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Navy Medicine in Action, on the Home Front, and in Combat Areas

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Harriet Goodhue Hosmer, Sculptor

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Case Reports of the Barnes Hospital

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Navy Medicine in Action, on the Home Front, and in Combat Areas¹

COMMANDER BARTHOLOMEW W. HOGAN, (MC), U. S. NAVY

I would like to describe and give you an account of what the Medical Corps of the Navy has done and is doing since the advent of war to this country, including a description of the Medical Corps's activities on the home front, in combat areas, and on board ship. In this way, you who will be entering military service can visualize what lies ahead, and those of you who will maintain the health of the nation at home will have some understanding of military medicine and of how well the naval personnel are being protected and cared for when wounded or ill.

On the Home Front

We have seen the mobilization, indoctrination, and assignment to active duty of more than eight thousand reserve medical officers, which number comprises about four-fifths of our present Medical Corps. These reserve doctors coming from towns and cities throughout the country are now serving on destroyers, cruisers, and carriers, ploughing through the heavy seas, descending by parachute with Marine raiders, flying airplanes solo as part of their flight surgeon training, participating in diving operations with submarine squadrons, and are stationed at many foreign shore bases. They have been responsible in great measure for the excellent work performed by the Naval Medical Corps in this war, and Washington University has every right to be proud of the important part that her 145 graduates have played in this successful work.

Presented at the Eighty-seventh Commencement of Washington University, School of Medicine and School of Dentistry, Graham Memorial Chapel, December 12, 1943.

¹ This article has been released for publication by the Division of Publications of the Bureau of Medicine and Surgery of the United States Navy. The opinions and views set forth in the article are those of the writer and are not to be considered as the policies of the Navy Department.

We have established at our recruit training stations, psychiatric units for the screening out of the emotionally unfit: the psychopathic personality, and the individual who fails to adapt himself to military discipline; this has resulted in eliminating from the fighting areas those serious nervous and mental cases which prove a major medical and administrative problem. The neuropsychiatric cases occurring in the Southwest Pacific area follow many weeks and months of combat duty. The majority of these patients make a quick recovery, and on return to our hospitals in this country, show few residual or permanent personality scarring. We have looked upon these cases as representing a combat fatigue syndrome rather than a true neurosis. The Navy has established psychiatric treatment centers close to the combat areas.

In the naval medical research field, especially in aviation medicine, great strides have been made, for example, in the more efficient use of oxygen in high altitude flying; in electrically heated suits for flying in extremely cold atmosphere; in the use of red goggles and red illumination to shorten the time required to obtain full night vision from thirty minutes to three minutes; and in the selection and assignment of personnel best fitted for flying and fighting planes.

When a dive bomber hurtling downward at a speed of 500, 600, or 700 miles per hour reaches the low point of its descent and noses sharply upward, or when a steep bank is taken at high speed, both plane and man are subjected to a terrific strain. Measured in units of gravity, the centrifugal force may amount to 6 or 7 G; i. e., for several seconds the pilot weighs 1000 pounds or more, and under the pull, hernial protrusions break out, prolapses of the rectum occur, veins rupture and backs are wrenched. The blood, heavy as molten lead, gravitates toward the extremities and for a matter of seconds the vasomotor system is quite unable to effect compensatory adjustments, circulation is arrested, and there ensues syncope from acute cerebral anemia, what the aviator knows as blackout. By means of automatically operated pumps and valves, serving a specially constructed suit enclosing the body and extremities, it is possible to create external supporting pressures, proportional to the G stress, graduated in degree from the lower extremities upward.

Paratroops have their own medical officer who has volunteered for this duty. Here we find the problems of motion sickness, the psychology of mass descent, and specialized equipment required for meeting the unusual medical and surgical problems resulting from this type of warfare. Skeletal injuries are commonly sustained in landing.

Not all our research problems spring from aviation. The blast emanating from bombs exploding in the air has proved in some cases singularly

harmless, ensuing injuries being caused almost entirely by flying missiles or by the person himself being hurled against an object; on the other hand, the effect of underwater blast on men in the water is truly damaging, if not immediately fatal. It is a terrible sight, men swimming, perhaps in a sea covered with flaming fuel oil—a bomb explodes or a torpedo or a depth charge. When the flurry subsides, the bobbing heads have all disappeared; the force of the explosion has killed them instantly—from injury to the lungs, we know. We have studied experimentally the physics of underwater concussion together with its physiological effects, and we have, we believe, evolved means of enabling men in water to withstand the impact of all blasts except those of the greatest magnitude.

In the field of submarine medicine, picture the conditions on an under-seas craft in the tropics—excessive crowding, high temperature, sleepless nights, extreme humidity, canned foods, no glimpse of the sun, the decks awash with sweat.—All this for two months on end. To these physical discomforts are to be added the effect of an abnormal mode of life and of constant strain, for it must be remembered that the submarine is the hunted as often as it is the hunter; it is the object of relentless search by surface craft, planes and other submarines. There are listening devices all about to detect the slightest sound which might indicate its presence, and being systematically depth-bombed is none the less harrowing for being a daily experience. With such conditions morale sags, but to the credit of our men be it said that nothing revitalizes a tired crew like a successful offensive. It has been said aptly and truly that sinking an enemy ship does more for a crew than a ton of vitamins; nevertheless, in this field we have not been idle. More and more have living conditions been improved by air-conditioning, ultra-violet rays, and vitamin tablets, until, now the factors terminating a submarine patrol are more likely to be failure of material than exhaustion of personnel.

The Naval Medical Research Institute, in collaboration with the Permut Laboratory, has perfected a simple and effective method of making sea water safe to drink. This successful research accomplishment will save many lives during this war and be of great value in many fields in the post-war years.

One of the outstanding developments in the Medical Corps has been the so-called mobile hospital. Early in 1940 the need of supplementing the medical activities of the fleet by mobile hospital facilities was recognized by the Surgeon General, Dr. McIntire.

In May, 1940, the first unit of 500 beds was sent to Cuba on marine maneuvers. In this severe test, the million details were worked out, mistakes corrected and the revisions made which resulted in the present highly

efficient unit now in service in many operational theaters. Present housing is in metal prefabricated buildings. Easily assembled and taken down for shipment. These prefabricated metal buildings had been transported thousands of miles and set up in operation in the New Hebrides jungle country in a few days, with their own galley, laundry, lighting, sewerage, and entirely independent of any other facility. They hospitalize five hundred to one thousand patients. Patients were assigned to wards specializing in the care of a certain type of case. I saw two of these 500 or more bed hospitals in operation in the New Hebrides. One went into operation at Pearl Harbor on December 7, 1941, and these mobile base hospitals have been an important factor in the low mortality rate of the wounded, and their remarkable success is a fitting tribute to Admiral McIntire, for he visualized the medical needs of the service and was very active in the planning of these hospitals.

In the erection of these mobile hospitals, the construction battalions or the so-called Sea-bees have worked closely with our hospital people. The tasks performed by these units is one of the epics of this war. They have literally torn down mountains and changed the course of rivers. They have transformed the topography of many a south sea island. All this has been done by a remarkable organization of middle-aged volunteers, skilled artisans of every kind, and the Medical Corps is very thankful for their aid.

On completion of your internship, the Navy would like you to be capable of assuming independent duties and be competent to administer to a group of naval personnel in all its phases; you should be able to do an appendectomy, have a thorough working knowledge of the handling of traumatic surgery, be able to detect pneumonia and understand modern methods and treatment, be able to examine an ear, know what you see and what should be done about it. You should know something about what might be called geographical medicine, as our men are fighting on many fronts—Mediterranean, Asia, Southwest Pacific, Aleutians and in the Western Hemisphere. There are myriad forms of diseases scattered throughout these areas, such as malaria, dysentery, plague, and typhus, and you should know not only how to treat these illnesses, but how to prevent their occurrence.

As in many of these theaters of war fever at times has proven more deadly than the enemy's bullets, your responsibility will be to make the health conditions either on board ship and at shore stations or in the field so livable that the sick list will be kept to a minimum.

Malaria in this war has been a potent factor in immobilizing armies. In the Burma campaign 83,000 British and Indian troops were admitted

to the sick list with malaria. The effects of this disease on our troops have also been recently demonstrated. Associated Press dispatches tell us that at the time of surrender of Bataan, 20,000 of the 36,000 American and Philippine troops were in bed with malaria and dysentery. In the South Pacific, 70 per cent of the Marines on Guadalcanal contracted malaria. In the post-war period, every state in this country will see malaria and other tropical diseases.

The Navy is constantly training and sending out to all areas where our men live and fight, teams of epidemiologists and entomologists. They have the responsibility and hazardous duty of making the far-flung island bases free from malaria and other disabling tropical diseases. They move in with the fighting troops and take immediate measures to protect the health of the personnel.

In Combat Areas

I would like to tell you a little of the medical work and casualties which occurred in the Guadalcanal and Solomons campaign.

In these combat areas the medical officer and hospital corpsmen followed the fighting forces right up to the front line. A trained corpsman was assigned to each platoon. He slept, ate and lived with his men, taught them first aid and advanced with them into combat. When a Marine was injured, he received immediate first aid on the spot, hemorrhage was stopped, fractures splinted, morphine given, and a sterile dressing applied. Three hundred yards behind the front a junior medical officer and five hospital corpsmen operated an emergency field medical unit. The patient was carried here by stretcher and received plasma, suturing and a firmer bandage or splint. A jeep ambulance carried him to a small hospital unit in the rear. Emergency surgery was performed if indicated.

The fact that most action took place at night meant that primary dressings and first aid were administered under trying conditions of darkness and terrain by medical personnel attached to combat units. The light from a small pocket torch was usually sufficient to provoke a burst of Japanese machine gun or sniper fires followed by mortar shells. Dressings had to be applied by touch, sulfanilamide powder sprinkled and bandages applied, splints adjusted and patients moved in the dark. Morphine syrettes were plentifully distributed and used. Plasma was often given in the field under cover of a poncho or tarpaulin.

These patients were evacuated within 12 hours by air ambulance to mobile base hospitals in the New Hebrides.

Air evacuation units or air ambulances evacuated from the Solomons 12,000 patients in ten months' time, making over 900 plane trips, a flight

of 700 to 1200 miles in length, and losing only one plane. In the first 2000 cases evacuated, four died en route. In the next 10,000 cases only two died en route. These air ambulances carried 18 to 30 patients a trip. During the first 5 or 6 months of warfare, 65% of those cases were battle casualties, 35% were medical cases. Later this ratio shifted to more medical losses and a lower number of battle casualties. Patients were both comfortable and in good condition on arrival at destination.

The wounds suffered as a result of land action were caused in the most part by rifle bullets. When such a missile struck a bone, a resultant fracture was highly comminuted, as some bullets exploded after they hit the bone. Many bizarre and unorthodox injuries were seen from the shrapnel bursting from explosive bombs and shells. These shrapnel particles were responsible for the second largest number of wounds. The shrapnel splinters were of variable size and were usually found at some distance from the wounds of entrance, having torn their way through the tissues until stopped, usually by bone which was damaged.

Hand grenades usually exploded into the large segments which are characteristic of their appearance and although their penetration was not particularly deep, they did much soft tissue damage and produced disabling wounds.

In the treatment of these injuries after arrival at mobile base hospitals, it was apparent from the first that intensive debridement or wound excision was unnecessary and inadvisable; a thorough mechanical cleansing of the surrounding area and of the wound itself with generous use of water and saline solution, followed by the removal of loose tissue and foreign bodies with scissors and forceps. An effort was made to avoid bleeding, sulfathiazole micro-crystalline in powder or in suspension was introduced into the wound and vaseline gauze placed in deep wounds, followed by pressure dressings, casts or splints. All wounds of soft tissue were treated this way, whether they were large open wounds, puncture wounds or wounds with compound fractures. No attempt was made to close any wound by suture except wounds of the face and mouth, sulfa drugs were given by mouth only when evidence of cellulitis around the wound with fever indicated spreading infection.

In one of these New Hebrides mobile base hospitals, the mortality rate in the wounded remained below 1%; several members of the staff of this mobile base hospital were members of the faculty or graduates of Washington University School of Medicine: Doctor James Macnish, class of 1929; Doctor Donald Coburn, class of 1930, Doctor Henry Allen, class of 1933. The commanding officer had this to say of these doctors: "The medical officers selected for this enterprise were thoroughly qualified specialists in

their respective fields of medical practice. Their accomplishments testify to their high sense of loyalty and adaptability. From the outset, the organization has been dominated by a sense of unselfish devotion to duty and an unremitting zeal to provide wounded and sick officers and men with the best professional service that modern medicine has to offer."

Sea battles produce multiple and bizarre fractures of the extremities and compression fractures of the upper lumbar vertebrae. Also extensive burns are suffered.

A hospital ship in the South Pacific admitted approximately 7800 cases in nine months: about 3300 medical cases and 4500 surgical cases. Sixteen patients died: three were medical cases, thirteen were surgical. Six of these died from gas bacillus infection: a mortality rate of 0.3 per cent. a remarkable tribute to the work of the doctors and nurses aboard.

We have had no case of tetanus appearing in combat areas: an excellent testimonial to the effectiveness of prophylactic immunization of all service personnel. The few cases of gas bacillus infection seen resulted from wounds received ashore, none from wounds received from sea action.

In Action

On sea duty in combat areas, the medical officer is constantly occupied. He is training his personnel and continually teaching the officers and crew the essentials of first aid. On board our ships where combat is seen in all its violence, first aid is probably more important than any other act that the medical department performs, for it is the quick application of this that saves hundreds of lives. It has been our experience that in a short space of twenty minutes, the medical department of a ship may find itself with two hundred seriously wounded men, and sometimes more. Can you imagine your hospital being handed two hundred badly wounded men in twenty minutes' time? Now the medical personnel of this ship may consist of only three doctors and twenty-five hospital corpsmen, so the well trained officer and enlisted man on that ship come to the aid of the medical corps. First aid quickly and competently applied by officers and men of the U. S. Navy has saved many of the lives of shipmates wounded in action.

Let me tell you in a few words of the medical problems encountered when the late aircraft carrier U.S.S. Wasp was torpedoed. I was the senior medical officer aboard, and we saw action in the North Sea, at Malta, on August 7 at Guadalcanal, and later were torpedoed and sunk in the Southwest Pacific. We had five doctors and two dentists aboard, also twenty-five hospital corpsmen, a fifty-bed hospital ward, a ten-bed contagious ward, three operating rooms, an x-ray laboratory, a pharmacy, and a nose and throat operating room. In combat areas the doctors and corpsmen are

stationed over the ship at six battle dressing stations. Medical and surgical supplies and plasma are dispersed so that if one area is demolished, all equipment is not lost.

On the afternoon of the 14th of September, we had received word that a Japanese fleet was above us near the equator. We launched our scout bombers and torpedo planes and the fighters remained over our task force. The planes failed to make contact, returning as night fell and landing aboard with their bombs and torpedoes.

The next day about 1:30 P. M., a 4-engine Japanese plane was shot down and we witnessed its falling and burning a few miles ahead of us. We were escorting the first Marine reinforcements to the hard fighting Marines who were holding Guadalcanal. Around 2:15 P. M., the ship began launching its scout bombers and fighter planes and landing the fighters that had been patrolling over the task force. The weather was ideal, sunny and breezy, the water a deep blue with white caps, a peaceful atmosphere. The captain saw 3 torpedoes heading toward us 500 yards off. Suddenly two terrific explosions occurred on the starboard side of the ship, and other blasts followed immediately. The ship listed to the starboard, went up in the center, and down at both ends, then reversed this oscillation. Nearly everyone was knocked down and bounced around like a rubber ball. A column of water shot up the side of the ship. Men on the signal bridge stood a foot deep in water. A yellowish sheet of flame spread with lightning speed up the starboard side searing and flaming everything in its path; the oil-covered water and the bombers and fighters on the hangar deck. Their gasoline, ammunition and bombs exploded. The flame enveloped the men and guns of the gun galley. A hailstorm of bullets and shrapnel rained out of the hangar deck and from the gun galleries. Destruction, death, and fire spread rapidly. The ready ammunition and powder bags were ignited, burned, exploded and created a constant din. It sounded as if all our guns were shooting. Heavy clouds of black smoke enveloped the forward part of the ship; each blast would send men, missiles and planks hurtling through the air. An ensign standing on the flight deck was blasted through the air, landing 60 feet away and 30 feet up on the bridge structure. He suffered a fractured leg, severe intracranial injury and was unconscious for ten days; he is now back on duty.

Burns of various degrees and extent caused 95 per cent of our casualties. Fractures of the long bones and shrapnel wounds were responsible for the remainder. Practically everyone who was injured was also burned. In a V-shaped area from the site of the torpedo hits to the hangar deck, covering 4 decks, everyone was killed. Men on the edge of the arms of the V were seriously injured.

I saw no panic and there were no reports of any. During the first few moments there was some confusion. The communication and water systems had been destroyed; men isolated were at first perplexed as to what they should do. The saving of the ship was uppermost in everyone's thoughts. The giving of the first aid and helping their wounded shipmates even at great risk to themselves was characteristic of the men throughout the afternoon.

The injured and burned were given morphine gr. $\frac{1}{2}$ by injection, first aid treatment and a life jacket. They were lowered over the side strapped in a stretcher which was either secured in a rubber boat or floated away on kapok mattresses. The majority of the injured went down a line, hand over hand, 60 feet to the water's edge. The water's temperature was 85F., the waves running 15 feet high.

The officers and men who were not injured, worked with no evidence of unusual excitement. The older officers showed a strained, tense face, realizing that the loss of the ship was imminent and that there might be a large loss of life. Those who could not be of service herded together reclining on the stern of the flight deck, quiet, and watching silently the spread of the fire and the destruction of the ship. Although they realized that they were directly over the fully loaded torpedo planes which might explode at any time, there was no panic or hysterical behavior, when the word all hands abandon ship was passed, they went over the side in an orderly fashion. A few jumped 60 feet to the water below. The wounded, in most instances, accepted their condition without complaint. Some required the presence and the voice of a shipmate to reassure them.

The destroyer that picked me up at nightfall was captained by a relative of mine. There were 730 survivors on the destroyer, 40 seriously wounded or burned and 150 less seriously hurt, and not one died. We worked all night on these men. They were inspiring to all of us, accepting their misfortune without a murmur of complaint. This destroyer was later torpedoed and sunk.

The officers and men on the Wasp were magnificent. There was never any panic. They courageously fought to save the ship. They risked their lives to help their shipmates, especially the wounded. They all desire to be assigned to carrier duty and get back into the fight.

In closing I know that you will be proud to know that the Medical Corps of the armed services is a most important factor in creating and maintaining the high morale and fighting spirit of our men; for the doctors on our large ships, the junior medical officer on the destroyer, and the doctor and hospital corpsmen with the marines instill confidence by the daily competent, efficient, and kindly care they administer. When battle

comes, the men enter it with the knowledge that if injured, there will be some medical person at hand whom they trust to give his utmost, even life itself, as has happened many times, to save life and limb.

Dr. McIntire, our surgeon-general, asked me to give a special message to those amongst you who are unable to become members of the armed services. He said, "There is a very important place for you in medical fields on the home front, as it will be your task to help maintain a healthy nation in order to win this war."

He asked me to reassure those who are joining the services that they will emerge from this war, experienced and perfected doctors, and your future either in the services or in the civilian practice of medicine will be assured and protected because of the excellent post-war planning that is now under way.

In the days that are to come let me wish for each and every one of you all possible good fortune in the fields that you follow. Take pride in the knowledge that you have a noble duty to perform as it is a duty of service to mankind.

You are a favored group to have had the privilege of attending the Washington University School of Medicine, amongst such delightful surroundings. Your alumni have set an enviable record for you to emulate in civilian and military fields. You have received the best of medical education and training and are well endowed with knowledge, adaptability, courage, and character to go forth from this school and be a credit to yourself, to your school, and to your country. I congratulate you.

Recalling a Famous Pupil of McDowell's Medical College Harriet Goodhue Hosmer, Sculptor

ROBERT J. TERRY

Before the appearance in the Quarterly of Dr. Robert Schlueter's story of the founder of the Missouri Medical College;¹ not many of our alumni, I dare say, remembered that one of the most gifted of modern sculptors was once a student of anatomy in St. Louis, whose genius and personality won the admiration of her stern master, Joseph Nash McDowell; and who throughout her long and busy life held in deep affection this city of her early tutelage. It was the year 1850-51 that Harriet Goodhue Hosmer came to St. Louis to visit the family of Wayman Crow, founder of Washington University, whose influence gained her admission to McDowell's school, at that time the Medical Department of the State University.

These facts were recalled when a letter of the sculptor recently came into my possession. It is a note of a page and a half, written in pencil, dated Monday and addressed to Miss Crawford. It explains Miss Hosmer's inability to visit Miss Crawford's studio at an appointed time because of an unexpected stay over the week end in Albano. To this town in the Alban Mountains about 18 miles south of Rome Miss Hosmer was in the habit of going for rest and diversion, spending much time on horseback, a form of recreation and exercise to which she had been devoted from childhood. As to the identity of the Miss Crawford to whom the note is addressed, no clue at this time has been discovered; however, reference to this question will again be made. I have been unable to fix the date of the letter, the kind of difficulty experienced by Mrs. Cornelia Carr,² and mentioned in the Foreword of her valuable publication of Miss Hosmer's letters. The sculptor rarely put a date to her writing.

The young sculptor³ was twenty years old when she came to St. Louis

1. Dr. Robert E. Schlueter. Joseph Nash McDowell (1805-1868). Washington University Med. Alumni Quart., 1: 4-14. 1937.
2. Cornelia Carr. Harriet Hosmer—Letters and Memories. New York, Moffat, Yard and Company, 1912.
3. Harriet Goodhue Hosmer was born at Watertown, Massachusetts, October 9, 1830, the daughter of Dr. Hiram and Sarah (Grant) Hosmer. Her father was of the sixth generation of the family in America, descended from James Hosmer of Hawkhurst, Kent, England, who emigrated to New England in 1635 and settled in Concord. James Kendall Hosmer, Professor of English and German Literature in Washington University, 1874-1892, was descended from James of Hawkhurst through his older son James; Harriet was descended from the emigrant's younger son Stephen (Hosmer Genealogy by George Leonard Hosmer. Technical Composition Company. Cambridge, Mass., 1928.)



From "Arts in St. Louis" edited by William Tod Helmuth, M.D., St. Louis, 1864.
Courtesy of the Missouri Historical Society.

to study anatomy. She had decided upon her career when she left Mrs. Sedgwick's school at Lenox, Massachusetts, a year before and had begun the study of modelling under an instructor. It is stated in biographies of Harriet Hosmer that because the medical schools of the East refused to admit women, she looked westward for the opportunity to secure the training in anatomy that is fundamental for the faithful portrayal of the human form in marble. Friendship with her schoolmate Cornelia Crow and with her family, and the invitation to visit them was a prime factor in drawing Harriet to St. Louis and in so doing passing by cities on the way where medical schools were established. In reading works on the lives of American sculptors the thought arose of still other influences that may have worked to direct this New England artist to a particular school. Did she know before starting on her long journey that she could enter one of the medical schools in St. Louis? Lorado Taft⁴ whose sketch of Harriet Hosmer is "almost in her own words" states that she did. That the entrance of women to the medical schools of this city at that time was not customary, if not refused, is proved by the fact that Mr. Wayman Crow had to plead the special case of Harriet Hosmer to gain permission from Dr. McDowell to let her matriculate in the school of which he was the Professor of Anatomy.

Joseph Nash McDowell was well educated in the classical curriculum of the colleges of his day, held a medical degree under one of the foremost medical scholars of America, Daniel Drake, and was a man of liberal interests. During his tenure of the chair of anatomy in the Cincinnati Medical College prior to his coming to St. Louis he had among his pupils young artists, two of conspicuous ability and later success, Hiram Powers the sculptor of the Greek Slave and Shobal Clevenger, protégé of Nicholas Longworth, the carver of the busts of American statesmen to be seen in our metropolitan museums of fine arts. Such interest in teaching artists human anatomy must have carried McDowell's name beyond Cincinnati and it is my belief, without facts to substantiate it, however, that Harriet Hosmer had heard of McDowell and hoped to come under his training in St. Louis.

The record of matriculations in McDowell's school for 1850, now preserved in our Registrar's Office, shows the following: November 6th. Miss Hosmer, birthplace Boston, Mass., Post Office address, Boston, Mass., Preceptor, Abner Hopton, M.D. Studies, Chemistry and Anatomy. In a typewritten copy of the Annual Announcement of the University of the State of Missouri, session 1851-52, appears the name Hosmer, T. (the

4. Lorado Taft. *The History of American Sculpture*. New York. Macmillan, 1924.

initial evidently a mistake), Abner Hopton, Preceptor. In the document first named it is interesting to read, "Miss Jane Peek of St. Louis, registered in chemistry and whose preceptor was again Abner Hopton, the Professor of Chemistry and Pharmacy. The class also included a young man who was to become a leader in the medical profession of St. Louis, Le Grand Atwood, and John F. Snyder who was to gain fame as an archaeologist and historian.

Accepted as a pupil in anatomy, Dr. McDowell gave her special privileges, permitting her to study his notes and examine the specimens in advance of the lecture that she might grasp more fully the lesson when delivered in the amphitheatre. Such attention on the master's part is indication of the impression this young woman made by her intelligence and industry. On the pupil's part, appreciation of her opportunities is demonstrated by devotion to the work set before her and willingness to make sacrifices to acquire the knowledge of anatomy she so wanted.

Miss Hosmer lived in the home of Mr. Crow, then on the corner of Locust and Eighth Streets, and walked daily to and from the Medical School which stood at Eighth and Gratiot Streets, a distance to travel of about two miles. The school building was a remarkable edifice with its great octagonal tower surmounted by a dome and with a spacious wing extending along the street. Not so long after Harriet Hosmer's student days, it was seized by the United States Government and used during the period of the War between the States as a military prison. At the conclusion of her studies Miss Hosmer received a certificate of her accomplishment from Dr. McDowell, which later was carried to Rome to testify to her instructor in sculpture, John Gibson, her qualification in anatomical knowledge. She had been away from home nine months and on her return began at once to model and carve.

The value of anatomical training to the sculptor is emphasized again and again in the letters of Harriet Hosmer, and the obligations she felt for the privilege of studying in the dissecting room are expressed over the years in her correspondence with Wayman Crow, McDowell and others. One of her first efforts was to make a portrait medallion of Dr. McDowell using a cast by Clevenger for a model. This interesting example of Miss Hosmer's early work has unfortunately disappeared since the doctor's death. It is acknowledged in a letter⁵ which shows with what pride and affection the old master held the memory of his brilliant pupil. For Wayman Crow, whose influence enabled Miss Hosmer to study anatomy, who was her generous patron and steadfast friend as long as he lived, a superb marble bust was executed and presented to him at the

5. Cornelia Carr. *Ibid.* p. 19.

seventh Commencement of Washington University, June 16, 1868. It is now possessed by the University and is placed in the City Art Museum of St. Louis.

There is a circumstance not mentioned in biographies of Miss Hosmer that probably deepened the interest and understanding that developed between master and pupil. Both were psychic. McDowell was a believer in spiritism and his experiences in visions and communications with the departed are many, as told by him.⁶ In several letters written by Harriet Hosmer reference is made to supernatural incidents, as the dream foretelling an accident to a carriage, and premonition of the death of a servant. Her friends were struck with her uncanny ability to discover lost articles. In a footnote, p. 14 of "Letters and Memories" it is stated: "Miss Hosmer had always more or less psychic power, and later was deeply interested in the work of the Society for Psychical Research in England."

Miss Hosmer's appreciation of the value of her anatomical training is shown in her correspondence as I have already mentioned. In a communication to Mr. Wayman Crow she says: "I enclose a note to Dr. McDowell, which you will do me a favor by delivering. . . . He did me an invaluable service in the Anatomy Department." In another letter: "Remember me to the beloved old professor, whose instructions I value more highly every day, as I see how invaluable they are."⁷ The faithful and telling application of her knowledge of anatomy was a fundamental element of her success in sculpture and has been frequently noted by the critics. Describing the artist's statue of Zenobia in Chains, we read: "And here we see the effect of her great command of anatomy, the result of diligent labor. It bears fruit in the satisfaction we feel in the obvious fitness of every limb and muscle to do, if it were living, what it is represented as doing. . . . the irresistible sense of proportion could not come to us from anything less than the most faithful anatomical truthfulness."⁸ Hawthorne was much impressed by the statue which he saw unfinished in clay in Miss Hosmer's studio in Rome. He wrote: "Zenobia is a high, heroic ode."⁹ And in the Preface to the *Marble Faun*, acknowledging some of the material sources of the fantasy, the author says: "Were he capable of stealing from a lady, he would certainly have made free with Miss Hosmer's admirable statue of Zenobia."¹⁰

Works of Harriet Hosmer in St. Louis that I have been able to find

6. Robert Schlueter. *Ibid.* p. 9.

7. Cornelia Carr. *Ibid.* p. 53.

8. Cornelia Carr. *Ibid.* p. 365.

9. Nathaniel Hawthorne. *Passages from the French and Italian Note-books*; p. 495. Riverside Press, Cambridge, 1879.

10. Nathaniel Hawthorne. *The Marble Faun or the Romance of Monte Beni*, p. 16. Riverside Press, Cambridge, 1888.

are the Beatrice Cenci in the Mercantile Library, the bust of Wayman Crow in the City Art Museum, Oenone also in the City Art Museum but, I understand, not on exhibition, and the bronze statue of Thomas Hart Benton in Lafayette Park. A copy of Zenobia was given by Mr. Robert W. Emmons of Boston to the St. Louis Museum of Fine Arts, built by Wayman Crow in memory of his son Wayman. I am continuing my search for this example of Miss Hosmer's most important creation. A copy of the following letter concerning the Beatrice Cenci was kindly lent me by Mr. Clarence Miller, Librarian of the St. Louis Mercantile Library.

Boston, October 18, 1857.

Dear Mr. Crow:

Will you allow me, through you, to convey to the Mercantile Library Association the "Beatrice Cenci"? This statue is in execution of a commission I received three years ago from a friend of the Library, who requested me not only to make a piece of statuary for that Institution, but to present it in my own name. I have finished the work, but cannot offer it as my own gift, but of one who, with a liberal hand, has largely ministered to the growth of the Arts and Sciences in your beautiful city.

For your sake and mine, I would have made a better statue if I could. The will was not wanting, but the power; and such as it is? I rejoice sincerely that it is destined for St. Louis—a city I love, not only because it was there I first began my studies, but because among many generous and indulgent friends who dwell therein I number you most generous and indulgent of all, and whose increasing kindness I can only repay by striving to become more and more worthy of your friendship and confidence. And so

I am ever, affectionately and gratefully yours,

Harriet G. Hosmer.

Returning to Miss Hosmer's letter, that aroused pleasant memories and impelled searches into her career after leaving St. Louis, I have tried without success to identify the person to whom it was addressed. My first thought was of the possibility of this lady being the sister of Thomas Crawford the American sculptor. Crawford came to Rome with his one living sister in the fall of 1857 (his wife remaining in America) and was at the time the unconscious victim of a malignant tumor. He died the following year in London. A search of New York newspaper files, for which I am much indebted to the Reference Department of the New York Public Library, revealed in the obituary notices of this New York born artist, that his sister bore her married name of Mrs. Campbell. It is possible that Mrs. Campbell was an artist and had established a studio in

Rome after arriving there with her brother; and it is possible that she chose to retain her maiden name in connection with her art. This is mere speculation on my part. Some day perhaps the facts may be uncovered and the date and addressee become known; or what is much more likely the questions will remain unanswered. In either event, the letter from a great artist, once a student of anatomy in the old McDowell College, will be treasured in the Archives of our Library, a memento of Harriet Hosmer and of an interesting chapter in the history of Washington University School of Medicine.

To those interested in the life of this remarkable woman and in her contributions to art I recommend reading Cornelia Carr's book. In it will be found a record of perseverance and of wise employment of natural gifts, the reflection of a fine character and personal charm. It contains the critical judgments of her work and reveals the traits that won Harriet Hosmer the admiration and love of the distinguished visitors to her studio.

Case Reports of the Barnes Hospital

CLINICAL AND POSTMORTEM RECORDS USED IN WEEKLY CLINICOPATHOLOGIC CONFERENCES AT BARNES HOSPITAL, ST. LOUIS

W. BARRY WOOD, JR., M.D., AND ROBERT A. MOORE, M.D., EDITORS

CASE 37

J. S., a 62 year old salesman, entered Barnes Hospital on the Genitourinary Service for the first time on October 28 and was discharged November 3, 1941.

Chief Complaints.—Urgency and frequency of urination.

Family History.—Noncontributory.

Social History.—The patient worked for a number of years as a clerk and a salesman in a hardware store. No other information was recorded.

Past History.—The only serious illness was an infection in the left ear at the age of 52 for which a mastoidectomy was performed. For the last 1½ to 2 years, there had been shortness of breath on slight exertion but no cough, palpitation or swelling of the ankles. During this period he suffered moderate discomfort in the upper abdomen after eating, characterized by a sense of fullness, and occasionally associated with nausea and vomiting.

Present Illness.—For about the last two years the patient had developed increasing frequency and urgency of urination, both day and night. There was also increasing difficulty in voiding at the beginning of urination. At no time had there been pain, or blood in the urine.

Physical Examination.—Temperature, 37°C, pulse 82, respiration 18, blood pressure 180/120. The patient appeared well nourished and developed. He exhibited obvious dyspnea after walking across the floor and getting into bed. The pupils were equal and reacted to light. The mouth was edentulous. There was atrophy of the right pectoral group of muscles. The lungs were clear. The left border of the heart extended to the anterior axillary line in the 6th intercostal space. The rhythm was regular, the sounds of good quality, and there were no murmurs. The abdomen contained a large mass which filled the left upper quadrant and extended below the umbilicus. This moved slightly with inspiration. The liver was not palpable. The prostate was diffusely enlarged. The rectal mucosa was only slightly moveable over the mass.

Laboratory Findings.—Blood count: red cells 3,200,000, hemoglobin 10 grams, white cells, 301,000; differential count: basophils 4%, myelo-

cytes 49% (eosinophilic 1, metamyelocytes 24, "C" 23, "B" 1), "stab" forms 20%, segmented forms 25%, lymphocytes 2%. Sternal marrow smear; myelocytes 65% ("C" 58, "B" 6, "A" 1) metamyelocytes 7%, band forms 16%, segmented forms 11%, megakaryocytes 1%, normoblasts 2%, erythroblasts 1%. Urinalysis: albumin, a trace; microscopic: a few hyaline and granular casts. Blood chemistry: sugar 65 mg%, non-protein nitrogen 36 mg%. Electrocardiogram showed transverse position of the heart.

Course in Hospital.—A consultation by the Hematology Service confirmed the diagnosis of myelogenous leukemia. Three treatments with roentgen-ray therapy were applied over the spleen, and the white blood cell count fell to 30,000. No prostatic surgery was done because it was felt that some of the enlargement may have been leukemic infiltration. However, on discharge the prostate had not decreased in size nor had the chief complaints been improved. The patient was instructed to take Fowler's solution—6 drops 3 times a day and to return in six weeks. The local physician was advised to follow the white blood count while Fowler's solution was being administered and to discontinue this treatment if the white cells fell below 5,000.

Second Hospital Admission.—June 16 to July 4, 1942.

Interval History.—The patient's leukemia was apparently under good control in that the spleen was no longer palpable, the total red blood cells and white blood cells remained within normal limits and there had been no lowering of the platelet count. The patient returned to the hospital because marked frequency and urgency of urination and dribbling were becoming intolerable, and there was some pain on urination.

Physical Examination.—Temperature 36.8°, pulse 88, respiration 20, blood pressure 160/102. The patient was well nourished and did not appear acutely ill. The eye grounds revealed tortuous arteries and the right temporal vein was dilated. The conjunctivae were red and the sclerae injected. The nasopharynx was reddened. The lungs were clear. The heart was enlarged as before. The rhythm was regular, there were no murmurs, and the sounds were of good quality. A_2 was accentuated. The spleen was palpable 5 centimeters below the left costal margin. The liver was not felt. The prostate was enlarged to twice normal size; it was firm and not tender. Neurological examination was negative.

Laboratory Findings.—Blood count: red cells 3,210,000, hemoglobin 10.1 grams, reticulocytes 6.6%; white cells 29,600; platelets 2,311,000; differential count: basophils 2%, "C" myelocytes 2%, metamyelocytes 8%, band forms 17%, segmented forms 68%, monocytes 3%. Urinalysis: albumin, a trace; microscopic: a few white blood cells and occasional hyaline

cast. Blood chemistry: sugar 77 mg%, non-protein nitrogen 20 mg%.

Course in Hospital.—On June 17 a transurethral resection was done. This was followed by considerable urethral bleeding. On June 19, the bleeding vessels in the posterior urethra and prostatic bed were coagulated. Section of resected tissue revealed large masses of malignant epithelial cells with fairly well differentiated gland-like structures. A diagnosis of adenocarcinoma of the prostate was made. During convalescence the red blood cell count remained somewhat over 3,000,000 and the white blood cells increased to about 50,000. The patient received roentgen-ray therapy and transfusions. On July 2 the blood count was, red cells 2,900,000, differential count: "C" myelocytes 17%, metamyelocytes 10%, band forms 9%, segmented forms 63%.

Third Hospital Admission.—April 9 to April 17, 1943.

Interval History.—Since discharge from the hospital, the patient had returned periodically for roentgen-ray therapy and apparently he had been feeling fairly well. One week prior to this admission he began to have chills and fever and the urine became cloudy. He was referred to the hospital for further study.

Physical Examination.—Temperature 38.5°, pulse 98, respiration 18, blood pressure 130/70. The patient appeared acutely ill. Tortuous veins were visible on the scalp. The sclerae were clear but both lenses were somewhat cloudy. The hearing showed some diminution of air conduction. A slight systolic murmur was heard at the apex of the heart. The spleen was palpable to the iliac crest. The liver was not felt. There was increased glandular tissue of both breasts. (The patient had been under stilbestrol therapy for prostatic carcinoma.)

Laboratory Findings.—Blood count: red cells 3,430,000, hemoglobin 10.3 grams; white cells 19,000; platelets 1,736,000; differential count: "C" myelocytes 1%, metamyelocytes 1%, band forms 22%, segmented forms 65%, lymphocytes 5%, monocytes 3%. Urinalysis: albumin 2+, microscopic—many white blood cells. Blood chemistry: non-protein nitrogen 36 mg%, blood Kahn negative.

Course in Hospital.—Cystoscopic examination revealed a generalized cystitis. Films of the urinary tract showed the right kidney to be normal. The left kidney appeared to be greatly enlarged. There was a destructive lesion involving the body and transverse process of the third lumbar vertebra. This was characterized by a marked increase in the density of the bone, destruction of the normal architecture, and replacement by coarse trabeculated bone. A similar localized process was seen in the left ilium lateral to the superior aspect of the sacro-iliac joint on that side. The change in the vertebra was considered characteristic of Paget's disease,

although the possibility of metastatic prostatic carcinoma to the ilium and to the third lumbar vertebra was difficult to eliminate. Under symptomatic treatment, the urinary infection subsided and the patient was discharged at the end of one week.

Fourth Hospital Admission.—June 9 to June 23, 1943.

Interval History.—The patient had been followed by the Hematology Service since his last discharge from the hospital. About one month previous to admission he noticed shortness of breath, slight swelling of the ankles, and abdominal distention. In spite of treatment with digitalis, the abdominal distention gradually increased. About one week prior to admission he developed severe pains in the right lumbar region and in the right shoulder. They were severe at onset but gradually decreased. The abdominal distention progressed rapidly and he was readmitted to the hospital.

Physical Examination.—Temperature 37°, pulse 110, respiration 32, blood pressure 170/80. The patient was lying flat in bed and appeared chronically ill. Respiration was rapid but not labored. The skin had a yellow tinge. The sclerae were yellow but the eyes showed no change from the previous admission. The tongue was thickened, beefy-red and somewhat furrowed. There was elevation of the diaphragm on both sides with limited excursion. There were numerous fine rales at the bases of the lungs. The heart now showed a blowing systolic murmur over the entire precordium. The abdomen was markedly distended with a distinct fluid wave and shifting dullness. The liver and spleen could not be felt. There was no tenderness over the lumbar vertebrae. The prostate was slightly enlarged and nodular with a few stony-hard areas. There was very slight pitting edema of the ankles.

Laboratory Findings.—Blood count: red cells 3,510,000, hemoglobin 12.2 grams; white cells 57,000; platelets 5,750,000; differential count: basophils 6%, eosinophiles 1%, myelocytes 9% ("C" 5%, "B" 3%, "A" 1%), metamyelocytes 6%, band forms 18%, segmented forms 54%, lymphocytes 3%, monocytes 3%. Urinalysis: albumin, very slight trace; microscopic: occasional granular casts and white blood cells. Blood chemistry: sugar 28 mg%, total proteins 4.9 grams, albumin 2.9, globulin 2.0. Serum phosphorus—5.2 mg%. Serum phosphatase—11 Bodansky units. Acid phosphatase—3.3 units %. Electrocardiograms showed evidence of myocardial damage or digitalis effect. (There was no history that the patient had been on digitalis at this time). Roentgenograms of the dorsal and lumbar vertebrae were as before. Those of the chest showed aortic lengthening, peribronchial infiltration and fibrosis, and fluid in both pleural cavities.

Course in Hospital.—A paracentesis was done and 5,500 cc of clear, straw-colored fluid were removed from the abdomen. This was centrifugalized

and the sediment showed numerous cells of the myeloid series, many of them being very young forms. Five hundred cc of straw-colored fluid were removed from the pleural cavity and pathological report of the sediment was similar to that of the ascitic fluid. Cultures of each of these fluids showed no growth. The patient received aminophyllin, Fowler's solution and symptomatic treatment and gradually improved.

After discharge, the patient remained in bed and continued to show considerable jaundice. He complained of shortness of breath and swelling of the abdomen and legs which persisted. From time to time he was able to be out of bed. He was treated symptomatically by a local physician. A few hours before death coma developed and he died at home.

CLINICAL DIAGNOSIS

DR. CARL MOORE: The patient appears to have had chronic myelogenous leukemia, carcinoma of the prostate, hypertension with hypertensive heart disease, ascites, and jaundice. It should be emphasized that he entered the hospital the first time because of symptoms of urinary obstruction; the high white count and the splenomegaly came as a complete surprise. Our discussion should be centered at first, I believe, around the carcinoma of the prostate. It was noted that there was marked decrease in the size of the prostate during the period of clinical observation. Dr. Macfarlane, do you believe that the decrease in size could be attributed to estrogenic therapy?

DR. WAYLAND MACFARLANE: I think the opinions in the literature are at variance. Some feel that estrogenic therapy does not produce any diminution in the size of the primary tumor. Others think it does. Apparently it depends more on the patient than anything else.

DR. CARL MOORE: At the time the diagnosis was made, an orchiectomy was considered, but was decided against. It was felt that the man had two fatal diseases. If the carcinoma of the prostate did not kill him, the leukemia would. It seemed useless, therefore, to subject him to an operation. Would you comment, Dr. Macfarlane, on the relative effectiveness of removal of the testes and estrogenic therapy in treatment of carcinoma of the prostate?

DR. MACFARLANE: In general it can be said that the symptoms decrease very rapidly after either of these procedures—stilbestrol therapy or orchiectomy. The later effects, however, are somewhat different in the two procedures. Following orchiectomy there is a very prompt fall in the acid phosphatase, alkaline phosphatase remaining elevated for some time but gradually falling. In stilbestrol therapy the effect on the acid phosphatase is more gradual. The alkaline phosphatase generally rises and may remain

elevated for a matter of months. In general the results of the orchiectomy are less good than stilbestrol therapy in the long-term outlook.

DR. CARL MOORE: The amount of pain which this man had in his breasts was very great. The areolae were darkly colored and pigmented; the breasts were moderately enlarged, hard and tender. The dose of stilbestrol was lowered, but, I believe, not entirely discontinued. If the lesion in the third lumbar vertebra actually represented a metastasis, we might have expected the acid phosphatase values to be elevated. It was, however, only 3.3 units per cent.

DR. MACFARLANE: This value was obtained during the man's last hospitalization after he had been on stilbestrol therapy for a considerable period of time. Huggins and also Dean have demonstrated that acid phosphatase values initially high will decrease to a normal range when stilbestrol is administered.

DR. CARL MOORE: Yes, that is certainly true. We should have obtained a determination of the acid phosphatase at the time the biopsy diagnosis was made. Dr. Macfarlane, would the stilbestrol have any effect whatever on the lesion in the third lumbar vertebra, if that actually does represent a metastasis?

DR. MACFARLANE: The effect on metastases is extremely variable. In some persons they seem to melt away, in others they are stationary, and in still others they grow gradually larger. However, the pain almost always disappears.

DR. CARL MOORE: It is true that the bone metastases sometimes become very sclerotic, so that we do not need to postulate Paget's disease as a part of the diagnosis. Another problem which arises in relation to the diagnosis of carcinoma of the prostate is this: were the hematologic changes those of chronic myelogenous leukemia or of a leukemoid reaction?

DR. EDWARD REINHARD: It is difficult to be absolutely certain, but there are some things that are against calling this a leukemoid reaction. The count of 300,000 white blood cells is high for a leukemoid reaction. If it were a leukemoid reaction, with such a high white blood cell count you would expect to find extensive metastases to the bone. Secondly, the patient had a tremendous spleen, which responded to x-ray therapy. The presence of leukemic cells in the abdominal fluid would be more in favor of a leukemia. The duration of the hematologic change also favors leukemia.

DR. CARL MOORE: Dr. Sale, do you have any comment to make on this?

DR. LLEWELLYN SALE: I thought this was a myelogenous leukemia. I was surprised to find no enlargement of the liver, which is a very frequent accompaniment of chronic myelogenous leukemia. However, I think the

blood picture and the hyperleukocytosis would justify a diagnosis of myeloid leukemia.

DR. CARL MOORE: Dr. Macfarlane, will you add anything more to the points of differential diagnosis between leukemoid reactions and myeloid leukemia?

DR. MACFARLANE: In leukemoid reactions young red blood cells are found in the peripheral blood more or less in proportion to the degree of leukemoid reaction. This patient apparently had none. The bone marrow picture in this patient is fairly definite. No significant decrease in the number of red blood cells in the bone marrow is usually found in leukemoid reactions.

DR. CARL MOORE: Dr. Krumbhaar in one of his papers on the differential diagnosis of leukemoid reaction and myeloid leukemia says that even at autopsy he is not always able to make a sharp differentiation. So while we make the diagnosis of chronic myeloid leukemia as most probable, we must retain a slight reservation for the possibility of leukemoid reaction.

DR. SALE: Do you see a high platelet count in leukemoid reaction?

DR. MACFARLANE: There have been only four or five mentions of platelet counts in all the reports of leukemoid reactions. In some of our cases, they have been normal or slightly high.

DR. CARL MOORE: Dr. Massie, this man had hypertension. Do you think he also had hypertensive heart disease?

DR. EDWARD MASSIE: I think it is likely he did have hypertensive heart disease; he had hypertension associated with cardiac enlargement. In addition, an accentuated second sound is described. The subsequent course of his illness was probably conditioned by a failing cardiovascular system.

DR. CARL MOORE: You think he had some cardiac decompensation?

DR. MASSIE: Yes.

DR. CARL MOORE: Dr. Taussig, do you agree with this?

DR. BARRETT TAUSSIG: As I remember it, the patient did not respond to digitalis administration, which is some evidence against heart failure as a factor.

DR. CARL MOORE: The history does not state so clearly, but I remember that he did improve somewhat with digitalization. He developed ascites, pleural effusion, jaundice, and a comparatively low serum protein value of 4.9. He had an osmotic pressure from serum proteins of about 19 mm. of mercury, and that, plus some increase in venous pressure, could probably have accounted for edema. It could not, however, account for the jaundice at the same time, unless it is assumed that the patient had a cardiac cirrhosis.

DR. MASSIE: The shortness of the course of cardiac failure would not be compatible with cardiac cirrhosis.

DR. CARL MOORE: Are there any other suggestions?

DR. SALE: Could not these symptoms, and perhaps also the cardio-vascular symptoms, be explained on the basis of leukemic infiltration of the liver?

DR. CARL MOORE: Would that account for ascites? It could account for the jaundice and low serum protein, but how about the ascites and pleural effusion?

DR. SALE: I was thinking of leukemic infiltration of pleural membranes and of the possibility that hepatic nodules might press on radicles of the portal vein.

DR. CARL MOORE: Leukemic infiltration of the pleura is rarer in myelogenous leukemia than in lymphatic. The suggestion, however, needs serious consideration.

DR. MASSIE: What about the possibility of liver metastases from carcinoma of the prostate? Also, would stilbestrol therapy of this degree produce jaundice?

DR. WILLIAM RUSSELL: It has been reported.

DR. CARL MOORE: Are there any other suggestions? Dr. Sale, do you think it likely that the Fowler's solution could have had anything to do with producing hepatic insufficiency and cirrhosis?

DR. SALE: I do not know.

DR. CARL MOORE: I found reports of seven cases of cirrhosis which were apparently caused by the administration of arsenic. I found an interesting epidemic of arsenic poisoning which occurred in England in 1903 following the contamination of beer with arsenic. A fairly high incidence of ascites developed in those persons who had drunk the beer. Usually the ascites disappeared, the jaundice disappeared, and no further difficulty was encountered. Periportal cirrhosis, caused by the potassium arsenite is, therefore, a possibility.

The last thing for discussion is the kidney. The patient obviously had a cystitis, but he had a very large left kidney. No one made any suggestion clinically as to the nature of this lesion.

DR. MASSIE: Leukemic infiltration of the kidney may have occurred.

DR. DONALD BOTTOM: I would like to point out that what appears in the x-ray as a kidney shadow, might be a spleen shadow.

DR. CARL MOORE: I should think it would be unusual to have such a marked degree of unilateral infiltration of leukemic cells as to completely block the function of one kidney and not disturb the other. Dr. Karl, have you any comment to make?

DR. MICHAEL KARL: What about a unilateral hydronephrosis?

DR. CARL MOORE: Do you think he could have had enlarged nodes from the metastases of the prostate which blocked the ureter? It seems strange that a catheter was passed up his right ureter and none up his left.

INTERN: They could not find the orifice of the left ureter.

DR. MASSIE: I dogmatically eliminated cardiac cirrhosis, but one can have jaundice in cardiac failure without cardiac cirrhosis.

DR. CARL MOORE: In the absence of infarction?

DR. MASSIE: Yes.

DR. CARL MOORE: It would be my feeling to close the discussion by saying that this man had carcinoma of the prostate with metastases to the bony framework, with sclerotic changes in these metastases as a result of stilbestrol therapy, chronic myeloid leukemia, hypertension and cardiac decompensation, some periportal cirrhosis because of the administration of Fowler's solution, and perhaps a unilateral hydronephrosis on the left side. Dr. Kantor has collected some statistics about the cases of myeloid leukemia in this hospital in the last 5 years. There were about 40 cases up to the first of this year. Of those one lived 5 years, two lived 4 years and four lived over 3 years. This man had lived two years from the time of diagnosis, but it is difficult to say how long the disease had existed.

DR. MOORE'S DIAGNOSIS

Carcinoma of prostate with metastasis to 3rd lumbar vertebra.

Chronic myelogenous leukemia.

Hypertension with hypertensive heart disease.

Periportal cirrhosis of liver.

Cystitis.

Unilateral hydronephrosis, left.

CLINICAL DIAGNOSIS

Myelogenous leukemia.

Adenocarcinoma of prostate.

Arteriosclerotic heart disease.

Chronic pyelonephritis, left.

ANATOMIC DIAGNOSIS

Myeloid leukemia involving the bone marrow and the spleen.

Leukemic splenomegaly (1000 grams).

Central necrosis of the liver with erythrophagocytosis.

Carcinoma of the prostate with extension to the seminal vesicles.

Gynecomastia with ductal hyperplasia, bilateral.

Squamous metaplasia of the transitional epithelium of the colliculus seminalis.

Chronic pyelonephritis of the left kidney.

PATHOLOGIC DISCUSSION

DR. WILLIAM O. RUSSELL: We have been able to confirm your clinical diagnosis in most of its parts, Dr. Moore, but you will find that the diagnosis of myeloid leukemia has been placed first in the arrangement of the pathological diagnosis, and carcinoma of the prostate second. The carcinoma of the prostate was placed second because the tumor, as we observed it at necropsy, had undergone a marked regression and could be regarded as satisfactorily controlled by the estrogenic therapy. Myeloid leukemia was placed first since it was this disease that killed the patient. Sections of the carcinoma of the prostate taken at autopsy showed a different type of growth from that noted in the surgical specimen. There was marked fibrosis around the islands of tumor and the individual cells were low cuboidal and did not form well-differentiated alveoli. The appearance of this tumor was in sharp contrast to the tumor seen in the surgical specimen which was a well-differentiated adenocarcinoma that formed large alveoli composed of tall, columnar cells, that in some instances were secreting mucus. The change in the type of growth noted in the tumor at necropsy can be attributed to the effect of the estrogenic substances. It has been the well-differentiated types of prostatic carcinoma of which this case is an example that have responded favorably either to castration or to the administration of estrogenic substances. The poorly differentiated anaplastic types of prostatic carcinoma where there is little tendency for the cells to differentiate into well-formed alveoli rarely respond to castration or therapy with estrogenic substances. The effect of the estrogenic substances was observed in other tissues of the body in addition to the effect previously referred to in the prostatic carcinoma. Sections from the breast showed hyperplasia of the cells of the mammary ducts. In the prostate there was marked squamous metaplasia of the normal transitional epithelium over the colliculus seminalis. The epithelial cells over the colliculus were typical squamous cells showing cornification and containing keratohyaline granules in their cytoplasm. The glandular elements of the prostate also showed the effect of estrogenic stimulation as evidenced by the appearance of a pseudo-stratified type of columnar epithelium in the alveoli which normally have a simple columnar arrangement.

The diagnosis of myeloid leukemia was easily confirmed by the advanced leukemic infiltration of all the bone marrows examined and the marked enlargement of the spleen. There was, however, but minimal leukemic infiltration into the liver.

We were unable to confirm the clinical diagnosis of hypertensive heart disease since the heart was not remarkably enlarged and the kidneys disclosed only a minimal amount of arteriolar nephroclerosis.

The jaundice, the ascites, and the peripheral edema are not easily accounted for. There was a moderately advanced central necrosis of the liver but no cirrhosis. Just why this man should have had the degree of central necrosis of the liver that we found is difficult to say with certainty. No doubt, the long-continued therapy with Fowler's solution was an important contributing factor. I do not believe that the stilbestrol played a significant role in the production of the liver damage because in experimental work with animals the administration of far greater proportional amounts of this substance than this patient received has not produced significant change in the liver. Jaundice has been reported clinically following the therapeutic administration of stilbestrol. However, it is probable that the stilbestrol was a factor in the production of the edema and the ascites since it is a well established fact from clinical experience and from animal experimental work that estrogenic substances cause the retention of fluids in the body. The liver damage and the low plasma protein, plus the effect of estrogenic substances, I feel is an adequate explanation for the edema and disturbed fluid balance in the case.

We have only one section from the lumbar vertebra showing the increased density in the roentgenogram and this section showed no tumor. No tissue was removed from the ilium for pathological study, so we are unable to say if the bony change noted there in the roentgenogram was metastatic tumor or not. The section from the lumbar vertebra showed no evidence of Paget's disease.

News from the Medical School and Affiliated Hospitals

The Chancellor announced the following gifts to the School of Medicine between September 1 and December 31, 1943: from The International Cancer Research Foundation, \$1,800 to Dr. Robert Moore in the Department of Pathology for studies in leukemia; from Dr. Louis Aitken, \$2,000 to establish a fellowship in the name of his mother, Mrs. Thekla Aitken, in the Department of Internal Medicine in the division of metabolism; from The John and Mary R. Markle Foundation, \$3,000 annually for two years in support of the hematological studies of Dr. Carl Moore in the Department of Internal Medicine; from an anonymous donor, a pledge of \$15,000 to the Department of Neuropsychiatry for research in nervous and mental diseases; from the W. K. Kellogg Foundation, \$5,000 for additional scholarship and loan funds for students in the School of Medicine; from the Office of Scientific Research and Development, a contract to furnish up to \$3,600 to Dr. Robert Elman in the Department of Surgery; from the Office of Scientific Research and Development, a contract to furnish up to \$3,650 to Dr. Peter Heinbecker for a research project under his direction in the Department of Surgery; from the Commonwealth Fund, a renewal gift of \$2,580 in support of Dr. Peter Heinbecker's study of kidney function with special reference to endocrine control; from Dr. Ernest Sachs, \$1,200 to the Fund for Neurological Surgery; from the Burdick Corporation, \$1,440, from Mr. H. F. Urbauer, \$1,000, from Dr. William Kountz, \$1,000, from various donors, a total of \$6,300, all to be used in the study of degenerative diseases under the direction of Dr. William Kountz in the Department of Internal Medicine.

New Appointments to the staff include: Dr. K. C. Chouke as Visiting Assistant Professor of Anatomy for the period January 1 to June 30, 1944; Dr. Kurt Salomon as Research Associate in Psychiatry and in Radiology; Dr. Oscar Auerbach as Visiting Instructor in Pathology; Dr. Thomas Black and Dr. James McCrory as Assistants in Otolaryngology; Dr. Frank A. Sooy as Assistant in Clinical Otolaryngology; Dr. George R. Magee as Assistant in Ophthalmology; Dr. Arthur Sonnenberg as Research Assistant in Medicine; Mrs. Sylvia Broady as Research Assistant in Pathology.

Leaves of absence for duty in the armed forces have been granted to the following: Dr. Samuel D. Soule, Assistant Professor of Clinical Obstetrics and Gynecology; Dr. Michael Karl, Instructor in Clinical Medicine; Dr.

G. O'Neil Proud, Instructor in Otolaryngology; Dr. William G. Reese, Assistant in Neuropsychiatry.

Resignations of staff members include the following: Dr. Marion Morris, Assistant Professor of Bacteriology and Immunology; **Dr. Bernard J. McMahon**, Assistant Professor of Clinical Otolaryngology; Dr. Irving Goodof, Instructor in Pathology; Dr. Mary Ritchey, Assistant in Pathology; Dr. Aquiles Lentino, Visiting Fellow in Chest Surgery.

Dr. S. Edward Sulkin resigned as Bacteriologist in Charge of the Virus Laboratory, St. Louis Health Division and Instructor in Bacteriology, Washington University School of Medicine, and accepted a position as Associate Professor of Bacteriology, Southwestern Medical Foundation School of Medicine, Dallas, Texas.

The Fellowship Board of Sigma Delta Epsilon made up of Dr. Louis S. McDowell, Department of Physics, Wellesley College; Dr. Virginia Bartow, Department of Chemistry, University of Illinois; and Dr. Eloise Gerry, Division of Silvicultural Relations, U. S. Forest Products Laboratory and University of Wisconsin (Chairman), have unanimously selected Miss Dorothy Ziegler for the Fellowship award. Miss Ziegler, Washington University School of Medicine, will use the \$1000 award to further her researches at the Barnard Free Skin and Cancer Hospital. Dr. Edmund V. Cowdry is directing the research, and it deals with studies of the changes in epidermal cells, comparing harmless and malignant cells through the application of improved new techniques. Mount Holyoke College awarded Miss Ziegler her B.A. degree magna cum laude in 1940 and her M.A. in 1942. She was elected to Phi Beta Kappa in her junior year. Her previous research work has dealt with the thymus and other glands in mice.

Dr. Ernest Sachs lectured on Head Injuries and Brain Tumors to the Officers at Kirtland Field, Albuquerque, New Mexico, at one of the war time graduate medical meetings, which are designed for Medical Officers of the Armed Forces, and which are conducted under the auspices of the American Medical Association, the American College of Physicians and the American College of Surgeons. The meeting was held on October 13-14-15, 1943. The following week he delivered the same lectures to the Officers at Davis-Monthan Field, Tucson, Arizona.

Commander Leonard T. Furlow, former Associate Professor of Clinical Neurological Surgery, announces his new address: 436 H Avenue, Coronado, California.

Dr. Harry L. Alexander, Professor of Clinical Medicine, visited the community hospital in Tupelo in November and conducted clinics. This hospital is one established by the Commonwealth Fund.

Dr. W. O. Russell, Dr. William Callahan and Dr. Margaret G. Smith read a paper on "Infantile Toxoplasmosis" before the American Society of Tropical Medicine in Cincinnati.

Dr. Evarts Graham read a paper on "The Indications for Total Pneumectomy," before the American College of Chest Surgeons at the recent Cincinnati meeting.

Dr. E. C. Cowdry and Dr. Robert A. Moore have been appointed members of the Committee on the Biological Processes of Aging of the Division of Biology and Agriculture, National Research Council. A meeting of the committee was recently held in Washington.

Dr. Malcolm Cook has been appointed Physician in Charge of Student Health Service.

Dr. Evarts Graham gave the annual Hertzler Lecture of the Phi Beta Pi Fraternity, of the University of Kansas in November.

The School of Medicine was represented at the Southern Medical Association by numerous members of the faculty. Dr. Willard Allen presided at the meeting of the Section on Obstetrics and Gynecology, and Dr. Frank Bradley, of the Section on Medical Education and Hospital Training. Colonel Arbuckle from Fort Leonard Wood was his usual genial self.

The medical school was well represented at the Sixteenth Annual Meeting of the Central Society for Clinical Research, held in Chicago, Illinois, November 5, 1943. The following abstracts were read at the Scientific Program: "Hematologic Complications of Therapy with Radioactive Phosphorus," by Drs. L. A. Hempelmann, Jr., E. H. Reinhard, O. S. Bierbaum, Carl V. Moore, and Sherwood Moore; "Pencillin, a Clinical Study of its Therapeutic Effectiveness," by Drs. Paul O. Hageman, Samuel P. Martin and W. Barry Wood, Jr.; "Pork Adrenal Cortex Extract: Greater Effect Upon Carbohydrate Metabolism," by Dr. Cyril M. MacBryde; "Effect of Digitalis Administration on the Coagulability of Human Blood," by Dr. Edward Massie; and "Observations on Patients with Nutritional Macrocytic Anemia," by Dr. Carl V. Moore. Dr. Carl V. Moore has again been elected Secretary-Treasurer of the Central Society for Clinical Research.

The Alpha Omega Alpha Initiation Banquet was held December 7, at 6:00 o'clock in the University Club. The following seniors were initiated at the meeting: Edward W. Czebrinski, Louis A. Gottschalk, David T. Graham, Harold Grant, Richard A. Jones, Edwin Krebs, Harry J. Lawler, Margaret Faye Meyn, William H. Middleton, Samuel Oleesky, James G. Owen, Burton Shatz, Richard L. Sleeter, Helen E. Yaeger, and Lafayette Young. As is customary, four juniors were elected: Albert E. Hensel, Robert D. Lange, David E. Smith, David W. Talmage. Dr. Alvin Tabankin, of the Class of March, '43 was also elected. Following the banquet the annual lecture was given in the auditorium of the medical school. Dr. Irvine H. Page, Director of the Lilly Laboratory for Clinical Research at Indianapolis, spoke on "The Nature and Treatment of Hypertension."

Ann Jones Campbell, Superintendent of Nurses at St. Louis Maternity Hospital, was appointed Instructor in the School of Nursing.

Dr. Richard Scobee, Assistant Ophthalmologist to the Barnes and St. Louis Children's Hospitals, entered the Army on August 15, 1943.

Miss Louise Knapp, Director of the School of Nursing, has just returned from Washington, D. C., where she has been helping to organize the Cadet Nurse Corps.

The Joint Medical Board recommended to the appropriate Boards the following appointments to the staffs of the hospitals: Drs. Gilbert Forbes and Marianne Kuttner, Assistant Physicians to the St. Louis Children's Hospital; Dr. James McCrory, Assistant Otolaryngologist to the Barnes, McMillan and St. Louis Children's Hospitals; Drs. John Akin, Charles Eckert and Gordon Moore, Assistant Surgeons to the Barnes and St. Louis Children's Hospitals; Drs. McCarthy Demere and Bernard Sarnat, Voluntary Assistant Surgeons to the Barnes Hospital; Drs. Ruth Freedman and George R. Magee, as Voluntary Assistants in Ophthalmology in McMillan, Barnes and the St. Louis Children's Hospitals; Dr. Robert Stowell, as Assistant Pathologist on the staffs of the Barnes, McMillan, the St. Louis Children's and the St. Louis Maternity Hospitals; Dr. Oscar Aurbach as Voluntary Assistant Pathologist in the Barnes, McMillan, St. Louis Children's and St. Louis Maternity Hospitals; Dr. Donald Bottom, as Assistant Radiologist to the Barnes, McMillan and St. Louis Children's Hospitals; and Dr. George W. Salmon as Assistant Physician to the St. Louis Children's Hospital.

Publications by the Staff of the School of Medicine, Washington University

September - November, 1943

- Alexander, H. L., Bulger, H. A., Wilson, K. S., et al. Partial fibrous obliteration of the pericardial cavity with calcification; fibrous pleuropericardial adhesions; hypertrophy and dilation of the heart (440 grams); partially organized thrombi in the secondary and tertiary branches of the pulmonary arteries; infarcts in all lobes of the lungs, (Barnes case 26) *J. Missouri M. A.*, 40: 287-291, Sept., 1943.
- Alexander, H. L., Hageman, P. O., Wood, W. B., Jr., et al. Carcinoma of the anterior part of the body of the pancreas; atrophy and fibrosis of the tail of the pancreas; direct extension of carcinoma to the gastrophrenic omentum with compression of the common bile duct; dilation of the extra-hepatic bile ducts; obstructive biliary cirrhosis; thrombosis of the portal and splenic veins; thrombosis of the left subclavian veins; thrombi in the pulmonary arteries; infarcts of the lung; metastases of the carcinoma to the regional lymph nodes, liver, lungs, adrenals and mesentery of the ileum, (Barnes case 25) *J. Missouri M. A.*, 40: 282-284, Sept., 1943.
- Alexander, H. L., Harford, C. G., Bulger, H. A., et al. Typhoid fever; hyperplasia and ulceration of Peyer's patches of the ileum, cecum and colon; hyperplasia and focal necrosis of the mesenteric lymph nodes; focal necrosis of the liver, spleen and adrenal glands; hyperplasia of the spleen; bronchopneumonia, (Barnes case 31) *J. Missouri M. A.*, 40: 349-353, Nov., 1943.
- Alexander, H. L., Olmsted, W. H., Hageman, P. O., et al. Acute inflammation of prostate; foci of necrosis and foreign body granulomas in the prostate (history of administration of sulfathiazole); foci of necrosis in the liver, spleen and kidneys; acute nephrosis, (Barnes case 40) *J. Missouri M. A.*, 40: 323-327, Oct., 1943.
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- Blades, B. B. Conservation of lung tissue by partial lobectomy, *Ann. Surg.*, 118: 353-365, Sept., 1943.
- Blattner, R. J. and Heys, F. M. Blood-sucking vectors of encephalitis; experimental transmission of St. Louis encephalitis to white Swiss mice by the American dog tick, *Dermacentor variabilis* say., *J. Pediat.*, 23: 371-375, Oct., 1943.
- Blattner, R. J., Heys, F. M. and Hartmann, A. F. Advantages of egg culture technic in infectious diseases. 1. Meningitis: (a) primary isolation of organisms from spinal fluid; (b) culture of spinal fluid during treatment with sulfonamide compounds, *Arch. Path.*, 36: 262-268, Sept., 1943.
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- Brown, R. L., Levenstein, I. and Becker, B. The spermicidal times of samples of commercial contraceptives secured in 1942, *Human Fertil.*, 7: 65-67, Sept., 1943.
- Bruneau, J. and Graham, E. A. A caution against too liberal use of citrated blood in transfusions, *Arch. Surg.*, 47: 319-325, Oct., 1943.
- Byars, L. T. Avulsion of scrotum and skin of penis; technique of delayed and immediate repair, *Surg., Gynec. & Obst.*, 77: 326-329, Sept., 1943.

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- Cowdry, E. V. In appreciation of Dr. R. R. Bensley, *Biol. Symposia*, 10: 7-8, 1943.
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- Cramer, W. and Stowell, R. E. On the quantitative evaluation of experimental skin carcinogenesis by methylcholanthrene. The factors of dosage, time, spacing of applications, and the multiplicity of the carcinogenic response, *Cancer Research*, 3: 668-681, Oct., 1943.
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- Goldman, A. Cavernous hemangioma of the lung: secondary polycythemia, *Dis. of Chest*, 9: 479-486, Nov.-Dec., 1943.
- Green, A. A. and Cori, G. T. Crystalline muscle phosphorylase. I. Preparation, properties, and molecular weight, *J. Biol. Chem.*, 151: 21-29, Nov., 1943.
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- Key, J. A. Internal and external fixation of high osteotomies of the femur, *J. Bone & Joint Surg.*, 25: 737-744, Oct., 1943.
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- Moore, M. and Manting, G. Sporotrichosis following a mosquito bite. Descriptions of lesions in a girl of Indian and French descent, *Arch. Dermat. & Syph.*, 48: 525-526, Nov., 1943.
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- Wattenberg, C. A., and Rose, D. K. Reproduction of renal overdistention pain. Its clinical diagnostic value, *J. Urol.*, 50: 280-289, Sept., 1943.
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- Wood, W. B., Jr., Hageman, P. O., Fischel, W., et al. Chronic endocarditis of the mitral, aortic and tricuspid valves; subacute bacterial endocarditis of the mitral valve, acute purulent leptomenigitis; multiple abscesses of the left basal ganglia and corpus callosum; acute arteritis of the small cerebral arteries; infarcts of the spleen; bronchopneumonia of all lobes of the lungs, slight; infarcts of the kidneys with the formation of small abscesses; myeloid hyperplasia of the bone marrow, (Barnes case 29), *J. Missouri M. A.*, 40: 319-323, Oct., 1943.

Appointments for the Class of December 1943

- Alex, Morris, St. Joseph, Missouri—Jewish Hospital, St. Louis, Missouri
- Alford, Almond Wade, Winfield, Alabama—Employees' Hospital of the Tennessee Coal, Iron and Railroad Company, Fairfield, Alabama
- Allen, Jerry Harrison, Jr., Reidsville, North Carolina—Barnes Hospital, St. Louis, Missouri
- Allred, H. Lawrence, Madera, California—Fresno County General Hospital, Fresno, California
- Alsop, Webb Stange, Jr., New Franklin, Missouri—U. S. Naval Hospital, San Diego, California
- Asel, Norman Donald, Washington, Missouri—St. Louis City Hospital, St. Louis, Missouri
- Black, J. P. Myles, Carlsbad, New Mexico—General Hospital of Fresno County, Fresno, California
- Blinn, John F., Jr., Stockton, California—San Francisco City and County Hospital, San Francisco, California
- Blumenschein, John Charles, Ames, Iowa—Virginia Mason Hospital, Seattle, Washington
- Boles, C. Read, St. Louis, Missouri—Barnes Hospital, St. Louis, Missouri
- Bondurant, Bryce H., Kirksville, Missouri—St. Luke's Hospital, St. Louis, Missouri
- Castile, Daniel S., Le Grand, California—San Francisco City and County Hospital, San Francisco, California
- Chappell, Frances May, St. Louis, Missouri—McMillan Hospital, St. Louis, Missouri
- Clay, Joseph B., San Diego, California—St. Louis City Hospital, St. Louis, Missouri
- Compton, J. Richard, Memphis, Tennessee—Union Memorial Hospital, Baltimore, Maryland
- Costner, Alfred Nixon, Lincolnton, North Carolina—Norfolk General Hospital, Norfolk, Virginia
- Covington, Terrell, Jr., Muskogee, Oklahoma—Peterson General Hospital, Peterson, New Jersey
- Cravens, James, Collinsville, Illinois—University of Chicago Clinics, Chicago, Illinois
- Czebrinski, Edward Walter, St. Louis, Missouri—St. Louis City Hospital, St. Louis, Missouri
- De Bold, Conrad, New York, New York—Fordham Hospital, Bronx, New York City, New York
- Donley, Leo F., Jr., St. Louis, Missouri—Barnes Hospital, St. Louis, Missouri
- Dwyer, Frank X., Kansas City, Missouri—United States Naval Hospital, San Diego, California
- Eisenhauer, John Herman, Post Falls, Idaho—Barnes Hospital, St. Louis, Missouri
- Engelman, Reinhold, Terre Haute, Indiana—St. Louis City Hospital, St. Louis, Missouri
- Erickson, William Gardner, Danville, Illinois—Salt Lake County General Hospital, Salt Lake City, Utah
- Finsten, Herman Ludwig, Grand Forks, North Dakota—Sacred Heart Hospital, Spokane, Washington
- Fritz, Herbert C., Bunker Hill, Illinois—St. Louis City Hospital, St. Louis, Missouri
- Fukushima, Yasuyuki; Wahiawa, Oahu, Hawaii—Barnes Hospital, St. Louis, Missouri
- Geppert, Joseph W., Vermillion, South Dakota—Mt. Carmel Hospital, Detroit, Michigan

- Geppert, Thomas V., Vermillion, South Dakota—Henry Ford Hospital, Detroit, Michigan
- Goldfarb, Alvin, St. Louis, Missouri—Jewish Hospital, St. Louis, Missouri
- Gottschalk, Louis A., St. Louis, Missouri—Barnes Hospital, St. Louis, Missouri
- Graham, David T., St. Louis, Missouri—Barnes Hospital, St. Louis, Missouri
- Grant, Harold M., New York, New York—Barnes Hospital, St. Louis, Missouri
- Greenwood, Ben Sam, Champaign, Illinois—Ancker Hospital, St. Paul, Minnesota
- Guemmer, Gerald E., New Holland, Illinois—Research and Educational Hospitals, Chicago, Illinois
- Guhleman, Henry V., Jr., Jefferson City, Missouri—University of Maryland Hospital, Baltimore, Maryland
- Haddock, James Nelson, Cape Girardeau, Missouri—Lucas County General Hospital, Toledo, Ohio
- Hewitt, A. Lee, Maplewood, Missouri—Missouri Baptist Hospital, St. Louis, Missouri
- Hewitt, Helen, St. Louis, Missouri—Johns Hopkins Hospital, Baltimore, Md.
- Hodges, William Wilson, Tuscaloosa, Alabama—Union Memorial Hospital, Baltimore, Maryland
- Ingram, Jack, Pendleton, Oregon—St. Louis City Hospital, St. Louis, Missouri
- Jones, Richard A., St. Louis, Missouri—Barnes Hospital, St. Louis, Missouri
- Jones, William Hammond, French Camp, Mississippi—Baptist Memorial Hospital, Memphis, Tennessee
- Jordan, Mary, Webster Groves, Missouri—Philadelphia General Hospital, Philadelphia, Pennsylvania
- Joslyn, Howard Pratt, Oak Park, Illinois—Milwaukee County Hospital, Milwaukee, Wisconsin
- Kennedy, Walter J., Jr., Sedalia, Missouri—St. Louis Children's Hospital, St. Louis, Missouri
- Kettenbach, Edward Leland, Tucson, Arizona—St. Vincent's Hospital, Portland, Oregon
- Kowert, Edward H., St. Louis, Missouri—Cumberland Hospital, Brooklyn, N. Y.
- Krebs, David E., Sioux City, Iowa—Jennie Edmundson Memorial, Council Bluffs, Iowa
- Krebs, Edwin, Greenville, Illinois—Barnes Hospital, St. Louis, Missouri
- Larsen, Boyd J., Lehi, Utah—Salt Lake County General Hospital, Salt Lake City, Utah
- Lawler, Harry James, Chicago, Illinois—St. Louis Children's Hospital, St. Louis, Missouri
- Lichtwardt, Harry Edward, Rio de Janeiro, Brazil—Woman's Hospital, Detroit, Michigan
- Lince, Elaine Kingsbacher, Pasadena, California—Langley Porter Clinic Medical Center, San Francisco, California
- Luikart, Ralph H., Jr., Omaha, Nebraska—Massachusetts General Hospital, Boston, Massachusetts
- Lyda, Wood, Seattle, Washington—DePaul Hospital, St. Louis, Missouri
- Makley, Torrence, Dayton, Ohio—Barnes Hospital, St. Louis, Missouri
- Matheson, Harl Wood, Neponset, Illinois—St. Luke's Hospital, Chicago, Illinois
- Mazur, Herbert, St. Louis, Missouri—Jewish Hospital, St. Louis, Missouri
- McElroy, Glenn Leslie, New Franklin, Missouri—St. Luke's Hospital, St. Louis, Missouri
- Meisenheimer, Martin Peter, Oak Park, Illinois—West Suburban Hospital, Oak Park, Illinois
- Meyn, Margaret Faye, Mount Vernon, Missouri—Barnes Hospital, St. Louis, Missouri
- Middleton, William H., Alton, Illinois—Lutheran Hospital, St. Louis, Missouri
- Miller, William J., Topeka, Kansas—Barnes Hospital, St. Louis, Missouri
- Moore, Andrew Maurice, St. Louis, Missouri—St. Louis City Hospital, St. Louis, Missouri
- Moore, Stanley W., Vandalia, Illinois—DePaul Hospital, St. Louis, Missouri
- Motley, Cornealia E., Columbia, Missouri—St. Louis City Hospital, St. Louis, Missouri

- Mundy, Carroll F., St. Joseph, Missouri—Illinois Central Hospital, Chicago, Illinois
- Neils, Julius, Portland, Oregon—St. Vincent's Hospital, Portland, Oregon
- Oleesky, Samuel, Manchester, England—Manchester University Medical School, Manchester, England
- Owen, James, Monmouth, Illinois—St. Louis County Hospital, St. Louis, Missouri
- Parker, H. Graham, Kansas City, Missouri—Kansas City General Hospital, Kansas City, Missouri
- Pratt, Alsey C., Jr., Centerville, Alabama—United States Navy Bureau of Medicine and Surgery, Washington, D. C.
- Price, William, Oswego, Kansas—Kansas City General Hospital, Kansas City, Kansas
- Quick, James Chilton, Clendenin, West Virginia—Charleston General Hospital, Charleston, West Virginia
- Quinn, James H., Independence, Missouri—Salt Lake County General Hospital, Salt Lake City, Utah
- Ramsdell, Stuart T., Flandreau, South Dakota—Minneapolis General Hospital, Minneapolis, Minnesota
- Ray, Weldon, Tuscaloosa, Alabama—St. Louis City Hospital, St. Louis, Missouri
- Rohlfing, Walter A., St. Louis, Missouri—Fresno County Hospital, Fresno, California
- Rose, Ira Woodall, Jr., Rocky Mount, North Carolina—Union Memorial Hospital, Baltimore, Maryland
- Scheer, George Edward, Wichita, Kansas—St. Louis City Hospital, St. Louis, Missouri
- Schricker, James Louis, Jr., Salt Lake City, Utah—Latter Day Saints Hospital, Salt Lake City, Utah
- Schwartz, Ernest, San Francisco, California—Franklin Hospital, San Francisco, California
- Schatz, Burton A., St. Louis, Missouri—Jewish Hospital, St. Louis, Missouri
- Shigeoka, Edward H., Makaweli, Hawaii—St. Louis County Hospital, St. Louis, Missouri
- Silvermintz, Saul D., Clayton, Missouri—Jewish Hospital, St. Louis, Missouri
- Sledge, James N., Greensboro, Alabama—Employees' Hospital of the Tennessee Coal, Iron and Railroad Company, Fairfield, Alabama
- Sleeter, Richard L., Medford, Oregon—Salt Lake County General Hospital, Salt Lake City, Utah
- Smith, Donald E., Salt Lake City, Utah—Presbyterian Hospital, Chicago, Illinois
- Sprenger, Lucille A., Peoria, Illinois—Harper Hospital, Detroit, Michigan
- Spillane, Richard Judd, Bloomfield, Connecticut—Hartford Hospital, Hartford, Connecticut
- Stadtner, David Allan, San Francisco, California—San Francisco City Hospital, San Francisco, California
- Stauffer, Tom G., St. Louis, Missouri—Vanderbilt University Hospital, Nashville, Tennessee
- Sudholt, Alfred F., Jr., St. Louis, Missouri—St. Luke's Hospital, St. Louis, Missouri
- Sullivan, Dan, East St. Louis, Illinois—United States Naval Hospital, Bethesda, Maryland
- Swift, Robert H., San Francisco, California—
- Tagge, James F., Enid, Oklahoma—Barnes Hospital, St. Louis, Missouri
- Thorne, Wiley, Jr., Mountain Grove, Missouri—St. Louis City Hospital, St. Louis, Missouri
- Tichenor, Robert W., Sappington, Missouri—St. Louis City Hospital, St. Louis, Missouri
- Tigert, Russell, Jr., Soda Springs, Idaho—St. Louis City Hospital, St. Louis, Missouri
- Trueblood, Alva C., Jr., St. Louis, Missouri—St. Louis Maternity Hospital, St. Louis, Missouri
- Vest, James Christopher, Whitesville, West Virginia—St. Louis City Hospital, St. Louis, Missouri
- Walters, Harold E., San Jose, California—St. Luke's Hospital, Denver, Colorado
- Welborn, William S., St. Louis, Missouri—DePaul Hospital, St. Louis, Missouri

- Westcott, Robert J., Knox City, Missouri—St. Luke's Hospital, St. Louis, Missouri
- Wiegand, Herbert C., St. Louis, Missouri—Barnes Hospital, St. Louis, Missouri
- Wilson, John A., Pekin, Illinois—St. Louis County Hospital, St. Louis, Missouri
- Woolsey, Carl T., Salt Lake City, Utah—St. Mark's Hospital, Salt Lake City, Utah
- Yeager, Helen, Palmyra, Missouri—Illinois Research and Education Hospital, Chicago, Illinois
- Young, Lafayette, Alton, Illinois—Barnes Hospital, St. Louis, Missouri

Appointments to the House Staff

January 1, 1944

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

- Residents—Cyril J. Costello, University of Texas Department of Medicine, '39
 Charles E. Lockhart, Washington University School of Medicine, '42
 Robert M. Rankin, Johns Hopkins University School of Medicine, '42
- Assistant Residents—Hugh V. Ashley, Jr., Washington University School of Medicine, March '43
 Merton D. Hatch, Harvard Medical School, March '43
 R. Leonard Kemler, Yale University School of Medicine, March '43
 Allyn J. McDowell, Washington University School of Medicine, March '43
 James L. Petry, Washington University School of Medicine, March '43
- Internes—Jerry H. Allen, Washington University School of Medicine, December '43
 Leo F. Donley, Washington University School of Medicine, December '43
 Yasuyuki, Fukushima, Washington University School of Medicine, December '43
 Frederick J. Gray, Jr., Vanderbilt University School of Medicine, December '43
 A. John Neerken, University of Michigan Medical School, October '43
 Alphonse H. Meyer, Jr., Harvard Medical School, December '43
 Joseph C. Peden, Jr., Harvard Medical School, December '43

IN MEDICINE AT THE BARNES HOSPITAL:

- Resident on Ward Service—L. Waylan Macfarlane, Cornell University Medical College, '40
- Assistant Residents on Ward Service—Grace Bergner, Washington University School of Medicine, March '43
 Charles M. Huguley, Washington University School of Medicine, '42
 Ralph O. Smith, University of Chicago Medical Schools, March '43
- Internes on Ward Service—John J. Eisenhauer, Washington University School of Medicine, December '43
 Robert J. Glaser, Harvard Medical School, December '43
 David T. Graham, Washington University School of Medicine, December '43
 Harold Grant, Washington University School of Medicine, December '43
 Edwin G. Krebs, Washington University School of Medicine, December '43
 Charles W. Watson, Yale University School of Medicine, December '43
- Resident on Private Service—Sidney S. Sobin, University of Michigan Medical School '41
- Assistant Residents on Private Service—Dallas D. Anthony, Washington University School of Medicine, March '43
 Donald Huelsmann, Washington University School of Medicine, March '43
 Claude-Starr Wright, Medical College of the State of South Carolina, '42
- Internes on Private Service—Louis A. Gottschalk, Washington University School of Medicine, December '43
 Richard A. Jones, Washington University School of Medicine, December '43
 James F. Tagge, Washington University School of Medicine, December '43
 Herbert C. Wiegand, Washington University School of Medicine, December '43
 Lafayette Young, Jr., Washington University School of Medicine, December '43

ROTATING SERVICE, 2 on Medicine; Pediatrics; and Obstetrics each—

C. Read Boles, Washington University School of Medicine, December '43

Torrence A. Makley, Jr., Washington University School of Medicine, December '43

Frank F. Martin, Cornell University Medical College, December '43

Margaret B. Meyn, Washington University School of Medicine, December '43

William J. Miller, Washington University School of Medicine, December '43

Janet R. Scoville, Columbia University College of Physicians & Surgeons, December '43

IN NEUROPSYCHIATRY AT THE BARNES AND McMILLAN HOSPITALS:

Assistant Residents—Gerard Fountain, Yale University School of Medicine, March '43

Leonard Gallant, University of Rochester School of Medicine, March '43

Warren B. Mills, Washington University School of Medicine, '43

IN RADIOLOGY AT THE BARNES HOSPITAL:

Resident—James A. Read, Washington University School of Medicine, March '43

Assistant Resident, Edwin C. Edwards, Tulane University of Louisiana School of Medicine, March '43

IN DENTISTRY AT THE BARNES HOSPITAL:

Interne—John D. Kubitschek, Creighton University School of Dentistry, December '43

IN GYNECOLOGY AT THE BARNES HOSPITAL:

Resident—Arthur T. Esslinger, Washington University School of Medicine, '40

Assistant Resident—Howard E. McKnight, University of Cincinnati College of Medicine, '41

IN OTOLARYNGOLOGY AT THE McMILLAN, BARNES AND ST. LOUIS CHILDREN'S HOSPITALS:

Resident—Robert W. Godwin, University of California Medical School, '41

Assistant Residents—Harry A. Wittler, Washington University School of Medicine, March '43

Ludwig Furchtgott, New York University College of Medicine, March '43

Henry A. Uhlemeyer, Jr., Washington University School of Medicine, March '43

IN OPHTHALMOLOGY AT THE McMILLAN, BARNES AND ST. LOUIS CHILDREN'S HOSPITALS:

Resident—Claude C. Gray, University of Texas Department of Medicine, '38

Assistant Resident—Edwin E. Garrett, University of Texas Department of Medicine, July '43

Interne—Frances Chappell, Washington University School of Medicine, December '43

IN PATHOLOGY AT THE BARNES, ST. LOUIS CHILDREN'S, ST. LOUIS MATERNITY, AND McMILLAN HOSPITALS:

Resident—William Callahan, Washington University School of Medicine, March '43

Assistant Resident—Edwin C. Edwards, Tulane University of Louisiana School of Medicine, March '43

Interne—Jack Burnett, Johns Hopkins University School of Medicine, December '43

News of Alumni

1884

Dr. J. W. Carey, 1036 Mistletoe, San Antonio, Texas writes: "Dear Alumni: I was graduated from the "Old Missouri Medical College" in the Spring of 1884. I practiced medicine in Grayson County, Texas until April, 1921, at which time I was appointed superintendent of the American Legion Tubercular Sanitarium at Keerville, Texas, a state institution of 600 beds, where I remained until 1923. I then practiced in San Antonio, Texas, but am now retired, and am nearing eighty-five years of age, but am still active. During my early years of service to the public I attended many cases of obstetrics. I have to my credit around three thousand labor cases. In my early days I charged the prevailing fee of \$7.50 to \$10.00, distance and time were not considered. Nurses, hospitals and consultants simply were non-existent in Texas."

"I would like to know if any of the Class of '84 are still living. If so, I should like to hear from them. I believe all the faculty of that date are no longer living."

"May the alumni long live and prosper. I always enjoy reading the QUARTERLY."

1887

Dr. J. W. Riecke's new address is: 1909 Virginia Avenue, St. Louis (4), Missouri.

1897

Dr. Walter L. Johnson's new address is: 400 North Mission Drive, San Gabriel, California.

1901

Dr. James E. Drake's new address is: East 1605 20th Avenue, Spokane (10), Washington.

1905

Dr. C. E. Betts' new address is: 215

E. Magnolia Street, San Antonio (2), Texas.

1907

Dr. Frank S. Luckey's new address is: Houford, Washington.

1908

Dr. Leland P. Viley's new address is: 402 Wirthneau Bldg., Kansas City (3), Missouri.

1909

Lieut. Col. Charles R. Castlen is with a Station Hospital overseas.

1912

Dr. Harry A. Brandes' new address is: 601 5th Street North, Bismarck, N. D.

Dr. Martin Van Raalte's new address is: 2136 Lincoln Park West, Chicago (8), Illinois.

1915

Dr. Eugene R. Kellersberger is General Secretary to the American Mission to Lepers. At the thirty-sixth annual dinner meeting of this society he was toastmaster.

1916

Dr. Roland Nowlin Holcombe's new address is: A.P.O. 45, c/o Postmaster, New York, N. Y.

1919

Edward Hagerman Hashinger is in the armed forces overseas.

1929

Hiram S. Liggett, Beaumont Bldg., St. Louis, Mo., Class Secretary.

Dr. Lester Leo Williams, 226 Central Avenue, El Dorado, Kansas, recently visited the Alumni Office. He reports that he is very busy doing all types of surgery. Dr. Williams is the father of two sons who are both in the army. Wade, the older son, recently finished three years of work at Oklahoma University, and is now studying Japanese at the University of Michigan

under the Army Training Program. Gene, the younger son, has just completed two years of work at Kansas University, and after Army examinations, hopes to follow his father's example by entering Washington University School of Medicine.

We would like to express our appreciation to Dr. Williams for his most generous gift to the Alumni Association.

Dr. Guy H. Hopkins' new address is: 2007 Ely, Pueblo, Colorado.

1922

Armin C. Hofsommer, 639 Lee, Webster Groves, Mo., Class Secretary.

Dr. Rogers Deakin, Secretary-Treasurer of the Alumni Association was elected First Vice-President of the St. Louis Medical Society for the year 1944.

Dr. Wm. J. Dieckmann's new address is: 5841 Maryland, Chicago, Illinois.

Dr. Ward C. Fenton's new address is: 526 Anapahoe, Boulder, Colo.

Dr. Curtis H. Lohr's new address is: A.P.O. 4777, c/o Postmaster, New York, N. Y.

Dr. W. L. Post's new address is: c/o Don Ce Sar, Sub-Base Hospital, St. Petersburg, Fla.

1923

Dr. Ben D. Senturia's new address is: 5788 McPherson Avenue, St. Louis (12), Missouri.

1925

Myron Davis, 3720 Washington, St. Louis, Missouri, Class Secretary.

Colonel Loren D. Moore recently visited the Alumni Office upon his return home to the states from Africa.

In 1941 Colonel Moore was with the Service Command Laboratory in Boston, Massachusetts. He was then sent to Central Africa to do malaria control work for eleven months, and later to North Africa for five months. While there he saw members of the alumni,

Drs. Cady, Beam, Patton, Hampton, Schwartz, Drake, Kelley, and others. The Colonel is now waiting definite assignment. Any correspondence should be sent to: 615 Hulman Bldg., Evansville, Indiana.

Dr. G. J. Thompson's new address is: 419 Seventh Avenue, Rochester, Minn.

Dr. Adolphus R. Berger's new address is: 2163-28th Avenue, San Francisco (16), California.

Captain Harold S. Harris is in the Medical Corps overseas.

Commander Charles G. McCormack is in the Naval Hospital Transport Corps.

1926

Alvan G. Heideman, Metropolitan Bldg., St. Louis, Missouri, Class Secretary.

Dr. Oliver Ehrhard't new address is: 615 S. E. 4th Avenue, Fort Lauderdale, Fla.

Victor F. Kloeper has been commissioned a Lieutenant Commander in the Medical Corps of the Naval Reserve. He reported for active duty June 28 at the Naval Air Station, Corpus Christi, Texas.

1927

Lt. Colonel Franklin E. Walton is now chief of the Surgical Service of a Station Hospital, APO 680, c/o Postmaster, New York, N. Y. He was transferred from the 21st Station Hospital to head the Surgical Service of this new outfit which acts as a general hospital. Col. Walton writes that he has a full staff of Field Grade Officers as his chiefs of the various surgical sections, and the usual ward and assistant ward surgeons of company grades who do most of the operative work under the direction of the section chiefs. His work is principally administrative in character, although he has found time to prepare four articles for publication reflecting his surgical experiences dur-

ing the past 19 months of service. Colonel Walton left St. Louis January 10th, 1942 with the 21st General Hospital, the Washington University Affiliated Unit as chief of the Surgical Service of the medical installation.

Major Willard C. Schwartz's new address is Station Hospital, Camp Wallace, Texas.

Dr. Jonathan N. Goodman stopped in the alumni office recently. He gave the following information:

After his graduation from medical school he interned and had one year of residency in the Department of Surgery at the Henry Ford Hospital in Detroit, Michigan. From 1929 to 1936 he had a private practice in southern Iowa. Since February, 1936, he has been on the staff at the Veteran's Hospital in West Allis, Wisconsin. He has now been assigned to the Department of Surgery at the Veteran's Hospital at Jefferson Barracks, Missouri. His wife and three children are planning to join him in St. Louis soon. Any correspondence to him should be addressed to: No. 9 Frederick Lane, Glendale, Mo.

1928

From Dr. Samuel D. Soule, 4500 Olive Street, St. Louis, Mo., we receive the following notice: "I have received an appointment as Surgeon with the rank of Lieutenant-Commander, Medical Corps, United States Naval Reserve, and report at the U. S. Navy Hospital at Long Beach, California in early December. Realizing that this may be a temporary assignment, I would appreciate all future communications be sent to my present address from which they will be forwarded to me."

Joel T. Woodburn is with the 24th Evacuation Hospital, Camp Blanding, Florida.

Colonel Wilford F. Hall's new ad-

dress is: 1108 15th Street, Denver, Colorado.

Lt. Colonel Justin J. Cordonnier's new address is: 903 Military Drive, Salt Lake City (5), Utah.

Dr. Reinhold M. Ericson's new address is: 400 Physician's-Surgeon's Bldg., Minneapolis (2), Minnesota.

Dr. Jacob Stolar's new address is: No. 2 Lindworth Lane, St. Louis (17), Missouri.

1929

L. C. Drews, Metropolitan Bldg., St. Louis, Missouri, Class Secretary.

Colonel Crawford F. Sams, former chief surgeon in the Middle East Theater of Operations, has returned to Carlisle Barracks, Pennsylvania, to become director of military art at the Medical Field Service School, according to an announcement by the War Department, September 30. Colonel Sams went overseas late in 1941 to help build bases and establish medical service in the Middle East for the U. S. Army personnel. He was in Tobruk when it was bombed eleven times in twenty-four hours, and was stationed for a time at Cairo. Later he was assigned to General Montgomery's British Eighth Army as an observer and was with the group when it was attacked by Marshal Rommel's forces at Gozzala in May, 1942. Colonel Sams was assistant department surgeon and for a time acting department surgeon in the Panama Canal Department from 1937 to 1939, and was instructor in logistics and medical service in the Infantry School from 1939 to 1941. During 1935 and 1936 he was director in the Department of Military Art at the Medical Field Service School, the same position to which he has just been assigned. Colonel Sams has been awarded the Order of the British Empire, Legion of Merit and Star of Africa, as well as American Defense

ribbons, the American Victory medal from the last war and the Middle East-North African campaign ribbon.

Dr. Estella DeFreitas' new address is: 1372 East Front Street, Plainfield, New Jersey.

From Dr. Irwin Horwitz we hear: "I'm still no real sailor after 22 odd months of service. I was initiated shortly after the war started. Left St. Louis December 20, and went to Bremerton where I helped Joe Carney and Val Satterfield get their sea legs. Then I went to Portland to help pass a few needed Marines. After two months of that I was found available, and so after a few days of freedom in San Francisco, I got aboard a ship to sail west. After 8 days of wondering how much longer I could stand it we approached a Pacific Paradise; so I got off. I've been here ever since and beginning to wonder how much longer. After a while Paradise becomes monotonous. I know there are plenty who would most willingly change places with me."

"I suppose I've been of some use or they wouldn't keep me."

"I've done a bit of orthopedics but am supposed to become a general surgeon to be of real value. Maybe I shall before this is all over. Things haven't been tough here but there are plenty of spots farther out that are. Occasionally one gets ahold of stories that the men back home are finding things rough going. The only compensation they need is that they are home."

"Anyway one of these days I'll probably come back and find out how different everything is, if it is."

"Till then I'll try to continue my general surgery in an orthopedic fashion. . . . Regards to all of you."

Dr. Charles W. McLaughlin, Jr., gives notice of a new address: U. S. Naval Hospital, Qts. C, Corpus Christi, Texas.

1930

Clyde E. Kane, 706 Walton Ave., St. Louis, Missouri, Class Secretary.

Captain Joseph Myron Orenstein is stationed at Elkins, West Virginia.

Captain Milton Smith's new address is: A.P.O. 4713, c/o P.M., San Francisco, California.

1931

Sam Bassett, 1200 Big Bend Road, Richmond Heights, Mo., Class Secretary.

Dr. Harry B. Stauffer recently returned from Cincinnati, Ohio, where he attended the Aero-Medical Association of the United States. He is the Civil Aeronautics Administration medical examiner in Jefferson City, Mo.

Last June he passed the American Board of Otolaryngology in New York City.

Dr. Stauffer is the father of four children, one daughter and three boys. His wife is the former Delma Mackie who was employed in the Registrar's Office at the Medical School.

Dr. Stauffer recently published an article entitled "Rhinolith" in the March 1943 issue of the *Annals of Otorhinolaryngology*.

Dr. Dan R. Sewell, Jr., gives notice of a new address: 818 Grandview Drive, Albuquerque, New Mexico.

Herbert Lee Hoover, Jr., has been promoted to the rank of captain at the Big Spring, Texas, Bombardier School where he is chief of anesthesia at the station hospital.

1932

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

Dr. Donald M. Paton's new address is: 30th Evacuation Hospital, Camp Barkeley, Texas.

Dr. Dwight H. Trowbridge recently visited Barnes Hospital when returning from a meeting of the American

Ophthalmology and Otolaryngology Association in Chicago. The doctor practices ophthalmology in Fresno, California.

Dr. Stanley R. Parkinson's new address is: 5900 Broadway Terrace, Oakland, California.

Lawrence Breslow is a captain in the Medical Corps at Elkins, W. Virginia.

Captain John H. Platz is in the Medical Corps.

1933

Dr. Carl F. Harford's new address is: Washington University School of Medicine, 4580 Scott Avenue, St. Louis (10), Mo.

Dr. Robert S. Smith, now a captain serving in Bushnell General Hospital, Brigham, Utah, visited Barnes Hospital September 17th. His brothers Lieutenant Carl W. Smith of the Navy and Captain Harvey S. Smith of the Army have both seen foreign service. Carl served two years as interne at Barnes and was resident in medicine at the City Hospital for one year. He was practicing in Dubuque, Iowa, when he joined the Navy and has served 15 months in the New Hebrides, Tulagi, and New Zealand. Harvey is now at Fort Riley, Kansas, in the station hospital. At the time of his induction into the Army he was assistant resident in surgery at Baltimore City Hospital. He was stationed in New Caledonia 17 months.

Dr. Ora James Gibson's new address is: 4932 Maryland, St. Louis (8), Mo.

Abe R. Eveloff is with the armed forces in North Africa.

Robert A. Little is a captain in the Medical Corps.

1934

Stanley M. Leydig, 1652 South Grand, St. Louis, Missouri, Class Secretary.

Lieutenant E. S. Caldameyer's new address is: c/o P.M., San Francisco, California.

Dr. Jane E. Frisch's new address is: 3011 Fern Street, St. Louis 17, Mo.

1935

Dr. Ellen S. Loeffel's new address is: 3013 Hawthorne Blvd., St. Louis (4), Missouri.

Lt. Colonel Bert Bradford, Jr., has a new address: A.P.O. 4916, c/o Postmaster, New York, New York.

Dr. Robert L. Stephens gives notice of a new address: Station Hospital, Orlando Air Base, Orlando, Florida.

Dr. Edwin S. Wallace's new address is: Lafayette Arms Apartment, Lexington, Missouri.

Captain Edward S. Powers has a new address: A.P.O. 926, c/o Postmaster, San Francisco, California.

Lt. David Rothman recently visited the alumni office while on leave. He is chief of the Obstetrical and Gynecological Section of the Station Hospital at Selfridge Field, Michigan. This particular section of the hospital has been in existence since April, 1943, and is constantly growing. Dr. Rothman has done a great deal of gynecological surgery as well as obstetrical work.

Dr. Max Goldenberg's new address is: c/o Army-Navy General Hospital, Hot Springs, Arkansas.

1936

Captain Wm. T. McNew's new address is: A.P.O. 551, c/o Postmaster, New York, New York.

Dr. Marian E. Zonnis has a new address: Pontiac State Hospital, Pontiac, Michigan.

Dr. Stephen S. Ellis has a new address: 1352 Summit, Springfield, Mo.

1937

Lieutenant Howard W. Lytle's new address is Pensacola Florida, after serving two years as a medical officer in the Solomon Islands, and on the island of Attu.

Major Morton D. Pareira's new address is: Station Hospital, Willow Run, Ypsilanti, Michigan.

Dr. Hastel L. Townsend's new address is: 2575 Taylorsville Rd., Louisville, Ky.

Captain Philip S. Mountjoy writes: "I wish to inform you of a permanent change in mailing address. I am now assigned to the School of Aviation Medicine, Randolph Field, Texas, as instructor in the Department of Otolaryngology."

Dr. Arthur A. Brewer, Roentgenologist at Alton, Illinois, writes: "Here is some information which might be of interest for the alumni news notes. I graduated in 1937. First child, a daughter, was born here November 23, named Jane Valentine. I am diplomate of the American Board of Radiology, and am roentgenologist to the Alton Memorial and the St. Joseph's Hospitals here. Published with Dr. O. C. Zink in July 17 J. A.M.A. 'Radiation Therapy of Subdeltoid Bursitis,' and in August *Radiology* 'Unusual Intercarpal Dislocation.'"

1938

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

Lieutenant William Davis Hawker is in the Medical Corps at the Laredo Base Hospital, Army Air Field, Laredo, Texas.

Captain Theodore A. Lynn is stationed with the Medical Corps in North Africa.

Captain Reuben R. Harris has been in India since May, 1942.

Howard A. Steiner's new address is: 31st General Hospital, Camp Carson, Colorado.

Dr. Ernest Jensen's new address is: 70th General Hospital, A.P.O. No. 4777, c/o P.M., New York, New York.

Lt. L. P. Mitchell, Jr., announces his new address as being: Station Hospital, Camp Sutton, North Carolina.

1939

Lauramae Pippin, daughter of Dr.

and Mrs. B. M. Pippin of St. Louis, and Charles Leonard Eckert, son of Dr. Martin Eckert of New York, were married on September 25, 1943 at the University Methodist Church in St. Louis. The bride graduated from Washington University in 1937, and is at present personnel director at Barnes Hospital. Dr. Charles Eckert is now resident in surgery at Barnes.

Lt. Heinz E. Cron's new address is: 22nd General Hospital, Palm Springs, California.

Major D. A. Corgill writes: "D. A. Corgill, class of '39 reporting that I am well, and quite satisfied with my lot in the A.A.F. I am Group Surgeon for a unit of bombers and have been with heavy bombers for three years. I wouldn't accept any other job in the whole army in place of it. Mort Ritter, class of '39 is with the 77th Armored Med. Bn., A.P.O. No. 257, Ft. Benning, Ga., and is trying to transfer to the paratroopers. Mail the *Quarterly* to: Monticello, N. Y.; from there it will be forwarded."

Lt. Allen H. Tigert's new address is: A.P.O. 4713, c/o P.M., San Francisco, California.

Mark J. Brockbank's new address is: Station Hospital, Camp Adair, Oregon.

Dr. John N. Elsworth's new address is: 115 Avenue D West, Bismarck, North Dakota.

Dr. Gideon O. Proud's new address is: 904, Bowie, Beeville, Texas.

1940

Dr. Fred J. Biggs, Jr., announces his new address: Nellyville, Mo.

Dr. Jerome McCullough's new address is: 601 East B Street, Belleville, Illinois.

Captain Gilbert W. Strauchen is on California desert maneuvers.

1941

Anne Tompkins and Carl Goetsch, former resident in gynecology at Barnes, were married October 8, 1943

at the 2nd Baptist Church in St. Louis. The bride is the daughter of Mrs. James F. Tompkins of Burdette, Arkansas. The groom is the son of Mr. and Mrs. Julius Goetsch, Oak Park, Illinois. Mrs. Goetsch is now an assistant resident at Barnes Hospital in the Department of Medicine, and her husband is a First Lieutenant in the Army Medical Corps, 40th General Hospital, Camp Campbell, Kentucky.

Lt. Kenneth Koerner's new address is: A.A.F.C.T.T.C., Chanute Field, Rantoul, Illinois.

Lt. Peter Donnell Fleming, who is somewhere in the Pacific, has been promoted to the rank of captain. Until recently he has been in charge of a "crash boat" used to rescue flyers who were forced down in the ocean. He is now chiefly concerned with "patient evacuation."

Captain Charles Edward Fildes is stationed at Elkins, West Virginia.

Lieutenant Robert E. Buck is stationed at Mitchell Field, Long Island, New York.

Captain Robert B. Dickerson's new

address is: 524th MP, 1360 Mission, San Francisco, California.

Lt. Vergil Slee visited Barnes Hospital while home on furlough. He has been Provisions Group Surgeon in Rapid City, South Dakota, and is now well on the road to becoming a flight surgeon. Lt. Slee is proud to announce the birth of an eight pound, seven ounce boy, born on August 14th. Any correspondence to Dr. Slee should be sent to: 5355B Gladstone Place, Normandy, St. Louis (21), Missouri.

1942

Lt. Gene H. Grabau's new address is: A.P.O. 9026, c/o P.M., San Francisco, California.

December, 1943

James Louis Schricker, Jr. and Anna Lou Chinn were married October 9th in the Third Baptist Church in St. Louis. The bride is the daughter of Mr. and Mrs. E. Chinn of Herrin, Illinois. Dr. Schricker is the son of Mr. and Mrs. James L. Schricker, of Salt Lake City, Utah. He is interning in the Latter Day Saint Hospital in Salt Lake.

Student News

Alan H. Mehler and Anne Feinstein were married September 19. The bride is the daughter of Mr. and Mrs. John Feinstein, of St. Louis. Mr. Mehler is the son of Mrs. Louis Mehler, of St. Louis and a member of the class of June '45.

Donald Kilker, Class of June '45 is proud to announce the birth of an eight pound girl, Sandra Sue.

WASHINGTON UNIVERSITY

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

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

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

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