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The
WASHINGTON UNIVERSITY
MEDICAL ALUMNI
QUARTERLY



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New Horizons in Military Medicine

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Should the Cancer Victim be Told the Truth

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War

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Vol. VI

APRIL, 1943

No. 3

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No. 3

New Horizons in Military Medicine¹

BY JAMES STEVENS SIMMONS,² M.D., PH.D., D.P.H., Sc.D. (HON.)

Mr. Chancellor, members of the corporation, Dean Shaffer, Dean Lischer and Dean Knapp, members of the graduating class, ladies and gentlemen:

It is a pleasure to be with you today; and I appreciate deeply the honor of being invited to take part in the commencement exercises of your great university.

I share your pride in the achievements of this distinguished institution which has contributed so much to American medicine both in peace and in war. Naturally I am keenly interested in your rich tradition of military service which began a century ago and continues today. This tradition includes the inspiring story of the army surgeon and investigator, William Beaumont, who was associated with the founders of your school. It is based on the records of the host of your graduates who flocked to the colors in all of our subsequent wars. We are all proud of the splendid record of Washington University's Base Hospital No. 21 which served so effectively in France during the last war, under doctors Murphy, Veeder, Clopton and their associates. We are also pleased with the fine reports which are being received from the 1943 edition of that hospital which is now operating with our overseas forces.

I am glad to have this opportunity to talk to you—Doctors, Dentists and Nurses—who are about to begin your professional careers at this critical period in our nation's history. The country needs you more than you have ever been needed before. Your opportunities for unselfish service are limitless. Some of you will become civilian practitioners and many of you will enter the armed forces. All of you will find that your professions are

¹ Presented at the Commencement Exercises of Washington University School of Medicine, March 21, 1943.

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being remodeled and streamlined to meet the requirements of this great nation in its fight to restore freedom to a ravished world. Thus I consider you fortunate in the time of your graduation—not only because of the traditional inspiration of your background, but because of what the future holds in store for you. It may help to visualize some of your future opportunities if we outline briefly certain important aspects of military medicine.

The Army Surgeon

The Medical Department of the Army is responsible for the health of all our military personnel. Its principal mission is to ensure to the Army at all times the maximum number of fighting men. This mission is accomplished: first, through the careful selection of physically fit individuals; second, by the maintenance of their health through the intensive practice of preventive medicine; and third, by the restoration to health of the sick and wounded. A large and complex organization is required to carry out these important activities. The Medical Department is made up of the following: Medical Corps, Dental Corps, Veterinary Corps, Nurse Corps, Sanitary Corps, Medical Administrative Corps, the Physical Therapy Aides and the Dietitians. The entire Department now has more than 50,000 officers, 24,000 nurses, and almost 300,000 enlisted men.

Obviously the army doctor, or as we call him, the military surgeon, must have special training to fit him for his various jobs. While his civil medical education is fundamental it does not entirely prepare him for all his military duties; he must become a specialist in military medicine. The duties of the military surgeon are manifold. He establishes and maintains physical standards for all army personnel; he controls its habits and hygiene, maintains the sanitation of its environment, and protects it against disease. He must know how to care for the wounded and be thoroughly familiar with modern methods of evacuation and hospitalization. Above all he must have the courage and resourcefulness and unselfishness to carry on his work under the most trying and hazardous circumstances.

And before going any further I wish to say to the medical graduates here today that it is professional men of your age and prospective rank who will derive the most satisfaction from military service in this war. The notion is prevalent that medical officers assigned to combat units or to evacuation hospitals are less fortunate than their contemporaries who serve in station hospitals or other fixed installations in that their opportunities for professional improvement are much more limited. In my opinion quite the contrary is true. The young medical officer with troops has a priceless opportunity to care for human beings in health and in sickness. With the possible exception of the unit commander, no one is

in a better position to contribute to the well being of our soldiers, to strengthen them in adversity and comfort them in illness than is the unit medical officer. The practice of this type of medicine calls for real diagnostic ability, a knowledge of preventive medicine and keen insight into human nature.

The great need for the military surgeon is now recognized in all the armies of the world. To meet this need our Army has developed at Carlisle Barracks the Army Medical Field Service School for the training of newly commissioned officers. At the present time nearly all the medical officers called to active duty in the army are given a six-week period of instruction at this school.

Care of the Sick and Wounded

On the battle field the main function of the medical officer is to afford immediate care to the wounded. This is essential in order to salvage personnel, but above that there is the larger humanitarian purpose which gives comfort to the stricken individual and exerts a tremendous influence on the morale of the other troops.

Prior to the 16th century armies were not provided with well organized medical services and the wounded received little care except that afforded by their companions or camp followers. Indeed, it was not uncommon for the severely wounded to be put out of their misery either by friend or foe. Since those barbarous days military medicine has become a highly developed science and extensive field medical organizations are now included in all modern armies.

The proper emergency care of the wounded depends on three main factors: (1) early evacuation, (2) immediate treatment to control hemorrhage and combat shock, and (3) early prophylactic treatment to prevent infection. Each of these services will be briefly discussed.

1. Evacuation. The importance of early evacuation of the wounded from the battle field has long been recognized. During the Civil War Jonathan Letterman initiated a method of evacuation which later developed into the efficient system now in use in our army. At present a highly organized service is provided extending from the first move of the assault troops to the zone of the interior here at home.

To assault companies are attached medical emergency aid men whose duty it is to give immediate attention to the wounded and to flag the sites where they lie. Immediately to the rear, often within 400 yards of the line of departure of assault battalions, is established a medical aid station to which come the walking wounded and those brought by litter. Here medical officers render supportive treatment and emergency surgery, and prepare patients for further transportation to the rear. At this point they are

either returned to their units or transported by the medical battalion to the evacuation hospital where complete surgical, medical, laboratory, X-ray and dental services are available. Evacuation hospitals often are assisted by smaller surgical units which supply treatment of the highest order as close as possible to the battle line. Modifications of these basic plans have been developed for use by various armored divisions, combat teams and task forces.

From evacuation hospitals patients are removed to the large field general hospitals and convalescent hospitals which care for those individuals requiring more prolonged treatment than can be given in forward areas. From these fixed installations any further evacuation is directed toward returning the individual to the zone of the interior.

Our facilities for evacuation are being constantly developed and improved. Special types of motor ambulances are being tested as an integral part of mechanized warfare, and the jeep type of vehicle is being used experimentally to clear the wounded from the battle field. An interesting and promising adaptation of the jeep to evacuation has been its use in some theaters in the transportation of wounded from aid stations to landing fields in the jungle for transfer of the wounded to transport or ambulance planes.

2. *Control of hemorrhage and shock.* One of the great medical advances of this war has been in the improvement in facilities for combating hemorrhage and shock in the wounded soldier. First aid is given at the earliest possible moment and, if indicated, human blood plasma is administered. This life-saving product which is provided in a dried state for use at the front, is packed in a convenient sized durable package. It is light, easily transportable, requires no refrigeration, and affords an ideal treatment for hemorrhage and shock on the battle field. The Surgeon General of the Army on his recent return from an overseas theater brought back the following report:

"One of the most dramatic and heartening episodes which came to my attention related to the use of plasma. During one night in the period between 12:00 midnight and 8:00 o'clock the following morning, eight hours in all, there were admitted to one of the field tent hospitals in Africa a large number of soldiers, some 400 in all, who had suffered serious burns. So efficient was the management of this large number of cases (which would have taxed the resources of even a large city hospital) that all of them had received proper treatment, including plasma if indicated, by 8:00 A. M. Only six of the 400 died. It is not difficult to comprehend why the wounded soldiers, as well as the medical officers, are calling for more plasma, after witnessing results as spectacular as the incident cited."

3. *Prevention of wound infections.* Early action must also be taken to minimize the contamination of wounds and to prevent infection from developing. As our troops have already been actively immunized against tetanus, the wounded man is given a stimulating dose of 1 cc. of tetanus toxoid. One of the remarkable features of this war has been the absence of tetanus among our wounded soldiers.

Another major advance since World War I has been the introduction of the sulfonamide drugs in the prophylaxis of wound infection. The application of powdered sulfanilamide to wounds, and the administration of sulfadiazine by mouth, have brought about an astonishing decrease in the proportion of secondarily infected wounds.

The Prevention of Disease

As already indicated, the primary objective of the Medical Department is to safeguard the health of the soldier and keep him physically fit to fight. In order to accomplish this we must not only salvage the wounded, but equally important—we must make every effort to prevent manpower wastage from infectious disease.

It is a well known fact that throughout history the epidemic diseases have been the scourge of armies operating in the field. Prior to the development of the modern science of preventive medicine, infectious diseases were consistently responsible for more disability and death than were battle injuries. In more than one instance they have decided the outcome of important wars and thus determined the fate of nations.

Great progress has been made in military preventive medicine during recent years, progress which is clearly reflected in the morbidity and mortality statistics of the army. During the American Revolution 90 percent of the deaths were due to disease. In the Mexican War the disease deaths were seven times as numerous as those caused by wounds. During the Civil War there were no less than six million hospital admissions for disease alone, and the reported causes of death were "battle injuries" 94,000, disease 186,000, and "unknown" 24,000. In the Spanish American War for every man killed in battle seven died of disease. Typhoid fever was particularly prevalent.

This near debacle gave tremendous impetus to the budding science of bacteriology and preventive medicine. During the next decade far-reaching advances were made in military medicine. Sanitation was greatly improved, the epidemiology of yellow fever was unfolded by painstaking and hazardous research and methods of prevention were devised; typhoid vaccine was developed, and many other measures designed to improve the hygiene of troops were introduced. During World War I the record was better. In an army of 4,000,000 there were 50,000 deaths due to battle injuries and

58,000 attributed to disease. A large proportion of the disease deaths were caused by respiratory infections, especially influenza which occurred in virulent pandemic form.

In the succeeding two decades of peace the Army established an excellent health record. In 1939 when it appeared that we might become involved in the present world conflict The Surgeon General made careful plans to augment the existing facilities for the prevention of disease. Early in 1940 responsibility for the formulation of plans and policies concerning the prevention of disease in military personnel was centralized through the establishment of a Preventive Medicine Division in the Office of The Surgeon General. This division now includes branches devoted to Sanitation, Sanitary Engineering, Laboratories, Occupational Hygiene, Medical Intelligence, Epidemiology, Venereal Disease Control and Tropical Disease Control.

An important adjunct to the Preventive Medicine Division is the "Board for the Investigation and Control of Influenza and Other Epidemic Diseases in the Army." This board is composed of more than one hundred civilian experts who are available at all times for emergency work in connection with the control to infectious diseases. The board now includes 10 special commissions devoted to the following diseases or purposes: (1) Acute respiratory diseases, (2) Cross infections in hospitals, (3) Epidemiological survey, (4) Hemolytic streptococcus infections, (5) Influenza, (6) Measles and Mumps, (7) Meningitis, (8) Neurotropic virus diseases, (9) Pneumonia, and (10) Tropical diseases.

The Preventive Medicine Division likewise maintains close liaison with other important health agencies of the country. These include the Bureau of Medicine and Surgery of the navy, the United States Public Health Service, the United States Department of Agriculture, the Coordinator of Inter-American Affairs, the American Red Cross, the Rockefeller Foundation, the National Research Council and the Committee on Medical Research of the Office of Scientific Research and Development. Many investigations have been initiated through the National Research Council and the Committee on Medical Research in the attempt to develop more effective methods for the prevention of disease in the army. Some of these studies have already afforded information of great practical value.

The magnitude of the problem of protecting the health of our troops is sufficient to stagger the imagination. This is truly a global war. American soldiers are now serving in almost every region of the world. On these far-flung frontiers they face not only powerful enemy forces but an alarming array of exotic diseases as well. The protection of their health in the biting cold of Greenland and in the malaria infested swamps of Guadal-

canal is equally a responsibility of the Medical Department. Our troops are now serving in areas where yellow fever, typhus fever, malaria, plague and many other relatively unfamiliar diseases are endemic. They are serving in countries where the civilian population has been depleted by war and near famine, and where virulent epidemics may at any moment burst into being. At present all military personnel are given the following protective vaccines: smallpox vaccine, triple typhoid vaccine, and tetanus toxoid. Yellow fever vaccine is administered to personnel ordered to regions where that disease is endemic. Personnel destined for certain other regions are given vaccines against typhus, cholera and plague. Unfortunately the degree of protection afforded by these three vaccines has not been fully established and control of these diseases must include the strict enforcement of other protective measures.

Among the more pressing problems in military preventive medicine is that concerned with diseases of tropical countries. Certain of these diseases are potentially so crippling that unless controlled they will seriously interfere with military efficiency and might play a significant role in determining the outcome of operations vital to the success of the war. Malaria in particular is an ever present menace in several important theaters of operation, and history is replete with samples of entire armies being immobilized from the effects of this disease. Every effort is made to afford protection to our troops in those areas. The individual soldier is furnished protective netting and supplied with insect repellents. Specific drugs are administered prophylactically, and groups of specialists apply the most recent knowledge of engineering, entomology and parasitology to the problems encountered locally.

Obviously the effectiveness of the army's program for the control of tropical diseases will depend in large measure upon the ability of our medical officers to recognize the diseases clinically, to treat them intelligently, and to apply the sanitary and hygienic measures for their control under trying field conditions. Such ability must be based on a sound knowledge of the fundamentals of tropical medicine, especially the epidemiology of tropical diseases. With a few noteworthy exceptions, medical schools in the past have neglected to provide even elementary instruction in this field of medicine. It is earnestly hoped that this situation is now being rapidly corrected. In the meantime postgraduate instruction in these diseases is being offered at the Army Medical School in Washington.

You who today take your position among the host of hard working, high-minded professional men and women, are entering a world that needs you badly. War is a grim business. Many of you will be called upon to endure hardship, and some of you perhaps to make even greater sacrifice.

But war is not dull and never were the opportunities for service greater. You are entering professions which have always enjoyed a universality of outlook in the realm of science and in the realm of the spirit. You are now in addition entering professions which must think of the prevention and cure of disease in terms of the whole community and in terms of the world at large. In this I envy you—And I wish you Godspeed.

Conrad, A. H.: Treatment of lichen planus, *South, M. J.*, 35: 918-919, 1942.

This paper is a discussion of the variety of methods in use for the treatment of lichen planus. The multiplicity of treatment and absence of a specific form of therapy is stressed by the author. He states that good results are obtained with Bismarsen.

Moore, C. V.; Minnich, V.; Vilter, R. W.; and Spies, T. D.: Hypochromic anemia in patients with deficiency of the vitamin B complex: Response to iron therapy with and without yeast, *J. A. M. A.*, 121: 245-250, 1943.

Many clinicians have the impression that the response to iron therapy of patients with hypochromic anemia is enhanced if the vitamin B complex is administered concomitantly. At the Nutrition Clinic of the Hillman Hospital in Birmingham, Alabama fifty adult patients with hypochromic microcytic anemia were studied. Almost all of these had diets inadequate for vitamin B complex. It is clearly demonstrated that iron therapy alone produces a satisfactory reticulocyte response and rate of hemoglobin generation; and that brewer's yeast has no demonstrable effect in increasing the efficacy of iron therapy. Moreover, the degree and type of vitamin B complex deficiency seen among these patients did not detectably interfere with iron absorption and utilization.

Soule, S. D.: A clinical trial of ethinyl estradiol, *Am. J. Obst. & Gynec.*, 45: 315-317, 1943.

Estrogenic preparations have in the past presented inconveniences of administration, standardization, undesirable side action and expense. A series of 30 menopausal women exhibiting the usual symptoms were treated with a new estrogenic substance ethinyl estradiol. This substance offers the advantage of being effective in 93 per cent of the patients with a dosage of 0.05 mg. The substance is described as the most active oral estrogenic hormone available for use. It is well tolerated and as previously noted is at least fifty times and possibly nearly seventy times as active as alpha-estradiol.

Should the Cancer Victim Be Told the Truth

M. G. SEELIG, M.D.

Should the physician tell his patient that he has cancer? Here is a simple, unqualified, unequivocal and unadorned question. The answer may not be always as unqualified as is the query; but it need not be rendered limp and halting by the use of weasel words.* The patient should *not* be told that his disease is cancer except in those uncommon instances in which special circumstances are present or in which his cooperation can be won only by telling him the nature of his disease.

Of course, it requires no special type of reasoning to prove the thesis that withholding such information from the patient occasions the necessity of either concealing the truth or fracturing it. I am, and always have been, aware of the dalliance with truth that is involved in the problem; but, in spite of the plague of an unreasonably tender conscience, and the doubts and distractions attendant upon a fairly rigid code of personal ethics, I have yet never told a patient that his disease was cancer, except in those very few instances in which it was necessary to do so for special personal reason or in order to shock him into a cooperative state of mind. Of course, the failure to inform the patient does not in itself constitute a complete disregard by the physician of his obligation because he always tells, or if he does not, he always should tell, a suitable relative of the patient concerning the existing state of affairs. If this relative feels, with pressing conviction, that he should tell the patient the truth, there is nothing the doctor can do about it save, possibly, to temper the wind to the shorn lamb by blunting the lash of it with all the skillful, intelligent sympathy that he can bring to bear on the patient.

Nobody has ever been able to convince me that I should inform my patient that he has malignant disease. It is said that the patient wants to know. I have found that this, in general, is not true. Of course, many patients actually do insist upon knowing the truth; but that means neither that they really want to know nor that it is good for them to know. It is

Director of Pathology of The Barnard Free Skin and Cancer Hospital, St. Louis. Professor of Clinical Surgery, Washington University School of Medicine.

Read before The Barnard Free Skin and Cancer Hospital Conference, December 7, 1942.

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* The late Theodore Roosevelt gave currency to the phrase "weasel words," signifying words that destroy the force of a statement by qualifications, just as a weasel ruins an egg by sucking out its contents but leaving the shell seemingly intact.

said that, sooner or later, the patient will learn the truth. This often happens, but when it does happen, it constitutes a slow seepage of the disturbing information into the consciousness of the patient rather than the sudden bludgeoning process of informing him that he has a disease, advertised at large as the great killer and commonly considered by the layman to be distressingly hopeless or foul or painful. The fact that these concepts so often are false cannot be relied upon to reassure the patient. Those patients who have not been told the truth, and who show a tendency to suspect the threatening state of affairs, show, also, almost invariably, an accompanying inclination to doubt their own unpleasant suspicions and thus to dismiss fears and to allow cheer to neutralize despair so that they may enjoy, at least occasionally and momentarily, happy interludes of hopefulness.

Many consider it the physician's ethical obligation to tell the patient the truth. Such counsel seems to rest on the basis of necessary conformity to so-called medical ethics. Throughout my life, I have been quite busy trying to align my conduct with the principles inscribed on the tablets handed to Moses on Sinai, with the exhortations of the Sermon on the Mount, in general, with the Golden Rule, in particular, and with the formal ethical code governing the practice of medicine. On rereading the code, in preparation for this dissertation, I found that it maintains a definite and wisely discreet silence regarding the obligation of the physician to tell his patient the truth, the whole truth and nothing but the truth.

I went even further afield in the attempt to square conscience with desire. I sought for the judgments of other men whose opinions should command respect, and I found them. Wise old Dr. Oliver Wendell Holmes concedes that "truth is for other worlds, and hope for this"; Voltaire helps out with: "There are truths which are not for all men, nor for all times"; Emerson, the beloved sage of Concord, says that "God offers to every mind, its choice between truth and repose. Take what you please, you can never have both." "'Tis real humanity," says Lord Chesterfield, "to hide strong truths from tender eyes," and even that arch cynic and satirist, Anatole France, said "I love truth. I believe humanity has need of it. But assuredly it has much greater need still of the untruth which consoles it, and gives it infinite hopes." Sometimes, I wonder if, in my zeal to temper truth with mercy, I may not be motivated subconsciously by the philosophy of Mark Twain as expressed by Pudd'nhead Wilson when he said, "Truth is the most valuable thing we have. Let us economize it."

It is said that circumstances alter cases; that it is not possible to reach a judgment universally applicable to all cancer patients; that individual variants demand highly individualized treatment. Of course, all this is true. No two things, anywhere in Nature, are identical. Of the countless

trillions of maple leaves, no two can be accurately matched—and yet the systematic botanist very properly, and with an almost studied disdain for differences, generalizes in his description of the silver maple leaf as being: "Six to seven inches long, thin, translucent, beautiful and silvery below, the tothing very ornamental; drooping on bright red stalks; pale yellow in Fall." Similarly, with full knowledge of the temperamental variants that characterize humans, one logically may champion the generalization that the cancer patient should *not* be told his disease under all ordinary and not even under many extraordinary circumstances because, preponderantly, the effect of telling him is bad.

There is just one thing that the patient with cancer can do to help himself and that one thing is to submit to treatment by knife, cautery or some type of radiotherapy as prescribed by the physician. Nothing in the way of regimen, whether it be dietary, physiotherapeutic, hydrotherapeutic, climatologic or rest treatment; nothing that he can do by persistent adherence to drug therapy, nothing that he can do other than simply submit to the judgment of his physician can help him. If the patient accepts counsel, submitting to treatment, with full trust in his physician, I fail to see how he is helped by outlining the nature of his disease to him. Of course, if he stands in his own light by refusing treatment, then it becomes a matter of necessity to tell him that he has cancer and that the treatment outlined is a life-saving procedure.

I not only feel certain that, as a general rule, the patient should not be told he has a malignant tumor but, also, I am no less certain as to why he should not be told. The knowledge of cancer and its treatment being what it is, it necessarily follows that, even under the most favorable conditions, the physician can offer no more than an excellent hope of complete recovery. The knowledge of the possibility of recurrence is almost as much a part of the general knowledge of the average intelligent patient as it is a familiar fact to the physician. The patient, therefore, once told of his disease, lives in a shadow of doubt, which it is true, may thin out in time; but he never escapes from the penumbra of uncertainty because he knows that the disease may recur or "strike in" at some much later date. Suspense being one of the most virulent of the harmful psychologic motivations, one should be willing to go great lengths to avoid the delivery of a sentence of suspense. And one should be willing to go thus far, even when the patient assures him that he wants to know and that, to use his own words, he "can take it." Two very recent incidents will serve to clarify this. One patient was told frankly by his doctor that his disease was cancer. He was one of those strong minded individuals who seems to have learned that by bluntly facing fate one neutralizes the sting of life, just as one finds security in grasping

the nettle boldly. In this instance, radium wrought another of its miracles. After about eight months of follow-up observation, the physician congratulated this well poised patient on his good fortune only to be met with the retort: "How fine it all is, doctor, to know that I am cured; but how much more wonderful it would be if only you could now remove the imaginary cancer that I have started growing in my brain." Another patient was a woman who had worked in a cancer hospital as a skilled attendant upon cancer patients for over a quarter of a century and who should have known almost beyond doubt that she had a cancer of the finger with a secondary growth in her armpit. Nevertheless, when she was suddenly told the blunt truth, she was thrown into a seriously compromising angina pectoris seizure.

It would seem that there is almost resistless force in the argument that if the patient is afflicted with curable malignant disease, and is cured, without knowing that he had the disease, his recovery is unaccompanied by any immediate surges of doubt and worry to plague him; and what is far more important, without any of the more remote haunting fears to serve as perpetually recurrent nightmares throughout his life. Also, it would seem that if, on the other hand, the patient is incurable and is not told that he has the disease, he too is spared both the loss of hope and the ordeal of traveling to his grave down a dark and desolate road, lighted only by what gleams he himself can flash out of his own indomitable, rugged spirit.

Let no one conceive the idea that the easy way for the physician lies in withholding from the patient the fact that he has cancer. Just the reverse is true. The moment the physician takes the patient into his full confidence by telling him that he has malignant disease, that moment the physician shifts the burden from his own mind and thought into the mind and thought of the sick one. Speech then becomes free and unguarded; prognosis may be—indeed it must be—unvarnished; professional conscience is unhampered and unweighed and the ways are well greased for the patient, unassisted, to slide down into the still, deep waters of self-reliance, self-cheer and moral self-support. That is the easy way for the physician. The other way, the way of concealment—the assumption by the doctor of the burden that he unloads from the patient—that is the difficult way entailing as it does more or less violation of the professional conscience, dalliance on the primrose path of truth, a constant guard against disclosure by word or look, the repression of concern and the concealment of doubt. In the language of old Virgil, "*Hoc opus hic labor est.*" But it is a thousand times worth-while for what it spares the patient.

I hope not to be misunderstood as attempting to impose my concepts of duty or truth or conscience on any one else. Indeed, my own ideas are

so fluid that, doubtless, they will change just as soon as physicians familiarize a much larger cross section of people with the facts that, under favorable circumstances, cancer is a curable disease, that it is not necessarily a painful or hereditary disease, indeed that it is *not* most of the things that people today think it is. All would like to believe that we live in the best of all possible worlds, where the God-of-Things-As-They-Ought-to-Be reigns sleeplessly. All would like to feel assured that the prayer of the poet, William Laird, would evoke a divine response, thus rendering all courageously unafraid:

“Lord, make my childish soul stand straight
To meet the kindly stranger, Fate;
Shake hands with elder brother Doom
Nor bawl nor scurry from the room.”

But one cannot reckon on or plan for the conduct of the physician, in relation to the cancer sufferer, without hearkening to another poem by Frances Cornford which leaves no doubt regarding either the mental anxiety of the patient nor, inferentially, of the advisability of avoiding the cause of this mental ill, even at the sacrifice of truth:

“I wakened on my hot hard bed;
Upon the pillow laid my head;
Beneath the pillow I could hear
My little watch was ticking clear.

I thought the throbbing of it went
Like my continual discontent;
I thought it said in every tick:
I am so sick, so sick, so sick;
Oh death come quick, come quick, come quick,
Come quick, come quick, come quick, come quick.”

But what shall one say when he is told that the intelligent cancer patient, once he has been informed of his plight, compensates for the reception of the bad news by a resurgence of courage, bolstered in many instances by a calm period of planning to meet the inexorable? In most instances of this sort, one is interpreting only the “front” that the patient is assuming in order to conceal the real turmoil of soul that he suffers. My own experience teaches me that many of these people suffer grievously without any manifest evidence of the mental pain they endure. One does not have to be a profound student of human nature to realize that the average man of parts tends to walk with his head unbowed though bloody. But when I am told that a fond mother or a devoted father, never by word or deed manifested to her or his children or friends the slightest evidence of concern after learning that he or she was the subject of malignant disease, I feel assured that no one knows the stress of mind and spirit behind the seeming aplomb of these brave souls. No one can measure the deeper consequences of the

forces of such repression. How well Shakespeare expressed this thought in Banquo's warning to Macbeth:

"And oftentimes to win us to our harm,
The instruments of darkness tell us truths,
Win us with honest trifles, to betray's
In deeper consequence."

Hardy, G.: Otitic meningitis, *Ann. Otol. Rhin. & Laryng.*, 51: 1062-1069, 1942.

Although sulfonamide therapy has appreciably modified the mortality from otitic meningitis it cannot be solely depended upon, for a latent or suspected focus of infection may need surgical eradication. Three cases of otitic meningitis are described with 2 recoveries and 1 fatality. Credit is given to chemotherapy but attention is directed to the necessity of surgical removal of infected mastoid cells even though cure with drugs is apparent and definite clinical evidence of mastoiditis is lacking.

Julianelle, L. A. and Smith, J. E.: Statistical analysis of clinical trachoma, *Am. J. Ophth.*, 26: 158-166, 1943.

A statistical analysis made on 1,000 patients with trachoma and the more common conditions and types of infection shows that in slightly less than half the source of infection is not determinable. In an almost equal fraction of the whole the disease is contracted by way of the family. Trachoma can result in total or partial loss of vision. Such lesions as pannus, corneal scars and ulcers, and entropion may result from the infection.

Proetz, A. W.: Certain aliphatic compounds as nasal vasoconstrictors, *Arch. Otolaryng.*, 37: 15-22, 1943.

Two vasoconstrictor substances are studied with regard to the possible physiologic retardation of ciliary activity, potency, toleration, and side effects. These substances are 2-aminoheptane sulfate and 2-amino-4-methylhexane sulfate. Neither of these causes a rise in blood pressure following local or oral administration. Ciliary activity is not depressed. As compared to ephedrine sulfate, a 0.5 per cent solution of 2-aminoheptane sulfate approximates the clinical potency of a 2 per cent solution of the former. The solution of 2-amino-4-methylhexane sulfate is even more potent for a 0.12 per cent solution of this approximates the clinical potency of a 0.5 per cent solution of 2-aminoheptane sulfate.

War

MAJOR FRANKLIN E. WALTON

War is, by definition, "A contest or conflict by force of arms and other hostile measures between political bodies, such as nations, and includes the condition of affairs created by such a conflict." The etymologists attribute its origin to the Old French word, WERRE, or perhaps the old High German WERRAN,—to embroil, while to the poets and the lexicographers alike, the word WAR, with its many inflections and connotations, has forever been a choice morsel to conjure with. The sound of the word WAR alone, and particularly if it headlines a newspaper and is followed by multiple exclamation marks, stimulates varied responses depending upon extenuating circumstances and the individuals involved and affected. It runs the gamut of all conceivable emotions from joy and the stimulation of an intense desire to kill because of situations as they present themselves, to brief and mental depression. All are agreed that the vicissitudes of a theoretical war and the actualities of the horrors of practical combat are most divorced of subjects for discussion.

All individuals who are affected by WAR,—men, women and children alike, must fall into one of three categories. One consists of those members of some component of the armed forces who are actively engaged in carrying out orders today that have been initiated by some higher chain of command. The second includes those men and women who are still "carrying on" in civilian life and pursuing their normal peace time functions, though colored by the war effort, but who are ELIGIBLE for active military service and await a call for such service in the near future. The third group is composed of those men and women who, because of age, physical disability or the indispensable nature of their civilian tasks, are directed to carry out their normal duties,—and in addition, to shoulder an ever increasing burden imposed by the absence of the members of the first group and the impending departure of those awaiting commissions and a tour of active duty.

War, to a civilian, sheltered and protected by distance from the site of a push, can mean only one thing,—namely, personal contact with the enemy. It spells death and bloodshed. All wars have eventually culminated

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in the "Blood and Sweat and Tears" of Churchill; by historical background and definition alike, this is merely a qualifying phrase.

Yet modern warfare presents a strange analogy. Speed, "streamlined" units and Commando raids are truly synonymous with the modern conception of the present existing type of warfare. However, the mechanization, the tremendous increase in the rate of troop movements, the ever increasing mobility of each section of the service rather than *increasing* the tempo of combat, has suddenly but unquestionably impeded the TOTAL rate of progression of the war in all its phases,—but ONE. The actual attack itself has been accelerated! All other phases have been sublimated, retarded and dampened because of this tremendous climax,—the actual mechanical attacking force of an offensive. War in this year is a war of SUPPLY because of the terrible intensity of this phase of the attack. This ultimate goal has therefore, of itself, reduced the tempo of the progress of modern warfare. Commanders of armies in the past from Hannibal through the Napoleonic wars to our own Grant and Lee foraged to various degrees throughout all stages of their campaigns. Today, one cannot forage for gasoline and oil and airplanes, for trucks and rubber and adequate mechanical bases. Their presence and adequacy must be a certainty to spell success. This can only be the result of thoughtful planning, endless preparation and combined individual efforts to result in the summation of apparently limitless supplies for the effort of an offensive which may exhaust itself,—even consume itself because of its own vicious velocity in a two week period. If one studies the progress of the present war in the light of the North African campaigns, confirmation of this statement will be found on every page. Members of our armed forces have acclimated themselves to the apparently drab and prosaic methods of preparation that require months for the final yet bitter consummation of war,—to the poets and the immature youths,—the glamorous side of war, the phase that caught some of their fancies,—the actual attack. And yet, war in its entirety is based upon offense and the actual attack may be brief or sustained depending solely upon the thoroughness of the methods of supply and the continuity of the supply lines.

Every potential medical officer in civilian life today must be cognizant of these fundamental facts. The impression that they will care for battle casualties some twenty-four hours after their induction in the armed forces is totally fallacious. It is true, however, that they will immediately begin some phase of the preparation for the attack,—the creation of the all essential supply line which has but two basic tenants in Modern Military Medicine. The first is the ABSENCE of disease through methods of prevention among troops at all times; the second is the REHABILITATION of the

wounded which will permit the return of the greatest number of adequate soldiers to their commands and active duty at the earliest possible moment. Let me repeat, a total understanding and clear conception of this fundamental principle of modern warfare is essential to the doctors who are awaiting induction and those who for obvious reasons will never see active service and who are working at this moment,—long, tedious and at times, rather bitter hours. Let all rest assured that the medical officers in the United States and those on foreign service today, have at all times, been engaged in some phase of the attack, either that of preparation,—the supply effort or the actual rendition of medical services to battle casualties. Each is EQUALLY essential; one but complements the other.

The secret of the success of the Axis powers in the past is partially concealed in the ten years of careful preparation for the war effort that has paid our enemies such lucrative dividends to date.

The secret of the recent successes of the Allied Nations in the North African campaign is clearly revealed in the establishment of the supply lines, even though they be long and hazardous, that exist today.

Immediate appreciation of these fundamental military principles among the physicians in the second and the third groups is imperative. This is extremely difficult to appreciate from a distance but so lucid and self evident when observed from the viewpoint of an impending battle front. A thorough understanding at this time will prevent many disappointments, a certain degree of disillusionment and an inevitable amount of dissatisfaction or even dissension over the war efforts among those in the last group who are "carrying on" even on a 20 hour a day basis in such splendid fashion while the younger medical men either on the battle lines or in the service of supply only mirror their efforts eagerly and faithfully with the sole idea of victory and an early termination of this war.

Elman, R.: Acute protein deficiency (hypoproteinemia) in surgical shock, J. A. M. A., 120: 1176-1180, 1942.

The author points out the fact that acute protein deficiency is a decisive factor in the pathogenesis of surgical shock and the clinical manifestations shared in common by severe hemorrhage, burns, intestinal obstruction and general peritonitis. The protein deficiency in severe cases cannot be replaced quickly by the body so replacement therapy is indicated. Plasma if given early and in adequate amounts is effective. The amino acids offer another method of therapy. It is known to be effective in chronic hypoproteinemia and in some early trials on cases of acute hypoproteinemia it has yielded promising results.

News from the Medical School and Affiliated Hospitals

The Chancellor announced the following gifts to the School of Medicine between January 1 and March 31, 1943: from Mr. John W. Swift, \$1,000, from Mrs. J. Horndon Smith, \$250, and from an anonymous donor, \$2,500 in support of the study of degenerative diseases under the direction of Dr. William Kountz; from Mr. Edgar M. Queeny, \$2,570 as a contribution for the Neurosurgical Service; from the C. V. Mosby Company, \$500 to support the Marriott Scholarship for the next year; from anonymous donors, \$2,000 to establish a fund for research in the problem of mental depressions under the supervision of Dr. Gildea in the Department of Neuropsychiatry; from The Wilson Laboratories, \$740 in continued support of hematological investigation under the direction of Dr. Carl Moore; from The National Foundation for Infantile Paralysis, \$2,500 in continued support of investigations under the direction of Dr. Margaret Smith in the Department of Pathology; from The Louis D. Beaumont Trust, \$3,000 to Dr. Graham for research in surgery; from Mr. Bertrand C. Hopper of Taylorville, Illinois, \$1,000 to Dr. Hartmann for use in the Department of Pediatrics; from Mrs. Irene W. Johnson, \$2,000 for the Oscar Johnson Institute; and from Mr. David Wohl, \$500 to the University Clinics.

New appointments to the School of Medicine include: Dr. John F. Taylor as Assistant Professor of Biological Chemistry; Dr. George Saslow as Instructor in Psychiatry beginning June 1, 1943; Dr. Sam Martin as Assistant in Medicine; and Dr. Stanley Mulholland as Assistant in Otolaryngology.

Leaves of absence for military duty have been granted to the following: Dr. Robert Buck, Assistant in Medicine; Dr. Jackson Neavles, Assistant in Pathology; Dr. David Rosehill, Assistant in Clinical Ophthalmology; and Dr. Ben H. Senturia, Instructor in Clinical Otolaryngology.

Dr. Herman W. Kalckar, Research Associate in Radiology and Instructor in Biological Chemistry, resigned from the staff effective February 28, 1943.

Dr. Meyer Wiener, Professor of Clinical Ophthalmology recently gave a lecture on "War Injuries of the Eye" at the University of Texas.

Dr. Robert A. Moore, Edward Mallinckrodt Professor of Pathology has been appointed a member of the committee on pathology of the Division of Medical Sciences, National Research Council.

Dr. Theodore E. Walsh, Professor of Otolaryngology attended the annual meeting of the American Laryngological Otolological and Rhinological Society held in Detroit late in January.

Dr. Martha M. Eliot, Associate Chief, Children's Bureau, United States Department of Labor, formerly on the staff of the St. Louis Children's Hospital, gave the Frederick A. Packard Memorial Lecture before the Philadelphia Pediatrics Society, November 10, 1942. Her subject was "Children in War Time."

Dr. Ernest Sachs, Professor of Clinical Neurological Surgery delivered the William D. Haggard Memorial lecture of the Alpha Kappa Kappa Fraternity at the Vanderbilt University School of Medicine on November 27, 1942. This lecture is named after Dr. Haggard who was an alumnus of the fraternity and professor of surgery and clinical surgery on the faculty of Vanderbilt University at the time of his death. Dr. Sach's subject was "The Essential Qualities of a Great Surgeon." Dr. Sach's son, who recently graduated from Harvard is an intern at the University Hospital.

Dr. Willard M. Allen, Professor of Obstetrics and Gynecology gave the annual Ephraim McDowell Lecture of the Phi Beta Pi Fraternity of the University of Louisville School of Medicine, on Friday, January 22, 1943. His subject was "The Corpus Luteum Hormone-Progestrone."

The demands of the War Program have greatly increased the need for nurses. The Washington University School of Nursing is active in the National program to increase the number of available nurses by speeding up the enrollment of larger numbers of qualified student nurses. Forty-four students were admitted in July 1942, and thirty-eight on February 3, 1943 (twenty more than in the preceding year). Present plans call for admitting three classes a year—June, October and February. The National goal for this year is 55,000 new students and for next year 65,000. The Federal Government (U. S. Public Health Service) has allocated funds to help Schools of Nursing. We expect to receive between \$8,000 and \$9,000 in this fiscal year. They have also given us a total of thirty tuition scholarships (\$200 each) for students who cannot enter the School of Nursing without financial assistance. Now that many competing positions

are open to high school and college students, it is imperative to bring to their attention the need and opportunities for well qualified nurses. The publicity for recruiting student nurses is carried on the radio, in newspapers, college papers, magazines, etc. The most effective method still seems to be word-of-mouth, and in this field the word of the physician who is trusted and admired by the girl and her parents, carries special weight. One School of Nursing (Johns Hopkins) sent out an appeal to Alumni of the Medical School and to graduates of the School of Nursing, asking that each individual try to secure at least one qualified student for the School of Nursing. About 1,000 applications were secured this way. Can the Alumni of the Washington University Medical School help the School of Nursing in this same way? Scholarships and loans are available to help student nurses. The course may be shortened to 30 months, or to 24 months for those with college work. Details have not yet been worked out, and will depend on the decision of other outstanding schools. Courses will be shortened somewhat and emphasis will be placed on the required experiences in the various ward services. Additional nurse instructors have been appointed to the faculty to carry the heavier teaching load. In spite of many difficulties, the graduate nurses still give close supervision of ward experience. Laboratory equipment has been installed in a newly partitioned classroom in the Nurses Residence, thus relieving the classrooms of the School of Medicine. Many married nurses are helping out by returning to the hospitals for positions in the Nursing Department. Even though they serve on a part-time basis, and cannot work 48 hours a week in addition to their home responsibilities, their assistance is important. The help of such nurses is badly needed for most of the young graduates enter the Army or Navy Nurse Corps within a few months of completing their course.

Dr. Robert Mueller, '17, has been elected President of the St. Louis Medical Society for the year 1943. Dr. Mueller is also serving as Chairman of Procurement and Assignment for the State of Missouri.

Dean Philip Shaffer, Dr. Carlyle Jacobsen and Mr. William Parker represented the School of Medicine at the Annual Congress on Medical Education and Licensure in Chicago on February 15 and 16.

Dr. M. Ruiz-Castaneda of Mexico City lectured at the Medical School on Saturday, January 30. Dr. Castaneda was a guest of the Department of State and after a period as visiting professor at Tulane, gave lectures on "Typhus Fever" at many medical schools. The John and Mary R. Markle Foundation have placed funds at the disposal of the National Research

Council to make possible lectures on tropical medicine to undergraduate students.

The annual meeting of the Club for Research on Ageing in New York on February 13 and 14 was attended by Dr. E. V. Cowdry, Dr. Willard Allend and Dr. Robert A. Moore. Dr. Cowdry and Dr. Allen presented papers.

The dinner dance of the Faculty Club and Woman's Club of Washington University was given this year in honor of Chancellor and Mrs. George R. Throop. Dr. Throop has completed fifteen years as Chancellor of the University.

Dr. Frank Bradley has been on sick-leave but is now fully recovered and active as Superintendent of Barnes Hospital.

On the initiation of construction work in the McMillan Hospital, it was necessary to move the two Red Cross Units located there. Space has been provided in the basement of the library. The units are now in the same quarters used in 1917-18.

Dr. D. K. Rose, Professor of Clinical Urology, is serving as president of the St. Louis Surgical Society for the year 1943.

Dr. Walter E. Sullivan is acting as visiting professor of anatomy for a period of six months. He is professor and chairman of the Department of Anatomy at the University of Wisconsin.

Dr. Robert Royce, instructor in anatomy, left recently to intern at the University of Chicago Clinic at Billings Hospital.

The Nutrition Service of the American Red Cross has for the past several months held night classes in the auditorium of the Washington University School of Medicine. These are taught by Dr. Zonja Wallen-Lawrence, the wife of Dr. John Lawrence, Director of the Clinics. A new course will start on April 5 on Monday and Wednesday evenings for a period of ten weeks. A similar course in the afternoon will be given in the auditorium of the St. Louis Public Library.

Dr. Dagoberto E. Gonzales, a Fellow of the Commonwealth Fund is studying thoracic surgery under Dr. Evarts Graham.

Dr. Carl V. Moore, Associate Professor of Medicine, gave the annual Alpha Omega Alpha lecture on February 5, at the University of Louisville School of Medicine, on "Recent Advances in Our Knowledge of Iron Metabolism."

Because of the accelerated program in medical schools and graduation every nine months, the St. Louis City Hospital will have for the months of April, May, and June, 160 house officers instead of the usual 100.

The City Hospital Library began a program of expansion and reorganization in July, 1942. Current issues of approximately 40 periodicals are on file and every possible effort is being made to complete the files and bind the preceding volumes. Textbooks and looseleaf systems have been brought up to date and are constantly in use by medical students and house-officers. Several thousand volumes of periodicals and texts dating back to the year 1850 are being catalogued at the present time preparatory to either incorporating them into our files or discarding them.

Dr. William O. Russell, Instructor in Pathology, is on leave during March and April to study tropical medicine at the Army Medical School, Washington, D. C.

Resignations in the School of Nursing include: Maude B. Callison, Instructor in Nursing and Assistant Superintendent of Nurses at St. Louis Maternity Hospital; Marjorie Jorgensen, Assistant in Dietotherapy; Dolores L. Bobzien, Assistant in Nursing and Infirmary Supervisor; Alfhild Johnson, Instructor in Nursing and Superintendent of Nurses at the Barnes Hospital; Dorothea Pulliam, Assistant in Nursing and Delivery Room Supervisor at the St. Louis Maternity Hospital; Willma R. Smith, Assistant in Nursing and Pavilion Supervisor at the Barnes Hospital; B. Louise Thompson, Assistant in Nursing and Pavilion Supervisor at the Barnes Hospital; and Ruth Jensen, Instructor in Nursing and Supervisor in the Washington University Clinics.

It is reported that the Army will not begin the specialty training program and place all medical and premedical students in uniform before June.

The Joint Medical Board recommended to the appropriate Boards the following appointments to the staffs of the hospitals: Dr. Carl Lisscher, Assistant Surgeon to the Barnes and St. Louis Children's Hospitals; Dr.

E. Norris Robertson, Assistant Ophthalmologist to the McMillan, Barnes, and St. Louis Children's Hospitals; Dr. David Rothman, Assistant Gynecologist to Barnes Hospital; Dr. Martin Engman, Sr., Dermatologist Emeritus to the St. Louis Children's Hospital; Dr. Richard Weiss, Acting Dermatologist-in-Chief to the St. Louis Children's Hospital; and Dr. Frank Ewerhardt, Assistant Surgeon to the St. Louis Children's Hospital.

Leaves of absence from the hospital staffs for service in the armed forces have been granted to the following: Lt. H. M. Smit, Assistant Otolaryngologist; Lt. John Seddon, Assistant Physician; Capt. Ben H. Sentirua, Assistant Otolaryngologist; Lt. R. A. Westsmith, Interne in Ophthalmology; Lt. Wayne Sirles, Voluntary Assistant in Ophthalmology; Lt. Frank Stevens, Assistant Resident in Neuropsychiatry; Lt. Jackson Neavles, Interne in Pathology; Capt. Bruce Kenamore, Assistant Physician; Capt. Ray Holden, Assistant Physician; and Ensign Granville Sherman, Interne in Dentistry.

Dr. Louis Hempelman '38, Instructor in Radiology, who has been in charge of the medical aspects of studies with the cyclotron at Washington University, has been drafted by the government for important investigations connected with the war effort.

The City Hospital Blood Bank, organized in February, 1942, drew blood from donor No. 5000 on February 26th, 1943. The following information has been established in the routine utilization of these 5000 donors:

GROUPING		
Type O	2325	64.5%
A	2022	40.4
B	474	9.5
AB	179	3.6
SEROLOGY		
Kahn positive	63	1.2%
" doubtful	14	0.3

Appointments in the School of Nursing include: Frances Anderson, Assistant in Dietotherapy and Dietitian to the Barnes Hospital; Louise Gartiser, Assistant in Nursing and Infirmary Supervisor; Louise Hilligass, Instructor in Nursing and Superintendent of Nurses at the Barnes Hospital; Stella H. Amass, Instructor in Nursing and Supervisor in Psychiatry at the Barnes Hospital; Saidee N. Hausmann, Assistant in Nursing and Assistant Superintendent of Nurses at the St. Louis Maternity Hospital;

Katherine Ann Mason, Assistant in Nursing; Ruby James, Assistant in Nursing and Pavilion Supervisor at the Barnes Hospital; Audrey Marsh, Instructor in Nursing and Supervisor in the Washington University Clinics; Dorothy Turnage, Assistant in Nursing and Delivery Room Supervisor at the St. Louis Maternity Hospital; Helen Randall, Assistant in Nursing and Evening Supervisor at the St. Louis Maternity Hospital; Vesta Hamrick, Assistant in Nursing and Night Supervisor at the St. Louis Maternity Hospital; and Anna Rice, Assistant in Nursing and Assistant Superintendent of Nurses at the Barnes Hospital.

Conrad, A. H.; Conrad, A. H., Jr.; and Weiss, R. S.: Sesame oil tumors, *J. A. M. A.*, 121: 237-240, 1943

A case of tumor formation from injection of sesame oil is reported. The pathological picture of the lesion is presented. Similar cases of tumor formation from injection of other oils are discussed. They stress the importance of using the gluteal muscles instead of the arm for injection and the necessity of never injecting oil subcutaneously.

Elman, R.; Cox, W. M.; Lischer, C.; and Mueller, A. J.: Mortality in severe experimental burns as effected by environmental temperature, *Proc. Soc. Exper. Biol. & Med.*, 51: 350-351, 1942.

The authors carried out studies on the effect of environmental temperature on the twenty-four hour mortality rates of rats receiving severe cutaneous burns. The lowest mortality occurred at 75° F. and increased to 100 per cent with either an increase or decrease of 20° F.

Findley, T.; Edwards, J. C.; Clinton, E.; and White, H. L.: Clearance of diodrast, phenolsulfonphthalein and inulin in hypertension and in nephritis, *Arch. Int. Med.*, 70: 935-947, 1942.

The authors report values for renal blood flow, glomerular filtration rates and tubular secretion of diodrast on a series of normal subjects, and patients with essential hypertension, glomerulonephritis and other types of renal disease. Plasma clearance of diodrast and inulin even when interpreted in the light of tubular secretion of diodrast, indicate absence of renal ischemia in a high proportion of subjects with uncomplicated hypertension.

**BUY WAR BONDS AND STAMPS
THEN CONTRIBUTE TO THE ALUMNI FUND**

News of Former Members of the Faculty

Dr. George Dock, former professor of Medicine and Dean of the Washington University School of Medicine celebrated his 82nd birthday on April 1. Dr. Dock is active and keenly interested in medicine. The Annual George Dock Lecture of the Barlow Society for the History of Medicine was given on the evening of April 2 by Dr. George Blumer at the Los Angeles County Medical Association Building.

Dr. Edgar Allen, Professor of Anatomy at the Yale University School of Medicine died early in January while on duty as a civilian with the United States Coast Guard. After leaving the Department of Anatomy, Washington University School of Medicine, Dr. Allen served as Professor of Anatomy and Dean of the University of Missouri School of Medicine. While in St. Louis he and Dr. Doisy carried out the original experiments on estrogenic hormones.

Dr. Eugene L. Opie delivered the second Edwin R. Kretschmer Memorial Lecture at the Institute of Medicine at Chicago, February 26. His subject was "The Experimental Production of Leukemia and Its Significance in Relation to Human Disease." After leaving St. Louis in 1923, Dr. Opie served as Professor of Pathology at the University of Pennsylvania and Director of the Henry Phipps Institute until 1932 when he became Professor of Pathology at Cornell University Medical College in New York. He retired in 1940 and has been working in his own laboratory at the Rockefeller Institute for Medical Research since that time. In 1942 his successor in Philadelphia, Dr. Esmond R. Long, and his successor in New York, Dr. William Dock, joined the Army and Dr. Opie returned as Acting Head of the Department at Cornell and Acting Director of Research at the Phipps Institute.

Dr. Stephen Walter Ranson, Professor of Neuro-anatomy and head of the Department of Neuro-anatomy and Histology at Washington University from 1924 to 1928, died of coronary thrombosis on August 30, 1942. He left Washington University to be Professor of Neurology and Director of the Neurological Institute at Northwestern University.

Dr. Edward A. Doisy, Professor and Director of the Department of Bio-chemistry at St. Louis University was presented with the Annual Award of Distinction of the American Pharmaceutical Manufacturers Association at its annual meeting in New York on December 7. The citation read in part, "In recognition of Doctor Doisy's isolation in pure form of the female sex hormone estrone and his other valuable contributions to knowledge of estrogenic substances important in therapy and research."

Recent Acquisitions by the Library

Possession Does Not Imply Approval

- Bennett, Granville A., Waine, Hans, and Bauer, Walter. Changes in the knee joint at various ages. Commonwealth Fund, 1942.
- Bernheim, Frederick. The interaction of drugs and cell catalysts. Burgess, 1942.
- Bradford, F. Keith, and Spurling, R. Glen. The intervertebral disc. Thomas, 1941.
- Brunschwig, Alexander. The surgery of pancreatic tumors. Mosby, 1942.
- Butt, Hugh Roland and Snell, Albert Markley. Vitamin K. Saunders, 1941.
- Cole, Warren H., and Puestow, Charles B. First Aid, surgical and medical. Appleton, 1942.
- Eddy, Walter H., and Dalldorf, Gilbert. The avitaminoses. 2nd ed., Williams & Wilkins, 1941.
- Fisher, R. A. Statistical methods for research workers. 8th ed., Oliver & Boyd, 1941.
- Gage, Simon Henry. The microscope. 17th ed., Comstock, 1941.
- Gesell, Arnold, and Amatruda, Catherine S. Developmental diagnosis. Hoeber, 1941.
- Goldstein, Kurt. After effects of brain injuries in war. Grune & Stratton, 1942.
- Harris, Harold J. Brucellosis (Undulant fever) clinical and subclinical. Hoeber, 1941.
- Herrick, James B. A short history of cardiology. Thomas, 1942.
- Howe, Howard A., and Bodian, David. Neural mechanisms in poliomyelitis. Commonwealth Fund, 1942.
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December 1942—February 1943

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- Alexander, H., Wood, W. B., Hageman, P., et al. Cirrhosis of liver, carcinoma of the liver of the liver cell type, thrombosis of inferior vena cava, syphilitic aortitis. (Barnes case 8) *J. Missouri M. A.* 30: 14-17, Jan. 1943.
- Alexander, H., Massie, E., Harford, C., et al. Syphilitic aortitis, hypertrophy and dilation of the heart, cirrhosis of the liver, thrombus in the left cavernous sinus. (Barnes case 7) *J. Missouri M. A.* 40: 11-14, Jan. 1943.
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- Bronfenbrenner, J. Is the hypersensitiveness to chemical and physical agents allergic in nature? *J. Allergy*, 14: 105-115, Jan. 1943.
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News of Alumni

1890

A letter has been received from Dr. John Wehrly stating that he is still working hard each day and enjoying it. He will celebrate his seventy-fifth birthday April 1st.

1893

Dr. M. R. Horwitz, 5855 Waterman, St. Louis, Mo., Class Secretary.

In honor of the fiftieth anniversary of their graduation from medical school, Dr. M. R. Horwitz entertained Drs. Andrew Darling, Helmuth M. Kinner, and J. J. Meredith at his home on March 23, 1943. It was a memorable evening for the foursome who had an enjoyable time reminiscing. In addition to meeting at the time of the annual medical school banquets, the class is having its own annual reunions, with the St. Louis members taking turns at being host. All look forward to these occasions with zest. This year interesting letters and greetings were received from out of town classmates. Dr. R. E. Gordon wrote that he is still busy adding to his record of over 4000 deliveries, including 40 sets of twins, with never a case of infection. Another classmate, Dr. J. R. Hampton has the dual role of physician and mayor. A congratulatory cablegram was sent to the class by Lt. Irwin B. Horwitz, class of 1929, who is on active duty with the U. S. Naval Reserve Medical Corps in Hawaii.

1898

Dr. J. J. Kennedy has been ship surgeon for the Delta Line for the past six years. He had many interesting experiences during his stay in South America. He is now with the health service at the University of Alabama.

1908

Colonel John R. Hall is on duty in the War Department at Washington, D. C. His son Lt. Colonel John R. Hall, Jr. '39, is a surgeon in the First Cavalry Division, Ft. Bliss, Texas.

1915

Word has been received from Dr. Edmond Bechtold that his second son, John, was just accepted as a student in the Washington University School of Medicine. He is a proud father.

1920

Dr. Hiram Liggett, 3720 Wash-ton, St. Louis, Mo., Class Secretary.

Com. Frederick A. Jostes is on duty "somewhere in the South Pacific." He writes, "In spite of all that goes on about us, we had a very beautiful Christmas party. I grant you that many of the participants were carried to the party and many went on stretchers but it was a party. For those who were too ill I had a little portable Christmas tree, which when plugged in suddenly became all light in the blacked-out sick room. While this was going on, some of our officers and men sang to these casualties of the silent night." A paper by Com. Jostes was read at a recent meeting of the St. Louis Medical Society.

1926

Lt. Commander Henry P. Rover is in the Southwest Pacific.

1927

Dr. Alvah G. Heideman, Metropolitan Bldg., St. Louis, Mo., Class Secretary.

Captain Colby Hall has been assigned to the Southwest Pacific.

Both Station Hospital No. 21 and General Hospital No. 21 are stationed "somewhere in Africa." Major Franklin Walton writes "If we were back

home operating on this patient in our university hospital nothing more could, nor would be done, than we were able to do at this time in this Army hospital. We operate every day except the week ends, not including the emergencies. We usually spend the week ends hunting or mountain climbing to keep in condition. . . . The happiest side of the entire picture has been the work of our nurses." The article in another part of this number of the Quarterly proves that Frank is thinking in his usual profound manner.

1929

Dr. Mary Townsend-Glassen, familiarly known as Dr. Mary is in active practice in Phillipsburg, Kansas. Her husband is publisher of the weekly Phillips County Leader. For an interesting article see the August 23, 1943 issue of the Kansas City Star.

1932

Dr. Louis T. Byars, 607 N. Grand, St. Louis, Mo., Class Secretary.

Dr. and Mrs. Louis Pellegrino are the parents of a son, Louis Anthony, born January 21. Dr. Pellegrino is in practice at 301 East 21st Street, New York City.

1933

Dr. Harold Freund has just returned from India after serving eight years as the Superintendent of the Tilda Hospital in Central Provinces, India. Dr. Freund has many interesting experiences to relate. He is consulting physician for the Rajkumar College, an institution for the education of Indian princes. Tilda Hospital is an 80 bed hospital, about ten years old. Most of Dr. Freund's work has been in the field of eye surgery, but he also does abdominal, plastic and bone surgery. His district is notoriously malarious, abounds with dysentery and hookworm and they have annual cholera and typhoid epidemics. The

recent introduction of the railroad and communication with the outside world has resulted in syphilis and gonorrhea taking an appalling toll of the population. Much of the work is in the field of curative medicine although efforts are now being made in the fields of preventive medicine. An urgent need at the present time is for the services of a pediatrician. A high percentage of the children of India, particularly among the villages and poorer classes, are sunk in a stupor of opium.

1935

Capt. Frank H. Robinson is with the 116th Medical Battalion, A.P.O. No. 41, Care Postmaster, San Francisco, California. He writes, "I am running a hospital deep in the jungles and have been using machetes and axes so much more than scalpels and hemostats that I was beginning to think I should have graduated from the Engineering School.—Have a dandy surgery fixed up in one end of a grass hut.—Conrad, Engman, Lane, et al. would have a field day among the natives.—And Trotter could do a monograph on the hair of these head hunters.—Would appreciate hearing from any of my classmates, especially Echnernacht, Williams and Allison." Greatly appreciated is his contribution to the Alumni Fund, especially since "the Finance Office has not yet ventured out into my part of the world, but the bills would only grow moldy here anyway."

1936

We have just received word of the promotion of O. Elliott Ursin, formerly of Wettenberg, Wisconsin, from Major to Lieutenant-Colonel in the Medical Corps, United States Army. Colonel Ursin received his commission in December, 1938; was promoted to Captain in November, 1941, and to the rank of Major in April, 1942, and was

stationed at Fort McPherson, Ga., before being assigned to Carlisle Barracks. He is a graduate of St. Olaf College, Northfield, Minn.

Dr. Michael S. Wepprich is a Captain in the Medical Corps stationed at British Columbia, Canada.

1937

Miss E. Patricia Hawley became the bride of Dr. Joseph A. Fiorito on March 18. Miss Hawley is a graduate of the Montreal General Hospital School of Nursing, and is now in charge of the nursing service at the Children's Center, Hamden, Conn.

Dr. E. Norris Robertson is associated with Dr. Lawrence Post, Professor of Clinical Ophthalmology, in the practice of ophthalmology in St. Louis. Dr. and Mrs. Robertson are the proud parents of a new son, William Norris, born August 25, 1942. They have one other child, Sally, 3.

1938

Dr. John R. Lionberger, Barnes Hospital, St. Louis, Mo., Class Secretary.

Dr. Howard A. Steiner is now a Captain in the Medical Corps, and is Chief of the Roentgenological Service at the Station Hospital at Camp Dodge, Iowa.

1939

Capt. Wilson Brown is with the 21st Station Hospital, A. P. O. 700, Care

Postmaster, New York, N. Y. He writes "Insofar as pathology is concerned, I think I am seeing a minimum. I am a good sanitation officer in quest of mosquitoes and other varmits.—So far, have seen several cases of elephantiasis but no other unusual things for record."

1940

Dr. John S. Skinner and Miss Elizabeth Ann Campbell were wed October 27 in San Diego, California, where the groom is stationed with the United States Naval Medical Corps.

1941

Lt. Seymour Brown has returned to the Continental United States after serving as medical officer on the late U. S. S. Benham. After a leave in St. Louis he is now assigned to graduate study at the Lahey Clinic, Boston. The Associated Press on March 23 reported that Lt. Brown had been cited by Admiral Nimitz for distinguished service in connection with the rescue and treatment of the casualties at the battle of Midway.

Joseph W. Noah is stationed at Fort Benning, Georgia. Mrs. Noah visited in St. Louis recently.

March, 1943

Dr. David L. Goldman was married on March 21st to Miss Dorothy Stone, daughter of Mr. and Mrs. Morris Stone of St. Louis.

Student News

Miss Elaine Kingsbacher, a member of the December, 1943 Class was married on Saturday evening, March 20 to Mr. Robert Lince. Miss Kingsbacher is the daughter of Mr. and Mrs. Alvin Kingsbacher of Pasadena, California.

Ina Fleishel and David R. Oliver were married April 3. Mr. Oliver is a member of the Class of September, 1944. Miss Fleishel is the daughter of Mr. and Mrs. J. Travis Fleishel.

Edith Thorson and Robert H. Hall were married December 30. Mr. Hall is a member of the Class of June, 1945. Miss Thorson is a graduate of the University of Utah. She is the daughter of Mr. and Mrs. Arthur J. Thorson of Salt Lake City, Utah.

Dorothy Reese and Leonard W. Ritzmann were married December 27. Mr.

Ritzmann is a member of the Class of June, 1945. Miss Reese is a student assistant in the Department of Anatomy. She is a daughter of Mr. and Mrs. A. W. Reese of Concordia, Mo.

An informal dancing party was held by the first year class on Friday, February 12, at the Roosevelt Hotel. The gathering was held principally in honor of the professors of the first year's work. Henry Bopp was master of ceremonies of a unique floor show.

First Year Class—March, 1943¹

<i>ALABAMA</i>	<i>Home Address</i>	<i>University or College Attended</i>
Rauber, Albert P.	Auburn	Capital Univ., Columbus, Ohio
Rhodes, Helen H.	Mobile	Univ. of Alabama, University
<i>ARKANSAS</i>		
Tharp, Dorothy E.	N. Little Rock	Washington Univ., St. Louis, Mo.
<i>ARIZONA</i>		
Bates, R. Robert	Tucson	Univ. of Arizona, Tucson
<i>CALIFORNIA</i>		
Hoffman, Howe C.	Geyserville	Univ. of California, Berkeley
<i>COLORADO</i>		
Fryback, William H.	Colorado Springs	Colorado Col., Colorado Springs
Nelson, Hans G.	Colorado Springs	Colorado Col.
<i>FLORIDA</i>		
Wilson, Silver A.	Bradenton	Florida Southern Col., Lakeland
<i>ILLINOIS</i>		
Barrow, Jack	Carbondale	Southern Illinois Normal Univ., Carbondale
Crouch, Warner L., Jr.	Fairview	Univ. of Chicago, Chicago
Farrier, Robert M.	East St. Louis	Washington Univ., St. Louis, Mo.
Hill, Maxine L.	Belleville	Washington Univ.
Johnson, Eugene P.	Casey	Univ. of Illinois, Urbana
Jolley, Harold N.	Wood River	Washington Univ., St. Louis, Mo.
Kacalief, Louis D.	Madison	Westminster Col., Fulton, Mo.
Luer, Carlyle A.	Alton	Washington Univ.
Parkhill, Homer C.	Pontiac	Beloit Col., Beloit, Wis.
<i>IOWA</i>		
Hall, Gilbert R.	Spirit Lake	Northwestern Univ., Evanston, Ill.
Harrison, Wiley H.	Guthrie Center	Grinnell Col., Grinnell
Schropp, Rutledge C.	Des Moines	Univ. of Iowa, Iowa City
<i>INDIANA</i>		
Hawkins, Richard D.	Bedford	DePauw Univ., Greencastle
<i>MASSACHUSETTS</i>		
Freedman, Sanford J.	Boston	Harvard Col., Cambridge
<i>MISSOURI</i>		
Bailey, Drennan	University City	Washington Univ., St. Louis, Mo.
Bernstein, Maurice H.	University City	Washington Univ.
Bonebrake, Mac D.	Salem	Drury Col., Springfield
Brownlie, Arthur R., Jr.	St. Louis	Drury Col.
Busch, Ralph B., Jr.	Webster Groves	Univ. of Wisconsin, Madison, Wis.

¹This list of the class admitted on March 29, 1943, is published in order that the alumni may become acquainted with the students in their localities.

	<i>Home Address</i>	<i>University or College Attended</i>
Chamberlain, Gilbert L., Jr.	New Franklin	Univ. of Missouri, Columbia
Cheaney, Mary Davis	St. Louis	Washington Univ.
Cornfield, Morris	University City	Washington Univ.
Daniel, William G.	LaPlata	Northeast Missouri State Teachers Col., Kirksville
Deane, Garrett E.	Clayton	Westminster Col., Fulton
Elders, Frank A., Jr.	DeSoto	Central Col., Fayette
Elliott, Gladden V.	Cabool	Central Col.
Ernst, Roland P.	Kirkwood	Washington Univ.
Ewing, George M.	Brookfield	Central Col.
Farnsworth, Patricia A.	Webster Groves	Washington Univ.
Franklin, Charles W.	St. Louis	Washington Univ.
French, Herbert A.	Columbia	Univ. of Missouri
Funsch, Robert E.	Richmond Heights	Washington Univ.
Gibstine, Marvin H.	St. Louis	Washington Univ.
Gunn, Jack	Versailles	Westminster Col.
Huckstep, Robert A.	St. Louis	Washington Univ.
Inglis, Ervine P., Jr.	Webster Groves	Grinnell Col., Grinnell, Iowa
Jones, Edward R.	Richmond Heights	Washington Univ.
Kieffer, Victor B.	University City	Washington Univ.
King, George W.	St. Louis	Washington Univ.
Kirkham, Lindsey J., Jr.	Independence	Univ. of Kansas, Lawrence, Kan.
Koehler, John W.	Webster Groves	Washington Univ.
Langan, Benedict M.	St. Louis	Washington Univ.
Lee, Robert E.	Webster Groves	Washington Univ.
Lemen, Joseph J., Jr.	St. Louis	Washington Univ.
McConnell, Robert B.	St. Joseph	Univ. of Kansas
Nauert, Nicholas H., Jr.	St. Louis	Washington Univ.
Nicolai, Charles H.	Ladue, St. Louis Co.	Washington Univ.
Old, Jacob W., Jr.	Joplin	Virginia Polytechnic Inst., Blackburg, Va.
O'Neal, Lawrence W.	Westboro	Washington Univ.
Patt, Walter H., Jr.	St. Joseph	Washington Univ.
Reynolds, Beverly Lee	Clayton	Washington Univ.
Schmidt, Arthur E.	University City	Washington Univ.
Schuman, Arnold	St. Louis	Washington Univ.
Seabaugh, Loy R.	Jackson	Univ. of Missouri
Shapleigh, John B. II	St. Louis	Washington Univ.
Sisk, James C.	St. Louis	Washington Univ.
Slonim, Balfour	St. Louis	Washington Univ.
Snyderman, Sanford C.	Kansas City	Washington Univ.
Vellios, Frank	St. Louis	Washington Univ.
Walker, Willard B.	Bel Nor, St. Louis Co.	Washington Univ.
Wiedershine, Leonard J.	St. Louis	Washington Univ.
Williams, Joseph C.	Kansas City	Washington Univ.
NEW MEXICO		
DeHuff, Ann Wilson	Santa Fe	Univ. of New Mexico, Albuquerque
NEW YORK		
Halbrecht, Samuel A.	Brooklyn	Columbia Univ., New York City
Perry, H. Mitchell, Jr.	Woodmere	Swarthmore Col., Swarthmore, Pa.
Wald, Stanley M.	New York	Washington Univ., St. Louis, Mo.
NORTH DAKOTA		
Webster, Robert N.	Northwood	Washington Univ., St. Louis, Mo.
OHIO		
Gallagher, Donald M.	Rossford	Univ. of Toledo, Toledo
OKLAHOMA		
Owen, James W., Jr.	Skiatook	Washington Univ., St. Louis, Mo.

<i>SOUTH DAKOTA</i>		
Nelson, Robert E.	Pierre	Grinnell Col., Grinnell, Iowa
<i>TEXAS</i>		
Rutledge, Robert C.	Houston	Rice Inst., Houston
Taylor, Duane R.	Austin	Oregon State Col., Corvallis, Ore.
<i>UTAH</i>		
Hayward, Boyd E.	Logan	Univ. of Chicago, Chicago, Ill.
<i>WASHINGTON</i>		
Adams, Raymond J.	Seattle	Univ. of Washington, Seattle
Magallon, Robert A.	Seattle	Univ. of Washington
Thiel, Stanley W.	Ritzville	State Col. of Washington, Pullman
<i>WISCONSIN</i>		
Merrill, Robert S.	Milwaukee	Hamilton Col., Clinton, N. Y.
<i>HAWAII</i>		
Ishii, Albert H.	Lihue, Kauai	Washington Univ., St. Louis, Mo.

Transfers

Second Year Class — March, 1943

	<i>Home Address</i>	<i>Medical School Attended</i>
<i>KANSAS</i> Wolfson, Charles	Lawrence	Univ. of Kansas

Third Year Class — March, 1943

<i>ALABAMA</i>		
Hutchinson, Henry H.	Montgomery	Univ. of Alabama
Lawrence, Fred E.	Tuscaloosa	Univ. of Alabama
Lawrence, William E.	Mobile	Univ. of Alabama
Lunceford, Tennie Mae	Lanett	Univ. of Alabama
Williams, Roy W.	Kinston	Univ. of Alabama
Williford, Robert F.	Birmingham	Univ. of Alabama
<i>IOWA</i>		
Brown, Ivan E.	Webb	Univ. of South Dakota
Davis, Edgar W.	Givin	Univ. of South Dakota
<i>MISSISSIPPI</i>		
Burress, Julian H.	Corinth	Univ. of Mississippi
Stacy, Archie J.	Tupelo	Univ. of Mississippi
<i>MISSOURI</i>		
Burch, Buford H.	Kansas City	Univ. of Missouri
Campbell, James E.	Brookfield	Univ. of Missouri
Clough, John	Maysville	Univ. of Missouri
Foster, Jack L.	Lesterville	Univ. of Missouri
Hughes, Gerald E. III	Kansas City	Univ. of Missouri
Jolly, William H.	St. Charles	Univ. of Missouri
Kempster, Stephen W.	Columbia	Univ. of Missouri
Kraft, Jacob	Kansas City	Univ. of Missouri
Marbury, Benjamin E.	St. Louis	Univ. of Missouri
Meagher, Arthur J.	St. Louis	Univ. of Missouri
Mill, Walter C.	Sikeston	Univ. of Missouri
Moss, William T.	Columbia	Univ. of Missouri
Neumann, Roland F.	St. Louis	Univ. of Missouri
Roberts, Richard S.	Ashland	Univ. of Missouri
Stricker, Harold C.	St. Louis	Univ. of Missouri
Walker, Duane R.	Clark	Univ. of Missouri
Walther, Roy A., Jr.	Overland	Univ. of Missouri

	<i>Home Address</i>	<i>University or College Attended</i>
NORTH CAROLINA		
Citron, David S.	Charlotte	Univ. of North Carolina
Kirksey, William A.	Fayetteville	Univ. of North Carolina
Stewart, Albert, Jr.	Fayetteville	Univ. of North Carolina
SOUTH DAKOTA		
Hieb, Wilbert E.	Marion	Univ. of South Dakota
Perman, Harvey H.	Eureka	Univ. of South Dakota
TEXAS		
Robinson, James E., Jr.	Temple	Univ. of Texas
WEST VIRGINIA		
Hunt, Russell B.	Clendenin	West Virginia Univ.
Nottingham, Robert J.	Morgantown	West Virginia Univ.
Reger, Robert F.	Clarksburg	West Virginia Univ.
Rodgers, Elrie P., Jr.	Morgantown	West Virginia Univ.

Fourth Year Class — March, 1943

	<i>Home Address</i>	<i>University or College Attended</i>
HAWAII		
Shigeoka, Edward H.	Makaweli, Kauai	Col. of Medical Evangelists

**BUY WAR BONDS AND STAMPS
THEN CONTRIBUTE TO THE ALUMNI FUND**

Appointments to the House Staff April 1, 1943

Because of the accelerated program in medical schools, the appointments to the house staffs of hospitals are somewhat irregular. The following list is for the three months period of April 1 - June 30, 1943.

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

Resident—Alfred M. Large, University of Toronto, '36

Senior Assistant Residents—John T. Akin, Emory University, '40

Charles Eckert, Washington University, '39 (Resident starting July 1, 1943)

Minot P. Fryer, Johns Hopkins University, '40

James H. Growdon, Washington University, '40

John H. Mayer, Jr., Cornell University, '39

Gordon F. Moore, Washington University, '40

Robert M. Rankin, Johns Hopkins University, '42

Junior Assistant Residents—Harold E. Eisele, Johns Hopkins University, '40

Edward O. Kraft, Washington University, '42

Frederick W. Klinge, Washington University, '42

Gordon S. Letterman, Washington University, '41

Charles E. Lockhart, Washington University, '42

C. Barber Mueller, Washington University, '42

Elliott O'Reilly, Harvard University, '42

Mordant E. Peck, Johns Hopkins University, '41

Internes—McCarthy DeMere, University of Tennessee, Sept. '42

Thomas Yocum, University of Rochester, '42

Hugh Vincent Ashley, Jr., Washington University, March '43

Frank H. Birsner, Washington University, March '43

Merton D. Hatch, Harvard University, March '43

R. Leonard Kemler, Yale University, March '43

Allyn J. McDowell, Washington University, March '43

Richard T. Odell, Washington University, March '43

James L. Petry, Washington University, March '43

IN MEDICINE AT THE BARNES HOSPITAL:

Resident on Ward Service—Edward Reinhard, Washington University, '39

Assistant Residents on Ward Service—Harold P. Roth, Western Reserve University, '39

Sidney Sobin, University of Michigan, '38

Samuel P. Martin, Washington University, '41

Earl W. Sutherland, Jr., Washington University, '42

Internes on Ward Service—Barbara Binkley, Vanderbilt University, '42

Gerald Fountain, Jr., Yale University, March '43

Sarah M. Hosfeld, Johns Hopkins University, Feb. '43

E. LeVerl Barrett, Washington University, March '43

Donald Huelsmann, Washington University, March '43

Raymond F. Rose, Washington University, March '43

Melvin L. Goldman, Washington University, March '43

- Leonard J. Gallant, University of Rochester, March '43
 Ralph O. Smith, University of Chicago, March '43
 Grace Bergner, Washington University, March '43
 Raymond M. Wheeler, Washington University, March '43
 Resident on Private Service—L. Weyland Macfarlane, Cornell University, '40
 Assistant Residents on Private Service—Glenn O. Turner, Washington University, '42
 Charles Huguley, Washington University, '42
 Internes on Private Service—Fred W. Knoke, Jr., Washington University, March '43
 James A. Read, Washington University, March '43
 Calles D. Anthony, Washington University, March '43
 Stanley S. Kanter, Washington University, March '43
 Del Roy R. Davis, Washington University, March '43
 Senior Internes Assigned to Outside Services—at Koch Hospital, Hary H. Baird, Washington University, '42
 at Barnard Free Skin and Cancer Hospital, Helen C. Reller, Washington University, '42
 on cardiologic and chest service, Hyman B. Stillerman, Washington University, '42
 at Isolation Hospital, Warren B. Mills, Washington University, '42
 Assistant Resident in Hematology—Anne C. Tompkins, Washington University, '41
- ON ROTATING SERVICE IN MEDICINE AT BARNES, IN PEDIATRICS AT ST. LOUIS CHILDREN'S, AND IN OBSTETRICS AT ST. LOUIS MATERNITY HOSPITALS:
 Internes—Gerald J. Conlin, Jr., Washington University, March '43
 Don L. Fisher, Washington University, March '43
 Ira C. Layton, Washington University, March '43
 James L. Mayfield, Washington University, March '43
 Jack F. McKemie, Washington University, March '43
 Kent McQueen, Washington University, June '43
 Frank S. Wissmath, Washington University, March '43
 Wilfred E. Wooldridge, Washington University, March '43
 Fred M. Turbeville, Washington University, March '43
- IN NEUROPSYCHIATRY AT THE BARNES HOSPITAL:
 Assistant Resident—William C. Reese, Washington University, '42
- IN DENTISTRY AT THE BARNES HOSPITAL:
 Senior Intern—R. Jerry Bond, Washington University
 Junior Intern—William H. Brandhorst, Washington University, March '43
- IN RADIOLOGY AT THE BARNES HOSPITAL:
 Assistant Resident—Donald Bottom, Washington University, '41
- IN GYNECOLOGY AT THE BARNES HOSPITAL:
 Resident—Carl Goetsch, University of Rochester, '37
 Assistant Resident—Arthur Esslinger, Washington University, '40
- IN OTOLARYNGOLOGY AT THE McMILLAN, BARNES AND ST. LOUIS CHILDREN'S HOSPITALS:
 Resident—G. O'Neil Proud, Washington University, '39

Assistant Residents—Robert W. Goodwin, University of California, '40
 Guy O. Pfeiffer, St. Louis University, '40
 Francis Sooy, University of Colorado, '41
 Frank A. Ware, Marquette University, '28

IN OPHTHALMOLOGY AT McMILLAN, BARNES AND ST. LOUIS CHILDREN'S HOSPITALS:
 Resident—Virgil Toland, Creighton University, '36
 Assistant Resident—Howard Slaughter, University of Nebraska, '40
 Internes—Thomas Martin, University of Maryland, '31
 Claude C. Gray, University of Texas, '35

IN PATHOLOGY AT THE BARNES, ST. LOUIS CHILDREN'S, ST. LOUIS MATERNITY,
 BARNARD FREE SKIN AND CANCER, AND ST. LOUIS COUNTY HOSPITALS:
 Resident—Irving Goodof, Boston University, '41
 Assistant Residents—Robert E. Stowell, Stanford University, '41 (Resident
 starting July 1, 1943)
 Mary Ritchey, University of Rochester, '40 (starting July 1)
 Internes—William F. Callahan, Washington University, March '43
 Edwin W. Edwards, Tulane University, April '43
 Harlan I. Firminger, Washington University, March '43
 Parker Beamer, Washington University, March '43
 Fred C. Schweitzer, Washington University, March '43
 Franz Leidler, University of Vienna, '38 (starting July 1)

IN OBSTETRICS AND GYNECOLOGY AT THE ST. LOUIS MATERNITY AND BARNES HOS-
 PITALS:
 Residents—Arthur T. Esslinger, Washington University, '40
 Jules W. Vieux, Washington University, '35
 Assistant Residents—Seymour T. Monat, Long Island College of Medicine, '39
 Howard E. McKnight, University of Cincinnati, '41
 Internes—Fred Turbeville, Washington University, March '43
 Gerald Conlin, Washington University, March '43
 Howard McKnight, University of Cincinnati, '41
 Bernice Torrin, Washington University, '41
 William Masters, University of Rochester, March '43

IN PEDIATRICS AT THE ST. LOUIS CHILDREN'S HOSPITAL:
 Resident—Gilbert Forbes, University of Rochester, '40
 Assistant Residents—Thomas Black, Washington University, '41
 David Goldring (to be resident in July), Washington University, '40
 Ben S. Skinner, Washington University, '40
 Virginia Lanier, Washington University, '41
 Joseph Rubel (to begin in July), Washington University, '42
 Junior Residents—Eunice E. Bryan (to begin in July), Western Reserve Uni-
 versity, '37
 Jane Erganian (Assistant Resident in July), Washington University, '41
 Internes—Martin Withers, Washington University, '42
 William Davis, Washington University, '42
 Francis Love, (assistant resident in July), Washington University, '42
 William G. Klingberg, Washington University, March '43
 Jean Boyle Dehlinger, Washington University, March '43
 Dorothy Case, Washington University, March '43

In Memoriam

Alan Duncan Calhoun, '33, Richmond Heights, Mo.; aged 35, died December 15.

James S. Cleland, Mo. '98, Chicago, Ill.; aged 64, died November 15.

Marion Luther Klinefelter, '03, St. Louis, Mo.; aged 69, died November 28.

Martin Kramer, Mo. '80, Pella, Ia.; aged 88, died October 7.

John Marion Langsdale, Mo. '78, Kansas City, Mo.; aged 86, died December 22.

Charles Shattinger, St. L. '80, Los Altos, Calif.; aged 77, died December 13.

Frederick Casimir Simon, Mo. '99, St. Louis, Mo.; aged 64, died December 31.

WASHINGTON UNIVERSITY

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

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

- The College of Liberal Arts
William G. Bowling, A.M., Dean
- The School of Engineering
Alexander S. Langsdorf, M.M.E., Dean
- The School of Architecture
Alexander S. Langsdorf, M.M.E., Dean
- The School of Business and Public Administration
William H. Stead, Ph.D., Dean
- The Henry Shaw School of Botany
George T. Moore, Ph.D., Director
- The School of Graduate Studies
Richard F. Jones, Ph.D., Dean
- The School of Law
Warner Fuller, B.S., LL.B., Acting Dean
- The School of Medicine
Philip A. Shaffer, Ph.D., Dean
- The School of Dentistry
Benno E. Lischer, D.M.D., Dean
- The School of Nursing
Louise Knapp, B.S., A.M., Director
- The School of Fine Arts
Kenneth E. Hudson, B.F.A., Director
- The University College
Willis H. Reals, Ph.D., Acting Dean
- The Summer School
Frank L. Wright, A.M., Ed.D., Director

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

Note: Those desiring information concerning any of the divisions listed above should write to the Dean or Director concerned.