

Cha. A. Pope

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Charles Alexander Pope, 1818-1870

By DR. ELSWORTH S. SMITH

Dr. Charles Alexander Pope was born in Huntsville, Alabama, March 15, 1818, son of Benjamin S. Pope, a native of Delaware and grandson of Colonel Charles Pope who served with distinction in a Delaware regiment in the war of the Revolution. Benjamin Pope was a man of rare literary taste and culture. He immigrated to Mississippi in 1815 where he met and was united in marriage to Miss Eliza E. Wyatt, a lady of refinement and gentle birth, and soon thereafter removed to Alabama, making his home in Huntsville, a beautiful town and a cultured community.

Inheriting a taste for study, Charles Pope, after a thorough academic training in his native town, entered the University of Alabama at which institution he was graduated at an early age and immediately afterwards began the study of law. Finding, however, that the sedentary habits necessary to its prosecution were incompatible with his rather delicate constitution, he abandoned it for the study of medicine, to which he dedicated the same industry and zeal which ever characterized his whole professional life.

He began his medical studies with Doctors Fern and Erskine of Huntsville, the former being already known as a skillful surgeon and the latter ranking high as a physician. For both of these gentlemen Dr. Pope always entertained high admiration and regard, looking on them as perfect types and exemplars from a social as well as professional point of view; his early eminence may have been to a certain degree attributable to their example and influence.

He attended his first course of medical lectures at the Cincinnati Medical College where Dr. Daniel Drake was then at its head, at the height of his fame and popularity as a teacher

and the idol of his class. Dr. Pope considered him one of the "greater lights of the profession in this or any other country or age."

In 1839 at the age of only twenty-one years he received the degree of Doctor of Medicine from the University of Pennsylvania and soon thereafter departed for Europe for further study. Soon after his arrival in Paris it was said that "even at that early day he was considered the most expert and neatest operator on the cadaver and his friends and teachers then all predicted that he in after years would rank with the renowned masters of the noble and daring art."

Returning from Paris late in 1841 he settled in St. Louis, Missouri where he started the practice of medicine on January 1, 1842 and made such rapid headway as to become in 1843 at the age of twenty-five years Professor of Anatomy and Physiology in the Medical Department of the St. Louis University. This appointment was strongly endorsed by Dr. Samuel D. Gross, the renowned Professor of Surgery at the Jefferson Medical College, who had noticed the signal ability of young Pope while his pupil at the Cincinnati Medical College.

Dr. Pope's rise from this date on was nothing short of meteoric. On the death of Dr. Prather in 1847 he succeeded to his chair as Professor of the Principles and Practice of Surgery at the age of twenty-nine years, and two years later in 1849, he was elected Dean of the Medical Department of St. Louis University.

In 1846 he was united in marriage to Miss Caroline O'Fallon, the only daughter of Colonel John O'Fallon, the most successful and prominent citizen of St. Louis. From this union there resulted three children, one son and two daughters, and to his family he was intensely devoted throughout his busy life.

In the year of his marriage he again visited Europe during the vacation period of the Medical School and while there contributed several valuable articles to the St. Louis Medical and Surgical Journal based on his surgical observations in foreign clinics.

While his teaching career started with his appointment as Professor of Anatomy, still not until his appointment as Professor of the Principles and Practice of Surgery in 1847 did his life as a thorough and forceful teacher (and a brilliant

surgeon) have its inception. In order fully to grasp his wonderfully rapid development during the seventeen years from 1847 to his resignation from the Faculty in 1864 we must follow him in some of his daily work.

Unfortunately there were no records preserved of the minutes of the faculty meetings during the period of his membership therein, but luckily for us today it was Pope's custom during his occupation of the Chair as Dean of the Faculty to make personally the Annual Announcement¹ in the College Catalogue. From this source we may glean some of his enthusiasm and ability as a progressive teacher.

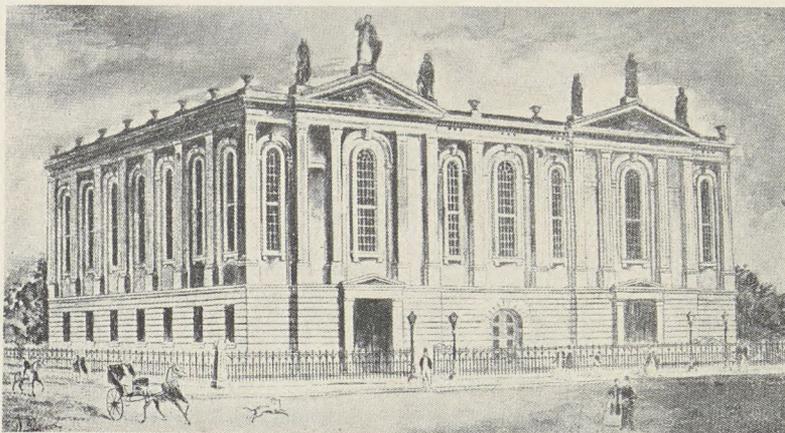
The first available announcement appeared in the catalogue for 1849-1850 in which Dr. Pope alludes to the evidence of the flourishing condition of the school, it having steadily advanced in its classes and in all the means for imparting a thorough medical education, and having entered the new college building just completed. It is recorded: "On account of the want of more ample space and accommodations, . . . and the advancement of the School generally, the Faculty have erected, with the generous aid of one of their trustees, a new and elegant medical edifice. . . . The location is decidedly the most eligible in the city, being on the north-east corner of Seventh and Myrtle Streets, situated within the paved district, convenient to the Hospitals. . . . The lecture rooms are on a grand scale, whilst the amphitheatre, with its circular gallery, . . . is unsurpassed in our country. . . . We believe that in no school of our country is more importance attached, and time devoted to Hospital teaching. By no other means can the student so well acquire a correct habit of observation, and that familiar and practical knowledge of disease, which are essential to satisfaction and confidence in the active exercise of his profession."

As to his own course in Surgery he states "The professor of this department devotes the earlier part of his course to Minor Surgery; the application of bandages and apparatus being systematically made on the living subject. The latter portion of this course is taken up with the surgery of the

¹ It is also regretful that only a few of these announcements have been preserved, many of them apparently meeting the same fate as did the faculty minutes.

various regions from head to foot. Ninety unequalled preparations in wax, of diseases of the eye are of great assistance in this interesting department of Pathology and every part of the course is illustrated by constant references to an unexcelled collection of paintings and drawings and to wet and dry preparations."

In Dr. Pope's announcement, 1853-54, he alludes to the O'Fallon Clinic and Dispensary, which was the first public



Original St. Louis Medical College, St. Louis from One Hundred Years of Medicine and Surgery in Missouri, published by the St. Louis Star, 1900, edited by Dr. M. A. Goldstein.

dispensary in service west of the Mississippi River, as having been "in full, and successful operation during the past session, and will hereafter continue to be a permanent acquisition to the School. Here, through the enlarged benevolence of its founder, and the liberality of the City (which supplies the medicines), the poor receive Medical and Surgical assistance free of charge, whilst the Faculty and Students have an invaluable auxiliary to their already great facilities for Clinical instruction."

"With all the advantages of position (of St. Louis), population, hospitals, etc., it will be the Faculty's own fault if they do not turn them to good account. And this they are determined to do—being more anxious to deserve success than to attain it. Encouraged by the past, they are resolved to spare

no effort or expense in projecting the deep and solid foundations of a School, which shall prove alike a benefit and an honor to the country. Higher motives than those of selfishness or pecuniary consideration have and always will animate those who are laboring for its firm establishment and high advancement."

On February 23, 1855 the legislature of the State of Missouri incorporated the St. Louis Medical College, the charter being accepted by the Faculty on April 2, 1855. Likewise did the Board of Trustees of the Medical Department of the St. Louis University organize under a new charter April 2, 1855. Thus did the two schools after a pleasant association of several years become separate institutions. Dr. Pope was elected Dean of the new independent institution in which he continued as professor of surgery. At this time the United States Marine Hospital, with Dr. William McPheeters in charge, was also declared as available for additional clinical purposes.

The perusal of the preceding few announcements of Dr. Pope's in the catalogues of his School cannot but impress one, first, with his all-absorbing interest in medical education, second, with his strong sincere desire that the students of his School should receive from him and his faculty all the knowledge of disease at that time available together with the practical application of such knowledge at the bedside. What higher standards than these could the Dean of a medical college present to his students? Such attributes as just enumerated must explain his reputation as a great teacher, and make it clear why the St. Louis Medical College came to be known quite generally as Pope's College.

To estimate the moral fibre of the man and his status as a brilliant surgeon we must turn to his friends, colleagues and students, those who were competent judges on these questions. One who was earliest interested in Dr. Pope as a student when at Cincinnati at the onset of the young man's medical career was Samuel D. Gross, later Emeritus Professor of Surgery at the Jefferson Medical College in Philadelphia. Dr. Gross in his autobiography, referring to his first visit to St. Louis states, "I was glad on this occasion to meet a former pupil of mine, Dr. Charles A. Pope, . . . he settled at St. Louis, where at my instance, he was appointed Professor of Anatomy

in the Medical School of that city. . . . For twenty-five years Pope was the principal surgeon of the Western metropolis, . . . performing numerous operations, and attracting patients from all the adjoining states. He was well educated and accomplished, tall and slender in form, with a handsome face, a genial disposition, and agreeable in manners. . . . His success was due not so much to his address or manners as to the fact that he was an innate gentleman . . . of sterling integrity and well versed in the art and science of medicine. . . . His medical library comprised the choicest works in medicine and surgery in the English and foreign languages."

Dr. Gustav Baumgarten, a younger contemporary of Dr. Pope's, speaks of him as follows: "Who . . . does not remember the quick, impulsive precision of the elegant Pope . . . renowned as a brilliant surgeon and a beautiful operator, whose talent for command expressed itself outwardly in his noble physique, the grace and quickness of his movements, the terseness and precision of his language, and whose enthusiasm in the cause of medicine made him conspicuous among his colleagues."

A student and very great admirer of Dr. Pope, the late Dr. Warren B. Outten of St. Louis, Surgeon-in-Chief of the Missouri-Pacific Railroad, pays his teacher and friend the following beautiful tribute: "A model, as I saw him, manly, noble and earnest, who at all times inspired and elevated. He aroused dormant ambitions, and pointed to lofty ideals for example and copy. Progressive, honorable, too much of a student to waste his time in acrimony or criticism; his was a life whose positive force came from a loyal devotion to his calling. He never knew but one course, and that was to elevate, a builder, a constructor of character, never a grumbler or despoiler. He left the world better for his having been in it. . . . I say here, that Doctor Charles A. Pope left upon the minds of the students of the Mississippi Valley a deep and lasting impress of the true and honorable function of surgery, more so than any man of his time, and step by step he enlarged his sphere, and enlarged the best moral elements existing in the minds of his students and its impress still remains. . . .

"Aye, I am, indeed, thankful that it fell to my lot to be taught by such men as Pope, Hodgen, Pallen, Linton, Litton

and others. A coterie of efficient noble teachers, whose works still remain with many Doctors, enriching the ranks of medicine, and whose truthful lessons have made them efficient and good men."

One of the greatest tributes to his fine surgical judgment in selecting his cases and to his wonderful skill as an operator was his series of operations for stone in the bladder, seventy-three times successfully operated and only four fatalities, and this in the pre-aseptic days of surgery.

He was also one of the first surgeons in the middle West to limit himself strictly to the specialty of surgery. One of Dr. Pope's colleagues has made the statement that he used his knife more than his pen, but that his contributions, while not numerous, were always informing.

In recognition of his many valuable services to humanity he was in 1855 elected President of the Missouri State Medical Association. But the crowning honor of his career was conferred on him May 2, 1854, namely, his election to the Presidency of the American Medical Association² at the St. Louis meeting of the Association.

Unfortunately Dr. Pope was unable to be present at this meeting because of serious illness in his family. At the next session of the American Medical Association, held in Philadelphia May 1, 1855 Dr. Pope was present, called the meeting to order, and presided with great dignity and marked familiarity with parliamentary procedures.

His presidential address was couched in modest yet fine rhetorical style and contained many valuable suggestions for the government of the American Medical Association. We confine ourselves to extracts from his introductory remarks, in which he especially shows his humility and generosity, and to his peroration, where some suggestions are made on legislation concerning medical practice; of special interest to us in view of the tendencies of our day towards governmental con-

² An honor which has since been conferred upon only three other physicians in the State of Missouri: viz. Dr. John T. Hodgen, Dr. Elisha H. Gregory of St. Louis and Dr. Jabez N. Jackson of Kansas City. Dr. Pope, moreover, was one of the youngest, if not the youngest, in the United States, to be elected to this, the highest office within the gift of the medical profession of this country.

trol of our medical art which has heretofore been wholly free of such control.

From the presidential address of Charles A. Pope to the American Medical Association.

“GENTLEMEN: With feelings of grateful pleasure, I meet you, and greet you, on this occasion.

“For high and useful purposes, have we assembled from the wide extent of our beloved country. The elevation of a noble profession—the promotion of science—the good of humanity—these have been, are, and will continue to be, the objects of our Association. Whether we have, thus far, done much or little, our sole aim has been the advancement of the best interests of our fellow-men. I shall not assert that we have done as much as we might have done, or that the course hitherto pursued by us is so perfect as to admit of no improvement. Were such the fact, and were the Association a firmly established institution, I might have experienced more hesitation in the selection of a theme for the present occasion. And since we cannot, as yet, I think, urge such a claim, the few suggestions which I shall offer are made with becoming diffidence, but, at the same time, with a deep sense of their importance to the welfare and perpetuity of our Association.

.....

“I shall say but little of the legislative duties of the Association. I shall say nothing of the propriety or impropriety of getting laws passed to regulate the practice of medicine, and furnish standards for candidates for the doctorate. Perhaps the Association can do but little in this respect. Ours is a popular government, and the people are disposed to allow the largest freedom in everything pertaining to medicine, medical schools, and physicians. Laws passed against quackery one year are revoked the next. Our country is the paradise of quacks. All good things have their attendant evils, and this unbridled liberty is one of the evils of a popular government. May we not hope, however, that even this evil may disappear, as general education and the cultivation of the masses advance? At any rate, the people are not yet disposed to put down the quacks, nor to require too high a degree of qualification for those of the regular profession. After all, laws

can make only mediocre physicians. They can require the candidates to know only so much—to be qualified to a certain degree; and this degree will always be far lower than that to which the true lovers of knowledge would attain without any legislation on the subject. The greater lights of the profession cannot be manufactured after any process of legislative enactment. Thirst for knowledge, self-love, philanthropy, burning ambition—these make the great physician and surgeon. These have made all the worthies of the past—not legislation. Legislation cannot drive the drone to the proud heights of professional eminence. When these heights are reached, it will be seen that the successful aspirant has been stimulated by a stronger power. To him the laurel blossoms of renown and the life-giving mission of his art, are dearer and more attractive than was the mystic bough of the sibyl to the eager Æneas, or than the golden apples, guarded by sleepless dragons, to the Hesperian daughters.

“Whatever course you may think proper to pursue, I am sure that your objects will be, the advancement of science, the good of mankind, the honor and glory of the profession. We have the dignity and character of a noble calling to sustain; of a profession which has numbered, for two thousand years and more, some of the wisest and best men in all countries and all times. It is no trivial matter to sustain the rank and respectability of a vocation which can boast of a Hippocrates, a Harvey, a Hunter; of the most erudite and beneficent of sages and philanthropists the world ever saw; of a profession which has furnished to every nation its *clarum et venerabile nomen*.”

We approach now the critical period in Dr. Pope's well-spent and useful life. We find him in the dilemma of making the momentous decision of his life, that of weighing his duty to his invalid wife, his children and his own broken health or to his professional obligations and his wonderful career.

On this most serious question he must have pondered frequently and profoundly, but finally settled this grave matter once for all by tendering his resignation as Dean and Professor of Surgery in the St. Louis Medical College some time before the close of the first semester of the school in 1864, giving as the reason for his decision the ill health of his wife and chil-

dren and his own need of rest from his labors by a prolonged trip abroad.

On hearing of his resignation and of his intended prolonged sojourn abroad, the friends of Dr. Pope gave him a farewell dinner at the old Lindell Hotel, October 8, 1864, at which prominent members of the medical profession and outstanding citizens in the business and commercial interests of the city were present.

Dr. Linton, Professor of Medicine in the St. Louis Medical College, was elected president for the occasion. "The dinner having been fully discussed and the cloth removed, the president arose and gave"—as was the custom in those days—"the first regular toast: *The President of the United States,*" which was responded to by Judge Treat. The President again arose and said in part: "In the name of the medical profession of St. Louis, I offer the second regular toast, the health of a distinguished member of the profession whom we have this evening met to honor—the gentleman—the arduous student—the learned surgical pathologist—the lucid teacher—the skillful operator—a man to whom medical education in the West is greatly indebted . . . I propose the health of Dr. Charles Alexander Pope."

The response of Dr. Pope, while brief, is marked with modesty and replete with gratitude, expressed in his proverbially beautiful English and reveals so much of the inner soul of the man that we will quote it in full as follows:

"Mr. President, Gentlemen, Friends: It is with unfeigned embarrassment that I rise to respond, as best I may, to such a flattering, such an overwhelming, encomium. I have not the vanity to imagine, even for a moment, that I at all deserve it; and I attribute it rather to the kind feeling and easy judgment of a too partial friendship, than to any merit of my own. The festive occasion, the genial flow when the heart is warm and the tongue is loose, will, I hope, excuse the unmerited panegyric.

"From my soul, my friends, I thank you for this great, this unexpected honor. Had it been tendered to some poet, or orator, or statesman, or soldier, it would seem to have been more meet; but its being bestowed on a simple plain doctor like myself, only enhances my appreciation of its value. I

thank you for your uniform kindness, and your generous confidence, on all occasions. These have ever been extended to me by the profession and public of St. Louis, and at their recollection my heart overflows with gratitude. To them I owe nearly all that I am, and it is to me a source of pride and satisfaction that, amid all the thorny trials and the heavy responsibilities of the surgeon's life, I have ever felt soothed and sustained by your hearty and unflinching support.

"Twenty-three years ago, I came among you an unknown and adventurous youth, seeking to establish myself in practice and to achieve an honorable position. Friends, warm friends, soon lent me encouragement and aid, some of whom I see around me now, the remembrance of whose kindness, and the fragrance of whose friendship shall descend with me to the grave.

"And, standing as I now do, on the hill-crest of life, with my face irrevocably set towards its evening declivity, my mind for a moment involuntarily reverts to the past. How many familiar faces have disappeared! How many, eminent in our ranks, have fallen! Farrar, Beaumont, the two Lanes, McCabe, Reyburn, and others who gave character and reputation to our profession, now rest from their labors. But their example and their memory still freshly survive to guide and to sustain us. A tear and a sprig of gnapalium to each and to all.

"To Dr. Beaumont I owe much. I honored him while living, and I shall never cease to revere his memory—a man to whom humanity is debtor, and whose name is immortal.

"Allusion has been very kindly made to my connection with medical teaching in the West. To it I am largely indebted for whatever success has attended my professional efforts. To teach is the best way to learn. It gives edge and accuracy to knowledge.

"The prosperity of the School is owing to the concurrent labors of all its Professors. I have merely done my share, to the best of my poor ability. The School, from the most humble and inauspicious beginning, is now a success. It has triumphed over all obstacles, and these have been neither few nor small.

"But, gentlemen, you will allow me, I hope, without the charge of indelicacy, to allude in this connection to one to whom the College is under great and lasting obligations. I

need scarcely mention his name in this presence. You all know his generous nature and his noble use of wealth. It is not too much to say that, without his liberal co-operation, the School could not have achieved the success of which it may now justly boast. He has honorably connected his name with the cause of medical education in the West, and the profession and the public owe and acknowledge their debt of gratitude.

"We, of the present time, are content to have laid the foundations of an Institution whose superstructure must be left to other hands. I hope and believe that it will prove of great benefit to the West and to humanity, and that it will go on prospering and to prosper, and extend its benign influence to far distant generations.

"And now, my friends, in view of the present occasion, of this graceful and generous tribute, my heart grows full to overflowing, and would fain find relief in redundant utterance; but I must refrain.

"Permit me, however, to say, that, for the more than quarter-century which has elapsed since I obtained the honors of the doctorate, I have labored hard and assiduously in my profession. Although toilsome and wearing, it has yet been to me a labor of love. I selected it through choice, and I have cultivated it with passion. My only ambition has been to do my duty; and I am consoled by the reflection, that, in all my past career, I have so little cause for regret or self-reproach, for time misspent, for opportunity neglected, for mistakes committed; and am devoutly grateful that in all respects I have been so fortunate. My secret has been that of singleness of purpose and of duty performed.

"During the many years that I have labored in St. Louis, with one or two exceptions, I have never yet taken one whole day's recreation. Like the veteran soldier, therefore, I now feel entitled to a short furlough. And although jaded and worn in mind and body and greatly needing rest, it is yet not on my own account merely, for I owe something to others, whose health and whose improvement very nearly concern me.

"I regret to sever, even for a season, my pleasant professional and social ties; and it is at no small sacrifice that I do so. Yet, after a year's sojourn abroad, on my third visit to the ancient and renowned seats of learning of the old world,

I hope to return to my accustomed duties, invigorated and improved, to minister still at the sacred altar of medicine.

“And let us at least indulge the hope that, when we meet again, our country, now torn and distracted, will have emerged from the present gloom of blood and desolation, to pursue afresh her grand career of progress, of peace, and of prosperity.

“In conclusion, my friends, allow me again to return you my warmest thanks for this undeserved honor, this cordial greeting, this brilliant ovation, and to offer, as a sentiment ever dear to my heart,

“The Medical Profession of St. Louis.”

Soon after the wonderful farewell dinner tendered by his devoted friends, Dr. Pope sailed with his family to Europe. He did not return for about five years, when he was again received with open arms by his admiring St. Louisans, numerous dinners and receptions being given in his honor during his visit.

He departed again to join his family abroad. However, the news of his arrival had just shortly been received in St. Louis when the sad message reached his friends of his sudden demise in Paris, July 5, 1870: the passing of a brilliant surgeon and educator whose life had been so faithfully and efficiently dedicated to the service of his fellow man.

We have sought to give as exact a review of the all too short valuable professional years of the subject of our sketch as was possible because of the meagerness of available references and the space allotted us. We are unable to evaluate fully Dr. Pope's marvelous work that was crowded into the brief space of seventeen years.

The remains of Dr. Pope are interred in the lot of his father-in-law, Colonel John O'Fallon in Bellefontaine Cemetery under a granite cross bearing the simple inscription:

CHARLES A. POPE
REQUIESCAT IN PACE

DR. CHARLES A. POPE: REFERENCES TO
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Comments on Some Common Pediatric Procedures

ALEXIS F. HARTMANN, M.D.

It is apparently the plan of the Editor to include in each issue of the Medical Alumni Quarterly an article from one of the clinical departments, which will acquaint the Alumnus with work done in that department of his Alma Mater. In the Department of Pediatrics considerable attention has been given during the last fifteen years to the more serious and important changes in the acid-base balance and in water and mineral metabolism associated with vomiting and diarrhea, diabetes, nephritis, and severe infections in infants and children.

As an outgrowth of these studies, the values of sodium *r*-lactate in the relief and prevention of severe metabolic acidosis, of Ringer's solution for metabolic alkalosis, of a combination of these substances generally known as lactate-Ringer's solution for dehydration with either acidosis or alkalosis, and gum acacia for the low plasma protein (nephrotic) type of edema were particularly emphasized, and certain standardized procedures were recommended because of their simplicity, effectiveness, and safety, and because they could be carried out by the general practitioner without access to the chemical laboratory (references in bibliography). Considerable confusion, if not skepticism, still arises in the minds of many as to some of the points involved, and it has occurred to me that this might be a good opportunity to clarify some of them.

For instance, the routine treatment of dehydration with severe acidosis, is as follows:

- I. 60 cc. of $\frac{1}{6}$ molar sodium *r*-lactate per kilogram body weight
+ weight (ideal).
40 cc. of Ringer's solution per kilogram body weight
(ideal).

100 cc. of "fortified" lactate-Ringer's per kilogram of body weight. (Intravenously, intraperitoneally, and subcutaneously.)

(Insulin—2 units per kilogram body weight for diabetic acidosis, subcutaneously.)

II. Citrated whole blood—200 cc. per kilogram of body weight intravenously. Now, the question has been frequently asked, "What is the difference between 'fortified' lactate-Ringer's solution and the usual lactate-Ringer's or Hartmann's solution, and why has the change been recommended?" The answer is that in severe acidosis the carbon dioxide content (alkali reserve) of the entire body has dropped to at least 25 volumes per cent from the normal of from 55 to 65 volumes per cent. It is desired to give sufficient sodium lactate to raise the carbon dioxide content either to normal or at least out of the danger zone (up to 40 volumes per cent, or more). Usually this will mean an increase of from 25 to 35 volumes per cent; since each cc. of molar sodium lactate per kilogram should theoretically raise the carbon dioxide content of the blood 3.3 volumes per cent, the average need would be about ten times that much, or 10 cc. of a molar solution per kilogram of body weight. In the original lactate-Ringer's solution there were approximately 10 cc. of molar sodium *r*-lactate in each 450 cc. of fluid. If this solution were to be used exclusively in the most severe type of acidosis, it would mean that in order to administer the desired amount of sodium lactate, roughly one pint of fluid would have to be given for each kilogram of body weight. This would mean an amount of fluid to be administered unnecessarily large in amount, both water and the salts of Ringer's solution being given in excess of what would be needed. In the "fortified" lactate-Ringer's mixture there is five times the amount of sodium lactate present, and therefore, only one-fifth as much of the fluid mixture need be given.

Another question in connection with this routine is, "How accurately can you predict the rise in carbon dioxide content following sodium lactate administration of definite amounts in different types of acidosis?" This question can best be answered as follows: In sixteen cases of acidosis of renal origin the discrepancies were as follows:

Less Than Expected (-)			More Than Expected (+)
> 20 vol. %	20-10 vol. %	10-0 vol. %	0-10 vol. %
(1)=6.7 %	(3)=18.7 %	(6)=37.5 %	(6)=37.5 %
Average = -5.7 %			

In sixty-four cases of diarrheal acidosis the comparison of the

expected results with those actually obtained were as follows:

Less Than Expected (-)				More Than Expected (+)	
> 30 vol. % (7)=10.9%	30-20 vol. % (8)=12.5%	20-10 vol. % (16)=25.0%	10-0 vol. % (17)=26.5%	0-10 vol. % (15)=23.5%	> 10 vol. % (1)=1.6%
Average = -11.8%					

In thirty-four cases of diabetic acidosis the relation twelve hours after beginning of treatment was:

Less Than Expected (-)			More Than Expected (+)		
30-20 vol. % (1)=2.9%	20-10 vol. % (3)=8.8%	10-0 vol. % (10)=29.4%	0-10 vol. % (12)=35.2%	10-20 vol. % (7)=20.6%	20-30 vol. % (1)=2.9%
Average = +1.2%					

and when the acidosis was due to severe infection the following results were obtained:

Less Than Expected (-)				More Than Expected (+)	
> 30 vol. % (3)=12.0%	30-20 vol. % (7)=28.0%	20-10 vol. % (7)=28.0%	10-0 vol. % (4)=16.0%	0-10 vol. % (4)=16.0%	
Average = -15.4%					

When the expected rise in carbon dioxide content fell very far short of that anticipated by calculation, the usual explanation seemed to be that the acidosis had been so severe that buffer substances had yielded considerable base to support the falling bicarbonate when the plasma pH fell, and that the greater part of the base liberated from sodium lactate went to satisfy such buffer substances when plasma pH rose again. When in such instances (there were five or six in all), second doses of sodium lactate were given, very nearly theoretical rises resulted. In our entire experiences with sodium lactate therapy we have failed only in three or four instances to relieve severe acidosis within twelve hours, provided the patient lived that long. In these instances, second doses of lactate were not given.

Another question in connection with this routine is, "Is not the amount of total fluid recommended extremely high in the case of the adult, who might weigh as much as 70 or 80 kilograms, and therefore would need 7000 to 8000 cc. of 'fortified' lactate-Ringer's solution?" The answer is this: When severe acidosis occurs in the large child or the adult because of diar-

rhea or diabetes, it will almost invariably be found that at least one-tenth of the body weight has been lost and that before dehydration is completely relieved, about that much fluid will have to be administered. This is usually also true when severe degrees of acidosis accompany chronic nephritis. It may not be true when severe acidosis accompanies severe infection or acute nephritis. Edema may actually be present in the latter instance. In these exceptional circumstances, the proper amount of lactate (approximately 10 cc. of molar solution per kilogram of body weight) may be given as a hypertonic solution, from one-third to one molar in strength if it is given intravenously. It should be emphasized that if such hypertonic solutions are given to the dehydrated patient, their tendency will be to dehydrate him more, unless sufficient water can also be given by mouth.

The routine preparation for operation for relief of congenital hypertrophic pyloric stenosis or for congenital or acquired obstruction high in the small intestine, is as follows:

I. Relieve dehydration and alkalosis (Ringer's or lactate-Ringer's solution).

II. Restore plasma protein concentration (citrated whole blood).

III. Restore glycogen reserves (10 per cent dextrose).

IV. Control respiratory infection, if present (nose drops—myringotomy, etc.). Concerning this routine, the question is frequently asked, "Why is lactate-Ringer's solution as good as Ringer's solution in the relief of dehydration and alkalosis, since the effect of the lactate is to produce alkali which would be of particular value in acidosis?" The answer is this: From the standpoint of relieving severe alkalosis, Ringer's solution is the superior, but lactate-Ringer's solution may be used quite safely and effectively for these reasons: The first effect of either Ringer's or lactate-Ringer's is to replace the diminished water and salt contents of the body fluids. While this is being done, sodium lactate should be converted into sodium bicarbonate and retained as such, increasing the degree of alkalosis to a slight extent. As soon as the total fixed base level of the blood has been restored to its normal value, administration of more salt solution of either type would be followed by the excretion of the excess fixed base bound now to bicarbonate,

so that the total amount of alkali excreted would be quite the same in each instance. This would continue until the normal chloride level had been established in each instance, and by that time the excess bicarbonate would have been completely excreted, and the alkalosis completely relieved. Because, however, one continues to give some potential alkali in the case of lactate-Ringer's solutions administration, the length of time required for complete recovery from alkalosis would be slightly longer than in the case of Ringer's solution alone. Safety lies in the fact that the kidneys excrete bicarbonate in a concentration of between 15 and 20 grams per liter, which is roughly about ten times the rate at which it is being administered to the body as potential alkali in the form of sodium lactate.

Another question raised in connection with this routine, "How important is it to transfuse a patient with citrated whole blood or plasma after the administration of salt solution and before operation?" is answered as follows: It will not be necessary to transfuse a patient provided that the plasma proteins do not become so diluted from the fluid administration that a level is reached which permits edema to develop and which may lead to oliguria. If edema and oliguria result, then the excretion of excess alkali would necessarily be curtailed, and alkalosis may not be relieved, despite the administration of adequate amounts of Ringer's solution. The critical plasma protein level in this connection is generally somewhere around 5 per cent, but whether or not edema will develop will depend also on the proportion of serum albumin and serum globulin, and the colloidal osmotic pressures that these substances exert. Frequently one has neither the time nor facilities to evaluate these factors directly, and under such circumstances it would be safer to transfuse the patient with about 20 cc. of whole blood per kilogram, which roughly is equivalent to about one-fourth of the normal blood volume. Failure to observe this point may lead to disastrous results, as almost occurred in the following instance:

Case No. J-798: Pyloric Stenosis. This infant was admitted to the St. Louis Children's Hospital when eight weeks of age on April 17, 1933, with the history that he had weighed 7.5 pounds at birth, and had done well on the breast for two

weeks, when he began to vomit. Vomiting became more and more severe, until finally the baby was admitted to the hospital weighing only $5\frac{3}{4}$ pounds, and presenting the picture of marked athrepsia with marked dehydration and alkalosis. The condition of the blood serum upon admission was as follows: CO_2 , 102.2 volumes per cent, sodium chloride 386.0 milligrams per 100 cc., protein 7.05 per cent, and non-protein nitrogen 35.0 milligrams per 100 cc. Because of the extreme degree of malnutrition we were anxious to avoid any possible delay in relieving the obstruction surgically. In the afternoon and evening of April 17, 1933, 400 cc. of lactate-Ringer's solution were given subcutaneously and intraperitoneally; 60 cc. of 10 per cent dextrose were given intravenously, and 400 cc. of Ringer's solution were given subcutaneously. The next day there was no longer dehydration, but instead edema. Forty cc. more of 10 per cent dextrose were given intravenously, and without further chemical check-up of the blood, the infant was operated upon. During the operation at noon on April 18, 1933, the infant stopped breathing, and had to be given artificial respiration and immediately upon return to the ward, following a successfully completed operation, he again ceased to breathe. For a short time he responded to the administration of carbon dioxide in oxygen, and then ceased to breathe. His heart had almost stopped beating when my attention was called to his plight. He was edematous, distinctly rigid and cyanotic. Three cc. of concentrated hydrochloric acid were hurriedly diluted with about 60 cc. of Ringer's solution, and injected intravenously into an ankle vein. After one-fourth cc. had been injected he took a breath and cried, and continued to breathe fairly normally for a while (20 cc. of the hydrochloric acid solution in all were given). After further administration of carbon dioxide in oxygen, together with the administration of 10 cc. of 10 per cent calcium gluconate intravenously, respiration continued to improve, and finally became normal. At 5:30 p. m. he was given 60 cc. of citrated whole blood intravenously, and from 6:00 p. m. till 12:00 midnight very marked diuresis resulted, and all of his edema was lost. In fact, he appeared somewhat dehydrated, due to his somewhat emaciated condition, and to be on the safe side, 150 cc.

of Ringer's solution were given subcutaneously at 11:00 p. m., and 300 cc. more at 12:30 a. m. on April 19, 1933.

The near tragic result in this case resulted from the fact that edema followed the administration of fluids, because of the marked reduction in plasma protein, curtailing to some extent renal activity. Apparently the presence of the edema, plus even the mild degree of alkalosis was sufficient to produce tetany with marked respiratory depression. The effect of the blood transfusion post-operatively could, and should, have been obtained pre-operatively. The lesson taught was that one cannot be too careful in the pre-operative preparation in patients of this type.

In connection with the use of gum acacia for the relief of nephrotic edema, we have frequently been asked, "What is your opinion at present as to the value of gum acacia especially in view of the fact that it may be followed almost immediately by severe reactions, giving rise not only to chills and fever, but to dyspnea and signs of circulatory collapse, and later by enlargement of the liver and spleen because the material is held for long times in the body, during which it seems to inhibit plasma protein formation and sometimes even the regeneration of red blood cells?" In answer to this question we wish to state that newer preparations of acacia no longer tend to be followed by chills and fever, apparently because pyrogenic substances have been more or less completely removed. One should still be extremely cautious in giving large amounts of acacia to patients with either renal insufficiency in whom the ability to excrete water because of actual destruction of kidney tissue is greatly diminished, or to the patient with cardiac or circulatory weakness and in whom cardiac failure may follow significant increase in blood volume. As far as the other effects are concerned, one should always attempt to balance the possible good effects with the bad. Our feeling concerning the proper management of nephrosis has not changed materially during the last four or five years, during which our recommendations have been as follows:

"If a tentative diagnosis of active nephrosis seems justified from the history, physical examination, urinary and blood findings, the patient is at once placed on a high protein, high carbohydrate, low fat diet, with restriction of salt and water.

Further treatment depends largely upon the response to this diet. If fairly prompt loss of edema by diuresis occurs, we consider the case mild, remove the restriction of water and salt, but continue with high protein feedings until the plasma proteins of the blood return to normal levels. At this stage, suspected causative foci of infection are treated surgically, if deemed necessary.

If the case is more severe and edema persists, we presume it is because of continued low plasma protein levels in the blood, and we then study the patient more intensively to ascertain:

- (1) The exact concentrations of albumin and globulin and the actual or calculated colloidal osmotic pressure of the blood serum.

- (2) The daily excretion of albumin in the urine.

- (3) The actual intake of protein food and its utilization.

If we find serum protein and colloidal osmotic pressure values to be rather high in the edema zone, together with good intake and utilization of protein food and but a moderately severe degree of albuminuria, we then transfuse the patient, first with whole citrated blood until the red blood cell and hemoglobin values are normal, and then with plasma, in an attempt to raise the plasma protein level out of the edema zone. If diuresis does not take place, we may then try the effects of diuretic drugs and thyroid gland substance, but with much less hope of success. If failure persists, we judge the case to be in need of acacia therapy."

Our experience with the nephrotic type of edema in children so far has been such that we feel that acacia should be given in amounts of about two grams per kilogram of ideal body weight, intravenously and very slowly. This dose should be repeated daily until very satisfactory diuresis has begun, or until altogether about ten grams per kilogram of body weight have been given. Very likely if no diuresis has resulted by that time it will not occur. Repetition of acacia therapy must be undertaken very cautiously. As yet, I know of no way to be certain just how much acacia one can give safely. We have given as much as 624 grams to a child of seven years over a period of four months with eventual almost complete recovery from the nephrotic type of hemorrhagic nephritis.

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What Shall Be Adequate Care for the Venereal Patient?

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It is a welcomed opportunity to address the alumni of Washington University Medical School on pertinent matters that mark the ever changing viewpoints in the progression of medical teaching.

Since you have graduated, if indeed it was only last June, there have been marked strides made in the control of venereal disease. The present beginning mobilization of public health forces for the control of venereal disease rivals in importance the methodical preparation of Salvarsan by Ehrlich in 1910. Venereal disease is being recognized by communities as a public health problem similar to other disease menaces.

President Roosevelt addressed by letter the opening of the Conference on Venereal Disease Control Work called in Washington by the Surgeon General in December, 1936, with the following remarks:

"The recent increase in public interest in the problem before the conference is extremely gratifying. With the assistance now being given by the Public Health Service through Social Security funds, it should be possible for State and local health authorities to develop needed facilities for the treatment and control of these diseases. It is my understanding that out of your deliberations there will come a statement of principles and methods which should be useful to every community in the country in applying most effectively the scientific knowledge which we have to minimize these serious hazards to the public health.

"The Federal Government is deeply interested in conserving the resources of the country by all appropriate methods. The attainment of your objectives would do much to conserve our human resources and would reduce considerably the present large costs for the community care of the disastrous end—results of the venereal diseases. You have my best wishes for success."

During the past year programs for concerted attack on the problem of venereal disease control has extended to every portion of our country. With the aid of Federal funds disbursed through the state departments of public health it is possible for the benefits of the program to extend to every community. Some states have preceded others in whipping organization into effective units. It is a matter that concerns every physician. For some time our armamentarium of therapeutic agents and knowledge for their use has been widespread. But effective application of therapeutic measures has been denied the medical profession. The theme of my remarks to follow is one of informal discussion of the subject of adequate care to the patient. In a program of the magnitude of the present nation-wide mobilization of effort to sweep down upon the problem it behooves the physician to guide his community program along high standards of treatment procedure.

Particularly in the case of venereal disease society has unwittingly stifled the control of one of its most ravaging diseases. This is unlike the public's ready cooperation in the control of typhoid fever, diphtheria, smallpox, malaria, rabies, etc. There is however evident reason why only an enlightened era can cope with venereal disease. Syphilis has long been weighted with stigmata by society who would have the patient feel that the disease is punishment for its method of contraction. Curative and certainly prophylactic measures can not succeed in civil practice when such medieval concept of the disease prevails. It should be evident that no greater health problem can confront us than the control of a disease that is inextricably involved in the relation of the sexes.

It is a disease contracted as a result of a most imperious instinct basic to the very existence of man. Its incidence follows in the wake of sex appetite which is second only to that for food and is equally physiological. Syphilis is a disease of all strata of society from the indigent to the rulers, causing untold disease complications of every organ in the body. Failure to recognize the solution of combating syphilis and its running mate gonorrhoea as a sanitary problem is inimical to mankind. The attitude of the ostrich will not persist in these enlightened times. The Federal administration has launched a concerted attack on venereal disease which will mark the

time as epoch in the significant control of this disease. Cooperation by the public will come as rapidly as we demonstrate the value of our efforts in its behalf. It is an inspiring challenge to meet public cooperation with our greatest efforts and best judgment in the control of syphilis and gonorrhoea. The task is great. The danger is that public health methods may fall short of the modern concept of adequate treatment. The medical profession and teaching institutions must not fail to inculcate at least minimum standards of excellence in the treatment of venereal disease.

In the specialized treatment of a disease especially on huge scale there is tendency to formulate a rule-of-thumb, so-called standardized method of treatment, without proper consideration of the clinical picture presented by the patient. Particularly is this true for syphilis where the positive blood test becomes a very evident and tangible point of attack. We have already been guilty in the treatment of syphilis of treating a positive Wassermann reaction instead of a patient who has one or more diseases. Indeed until recently patients on antiluetic therapy have been denied surgical, dental and medical care for other attendant maladies until the blood test becomes negative. This inane emphasis on a laboratory test gives even the patient a false perspective of true health service. This concept is as reprehensible on our part as the public's lack of cooperation in allowing us to treat them at all. In a nation-wide public health crusade against syphilis there is danger that the patient may be rendered safe from infecting others without sufficient care of the individual who has the disease. Such meager application of therapy would be a violation of the public's trust in us to give them the best therapy we know. Treatment which is inadequate to cure the disease is in many instances worse than none at all because the patient is robbed of his acquired immunity and the disease is driven to the deeper tissues only to appear later as insanity, heart ailments or other irreparable damage. Furthermore the failure to provide for medical and surgical treatment for the luetic patient who has other ills such as intercurrent infection of nose, throat, teeth, heart, lungs, gastrointestinal tract, pelvic organs, skin, bones, etc., is inadequate medical care of the patient and certainly a poor example for teaching students and physicians.

The present knowledge of syphilis has freed treatment of its vagaries. It is no longer necessary for the general practitioner to refer his patient to the specialist for treatment. In fact such necessity would defeat the effectiveness of widespread control.

Large groups of patients must be cared for in clinics from which should emanate the best therapeutic measures to guide the practitioner in furnishing the best service to the people. From nowhere else than our teaching clinics can instruction to students and physicians more effectively influence the future of treatment. The care of large groups of patients in clinics has its peculiar and great responsibility to advance the best treatment procedures. The clinic organization requires a composite staff enlisted from various divisions of medical practice, the internist, cardiologist, neurologist, dermatologist, ophthalmologist, obstetrician, urologist with easy access of the surgeon, otologist, radiologist, physiotherapist and other specialists. The teaching clinic should make readily available to the student and physician the composite knowledge and actual experience in treatment procedures. Statistics on effective and ineffective treatment to guide the physician can only be as trustworthy as the standards of clinic organization.

The treatment of syphilis requires that knowledge now possessed by the physician. It embodies a sound working knowledge of the underlying principles of the mechanism of infection and pathology of the disease, the role of acquired immunity, as well as a knowledge of the comparative curative properties of various antiluetic remedies including their pharmacological and toxicological effects. In addition we may add that the factor of mental hygiene must be considered in any program dealing with the venereal patient. The scars of spirit of the patient must be dealt with in a kind and humanitarian manner. It can be done and there is no reason why it should not be done. Cooperation with the patient during treatment and after treatment should be given not by police officers but by persons qualified to understand the environmental, sociological and psychological factors of disease. This comprises the true public health and humanitarian consideration of the problem.

The factor of mental hygiene of the syphilitic patient is

perhaps more important and more neglected than in most types of illness. The majority of intelligent syphilitic patients are subject to mental depression and excessive worry regarding the disease. This is not typical of the pathology of the disease but is due to the reputation of it. The patient often feels that his battle is half lost when it becomes known that he has syphilis. The sanitarian and clinician has been unable to combat effectually this reaction which results from the brutality of public attitude. Surely it is an attribute of intelligence and civilization that the stigmata from all disease be lifted. Disease does not enter the body as an evil spirit nor is it a punishment for its method of contraction. The insane have long ago been freed from Bedlam and cared for as sick patients. The tuberculous patient need not cringe due to disgrace associated with his infection. The syphilitic patient has a disease which may be controlled and cured when it is free from the stigmatic association with its method of contraction.

At present public attitude and government degree acclaims the treatment of the disease once it is contracted. Prophylaxis and preventive medicine which mark the next progressive era of medical practice are still too new to be incorporated in our beginning program. Prophylactic control of syphilis is nearly an impossible approach in civil practice although its effectiveness has been thoroughly demonstrated in the army and navy. The methods of preventing infection have required no investigation above the empirical use of soap and water and a simple ointment. It was perfected even before the etiology of the disease was known. The treatment of syphilis after it is entrenched in the body has occupied the attention of many eminent investigators and years of the application of treatment procedures in clinics and private practice. Millions of dollars from the resources of nations have been spent and are being spent in the treatment of the disease after it is contracted. Little or no attention is given to preventing it except in the army and navy.

The treatment of *early* syphilis is practically a solved problem. Early syphilis may be treated by a standardized routine which is not true for late syphilis. It is fortunate that a standardized routine treatment may be applied to the disease in its most yielding stage. It allows for effective country wide

programs for control of the disease before it has caused irreparable damage to the tissues. The reasons why treatment of early syphilis may be standardized are: (1) It usually occurs in young adults in good physical condition. (2) The distribution of treponemata in the tissues is uniform. (3) Early syphilis adequately treated results in cure before serious complicating damage is done to body tissues. Thus a uniform amount of treatment may be given.

Adequate treatment of early syphilis is remarkably effective. Next to prophylactic treatment which would prevent the disease entirely the treatment of the early stage is most satisfactory. Patients seeking treatment at the first evidence of the initial sore have often been cured even without the blood test becoming positive. Also the required time and amount of treatment for early syphilis is less than for the late stages. The importance of informing the public of these facts is evident in order that they may intelligently assume responsibility for cooperation with the medical profession in solving their own problem.

The treatment of *late* syphilis can not conform to a rule-of-thumb standardized treatment. It is not sufficient to inquire what treatment routine or even what drug may best be applied to late syphilis. Rather it should be asked: Under what conditions of the patient and the disease should each drug of proven worth be used and what dosage is indicated to meet each condition? The goal of treatment in late syphilis is different from that in the early stages. In recently acquired disease the primary purpose is extinction of the parasites. In late syphilis it is rather to arrest the damaging activity of the disease and start the patient on the road to recovery by conservative treatment skillfully graduated to prevent severe reactions. The aim is not to render the blood test negative in record time as it is in early syphilis but gradually to eradicate the infecting organism and allow thereby gradual healing of damaged tissues. Healing of damaged tissues implies scar formation which if rapidly formed may strangle the regeneration of vital cells. Too rigorous treatment of late syphilis may shorten a patient's life either from acute drug reaction or from further damage to already involved tissues from too rapid resolution. The care of late syphilis is that of chronic disease in which

mental and physical hygiene are important factors. Medical, surgical, and dental care of attendant ills is equally essential to treatment of the luetic patient as for any individual requiring medical care. The indication for treatment of attendant ills of the luetic patient, who is even more susceptible to them than the well person, may seem too evident for mention. There is, however, tendency to focus attention on a positive blood test and to neglect and even forbid surgical and other types of treatment which are imminently needed. The treatment of late syphilis requires consultation with the cardiologist, neurologist, or internist just as involvement of vital organs requires consultation in the general practice of medicine for any patient.

No physician or clinic should undertake the treatment of syphilis without careful examination of the patient and a record of the treatment procedures. Slipshod work occurs when the physician examines only the presenting lesion and focuses attention on a positive Wassermann reaction. A public health program which abets inadequate consideration of the clinical picture as a whole would be a violation of public confidence which is earnestly sought at the present time. It is the responsibility of the medical profession and public health agencies that the best judgment and effort is applied for the adequate treatment for all strata of society.

The Dean's Corner

The success of a medical school, as of any school, depends most of all upon the ability and interest of its students and upon the competence of its teachers to arouse, extend, and direct that interest, thereby favoring self-development. The research contributions of an institution also depend in the long run on these same factors, for teachers and investigators in medicine mostly begin their careers as medical students. The problem of finding and developing the right students is therefore paramount.

With the increasing number of applicants for admission to this School, many times the number that can be accepted, it might seem a simple matter to select and accept only those who by natural ability, personal qualities and preliminary training are well qualified to succeed in the study and later in the practice of medicine. On the whole perhaps this is true. Many of our students are splendidly equipped and distinguish themselves in the School and in later professional life. But there is much room for improvement in two respects.

There are not enough of the very best students in this or any other medical school. A larger proportion of the talented youth of this country should be attracted to the profession of medicine and the cultivation of medical science. Many believe that there is no other field of endeavor in which men and women of very exceptional ability can render greater service in this troubled world, nor any field in which such an individual is likely to find greater personal satisfaction in performing that service. It should be the privilege and obligation of every physician to bring this opinion to the attention of every exceptionally gifted boy and girl within the range of his acquaintance. It is the desire of this and every other medical school to receive in larger numbers such gifted students and many schools offer inducements to get them. As explained in the first number of the Quarterly, this School now offers each year, on a competitive basis, a number of scholarships with stipends varying from \$300 to \$1,000. With this aid a few really gifted and well trained students may prepare themselves for medicine even though they lack financial re-

sources. As in the first number of the Quarterly, I appeal again to every alumnus to aid us in discovering students worthy of these Jackson Johnson Scholarships in Medicine. The number of applicants is already great and only those of definitely outstanding ability should be encouraged to apply for them.

The other difficulty encountered in our selection of students is at the other end of the scale. In spite of careful scrutiny of scholastic records, the opinions of their teachers and advisors as to personal qualities, inquiry about their physical condition, their emotional stability and economic status, too many of our students have difficulty of scholastic or some other kind during their first or later years in the Medical School. The consequence of this difficulty, always serious for the student, is also of much concern to the School and to its officers who must judge and decide the action to be taken in individual cases. Because of the fact that a student who is dropped for any reason is now rarely if ever able to gain admission to another medical school, there is an inclination on the part of many teachers to be more lenient than formerly in grading border-line students in their courses. Some very mediocre students are thus carried on to the upper classes only to discover they should have been discouraged earlier. I suspect that a few may even have been graduated out of sympathy, who according to the standards of the School failed to earn their degrees. Also I have little doubt that occasionally men and women are graduated who although their scholastic records are clear, are temperamentally unsuited for medicine. Better methods must be found to avoid these mistakes. By an earlier discovery of their trouble and by more personal aid and advice, some able students may be saved and a few undetected misfits may be turned into other lines of work.

Several steps are being taken with the hope of improving this situation. First, greater care is being exercised in accepting students for admission to the School. This will be more effective if all those who advise us about the qualities of individual students will be as objective and frank as possible in forming and expressing their opinions about native ability as demonstrated by performance, about attitude and application, and about those personal qualities which are

essential in every physician. Too often it is not possible to accept recommendations on their face value.

Second, a plan is now in operation as a result of which every student is offered closer personal attention from one of his active teachers in the capacity of his Faculty Advisor, a different one during each year of the School. This is intended to insure a sympathetic understanding of the student as a person, and to provide not only aid in meeting his conscious pressing problems but a means of his better utilizing the facilities of the School for his development. The Committee of Student Advisors for each class meets at intervals for the discussion of common problems. While this plan is still in the experimental stage, enough has already been accomplished to show that it will be the means of much improvement in the personal aspects of student development.

Another important undertaking which will be of interest to alumni and students alike is the provision for the placement of senior students in internships. The plan was inaugurated last year by Dr. Nathan Womack and is being continued during the present year by Dr. Franklin E. Walton, Faculty Advisors on Internships. Dr. Womack and Dr. Walton have admirably developed a plan which fills a long felt need, one which so far as we know is not in operation in any other medical school. It is hoped that they will later describe the plan in some detail in order that it may become generally adopted. Briefly it is about as follows.

Instead of leaving medical students in their senior year to obtain as best they can hospital appointments, each senior is now interviewed early in the year to learn his inclination and preferences. After reviewing his qualifications and record the Faculty Advisor, who is rather fully informed about the opportunities offered by the better hospitals throughout the country, suggests the hospital to which the student had best apply. By correspondence with the hospital authorities the Faculty Advisor gives full information concerning the applicant and negotiates his appointment. By correspondence both with the hospitals and with our former students serving appointments in them, very valuable information is accumulated on which advice to future students about their selection of hospital services will be based. The Medical School is thus

assuming a measure of responsibility for intelligent placement of its graduates for their hospital training.

The plan is highly appreciated by both the students and by the hospitals to which they are sent. The teachers of the Medical School are relieved of a large burden of correspondence, while both students and hospitals are more systematically and intelligently served. It will considerably add to the efficiency of this important plan if all recent graduates will keep the office of the Medical School or the Faculty Advisor on Internships fully informed of their hospital appointments and of the educational and other opportunities afforded them during their internships.

It is the desire of the Medical School to maintain a close contact with every alumnus and to aid him in his development in every possible way. We invite each graduate to suggest not only ways in which the School may do this for him, but also ideas growing out of his own experience for improving the training and development of students now in the School.

Philip A. Shaffer.

News of the School

Dr. C. M. Charles addressed the Pre-Medical Society of the State Normal School of Carbondale, Illinois on December 8, 1937. His subject was "The Relation of Anatomy to Medicine."

Dr. E. V. Cowdry attended the meeting of the American Academy of Tropical Sciences at New Orleans. While in Louisiana he visited the Leprosarium at Carville. Later he attended the Trustees Meeting of the Josiah Macy, Jr. Foundation and reported on the project of "Ageing" which is to be the subject of a volume which Dr. Cowdry is editing.

Dr. J. O'Leary and Dr. G. H. Bishop, before the Missouri Branch, Society for Experimental Biology and Medicine, November 10, 1937: "Limits of the optically excitable cortex in the rabbit."

Dr. Donald M. Packer has arrived to take the post of Research Associate in Cytology. While here he will work under the direction of Dr. Gordon H. Scott under a grant from the Rockefeller Foundation for the study of chemistry and physics of the cell.

Demonstrations of the anatomy of the limbs were offered by Dr. Terry and staff, Friday afternoons, October 1 to January 14, in the dissecting room as announced in the Alumni Bulletin. Demonstrations will be continued for the rest of the year; alumni are invited to attend them.

Dr. David Barr during the past year was President of the Central Society for Clinical Research, an organization now ten years old which is exerting a significant influence upon the investigative activity of the younger men in the Middle West.

Dr. Peter Heinbecker (with Dr. T. E. Weischselbaum) was on the program of the Missouri Branch, Society for Experimental Medicine, Nov. 10. Title: "Blood sugar response to intraperitoneal epinephrine injections in normal and hypophysectomized dogs."

Dr. Evarts Graham is chairman of the American Board of Surgery, and Dr. David Barr is a member of the American Board of Internal Medicine, the new Certifying Boards of Surgery and Internal Medicine.

Dr. T. P. Brookes attended the meeting of the Mississippi Valley Medical Society, Quincy, Illinois, on September 29-October 1. He presented a clinical demonstration, motion pictures, on "First aid and transportation in fractures and dislocations of the cervical spine."

Dr. F. H. Ewerhardt attended the meeting of the American Congress of Physical Therapy, Cincinnati, September, 1937 and presented a paper, "The spastic child," published in the December issue of the Archives of Physical Therapy. Dr. Ewerhardt was delegate to the Missouri Valley Conference meeting of faculty representatives during December, 1937. Present at the National Collegiate Athletic Association meeting, New Orleans, December 29-30.

The Annual Belfield Memorial lecture was delivered before the Chicago Urological Society on October 21, 1937 by Dr. D. K. Rose. His subject was "Neurologic anatomy and physiology of the bladder and its clinical application in urology."

On November 23, 1937, the portrait of the late W. McKim Marriott, which now hangs in the entrance corridor of the St. Louis Children's Hospital, was unveiled and a bronze tablet dedicated to his memory by Mrs. Robert McKittrick Jones as Chairman of the Board of Managers of the St. Louis Chil-

dren's Hospital. The portrait was made possible by contributions to the Marriott Memorial Fund for Research in Pediatrics, while the tablet was a gift of the Board of Managers of the St. Louis Children's Hospital. In addition to Mrs. Jones, Drs. Clopton, Shaffer, and Hartmann spoke briefly at the unveiling ceremony.

Dr. Alexis F. Hartmann, covering medical treatment, shared in the Panel Discussion on "Septic Thrombophlebitis of the Sigmoid Sinus," which was conducted by Dr. L. W. Dean at the recent meeting of the American Academy of Ophthalmology and Otolaryngology in Chicago.

Dr. Jack Basman, Resident Physician to the St. Louis Children's Hospital, sailed for London, England, December 24 to begin his six months' appointment as Exchange Resident to the Princess Elizabeth of York Hospital. Dr. Leitch, the English exchange, will arrive at the St. Louis Children's Hospital on March 1, 1938.

The Houdaille-Hershey Corporation has manufactured, loaned to and installed in the basement of the Oscar Johnson Institute and McMillan Hospital an air-conditioning apparatus. This apparatus is now in use for the study of the effects of various combinations of humidity and temperature of the air on acute nasal sinusitis in animals. The apparatus is very accurate. It controls both the temperature and the humidity of the air with less than one percent error.

The department of otolaryngology will conduct this year an investigation of the influence of tobacco smoke upon the upper respiratory tract. This investigation is financed by the Philip Morris Company. The money has been given with the thought that an unbiased opinion would be given regarding many things which are at this time debatable. The observations will be made on animals and upon the human subject. One of the most difficult things in connection with this investigation is the development of a smoke machine which could be used for the study of the influence of smoke on animals and another machine for the study of the influence of smoke on the human being. These two machines have been installed and are now in operation. Arrangements have been made so that all kinds of tobacco mixtures will be prepared under the supervision of a member of the research staff of the department.

Dr. Charles Ludvey Davis died July 28, 1937, at Altadena, California, of myocarditis. Dr. Davis graduated M.D. from St. Louis University in 1908. Interned at Frisco Hospital from 1908 to 1909. Assistant Physician to Out-patients from 1919-23 at the Washington University Dispensary. Surgeon to Out-patients from 1923 on ——. Assistant Otolaryngologist at the Barnes and St. Louis Children's Hospitals 1924——. Promoted to Instructor in Clinical Otolaryngology, July 1, 1925. 1930-34 on leave of absence because of ill health.

The Department of Ophthalmology has offered for the past five years a two-year internship including six months of assistant residency and six months of residency. Approximately 350 hours of didactic teaching and laboratory study have been included. This internship has been preceded by a one-year medical, surgical or rotating internship. This preparation has been regarded as a very satisfactory one as an introduction to the practice of ophthalmology and is perhaps as good a preparation as need be given. Unfortunately there are insufficient internships of this type in our country to satisfy the demand. Hence other and admittedly less adequate methods of training must be given.

Among these the eight-months' course has received the greatest attention. The eight-months period has been chosen because it coincided with the academic year. It is not anticipated that this course will be selected by the recent graduate who, because of high standing in a class A medical school, will be eligible for specialty internships. It is rather expected that the medical practitioner of 35 to 40 years of age, who has decided to confine his practice to ophthalmology or more frequently ophthalmology and otolaryngology and who has put aside sufficient funds to finance this period of study, will constitute the bulk of the applicants. Admittedly any attempt to train a specialist in eight months is going to fall far short of the ideal but it is hoped that the training will serve to give good groundwork and stimulate those taking such a course to further study.

This year for the first time the Department of Ophthalmology in Washington University has offered an eight-months' course to a limited number of students. The enrollment was filled merely by answering the letters of those who wrote in-

quiring as to what graduate training was offered by the department. Undoubtedly a very large number would seek this course if there were any possibility of their being enrolled. Unfortunately in the nature of the specialty much of the teaching is clinical. Therefore, if it is desired to give more than a purely didactic course, there is an early limit to the number who can be trained, and to give an eight-months' course without frequent and intimate contacts between the students and patients seems futile.

The course as now being conducted contains approximately 580 hours of instruction and 1100 hours of clinical work. Instruction is given by 28 teachers, mostly members of the ophthalmological staff, but a few from other departments of the University. McMillan Hospital and the City Hospital clinics are utilized as well as the wards of Barnes Hospital and the City Hospital. Approximately 300 hours are devoted to what might properly be termed basic training.

Half of the group has planned to remain four months after the course to round out a year of training. It is too early to evaluate this type of course. A few years' trial will indicate whether it is worthwhile.

Names of the following faculty members and titles of papers, appeared in the Preliminary Program of the Southern Medical Association for the meeting in New Orleans, November 30-December 3: Dr. Arthur M. Alden, "The external operation on the maxillary sinus"; Dr. A. Norman Arneson, "Early results in cervix carcinoma from single and divided doses of roentgen radiation"; Dr. Jean V. Cooke, "Combined active immunization for diphtheria and tetanus: A plea for its routine use"; Dr. French K. Hansel, "Diagnosis of nasal allergy and its relation to other manifestations"; Dr. Julius Jensen, "Kyphoscoliotic heart disease and pregnancy"; Dr. Roland M. Klemme, "Treatment of athetosis"; Dr. Cyril MacBryde, "The treatment of hypoparathyroidism with dihydrotachysterol"; Dr. Meyer Wiener, "Ophthalmic surgery."

The following members of the Faculty contributed to the program of the International Medical Assembly of the Interstate Post Graduate Medical Association of North America, meeting in St. Louis, October 18-22, 1937: Dean Philip A. Shaffer, "Address of Welcome"; Dr. David P. Barr, "Various

types of edema and their treatment"; Dr. John R. Caulk, "The treatment of urinary infections in infants and children"; Dr. Evarts A. Graham, "Chest surgery"; Dr. French K. Hansel, "Allergy as related to the otolaryngologist"; Dr. Otto H. Schwarz, "Parental care."

NOTICES RECEIVED OF RECENT PUBLICATIONS

Anatomy

- Cowdry, E. V. "Handicaps in the teaching of histology. *South. Med. J.*, 30: 930-933, 1937. "Inapparent virus diseases." *Scientific Monthly*, 45: 266-275, 1937. "Cytological Methods" (chapter). *McClung's Handbook of Microscopical Technique*, Hoeber, N. Y., 1937.
- McMillen, J. Howard and Gordon H. Scott. "A magnetic electron microscope of simple design," *Rev. of R. S. I.*, 8: 288-290, 1937.
- Scott, Gordon H. "Microincineration (chapter). *McClung's Handbook of Microscopical Technique*, Hoeber, N. Y., 1937.
- Terry, R. J. Review: *De medicina* (Celsus), *Classic, J.*, 33: 232-234, 1938.

Pediatrics

- Basman, Jack (with A. M. Perley). "Report of patients treated with sulfanilamide at the St. Louis Children's Hospital," *J. Pediat.*, 2:212-237, 1937.
- Bleyer, Adrien. "Theoretical and clinical aspects of Mongolism." *J. Mo. State Med. Assn.*, 222-227, 1937.
- Cooke, Jean V. Chapter on "Leukemia" in vol. III, Brennemann's "Practice of Pediatrics," 4 vols., Hagerstown, Md., W. F. Prior Co., Inc., 1937. Chapter on "Erysipelas and Allied Dermatitis," Vol. II, *ibid.* Chapter on "The ammoniacal diaper, ammonia dermatitis and ulceration of the external urinary meatus," IV, *ibid.* "Scarlet fever," *Ann. Int. Med.* 11: 484-491, 1937.
- Hartmann, Alexis F. Chapter on "Parenteral administration of fluids," I, Brennemann's "Practice of Pediatrics," 4 vols., Hagerstown, Md., W. F. Prior Co., Inc. 1937.
- Chapter on "Acidosis, alkalosis and ketosis," I, *ibid.*
- (with A. J. Cone) "Phlebitis of the lateral (sigmoid) sinus in infants and children," *So. Med. J.*, 30: 487-496, 1937.
- (with J. C. Jaudon) "Hypoglycemia," *J. Pediat.* 2: 1-36, 1937. "The prevention and treatment of severe disturbances in water and electrolyte balance." *J. Iowa State Med. Soc.*, Sept., 1937.
- Veeder, Borden S. "Relationship of hospital residency to graduate education in pediatrics." *Hospitals*, 11: 41-55, 1937.
- Wilkes-Weiss, Dorothy. "A comparison of meningeal and other strains of *H. influenzae*." *J. Infec. Dis.*, 60: 213-222, 1937.
- Zentay, Jaul J. "Motor disorders of the central nervous system and the significance for speech, cerebral and cerebellar dysarthrias." *Laryngoscope*, 347: 147-156, 1937.

FELLOWSHIP FOR WOMEN GRADUATES

A friend, who desires to remain anonymous, has given the sum of two thousand dollars to the Medical School as a "Memorial Fellowship Fund," to provide a stipend of about \$500 for award each year to a deserving woman graduate (or student of the fourth year class) to enable her to continue special professional training after graduation, other than hospital internships. If not awarded to a woman, the fellowship may be awarded to a man for special post-graduate study or may be held until suitable women candidates appear. Work under the fellowship may be done in the laboratories or hospitals of this School or elsewhere. The committee in charge of the award is composed of Dr. David P. Barr, Chairman, Dr. Nathan Womack, and Dr. Margaret Smith. Enquiries or applications may be made to any of these persons or to the Dean.

SCHOOL OF NURSING

Of the thirty-six new students admitted to the School in September, 15 are from Missouri, including 5 St. Louis girls; 8 from Illinois; 5 from Indiana; and one each from Iowa, Nebraska, Kansas, Oklahoma, Arizona, Texas, Ohio and Japan. Nine of the girls have had two years in college and are taking the course leading to the B.S. degree in Nursing. Two students are college graduates with A.B. degrees. One member of the class has had three years in college and seven have had one year in college.

Mrs. Bertha Yenicek, who had been instructor in Nursing Arts since September, 1938, resigned from the Faculty in June. This winter she is attending Teachers College, Columbia University, New York.

Miss Margaret Pinkerton was appointed to the Faculty, August 24th, as Instructor in Nursing Arts. She has her diploma in Nursing from the University of Virginia Hospital Schools; B.S. in Nursing, Teachers College, Columbia University, New York.

Mrs. Mary Peterson Hampton has been appointed Medical Supervisor in Barnes Hospital and Instructor in Nursing. Formerly, Mrs. Hampton was Head Nurse on Men's Medical Ward.

Miss Marie Warncke, Assistant in Nursing and Supervisor of Private Pavilion in Barnes Hospital, resigned October 13 to take a government position in the Canal Zone.

Mrs. Clarissa Emert Walker was appointed Assistant in Nursing and Assistant Night Supervisor in Barnes Hospital, October 13.

The Medical Library

Dr. Lawrence K. Gundrum, of Los Angeles, was the first to respond to the request for reprints. Others contributing are Dr. Julian Y. Malone, of Milwaukee, Wisconsin, Dr. D. L. Bishop, of Flint, Michigan, and Dr. Walter R. Hewitt, of St. Louis.

Dr. M. B. Clopton has recently given the Library a copy of the New York Academy and University of Munich imprint of Vesalius, 1934. Some of the original wood blocks were used in making this edition. It is a beautiful and valuable addition to our collection.

Dr. Leo Loeb, Professor of Pathology, Emeritus, has made an additional gift of books, journals and reprints.

The series of catalogues of the St. Louis Medical College and the Missouri Medical College, at present in the Registrar's Office, is incomplete. These catalogues are the source of information concerning the personnel of the faculties and the names of students and graduates that is not only authentic, but is almost the only source to which one can turn for such information. The series from 1890 to date is complete. Contributions of copies of catalogues of the two old schools prior to 1890, or information as to where copies may be obtained, would be most welcome.

Alumni Association of the Washington University School of Medicine

LETTER TO THE ALUMNI

An active alumni association of any school serves not only to bind together men of similar pursuits, but also to help the school. In return a school should give enthusiastic support to its alumni organization.

During the recent times of stress, the graduates of a school, especially of a school of medicine, did exactly as other groups. They looked for someone or something to blame and often singled out their Alma Mater. This happened with Washington University School of Medicine. Many false and warped ideas prevailed. But this School took the bad with the good, and from times of misunderstanding we are certainly embarking upon a new era of mutual aid.

Your School has so cooperated with its alumni in the past few years that we are witnessing things never dreamed of before. The School has initiated the publishing of the Medical Alumni Quarterly, which, after one issue, seems certain of continuous growth. Clinic abuse has, so far as is humanly possible, been eliminated. And further, every alumnus is assured consideration of his complaints and suggestions if he will bring them before the Liaison Board. Of definite aid to the alumnus are the weekly programs listing the current activities at the School of Medicine, which are sent out by the School to all who request them. Many other facts could be numerated to show that the cooperation between local men and the School is ever increasing.

That these are real bits of progress and that they are appreciated by the Alumni of the Washington University School of Medicine is attested to by the growth of the Alumni Association. In 1933 there were only 182 alumni on the active roll of the organization. In 1934 there were 190; in 1935, 228, in 1936, 240, and in 1937, 360—the highest since the organization began.

This growth of the Alumni Association is, we believe, due to the genuine interest of the local alumni. There are more than 2,000 other alumni living all over the world whom we

would like to reach and draw into closer contact with their School. What can we do to help arouse your interest? May we hear from you?

William G. Becke, Secretary-Treasurer.

ALUMNI ROOM

The possibility of holding a special clinical program for the Alumni at the School of Medicine is under consideration. If, as we hope, the decision to hold clinics is reached, the appropriate time for them would seem to be in the period of the Alumni Banquet preceding Commencement, which will be on June 7. In the meantime suggestions of subjects that would be of special interest in a clinical program will be welcomed.

CLASSES PLANNING REUNIONS. The classes of '33, '28, '23, '18, '13, '08, '03, '98, '93, and any others, are invited to make use of the Alumni Room files. The medical alumni are catalogued alphabetically, geographically and now by classes. A list of one's class members and their addresses will be sent to any alumnus requesting it. Write to Miss Nancy Blair, Alumni Room, Barnes Hospital, St. Louis.

LOCATIONS FOR RECENT GRADUATES. If you know of any openings for recent graduates of the School of Medicine, will you kindly write to the Alumni Room giving full details? Younger men looking for such openings are urged to communicate with the Alumni Room.

DOES ANYONE KNOW THE ADDRESS OF:

Barenda K. Palit, '18	W. P. Shelton, '29
E. W. Blatter, '24	Betty U. Harris Simon, '30
George S. Wilson, '27	George E. Zukovich, '33
Robert H. Riedel, '28	David Friedman, '34
Aaron N. Webb, '28	Gordon E. Stone, '34
Ralph E. Dalton, '29	Paul Dunlap Fleming, '36
Neal J. Phillips, '29	

**TWENTY-FOURTH ANNUAL GET-TOGETHER DINNER
OF THE CLASS OF 1913**

L. R. SANTE, Secretary

The twenty-fourth annual get-together dinner of the 1913 class of Washington University Medical School was held June 26, 1937, at Larimore's country home, located in St. Louis County, seven miles west of Chesterfield on Wild Horse Creek Road.

High up on the bluff, overlooking the Missouri River Valley, he has developed a homesite which is truly beautiful. As one approaches along a winding road through the trees, the house and grounds are suddenly revealed. The house is constructed of huge timbers; it has two stories and contains many rooms. Rathskeller, guest rooms, recreation, dining room and kitchen are on the first floor; while the upper floor is utilized for numerous bed rooms. Each room is equipped with a fireplace for heating so that the place may be used in winter as well as summer. An outside balcony connecting the upper floor rooms extending out under the trees provides a pleasant cool access to the open air in the summer.

In the rathskeller Larimore has constructed an old style dutch oven in which baking and roasting of any proportion can be carried on. The entire house is lighted throughout by electric lights; on the inside antique fixtures are utilized; on the outside the electric lights are concealed, giving a beautiful lighting effect at night.

The grounds are equally beautiful. A wide expanse of lawn stretches out before the house, under the shade of countless large old trees. An outside fireplace, fully twenty feet high, with dutch oven and all necessary equipment for serving great numbers of guests, provides a very pleasing prospect. We should know because we were served with a delicious meal cooked in this outside oven. An efficient corps of colored boys (one of whom bore the name of Roosevelt), cooked and served the food.

The meeting was a most pleasant diversion from our usual hotel celebrations and was thoroughly enjoyed by all. The class as a whole deeply appreciates Larimore's kind hospitality.

Plans for the twenty-fifth annual celebration were discussed and a tentative arrangement agreed upon. It was decided that this be made the occasion of a two day celebration, extending over Saturday and Sunday in the first part of October, 1938; Saturday morning to be devoted to golf and other recreational activities; Saturday afternoon to be devoted to a Washington University football game, the entire class to attend in a body; Saturday evening to be given over to the banquet to be held at the Coronado Hotel. On Sunday, the ladies will be in charge of the entertainment. In the morning there will be a visit to the Medical School and Hospitals; Sunday afternoon and evening will be devoted to a progressive luncheon to be held at the houses of various members of the class, who reside in St. Louis, the celebration ending up at some place in St. Louis County.

All members of the class make plans now to attend—bring your wife. Early part of October, 1938, definite date will be announced later.

Alumni News

Dr. William Vincent Guttery, St. L., '81, Middletown, Illinois, is continuing in the active practice of medicine begun following his graduation.

Dr. Amand Ravold, St. L., '81, St. Louis, recalls organizing a class in Bacteriology under Professor William Trelease in the Shaw School of Botany, 1886, and his Instructorship in Bacteriology in the St. Louis Medical College, 1887; Professor, 1894. Dr. Ravold was City Bacteriologist, 1894 to 1903. U. S. Army Medical Corps, World War.

Orin Eastland, M.D., Mo., '82, 725 Austen Pl., Shreveport, Louisiana. After practicing general medicine in Texas a few years located in San Francisco, engaged in the drug business after completing a course in Pharmacy. Later entered the United States Merchant Marine Service as Ship's Surgeon. Recently passed his 80th birthday.

Dr. Silvanus B. Kirkpatrick, Mo. '83. Practiced in Waco, Texas until 1909; has been secretary for three county medical societies. Now at 85 years of age, although practically retired, holds position of City Health Officer in Thrall, Texas.

Dr. James Wesley Ritchey, Mo. '91. 2509 E. 11th St., Kansas City, Missouri, served 17 months in France during World War. Special medical service for American Red Cross among flood refugees, 1937, assigned to camp of 32,000 at Wynne, Arkansas. Honorable mention, 1935 Anthology of American Verse (Paebur, N. Y., p. 191).

Dr. J. N. English, Mo. '93. Gillespie, Illinois, closed his office June 1st, 1937 after 44 years of active medical practice.

Dr. Horace E. Ruff, Mo. '94. 723½ E. 13th St., Little Rock, Arkansas. Lt. Col. Medical Reserve Corps, U. S. Army, Surgeon, 7th Infantry, 3rd Division, World War; received medals of Silver Star and Purple Heart and special citation by Gen. Pershing. Has served as Representative in General Assembly and as State Senator in Arkansas.

Dr. J. M. Brooks, St. L., '95, is enjoying a good general practice and plenty of hard work at Golden City, Missouri. Inquires about his classmates, N. J. Hawley, H. C. Liggett, P. J. Heuer, Filley, J. Pfeffer, et al.—with Blair ahead of him and Baumgarten following.

Dr. Henry G. Horstmann, Mo., '95, Murphysboro, Illinois, has become Grand Master of Royal and Select Masters of the State of Illinois. Appointed member of a State Committee of ten on Maternal and Infant Welfare. This committee is under the supervision of the Illinois State Medical Society.

Dr. Sandor Horwitz, Mo., '95, Peoria, Illinois, was tendered a large reception by his daughter, Mrs. Goldstein, in honor of his seventieth birthday, August 11, 1937, and had dedicated to him a poem by C. G. Farnum, M.D., printed in the Peoria Medical News, September last.

Dr. R. B. H. Gradwohl, St. L., '98, 3514 Lucas Ave., St. Louis, was recently selected for promotion to rank of Commander, Medical Corps, Fleet, U. S. Naval Reserve. Senior Medical Officer 7th Battalion, U. S. Naval Reserve in St. Louis.

Dr. Theophil J. Holke, St. L. '99, 30 W. Stephenson St., Freeport, Illinois. Chief of staff, Chairman of

Section of Medicine and Supervisor of Laboratories, Evangelical Deaconess Hospital, Freeport, Ill.

Dr. Adrien Bleyer, Mo., '99, 819 University Club Bldg., St. Louis, addressed the American Association on Mental Deficiency: "The relation of advancing maternal age to Mongolism; a study of 2,822 cases"; Atlantic City, May 6, 1937, by invitation.

Dr. R. E. Holben, '01, Soldiers and Sailors Home, Quincy, Illinois, has been engaged in state work for past ten years, in Alton State Hospital and Lincoln State School and Colony. In the latter place as Assistant Superintendent for past five years. Recently Senior Physician of the Soldiers and Sailors Home.

Dr. Philip W. Flagge, '02, High Point, North Carolina, is a member of the staff of the Burrus Memorial Hospital, Internal Medicine and Radiology; Fellow of the American College of Physicians; President of the Guilford County Medical Society.

Dr. Albert Hooss, '05, 3115 S. Grand, St. Louis, Institute of Ophthalmology of St. Louis University School of Medicine; American Academy of O. O. L. R.; Certified American Board of Ophthalmic Examiners.

Dr. H. B. Kniseley, '06, Norman, Oklahoma, County Superintendent of Public Health, 1930-34; President Cleveland County Medical Society, 1934.

Dr. Cleve C. Nash, '07, 1526 Medical Arts Building, Dallas, Texas, is Neuro-Surgeon in the Parkland, Methodist, Bradford and St. Paul Hospitals. Read before Texas Surgical Society, Waco, April 6, 1937: "Surgical treatment of hypertension"; published: "Management of

head injuries." *Southwest. Med.*, 20: 411-415, 1936.

Dr. Ellis Fischel, '08, is the Chairman of the newly created Cancer Commission for the State of Missouri. The Cancer Commission will have the duty of erecting and operating a State Cancer Hospital and also the establishing of tumor clinics in various centers of the State. Chairman, Committee on Cancer, Missouri State Medical Association; member, Board of Directors, American Society for Control of Cancer; chairman for State of Missouri, American Society for Control of Cancer.

Dr. Oscar J. Raeder, '08, 270 Commonwealth Avenue, Boston, served as Assistant Superintendent St. Louis Asylum; in the Boston Psychopathic Hospital, 1917-20, was Assistant Pathologist, Massachusetts Department of Mental Diseases; studied Neurology and Psychiatry in Paris, 1920-22; since 1928 chief of Out Patient Department, Boston Psychopathic Hospital. Instructor in Psychiatry, Harvard University since 1924; President, Massachusetts Psychiatric Society, 1936-37; corresponding member of Paris Neurological Society.

Dr. P. W. Lutterloh, '10, Jonesboro, Arkansas, is Division Surgeon for St. Louis San Francisco Railroad and St. Louis Southwestern Railroad; member St. Bernard's Hospital, Jonesboro, Arkansas, Fellow of American College of Surgeons; President, Craighead-Poinsett Medical Society.

Dr. J. C. Drake, '11, Kerman (Fresno Co.) California, has published an article on "Arachnidism—Black Widow Spider." *Clin. Med. and Surg.*, July, 1937.

Dr. James Lewald, '11, is Superintendent and Chief Medical Officer of the District Training School at Laurel, Maryland.

Dr. Harry T. Evans, '12, Branson, Missouri, was physician at Missouri State Sanatorium, Mt. Vernon, Missouri, 1917-21. Has since been in general practice at Hollister and Branson.

Dr. Joseph Madison Greer, '12, 15 E. Monroe, Phoenix, Arizona, is Consulting Orthopedic Surgeon to the Presbyterian Mission Hospital at Ganado, Arizona—Navajo Indian Reservation.

Dr. H. S. Langsdorf, '15, 3115 South Grand, St. Louis. Member of the staffs of the De Paul, Lutheran, St. Anthony and St. Louis City Hospitals.

Dr. John W. Williams, '20, is an Assistant Professor in the Department of Biology and Public Health, Massachusetts Institute of Technology.

Dr. Arthur E. Mahle, '18, 55 E. Washington St., Chicago, is Assistant Professor of Medicine, Northwestern University Medical School. Published: "The Medical Management of an Amebiasis," *Illinois M. J.*, 71: 33-41, 1937.

Dr. Lawrence K. Gundrum, '19, 1930 Wilshire Blvd., Los Angeles, is on the staff of Ear, Nose, and Throat, Los Angeles General Hospital; Medical Director of Los Angeles Parent Teacher's Association; Head of the Ear, Nose, and Throat Department of California Babies Hospital, and Santa Rita Clinic.

Dr. Edward H. Hashinger, '19, 1500 Professional Building, Kansas City, Missouri, has been recently promoted Clinical Professor of Medicine, University of Kansas; elected to Sigma Xi (University of Kansas).

Dr. A. M. Lohrentz, '20, P. O. Box 493, McPherson, Kansas, Secretary-Treasurer of the McPherson County Medical Society since 1930; is corner of McPherson County for his second term.

Dr. Herman M. Meyer, '20, 603 Metropolitan Building, St. Louis, is Associate Roentgenologist, Jewish Hospital.

"Text Book of General Surgery" is the title of a new work by Dr. Warren H. Cole, '20, and Dr. Robert Elman, with a Foreword by Dr. Evarts A. Graham. Published by D. Appleton-Century Company, New York, 1031 pages, 950 illustrations.

Dr. Alton Ochsner, '20, 1430 Tulane Ave., New Orleans, is Professor and Head of the Department of Surgery, Tulane University of Louisiana; Senior Visiting Surgeon and Director, Tulane Surgical Unit, Charity Hospital; Visiting Surgeon and Director, Tulane Surgical Service, Touro Infirmiry; Consulting Surgeon, Illinois Central Hospital; Consultant in Thoracic Surgery at the Eye, Ear, Nose, and Throat Hospital; Co-Editor of Surgery; Secretary, Southern Surgical Association; Regent, American College of Surgeons. Published recently: "Mechanical decompression of the small intestine in the treatment of ileus, III. Clinical observations with the report of cases." *J. A. M. A.*, 108: 260-266, 1937; "Physiologic considerations of ileus." *Am. J. Roentgenol.*, 37: 433-445, 1937; "Surgical complications of amebiasis." *Surgery*, 1: 633, 1937.

Dr. Julian Y. Malone, '21, Milwaukee, Wisconsin, has published: "Method of measuring skin for skin flaps," *Ann. Surg.*, 105: 303-304, 1937; "Acute and subacute upper

respiratory infections," *Wisconsin M. J.*, 36: 548-550, 1937.

Dr. William A. Michael, '21, 800 Alliance Life Building, Peoria, Illinois, is Attending Obstetrician and Gynecologist, St. Francis Hospital; Diplomate of American Board of Obstetrics and Gynecology.

Dr. William J. Dieckmann, '22, 5848 Drexel Avenue, Chicago, is Associate Professor of Obstetrics and Gynecology, University of Chicago; member of the staffs of the Chicago Lying-in Hospital and Albert Merritt Billings Hospital, Chicago; Associate Editor of the *American Journal of Obstetrics and Gynecology*.

Dr. Irwin H. Eskeles, '22, 2301 S. Kingshighway, St. Louis, is Assistant in Clinical Dermatology and a member of the staff of Barnes Hospital and of the Barnard Skin and Cancer Hospital.

Dr. Rogers Deakin, '22, 535 University Club Building, St. Louis, is instructor in Genito-Urinary Surgery, Washington University; Assistant Surgeon to Barnes Hospital; Chief of Genito-Urinary Section, Washington University Clinics. Recently appointed one of the five Special Consultants to the United States Public Health Service to form a Committee for Gonorrhoea Research. Recent publications: "The Corbus-Ferry gonococcus bouillon filtrate; a clinical study." *J. A. M. A.*, 107: 954-956, 1936; "Standardization in the treatment of gonorrhoea in the male." *J. M. A.* 34: 149-153, 1937.

Dr. William L. Bradford, '23, Strong Memorial Hospital, Rochester, New York, is Associate Professor of Pediatrics, University of Rochester School of Medicine. Investigative work has been chiefly

in the field of vitamin deficiencies and infectious diseases.

Dr. Elmer O. Breckenridge, '23, 2610 Sutton Avenue, Maplewood, Missouri. President of the St. Louis County Medical Society, 1937. Associate Surgical Staff, Deaconess Hospital; Active Gynecological and Obstetrical Staff, St. Louis County Hospital.

Dr. Thomas J. Dredge, '23, is Resident Physician (Psychiatry) New Jersey State Hospital, Grey-stone Park, New Jersey.

Dr. T. K. Brown, '24, 630 S. Kingshighway, St. Louis, is Assistant Professor of Clinical Obstetrics and Gynecology, Washington University School of Medicine; Chief of Unit I Obstetrical and Gynecological Service at City Hospital. Still hunting for anaerobes!

Dr. H. V. Gibson, '24, Court House Annex, Eau Claire, Wisconsin, is full time County Health Director, Eau Claire County.

Dr. M. Lester Levy, '24, 1930 Wilshire Blvd., Los Angeles, is a member of the medical staff, Good Hope Clinic, and on the visiting staff of the Cedars of Lebanon Hospital.

Dr. R. J. Crossen, '25, 65 Fair Oaks, City of Ladue, Missouri, Assistant Professor of Clinical Obstetrics and Gynecology, Washington University. Co-author with H. S. Crossen: "Operative Gynecology," Mosby, 1937 revision; "Synopsis Gynecology," Mosby, 1937 revision.

Dr. George L. Drennan, '25, 205 Ayer's Bank Bldg., Jacksonville, Illinois, was elected June 4, 1937 Fellow of the American Academy of Pediatrics.

Dr. Leroy E. Ellison, '25, 308 Turner St., Warren, Arkansas, is physician and surgeon for the Brad-

ley Lumber Company of Arkansas, Warren, Arkansas.

Dr. George Summers Johnson, '25, Vanderbilt Hospital, Nashville, Tennessee, is Associate Professor of Surgery, Vanderbilt University School of Medicine; Visiting Surgeon, and Chief of Clinic, Out-Patient Department, Vanderbilt University Hospital.

Dr. H. M. Chandler, '26, Waipahu, Oahu, Hawaii, is in general practice on a sugar plantation.

Dr. Karl D. Dietrich, '26, 410 Guitard Building, Columbia, Missouri, is Assistant Professor of Surgery in the University of Missouri Medical School.

Dr. John A. Hartwig, '26, 2743 N. Grand, St. Louis, is in the general practice of medicine; his chief interest, pediatrics; is on the staff of the Deaconess and Christian Hospitals.

Dr. Arthur C. Fortney, '27, 114 Roberts, Fargo, North Dakota, Assistant in Medicine at the University of Minnesota, 1929-31; at present Internist, Medical Surgical Clinic, Fargo; Associate Member, American College of Physicians.

Dr. J. N. Goodman, '27, 1949 Forest St., Wauwatosa, Wisconsin, has been recently appointed to the staff of the Veterans Hospital, Milwaukee.

Dr. Paul H. Guttman, '27, 605 Medico-Dental Building, Sacramento. Ph.D. in Pathology, 1930, University of Minnesota; Assistant Professor of Pathology, University of Colorado School of Medicine, 1932-33; Pathologist to Sutter Hospital, 1934 to present time. Published, 1936: "Nuclear-Nucleolar volume ratio in cancer." *Am. J. Cancer*, 25: 802-806.

Dr. C. L. Hudiburg, '28, 3601

Washington, Wilmington, Delaware, is Associate in Gynecology and Obstetrics, Delaware Hospital, Wilmington.

Dr. Guy N. Magness, '28, 6635 Delmar Avenue, St. Louis, is in general practice; School physician, University City, Missouri; Acting Alumni Secretary for class of 1928.

Dr. Earl Maxwell, '28, Ancon, Canal Zone, is Captain in the Medical Corps of the U. S. Army; now on a two year tour of duty with the Panama Canal; in the Eye, Nose, Ear, and Throat clinic of Gorgas Hospital.

Dr. Jacob S. Fishman, '29, 3802 W. Roosevelt Rd., Chicago, is Clinical Assistant in the Department of Medicine, Rush Medical College (Division of Biological Sciences) University of Chicago.

Dr. Guerdan Hardy, '29, 501 Humboldt Building, St. Louis, is Assistant in Otolaryngology, Washington University School of Medicine.

Dr. Charles W. McLaughlin, Jr., '29, 1530 Medical Arts Building, Omaha, is Instructor in Surgery, University of Nebraska Medical School; on the Surgical Staff of the Methodist, Clarkson, Covenant and University Hospitals, Omaha. Publications: "Peripheral vascular disease; Raynaud's disease" (6 articles) *Nebraska M. J.*, 22: 1937.

Dr. Donald E. Eggleston, '30, Kingman, Kansas, enjoys life in general practice in a small town. Has a 30 bed fire proof hospital and maintains a training school for nurses.

Dr. F. G. Irwin, '30, Presbyterian Hospital, Box 367, San Juan, Puerto Rico, is Director and Chief Surgeon, Presbyterian Hospital, and Associate Professor of Tropical Medicine in Columbia University. Was re-

cently on leave of absence for three months doing special surgery at the Presbyterian Hospital in New York. Published: "Treatment of Fractures by open reduction." *Bol. Asoc. Med. Puerto Rico*, 20: 75-80, 1937.

Dr. Malcolm D. Kemp, '30, Pinebluff, North Carolina, spent five years in psychiatric training at Spring Grove Hospital, Baltimore, and several months on the staff of the Phipps Psychiatric Clinic, Baltimore, as Assistant to Dr. Leo Kanner in Child Psychiatry. Opened the Pinebluff Sanitarium for treatment of nervous and mental diseases, alcoholism and drug addiction.

Dr. Ellis S. Margolin, '30, Sykesville, Maryland, has published: "Effect of small doses of potassium iodide on thyroid gland of guinea pig," *J. Pharmacol. and Exper. Therap.*, 59: 277-283, 1937.

Dr. B. J. Bouquet, '31, Wabasha, Minnesota, is in general practice and is surgeon to the Chicago, Milwaukee and St. Paul Railroad.

Dr. C. G. Ochsner, '31, Wabasha, Minnesota, is in partnership with Dr. B. J. Bouquet.

Dr. J. Keller Mack, '32, 332 W. Broadway, Louisville, Kentucky, is practicing pediatrics; Physician to the Kentucky Children's Home; Clinical Assistant in Pediatrics University of Louisville School of Medicine. Published: "Medical Education in England" *Kentucky State M. J.*, October, 1937.

Dr. R. H. McGuire, '32, Medora, Illinois, is in general practice; on the staff of St. Joseph Hospital, Alton, and Macoupin Hospital, Carlinville, Illinois.

Dr. Joseph Dollin, '33, 684 45th St., Brooklyn, New York, is a member of the Jewish Hospital of

Brooklyn; Physician to the Brooklyn Hebrew Orphan Asylum.

Dr. C. Allen Good, Jr., '33, Rochester, Minnesota, was appointed First Assistant in Section of Diagnostic Roentgenology of Mayo Clinic, July, 1937. Published: (with B. R. Kirklin) "The Influence of extrabiliary disease on the function of the gallbladder: a cholecystographic study." *Am. J. Roent.*, 37: 346-349, 1937.

Dr. Carl G. Harford, '33, 66th Street and York Avenue, New York, since July 1936, is fellow in Pathology and Bacteriology at the Rockefeller Institute for Medical Research.

Dr. F. Craig Johnson, '33, 1850 Gilpin, Denver, is Associate, Children's Clinic of Denver; on staff of Children's, Colorado General, and Denver General Hospital; Out-Patient Pediatrician, Colorado General Hospital; Physician to St. Annes Home for Children.

Dr. W. Wilmot Gist, '34, 910 Argyle Building, Kansas City, is on the staff of St. Joseph, St. Mary and Research Hospitals.

Dr. Everett O. Jeffreys, '34, Philippi, West Virginia, was resident, Grant Hospital, Columbus, Ohio, 1935-36. At present, resident in the Myers Clinic, with work confined to surgery and surgical pathology. Published (with Dr. Drew Lutten): "The clinical significance of auricular fibrillation." *J. A. M. A.*, 107: 2099-2102, 1936.

Dr. Paul F. Caruso, '35, 196 Hackensack St., Wood-Ridge, New Jersey, is in general practice; recently appointed Assistant Transfusionist at Hackensack General Hospital where he is also Assistant Director of the Allergy Clinic.

Dr. Ralph Ewing Crigler, '35, 1425

N. 11th St., Fort Smith, Arkansas. Connected with the Holt-Krock Clinic since July 1, 1937, with primary interest in general surgery.

Dr. Sam W. Downing, '35, 2264 Grape Street, Denver, is in private practice associated with Dr. G. E. Cheley.

Dr. W. G. Fisher, '35, Box 166, Scio, Ohio, is Epidemiologist in the Ohio State Department of Health.

Dr. Max Goldenburg, '35, 216 S. Kingshighway, St. Louis, is resident in Surgery, Jewish Hospital, July, 1937 to July 1938.

Dr. Carl H. Hamann, '35, Medical Lake, Washington. Internship, Mercy Hospital, Chicago; Assistant in Psychiatry, Yale University; at present Associate Physician Eastern State Hospital, Medical Lake.

Dr. Arthur C. Darrow, Jr., '36, St. Louis, is Resident Physician in the

St. Louis and San Francisco Railroad Hospital.

Dr. V. Terrell Davis, '36, Lexington, Kentucky, has passed examination for appointment to the regular Corps of United States Public Health Service, May, 1937. Now serving second year internship at the U. S. P. H. S. Hospital, Lexington.

Dr. William H. Jacobson, '36, has been appointed Assistant Resident in Medicine, St. Louis City Hospital for 1937-38.

Dr. Albert Kaplan, '36, has been appointed resident physician at Robert Koch Hospital, Koch, Missouri, for the year 1937-38.

Dr. James Donald Morrison, '36, Denver, has been appointed fellow in Ophthalmology at the Colorado General and University Hospitals for the two years, July, 1937-July, 1939.

MARRIAGES

Lester F. Allison, '35, and Miss Reva Kincade, June 28, 1937.

Carl Birk, '34, and Miss Martha Sue Sublette, Nov. 29, 1936.

Cecil M. Charles, '33, and Miss Sylvia Cole, July 24, 1937.

W. Lawrence Daves, '32, and Miss Dorothy Specht, April 8, 1937.

Hobart O. Deaton, '26, and Miss Lois White, Aug. 25, 1937.

Grace Edwards, '29, and Mr. U. S. Barar, Dec. 15, 1936.

Robert Elliott, '35, and Miss Edna Birge, June 15, 1937.

John L. Horner, '36, and Miss June Roudebush, June 16, 1937.

W. M. Kitchen, '37, and Miss Saulda Ann Given, June 14, 1937.

John M. Nelson, '34, and Miss Marion Gray of Denver.

Emmet F. Pearson, '30, and Miss Mary Louise Maxon, Feb. 20, 1937.

Ralph C. Peterson, '37, and Miss Harriet DeTienne, June 6, 1937.

J. Langley Plymale, '36, and Miss Harriet Chamberlin Shands, Aug. 3, 1936.

John A. Saxton, '34, and Miss Stella Melville Switzer, Dec. 29, 1936.

John Seddon, '35, and Miss Salees Smith, July 5, 1937.

Ruth Marie Volk, of the Library Staff, to Mr. R. Douglas Drake, July 8, 1937.

Robert Allen Wise, '36, and Miss Maria Edmonds, Sept. 28, 1937.

Clarence H. Woodmansee, '25, and Miss Clare Andrews, April 24, 1937.

From the Nurses Training School: Ruth Darrow and Mr. Ernest Jensen, Sept. 4, 1937; Elsie George, a senior student, to Mr. Sterling Crawford, June 9, 1937.

DEATHS*

- Claude W. Ashburn, '27, August 14.
 George Bader, '04, July 17.
 R. W. Berrey, '83 (Mo.), March 15.
 Emanuel D. Block, '78 (Mo.), January 19.
 John Bolinger, '82 (Mo.), February 8.
 Franklin W. Bush, '76 (Mo.), May 19.
 Wm. Carlisle Caldwell, '01, February 15.
 T. A. Coffelt, '86 (Mo.), September 6.
 James Edward Copeland, '76 (St. L.), January 17.
 George Dalton, '89 (Mo.), June 17.
 William H. Dempsey, '98, January 29.
 A. J. Douglass, '95 (Mo.), November 12.
 M. J. Epstein, '77 (Mo.), June 17.
 Frank R. Fry, '79 (St. L.), January 25.
 Richard H. Fuhrmann, '05, December 20.
 F. W. Garcia, '93, February 11.
 D. W. Gear, '90 (Mo.), June 5.
 Henry Hanson, '89 (Mo.), March 7.
 J. P. Hoeffler, '92, January 24.
 Theodore S. Howard, '76 (St. L.), June 23.
 G. A. Humpert, '84 (St. L.), April 16.
 Charles H. Jameson, '07, June 14.
 Bert C. Kern, '05, September 5.
 Nathan W. Mackie, '28, May 21.
 Lawrence D. McEvoy, '96 (Mo.), January 29.
 C. S. McGinniss, '09, May 14.
 A. L. Norfleet, '81 (St. L.), April 24.
 George B. Perkins, '93 (Mo.), June 8.
 James B. Prichard, '85 (Mo.), May 10.
 John M. Robertson, '79 (St. L.).
 Julius Peter Ruge, '82, March 12.
 Charles E. F. Streutker, '95 (Mo.), December 29.
 H. W. Tull, '91 (Mo.), October 1.
 W. F. Walker, '84 (Mo.), March 30.
 John F. White, '98 (Mo.), March 13.
 Allen Wilson, '79 (Mo.), March 3.
 Augustine M. Zell, '05, April 23.

* 1937.

Students

WASHINGTON REPRESENTED AT A. M. S. Six students represented Washington University at the second annual convention of the Association of Medical Students which was held in Chicago during the Christmas Holidays. The purpose of the organization is to further the best interests of the students along the lines of student health, curriculum, and student welfare. These students representing three classes made the journey to inspect the organization. Of these, two were freshmen, one was a junior, and three were seniors. Their report was enthusiastic and, at present, plans are being formulated to establish a chapter of this organization in this School.

Adolph H. Conrad, Jr., '38.

HISTORY OF MEDICINE. Toward the end of last school year, a member of the Class of '39 laid the plans for, and through his own efforts stimulated an interest in, the establishment of a course of extra-curricular dinner-lecture meetings on the History of Medicine. This year saw the realization of his ideas.

The first meeting was held on October 28, 1937, when Dr. Robert E. Schlueter presented a paper on that interesting and energetic personage Paracelsus (Theophrastus Bombast von Hohenheim).

At a subsequent meeting on December 2, Dr. Robert J. Terry gave an appreciative audience an informative picture of the "Beginnings of Medical Education West of the Mississippi" with special reference to the Medical Department of Kemper College.

Further meetings are planned, the topics for which will be more or less determined by popular poll.

Alfred Baur, '39.

Thirteen members of the first year class are related to graduates of the School or to others now connected with the School:

John H. Beatty—father, John F. Beatty, 1911.

Robert J. Cook—father, Jerome E. Cook, 1905.

- James H. Cross—brother, Roland R. Cross, 1940.
Robert B. Dickerson—father, Harry W. Dickerson, 1904.
Alexander Elman—cousin, Dr. Robert Elman, Department of Surgery.
Charles E. Fildes—uncle, Hugh S. Fildes, 1905.
Robert B. Harrison—brother, Lee B. Harrison, 1929.
Richard F. LaForce—father, H. A. LaForce, 1916.
Samuel P. Martin—father, S. P. Martin, 1906; brother, Bruce Martin, 1935.
Donald M. McIlroy—brother, West G. McIlroy, 1939.
Donald M. Phillips—brothers, Robert A. Phillips, 1929, and Allen B. Phillips, 1935.
Henry Schwarz—father, Professor Otto Schwarz, 1913; grandfather, Professor Emeritus Henry Schwarz, 1879.
Souther F. Tompkins—brother, Pendleton Tompkins, 1931.

Letters

The following is taken from a communication received from Dr. J. Barrett Brown, '23.

There have been many changes made recently in the St. Louis City Hospital. The house-staff is now entirely on a straight-service basis, having fifteen residents, sixteen assistant residents and sixty-four internes. Among the resident house-staff we have the following alumni of Washington University: Dr. Stanley Leydig '34, Dr. Albert Krause '35, Dr. Dave Weiner '35, Residents in Surgery; Dr. Charles Farrington '35, Resident in Medicine, Dr. Arthur Echernacht '35, Resident Radiologist, Dr. Grove Rawlins '35, Resident Otolaryngologist; and assistant residents, Dr. Marshall Kelly '36, and Dr. William Sellers '36, in Surgery; Dr. Richard Vieth '36, Medicine, and approximately thirty internes from the class of '37.

The foundation is finished for the new Malcolm Bliss Psychopathic Hospital, which should be completed by July 1st, 1939, and which will replace the Observation Ward. It will be a 200 bed, completely equipped, modern psychopathic hospital, intended primarily for diagnosis and treatment of mental disease which does not require permanent incarceration.

When it is completed, the old Observation Ward will undoubtedly be razed.

This year, for the first time, Washington University is using the Hospital for clinical clerkships in medicine, surgery and obstetrics for the senior students, and next year the residents in surgery at City Hospital will rotate through Barnes Hospital, for services in chest and plastic surgery, and the residents from Barnes Hospital will rotate through City Hospital for fractures.

The residencies in surgery, medicine, obstetrics-gynecology are now uniform, and of three years duration, following the interne year, all services including a fundamental training in pathology.

Charles F. De Garis, '12, Professor of Anatomy, the University of Oklahoma writes:

There seems to be a trend in modern medical education for teachers to learn more and more about their subjects, while students learn less and less. At least this is apparent in anatomy. I believe it is fair to say that, taken as a group, teachers of anatomy in this country have a genuine urge for scholarship in the biological sciences comparable to the best in the old German school. Yet medical administrations, whenever they need time for a new frill or fad, have a way of "borrowing" hours allotted to anatomy, until in some cases that basic science is reduced to a very sketchy course.

One would suppose that a school should render to its students the most thorough tuition possible, i. e., consonant with its staff and equipment. But even the best trained staff and the most elaborate equipment do not make up for the single factor of time in the teaching of anatomy. Not only is the subject itself, as represented in current texts, an enormous one, but also it is increasingly the practice of teachers to bring before their students material not fully treated in the texts, for example, the autonomic nervous system and certain features of developmental and physiological anatomy. This means directing the student to original sources, and this in turn means time.

Time is of the essence of any contract between teachers and students. Where, as in anatomy, that time is sharply cur-

tailed, the students' working capital is by just so much reduced.

From B. Landis Elliott, '19:

I have a letter from Miss Nancy L. Blair asking me to send you an account of the Washington University Alumni Banquet held at the Southern Medical Association meeting in New Orleans December 2, 1937. Had I suspected at the time that I would be called on for some sort of a report I should have managed things a little differently. This banquet was held at Arnaud's Restaurant. There were about fourteen alumni of Washington University present. These men were from different sections, some being from Missouri, some from Arkansas, and some from other states represented in the Association. Dr. Alton Ochsner was the toastmaster, but unfortunately just as he arrived at the dinner he heard that a patient of his had been injured in an automobile accident, and he had to go immediately and take care of the emergency. Seeing me there and recognizing me, he asked me to act as toastmaster or host in his absence. We expected Dr. Ochsner back at any time, but he was unable to get back. We had an excellent dinner, and the men enjoyed exchanging recollections of their experiences in the medical school and exchanging tales of old professors, instructors, etc. There were no formal speeches made.

From F. S. Marnell, '04, Stockton, California:

The first copy of the Medical Alumni Quarterly came to me recently. It is very good and I hope it continues. There are a lot of us scattered over the country and we need such a contact. Please accept my thanks for the good work.

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Remarks

Write a letter of 200-250 words to the Quarterly for publication.

Please donate to the Library of the School of Medicine copies of books and reprints of papers you have published. You will confer a benefit to the Library and help to establish a record of the literary contributions of our graduates.