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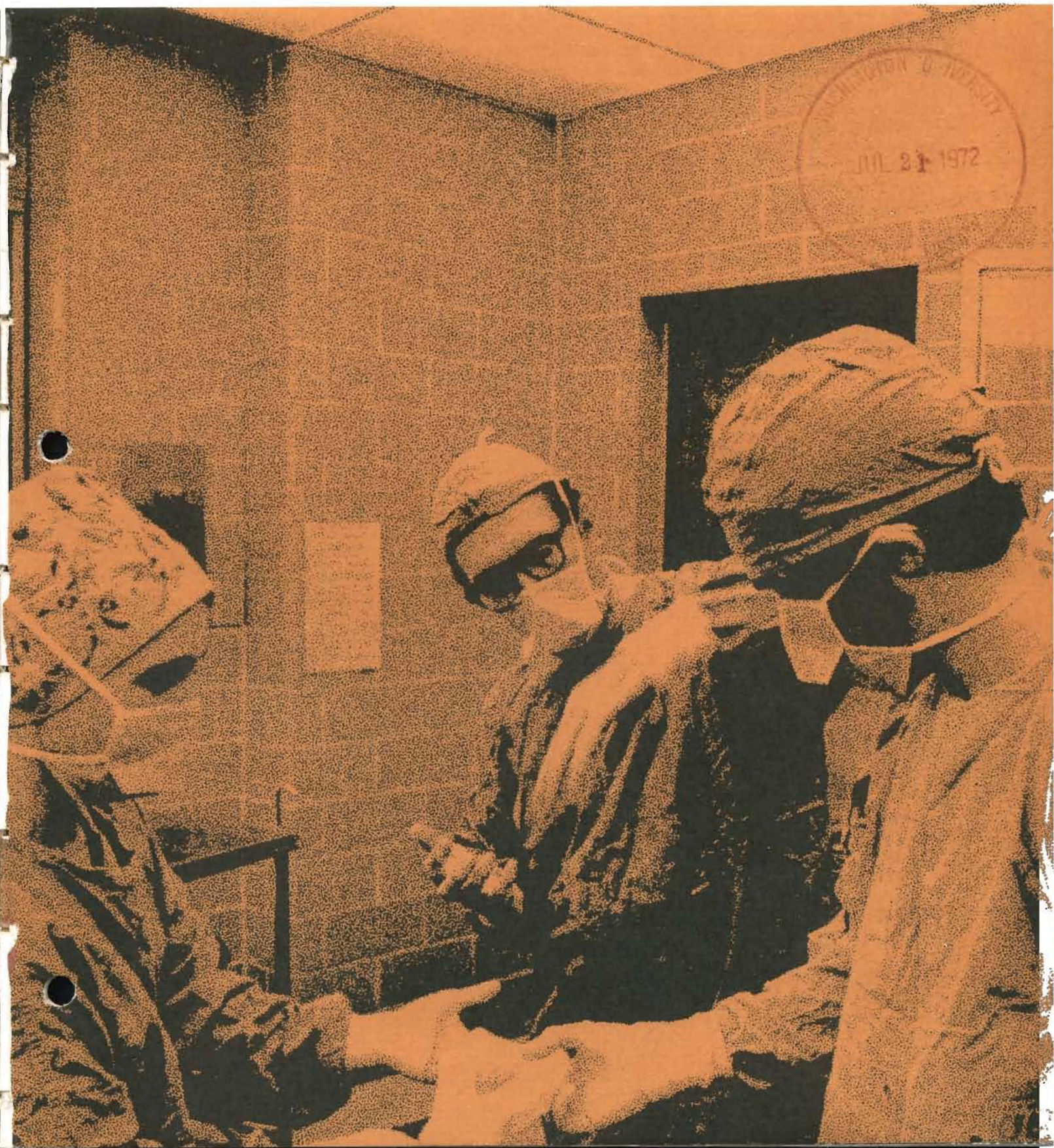
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WASHINGTON UNIVERSITY
JUL 21 1972



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Editorial Assistant

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Alumni Advisors

GUY N. MAGNESS, M.D. '28

HEINZ HAFNER, M.D. '35

Typography

MARLO GRAPHICS

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On the cover: James M. Stokes, M.D. '48, center, president-elect of the Medical Center Alumni Association and Barnes Hospital nurse Joan Rueweller show freshman Bruce Julian the fine points of donning gloves for surgery. Julian observed Dr. Stokes the day he participated in the 1972 Alumni Freshmen Volunteer Program. The three are shown above without surgical masks.

After 6 Months, Freshmen Finally Get to See a Doctor

Who says today's generation isn't patient?

Would you believe that members of the Class of '75 have been waiting since last September for appointments with some of St. Louis' finest doctors?

Patience has been rewarded. On a Thursday afternoon in February, the students made their first visits to a doctor's office — their first that is, in their new capacity as physicians-to-be. And as a result, several have recommended that "office calls" be made an unofficial part of the first year curriculum.

Each freshman was asked if he or she would like to spend the one free afternoon in the busy academic week in the fourth annual "Alumni-Freshmen Volunteer Program." The student expressed the specialties he wished to observe. St. Louis area

alumni, in turn, were asked if they would be hosts to a freshman in their offices.

Response to the idea, from both alumni and students, was extremely positive. One student remarked: "I've been looking forward to an experience like this all year." And while some trepidation was expressed ("Will he have all that hair and a beard?" one doctor asked), most were genuinely excited about the program.

The questionnaires were matched by the Medical Center Alumni Association. And while the university's computer facilities were not utilized, the students and doctors brought together seemed to have a high degree of compatibility.

G. Russell AufderHeide, M.D. '43 March, was host for David Meyer.



David Meyer went to the north St. Louis office of G. Russell AufderHeide, M.D. '43 March, early in the afternoon, expecting to return to the medical campus in time for dinner. Instead, his visit with the general practitioner lasted well into the evening.

The Mt. Carmel, Ill., freshman, who had given pediatrics as his first preference on the questionnaire, now says he is becoming more interested in family practice as a result of his visit.

"I chose medicine as a career because I want to be involved with people. After spending time with Dr. AufderHeide, and seeing the degree of contact he has with patients, family practice seems to be the best way to achieve that desire."

Caroline Lundell, Bel Air, Maryland, listed radiology as her first choice. Mark

Eagleton, M.D. '50, was her host for the volunteer afternoon.

"I haven't made any decisions about a specialty," Miss Lundell said. "I haven't seen enough, or learned enough yet. But I do think that programs like this will be helpful when the time comes to decide."

Dr. Eagleton, who spreads his time between several offices in the St. Louis area, described his afternoon with the freshman as "mutually beneficial."

Lynn Gibbs, who, incidentally, won a Bronze Medal for boxing in the 1968 Olympics in Mexico City, met Gerald Wool, M.D. '62, in the Health Care Research Department in Wohl Clinics. After seeing patients there, Dr. Wool took Gibbs to his office.



Caroline Lundell reads an X-ray with Mark Eagleton, M.D. '50.



Mark Stitham, Dover-Foxcroft, Me., president of the Class of 1975, spent his "Alumni-Freshmen Day" with dermatologist M. D. Marcus, M.D. '34. Dr. Marcus's son, Joseph, is also a member of this first year class.

Gibbs, from Houston, Tex., also got his first choice, and said, "I'm pretty well committed to pediatrics. After the first semester this year, with the heavy emphasis on research, I needed something to relate to — something human and personal. So after dinner, I began spending a half-hour or so in Children's Hospital.

"I really like kids, and I find myself worrying about kids that are sick — kids with congenital heart defects, for example. I think if I'm able, I would like to combine pediatrics with cardiovascular surgery."

For some freshmen, the Alumni-Freshman Volunteer Program was the beginning of a continuing extra-curricular educa-

tional experience. With Thursday afternoons scheduled as free time, many students plan to return for additional visits. Several are requesting assignments to other specialties. And one freshman arranged to meet "his doctor" at a hospital for Saturday rounds.

For the doctors, the program provided an opportunity to meet men and women who are entering the profession. Dr. AufderHeide remarked, "I was, frankly, very impressed with that young man. He has a wonderful attitude about medicine, and the patients who met him here could sense that he was concerned about them as people."

For both doctors and students, the Thursday afternoon session provided a forum for exchanging ideas, for sharing observations, and for learning.



Danny Dyroff casts a wary eye at freshman Lynn Gibbs, right. Gibbs was the guest of Gerald Wool, M.D. '62, left, in the Alumni-Freshman Volunteer Program.

"Dr. Diplomat"

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Henry Kissinger is probably not aware of it, but he has an unofficial colleague of the diplomatic profession in Hugh Chaplin, M.D., Director of the Irene Walter Johnson Institute of Rehabilitation. There is a slight difference, however; instead of his traveling to various global "hot spots," representatives from these countries come to him!

For the past four years, the St. Louis Council on World Affairs has sent a group of government administrators from many emerging nations to visit the Institute during the week after Christmas. These visitors have been coming to St. Louis under the auspices of the Department of State's Agency for International Development (A.I.D.) and the Department of Agriculture to participate in a Seminar on Urban Living.

They came to the United States initially to attend land-grant colleges and universities under post-graduate fellowships given through A.I.D. to study agriculture, forestry, and related sciences. This seminar — a combination of visits to industrial, governmental, and social welfare agencies, and home hospitality — is held during their Christmas vacation. This year the 48 men and women were from Afghanistan, El Salvador, Ethiopia, Ghana, Honduras, India, Kenya, Korea, Nigeria, Pakistan, Tanzania, Thailand, Turkey, Uganda, and Vietnam.

Dr. Chaplin recalls that the first group was sent to the Institute in 1967, as the Council put it, "to make them conscious of the opportunity afforded the physically handicapped of the United States," and to



Hugh Chaplin, M.D., director of the Irene Walter Johnson Institute of Rehabilitation.



Dr. Lorraine Lake assists a Middle Eastern visitor at the coffee break.

provide contact with a health-related institution.

The two-hour program put together by Dr. Chaplin's enthusiastic staff was so well received that it has become an annual feature. "In the past four years, we have seen more than 150 visitors representing at least 30 developing countries," he notes.

How does Dr. Chaplin handle this formidable assignment? With all of the distinguished, grey-templed charm and perception of a senior statesman! He is no stranger to the delicate art of diplomacy. Making the general public aware of this medical specialty which restores health through occupational and physical therapy is a constant goal of the Institute. It has never declined to be host to visitors, whether they are young career-day students, adults interested in health professions, or foreign dignitaries.

"Rehabilitation is a very poorly understood part of total patient care, and there is a great need for the public to be educated as to its nature and scope," Dr. Chaplin points out. "Rehabilitation is frequently thought of in terms of urban renewal, prison reform, or psychiatric therapy for problems such as drug or alcohol addiction. The public is least knowledgeable about physical rehabilitation.

"This annual tour is seen as an opportunity to do a universally needed job of education. Since the participants are not from the U.S., there are no close-range benefits gained from acquainting them with what is going on here. The benefits are broader.

"The image that most non-Americans have of the U.S. is distorted by the emphasis on technical know-how, industrial production and economic solvency. They don't tend to think of the human side of American life. Rehab certainly exemplifies this, and it does illustrate both private and public support to aid people who are really in serious trouble from mishap.

"Such a tour is a vehicle for demonstrating the existence of agencies such as the multiple sclerosis and cerebral palsy foundations, which are private organizations, and of federal and state programs for assistance, such as Medicare and Medicaid, by discussing them as resources for disabled people."

Dr. Chaplin's formal role — in addition to being the host — is to present the medical problem in lay terms. To do this, he uses illustrations drawn by an artistically talented staff member. "For my five minutes of presentation, she has put in eight hours of work," he comments appreciatively.

"Everyone here really gets involved in this special effort to make what we do understandable to our guests. The staff shares the feeling that this helps American international relations, which many feel are in a sad state. We have a better chance of presenting a sympathetic image than a mass-producing industry. This is a real opportunity, and we try to take advantage of it!"

For example — one year, summaries of the proceedings were prepared in French

(the second language of many of the participants) to accommodate several of the group who understood English poorly. They had their own interpreter with them, but this allowed the interpreter to relax and enjoy the program along with the others. Another year, Dr. Lorraine Lake, associate director for education and administration, labeled restrooms in Swahili, which garnered favorable comments from the East African visitors.

Two planning sessions are held to put the program together. At the first, two patients are selected for the presentation. They are chosen so as to best demonstrate the concepts — not just the equipment — that the Institute would like the visitors to know about.

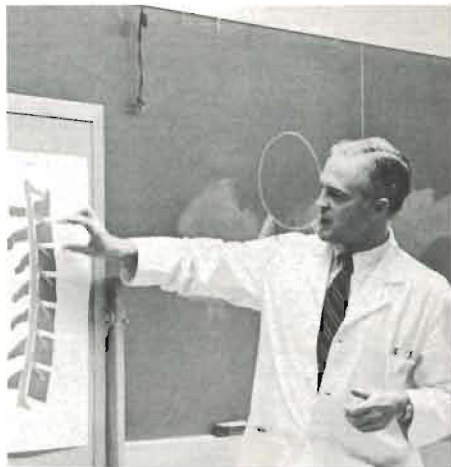


Patient Marty Cobb (center) posed with the visitors from 15 countries who toured the Irene Walter Johnson Institute.

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They are also chosen with thought as to how well the visitors can identify with them. Age and ethnic origin are considered. The injuries and illnesses of the patients are those which the group can understand — common problems, not rare genetic disorders. And the patients' personalities are given careful attention — they must be able to respond comfortably and easily to the group's questions, some of which are rather personal.

These patients are made to feel the importance of their particular role and its contribution to the over-all success of the program. Usually, a special trip to the Institute is required of them in order to participate, because patients are sent home for Christmas if at all possible; therefore, they make a genuine donation of their time.



Dr. Chaplin identifies the area of injury on a spinal illustration.



At the second planning session, each patient is considered from the visitors' viewpoint, so as to present the patients most effectively. At this meeting, a physical therapist, an occupational therapist, a nurse, and a social worker are present. These professionals will each take part in the patient demonstrations.

The response of the visitors to the program tends to follow the same pattern every year, Dr. Chaplin has observed. "The Institute is just about the last event on their two-week program, and they are, by this time, saturated with "tours" — and quite jaded.

"When they first arrive, we show them our facilities, during which their enthusiasm is small; it seems to be a tour just like all of the rest. Then we have a coffee-break reception, at which members

of the Institute staff meet the visitors and put them at ease. They become a little more interested and open in their response.

"Finally come the patient demonstrations. Soon everyone is on the edge of his chair — I have never seen anyone bored. They are bustling with questions, for this is something different and quite stimulating. We always have to cut the questions short so they will not miss the bus taking them to their next appointment."

The patients selected this year were a man from a large St. Louis company who had injured his hand severely while working, and a young woman with a high spinal cord injury — incurred in an automobile collision that had resulted in paralysis from the neck down.

Coincidentally, the group had visited the company which employed the first patient, and this presented an unanticipated opportunity to discuss the company's comprehensive policy for covering work-related injuries as a specific example of American industrial employee health programs.

In the case of the young woman, concern extended beyond the clinical aspects of the injury. The group wondered about the moral responsibility of the drunken driver who had caused the damage. Had he gone to jail? Would he be forced to have long-term financial responsibility?

But among all the questions, possibly the most significant was directed to Dr. Chaplin. One of the men asked, "Why do you go to so much trouble? Is it because you think you have a very important patient, or is it just because you want to prove that you can do it [heal the injury]?"

Dr. Chaplin responded, "In our view, every patient is equally important. Our job is to get them back to the maximum function of which they are capable. Just as much effort is spent on a child from a poor family as on a president of a big company or a state senator."

At this point, he was interrupted by the patient with the spinal disability, whose injury and progress had just been discussed. She strongly expressed her own feelings: "They did all of this because I'm a person, and I needed a lot of help."

Despite the conglomeration of barriers — languages, oceans, races, religions, governments — health — everyone understood.

Patti Dewing



Pat Pickett, R.N., explains the nursing procedures used in patient Marty Cobb's therapy program.

The Dean Comments

Readers of OUTLOOK have heard much about our national shortage of physicians. Many, however, may be unaware of the extensive plans across the country to establish completely new medical schools. The creation of these schools will result in the production of many more doctors for the 1980s and beyond.

The geographical pattern is interesting. Four rather distinct regions of the United States are involved.

First there is Minnesota. After years of providing high quality medical services, the Mayo Clinic is launching a medical school with an entering class of 40 in September, 1972. Farther north, the University of Minnesota has established a Medical Education Program in Duluth. This school plans to admit 24 students this year.

Second there is Texas. Last year the new University of Texas School of Medicine at Houston took in a class of 19 students. The Texas Technological University School of Medicine at Lubbock plans to matriculate 36 students in 1972. Each of these new Texas schools plan to have classes of 200 students by 1975.

The third region includes three states in the Southeast. Eastern Carolina University School of Medicine at Greenville, North Carolina took in 16 students last fall. A new medical school will open in 1973 at the University of South Alabama, Mobile. Florida has two new schools. The University of South Florida College of Medicine at Tampa had an entering class of 24 in 1971. The Florida State University - Florida A and M University Program of Basic Medical Sciences at Tallahassee, announced plans to take 30 to 35 students this year.

The fourth region is Missouri-Illinois, and includes our new neighbors. A new University of Missouri School of Medicine has been established at Kansas City. This school plans to have 100 students per class by 1976. However, the most extensive plans anywhere to graduate more doctors are

underway in the state of Illinois. Southern Illinois University School of Medicine has been created with the first year at Carbondale and the clinical years in Springfield. In addition, the University of Illinois is establishing a School of Basic Medical Sciences at Urbana with the clinical years in Peoria and Rockford. In Chicago the Rush Medical College has been re-established.

Two more new medical schools not within my arbitrary regions are located in Reno, Nevada and Stony Brook, New York.

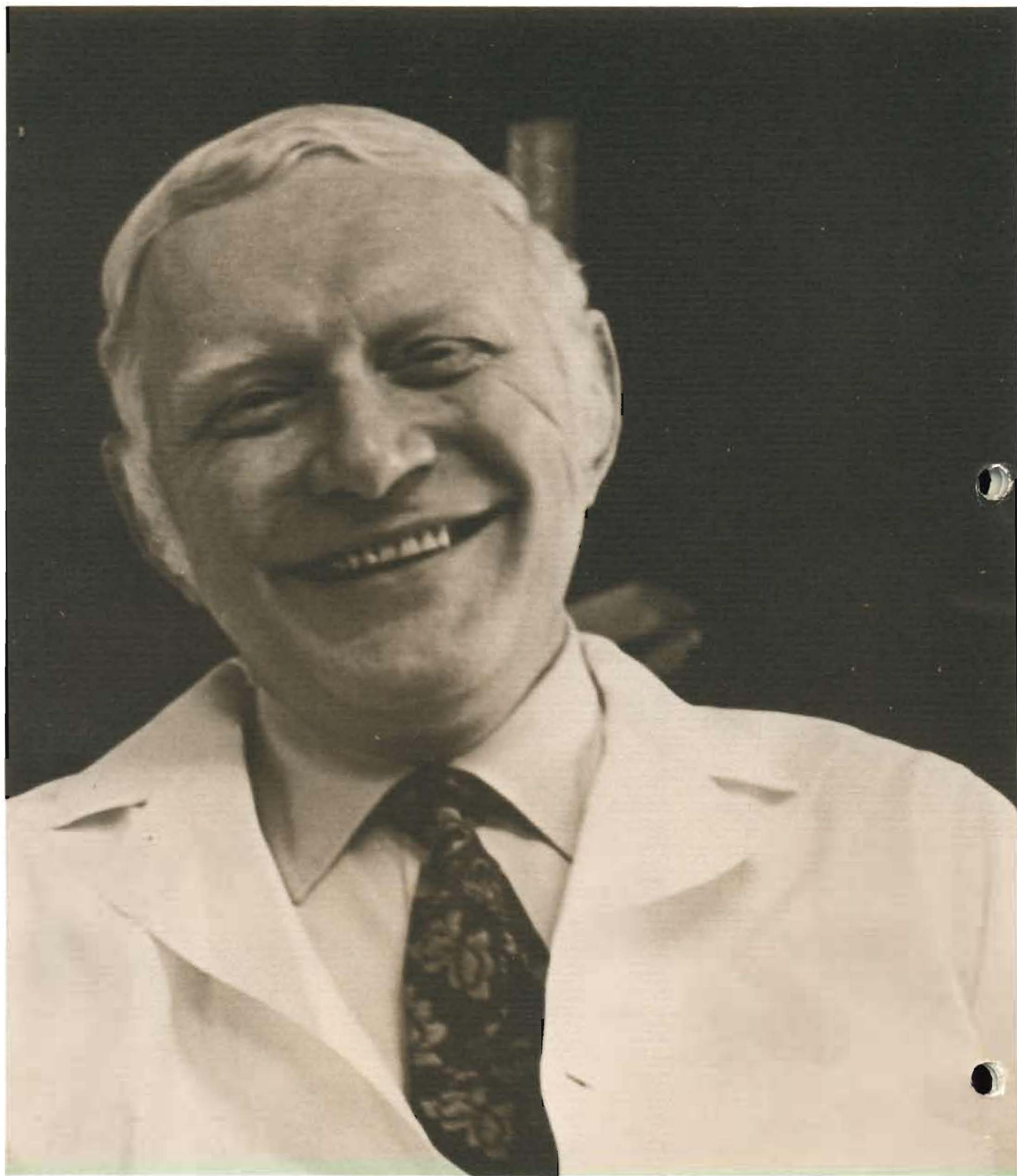
The institutions described above are in the process of development. There are eight more new medical school in addition to those listed above that are somewhat further along in their development.

The foregoing certainly indicates that several thousand more doctors will be graduating annually in the U.S. by 1975. We are trying to do our part. In September, 1972, we will have 120 students in our own entering class. A few years ago the number was 86.

Our school can contribute in another way. In the Weiskotten Report, published in 1970, and reporting upon the medical classes graduating in 1955 across the country, Washington University School of Medicine moved into fourth place among all U.S. medical schools in the number of graduates in teaching and research. The new schools have many faculty positions unfilled. A substantial number of our alumni may well enter these new teaching roles. That is my forecast.

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





"Innovation" Is Key Word in New Department Head's Vocabulary

Dr. James Warren is a warm, friendly man with a quick wit. He is the kind of doctor any father would trust thoroughly with the delivery of a baby, and the care of a wife. He is also one of the most highly respected men in his field, and to the good fortune of thousands of unborn babies and the many women who will consult obstetricians and gynecologists in the future, Jim Warren is charged with training physicians for that specialty at Washington University School of Medicine.

In the few months Dr. Warren has served as chairman, he has put his own personal stamp on the workings of the department. He is an innovator, and his innovations have already strengthened the department.

One of the major changes may be measured in numbers. "Last summer," Dr. Warren said, "there were only five full-time staff members in the department. Since then, we've brought in four new researchers, as well as seven new clinical physicians." Within two years, Dr. Warren plans to increase the full-time staff to 24.

Dr. Warren is directing increased effort toward attracting more students to the specialty. "In the past two years, the percentage of students who choose to become obstetricians-gynecologists has dropped from 8 per cent to only 5.5 per cent," he stated.

Why the dramatic change? "It's due, in part, to the fact that many infants seem to select nighttime arrivals — a preference which requires that the doctor spend many evenings in the delivery room, rather than at home."

As a practical, however revolutionary, solution to this nocturnal predilection, two of Dr. Warren's staff — Dr. Jacques Sauvage and Dr. Cesar Villanueva — continue the program of "Daylight Obstetrics," started by another, Dr. Arpad Csapo. In this program, a woman who has reached term in her pregnancy is brought to the hospital in the morning and examined. If conditions are positive, labor is induced and monitored, and the baby is delivered in the afternoon. Then the doctor, mother, father and baby all get a good night's sleep.

Dr. Warren has plans to extend the services of Maternity Hospital significantly, and hopes to attract more women from the St. Louis community to the clinic. Along with the expansion of services, he

will initiate a new resident rotation schedule in July.

Under the new program, a woman who visits the clinic will see the same resident physician throughout her pregnancy. This doctor will deliver her baby, and administer any post-natal care she requires.

"With the present rotation schedule, a woman might see a different doctor every time she visits the clinic. And each time, it would be necessary for her to review her history with him," Dr. Warren said. "The new schedule will be more simple, and much more comfortable for the woman and the attending doctor."

Dr. Warren is pleased with the interest shown his department by medical students. "At present, they spend 36 hours in OB-GYN as sophomores, and 6 weeks in the junior year," he noted. "Our job is to get them interested and involved, so they will come back as seniors when the courses are elective."

But for students who are not seriously considering it as a specialty, Dr. Warren initiated the "Catastrophe Lecture Series," which deals with serious situations in obstetrics and gynecology — occasions where the doctor's failure to act could result in serious impairment, or death, for a patient.

Junior students who serve as clerks in Maternity Hospital are now provided the magic of television, although it is not the commercial variety or even Public Broadcasting's brand of educational TV.

Using the department's videotape equipment, Miss Kathy Rode has produced a series of "shows" of interest to the students.

"There are times during the day and night when the clerks are just waiting for something to happen. So, to take up the slack, we've recorded lectures on topics we feel are important, and we hope, informative to the students," Dr. Warren said.

The monitor and play-back machine is on the fourth floor of Maternity Hospital where the tape library includes 25 hours of programmed instruction in OB/GYN topics. "The students are free to watch any program they wish. The equipment is easy to operate, and if it is necessary to stop a tape in the middle, they can come back later, and pick up where they left off," Miss Rode said.



Videotape camerawoman Kathy Rode tapes a lecture for the department's televised lecture series.

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Other new, interesting, Warren-initiated programs can be expected. And while the new developments are happening, the research group Dr. Warren brought with him from the University of Kansas Medical Center will continue studying the biomedical aspects of population control. This group, which has laboratory facilities in Maternity Hospital, is funded by grants from the Ford and Sunnen Foundations, as well as the Population Council and the National Institutes of Health.

"The department is bursting at the seams, right now," Dr. Warren said. But the completion of the East Pavilion and renovation of Maternity Hospital will provide 45 more beds, for a total of 165, more space, and more modern facilities for the growing department.

James Warren received his A.B. from the University of Wichita in 1950, and his M.D. from the University of Kansas in 1954. In 1961, he received the Ph.D. degree from the University of Nebraska. When announcing Dr. Warren's appointment as head of the department, former chancellor Thomas H. Eliot remarked that Dr. Warren is "an excellent combination of physician, teacher and medical scientist."

Dr. Warren, his wife Annie, and their four children live in Clayton. As for a hobby, Dr. Warren said, "Right now, it is my work here."

Robert Duffy



Dr. Warren, and Fernando Arias, M.D., of the OB/GYN staff.



Students gather in fourth-floor Maternity Hospital lounge to watch lectures.

Surgery as a Determinant of World History

by Clarence S. Weldon, M.D.

Bordeaux, November, 1632. Armand Jean Du Plessis De Richelieu, first minister to his majesty, Louis XIII, was accompanying his monarch on the return from the troubles at Languedoc. They had stopped as guests at the home of the president of the parliament of Bordeaux, when the cardinal became gravely ill.

For three days, he was unable to urinate. For many years, His Eminence had suffered from a perirectal abscess which, uncontrolled, had dissected through to the perineal floor producing obstruction of the bladder neck. The pain from the abscess was so great and the desire to urinate so continuous that the imminent death of the cardinal was feared.

Seguin, physician to the queen, the minister's personal physician, Monsieur Cytois, and his personal surgeon, Monsieur

Leroy, were embarrassingly unable to cope. Consultation with the professors of the University of Bordeaux produced an unknown surgeon by the name of Jean Mingelousaulx.

Mingelousaulx proposed to cannulate the minister's bladder with a bougie he had devised. This bougie was made of white wax dipped during three days in liquor, melted and mixed with mastic, reduced to powder and put by spoonfuls into a yellow copper mold which was pierced across with holes and canals. In the middle of the melted wax, a special thread was placed after it had been treated with almond oil. Bougies, thus created, were supple and gentle.

Richelieu was advised by his physicians that he had less than 24 hours to live. He agreed to the bouginage, but begged that

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Editor's Note: Dr. Weldon, professor of cardiovascular surgery, presented "Surgery as a Determinant of World History" as the annual Alpha Omega Alpha lecture on May 29, 1971. The program was repeated on November 18, 1971 when Dr. Weldon addressed the St. Louis Chapter of the Public Relations Society of America.



Clarence S. Weldon, M.D., and Cardinal Richelieu.
St. Louis *Globe-Democrat* photograph.

he was unable to sit for the operation. Thus, standing and supported on each side by a valet, His Eminence was bouginaged by Jean Mingelousaulx.

After a single bouginage, Richelieu urinated well and with such joy that he prayed to God. He passed four pounds of urine which was weighed and placed on view for the inspection of the entire court.

Cardinal Richelieu lived for another decade. His abscess in the perirectal region was never cured and he died a septic death as a consequence of it.

In the decade that remained between his surgery and his death, Richelieu reduced the Spanish monarchy to a minor power. He contained the German border states and secured the French monarchy as the greatest power on earth. He became the patron of Pierre Corneille. He quelled the Hougenots, and in the final years of his life, dispelled the rebellion of *Cinq Mars*. Many have said that he was the creator of what is now known as "French Civilization."

Versailles, 1686. "Illness and death were very dreadful at Versailles. As soon as the breath had left the body of a member of the royal family, the gilded bed chamber was turned into a butcher shop. Those who had grieved were obliged to stand by the bed while the body was chopped to pieces.

The head was sawn open and examined, the liver and lights laid aside. The heart on a silver salver was given to one duchess, and the entrails in a big silver bowl, to another.

Seven or eight doctors made notes of their gruesome findings and pronounced the cause of death. The only cause, which invariably escaped their notice, was their own incompetence."

Louis XIV, "the sun king," ruled at Versailles and was the greatest monarch on earth. The ferocious blood-letting, which was the fashion of the day, killed by exhausting the patient with anemia or by blood poisoning. Those who disapproved of the doctors were regarded as impious in medicine. Both the king and Madame de Maintenon were rigidly pious in medicine.

Louis XIV's most famous doctor was Guy-Crescent Fagon, who managed, in the course of about 20 years, to see most of the royal family into their graves. He was first heard of looking after Madame de Maintenon's charges when she was governess to the Duke du Maine, the king's son by a former mistress, the Marquise de Montespan. It was Madame de Maintenon who obtained the post of doctor to the queen for him. He killed Maria T r se almost at once. On All Saints Day, also known as "*le jour des morts*," he was named Premier M decin du Roi.

Louis XIV enjoyed excellent health, except for his teeth, and gout, for which he purged himself regularly at monthly intervals. On the morning of November 18, 1686, the entire court was shocked to learn that the king had undergone a surgical operation.

For many months, he had suffered with an anal fistula, and at last, had decided that the surgeons must see what they could do for him. This disease had hitherto baffled them. F lix, the king's surgeon at the time, gathered together a number of men suffering from the complaint and sent them to take the waters of Barrege, which were said to cure it.

When none of them were cured, F lix went about all the hospitals in Paris operating upon the condition. He devised an instrument which was supposed to lessen the pain. No one knew that the king was to undergo the operation except Madame de Maintenon, Louvois, P re de la Chaise, and the doctors.

The king endured it heroically. On the operating table, he was cut eight times with scissors and twice with a lancet.

F lix begged the king to rest, but he insisted upon holding council that very evening, and was in such agony that sweat poured down his face. The next day, he received the ambassadors to prove that he was not dying. On December 6, F lix thought it necessary to make a few more cuts to prevent the wound from healing unevenly, and he cut it again on the 8th of December. On the 10th, there was another long operation. After this, he recovered completely.

Louis XIV survived 29 years beyond his surgery. In the meantime, the grand dauphin died in a smallpox epidemic in 1711. His son, Louis, duc de Bourgogne, became dauphin, and in February 1712, died in a measles epidemic. His oldest son and heir died in the same epidemic, leaving the little duc d'Anjou to succeed his great grandfather as Louis XV.



Louis XIV, King of France

Washington, D.C., 1881. On June 6, 1881, an insane man, named Charles Guiteau, bought a .44-calibre bone-handled revolver of the British bulldog pattern. The white handle cost him a dollar extra, but he reasoned that it was worth it because of the weapon's eye appeal as a future museum piece.

On Friday the first of July, the President of the United States, James A. Garfield, and his close friend, Secretary of State Blair, arrived at the B Street Station of the Baltimore and Potomac depot on Constitution Avenue. The President was planning a pleasure trip in New England with his family. As the President and his Secretary of State waited, Guiteau appeared, drew his pistol, and at a distance of about six feet, fired two rapid shots in succession at Garfield's back.

The President turned at the first shot and fell on his knees and upon receiving the second, exclaimed, "My God, what is this?" While nature was eventually kind to this assassin, a snap of the neck and quick death, it was cruel to the wounded President who lived on for 80 hot and harrowing days, amid pain, pus and prostration. At death, all that remained of the 200-pound illustrious patient was 120 pounds of ravaged and burned-out flesh.

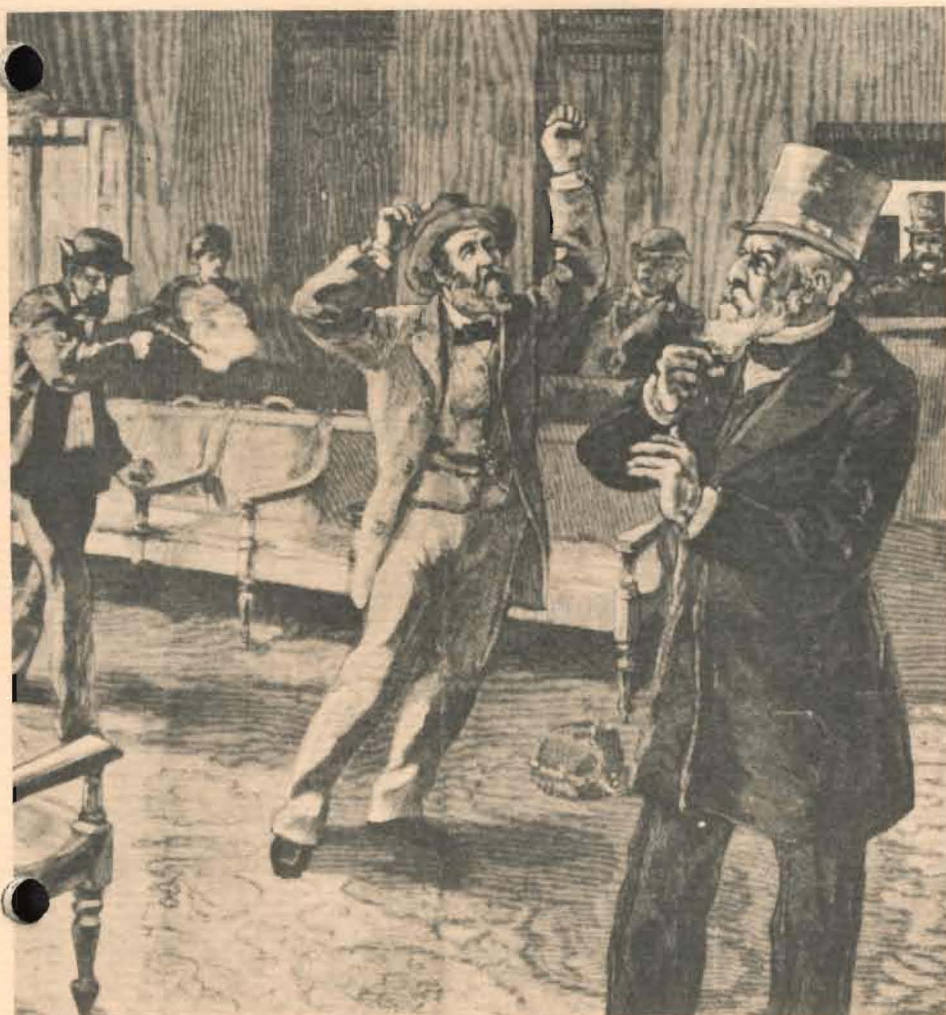
The first to attend the wounded President was Dr. Townsend Smith, health officer of the district. Townsend probed the wound with his finger and pronounced it a mortal one. The President was moved on a mattress to a second story room in the depot. He was vomiting, deathly pale, and complained of pain and peristhesis in both legs. Millard Bliss, a prominent

Washington physician and friend of the President arrived shortly. He too probed the wound, first with his finger and then with a series of silver probes, and pronounced that it had entered the liver.

The President was then removed to the executive mansion and placed in the Southwest Room. Here, he continued in a shock-like state with excessive vomiting. A mob of doctors surrounded him and cluttered up the sick chamber.

At one point, Dr. Boynton stuck his finger into the wound and exclaimed, "My God, General. You ought to have surgical advice." To which Garfield replied, "There are about 40 of them in the adjoining room. Go and consult with them."

Finally, Bliss appointed three doctors as the permanent medical staff. Intimate bulletins were issued regularly and the



Assassin Guiteau firing at President Garfield



entire country participated in the management of the wounded President. Every quack, housewife and well-meaning person in the United States sent recommendations for his further care. Finally, two famous doctors, Frank Hamilton of New York and D. Hayes Agnew of Philadelphia, were called in consultation.

By August, there was a heat wave in Washington and malaria was rife. It was apparent that if the President were to survive, something would have to be done to cool his surroundings, and a general alarm was sounded for a workable cooling device. One built by R. S. Jennings was eventually installed in the White House and is almost certainly the first air conditioner to be used in this country.

At about this time, the President showed evidence of generalized sepsis with high fevers and chills. Pus drained copiously from the wound and Agnew was forced to make a counterincision. By the end of August, it was observed that the President had developed a putrid abscess in the

parotid gland which discharged pus into the ear and also into the mouth. He also began to develop cutaneous abscesses.

Finally, a hard lump was noted in the groin, and the doctors determined that the bullet had taken a downward course and was lodged in the groin. They continued to probe the wound with their fingers and unsterile instruments.

At one point, Alexander Graham Bell arrived at the executive mansion with an electromagnetic apparatus designed to locate the ball in the President's body. This apparatus actually was an induction balance and, with little change, became the land mine detector first used in the Second World War. It was, however, unsuccessful in locating the ball.

Finally, the President, ravaged by his sepsis, longed to return to Ohio. His wife

persuaded him, however, to make a trip to New Jersey, and there, at Franklyn Cottage, he eventually died as a consequence of the sepsis.

Throughout his tragic illness, much effort was spent by the doctors in an effort to determine the course of the bullet. Scientific experiments were published and anatomical analyses were made from models and from anatomical considerations.

In actual fact, Guiteau had fired twice. One bullet inflicted a slight flesh wound of the right arm and the other passed into the body three and one-half inches to the right of the spine at the level of the eleventh rib. It had then gone to the left, obliquely forward, passing through the body of the first lumbar vertebra and lodging in the fatty connective tissue immediately below the lower border of the pancreas. In this position, it had become encysted.

An abscess, however, from the original bullet tract, had burrowed its way downward through the fat behind the right kidney and then had found its way between peritoneum and right iliac fossa making a descending channel which extended almost to the groin.

This channel was supposed, during life, to have been the tract of the ball. It was further announced, from the autopsy examination, that a fatal hemorrhage had occurred arising from a rupture of a false aneurysm which had occurred from a rent in the splenic artery either as a consequence of injury by the bullet or by one of the doctor's probes.

Whether, in fact, there was a fatal hemorrhage or not, has never been ascertained. Certain it is, the President died as a consequence of sepsis.

In the 1880s, micro-organisms, aseptic technique and the like, were very sophisticated fare for the doctors of the United States, and the kindly gentleman with the black bag might even go so far as to consider these things out-of-place in an actual medical practice. Nonetheless, there was a sprinkling of avant-garde practitioners about, and it was just such fellows who had raised certain ticklish points regarding the management of Garfield's case.

Communications in the lay and medical literature abounded. It was, in those days,

not a policy of doctors to stick together, and there was a great deal of open criticism within the profession.

The principal arguments concerned whether Agnew and his colleagues had been responsible for the spread of sepsis which had followed the bullet-wounding, the methods by which attempts had been made to localize the bullet, and finally, the importance and meaning of the false aneurysm surrounding the splenic artery.

Of the many thousands of quotations available still on these disputes, I choose only one which came from Germany and contained the blistering words of Professor Frederick Esmarck.

"The damage which proceeds from a bullet is caused by it in its course. The damage which is added to it mostly proceeds from the examiner's fingers. If they had entirely omitted the search after the bullet, and immediately after injury, dressed the wound in a real antiseptic way, the President might perhaps be still alive like our Emperor, from whom Dr. Langerbeck did not cut out a single one of all his many shots. It seems that the attending physicians were under the pressure of the public opinion that they were doing far too little, but according to my opinion, they have not done too little, but far too much."

Fourteen year old Molly Garfield wrote, "September 29, 1881. It has been a long time since I wrote in my diary and I feel like a different girl now. We all thought darling poppa was on the sure road to recovery, but we were all mistaken. Even the surgeons didn't know anything about the wound."

It remains, therefore, an unresolved question as to whom must go the responsibility for Garfield's death. Was it the madman assassin Guiteau, or the well-meaning physicians and surgeons who attended the wound?

Germany, 1886. In Europe, meanwhile, the most important political event of the 19th Century, the consolidation of the German states into the German empire, was going on. Prince Wilhelm, acting Regent for his senile father, a military man and a reactionary, and Chancellor Otto Von Bismarck, were the driving force behind this effort.



Garfield's death

The son of Wilhelm, Crown Prince Frederick III, also called Frederick the Noble, was an entirely different sort of man. He was loved by both his people and by the ruling classes.

He was, by all accounts, a political liberal with liberal views on human rights, economic questions, religious toleration and freedom of education and speech. He was an admirer of the British monarchy and the husband of Queen Victoria's oldest daughter. Those who feared the iron chancellor, both within and without Germany, awaited eagerly the ascension of Frederick III to the throne.

In the autumn of 1886, at the age of 55, the Crown Prince began to complain of hoarseness and pain in his throat. He was examined by a group of six outstanding physicians including both Professor Gerhardt and Professor Von Bergmann. A diagnosis of cancer of the larynx was made. A thyrotomy or partial laryngectomy was performed and scheduled for the 21st of May, 1887.

Dramatically, on the 20th, Morrell Mackenzie arrived in Berlin. This man was the most important otolaryngologist of the time. He had established a hospital for the treatment of diseases of the throat, had written a textbook on diseases of the larynx and had perfected the use of the laryngoscope.

How Mackenzie came to be in Berlin is not entirely clear. One view holds that the Princess Victoria called to her mother for help and that Mackenzie was dispatched by the Queen of England. Another view holds that Bismarck, from whom the whole business had been kept secret, but who had been informed by one of his spies, demanded that the operation be postponed until further consultation could be obtained.

Mackenzie, after viewing the situation with Prince Frederick, pronounced that no operation should be performed without a pathological diagnosis and lectured the German physicians on his views.

These physicians viewed the "dead house" doctors as "fuddy-duddys," but nonetheless, agreed that a biopsy could be performed. Since none of them were trained in the use of the laryngoscope, Mackenzie himself biopsied the lesion and submitted it to Virchow. Virchow was

unable to find any evidence of epithelial cells in the deep structures of the biopsy specimen.

Another specimen was sent a month later with the same results. Thus, with these two biopsies, Mackenzie pronounced the lesion a benign one and treated it by electrocauterization. He similarly treated a lesion which appeared on the left arytenoid cartilage in the summer of 1887.

However, by this time, Frederick's symptoms of hoarseness, difficulty in swallowing with edema of the glottis began to grow worse. On the advice of his physicians, Frederick journeyed to Italy to take the sun. Here, his symptoms grew so bad that a tracheotomy had to be performed.

Mackenzie now admitted that the lesion was probably malignant, although he also



Frederick III "the Noble"

suggested that it might be syphilis and treated his patient with potassium iodine. The physicians now advised Frederick to have a total laryngectomy, but considering the results of this operation at that time, the patient himself refused.

In March, 1888, Wilhelm I died. The Crown Prince, tracheotomized, journeyed through a snow storm to return to Berlin in hopes that when he ascended the throne, he still would have some time to install some of his liberal views.

After a reign of only 99 days, Frederick III, Frederick the Noble, died in Potsdam,

and his son, Wilhelm II, became Emperor in his place. This, of course, was Kaiser Bill.

An autopsy was performed on Frederick's body by Virchow, Langerhans and Waldeyer, and demonstrated an extensive carcinoma of the larynx. How is it that the greatest laryngologist of that time missed the diagnosis? It has been suggested, subsequently, that it was a subglottic form of the carcinoma and that Mackenzie was unfamiliar with it.

In any case, great excitement followed the death of the Emperor, anti-British feelings were aroused. It was recalled that the Queen's first child had been delivered by a British obstetrician and that there was a deformity of the arm. Any hope of modeling the German empire after a constitutional monarchy quickly faded.

The Germans needed a British scapegoat and Morrell Mackenzie was their choice. Official accounts were published and he was charged with gross mismanagement of the case. Even Virchow published an account denying that the responsibility for the diagnosis was his.

Sir Morrell then made a terrible mistake. He published his own account of the affair in a book entitled, "The Fatal Illness of Frederick the Noble." In this book, he accused the German doctors of malpractice, political motives of the worse sort, drunkenness, clumsiness, and a pathological desire for publicity.

Attempts were made by Sir Morrell's friends to dissuade him from publishing the book which was greeted with storms of protest from all sides. German politicians whipped up even greater anti-British feelings. The medical profession was outraged.

The Royal College of Physicians and the Royal College of Surgeons took up the matter. Mackenzie was asked to resign before a formal vote of expulsion was taken. The British Medical Association passed a resolution regretting that the book had been published, and sent a copy of their resolution to Von Bergmann in Berlin.

In 1892, Morrell Mackenzie died of asthma, some say; and some say, of a broken spirit. The consequences of Kaiser Wilhelm's reign are well known. It led to the First World War, then to the rise of Nazism and then to the Second World War.

The United States, 1893. The reformer of Buffalo and New York, Grover Cleveland, had been elected to the presidency by a coalition of Democrats and Mugwumps. They stood for lower tariffs on imported goods and for the end of silver money, but these anti-inflation measures were responsible for his defeat in his campaign for re-election.

The country soon changed its mind about protective tariffs, and Cleveland was again re-elected in 1893. No sooner was he sworn into office again than the country was hit by the famous panic of 1893, due, in part, to the heavy exportation of gold from the United States, suspension of silver coinage in several foreign countries, the lack of confidence in the public credit, to the shortage of gold in the treasury, unwise speculation and widespread unemployment.

Cleveland recognized the necessity for the immediate repeal of the Sherman Silver Purchase Act of 1890 and called the Congress into a special session.

Just 50 days before the date of this special session, the President complained of a rough place on the roof of his mouth. Examination revealed a malignancy of the palate and an immediate operation was advised.

There was great cause for concern because almost alone in his party, Cleveland stood for the end of bi-metalism and it was agreed by most of his advisors that only Cleveland's personal standing with individual congressmen could assure the repeal of the Sherman Silver Purchase Act. In addition, Vice President of the United States was Adlai E. Stevenson, a confirmed high-tariff silver-money man, a proponent of Bryan's famous "cross of gold."

As soon, therefore, as Dr. O'Reilly of Washington made the diagnosis of the palatal malignancy, Dr. Joseph D. Bryant, a surgeon of New York, was consulted, who confirmed the diagnosis and agreed that an operation was indicated. O'Reilly and Bryant requested the help of Edward Janeway, W. W. Keen and John Frederick Erdmann.

It was decided to perform the operation in secrecy and aboard the yacht *Oneida*.

On the night of June 30, 1893, all of the physicians mentioned, the owner of the yacht, President Cleveland, the Secretary

of War Daniel Lamont, and a dentist, Ferdinand Hasbrouche, came aboard the yacht separately. The operation was performed the next morning as the yacht steamed up the bay.

Dr. Hasbrouche administered nitrous oxide and removed two teeth. Ether was then substituted and Dr. Bryant, Dr. Keen and Dr. Erdmann performed a maxilectomy, leaving the orbital floor intact. The gelatinous mass removed at the time of the operation was sent to Professor Welch, at the Johns Hopkins Hospital, who made a diagnosis of sarcoma.

The President made a speedy recovery, but it was shortly discovered that his speech was unintelligible. Therefore, another dentist, Dr. Gibson of New York, was called upon to fashion a vulcanized rubber jaw. So successful was this prosthesis, that President Cleveland was able to preside over the opening session of the special session of Congress in August of 1893.

Grover Cleveland died 15 years later of other unrelated causes. He died with the satisfaction of having brought the United States through a crippling financial crisis.

Russia, 1913. There is no doubt that the father of Russian revolution is Vladimir Ilich Ulyanov, known to the world as Lenin. But if Lenin was the father of the revolution, Nadezhda Konstantinovna Krupskaya was its mother.

Madame Krupskaya was a Marxist before Lenin, a revolutionary throughout her life. Krupskaya married Lenin in a Siberian prison camp. Thereafter, she shared his life, but it is likely that they lived together like two good comrades. Lenin spent his passions on politics and there is no indication that much remained for love. Krupskaya, after she became ill, but before that also, could hardly have aroused romantic feelings.

If there was a love in Lenin's life, it was Inessa Armand, who became a great friend of the Lenins, producing what seems almost a rather innocent *menage à trois*. The impact of Krupskaya on Lenin's political career, however, cannot be underestimated. She worked with him constantly. She did translations for him.

She edited his prolific writings. She authored her own papers. She was constantly by his side through his long and arduous exile.

In May of 1913, Krupskaya wrote to Lenin's mother from Cracow, "I am an invalid and tire very quickly. I took electric treatments for a whole month. My neck has not become smaller, but my eyes have become normal and the palpitations of the heart have diminished. Here in the clinic for nervous disease, treatment is free and the doctors are very attentive. I am eager to get to the village as soon as possible. Although we live on the edge of town and there are vegetable gardens opposite our house, and the other day a nightingale sang, it's still a city. The children yell. Soldiers ride back and forth."

Ten days later, Lenin told his mother that Krupskaya had Basedow's disease. Krupskaya took electric treatments and iron, but the illness persisted. Lenin wrote to his brother, Demitri, the physician, diagnosing at long distance, said no operation was necessary, but people kept telling Lenin that his wife might go blind, might have to lie in bed for a year or a year and a half without moving. Later that month, Lenin wrote to his mother, "Dear Mamouchka, I am trying to persuade Nadya to go to Bern."

Bern was the home of Professor Theodore Kocher, a Swiss surgeon who specialized in an operation for Basedow's disease. In July, Kocher operated upon Krupskaya, during a three hour operation at which he removed the exophthalmic goiter. No anesthesia was given.

Krupskaya lived to be a very old lady. After the death of Lenin, she briefly became Stalin's pawn by providing a defense of Zinoviev and Kamenev against Trotsky, but later in a defence of Kamenev and Zinoviev against Stalin, she was forced to suffer public humiliation in old age.

Other examples of historically consequential surgery are known, such as the operation performed in 1922 by a team of German and Russian surgeons to remove Fanny Kaplan's bullet from Lenin's neck in 1922. And the successful amputation of Horatio Nelson's arm, long before he became the hero of Trafalgar.

But here are the questions to ask: To whom in fact should credit be given for

the establishment of French Civilization — Cardinal Richelieu, or the little-known surgeon in Bordeaux, Jean Mingelousaulx? How much credit for the success of the Bolshevik revolution belongs to a non-Bolshevik, Theodore Kocher? Who is responsible for the rise of Nazism — Kaiser Wilhelm II, or the unfortunate Sir Morrell Mackenzie?

These questions are, of course, unmitigated nonsense. Surgeons and their actions are, of course, determinants of history. But they are no more important than, say, the prevalence of rats or lice; they are no more important than the lead utensils used by the Romans in the centuries directly after Christ. They are no more important, in fact, than whether, on a certain day, at a certain time, in a certain place, it rained, or snowed, or the sun shone.

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Magnum (left) and the right.
Nadezhda Krupskaya (right)

Helping Children Grow

"We are among the lucky ones. Five years earlier, there would have been no help for John."

Mrs. Ted Simmons was talking about her son. He's 10½ years old, now. He was almost 5 when the Simmons became aware that he was falling behind his contemporaries in height and growth rate.

The family physician suggested the University of California, San Francisco's pediatric endocrine unit for tests. Diagnosis. John had a deficiency of the growth hormone produced by the pituitary gland.

Now under treatment in the unit headed by Dr. Selna Kaplan and Dr. Melvin Grumbach, director of pediatric sciences, John has shot up seven inches in about two years and has gained 13½ pounds.

The sandy-haired youngster has lost the immature facial characteristics typical of

a child with his problem. His appetite is hearty. His muscular control and co-ordination are improving.

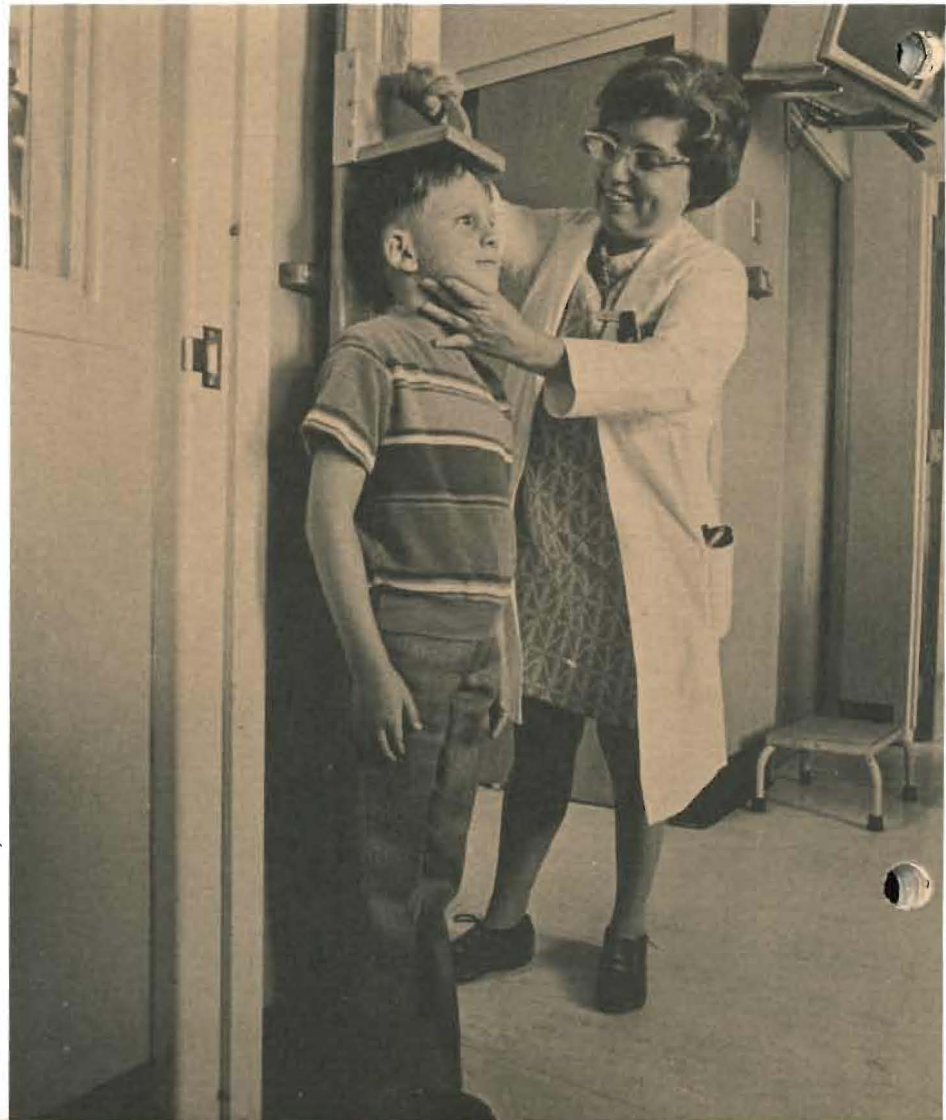
John will continue to grow as long as his bone ends remain open — and as long as he can continue to receive three injections of growth hormone a week. Dr. Kaplan says:

"We treat youngsters until they reach a height of five feet or until puberty ensues. That is the best we can do because of the limited supply of the hormone.

"If we had enough, we would not have to cut off treatment of an individual at an arbitrary point. We never turn youngsters away. We *do* tell them they will have to wait for treatment, often as long as a year."

Dr. Kaplan, who has been a member of the UCSF staff since 1966 and who entered

Alumna Selna Kaplan, M.D., '55, is deeply involved in growth problems of children who are patients at the University of California School of Medicine, San Francisco. This article, which appeared recently in the "U.C. San Francisco News," and the accompanying photographs, are reprinted with the permission of the University of California Office of Information.



the field of pediatric endocrinology in 1958, says about 30 percent of patients referred to the unit with problems of short stature have a growth hormone deficiency of the pituitary gland.

"If these youngsters are not treated, they usually grow to be only 3½ to 4½ feet tall. It is unusual for a child with this deficiency to reach a height of 5 feet," she reports.

The bulk of patients seen at the unit are referred there by other physicians. Most have been screened to eliminate the possibility of problems other than those of growth.

"The growth problem can apply from newborn to age 18. Most of the youngsters we see are from 8 to 14 years old. At age 8, parents are more likely to become aware of a child's height compared to that of school-mates.

"In the younger age group, the emotional factor of shortness is not as important as becomes later on. With adolescents, it becomes a source of concern."

Growth hormone deficiency shows up in short stature. "It is not a question of feeling ill," Dr. Kaplan explains. "There is usually a tendency toward pudgy and immature facial characteristics.

"When a youngster comes to the hospital for tests, he usually regards himself as unique — as the only kid in school who's short. We try to admit several children of the same age for tests at the same time. They get a different feeling and better understanding of their problem that way."

The growth hormone itself can be obtained only from pituitary glands, which are collected and distributed through the National Pituitary Agency. There is no charge to the patient for the hormones, which are dispensed primarily to physicians who are observing children in a research setting.

Is there hope for a synthetic growth hormone? Yes, but not in the near future. Dr. Kaplan says:

"The formidable task of determining the structure of the growth hormone has been accomplished by Dr. C. H. Li of UCSF. He synthesized a human growth hormone. But to produce it in bulk in laboratories will be costly and will take a very long time."

With the prospects of a synthetic hormone for treatment of deficiency so remote, Dr. Kaplan and the Simmonses are working to set up a Human Growth Foundation chapter in the San Francisco area.

"One of the main functions of the foundation is to encourage donations of pituitary glands to the National Pituitary Agency," Dr. Kaplan adds:

"And there is an educational aim, too. We want to make the public aware of the problems that can occur through hormone deficiencies and to let people know what is being done for youngsters with the problem."

Parents also need a forum to share concerns with other parents. Meetings of the HGF encourage this and invite the youngsters themselves to talk about their anxieties and their problems, Dr. Kaplan points out.

Mrs. Simmons says: "You like to think there is an easy answer somewhere along the line, but you must realize there isn't one. It will take time, but John is catching up."

She remembers the occasion of John's entry into kindergarten. "The other kids looked at him and said 'he's only 3 years old, he should be at home.'"

"Now, John has told many of his young friends about his treatment. Once he knew there was hope that he'd grow taller, he accepted the situation. And his young friends understand. There's no more talk about 'runts.'"

Mrs. Simmons is 5-feet-2 inches tall and her husband 5-feet-11 inches. There has been no other growth problem in the family as far as they know. About this, Dr. Kaplan says:

"Familial cases of growth hormone deficiency are rare. However, in short, normal children, the genetic factor is of major importance.

"Research is providing more and more encouraging findings and new potential approaches for the treatment of growth problems. We don't have all of the answers by any means."





If you think that alumni banquets consist of three hours of belabored boredom in optional black tie, you're in for a big surprise at the 1972 Washington University Medical Center Alumni Banquet.

This year, you'll be taken from **way down** to **way out** . . . **way down**, to the sweet and swinging sounds of the levee with Singleton Palmer's Dixieland Band . . . to **way out**, with the electric sparkle of a young group of "soft rock" musicians, the Bob Kuban Band.

Be on the lookout for a bright package from the Medical Center Alumni Association . . . it will contain data on reunion activities, both scientific and social. Additional information about special events for wives will be included.

Please mark your calendar "**Reunion '72**" on 24-25 May, and put a big star by the evening of the 25th for the bang-up banquet that's planned for you.

Meet us in St. Louis, and be in the happy throng going from **way down** to **way out!**



1972 Medical Center Alumni Reunions

Schedule of Events

Wednesday, 24 May 1972

Scientific Day Program

- CLOPTON AMPHITHEATRE
9:45 a.m. Welcome, M. Kenton King, M.D. — Dean
- 10 Frank W. Clippinger, M.D. '52 — Professor of Orthopaedic Surgery, Duke University School of Medicine
- 10:30 Gary A. Ratkin, M.D. '67 — Trainee (NIAMD) in Preventive Medicine, Washington University School of Medicine. "Staging Laparotomy for Hodgkin's Disease and Other Lymphomas"
- 11 Coffee Break
- 11:30 Milton S. Grossman, M.D. '57 — Professor of Pediatrics, University of Miami School of Medicine. "The Adolescent with Ketosis-prone Diabetes Mellitus — A Therapeutic Challenge"
- Noon Lunch
- 1:30 p.m. Business Meeting
- 2 Ewald W. Busse, M.D. '42 — J. P. Gibbons Professor and Chairman, Department of Psychiatry, Duke University School of Medicine. "The Aging Brain — Biologic and Behavioral Changes"
- 2:30 Harvey R. Bernard, M.D. '47 — Professor of Surgery, Albany Medical College at Union University. "Postoperative Infection — A Review and a Prediction"
- 3 Coffee Break
- 3:30 C. Barber Mueller, M.D. '42 — Professor of Surgery and Department Chairman, McMaster University. "Current Concepts in Curriculum Design — McMaster University at the Fourth Year"

Thursday, 25 May 1972

Postgraduate Seminar

- 17TH FLOOR QUEENY TOWER
8 a.m. Breakfast for Alumni
- CLOPTON AMPHITHEATER
9:15 a.m. Welcome, Samuel B. Guze, M.D. '45 — Vice Chancellor for Medical Affairs
- 9:30 Department of Medicine Grand Rounds
- 10:30 Coffee Break
- 11 Mark May, M.D., Assistant Professor of Otolaryngology. "Facial Paralysis: Dx, Px and Rx."
- 11:30 Philip Needleman, Ph.D., Assistant Professor of Pharmacology. "Organic Nitrates: Relationship between Biotransformation and Rational Angina Pectoris Therapy."
- Noon Clinicopathological Conference
- OLIN HALL
Noon — 2 p.m. Luncheon for Alumni and Faculty
Tours of the Medical Center
- CORI AUDITORIUM
2 p.m. Herbert Lubowitz, M.D. '58, Associate Professor of Medicine. "Advances in the Management of Patients with Chronic Renal Disease."
- 2:30 Morton Smith, M.D., Associate Professor of Ophthalmology. "Ocular Manifestations of Leukemia and Allied Diseases."
- 3 David Kipnis, M.D., Professor of Medicine. "Recent Studies on Regulation of Insulin Release."
- 3:30 Coffee Break

CLOPTON AMPHITHEATER

- 4 Second Annual Thomas H. Burford Lecture in Thoracic Surgery — John W. Kirklín, M.D., Professor and Chairman, Department of Surgery, University of Alabama Medical Center. "The Surgical Treatment Transpositions and Malpositions of the Great Arteries."

Class Reunions

- Class of 1922
Rogers Deakin, M.D., Chairman
Palladian Room, Chase-Park Plaza Hotel
- Class of 1927
Franklin E. Walton, M.D., Walter M. Whitaker, M.D., Co-chairmen
River Room, University Club
- Class of 1932
Sol Weisman, M.D. and Paul F. Max, M.D., Co-chairmen
Whittemore House (Main Campus)
- Class of 1937
George W. Ittner, M.D. and Carl E. Lischer, M.D., Co-chairmen
Park Room, Chase-Park Plaza Hotel
- Class of 1942
C. Alan McAfee, M.D., Chairman
Tiara Lounge, Chase-Park Plaza Hotel
- Class of 1947
B. Todd Forsyth, M.D., Chairman
St. Louis Club (Friday)
- Class of 1952
W. Edward Lansche, M.D., Chairman
Lt. Robert E. Lee, Texas Deck
- Class of 1957
Frederick D. Peterson, M.D., Chairman
Washington University Alumni Club, Mansion House
- Class of 1962
Gerald Wool, M.D., Chairman
Chase-Park Plaza Swimming Pool
- Class of 1967
Philipp E. Bornstein, M.D., J. Brigham Buettner, M.D. and Robert B. McLean, M.D., Co-chairmen
Huck Finn, Second Deck

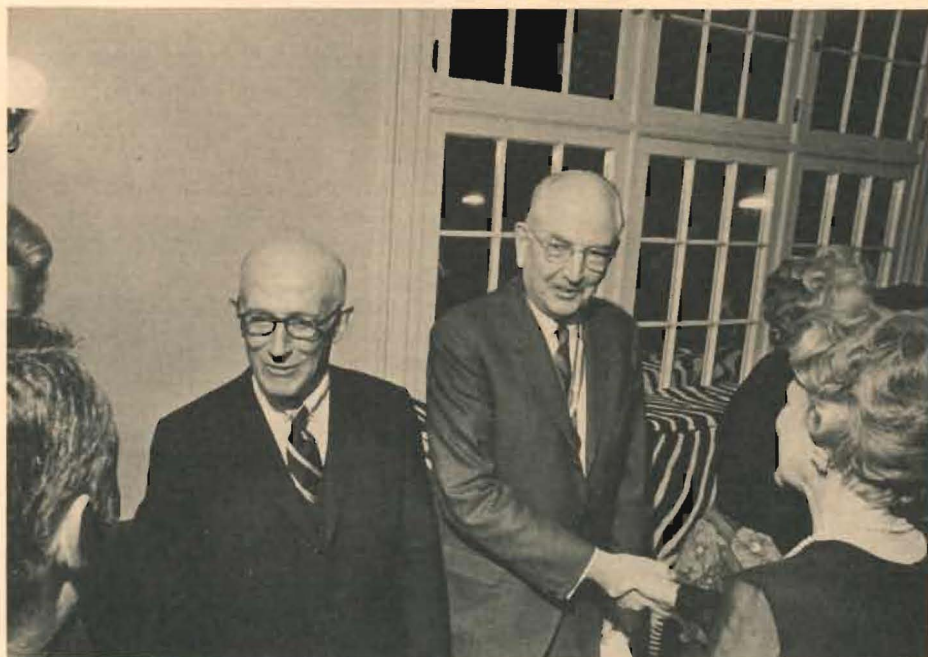
Alumni Activities

'20s

Sol Londe, '27, St. Louis, spoke on "Blood Pressure in Children" at the American Heart Association Sub-Committee on Atherosclerosis and Hypertension in Children, in Anaheim, Calif.

Samuel D. Soule, '28, St. Louis, participated in a panel discussion of "What, Where and When Should Children Be Taught About Contraceptives," at the Family Planning Association of the Americas meeting in Palm Springs, Calif. Dr. Soule recently was named co-director of the department of obstetrics and gynecology at the Jewish Hospital of St. Louis.

James M. Macnish, '29, was given an "honor membership for distinguished service" by the St. Louis Medical Society.



Alumni cited for achievements: Wendell Scott, M.D. '22, and A. Norman Anshin, M.D. '28, received the 1972 John Steinhilber and Associates Award given by the St. Louis Medical Society. The awards were presented at the society's annual meeting held in January.

'30s

Brian Blades, '32, has been named "Distinguished Physician" at the Veterans Administration. He is Lewis Saltz Professor of Surgery at George Washington University School of Medicine, Washington, D.C.

Russell D. Harris, '32, Oklahoma City, retired from active practice in January.

Sydney S. Pearl, '32, Elizabeth, N.J., is president of the New Jersey Proctologic Society, and fellow of the Pennsylvania Society of Colon and Rectal Surgeons and the New York Society of Colon and Rectal Surgeons.

Wendell G. Scott, '32, and **Richard A. Sutter, '35**, both of St. Louis, were named to posts of the American Medical Association in February. Dr. Scott was reappointed to the Council on Voluntary Health Agencies, and Dr. Sutter was appointed to the Committee on Aerospace Medicine. Dr. Scott also was named to a two-year term on the new National Cancer Advisory Board.

Harry Yolken, '32, Paterson, N.J., has retired from general practice to work with retarded children.

Kenneth V. Larsen, '35, retired as president and chief of staff at Missouri Baptist Hospital.

Bernard C. Adler, '37, was elected president of the St. Louis Ear, Nose and Throat Club. He is senior attending otolaryngologist at Jewish Hospital.

Carl E. Lischer, '37, St. Louis, has retired from private practice and is now associate professor of surgery at Washington University School of Medicine.

Walter Baumgarten, Jr., '39, was honored for "distinguished service to medicine" by the St. Louis Medical Society.

'40s

Seymour Brown, '40, St. Louis, was presented the "Mercy Award" by the Sisters of Mercy at St. John's Mercy Medical Center.

William L. Tomlinson, '40, St. Louis, has been appointed a member of the board of regents of Southwest Missouri State College.

Ewald W. Busse, '42, received a *Modern Medicine* award for distinguished

achievement for "relating psychiatry to the problems of aging and developing an outstanding research and educational center in geriatric medicine." He is J. P. Gibbons Professor of Psychiatry and chairman of the department at Duke University, Durham, N.C., and is president of the American Psychiatric Association.

F. Eugene Pennington, '44, was elected president of the St. Louis Medical Society. He succeeded **Lawrence O'Neal, '46**.

MacDonald Bonebrake, '46, Springfield, Mo., was elected president-elect of the Greene County Medical Society in October, 1971.

B. Todd Forsyth, '47, St. Louis, wrote a chapter on arthritis to the fourth edition of *Care of the Geriatric Patient*.

James W. Willoughby, '47, is director of the postgraduate course in allergy at the University of Missouri School of Medicine, Kansas City.

Robert Burstein, '48, was appointed co-director of the department of obstetrics and gynecology at Jewish Hospital of St. Louis.

'50s

Elizabeth Kirkbride Gay, '51, has left private practice to join the staff of the St. Louis City Health Department.

Marvin E. Levin, '51, St. Louis, participated in the fourth annual symposium on diabetes held at St. John's Mercy Hospital.

Jerome J. Gilden, '52, is associate director of orthopedic surgery at Jewish Hospital of St. Louis.

Melvin G. Jennings, '52, Atlanta, has resigned as captain, U.S. Navy Medical Corps, after a four-year tour of duty. He was awarded the Legion of Merit.

Harry S. Jonas, '52, Independence, Mo., is chairman of the Missouri section of the American College of Obstetrics and Gynecology, and president-elect of the Kansas City Gynecological Society.

Robert B. Katinas, '52, Miami, Fla., is chairman of the department of medicine at Cedars of Lebanon Hospital, Miami, and the hospital's chief-of-staff, and president-elect.

Malcolm Lewis, '52, Nashville, Tenn., has been elected a member of the International Cardiovascular Society.

Jerome J. Gilden, '52, is associate director of orthopedic surgery at the Jewish Hospital of St. Louis.

Alfred M. Markowitz, '52, Scarsdale, N.Y., was elected to the International College of Surgeons of the Digestive Tract, and to the American Society for Surgery of the Gastro-Intestinal Tract.

Richard P. Bowles, '53, Liberty, Mo., **Charles R. Lewis, '61**, St. Louis, **James L. Mayfield, '43 March**, Crystal City, Mo., and **Robert H. Tanner, '47**, Jefferson City, Mo., are charter diplomates of the American Board of Family Practice.

David D. Ulmer, '54, has been appointed professor and chairman of the department of medicine at the Charles R. Drew Postgraduate Medical School, and chief of the medicine service at Los Angeles-Martin Luther King, Jr. General Hospital.

William G. Malette, '53, has been appointed chief-of-staff at the new Cooper Drive Division Veterans Administration Hospital, Lexington, KY. The new 370-bed general medical, surgical and neuropsychiatric facility is being constructed adjacent to the University of Kentucky Medical Center.

Miles C. Whitener, '55, and **William B. Hutchinson, '56**, both St. Louis, were elected secretary and treasurer, respectively, of Missouri Baptist Hospital.

Harry A. Fozzard, '56, was promoted to professor of medicine and physiology at the University of Chicago's Pritzker School of Medicine.

Irving Weigensberg, '56, Peoria, Ill., was appointed director of radiation therapy at Methodist Hospital.

Edward H. Forgotson, '57, is chairman designee of the President's Special Committee on Atomic and Nuclear Energy Law of the American Bar Association. Dr. Forgotson is also a member of the Dallas Bar Association's Blue Ribbon Committee on Criminal Justice.

Paul L. Friedman, '57, has been elected president of the St. Louis Society of Anesthesiologists, and secretary of the St. Louis Medical Society.

Frank E. Kendrick, '57, Anaheim, Calif., is chairman of the executive committee of the board of directors of Memorial Hospital.

Gary A. Ratkin, '57, St. Louis, is a diplomate of the American Board of Internal Medicine.

Paul Rubenstein, '57, director of education at Cedars and Sinai Medical Center in Los Angeles, lectured at "Washington University West," a post-graduate program held in Los Angeles. He spoke on "The Role of the Future Practice of Medicine," and "Physicians and Hospitals in the Society of the Future."

Donald F. Terry, '57, Wichita Falls, Texas, is president of the Bethania Hospital medical staff.



William R. Waddell, M.D., professor of surgery at University of Colorado, met with Mrs. Marjorie Copher White, daughter of the late Glover H. Copher, M.D., and Walter F. Ballinger, II, M.D., Bixby Professor of Surgery and head of the department, under the Copher portrait in Barnes Hospital. Dr. Waddell was the first Glover H. Copher Visiting Professor of Surgery. Prior to his death in 1970, Dr. Copher was emeritus professor of surgery in the School of Medicine.

Henry Lackner, '61, spoke at an American Urological Association post-graduate seminar in Portland, Ore. The associate professor of urology at the University of New Mexico School of Medicine spoke on renal physiology and function tests.

Melvin C. Dace, '62, Gainesville, Fla., is a council member of the Florida Society of Internal Medicine.

Bruce L. Dunn, '62, Santa Cruz, Calif., is a diplomate of the American Board of Urology.

Robert Edelman, '62, Bangkok, Thailand, is with the Walter Reed Army Institute of Research, assigned to the SEATO Medical Research Laboratory in Bangkok.

H. Kenneth Fisher, '62, Seattle, is a nominee for councillor-at-large of the American Thoracic Society, and a finalist candidate for the pulmonary academic award of the National Heart and Lung Institute.

William M. Dyer, '65, is chief of aerospace medicine at the 432nd U.S. Air Force Hospital in Udorn Air Base, Thailand.

Douglas Alvord, '67, Ramey Air Force Base, Puerto Rico, will complete his tour of duty in June, and will begin a fellowship in hematology at the University of Washington, Seattle.

Richard B. and Sandra Karm Counts, '67, are doing research at the University of Washington. He is a fellow in hematology, and she, a fellow in neurology.

William K. Summers, '71, St. Louis, is co-author of "No Reflow Phenomenon in Renal Ischemia," in the December, 1971 issue of *Laboratory Investigation*.

Health Care Administration Alumni

Donald J. Horsh, Jr., '51, was named associate director of the graduate program in Health Care Administration at Washington University School of Medicine.

Thomas Thorpe, '62, was appointed associate administrator of St. Joseph's Hospital, Alton, Ill.

Charles R. Hudson, Jr., '59, has been named senior vice president of the North Carolina Baptist Hospital in Winston Salem, N.C.

Charles H. Mason, Jr., '65, was promoted to senior associate director at Wesson Memorial Hospital, Springfield, Mass.

Andrew Tuzinski, '71, has been appointed administrator of the Nanticoke State General Hospital, Nanticoke, Pa.

Largest Number Wishes to Become the Class of '76

A record number is seeking to enter Washington University School of Medicine, John Schultz, assistant dean for records and admissions, reports.

By March 1, 4,991 applications were received for the 120 freshman positions.

In comparison, two years ago, 2,500 had applied, and last year, the admissions committee examined 3,135 applications.

In addition to the applications made for freshman positions, 80 attending other medical schools have applied for advanced standing.

Next year's freshman medical class will be the largest ever to matriculate at Washington University. Schultz said, "In response to the concern for improved health care delivery, the Executive Faculty has found it possible to enlarge the number of the entering class, by 10, to a total of 120."



Decision Makers: Members of the Admissions Committee, seated, from left, H. Philip Venable, M.D.; E. James Potchen, M.D.; Mordecai P. Blaustein, M.D. '62; Robert A. Woodruff, Jr., M.D.; Philip Needleman, Ph.D.; Jessie L. Temberg, M.D. '53, and John L. Schultz, assistant dean; standing, Allen Hurt, student representative; George H. Klinkerfuss, M.D. '56; George E. Murphy, M.D. '52; John M. Anderson, M.D.; Duane C. Hellan, M.D. '59; Morton E. Smith, M.D.; John F. Walters, assistant dean for student affairs; Luis Glaser, Ph.D.; and John C. Herweg, M.D. '45, associate dean.

Names Make News

Cancer Grants Aid Medical School Research

Seven new grants totaling \$313,610 have been awarded by the American Cancer Society for research at Washington University.

Meredith C. Jones, president of the society's St. Louis unit, said that for these and previous grants still in effect "our organization has allocated \$1,012,224 for cancer research in St. Louis."

Washington University's new awards include \$78,000 to **Philip W. Majerus M.D.**, professor of medicine and of biochemistry, for studies of biochemistry of tumor cells. **C. Elliott Bell, Jr., M.D.**, assistant professor of medicine and of pathology, received a grant of \$75,000 for research of lung cancer.

Philip D. Stahl, Ph.D., assistant professor of physiology and biophysics, was awarded \$66,664 for investigating fundamental cellular processes. A grant of \$51,669 was made to **David Schlesinger, Ph.D.**, associate professor of microbiology, for his studies of metabolism.

Post-doctoral fellowships of \$15,582 to **Claudia Marie Kent**, and of \$16,695 to **Michael Glaser**, were awarded for study by them with **P. Roy Vagelos, M.D.**, professor and head of the department of biological chemistry. They have made a special study of membranes while obtaining advanced chemistry degrees.

Awards also include an institutional research grant of \$30,000. This is to be administered by a school committee to attract new minds and new ideas of physicians, scientists or students into cancer research.

20 Receive Awards at Annual Assembly

Scholastic achievements of Washington University School of Medicine students were recognized at the annual awards assembly held in December, 1971.

Jack Barrow, M.D., president of the Medical Center Alumni Association, presented the \$200 Medical Alumni Scholarship award to **Charlotte DeCroes Jacobs**, a fourth-year student.

Other awards, and their recipients were: Roche Award - gold wrist watch and scroll - to the second year student who best exemplifies the ideals of the modern American physician:

Robert L. Collins, Albany, N.Y.

Dr. Richard S. Brookings Medical School Prizes, for meritorious performance:

Junior Class, \$250 - **Julio C. Pita, Jr.**, Coral Gables, Fla.

Sophomore, \$200 - **Yvonne Classen Bussman**, Wichita, Kans.

Freshman, \$100 - **Stefan P. Kozak**, St. Louis, Mo.

Dr. Robert Carter Medical School Prizes, for meritorious performance:

Junior Class, \$250 - **L. Michael Glode, Jr.**, Chadron, Neb. Mr. Glode won the Roche Award for 1969-70 and Brookings Prize in 1968-69.

Sophomore, \$200 - **David C. Hooper**, Lubbock, Tex.

Freshman, \$100 - **Mark H. Wener**, Chicago, Ill.

The Carl F. and Gerty T. Cori Prize in Biochemistry, for superior scholarship - \$100:

John W. Turk, Crystal City, Mo., and **Ronald K. DeGuerre**, North Canton, Ohio

Antoinette Frances Dames Prize in Physiology and Biophysics - \$100 for superior scholarship in these fields:

William P. Coleman, DeSoto, Mo.

George F. Gill Prize in Anatomy - \$50 for superior scholarship in anatomical work:

A. Jackson Crumbley, III, East Point, Ga.

Kehar S. Chouke Prize in Anatomy - \$50 for superior scholarship in anatomical work:

Ronald K. DeGuerre, North Canton, Ohio

Edmund V. Cowdry Prize in Histology - \$100 for meritorious performance in microscopic anatomy:

Jeffrey W. Willbrand, St. Charles, Mo.

Howard A. McCordock Book Prize for general excellence in pathology:

Joel D. Blumhagen, Tacoma, Wash.

Mr. Blumhagen won the Brookings Prize in 1969-70.

Lange Medical Publications Book Awards - for general high academic standing:

Junior Class - **Mary Rose Glode**, Rolling Meadows, Ill. Mrs. Glode received the Carter Prize in 1968-69 and in 1969-70.

Robert F. Scheible, Racine, Wis.

Sophomore - **Barry Farber**, Overland Park, Kans., and **Jerrold M. Stempel**, Northbrook, Ill.

Freshman - **John E. Krettek**, Council Bluffs, Iowa, and **Mark H. Jaffe**, Ardsley, N.Y.



Jack Barrow, M.D. '46, presented Charlotte D. Jacobs the Medical Center Alumni Association's scholarship award.

28 **Radiologist Awarded \$1 Million Grant by NIH**

Michel M. Ter-Pogossian, Ph.D., professor of radiation physics, has been awarded a five-year grant of \$1,057,193 from the National Institutes of Health, Bethesda, Maryland.

The grant supports research in the Edward Mallinckrodt Institute of Radiology using cyclotron-produced, short-lived radioactive isotopes of the elements oxygen, nitrogen, carbon, iodine, and fluorine. The study will concentrate on the major metabolic pathways which sustain the function of vital organs, and will seek new and non-invasive tests for the detection of disease. The primary emphasis of the study is brain metabolism, but research also will be conducted in the investigation of blood flow and metabolism by the heart and kidneys.

Scientists in the departments of radiology, neurology, neurosurgery, psychiatry, pediatrics, and the biomedical computer laboratory are collaborating in this research.

In 1962, the NIH awarded the grant which provided for the first cyclotron installed in a U.S. medical center. The cyclotron produces the short-lived radioactive isotopes used in studying utilization of oxygen by the brain. Isotopes also are provided for research elsewhere in the medical center. Utilizing this grant, which ended in 1971, a method was developed to measure blood flow and oxygen utilization in a region of the brain. This was accomplished through the development of a series of methods for the preparation and purification of molecules labelled with radioactive oxygen-15. This enabled the study of the relationship between regional cerebral oxygen utilization and pathology.

Dr. Ter-Pogossian's main goal now is to label compounds of importance in biology and medicine with short-lived, gamma-emitting radioactive isotopes, particularly carbon, nitrogen, oxygen, fluorine, and iodine. These will be used in a series of physiological studies to apply the knowledge gained about life-sustaining processes to practical use in medicine.

A.O.A. Initiates and Speaker: Leonard D. Fenninger, M.D., seated, center, assistant director in charge of medical education at the National Institutes of Health, addressed the Washington University School of Medicine's chapter of Alpha Omega Alpha at a banquet honoring newest members. Initiates were, from left, seated, Mary Rose Glode, Charlotte DeCroes Jacobs, Susan Basolo Kennedy, and Jane Elmlade Brazy; (second row) Robert L. Faul, George J. Brahos, Julio C. Pita, Jr., Jay Kaiser, Marc Hammerman, I. J. Flance, M.D. '35, E. James Potchen, M.D., Peter Brazy, and Donald B. Strominger, M.D. '53; (back row) L. Michael Glode, Douglas Miller, and Timothy L. R. Holzkamp. C. Alan McAfee, M.D. '42, was unable to attend.



Silver Anniversary: Dr. Mildred Trotter, emeritus professor of anatomy, left, and Beatrice E. Schulz, assistant professor and director of the program in physical therapy, center, greet Dorothy Rinderer at a reception celebrating her 25 years of service to the School of Medicine.

The New Name Makes News

Washington University Medical School and Associated Hospitals (WUMSAH) has been renamed Washington University Medical Center. The new name was adopted at a meeting of the board of directors in recognition of the increasingly important role played by the united medical center.

In honor of the change, the McDonnell Foundation has made a gift of \$156,000 to an endowment fund the McDonnell family had established earlier in behalf of WUMSAH. James S. McDonnell, chairman of the board of directors of McDonnell Douglas Corporation, served as chairman of the WUMSAH board from 1964 to 1966.



In making this gift, Mr. McDonnell stated, "Six institutions of our city joined in a common enterprise of great importance have tightened their bonds. Not only does the Washington University Medical Center bring superb medical service to this community, but the educational and research programs extend benefits for all mankind. I hope that this gift will help inspire others to support this forward step in the unification of diverse programs with their time, talent, and resources."

The board of directors expressed confidence that the McDonnell cumulative gifts of \$386,000 to the Medical Center endowment would strengthen the cooperative endeavor.

The Medical Center was formed as WUMSAH in 1962, and comprises Barnard Free Skin and Cancer Hospital, Barnes Hospital, The Central Institute for the Deaf, The Jewish Hospital of St. Louis, St. Louis Children's Hospital, and Washington University, including its Medical School, McMillan Hospital, St. Louis Maternity Hospital, Renard Hospital, David P. Wohl, Jr., Memorial Hospital, David P. Wohl, Jr., Memorial Clinics, Irene Walter Johnson Institute of Rehabilitation, and the Mallinckrodt Institute of Radiology.

The board of the new Medical Center is composed of Edward B. Greensfelder, chairman, and the following representatives of the member institutions: George H. Capps, Edwin M. Clark, John L. Davidson, Jr., Landon Y. Jones, M. Kenton King, M.D., dean of the School of Medicine, Paul L. Lacy, M.D., Edward Mallinckrodt Professor and head of the department of pathology, Edward N. McCluney, Spencer T. Olin, Norfleet H. Rand, Raymond E. Rowland, Joseph F. Ruwitch, Edwin G. Shifrin, Charles A. Thomas, and Neal S. Wood. The University's vice-chancellor for medical affairs, Samuel B. Guze, M.D., serves as president of the Medical Center.

Foundation Supports Continued Research

Two grants for studies of ear disease have been awarded by the Deafness Research Foundation (DRF).

I. Kaufman Arenberg, M.D., assistant physician and a National Institute of Neurological Diseases and Stroke (NINDS) trainee, and **Richard M. Torack, M.D.**, professor of anatomy and of pathology received \$10,000 for a second year for research in Meniere's disease.

David E. Crowley, Ph.D., assistant professor of physiologic acoustics in otolaryngology, was granted \$10,000 to continue research on *presbycusis* — old-age deafness in humans — through the use of an animal model.

Dr. Crowley is using the rat, partially because of its short life span, to determine the degree of hearing loss. By isolating the rats from all noise, he has shown that old-age deafness still occurs despite the avoidance of noise exposure.

Through research under last year's grant, Dr. Arenberg determined that the lemon shark was the best animal for studying Meniere's disease due to the accessibility of the inner ear and the size of the endolymphatic sac. Research was done at the Lerner Marine Laboratory, a field station of the American Museum of Natural History in New York, and at a research station on the island of Bimini. Studies will continue to determine the mechanics of fluid control in the inner ear, with the purpose of applying the knowledge gained to the treatment of humans with Meniere's disease.

Saulo Klahr, M.D.



Renal Division to Get New Director in July

Saulo Klahr, M.D., associate professor of medicine, has been appointed director of the division of renal disease at Washington University School of Medicine.

Carl V. Moore, M.D., '32, Busch Professor and head of the department of medicine, in making the announcement, said Dr. Klahr will succeed **Neal S. Bricker, M.D.**, on July 1. Dr. Bricker will become professor and chairman of the department of medicine at Albert Einstein College of Medicine of Yeshiva University in New York.

Dr. Klahr, 36 years old, came from Colombia (South America) to Washington University in 1961, as a U.S. Public Health Service postdoctoral trainee. He has worked closely with Dr. Bricker since. An Established Investigator of the American Heart Association, Dr. Klahr is an authority on the effects of malnutrition on kidney function. His research interests also include the pathophysiology of chronic renal disease, and sodium transport across isolated membranes. He has published extensively in medical and scientific journals.

He received his undergraduate degree in 1954, from Santa Librada College in Cali, and in 1959 the M.D. degree from the National University of Colombia School of Medicine in Bogota. As the most distinguished graduate in his class, he was awarded the Colombian Institute Scholarship for Specialization Abroad.

Dr. Klahr completed his internship and residency in Colombia before utilizing the scholarship that brought him to St. Louis. In 1964, he took a leave of absence to return to Colombia as assistant professor of medicine at del Valle University School of Medicine, and in 1966 resumed his association with Washington University. In 1969 he was promoted to associate professor.

He is an advisor in several national organizations, a fellow in the American College of Physicians, and is a member of the New York Academy of Sciences, the International Society of Nephrology, the American Society for Clinical Investigation, the American Physiological Society, and the Biophysical Society.

Alumni

- Edward N. Hagin, '11 November 1, 1971
- L. David Enloe, '13 November 28, 1971
- Royal W. Rudolph, '20 November 18, 1971
- Karl J. Balazs, '21 December 31, 1971
- Caldwell B. Summers, '21 December 31, 1971
- Loren D. Moore, '25 November 18, 1971
- Rodney G. Carter, '26 December 2, 1971
- William M. Brewer, '28 February 17, 1972
- Earl L. Mills, '28 January 22, 1972
- H. Relton McCarroll, '31 February 27, 1972
- Leland E. Hosto, '33 February 14, 1972
- Robert L. Tolle, '35 Date Unknown
- John M. Dougall, '37 September 9, 1971
- Peter R. Johnston, '39 November 10, 1971
- Robert H. Johnson, '40 November 25, 1971
- Burton E. Kitchen, '40 November 13, 1971
- George A. Daman, '42 February 15, 1972
- James H. Holt, '43M October 12, 1971
- Fred C. Schweitzer, '43M February 6, 1972
- Robert J. Westcott, '43D November 26, 1971
- William L. Stoops, '55 January 17, 1972

Faculty

- Lawrence K. Halpern, M.D. March 8, 1972

Former Faculty

- Bernard J. McMahon, M.D. January 4, 1972

Former House Officers

- Warren C. Fargo, M.D. December 21, 1971
- Henry H. Graham, M.D. January 1, 1972
- Carey W. Phillips, Jr., M.D. April 11, 1971
- Max E. Pohlman, M.D. July 31, 1971

Former Medical Center Alumni Association Executive Secretary

- Mrs. Audrey Wingfield January 20, 1972

Hiromu Tsuchiya, Sc.D., 1887-1971

Everyone who knew Dr. Hiromu Tsuchiya — those who studied under him and worked with him at Washington University School of Medicine — remembers him as a very special person.

Dr. Tsuchiya died December 2, 1971, after spending a large part of his life at Washington University. After receiving his Sc.D. from Johns Hopkins University, he joined the medical school faculty in July, 1930. He was made associate professor emeritus in 1952, but stayed to teach until the summer of 1965.

He continued teaching because the students wanted him.

"He was the only professor I know who was given a present by the 'boys' at the end of each year," Dr. Carl V. Moore, Busch Professor and head of the department of medicine, said. "He was a fine teacher, a remarkably fine teacher."

Dr. Moore remarked, "Dr. Tsuchiya was the only parasitologist on the medical school staff. And when a patient would come to us with malaria or worms, Dr. Tsuchiya would spend hours searching for the proper diagnosis, at any time of the day or night."

His dedication to teaching, and to the school of medicine, was strong indeed. During World War II, Dr. Tsuchiya was bothered by hecklers between the school and his West End apartment. Dr. Moore recalled that Dr. J. J. Bronfenbrenner, then head of the department of bacteriology, arranged to pick up Dr. Tsuchiya and return him home after work. "He was always grateful for that. Sincerely grateful," Dr. Moore remarked.

Dr. Tsuchiya leaves a rich legacy at Washington University School of Medicine. It consists of the fond feelings, and the profound respect of a distinguished company: the faculty with whom he taught, and the students who learned from him.



Dr. Tsuchiya was photographed at his 80th birthday with a former student, Carl V. Moore, M.D. '32.

Letters to the Editor

To the Editor:

As parents of a member of the freshman class at Washington University School of Medicine (John W. Bellatti), we wish to express appreciation for the copies of OUTLOOK which have been sent to us this year. We receive a number of alumni magazines from various schools and think that this is an outstanding one. It helps us, too, to know more about the environment in which our son is studying.

Mrs. Walter R. Bellatti
Jacksonville, Illinois

To the Editor:

Thanks so much for sending the copy of OUTLOOK. I thought the article on the Straub Clinic was well done. All of us locally appreciate the fact that you considered the article of significant interest to justify its publication.

Joseph E. Strode, M.D. '15
Honolulu, Hawaii

To the Editor:

I recently had the opportunity to see the latest edition of OUTLOOK Magazine. Having been a Barnes Hospital House Officer (Ward Medicine 1968-1969) and Hematology Fellow (1969-1970) at Washington University School of Medicine, I would like to subscribe to OUTLOOK. In the past, I have found the magazine a valuable source of information about doings at the Medical Center, and would like to keep in touch with future events.

Brent A. Schacter, M.D.
The University of Texas,
Southwestern Medical School
Dallas, Texas

To the Editor:

If OUTLOOK and any other publication by Washington University is available without charge, I would appreciate my name being added to the mailing list.

I am a physician and completed my training in internal medicine at Washington University-Barnes Hospital (1966-1970). I still have a strong interest in the status and progress of Washington University.

Thank you for your kind assistance.

Edward Baietto, M.D.
Chesterfield, Missouri

Jack Barrow, M.D. '46
President
Medical Center Alumni Association

Dear Doctor Barrow:

Enclosed please find as you requested the filled-out questionnaire and my check for Medical Alumni Association dues.

I wish you would consider my following two suggestions inasmuch as a source of revenue from our graduates is sorely indicated.

1. The suggestion that an alumnus(a) send in an extra dollar for each year since graduation; hence since this is my fortieth I have appended \$40 to the annual dues making it a total of \$50.
2. Every time a member dies, the survivors of his class should be notified and some nominal sum be sent back to the Alumni office in his memory, and a dignified letter sent to the family from the medical school. Should you decide on \$10.00, \$15.00, \$20.00 or \$25.00 I think this would be a steady source of revenue, and it would be fitting.

Here in New Jersey I belong to the Society of Widows and Orphans and we pay in \$1.00 every time a physician dies and $\frac{1}{4}$ of this amount is immediately tendered to the widow or the family throughout the state. It is an honor for me to belong to such a society and I have been a member for almost 40 years.

Sydney S. Pearl, M.D. '32
Elizabeth, N.J.

(**Editor's note:** Believing that Dr. Pearl's suggestions were timely, Dr. Barrow forwarded this letter to OUTLOOK. We would welcome additional comment.)

Dear Jack,

I wonder if you remember me — the English boy (with a moustache) who appeared in 1943 at the Medical School on a Rockefeller Scholarship.

In the last year or two, I have been delighted to start receiving various letters of information about the School of Medicine and people I knew. The years I spent in St. Louis were among the happiest I have known and it is great fun to be reminded of them.

You probably never knew this, but although I qualified in St. Louis in 1945, the award of my M.D. was postponed until after I had obtained my degree in England which was in 1946; hence I appear in Alumni records as a 1947 graduate! I am invited this year, to the 25th anniversary meeting of the class of 1947 which seems a little out of place, so perhaps someone will ask me to a meeting of my own year sometime and I will try and come.

In England I practice as a Surgeon in Leicester (100 miles north of London) and with others, serve a community of 750,000. As is common here, I am partly a salaried Surgeon in the National Health Service, and for the rest I am in private practice which is increasing because of dissatisfaction with the Health Service. Academically I am the Director of Post Graduate Education and very busily involved with the creation of a new School of Medicine at the University of Leicester. This in itself is an exciting occupation, trying to establish a curriculum which breaks away from conventional systems; we are trying to make a pattern of education that fits modern needs. We take our first students in 1975.

Finally, if any of my friends from Washington are passing this way, I should be delighted to see them; we do a strong line in helping folk in trouble. Last summer we rehabilitated one of the daughters of Jim Read, '43M, (Radiologist in Detroit) who fell sick in London.

My best wishes and kind regards.

Kenneth Wood, M.D. '45
23 DeMontfort Street
Leicester, England

(**Editor's note:** OUTLOOK appreciates Dr. Barrow's kindness in forwarding "Mr." Wood's letter to us. The editor welcomes all correspondence, which may be addressed to 660 South Euclid Avenue, St. Louis, Missouri 63110.)

Washington University
School of Medicine
660 South Euclid Avenue
St. Louis, Missouri 63110

