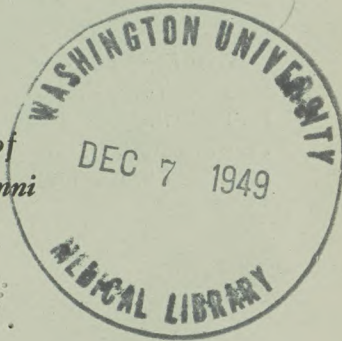


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- A Successful Training Program for House Officers on a Private Medical Service — *Harry L. Alexander, M.D.*
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- Report on Dormitory Center Campaign





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Office of the Washington University Medical Alumni Quarterly, Euclid and Kingshighway,
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Published quarterly by Washington University School of Medicine, St. Louis 10, Mo.
Entered as second class matter December 14, 1937, at the Post Office at St. Louis, Mo.,
under the act of August 24, 1912.

Washington 8. 20. 52

The Washington University Medical Alumni Quarterly

VOL. XIII

OCTOBER, 1949

NO. 1

The Effect of Specific Therapy on the Common Contagious Diseases^{1, 2}

PRESIDENTIAL ADDRESS

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THE subject on which I have chosen to speak to you today, The Effect of Specific Therapy on the Common Contagious Diseases, is one which could be studied by several methods. The usual one is by observing a selected group of patients and noting the effect of certain specific therapeutic measures as compared with a similar control group or with previous experience with similar untreated patients. All of us have used this method and have observed that specific therapy has a striking effect on certain of these diseases. The wide application of such therapy and its influence on the general population is of considerable importance since, when truly effective, the results of specific therapy should be widespread and reflected nationally on the mortality of a disease or on its incidence or on both. Accordingly, the method selected was to examine the mortality statistics for certain of the common con-

tagious diseases in recent years and to observe the possible effect on them that might be attributed to specific therapy.

The data analyzed were from the annual reports of the vital statistics of the United States Bureau of the Census in recent years through 1945, which was the last report available. In mortality statistics it is traditional to speak of the mortality rate or deaths per 100,000 of the population of all ages. Since, in the contagious diseases to be considered, a very high percentage of deaths occurs during childhood, the mortality rate for children alone will be shown in certain instances. This is, of course, considerably higher than the general mortality rate but would seem to give a somewhat more accurate picture of the menace of the diseases in children. For such childhood rates, the figures from the 1930 census were used for the years 1926 through 1935, and those from the 1940 census for the years 1936 through 1945.

¹ Presidential address given at the Fifty-Ninth Annual Meeting of the American Pediatric Society, Atlantic City, N. J., May 5, 1949.

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which seemed sufficiently accurate for this purpose. In this connection it is of interest that although the population of the continental United States increased from 122,775,000 in 1930 to 131,954,000 in 1940, or approximately 9,000,000, the census figures for children under 15 years of age *decreased* from 36,057,000 in 1930 to 32,972,000 in 1940, or about 3,000,000, which is a fall from 29.4 per cent of the total population to 25 per cent.

In conjunction with the mortality figures, the morbidity in the United States for various years was also tabulated from the Bulletins of the U. S. Public Health Service. It must be understood that such morbidity figures are somewhat incomplete since many cases are unreported. However, since they are reported under comparable conditions from years to year, they are valuable in showing the relative annual prevalence of the diseases and especially those years in which the diseases are epidemic, because mortality has a natural relationship to the incidence. Before presenting any of the data, I should like to anticipate by stating that a most striking decrease in the mortality of several of the contagious diseases has occurred in the past decade. The relation of this fall in mortality to the introduction of the sulfonamide drugs is so close as to leave little doubt that this form of specific therapy has had a greater effect upon the mortality of most of the common contagious diseases than is generally appreciated. Sulfanilamide came into general use in 1937 followed by sulfapyridine in 1939, sulfathiazole in 1940, and sulfadiazine in 1941, and

all have been widely and increasingly employed during the succeeding years. All have been quite effective in pyogenic infections, although the more recent ones have certain advantages. Penicillin was not generally available until 1945, so that it cannot be considered in the data to be presented.

A general picture of the mortality of infectious disease in recent years is illustrated by the figures of all infections and parasitic diseases, one of the categories summarized in the vital statistics data. This is seen in Graph 1, in which the total deaths and the mortality rate are shown. It will be noted that deaths ranged from 150,000 to 160,000 from 1930 to 1937, and that a sharp drop occurred in 1938 to around 120,000 with a still further fall to around 100,000 in 1942. As is to be expected, the general mortality rate follows closely the curve of deaths and shows a similar fall. It is of interest that this decrease is sustained and progressive and that although many factors are concerned in mortality statistics, any abrupt and prolonged change must be due to some new and potent element.

Not included in these figures on all infectious and parasitic diseases are those of the deaths due to pneumonia, which are shown in Graph 2. Here are illustrated the annual deaths from all forms of pneumonia, including lobar and bronchopneumonia and capillary bronchitis. Although there is a peak in the curve in 1936 with definite increased incidence in 1935 and 1937, the definite fall in mortality after this is evident, so that the levels in the later years of the graph are only somewhat more than

one-half as high as in earlier years. This considerable increase in pneumonia deaths in 1936 was apparently in adults since, as will be seen later, it did not occur in children. Pneumonia has a special significance in the mortality of certain of the common contagious diseases, notably whooping cough and measles, so that particular attention was paid to the pneumonia mortality in children, as shown in Graph 3. Here are noted the death rates in children under one year, from one through 4 years, and from one through 14 years. In all groups it will be seen that there is little variation in the mortality rate in the years preceding 1938, but in that year and succeeding years there is an evident decrease in the 1- to 4-year and 1- to 14-year groups, so that in both of these the rate fell rather rapidly to a point little more than one-half of its previous levels. The death rate in children under one year, however (the heavy line), which was somewhat more than 800 per 100,000 prior to 1938, showed a decrease later to only around 700 per 100,000, or very much less striking than in children over this age, since the fall in the 1- to 4-year group (the lighter solid line) was from over 80 to around 50, and of all those children over one year (the lower broken line) from over 30 to less than 15. This difference in the mortality rate in infants under one year as compared with older children is emphasized again in Graph 4, in which the mortality rate in this infant group is shown with its percentage to all pneumonia deaths in children. Although the moderate fall in deaths after 1938 is still apparent, it will be seen that, of all

the deaths from pneumonia in children, those in infants under one year increased from a percentage of 65 or below before 1938 until a few years later it had reached 75 per cent of all pneumonia deaths in children. This emphasizes the fact that the factors associated with the decreased mortality in older children were much less effective in infants under one year. This same discrepancy will be noted later in connection with the deaths from whooping cough and measles, in both of which diseases pneumonia plays a most important role in mortality, and a possible explanation will be suggested.

In reviewing separately the common contagious diseases, I shall include only diphtheria, scarlet fever and erysipelas, measles, whooping cough and meningococcus meningitis. Of the others in this category, mumps, rubella, and varicella have such a low mortality that they cannot be considered here, and with poliomyelitis, the lack of any form of effective specific therapy would render its discussion of little value. The control of smallpox, although still the outstanding example of the efficacy of specific measures, belongs to a previous era.

The distribution of deaths in these common contagious diseases and their relative concentration during childhood, as well as the actual numbers of children dying from them in Continental United States, is reviewed in Table I. Whooping cough leads the list with almost all of its deaths in younger children, and in each of the others more than one-half of the deaths occurred during childhood, while in measles and

TABLE I. RELATION OF AGE TO MORTALITY OF COMMON CONTAGIOUS DISEASES AND THEIR RELATIVE FREQUENCY AS A CAUSE OF DEATH

DISEASE	PER CENT OF ALL DEATHS		TOTAL DEATHS UNDER 15 YR. 1941 TO 1945
	UNDER 5 YR.	UNDER 15 YR.	
Whooping cough	96	—	12,937*
Measles	67	87	6,075
Diphtheria	60	90	5,782
Epidemic meningitis	35	55	3,806
Scarlet fever	40	75	1,387

* Under five years.

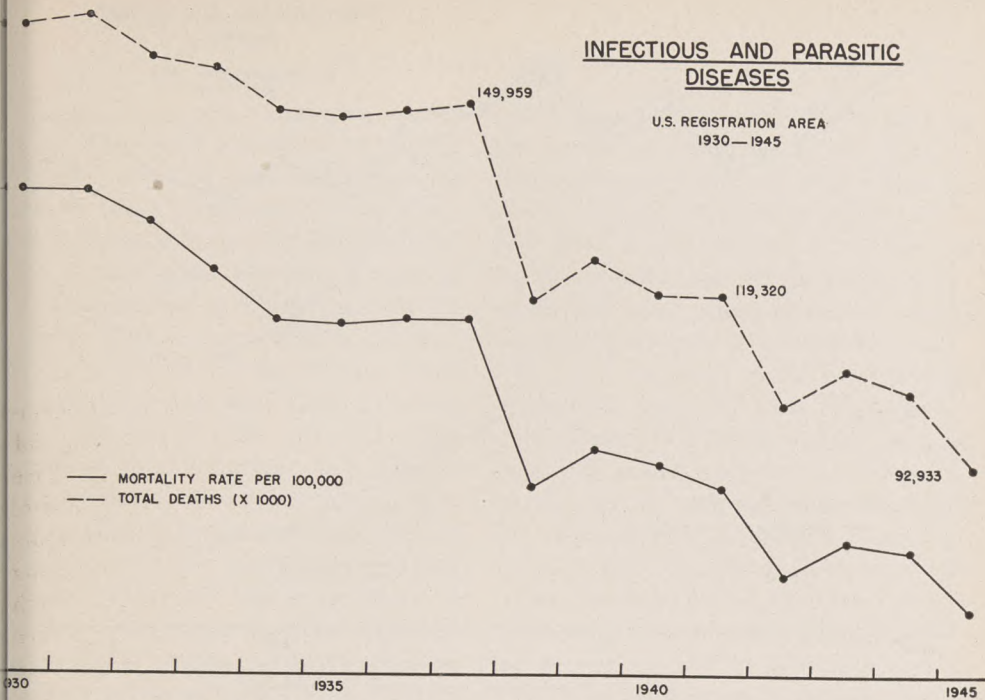
diphtheria the proportion is much higher. In the five-year period from 1941 to 1945, almost 30,000 children died from them, or a combined annual mortality rate of somewhat over 25 per 100,000. Possibly particular attention should be called to the fact that in this five-year period diphtheria, a disease for which specific measures of prophylaxis are most effective and which many believe to be now under control, still caused almost as many deaths in children as measles, and more than meningococcus meningitis and scarlet fever combined. At this point let us review in more detail the records of diphtheria and the effect of specific therapy in recent years.

Diphtheria.—To recount briefly and in general terms the well-known history of specific therapy on diphtheria, it is only necessary to state that in the early part of this century the general mortality rate for the disease was more than 20 per 100,000. The rate in children under 14 years was 60, and that in children under 5 years was more than 120 per 100,000 annually. With the increasing use of antitoxin in therapy, the mortality fell gradually but continuously until by the early 1920's the general rate had reached about 15 per 100,000 although there were still re-

ported more than 100,000 cases annually with over 10,000 deaths, most of them in children. It was about this time that specific prophylaxis with toxin-antitoxin was started, and a few years later toxoid was introduced. Following its more general use, the effect on both the morbidity and mortality has been increasingly evident in the past two decades. In all years prior to 1935, diphtheria caused more deaths than any of the other common contagious diseases. The more recent course of the disease is shown in Graph 5, and it will be noted during the years 1930 to 1945 that there was a steady decrease in reported cases to a level of about 15,000 annually after 1940. The general mortality rate (shown in the lowest dotted line), which had reached 5 per 100,000 in 1930, fell to 1 per 100,000 by 1940. A somewhat more accurate picture of its severity is obtained, however, by noting that the mortality rate in children under 5 years, even in 1930, was 30 per 100,000 and that by 1945 this had fallen to about 7, while the decrease in mortality rate of children under 15 years was from 15 to 3 in this period. In all groups the mortality rate fell to about one-fifth of its previous level, although slightly less in younger children. Diphtheria is, therefore, one of

INFECTIOUS AND PARASITIC DISEASES

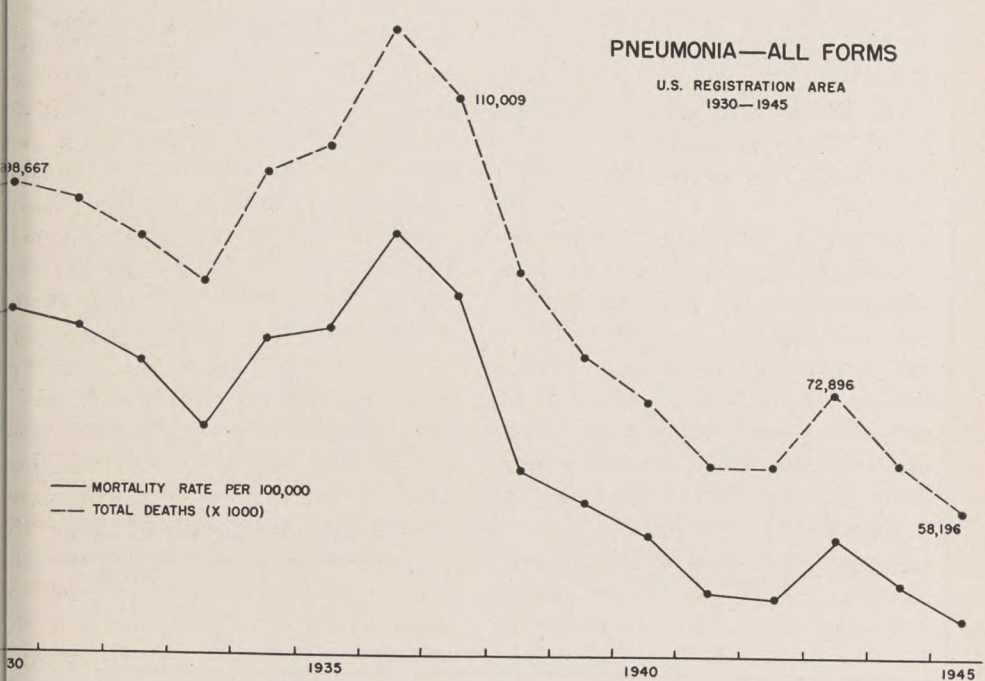
U.S. REGISTRATION AREA
1930—1945



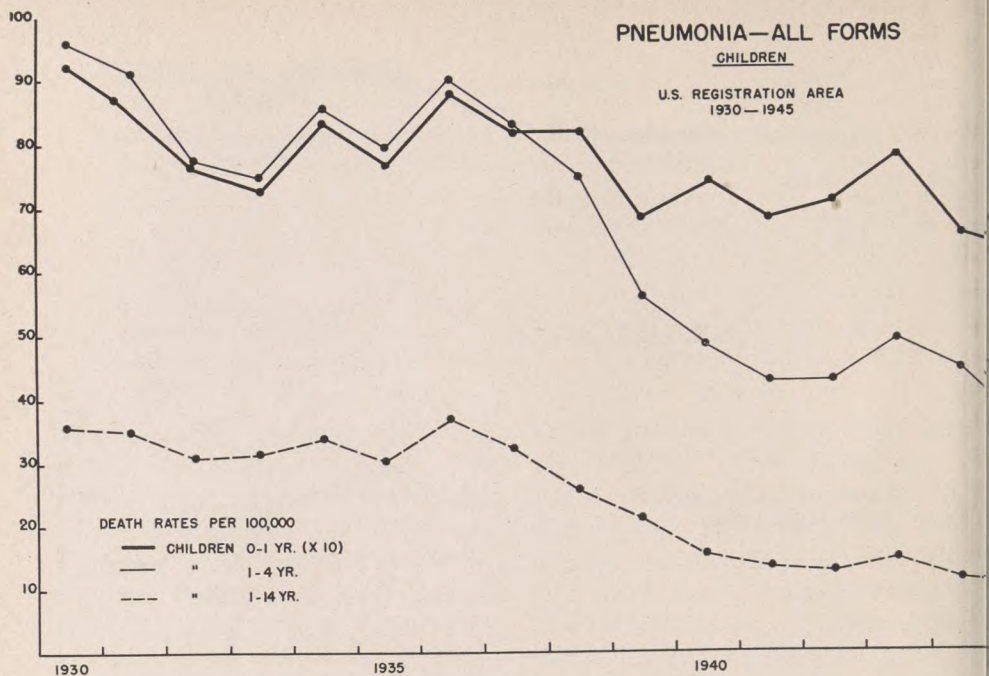
Graph 1.—Total deaths and mortality rate for infectious and parasitic diseases.

PNEUMONIA—ALL FORMS

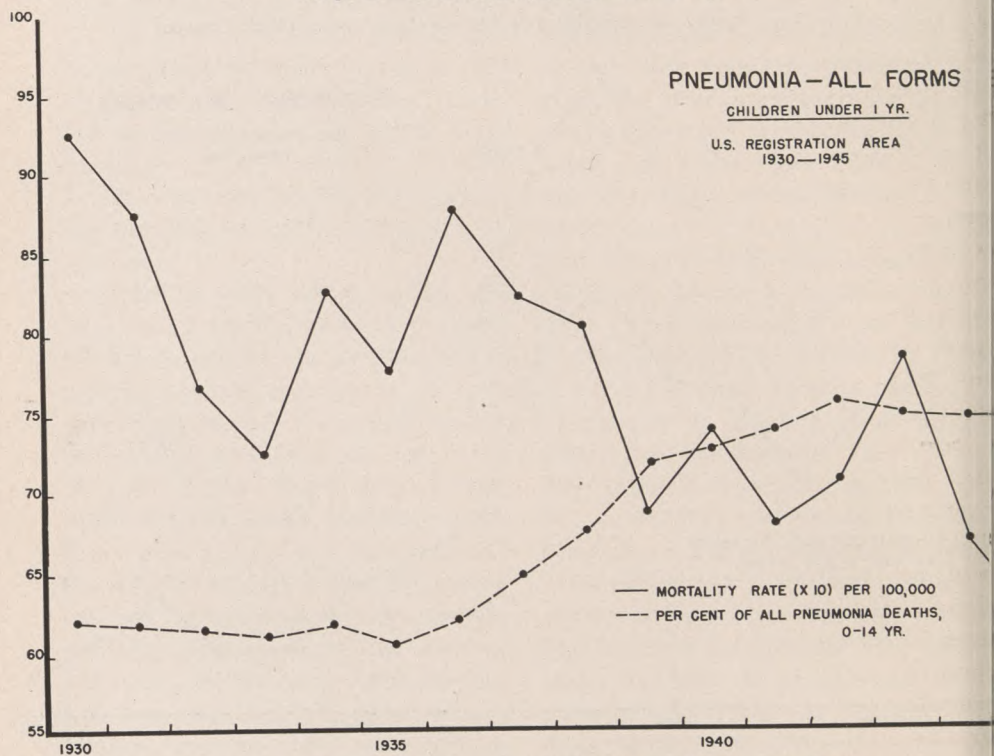
U.S. REGISTRATION AREA
1930—1945



Graph 2.—Deaths and mortality rate, pneumonia.



Graph 3.—Death rates, pneumonia in children.



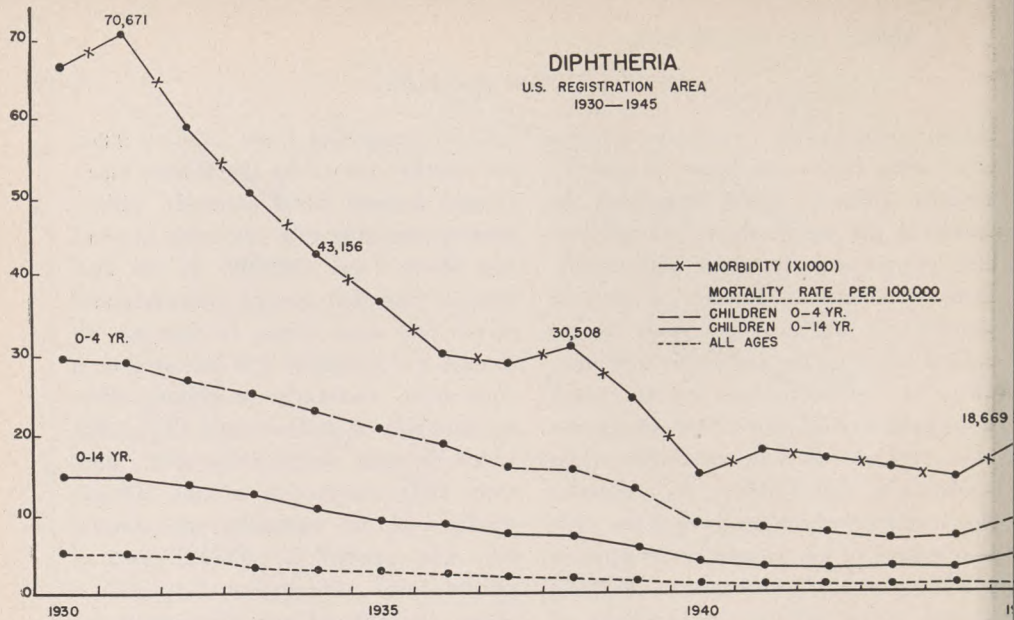
Graph 4.—Mortality rate, pneumonia in children 0 to 1 year of age.

the striking modern examples of the effect on a large population of specific therapy, since no doubt exists that the results in the period shown are attributable almost entirely to specific prophylactic vaccination. However, it must be pointed out that in recent years the excellent effect on the morbidity and mortality of diphtheria has become much less apparent and, since 1940, the curves have leveled off with relatively slight tendency to fall further. It is obvious that a disease which needs only the wide application of known and easily applied specific preventive measures to eradicate it, and which still has an incidence of almost 15,000 cases annually with well over 1,000 deaths yearly in children over a period of years, cannot be regarded with complacency. Possibly it is only necessary to stress the fact that the progress in the control of diphtheria has almost reached a standstill and that it remains a definite menace to life in children, in order to emphasize the necessity of increased efforts at more widespread active specific prophylaxis. No new methods in control are apparently needed, since those available are quite effective, but the greater utilization of the present control methods is needed.

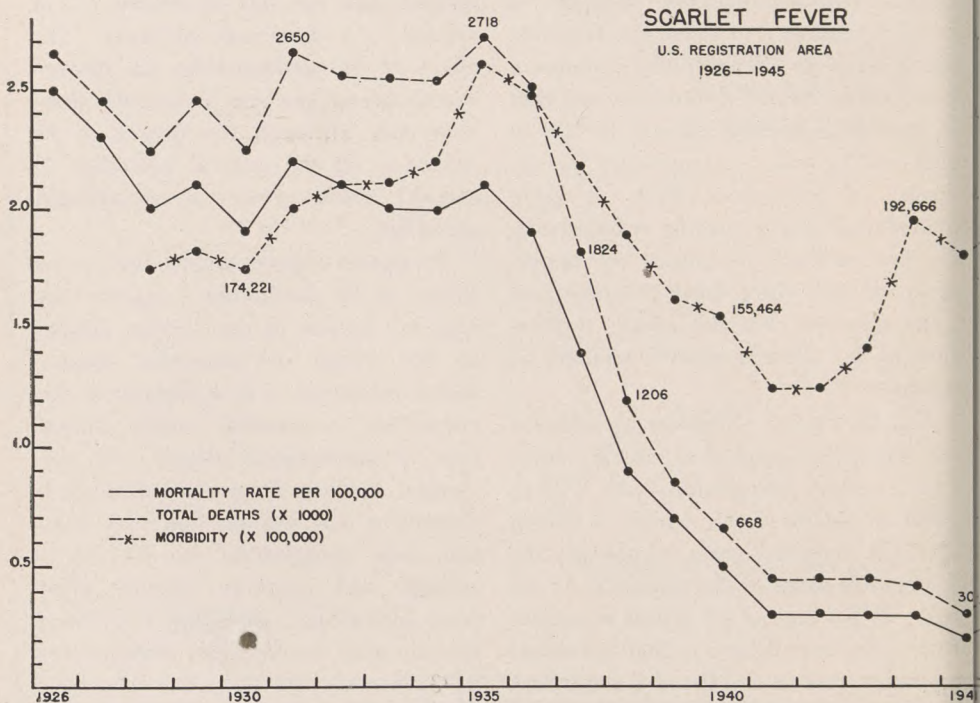
Scarlet Fever.—Next let us observe the mortality course of scarlet fever over a twenty-year period from 1926 to 1945 in Graph 6, on which is shown also the reported cases. Although the figures are those of the mortality in all ages, 75 per cent of all deaths in scarlet fever were in children, so that the actual mortality rate in childhood is somewhat greater than shown in the diagram. It

will be noted that from 1926 to 1937, the deaths (shown in the broken line) ranged around 2,500 annually with a general mortality rate (the solid line) of just above 2 per 100,000. It was during this time that specific antiscarlatinal serum had some vogue in therapy, although it is doubtful if it was used on a wide scale. Certainly no striking effect on mortality is evident until 1937, after which the total deaths fell rapidly and, since 1941, range only around 400 annually with the mortality rate around 0.3. The number of reported cases of scarlet fever (the broken line with a cross) also showed some decrease in the early part of this period although the rise to over 192,000 in 1944 without a corresponding increase in mortality indicates that the fall in deaths is not related to a decreased incidence. The effect of the sulfonamides on streptococcal disease has been abundantly demonstrated, although the degree of its reflection on the general mortality of clinical scarlet fever is surprisingly gratifying.

Erysipelas.—Since scarlet fever is no longer to be considered a specific disease but as one of the clinical entities in the group of hemolytic streptococcal infections, it is of interest in this connection to consider another clinical type of streptococcal disease, viz., erysipelas. Early in the use of sulfonamide therapy it was evident that this infection was conspicuous in showing a prompt and constant curative effect from such drugs. In Graph 7 is shown the mortality curve of this infection and its agreement with that of scarlet fever is apparent. From an average of 2,000



Graph 5.—Morbidity and mortality rate, diphtheria.

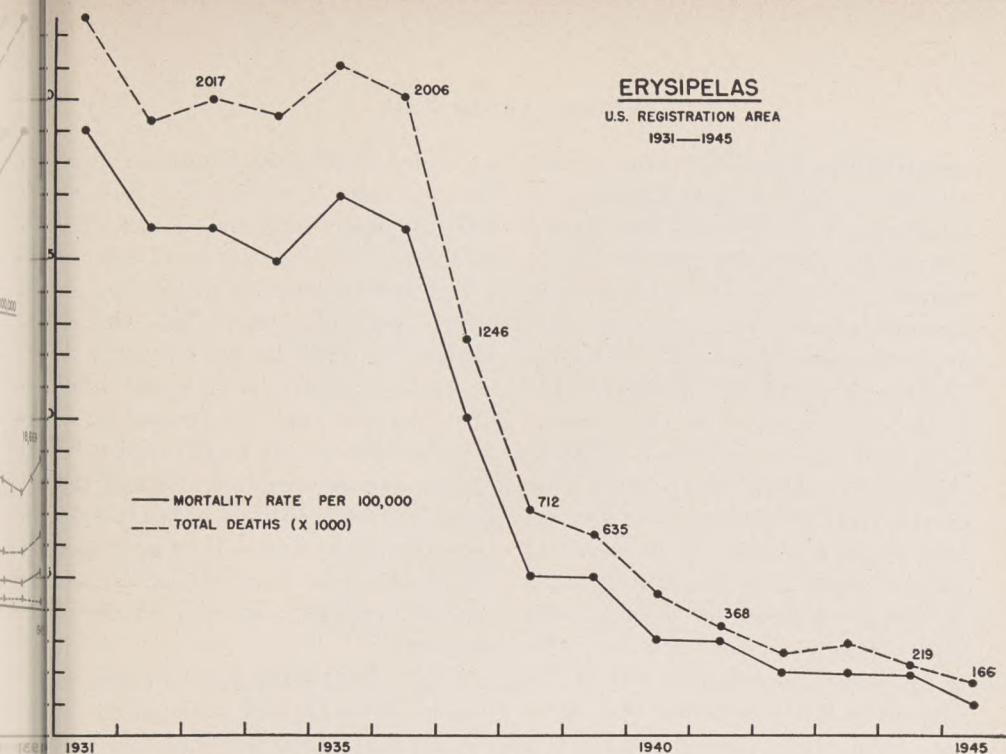


Graph 6.—Morbidity and mortality, scarlet fever.

ERYSIPELAS

U.S. REGISTRATION AREA

1931—1945

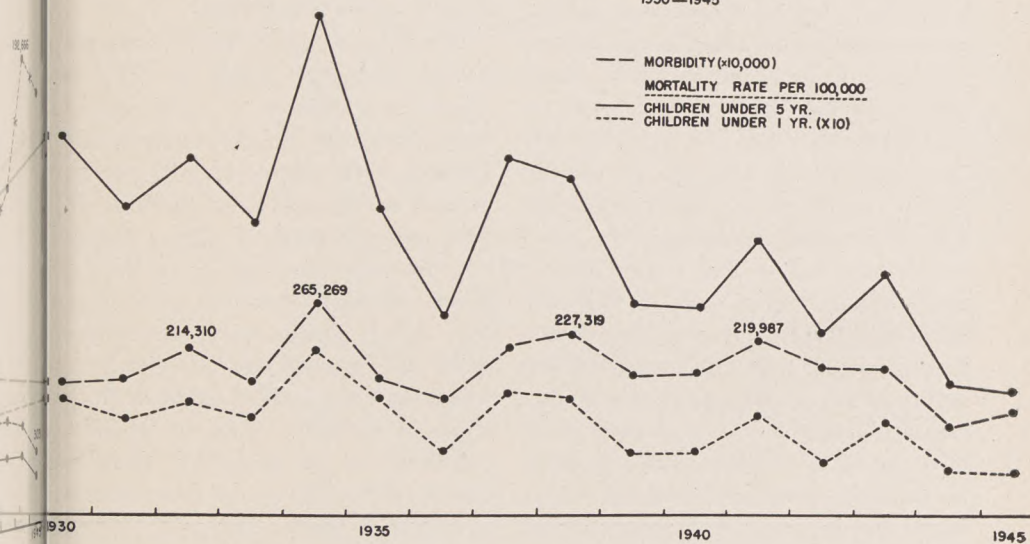


Graph 7.—Mortality, erysipelas.

WHOOPING COUGH

U.S. REGISTRATION AREA

1930—1945



Graph 8.—Morbidity and mortality, whooping cough.

annual deaths before 1937, the mortality fell rapidly and continuously to reach a point of approximately 10 per cent of the previous level. So far as children are concerned, approximately one-third of all erysipelas deaths were in children previous to 1937. After this time this percentage fell rapidly, so that in the most recent three years shown, the proportion of erysipelas deaths in children was only about one-tenth. The effect of specific therapy, therefore, has been strikingly more pronounced in children than in adults. Possibly it is of special interest to mention that deaths from erysipelas under one year of age which ranged from 500 to 700 annually in the years before 1937, averaged only 30 annually in the last five years shown.

Exact information on the general incidence of erysipelas during this period is not available since it is not among the reportable diseases, but in the past ten years it has been apparent that the number of cases seen has decreased very strikingly so that the infection which previously was moderately common is now relatively rare. The mortality fall in erysipelas, as a result of specific therapy, is, therefore, closely associated with a decreased incidence of the clinical disease and in this respect differs somewhat from that noted in the case of scarlet fever. The possible reasons for this appear to be concerned with the nature of erysipelas infection and warrant brief comment. In a previous study of a number of children with erysipelas by clinical and cultural methods, it was found that in a very high proportion of idiopathic cases, the patients had an

associated acute upper respiratory infection and there is considerable evidence that idiopathic erysipelas is usually a secondary skin inoculation of streptococcal disease already present in the upper respiratory tract. This view is further supported by the frequency of erysipelas around the face and head. The increasing and widespread use of sulfonamides for all upper respiratory disease and the arresting effect of this form of specific therapy on all streptococcal infection may well be an important factor in the decreased incidence of clinical erysipelas, as well as on its mortality.

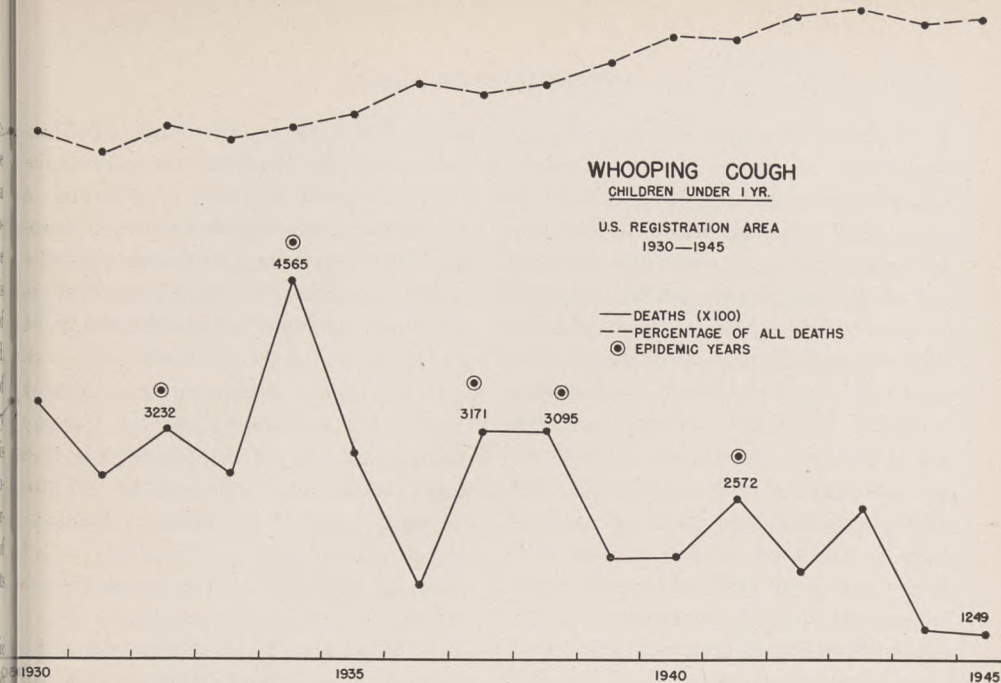
While the striking effect of specific therapy in the form of sulfonamides on the mortality of streptococcal disease is so obvious as to require no further discussion of its causal relationship, let us next consider another of the common contagious diseases in which the effect of specific therapy is less marked, although apparently definite.

Whooping Cough.—As has been mentioned, whooping cough in 1935 displaced diphtheria as the chief cause of death among the common communicable diseases. Over many years 95 per cent or more of the deaths have been in children under 5 years of age so that we can limit the observations to this age group. Actually, however, over 99 per cent of all deaths occur in children under 15 years of age. In diseases in which there are marked epidemic fluctuations in morbidity with corresponding variations in the mortality, there are obvious difficulties in the demonstration of effects of specific therapy by mortality figures alone unless these effects are

WHOOPING COUGH CHILDREN UNDER 1 YR.

U.S. REGISTRATION AREA
1930—1945

— DEATHS (X100)
- - - PERCENTAGE OF ALL DEATHS
⊙ EPIDEMIC YEARS

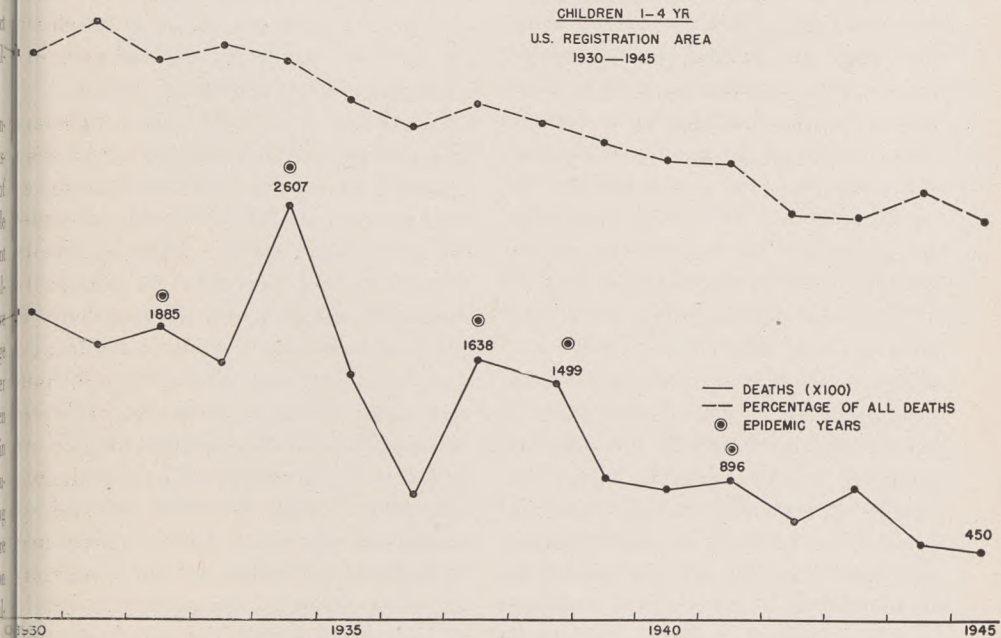


Graph 9.—Mortality of whooping cough, 0 to 1 year of age.

WHOOPING COUGH CHILDREN 1-4 YR.

U.S. REGISTRATION AREA
1930—1945

— DEATHS (X100)
- - - PERCENTAGE OF ALL DEATHS
⊙ EPIDEMIC YEARS



Graph 10.—Mortality of whooping cough, 1 to 4 years of age.

of more than slight degree. This is illustrated in Graph 8 in which the mortality rate (the upper solid line) of whooping cough is shown in children under 5 years. The morbidity curve of reported cases (very greatly reduced) is drawn (as a broken line) to illustrate the considerable variations in incidence. If one considers that an annual reported morbidity of more than 200,000 cases constitutes an epidemic year, it will be seen that 1932, 1934, 1937, 1938, and 1941 were such years of greatly increased incidence. The mortality rate curve (the upper solid line) shows considerable variations coincident with the morbidity, but, after 1937, it is evident that the peaks of the mortality rate in 1941 and 1943 are definitely lower than in previous years of increased incidence. More striking is the greatly decreased mortality in 1944 and 1945, and, from the figures available from the Public Health reports, this decrease persisted in 1946 and was then even considerably lower than in 1945. Although the figures of the past two years are not yet available, the record shown in the chart of increasing and persistent fall in general national whooping cough mortality in the past decade is of a degree that leaves little doubt of great improvement.

The increasing use of prophylactic whooping cough vaccination may be considered in relation to the observed incidence of the disease, since one would expect this specific measure would have an effect primarily on the total morbidity and only secondarily on the mortality. In the reported incidence (the middle broken line), it is to be

noted that only in 1944 and 1945 is there a decided decrease but it may be added that this decrease is still maintained in the two following years. This decline strongly suggests that active pertussis immunization had indeed been sufficiently widespread to affect the general incidence of the disease.

In the lowest curve (the dotted line) is plotted the mortality rate in infants under one year of age in which the annual variations follow those of the morbidity curve but with relatively slight reduction in height. This mortality in the first year presents some interesting features as compared to that of children 1 to 4 years of age and in the next chart (Graph 9) the curve of total annual deaths under one year is again shown. The decrease in the number of deaths and in the height of the peaks in epidemic years after 1938 is evident although slight. Most interesting, however is the relative increase in whooping cough deaths in this early age group. In the upper curve, that of all whooping cough deaths, about 60 per cent occurred in the first year during the early 1930's while the proportion rose rapidly after 1938 to reach more than 70 per cent of all pertussis deaths. It is apparent that some factors concerned with the decline in mortality were operating more effectively at other ages than in young infants during this period. This relative increase in infant deaths is in part explained by noting the whooping cough mortality curve of children in the 1- to 4-year age group during this period as shown in Graph 10. Here the total annual deaths show a very decided reduction in the years

subsequent to 1938, notably in the epidemic year of 1941. In addition to the absolute fall in deaths there was, as noted by the upper curve, a considerable relative decrease in the percentage of all pertussis deaths to the same degree that younger infants had shown a relative increase.

Two factors which might be concerned in explaining this discrepancy suggest themselves. First, the possibility that in recent years the relative incidence of pertussis in children over one year of age has been decreased by prophylactic vaccination. Since the common practice has been to employ this measure during the latter part of the first year, one might expect that this would result in a relatively increased incidence and consequent higher mortality in younger infants. No age incidence figures are available to support this suggestion, although it seems somewhat unlikely that it would entirely explain the difference in mortality noted. In this connection, and because whooping cough mortality has more and more become primarily a problem of the first year of life, the question of earlier specific immunization must be seriously considered. Recent studies have shown that active immunization in early infancy is as effective as in older babies and there seems no longer any justification for delay in this procedure, since the urgent need for early protection is only too apparent. The second factor concerned in the relatively increased mortality from pertussis in the first year may be related to the effect of specific therapy on bronchopneumonia to which whooping cough mortality is

largely due. Reference has been made previously to the fact that the recent decrease in general mortality from common contagious diseases was coincident with the increasing use of specific therapy with sulfonamide drugs. In whooping cough, as will be seen later in measles, this fall in mortality is much more evident and definite in children over one year of age than it is in younger infants. This is quite analogous to what has been pointed out in deaths from pneumonia unassociated with these diseases in children, and suggests strongly that the discrepancy is largely due to the pneumonia therapy. Since there is no evidence that sulfonamides are less effective in early infancy than in later life, it appears likely that the difficulty in administration of these drugs by mouth in adequate dosage to young infants has been an important consideration. All are familiar with these difficulties and with the fact that in hospital practice with very ill young infants, adequate drug and fluid administration is often possibly only by parenteral injections. This procedure is only rarely practicable elsewhere and consequently limits effective therapy in this group in many instances. In this connection, also, must be mentioned the fact that staphylococci are several times as frequent as a cause of pneumonia and of empyema during early infancy than later. Since these infections are especially virulent and relatively resistant to sulfonamide therapy, it is possible that at least part of the increased number of deaths in the first year may be related to them. If the foregoing hypothesis is true, a consid-

erable improvement is to be expected in mortality in young infants in the period subsequent to that shown, by the substitution of penicillin therapy in such cases, especially in younger infants with pneumonia. This antibiotic is apparently equally effective, can be given even in small infants readily, and has an additional advantage over sulfonamides of the ability to control staphylococcus infections.

It is true that young babies suffer more severely from all infections than older children, and we have become accustomed to the view that they have an inherent lack of resistance and a higher mortality than that seen in later life. It would be, however, unwise to adopt such a fatalistic attitude about mortality in early infancy without making every effort to obtain the maximum effect of all specific measures of proved value in this early age group. As has been suggested, there is evidence that this has not always been sufficiently emphasized.

Measles.—The next mortality figures to be considered are those of measles, in which approximately one-half of all deaths occur in the first two years of life with two-thirds under the age of 5 years, and these proportions remain relatively constant in each year. The actual number of deaths and, of course, the mortality rate, may vary a great deal annually depending on the variations in incidence. The tabulation in Graph 11 shows those variations in a twenty-year period from 1925 to 1945, and the relation of the reported case morbidity to the mortality. The actual number of deaths in children under 5

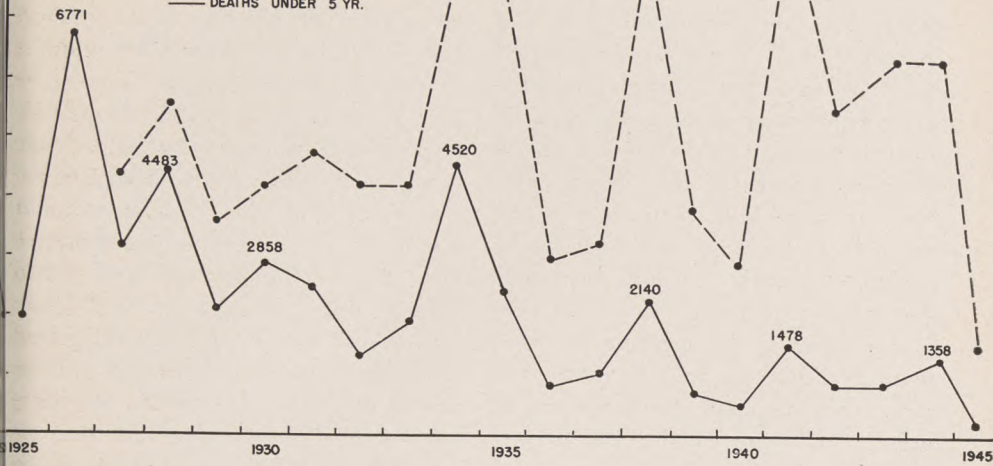
years is shown for the various years and is a little more impressive than the mortality rate curve, although the latter is almost identical in outline. It will be noted that, for example, 1928, 1934, 1935, and 1941-1944 were epidemic years during which more than twice the number of cases were reported than at other times. The reported incidence during these epidemics exceeded 500,000 cases annually and at times reached around 800,000 as compared with that of 200,000 to 400,000 in the intervening years. The annual incidence of deaths follows a curve roughly corresponding to that of the morbidity in the years prior to 1937, but after that time there is a very definite decrease in the number of deaths. Even the peaks during the epidemic years of 1938 and 1941 show less than one-half the deaths in previous epidemic years, and are even lower than in many of the previous non-epidemic years. The extremely low morbidity and mortality in 1945 is unusual, and in the year following, from Public Health Reports, measles was again epidemic with almost 700,000 cases but with only about 1,200 deaths.

Since by far the most important cause of death in measles, as in pertussis, is a secondary pneumonia, it appears likely that the decrease in measles deaths since 1937 is largely attributable to a diminished mortality from pneumonia in the same manner as had been suggested in the case of whooping cough, and is coincident with the increased use of specific sulfonamide drug therapy. In this connection it is of some interest that the number of deaths annually from measles in the second year

MEASLES

U.S. REGISTRATION AREA
1925—1945

--- MORBIDITY (X 100)
— DEATHS UNDER 5 YR.

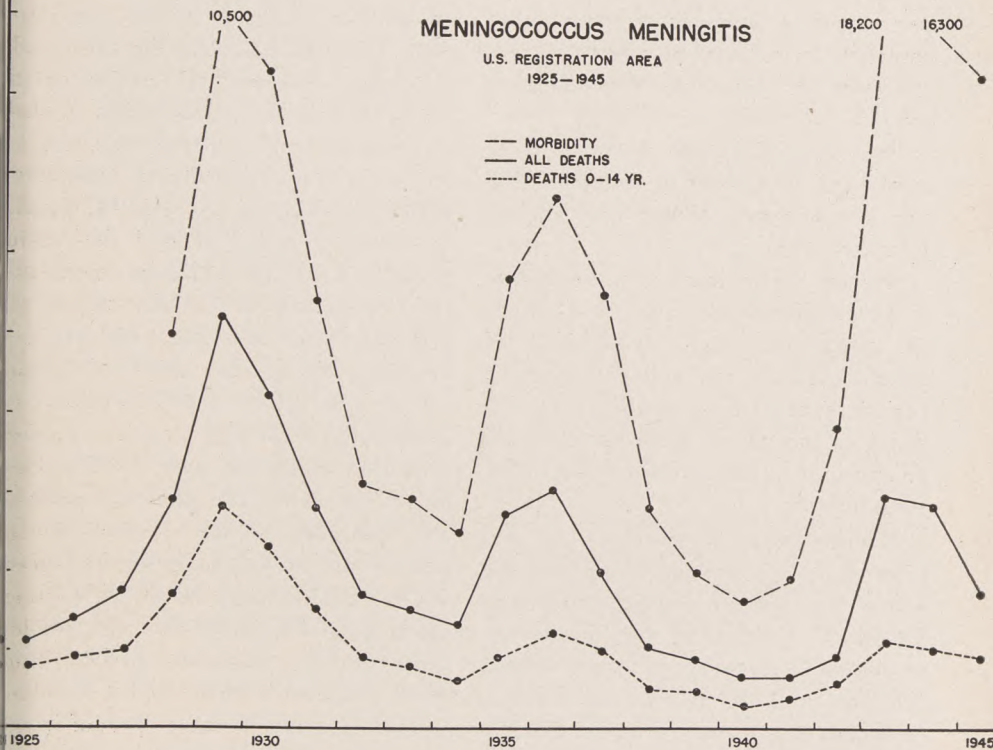


Graph 11.—Morbidity and mortality, measles.

MENINGOCOCCUS MENINGITIS

U.S. REGISTRATION AREA
1925—1945

--- MORBIDITY
— ALL DEATHS
- - - DEATHS 0-14 YR.



Graph 12.—Morbidity and mortality, meningococcus meningitis.

of life was considerably greater than that during the first year up to and including 1938. This was to be expected since measles is less common during the first year because of the well-known inherited immunity to the disease during the early months of life. Since 1938, however, there have been more deaths annually in the first year than in the second. Although in both age groups the measles mortality decreased, the agents affecting the decrease operated less effectively on infants under one year, as was apparent also in pneumonia and in whooping cough. The greater ease of penicillin therapy as compared with sulfonamide drugs in the treatment of these younger infants may be expected to show an increasingly favorable response in subsequent years, as was suggested in the case of whooping cough.

One form of specific therapy to be mentioned in relation to measles is the use of immune globulin and gamma globulin, although the effect of these agents on the mortality of the disease is somewhat difficult to estimate. Since the period of ready availability of gamma globulin was subsequent to the period reported here, probably no evidence of the use of these agents could be expected in the mortality data under consideration.

Meningococcus Meningitis.— In considering meningococcus meningitis, the last of the common contagious diseases for which the effect of specific therapy or mortality is to be reviewed, several features must be taken into account. Although this disease is the least prevalent, the variations in incidence between

epidemic periods and nonepidemic years are greater, and the case fatality rate is higher than in any of the other diseases considered. Certain general statements may be made about specific therapy of this infection, which can be divided into two periods: first, that with antimeningococcus serum which was in common use from early in the present century; and second, chemotherapy with sulfonamide drugs starting in 1937-1938. With serum therapy no doubt exists that under favorable conditions and with its use early in the infection in hospitals there was a considerable reduction in mortality. No data are available, however, for analysis of the effect of this treatment on the general mortality of the disease, although it still remained high. With the advent of the sulfonamide drugs, however, all clinics noted a very striking fall in mortality. A single example will illustrate this and is typical of the experience in most hospital observations. At the St. Louis Children's Hospital during the years 1912-1937, in 222 children under 15 years admitted in various stages of meningococcus meningitis and treated by serum therapy the case fatality was 40 per cent, while in 135 children admitted after 1937 and treated with sulfonamide drugs the case fatality was only 5 per cent. The general incidence and mortality of the disease over a twenty-year period is shown in Graph 12, in which they are tabulated in thousands annually. Here the wide variations between epidemic periods and other years are evident, with a three- to tenfold epidemic increase. It is of interest that in all years prior to 1941, the

actual number of deaths was from 40 to 50 per cent of the cases reported, while after this the deaths averaged only about 20 per cent of the cases or about one-half of those in the previous period. In the lowest (dotted) line is shown the annual mortality in children under 15 years which forms a similar curve. In most years the proportion of childhood deaths is about 55 per cent of the total mortality but it is of some interest that during the epidemic of 1935-1936 and again in 1943-1944 this percentage of children's deaths was from 10 to 15 per cent lower, so that relatively many more deaths occurred in adults than in children. No data are available to explain this difference. It is possible that a higher incidence of the disease occurs in adults during epidemics since there is no evidence that therapy is more effective in older persons than in children.

Although the decrease in the general mortality level reached in recent years is gratifying, it is somewhat disappointing when compared with that possible in the larger clinics with modern treatment. One might attempt to explain this discrepancy in part by considering two possible factors which may interfere with more general application of therapy. The first concerns the difficulty in early diagnosis in certain cases of meningitis, especially in infancy, because of the absence of classical signs of meningeal irritation. All pediatricians are familiar with the frequency with which the diagnosis of meningitis is made only after lumbar puncture, and that the value of this diagnostic measure in unexplained febrile illnesses is apparently not widely appreciated since many such

infections are still admitted to hospitals without the diagnosis having been made. The second factor is related to the difficulties in administration of adequate sulfonamides by mouth in infants and at times in older children severely ill with meningitis and requiring parenteral therapy in a manner similar to that discussed in the therapy of young infants with whooping cough pneumonia. Since 1945 the replacement of penicillin therapy for sulfonamides in such cases may well have a considerable effect in the mortality of this infection. Both of these factors are not important in most hospital practice but may have a bearing on the mortality of the disease elsewhere.

SUMMARY

To summarize briefly the effects of specific therapy on the common contagious diseases as shown by the recorded general morbidity and mortality in the United States, the following may be emphasized:

1. Both the incidence and the deaths from diphtheria have shown striking reductions coincident with the increasing use of specific active immunization with toxoid. The fact that, in recent years, this reduction in morbidity and mortality has reached a halt without further downward progress, suggests that a new emphasis must be placed on the necessity for continued and more widespread active immunization of children. This is especially true since diphtheria still causes a large number of preventable deaths.

2. Scarlet fever and other streptococcal infections including erysipelas have shown a rather abrupt and striking

fall in mortality as a result of sulfonamide therapy. Clinical scarlet fever, although still moderately prevalent, when treated by modern methods of specific therapy with sulfonamide drugs and penicillin has reached such a low mortality as no longer to constitute a serious menace to life in children.

3. In whooping cough, there is some evidence in the years subsequent to 1943 that the incidence of the disease is decreasing as a result of specific prophylactic vaccination, since fewer cases were reported in the years 1942 to 1947 than in any previous ones. The fact that more than 70 per cent of all pertussis deaths occur in the first year of life, however, emphasizes the desirability of earlier active immunization than now generally employed. There was an easily demonstrable fall in general mortality in whooping cough coincident with the period of increasing use of specific sulfonamide drugs therapy. This was apparently due to the effect of such treatment on the associated bronchopneumonia, since a similar reduction in mortality occurred during this period in measles and in children with pneumonia not associated with these diseases. The mortality of infants in the first year of life was much less affected in both whooping cough and measles than in older children, possibly because of certain difficulties in the application of specific therapy in such young infants.

4. The general mortality of meningococcus meningitis has also shown a decided decrease due to specific sulfonamide therapy, although its maximum beneficial effect has apparently not been

attained because of certain difficulties in diagnosis and in the application of adequate treatment. It is likely that the more common use of diagnostic lumbar puncture in febrile illnesses of ill-defined origin, and with the increasing use of penicillin for therapy in meningococcus meningitis, especially in younger children, the mortality will be still further reduced.

I hope that this view has clarified the results of specific therapy on the common contagious diseases of children in the past decade as reflected by their mortality in the nation. In all of these diseases the effect of specific measures has been definite and in some it has been most striking. Certainly the improvement has been greater in conservation of life in these diseases than in any previous similar period. It is still necessary, however, by precept and education to emphasize the need of wider application of methods already available in order to extend the help of these methods of therapy to all children so that the maximum benefit may be obtained. One can confidently hope that with more general use of newer forms of specific treatment, especially antibiotics, that still further progress will be apparent in the near future.

MORTALITY TABLES

The following tables give the statistical data from which the graphs were prepared. The mortality figures are from the annual reports of the Vital Statistics of the United States Bureau of the Census, and those of morbidity are from the Bulletins of the U. S. Public Health Service. Mortality rates per

100,000 on children were estimated on to 1935 and on 1940 census figures for the 1930 census figures for years 1926 years 1936 to 1945.

CENSUS FIGURES—CHILDREN—CONTINENTAL UNITED STATES

	ALL PERSONS	0-1 YR.	0-5 YR.	5-9 YR.	10-14 YR.	0-14 YR.
April 1, 1930	122,775,046	2,190,791	11,444,390	12,607,609	12,004,877	36,056,876
April 1, 1940	131,954,144	2,020,174	10,541,524	10,684,622	11,745,935	32,972,081

DEATHS FROM INFECTIOUS AND PARASITIC DISEASES AND FROM PNEUMONIA (U. S. REGISTRATION AREA)

YEAR	POPULATION (U. S. REGISTRATION AREA)	INFECTIOUS AND PARASITIC DISEASES		PNEUMONIA, ALL FORMS	
		DEATHS	MORTALITY RATE PER 100,000	DEATHS	MORTALITY RATE PER 100,000
1930	118,560,800	162,326	137	98,667	83
1931	119,421,000	163,166	137	96,974	81
1932	120,122,000	154,320	131	92,474	77
1933	125,578,763	155,821	124	86,949	69
1934	126,373,773	148,124	117	100,573	80
1935	127,250,232	146,840	115	104,395	81
1936	128,053,180	148,798	116	119,378	93
1937	128,824,829	149,959	116	110,009	85
1838	129,824,939	119,685	90	87,923	64
1939	130,879,718	125,528	96	77,633	59
1940	131,954,144	119,755	93	72,368	55
1941	133,060,045	119,320	90	63,935	48
1942	133,770,500	102,596	76	63,630	48
1943	133,996,319	111,160	81	72,896	54
1944	132,552,005	105,769	80	64,484	49
1945	131,975,774	92,933	70	58,196	44

DEATHS FROM PNEUMONIA, ALL FORMS, IN CHILDREN UNDER 15 YEARS OF AGE (U. S. REGISTRATION AREA)

YEAR	ALL UNDER 15 YR.			UNDER 1 YR.			1-4 YR.		1-14 YR.	
	DEATHS	RATE	%	DEATHS	%	RATE	DEATHS	RATE	DEATHS	RATE
1930	32,176	89	19,948	62.0	924	8,862	95.7	12,228	36.0	
1931	30,577	85	18,897	61.8	874	8,422	90.7	11,680	34.7	
1932	27,019	75	16,590	61.4	768	7,221	77.8	10,429	30.8	
1933	25,447	71	15,631	61.4	724	6,914	74.5	10,816	31.9	
1934	29,364	82	17,900	61.0	829	8,085	86.0	11,464	33.9	
1935	26,873	75	16,599	61.8	768	7,339	79.1	10,274	30.3	
1936	29,256	88	17,749	60.6	878	7,665	90.0	11,507	37.2	
1937	26,648	81	16,562	62.1	820	7,098	83.3	10,086	32.6	
1938	24,727	75	16,014	64.8	793	6,151	74.5	8,710	28.1	
1939	20,388	62	13,786	67.6	682	4,682	56.8	6,602	21.3	
1940	20,452	62	14,881	72.8	737	4,097	48.1	5,571	18.0	
1941	18,578	56	13,687	73.7	678	3,688	43.3	4,891	15.8	
1942	19,004	58	14,333	75.4	709	3,562	43.2	4,671	15.1	
1943	21,200	64	15,819	74.6	783	4,055	49.0	5,381	17.4	
1944	18,116	55	13,500	74.5	668	3,537	44.5	4,616	11.7	
1945	17,003	52	12,661	74.5	627	3,213	37.7	4,342	10.8	

WASHINGTON UNIVERSITY

DIPHTHERIA (U. S. REGISTRATION AREA)

YEAR	ALL PERSONS			UNDER 5 YR.			UNDER 15 YR.		
	MORBIDITY	DEATHS	RATE	DEATHS IN CHILDREN		RATE	DEATHS IN CHILDREN		RATE
				NUMBER	%		NUMBER	%	
1930	66,576	5,822	4.9	3,428	58.9	30.0	5,356	92.0	14.9
1931	70,671	5,738	4.8	3,388	59.1	29.6	5,275	91.9	14.6
1932	59,784	5,418	4.5	3,135	57.9	27.4	4,595	91.5	13.8
1933	50,462	4,937	3.9	2,951	59.8	25.8	4,495	91.0	12.5
1934	43,156	4,159	3.3	2,582	62.1	22.6	3,774	90.7	10.5
1935	36,564	3,901	3.1	2,349	60.2	20.5	3,504	89.8	9.7
1936	30,018	3,065	2.4	1,952	63.7	18.5	2,748	89.7	8.3
1937	28,536	2,637	2.0	1,657	62.8	15.7	2,353	89.2	7.1
1938	30,508	2,556	2.0	1,594	62.4	15.1	2,308	90.3	7.0
1939	24,053	1,997	1.5	1,297	64.9	12.3	1,791	89.7	5.4
1940	15,536	1,457	1.1	911	62.5	8.6	1,285	88.2	3.9
1941	17,678	1,293	1.0	833	64.4	7.9	1,159	89.6	3.5
1942	16,260	1,273	1.0	819	64.3	7.8	1,132	88.9	3.4
1943	14,811	1,196	0.9	721	60.2	6.8	1,045	87.3	3.2
1944	14,150	1,145	0.9	727	63.5	6.8	1,041	90.9	3.2
1945	18,669	1,598	1.0	934	58.4	8.9	1,405	87.9	4.3

SCARLET FEVER (U. S. REGISTRATION AREA)

YEAR	ALL PERSONS			CHILDREN UNDER 5 YR.			CHILDREN UNDER 15 YR.		
	MORBIDITY	DEATHS	MORTALITY RATE	DEATHS	%	DEATHS	%	MORTALITY RATE	
									MORTALITY
1925	.....	2,762	2.7	1,187	43	2,160	78	6.0
1926	.....	2,662	2.5	1,169	44	2,143	81	6.0
1927	.....	2,440	2.3	1,049	43	1,944	80	5.4
1928	174,662	2,229	2.0	973	44	1,787	80	5.0	
1929	182,634	2,468	2.1	1,080	44	1,919	78	5.3	
1930	174,221	2,279	1.9	981	43	1,829	85	5.1	
1931	200,607	2,650	2.2	1,127	43	2,096	80	5.8	
1932	210,014	2,577	2.1	998	39	1,993	77	5.5	
1933	212,395	2,546	2.0	987	39	1,986	79	5.5	
1934	220,050	2,524	2.0	988	39	1,970	78	5.5	
1935	260,962	2,718	2.1	944	35	2,010	74	5.6	
1936	244,332	2,493	1.9	788	34	1,723	69	5.2	
1937	228,887	1,824	1.4	693	38	1,288	71	3.9	
1938	189,631	1,206	0.9	493	41	935	78	2.8	
1939	162,897	853	0.7	332	39	614	72	1.9	
1940	155,464	668	0.5	261	39	508	76	1.5	
1941	126,988	454	0.3	176	39	343	75	1.0	
1942	128,194	447	0.3	152	34	318	71	1.0	
1943	142,622	451	0.3	127	28	294	65	0.9	
1944	192,666	422	0.3	114	27	263	62	0.8	
1945	175,378	303	0.2	66	22	179	59	0.4	

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MEASLES (U. S. REGISTRATION AREA)										
YEAR	ALL PERSONS				0-1 YR.		1-2 YR.		UNDER 5 YR.	
	MORBIDITY	DEATHS	RATE	DEATHS	%	DEATHS	%	DEATHS	%	RATE
1925	-----	2,404	2.3	667	27.7	784	32.6	1,944	81.2	18.4
1926	-----	8,607	8.2	2,182	25.4	2,596	30.2	6,771	78.7	59.3
1927	441,349	4,433	4.1	1,037	23.4	1,189	26.8	3,244	73.2	28.4
1928	561,721	6,146	5.4	1,486	24.0	1,728	28.1	4,483	72.6	39.3
1929	366,056	2,923	2.5	646	22.1	827	28.3	2,134	73.0	18.7
1930	419,465	3,820	3.2	827	21.6	1,050	27.5	2,858	74.8	25.0
1931	474,549	3,576	3.0	766	21.1	968	28.2	2,570	71.9	23.0
1932	403,294	1,941	1.6	436	22.5	479	24.7	1,325	68.2	12.0
1933	400,894	2,813	2.2	576	20.5	728	25.9	1,934	68.8	17.0
1934	799,455	6,986	5.5	1,497	21.4	1,542	22.1	4,520	64.7	40.0
1935	743,856	3,907	3.1	798	20.4	861	22.0	2,440	62.3	23.0
1936	299,493	1,267	1.0	252	20.0	305	24.1	816	64.4	8.0
1937	321,510	1,501	1.2	332	22.1	378	25.2	1,026	68.3	10.0
1938	822,811	3,296	2.5	718	21.8	729	22.0	2,140	64.9	20.0
1939	403,317	1,174	0.9	297	25.4	235	20.0	741	63.1	7.0
1940	291,162	706	0.5	182	25.8	168	23.8	509	72.1	5.0
1941	881,529	2,279	1.7	604	26.5	436	19.1	1,478	64.9	14.0
1942	547,393	1,302	1.0	341	26.2	243	18.6	823	63.2	8.0
1943	633,627	1,301	1.0	318	24.5	273	20.9	853	65.6	8.0
1944	530,291	1,923	1.5	536	27.8	423	22.0	1,358	70.6	13.0
1945	146,002	307	0.2	91	29.6	67	21.8	214	69.7	2.0

MENINGOCOCCUS MENINGITIS (U. S. REGISTRATION AREA)									
YEAR	ALL PERSONS			CHILDREN UNDER 5 YR.		CHILDREN UNDER 15 YR.			
	MORBIDITY	DEATHS	RATE	DEATHS	%	DEATHS	%	MORTALITY RATE	
1925	-----	1,095	1.0	565	51.6	777	71.0		
1926	-----	1,413	1.3	623	44.1	913	64.6	2.6	
1927	-----	1,705	1.6	671	39.4	1,046	62.5	2.9	
1928	4,996	2,923	2.6	982	33.6	1,715	58.7	4.8	
1929	10,551	5,208	4.5	1,629	31.3	2,844	56.5	7.6	
1930	8,384	4,211	3.6	1,291	30.7	2,313	54.9	6.4	
1931	5,426	2,832	2.3	924	32.6	1,567	55.3	4.4	
1932	3,099	1,677	1.4	571	34.0	962	57.4	2.7	
1933	2,913	1,482	1.2	511	34.5	815	55.0	2.3	
1934	2,500	1,272	1.0	439	34.5	708	55.7	2.0	
1935	5,736	2,657	2.1	670	25.2	1,131	42.6	3.1	
1936	6,729	3,020	2.4	727	24.1	1,296	42.6	3.9	
1937	5,484	2,208	1.7	630	28.5	1,114	50.5	3.4	
1938	2,788	1,024	0.8	384	37.5	565	55.2	1.7	
1939	1,967	863	0.7	346	40.0	511	59.2	1.5	
1940	1,638	694	0.5	292	42.1	399	57.5	1.2	
1941	1,949	713	0.5	291	40.8	401	56.2	1.2	
1942	3,816	981	0.6	329	33.5	446	45.4	1.3	
1943	18,221	2,927	2.2	762	26.0	1,120	38.3	3.4	
1944	16,315	2,812	2.1	815	29.0	1,194	42.1	3.6	
1945	8,190	1,728	1.3	621	35.9	845	48.8	2.6	

A Successful Training Program for House Officers on a Private Medical Service*

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The Barnes Hospital in St. Louis, built in 1914, is designed for the general care of medical and surgical patients. Because of its close affiliation with Washington University Medical School, teaching of students is done on the open wards. There is a one-year straight medical service for interns and a one- and two-year period of training for assistant residents. Until the separate private medical service was established, the house staff served on both the ward and private services.

Since 1925, the Barnes Hospital has increased its bed capacity from 282 to the present number of 435, but this enlargement consisted of 129 additional private beds whereas but 24 were added to the ward services. By 1942, the disproportion of beds between the ward and private services presented a serious problem in the training of medical house officers in that some were required to spend as much as seven months on the private pavilions. During that period, their time was so taken up with routine work, that little was left for formal training. As a result, the number of good students applying for a medical internship at the Barnes Hospital diminished materially.

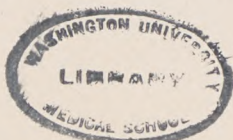
To meet this situation a plan was de-

vised to separate the private from the ward service. In order to attract students for internships on the private service, a teaching program was set up wherein attending physicians committed themselves to active participation. The details of the organization finally adopted are as follows.

The private house staff consists of a resident physician, five assistant residents and eight interns—approximately the same quota as assigned to the ward service. The attending physicians are divided into seven groups, arranged in such a way that the average hospital census of each group is more or less equal. However, an effort is made to combine in single groups those physicians particularly interested in the various medical specialties such as cardiology, gastroenterology, metabolism and diseases of the chest. These assignments are not rigid and an attending man may, after consultation with the resident, be shifted from one group to another.

Each intern serves for about six weeks on each group. The remainder of the year is spent in the general hospital laboratory, and on two weeks' vacation. In the laboratory the intern is instructed in the various chemical and bacteriological techniques commonly used in clin-

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ical medicine. At night he is responsible for all emergency laboratory procedures.

Each attending physician who has a substantial number of patients is, by arrangement, given a "rounding time." This, in some instances, is one-half hour; usually, one hour, but never longer. At the beginning of each six-week period he receives a notice designating the intern and assistant resident assigned to his group. Those who admit few patients meet their intern, by arrangement, outside of the regular "rounding hours."

Thus, Dr. A is scheduled to make rounds from 10 to 11 A. M. On his arrival his intern is awaiting him. During his rounds Dr. A devotes his attention not only to the patient but to his intern and assistant resident. This is his teaching assignment. When the hour is ended, if rounds are not completed, the intern excuses himself if he is to meet another physician; otherwise, he may complete the round. The appointment system is the crux of the teaching program. The advantage to the attending men in having a single intern constantly assigned to him personally is sufficient to induce him to maintain his rounding hour, and the system results in mutual benefit to both physician and house officer.

In order to facilitate contact between the visiting doctor and his intern and assistant resident, the hospital has assigned an office and a full time secretary to the private medical service. The secretary's duties are to inform herself of the whereabouts of members of the private house staff, to locate physicians on

rounds for telephone calls, to find consultants, to keep informed of all medical admissions, and to make out bills for services on request. The work is so heavy that two telephones are required in her office. If a physician sends a patient to the hospital he may telephone the medical secretary to locate his intern or he may leave a message concerning admission orders.

Each assistant resident alternates through the seven groups and is responsible for one or two of them according to the schedule of rotation. He serves on term in the private outpatient department where he works up all cases before they are seen by the attending private physician. When on the hospital service, he is responsible for admission notes on his patients, and supervision of his intern. He makes rounds with whatever attending man he may choose on his own service. One assistant resident serving his second year in that capacity is appointed "first assistant." He replaces the resident when occasion arises and is permitted several months off service for research. The resident physician also frequently engages in clinical research.

The Physician-in-Chief of the hospital is responsible for both the ward and private services. Under him is a Director of the private medical service, a part-time attending physician who is provided with an office and a secretary. He is in immediate charge of the private service. He initiates policies, maintains close contact with the resident, attends the weekly history meeting, meets with the assistant residents once a month, and discusses policies and problems with the Physician-in-Chief. Major problems

are brought to the attention of a Private Medical Committee of eight attending physicians appointed from the staff by the Physician-in-Chief. This committee serves in an advisory capacity and meets on call of the chairman. By rotation of its members, about every two years, an increasing number of the attending staff becomes acquainted with details of the administration and objectives of the service and has an opportunity to participate in the formulation of policies. The Director of the hospital, Physician-in-Chief, and Director of the service are ex-officio members. Such a committee lends authority to the regulations necessarily imposed on the attending staff, whose members are informed of changes by memoranda issued from time to time by the Director of the hospital at the suggestion of the committee.

Teaching activities, beside personal instruction, consist of the following. A clinical-pathological conference for the joint ward and private house staffs to review autopsies is held weekly. Grand Rounds for members of the attending staff is conducted once a week. Patients from both services are presented, and the assistant resident on the case works up and recites the clinical data. A weekly clinical-pathological conference for the attending staff and students, as well as a formal clinic are given weekly; both ward and private house staffs attend both of the exercises. History meeting on the private service is followed by presentation of interesting cases. This latter conference is conducted by the staff men whose patient is discussed. Once a week an hour is devoted to roentgenographic demonstra-

tions of selected films from patient on both the ward and private services. The films are discussed by a member of the Department of Radiology. Two other activities have been initiated by members of the private house staff—a journal club and a biweekly evening meeting, wherein one member gives a formal presentation of a selected subject followed by general discussion by the house staff and one or two attending men who are invited specifically to participate.

At the outset, this plan offered a serious problem to the hospital trustees, for it meant enlarging the house staff, which together with the salary for a secretary, involved considerable expense. However, increased personnel has offered a means for a quicker turnover of medical patients. At present there are approximately 10 private medical beds, and admissions average about 70 a week. Many of the patients admitted need urgent attention, and they now receive adequate care from the augmented house staff. After six years of operation, the hospital trustees and Director consider the financial investment well worth while. It is apparent to all that the professional excellence of the private medical house staff is due largely to the active teaching program initiated and maintained by the attending physicians.

At first, the caliber of applicants was not impressive, because of the usual stigmata attached to a private service, but as the program developed, the service became more and more sought after. An applicant for internship or assistant residency in medicine is asked to designate the ward or the private ser-

vice as his first choice. An increasing number is requesting the latter, and this year an assistant resident from the ward service chose to serve his second year on the private service.

Since rising operating costs are forcing many hospitals throughout the country to curtail their charity beds and increase accommodation for private patients, and since private services as organized in most hospitals are distinctly inferior to ward services as training grounds for medical house officers, it has seemed advisable to report the foregoing plan of organization of a successful teaching program on a private medical service.

Separate Health Service for Medical Center Now

A separate Student Health Service for medical, dental, and nursing students in the Medical Center went into operation with the fall term and is under the direction of Dr. Albert I. Mendeloff, assistant professor of preventive medicine and of medicine. Students on the main campus report to the Student Health Service there, which is headed by Dr. George Trimble.

A graduate of Princeton University and Harvard Medical School, Dr. Mendeloff's research is in the field of gastrointestinal diseases and on localization of dyes in the liver. His internship was served at Peter Bent Brigham Hospital

in Boston, following which he was a fellow in nutrition of the Rockefeller Foundation.

Dr. Mendeloff was chief of the nutrition section for the UNRRA Greece Mission in 1945-46. Most recently, he was fellow in gastro-enterology at Evans Memorial Hospital in Boston.

Medical School Starts Series of Weekly Medical Movies

A series of motion pictures on various subjects of interest to the medical profession was started on October 4 for staff members and students in the Medical Center. Each Tuesday afternoon during the current school term a different movie will be shown.

The films have been selected on an extra-curricular basis to cover wide interests, and will not be integrated with any particular course. Arrangements for the program of showings have been made by Dr. Samuel C. Bukantz, assistant dean and assistant professor of medicine, working with the Committee on Medical Motion Pictures of the A. M. A.

The films show research work of various professors and medical schools and their production was aided by private grants. Maximum showing time will not exceed 45 minutes.

Please notify the Medical Alumni Office when your address changes.

Medical School to Celebrate 50th Anniversary in February

Washington University School of Medicine will celebrate the 50th year of its continuous operation with a special Golden Anniversary program on Tuesday, February 21, 1950. An anniversary dinner will be held in the evening on the Starlight Roof of the Chase Hotel here.

Principal speaker for the occasion will be Dr. Alan Gregg, director of the Division of Medical Sciences of the Rockefeller Foundation in New York City. The names of other prominent medical scientists who will be guests for the program will be announced later.

As most of the alumni already know, the Medical School was formed in 1899 with the merger of the old Missouri Medical College and the St. Louis Medical College, which was operating as the medical department of Washington University at that time. Dr. H. H. Mudd was the first dean of the School.

An extensive development and reorganization in all major departments of the Medical School took place in 1910. Affiliations were entered into with the trustees of Barnes Hospital and St. Louis Children's Hospital, looking forward to the erection of a medical center for St. Louis.

The School moved to its newly-constructed buildings at Kingshighway Blvd. and Euclid avenue in 1914. Maternity Hospital became affiliated in 1927, and in 1931 the McMillan Hospital, Oscar Johnson Institute and the Mallinckrodt Radiological Institute became part of the Medical Center.

To date, some 3,327 physicians have

Alumni Take Part in Meeting of Southwestern Surgeons

The first annual meeting of the Southwestern Surgical Congress, which met September 26-28 at the Shamrock Hotel in Houston, Texas, had Washington University alumni taking active participation.

President of the newly-organized group is Walter G. Stuck, class of 1929, while Charles R. Rountree, '24, is secretary-treasurer. Dr. Stuck is from San Antonio, Texas, and Dr. Rountree practices in Oklahoma City.

Taking part in the speaker's program were two other W. U. alumni—James Barrett Brown, '23, of St. Louis, and Alton W. Ochsner, '20, from New Orleans.

Dr. George Dock, Now 89, Practices in California

Dr. George Dock, former professor of medicine at Washington University, is still in practice in Pasadena, California, at the age of 89. An annual lecture is given in his honor each spring, this year's lecture having been given on May 4 at a joint meeting of The Barlow Society for the History of Medicine and the Los Angeles County Medical Association. Dr. Dock left St. Louis in 1922.

been graduated from the Medical School, and they are now located in all parts of the world. The construction of the new cancer research laboratory is the first of several additions and improvements to the School and the Medical Center which will be made in the next few years.

Construction Started on New Cancer Research Laboratory

Construction of the new \$900,000 cancer research building between the north and south wings of the School of Medicine has been started, with razing of the connecting hallway and half of the student lounge completed.

A drawing of the six-story, brick and cut stone structure, designed by Harris Armstrong, St. Louis architect, is printed on the following page.

Ground-breaking ceremonies were held on Wednesday, September 21, with several University officials taking part. Mr. Harry B. Wallace, president of the University Corporation, turned the first spade as Chancellor Arthur H. Compton, Dr. Robert A. Moore, Dean, Dr. Carl F. Cori, Dr. Harvey L. White '20, Dr. Oliver H. Lowry, Mr. W. L. Hemingway, chairman of the Corporation Committee on the Medical School, and Harris Armstrong watched.

Early this year the United States Public Health Service made a \$450,000 grant to the University for construction of this research laboratory, and the University has matched those funds, as was conditioned. The Gamble Construction Company of St. Louis will erect the building.

A formal garden for the Euclid Avenue main approach to the building has been designed by Thomas D. Church, San Francisco landscape architect. An exterior feature will be glass brick corridors to connect the new structure with existing buildings on each end. Stairways will be built for easy access be-

tween the four-story medical school buildings and the six-story laboratory.

Mr. Armstrong has designed a modern, flexible interior arrangement, which is explained in an accompanying drawing. Movable partitions will make possible the extension or contraction of individual laboratories to fit the needs of particular research projects. There will be at least two laboratories on each floor kept at constant temperature.

Two laboratories will be especially constructed to take care of work using radioactive isotopes for research in cancer and allied diseases. The design also will accommodate equipment anticipated for the future.

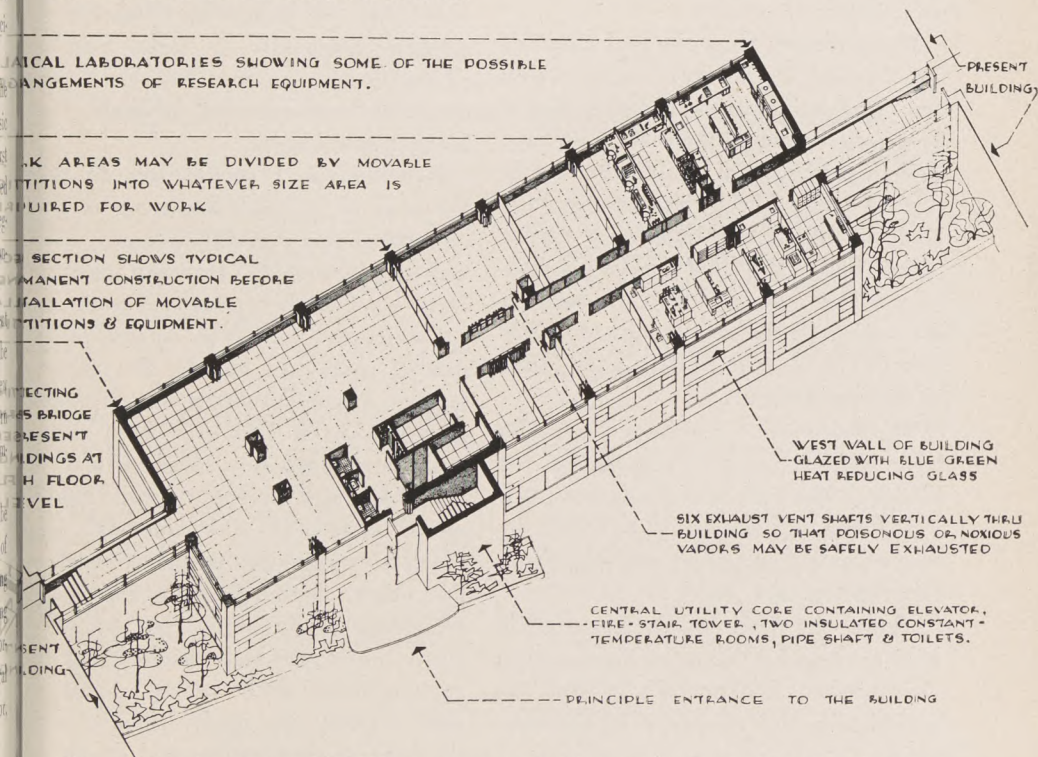
Research laboratories will occupy the upper five floors, with the same basic floor plan being used for each. The first floor will provide new and enlarged offices for the dean, assistant deans, registrar, and other administrative personnel, including the Alumni Office.

The rear half of the present student lounge will remain for use and is to be joined with a portion from the new building to provide a large and modern lounge for the students, along with improved facilities for the Book Store.

A feature in the new building will be the elimination of all outward traces of the usual service facilities by grouping them in a two-foot-deep false ceiling extending the length of each central corridor above the first floor. A central utility core will provide an elevator, stairs, pipe shafts and rest rooms.



The new cancer research laboratory will form a modern central crossbar to the "H" of the present north and south buildings of the Medical School, as shown in this drawing. The view is from the north wing, on the east side of Euclid Avenue, looking toward the south building which can be seen in the right background. The formal garden will be located in the foreground in front of the entrance to the new building. Windows on this front, or west, side will be glazed in blue, heat-reducing glass. Harris Armstrong, St. Louis architect, designed the building. Drawing is by Hugh Ferriss, New York architect.



View of interior of new \$900,000 cancer research laboratory to be built in the Washington University Medical Center. The plans feature flexibility of interior so that work areas may be divided by movable partitions into whatever size area is required for work.

Report on Dormitory Center Campaign

Two hundred twenty-four alumni have made contributions or pledges to the Student Dormitory Center Fund. Of these 222 generous alumni, 61 have made their contributions or pledges since the report in the July issue of the *Medical Alumni Quarterly*. There are still 3,116 living alumni to be heard from. (Non-living alumni are exempt.)

The total amount of the fund to date has reached the sum of \$33,281. Of this amount, \$10,911 has already been collected, and the remainder is pledged to be paid in 1950 and 1951.

The Alumni Council, the University and the students are grateful to these contributors.

We as alumni know the real need for this Student Dormitory Center. Every one of us is interested in seeing that it becomes an accomplished fact. We have made a good start in establishing a substantial fund. The University owns the land on which the Dormitory Center will be built. The chief question is, how long will it take to finish the project. We will need the cooperation of every alumnus if this is to be done at any time in the near future.

The following lists show those who have already made contributions or pledges. The lists are arranged in two ways: first, by classes, and second, by geographical trade areas, with the chairman for the area listed.

Those who have not already contributed are urged to do so at their earliest convenience. Letters will be sent out periodically, in pursuance of the campaign.

The following letter was written by Dr. Elaine K. Lince, class of December, 1943, to Medical School graduates whom she is contacting in the Los Angeles area for contributions to the Student Dormitory Fund:

Samuel B. Grant,
Chairman

Dear Dr. ———

You have undoubtedly received several letters by now from St. Louis telling you of the plan for the new quadrangle at the Washington University School of Medicine. I have been asked to captain the fund-raising drive in this area. Unfortunately I shall probably have to forego the pleasure of meeting personally a large number of the doctors on my list, due to the distances involved and to my rather heavy commitments.

Nevertheless, I should like to take this way of at least conveying to you my enthusiasm over this project. Mine was the class of '43. In many instances I saw my friends experience definite inconveniences and even hardships in finding room and board. The percentage of married students was probably greater than it had ever been previously, and it has now climbed to 35%. For those with parents of comfortable means there was often financial help towards paying the rent for quarters. For others there were tiny apartments consisting of no more than one dark room containing both the bed and the cooking stove. In the case of one couple with a child, the mother looked after the baby in the daytime and the father

was baby-sitter at night after classes, while the mother went to work. How do these actual cases compare with the plans for the new dormitory, which include apartments for married couples and a nursery where the children can receive care while the parents are out?

The quadrangle is to include a restaurant. Perhaps you can recall the congestion at noon hour in the Barnes Cafeteria, — the line-up that sometimes meant a half-hour's wait.

Then there is the problem for the women students. Before the war they were grudgingly allowed to rent rooms in the Nurses' Home. With the advent of the war and the enlarged nursing classes, women medical students were soon barred from the Nurses' Residence.

There was no sorority house or other dormitory arrangements for them. This again meant very difficult living conditions for out-of-town students with limited means.

I feel that the plans for this quadrangle show progressive constructive thinking along lines which should do much towards solving the problem of those of our youth who are faced with the conflict between the wish for the healthy adjustment of married life and the delayed earning ability due to the ever increasing length of training time.

Will you join us in this great venture by contributing whatever you can to the Medical Student Center Fund?

Sincerely yours,

Elaine K. Lince, M.D.

Medical Student Dormitory Fund Contributors from Each Class

Class	Number of Living Graduates	Class	Number of Living Graduates
1948.....	90	Melvin L. Goldman, St. Louis	
1947.....	97	Ira W. Leibner, Brooklyn, N. Y.	
Charles G. Clay, Rantoul, Ill.		Eichi Masunaga, Hawaii	
Helen Hofsommer Glaser, St. Louis		Ernest S. Rogers, San Francisco, Calif.	
Burnet W. Peden, St. Louis		Carvel T. Shaw, Hermann, Mo.	
Virginia H. Peden, St. Louis		1942.....	93
1946.....	91	William G. Reese, Perry Point, Md.	
James W. Owen, Jr., Guam, M. I.		Herman Rice, Temple, Texas	
Frank Vellios, Guam, M. I.		George L. Watkins, Farmington, Mo.	
Leonard J. Wiedershine, Ft. Warren, Wyo.		1941.....	93
1945.....	97	Peter O. Fleming, Topeka, Kan.	
John T. Johnstone, Jr., St. Louis		Anne T. Goetsch, Berkeley, Calif.	
Roscoe Maxwell, Punta Gorda, Fla.		Geo. Bruce Lemmon, Springfield, Mo.	
Eugene E. Taylor, Mocksville, N. C.		Harold E. McCann, E. St. Louis, Ill.	
1944.....	99	C. A. Nielsen, Seattle, Wash.	
Rowe F. Bisbee, Ada, Okla.		Joseph W. Noah, St. Louis	
David E. Smith, St. Louis		Carol H. Rehm, Los Angeles, Calif.	
1943 (Dec.).....	112	1940.....	90
Terrell Covington, Jr., McKinney, Tex.		Donald S. Bottom, Alton, Ill.	
Mary Jordan, Ridley Park, Pa.		Seymour Brown, St. Louis	
Elaine K. Lince, Pasadena, Calif.		Russell J. Crider, St. Charles, Mo.	
1943 (March).....	95	Roland R. Cross, Hines, Ill.	
Raymond M. Charnas, St. Louis		L. R. Fernandez, Laupahoehoe, T. H.	
Harlan I. Firminger, Bethesda, Md.		Otto H. Grunow, St. Louis	

<i>Class</i>	<i>Number of Living Graduates</i>	<i>Class</i>	<i>Number of Living Graduates</i>
Robert E. Koch, St. Louis		C. A. Good, Rochester, Minn.	
Gordon F. Moore, Alton, Ill.		Carl G. Harford, St. Louis	
Willard R. Rowland, Portland, Ore.		W. W. Herman, Cleveland, Ohio	
Llewellyn Sale, Jr., St. Louis		Joseph C. Jaudon, St. Louis	
1939.....	96	F. Craig Johnson, Denver, Colo.	
Alfred K. Baur, St. Louis		A. A. Loverde, Chicago, Ill.	
Heinz E. Cron, San Francisco, Calif.		Lyman K. Richardson, New Orleans, La.	
Edward H. Reinhard, St. Louis		Richard Y. Sakimoto, Honolulu, T. H.	
Minton D. Ritter, Margate City, N. J.		Oreon K. Timm, Danville, Ill.	
1938.....	93	Lawrence M. Wilson, Olympia, Wash.	
Anthony Piraino, Oberlin, Ohio		1932.....	84
Philip Rosenblatt, New York, N. Y.		Sim F. Beam, St. Louis	
1937.....	93	Brian B. Blades, Washington, D. C.	
Samuel Brady, Gary, Ind.		Louis T. Byars, St. Louis	
G. L. Calvy, Cleveland, O.		William Ehrlich, Newark, N. J.	
William H. Gray, Yakima, Wash.		Leo Gottlieb, St. Louis	
Carl E. Lischer, St. Louis		Carl V. Moore, St. Louis	
Charles M. Polan, Huntington, W. Va.		Sydney S. Pearl, Elizabeth, N. J.	
Henry N. Reid, Rome, N. Y.		C. O'Neil Rich, Salt Lake City, Utah	
Lloyd Rosenbaum, Anderson, Ind.		Wendell G. Scott, St. Louis	
Marie H. Wittler, Wheaton, Ill.		Barrett L. Taussig, St. Louis	
1936.....	96	Sam R. Wallis, Kauai, T. H.	
F. R. Crouch, Farmington, Mo.		Helman C. Wasserman, St. Louis	
Norman W. Drey, St. Louis		1931.....	73
Stephen Ellis, Coffeyville, Kan.		Delevan Calkins, St. Louis	
Nathan R. Kahn, Brooklyn, N. Y.		A. W. Hankwitz, Milwaukee, Wis.	
Frank McDowell, St. Louis		W. E. Keiter, Kinston, N. Car.	
James D. Morrison, Billings, Mont.		Mary Louise Newman, Jacksonville, Ill.	
R. A. Nussbaum, St. Louis		Robert F. Monroe, Louisville, Ky.	
1935.....	89	1930.....	74
I. J. Flace, St. Louis		M. A. Diehr, St. Louis	
Alfred W. Harris, Dallas, Tex.		Herbert H. Gass, St. Louis	
A. H. Hutto, St. Louis		Joseph J. Gitt, St. Louis	
Bruce Kenamore, St. Louis		I. D. Newmark, Chester, Ill.	
Edward Massie, St. Louis		1929.....	72
Sidney Messer, Venice, Calif.		Craig B. Johnson, Philadelphia, Pa.	
Laurence G. Pray, Fargo, N. D.		Louis Kovitz, Kansas City, Mo.	
Ben H. Senturia, St. Louis		Frank B. Queen, Portland, Ore.	
A. J. Steiner, St. Louis		Jay Marvin Salzman, Springfield, Ill.	
1934.....	88	1928.....	68
Helen M. Aff, St. Louis		A. N. Arneson, St. Louis	
James M. Baker, Columbia, Mo.		Justin J. Cordonnier, St. Louis	
Eugene M. Bricker, St. Louis		H. R. Hildreth, St. Louis	
David Friedman, Granite City, Ill.		J. T. Jean, St. Louis	
Paul O. Hagemann, St. Louis		R. D. Kepner, Honolulu, T. H.	
Stanley Hampton, St. Louis		L. A. Malone, Terre Haute, Ind.	
Louis G. Jekel, Phoenix, Ariz.		John F. Patton, St. Louis	
Dorothy J. Jones, St. Louis		A. Victor Reese, St. Louis	
Morris D. Marcus, St. Louis		Paul R. Rollins, Seattle, Wash.	
H. D. Rosenbaum, St. Louis		Verne Ross, Stockton, Calif.	
Edna Schrick, Holland, Mich.		W. A. Ruch, Memphis, Tenn.	
1933.....	83	S. D. Soule, St. Louis	
James W. Bagby, St. Louis		Vincent Williams, Kansas City, Mo.	
Cecil M. Charles, St. Louis			

<i>Class</i>	<i>Number of Living Graduates</i>	<i>Class</i>	<i>Number of Living Graduates</i>
1927.....	72	L. J. Owen, Lincoln, Neb. H. W. Wellmerling, Bloomington, Ill. Harvey L. White, St. Louis	
A. C. Fortney, Fargo, N. D. Alfred G. Henrich, Los Angeles, Calif. W. R. Merrell, Brigham City, Utah Kazuo Miyamoto, Honolulu, T. H. Eugene O. Parsons, Kansas City, Mo. Willard C. Schwartz, Manhattan, Kan. Frances H. Stewart, St. Louis Richard T. Taylor, Los Angeles, Calif. Louis L. Tureen, St. Louis W. B. Wilcoxon, Bowling Green, Mo.		1919.....	45
1926.....	73	Duff S. Allen, St. Louis Howard H. Heuston, Boulder, Colo. Carl O. Kohlbry, Duluth, Minn. A. B. Raffl, Syracuse, N. Y.	
H. M. Chandler, Waipahu, T. H. Eric A. Cunningham, Louisiana, Mo. Max Deutch, St. Louis William B. Kountz, St. Louis J. C. Schmidtke, Elgin, Ill. E. H. Theis, Granite City, Ill.		1918.....	26
1925.....	69	Glover H. Copher, St. Louis Elmer N. Liljedahl, Hollywood, Calif. O. Sundwall, Murray, Utah J. F. Pessel, Trenton, N. J.	
Robert J. Crossen, St. Louis H. M. Denny, Union, Mo. James J. Donohue, E. St. Louis, Ill. Richard K. Kimmel, St. Louis Carl H. Matthey, Davenport, Iowa Melvin A. Roblee, St. Louis Gershom J. Thompson, Rochester, Minn.		1917.....	25
1924.....	69	J. E. Wattenberg, Cortland, N. Y.	
Roy F. Baskett, Texarkana, Texas Elizabeth E. Koppenaar, Elmhurst, Ill. O. Earl Whitsell, St. Joseph, Mo. J. William Beckmann, New York, N. Y.		1916.....	13
1923.....	51	Ray T. Woolsey, Salt Lake City, Utah Earl C. Sage, Omaha, Neb.	
Oliver Abel, Jr., St. Louis James Barrett, Brown, St. Louis William G. Becke, St. Louis Charles Teel, Bellingham, Wash. J. W. Thompson, St. Louis Clair O. Vingom, Madison, Wisc.		1915.....	22
1922.....	44	D. K. Rose, St. Louis	
James B. Costen, St. Louis F. E. Sultzman, Hannibal, Mo.		1914.....	8
1921.....	43	1913.....	21
Lester J. Evans, Jackson Heights, N. Y. Oscar C. Zink, St. Louis		F. O. Kettelkamp, Colorado Springs, Colo.	
1920.....	39	1912.....	30
Robert L. Andrae, Louisiana, Mo. Clifton H. Briggs, Pasadena, Calif. Warren H. Cole, Chicago, Ill. Alfred Goldman, St. Louis Samuel B. Grant, St. Louis Guy H. Hopkins, Pueblo, Colo. William A. Hudson, Detroit, Mich. Frederick E. Jostes, St. Louis Herman M. Meyer, St. Louis		Edwin C. Ernst, St. Louis George S. Gilpin, Cleveland, O. George L. Watkins, Farmington, Mo.	
		1911.....	22
		Charles H. Becker, Palo Alto, Calif.	
		1910.....	40
		Stanley S. Burns, St. Louis Frederic Hagler, Springfield, Mass. John P. Keim, St. Louis Peter G. Moskop, St. Louis Claude D. Pickrell, St. Louis Frederick O. Schwartz, St. Louis	
		1909.....	30
		Carey B. Elliott, Raton, N. Mex.	
		1908.....	31
		1907.....	28
		C. C. Nash, Dallas, Tex.	
		1906.....	35
		S. P. Martin, East Prairie, Mo. William H. Smith, Colfax, Calif.	
		1905.....	12
		Walter Fischel, St. Louis J. M. James, Henning, Ill.	
		1904.....	35
		N. M. Freund, St. Louis	
		1903.....	22
		C. D. Scott, Louisiana, Mo.	

<i>Class</i>	<i>Number of Living Graduates</i>	<i>Class</i>	<i>Number of Living Graduates</i>
1902.....	23	1890.....	6
1901.....	20	1889.....	14
Walter C. G. Kirchner, St. Louis		1888.....	15
1900.....	2	1887.....	7
1899.....	42	1886.....	6
R. O. Raymond, Flagstaff, Ariz.		1885.....	8
Selden Spencer, St. Louis		1884.....	8
1898.....	33	1883.....	12
J. G. W. Fischer, Alma, Mo.		1882.....	2
R. B. H. Gradwohl, St. Louis		1881.....	3
1897.....	34	James A. Dickson, St. Louis	
Theodore Greiner, St. Louis		Willis Hall, St. Louis	
1896.....	30	1880.....	2
1895.....	27	1879.....	5
H. A. Geitz, Monterrey, N. L., Mexico			
1894.....	15		
1893.....	17		
1892.....	4		
1891.....	21		

OTHER DONORS

Dr. Robert J. Glaser
 Dr. Joseph C. Peden, Sr.
 Dr. Lawrence T. Post

Contributors According to Trade Areas

Names in *italics* denote area chairmen.

Names in straight type denote contributors.

<i>Trading Area Center</i>	<i>No. of Graduates in Trading Area</i>	<i>Trading Area Center</i>	<i>No. of Graduates in Trading Area</i>
Albany (N. Y.)	3	<i>Marie H. Wittler</i> , Elmhurst, Ill.	
Albuquerque (N. Mex.)	5	Samuel Brady, Gary, Ind.	
Carey B. Elliott, Raton, N. Mex.		Charles G. Clay, Rantoul, Ill.	
Amarillo (Tex.)	5	Warren H. Cole, Chicago, Ill.	
<i>Orra Hand</i> , Lubbock, Tex.		Roland R. Cross, Hines, Ill.	
Atlanta (Ga.)	9	J. M. James, Henning, Ill.	
<i>William G. Hamm</i> , Atlanta, Ga.		Elizabeth E. Koppenaar, Elmhurst, Ill.	
Baltimore (Md.)	14	A. A. Loverde, Chicago	
<i>William G. Reese</i> , Perry Point, Mo.		Carl H. Matthey, Davenport, Ia.	
William G. Reese, Perry Point, Md.		J. C. Schmidtke, Elgin, Ill.	
Birmingham (Ala.)	32	Oreon K. Timm, Danville, Ill.	
<i>Wesley C. Corson</i> , Tuscaloosa, Ala.		H. W. Wellmerling, Bloomington, Ill.	
Bismarck (N. D.)	1	Marie H. Wittler, Wheaton, Ill.	
Boston (Mass.)	26	Cincinnati (O.)	16
<i>Walter B. Hoover</i> , Boston, Mass.		<i>Lewis G. Herrmann</i> , Cincinnati	
Frederick Hagler, Springfield, Mass.		Charles M. Polan, Huntington, W. Va.	
Buffalo (N. Y.)	10	Cleveland (O.)	22
<i>William L. Bradford</i> , Rochester, N. Y.		<i>Michael E. Geraci</i> , Cleveland	
Butte (Mont.)	4	G. L. Calvy, Cleveland	
Charlotte (N. Car.)	21	George S. Gilpin, Cleveland	
Eugene E. Taylor, Mocksville, N. C.		W. W. Herman, Cleveland, O.	
Chicago (Ill.)	94	Anthony Piraino, Oberlin, O.	
<i>Minas Joannides</i> , Chicago		Columbus (O.)	11
<i>Carl H. Matthey</i> , Davenport, Ia.		<i>C. C. Sherburne</i> , Columbus	
<i>Walter S. Priest</i> , Chicago		Dallas (Tex.)	47
H. S. Rumerich, Glen Ellyn, Ill.		<i>Samuel H. Kahn</i> , Dallas	
H. W. Wellmerling, Bloomington, Ill.		<i>Albert E. Meisenbach, Jr.</i> , Dallas	

<i>Trading Area Center</i>	<i>No. of Graduates in Trading Area</i>
Terrell Covington, Jr., McKinney, Texas	
Alfred W. Harris, Dallas	
C. C. Nash, Dallas	
Herman Rice, Temple, Tex.	
Denver (Colo.)	53
<i>Col. James H. Forsee</i> , Denver	
<i>Howard Heuston</i> , Boulder, Colo.	
<i>Harvey S. Rusk</i> , Pueblo, Colo.	
Howard Heuston, Boulder, Colo.	
Guy H. Hopkins, Pueblo, Colo.	
F. Craig Johnson, Denver	
F. O. Kettelkamp, Colorado Springs	
Leonard J. Wiedershine, Cheyenne, Wyo.	
Des Moines (Ia.)	30
<i>R. J. Tidrick</i> , Iowa City, Ia.	
Detroit (Mich.)	33
<i>Fred J. Hodges</i> , Ann Arbor, Mich.	
<i>William A. Hudson</i> , Detroit	
William A. Hudson, Detroit	
Duluth (Minn.)	3
C. O. Kohlbry, Duluth	
C. O. Kohlbry, Duluth	
El Paso (Tex.)	5
<i>G. A. Slusser</i> , Silver City, N. M.	
Evansville (Ind.)	22
<i>Willard T. Barnhart</i> , Evansville	
<i>Frank C. Weber</i> , Olney, Ill.	
Fargo (N. D.)	7
<i>Laurence G. Pray</i> , Fargo	
A. C. Fortney, Fargo	
Laurence G. Pray, Fargo	
Grand Rapids (Mich.)	10
<i>Paul S. Barker</i> , Ann Arbor, Mich.	
<i>William F. Wenner</i> , Kalamazoo, Mich.	
Edna Schrick, Holland, Mich.	
Great Falls (Mont.)	8
James D. Morrison, Billings, Mont.	
<i>David T. Berg</i> , Helena, Mont.	
Houston (Tex.)	18
<i>Russell J. Blattner</i> , Houston	
<i>Clarence P. Jaspersen</i> , Corpus Christi	
Indianapolis (Ind.)	18
<i>T. B. Noble</i> , Indianapolis	
L. A. Malone, Terre Haute, Ind.	
Lloyd Rosenbaum, Anderson, Ind.	
Jacksonville (Fla.)	2
Kansas City (Mo.)	190
<i>J. B. Carlisle</i> , Sedalia, Mo.	
<i>W. B. Chapman</i> , Joplin, Mo.	
<i>Donald M. Dowell</i> , Chillicothe, Mo.	
<i>B. L. Elliott</i> , Kansas City, Mo.	
<i>Stephen S. Ellis</i> , Coffeyville, Kan.	
<i>Joseph L. Fisher</i> , St. Joseph, Mo.	
<i>Clifford L. Gilles</i> , Kansas City, Mo.	

<i>Trading Area Center</i>	<i>No. of Graduates in Trading Area</i>
<i>Henry Snyderman</i> , Wadsworth, Kan.	
Stephen Ellis, Coffeyville, Kan.	
J. G. W. Fischer, Alma, Mo.	
Peter O. Fleming, Topeka, Kan.	
Louis Kovitz, Kansas City, Mo.	
Eugene O. Parsons, Kansas City, Mo.	
Willard C. Schwartz, Manhattan, Kan.	
O. Earl Whitsell, St. Joseph, Mo.	
Vincent Williams, Kansas City, Mo.	
Knoxville (Tenn.)	4
Little Rock (Ark.)	22
<i>Jerome S. Levy</i> , Little Rock	
Roy F. Baskett, Texarkana, Tex.	
Los Angeles (Calif.)	126
<i>Herbert Anderson</i> , Los Angeles	
<i>Phillip H. Bassett</i> , Corona Del Mar, Calif.	
<i>Edward A. Blondin</i> , San Diego, Calif.	
<i>G. E. Christensen</i> , Los Angeles	
<i>Lawrence K. Gundrum</i> , Los Angeles	
<i>Elmer N. Liljedahl</i> , Hollywood, Calif.	
<i>Elaine K. Lince</i> , Pasadena, Calif.	
Clifton H. Briggs, Pasadena, Calif.	
Alfred G. Henrich, Los Angeles, Calif.	
Elmer N. Liljedahl, Hollywood, Calif.	
Elaine K. Lince, Pasadena, Calif.	
Sidney Messer, Venice, Calif.	
Carol H. Rehm, Los Angeles, Calif.	
Richard T. Taylor, Los Angeles	
Louisville (Ky.)	4
Robert F. Monroe, Louisville, Ky.	
Memphis (Tenn.)	15
<i>Clinton K. Higgins</i> , Memphis	
W. A. Ruch, Memphis, Tenn.	
Miami (Fla.)	5
<i>Samuel J. Roberts</i> , Miami	
Milwaukee (Wis.)	35
<i>L. O. Helmes</i> , Oshkosh, Wis.	
<i>Volney B. Hyslop</i> , Madison, Wis.	
A. W. Hankwitz, Milwaukee	
Clair O. Vingom, Madison, Wis.	
Minneapolis-St. Paul (Minn.)	26
<i>James L. Benepe</i> , St. Paul	
<i>Clarence G. Ochsner</i> , Wabasha, Minn.	
<i>Edwin F. Robb</i> , Minneapolis	
<i>Archie D. Skemp</i> , La Crosse, Wis.	
C. A. Good, Rochester, Minn.	
Gershom J. Thompson, Rochester, Minn.	
Nashville (Tenn.)	8
<i>Lloyd C. Miller</i> , Nashville	
New Orleans (La.)	20
<i>Alton E. W. Ochsner</i>	
Lyman Richardson, New Orleans	
New York City	94
<i>J. William Beckmann</i> , New York City	

<i>Trading Area Center</i>	<i>No. of Graduates in Trading Area</i>	<i>Trading Area Center</i>	<i>No. of Graduates in Trading Area</i>
<i>Lester J. Evans</i> , Jackson Heights, N. Y.		San Francisco (Calif.)	86
<i>Joseph A. Fiorito</i> , New Haven, Conn.		<i>B. F. Dearing</i> , San Francisco	
<i>Samuel Martin</i> , New York City		<i>D. H. Trowbridge, Jr.</i> , Fresno, Calif.	
<i>Walter R. Peterson</i> , Trenton, N. J.		Heinz E. Cron, San Francisco	
<i>Philip Rosenblatt</i> , New York City		Anne T. Goetsch, Berkeley, Calif.	
<i>Frank S. White</i> , Teaneck, N. J.		Charles H. Hecker, Palo Alto, Calif.	
J. William Beckmann, New York, N. Y.		Ernest S. Rogers, San Francisco	
William Ehrlich, Newark, N. J.		Verne Ross, Stockton, Calif.	
Lester J. Evans, Jackson Heights, N. Y.		William H. Smith, Colfax, Calif.	
Nathan R. Kahn, Brooklyn, N. Y.		Savannah (Ga.)	4
I. W. Leibner, Brooklyn, N. Y.		Seattle (Wash.)	43
Sydney S. Pearl, Elizabeth, N. J.		<i>Byron F. Francis</i> , Seattle	
J. F. Pessel, Trenton, N. J.		<i>Vernon O. Lundmark</i> , Enumclaw, Wash.	
Minton D. Ritter, Margate City, N. J.		William H. Gray, Yakima, Wash.	
Philip Rosenblatt, New York, N. Y.		C. A. Nielsen, Seattle	
Oklahoma City (Okla.)	22	Paul R. Rollins, Seattle	
<i>George H. Garrison</i> , Oklahoma City		Charles Teel, Bellingham, Wash.	
<i>Raymond L. Murdoch</i> , Oklahoma City		Lawrence M. Wilson, Olympia, Wash.	
Rowe F. Bisbee, Ada, Okla.		Shreveport (La.)	3
Omaha (Neb.)	15	Sioux City (Ia.)	10
<i>Miles E. Foster, Jr.</i> , Omaha		<i>Bernard S. Clark</i> , Spearfish, N. D.	
<i>L. J. Owen</i> , Lincoln, Neb.		Spokane (Wash.)	24
L. J. Owen, Lincoln, Neb.		<i>Austin C. Taylor</i> , Spokane	
Earl C. Sage, Omaha, Neb.		Syracuse (N. Y.)	5
Philadelphia (Pa.)	20	<i>John E. Wattenberg</i> , Cortland, N. Y.	
<i>Lucius R. Wilson</i> , Philadelphia		Arthur B. Raffli, Syracuse, N. Y.	
Craig B. Johnson, Philadelphia		Henry N. Reid, Rome, N. Y.	
Mary Jordan, Ridley Park, Pa.		John E. Wattenberg, Cortland, N. Y.	
Phoenix (Ariz.)	14	St. Louis (Mo.)	970
<i>Ben P. Frissell</i> , Phoenix		<i>Oliver Abel, Jr.</i>	
<i>Royal W. Rudolph</i> , Tucson, Ariz.		<i>Louis Aitken</i>	
Louis G. Jekel, Phoenix, Ariz.		<i>Duff S. Allen</i>	
R. O. Raymond, Flagstaff, Ariz.		<i>Millard Arbuckle</i>	
Pittsburgh (Pa.)	10	<i>Walter Baumgarten, Jr.</i>	
<i>Russell C. Bond</i> , Wheeling, W. Va.		<i>Grace Bergner</i>	
Portland (Me.)	1	<i>C. Read Boles</i>	
Portland (Ore.)	30	<i>Eugene M. Bricker</i>	
<i>Frank B. Queen</i> , Portland		<i>Robert Brookes</i>	
Willard D. Rowland, Portland		<i>T. K. Brown</i>	
Frank B. Queen, Portland		<i>Stanley S. Burns</i>	
Richmond (Va.)	16	<i>Delevan Calkins</i>	
<i>Everett C. Drash</i> , University, Va.		<i>Marshall B. Conrad</i>	
Martin A. Compton, Richmond, Va.		<i>Glover Copher</i>	
W. E. Keiter, Kinston, N. C.		<i>James B. Costen</i>	
Salt Lake City (Utah)	51	<i>Robert J. Crossen</i>	
<i>R. P. Roantree</i> , Elko, Nev.		<i>Frank L. Davis</i>	
<i>O. Sundwall</i> , Murray, Utah		<i>Charles Duden</i>	
<i>Ray T. Woolsey</i> , Salt Lake City		<i>Gladden Elliott</i>	
<i>W. R. Merrell</i> , Brigham City, Utah		<i>Walter Fischel</i>	
C. O'Neil Rich, Salt Lake City		<i>William Gaunt</i>	
O. Sundwall, Murray, Utah		<i>Samuel B. Grant</i>	
Ray T. Woolsey, Salt Lake City		<i>R. B. H. Gradwohl</i>	
San Antonio (Tex.)	17	<i>Theodore Greiner</i>	
<i>Walter G. Stuck</i> , San Antonio		<i>Guerdan Hardy</i>	

<i>Trading Area Center</i>	<i>No. of Graduates in Trading Area</i>	<i>Trading Area Center</i>	<i>No. of Graduates in Trading Area</i>
Stanley Harrison		Cecil M. Charles, St. Louis	
John Horner		Raymond M. Charnas, St. Louis	
Scott Heuer		Glover H. Copher, St. Louis	
Bruce Kenamore		Justin J. Cordonnier, St. Louis	
Martin F. Kouri		James B. Costen, St. Louis	
Everett Lerwick		Russell J. Crider, St. Charles, Mo.	
Guy Magness		F. R. Crouch, Farmington, Mo.	
Frank P. McNalley		Robert J. Crossen, St. Louis	
Joseph M. Noah		Eric A. Cunningham, Louisiana, Mo.	
David R. Oliver		H. M. Denny, Union, Mo.	
David L. Penney		James A. Dickson, St. Louis	
G. D. Royston		M. A. Diehr, St. Louis	
Otto H. Schwarz		James J. Donohue, E. St. Louis, Ill.	
Wendell G. Scott		Max Deutch, St. Louis	
John Seddon		Norman W. Drey, St. Louis	
Philip Shahan		Edwin C. Ernst, St. Louis	
Robert M. Smith		Walter Fischel, St. Louis	
Horace W. Soper		I. J. Flance, St. Louis	
Carl Peter Birk, Decatur, Ill.		N. M. Freund, St. Louis	
Eldon C. Bohrer, West Plains, Mo.		David Friedman, Granite City, Ill.	
Alva Trueblood, Jr.		Herbert H. Gass, St. Louis	
Ray D. Williams		Joseph J. Gitt, St. Louis	
Frederic E. Woodruff		Helen Hofsommer Glaser, St. Louis	
George J. Wulff		Alfred Goldman, St. Louis	
Oscar C. Zink		Melvin L. Goldman, St. Louis	
James M. Baker, Columbia, Mo.		Leo Gottlieb, St. Louis	
F. Biggs, Jr., Neelyville, Mo.		R. B. H. Gradwohl, St. Louis	
Urban J. Busiek, Springfield, Mo.		Samuel B. Grant, St. Louis	
Henry B. Delicate, Edwardsville, Ill.		Theodore Greiner, St. Louis	
James J. Donahue, E. St. Louis, Ill.		Otto H. Grunow, St. Louis	
George Drennan, Jacksonville, Ill.		Paul O. Hagemann, St. Louis	
Ben Fox, Carbondale, Ill.		Willis Hall, St. Louis	
Edgar H. Keys, Quincy, Ill.		Carl G. Harford, St. Louis	
W. F. Rose, Dupo, Ill.		Stanley Hampton, St. Louis	
E. C. Schmidtke, Columbia, Mo.		H. R. Hildreth, St. Louis	
William E. Stone, Boonville, Mo.		A. H. Hutton, St. Louis	
Francis E. Sultzman, Hannibal, Mo.		Joseph C. Jaudon, St. Louis	
Oliver Abel, Jr., St. Louis		J. T. Jean, St. Louis	
Helen M. Aff, St. Louis		John Johnstone, Jr., St. Louis	
Duff S. Allen, St. Louis		Dorothy J. Jones, St. Louis	
Robert L. Andrae, Louisiana, Mo.		Frederick E. Jostes, St. Louis	
A. N. Arneson, St. Louis		J. P. Keim, St. Louis	
James W. Bagby, St. Louis		Bruce Kenamore, St. Louis	
James M. Baker, Columbia, Mo.		Richard K. Kimmel, St. Louis	
Alfred K. Baur, St. Louis		Walter C. G. Kirchner, St. Louis	
William G. Becke, St. Louis		Robert E. Koch, St. Louis	
Sim F. Beam, St. Louis		William B. Kountz, St. Louis	
Donald S. Bottom, Alton, Ill.		G. Bruce Lemmon, Springfield, Mo.	
Eugene M. Bricker, St. Louis		Carl E. Lischer, St. Louis	
James Barrett Brown, St. Louis		Morris D. Marcus, St. Louis	
Seymour Brown, St. Louis		S. P. Martin, East Prairie, Mo.	
Stanley S. Burns, St. Louis		Edward Massie, St. Louis	
Louis T. Byars, St. Louis		Harold E. McCann, E. St. Louis, Ill.	
Delevan Calkins, St. Louis		Frank McDowell, St. Louis	

<i>Trading Area Center</i>	<i>No. of Graduates in Trading Area</i>	<i>Trading Area Center</i>	<i>No. of Graduates in Trading Area</i>
Herman M. Meyer, St. Louis		Brian B. Blades	
Gordon F. Moore, Alton, Ill.		Harlan I. Firminger, Bethesda, Md.	
Carl V. Moore, St. Louis		Wichita (Kan.)	34
P. G. Moskop, St. Louis		<i>Wilbur C. Gillette</i> , Wichita	
I. D. Newmark, Chester, Ill.		Outside United States	34
Mary Louise Newman, Jacksonville, Ill.		H. M. Chandler, Waipahu, T. H.	
Joseph W. Noah, St. Louis		L. R. Fernandez, Laupahoehoe, T. H.	
R. A. Nussbaum, St. Louis		H. A. Geitz, Monterrey, N. L., Mexico.	
John F. Patton, St. Louis		R. D. Kepner, Honolulu, T. H.	
Burnet W. Peden, St. Louis		Eichi Masunaga, T. H.	
Virginia H. Peden, St. Louis		Kazuo Miyamoto, Honolulu, T. H.	
Claude D. Pickrell, St. Louis		James W. Owen, Jr., Guam, M. I.	
A. Victor Reese, St. Louis		Richard Y. Sakimoto, Honolulu, T. H.	
Edward H. Reinhard, St. Louis		Frank Vellios, Guam, M. I.	
Melvin A. Roblee, St. Louis		Sam R. Wallis, Kauai, T. H.	
D. K. Rose, St. Louis			
Harry D. Rosenbaum, St. Louis			
Llewellyn Sale, Jr., St. Louis			
Jay Marvin Salzman, Springfield, Ill.			
Frederick O. Schwartz, St. Louis			
C. D. Scott, Louisiana, Mo.			
Wendell G. Scott, St. Louis			
Ben H. Senturia, St. Louis			
Carvel T. Shaw, Hermann, Mo.			
David E. Smith, St. Louis			
Selden Spencer, St. Louis			
F. E. Sultzman, Hannibal, Mo.			
Frances H. Stewart, St. Louis			
Barrett L. Taussig, St. Louis			
E. H. Theis, Granite City, Ill.			
J. W. Thompson, St. Louis			
Louis L. Tureen, St. Louis			
Helman C. Wasserman, St. Louis			
George L. Watkins, Farmington, Mo.			
George L. Watkins, Jr., Farmington, Mo.			
Harvey L. White, St. Louis			
W. B. Wilcoxon, Bowling Green, Mo.			
Oscar C. Zink, St. Louis			
Tampa (Fla.)	8		
<i>Frances C. Wilson</i> , Tampa			
Roscoe Maxwell, Punta Gorda, Fla.			
Toledo (O.)	4		
<i>Edward L. Burns</i> , Toledo			
Tulsa (Okla.)	39		
<i>W. A. Showman</i> , Tulsa			
Washington (D. C.)	30		
<i>Gordon S. Letterman</i>			
<i>Col. Paul I. Robinson</i>			

356 Students in Medical School for 1949-50 Term

A total of 356 students are enrolled in the four classes of the School of Medicine for the 1949-50 school term. The freshman class has a capacity of 87 persons, with 22 of them from the greater St. Louis area, 15 from outstate Missouri, and the remainder representing 23 other states in all sections of the country. Two freshmen are from Hawaii, and there are ten girls in the first-year class.

The sophomore class has 80 members; the junior class, 104; and there are 85 seniors. Classes started on September 12.

Fifty-two are enrolled in the long-term postgraduate courses. There are 15 doctors in otolaryngology; 24 in pediatrics; and 13 in ophthalmology.

Thirty-two students registered for occupational therapy training and 12 for physical therapy.

DEPARTMENTAL NEWS

Anatomy

Dr. Mildred Trotter, professor of gross anatomy, returned September 1 after more than a year spent as anthropologist for the Central Identification Laboratory of the American Graves Registration Service. During the past summer she spent 17 days touring Japan. The points of interest included the major cities of Japan, such as Tokyo, Yokohama, Hiroshima and others. Dr. Trotter said she was constantly coming across Washington U. medical graduates in all parts of the South Pacific and Japanese areas. The Central Laboratory was located on the island of Kauai in the Territory of Hawaii. It was the responsibility of the Laboratory to present data on unknown Pacific World War II dead and integrate this with other information from the Army to establish their identity.

Dr. John C. Finerty, associate professor of anatomy, resigned, effective August 31, to accept a position as associate professor of anatomy at the University of Texas Medical Branch in Galveston. Dr. Finerty had been a staff member since 1946, and was promoted to associate professor on July 1. His appointment in Texas is effective Sept. 1.

Bacteriology

The Department has received an electron microscope, the only one in the Medical Center, to be used in research work. The microscope arrived in 12 crates and a special room was equipped for its installation, which was in process at the time of publication.

Biochemistry

Dr. Carl F. Cori and Dr. Gerty T. Cori, professors of biological chemistry, attended a meeting of the International Congress of Biochemistry from August 18 to 24 at the University of Cambridge in England. The University conferred an honorary degree on Dr. Carl Cori. They visited in Switzerland before going to England.

Medicine

Dr. Henry A. Schroeder, associate professor of medicine and director of the division of hypertension, spoke on the pathogenesis of hypertension before the Georgia Heart Association, which met in Atlanta, September 16.

Dr. Thomas H. Hunter, assistant dean, and his wife, Dr. Anne F. Hunter, returned August 16 from a trip abroad, during which they spent five weeks in England and two weeks in France. Dr. Hunter renewed many friendships made when he was studying at Cambridge University several years ago, and also attended the Henley Royal Regatta. His visits in England included trips to several London hospitals, Cambridge and Oxford Universities, and talks with physicians at all levels, with members of the British government, and with Lord Horder, one of the King's physicians.

Neuropsychiatry

Several staff members from the Department of Neuropsychiatry took part in the program of the 25th annual convention of the Central Neuropsychiatric Association which met in St. Louis October 21-22. Dr. Irwin Levy and Dr.

Samuel A. Trufant gave a joint paper on vertebral artery syndrome secondary to cervical pathology; Drs. James O'Leary and George H. Bishop presented "Analysis of Forebrain Spike Potentials"; the evaluation of a new psychiatric screening test was the subject of Drs. George Saslow and Robert Counts. Dr. George Ulett presented "Photic Driving"; Dr. Conrad Sommer's subject was the psychoanalytically oriented institutional treatment of children; and Dr. Louis Tureen talked on the role of the psychiatrist in a voluntary prepaid group practice medical clinic.

Pathology

Dr. Robert A. Moore, Dean and professor of pathology, attended the meeting of the American Board of Pathology in Chicago from October 6 through 8. He was in Chicago for the joint meeting of the American Society of Clinical Pathology and the College of American Pathologists from October 11 to 15. On October 12 he took part in a panel discussion on the training of residents. The annual banquet of the two groups was held that evening.

Pediatrics

The Adams County Medical Society, meeting in Quincy, Ill., on Sept. 12, had as guest speaker Dr. Merl J. Carson, assistant professor of pediatrics and assistant dean in charge of the Division of Postgraduate Studies. His topic was "Diagnosis and Treatment of Congenital Heart Disease."

Pharmacology

Dr. Robert Furchgott, assistant professor of pharmacology, arrived Sept. 8

to assume his new duties here. He came to Washington University from Cornell University, where he was assistant professor of biochemistry in medicine of the department of medicine. Dr. Furchgott received his Ph.D. degree in 1940 from Northwestern University, and was granted a B.S. degree from the University of North Carolina in 1937.

Dr. F. Edmund Hunter, assistant professor of pharmacology, returned the first of September from a trip to Europe and England, where he attended the International Congress of Biochemistry meeting in Cambridge during August. Dr. Hunter visited several scientific institutes during his travels in France, the Scandinavian countries and northern Europe. He visited with Dr. Olov Lindberg of Stockholm, Dr. Herman Kalckar in Copenhagen, Dr. Christian De Duve in Brussels, and Dr. Helen Porter of London, all of whom have spent periods of study in the Medical School here withing the past few years. Mrs. Hunter made the trip with him.

Physiology

The annual meeting of the American Physiological Society in Augusta, Ga., Sept. 15-17, was attended by Drs. Harvey L. White, Arthur S. Gilson, Shepard M. Walker, Gordon M. Schoepfle, and Adolph Surtshin from the Department of Physiology here. Dr. White reported on work done with Dr. Peter Heinbecker and Miss Doris Rolf on the variability of effects of growth hormone preparations on renal function. Dr. Gilson's paper was on factors concerned in the tension development of a summated response of skeletal muscle. The

effects of hypothermia on the potentiation induced by tetanus in rat muscle was Dr. Walker's subject, while Dr. Schoepfle reported on work with Mr. Noah Susman on the impedance of nerve and muscle fiber during passage of an impulse. Dr. White served as chairman of the section on kidney physiology.

Preventive Medicine

Dr. Virgil Scott, formerly assistant professor of preventive medicine and of medicine, has written to the Department of Preventive Medicine and sent a picture of the United Fruit Company Hospital in Tela, Honduras, where he and his family are now settled.

Sixty members of the American Agricultural Editors Association toured the Medical Center on September 28. Dr. Robert Shank, professor of preventive medicine, was moderator for discussions which followed several talks given by staff members before and after the tour. Dr. Edward H. Reinhard, associate professor of medicine; Dr. Evarts A. Graham, professor of surgery; Dr. Frank R. Bradley, professor of hospital administration; Dr. Alexis F. Hartmann, professor of pediatrics; and Dr. Shank each gave fifteen-minute talks.

Radiology

Dr. Sherwood Moore, professor emeritus of radiology, attended the meeting of the Third Annual Rocky Mountain Cancer Conference held at Denver, Colo., the middle of July. He gave papers on radiological management and accessory treatment of the leukemias, Hodgkin's disease, lymphosarcoma and myeloma; and also on experiences in

the treatment of 12,000 malignancies—their relative incidence in a 32-year period and methods and results.

Two new additions to the staff in the Department of Radiology started their appointments on July 1. Dr. William B. Seaman assumed his duties as instructor in the Mallinckrodt Institute, coming to Washington University from Yale University School of Medicine. Dr. Seaman worked with Dr. Hugh M. Wilson, new chief of the Mallinckrodt Institute and head of the Department of Radiology, while at Yale. Dr. Wilson also came on July 1. Commander Edward T. Byrne, MC, USN, began a year's fellowship in radiology July 1, having just returned from a two-year tour of duty at the United States Naval Hospital in Aiea Heights at Honolulu, T. H.

Surgery

The Department of Surgery had as guests during the month of October three distinguished English surgeons and a group of 11 Swedish surgeons. The three English surgeons all spent about a year in study here under Dr. Evarts A. Graham several years ago, and now have risen to positions of prominence in Great Britain.

The English visitors were Mr. Ian Aird, professor of surgery at the British Postgraduate Medical School in London; Mr. Russell C. Brock, of Guy's Hospital and the Brompton Chest Hospital in London; and Mr. W. Arthur Mackey, of the department of surgery at the University of Glasgow. The 11 Swedish surgeons from Stockholm were in St. Louis for four days before going

to New Orleans for the International Society of Surgery meeting.

Members of the International Society of Surgery, which meets in New Orleans from October 10 to 16, came to St. Louis for a two-day visit to the Washington University Medical Center on October 27 and 28. A special program was prepared for their interest by Dr. Evarts A. Graham and members of his staff.

Dr. Robert Elman, professor of clinical surgery, took part in a symposium on plasma proteins under the auspices of the University of Illinois in Chicago on September 23 and 24. The subject of his talk was "Hypoproteinemia Due to Protein Starvation." Immediately following this meeting, Dr. Elman will travel to Washington, D. C., to attend the Surgical Study Section of the U. S. Public Health Service there.

Dr. Frank McDowell, assistant professor of clinical surgery, Dr. Minot P. Fryer, instructor in clinical surgery, and Dr. James Barrett Brown, professor of clinical surgery, presented a paper on "Radiation Lesions" at the meeting of the International Society of Surgeons on October 14 in New Orleans.

Dr. Lauren V. Ackerman, associate professor of pathology and of surgical pathology, was guest speaker at the Oklahoma City Clinical Society, which met from October 24 to 27. His subject was "Lung Tumors, Clinical-Pathological Correlation."

Dr. Peter Heinbecker, professor of clinical surgery, presented a paper on "The Pathogenesis of Hyperthyroidism" before the International Society of Surgery, which met in New Orleans from

October 10 to 16. The Central Neuro-psychiatric Association, meeting here October 21 and 22, heard him speak on "Neuro-endocrine and Endocrine Inter-relationship."

Dr. Evarts A. Graham, Bixby professor of surgery, received the Mississippi Valley Medical Society's Honor Award for 1949 at the Society's annual banquet on September 28 in St. Louis. The annual convention of the three-state post-graduate group was held at Hotel Jefferson for three days. Dr. Graham spoke during the meeting on "What the General Practitioner Should Know About Bronchogenic Carcinoma."

Miscellaneous

The faculty of the School of Medicine, counting both full-time and clinical staff members, has hit an all-time high of 716 persons.

Mr. Harry E. Panhorst has been appointed associate director of the Washington University Clinics, and arrived to take over his duties on September 1.

Dr. Frank R. Bradley, director of Barnes Hospital and professor of hospital administration, was elected a trustee of the American Hospital Association during a meeting in Cleveland late in September.

The Medical Alumni Office is anxious to keep in touch with your whereabouts and your activities. A penny post card giving your old and new address will be appreciated whenever you move—or if your mail is incorrectly addressed in any manner. News of yourself and any Medical School graduates you know is always very welcome for the Alumni News section. Your classmates want to hear about you!

Publications of the Faculty

July - September, 1949

- Alexander, H. L. A successful training program for house officers on a private medical service. *Jl. Assn. Am. Med. Colleges* 24: 236-238. July, 1949.
- Alexander, H. L., Flance, I. J. and Skilling, D. M. Chronic pleurisy and peritonitis. Clinico-pathologic conference. *Am. jl. med.* 7: 396-406. Sept., 1949.
- Alexander, H. L., Wade, L. J. and Wood, W. B., Jr. Progressive hepatic disease, Clinico-pathologic conference. *Am. jl. med.* 7: 114-125. July, 1949.
- Andrew, W. and Andrew, N. V. Lymphocytes in the normal epidermis of the rat and of man. *Anat. rec.* 104: 217-241. June, 1949.
- Baranowski, T. Crystalline glycerophosphate dehydrogenase from rabbit muscle. *J. Biol. Chem.* 180: 535-541. Sept., 1949.
- Baranowski, T., and Niederland, T. R. Aldolase activity of myogen A. *J. Biol. Chem.* 180: 543-551. Sept., 1949.
- Beare, J. B., and Wattenberg, C. A. Transurethral prostatectomy. *J. Missouri med. assn.* 46: 482-484. July, 1949.
- Bessey, O. A., Lowry, O. H., and Love, R. H. The fluorometric measurement of the nucleotides of riboflavin and their concentration in tissues. *J. Biol. Chem.* 180: 755-769. Sept., 1949.
- Bricker, E. M., Burford, T. H., and Eiseman, B. The use of tubed pedicle grafts in carcinoma of the upper esophagus. *J. thor. surg.* 18: 304-315. June, 1949.
- Brown, J. B., Cannon, B., Graham, W., and Davis, W. B. Restoration of major defects of the arm by combination of plastic, orthopedic and neurologic surgical procedures. Plastic and reconstructive surg. 4: 337-340. July, 1949.
- Buchmueller, A. D., and Gildea, M. C.-L. A group therapy project with parents of behavior problem children in the public schools. *Am. Jl. Psychiat.* 106: 46-52. July, 1949.
- Carruthers, C., and Suntzeff, V. Cytochrome C in epidermal carcinogenesis in mice. *Acta unio internationalis contra cancerum.* 6: 282-285. 1948.
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- Cohn, M. Mechanisms of cleavage of glucose-1-phosphate. *J. Biol. Chem.* 180: 771-781. Sept., 1949.
- Cook, J. E., and Malewitz, E. C. Dry feedings in gastric motor delay. *Am. J. Digest. Dis.* 16: 222-224. June, 1949.
- Cooke, J. V. The effect of specific therapy on the common contagious diseases. Presidential address. *J. Pediat.* 35: 275-295. Sept., 1949.
- Costello, C. Improved methods in combatting tetanus. *J. Missouri M. A.* 46: 582-588, Aug., 1949.
- Elman, R. How reliable is the self-selection of an adequate diet. *Gastroenterol.* 12: 1000-1001. June, 1949.
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ALUMNI NEWS

1886

A. D. Cloyd wrote recently to report that he will soon be a nonagenarian and has been hospitalized for the last several months. His address is 5225 Cass St., Omaha, Neb.

1900

William H. Luedde has moved his offices from the Metropolitan Building to Hampton Village Medical Center in St. Louis.

1902

Joseph A. Hodam of Filley, Neb., is no longer practicing medicine, having been ill for the past five years, but still keeps in contact with the Medical School.

1907

H. P. Poston, formerly of Bonne Terre, Mo., has moved to Medford, Ore., and can be reached at Box 493.

1914

Samuel H. Snider has offices in the Medical Plaza Bldg. in Kansas City, Mo.

1915

Dalton K. Rose, president of the Medical Alumni Association, and **Justin J. Cordonnier** '28 were guest speakers at the South Central Section meeting of the American Urological Association in Colorado Springs during October.

1916

The address of **Harry E. Bundy** is 7817 North Jersey St., Portland, Ore.

Eugene Mattice is with the Veterans Administration at 130 W. Kingsbridge Rd. in New York City.

1923

Clair O. Vingom lives at 122 W. Washington in Madison, Wis.

1924

Milo K. Tedstrom can now be reached at 2482 Riverside Dr. in Santa Ana, Calif.

1925

Roland A. Slater recently moved to 606 Stratford Dr. in Peoria, Ill.

1926

G. Wendell Olson wrote recently that he regrets being so far away from the activities of the Medical Alumni Association, but keeps informed through the QUARTERLY as to what is going on. His address is 211 North Pomona Ave., Fullerton, Calif.

1927

Paul H. Guttman has moved from L. A. to 1707 Westwood Pl., Pomona, Calif.

1928

Helen P. Rowland can be reached at 2425 Auburn, Cincinnati, O.

Henry H. Dixon's address is 833 S. W. 11th St., Portland, Ore.

1929

The address of **Frederick H. Scharles** is 2633 16th St., Washington, D. C.

1930

Donald Chamberlain recently moved from Montreal, Canada, to 49 Altan Pl., Brookline, Mass.

Francis G. Irwin moved from Monmouth, Ore., to 669 S. Monroe, Decatur, Ill.

J. W. Tidwell has offices in the Murrah Bldg., Herrin, Ill.

1931

Ben Simon is at the Connecticut State Hospital in Middletown.

1934

Samuel Schwartz is living at 1912 R Street, N. W., Washington, D. C.

Ralph Greenberg is at the Veterans Administration center in Martinsburg, W. Va.

Paul G. Buss can be reached at 1104 W. 8th St., Santa Ana, Calif.

Thomas W. Tormey, Jr., recently moved from Cleveland to 303 N. Carroll St., Madison, Wis.

1936

Robert C. Dunn has an address at 503 The Alameda, Middletown, O., and recently moved there from Baltimore.

1938

Leo J. Wade lives at 22 Doris Road, Mamaroneck, N. Y. He is with the health division of the Standard Oil Company and has his office in Rockefeller Center in New York City.

Harry E. Mantz recently moved his offices to the Elfgen Bldg. at Alton, Ill.

1940

Frank L. Davis, Jr., recently opened new offices in the University Club Bldg., Suite 620, in St. Louis with practice limited to general surgery.

James H. Robertson can be reached at 1136 W. 6th St., Los Angeles.

1941

Harold C. Franklin is at the U. S. Marine Hospital in Seattle, Wash.

1941

George S. Loquvam has moved from Santa Barbara, Calif., to 2310 Baldwin St., Houston, Tex.

Chester A. McAfee is at City Hospital in St. Louis.

Joseph L. Rubel is living at 5 E. Gregory St., Pensacola, Fla.

Richard A. Preston has a new address at 1402 W. 10th St., in Santa Ana, Calif.

1943

The address of **Wilma R. Farrington** is 106 S. Girard Ave., Albuquerque, N. Mex.

Jerry H. Allen is living at 1103 Jewel Ave., in Columbia, Mo.

William Price is with the McBride Clinic in Oklahoma City.

Frances C. Wilson, specializing in ophthalmology, and her husband, Dr. Byron G. Wilson, dental surgeon, have moved into their new building, which combines offices and their residence. It is a modernistic concrete and steel structure, completely air conditioned. Their address is 1700 MacDill Ave., Tampa, Fla.

New address of **James A. Miller** is 544 20th St., Rock Island, Ill.

Alfred A. Thurlow, Jr., is living in

Santa Rosa, Calif., at 1417 McDonald Ave.

John C. Blumenschein moved recently to 1731 Crescent St., Independence, Mo.

James G. Owen is with the Virginia Mason Clinic in Seattle, Wash.

A. Paul Naney has opened his office in the Wells-Phillips Bldg., in Flora, Ill. His practice is limited to internal medicine.

John F. Blinn's new address is 1346 N. Pershing Ave., Stockton, Calif.

David M. Freeman is assistant in ophthalmology at the Medical School and senior assistant resident at McMillan Hospital.

1944

Marion E. Palmer is living on Route 1, Box 292, Oswego, Ore.

Alexander Ling recently moved from New York to 2052 E. 90th St., Cleveland, O., and is in the Department of Neurological Surgery of the Cleveland Clinic.

Ervan L. Levine is practicing in Monroe City, Mo. His address is 414 S. Main St.

1945

Ernest S. Gantt, Jr., can be reached at Box 304, Mexico, Mo.

Norton E. Johnson's new address is 4211 Allendorf Dr., Apt. 83, Cincinnati, O.

Charles Wolfson is assistant surgeon in the medical section of the Atchison, Topeka and Santa Fe Hospital in Topeka, Kans., and has been there for more than a year. He spent almost two years in the Army Medical Corps and took graduate training at Cook County Hospital in Chicago.

George E. Beckmann moved to 1947 N. Signal Hill Dr., in Kirkwood, Mo., recently.

1946

Stanley Thiel is living at 3105 Prairie St., Mattoon, Ill.

Capt. George W. King can be reached

at 501 Percival Rd., in Columbus, S. Car.

George E. Wiggins is in Seattle, Wash., at 14527 Fifth Ave, N. E.

Lindsay Kirkham, Jr., is at Harper Hospital in Detroit.

R. B. McConnell has moved to Santa Monica, Calif., 805 "C" 23rd St.

1947

William C. Deer recently moved from Oak Ridge, Tenn., to 546 Boulevard Ave., Westfield, N. J.

Miles E. Thomas' address is 4125 Paseo, Kansas City, Mo.

Henry T. Russell moved recently from Detroit to 215a North 4th St., Louisiana, Mo.

Helen Prieto is now at St. Luke's Hospital in Cleveland, O.

Milton Sheinbein is with the U. S. Public Health Service Hospital in Fort Worth, Tex.

Robert H. Tanner is living at 1922 N. Circle Dr., Jefferson City, Mo.

1948

Arthur Sartorius is in St. Louis and lives at 5431a Rhodes Ave.

Herbert Sieker is at Duke Hospital in Durham, N. C.

William D. Gaunt is at the Veterans Hospital in Nashville, Tenn.

Homer Parkhill moved recently from St. Louis to Pontiac, Ill., where his address is 714 S. Mill St.

Leonard D. McLin is at the Veterans Hospital in Danville, Ill.

In Memoriam

1895

Isaac N. Shannon died last summer at his home in Knob Lick, Mo.

1897

Moss Maxey died at his home in Mt. Vernon, Ill., on June 13, 1949, at the age of 75. He had been in continuous active practice for 52 years, and though in failing health for the past ten years, had maintained an office at his home. In 1947 he was honored by the Illinois Medical Society for 50 years of service, and received tribute from the Governor and other state officials for his pioneer tuberculosis work. He was a member of the American Trudeau Society and an honorary life member of the Illinois Tuberculosis Association, which he had served in some official capacity since 1918.

1898

Charles W. Thierry died July 23, 1949 in St. Louis.

John A. Russell died January 13, 1949 in Auburn, Calif., where he was on the staff of the Placer County Hospital.

William LaClaud Peters passed away suddenly at his home in Hendersonville, N. C., on Sept. 1, 1949. He was 83 years old.

1899

Theodore H. Romeiser died last spring in Michigan City, Ind., his home.

1908

Victor M. Gore of Tucson, Ariz., passed away in recent months.

Angus J. Barter died recently in Tacoma, Wash.

1911

Alfred H. Winkel of Stanwood, Wash., died there last summer.

William L. Smith of Monroe, La., passed away there recently.

Alexander G. Wooldridge died January 26, 1949. He lived in Butler, Mo.

1936

John F. Dillon III died March 20, 1949 in Montgomery, Ala., of uremia, after ten years of practice in obstetrics and gynecology.

WASHINGTON UNIVERSITY

Arthur H. Compton, Ph.D., Sc.D., LL.D., *Bridge Chancellor*

Charles Belknap, B.S., *Vice Chancellor*

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Thomas Edward Blackwell, Ph.B., M.S., J.D.,
Director of Business Administration

The College of Liberal Arts

Thomas S. Hall, Ph.D., Dean

The School of Engineering

Lawrence E. Stout, Ph.D., Ch.E., Dean

The School of Architecture

Joseph D. Murphy, Dean

The School of Business and Public Administration

Leslie J. Buchan, Ph.D., Dean

The George Warren Brown School of Social Work

Benjamin E. Youngdahl, A.M., Dean

The Henry Shaw School of Botany

Henry N. Andrews, Jr., Ph.D., Acting Dean

The School of Graduate Studies

Carl Tolman, Ph.D., Dean

The School of Law

Wayne B. Townsend, A.B., LL.B., J.S.D., Dean

The School of Medicine

Robert A. Moore, M.D., Ph.D., Dean

The School of Dentistry

Otto W. Brandhorst, D.D.S., Dean

The School of Nursing

Louise Knapp, R.N., B.S., A.M., Director

The School of Fine Arts

Kenneth E. Hudson, B.F.A., Dean

University College

Willis H. Reals, Ph.D., Dean

The Summer School

Frank L. Wright, A.M., Ed.D., Director

The Henry Edwin Sever Institute of Technology

Lawrence E. Stout, Ph.D., Ch.E., Director