's first hydrogen bomb was exploded on that isolated isle in the Pacific did we realize that we had played a part in that historic and momentous event.

Washington University School of Medicine always has played an important part in the Boulder Medical Center. Dr. Martin and I were two of the founders, and Dr. William S. Curtis, class of 1940, for many years has been in charge of the X-ray Department, replacing Dr. Martin in this position. Dr. Max Greenlee did his graduate work in ophthalmology in our school.

Dr. John Vavra (class of 1954) was one of my babies. He entered this world in a somewhat backward position, but this was no deterrent to his brilliant career as a student and faculty member of Washington University (Associate Professor of Medicine, Assistant Dean).

My most valuable acquisition from our school and Barnes Hospital, of course, is my wife of 52 years, Louise Curtis of Decatur, Illinois. A Wellesley graduate, she had come from the Red Cross training school in Vassar College for graduate students to Barnes to continue her studies. I met her at a party given by the nurses for the senior medical students.

Shortly after the war ended she returned to her home. We were married January 12, 1921, and came immediately to Boulder. I had no money for a honeymoon, but we had many in later years as we attended our many meetings of medical groups and traveled extensively. Her war time record is impressive, organizing many nurses aid classes, and herself serving in this work, a member of the 1 gallon blood donor club, many years in Red Cross and a director of fund raising drives, organized the Boulder County Medical Auxiliary and serving as its president, president and board member for many years of the Community Hospital Auxiliary, and board member of the Boulder Day Nursery. She has continued in various other activities to serve our community.

We are proud of our three sons, now in faraway places, their achievements and their families. We are grateful to Washington University for making it possible for us to serve as we have.

I consider it an honor and a privilege to be a member of the Century Club.

Howard H. Heuston, M.D. '19, FACS, (Retired)
Someone Special?

To The Big Red, Dr. Fred

By Rich Koster,
Globe-Democrat Staff Writer

Symbols of status abound in 20th Century America. They are all around us, purportedly reflecting the evidence and degree of men’s successes.

One man drives a Rolls Royce. Another captains his own yacht. A third is a member of exclusive clubs. The possibilities are endless.

But certainly one of the most unusual recognitions of status in St. Louis over the past decade has been a single martini served in a paper cup at 35,000 feet on seven Sunday nights each autumn.

The consumer has been Fred C. Reynolds, M.D., Professor of Orthopedic Surgery, Washington University School of Medicine and the Barnes Hospital, and for these 10 years team orthopedist and more recently also team physician for the St. Louis Football Cardinals.

There has always been a sufficient supply of beer on home-bound flights of the Big Red during the wind-down from Sunday battle. But no hard liquor. Not for the owners, the coaches, the press, VIPs. None. Except Fred Reynolds’ martini.

“Fred doesn’t drink beer,” explains former Cardinal President Stormy Bidwill, “so one Sunday, the martini was put on for him. It was there every week after that.

“But the interesting thing is, no one else ever asked for one, or for a Bourbon or Scotch. Not the other doctors, the coaches, my brother or myself.

“I think that’s a pretty good indication of what people think of Fred Reynolds.”

Fred Reynolds is one of life’s total professionals. In ability, in commitment, in attitude, in candor, in his goals.

James Ellsasser, M.D., who was a resident under him at Barnes and is now in that hospital’s division of orthopedic surgery, says of him:

“He’s Jonathan Livingston Seagull. He’s above and beyond.”

And another former resident adds: “He seeks perfection in his own work,” says William Costen, M.D., “and then he tries to develop it in those around him.

(Reprinted with permission of the St. Louis Globe-Democrat.)

“It’s been 14 years since I worked under Fred, but there’s one incident I’ll never forget. We were working on some operation and afterward I said to him: ‘Dr. Reynolds, I hope that as I develop I will be able to do this as good as you.’ And he answered: ‘I don’t want you to do it as well as I can. I want you to do it better.’

“I still seek his advice,” continues Dr. Costen. “I still scrub with him every once in a while. Why? To learn.”

At age 65, Fred Reynolds claims that he has slowed down a bit. But while that may be a physical fact, it is almost only incidental to the essential man.

For as a doctor and a teacher, he is at least as much philosophy as technique. And he has never compromised either.

In getting to know Reynolds, and he decides at what pace the process shall develop, he initially seems gruff, even cranky. But that is actually just his honesty jutting out at you.

Diplomacy is not one of his major priorities. Integrity is.

“The knife cures nothing,” Reynolds says with characteristic directness. “The patient must recover with what assistance the physician can provide.

“You have to make him your partner. He must understand what the options are, what’s at stake. So you must be completely honest with him.

“I want a patient to know the possibilities. I want him to have a clear picture. The only way I know to help him decide what to do, for him to know what may or may not happen, is to be honest with him. Although I am not at all sure he always understands what I am saying.

“I am not sure I always believed that as a young man,” he adds. “But over the years, I’ve realized it’s best to lay everything out as clearly as I can at the outset.

“I’ve never seen a case where absolute honesty was wrong. When a patient is facing a serious operation or amputation, the family frequently doesn’t want the patient told.

“But if there is going to be hysteria, I want it before, not after. The adjustment is terrible, but it’s better made before.”

That is just a brief sample of the philosophy of a doctor whom one colleague says “is honest to a fault.” Of a doctor whom Stormy Bidwill refers to as, “the Larry Wilson of medicine.”

“He is dedicated to the extreme. He sacrifices everything to medicine.”

And Reynolds himself agrees. “I enjoy golf and other things,” he says. “In recent years, I’ve taken up gardening. But this comes first. You have to have priorities.

“Medicine has always come first. People know it. My family knows it. My work here is the first consideration.”

A native of Texarkana, Texas, Reynolds says most of what he has done is pure happenstance. “I was just an ordinary student in high school,” he contends. “I wanted to go to medical school, but I intended to go to Texas. I didn’t know there was anywhere else.

“A friend of mine told me that I could come to Washington U. All I had to do was present myself and I could get in. So I did. My mother worked to help put me through.”

Reynolds had hoped to become a neurosurgeon, but finances forced him to take a depression job at an industrial clinic.

* Defensive star Wilson, who played from 1960 to 1972, is now director of professional scouting.
Reynolds Certainly Is!

in Indianapolis. He became an orthopedist by necessity.

During World War II, he worked in hospitals in this country and in England, met and married a nurse, Phyllis Terry.

The Reynoldses have three children, all born since they were passing through St. Louis in 1946 on our way to Texas. I stopped to visit with my old professor at Barnes, J. Albert Key, M.D., and he asked me to stay on.

"He had had a recent coronary and needed help. So, more happenstance, I stayed."

Dr. Key died in 1955, and Dr. Reynolds became Chief of Orthopedics, at first temporarily and then as his mentor’s official successor. He has recently stepped down as Chairman of the Division of Orthopedic Surgery, being succeeded by Arthur H. Stein, M.D. However, he continues active in patient care and teaching.

The honors bestowed upon Fred Reynolds during the last two decades are too numerous to list. He’s president and chairman of just about everything and he has published almost 50 articles.

He is, by almost any professional evaluation, “as good as there is in his field.”

But he is more than that. He is that rare philosophy, that rare honesty. He is as likely to tell President Bill Bidwill exactly what he thinks of his football team as he is to weigh a patient’s possibilities in a hip replacement.

As a pro himself, he of course admires professionalism in others. A few years ago, Quarterback Len Dawson of the Kansas City Chiefs suffered a knee injury — which five doctors said would require surgery.

"I was supposed to be operated on in Oklahoma City one afternoon," Dawson recalls, "when Coach Hank Stram called and said I should come back to Kansas City. He had one more doctor he wanted to look at the knee.

"It was Dr. Reynolds. He didn’t promise me anything. He just told me what my options were and let me make the decision. He didn’t leave anything out, but he said he didn’t think I had to have the operation.

"I didn’t, of course, and four weeks later I played. We won the Super Bowl and I’ve never had any trouble with the knee since. That was the highlight of my career, but I don’t think I’d ever have played in the Super Bowl if I’d have had surgery."

And Reynolds, typically, recalls how Dawson cleared everyone out of the room, except his wife, and how the Doctor and the Quarterback discussed The Knee. Professionally.

Len Dawson likes Fred Reynolds. And Fred Reynolds likes Len Dawson.

Dr. Eilassere says of Reynolds, "In working with him, you get a special view of orthopedics. You know, orthopedists tend to be rough. We work with bones and joints, with screws, nails, plates.

"But Fred trained to be a neurosurgeon and he teaches his students to be gentle, to be careful. He handles tissue like a brain surgeon.

"Besides being totally professional, he is totally self-critical. If we’re going over a case, and it wasn’t handled exactly right, he’ll criticize it just as readily if it’s his own work as someone else’s.

"And his experience is fantastic. I still go to him with problems. And he’ll have run into the same thing 20 years ago. There’s nothing he hasn’t dealt with."

Doctors who have known him for decades or for years say of him:

"He’s a man who doesn’t waste time . . . or words."

"I can tell you about Fred Reynolds in one sentence: He’s a pro."

"He’s old-fashioned. Not in the sense of a doctor sitting on a bed, holding a patient’s hand. That’s not Fred. He has an old-fashioned ethic. And he doesn’t compromise it. Ever."

A man with an ulcer, who refuses to cater to it, Reynolds could, according to most of his colleagues, “have made many times as much money as he has.”

But money is not what Fred Reynolds is about. "I’ve never spent much money," he says. "I seldom have much with me. I’m really not much interested in it. It’s like eating, that’s something I do to stay alive.

"When I went into orthopedics, I wanted to become one of the best. I wanted to become involved in teaching, research and patient care. But most of all, to render service to people.

"The things I wanted were more important than money. I had to make a choice. Of a kind of life and of what I wanted for the future of orthopedic surgery and my own institution.

"I didn’t want to come to this stage and look back and have regrets. I am proud of the young men who have been in our training program and grateful for my staff and family who have made my accomplishments possible.

"I didn’t reach my goal," he says, "I didn’t get as far along as I’d hoped. But I came a lot closer to it than I might have."

And if he had it to do over again?

"My philosophy wouldn’t change," he stresses, "but perhaps I’d spend more time in the lab and in teaching.

"I consider myself lucky. Orthopedics has been good to me. I’ve had more honors than I deserve. And I was lucky I came from a small town, where honesty was the most important thing.

"We didn’t have much. Nobody had anything. Only his own character. The people were brutally honest. It was all we had.

"I guess that honesty has carried over to candor with patients. You know, I don’t have much tolerance for stupidity."

"And none for dishonesty."
Washington University School of Medicine's developing Comprehensive Cancer Center Director, Samuel B. Guze, M.D., vice chancellor for medical affairs, left, meets with Deputy Director William E. Powers, M.D., professor of radiology; and Associate Directors Robert E. Thach, Ph.D., associate professor of biological chemistry; and Stuart A. Kornfeld, M.D., professor of medicine. The Medical School currently is utilizing a $170,753 National Institutes of Health grant for exploratory studies leading to the establishment of a major cancer treatment, research and training facility. Recognized as a prime referral center, nearly 2,500 cancer patients were treated surgically last year. Another 1,500 received radiotherapy, and 1,000 were treated with chemotherapy. Some patients received more than one mode of therapy. Also, more than 10,000 cancer suspected specimens were examined by surgical pathologists. Fifty cancer-related research and training programs are being conducted in 15 departments, many of which are collaborative.

James M. Barton, left, class of '75, and Barry S. Farber, class of '73, were chosen as the School of Medicine's first student delegates to the Missouri State Medical Association. The 229-member MSMA House of Delegates, voted to seat the student delegates at the opening of the association's annual meeting in St. Louis. Alternate delegate is Glenn Handler, class of '76.
Medical alumni cited at Founders Day 1973 were from left, John H. Knowles, '51, president of the Rockefeller Foundation; John M. Kissane, '52, professor of pathology and of pathology in pediatrics; Carl G. Harford, '33, professor of medicine; and Carroll D. Behrhorst, '47, founder of the Behrhorst Clinic in Guatemala.

Air Force Surgeon General Robert A. Patterson presented the Air Force Commendation Medal to Captain Lester J. Roundtree, a graduate student in Health Care Administration, when Gen. Patterson was here April 6 to speak at a seminar on "Contemporary Dimensions in Health Care." Capt. Roundtree distinguished himself from 1970 to 1972 while an administrator at Sheppard Air Force Base in Texas. Captain James F. Hanko received the same medal earlier in the year from James O. Hepner, Ph.D., director of the Washington University graduate program. Capt. Hanko’s citation was for meritorious service at Wright-Patterson Air Force Base in Ohio from 1969 to 1972.
Presenters at the 1973 Annual Senior Research Assembly were, from left, Mark S. Minkes, Kyrieckos A. Aleck, Alan C. Moses, David C. Hooper, Stewart F. Cramer and Robert A. Weisman. Chairman of the Assembly and coordinator of the Senior Research Report was Philip Fleckman.
Health Care Textbook – A Team Report

From debate in Congress to idle talk among men on the street, health care is a subject of controversy. Nearly everyone has an opinion on its cost and the way it is being delivered.

From the old Shriner's Hospital building on the Medical Center's southern edge comes a new book, The Health Strategy Game, to add some heat to the health care discussion. The authors work there as a team in Washington University's graduate program in Health Care Administration, where James O. Hepner, Ph.D., is associate professor and director, and Donna M. Hepner is administrative assistant.

Together, as educators, as professionals, and as thoughtful persons concerned about the quality of health care delivery in the United States, they have been credited with bringing dynamic new ideas to Washington University's program. The Health Strategy Game is a detailed explanation—a textbook, if you will—of their ideas and proposals.

In the preface, Dr. and Mrs. Hepner write: "This book is aimed toward those persons in leadership roles concerned with the effective and efficient delivery of health services in an emerging system. The purpose is to examine strategies and forces used by selected occupations to resist change in the health care delivery system in the name of professionalism as a deterrent to efficient organization and management. Our hope is that the book will convey some sense of the magnitude of the task ahead and what must be accomplished before health care is in actuality a right and no longer a privilege."

The forward is by Boone Powell, executive director of the Baylor University Medical Center in Dallas. "This book examines various proposed prototypes for health delivery, but for all of them the authors see the hospital as the logical organizational and geographical base. They advocate that hospitals establish their initiative in this role by beginning now to reorganize for very broad community and public health responsibilities.

"They stress the importance of the hospital field's showing leadership by restructuring both its organization and image, and by establishing all of the elements of a teamwork approach to preventive and curative health care services delivery. They project the health care executive as a pivotal figure in the transition, and urge heavy emphasis on planning and coordination on a regional scale. The book stresses how the organizational and managerial expertise of the health care executive must be employed in deriving systematic solutions to today's problems."

In discussing the 240-page-book, Dr. Hepner said, "We anticipate controversy. We are pretty sure that the reviews will reflect polarized opinions."

The Health Strategy Game, published in St. Louis by C. V. Mosby Company, is a provocative $15.50 addition to the growing library about health care delivery in America today. (The Editors)
Alumni Activities

20 '20s

Sol Londe, '27, St. Louis, was a guest lecturer at the Children’s Medical Center, Southwest Medical School, Dallas, Tex. His editorial “Hypertension in Children” was in the American Heart Journal, 84-1, 1972.

John S. Harter, '28, Louisville, Ky., completed his term as president of the Kentucky Medical Association in September.


Robert S. Sillith, '33, Boise, Idaho, is professor emeritus of clinical pediatrics at Loma Linda University School of Medicine.

Morris Berk, '36, Oakland, Calif., assistant clinical professor of medicine, University of California Medical Center, San Francisco, recently retired as assistant chief of medical service at the U.S.V.A. Hospital, Martinez, Calif., after more than 30 years of government service.

Lawrence Breslow, '36, Skokie, Ill., state chairman of the Illinois chapter, American Academy of Pediatrics, is clinical associate professor of pediatrics at the Abraham Lincoln School of Medicine, University of Illinois, and a past president of the Chicago Pediatric Society.

John W. Records, '36, Oklahoma City, Okla., was elected president of the Southern Gynecological and Obstetrical Society in November. He is a member of the Southern Medical Journal’s editorial board.

Harry E. Lichtwardt, '43 (Dec.), Royal Oak, Mich., is chief of the department of urology at William Beaumont Hospital, and secretary of the North Central section of the American Urological Association.

James O. Davis, '45, Columbia, Mo., received a Modern Medicine 1973 Award for Distinguished Achievement for his research proving the involvement of the kidney in producing aldosterone.

Helmuth E. Hoff, '45, Lodi, Calif., is a member of the San Joaquin Medical Society’s board of directors and of the Juvenile Delinquency Prevention Commission of San Joaquin County. His son, Mark, is a third-year student at WUMS.

McDonald Bonebrake, '46, Springfield, Mo., was elected president of the Greene County Medical Society.

Mary Davis Bublis, '46, Plainview, Tex., has been appointed associate professor of clinical psychiatry at Texas Tech University School of Medicine.

Helen Hofsommer Glaser, '47, Atherton, Calif., has coauthored a book, Changing Hospital Environments for Children (Harvard University Press). She is completing her third year of psychiatric residency at Stanford University Medical Center, begun after 20 years in pediatrics.

Frank B. Norbury, '48, Jacksonville, Ill., is president of the Illinois Society of Internal Medicine for 1972-73.

John E. Hult, '49, Aurora, Colo., training director of the Colorado Amigos de Las Americas, is preparing 50 teenagers for an immunization and basic public health program in six Latin American countries.

'30s

Joseph C. Jaudon, '33, St. Louis, has been appointed medical consultant in pediatrics at Shriners Hospital.

Robert S. Smith, '33, Boise, Idaho, is editor of the St. Luke’s Hospital Journal and member of Northwest Medicine’s editorial board. Retired from surgical practice since 1971, he serves on the Rhodes Scholarships selection committee for Idaho and was on the American College of Surgeons’ board of governors from 1966 to 1972.

Eugene M. Bricker, '34, St. Louis, received the St. Louis Medical Society’s Gold Medal and Award of Merit for service to medicine.

Richard A. Sutter, '35, St. Louis, was elected to honor membership in the St. Louis County Medical Society, recognizing more than 35 years of outstanding service. He was only the eighth recipient in the Society’s 69 years.

'40s

Seymour Brown, '40, St. Louis, inaugurated a program of “one-day surgery” at St. John’s Medical Center, where he is chairman of the department of anesthesiology.

Barney W. Finkel, '41, St. Louis, was appointed to the Association of American Physicians and Surgeons’ board of directors.

Charles E. Lockhart, '42, Springfield, Mo., was named chairman of the American Cancer Society’s National Service and Rehabilitation Subcommittee on Honors. He also is on the Society’s board of directors and its medical and scientific subcommittee.

'50s

James H. Dunlevy, Jr., '51, Fairfield, Iowa, received an honorary Doctor of Humane Letters degree from Parsons College in October.

Jerome J. Gilden, M.D., '52, St. Louis, spoke on “The Foot — Structure and Function” at the St. Louis Physical Therapy Association.
Charles Miller, '52, St Louis, has been appointed to the Health and Hospital Advisory Board of St Louis County. Miles C. Whitener, '55, also serves on the board.

Noah Susman, '52, St Louis, has succeeded Hyman Senturia, '33, as director of the radiology department at the Jewish Hospital of St Louis. Dr. Senturia, director from 1953 to 1972, will remain on faculty.

James L. Benepe, Jr., '54, Northampton, Mass., is commanding officer of the 173rd Medical Group, U.S. Army Reserves, and president-elect of the Western Massachusetts Psychiatric Society.

Col. David E. Langdon, USAFMC, '54, Lackland Air Force Base, Tex., has been appointed senior consultant in gastroenterology to the USAF Surgeon General. He is chief of gastroenterology at Wilford Hall USAF Medical Center. In 1971 he received the "Outstanding Clinician" award of the USAF aerospace medicine division.

John J. Sampson, '54, Colorado Springs, Colo., is president-elect of the state ophthalmological society.

Nathan M. Simon, '55, St Louis, had an article, "A Consideration of Some Problems of the Terminal Phase of Analysis on a Parent-Loss Case" in The Israel Annals of Psychiatry and Related Disciplines. He spoke on "Psychological Factors Related to Abortion" at the annual meeting of the Committee for Legal Abortion in Missouri.

John S. Meyer, '56, St Louis, presented "Rapid Cytologic Identification of Renal Cortex in Kidney Biopsies" at the Eighth World Congress on Anatomic and Clinical Pathology in Munich, Germany.

Capt. Robert C. Meredith, USNMC, '57, Yokosuka, Japan, is head of the neurosurgical branch at the U.S. Naval Hospital.

William F. Hejna, '58, Riverside, Ill., has been appointed acting dean of Rush Medical School and acting vice-president of Presbyterian-St. Luke's Medical Center.

Herbert Lubowitz, '58, St Louis, attended the International Congress of Nephrology in Mexico City, in October.

William R. Elsea, '59, Cincinnati, Ohio, has been Commissioner of Health since 1971. He is an adjunct associate professor at the University of Cincinnati Medical School. In 1970, he was a World Health Organization fellow, studying medical care systems in Yugoslavia, Czechoslovakia, the Soviet Union, Sweden and Finland.

'60s

Floyd E. Bloom, '60, Bethesda, Md., received a 1972 Arthur S. Flemming Award from the Downtown Jaycees of Washington, D.C. He is chief of the neuropharmacology laboratory at the National Institute of Mental Health.

Alan E. Eberstein, '60, Dallas, Tex., was appointed a fellow of the American College of Surgery.

William B. Grubb, Jr., '60, Appleton, Wis., was elected chief of medical staff at St Elizabeth Hospital.

Alumnus Heads Continuing Education

Washington University School of Medicine has appointed Elmer B. Brown, Jr., M.D., to the newly created position of associate dean for continuing medical education.

Dr. Brown, professor of medicine, has served as director of the Division of Hematology for nine years. He will relinquish this position in July, but will continue his teaching, clinical practice and research in this area.

His new activity will be to coordinate continuing training for all medical specialties. Meetings and courses will be designed to help physicians keep abreast of changes and improvements in the profession.

Born in New York City, April 1, 1926, he attended the University of Missouri for one year and then Oberlin College, where he received the A.B. degree in 1946. He earned the M.D. degree, cum laude, from Washington University in 1950.

Following internship and residency at New York's Presbyterian Hospital, Dr. Brown served two years in the U.S. Navy before returning to Washington University for postgraduate training in hematology.

In 1955 he was appointed to the Department of Medicine faculty as an instructor. In 1957-59 he was appointed a Public Health Service Special Research Fellow in enzyme biochemistry at the National Heart Institute. Upon his return to St Louis he was promoted to assistant professor. In 1964 he was named associate professor, and in 1971, professor.

During 1969-70 he was a visiting professor at the Royal Postgraduate Medical School in London, England.

Currently president of the Central Clinical Research Club, Dr. Brown also was secretary treasurer of the National Blood Club and a past-chairman of the Midwest Blood Club.

He is a member of the executive committee of the American Society of Hematology, a member of the National Institutes of Health Hematology Training Grants Committee, a member of the editorial board of the medical journal Blood, and editor of the book Progress in Hematology.

Dr. and Mrs. Brown and their four children reside in Clayton.
Raymond B. Isely, '61, Yaounde, Cameroon, was appointed assistant research professor in the University of Pittsburgh's Graduate School of Public Health, and field director of its public health training project in Tchad, Cameroon, and the Central African Republic.

Richard A. Grossman, '62, Bangkok, Thailand, is a special consultant in epidemiology to the faculty of tropical medicine at Mahidol University. He was formerly at the SEATO medical research laboratories in Bangkok.

Harvey S. Kantor, '62, Chicago, Ill., is director of the department of infectious diseases at Cook County Hospital, and assistant professor of medicine and microbiology, University of Illinois Medical Center. He co-authored "Staphylococal Delta Hemolysin: Purification and Characterization" in the Archives of Biochemistry and Biophysics, Vol. 151, 1972.

Malcolm A. Lynch, '63, Philadelphia, Pa., was appointed assistant dean for hospital and extramural affairs at the University of Pennsylvania School of Dental Medicine. He received citations for excellence in teaching from the School’s senior classes of 1967 and 1972.

Robert H. Waldman, '63, Gainesville, Fla., was appointed chief of infectious and immunologic diseases at the University of Florida College of Medicine.

Major Gary J. Pomeroy, '64, HQ USAF (SGHX), PSC Box 7533, APO NY 09633, led an advisory team to assist the Iranian Air Force in designing, equipping, and staffing a new 600-bed general hospital. In January he was awarded the U.S. Air Force Meritorious Service medal for "significant contributions towards improving international relations."

Phillip E. Hoffstein, '65, Del Mar, Calif., will return to WUMS in July as assistant professor of medicine in the renal division after a two-year fellowship at Scripps Clinic and Research Foundation.

Max Alden Baker, '66, Ft. Smith, Ark., is an inpatient and emergency care consultant for the Western Arkansas Counselling and Guidance Center. He was in the Public Health Service in clinical research at the National Institutes of Health, Bethesda, for two years, and has published 15 papers on depression research.

Allan C. Campbell, '67, Dallas, Tex., is a national clinical fellow of the American Cancer Society at Baylor University Medical Center.

Sandra Jo Counts, '67, Seattle, Wash., is an instructor in pediatrics at University of Washington School of Medicine. Her specialty is pediatric nephrology.

Major Michael Treister, '67, USAFMC, Clark Air Force Base, The Philippines, is also teaching in National Orthopedic Hospital, Manila, and in November became a fellow of the Philippine Orthopedic Association.

Rodolfo N. Perez, Jr., '68, Ft. McClellan, Ala., is completing military duty and will begin a residency in ophthalmology at the University of Iowa, Iowa City, in July.

Capt. Donald J. Greener, USAFMC, '69, Tha rivalry RTAFB, Thailand, is working with the Thai people in medical civic action programs sponsored by the U.S. Air Force. His specialty is surgery.

Mary Ann Fletcher Hurley, '69, is chief resident in pediatrics at the University of California, San Diego. She will specialize in neonatology.

Michael J. Kelley, '69, Gainesville, Fla., is a National Heart Institute fellow in cardiovascular radiology at the University of Florida College of Medicine. His article "Hepatic Artery Dissection" was in Surgery, Gynecology & Obstetrics in November.


Robert Harmon, '70, Denver, Colo., attended the National House Staff Coalition constitutional convention in Chicago in October. He is alternate representative for Region 6.

Capt. Ronald Marshall, USAFMC, '70, Great Falls, Mont., is serving at Malmstrom USAF Hospital.

Richard I. Smith, '70, Salt Lake City, Utah, has been appointed chief medical resident at the University of Utah Hospital.

Marshall E. Bloom, '71, Denver, Colo., is at the National Institute of Health (NIAID) Rocky Mountain Laboratory.

Dallas C. Long, III, '72, Aurora, Colo., has been elected to the Arizona Sports Hall of Fame.

Jane O. McWilliams, '72, Syracuse, N.Y., in July will become the Navy's first woman flight surgeon candidate. She will be assigned to the Aerospace and Regional Medical Center at Pensacola, Fla.
Hawaii in February?
Who Needs It?

Not Only You, but every member of the Washington University Medical Center Family*, that's who needs Hawaii in February.

Join Us on beautiful, exotic Maui from February 16 to 23, 1974, for our First Annual Clinical Conference at the luxurious Maui Surf Hotel.

For The Doctors, scientific programs in the mornings, with plenty of time unscheduled for relaxation, swimming, golf, tennis, fishing, good food — and that famous Hawaiian hospitality.

For The Ladies, the opportunity to take it easy, and if you'd like, absorb some of the culture of the Islands, pick up some tips on new culinary delights, and visit some of the many fun places to shop.

Inexpensive Extensions are also available to Kauai and Honolulu. All arrangements are being made by Lee Kirkland, president of Group Travel Services of Kansas City.

*Who are members of the Washington University Medical Center Family? To name a few, Alumni, Faculty, House Staff, (present and former), Students, Parents, and Friends.
On the cover: The uniform didn't change, but the name did — from George K. Turi, fourth-year medical student, to George K. Turi, M.D. — at Washington University's commencement on May 25. Dr. Turi will be a pediatric intern at St. Louis Children's Hospital.