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* In the Armed Forces.
Dr. Arthur Holly Compton, famed physicist who was awarded the Nobel prize in 1927, accepted the chancellorship of Washington University on April 20 and will assume his duties as soon as he is freed from his Government commitments, involving scientific research connected with the war effort.

Announcement of his move from the University of Chicago, where since 1940 he has served as dean of the division of physical sciences, was made by Harry B. Wallace, president of the University Corporation, who since July has served as acting chancellor.

Dr. Compton’s appointment brings him back to the University at which he carried on the research which earned for him the Nobel Prize. He was head of Washington University’s department of physics from 1920 until 1923.

Dr. Compton’s family has long been prominently identified with the fields of education and science. One of his brothers, Karl Taylor Compton, is president of Massachusetts Institute of Technology, and another, Wilson Compton, has recently assumed the presidency of Washington State College, at Pullman, Washington.

Commenting on plans for the future, Dr. Compton declared that Wash-
ingston University has an unusual opportunity for development. "The possibilities of service which an urban university can render are tremendous," he said. "The research facilities of Washington University are of inestimable value to the industrial, social and scientific life of this community."

Acting Chancellor Wallace expressed particular gratification over Dr. Compton's acceptance. "We have sought for this position the best qualified educator and executive in the university field," he said, "and I feel that we have found this man in Dr. Compton. He is a distinguished scientist, a scholar, a humanitarian and an acknowledged leader. In returning to Washington University, Dr. Compton insures the realization of great plans which we are making for the development of the institution."

Dr. Compton was born in Wooster, Ohio, on September 10, 1892. He received a bachelor of science degree from the College of Wooster in 1913, and the doctor of science degree in 1927. In 1914 he received a master of arts degree from Princeton, followed by the doctor of philosophy in 1916. He has also studied at Cambridge University, England, and has received doctor of science degrees from Ohio State University in 1929; Yale, 1929; Princeton, 1934; Brown, 1935; Harvard, 1936; the University of San Marcos, 1941; University of Arequipa, 1941. He holds the degree of doctor of humane letters from the University of Tampa in 1941, a doctor of laws from Washington University in 1938 and from the University of California in 1930. In 1934 he also received the degree of master of arts from Oxford University.

While at Washington University, Dr. Compton discovered the change in wave-length of X-rays when they are scattered on the total reflection of X-rays, and the complete polarization of X-rays, the latter in collaboration with C. F. Hagenow, a member of the Washington University faculty.

Other work he has done includes X-ray spectra from ruled gratings; and the electrical character of cosmic rays. From 1931 to 1933 he directed a world cosmic ray survey. For his work with X-rays he was awarded the Rumford gold medal by the American Academy of Arts and Sciences in 1927. He also holds the gold medal awarded by the Radiological Society of North America which he won in 1928, and the Matteucci gold medal presented by the Italian Academy of Sciences in 1933. In 1945 he received the Washington Award of the Western Society of Engineers.
It is my privilege to address you briefly for the last time that you will be compelled to listen to a member of the faculty of your Alma Mater. I am sure that all of you must have mixed feelings of joy and sadness on this occasion, joy because you have passed the last obstacle on the long hard road to becoming doctors of medicine and sadness at the thought that this day means the beginning of separation from your classmate friends. I do not venture to guess what sort of emotions are stirred within you at the thought of separation from the faculty.

The ceremony which we celebrate today, the conferring of degrees, is a very old one which goes back to the days of the medieval universities. In those days, however, the speeches were made by the candidates for degrees and the decision of the fitness of a candidate to receive a degree was based by the chancellor on whether or not he thought the candidate's disputation was a worthy one. Designated in those times as the *principium* the ceremony comes down to us as Commencement Day.

You are about to enter the ancient profession of medicine at a time which future historians will certainly regard as the beginning of a new era. In the darkness of the present world disaster it is impossible for anyone to see clearly what lies ahead. Probably never since the dark ages has the world been so disturbed and never has there been so serious a threat to civilization and culture as exists today.

In medicine the old order has changed to a degree which you neophytes in the profession cannot fully appreciate. You have been caught in the maelstrom of these changes as they affect medical education. You have experienced the accelerated course, and the plans of most of you for extensive graduate training have been cut short. Yet, important as these features of the changed medicine are to you individually, they are small when compared with what has happened to medicine as a whole.

Gradually the spreading ulcer of Nazism has destroyed European culture, and medical science has gone down with it. A generation ago, Germany and Austria were the leaders in medical research, and the German universities had so profound an influence on American education that many of our institutions strove to imitate them, especially in the organization of our medical schools. Abraham Flexner, who was an important figure in the revolution of medical education which swept over this country just prior to

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1 Presented at the Annual Commencement—Washington University School of Medicine, Saturday, June 23, 1945.
2 Bixby Professor of Surgery, Washington University School of Medicine.
World War I, greatly admired the German plan of teaching medicine. It was he who with Mr. Robert Brookings was chiefly responsible for the creation of this medical school of which you have just become proud (I hope) alumni. Now many of those famous German universities are only smoking ruins. Also in France, Holland, Belgium, Norway, Denmark and Italy, all former centers of important medical research, medical science and education have been seriously curtailed if not completely wiped out. But the effect of the cataclysm spawned by the German militarists has not been confined merely to those countries over which the hobnailed boots of alien armies have marched. Medicine like other sciences is international and all contributors make up its component parts. The removal of continental Europe from its former function of being an important source of medical research would necessarily have a profound effect on the development of medicine even if it had come about peacefully. When, however, it has been merely one effect of the world-wide struggle in which we are engaged, the result has been catastrophic.

You are yourselves witnesses of how quickly and almost without our realization the whole plan of graduate specialized medical education has been virtually destroyed in this country, three thousand miles away from Germany. Perhaps you are not so conscious of the fact, however, that medical research and therefore medical progress, in America has almost stopped, compared with what went on only three or four years ago. Even worse is the fact that beginning with 1946 practically no able-bodied young men will be allowed to start the study of medicine in this country. Perhaps you are not so conscious of the fact, however, that medical research and therefore medical progress, in America has almost stopped, compared with what went on only three or four years ago. Even worse is the fact that beginning with 1946 practically no able-bodied young men will be allowed to start the study of medicine in this country. For how long a time this disastrous state of affairs will continue no one can predict. From present indications, therefore, when the class entering this medical school a year from this fall assembles here at its Commencement Day, there will be only a few women and a handful of 4-F men who will receive their degrees. It seems probable that not more than 20 per cent of the usual number of students will enter the medical schools of the country in 1946 and it is impossible to foretell what the situation will be in 1947 and 1948.

This decrease in the number of doctors is bound to influence the practice of medicine in ways which are not clearly predictable. It seems certain that there will be a great shortage; for in addition to the reduction in the number of graduates large numbers will be required for the government services. For many years, even after the war ends, the Army and Navy will require large numbers. If universal military service in peace time becomes established and if the Army maintains its extravagant demand for 6.5 medical officers for each thousand men, no less than 6500 doctors will be required for an army of only one million. According to present estimates the Navy will require about 3500 in peace time, and the Veterans Bureau about 12000. The total of 22000 medical officers which the government
thinks it will need, not counting the number required by the U. S. Public Health Service, will be equal to the normal pre-war crop of four years of graduates of the medical schools of this country. It is still more shocking to realize that it represents the total output of the medical schools for 20 years based on the enrollments permitted beginning with next year.

The shortage of medical students which will become evident in 1946 is due to the fact that no able-bodied young men beyond the age of eighteen are being permitted to go on with their premedical studies, or for that matter with any studies. It seems amazing that although the Army and the Navy considered the supply of medical officers so necessary that the members of your class and of other classes in the medical school were financed by the government to complete their studies, those same government agencies now support the policy of Selective Service in cutting off at its source the supply of future medical officers. Does this make sense to you? It doesn't to me. The reason given for this strange policy is that the Army and Navy must have this manpower for combat duty and that they cannot afford to exempt from military service from six to eight thousand boys per year to go on with their premedical studies. At the same time, however, it was recently announced that no less than 1,200,000 men would be discharged from the Army within the next six months and that Selective Service would ask for 30,000 fewer men per month than last year. Yet medicine needs deferment of only 8,000 premedical students per year and even of this number 2,000 would be returned to the armed services after the medical schools selected the 6,000 needed to fill the freshman classes at the appropriate times.

I have said nothing of the important effect upon medicine of the complete disruption of the education of physicists and chemists. This disruption necessarily implies a marked slowing of progress in those important sciences. It is trite to say, as you well know, that much of modern medicine is based on the fundamental discoveries in physics and chemistry. The drying up of the springs of research in those subjects, as has happened to an alarming degree during the last three years, in itself is bound to retard the development of medicine.

It does not require much of a prophet to see that an incalculable number of years will be required to rebuild the splendid edifice of medical education and research in this country which has tumbled down in the incredibly short time of three and one-half years, bombed and blasted by the war. If one is a pessimist he may recall with the historians that our civilization and culture have been characterized by relatively short periods of great intellectual activity and progress followed by much longer periods of latency in which relatively little intellectual progress has been made. The so-called age of Pericles and the Elizabethan era with the long intermission between are notable examples of what I mean. The last seventy-five or one hundred
years have constituted another period of tremendous achievement which
continued even in spite of a world war. Perhaps, however, this second
world war will leave so much devastation in its wake that we are near the
end of another glorious productive era and about to enter a long period of
relative intellectual dormancy.

The temptation is great to blame our present plight in medicine upon
the military men, the so-called “brass hats,” who have taken over the run-
ing of our government and the control of our everyday activities. It is true
that they have acted with apparently only one purpose in mind, namely, to
win the war. No demonstrable effort has been made by them to salvage
from the wreckage of war the priceless things which make up the culture of
our country, the American way of life in its best sense.

About the beginning of this century the fire insurance companies realized
that much of the damage which the firemen did to buildings and their
contents in their uncontrolled efforts to extinguish the fire was unnecessary
and could be prevented. The interior of a house would sometimes be ruined
by floods of water used to put out a small blaze in a corner, expensive furni-
ture and rugs were often uselessly destroyed. So a salvage corps was organ-
ized to proceed to every fire to save the contents of the burning building
from the ravages of the overzealous firemen as well as from the fire itself.
In this war there has been no salvage corps. No one in authority has stopped
the overzealous firemen in the War and Navy Departments from destroying
the valuable contents of our house in their efforts to put out the fire. Select-
tive Service, so called, has not been appreciably “selective” but rather uni-
versal. It could hardly have been otherwise with a regular army major
general at the head of it. Fundamentally it is a civilian service and a
professional army man has no business at the head of it. A few lone voices,
notably that of Chancellor Compton, have spoken out boldly in protest
against the stupid and unnecessary destruction of our culture. He has
emphasized that unless present policies are changed our winning the war
will be a Pyrrhic victory. But these voices are like those crying in the
wilderness. They are not heard, at least by those in authority who could
salvage something from the wreckage.

Is it just to place all the blame for these conditions upon the armed
service? Some will say the primary fault has lain with such ideologies of
aggression as Nazism, Fascism, etc. Perhaps nothing would be gained by
trying to fix the blame. I should like, however, to suggest that we private
citizens of the United States can not escape at least some of it. This is
particularly true of the generation which I represent. Can any one doubt
now that our smug and foolish isolationism, which reached its climax in
the Johnson neutrality legislation, did not encourage the aggressor nations,
or that the stupid Smoot-Hawley tariff bill did not promote despair and
discord among the countries which desired peace? If we reasonably well educated and intelligent citizens allowed our representatives in the Congress to enact such foolish legislation, can we avoid sharing the responsibility for the mess in which we find ourselves now?

“What,” you are probably asking, “has all this to do with us who are a younger generation and surely not responsible for what has happened?” Why do I mention it here? My reply is that now, having witnessed what has happened to the world and being victims yourselves of the disaster, it will be your desire and your responsibility to do what you can to avoid a repetition. Medicine is an engrossing and demanding profession which will consume all of your time if you let it. But there are also other things in life. Because you have better than average intellects and because you have had educational opportunities which are far beyond the average it should be your wish to take an active interest in what is going on in the world. Not so many years ago the physician was rightly regarded as one of the best educated men in his community. He had a knowledge of the cultural subjects, the humanities as they are often called now, and frequently he had an interest in politics, at least in political issues. Dr. Benjamin Rush of Philadelphia, the acknowledged leader of the American medical profession in his day, was one of the signers of the Declaration of Independence. Some physicians have contributed notably to literature, for example, Oliver Wendell Holmes. Many have found recreation in music and art. It is the despair of at least the older members of American medical faculties, however, that present day students seem to have little knowledge of, and to care less about, those fundamental cultural subjects which are the hallmark of an educated man and even the foundation of our democracy. If only we could discern evidence that most students and recent graduates could use the English language properly, we could forgive their ignorance of any foreign language, whether ancient or modern.

These remarks are not merely a variation of the theme that “the old gray mare ain’t what she used to be.” I do not subscribe to the idea that the younger generation is any worse—or for that matter any better—than the older ones. We of an older generation have plunged the world into two devastating wars, and we are asking you not only to fight this one but to pay most of the bills for it in the years to come. It is hard to imagine that you could do worse than we have done. Yet because of the experience gained by having lived longer than you and because I have seen two world wars I feel privileged to give some advice. Remember that not only are you doctors of medicine but you are also citizens of a great democracy which happens at this time to be the most powerful nation in the world. The course which our government follows in the next few years may decide the fate of the world for centuries and will determine whether we shall have a rebirth of
those attributes of our culture which have been destroyed or whether we shall enter another dark age. It is your responsibility, as citizens, to see to it that our government adheres to those high principles upon which it was founded, especially the proposition that all men are created free and equal. The denial of a right to make a decent living, the disfranchisement of groups of American citizens by poll taxes and other means, yes even the denial to the people as a whole of the fruits of modern medical science because some influential practitioners oppose any change in the methods of medical practice, all these and many more features of the American way of life must cease if we are to be a satisfactory example of a democracy. All the fascists are not on the other side of the Atlantic. You have had plenty of evidence of what a military dictatorship can do under the plea of war necessity. Guard against it especially in time of peace. Just as dangerous, however, are the special interests, actuated by greed, which make miserable the honest and intelligent members of Congress who strive sincerely to work for the best interests of the country. Some of the forces developed even in the United States and in time of peace may endanger the freedom of this country as much as another war, if they are allowed to go on and develop momentum unchecked. All the cock-eyed political philosophers are not paperhangers, at least not Austrian paperhangers. We have had our Huey Long, our Father Coughlin and our Gerald Smith. Be on your guard. It can happen here.

Now on this joyful occasion I do not like to leave you on too sombre a note. Your Alma Mater through me wishes for all of you success in your profession and as much happiness as can be found in this troubled world. Some verses, which recently came to my attention, by William W. Pratt express better than my words have done what both of us think may perhaps be a defect in our culture today.

What do folks prefer to read?
Books that deal in hate and murder,
Characters that groan and bleed,
Bodies crushed beneath a girder,
Blood stains on the parlor lamp
Left by supermen and midgets,
Kerchiefs crimson-hued and damp,
Hairs between a dead man's digits.

"Crime in Patent Leather Shoes."
"Death Invades a Game of Polo."
These are titles they peruse
When they plan an evening, solo.
Socrates, thy name is mud;
Your appeal is willy-nilly,
What they crave are guns and blood—
Stories that will scare them silly.

You who view your empty nooks—
Vacant shelves that give you sorrow—
Therefore ought to stock the books
Neighbors never want to borrow—
Books on scientific things;
Government and how to run it;
Dull biographies of Kings;
Books that matter not "who done it."
Case Reports of the Barnes Hospital

Clinical and Postmortem Records Used in Weekly Clinicopathologic Conference at Barnes Hospital, St. Louis

W. Barry Wood, Jr., M. D., and Robert A. Moore, M. D., Editors

CASE No. 76

PRESENTATION OF CASE

J. P., a 63 year old statistician, entered Barnes Hospital for the first time on February 6 and was discharged March 20, 1940.

Chief Complaint: Lower abdominal pain.

Family History: Irrelevant.

Past History: At the age of 19 the patient contracted syphilis. Since the age of 24 he had been treated on frequent occasions for prostatitis. At 40 his tonsils were removed. He had passed “gravel” in the urine on occasions for several years. He had always been a heavy drinker.

Present Illness: For six months the patient had had several episodes of fever with lower abdominal pain. During this period there were frequent attacks of burning on urination, and urethral discharge. More recently he suffered from pain in the lower back radiating to the groins and down both thighs. He had had five attacks of orchitis during the last 18 months. He was advised to enter the hospital for a prostatectomy.

Physical Examination: Temperature 37.2 C., pulse 82, respirations 22, blood pressure 150/104. The patient appeared well nourished and developed and did not seem acutely ill. Argyll-Robertson pupils were present. The upper respiratory tract was normal, and the lungs were clear. The heart was slightly enlarged to the left. Over the aortic area a diastolic murmur was heard. The abdomen showed no abnormalities. The prostate was enlarged and stony hard.

Laboratory Findings: Blood count—red cells 4,530,000, hemoglobin 90 per cent, white cells 6350, differential count—stab forms 3 per cent, segmented forms 74 per cent, lymphocytes 16 per cent, monocytes 7 per cent. Urinalysis: reaction, acid, albumin 2+, many white blood cells. Blood Kahn reaction negative. Blood sugar 73 mg, per cent, non-protein nitrogen 21 mg. per cent. Electrocardiogram—within normal limits.

Course in Hospital: On cystoscopic examination a collar type of prostatic enlargement was found. The bladder urine revealed many colon bacilli. On February 7 a first stage suprapubic prostatectomy was done. A second stage was performed on February 13. Biopsy of the prostate revealed benign hypertrophy with calculi. The postoperative course was uneventful. On
March 8 a bilateral epididymectomy and vasectomy was performed. During the patient's residence in the hospital he had a mild persistent fever which was present on discharge.

**Second Hospital Admission:** May 19 to May 22, 1942.

**Interval History:** For four months previous to admission the patient had complained of pains in his joints, general weakness, and a rectal abscess. Arthritic pains followed a 3000 mile automobile trip and involved many joints. At no time was there redness or swelling or disability. Increasing weakness had been present for the past year or two, during which time he had lost 10 pounds in weight. For six months an abscess about the rectum had been present, which occasionally drained a small amount of pus and blood.

**Physical Examination:** Temperature 35.5 C., pulse 82, respirations 18, blood pressure 150/80. The patient appeared poorly nourished but not acutely ill. The pupils did not react to light or accommodation. His teeth were in poor repair. The lungs were apparently normal. The heart was enlarged 12 centimeters to the left of the midsternal line in the fifth interspace. The rhythm was regular. A loud diastolic murmur was heard at the left sternal border transmitted to the apex. The liver and spleen were just palpable on inspiration. The kidneys were not felt. There was no tenderness or mass. A suprapubic, well-healed scar was present. The genitalia were normal. Large external hemorrhoids were present. The prostate was not felt.

**Laboratory Findings:** Blood count—red cells 4,410,000, hemoglobin 12.9 gms., white cells 8850, differential count—eosinophiles 2 per cent, stab forms 1 per cent, segmented forms 67 per cent, lymphocytes 27 per cent, monocytes 3 per cent. Urinalysis: specific gravity 1.010, albumin—negative, sugar—negative, microscopic—occasional white blood cell. Spinal fluid—2 lymphocytes, Pandy, trace—protein 23 mg. per cent. Wassermann—negative, colloidal gold curve—000000000. Electrocardiogram—indeterminate. Roentgenogram of the gastrointestinal tract was normal with the exception of a string of fragmented opacities; a fairly large one in the left upper abdomen was considered to be pancreatic lithiasis. Chest: The cardiac silhouette was within normal limits, the aorta was lengthened, the hilar shadows were prominent, the lung markings were coarse and fibrous. There were no localized areas of pulmonary infiltration.

**Course in Hospital:** The patient entered the hospital in order to rule out the possibility of carcinoma of the gastrointestinal tract, or cerebrospinal lues because of loss of weight and weakness. He remained three days for examination and was discharged.

**Third Hospital Admission:** October 19 to October 29, 1943.
Interval History: Since last admission the patient had had episodes of fever associated with malaise lasting for two or three days, and recurring every two or three weeks. On these occasions the temperature had been as high as 102°. He also complained of hoarseness which had appeared suddenly one year previously, and had been persistent.

Physical Examination: Temperature 36.8 C., pulse 70, respirations 18, blood pressure 136/80. The patient was poorly nourished and looked years older than his age. The skin showed senile changes. The pupils were fixed. The upper and lower respiratory tracts were within normal limits. The heart was slightly enlarged to the left. The rhythm was regular. A systolic murmur was heard at the base, and a diastolic murmur at the left sternal border and at the apex. The abdomen revealed a mass deep in the left flank. This was nodular and firm and moved with respiration. It extended four finger breadths below the left costal margin and pressure produced a twinge of pain in the left flank. The liver was felt one finger breadth below the right costal margin. Suprapubic and scrotal scars of the previous operations were present.

Laboratory Findings: Blood count—red cells 4,333,000, hemoglobin 12.8 gms., white cells 6800, differential count—eosinophiles 4 per cent, stab forms 3 per cent, segmented forms 67 per cent, lymphocytes 23 per cent, monocytes 3 per cent. Urinalysis: specific gravity 1.012, albumin and sugar negative, microscopic, negative. Stool examination—negative. Blood Kahn reaction, negative. Blood chemistry—sugar 75 mg. per cent, non-protein nitrogen 19 mg. per cent, calcium 10.1 mg. per cent, phosphorous 3.1 mg. per cent, phosphatase—alkaline 4, acid 8.1 Bodanski units. Agglutination tests for brucellosis and typhoid—negative. Blood smears for malaria—negative. Electrocardiogram—indeterminate. Roentgenogram of the chest as before. Open film of the urinary tract;—the left kidney appeared larger than the right. Pyelogram—there was a good filling of both kidney pelves. A round filling defect in the right kidney region appeared between the middle and superior calices, which were distorted. Diagnosis—kidney tumor, right.

Course in Hospital: Occasionally the patient ran a slight elevation of temperature to about 37.5°. During this time he complained of aching in the back and shoulders. The patient refused to remain for further investigation of the genitourinary tract and was discharged.

Fourth Hospital Admission: August 15 to August 19, 1944.

Interval History: Except for some shortness of breath on exertion and persisting hoarseness, the patient felt fairly well until three or four weeks previous to admission when he developed a cold followed by cough. This produced a large amount of yellowish sputum. There was an associated
fever which improved somewhat on medication. About that time he noticed difficulty in swallowing, and food frequently was regurgitated. Occasional pain of a burning character in the upper abdomen occurred at night and was relieved by food.

Physical Examination: Temperature 37 C., pulse 90, respirations 20, blood pressure 120/80 in each arm. The patient was a thin, pale old man. His voice was very hoarse. He was poorly nourished. His eyes, cheeks and temples were sunken. The pupils were small, irregular and fixed to light. They reacted questionably to accommodation. The fundi were not seen because of small pupils. The mouth was edentulous excepting for a few lower carious teeth. There was no tracheal tug. There was dulness to percussion over the lower half of the left lung field. Over this area the breath sounds and voice sounds were diminished. The right chest was clear. The apex impulse of the heart was felt in the fifth interspace 12 centimeters from the midsternal line. There was no enlargement to the right. Suprasternal dulness seemed to be increased. The rhythm was regular. A soft systolic murmur was heard over the precordium. Adiastolic murmur was audible over the aortic area and transmitted to the left border of the sternum. In the abdomen a mass was felt in the left upper quadrant which was firm but indefinite in outline, and moved with inspiration. It was not tender and no nodules were palpated. The liver and spleen were not felt. The tendon reflexes were all moderately active and equal. There were no pathological toe signs. The peripheral arteries were markedly sclerotic.

Laboratory Findings: Blood count—red cells 4,010,000, hemoglobin 13.8 gms., white cells 6800, differential count—basophiles 1 per cent, eosinophiles 1 per cent, stab forms 5 per cent, segmented forms 74 per cent, lymphocytes 16 per cent, monocytes 3 per cent. Urinalysis: specific gravity 1.020, reaction acid, albumin—faint trace, microscopic, many red blood cells, few white blood cells. Stool examination—negative. Blood Kahn reaction, negative. Electrocardiogram—within normal limits. Roentgenograms of the esophagus showed some compression in the middle third without evidence of intrinsic disease. Chest films revealed the cardiac silhouette to be within the upper limits of normal. The left ventricle was prominent. The aorta was long and tortuous. The hilar shadows were prominent. There was considerable infiltration in the perihilar region on the left side. There was a small amount of fluid in the left pleural cavity. Some peribronchial infiltration was present. A kymogram revealed diminution in the amplitude of movement over the left ventricle; that over the aorta was within normal limits. Decholin circulation time—14 seconds.

Course in Hospital: Uneventful. The patient was sent in for observation and study.
Final Hospital Admission: December 25, 1944 to January 2, 1945.

Internal History: The dysphagia suffered previous to the last admission became progressively more marked until the day before this admission when the patient was unable to swallow anything except water, which frequently was regurgitated. On the day of admission he developed a severe, sharp pain below the left clavicle, which persisted. The patient continued to cough up thick, tenacious, yellow sweetish-smelling sputum, but no blood had been present. He had lost 46 pounds in the past eight months.

Physical Examination: Temperature 37 C., pulse 74, respiration 18, blood pressure 96/66. The patient was emaciated, asthenic and pale. There were paroxysms of coughing with the production of large amounts of thick, yellow sputum which had a sweetish odor. Respirations were not labored. The pupils were irregular, contracted and fixed. The fundi showed slight sclerosis of the arteries. There were no hemorrhages or exudate. The pharynx was injected; the palate moved normally. Over the base of the left lung there was impaired resonance with decreased tactile fremitus and increased intensity of the breath sounds. No rales were heard. The apical impulse of the heart was invisible in the sixth intercostal space at the anterior axillary line. There was increased dulness to percussion over the upper mediastinum. The sounds were distant and muffled and no murmur was distinctly heard. The tip of the left kidney was palpable. It was smooth and not tender. The spleen and liver were not felt. The patellar and Achilles tendon reflexes were normal. There were no pathological toe signs.


Course in the Hospital: On December 27 a gastrostomy was performed. The patient continued to bring up large quantities of mucopurulent sputum and the pain in the left chest was persistent. On January 1 an intern was summoned because the patient had difficulty in breathing and continuous pain in the chest. Examination of the lungs revealed no change from that on admission with the exception of coarse rales which were thought to originate in the trachea. The following day at 8 a. m. the patient suddenly dropped over dead.

Clinical Discussion

Dr. Harry Alexander: This patient had a primary luetic lesion at the age of nineteen. However, his first admission to the hospital was approximately forty years later and at that time he had a negative blood Wasser-
mann and, soon thereafter, a negative spinal fluid Wassermann. He had some of the signs of late lues—Argyll-Robertson pupils, and signs of aortic insufficiency. Dr. Clark, under what circumstances does a patient with treated lues and a negative Wassermann show late lesions?

Dr. Gurney Clark: I would question the existence of syphilis in this patient. The diagnosis was made in this individual at a time when the spirochete had not been isolated nor had the serologic tests for syphilis been made available. With regard to the late manifestations of syphilis, which he was supposed to have, I would like to point out that the true Argyll-Robertson pupil, to be pathognomonic of central nervous system syphilis, should react to accommodation. The evidence in this case was that the pupils did not react to accommodation. In regard to the cardiovascular system, the patient did have the murmur of aortic insufficiency. He was 63 years of age and could have had a significant sclerosis in the aorta, which would cause a change in the aortic ring and bring about insufficiency.

Dr. Alexander: How frequently is the murmur of aortic insufficiency observed in arteriosclerosis?

Dr. Clark: Functional aortic insufficiency has been described in arteriosclerosis. In many patients the aortic murmur has been described during life but at autopsy no evidence of widening or any indication of change in the aorta is found. I might say that aortic insufficiency in cardiovascular syphilis, in the absence of treatment, can occur with a negative serologic test in approximately 5 per cent of the cases. About 25 per cent of all cases of cardiovascular syphilis, treated and untreated, show a negative serologic test.

Dr. Llewellyn Sale, Jr.: I would like to point out that on the first admission and on the last admission the pupils were described as having reacted slightly to accommodation.

Dr. W. Barry Wood, Jr.: In regard to the cardiovascular syphilis, the patient never had a low diastolic pressure.

Dr. Alexander: Then we must question the presence of aortic insufficiency. However, on each admission there was a diastolic murmur, best heard at the left border of the sternum, and on one occasion at the apex.

Dr. Wood: I would not question the aortic insufficiency but I would question the fact that it was on a luetic basis because of the high diastolic pressure.

Dr. Alexander: If aortic insufficiency is present on the basis of rheumatic fever, is the diastolic pressure normal?

Dr. Wood: No, but it is usually higher than with syphilis. It is also higher with aortic insufficiency due to arteriosclerosis.
Dr. Alexander: Is there something in the nature of the disease that causes this?

Dr. Wood: I think it depends upon the nature of the anatomic lesion. There is usually a freer regurgitation with syphilis than with other forms of aortic disease.

Dr. Alexander: This patient was apparently not decompensated so it can be assumed that the insufficiency was not great. Dr. Bottom, you said that the department of radiology felt that the compression of the esophagus was due to pressure from the aorta but that the aorta was not dilated. Is that correct?

Dr. Donald Bottom: There were a great number of films made of the chest and there were laminograms of the aorta. In all of these films the aorta had the same diameter. It was a long, tortuous aorta, perhaps slightly dilated but definitely not the type seen in luetic aortitis.

Dr. Alexander: Does the arteriosclerotic type of aorta compress the esophagus to the point of complete dysphagia, Dr. Massie?

Dr. Edward Massie: That would be unusual. As a matter of fact, there is no evidence in this case that the aorta is significantly enlarged. One of the films taken of this patient showed some calcification of the aorta, but it was a normal aorta for a man sixty-three years of age. Therefore, it would be difficult to say that the esophageal compression was due to any aortic enlargement.

Dr. Alexander: Dr. Bottom, do you still feel that the aorta was pressing the esophagus?

Dr. Bottom: On early films there was no obstruction but on later films there was complete obstruction.

Dr. Alexander: Dr. Scheff, under what circumstances does the esophagus become compressed at the level of the fifth dorsal vertebra?

Dr. Harold Scheff: It is not common to have an obstruction of the esophagus in that location. Nothing has been described that would fit into that picture, such as a mediastinal tumor, or an aneurysm of the aorta.

Dr. Alexander: Dr. Massie, what is your impression of the patient's aortic insufficiency?

Dr. Massie: From the cardiological point of view it would have to be due to one of two diseases, either syphilis or rheumatic fever. It is rarely associated with arteriosclerosis. I would say that this is luetic aortic insufficiency, which did not progress to any extent. The absence of high pulse pressure is not unusual as it is a matter of the degree of insufficiency.

Dr. Alexander: Do you agree with that, Dr. Smith?

Dr. John Smith: Yes.

Dr. Wood: I think it is more likely that the patient had a sclerotic
aortic valve. Dr. Clark, do you think the patient had arteriosclerosis rather than rheumatic fever?

Dr. Clark: Yes.

Dr. Alexander: Dr. Goldman, what is your opinion?

Dr. Alfred Goldman: I would favor a diagnosis of syphilis.

Dr. Carl Moore: Dr. Alexander, I would like to ask Dr. Wood and Dr. Clark why this patient's pupils reacted as they did?

Dr. Clark: One possibility is that both of the eyes were fixed due to an iritis. Another possibility is that not enough stimulus was used to elicit accommodation.

Dr. Alexander: Dr. Bottom, if there were an aneurysm compressing the esophagus, do you believe it would be detectable in the radiographs?

Dr. Bottom: Yes, I think so. However it would have to be a large aneurysm, situated somewhere around the posterior portion of the heart and on the descending aorta.

Dr. Alexander: That is correct. None of the radiographs show such an aneurysm. In that case can an aorta which has no aneurysm completely occlude the esophagus? Dr. Scheff does not believe that this can happen. Dr. Scheff, what intrinsic lesion do you believe could occlude the esophagus?

Dr. Scheff: It may not have been intrinsic at the time the patient entered the hospital but the original lesion may have been in the mediastinum.

Dr. Alexander: In other words, the esophagus will not be completely compressed unless from direct pressure of an external lesion and this is rare. Accordingly, therefore, we must assume a mediastinal lesion in this case that not only compressed but also invaded it. Dr. Bottom, is there any evidence of such a lesion at that site in the radiographs?

Dr. Bottom: No. The patient came to the hospital with a diagnosis of diverticulum of the esophagus. Later on, the patient did have a complete obstruction.

Dr. Alexander: Can a diverticulum cause obstruction of the esophagus?

Dr. Scheff: I do not think it can.

Dr. Alexander: Dr. Goldman, do you have any suggestions concerning the thoracic lesions in this patient?

Dr. Goldman: I think the observation made on the second to last admission is significant. There was a broad hilar shadow suggestive of a suppurative pneumonitis. Perhaps the suppuration had its onset in a mediastinal tumor.

Dr. Alexander: What do you think about the fluid in the left base?

Dr. Goldman: I believe that it was secondary to the inflammatory process.
Dr. Alexander: Do you think that the patient had a mediastinal abscess?

Dr. Goldman: Not an abscess, but a tumor.

Dr. Alexander: Dr. Bottom, does a mediastinal tumor show on the radiographs?

Dr. Bottom: On a radiograph taken August, 1944, no tumor was seen.

Dr. Alexander: From one radiograph taken of this case there was an interpretation of metastatic carcinoma. Dr. Moore, what type of carcinoma metastasizes to the lungs most frequently?

Dr. C. V. Moore: In this man several facts are known. One is that he had a stony, hard prostate which was removed but did not show any carcinomatous change. He also had an acid phosphatase of 8.1 Bodansky units, which is a little high. In spite of the histologic report, a carcinoma of the prostate may have been present. Another possibility is a tumor of the kidney. The patient had a large mass in the left side of the abdomen which, according to the protocol, felt like carcinoma of the kidney. However, pyelograms were interpreted as showing a tumor in the right kidney, with the left kidney normal. I would not know how to interpret such a combination of findings.

Dr. Alexander: Dr. Sale interpreted it by saying that the mass on the left side was felt by only one observer and was never felt at any other time. That observation should not be discredited but there is suggestive evidence of tumor of the right kidney. What kind of a tumor of the right kidney would metastasize to the lung?

Dr. C. Moore: Carcinoma of the kidney would metastasize to the lung.

Dr. Alexander: Dr. Moore, would a tumor from an adrenal rest, which frequently occurs in the kidney, be more likely to metastasize to the lung than a cystadenoma or an adenocarcinoma of the kidney?

Dr. Robert Moore: I am not sure that there is a difference between tumors that come from the adrenal cells and those that come from the renal cells.

Dr. Alexander: The question is, can a tumor of the kidney readily metastasize to the lung?

Dr. R. A. Moore: Yes.

Dr. Alexander: Dr. Bottom, could this be a tumor of the lung itself?

Dr. Bottom: Yes, it could be.

Dr. Alexander: Is it the consensus then that the patient had a tumor; that this tumor was in the mediastinum; that it compressed the esophagus or bronchus; and that it is most probably a metastatic tumor involving the mediastinal structure?

Dr. Wood: I think that is plausible, Dr. Alexander.
DR. ALEXANDER: The kymograms on this patient revealed little motion of the left ventricle, which would indicate a lesion of the wall of the ventricle. However, the electrocardiogram was normal. Dr. Massie, will you explain that for us?

DR. MASSIE: The electrocardiogram shows action currents in the heart as it contracts. If a lesion in the heart is not in the direct pathway of these action currents, the electrocardiogram may be normal, although heart disease is present. That is probably the situation in this case. However, I doubt if there was an infarct of the heart. An insufficient left ventricle will give diminished kymographic movements without a myocardial infarct.

DR. ALEXANDER: Would you consider a tumor of the heart as a possibility?

DR. MASSIE: It is possible but I do not think I would consider it in this case.

DR. ALEXANDER: Dr. Wood, what do you think was the cause of this patient's sudden death?

DR. WOOD: Dr. Louis Hamman has written a great deal about the causes of "sudden death." Frequently the pathologist cannot determine the cause of sudden death. A likely diagnosis is that of ventricular fibrillation. Another possibility is pulmonary embolism—especially in a patient with congestive heart failure. A coronary accident or, rarely, a cerebral accident may also bring about sudden death. The cause of this patient's sudden death is not apparent.

DR. ALEXANDER: In summing up, it is the general opinion that this patient had a carcinoma which involved the lungs, the mediastinum, and probably the esophagus, to account for most of his difficulties. There is also a question as to the presence of syphilis.

ANATOMIC DIAGNOSIS

Adenocarcinoma of the left main bronchus with involvement and stenosis of the esophagus 17 centimeters from the cardia of the stomach.
Metastatic adenocarcinoma in the lungs and in the tracheobronchial lymph nodes.
Serofibrinous pleurisy (600 cc. left, 300 cc. right).
Bronchiectasis of the lower lobe of the left lung.
Acute fibrinopurulent peritonitis (1600 cc.)
Renal cell carcinoma of the inferior pole of the left kidney.
Metastatic renal cell carcinoma in all lobes of the lungs.

Pathologic Discussion

DR. ROBERT MOORE: It was quite evident, from the pathologic examination, that the patient had a mass of tumor in the region of the left main
bronchus involving not only the left main bronchus but also the esophagus and the aorta. In addition he had numerous tumor nodules throughout the lungs as shown in the radiograph and he had a large tumor in the inferior pole of the left kidney with nodules of a similar tumor in the lymph nodes about that kidney.

In a microscopic section of the wall of the left main stem bronchus the gross observation is confirmed; there is ulceration into the bronchus and the mucosa of the bronchus is completely replaced by tumor. The tumor invades the cartilage, and involves the tissues outside the bronchial wall. It is our conclusion that this man had a primary carcinoma of the left main bronchus. That is supported by the nature of the tumor. It is an adenocarcinoma. The structure is that of columnar or cuboidal cells arranged in definite acini. At the same time, we must exclude the possibility that this tumor started in the wall of the esophagus since that organ was involved to the point of complete constriction.

In a microscopic section of the esophagus at the point of constriction the epithelium of the surface is normal. Outside of the muscularis there is an adenocarcinoma growing in the surrounding tissue and compressing it. However, at no point does it come up to the mucosa. Adenocarcinoma of the esophagus is a rare lesion and it should be associated directly with the glands of the esophagus. Therefore, we conclude that this man did not have a primary tumor of the esophagus.

The tumor of the kidney is a papillary type of renal cell carcinoma, quite different in structure from the tumor in the lung.

Therefore, it is concluded that this patient had two primary tumors, one of the bronchus and one of the kidney, both of which metastasized to the lung. There was a pleurisy over the left lung which had been organizing for some time before death.

The interpretation of the radiographs was quite correct in that the small, right kidney was the seat of a chronic pyelonephritis. The appearance of a space-consuming lesion was probably a part of the chronic pyelonephritis. The tumor was in the left kidney at the lower pole.

I do not know the immediate cause of death. However, in answer to Dr. Wood’s statement about sudden death, an adequate cause of death is frequently found. The majority of cases do show some lesion, one of the commonest being acute coronary insufficiency. Cerebral lesions are not a common cause of unexpected, sudden death.

There was a moderate degree of arteriosclerosis of the aorta. The aortic valve was not remarkable except for adhesions at the commissures between the cusps. This lesion is frequently found at autopsy without other evidence of cardiac disease. It is possible, but not probable that it was the basis for the diastolic murmur. There was no evidence of syphilis.
Report of Special Faculty Committee for Medical Veterans

The faculty committee appointed to arrange for instruction of returning medical officers wishes to report that after canvassing the various clinical departments it has been determined that probably 105 residencies in addition to approximately 27 fellowships can be made available. This total of 132 places will be more than three times the number now provided.

The positions tentatively offered by the various departments are as follows:

**MEDICINE**
- General Medicine—16 residencies (14 assistant residencies, 2 fellowships)
- Cardiology—2 fellowships
- Communicable Diseases—2 fellowships
- Dermatology and Syphilis—2 fellowships
- Gastro-enterology—2 fellowships
- Tuberculosis (Chest Diseases)—2 fellowships

The fellows would have no clinical responsibilities. The appointment would be for one year.

It is probable also that 2 fellowships can be developed in Metabolic Diseases and 2 in Hematology and Nutrition, making a total of 4 more.

**NEUROPSYCHIATRY**
- Neuropsychiatry — 6 assistant residencies
- Neurology — 1 residency and 2 assistant residencies

In addition there would be 6 fellowships. The fellows would be assigned to various special projects associated with the department and with the clinical services. These would include electroencephalography, new techniques in neurophysiological examination, group therapy projects and biochemistry research in Psychiatry and Neurology.

**OBSTETRICS AND GYNECOLOGY**
- Obstetrics — 1 residency
- Gynecology — 1 residency
- Gynecology and Obstetrics — 6 assistant residencies
- Gynecological Pathology — 1 fellowship for one year
- Gynecological Endocrinology — 1 fellowship for one year

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1This report by a committee of the faculty is published for the information of the alumni—Editor.
OPHTHALMOLOGY
12 assistant residencies

OTOLARYNGOLOGY
1 residency and 7 assistant residencies

PATHOLOGY
Could expand present number of two residencies to six.

PEDIATRICS
Present quota of ten residents could be expanded to seventeen with the
addition of three fellows according to following plan:
1 Chief Resident (4th year)
7 Senior Residents (3rd year)
   1 on 24 hour admitting duty every 3rd day
   1 supervising internes on wards every 3rd day
   1 working in O. P. D. every 3rd day
   1 pediatric supervision of surgical cases
   1 for emergencies and sickness and vacation replacements and super-
   vision at Ridge Farm
   1 on pediatric isolation service at City Hospital
   1 on general pediatric service at City Hospital
9 Junior Residents (2nd year)
   4 Children's Hospital taking cases all through the hospital in rotation
      except for prematures
   1 prematures and laboratory
   1 Ridge Farm
   1 Maternity Hospital
   1 Isolation Division — City Hospital
   1 Emergency — sickness and vacation replacements (spare time in
      O. P. D.)
No internes
3 Fellowships
   1 Rheumatic Fever program (including cardiology)
   1 Child Guidance Clinic (including psychiatry)
   1 Metabolism Clinic (including growth and development in the broad-
      est sense)

RADIOLOGY
It is estimated that opportunities will be available for
2 Residents
2 Assistant Residents
3 Interns
4 Externs
Arrangements can be made for the appointment of a total of 22 residents and 5 fellows. These are divided into three groups:

**Group 1.** These are the men who will live in the hospital and upon whom most of the responsibility for the running of the clinical services will rest. The appointments to the positions in this group will probably be made chiefly from those who are serving as interns. In this group there will be

- 2 Residents (4th or 5th year men). Usually a one year appointment. They will have active supervision of the clinical clerks in respect to assignment of cases, instruction in history taking, examination of patients, critical review of histories, instruction in pre- and postoperative care, and they will be personally responsible for a large number of the operations on the ward patients.

- 10 Assistant Residents (2nd and 3rd year men). Two year appointments. They will be distributed and rotated among the services as follows
  - 2 General Surgery
  - 1 City Hospital (Fractures and Traumatic Surgery) in exchange for assistant resident from there.
  - 1 Surgical Pathology and Anatomy
  - 1 O. P. D. and Emergency
  - 1 Neurosurgery
  - 1 Plastic Surgery
  - 1 Children’s and Orthopedic Surgery
  - 1 Urology
  - 1 Chest Surgery

**Group 2.** In addition to the above there can be 10 assistant residents living outside who will be extra men on each of the services listed above. Probably more latitude can be permitted to this group and they need not be held to the same clinical responsibilities as those who live in the hospital. For example, they may be allowed to spend more time in surgical pathology and anatomy if they wish. Or, if suitable arrangements could be made, certain selected ones could attend undergraduate classes in other basic sciences. Properly qualified members of this group might take up research problems. More will be said about this group later in the general discussion.

**Group 3.** Five fellowships can be provided, one in each of the subdivisions of surgery, for example in neurosurgery, plastic surgery, orthopedic surgery, urology and chest surgery. The appointments will be for one year. They will be intended especially for those who have had a good training in surgery and a war experience of a sort which might lead certain men to wish to specialize in civil life in one of the fields mentioned.
GENERAL CONSIDERATIONS

In the analysis of 21,000 questionnaires returned by medical officers serving with the armed forces, Lt. Col. Harold Lueth found that 57 per cent desire a period of training of more than six months and 19 per cent would like to take courses of less than six months. The latter type of course is often designated as a “general review” or “brushing up” course. Many of the older men, some of whom had long periods of training before entering the armed services, feel that they have been so completely out of touch with the newer developments in all phases of medicine that they would prefer only short courses to acquaint them with the new developments. This is in marked contrast to the wishes of the most recent graduates. Thus in the group of graduates between 1920-1929, 1244 expressed a desire for short courses and 1006 for a long training. On the other hand, of the group of graduates between 1941 and 1943 there were only 292 requests for short courses and 4006 for long periods of training.

In two departments, short courses are planned. In Ophthalmology two one-month courses annually will be offered for twenty men in each if enough instructors are discharged from the armed forces to make them possible. Dr. Post estimates that it will be necessary to have at least six of the nine men in that department returned. In Otolaryngology it is proposed to offer a two months’ refresher course for men returning who have had previous experience in that field. This course will consist of laboratory instruction in the basic sciences in the mornings, with clinical work in the afternoons. It should probably be limited to ten students. In addition it is proposed to start the regular eight months’ course in Otolaryngology which runs from September to May and which can accommodate twenty to thirty students. This course is designed for those who are starting the specialty and intend to go on for at least two years in hospital residencies with the expectation of taking the examination of the American Board.

It is possible that arrangements might be made for groups to attend some of the undergraduate classes. A few men might be much interested in attending some of the lectures in the basic sciences and the clinics given to the undergraduates. Another possibility, if enough instructors become available, would be for some of the younger men to arrange definite courses, tutorial in nature with prescribed reading, emphasizing particularly the newer developments in the last five or ten years. Somewhat similar courses were very popular in Vienna during its heyday.

Of those who seek long periods of training such as are provided by residencies probably the majority are eager to become certificated by the respective specialty boards. Our group of hospitals should cooperate to the utmost in assisting worthy candidates to qualify themselves for the board examinations. The problem of selecting the men for the additional resi-
dencies to be offered will be difficult. The uncertainty of the date of dis-
charge and therefore of the availability of any particular candidate makes
it nearly impossible to plan in advance the date at which the appointment
can begin. It seems probable that the best solution would involve the per-
mitting of the extra residencies to begin at any date and to continue for
a period of one or two years from that date. The regular positions begin-
ning on July 1 could be filled as now by the men coming up in the regular
way from the interne group. It seems likely, however, that on July 1, 1950,
there will be very few internes because of the small number of graduates,
perhaps not enough to provide adequate interne staffs. If complete de-
mobilization has not been effected before that time it may become necessary
to offer internships to returning veterans or perhaps even to devise some
new plan as a substitute for the present organization of the house staff. It
would seem wise not to fill the extra places as soon as they can be filled but
rather to recognize the fact that probably our obligation is chiefly to our
own men, to those whose training here has been interrupted by the war.
Vacancies, therefore, should be maintained so that those men can be ac-
commodated as they are discharged at various times.

The financial aspects of the problem of offering further training to the
returned medical officers are important. They should be considered from
both the standpoint of the veteran and from that of the institution provid-
ing the education. According to the G. I. Bill of Rights each man is en-
titled to receive from the government $50.00 per month, if without de-
pendents, as long as he takes training, or a maximum of $75.00 per month if
he has dependents. Obviously this amount would be insufficient to provide
a living outside the hospital. It will be necessary therefore for each one to
make up the difference either from savings or by grants from some source.
This financial difficulty probably will influence considerably both the num-
ber who will desire long periods of training and the length of that training.
The length of time during which a veteran is allowed government aid for
education depends upon the length of his service in the armed forces. The
following table shows the variations:

<table>
<thead>
<tr>
<th>Time Spent in Armed Forces</th>
<th>Period of Education Allowed</th>
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<tbody>
<tr>
<td>Under 90 days and disabled</td>
<td>1 year</td>
</tr>
<tr>
<td>90 days</td>
<td>1 year plus 90 days</td>
</tr>
<tr>
<td>6 months</td>
<td>1 1/2 years</td>
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<tr>
<td>1 year</td>
<td>2 years</td>
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<tr>
<td>1 1/2 years</td>
<td>2 1/2 years</td>
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<tr>
<td>2 years</td>
<td>3 years</td>
</tr>
<tr>
<td>2 1/2 years</td>
<td>3 1/2 years</td>
</tr>
<tr>
<td>3 years or more</td>
<td>4 years</td>
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</tbody>
</table>

The government has agreed to pay the sum of $500.00 for each school
year of 36 weeks to cover "the established cost of tuition and such labora-
tory, library, health, infirmary, and other similar fees." It is understood
that the cost of books, supplies, equipment and "other usual expenses" may be taken from this sum of $500.00. Apparently the student can demand that the cost of his books and supplies be taken from this amount. The bill is not clear as to who shall make the decision about what books and supplies are necessary, but presumably the institution can decide this point. Otherwise, of course, the student might make excessive demands and equip himself for practice out of tuition money. An informal, and as yet unofficial, ruling has been made by the Veterans' Administration that institutions offering training which extends throughout the calendar year may be eligible to receive a proportionate increase of tuition for the additional time. Thus, for a position such as a hospital residency, which continues for a year of 52 weeks, the institution may demand a payment of approximately $700.00 per year. Another unofficial ruling of the Veterans' Administration is to the effect that any part or all of the tuition fee may be turned back to the student to help defray his living expenses.

Before any of our hospitals will be entitled to receive any tuition fees directly from the government it is necessary that the Governor of Missouri designate them as educational institutions and certify them to the Veterans' Administration as qualified to receive veterans for training. The Committee on Postwar Medical Service has recently sent letters to the governors of all states asking that a list of hospitals qualified to give training to veteran medical officers be prepared. It is assumed that all hospitals approved by the American Medical Association and the American College of Surgeons for resident training will be certified by the respective governors as qualified educational institutions.

Another serious problem which concerns this medical center is the question of living facilities for those who will not be housed in the hospitals. Unless the present conditions are radically changed soon it will be impossible for many to find places to live near the medical center. The difficulty will be much greater for those who have families. Your committee has no recommendations to make on the problem of housing. It is suggested, however, that if it becomes certain that a large percentage of the places for men outside the hospitals will be filled, appropriate steps should be taken to find suitable housing facilities in the neighborhood.

Finally the recommendation is made that some one, preferably with recent military experience, be appointed to assume the major load of organizing the courses of training and to handle the necessary details of dealing with the various problems which the students will present. This recommendation is in accord with a suggestion made by the Dean.

Willard M. Allen
Edwin F. Gildea

Robert A. Moore
W. Barry Wood, Jr.
Evarts A. Graham, Chairman
News from the Medical School and Affiliated Hospitals

The following gifts to the School of Medicine were announced between April 1 and June 18, 1945: from Dr. and Mrs. Victor Hunkel, $500, and from Miss Paula Hunkel, $5.00, to the Philipp Hunkel Memorial Research Fund in the Department of Internal Medicine; from The Nutrition Foundation, $1,700 annually for the years 1945-46-47 for research on the mechanism of the hexokinase reaction in animal tissues under the direction of Dr. Cori; from The National Foundation for Infantile Paralysis, an additional grant of $3,750 to Dr. Margaret Smith in the Department of Pathology for the purpose of continuing the study of transmission of the St. Louis encephalitis virus by chicken mites; from the Office of Scientific Research and Development, a contract to provide up to $8,600 to Dr. E. Gurney Clark in the Department of Preventive Medicine and Public Health; from Mr. S. J. Bronstein, through Dr. Ernest Sachs, $200 for the Neurosurgical Service; from the United States Public Health Service, a grant of $5,000 in support of studies on photometric histochemical study of tumors to be conducted by Dr. Stowell in the Department of Pathology; from the United States Public Health Service, a grant of $8,840 in support of a venereal disease training and research program under the direction of Dr. E. Gurney Clark; from the Baruch Committee on Physical Medicine, $10,000 for the purpose of conducting a two-year project on research in body mechanics under the direction of Dr. Cowdry and with the collaboration of Dr. Bishop and Dr. Ewerhardt; from Mr. John Greenberg, $1,000 to be used to support research in hematology in the Department of Medicine under the direction of Dr. Carl Moore; from The Rockefeller Foundation, $40,000 in continued support of research in neurophysiology under the direction of Dr. George Bishop; from an anonymous donor, $600 for a student loan fund; from Mr. John M. Olin of East Alton, Illinois, $5,000, and from Mr. Erwin P. Stupp, $2,500, to be used for the study of degenerative diseases under the direction of Dr. Kountz in the Department of Medicine; from Mr. David P. Wohl, through Dr. Ernest Sachs, $250 for the Department of Surgery for the work in Neurological Surgery; from an anonymous donor, $5,000 to be used for research in the Department of Anatomy on spina bifida and other developmental anomalies, the work to be under the direction of Dr. Cowdry; from The Maltine Company, a fellowship of $3,000 for the purpose of carrying out studies of thyroid preparations in the metabolism division of the Department of Medicine; from The Borden Company Foundation, $2,500 to establish an annual award of $500 for student research and to be known as
the Borden Undergraduate Research Award in Medicine; from The Commonwealth Fund, $5,200 for one year in support of Dr. Harford's studies in the Department of Medicine on the pathogenesis of experimental pneumonia; from Sharp & Dohme, Inc., $900 in support of a research problem on the extraction of ketosteroids in the Department of Obstetrics and Gynecology by Dr. Asdrubal C. B. Pinto.

The following promotions in the staff have been made for 1945-46: Dr. Russell J. Blattner to Associate Professor of Pediatrics; Dr. Edward Reinhard to Assistant Professor of Medicine and Radiology; Dr. Leo Wade and Dr. Ray Williams to Assistant Professor of Clinical Medicine; Dr. Ben H. Senturia to Assistant Professor of Otolaryngology (on leave of absence for military service); Dr. Robert Stowell to Assistant Professor of Pathology; Dr. Francis E. Hunter and Dr. Sidney Colowick to Assistant Professor of Pharmacology; Dr. Sol Spiegelman to Instructor in Bacteriology; Dr. Harold Roberts to Instructor in Clinical Medicine; and Dr. Anthony K. Busch to Instructor in Clinical Psychiatry.

New appointments to the staff include: Dr. Edgar H. Norris as Visiting Professor of Anatomy; Dr. Martin Kamen as Associate Professor of Biological Chemistry and Chemist to the Radiological Institute; Dr. Walter Page Covell as Associate Professor of Anatomy and Otolaryngology; Dr. Virgil Scott as Assistant Professor of Preventive Medicine and Assistant Professor of Medicine; Dr. Ruth Silberberg as Instructor in Pathology; Dr. Kirk Diebert as Instructor in Radiology; Dr. Thomas Thale as Instructor in Psychiatry; Dr. William R. Platt as Instructor in Pathology; Dr. Merl J. Carson as Instructor in Pediatrics; Dr. Cyril J. Costello as Instructor in Surgery; Dr. S. R. Silverman as Lecturer in Audiology; Dr. J. O. Boley as Assistant in Pathology; Dr. Robert Glaser, Dr. Lawrence Greenman, Dr. Robert Paine and Dr. Bernard Bercu as Assistants in Medicine; Dr. James J. Stout as Assistant in Clinical Medicine; Dr. Amelia A. Bauer, Dr. Barbara Shier and Dr. David LeGrand as Assistants in Neuropsychiatry; Dr. William B. Mize, Dr. Charles Gulick and Dr. William C. Chalecke as Assistants in Obstetrics and Gynecology; Dr. Jack Ingram as Assistant in Otolaryngology; Dr. David Oliver as Assistant in Pathology and Radiology; Dr. Robert Brereton as Assistant in Pathology; Dr. Jean Holowach, Dr. Julius Neils, Dr. Samuel Bessman, Dr. Margaret Meyn, Dr. Helen Yeager as Assistants in Pediatrics; Dr. Harvey R. Butcher, Jr., Dr. James T. Chamness, Dr. Sanford R. Dietrich, Dr. Boyce Hanks, Dr. George E. Gillespie and Dr. Thomas B. Sappington, Jr. as Assistants in Surgery; Dr. Nathan Rifkinson as Assistant in Neurological Surgery and Fellow in Neu-
rological Surgery; Miss Ruth S. Peterson as Research Assistant in Medicine; Dr. Margaret J. Henry as Research Assistant in Medicine; Dr. Anita Zorzoli as Research Assistant in Pathology; Dr. Roberto Pacheco as Fellow in Chest Surgery; Dr. Jose Mercado as Visiting Fellow in Chest Surgery; Dr. Richard T. Odell as Fellow in Orthopedic Surgery; Dr. W. Bilfeldt-Nicholls as Visiting Fellow in Thoracic Surgery.

The following have resigned from the staff: Margaret Yocum, Assistant in Nursing; Mary I. Major, Assistant in Nursing; Irma Hanning, Assistant in Nursing; Mary Louise Strub, Assistant in Nursing; and Jean M. Fuelsch, Assistant in Nursing.

New appointments to the hospital staff include: Dr. Richard Odell, Assistant Surgeon to Barnes and St. Louis Children’s Hospitals; Dr. Virgil Scott, Assistant Physician to Barnes Hospital; Dr. Herman J. Rosenfeld, Dr. Richard Maxwell, and Dr. Ann Tompkins Goetsch, Assistant Physicians to Barnes and McMillan Hospitals; Dr. Nathan Rifkinson, Fellow in Neurosurgery to Barnes and St. Louis Children’s Hospitals; Dr. Merl J. Carson and Dr. Jean Halowach, Assistant Physicians to St. Louis Children’s Hospital and Consultants in Otolaryngology and Ophthalmology to McMillan Hospital.

A new schedule for the Medical School starts this summer. The freshmen admitted in October, 1944, with a few exceptions, will start their second year on July 9, 1945. However, no new freshman class will be admitted until October, 1945. Thus a new class will be admitted every twelve months, but after admission the students will be on the accelerated program and will finish four school years of medicine in three calendar years.

The principal reason for this change is the inadequate number of premedical students. The present rules of the Army and Selective Service do not allow the deferment of any student for professional education unless he is already in the professional school on his eighteenth birthday, manifestly an impossibility except with the rare child prodigy. Despite this difficulty, the Dean’s office has succeeded in securing a full class for this fall.

The outlook for the fall of 1946 is not good. A bill introduced by Senator Ellender in the Senate which would have made possible deferment of premedical students has not yet come out of committee.

A subcommittee of the committee on medical education, headed by Dr. Gurney Clark, has been studying the curriculum for the third and fourth years. Two innovations have been approved by the faculty. First, the consolidation of all of the didactic work of the third year into a single conjoint course in medicine. This means that a disease will be discussed by all of the
concerned departments at the same time and the student will be given the complete picture of each disease. Second, the clerkships of the third and fourth years have been rearranged so as to make possible a clinical clerkship in preventative medicine. To do this the third year has been divided into quarters instead of trimesters used in the past. The elective quarter in the senior year remains.

Dr. Sherwood Moore, professor of Radiology, has for the past year taken an active part as a member of the National Cancer Council of the United States Public Health Service. He has been especially interested in the plans for the improvement of teaching of this subject in schools of medicine.

Dr. Margaret G. Smith, associate professor of Pathology, has entered the national service to do special research for the Army and Navy. Letters addressed to her at the Department of Pathology, Washington University School of Medicine, St. Louis 10, Missouri, will be forwarded.

On Friday evening June 32 the faculty of the School and the Washington University Medical Alumni Association honored the senior class and their parents and friends at a reception at the Woman's Building on the campus. Mr. Johnson, President of the class, presented the guests to those in the receiving line—Dr. and Mrs. Philip A. Shaffer, Dean of the School, Dr. and Mrs. J. W. Thompson, President of the Alumni Association, Dr. and Mrs. Rogers Deakin, Secretary and Treasurer of the Alumni Association, and several members of the class of 1895.

On the occasion of the retirement of Dr. Benno Lischer as Dean of the Washington University School of Dentistry and of Dr. Bland Pippin, Professor of Dental Medicine, the faculty, alumni, and friends tendered them a dinner at the Coronado Hotel on the evening of May 22, 1945. Portraits of the two were presented to the School at that time. Dr. Harlan Horner, Secretary of the Council on Dental Education of the American Dental Association, spoke on the “Future of Dental Education.” Congratulatory remarks were made by representatives of the faculty, alumni, and the local and state dental professions.

Dr. Joseph Erlanger, professor emeritus of Physiology, left on the evening of May 22 to attend the fiftieth reunion of his class at the University of California. He also gave an address before the Portland, Oregon, Academy of Medicine.

Dr. Edmund Vincent Cowdry, professor of Anatomy, delivered on May 24 the first annual Charles Sumner Lecture of the Medico-Chirurgical Society of the District of Columbia. He spoke on “The Present Status of the Problem of Cancer.”
Publications by the Staff of the School of Medicine

March - May, 1945


Alexander, H. L., Goldman, A., Harford, C. G., et al. Chronic pulmonary tuberculosis of the left lung with fibrosis of the upper and lower lobes of the left lung; fibrous obliteration of the left plural space with fibrous thickening of the pleura, advanced (history of pneumothorax, six years, and of thoracoplasty for collapse of the lung, three weeks); fibrocapsular nodules in left lung; partially healed wound of the wall of the left chest. (Barnes case 65.) J. Missouri M. A., 42: 216-217, 219-220, 223, April, 1945.

Alexander, H. L., Levy, I., Jones, A. B., et al. Malignant melanoma involving the myocardium, the pericardium, the lower lobe of each lung, the left kidney, pancreas, peripancreatic lymph nodes, mesenteric lymph nodes, colon, brain, diaphragm and mucosa of the urinary bladder (history of progressive ataxia and loss of memory, five months: dysphagia, dysphonia and partial paralysis, one week; history of removal of right eye for glaucoma, seventeen years); pigmented nevus of the skin of the right forearm; thrombi in secondary and tertiary branches of the pulmonary arteries; recent infarcts of lower lobes of lungs. (Barnes case 63.) J. Missouri M. A. 42: 146-149, 151, March, 1945.


Key, J. A. Intervertebral disk lesions are the most common cause of low back pain with or without sciatica. Ann. Surg., 121: 534-544, April, 1945.


Stowell, R. E. Feulgen reaction for thymonucleic acid. Stain Technol., 20: 45-58, April, 1945.


Note: In the article entitled "Washington University Hospital Operating in France," taken from the Globe Democrat, which appeared in the April issue of the Medical Alumni Quarterly, the number of patients cared for by the Twenty-first Base Hospital during World War I was erroneously given as 18,000. The number should have been 61,543. Slightly over 50% of whom were battle casualties.
Recent Acquisitions by the Library

Possession Does Not Imply Approval


American association for the advancement of science. The chemistry and physiology of hormones. Wash., D. C, the Association, 1944.

American association for the advancement of science. A symposium on mammary tumors in mice (Publication No. 22), by members of the staff of the National Cancer Institute. Wash., D. C, the Association, 1945.


Cantarow, Abraham & Trumper, Max. Lead poisoning. Balt., Williams & Wilkins, 1944.


Crowther, J. G. The social relations of science. N. Y., Macmillan, 1942.

Da Costa, J. C. The trials and triumphs of the surgeon, and other literary gems. Phil., Dorrance & Co. 1944.


Flagg, P. J. The art of resuscitation. N. Y. Reinhold. 1944.


Lewis, Practice of surgery. New and revised chapters.

Linder, R. M. & others. Rebel without a cause... N Y. Crune & Stratton, 1944.


Medical protozoology and helminthology. Bethesda, Maryland. Naval Medical School, National Naval Medical Center. 1944.


Pauling, Linus. The nature of the chemical bond. 2nd ed. N. Y., Cornell Univ. press. 1944.


Pottenger, F. M. Symptoms of visceral disease... 6th ed. St. Louis, Mosby, 1944.


Proceedings of the Conference on traumatic war neuroses in merchant seamen. N. Y., N. Y. Academy of medicine, 1943. (Medical studies on merchant seamen, No. 1.)

Ranson, S. W. Anatomy of the nervous system. 7th ed. Phil., Saunders, 1943.

Robertson, H. E. Hydronephrosis and pyelitis (pyelonephritis) of pregnancy, etiology and pathogenesis; an historical review. Phil., Saunders, 1944.

Schaefer, Hans. Elektrophysiologie... 2 vols. Wien, F. Deuticke, 1940-42. (Published by J. W. Edwards, Ann Arbor.)


Tidy, N. M. Massage and remedial exercises in medical and surgical conditions. 6th ed. Balt., Williams & Wilkins. 1944.

Transactions American association of genito-urinary surgeons. v. 36, 1943.

Transactions of the American laryngological assn. v. 66, 1944.


Wolff, Eugene. The anatomy of the eye and orbit. 2nd ed. Phil., Blakiston, 1940.


Journals

Annual review of physiology. v. 7, 1945.

Association for Research in Nervous & Mental Diseases. (The library has obtained v. 5-11, 1928-31, on microfilm.) v. 5. Schizophrenia; v. 6. The cerebellum; v. 7. Epilepsy and the convulsive state; v.8. The intracranial pressure in health & disease; v. 9. The vegetative nervous system; v. 10. Schizophrenia—dementia praecox; v. 11. Manic-depressive psychosis.

Health & Sanitation division newsletter. Office of the coordinator of Inter-American Affairs. Wash., April 11, 1945+

Journal of investigative dermatology. 1945. v. 6+. (resumed pub. with Feb. issue.)

Journal of the Royal Army Medical Corps. London. v. 83, 1944+

Proceedings of the nutrition society. London. v. 1, 1944+

Pamphlets

The American people, what they think about doctors, medical care and prepayment plans. 1944 Pamphlet #463.


Barnes, R. H. Review of the literature on the nutritive value of soybeans. 1944. Pamphlet #498.

Bureau of cooperative medicine. New plans of medical service. 1940, Pamphlet #496.


New York Academy of Medicine. Committee on medicine and the changing order. 1945, Pamphlet #388. (An interim report)

Symposium on antiparasitic agents as used in tropical diseases other than malaria... given under the auspices of the Division of medicinal chemistry. 1944, Pamphlet #378.
Appointments for the Class of June, 1945

Adams, John P., Elsberry, Missouri—Wilmington General Hospital, Wilmington, Delaware.
Andrew, William F., Richmond, Missouri—Kansas City General Hospital, Kansas City, Missouri.
Atwood, John M., Carrollton, Missouri—Union Memorial Hospital, Baltimore, Maryland.
Baltrusch, Oscar W., Billings, Montana—St. Luke’s Hospital, St. Louis 12, Missouri.
Banton, Howard S., Birmingham, Alabama—Hillman and Jefferson Hospital, Birmingham, Alabama.
Bates, George C., Jefferson City, Missouri—St. Luke’s Hospital, St. Louis 12, Missouri.
Beckmann, George, Webster Groves, Missouri—U. S. Naval Hospital, Chelsea, Massachusetts.
Bennett, Truett V., Ashville, North Carolina—Missouri Baptist Hospital, St. Louis 8, Missouri.
Bentley, Maxwell D., Huntington Woods, Michigan—Grace Hospital, Detroit, Michigan.
Berg, Ralph, Spokane, Washington—Barnes Hospital, St. Louis 10, Missouri.
Bergmann, Martin, St. Louis, Missouri—Jewish Hospital, St. Louis 10, Missouri.
Bond, Robert M., Lewiston, Idaho—Virginia Mason Hospital, Seattle, Washington.
Bopp, Henry W., Jr., Terre Haute, Indiana—Barnes Hospital, St. Louis 10, Missouri.
Brereton, Robert L., Kirkwood, Missouri—Barnes Hospital, St. Louis 10, Missouri.
Bronson, Shael S., St. Louis, Missouri—Jewish Hospital, St. Louis 10, Missouri.
Brown, James A., Tucson, Arizona—U. S. Naval Hospital, San Diego, California.
Brown, Roger W., Ogden, Utah—U. S. Naval Hospital, Seattle Washington.
Bussmann, Donald W., St. Louis, Missouri—St. Louis City Hospital, St. Louis 4, Missouri.
Conrad, Marshall B., Webster Groves, Missouri—St. Luke’s Hospital, St. Louis 12, Missouri.
Cowdry, Edmund V., Jr., St. Louis, Missouri—City of Detroit Receiving Hospital, Detroit, Michigan.
Croom, William C., Jr., Jacksonville, Florida—Hillman and Jefferson Hospital, Birmingham, Alabama.
Crouch, William H., Jr., Linn, Missouri—St. Luke’s Hospital, Kansas City, Missouri.
Dabbs, Harwell, Tupelo, Mississippi—Barnes Hospital, St. Louis 10, Missouri.
Davis, James O., Columbia, Missouri—Barnes Hospital, St. Louis 10, Missouri.
Edison, Thomas G., St. Louis, Missouri—U. S. Naval Hospital, Chelsea, Massachusetts.
Everett, Ernest F., Jr., Fowler, Colorado—Minneapolis General Hospital, Minneapolis, Minnesota.
Farrar, John T., Ladue, Missouri—St. Louis County Hospital, Clayton, Missouri.
Fitzpatrick, Thomas J., Jackson, Missouri—Wilmington General Hospital, Wilmington, Delaware.
Franklin, Harold A., Clayton, Missouri—Jewish Hospital, St. Louis 10, Missouri.
Gantt, Ernest S., Jr., Jefferson City, Missouri—St. Louis City Hospital, St. Louis 4, Missouri.
Gaunt, F. Peyton, Webster Groves, Missouri—U. S. Naval Hospital, San Diego, California.
Geren, Betty Ben, Ft. Smith, Arkansas—Boston Children’s Hospital, Boston, Massachusetts.
Gibson, Jay O., Litchfield, California—St. Louis Maternity Hospital, St. Louis 10, Missouri.

Good, James T., Mirriam, Kansas—Barnes Hospital, St. Louis 10, Missouri.

Guze, Samuel B., New York, New York—Barnes Hospital, St. Louis 10, Missouri.

Hall, Robert H., Salt Lake City, Utah—Groves Latter Day Saints Hospital, Salt Lake City, Utah.

Henry, Margaret Jones, Montgomery, Alabama—Department of Medicine, Washington University Medical School, St. Louis 10, Missouri.

Herweg, John C., Springfield, Missouri—St. Louis Children’s Hospital, St. Louis 10, Missouri.

Hoff, Helmuth E., Tripp, South Dakota—Evangelical Deaconess Hospital, Detroit, Michigan.

Hood, Thomas K., Elko, Nevada—U. S. Naval Hospital, Shoemaker, California.

Ivins, Samuel P., Chester, Pennsylvania—Chester Hospital, Chester, Pennsylvania.

Jacobs, Charles C., Jr., St. Louis Missouri—Milwaukee Hospital, Milwaukee, Wisconsin.

Johnson, Norton E., St. Louis, Missouri—St. Joseph’s Mercy Hospital, Detroit, Michigan.

Johnson, William F., Ozark, Missouri—St. Luke’s Hospital, St. Louis 12, Missouri.

Johnstone, John T., Jr., Webster Groves, Missouri—Touro Infirmary, New Orleans, Louisiana.

Kalmanson, George, Long Island, New York—Cedars of Lebanon Hospital, Los Angeles, California.

Kelly, Frank, Kansas City, Missouri—Barnes Hospital, St. Louis 10, Missouri.

Kilker, Donald E., Pasadena Hills, Missouri—Missouri Baptist Hospital, St. Louis 8, Missouri.

Koppenbrink, Walter E., Higginsville, Missouri—Kansas City General Hospital, Kansas City, Missouri.

Kronenberg, Rose Tesser, Brooklyn, New York—Cambridge Hospital, Cambridge, Massachusetts.

Lambiotte, Louis O., Ft. Smith, Arkansas—Barnes Hospital, St. Louis 10, Missouri.


Lewis, Ceylon S., Jr., Muskogee, Oklahoma—Salt Lake County General Hospital, Salt Lake City, Utah.

Lockett, Edgar N., Jr., Johnson City, Tennessee—U. S. Naval Hospital, Oakland, California.

Luce, Ralph, Moscow, Idaho—St. Louis City Hospital, St. Louis 4, Missouri.

Mackey, Oliver M., Jr., Lewiston, Idaho—Evangelical Deaconess Hospital, Spokane, Washington.

Marx, James C., Jr., Boise, Idaho—Huntington Memorial Hospital, Pasadena, California.

Maxwell, Roscoe S., Punta Gorda, Florida—St. Louis City Hospital, St. Louis 4, Missouri.

Mitchell, Harold H., Los Angeles, California—Cedars of Lebanon Hospital, Los Angeles, California.


Pascoe, James J., Nevada, Missouri—St. Louis City Hospital, St. Louis 4, Missouri.

Penninger, William H., Mountain View, Missouri—The Christ Hospital, Mount Auburn, Cincinnati, Ohio.

Petsch, Kenneth R., Wentworth, South Dakota—Northwestern Hospital, Minneapolis, Minnesota.

Price, Edwin F., Jr., Lawrence, Kansas—Barnes Hospital, St. Louis 10, Missouri.
Prothro, George W., Clovis, New Mexico—Lincoln General Hospital, Lincoln, Nebraska.
Ramsey, R. H., Ft. Smith, Arkansas—Barnes Hospital, St. Louis 10, Missouri.
Reeves, Gerald A., Kirksville, Missouri—St. Louis City Hospital, St. Louis 4, Missouri.
Rhodes, Jack R., Sheridan, Wyoming—St. Joseph's Memorial Hospital, Omaha, Nebraska.
Rider, George L., Oxford, Ohio—St. Louis City Hospital, St. Louis 4, Missouri.
Ritzmann, Leonard W., Quincy, Illinois—Barnes Hospital, St. Louis 10, Missouri.
Roberts, John P., St. Louis, Missouri—St. Louis City Hospital, St. Louis 4, Missouri.
Ruby, Robert, Mabton, Washington—Woman's Hospital, Detroit, Michigan.
Rupe, Clarence E., Kansas City, Missouri—Woman's Hospital, Detroit, Michigan.
Sanneman, Everett Jr., East St. Louis, Illinois—St. Louis City Hospital, St. Louis 4, Missouri.
Schulz, Clarence G., St. Charles, Missouri—Lutheran Hospital, St. Louis 18, Missouri.
Shaw, William J., Jr., Fayette, Missouri—Kansas City General Hospital, Kansas City, Missouri.
Shier, Barbara, Burbank, Oklahoma—Smith, Benjamin Jr., Jackson, Louisiana—Evangelical Deaconess Hospital, St. Louis 10, Missouri.
Smith, Charles G., Texarkana, Texas—U. S. Naval Hospital, San Diego, California.
Stacey, Wallace, Sparta, Missouri—Hillman and Jefferson Hospital, Birmingham, Alabama.
Stephenson, Hugh E., Jr., Columbia, Missouri—University of Chicago Clinics, Chicago, Illinois.
Strong, Richard, Hannibal, Missouri—St. Luke's Hospital, Kansas City, Missouri.
Sweazy, Donald L., Cowden, Illinois—Butterworth Hospital, Grand Rapids, Michigan.
Sylvester, Robert F., Jr., Decatur, Illinois—Starling-Loving Memorial Hospital, Columbus, Ohio.
Taylor, Eugene E., Moscow, Idaho—Barnes Hospital, St. Louis 10, Missouri.
Thatcher, Alan Hal, Preston, Idaho—U. S. Naval Hospital, Santa Margarita Ranch, Oceanside, California.
Tuthill, Sanford W., Mt. Vernon, Illinois—St. Luke's Hospital, St. Louis 12, Missouri.
Twin, Edward J., Kansas City, Missouri—Research Hospital, Kansas City, Missouri.
Ubben, John W., Presho, South Dakota—Evangelical Deaconess Hospital, Detroit, Michigan.
Van Petten, George, Knoxville, Tennessee—U. S. Naval Hospital, Sampson, New York.
Vernon, James T., Morganton, North Carolina—Charity Hospital of Louisiana, New Orleans, Louisiana.
Washington, Edward L., Hannibal, Missouri—St. Louis City Hospital, St. Louis 4, Missouri.
Waters, Hugh R., Wisconsin Rapids, Wisconsin—Presbyterian Hospital, Chicago, Illinois.
Welhaus, Robert S., St. Louis, Missouri—Jewish Hospital, St. Louis 10, Missouri.
Winkler, R. Kenneth, Fresno, California—Wissner, Seth E., Normandy, Missouri—Evangelical Deaconess Hospital, St. Louis 10, Missouri.
Wolfson, Charles, Lawrence, Kansas—Jewish Hospital, St. Louis 10, Missouri.
Wood, Gary B., Webster Groves, Missouri—St. Francis Hospital, Wichita, Kansas.
Wood, Kenneth F., Leeds, England—
Appointments to the House Staff

July 1, 1945

IN SURGERY AT THE BARNES AND ST. LOUIS CHILDREN'S HOSPITALS:

Instructor in Surgery—Gordon F. Moore, Washington University School of Medicine, ’40

Resident—Merton D. Hatch, Harvard Medical School, March ’43

Assistant Residents—David Blanchet, University of Rochester School of Medicine and Dentistry, December ’43
Harvey Butcher, Harvard Medical School, September ’44
James T. Chamness, University of Pennsylvania Medical School, September ’44
Alfred Decker, University of Rochester School of Medicine and Dentistry, December ’43
Yasuyuki Fukushima, Washington University School of Medicine, December ’43
George Gillespie, Vanderbilt University School of Medicine, September ’44
Boyce L. Hanks, Harvard Medical School, March ’43
Thomas Sappington, Jr., Vanderbilt University School of Medicine, September ’44

Interns—Ralph Berg, Jr., Washington University School of Medicine, June ’45
Henry W. Bopp, Jr., Washington University School of Medicine, June ’45
William R. Cate, Jr., Vanderbilt University School of Medicine, June ’45
Clyde H. Dabbs, Jr., Washington University School of Medicine, June ’45
Harry W. Fischer, University of Chicago Medical Schools, June ’45
Earl P. Holt, Jr., Duke University School of Medicine, June ’45
Richard M. Peters, Yale University School of Medicine, June ’45
Robert H. Ramsey, Washington University School of Medicine, June ’45
Robert L. Vann, Bowman Gray School of Medicine of Wake Forest College, June ’45
Watts R. Webb, Johns Hopkins University School of Medicine, June ’45

IN MEDICINE AT THE BARNES HOSPITAL:

Instructor in Medicine on Ward Service—Llewellyn Sale, Jr., Washington University School of Medicine, ’40

Assistant Residents on Ward Service—Bernard Bercu, Washington University School of Medicine, September ’44
Robert Glaser, Harvard Medical School, December ’43
Lawrence Greenman, Yale University School of Medicine, September ’44
Robert Paine, Harvard Medical School, September ’44

Interns on Ward Service—James O. Davis, Washington University School of Medicine, June ’45
Charlton de Saussure, Johns Hopkins University School of Medicine, June ’45
Norman P. Knowlton, Jr., Harvard Medical School, June ’45
Louis O. Lambiotte, Washington University School of Medicine, June ’45
William C. Robbins, Cornell University Medical College, June ’45
Eugene E. Taylor, Washington University School of Medicine, June ’45
Resident on Private Service—Herbert C. Wiegand, Washington University School of Medicine, December '43
Assistant Residents on Private Service—David S. Citron, Washington University School of Medicine, September '44
John Talbert, Harvard Medical School, September '44
Louis Weisfuse, Washington University School of Medicine, September '44
Interns on Private Service—David S. Baldwin, University of Rochester School of Medicine and Dentistry, June '45
James T. Good, Washington University School of Medicine, June '45
Samuel B. Guze, Washington University School of Medicine, June '45
Frank J. Kelly, Washington University School of Medicine, June '45
Dan A. Martin, Emory University School of Medicine, June '45
Edwin F. Price, Jr., Washington University School of Medicine, June '45
Leonard Walter Ritzman, Washington University School of Medicine, June '45

In Pediatrics at the St. Louis Children's Hospital:
Resident—Dorothy M. Case, Washington University School of Medicine, March '43
Assistant Residents—Samuel P. Bessman, Washington University School of Medicine, September '44
Margaret F. Meyn, Washington University School of Medicine, December '43
Julius K. Nells, Washington University School of Medicine, December '43
Helen E. Yeager, Washington University School of Medicine, December '43
Junior Residents—Robert W. Deisher, Washington University School of Medicine, September '44
George N. Donnell, Washington University School of Medicine, September '44
Robert J. Nottingham, Washington University School of Medicine, September '44
Janet Scoville, Columbia University College of Physicians and Surgeons, December '43
Robert M. Scott, Washington University School of Medicine, September '44
Intern—John C. Herweg, Washington University School of Medicine, June '45

In Neuropsychiatry at the Barnes and McMillan Hospitals:
Resident—Louis Gottschalk, Washington University School of Medicine, December '43
Assistant Residents—Amelia A. Bauer, University of Minnesota Medical School, '43
David D. LeGrand, Washington University School of Medicine, September '44

In Radiology at the Barnes Hospital:
Assistant Resident—David Oliver, Washington University School of Medicine, September '44

In Dentistry at the Barnes Hospital:
Resident—R. Jerry Bond, Washington University School of Medicine, '41

In Gynecology at the Barnes Hospital and Obstetrics at St. Louis Maternity Hospital:
Instructors in Obstetrics and Gynecology—Seymour Monat, Long Island College of Medicine, '39
Willam Masters, University of Rochester School of Medicine and Dentistry, March '43
Assistant Resident—William B. Mize, Washington University School of Medicine, September '44
Assistant Instructor—Francis R. McFadden, State University of Iowa College of Medicine, March '43
Interns—William E. Chalecke, University of Rochester School of Medicine and Dentistry, '43
Jay Gibson, Washington University School of Medicine, June '45
Charles R. Gulick, St. Louis University School of Medicine, November '43
Thomas W. Kemper, Southwestern Medical College of the Southwestern Medical Foundation, December '44
Gustave Ruckert, University of Rochester School of Medicine and Dentistry, June '45

In Otolaryngology at the McMillan, Barnes and St. Louis Children's Hospitals:
Resident—Jack Ingram, Washington University School of Medicine, December '43
Assistant Residents—Joseph C. Gallagher, Washington University School of Medicine, September '44
Joseph H. Ogura, University of California Medical School, '41

In Ophthalmology at the McMillan, Barnes and St. Louis Children's Hospitals:
Resident—Frances Chappell, Washington University School of Medicine, December '43
Assistant Residents—Lindell C. Owensby, Washington University School of Medicine, September '44
John Watkins, University of Arkansas School of Medicine, March '44

In Pathology at the Barnes, St. Louis Children's, St. Louis Maternity and McMillan Hospitals:
Resident—David E. Smith, Washington University School of Medicine, September '44
Assistant Resident—David Oliver, Washington University School of Medicine, September '44
Intern—Robert Brereton, Washington University School of Medicine, June '45
Members of the class of 1895 at their fiftieth anniversary reunion. Seated, left to right Dr. At. T. Quinn, St. Louis; Dr. W. E. Gibson, De Soto, Mo.; Dr. W. E. Agnew, Rocherport, Mo.; and Dr. C. G. Ahlbrandt, Kirkwood. Standing, front, Dr. Sandor Horwitz, Peoria, Ill.; and Dr. N. T. Enloe, Chico, Calif. Standing, rear, Dr. John Zahorsky, St. Louis, class poet; Dr. R. J. Terry, St. Louis, class secretary; Dr. K. E. Schluter, St. Louis, class president; Dr. E. P. Staff, Ramsey, Ill.; Dr. W. M. Munsell, Grandview, Wash.; and Dr. J. W. Winn, Higbee, Mo.

1881
James A. Dickson and Willis Hall celebrated the 64th anniversary of their graduation from the St. Louis Medical College at a reunion dinner at the Hall home, 5219 Delmar Boulevard, on March 3. Dr. Hall, who is 88, practices occasionally. Dr. Dickson is 85. The class of 1881 originally contained 43 members.

1893
Dr. C. E. Riseling, the oldest physician of Murphysboro, Illinois, was honored recently at a banquet given by the Sisters of St. Andrew’s Hospital for the hospital staff. In recognition of his 52 years of constant medical service to the town and vicinity, the members of the staff presented him with a gift. Dr. and Mrs. Riseling not long ago celebrated their Golden Wedding anniversary.

1894
Dr. Schlossstein visited the Alumni Office recently to report that those members of the class of 1894 residing in St. Louis celebrated their 51st anniversary on March 15, 1945. Those present were: Orion W. Bedell, 1504 S. Grand Avenue; A. G. Schlossstein, 3153 Longfellow Boulevard; and Horace W. Soper, 3903 Olive Street. He also reported the death of A. F. E. Schierbaum, Mt. Angel, Oregon, on March 28, 1945.

1895
Twelve members of the class of the Missouri Medical College who graduated just 50 years ago gathered at the Congress Hotel on the evening of June 23 to compare notes with one another. Eight of them were from Missouri and four from other states. Of the latter there were: Dr. N. T.
Dr. Enloe of Chico, California, Dr. W. M. Munsell of Grand View, Washington, Dr. Sandor Horwitz of Peoria, Illinois, and Dr. E. P. Staff of Ramsey, Illinois. Dr. Enloe was accompanied by his wife and two daughters.

Dr. John Zahorsky, head of the Department of Pediatrics at St. Louis University, wrote a bit of verse for the occasion:

"A few are here to greet us, Bob,
And some are here who know
Events on Twenty-second Street,
Now fifty years ago."

"Our Stately Halls have vanished,
Bob,
No trace is left of these,
A gravelly lot, a desert ground,
Grows neither grass nor trees.

To us this space is holy, Bob,
Its soil once made us grow,
A fertile spot for mental growth,
These fifty years ago."

The "Bob" referred to is of course Dr. Robert J. Terry, professor emeritus of Anatomy at Washington University and permanent class secretary.

The youngest member of the class was Dr. Charles G. Ahlbrandt, 202 E. Adams Ave., Kirkwood, Missouri, who is 69. The oldest member present was Dr. W. E. Gibson, who, at the age of 81, is still active in the practice of medicine and in his spare time is Mayor of De Soto, Missouri.

J. M. Brooks had his own celebration of 50 years in practice at Golden City, Missouri. Dr. Brooks first hung out his shingle there on April 9, 1895, after having graduated three weeks before from the Missouri Medical College. Since then his record has been one of never ending service to the entire community, and not only in his capacity as a physician. Besides delivering 1800 babies and fighting typhoid epidemics, he has served on the school board, as a city alderman, as mayor, and as a delegate to the General Assembly of the Presbyterian Church at Rochester, New York, from the Carthage Presbytery. But he has not been too busy to engage in a hobby that has gained for him national recognition. That hobby is stamp collecting. He has one of the finest precancel collections in the United States, and his Missouri section is almost a reference book for collectors.

1902
Otto H. Deichelman has moved to 281 S. Morgan, Virginia, Illinois.

1910
Colonel Robert M. Hardaway, now commanding officer at Busnell General Hospital, Brigham City, Utah, was pinning a Purple Heart on a soldier recently when he paused and asked the boy if his father was a doctor and if he had gone to Washington University Medical School. The soldier said he had. "Well," said the colonel, "he was in my class, and you look just like he did when he was your age." The soldier was Pvt. Robert L. Bremser, son of Dr. and Mrs. William E. Bremser of Fredericktown, Missouri, a veteran of the fighting in Italy. (Star-Times, May 25, 1945.)

1912
Paul J. Ewerhardt's new address is 1028 Connecticut, Washington, D. C.

1914
Colonel Walcott Denison is in command of the Regional Hospital at Camp Polk, Louisiana. He returned last October from two and a half years of service in the Southwest Pacific.

Ellsworth E. Moody was killed on June 9 when his chartered plane crashed. Dr. Moody, a nationally known pediatrician, was returning from the east to Joplin, Missouri,
where he had practiced pediatrics and surgery for 26 years. He had been a naval reserve officer, holding the rank of commander and more recently of commodore, since his service in the navy during the last war. He was a member of the American Academy of Pediatrics, the St. Louis Pediatrics Society, the Southern Medical Association, the American Medical Association, the Missouri Medical Association, the Jasper County Medical Society, and the Robert S. Thurman post of the American Legion. Locally, he was on the staff of two hospitals and a member of the Chamber of Commerce.

1915
J. E. Strode’s address is 1860 Vancouver Drive, Honolulu, Hawaii.

1918
Lieutenant Commander O. Sundwall is now at the recruiting office in Murray, Utah.

1922
Major Paul B. Sheldon, who for three years has served in North Ireland, England, and Normandy, is at present with the 164th General Hospital in France.

1923
At the March commencement of the University of Tennessee College of Medicine, the address was given by Lieutenant Colonel James Barrett Brown, M. C., A. U. S., chief of plastic surgery at the Valley Forge General Hospital. The address was entitled “Investment in Personality.”

1924
Captain Paul R. Whitener has received a medical discharge from the Medical Corps and has retired to his home, 8923 Midland, Overland, Missouri.

Captain Emanuel Sigoloff is stationed at Foster General Hospital, Jackson, Mississippi.

Allen N. Roe’s address is 1111 N. Park Place, St. Louis, Missouri.

Captain Hugo O. Wagner of the USN is with Fleet Hospital 104, c/o Fleet Post Office, San Francisco, California.

Major Roland A. Slater has been overseas for two years. His address is 22nd Field Hospital, A.P.O. 627, c/o Postmaster, New York, New York.

1926
Lieutenant Colonel Robert M. Moore, chief of surgical service of the 127th General Hospital, was awarded the Bronze Star in France. The citation listed Col. Moore’s “tireless effort” in organizing and supervising handling of casualties evacuated by air from Normandy after D-Day, his work as chief of a front line surgical team which saved the “lives of numerous casualties,” and his organization of the 127th General Hospital “to handle the vast number of battle casualties requiring emergency surgical operations” in France.

1927
Lieutenant Colonel W. P. Neilson is now in France with the Assembly Area Command, A.P.O. 752, c/o Postmaster, New York, New York.

1928
Lieutenant Commander Verne R. Ross has as his new address N. A. S. Navy No. 28, Dispensary, c/o Fleet Post Office, San Francisco, California.

1929
Major Walton C. Finn has notified us that his new address is 373rd Station Hospital, A.P.O. 1057, c/o Postmaster, San Francisco, California.

Colonel Crawford F. Sams, chief of the planning branch, Supply Division, was recently awarded the United States of America Typhus Commission Medal. His citation declares that Col. Sams “rendered distinguished service from January to August 1943 in connection with the work of the United
States of America Typhus Commission. As chief surgeon at headquarters of the United States Army Forces in the Middle East, he aided the commission personally and administratively in establishing its first field headquarters at Cairo, Egypt. He assisted in the organization of the commission’s early studies of typhus control in Egypt and put at the disposal of the commission essential facilities for all of its investigations. During the critical period of the initial activities of the commission in his theater of operations overseas, Col. Sams contributed sound advice and guidance based on his expert knowledge of the problems to be solved. His assistance was a direct aid to the advancement of typhus control.” He has been in the service since July 1, 1930.

1930

Captain Milton Smith is with the 85th Station Hospital. He can be reached through A.P.O. 923, c/o Postmaster, San Francisco, California.

Captain George E. Meyer has moved to 1001 E. Monroe, Belleville, Illinois.

A new address for Leon Akers Taylor is 1104 W. Main, Jefferson City, Missouri.

Lieutenant Colonel Virgil O. Fish, who has been overseas for over two years, is now commanding a field hospital in China. The hospital unit went through the bloody Salween campaign and was given a special commendation by General Wedemeyer. Col. Fish himself received the Bronze Star for his work.

1931

Daniel B. Landau is stationed at USN Hospital, Paris Island, South Carolina.

John W. Cooper, who has been practicing in Honolulu since 1937, has recently received the rank of Lieutenant Commander in the U.S.N.R. and is now waiting assignment. He was in Hawaii during the attack on Pearl Harbor and was one of the civilian doctors who worked in army hospitals caring for the injured. Since that time he has been in civilian practice. He now has as his address 3551 Nuuanu Ave., Honolulu, Hawaii.

Dr. Cooper mentioned several Washington University graduates now in Honolulu: Robert Brua, a colonel in the Army Air Corps (’31), Dr. Kiyoshi Inouye (’32), Dr. Joseph Strode (’15), Dr. Fred Alsup (’15), and Dr. Edes Alsup (’30).

1932

George W. Means has moved to 173 Main Street in Brookville, Pennsylvania.

Major John Vaughn Blake, Jr., is in England with the 187th General Hospital. He is chief surgeon of the Orthopedic Department and assistant to the chief surgeon of the hospital.

Joseph R. Rebillot has been promoted to the rank of Lieutenant Colonel and is now at Camp Bowie, Texas.

Captain Sydney S. Pearl’s address is 22nd Field Hospital, A.P.O. 627, c/o Postmaster, New York, New York.

Lieutenant Colonel Paul Franklin Max was recently promoted to his present rank. He is commanding officer of a station hospital at Peninsular Base Headquarters in Italy.

Major Clair Linton is at Foster General Hospital, Jackson, Mississippi.

Lieutenant Colonel Brian Blades was among a group of chest surgeons credited in a War Department report with improving the techniques of thoracic surgery to an extent that many more lives are being saved than in the first World War and the crippling effects of chest injuries are being reduced 90 per cent. Col. Blades was mentioned particularly for his work in improving a chest operation devised in France some years ago and virtually abandoned because of failures due to infection. Col. Blades is in
charged of the chest center at Walter Reed Hospital, Washington, D. C. (Post-Dispatch, May 13, 1945.)

1933

Captain Landon R. McIntire has been transferred to the Station Hospital at Fort Snelling, Minnesota. Willard T. Barnhart is a captain in the Army Air Forces stationed at 4460 Post Ave., Miami Beach, Florida. Russell Blattner lives at 7615 West Bruno, Richmond Heights, Missouri. Russell is now associate professor in the Department of Pediatrics. He has been doing important research on St. Louis encephalities in the past year with Dr. Margaret G. Smith. They have shown that the virus of St. Louis encephalitis may be found in chicken mites in nature.

Lieutenant Commander James W. Bagby’s new address is Apt. No. 5, 555 Forest Ave., Palo Alto, California. Major L. K. Richardson has moved to 321 Ward Parkway, Kansas City, Missouri.

1934

David V. LeMone now has his office at 401 Guitar Building, Columbia, Missouri. Katherine Brown’s address is 809 Court St., Fulton, Missouri. Karl Virgil McKinstry is at Camp Howze, Texas, with the Hq. IRTC. After serving as a major in the Alaskan Air Force Command, Leonard G. Rosenthal has resumed private practice and is reopening his office at 4500 Olive Street, St. Louis, Missouri.

1935

Max Goldberg has moved to 13522 Cedar Road, Cleveland, Ohio. Major Edward Powers, who was returned to the United States in December, 1944, after serving as general surgeon in the 92nd Evacuation Hospital in the Southwest Pacific for one and a half years, is now at 354 S. Ardmore, Los Angeles, California. Alfred Fleishman is now a major and has as his address 114th General Hospital, A.P.O. 121-A, c/o Postmaster, New York, New York. Major Frank H. Robinson is with the 116th Medical Battalion and has A.P.O. 41, c/o Postmaster, San Francisco, California. Herbert S. Schmitt is a lieutenant colonel and is working with the Veterans’ Administration, Federal Building, Little Rock, Arkansas.

1936

Lieutenant Colonel Oscar E. Ursin is with the Chief Surgeon’s Office, Hq. USA SOS, A.P.O. 707, c/o Postmaster, San Francisco, California. Lieutenant Commander Wallace E. Allen, recently returned from the Pacific Combat Area where he served as Senior Medical Officer and Flight Surgeon, is now at NAS, Tillamook, Oregon. Captain James D. Morrison, with the 29th General Hospital, has A.P.O. 331, c/o Postmaster, San Francisco, California. Roland S. Bassman is now living at 6271 Clemens Ave., University City, Missouri. Lieutenant Colonel Donald R. Roberts, whose address is Division Surgeon, A.P.O. 9, c/o Postmaster, New York, New York, writes that he met Major Jim Baker (’34) on the Remagen bridge in Germany. He says that Major Baker was the first officer in the Medical Corps across the bridge. Major Baker attended casualties hit by shells at his own “front door.” In Col. Roberts’ own words, “Jim is quite a fellow.” Ralph C. Petersen, who now has the rank of major, is overseas with the 60th General Hospital at A.P.O. 1009, c/o Postmaster, San Francisco, California.

1938

Major Robert Roy Robinson, Jr., who has been in the Medical Corps
since Sept. 18, 1942, is now at O'Reilly General Hospital, Springfield, Missouri, doing his work as plastic surgeon.

Major Alfred Golden has been transferred to the Office of the Co-Ordinator of Inter-American Affairs, Washington, D.C. He established a laboratory for the study of tropical diseases in Guatemala, and recently returned to Washington. Al is now assigned to the National Research Council.

Adolph Henry Conrad, Jr., a member of the 21st Station Hospital, has been promoted to the rank of major.

Captain Lawrence M. Kotner is a battalion surgeon serving in the Philippines. He has been overseas three years and has seen action on a number of islands besides the Philippines. His A.P.O. number is 41, c/o Postmaster, San Francisco, California.

Lieutenant (j.g.) George W. Blankenship will have many wonderful adventures to relate when he returns from the Pacific. Two of them have come to us. One tells of the emergency appendectomy he had to perform during a typhoon. The ship was at an angle of fifty degrees the entire time, and more than once it was practically overturned. Water seeped into the sick bay and covered the doctor, the assistants, and the patient. But despite these handicaps, the doctor, and his patient, came through with "flying colors." The other story is not quite as spectacular but has more than its share of suspense. A pilot was returning from a bombing mission over Tokyo. His plane crashed, and he was rescued by members of the U.S.S. Taussig (Lt. Blankenship's ship). He was brought aboard, more dead than alive. The doctor immediately began artificial respiration, without wasting time to remove the 50 pounds of equipment and clothing the pilot had on. The pilot lived to describe what Tokyo looked like from a Hellcat. (News Release by U. S. Navy.)

1939

Major Reuben J. Maxwell's address is Medical Section, Hq. 13th Air Force, A.P.O. 719, c/o Postmaster, San Francisco, California.

Robert A. Hoover is a captain in the Medical Corps. His address is 91st General Hospital, A.P.O. 204, c/o Postmaster, New York, New York.

Patrick M. Cockett is overseas with the Hqrs. 103rd Infantry. He has A.P.O. 43, c/o Postmaster, San Francisco, California.

Captain Donald C. Dodds' military address is 30th Evacuation Hospital, A.P.O. 159, c/o Postmaster, San Francisco, California.

Lieutenant Commander and Mrs. Robert Shank have announced the birth of a daughter Jane Caswell on April 8, 1945.

Major Vilray P. Blair, Jr. recently spent his leave with his family in St. Louis after serving with the First Army in Europe. Major Blair was attached to an evacuation hospital in the African, Sicilian, Italian and Western European campaigns. He said that the success of reconstructing battle injuries and saving the lives of wounded men must be attributed largely to the excellence and abundance of supplies and facilities. Plenty of blood and plasma, good care, and good food made the first steps toward reconstruction easier at evacuation hospitals close to the fighting zones. At times the evacuation hospitals were as near as six miles to the actual fighting and were staffed generally by a dentist, anesthetist, plastic surgeon and corps of nurses. (Post-Dispatch, May 25, 1945.)

1940

Captain Paul Guggenheim is stationed at Fort George Wright, Spokane, Washington.

Major Benjamin N. Jolly has A.P.O. 6, c/o Postmaster, San Francisco,
California. He is a divisional psychiatrist in the infantry.

Joe S. Summers, Jr. is a first lieutenant in England. His full address is 78th Field Hospital, A.P.O. 204, c/o Postmaster, New York, New York.

Lieutenant Sydney T. Wright has moved to 2024 High, Selma, California.

W. L. Tomlinson is now living in Foenfelt, Missouri.

Robert L. Merrill has been in the service since 1941 and overseas 26 months working as a flight surgeon. He is now at Camp Davis Hospital with his home address at 9 Nathan Street, Wrightsville Beach, North Carolina.

Lieutenant Paul R. Gottschalk is stationed at the Naval Hospital, Great Lakes, Illinois.


Wallace Rindskopf is a lieutenant with the 231st General Hospital, A.P.O. 17604, c/o Postmaster, New York, New York.

Captain Marion D. Bishop has been transferred to the 150th General Hospital, Camp McCoy, Wisconsin.

Captain Ole Slind's address is 4538 46th Avenue, S.W., Seattle, Washington.

Major Harry W. Sawyer is with an infantry division overseas.

Arthur Esslinger is stationed at the Foster General Hospital, Jackson, Mississippi.

Captain Robert Anschuetz has just been rotated back to this country wearing five overseas stripes on his left arm representing service in Africa, Persia, and India. After leaving the 21st Station Hospital in Persia, he went to India where he served for a few weeks as chief of the laboratory and has been for many months on the surgical staff of the hospital. He had a two year old son whom he had never seen. After a short leave he is to be assigned to a hospital in this country.

1941

Charles L. Yarbrough has been in the Army since February 1, 1943 and is now in the European theater.

William F. McGinnis is with the 3rd General Hospital in France.

Jane Matthews Day will be at 301 West Pueblo St., Santa Barbara, California, until September 1, 1945. After that her address will be 513 Woodley Road, Montgomery, Alabama.

Captain John H. Beatty's address has been changed to 304th General Hospital, A.P.O. 14455, c/o Postmaster, San Francisco, California.

Joseph L. B. Ivins has moved to 1039 Kerlin Street, Chester, Pennsylvania.

Harold E. McCann's present address is 55 Signal Hill Blvd., East St. Louis, Illinois.

Thomas W. Black is now at the Pontoon Clinic, 1307 Pennsylvania, Fort Worth 4, Texas.

Lieutenant George Bruce Lemmon, Jr. is on duty at the Naval Hospital, New Orleans, Louisiana, after 21 months in the Solomons.

Captain Robert W. Stewart, after having been in Africa, is with the 70th General Hospital in Italy.

Lieutenant Colonel Thomas L. Ozen's address is HQS 60th Medical Battalion, A.P.O. 562, c/o Postmaster, New York, New York.

The Bronze Star has been awarded to Major Calvin E. Ellis, who is now in France, for valorous action in combat in Sicily. He has been overseas for 28 months.

Lieutenant (j.g.) Gordon S. Letterman is in the Pacific with the Navy.

Dr. Jane Erganian and Mr. Armig G. Kandolian were married June 26, 1945. Jane after graduation spent a year in pathology, a year at the children's Hospital in pediatrics, nine
months as assistant resident of the New York Hospital, and then returned to the staff of the Children's Hospital with some outside practice. Mr. and Mrs. Kandoian will live in New York.

1942
Captain Elbert Lee McCorkle is with the 5th Auxiliary Surgical Group, A.P.O. 339, c/o Postmaster, New York, New York.
Captain William G. Reese's address is 38th General Hospital, A.P.O. 205, c/o Postmaster, New York, New York.
Captain John R. Showalter writes us that his address is 1537th AAFBU, PD, ATC, A.P.O. 246, Unit 1, c/o Postmaster, San Francisco, California and that he is serving as flight surgeon. In his letter he says, "hope there will be some jobs in hospitals for us fellows when we get back. We will need a lot of refreshing."
Lieutenant Melvin Gibbel's address is 429th Medical Coll. Company Sep., A.P.O. 403, c/o Postmaster, New York, New York.
Martin S. Withers has moved to 924 Sherman, Memphis, Tennessee.
Souther Tompkins is at present at the Mayo Clinic, Rochester, Minnesota.
Lieutenant Charles B. Mueller landed on the beach at Iwo Jima on D-Day with a Marine Corps Pioneer Battalion and for six hours administered first aid. He was then struck by mortar shell fragments, suffering wounds in the back. He is recovering in an army hospital in the Marianas.
Lieutenant George Linn Watkins was in the Alumni Office to report his return from the Pacific theater of war. He has been on duty for one and a half years with the 3rd Marine Division as a battalion surgeon.

March, 1943
William P. Callahan, Jr. can now be reached at 316 N. Ridgewood Drive, Wichita, Kansas. Bill spent 27 months in pathology at the Barnes Hospital. He was off early in July to Carlisle Barracks, Pennsylvania. Jo Ann and the children have returned to Wichita.
Captain DelRoy Richard Davis was wounded in France November 29, 1944, was returned to the United States February 28, 1945, and hospitalized in West Virginia. His address is, at present, Ward 601, Ashford General Hospital, White Sulphur Springs, West Virginia.
Captain Don L. Fisher's address is Medical Detachment, 161st Infantry, A.P.O. 25, c/o Postmaster, San Francisco, California.
Grace E. Bergner will be at Peter Bent Brigham Hospital, Boston 15, Massachusetts, after July 1, 1945.
Foyell P. Smith is now in Lexington, North Carolina.
Captain Frank Wissmath is overseas as battalion surgeon with the 21st Armored Infantry Battalion, 11th Armored Division. He has been in England, France, Luxembourg, Belgium, and Germany and was wounded once, for which he received the Purple Heart, since he went over in October, 1944.
Edward H. Dunn is a first lieutenant overseas. His address is 116th General Hospital, A.P.O. 514-B, c/o Postmaster, New York, New York.
Raymond M. Charnas has been promoted to the rank of captain. He is in France with the Medical Corps and has as his address 660th Med. Clr. Co. (Sep.), A.P.O. 408, c/o Postmaster, New York, New York.
Lieutenant Hugh Vincent Ashley, Jr., with the Medical Corps in the Pacific, has the address 46th Ordnance Battalion, Medical Detachment, A.P.O. 244, c/o Postmaster, San Francisco, California.
Lieutenant Elmer B. Miller's address is 1152nd Engineers Combat Group, A.P.O. 403, c/o Postmaster, New York, New York.
James H. Holt has moved to Hill-
crest Apartments, 10-B, Wichita 8, Kansas.

William L. Caton, Jr. has changed his address to 750 E. Stamoix Manor, Carlisle, Pennsylvania.

Lieutenant (j.g.) Irvin H. Mattick is group staff medical officer of an LSM in the Pacific.

Lieutenant Sigmund Gundle was graduated February 10 from the Army School of Military Neuropsychiatry at Mason General Hospital, Brentwood, New York.

Lieutenant Raymond F. Rose was graduated February 10 from the Army School of Military Neuropsychiatry at Mason General Hospital, Brentwood, New York.

Captain Daniel G. Santer is in Germany with the Medical Corps. His address is 768th Field Artillery Battalion, A.P.O. 230, c/o Postmaster, New York, New York.

Eichi Masunaga, who has been in private practice in Hanapepe, Hawaii, is, since the death of Dr. David T. Betsui ('31), taking charge of the Betsui Memorial Hospital as Medical Director.

December, 1943

Lieutenant (j.g.) James G. Owen, who transferred from the Navy to the Marines last October, is now overseas with the Fourth Marine Division, Fleet Marine Forces, c/o Fleet Post Office, San Francisco, California.

Howard P. Joslyn is now at 224 N. Kenilworth Avenue, Oak Park, Illinois.

Joseph B. Clay's address is 4407 Forest Park, St. Louis, Missouri.

John P. Black is stationed at Fitzsimmons General Hospital, Denver, Colorado.

Lieutenant James N. Haddock was graduated May 12 from the Army School of Military Neuropsychiatry held at Mason Hospital, Brentwood, New York.

Wedding bells chimed for Helen Hewitt and John M. Arthur on June 2, 1945. Dr. Arthur is a lieutenant in the Naval Reserve. They are both graduates of the Medical School; he graduated in March, 1943, and she in December of the same year.

Elaine K. Lince is now industrial staff physician in minor surgery and emergency at the Golden Gate Hospital, 417-27 Towne Ave., Los Angeles, California.

September, 1944

After July 1, 1945, R. D. Lange's address will be 314 8th Ave., S.E., Minneapolis, Minnesota.

Robert J. Nottingham has moved to 4936a Kemper Park, St. Louis, Missouri.

Jack K. Frost has been transferred to the National Naval Medical Center, Bethesda, Maryland.

Virgil Loeb is going into the Army July 14, 1945.

Wayne Simril is also heading for the Army.

Bernard Bercu was married recently.

Owen Marshall is going into the Army.

George Donnell is going to be a father for the second time.

William Cassell is the father of a daughter and is going into the Army.

Henry Noller is going to be an assistant resident at St. Luke's Hospital, St. Louis, Missouri.

Albert Hensel is reporting to the Army at Carlisle Barracks, Pennsylvania.

Bill Moss was married recently and is going to be an assistant resident at the Ellis Fischel Cancer Hospital, Columbia, Missouri.

Rowe Bisbee is the father of a son.

Roland Neumann was married on June 23 to a nurse from Barnes Hospital and is going into the Army in July.

Dale Doherty is getting married and reporting to the Army.

Samuel Bessman is to be married.
The bride-to-be is a medical student. Irvin Birenboim is going into the Army.

Jack Cole is going to be an assistant resident at Western Reserve University, Cleveland, Ohio.

Albert Eisenstein is going into the Army.

William Jolly is to be physician at the University of Missouri, Columbia, Missouri.

Ralph Fargotstein is going into the Army.

Ervan Levine will be an assistant resident at a hospital in Peoria, Illinois.

F. Leon Johnston is reporting to the Army.

Paul Nielson is staying on at the Research Hospital, Chicago, Illinois.

Bernard Lieppman is going into the Army.

Edward Mason will be an assistant resident in psychiatry at a hospital in New Haven, Connecticut.

Homer Marshall is going into the Army.

Lindell C. Owensby was married during the past year.

John Payne is going into the Army.

Richard Roberts was married recently.

The Army is taking Francis Pennington.

Joseph Doyle is going into the Army.

Duane Walker is the father of a daughter.

Marvin Pursell is going into the Army.

Albert Stewart is reporting to the Navy.

Roy Walther will be an assistant resident at Missouri Baptist Hospital, St. Louis, Missouri.

David Talmage is going into the Army.
In Memoriam

C. Dana Carter, Mo. '95, Thermopolis, Wyo., died March 20, aged 71.
George Edwin Hourn, '13, St. Louis, Mo., died December 10, aged 66.
Pearl Elizabeth Koch, '38, San Francisco, Calif., died April 7, aged 37.
Ellsworth E. Moody, '14, Joplin, Missouri, died June 9, aged 54.
Maurice Holmes Rees, '21, Denver, Colo., died May 24, aged 62.
Albert F. E. Schierbaum, '94, Mount Angel, Ore., died March 28, aged 72.
Ernest Bernard Studer, St. L. '90, Los Angeles, Calif., died March 19, aged 78.
A. William Vogt, Mo. '84, New Alsace, Ind., died December 3, aged 87.
Frank W. Watson, Mo. '85, Union City, Tenn., died January 2, aged 81.
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University College
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The Summer School
Frank L. Wright, A.M., Ed.D., Director

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

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