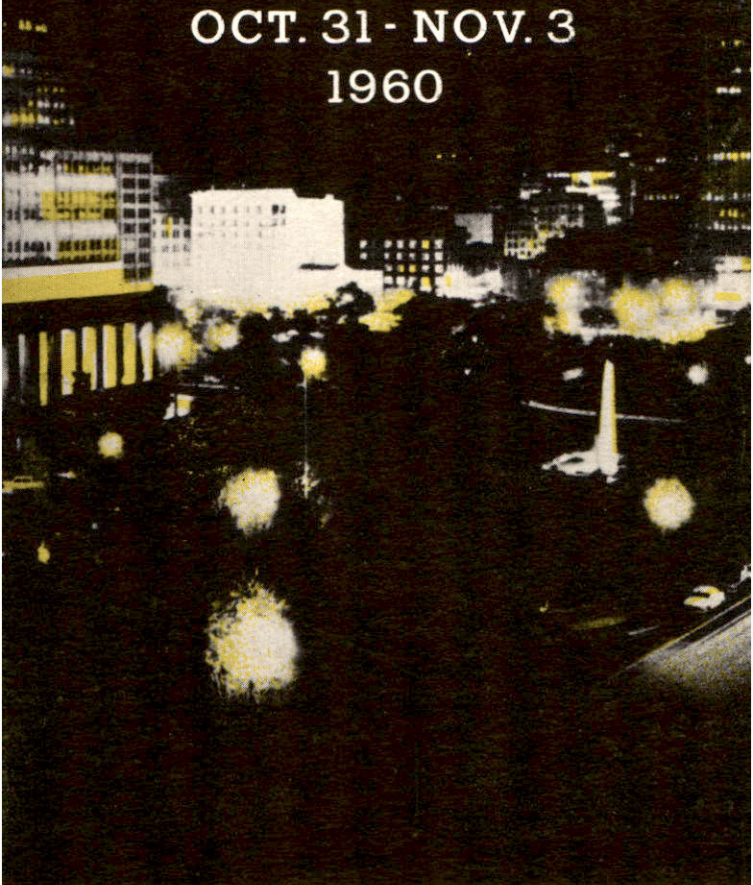


Program

# St. Louis

OCT. 31 - NOV. 3

1960



**Southern  
Medical  
Association**

**54th Annual Meeting**

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\*Deceased

~~168~~ (33)

# SCHEDULE OF SCIENTIFIC WORK

ROOM	MONDAY		TUESDAY		WEDNESDAY		THURSDAY
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.
OPERA HOUSE	Symposium on Cerebrovascular Diseases		Obstetrics	Surgery, Radiology Pathology Gastroenterology*	Urology and Pathology and Medicine*	Obstetrics	Symposium on Medicoeconomics
ASSEMBLY HALL NO. 1		Pathology and Medicine*	Orthopedic and Traumatic Surgery	Gynecology	General Practice and Public Health*	General Practice	Orthopedic and Traumatic Surgery
ASSEMBLY HALL NO. 2		Pediatrics and Anesthesiology*	Pediatrics	Medicine	Industrial Medicine and Surgery	Medicine	
ASSEMBLY HALL NO. 3		Gastroenterology	Surgery	Industrial Medicine and Surgery	Gynecology		
COMMITTEE ROOM B		Dermatology and Syphilology	Dermatology and Syphilology	Anesthesiology	Orthopedic and Traumatic Surgery	Neurology and Psychiatry	

COMMITTEE ROOM C	Urology	Surgery	Gastroenterology	Pathology	Neurology and Psychiatry	Public Health
COMMITTEE ROOM 3-A		Radiology	Allergy	Pediatrics	Allergy	
COMMITTEE ROOM 3-B		Ophthalmology and Otolaryngology	Ophthalmology and Otolaryngology	Ophthalmology and Otolaryngology	Ophthalmology and Otolaryngology	
COMMITTEE ROOM 3-C		Proctology	Pathology	Proctology		
COMMITTEE ROOM 3-D		Physical Medicine and Rehabilitation	Urology	Physical Medicine and Rehabilitation		Physical Medicine and Rehabilitation
COMMITTEE ROOM 4-B				Neurology and Psychiatry		
STAGE	Color TV	Color TV	Color TV	Color TV	Color TV	Color TV

\*Conjoint Sessions

## GENERAL INDEX

Alumni and Fraternity Reunions.....	6
Committees on Arrangements, St. Louis.....	13
Conjoint Societies.....	11
Exhibits:	
Scientific .....	119
Technical .....	125
General Information .....	5
General Sessions:	
Symposium on Cerebrovascular Disease.....	11, 21
Symposium on Medicoeconomics.....	11, 23
Golf Tournament .....	9
Host Committeemen for the Sections.....	14
Index of Names .....	132
Medical Student Representatives.....	11
Officers, Southern Medical Association.....	Cover 2
Places of Meeting and Presidents.....	143
President's Luncheon .....	11, 19
President's Night—Annual Dinner Dance.....	12, 19
Summary of Program by Days.....	2
Television Programs .....	7, 25
Woman's Auxiliary Program .....	127
Women Physicians .....	10

## Section Programs

Allergy, Section on .....	27
Anesthesiology, Section on .....	31
Dermatology and Syphilology, Section on.....	35
Gastroenterology, Section on.....	39
General Practice, Section on.....	45
Gynecology, Section on.....	49
Industrial Medicine and Surgery, Section on.....	53
Medicine, Section on .....	57
Neurology and Psychiatry, Section on.....	63
Obstetrics, Section on.....	67
Ophthalmology and Otolaryngology, Section on.....	71
Orthopedic and Traumatic Surgery, Section on.....	79
Pathology, Section on.....	85
Pediatrics, Section on.....	89
Physical Medicine and Rehabilitation, Section on.....	93
Proctology, Section on.....	97
Public Health, Section on.....	101
Radiology, Section on.....	103
Surgery, Section on.....	107
Urology, Section on.....	111

## Programs of Conjoint Societies

American College of Chest Physicians, Southern Chapter .....	115
Southeastern Proctologic Society.....	117
Southern Gynecological and Obstetrical Society.....	117

## SUMMARY OF PROGRAM BY DAYS

All scientific sessions of the Southern Medical Association will be held in Kiel Auditorium, unless otherwise indicated.

### Monday, October 31

- American College of Chest Physicians—page 115.
- Anesthesiology, Section on—page 31.
  - Joint Meeting with Section on Pediatrics—page 31.
  - Cocktail Party—page 31.
- Dermatology and Syphilology, Section on—page 35.
  - Zola Cooper Clinicopathologic Seminar—page 35.
  - Cocktail Party—page 37.
- Duke University School of Medicine—page 6.
- Exhibits, Scientific—page 119.
- Exhibits, Technical—page 125.
- Gastroenterology, Section on—page 39.
  - Cocktail Hour and Dinner—page 41.
- George Washington University School of Medicine—page 6.
- Gynecology, Television Program—page 49.
- Medicine, Section on—page 57.
  - Joint Meeting with Section on Pathology—page 57.
- Obstetrics, Television Program—page 67.
- Ophthalmology and Otolaryngology, Section on—page 71, 72
  - Television Program—page 71.
  - Luncheon—page 71.
- Orthopedic and Traumatic Surgery, Cocktail Party—page 79.
- Pathology, Section on—page 85.
  - Joint Meeting with Section on Medicine—page 85.
- Pediatrics, Section on—page 89.
  - Joint Meeting with Section on Anesthesiology—page 89.
- Physical Medicine and Rehabilitation, Section on—page 93.
- Proctology, Section on—page 97.
  - Cocktail Party and Dinner—page 98.
- Radiology, Section on—page 103.
  - Luncheon—page 103.
- Scientific Color TV Programs—pages 7, 25.
- Southern Gynecological and Obstetrical Society—page 117.
- Surgery, Section on—page 107.
  - Cocktail Party and Dinner—page 108.
- Symposium on Cerebrovascular Disease—pages 11, 21.
- University of Arkansas School of Medicine—page 6.
- Urology, Section on—page 111.
- Woman's Auxiliary—pages 10, 127.
- Women Physicians—page 10.

### Tuesday, November 1

- Allergy, Section on—page 27.
  - Cocktail Hour—page 28.
- Anesthesiology, Section on—page 32.
- Dermatology and Syphilology, Section on—page 37.
- Emory University School of Medicine—page 6.
- Exhibits, Scientific—page 119.
- Exhibits, Technical—page 125.
- Gastroenterology, Section on—page 41.
  - Joint Meeting with Sections on Pathology, Radiology and Surgery—page 43.
- Golf Tournament—page 9.

- Gynecology, Section on—page 49.  
Industrial Medicine and Surgery, Section on—page 53.  
Medical College of Alabama—page 6.  
Medical College of Georgia—page 6.  
Medical College of South Carolina—page 6.  
Medicine, Section on—page 58.  
Neurology and Psychiatry, Section on—page 63.  
Obstetrics, Section on—page 67.  
Ophthalmology and Otolaryngology, Section on—pages 73, 75.  
Orthopedic and Traumatic Surgery, Section on—pages 79, 80.  
Pathology, Section on—pages 86, 87.  
    Social Hour and Reception—page 88.  
    Joint Meeting with Sections on Gastroenterology, Radio-  
    logy and Surgery—page 88.  
Pediatrics, Section on—page 90.  
Physical Medicine and Rehabilitation, Section on—page 94.  
    Cocktail Party—page 94.  
President's Luncheon (First General Session)—pages 11, 19.  
Proctology, Section on—page 99.  
    Television Program—page 98.  
Public Telecast—page 7.  
Radiology, Section on—page 104.  
    Joint Meeting with Sections on Gastroenterology, Path-  
    ology and Surgery—page 104.  
    Cocktail Party—page 105.  
Scientific Color TV Programs—pages 7, 25.  
Surgery, Section on—pages 108, 110.  
    Joint Meeting with Sections on Gastroenterology, Path-  
    ology and Radiology—page 110.  
Tulane University School of Medicine—page 6.  
University of Louisville School of Medicine—page 6.  
University of Maryland School of Medicine—page 6.  
University of Mississippi School of Medicine—page 7.  
University of North Carolina School of Medicine—page 7.  
University of Pennsylvania School of Medicine—page 7.  
Urology, Section on—page 112.  
Vanderbilt University School of Medicine—page 7.  
Washington University School of Medicine—page 7.  
Woman's Auxiliary—pages 10, 127.

### Wednesday, November 2

- Allergy, Section on—page 28.  
Exhibits, Scientific—page 119.  
Exhibits, Technical—page 125.  
General Practice, Section on—page 45.  
    Joint Meeting with Section on Public Health—page 45.  
    Luncheon—page 46.  
Golf Tournament—page 9.  
Gynecology, Section on—page 51.  
    Joint Luncheon with Section on Obstetrics—page 51.  
Industrial Medicine and Surgery, Section on—page 54.  
Medicine, Section on—page 60.  
    Joint Meeting with Sections on Pathology and Urology—  
    page 60.  
Neurology and Psychiatry, Section on—pages 64, 65.  
Obstetrics, Section on—page 69.  
    Joint Luncheon with Section on Gynecology—page 69.

- Ophthalmology and Otolaryngology, Section on—page 76.  
Orthopedic and Traumatic Surgery, Section on—pages 81, 83.  
Pathology, Section on—page 88.  
    Joint Meeting with Sections on Medicine and Urology  
    —page 88.  
Physical Medicine and Rehabilitation, Section on—page 95.  
President's Night (Second General Session)—pages 12, 19.  
Proctology, Operative Clinics—page 100.  
    Joint Meeting with Southeastern Proctologic Society—  
    page 117.  
    Luncheon—page 100.  
Public Health, Section on—pages 101, 102.  
    Joint Meeting with Section on General Practice—page 101.  
Scientific Color TV Programs—pages 7, 25.  
Southeastern Proctologic Society—page 117.  
    Joint Meeting with Section on Proctology—Page 100.  
University of Mississippi School of Medicine—page 7.  
University of Tennessee College of Medicine—page 7.  
Urology, Section on—page 113.  
    Joint Meeting with Sections on Medicine and Pathology  
    —page 113.  
Woman's Auxiliary—pages 10, 127.

### Thursday, November 3

- Exhibits, Scientific—page 119.  
Exhibits, Technical—page 125.  
Orthopedic and Traumatic Surgery, Section on—page 83.  
Symposium on Medicoeconomics—pages 11, 23.

## GENERAL INFORMATION

### Registration

The registration desks will be located in the foyer of the Kiel Auditorium beginning Monday morning, October 31, at 8:00 a.m. and continuing daily until 5:00 p.m. The Auditorium is headquarters for all scientific sessions, registration, exhibits and information.

### Tickets

Tickets to the President's Luncheon, President's Night, and to all regularly scheduled luncheons and dinners of the Sections and of alumni and fraternity groups may be secured near the registration area where each group will have a representative.

### Executive Offices, Sheraton-Jefferson Hotel

The office of the Executive Secretary and staff will be open from 8:00 a.m. until 6:00 p.m. daily, October 30-November 3, inclusive at the Sheraton-Jefferson Hotel, North Room.

### Pressroom, Kiel Auditorium

The pressroom, under the direction of Mr. J. Morgan Smith, will be located in Kiel Auditorium.

### SHERPAGE—VIDEO PAGING SERVICE

SherPage video paging service is available for the convenience of the members and guests of the Association. SherPage monitors are located in all meeting rooms. Attached to each TV monitor is a telephone. To give your message use one of these telephones. The party concerned will be paged on the TV screens and the message given when the page is answered. Also, when you see your name paged on the TV screen please pick up the telephone attached to the TV monitors and disclose your identity to receive the message waiting for you.

SherPage is a complimentary service offered by Sherman Laboratories of Detroit, Michigan.

### WHO MAY ATTEND

All scientific activities, meetings and exhibits at the Saint Louis Meeting will be available to physicians who are members in good standing of their local and state medical societies. Those who are not members of the Southern Medical Association will show membership cards evidencing membership in their local and state societies. All scientific meetings and exhibits will be available to residents, interns, senior and junior medical students, technicians and nurses. *There is no registration fee at Southern Medical Association meetings.*

### WHO MAY BE MEMBERS

MEMBERSHIP—The membership of this Association shall be limited to eligible members of the various state and local medical societies of the following states, viz.: Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and eligible medical officers of the

United States Army, Navy, Public Health Service and Veterans Administration, and eligible American members of the Canal Zone Medical Association and the Puerto Rico Medical Association.

**DUES**—The dues of this Association (which include a year's subscription to the *Southern Medical Journal*) shall be \$10.00 per year, payable annually.—Extract, Chapter VIII, Bylaws.

### POSTGRADUATE CREDIT

Members of the American Academy of General Practice may receive six hours of **CATEGORY I** credit on their postgraduate requirements by attending the sessions of the Section on General Practice.

### ALUMNI AND FRATERNITY REUNIONS

The following medical schools and fraternities have arranged for luncheons or dinners. Further information and tickets to these events may be obtained near the registration area at Kiel Auditorium.

**DUKE UNIVERSITY SCHOOL OF MEDICINE**, Durham, N. C. Banquet, Monday, October 31, Park Plaza Hotel, Tiara Lounge. Dr. Earl Holt, 7160 Washington, Saint Louis, Mo., Chairman.

**EMORY UNIVERSITY SCHOOL OF MEDICINE**, Atlanta, Ga. Cocktail party, Tuesday, November 1, 7:00 p.m., Dallas Room, Statler-Hilton Hotel. Dr. Albert A. Rayle, Jr., Atlanta, Ga., Chairman.

**GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE**, Washington, D. C. Luncheon, Monday, October 31, 12:00 noon, Sheraton-Jefferson Hotel, Public Function Room No. 7. Dr. Arthur A. Siniscal, Suite 532 Metropolitan Building, Saint Louis 3, Mo., Chairman.

**MEDICAL COLLEGE OF ALABAMA**, Birmingham, Ala. Buffet dinner, Tuesday, November 1, 6:30 p.m., Forest Park Hotel. Drs. Elaine and Eldred Miller, Saint Louis, Mo., Chairmen.

**MEDICAL COLLEGE OF GEORGIA**, Augusta Ga. Cocktail party, Tuesday, November 1. Dr. Leon Foster, 6958 Washington, University City 5, Mo., Chairman.

**MEDICAL COLLEGE OF SOUTH CAROLINA**, Charleston, S. C. Cocktail party, Tuesday, November 1, 5:00-8:00 p.m., Sheraton-Jefferson Hotel, Public Function Room No. 6. Dr. Jack C. Norris, 138 Doctors Building, Atlanta, Ga., Chairman.

**TULANE UNIVERSITY SCHOOL OF MEDICINE**, New Orleans, La. Banquet, Tuesday, November 1, 6:30 p.m., Sheraton-Jefferson Hotel, Ivory Room. Mr. John C. Baine, Saint Louis, Mo., Chairman.

**UNIVERSITY OF ARKANSAS SCHOOL OF MEDICINE**, Little Rock, Ark. Cocktail party and dinner, Monday, October 31, 6:30 p.m., Sheraton-Jefferson Hotel, Public Function Room No. 1. Mr. Fred G. Kettelkamp, Saint Louis, Mo., Chairman.

**UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE**, Louisville, Ky. Cocktail party and buffet, Tuesday, November 1, 6:30 p.m., Henrici's, 4630 Lindell Boulevard, Saint Louis, Mo.

**UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE**, Baltimore, Md. Cocktail party and buffet, Tuesday, November 1, 6:30 p.m., Sheraton-Jefferson Hotel, Public Function Room No. 3. Dr. Robert

A. Moses, Washington University School of Medicine, Department of Ophthalmology, 640 South Kingshighway Boulevard, Saint Louis, Mo., Chairman.

UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE, University, Miss. Open House, Tuesday and Wednesday, November 1 and 2, Sheraton-Jefferson Hotel, Dr. Shands' suite. Dr. Robert Shands, New Albany, Miss., Chairman.

UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE, Chapel Hill, N. C. Social hour and dinner, Tuesday, November 1, 6:00 p.m., Chase Hotel, Lido Room. Dr. J. W. Henderlite, 4500 Olive Street, Saint Louis 8, Mo., Chairman.

UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE, Philadelphia, Pa. Cocktail party, Tuesday, November 1, 5:00-7:00 p.m., University Club. Dr. James T. Chamness, 607 North Grand Boulevard, Saint Louis 3, Mo., Chairman.

UNIVERSITY OF TENNESSEE COLLEGE OF MEDICINE, Memphis, Tenn. Luncheon, Wednesday, November 2, University Club. Dr. Charles E. Baldree, Jr., 10 East Washington Street, Belleville, Ill., Chairman.

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE, Nashville, Tenn. Reception and dinner, Tuesday, November 1, Park Plaza Hotel. Dr. George E. Roulhac, No. 9 Ridgewood Road, Saint Louis 24, Mo., Chairman.

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE, Saint Louis, Mo. Cocktail party, Tuesday, November 1, 5:30 p.m., Sheraton-Jefferson Hotel, Public Function Room No. 2.

PHI DELTA EPSILON. Plans to be announced.

### PUBLIC TELECAST

In cooperation with the Association, Merck Sharp & Dohme will sponsor and produce a public telecast entitled "A School for Doctors: A Report on the Creation of the University of Kentucky Medical Center." The show will originate over KTVI, Channel 2, Saint Louis, Tuesday, November 1, 10:30 to 11:00 p.m., and will feature the nationally known commentator, John Cameron Swayze.

### SCIENTIFIC COLOR TV PROGRAMS

Through the courtesy of Smith Kline & French Laboratories of Philadelphia, Pa., a full schedule of color television programs will be screened at the Kiel Auditorium. The program, prepared by Dr. Daniel L. Sexton, Saint Louis, Mo., Chairman of the Committee on Scientific Television Programs, is as follows:

**Monday, October 31**

**Kiel Auditorium, Stage**

**9:00-11:00 a.m. Preventive and Curative Treatment of Retinal Detachment. Surgical Demonstration.**

PAUL A. CIBIS, St. Louis, Mo.

BERNARD BECKER, St. Louis, Mo.

**11:00-12:00 noon Management of Complications of Laennec's Cirrhosis.**

RALPH A. KINSELLA, JR., St. Louis, Moderator  
 EDWARD D. KINSELLA, St. Louis, Mo.  
 LEO V. MULLIGAN, St. Louis, Mo.  
 JAMES F. SULLIVAN, St. Louis, Mo.

**2:00-3:00 p.m. Diagnosis of Cancer of Cervix. Diagnostic Demonstrations.**

A. N. ARNESON, St. Louis, Mo., Moderator  
 JAMES H. FERGUSON, Miami, Fla.  
 HARLAN SPJUT, St. Louis, Mo.  
 JOHN WALL, Houston, Texas

**3:00-4:00 p.m. Vaginal "Cul-de-sac" Suspension of the Uterus. Panel Discussion and Operative Procedure.**

GARTH JARVIS, Galveston, Texas, Moderator  
 JOSEPH HARDY, JR., St. Louis, Mo.  
 LEO J. HARTNETT, St. Louis, Mo.

**Tuesday, November 1**

**Kiel Auditorium, Stage**

**10:00-11:00 a.m. Blood Transfusion Reactions. Recognition and Prevention.**

CARL V. MOORE, St. Louis, Mo., Moderator  
 VIRGIL LOEB, JR., St. Louis, Mo.  
 HUGH CHAPLIN, St. Louis, Mo.  
 THOMAS BRITTINGHAM, St. Louis, Mo.  
 WILLIAM J. HARRINGTON, St. Louis, Mo.

**11:00-12:00 noon Proctology: Discussion and Demonstrations on Malignant Diseases of Colon and Rectum; Inflammatory and Ulcerative Lesions of Colon and Rectum; Anal Cryptitis; Pararectal Abscess; Anal Fistulae; Hemorrhoids; Anorectal Disorders that may be Confused with Hemorrhoids.**

SAMUEL J. FREUND, St. Louis, Mo., Moderator

**1. Polyps and Malignancy of the Rectum and Colon.**

FRANCIS J. BURNS, St. Louis, Mo.

**2. Non-malignant Diseases of the Rectum and Colon.**

BERTRAND D. COUGHLIN, St. Louis, Mo.

**3. Abscesses and Fistulae.**

VIRGIL O. FISH, St. Louis, Mo.

**4. Hemorrhoids.**

JACOB STOLAR, St. Louis, Mo.

**2:00-3:00 p.m. The Case of the Diabetic Feet. Discussion and Demonstrations.**

H. R. BUTCHER, St. Louis, Mo., Moderator  
 JAMES M. STOKES, St. Louis, Mo.  
 WILLIAM R. COLE, St. Louis, Mo.  
 WILLIAM H. OLMSTED, St. Louis, Mo.

**3:00-4:00 p.m. Diagnosis and Surgical Management of Congenital Heart Disease. Discussion and Live Operation for Atrial Septal Defect.**

C. ROLLINS HANLON, St. Louis, Mo.,  
 Moderator  
 DONALD W. BUSSMAN, St. Louis, Mo.

THEODORE COOPER, St. Louis, Mo.  
 MARY A. DAVIS, St. Louis, Mo.  
 J. GERARD MUDD, St. Louis, Mo.

### Wednesday, November 2

#### Kiel Auditorium, Stage

#### 10:00-10:30 a.m. Repair of Inguinal Hernia in Childhood.

THEODORE J. DUBUQUE, JR., St. Louis, Mo.

#### 10:30-11:10 a.m. Management of Bleeding Peptic Ulcer.

VALLEE L. WILLMAN, St. Louis, Mo.,  
 Moderator

WM. A. KNIGHT, JR., St. Louis, Mo.  
 DONALD A. BINDBEUTEL, St. Louis, Mo.  
 DON C. WEIR, St. Louis, Mo.

#### 11:10-12:00 noon Problems in the Diagnosis and Treatment of Some Cardiovascular Disorders.

RENE WEGRIA, St. Louis, Mo., Moderator

GEORGE L. CURRAN, St. Louis, Mo.  
 JAMES G. JANNEY, St. Louis, Mo.

#### 2:00-3:00 p.m.

C. ALAN MCAFEE, St. Louis, Mo., Moderator

##### a. Emergency Treatment of Fractures.

OSCAR P. HAMPTON, JR., St. Louis, Mo.

##### b. Management of Tracheostomy.

RICHARD T. MAMIYA, St. Louis, Mo.

#### 3:00-4:00 p.m. Alimentary Tract Obstructions in the Newborn.

JAMES KING, St. Louis, Mo., Moderator

ARMAND BRODEUR, St. Louis, Mo.

JAMES EUGENE LEWIS, JR., St. Louis, Mo.

### GOLF TOURNAMENT

The thirty-seventh annual golf tournament for men of the Southern Medical Association will be held Tuesday and Wednesday, November 1 and 2 at the Norwood Hills Country Club, Lucas and Hunt Road, Normandy 21, Missouri. Tournament play will consist of one eighteen-hole round of medal play, and entrants are privileged to play any time Tuesday or Wednesday. Please check with the Pro at the Club prior to playing your round and turn in your card to him after play.

It will facilitate handicapping if participants will bring a statement of their club handicap with them. Each golfer is requested to wear the regular SMA registration badge for identification when visiting the Club. All golfers are urged to bring their own clubs.

The three major trophies in play this year are the (1) *New Orleans Item Cup* for low gross, junior class (under 50 years of age); (2) the *Miami Daily News Cup*, in play for the eighth time for low gross, senior class; and (3) the *Dallas Morning News Trophy*, in play since 1925, handicap for low net.

All participants in the tournament must be physicians who are properly registered at SMA headquar-

ters and must wear the official registration badge to be accorded the privileges of the Norwood Hills Country Club.

Arrangements for the Tournament were made by the Golf Committee of which Dr. James R. Meador of St. Louis is Chairman.

### WOMAN'S AUXILIARY

The Woman's Auxiliary to the Southern Medical Association will hold its 36th annual meeting in Saint Louis in conjunction with the Southern Medical Association.

The Auxiliary will have its headquarters at the Statler-Hilton Hotel where all of their activities will be centered.

The sessions will be presided over by Mrs. John M. Chenault, President, Decatur, Alabama.

At the conclusion of the sessions Mrs. Kalford W. Howard, Portsmouth, Virginia, will be installed as President.

Program for the Woman's Auxiliary appears on page 127.

### WOMEN PHYSICIANS

The women physicians of the Southern Medical Association will have a luncheon, Monday, October 31, 12:30 p.m., Bel Air Motor Hotel, Lindell Boulevard, Saint Louis, Missouri.

At the luncheon, Dr. Kathleen Smith, psychiatrist, Saint Louis, Missouri, will present a paper entitled "Recent Studies on Schizophrenia," and Dr. Meredith Payne, plastic surgeon, Saint Louis, Missouri, will present a paper entitled "Precursors of Hemangiomas."

Officers for the women physicians for 1959-1960 are as follows:

*Chairman*.....ESTELLE A. MAGIERA, Jackson, Miss.

*Vice-Chairman*.....HELEN GLADYS KAIN,  
Washington, D. C.

*Local Chairman on*

*Arrangements*..M. CECILIA REICHERT, St. Louis, Mo.

## MEDICAL STUDENT REPRESENTATIVES

The Association will again invite representatives of the senior class of eight medical schools to be its guests for the meeting. These fine young doctors of the future will have an opportunity to observe every phase of the operation of a Southern Medical meeting.

The agenda will include visits to the Section programs, exhibits and medical facilities in the Saint Louis area.

Schools which will be invited to send an elected representative are:

Saint Louis University School of Medicine, Saint Louis, Missouri

University of Arkansas School of Medicine, Little Rock, Arkansas

University of Louisville School of Medicine, Louisville, Kentucky

University of Missouri School of Medicine, Columbia, Missouri

University of Oklahoma School of Medicine, Oklahoma City, Oklahoma

University of Tennessee College of Medicine, Memphis, Tennessee

Vanderbilt University School of Medicine, Nashville, Tennessee

Washington University School of Medicine, Saint Louis, Missouri

## CONJOINT SOCIETIES

Medical groups meeting conjointly with the Southern Medical Association are:

American College of Chest Physicians, Southern Chapter

American Society of Internal Medicine

Southeastern Proctologic Society

Southern Gynecological and Obstetrical Society

## GENERAL SESSIONS

Two major general sessions will augment the regular sessions of the Association's twenty Sections. One, a Symposium on Cerebrovascular Disease, will be presented at 8:30 a.m. until 12:00 noon, Monday, October 31, Kiel Auditorium. Dr. J. Garber Galbraith, Birmingham, Alabama, is Chairman for this Symposium. The other session will be a Symposium on Medico-economics or The Business Side of Medicine, to be held at 9:00 a.m. until 12:00 noon, Thursday, November 3, Kiel Auditorium. Dr. Robert D. Moreton, Fort Worth, Texas, is Chairman for this Symposium.

See program index for detailed programs of these two outstanding sessions.

## PRESIDENT'S LUNCHEON

A special luncheon honoring Dr. Edwin Hugh Lawson of New Orleans, Louisiana, *President*, will be held in the Sheraton-Jefferson Hotel, Gold Room, 12:30

p.m., Tuesday, November 1. Tickets will be available at all registration desks.

There will be a brief business session and the entire membership and their wives are invited to attend.

### **PRESIDENT'S NIGHT—ANNUAL DINNER DANCE**

The social highlight of the meeting will be held Wednesday evening, November 2, in the Sheraton-Jefferson Hotel, Gold Room, at 7:00 p.m.

An evening of food, fun and frolic has been planned for the members, their wives and guests of the Association. The Entertainment Committee, headed by Dr. Clinton W. Lane, has arranged for an outstanding program of entertainment.

The Avis Miller Trio will be on hand to provide music during the cocktail hour; everyone's favorite listenable-danceable tunes will be played by Stan Daugherty and His Orchestra; Jack "Mr. Funnyface" Marshall, with characterizations and gags that are always new, will keep you laughing; for a change of pace and laughs for all, Nicki & Noel will amaze you as they work their way through their delightfully entertaining routines; and to climax the evening, "Spain's Royal Family of Comedy," Pompoff, Thedy & Family, will present musical nonsense in the Continental Manner—a cavalcade of comedy antics and wonderful music played on every available instrument.

Everyone is urged to buy tickets for this gala affair at the registration area in Kiel Auditorium.

### **YOU ARE INVITED!**

The St. Louis County Medical Society and Auxiliary will entertain Southern Medical Association at a cocktail party, dinner, and musical production on Sunday evening, October 30, just prior to the SMA meeting, October 31-November 3, 1960. The program will be at the Jefferson Hotel, beginning at 7:30 p.m. The cost of \$8.00 per person includes cocktail party, dinner, show, tax, tip, souvenirs, etc. For reservations contact Mrs. M. A. Diehr, 28 Dromara Road, Ladue 24, Missouri.

### **FIFTY YEAR CLUB OF AMERICAN MEDICINE**

Dr. J. H. McCurry, organizer, will be located at a table in the registration area in Kiel Auditorium to welcome members into this new club. A luncheon for this group will be held on November 2.

**COMMITTEES ON ARRANGEMENTS  
SAINT LOUIS**

*General Chairman*—Doctor Grayson Carroll.

*Vice General Chairmen*—Doctors Paul F. Max, Joseph B. Kendis and Preston C. Hall.

*Executive Committee*—Doctor Daniel L. Sexton, *Chairman*; Doctors Robert B. Bassett, O. P. J. Falk, Robert C. Kingsland and Alphonse McMahon.

*Advisory Committee*—Doctor R. O. Muether, *Chairman*; Doctors Arthur G. Asher, William A. Bloom, James Barrett Brown, John W. Claiborne, Jr., James W. Colbert, Jr., Edward W. Dempsey, Edwin C. Ernst, Harold L. Gainey, C. Rollins Hanlon, Robert C. Haynes, Ralph A. Kinsella, Curtis H. Lohr, Carl V. Moore, Carl A. Moyer, M. Pinson Neal, Ralph Perry, Alphonse M. Schwitalla, Wendell G. Scott, René Wégria, Don C. Weir, Vernon E. Wilson and George J. L. Wulff, Jr.

*Entertainment Committee*—Doctor Clinton W. Lane, *Chairman*; Doctors Edgar W. Davis, Harold J. Freiheit, Preston C. Hall, Lee W. Hawkins, Victor E. Scherman, Elmer E. Sexton and Jerome I. Simon.

*Registration Committee*—Doctor David N. Kerr, *Chairman*; Doctors James T. Chamness, Joseph P. Costello, Jr., Maurice A. Diehr, Barney W. Finkel, Charles H. Leslie, Robert E. Mack, Thomas F. Maher, Jr., Mary E. Morris, John B. Shapleigh, Charles S. Sherwin, Kathleen Smith, William A. Tibbs, Jr., Donald L. Twedell and Royal A. Weir.

*Membership Committee*—Doctor Sam J. Merenda, *Chairman*; Doctors Morris Abrams, Cecil M. Charles, David B. Flavan, Lee A. Hall, Vencel W. Hollo, Albert M. Huggins, John G. Kellett, John O'Connell, Earl A. Powell, J. Martyn Schattyn and Willard B. Walker.

*Hotel Committee*—Doctor Leo J. Hartnett, *Chairman*; Doctors Louis Kenneth Beasley, Roy V. Boedeker, Truman G. Drake, Dee W. Eades, Augustus P. Munsch, George E. Roulhac, Theodore E. Sanders, Joseph E. Von Kaenel and Paul R. Whitener.

*Scientific Exhibits Committee*—Doctor Joseph C. Edwards, *Chairman*; Doctors Robert W. Bartlett, Goronwy O. Broun, Lee T. Ford, Jr., Leonard T. Furlow, Louis H. Jorstad, Michael M. Karl, Ralph A. Kinsella, Jr., William A. Knight, Jr., James Eugene Lewis, Jr., David M. Lieberman, Robert H. Lund, Edward Massie, James F. Nickel, Edmund A. Smolik and George E. Thoma, Jr.

*Alumni Committee*—Doctor James P. Murphy, *Chairman*; Doctors Charles E. Baldree, Jr., Sim F. Beam, Charles R. Doyle, Ralph V. Gieselman, Walter T. Gunn, Fleming B. Harper, George L. Hawkins, Jr., Louis F. Howe, James L. Mudd, Dean Sauer, Arthur E. Strauss, Herbert C. Sweet and Stanley M. Wald.

*Fraternity Committee*—Doctor Martin G. Austin, *Chairman*; Doctors D. A. Bindbeutel, Richard B. Dunham, Max S. Franklin, Preston C. Hall and Robert G. Hughes.

*Medical Students Committee*—Doctor John G. Leahy, *Chairman*; Doctors William F. Kistner, Maurice J.

Lonsway, Jr., John A. Nuetzel, George B. Rader and Herman W. Reas.

*Publicity Committee*—Doctor Arthur W. Neilson, *Chairman*; Doctors Willard Bartlett, Edward M. Cannon, William J. Gillespie, Falls B. Hershey, Sidney Jick, Robert W. Kelley, Luke A. Knese, Paul S. Lowenstein, Vernon E. Michael, James R. Nakada, John P. Roberts, Andrew J. Signorelli; Mr. Hollister S. Smith and Mr. Edgar J. Mothershead.

*Scientific Television Programs Committee*—Doctor Daniel L. Sexton, *Chairman*; Doctors Arthur R. Dalton, Edwin C. Ernst, Jr., John L. Horner, Bernard J. McMahon and George J. L. Wulff, Jr.

*Golf Committee*—Doctor James R. Meador, *Chairman*; Doctors Durand Benjamin, Eugene M. Bricker, S. Albert Hanser, Robert F. Hickey, Edward C. Kienzle, Lawrence M. Lawton, Charles E. Martin, Sylvester H. Pranger, Louis A. Reuter, Ernest T. Rouse, Albert J. Sausville, Paul C. Schnoebelen, Roy A. Walther, Jr. and Frank G. Zingale.

*Women Physicians Committee*—Doctor M. Cecelia Reichert, *Chairman*; Doctors Grace E. Bergner, Patricia A. Brennan, Helen L. Bruce, Margaret Chieffi, Ruth C. Comens, Katherine J. Crawford, Joan M. Goebel, Netajean Broome Kappesser, Rosemary R. Larkin, Ellen S. Loeffel, Meredith Jorstad Payne, Virginia H. Peden, Kathleen Smith, Frances H. Stewart and Lois C. Wyatt.

## SECTION HOST COMMITTEES

*Allergy*—Doctor Stanley F. Hampton, *Chairman*; Doctors Harry L. Alexander, Jack Barrow, Robert E. Bolinske, Herman N. Eisen, Charles H. Eyer mann, Wayne O. Gorla, French K. Hansel, Joseph W. Noah, Ross B. Sommer, Clement J. Sullivan and Keith S. Wilson.

*Anesthesiology*—Doctor Robert B. Dodd, *Chairman*; Doctors Seymour Brown, John P. Eberle, Edward O. Kraft, John L. Krieger, Joseph McNearney, Jean J. Merz, Julius C. Rotter, John F. Schweiss and George K. Warner.

*Dermatology and Syphilology*—Doctor Martin F. Engman, Jr., *Chairman*; Doctors James W. Bagby, Joseph B. Grindon, Jr., Lawrence K. Halpern, George Manting, Newell W. Schlueter, James C. Sisk, Garold V. Stryker, Norman Tobias, Eugene P. Weber and Richard S. Weiss.

*Gastroenterology*—Doctor William A. Knight, Jr., *Chairman*; Doctors Leslie D. Cassidy, Harold L. Joslyn, Robert W. Kelley, Joseph W. Larimore, William C. Macdonald, Frank J. Manganaro, Harold Scheff and Richard L. Sterkel.

*General Practice*—Doctor Eugene W. Hall, *Chairman*; Doctors Foster A. Dill, Reynolds L. Emerson, Walter C. Gray, John G. Kellett, Carl H. Lindeman, Charles E. Martin, Charles O. Metz, Wilbur A. Mullarky, Albert J. Sausville, Charles T. Shepherd, Ellsworth A. Westrup and Leon F. Weyerich.

*Gynecology*—Doctor Joseph A. Hardy, *Chairman*; Doctors Willard M. Allen, A. N. Arneson, Bryce H. Bondurant, Myron W. Davis, E. Lee Dorsett, John

E. Hobbs, Grey Jones, Frederick W. Martin, Richard Paddock, James Pennoyer, William H. Vogt, Jr. and George J. L. Wulff, Jr.

*Industrial Medicine and Surgery*—Doctor Richard A. Sutter, *Chairman*; Doctors Thomas A. Coates, Joseph A. Costrino, Alvin H. Diehr, Edwin C. Funsch, Eustace E. King, Harry A. Klein, George H. McDonald, William L. Macon, Jr., Jacob G. Probststein, Carl J. Reis and Douglas A. Ries.

*Medicine*—Doctor Samuel B. Grant, *Chairman*; Doctors Sim F. Beam, Louis K. Beasley, William G. Becke, Truman G. Drake, Alfred Goldman, John J. Hammond, William J. Harrington, John T. Lawton, Virgil Loeb, Jr., Drew Lutten, Charles W. Miller, Paul Murphy, Edward H. Reinhard, Carl J. Reis, Llewellyn Sale, Sol Sherry, David M. Skilling and Barrett L. Taussig.

*Neurology and Psychiatry*—Doctor Edwin F. Gildea, *Chairman*; Doctors Robert D. Brookes, Archie D. Carr, Frank M. Grogan, Andrew B. Jones, Louis H. Kohler, Paul E. Kubitschek, William B. Lytton, David F. Mendelson, Walter L. Moore and H. Unterberg.

*Obstetrics*—Doctor Matthew W. Weis, *Chairman*; Doctors Leon Foster, Leo J. Hartnett, William D. Hawker, Joseph M. Krebs, Otto S. Krebs, Kenneth V. Larsen, Milton H. Meyerhardt, Seymour Monat, Richard I. C. Muckerman, Frank G. Robertson, Melvin A. Roblee and Alva C. Trueblood, Jr.

*Ophthalmology and Otolaryngology*—Doctor Bernard J. McMahan, *Chairman*; Doctors Edmund B. Alvis, William H. Bailey, Alfred J. Cone, James B. Costen, Armand D. Fries, Guerdan Hardy, William B. Harkins, H. Rommel Hildreth, Vincent L. Jones, Joseph M. Keller, Philip S. Luedde, Robert D. Mattis, Benjamin Milder, Paul W. Miles, Hubert B. Peugnet, M. Hayward Post, Robert E. Ryan, Albert C. Stutsman and Theodore E. Walsh.

*Orthopedic and Traumatic Surgery*—Doctor Oscar P. Hampton, Jr., *Chairman*; Doctors Vilray P. Blair, Jr., Donald O. Burst, Marshall B. Conrad, Clarence H. Crego, Jr., Lee T. Ford, Jr., Robert E. Funsch, Edward C. Holscher, Richard E. Lord, Henry R. McCarroll, Robert M. O'Brien, Fred C. Reynolds, Maurice B. Roche, George E. Scheer and Garland F. Smith.

*Pathology*—Doctor Henry C. Allen, *Chairman*; Doctors Lauren V. Ackerman, Hollis N. Allen, William R. Platt, Bonaventure C. Portuondo, John R. Roberts, Eugene F. Tucker and L. S. N. Walsh.

*Pediatrics*—Doctor Maurice J. Lonsway, Sr., *Chairman*; Doctors Joseph A. Bauer, Clifford R. Boles, Robert J. Burke, Joseph P. Costello, Sr., Peter G. Danis, David Goldring, Caldwell K. Hamilton, Victor E. Hrdlicka, Joseph C. Jaudon, Chester P. Lynxwiler, Peter J. Manion, Burch A. Merritt, Frank S. Wissmath and Theodore S. Zahorsky.

*Physical Medicine and Rehabilitation*—Doctor D. Elliott O'Reilly, *Chairman*; Doctors Harry L. Acker, John W. Deyton, Otakar Machek, Eric Reiss, Henry Rosenfeld and Franz U. Steinberg.

*Proctology*—Doctor Francis J. Burns, *Chairman*; Doctors Bertrand D. Coughlin, Virgil O. Fish, Samuel J. Freund, George J. Fuchs, Rubin Hackmeyer, Leo J. LeBlanc and Jacob Stolar.

*Public Health*—Doctor George D. Kettelkamp, *Chairman*; Doctors Albert B. Eisenstein, C. Howe Eller, M. K. King, Guy N. Magness, J. Earl Smith and Melvin Tess.

*Radiology*—Doctor Joseph C. Peden, *Chairman*; Doctors Harry I. Berland, Victor T. Jones, Stanley S. Nemec, L. R. Sante, Hyman R. Senturia, Wayne A. Simril, Paul F. Titterington, Hugh M. Wilson and Oscar C. Zink.

*Surgery*—Doctor Carl E. Lischer, *Chairman*; Doctors Edward H. Bowdern, Thomas H. Burford, Kenneth B. Coldwater, James F. Dowd, Emmett B. Drescher, George T. Gafney, Roland S. Kieffer, John V. King, Leo V. Mulligan, Pierce W. Powers, J. William Thompson, William L. Tomlinson and Franklin E. Walton.

*Urology*—Doctor Charles H. Nicolai, *Chairman*; Doctors J. Paul Altheide, Edward J. Becker, Louis N. Berard, Robert V. Brennan, Cyrus E. Burford, E. Humber Burford, John E. Byrne, Justin J. Cordonnier, Jules H. Kopp, H. H. Kramolowsky, James M. Macnish, Donald J. Mehan, William F. Melick, Robert K. Royce, Alvin E. Vitt and Carl A. Wattenberg.

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**MEMORANDA**



**EDWIN HUGH LAWSON, M.D.**  
President



**DALE ALFORD**  
Member of Congress from Arkansas

**THE PRESIDENT'S LUNCHEON**

(First General Session)

Gold Room Sheraton-Jefferson Hotel

**Tuesday, November 1, 12:30 p.m.**EDWIN HUGH LAWSON, *President*, presidingInvocation.....DR. HERBERT A. MILLER, *Pastor*,  
Westminster Presbyterian Church,  
St. Louis, MissouriAddress of Welcome.....GRAYSON CARROLL,  
*General Chairman*, St. Louis, MissouriIntroduction of  
Distinguished Guests.....EDWIN HUGH LAWSONPresentation of Certificates of  
Appreciation..ROBERT D. MORETON, *Chairman of the*  
*Council*, Fort Worth, TexasReport of the  
Nominating Committee.....ROBERT D. MORETON

Election of President-Elect

Introduction of and Address by the President's  
Guest.....DALE ALFORD, *Member of Congress*,  
Little Rock, Arkansas

Announcements

Adjournment

**HOSPITALITY HOUR**

Crystal Room Sheraton-Jefferson Hotel

**Wednesday, November 2, 6:00 p.m.****CHARLES O. FINLEY & COMPANY, Inc.**  
Chicago, Illinois

Host

**PRESIDENT'S NIGHT—DINNER-DANCE**

(Second General Session)

Gold Room Sheraton-Jefferson Hotel

**Wednesday, November 2, 7:00 p.m.**GRAYSON CARROLL, *General Chairman*, presidingInvocation.....DR. J. FRANCIS SANT, *Rector*,  
St. Michael's and St. George's Episcopal Church,  
St. Louis, Missouri

Introduction of Guests.....GRAYSON CARROLL

Presidential Address.....EDWIN HUGH LAWSON,  
New Orleans, LouisianaReport of the Council and Report of the  
Nominating Committee.....ROBERT D. MORETON,  
*Chairman of the Council*, Fort Worth, Texas

Election of Officers

Installation of the President

Presentation of Awards

Adjournment of Business Session

Entertainment

**MEMORANDA**

**A SYMPOSIUM ON CEREBROVASCULAR DISEASE**

*Chairman* . . . J. GARBER GALBRAITH, Birmingham, Ala.

**Monday, October 31, 8:30 a.m.**

**Kiel Auditorium, Opera House**

**8:30 a.m. Introduction.**

J. GARBER GALBRAITH, Birmingham, Ala.

**8:40 a.m. Current Concepts of Cerebral Vascular Insufficiency.**

WILLIAM S. FIELDS, Houston, Texas

In recent years much new light has been shed on the pathogenesis of cerebrovascular disease. This in turn has led to better correlation between symptoms and underlying pathology. The role of the collateral circulation is increasingly important. Arteriography has led to better understanding of many lesions and has necessitated change in some of the older clinical concepts. Revision of our older concepts of cerebrovascular disease is now desirable.

**9:05 a.m. Basilar and Carotid Artery Insufficiency Syndromes: Diagnosis and Medical Therapy.**

SHEILA SHEEHAN, Detroit, Mich.

The most common forms of cerebrovascular disease are the insufficiency syndromes involving the carotid and/or vertebral-basilar arterial systems. Early diagnosis and adequate medical therapy offer hope to many of prevention of the tragically disabling effects of massive cerebral infarction. Maintenance of adequate cerebral blood flow is the goal of therapy, and the best medical means of accomplishing this are outlined.

**9:30 a.m. Arteriography in Diagnosis of Occlusive Cerebrovascular Disease.**

M. M. KEIRNS, Memphis, Tenn.

Arteriography is of increasing importance in the evaluation of the cerebral circulation. In addition to visualization on the cerebral vascular tree, serigraphic studies yield dynamic information regarding cerebral blood flow and collateral circulation. The indications and contraindications for arteriography are presented, along with slides demonstrating typical occlusive vascular lesions.

**9:45 a.m. Surgical Management of Carotid Insufficiency.**

FRANCIS MURPHEY, Memphis, Tenn.

Cerebral vascular insufficiency associated with occlusion, complete or partial, of the carotid artery in the neck is a prevalent clinical entity. Early recognition of this syndrome allows surgical removal of the occlusive lesion and re-establishment of adequate cerebral blood flow before brain damage occurs. The essayist's extensive experience in this field is presented, along with follow-up statistics and arteriograms.

**Intermission—Visit Exhibits**

**10:30 a.m. Surgical Management of Basilar and Carotid Insufficiency Associated with Occlusive Lesions of Aortic Arch and Its Branches.**

E. STANLEY CRAWFORD, Houston, Texas

Insufficiency of carotid or basilar systems not infrequently result from atherosclerotic occlusion, partial or complete, of the origin of the carotid or vertebral arteries from the great vessels in the neck. Clinical recognition and surgical management of these lesions is presented.

**10:45 a.m. Radiological Diagnosis of Intracranial Aneurysms and Vascular Anomalies.**

M. M. KEIRNS, Memphis, Tenn.

Subarachnoid hemorrhage, and in fact any form of spontaneous intracranial hemorrhage, in the young adult population is most likely to represent bleeding from an aneurysm or angioma. Arteriography allows visualization of the underlying pathology and permits formulation of a rational surgical approach for control of the lesion.

**10:55 a.m. Management of Intracranial Aneurysms.**

HENRY G. SCHWARTZ, St. Louis, Mo.

The surgery of intracranial aneurysms has evolved during the past decade, aided by more accurate diagnosis (arteriography) and adjuncts to surgery, specifically hypotension and hypothermia. The present day management of aneurysms from the moment of rupture through the definitive surgical attack on the lesion is presented. This formidable lesion is now amenable to complete eradication in many cases provided the initial episode of subarachnoid hemorrhage does not prove fatal.

**11:25 a.m. Hypothermia in Management of Cerebrovascular Lesions.**

HUBERT L. ROSOMOFF, Pittsburgh, Pa.

Hypothermia protects the brain from damage due to ischemia and anoxia. This has proven to be a valuable adjunct to the surgical attack on intracranial aneurysms. The method also is of value in minimizing the brain damage after acute thrombosis or embolism. The current role of hypothermia in the management of cerebrovascular disease is presented.

**11:45 a.m. Panel: Question and Answer Period.**

**A SYMPOSIUM ON MEDICOECONOMICS  
OR  
THE BUSINESS SIDE OF MEDICINE**

*Chairman . . .* ROBERT D. MORETON, Fort Worth, Texas

**Thursday, November 3, 9:00 a.m.**

**Kiel Auditorium, Opera House**

**DOCTOR AND HIS OFFICE**



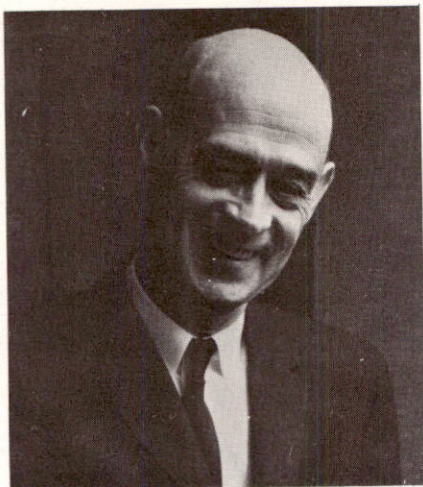
**The Doctor as a Businessman.**

JOHN R. SEDGWICK, Consultant on Medical Practice, Sears Roebuck Foundation, Chicago, Ill.



**Yardstick for Action.**

WOODROW WIRSIG, Editor, *Printers' Ink*, New York, N. Y.



**The Business of Practicing Medicine.**

HORACE COTTON, Senior Editor, *Medical Economics*, Oradell, N. J.

**Intermission—Visit Exhibits**

**DOCTOR AND THE HOSPITAL**



**Steps to Protect Yourself Against Professional Liability.**

JOSEPH F. SADUSK, JR., M.D., member of the American Medical Association Committee on Medical Legal Problems, Oakland, Calif.

"No Margin for Error," a film on communication failure within the hospital, will also be presented.

Symposium arranged under the co-sponsorship of The Wm. S. Merrell Company.

**SCIENTIFIC COLOR TV PROGRAMS**

*Chairman* . . . . . DANIEL L. SEXTON, St. Louis, Mo.

**Monday, October 31**

**Kiel Auditorium, Stage**

**9:00-11:00 a.m. Preventive and Curative Treatment of Retinal Detachment. Surgical Demonstration.**

PAUL A. CIBIS, St. Louis, Mo.

BERNARD BECKER, St. Louis, Mo.

**11:00-12:00 noon Management of Complications of Laennec's Cirrhosis.**

RALPH A. KINSELLA, JR., St. Louis, Mo.,  
Moderator

EDWARD D. KINSELLA, St. Louis, Mo.

LEO V. MULLIGAN, St. Louis, Mo.

JAMES F. SULLIVAN, St. Louis, Mo.

**2:00-3:00 p.m. Diagnosis of Cancer of Cervix. Diagnostic Demonstrations.**

A. N. ARNESON, St. Louis, Mo., Moderator

JAMES H. FERGUSON, Miami, Fla.

HARLAN SPJUT, St. Louis, Mo.

JOHN WALL, Houston, Texas

**3:00-4:00 p.m. Vaginal "Cul-de-sac" Suspension of the Uterus. Panel Discussion and Operative Procedure.**

GARTH JARVIS, Galveston, Texas, Moderator

JOSEPH HARDY, JR., St. Louis, Mo.

LEO J. HARTNETT, St. Louis, Mo.

**Tuesday, November 1**

**Kiel Auditorium, Stage**

**10:00-11:00 a.m. Blood Transfusion Reactions. Recognition and Prevention.**

CARL V. MOORE, St. Louis, Mo., Moderator

VIRGIL LOEB, JR., St. Louis, Mo.

HUGH CHAPLIN, St. Louis, Mo.

THOMAS BRITTINGHAM, St. Louis, Mo.

WILLIAM J. HARRINGTON, St. Louis, Mo.

**11:00-12:00 noon Proctology: Discussion and Demonstrations on Malignant Diseases of Colon and Rectum; Inflammatory and Ulcerative Lesions of Colon and Rectum; Anal Cryptitis; Pararectal Abscess; Anal Fistulae; Hemorrhoids; Anorectal Disorders that may be Confused with Hemorrhoids.**

SAMUEL J. FREUND, St. Louis, Mo., Moderator

**1. Polyps and Malignancy of the Rectum and Colon.**

FRANCIS J. BURNS, St. Louis, Mo.

**2. Non-malignant Diseases of the Rectum and Colon.**

BERTRAND D. COUGHLIN, St. Louis, Mo.

**3. Abscesses and Fistulae.**

VIRGIL O. FISH, St. Louis, Mo.

**4. Hemorrhoids.**

JACOB STOLAR, St. Louis, Mo.

**2:00-3:00 p.m. The Case of the Diabetic Feet. Discussion and Demonstrations.**

H. R. BUTCHER, St. Louis, Mo., Moderator

JAMES M. STOKES, St. Louis, Mo.

WILLIAM R. COLE, St. Louis, Mo.

WILLIAM H. OLMSTED, St. Louis, Mo.

**3:00-4:00 p.m. Diagnosis and Surgical Management of Congenital Heart Disease. Discussion and Live Operation for Atrial Septal Defect.**C. ROLLINS HANLON, St. Louis, Mo.,  
Moderator

DONALD W. BUSSMAN, St. Louis, Mo.

THEODORE COOPER, St. Louis, Mo.

MARY A. DAVIS, St. Louis, Mo.

J. GERARD MUDD, St. Louis, Mo.

**Wednesday, November 2****Kiel Auditorium, Stage****10:00-10:30 a.m. Repair of Inguinal Hernia in Childhood.**

THEODORE J. DUBUQUE, JR., St. Louis, Mo.

**10:30-11:10 a.m. Management of Bleeding Peptic Ulcer.**VALLEE L. WILLMAN, St. Louis, Mo.,  
Moderator

WM. A. KNIGHT, JR., St. Louis, Mo.

DONALD A. BINDBEUTEL, St. Louis, Mo.

DON C. WEIR, St. Louis, Mo.

**11:10-12:00 noon Problems in the Diagnosis and Treatment of Some Cardiovascular Disorders.**

RENE WEGRIA, St. Louis, Mo., Moderator

GEORGE L. CURRAN, St. Louis, Mo.

JAMES G. JANNEY, St. Louis, Mo.

**2:00-3:00 p.m.**

C. ALAN McAFEE, St. Louis, Mo., Moderator

**a. Emergency Treatment of Fractures.**

OSCAR P. HAMPTON, JR., St. Louis, Mo.

**b. Management of Tracheostomy.**

RICHARD T. MAMIYA, St. Louis, Mo.

**3:00-4:00 p.m. Alimentary Tract Obstructions in the Newborn.**

JAMES KING, St. Louis, Mo., Moderator

ARMAND BRODEUR, St. Louis, Mo.

JAMES EUGENE LEWIS, JR., St. Louis, Mo.

## SECTION ON ALLERGY

## Officers

*Chairman* . . . . . WILLIAM C. GRATER, Dallas, Texas  
*Vice-Chairman* . . . . . THOMAS E. VAN METRE, JR.,  
 Baltimore, Md.  
*Secretary* . . . . . JOHN P. MCGOVERN, Houston, Texas  
*Secretary-Elect* . . . . CLAUDE A. FRAZIER, Asheville, N. C.

Hosts from the Saint Louis Medical Society:

STANLEY F. HAMPTON, *Chairman*  
 HARRY L. ALEXANDER  
 JACK BARROW  
 ROBERT E. BOLINSKE  
 HERMAN N. EISEN  
 CHARLES H. EYERMANN  
 WAYNE O. GORLA  
 FRENCH K. HANSEL  
 JOSEPH W. NOAH  
 ROSS B. SOMMER  
 CLEMENT J. SULLIVAN  
 KEITH S. WILSON

Presentations limited to ten minutes, including time required for lantern slides and/or motion pictures; the Chairman and Guest Speaker to be allowed thirty minutes. Discussion limited to five minutes.

**Tuesday, November 1, 9:00 a.m.**

**Kiel Auditorium, Committee Room 3-A**

THOMAS E. VAN METRE, JR., Baltimore, Md., *presiding*

**Perforation and Inflammation of Diverticula of the Colon Secondary to Long-Term Adrenocortico Steroid Therapy for Bronchial Asthma and Pulmonary Emphysema.**

BERNARD T. FEIN, San Antonio, Texas

Much evidence has been presented that long-term steroid therapy causes numerous complications of the upper gastrointestinal tract. Some cases of rupture of the lower gastrointestinal tract have been reported in ulcerative colitis and regional enteritis. The present series of cases demonstrates involvement of the diverticula of the colon. Three cases of ruptured diverticulae and one case of severe diverticulitis with two deaths resulting are reported. These complications are directly attributed to the prolonged use of adrenocortico steroids in the treatment of bronchial asthma and pulmonary emphysema.

*Discussion to be opened by* THEODORE J. HAYWOOD, Houston, Texas.

**Differential Diagnosis of Wheezing in Infancy.**

LLOYD V. CRAWFORD, Memphis, Tenn.

The differential diagnosis of asthma in older children offers very few problems. On the other hand, wheezing in infancy is a condition that is often misdiagnosed. Among conditions to be differentiated are foreign bodies, vascular rings, infectious bronchitis, mucoviscidosis, congenital lobar emphysema, bronchiolitis and congenital laryngeal stridor. This paper will concern the clinical and laboratory aspects of conditions responsible for wheezing in infancy. Included in the slides to be shown will be chest x-rays of non-allergic causes of wheezing in young children.

*Discussion to be opened by* CARROLL M. POUNDERS, Oklahoma City, Okla.

**Chairman's Address: Novobiocin in Allergy.**

WILLIAM C. GRATER, Dallas, Texas

**Intermission—Visit Exhibits****The Treatment of Pollinosis by Means of Single Annual Injection.**

ETHAN ALLAN BROWN, Boston, Mass.

Following the administration of approximately 15,000 injections of emulsified extract a number of hypotheses, subject to confirmation, have emerged. Brief mention will be given to the type of extract, the type of emulsion, the method of administration, the date of the injection and the results to be expected.

**Panel Discussion: Etiology and Treatment of Acute and Chronic Urticaria.**

Moderator: CLAUDE A. FRAZIER, Asheville, N. C.

Panel Members:

CARL E. ARBESMAN, Buffalo, N. Y.

CECIL M. KOHN, Kansas City, Mo.

STANLEY F. HAMPTON, St. Louis, Mo.

FREDERIC SPEER, Kansas City, Kan.

**Tuesday, November 1**

6:00-7:00 p.m.—Cocktail Hour. Location to be announced.

**Wednesday, November 2, 9:00 a.m.****Kiel Auditorium, Committee Room 3-A**WILLIAM C. GRATER, Dallas, Texas, *presiding***Studies With Megalophaga Opercularis.**

THOMAS R. McELHENNEY, Austin, Texas

Megalophaga Opercularis or "wooly worm" has through the past twenty years become a significant problem in the Southwest area due to the frequency and often severity of its sting. Practically no data concerning this catapillar, the type and incidence of its stings, and/or complications appear in the literature. A survey of the incidence, natural history of the sting, its complications and hypersensitivity reactions will be presented along with colored slides.

*Discussion to be opened by* BOEN SWINNY, San Antonio, Texas.

**Clinical Evaluation of Clysmathane in Adult and Pediatric Asthma.**

H. WHITNEY BOGGS, Shreveport, La.

One hundred cases of asthma—acute and chronically recurring—taken from private practice and Confederate Memorial Medical Center, are reviewed. They are equally divided between adult and pediatric cases. Special attention is drawn to the fact that one-half of the "accepted" average dose of theophyllin gives prompt, prolonged relief, without side-effects, by this method of administration. There is ready acceptance of treatment because of (1) rapidity and completeness of relief, (2) convenience, and (3) aesthetic acceptance.

*Discussion to be opened by* ALAN G. CAZORT, Little Rock, Ark.

**Fluids and Expectorants in Asthma.**

DONALD L. THURSTON, St. Louis, Mo.

The discussion of the care of asthma will be limited to severe, frequently recurring or prolonged episodes. The pathophysiology as related to the symptoms is illustrated by slides. The need for parenteral fluids in therapy is readily demonstrated. The role of expectorants is ancillary to fluid therapy.

*Discussion to be opened by* THOMAS G. JOHNSTON, Little Rock, Ark.



## GUEST SPEAKER

CARL E. ARBESMAN, M.D.

Buffalo, N. Y.

Assistant Clinical Professor of Medicine, Associate Professor in Immunology, University of Buffalo School of Medicine.

### Immunologic and Practical Studies in Serum Sickness.

Samples of serum were obtained from patients who were to receive prophylactic injections of tetanus antitoxin. Sera were again collected two weeks following the injection. Patients were advised to return if symptoms of serum sickness developed prior to this time. (All patients had previous negative skin tests to horse serum.) Follow-up studies of the patients who developed serum sickness were carried out for many months. Hemagglutination tests to determine antibody against horse serum were performed on all of these sera. It was found that only those patients who had a pretetanus antitoxin hemagglutination titer above 200 developed serum sickness. Also, all patients who developed serum sickness showed a marked increase in their post-tetanus antitoxin titers which lasted for several years. It is felt that it can be predicted who will develop serum sickness by this method. Immunoelectrophoresis studies revealed that the antibody against horse serum is both in the alpha one and gamma globulin fractions. The immunologic and practical significance of these studies and the data obtained during this course of study will be discussed in detail.

### Intermission—Visit Exhibits

#### Business Session.

#### Institutional Care of Asthmatic Children.

SAMUEL C. BUKANTZ, Denver, Colo.

The integrated multi-disciplinary program of medical care and clinical and laboratory investigation of intractable asthmatics at the Jewish National Home for Asthmatic Children will be described in detail. The extent of similar activities in other parts of the United States will be reviewed briefly, as well as those recently encountered firsthand in visits to the European continent, Czechoslovakia, and the Soviet Union.

*Discussion to be opened by* ORVAL R. WITHERS, Kansas City, Mo.

#### The Potentiating Value of an Antihistamine in Conjunction with Sympathomimetic Drugs in the Treatment of Asthma.

HENRY D. OGDEN and

LOTTIE McWHERTER, New Orleans, La.

A double blind, placebo controlled study of 52 patients was performed. An antiasthmatic (Tedral) was compared with Tedral plus Chlorprophenpyridamine Maleate and with a placebo. Objective and subjective results were recorded, along with a tabulation of hours of mild, moderate and severe symptoms on each preparation. It was found that results obtained with Tedral were superior to placebo. However, Tedral plus antihistamine was far better than the other two.

*Discussion to be opened by* HOMER E. PRINCE, Crockett, Texas.

#### An Evaluation of Cyproheptadine.

ARNOLD F. LAVENSTEIN, Baltimore, Md.

Cyproheptadine (peractin) is a new drug with both anti-serotonin and antihistaminic activity which has been introduced for the therapy of allergic diseases. Its efficacy in the treatment of hay fever and asthma has been studied and found comparable to that of a conventional antihistamine, chlorprophenpyridamine maleate (Chlor-Trimeton).

*Discussion to be opened by* THOMAS E. VAN METRE, JR., Baltimore, Md.

**MEMORANDA**

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JOHN F. SCHWEISS

GEORGE K. WARNER

**Monday, October 31, 2:00 p.m.**

**Kiel Auditorium, Assembly Hall No. 2**

A joint meeting of the Sections on Anesthesiology  
and Pediatrics

**Symposium on the Pediatric Surgical Patient.**

**Introductory Remarks.**

THEODORE C. PANOS, Little Rock, Ark.

**Principles of Pre- and Postoperative Care in Children.**

M. REMSEN BEHRER, St. Louis, Mo.

**Regulation of Body Temperature in Pediatric Surgical Patients.**

SARA J. DENT, Durham, N. C.

**The Role of Antibiotics in the Care of the Pediatric Surgical Patient.**

HARVEY R. BERNARD, St. Louis, Mo.

**Intermission—Visit Exhibits**

**Panel Discussion: Pediatric Cardiac Surgery.**

From the Pediatrician's Viewpoint: HARRY F. STOECKLE, Columbia, Mo.

From the Anesthetist's Viewpoint: JOHN SCHWEISS, St. Louis, Mo.

From the Surgeon's Viewpoint: VALLEE L. WILLMAN, St. Louis, Mo.

**Concluding Remarks.**

ROBERT B. DODD, St. Louis, Mo.

**Monday, October 31**

6:30-8:00 p.m.—Cocktail party for members, guests and wives, Sheraton-Jefferson Hotel.

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Committee Room B**

**Chairman's Address: Useful Nerve Blocks of Interest to General Practitioners.**

JOHN B. PARMLEY and  
JOHN ADRIANI, New Orleans, La.

Certain nerve blocks are effective in relief of painful syndromes. Some of these are sufficiently simple that they may be performed in out-patient departments on ambulatory patients. The paper will describe blocks which can be so performed and point out those that should not. A summary of our own experiences with these blocks will be presented. Stress will be placed on over-zealous use of nerve blocking in situations in which they may be hazardous.

*Discussion to be opened by* KENNETH K. KEOWN, Columbia, Mo.

**Intensive Care Unit and the Anesthesiologist.**

PETER SAFAR, R. ABRAHAM, T. J. DEKORNFELD,  
F. G. HUBBARD and J. S. REDDING, Baltimore, Md.

In the Intensive Care Unit, the activities of the anesthesiologist include (1) treating patients in coma, pulmonary edema, coronary occlusion, obstructive emphysema, status asthmaticus, status epilepticus, etc.; (2) evaluation of ventilation and supervision of breathing machine care; (3) supervision of post-anesthetic recovery room care; and (4) instruction of nurses and interns. The organization, functioning and problems encountered with an Intensive Care Unit will be discussed in detail.

*Discussion to be opened by* SEYMOUR BROWN, St. Louis, Mo.

**Twelve Months' Experience in Anesthesia in a 300 Bed General Hospital.**

LESTER RUMBLE, JR., Atlanta, Ga.

Statistical reports covering the activities of a private anesthesia group or department are seldom seen in the literature. Individually, we tend to forget sad experiences and thus get a rather biased idea of complications resulting from anesthesia. Since all the anesthetics administered in this group of patients has been done by qualified individuals, the statistics may reflect results of anesthetic administration in a different manner from that reflected in a residency training program situation.

*Discussion to be opened by* EDWARD O. KRAFT, St. Louis, Mo.

**Intermission—Visit Exhibits**

**Cyclopropane-Epinephrine Synergism.**

J. S. GRAVENSTEIN and T. W. ANDERSEN,  
Gainesville, Fla.

Spinal, adrenalectomized, atropinized cats whose nictitating membranes are decentralized by sectioning the preganglionic sympathetic fibers in the neck do not respond with contraction of the nictitating membrane during the administration of cyclopropane. Infusion of epinephrine causes contraction of the nictitating membrane. When cyclopropane is added during a continuous infusion of epinephrine, the nictitating membrane contracts even more as if more epinephrine rather than cyclopropane had been given. Clinical implications are discussed.

*Discussion to be opened by* F. EDMUND HUNTER, St. Louis, Mo.

**Clinical Appraisal of a New Local Anesthetic Drug: Carbocaine.**

HAPPY L. GEE, JULIA BOX, HENRY DEWITT and  
LEONARD W. FABIAN, Jackson, Miss.

Recently a compound similar to lidocaine in chemical structure has been released for investigation and preliminary observations suggest that this anesthetic may be superior to lidocaine in

some respects. In comparative tests using lidocaine as a control, Carbocaine has been used for all types of conduction anesthesia except subarachnoid block. The results of these clinical studies will be discussed relevant to the merits of this new drug.

*Discussion to be opened by* ORAL B. CRAWFORD, Springfield, Mo.

### **Anesthesia for Cardiac Catheterization and Angiocardiography.**

NORMAND M. BREMNER and JOHN R. S. SHIELDS,  
St. Louis, Mo.

Cardiac catheterization and angiocardiology are essential steps in the determination of operability and the anesthetic and surgical approach to the correction of a number of congenital cardiac malformations. An analysis of four years' experience in anesthetizing pediatric patients for cardiac catheterization and angiocardiology is presented. Mortality and morbidity data and their relation to the evolution of the present anesthetic management of these cases are discussed.

*Discussion to be opened by* SANFORD COBB, Miami, Fla.

### **Business Session.**

**MEMORANDA**

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 NORMAN TOBIAS  
 EUGENE P. WEBER  
 RICHARD S. WEISS

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayist to be allowed thirty minutes. Discussion limited to five minutes.

**Sunday, October 30, 9:00 a.m.**

Clinical Section Meeting, Barnard Skin and Cancer Hospital, 5th floor.

**Monday, October 31, 9:00 a.m.**

### ZOLA COOPER CLINICOPATHOLOGIC SEMINAR

Barnard Skin and Cancer Hospital

Director: JAMES W. BURKS, New Orleans, La.

Moderator: WALLACE CLARK, JR., New Orleans, La.

Guest Moderator: HAMILTON MONTGOMERY, Rochester, Minn.

The seventh annual meeting of the Zola Cooper Pathologic Seminar will have the following panel members: Francis A. Ellis, Baltimore, Md.; Joseph M. Hitch, Raleigh, N. C.; John M. Knox, Houston, Texas; John H. Lamb, Oklahoma City, Okla.; Sidney Olansky, Atlanta, Ga.; Earl B. Ritchie, Galveston, Texas; and Morris Waisman, Tampa, Fla. Registration has been limited to 22 cases, but participation in the seminar is open to all dermatologists in attendance at the meeting. Demonstration slides will be available from 8:00 to 9:00 a.m. preceding the seminar for all those who are interested.

**Monday, October 31, 2:00 p.m.**

Kiel Auditorium, Committee Room B

**Chairman's Address: Granuloma Annulare.**

ROBERT N. BUCHANAN, JR., Nashville, Tenn.



### GUEST SPEAKER

JOHN L. FROMER, M.D.

Boston, Mass.

#### Management of Lymphoma with Electron Beam.

Over the past seven years electron beam therapy has been the primary mainstay of treatment for patients with cutaneous lymphoma. This study includes data on 200 patients treated by this technic. The salvage rate of patients who have had presumably the limit of superficial x-ray and chemotherapy prior to electron beam therapy has been gratifying. A Kodachrome survey of some of the patients treated and a consideration of adjunct chemotherapy will be presented. A brief description of the Van de Graaff apparatus together with a brief comment on the action of electrons will be given.

#### Griseofulvin: A 16 Months' Study.

THOMAS W. MURRELL, JR., R. CAMPBELL MANSON  
and E. RANDOLPH TRICE, Richmond, Va.

The paper will report results obtained with the use of Griseofulvin in the treatment of superficial fungus infections, primarily due to *T. Rubrum* and *M. Audouini*. Local treatment was not used in any case. Photographs were extensively used as a means of recording results. An epidemic of *T. Capitis* involving 426 children is included in this study.

*Discussion to be opened by* HENRY W. JOLLY, JR.,  
Baton Rouge, La.

#### Intermission—Visit Exhibits

#### The Topical Treatment of Acne.

HARRY M. ROBINSON, JR., DANIEL ROBERTS,  
JAMES K. ATON and ALBERT CIAMBOTTI, Baltimore, Md.

For many years, sulphur in various forms and in many combinations has been used in the topical treatment of acne. Apparently, the major reason for the use of sulphur lies in the fact that it supposedly has an inhibitory action on the growth of microorganisms and a drying action on the skin. In this study a double blind evaluation of topical sulphur preparations and other agents has been performed. The difficulty of evaluating the virtues of topical agents and the treatment of this condition and in doing control studies is discussed.

*Discussion to be opened by* D. SHELTON BLAIR, Dallas,  
Texas.

#### Pseudoxanthoma Elasticum Associated with Mitral Valvular Disease.

VINCENT J. DERBES and HARRY YOFFEE,  
New Orleans, La.

Pseudoxanthoma elasticum involves primarily the skin, gastrointestinal tract, eye and cardiovascular system. The cardiovascular involvement is related chiefly to arterial disease and is manifested by weakness or absence of peripheral pulses, intermittent claudication, premature medial calcification of peripheral arteries, coronary insufficiency, hypertension, and congestive heart failure. Valvular involvement of the heart is seldom mentioned. This paper describes a patient with pseudoxanthoma elasticum and mitral valvular disease, and comments on the probable relationship between them.

*Discussion to be opened by* ADOLPH H. CONRAD, JR.,  
St. Louis, Mo.

**Carcinoma of the Skin Following Acute and Chronic Trauma.**

BENJAMIN F. BYRD, JR., ANTHONY J. MUNOZ and  
HAROLD FERGUSON, Nashville, Tenn.

This is a review of all instances of carcinoma of the skin seen at the Vanderbilt University Hospitals since 1925. From this series those patients who have cicatrices, fistulas or sinuses in connection with skin carcinomas have been selected. In addition, patients having a history of recent trauma as the initial evidence of skin cancer have been studied. The results of treatment are presented together with the review of experimental evidence relating skin cancer and trauma.

*Discussion to be opened by* ROBERT E. LYONS, San Antonio, Texas.

**Monday, October 31**

7:30 p.m. Cocktail party and dinner at the University Club.

**Tuesday, November 1, 9:00 a.m.**

**Kiel Auditorium, Committee Room B**

**Symposium on Occupational Dermatoses.**

The Committee on Occupational Dermatoses of the Council on Occupational Health of the American Medical Association.

DONALD J. BIRMINGHAM, *Chairman*, Cincinnati, Ohio

LEONARD F. WEBER, Chicago, Ill.

A. FLETCHER HALL, Santa Monica, Calif.

GEORGE E. MORRIS, Boston, Mass.

JAMES W. JORDON, Buffalo, N. Y.

C. BARRETT KENNEDY, New Orleans, La.

Some of the topics to be covered by them are as follows: What are occupational dermatoses?; Primary irritant versus sensitization dermatitis; How does the physician conclude that a dermatitis venenata is occupational in origin?; Some occupational dermatologic hazards in Southern industries; The relationships among doctor, patient, employer, insurance carrier in the field of occupational dermatology; What keeps the workman's skin from getting well? This presentation will be done in two parts with general audience participation with questions and answers.

**Business Session.**

**MEMORANDA**

## SECTION ON GASTROENTEROLOGY

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 HAROLD SCHEFF  
 RICHARD L. STERKEL

Presentations limited to ten minutes, including time required for lantern slides and/or motion pictures; the out-of-territory essayist to be allowed thirty minutes. Discussion limited to five minutes.

**Monday, October 31, 2:00 p.m.**

**Kiel Auditorium, Assembly Hall No. 3**

**Ascites—Some Concepts and Misconceptions.**

JOHN T. GALAMBOS, Atlanta, Ga.

In order to treat the ascites of cirrhotic patients adequately, one must have the correct concept regarding the mechanism of ascites accumulation. Metabolic balance studies will be presented from selected patients to illustrate certain points regarding the mechanism and therapy of ascites. It is our feeling that there is no such thing as refractory ascites in the presence of adequate glomerular filtration, but there is "refractory liver disease" which is the basic problem in each of these patients.

*Discussion to be opened by* DAVID CAYER, Winston-Salem, N. C.

**A Comparison of Various Types of Fatty Liver.**

JOE W. GRISHAM and W. STANLEY HARTROFT,  
 St. Louis, Mo.

Experimental fatty livers induced by different etiologic agents possess morphologic characteristics which aid in their classification. These characteristics include lobular localization of fat, type of hepatic cellular or extracellular fat accumulations, and type of ultramicroscopic alterations of cellular organelles. Differences resulting from the action of various etiologic agents probably reflect alterations in different fat metabolizing or mobilizing enzyme systems and emphasize the functional and structural heterogeneity of the liver lobule.

*Discussion to be opened by* JAMES C. RESPESS, Charlottesville, Va.

**The Clinical Usefulness of the Serum Leucine Aminopeptidase (LAP).**

BENJAMIN B. WEISIGER and CHARLES M. CARAVATI,  
 Richmond, Va.

The enzyme leucine aminopeptidase (LAP) in the serum was determined in 350 patients with various diseases, particularly cirrhosis, hepatitis and hepatic metastases. Pancreatic carcinoma and pancreatitis were also studied. Several patients were studied on repeated admissions. The LAP was correlated with the standard liver function tests. Highest values were seen in metastatic disease of the liver and in pancreatic carcinoma with obstruction of the common bile duct. High values were obtained also in decompensated cirrhosis and fatty liver where its rise paralleled the modest rise in transaminase but fell more slowly with recovery.

*Discussion to be opened by* MARTIN S. KLECKNER, JR., Paducah, Ky.

### **Preliminary Observations on the Clinical Usefulness of Determining Bromsulphalein and its Metabolic Products.**

ROBERT D. SPARKS and GABRIEL L. PLAA,  
New Orleans, La.

A method for separation and determination of concentration of the major bromsulphalein metabolites has been utilized in combination with total bromsulphalein determination for this study. The pattern of retention of the metabolite and parent compound was studied at 15, 30, and 45 minutes after injection in normal and abnormal patients. A preliminary report of the results as demonstrated by a few characteristic cases will be presented.

*Discussion to be opened by* JOHN T. SESSIONS, JR.,  
Chapel Hill, N. C.

### **Thymol Turbidity and Flocculation as Screening Tests.**

W. ROY HANCOCK and JAMES L. BORLAND,  
Jacksonville, Fla.

Thymol turbidity and flocculation reactions are simple, rapid, sensitive, fairly specific, and reproducible tests for detection of hepatic cell injury. Data derived from using these tests in screening of blood prior to transfusion, and in the detection of liver diseases in an active gastroenterology practice will be presented. Correlation with the clinical course and other liver function tests will be shown.

*Discussion to be opened by* JOHN R. NEEFE, St. Petersburg, Fla.

### **Examination of the Upper G.I. Tract with the Fiberscope.**

BASIL I. HIRSCHOWITZ, Birmingham, Ala.

Examination of the upper G.I. tract in over 30 patients, with an improved model of the Fiberscope, an endoscopic instrument employing the glass fiber principle, elicited the following comparison with the standard semi-rigid gastroscopes: (1) the instrument has the same diameter, but is flexible throughout its length, eliminating any danger of damage to the G.I. tract and minimizing discomfort to the patient; (2) the view of the mucosa of the stomach is about as good as with the standard instrument; and (3) the instrument can be passed through the pylorus and through a gastroenterostomy, allowing a direct view of mucosal damage or ulceration.

*Discussion to be opened by* DAVID H. JOHNSTON, Lexington, Ky.

### **Goblet Cells in Disease of the Stomach.**

GEORGE V. ROHRER, Oklahoma City, Okla.

Sections of gastric mucosa from patients having either gastric cancer, gastric ulcer, duodenal ulcer, pernicious anemia, achlorhydria or normal stomachs, were studied for frequency of occurrence of intestinal metaplasia and goblet cell formation and for the staining characteristics of the goblet cell mucus. The histological changes were found in all patients with cancer and pernicious anemia and less frequently in the other diseases studied. The goblet cell mucus contains both acid and neutral mucopolysaccharide.

*Discussion to be opened by* ROBERT S. NELSON, Houston, Texas.

### **Intermission—Visit Exhibits**

#### **Panel Discussion: Electrolyte Alterations in Gastrointestinal Disorders.**

Moderator: CARL A. MOYER, St. Louis, Mo.

Panel Members:

HARVEY R. BERNARD, St. Louis, Mo.

BASIL I. HIRSCHOWITZ, Birmingham, Ala.

EDWARD E. OWEN, Durham, N. C.

**Monday, October 31**

6:00 p.m.—Cocktail Hour and Dinner, Coronado Hotel, Crystal Room. Cocktails will be served on a cash basis and cost of the dinner will be \$7.50 per person.

**Tuesday, November 1, 9:00 a.m.****Kiel Auditorium, Committee Room C****Unusual Manifestations of Abdominal Lymphoma.**

RAYMOND T. DOYLE, Durham, N. C.

It is the purpose of this report to reemphasize the different ways abdominal lymphoma may present, and to suggest that it be considered more often in the differential diagnosis of abdominal disease. Five patients seen during the past year on one service are presented in detail. The initial diagnoses were sprue, carcinoma of the pancreas, infectious hepatitis, and hepatoma superimposed on cirrhosis. The histologic diagnosis in each patient was a malignant lymphoma.

*Discussion to be opened by* BELTON G. GRIFFIN, Houston, Texas.

**The Carcinoid Syndrome: Its Diagnosis and Management.**

J. ARNOLD BARGEN, Temple, Texas

The clinical manifestations of carcinoid tumors and their association with the release of excessive amounts of serotonin into the circulation will be discussed. The symptom of flushing, occasionally seen in patients with carcinoid tumors, will be depicted in a visual presentation. Methods of diagnosis in carcinoid tumors will be described. Life history of patients with these tumors will be outlined.

*Discussion to be opened by* JOHN T. SESSIONS, JR., Chapel Hill, N. C.

**Whipple's Disease.**

W. CROCKETT CHEARS, JR., Dallas, Texas;

JULIAN M. RUFFIN, Durham, N. C.

Twelve cases of Whipple's disease, the largest reported series from one institution, have been seen at Duke Hospital since 1935. The typical clinical picture consists of the triad of diarrhea, arthralgia and lymphadenopathy, but weight loss and hypotension are common findings. Formerly, the diagnosis was made only at laparotomy or autopsy but more recently the diagnosis has been established by peripheral lymph node or peroral intestinal biopsy. Treatment with antibiotics and adrenal steroids has been gratifying with five patients alive and well three months to six years after diagnosis.

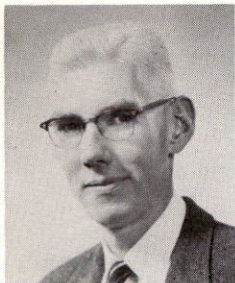
*Discussion to be opened by* W. L. ALSOBROOK, Nashville, Tenn.

**Nausea and Vomiting: Clinical Evaluation of Torecan.**

DONOVAN C. BROWNE and ROBERT D. SPARKS,  
New Orleans, La.

The development of the theories of nausea and vomiting with accepted neurophysiologic mechanism is presented. The clinical evaluation of Torecan as an anti-emetic agent in over 300 cases is documented. Toxicity, tolerance, mode of action, and indications are summarized.

*Discussion to be opened by* JOHN R. KELSEY, Houston, Texas.



## GUEST SPEAKER

WADE VOLWILER, M.D.

Seattle, Wash.

Professor of Medicine and Head, Division of Gastroenterology, Department of Medicine, University of Washington School of Medicine.

### The Dysproteinemias.

Dysproteinemia means either (1) a gross disproportion between the normal components of the plasma proteins, or (2) a gross qualitative abnormality in the varieties of plasma proteins present. Dysproteinemias of the first group are due to gross increases or decreases of specific major components. Those of the second group may be caused either by (a) virtual absence of a normal major component, or (b) the appearance of large amounts of an unusual protein not ordinarily identified among normal plasma proteins. Bodily disturbances which lead to dysproteinemias lie within the four general mechanisms which always determine the concentration of proteins in plasma: synthesis, destruction, internal distribution and external loss. Frequently, disturbances of more than one of these general mechanisms may exist.

### Giant Hypertrophy of the Gastric Mucosa, Hypoalbuminemia and Edema (Menetrier's Disease).

SPAULDING SCHRODER, Atlanta, Ga.

A 10 year old white male developed nausea, vomiting and progressive anasarca seven weeks after repair of interatrial septal defect using extracorporeal circulation. Laboratory studies revealed hypoalbuminemia. Vomitus was described as resembling "egg white." G.I. series revealed markedly hypertrophied gastric folds, interpreted as probable neoplasm. Gastroscopy revealed hypertrophied gastric rugae with no ulcerations. Biopsy of gastric mucosa revealed findings consistent with Menetrier's disease. He recovered spontaneously, has had no recurrences, and follow-up G.I. series is normal.

### Methodology in the Study of Protein-Losing Gastroenteropathy.

JOHN D. DAVIDSON, St Louis, Mo.;  
ROBERT S. GORDON, JR., Bethesda, Md.

The purpose of this paper is to review briefly the development of technics which have become available to demonstrate and study the phenomenon of excessive loss of protein into the gut. The methods will be reviewed in chronologic order of development. The details of technic, the advantages as well as limitations of each method, and the range of values obtained in normal and pathologic states, will be mentioned. The attributes of an ideal method will be described.

*Discussion to be opened by N. C. HIGHTOWER, Temple, Texas.*

### Intermission—Visit Exhibits

#### Panel Discussion: The Role of Diet in Present Day Management of Gastrointestinal Disease.

Moderator: DONALD F. MARION, Miami, Fla.

Panel Members:

JULIAN M. RUFFIN, Durham, N. C.

HARRISON J. SHULL, Nashville, Tenn.

JOHN R. NEEFE, St. Petersburg, Fla.

JOHN T. SESSIONS, JR., Chapel Hill, N. C.

#### Business Session.

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Opera House**

A joint meeting of the Sections on Gastroenterology, Pathology, Radiology and Surgery.

**Panel Discussion: A Symposium on Peptic Ulcer.**

Moderator: GUY HORSLEY, Richmond, Va.

Part I—Gastric Ulcer

Pathology—SIDNEY SALTZSTEIN, St. Louis, Mo.

Radiology—WENDELL SCOTT, St. Louis, Mo.

Gastroenterology—WADE VOLWILER, Seattle, Wash.

Surgery—JAMES E. THOMPSON, New York, N. Y.

**Intermission—Visit Exhibits**

Part II—Duodenal Ulcer

Pathology—SIDNEY SALTZSTEIN, St. Louis, Mo.

Radiology—JOHN D. REEVES, Gainesville, Fla.

Gastroenterology—CHARLES M. CARAVATI, Richmond, Va.

Surgery—JAMES E. THOMPSON, New York, N. Y.

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 ELLSWORTH A. WESTRUP  
 LEON F. WEYERICH

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayist to be allowed thirty minutes. Discussion limited to five minutes.

**Wednesday, November 2, 9:00 a.m.**

**Kiel Auditorium, Assembly Hall No. 1**

A joint meeting of the Sections on General Practice and Public Health.

### **Epidemiology of Viral Hepatitis.**

JAMES O. MASON and IDA L. SHERMAN, Atlanta, Ga. Viral hepatitis, caused by at least two hepatotropic agents not yet identified by cultural or serological methods, remains an unsolved communicable disease problem. Current epidemiological trends suggest that the 1960-1961 hepatitis season will be a major one in terms of past experience, and well over 40,000 cases are expected to occur in the nation during the next year. Ultimate control of hepatitis will depend upon information derived from accurate studies and long term follow-up of cases and outbreaks.

*Discussion to be opened by* YATES TROTTER, St. Louis, Mo.

### **A Cooperative Program for Care of the Chronically Disabled.**

SUMNER Y. ANDELMAN, Tulsa, Okla.

Care of the chronically ill revolves about a comprehensive program based on preventive measures, periodic health surveys, therapy of diseases found and rehabilitation. The family physician should play the role of coordinator, but he must enlist the help of other specialties and ancillary groups. A very helpful, but often neglected adjunct in therapy is the public health nurse or the visiting nurse.

*Discussion to be opened by* T. PAUL HANEY, Tulsa, Okla.

### **Etiology and Therapy of Diabetic Retinopathy—A New Approach.**

JOHN K. FINLEY, Haddonfield, N. J.

Serum chylomicron levels were found elevated in diabetics regardless of their state of glucose control. This finding may indicate the existence of a primary disturbance of fat metabolism in diabetes other than the disturbance occurring as a result of inadequate glucose utilization. This observation led to the use of heparin in an attempt to reduce the lipemia in patients

with diabetic retinosis. A reversal of characteristic lesions of diabetic retinosis has been observed in patients upon this therapy.

*Discussion to be opened by* THOMAS H. PETTIT, St. Louis, Mo.

### **Intermission—Visit Exhibits**

#### **A New Agent for Symptomatic Relief of Migraine Headache.**

ROBERT E. RYAN, St. Louis, Mo.

This paper will discuss the use of a new agent to be used in relieving the symptoms of a typical attack of migraine. This preparation is entirely new, as is its method of application. The results obtained with this preparation are very encouraging.

*Discussion to be opened by* HENRY D. OGDEN, New Orleans, La.

#### **A New and Improved Method for the Treatment of Trichomonas Vaginalis and Other Causes of Vaginal and Cervical Leukorrheas.**

KARL J. KARNAKY, Houston, Texas

The paper will consist of the author's newest and improved method of treating vaginal and cervical infections, based on his past 28 years of research on vaginal and cervical leukorrhea. The author has now discovered how to lower the vaginal pH to 1.0 without burning the vagina. Low pH has given the best results in treatment of vaginal and cervical leukorrhea. A new vaginal medication retainer will be presented. New vaginal and cervical adhesions will also be presented.

*Discussion to be opened by* GEORGE S. ALLEN, Louisville, Ky.

### **Wednesday, November 2**

12:00 noon—Social Hour and Luncheon, Sheraton-Jefferson Hotel, Ivory Room.

**Wednesday, November 2, 2:00 p.m.**

**Kiel Auditorium, Assembly Hall No. 1**

#### **Chairman's Address: Disaster Mobilization.**

JERROLD M. MICHAEL, Washington, D. C.

The program of the Public Health Service in the field of medical aspects of civil defense is to be discussed. Particular emphasis will be placed on the baseline training program for physicians being conducted by the Division of Health Mobilization. The reserve officer activities and available resource literature will be discussed in detail.

*Discussion to be opened by* CARROLL L. WITTEN, Louisville, Ky., Chairman.

#### **A Critical Re-evaluation of Community Patch Test Program After 300,000 Cases.**

WALTER C. GRAY, St. Louis, Mo.

A special committee appointed by the St. Louis Tuberculosis and Health Society met several times earlier this year to evaluate the overall effectiveness of the tuberculin patch test program in St. Louis County schools. After hearing reports of subcommittees appointed to review the literature and to do comparative cost studies both in time and manpower several decisions were reached: (1) The present program has been most effective as a health education demonstration and also as a case finding tool. (2) The literature fails to reveal any large scale well controlled comparative studies of the Mantoux test and Volmer patch test. (3) The above committee is undertaking such a program as a special project. (4) Added cost and time involved preclude changing to the Mantoux test in our area at this time.

*Discussion to be opened by* WILBUR A. MULLARKY, St. Louis, Mo.

### **Intermission—Visit Exhibits.**

#### **Endocrine Aspects of Post-Surgical Recovery.**

HERBERT S. KUPPERMAN, New York, N. Y.

The effect of certain steroids upon protein anabolism is desirous in the postoperative patient as well as in those with a negative protein balance due to debilitating disease or iatrogenic causes. In addition, the anabolic steroids achieve some measure of benefit in growth deficiencies in children where there is evidence of normal or retarded bone age. The effect of these steroids upon protein loss in patients exposed to surgery, as well as their effectiveness in promoting a positive protein balance will be discussed. The value of the anabolic steroids is enhanced if their androgenicity is diminished. A discussion of their desirable and undesirable side effects will be offered. Their indications will be stressed.

*Discussion to be opened by* PAUL E. CRAIG, Tulsa, Okla.

#### **Seborrhea Capitis and Associated Diseases.**

IRWIN I. LUBOWE, New York, N. Y.

The incidence of seborrhoeic capitis, its etiology, pathogenesis and treatment are presented. The uses of the newer anti-seborrhoeic remedies including hexochlorophene, bithionol surfactants, particularly a non-toxic newer agent, biphenamine hydrochloride, are outlined. Diffuse scalp hairfall, a recent increasing entity in the female, are described. Therapeutic measures and recommendations for scalp care and hygiene are discussed.

*Discussion to be opened by* ARTHUR W. NEILSON, St. Louis, Mo.



#### **GUEST SPEAKER**

JOHN W. SIGLER, M.D.

Detroit, Mich.

Associate Physician, Division of Arthritis, Henry Ford Hospital.

#### **Arthritis in Office Practice.**

The types of arthritis and related conditions frequently encountered in office practice will be discussed. Salient features of these entities will be outlined. The necessity for accurate diagnoses and individually tailored therapy will be emphasized.

*Discussion to be opened by* FOUNT RICHARDSON, Fayetteville, Ark.

#### **Business Session.**

**MEMORANDA**

## SECTION ON GYNECOLOGY

## Officers

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 GEORGE J. L. WULFF, JR.

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and Guest Speaker to be allowed thirty minutes. Discussion limited to five minutes.

**Monday, October 31, 2:00 p.m.**

**Kiel Auditorium, Stage**

Obstetrical and Gynecological closed circuit television program originating from the St. Louis City Hospital.

**2:00-3:00 p.m. Diagnosis of Cancer of Cervix. Diagnostic Demonstrations.**

A. N. ARNESON, St. Louis, Mo., Moderator  
 JAMES H. FERGUSON, Miami, Fla.  
 HARLAN SPJUT, St. Louis, Mo.  
 JOHN WALL, Houston, Texas

**3:00-4:00 p.m. "Cul-de-sac" Suspension of the Uterus. Panel Discussion and Operative Procedure.**

GARTH JARVIS, Galveston, Texas, Moderator  
 JOSEPH HARDY, JR., St. Louis, Mo.  
 LEO J. HARTNETT, St. Louis, Mo.

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Assembly Hall No. 1**

**A Comparison of Cytologic and Histologic Findings in Patients Hospitalized for Pelvic Surgery.**

WILLIAM T. LADY, LOIS I. PLATT and  
 JED W. PEARSON, JR., Washington, D. C.

Endometrial and cervical smears, and sections of tissue specimens obtained in the operating rooms of the George Washington University Hospital were compared. Two hundred sixty-one consecutive patients over 40 years of age hospitalized for pelvic surgery were selected for this study. This comparison showed a high degree of similarity of classification of the cytologic and histologic specimen from each patient. The authors believe that satisfactory endometrial aspirations are best obtained by physicians skilled in gynecological proce-

ture. They also feel that a carefully taken endometrial aspiration is accurate in locating the anatomic origin of malignant cells.

*Discussion to be opened by* JAMES HENRY FERGUSON, Miami, Fla.

### **Colposcopy.**

THEODORE K. DAMPEER, JR., New Orleans, La.

In the United States colposcopic investigation of the cervix and lower genital tract, as a means of early cancer detection, is not yet a widely accepted practice. Just what this method is, what can be expected of it, and reasons which possibly explain why it is not widely accepted today in this country will be dealt with. It is not advocated that this method replace the time-proven Pap smear but used in conjunction to discover more cases of early carcinoma. There is no doubt that those who are familiar with its use have an infinitely clearer picture of not only malignant and pre-malignant lesions of the cervix, but benign conditions as well.

### **The Use of the Colposcope in Gynecological Practice.**

ROBERT L. CHALFANT, Nashville, Tenn.

The paper is an evaluation of the use of the colposcope in a gynecological practice for the past seven years. There is a description of the instrument and the method of its use in the examination of the cervix uteri. The findings in the normal as well as the abnormal cervix are described, including both benign and malignant conditions. The value of the instrument as well as its limitations of use are discussed.

*Discussion of the two preceding papers to be opened by* SIMON V. WARD, New Orleans, La., and PRESTON L. WILDS, Augusta, Ga.

### **Intermission—Visit Exhibits**



#### **GUEST SPEAKER**

ROGER B. SCOTT, M.D.

Cleveland, Ohio

Associate Professor of Obstetrics and Gynecology, Western Reserve University School of Medicine; Associate Director of Department of Obstetrics and Gynecology, University Hospitals of Cleveland.

### **Fifteen Years' Experience with External Endometriosis at University Hospital of Cleveland.**

An analysis of 590 proved cases of external endometriosis encountered over a 15 year period will be given. Unusual cases will be demonstrated. Some of the common misconceptions in symptomatology will be pointed out and pregnancies which have followed conservative surgery will be stressed.

### **On the Concept of Cure.**

FRED C. D. COLLIER, Birmingham, Ala.

In the present day of medical therapy where effective treatment is predicated not only on accurate diagnosis, but on proper implementation of all modalities of therapy, it is important to realize what is implied by the term "cure." In the field of gynecology as, for that matter, in all medical fields, "cures" must be analyzed not only in terms of groups of individuals, but in terms of the individual, suffering from the disease, the disease from which she is suffering and the effect of therapy. Consideration will be given to the application of the term "cure" to conditions of inflammatory, traumatic and neoplastic etiology. This presentation is more of a consideration of the implications of cure, than a statistical review of results of therapy.

**Wednesday, November 2, 9:00 a.m.**

**Kiel Auditorium, Assembly No. 3**

**Conization of the Cervix in Pregnancy for Evaluation of Carcinoma *in Situ*.**

JOHN R. BOTTOMY, Atlanta, Ga.

The problems in establishing and evaluating the diagnosis of carcinoma *in situ* in pregnancy are discussed. Hazards and advantages of conization in the pregnant patient are evaluated. Fifteen cases histologically meeting all criteria for carcinoma *in situ* have been coned in pregnancy revealing four cases of early invasive disease, six cases of carcinoma *in situ*, and five cases either suspicious of *in situ* disease or having atypical hyperplasias.

*Discussion to be opened by* LAWRENCE HESTER, Charleston, S. C.

**Abnormal Uterine Bleeding Subsequent to Pelvic Surgery.**

KENNETH R. BALDWIN and WILLIAM MANSON,  
Richmond, Va.

This report consists of a detailed analysis of one thousand cases of abnormal uterine bleeding diagnosed in the hospitals of the Medical College of Virginia. Multiple factors are carefully evaluated in an attempt to correlate them with abnormal uterine bleeding. Special emphasis is laid on the relationship of previous pelvic surgery, notably tubal ligation, to this gynecologic disorder.

*Discussion to be opened by* JAMES G. SITES, Washington, D. C.

**Chairman's Address: Gynecologic Misapprehensions.**

ROBERT N. CREADICK, Durham, N. C.

**Business Session.**

**Intermission—Visit Exhibits**

**The Use of Gynecography in Pelvic Diagnosis.**

HARRY LITTLE and JOHN HUTCHINSON,  
Galveston, Texas

In an attempt to more precisely delineate gynecologic pathology prior to the institution of therapy and/or laparotomy, pneumopelvic radiologic studies (gynecography) have been used in selected patients during the past several years. The technics, indications, and contraindications are described. The results, alone or in combination with hysterosalpingography are presented and compared to the subsequent findings at the time of pelvic surgery. The results indicate that this technic has an adjuvant role in the diagnosis of pelvic gynecologic masses.

*Discussion to be opened by* L. C. POWELL, JR., Galveston, Texas.

**Conservative Surgery for Dermoids.**

PHIL C. SCHREIER and ALBERT M. ALEXANDER,  
Memphis, Tenn.

It is no longer justifiable to remove an ovary for a dermoid cyst per se, even when no ovarian substance can be demonstrated at the time of surgery. Long follow-ups of a series of patients in whom bilateral and unilateral dermoid cystectomy was done with preservation of completely functioning ovaries including successful pregnancies are reported. The presentation is illustrated with slides revealing the technic and follow-up condition of reconstructed ovaries.

*Discussion to be opened by* C. P. TAYLOR, JR., Ada, Okla.

**Wednesday, November 2, 12:00 noon**

Sheraton-Jefferson Hotel, Crystal Room

**Joint Luncheon with Section on Obstetrics**

Wives invited

ROGER B. SCOTT, Cleveland, Ohio, and

EDWARD C. HUGHES, Syracuse, N. Y., Guests

**MEMORANDA**

## SECTION ON INDUSTRIAL MEDICINE AND SURGERY

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 JACOB G. PROBSTEIN  
 CARL J. REIS  
 DOUGLAS A. RIES

Presentations limited to thirty minutes, including time required for lantern slides and/or motion pictures; the out-of-territory essayist to be allowed one hour. Discussion limited to five minutes.

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Assembly Hall No. 3**

### **Compensable Heart Disease? How Can the Cardiologist Help the Industrial Physician?**

SIDNEY SCHERLIS, Baltimore, Md.

With heart disease more frequent, there are increasing attempts to link initial development of or aggravation of, heart disease to one's activity at work. The resulting problems are, therefore, (1) the need for effective and practical means of recognizing heart disease, not only prior to employment, but during the course of employment as well; (2) the clarification of medical principles for determining the possible relationship between one's employment and heart disease. Cardiological aspects of these problems will be discussed.

*Discussion to be opened by* H. CHARLES BALLOU, White Sulphur Springs, W. Va.

### **The Medical Doctor as an Aid to the Administration of Justice.**

JOHN K. REGAN, St. Louis, Mo.

This paper will be on the role of the industrial physician as an expert witness and some of the problems of lawyers and litigants with expert witnesses.

*Discussion to be opened by* MACROY GASQUE, Pisgah Forest, N. C.

### **Intermission—Visit Exhibits**

### **An Insurance Point of View of Industrial Medicine.**

GEORGE P. SAWYER, Chicago, Ill.

Emphasis for the need of disability control through effective medical care will be discussed. The part played in plant medical programs in developing group accident and health control will also be covered.

*Discussion to be opened by* RICHARD A. SUTTER, St. Louis, Mo.

## **The Role of the Industrial Physician in Compensation Matters as Seen from the Legal Point of View.**

THEODORE C. WATERS, Baltimore, Md.

Emphasis of the fact that in practically every contested compensation case the Commissioner is faced with conflicting medical testimony. The Commissioner should have the right to refer the matter to an independent medical examiner for expression of opinion. There are two principal issues involved in compensation matters: (1) the fact of injury and its relationship to employment, and (2) the evaluation of disability.

*Discussion to be opened by* JAMES L. HUGHES, Greer, S. C.

## **Chairman's Address: The Industrial Physician—Where Is He Going?**

L. A. PYLE, JR., Washington, D. C.

An appraisal of the industrial physician's status in this rapidly growing specialty of industrial medicine and surgery. A review of the various facilities in this field from the privately operated industrial medicine clinic dealing almost entirely with compensation cases to the large, company sponsored medical departments. A look at the increasing educational opportunities in this field.

**Wednesday, November 2, 9:00 a.m.**

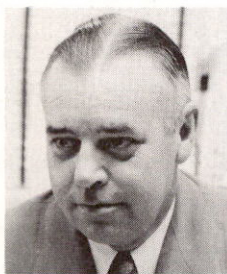
**Kiel Auditorium, Assembly Hall No. 2**

### **Industrial Medicine as a Part of General Practice.**

ROBERT E. ECKARDT, Linden, N. J.

Small plants employing less than 500 workers have the highest frequency of on-the-job accidents. It is just this type of plant that receives its industrial medicine from the general practitioner. If this record is to be improved, the general practitioner must develop some understanding of modern industrial medicine and convey this understanding to management and safety personnel in these plants. This will result in benefits not only to the general practitioner, but also to the industry and the employee.

*Discussion to be opened by* WILLIAM L. MACON, JR., St. Louis, Mo.



### **GUEST SPEAKER**

JOSEPH ALBAN QUIGLEY, M.D.

Cincinnati, Ohio

National Lead Company of Ohio, Contract Operator for the U. S. Atomic Energy Commission.

### **Radiation—Industry's Best Understood Problem.**

The health problems associated with the handling of uranium will be discussed. The hazards of both external radiation and internal radiation will be covered. Methods of evaluating the hazards and methods of control will also be explained. Emphasis will be placed on the "health and safety team" in industry. Recommendations will be made to the industrial physician.

### **Intermission—Visit Exhibits**

### **The Industrial Hygienist's Contributions in the Field of Occupational Health.**

ELMER P. WHEELER, St. Louis, Mo.

Professional industrial hygienists with training and experience in physical sciences and engineering collaborate with industrial physicians and medical scientists and share responsibility

for maintaining the health, productivity and well-being of workers. The non-medical industrial hygienist concentrates on the recognition, evaluation and control of environmental factors and stresses associated with work and work operations thus supplementing the physician's primary interest—the worker himself. To attain the mutual objective of the optimum in occupational health services, the mutual dependence of physicians, industrial hygienists, nurses and safety personnel must be recognized.

*Discussion to be opened by* C. H. JOHNSON, East Alton, Ill.

**The Disability Decision—(Film).**

FREDERICK J. BALSAM, Baltimore, Md.

**Business Session.**

**MEMORANDA**

## SECTION ON MEDICINE

## Officers

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 BARRETT L. TAUSSIG

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayist to be allowed thirty minutes. Discussion limited to five minutes.

**Monday, October 31, 2:00 p.m.**

**Kiel Auditorium, Assembly Hall No. 1**

A joint meeting of the Sections on Medicine and Pathology.

**A Symposium on the Adrenal Cortex.****Systemic Disease and Adrenal Cortical Response.**

FLOYD R. SKELTON, New Orleans, La.

Morphologic and functional responses of the adrenal cortex to disease states having a prominent stress component will be characterized and discussed. Similar consideration will be given to zona glomerulosa and aldosterone secretory changes in disease. Adrenal cortical response in certain diseases related to hyperplasia and hypertrophy will be reviewed.

*Discussion to be opened by* FRED V. LUCAS, Columbia, Mo.

**Clinical Aspects of Adrenal Cortical Hyperfunction.**

S. RICHARDSON HILL, Birmingham, Ala.

The clinically manifest symptoms and signs of hypercortisolemia of the primary and secondary varieties will be discussed. Primary aldosteronism and pseudohyperaldosteronism will also be discussed along with the niceties of differentiation of these two syndromes. Iatrogenic adrenal cortical hyperfunction and the complications attendant thereon will also be characterized and illustrated.

**Clinical Aspects of Adrenal Cortical Hypofunction.**

WILLIAM H. DAUGHADAY, St. Louis, Mo.

The classic syndrome of adrenal cortical hypofunction as exemplified by Addison's disease will be discussed in relationship to the pathophysiology of the symptoms and signs

of this disorder. Similarly will be discussed adrenal apoplexy and the less commonly recognized syndromes of adrenal cortical hypofunction and failure.

### **Tumors of Adrenal Cortex.**

ROBERT M. DIMMETTE, Bethesda, Md.

There are numerous tumors, both benign and malignant, of the adrenal cortex which will be briefly presented in an outline form. The tumors that need further differentiation from the standpoint of malignancy will be discussed and illustrated. The differentiation between nodular hyperplasia, adenoma of the cortex and carcinoma is a problem to the surgical pathologist. The correlation of these three tumorous lesions will be made to the known and recognized clinical syndromes.

### **Intermission—Visit Exhibits**

#### **Panel Discussion: Disorders of the Adrenal Cortex.**

Moderator: PETER H. FORSHAM, San Francisco, Calif.

Panel Members:

S. RICHARDSON HILL, Birmingham, Ala.  
 WILLIAM H. DAUGHADAY, St. Louis, Mo.  
 FLOYD R. SKELTON, New Orleans, La.  
 ROBERT M. DIMMETTE, Bethesda, Md.  
 FRED V. LUCAS, Columbia, Mo.

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Assembly Hall No. 2**

#### **Chairman's Address: What Should the Practicing Physician Know about Statistical Principles?**

KELLY M. WEST, Oklahoma City, Okla.

### **Newer Aspects of Cancer Chemotherapy.**

RALPH JONES, JR., Miami, Fla.

As a result of the Cooperative Cancer Chemotherapy Groups of the USPHS, a variety of chemical agents have been used in the treatment of leukemias and lymphomas as well as in various carcinomas and sarcomas. A discussion of the latest and best agents for use in these neoplastic conditions will be discussed. The treatment and dosage schedule of some of the newer agents including cyclophosphamide, eponate, and other new mustard compounds will be presented.

*Discussion to be opened by R. WAYNE RUNDLES, Durham, N. C.*



### **GUEST SPEAKER**

PETER H. FORSHAM, M.D.

San Francisco, Calif.

Professor of Medicine and Pediatrics, Chief of Endocrinology and Metabolism, and Director of the Metabolic Unit, University of California Medical Center.

### **Recent Advances in the Understanding and Treatment of Diabetes.**

The existence of two distinct types of diabetes is now firmly established, viz., the prematurity onset type with no demonstrable insulin in the pancreas or the plasma, and the post-maturity onset type with normal amounts of insulin in the pancreas that cannot be adequately discharged in response to a rise in blood sugar. Sulfonylureas will activate insulin discharge, and apparently prematurity type diabetes can im-

prove in carbohydrate tolerance when given sulfonyleureas early. Their use will be discussed. DBI in addition to insulin as a stabilizer of brittle diabetes will also be covered. The desirability of two injections of medium range insulin will be illustrated as optimal in slowing down the small vessel disease. The latter will be discussed in detail in terms of pathogenesis, prevention and possible improvement in hypoglycemia. The importance of exercise and the existence of hypoglycemic factors emerging from exercised muscle is increasingly recognized. The optimum program for both young and old diabetics will emerge from the discussion.

### **Intermission—Visit Exhibits**

#### **Study of Anemia of Hepatic Disease Utilizing Radiochromium.**

MADISON CAWEIN, Lexington, Ky.

In order to quantitate erythrocyte survival time and gastrointestinal hemorrhage in various disorders of the liver, the erythrocytes of 32 patients having either cirrhosis, hepatitis, or malignant disease involving the hepatobiliary system were labeled with chromium 51 and erythrocyte survival rates were determined as well as the levels of radiochromium appearing in the stools. Only four of the patients (13%) demonstrated survival times within the normal range whereas the remainder had shortened survival times indicating a hemolytic process as the cause of the anemia. In addition four of the patients with shortened erythrocyte survival times had evidence of gastrointestinal blood loss averaging 7 to 58 ml. per day. Evidence will be presented that regenerative activity of erythropoietic tissue in this group of patients was considerably less than maximum. There was no direct evidence for maturation arrest of erythropoiesis.

*Discussion to be opened by* CARL V. MOORE, St. Louis, Mo.

#### **The Value of Norepinephrine Infusion in the Differentiation of Stenotic and Regurgitant Lesions of the Mitral Valve.**

LEONARD S. SOMMER and IGNATIOS J. VOUDOUKIS, Miami, Fla.

Since an apical systolic murmur may be heard in isolated mitral stenosis or in combined mitral stenosis and insufficiency, a method is necessary for the differentiation of these two entities, particularly when cardiac surgery is contemplated. The influence of norepinephrine-induced hypertension on mitral valve function was studied during right and left heart catheterization. The alterations in pulmonary capillary and left atrial pressure tracings during critically induced systemic hypertension will be discussed. Our data suggest that this method may be useful in the detection of hemodynamically significant degrees of mitral insufficiency associated with mitral stenosis. Correlation of pulmonary capillary and left atrial pressure tracings during norepinephrine infusion with clinical, surgical and postmortem findings indicates that the differentiation may be made by right heart catheterization alone. The practical and potential value of this stress test of mitral valve dynamics in regard to indications for closed and open heart surgery will be outlined.

*Discussion to be opened by* TINSLEY R. HARRISON, Birmingham, Ala.

#### **Business Session.**

**Wednesday, November 2, 9:00 a.m.**

**Kiel Auditorium, Opera House**

A joint meeting of the Sections on Medicine, Pathology and Urology.

**Panel Discussion: A Symposium on Chronic Pyelonephritis.**

Moderator: GEORGE E. SCHREINER, Washington, D. C.

Panel Members:

**Long-Term Control of Infection.**

CHEVES M. SMYTHE, Charleston, S. C.

**Obstruction, Instrumentation and Calculi and Their Effects on the Urinary Tract.**

FRED K. GARVEY, Winston-Salem, N. C.

**Pyelonephritis Lenta and Its Relationship to Malignant Hypertension.**

OTTO SAPHIR, Chicago, Ill.

**Prevention and Care of Chronic Pyelonephritis in Children.**

KURT LANGE, New York, N. Y.

**Connective Tissue Response and the Local Immune Reaction in the Kidney as Related to Pyelonephritis.**

CUTTING B. FAVOUR, Washington, D. C.

**Wednesday, November 2, 2:00 p.m.**

**Kiel Auditorium, Assembly Hall No. 2**

**Fibrinolytic Enzymes in Vascular Occlusion.**

SOL SHERRY, St. Louis, Mo.

The development of thrombolytic or clot dissolving agents represents a new and exciting chapter in therapeutics. Interest in this development has progressed so quickly that some physicians are applying "thrombolytic therapy" routinely in the management of acute thromboembolic disorders. However, this aura of accomplishment exceeds the hard core of achievement and some disappointment may be anticipated before a practical effective form of therapy evolves. Nevertheless certain basic and therapeutic principles have been established which, if properly exploited, will lead to the effective use of fibrinolytic agents. This presentation will review briefly the principles underlying the development of thrombolytic agents; the problems which remain to be solved and the limitations inherent in the use of currently available agents; and the outlook for the future.

*Discussion to be opened by* WARREN N. BELL, Jackson, Miss.

**Chemotherapy of Pulmonary Tuberculosis.**

A. H. RUSSAKOFF, Birmingham, Ala.

The combination of the use of antimicrobial agents and the introduction of effective resectional surgery for tuberculosis has resulted in a dramatic decline in mortality rate, a change in the epidemiologic pattern, and a shift from sanatorium to home care of patients with tuberculosis. In addition to the well known triad of streptomycin, paraamino-salicylic acid and pyrazinid, four antimicrobial agents in the form of viomycin, pyrizinamide, seromycin and kanamycin have joined the ranks of the antituberculous agents. Also of value under certain circumstances are the corticosteroids. Because of the variety of agents available for the active medical treatment of tuberculosis, the problem of which agent or combination of agents arises. The discussion will be concerned with which of these agents to use and which of the agents to replace another, or which agent to add under special circumstances in the course of therapy.

*Discussion to be opened by* CHARLES A. LEMAISTRE, Dallas, Texas.

**Clinical Significance of the Rheumatoid Factor.**

MORRIS ZIFF, Dallas, Texas

The mechanism of the various tests for the rheumatoid factor will be discussed and the reliability of testing procedures will be evaluated. A correlation of titer of the rheumatoid factor with various aspects of rheumatoid arthritis will be given. The presence of the factor in asymptomatic relatives of patients with rheumatoid arthritis will be described and the significance of this phenomenon discussed.

*Discussion to be opened by* HOWARD L. HOLLEY, Birmingham, Ala.

**Intermission—Visit Exhibits****Bacterial Endocarditis.**JOHN F. JACKSON and FRED ALLISON, JR.,  
Jackson, Miss.

Current trends in specific etiologic agent, disease manifestations, therapy and prognosis of bacterial endocarditis will be delineated. A discussion of the role of the staphylococcus and the streptococcus as etiologic agents and combination antibiotic therapy with penicillin and streptomycin will be developed. Complications in the form of uremia, congestive heart failure, septic coronary embolization and microscopic myocardial infarctions will be discussed.

*Discussion to be opened by* ROBERT PAINE, St. Louis, Mo.

**Problems in the Management of Chronic Pulmonary Diseases.**

BEN V. BRANSCOMB, Birmingham, Ala.

Intractable cough, disabling exertional dyspnea, recurrent infections with inability to raise sputum, and symptoms of pulmonary hypertension of months or years duration are among the vexing problems in the management of chronic obstructive pulmonary emphysema. Included in the discussion of the treatment of these conditions are current concepts in the use of antibiotics, adrenal steroids, aerosol and positive pressure therapy, oxygen, proteolytic enzymes, and special coughing and breathing exercises.

*Discussion to be opened by* LLOYD RAMSEY, Nashville, Tenn.

**MEMORANDA**

**SECTION ON NEUROLOGY AND PSYCHIATRY**

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 PAUL E. KUBITSCHKEK  
 WILLIAM B. LYTTON  
 DAVID F. MENDELSON  
 WALTER L. MOORE  
 H. UNTERBERG

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman to be allowed thirty minutes. Discussion limited to five minutes.

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Committee Room 4-B**

**Technics of Adolescent Psychotherapy Applicable to Medical Practice.**

IRVIN A. KRAFT, Houston, Texas

This paper describes certain psychodynamic aspects of adolescence that are utilized in psychotherapy of adolescents. These considerations are then translated into suggestions for everyday usage in pediatric and other medical practice where more formal psychotherapy is not appropriate. Diagnostic and prognostic facets are emphasized also in the discussion. Adolescence is a period of development under more consideration by the practitioner and requires knowledge from psychiatry as well as endocrinology, etc., to handle it effectively.

*Discussion to be opened by* MARGARET GILDEA, St. Louis, Mo.

**The Recognition and Management of the Neurotic Depressive Reaction.**

CHARLES B. FULGHUM, Atlanta, Ga.

In this paper three case history fragments are presented, illustrating the types of patients frequently seen and referred to psychiatrists by general physicians and how these patients were handled by the psychiatrists. It is obvious in the discussion that these patients could have been as easily managed by the general physician. This paper will be augmented by a brief preliminary report of a double-blind study using anti-depressant drugs.

*Discussion to be opened by* JOSEPH B. PARKER, Lexington, Ky.

**Phobias: Their Development and Treatment.**

MORGAN E. SCOTT, Atlanta, Ga.

A review of the theoretical basis of development of phobia is first considered: (1) the importance of childhood phobias on adult development is emphasized; (2) methods of mastery by the child of phobias are cited; (3) cases of adult phobias and childhood phobias are given with emphasis of each point; (4) the treatment of phobias is discussed; (5) a summary at the end reviewing these previous points.

*Discussion to be opened by* WILLIAM G. REESE, Little Rock, Ark.

**Intermission—Visit Exhibits**



### GUEST SPEAKER

PERCIVAL BAILEY, M.D.

Chicago, Ill.

Executive Secretary, Illinois Psychiatric Training and Research Authority and the Illinois Psychiatric Council; Director of Research, Illinois State Psychiatric Institute.

### Psychomotor Epilepsy: Five Years of Follow-ups.

#### Brachiovertebral and Temporal Catheter Angiography.

JOSE L. GARCIA OLLER, NORMAN NELSON, P. ESPENAN, WESLEY FERNANDEZ, CHARLES MATHIRNE and W. HAYDEL, New Orleans, La.

The newer technics of temporal and brachial artery catheter angiography are challenging the now well established percutaneous carotid and vertebral method. They promise avoidance of carotid artery injury, lack of interference with the cerebral circulation, great freedom in positioning the head for x-ray films, fewer complications, and more comfort for the patient. Thirty brachiovertebral and thirty temporal angiograms in critically ill patients are evaluated. The technic, reliability of filling of the vertebral and carotid circulations, anesthesia, complications and results are discussed. Finally, an attempt is made to define the indications for the newer procedures versus the percutaneous technic.

*Discussion to be opened by* WILLIAM F. MEACHAM, Nashville, Tenn.

#### Vulnerability to Development of a Stroke Secondary to Occlusion of the Internal Carotid Artery Evaluated by Angiography.

HOMER D. KIRGIS, RAEBURN C. LLEWELLYN and EDWARD MCG. PEEBLES, New Orleans, La.

Tolerance to interference with carotid blood flow is dependent, to a large degree, on the anatomic pattern of the circle of Willis. Unusual vulnerability to loss of a carotid flow can be recognized by angiographic demonstration of the branches of the internal carotid artery. Variations from the normal angiographic patterns and their clinical significance will be discussed.

*Discussion to be opened by* R. EUSTACE SEMMES, Memphis, Tenn.

**Wednesday, November 2, 9:00 a.m.**

**Kiel Auditorium, Committee Room C**

#### Effects of Librium in Psychiatric Disorders.

IRVIN M. COHEN, Houston, Texas;  
TITUS H. HARRIS, Galveston, Texas

Methaminodiazepoxide (Librium), a tranquilizing drug chemically unrelated to any of the known psychotropic agents, was effective in reducing anxiety, agitation, and depression in 67% of 132 private psychiatric patients. In 15% of the improved group paradoxical reactions consisting of mild euphoria and increased motivation for activity occurred instead of the expected relaxing effects. Side-effects were minimal, and consisted almost entirely of ataxia and drowsiness which could be eliminated by reduction of dosage.

*Discussion to be opened by* NEVILLE MURRAY, San Antonio, Texas.

### **Evaluating the Suicidal Risk.**

ALLAN Z. SCHWARTZBERG, Lowry Air Force Base, Colo.

The scope and magnitude of the problem of suicide is presented. Special emphasis is placed upon clear recognition of the signs and symptoms of depression. Several case illustrations are presented. A systematic outline for evaluating the suicidal risk is presented with emphasis on the communication of the suicidal intent. Seven specific indicators of the potential suicide are presented. Finally, the management and prevention of suicide are discussed, with special emphasis on securing adequate family cooperation and developing sound work relationships between the psychiatrist and other physicians.

*Discussion to be opened by* ERNEST H. PARSONS, St. Louis, Mo., and SAMUEL G. HIBBS, Tampa, Fla.

### **Chronic Dependency in Emotional Illness.**

E. L. CAVENY, Birmingham, Ala.

This paper presents a brief description of dependency as found in the clinging infant and its resolution as achieved by satisfying its needs in reaching adulthood. With this as a guideline, various faulty and unhealthy influencing situations which may prevent the dependency needs from achieving satisfaction in childhood are discussed, and how they may be continued on into later life. The remainder of the paper is devoted to the manner in which this chronic dependency furnishes the basis for a large percentage of emotional and behavioral disturbances, and finally how this material is detected and therapeutically approached.

*Discussion to be opened by* WILLIAM H. McCULLAGH, Jacksonville, Fla.

### **Business Session.**

#### ***Intermission—Visit Exhibits***

### **The Day Hospital.**

R. W. McNICHOL and ARTHUR L. SEALE, Pineville, La.

The authors discuss briefly the philosophy of the day hospital and review the pertinent literature. They then present some of the statistics for one year's activity of a day hospital which is part of a mental hospital complex in the rural area of Louisiana. The day hospital is geographically adjacent to, but functions as a separate unit of the hospital. Certain effects that the day hospital has had on the attitude of the community and the physicians in the area are pointed out. Advantages of this type unit over the mental hygiene clinic are pointed out.

*Discussion to be opened by* ADDISON M. DUVAL, Jefferson City, Mo., and CHARLES WATKINS, New Orleans, La.

### **Selective Prefrontal Leukotomy in the Management of the Geriatric Patient with Mental Illness.**

EDMUND A. SMOLIK and FRANCIS P. NASH,  
St. Louis, Mo.

In a period in which there is emphasis on the drug therapy of mental illness, there appears to be still a definite place for the well executed selective leukotomy in the management of mental illness. This is substantiated by our results in approximately 100 such patients who for one reason or another could not tolerate shock therapy or in whom drug therapy was unsatisfactory.

*Discussion to be opened by* JAMES W. WATTS, Washington, D. C.

**Wednesday, November 2, 2:00 p.m.**

**Kiel Auditorium, Committee Room B**

### **Wilson's Hepatolenticular Degeneration.**

BERTRAM E. SPROFKIN, Nashville, Tenn.

Two cases of this uncommon disorder are presented. One patient, after transient improvement on BAL therapy died in hepatic coma. Typical postmortem changes were encountered. The other patient, a young woman, was dramatically bene-

fitted by BAL therapy, and then became progressively worse when her hypersensitivity prevented further treatment with this agent. Therapy was reinstated in November 1958 with a low copper diet, dl-penicillamine and potassium sulfide. Her response has been excellent and maintained. Her course has been followed with serial moving picture studies.

*Discussion to be opened by* MARTIN L. TOWLER, Galveston, Texas, and O. RHETT TALBERT, Charleston, S. C.

### **Behavior Disorders in Epileptic Children.**

LOUIS L. TUREEN, EDWARD J. O'CONNELL and  
INGE HYNES, St. Louis, Mo.

Children frequently brought into the Neurologic Clinic for evaluation of behavior disorders, are found to have cerebral dysrhythmias characteristic of convulsive disorders. In such children the behavior is symptomatic of subclinical seizures. In other children with convulsions, aggressive and antisocial behavior can be related to environmental influences. Case histories of a small group of children are presented as illustrative. Discussion of the clinical aspects of the problem in management of these children is presented.

*Discussion to be opened by* EWALD W. BUSSE, Durham, N. C.

### **Chairman's Address: Tragedies with Tranquilizers.**

ROBERT H. GROH, Washington, D. C.

This presentation will deal briefly with some of the more common "side effects" probably more properly termed "direct effects" of phenothiazine drugs, which should be familiar to all, as well as describe in detail several serious cases of extrapyramidal disorder, including a movie of a patient who died from what we believe to be the irreversible effects of phenothiazine drug effect.

### **Intermission—Visit Exhibits**

### **Neurological Manifestations in Cervical Spondylosis.**

O. RHETT TALBERT, Charleston, S. C.

Manifestations of involvement of cervical nerve roots, spinal cord, and occasionally vertebral artery may occur as the predominant or sole clinical evidence of disease of the cervical vertebrae. Since such manifestations may simulate coronary thrombosis, syringomyelia, spinal cord tumor, Menieres Syndrome, and other unrelated disorders, their recognition is of practical importance. Pertinent anatomy is reviewed and illustrative case histories are presented. The importance of correct diagnosis of these cases in our aging population and medico-legal aspects are discussed.

*Discussion to be opened by* HENRY G. SCHWARTZ, St. Louis, Mo.

### **Localizing a Neurological Lesion.**

R. E. FROELICH, Augusta, Ga.

A color movie study of a patient with a cervical cord neurolemmoma is presented. Preoperative filming demonstrates lower motor neurone, upper motor neurone, posterior column, lateral spinal thalamic, and sensory level findings. Film is being illustrated, titled, and narrated to correlate neuroanatomy with the clinical findings. Movies of actual surgery, microscopic slide of tissue, myelogram, and illustrative drawings are included. Scenes of the patient five months postoperatively show recovery.

*Discussion to be opened by* ROBERT L. LAM, St. Louis, Mo.

## SECTION ON OBSTETRICS

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ALVA C. TRUEBLOOD, JR.

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayist to be allowed thirty minutes. Discussion limited to five minutes.

**Monday, October 31, 2:00 p.m.**

**Kiel Auditorium, Stage**

Obstetrical and Gynecological closed circuit television program originating from the St. Louis City Hospital.

**2:00-3:00 p.m. Diagnosis of Cancer of Cervix. Diagnostic Demonstrations.**

A. N. ARNESON, St. Louis, Mo., Moderator

JAMES H. FERGUSON, Miami, Fla.

HARLAN SPJUT, St. Louis, Mo.

JOHN WALL, Houston, Texas

**3:00-4:00 p.m. Vaginal "Cul-de-sac" Suspension of the Uterus. Panel Discussion and Operative Procedure.**

GARTH JARVIS, Galveston, Texas, Moderator

JOSEPH HARDY, JR., St. Louis, Mo.

LEO J. HARTNETT, St. Louis, Mo.

**Tuesday, November 1, 9:00 a.m.**

**Kiel Auditorium, Opera House**

**Patients with Four or More Cesarean Sections.**

HUGH B. McNALLY and VINCENT DEP. FITZPATRICK, JR.,  
 Baltimore, Md.

In this paper the authors expand upon a paper, written in 1955, in which they examined the obstetrical careers of 130 women, who had had four or more cesarean sections. This second series of 710 patients, selected with no attempt at screening, supplied a group of amazing similarity. The data on the second group was expanded in an effort to supply answers raised by the first paper. An attempt has been made to digest as many of the statistics as possible and to present them in simplified table form.

*Discussion to be opened by* SILAS H. STARR, Louisville, Ky.

### **Cesarean Section: A Six-Year Review.**

DOUGLAS M. HAYNES and HERSEL CLEMMONS,  
Louisville, Ky.

The material presented represents a statistical review of cesarean sections at the Louisville General Hospital over a six-year period. During this time the overall section rate was 2.0%. The discussion places special emphasis on indications. Also discussed are the types of cesarean section performed, type of anesthesia used, maternal mortality, fetal survival rates, and comparative statistics for survival among babies born vaginally and by cesarean section.

*Discussion to be opened by* SILAS H. STARR, Louisville, Ky.

### **Ten Years' Experience with Cesarean Sections in a Fifty Bed Community Hospital.**

B. S. CHATHAM, Chickasha, Okla.

Essayist reviews all cesarean sections done in a small community hospital with the idea of comparing their indications and results with those from larger institutions in this country.

*Discussion to be opened by* SILAS H. STARR, Louisville, Ky.

### **Intermission—Visit Exhibits**

### **Chairman's Address: Erythroblastosis from the Obstetrician's Viewpoint.**

SIMON V. WARD, New Orleans, La.



### **GUEST SPEAKER**

EDWARD C. HUGHES, M.D.

Syracuse, N. Y.

### **The Function of the Placenta as it Applies to the Practice of Obstetrics.**

The placenta, the life-line of the fetus, not only controls the development of the size of the fetus while in utero; but also through variations in its function, creates many of the complications in obstetrics, which become problems for the obstetrician. During the early days of gestation, the chorion, which later becomes an important part of the placenta, produces an increasing amount of endocrine substances which maintains the early pregnancy and aids in the formation of the embryo. A chorion failing in function during this period of pregnancy, evidenced by histologic and pathologic changes, creates some of the complications found at this time. These alterations not only influence the development of the embryo during its formative phase, but also affects the size and viability of the fetus later. After the placenta is completely formed, this organ not only serves as one of nutrition of the fetus but also as a structure of endocrine secretion. Subtle pathological changes in the placenta followed by alterations in the endocrine output not only causes some complications of pregnancy, but also influences the growth in the development of the fetus after birth. These changes are particularly noted when pregnancy is complicated by diabetes, toxemia of pregnancy, Rh isoimmunization, and recurrent prematurity. The relationship of all these physiologic processes will be described and their importance in creating obstetrical problems will be discussed.

**Wednesday, November 2, 12:00 noon**

Sheraton-Jefferson Hotel, Crystal Room

**Joint Luncheon with Section on Gynecology**

Wives invited

EDWARD C. HUGHES, Syracuse, N. Y., and  
ROGER B. SCOTT, Cleveland, Ohio, Guests

**Wednesday, November 2, 2:00 p.m.**

**Kiel Auditorium, Opera House**

**Certain Aspects of the Bacteriology of the Pregnant Cervix.**

HUGH M. HILL, Gainesville, Fla.

*Discussion to be opened by* J. O. H. SIMRALL, Louisville, Ky.

**A New Approach to Obstetric & Gynecologic Practice.**

J. ALLAN OFFEN, Miami, Fla.

*Discussion to be opened by* RICHARD G. BURMAN, Gulfport, Miss.

**Business Session.**

**Intermission—Visit Exhibits**

**Some Aspects of Intrapartum Maternal—Fetal Circulation Gas Exchange.**

A. STARK WOLKOFF, Chapel Hill, N. C.

Pregnant ewes at term were anesthetized with conduction methods, and with the intact placental circulation, measurements were performed on ewe and lamb at hysterotomy. Polyethelene catheters were inserted on both sides of the fetal heart and the maternal circulation as well. In addition to the usual metabolite measurements of blood gases, pH, etc., the various pressures of the right and left side of the circulation under several types of stress were recorded with Sanborn direct writing recording systems. Several of these conditions were directly applicable to the human birth process.

*Discussion to be opened by* ROBERT A. ROSS, Chapel Hill, N. C.

**Relative Narcotic Levels in Maternal and Fetal Circulations.**

G. E. MAGALETTA and EDWARD HANEKAMP,  
St. Louis, Mo.

Leritine plasma levels were determined on seventy-five mothers, at varying times during labor. A single injection was given either intravenously or intramuscularly. Maternal and cord blood was drawn at the time of delivery and plasma values were determined. Fetal depression was graded on the Apgar scale. The method and results are evaluated.

*Discussion to be opened by* ERNEST W. FRANKLIN, JR., Charlotte, N. C.

**MEMORANDA**

## SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

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 M. HAYWARD POST  
 ROBERT E. RYAN  
 ALBERT C. STUTSMAN  
 THEODORE E. WALSH

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures. Discussion limited to five minutes.

**Monday, October 31, 9:00 a.m.**

**Kiel Auditorium, Stage**

**"St. Louis Day"**

Closed Circuit Color Television

### **Preventive and Curative Treatment of Retinal Detachment. Surgical Demonstration.**

PAUL A. CIBIS and BERNARD BECKER, St. Louis, Mo.

After a short introduction into the basic pathology and symptomatology of retinal detachment, conventional and recently advanced procedures of retinal detachment surgery will be discussed and demonstrated by illustrations and live television. The technics demonstrated will include photocoagulation, diathermy treatment and scleral buckling procedures. Summary: The principles and technics of modern treatment of idiopathic retinal detachments are discussed and demonstrated in diagrams and live television.

**Monday, October 31**

12:00-2:00 p.m.—Luncheon, Sheraton-Jefferson Hotel, Public Function Room No. 3.

The following papers will be presented during the luncheon:

### **Closure of Corneal Wounds with Catgut Sutures.**

SAMUEL D. MCPHERSON, JR., Durham, N. C.

Most ophthalmic surgeons have been reluctant to use catgut sutures in the closure of corneal wounds because of an un-

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\*Deceased

predictable rate of absorption and a fear of undue tissue reaction. The advantages of using sutures which do not have to be removed from corneal wounds are evident. We have used catgut sutures in the repair of clear corneal wounds and in lamellar and penetrating keratoplasties. The results and complications of the use of this material will be presented and discussed.

### **Gelfoam in Stapedectomy, Technic and Results.**

MILES L. LEWIS, JR., New Orleans, La.

The surgical technic in the use of gelfoam in the stapedectomy operation is described and illustrated. The results obtained in 200 operations of this type are presented and analyzed.

**Monday, October 31, 2:00 p.m.**

**Kiel Auditorium, Committee Room 3-B**

### **Advances in Surgery for Deafness.**

THEODORE E. WALSH, St. Louis, Mo.

Although numerous attempts were made to correct the deafness of otosclerosis in the upper turn of the century none was particularly successful until Lempert in the early 30's effected his one stage operation for fenestration. Since then, strides have been made in the surgery for deafness. Various technical improvements in fenestration brought the results up from a useful 60 per cent to somewhere in the region of 90 per cent and the hearing is maintained for at least fifteen years. Later, when Rosen using one of Lempert's technics for entering the middle ear mobilized a stapes by accident, the operation suggested by Miot was repopularized. Mobilizations of the stapes gave results in a certain number of cases but the overall results were disappointingly low. After two years no more than 20 per cent had maintained their hearing. Various other methods were tried and it was the efforts of Michel Portmann and John Shea who did various operations for removal of the stapes and for the use of prosthesis in place of the removed stapes. Since then, results of the stapes replacement have improved remarkably, although we at present know nothing about the long time results, immediate results in terms of really serviceable hearing are in the region of 90 per cent.

### **Acquired Strabismus in Adult.**

JAMES E. MILLER, St. Louis, Mo.

Strabismus that develops in adults is usually on a pathologic basis and requires extensive evaluation. The types due to muscle dystrophy, thyroid dysfunction, myasthenia gravis, orbital fractures, trauma, and neurologic disease will be described. The results following therapy will also be illustrated.

*Discussion to be opened by* LAWRENCE T. POST, St. Louis, Mo.

### **Resumé of Osteomyelitis of the Sphenoid.**

ROBERT N. TINDALL, St. Louis, Mo.

Osteomyelitis of the sphenoid and basisphenoid has long been a recognized entity. The first well published reports were by Flatau about 1895. This paper is a short review of the literature and report of a case which was mistaken for carcinoma of the nasopharynx (including a pathological report calling same a malignancy).

*Discussion to be opened by* BERNARD J. McMAHON, St. Louis, Mo.

### **Intermission—Visit Exhibits**

#### **Glaucoma Family Study.**

ALLAN E. KOLKER and ROBERT A. MOSES, St. Louis, Mo.

The close relatives of patients with open angle primary glaucoma were studied by means of ophthalmoscopy, visual field testing, tonometry and tonography with water drinking. A relatively large percentage of this group was found to have decreased facility of outflow, elevated pressure, abnormal response to water or overt glaucoma.

*Discussion to be opened by* ROBERT D. MATTIS, St. Louis, Mo.

**Serous and Mucus Otitis Media in Children.**

GUERDAN HARDY, St. Louis, Mo.

Non-suppurative or serous otitis media occurs frequently and, in children especially, it is often overlooked. One of the more serious consequences of this condition is impairment of hearing and all too frequently this deafness is attributed to inattention. If only one ear is involved, the parents may be unaware of any hearing loss. However, if both ears are involved, deafness is more obvious and medical attention is usually sought. Recurring deafness with colds and repeated otalgia with respiratory infections should alert one to possible middle ear pathology. Hypertrophied adenoids or lymphoid tissue around the eustachian orifices seem to be the chief causes for this condition. Allergy may be a factor in a small percentage but it is the author's impression that allergy is a concomitant condition rather than a causative one. Although fluid or thick mucus may be present in the middle ear, there may be no gross hearing loss in the early stages, and changes in the appearance of the eardrum may be minimal. A careful study of the eardrums with particular attention to the motility, hearing tests, air and bone conduction tests with tuning forks, and the effect of gentle inflation are diagnostic aids. A brief review of present therapy will be included.

*Discussion to be opened by* BEN H. SENTURIA, St. Louis, Mo.

**Tuesday, November 1, 9:00 a.m.**

**Kiel Auditorium, Committee Room 3-B**

**Chairman's Address: Subluxated and Dislocated Lenses.**

GEORGE M. HAIK, New Orleans, La.

This paper will deal with the discussion of congenital and traumatic subluxation and dislocation of the lens. Marchesani's syndrome and Marfan's syndrome will be discussed.

**A Clinical Study of Alternating Hypertropia.**

A. D. RUEDEMANN, JR., Detroit, Mich.

A series of over 90 cases of alternating hypertropia (A and V Syndrome) have been evaluated in terms of diagnosis, treatment and functional result. Some of the errors made, pitfalls in diagnosis, and clinical aids to diagnosis, will be discussed. The particular relationship of the vertical muscle imbalance to the horizontal defect will be emphasized.

**Iatrogenic Eye Diseases.**

WILLIAM W. VOLLOTTON, Charleston, S. C.

With the recent advent of multiple and complicated diagnostic procedures numerous ocular complications have occurred. These complications occur sometimes as the result of carelessness on the part of the attending physician, sometimes on the basis of individual patient idiosyncrasy to the drug used in the diagnostic procedure and sometimes due to mechanical or anatomical abnormalities present within the patient. A discussion of the complications following arteriograms, pneumoencephalograms, lumbar punctures, and various dye tests for organ functions are discussed. With the use of more powerful medications in somewhat larger doses than have been used in the past other difficulties have developed regarding the eyes and must also be considered iatrogenic. A discussion of these defects will also be given. Anesthetic difficulties as well as some operative procedures are in the general neighborhood of the eye which may cause disastrous ocular complications will also be discussed in this paper. Slides and case reports of individuals affected will be shown.

*Discussion to be opened by* JOHN GILL, Texarkana, Texas.

**Effect of Whiplash Injuries on Ocular Functions. (10 min.)**

HARRY HORWICH and DAVID KOSNER, Coral Gables, Fla.

In the introduction, the importance of whiplash injuries as an increasingly common entity, and its medico-legal implications are discussed. In defining the term, it is pointed out that this is not a syndrome, but a mechanism of head and neck injury, with variable derangement of anatomic structures and function. The types of eye-findings and their relative importance are

discussed. The most important derangement is that of accommodation, and next most important is that of convergence. The probable mechanism for these derangements is described and illustrated. Prognosis and methods of treatment, both general and local, are outlined.

*Discussion to be opened by* THOMAS S. EDWARDS, Jacksonville, Fla.

### **Intermission—Visit Exhibits**

#### **Alpha-Chymotrypsin in Cataract Surgery: Contraindications and Complications.**

ALSTON CALLAHAN, Birmingham, Ala.

As more eyes have been followed for longer periods after cataract extraction with the aid of  $\alpha$ -chymotrypsin it has become apparent that the cornea receives a chemical insult from this substance. If the cornea is normal, the threat to complications is overcome, but in early corneal dystrophy, the progress of the disease may be accelerated. In patients whose fellow eyes have been involved with retinal detachments, we do not use this substance when the cataract is removed from the other eye for fear that a detachment may be caused. However, our personal statistics of retinal detachment following cataract surgery has shown no significant increase over those that occurred when no enzyme was used. Other contraindications and complications by its use will be discussed.

#### **Light Coagulation in Treatment of Retinal Disease.**

JOHN F. NOWELL and GEORGE S. ELLIS, New Orleans, La.

Recent investigations of the use of high intensity visible light rays directed through an ophthalmoscope to "spot-weld" the retina and choroid together in retinal detachment have exhibited the value of this technic in treating some types of intraocular tumors and inflammatory processes. Experience with rabbits and human cases during the past fifteen months has confirmed some general rules concerning indications and contraindications for light coagulation.

#### **Therapy of Cephalosporium Keratomycosis.**

WENDELL D. GINGRICH, Galveston, Texas

*Fusarium oxysporum* was isolated and the culture identified in two cases of corneal ulcer and another species of this same genus (now being studied for final identification) was isolated from a third case. All three cases were initiated by a foreign particle on the cornea and the use of topical steroid (with antibiotic) therapy. Culture studies showed growth to be inhibited by thimersal (merthiolate) in concentration of 0.01  $\mu$ /ml., retarded or inhibited by sodium sulfacetamide 50 mg./ml., and completely insensitive to amphotericin B (fungizone) and other antibiotics in concentrations up to 1 mg./ml. Infection was eradicated in all cases by sodium sulfacetamide iontophoresis followed by intensive topical thimersal therapy. One case progressed to perforation with the patient retaining the eye. Two cases recovered with some useful vision with the eye as a functioning unit and incomplete corneal opacity.

#### **Congenital Cataracts. (10 min.)**

CLAY W. EVATT, MILTON ATLER and ELSIE TABER, Charleston, S. C.

This study extends over a period of 17 years, embracing four generations in which 15 persons (10 males, 5 females) were born with bilateral cataracts. Consanguinity seems to be an important factor. All except one have been operated upon and have useful vision. The unoperated one has 20/25 vision despite small central cataract OU. Ages of operated persons range from four years to 48 years. Only one has nystagmus. The same patient has muscle imbalance. Otherwise all were normal.

*Discussion to be opened by* JACK W. JERVEY, JR., Greenville, S. C.

#### **Useful Variations in Technics for Surgery of Blepharoptosis.**

ROBERT A. SCHIMEK, New Orleans, La.

Of the various technics for correction of blepharoptosis, each technic has variations which are important if one is to obtain the best possible result with different types and severity of ptosis. First, variations in the Iliff technic will be discussed. Particular reference will be made to acquired ptosis, congenital ptosis with fair levator action, and to congenital ptosis with poor levator action with respect to variations in the operative

technic indicated by each condition. In surgery of traumatic ptosis, the external approach has been recommended by many; however, the conjunctival approach can be used to advantage if certain variations in technic are employed. Variations in technic of the levator-frontalis sling operation will be mentioned. These various modifications often make the difference between a good result and a mediocre or poor result in ptosis surgery.

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Committee Room 3-B**

**Contact Lens Symposium.**

Indications, office and fitting technic, psychology, economy, ethics, and the role of ophthalmology in the contact lens field.

Moderator: THOMAS J. VANZANT, Houston, Texas

Panel Members:

DONALD FONDA, Ridgewood, N. J.

JACK B. LEE, San Antonio, Texas

ROBERT C. WELSH, Miami, Fla.

**Introduction.**

DR. VANZANT

**The Role of the Ophthalmologist in the Fitting of Contact Lenses.**

DR. LEE

**Indications and Uses of Contact Lenses.**

DR. FONDA

**Terminology Used in Contact Lens Fitting.**

DR. VANZANT

**Selection of Patient, Examination and Ordering of Contact Lenses.**

DR. FONDA

**Sixteen Millimeter Sound Film.**

**Initiating the Patient Into the Wearing of Contact Lenses.**

DR. VANZANT

**Evaluation of an Improperly Fitting Contact Lens.**

DR. LEE

**Problems Peculiar to the Fitting of Contact Lenses on an Aphakic Patient.**

DR. WELSH

**Complications of Contact Lens Wearing.**

DR. FONDA

**Motivation and Economics.**

DR. LEE

**Question and Answer Period.**

**Summary and Conclusion.**

DR. VANZANT

**Wednesday, November 2, 9:00 a.m.**

**Kiel Auditorium, Committee Room 3-B**

**Destructive Lesions of the Superior Maxilla Resembling Malignancy.**

WILLIAM M. TRIBLE, Washington, D. C.

The author has been impressed by the frequency with which patients presenting with clinical and roentgenological evidence of maxillary malignancy (massive bone destruction), have proved to have benign lesions. Benign tissues have been disbelieved requiring a repetition of open biopsy procedures. Cases of gumma, late radionecrosis, and repeated bone cyst formation are presented, with four cases of spontaneous destruction of the antral walls by bacterial infection. Lethal granuloma of the midline and its relation to Wegener's granulomatosis is described. The pathophysiology of bone destruction by infection and by tumor is discussed. It is suggested that the relief of attacks of acute sinusitis with antibiotics, without drainage or irrigations, has allowed a destructive process to develop in some patients resembling malignancy.

**Bleeding Following Tonsil and Adenoid Operations.**

DONALD F. PROCTOR, Baltimore, Md.

In 1958 I reported the incidence of bleeding following tonsil and adenoid operations performed between 1941 and 1957. The present paper brings these figures up to date and describes minor alterations in technic. It is my feeling that the most important factors in minimizing the incidence of bleeding following tonsil and adenoid operations are careful direct vision dissection and meticulous surgical hemostasis at the conclusion of the operation.

**Intermission—Visit Exhibits**

**The Round Window—A Critical Re-Evaluation.**

LYLE M. SELLERS, Dallas, Texas

Since the classical and original description of the round window by Scarpa in 1772 this structure has been a victim of otological oversight. Bemused by the all too slick arrangement of the ossicular chain as a mechanism of the input of sound and by Helmholtz's recognition of the laws of sound and their relation to an apparent harp-like action of the basilar membrane and the structures resting upon it our attention has been directed away from the round window. The writer feels that the round window has a much greater role in the entrance of sound to the scala media and thence to the perceptive sensorium than has been accorded to it. This role is discussed from the viewpoint of its anatomy and its physiology, the influence of these on the action of the organ of Corti and the clinical and surgical problems which arise as its consequence.

**Results of Masto-Tympanic Surgery: A Critical Evaluation.**

BEN H. SENTURIA, ROBERT GOLDSTEIN and  
BENJAMIN ROSENBLUT, St. Louis, Mo.

Much interest in tympano-mastoid surgery has been engendered by the recent important contributions of Wullstein and Zollner. However, time and experience have tempered the original enthusiasm and a critical analysis of postoperative findings makes it necessary to re-examine some of the basic teachings and practices. This study is based on 56 consecutive operations in which conservation and repairing surgery was attempted. Hearing tests, bacteriological studies and surgical records were given special attention. Incidence of metaplasia of skin and cholesteatoma formation makes it undesirable to use full thickness skin grafting over wet, infected middle ears. If a culture of gram negative bacilli is obtained in pre-operative bacteriological studies, skin grafting appears contraindicated at the time of the initial surgery. Analysis and evaluation of functional results are presented for the different tympanoplastic technics. Excellent maintenance of hearing is achieved with this approach but striking improvement in hearing occurs in only a small percentage of these unselected cases.

**Stapedectomy with Vein Graft for Deafness Due to Otosclerosis.**

HARRY ZOLLER, New Orleans, La.

This paper will include an introduction to stapes surgery, technic of the operation and results. Stapes surgery for relief of deafness due to otosclerosis was first attempted by Kessel in 1876. Rosen in 1952 revived stapes surgery. Successful stapes mobilizations were found to re-ankylose. The results with stapedectomy and vein graft is promising. A transmeatal approach is used. The stapes is removed and the oval window covered by a tailored vein graft. A polyethylene stent is inserted between the incus and the oval window. The percentage of results is over 85%.

**Round Table Discussion**

LYLE M. SELLERS, Dallas, Texas

BEN H. SENTURIA, St. Louis, Mo.

HARRY ZOLLER, New Orleans, La.

MILES L. LEWIS, JR., New Orleans, La.

**Business Session.**

The members and guests of the Southern Medical Association are cordially invited to visit the clinic and research laboratories of the Department of Ophthalmology at Washington University School of Medicine, 640 South Kingshighway Boulevard, St. Louis, Mo., Wednesday, November 2, at 2:00 p.m.

**MEMORANDA**

## SECTION ON ORTHOPEDIC AND TRAUMATIC SURGERY

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Presentations limited to fifteen minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayist to be allowed thirty minutes. Discussion limited to five minutes.

### Monday, October 31

6:00-8:00 p.m.—Social Hour, sponsored by the St. Louis Orthopedic Society, Junior League Tearoom in the Frontenac Apartments, 40 North Kingshighway, St. Louis. There will be a charge of \$2.50 per person.

### Tuesday, November 1, 9:00 a.m.

#### Kiel Auditorium, Assembly Hall No. 1

#### **Injuries of the Elbow in Children.**

WORTH M. GROSS, Tulsa, Okla.

Injuries of the elbow in children are distinct and separate entities from similar injuries of the elbow in adults. The extremes of treatment in these various injuries are discussed and compared with the preferred methods in the hands of the author. Specific injuries are enumerated, and chronological slides are offered concomittantly throughout the discussion. Controversial methods of treatment are discussed, and end results are accurately demonstrated. A specific method of plaster immobilization for supracondylar fractures is demonstrated and discussed. Slides are used primarily to indicate errors in judgment and treatment with the resultant residual deformities.

*Discussion to be opened by* EARL P. HOLT, St. Louis, Mo.

#### **The Surgical Care of Severe Ankle Sprains.**

HOWELL H. SHERROD and JAMES D. PHILLIPS,  
Johnson City, Tenn.

The authors will discuss the diagnosis and treatment of ankle sprains in detail. Observations and experience in the diagnosis of these lesions will be given. The history of an inversion ankle injury, associated with a loud pop, followed by swelling, tenderness and discoloration is noted. After local injection of anesthetic and hyaluronidase, testing for stability of the ankle is performed. This is a clinical and radiographic examination with stress applied. In those ankles which demonstrate a complete tear of the component parts of the fibular collateral

ligament, the authors advocate surgical repair and cast fixation for a total of six weeks. The extent of the pathology has been amazing. All of these ankles have been quickly rehabilitated almost as soon as the cast is removed. This is in marked contrast to those severe sprains of the ankle which have been treated less vigorously.

*Discussion to be opened by* WALTER P. GRAUL, St. Louis, Mo.

### **The Treatment of Slipped Capital Femoral Epiphyses.**

W. KELLY WEST and JACK D. SPENCER,  
Oklahoma City, Okla.

This paper will consist of a critical review of a series of operative procedures performed on children with slipped upper femoral epiphyses. All patients were treated at the University of Oklahoma Medical Center. The operative technics will be presented, as well as reasons for successes or failures. Pre-operative and postoperative x-rays will be shown and post-operative care will be briefly described. Parts of the paper will be illustrated by slides.

*Discussion to be opened by* RALPH K. EARP, St. Louis, Mo.

### **Intermission—Visit Exhibits**

#### **Chairman's Address: (To be announced)**

DANIEL C. RIORDAN, New Orleans, La.

#### **Articular Fractures—Fixation with Straight Wires.**

EDWARD C. HOLSCHER, St. Louis, Mo.

Accurate reduction and fixation of fractures at the articulations are imperative, though often difficult to achieve. Open surgery is usually indicated and has long been so held. Careful preoperative planning is essential in working out solutions to problems which can tax to the limit the surgeon's mechanical ingenuity. This presentation is essentially concerned with corrective surgery employing Kirschner wires to skew the fragments and cast immobilization. In most instances the wires were left extruding through slits in the skin and later removed. Certain technical refinements were practiced. Observations made from this experience may allay fear of those who feel that infection can follow compounding of the wound by a pin protruding through the skin. Cases will be presented with illustrations to point out the extent of some of the problems, technical consideration in the choice and use of the straight wires, pitfalls and errors in technic, together with some end results.

*Discussion to be opened by* CHALMERS R. CARR, Charlotte, N. C.

#### **Treatment of Extracapsular Fractures of the Femur Based on Bio-Mechanical Principles Using a Sliding Nail Technic.**

W. K. MASSIE, Lexington, Ky.

This presentation consists of a comparison of the cases treated by the advocated technic with that using the standard rigid nail plate fixation. The technic advocated in essence is the insertion of a telescoping nail along the medial trabeculation, resting on the calcar femorale. All fractures, both stable and unstable, are firmly impacted at the time of surgery with the proximal fragment in a valgus position neutralizing the tendency for shortening. Partial weight-bearing is permitted promptly postoperative and actually enhances the rapidity of bony union.

*Discussion to be opened by* ROBERT E. FUNSCH, St. Louis, Mo.

**Tuesday, November 1, 2:00 p.m.**

Clinical Session, Wohl Auditorium, Wohl Hospital

**Wednesday, November 2, 9:00 a.m.**

**Kiel Auditorium, Committee Room B**

**Radial Head Dislocation with Associated Fracture of the Ulna (Monteggia Fracture).**

VIRGIL R. MAY, JR., and WILLIAM MAUCK,  
Richmond, Va.

This paper discusses the mode of injury and the forces which cause this entity. The injury is not uncommon and makes the physician cognizant of the importance of accurate, early diagnosis. The early recognition of the fracture dislocation is emphasized in order to give the best results. Not only physical examination by the physician is stressed, but also accurate, good x-rays, including the elbow and the wrist, are emphasized as there may be other bony injuries of the forearm associated with this fracture dislocation. In addition to the diagnosis, the pathology of the fracture and the annular ligament is discussed as well as whether conservative closed reduction or open reduction is warranted. This fracture dislocation has been treated in children as well as in adults, and the treatment of both is shown. The cases seen at the Medical College of Virginia over the past ten years are presented. A new operative technic is presented in this paper through which the head of the radius is better maintained at its articulation with the capitellum of the humerus. The paper is illustrated with slides, showing preoperative cases, postoperative cases and complications.

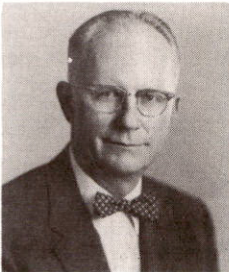
*Discussion to be opened by* OSCAR P. HAMPTON, JR.,  
St. Louis, Mo.

**The Billington Plaster Yoke for Fractures of the Clavicle.**

J. W. HILLMAN, E. M. REGEN and E. M. REGEN, JR.,  
Nashville, Tenn.

The treatment of a fracture of the clavicle, particularly in the adult, requires careful attention to technic of treatment, which should always be of the closed type. The method of treatment should cause a minimum of inconvenience and discomfort and should restore the normal structural relationships of the shoulder girdle. This paper is a review and reappraisal of a method of treatment originally presented to the Orthopedic Section of the Southern Medical Association in 1929 by Dr. R. Wallace Billington. The Billington plaster yoke has been used consistently at the Vanderbilt Medical School since that time and has proved superior to other methods. A motion picture demonstration of the application of the plaster will be shown.

*Discussion to be opened by* J. OTTO LOTTES, St. Louis, Mo.



**GUEST SPEAKER**

JOHN H. MOE, M.D.

Minneapolis, Minn.

Chief of Staff, Gillette State Hospital for Crippled Children, St. Paul, Minn.; Clinical Professor and Director, Division of Orthopedic Surgery, University of Minnesota.

**The Conservative Treatment of Scoliosis.**

The conservative treatment of scoliosis was the only method known prior to the introduction of the Hibbs spine fusion operation in the first part of the present century. The almost universal failure of conservative methods to halt a progressive lateral curvature created a feeling of helplessness and hopelessness among orthopedic surgeons which has still not been entirely eradicated. Many patients with idiopathic scoliosis do not progress to a point of sufficient cosmetic deformity to warrant much active treatment. However, the "wait and see" attitude can easily be carried too far. It is the purpose of this presentation to point out means by which some reasonably accurate forecasting of progress of curves can be ob-

tained. An evaluation of methods of correcting and holding curves in correction will be given. The indications for abandoning conservative treatment and the indications for continuation of external support following fusions for scoliosis in young children will be discussed.

### **Intermission—Visit Exhibits**

#### **Management of Late Results in Athletic Injuries to the Knee.**

DON H. O'DONOGHUE, Oklahoma City, Okla.

The author calls attention to the fact that while the majority of knee injuries occur in young people, one often is called upon to examine and treat the sequela of injuries which occurred many years before. While one may deplore the chronic residual of this condition which should have been treated much sooner, this does not solve the problem to the patient who has late degenerative changes from untreated joint pathology. To this particular patient, treatment may seem as important or even more important than it does to the young athlete. Basically, there are two lines of treatment. First, elimination of the activity which caused the trouble, and second, elimination of the trouble. In some instances it may be possible to reduce the activity of the patient and so reach a tolerable plateau which permits the patient an adequate degree of activity. In the past this has usually been the major line of attack, an attack which is extremely unsatisfactory to the individual involved. The orthopedist is not justified in telling a patient to stop a certain activity which is important to him if he has a reasonable chance, by definitive treatment, to restore this ability. The author discusses the non-surgical treatment of old conditions of the knee with its indications and limitations. He also discusses treatment of degenerative changes in the patella with indications for various procedures. He points out the fallacy of subjecting the patient to a lifetime of inactivity simply because one cannot expect a normal knee following operative treatment.

*Discussion to be opened by* KILIAN F. FRITSCH, East St. Louis, Ill.

#### **Direct Repair of Ligaments about the Knee.**

HERBERT W. VIRGIN, JR., Miami, Fla.

This paper attempts to show that a very satisfactory surgical procedure is the direct or immediate end to end repair of ligaments about the knee, including the anterior cruciate and the collateral ligaments. Color slides will demonstrate the method of exposure which enables the surgeon not only to visualize, but surgically to approach the ruptured ligaments and to repair them anatomically. These slides are in color and taken during several operative procedures. They also reveal the postoperative condition of the knee joints relative to extension and flexion. A description of the slides is given as they are projected, and a discussion of the ability of the patient postoperatively to utilize the injured knee is included.

*Discussion to be opened by* ROBERT M. O'BRIEN, St. Louis, Mo.

#### **Legg-Calve-Perthes Disease, The Roentgenological Changes with Therapy in Forty Patients.**

E. W. PHILLIPS, Lake Charles, La.; BENNETT YOUNG, Shreveport, La.; JACK WICKSTROM, New Orleans, La.

All films available on forty patients with Perthes disease at Shrine Hospital in Shreveport have been reviewed, and the results of therapy have been graded according to the indices established by Hyman and Herndon. Follow-up films were studied up to the age of fifteen on all children included in this project. These children were treated by bed rest, bed rest with traction, sling and crutches, operative curettage of the head and epiphysis, an ischial weight-bearing brace, or combination of the above forms of treatment. A correlation of the x-ray appearance of the heads of these femurs with the period of time in which they remained non-weight bearing, together with the form of treatment instituted, have been considered. Clinically, all forms of therapy appeared to give satisfactory results. Roentgenologically, there appeared to be some significant difference. The results of ten cases, surgically treated, are compared with those treated conservatively.

*Discussion to be opened by* H. R. MCCARROLL, St. Louis, Mo.

**Wednesday, November 2, 2:00 p.m.**

Clinical Session, Miller Hall, Desloge Hospital

**Thursday, November 3, 9:00 a.m.**

**Kiel Auditorium, Assembly Hall No. 1**

**Tibia Vara: Eighteen Cases with Follow-up Study.**

ALLEN S. EDMONSON, Memphis, Tenn.

A study of eighteen cases of tibia vara, osteochondrosis, deformans tibiae, or Blount's disease, is presented. The cases were obtained from the colored and white Crippled Children's Service Clinics meeting in Memphis, Tennessee, which include patients from sections of both Mississippi and Tennessee. In addition, there are a few private cases from the Campbell Clinic. The patients were treated by several different orthopedic surgeons and include some operated early and late, and some treated conservatively. Many patients are followed to skeletal maturity. The usual course of the disease is discussed along with a discussion of the treatment in these patients. The few biopsies made at operation in the cases in this series do not contribute materially to the unsolved question of etiology. Cases of both infantile and adolescent types are included with illustrative x-rays and photographs.

*Discussion to be opened by* GEORGE E. SCHEER, St. Louis, Mo.

**The Use of Staples in Leg Length Discrepancies.**

MARVIN M. GIBSON, Washington, D. C.

The results of epiphyseal stapling about the knee for leg length discrepancies for poliomyelitis at Children's Hospital have been reviewed. The review covers both staff patients and office private patients. The results were found to be unpredictable, with difficulties such as failure to arrest growth completely, lateral deformities, extrusion of staples, and breaking of staples. The reliable procedure of epiphysiodesis is advocated.

*Discussion to be opened by* WARREN STAMP, St. Louis, Mo.

**Achondroplasia: The Problem of Club Feet in Achondroplastics.**

J. H. KITE, Atlanta, Ga.

In a series of nearly twenty-four achondroplastic dwarfs, club feet have been encountered in more than one-fourth. These feet have been extremely resistant to cast treatment. They presented a more difficult problem than even those club feet seen in arthrogryposes. The cases, along with methods of treatment, will be discussed.

*Discussion to be opened by* WILLIAM STEWART, Columbia, Mo.

**Intermission—Visit Exhibits**

**Denervation as a Means of Treating Chronic Hip Pain.**

WILLIAM B. JONES and LENOX D. BAKER,  
Durham, N. C.

Chronic hip disease in the elderly patient or in the young or middle-aged patient, when presenting bilaterally, is a perplexing problem. Pain is the major disabling factor in these patients with weakness and limitation of motion of only secondary importance. The historical development of an operation to denervate the hip is recounted. The anatomical arrangement and variation of nerves contributing to the hip joint is outlined, and the result of forty gross dissections of the accessory obturator nerve is presented. All procedures performed for denervation of the hip at the Duke University Medical Center during the last ten years were reviewed and analyzed. This paper is not necessarily to point out clinical results achieved by this procedure, but to emphasize (1) a definite suitability for debilitated patients and those in whom maintenance of some motion is mandatory; and (2) certain minute anatomical details that may behold the operating surgeon and may curtail the success of the procedure unless thoroughly understood.

*Discussion to be opened by* W. EDWARD LANSCH, Clayton, Mo.

**The Treatment of a Septic Joint.**

ARTURO ORTIZ and WALLACE E. MILLER, Miami, Fla.

Very few recent articles have been written to document treatment of septic joints. In view of the constant changing pattern of available antibiotics, a current evaluation of this subject has been attempted. Basic concepts of treatment of infections within a joint space have been presented in texts. *The Journal of Bone and Joint Surgery* is an area of reference for the internist and pediatrician; yet, few articles in recent years are in evidence. It would be acknowledged leadership in our field to reaffirm old principles that still apply and indicate standard preference in antibiotic therapy. A tendency to rely on the systemic level of antibiotics has resulted in inadequate treatment for the involved joint. The influx of newer antibiotics and the trend away from penicillin, because of a "resistant" staphylococcus, have created more problem cases, rather than lessening them. A series of cases in the hospitals that make up the orthopedic training center at the University of Miami are reviewed, and aspects of treatment are discussed.

*Discussion to be opened by* LEE T. FORD, St. Louis, Mo.

**The Opponents Transfer: Analysis of End Results.**

FRANK W. CLIPPINGER, Durham, N. C.;  
C. E. IRWIN, Warm Springs, Ga.

This is a survey of approximately 125 opponents transfers, all of which have at least six months follow-up. The end results are analyzed from a mechanical standpoint only. Comparison is made between those that utilize the sublimus motor and those requiring a free tendon graft. The complications inherent in the procedure are discussed.

*Discussion to be opened by* ARTHUR H. STEIN, JR., St. Louis, Mo.

**Business Session.**

## SECTION ON PATHOLOGY

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 L. S. N. WALSH

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayist to be allowed thirty minutes. Discussion limited to five minutes.

**Monday, October 31, 2:00 p.m.**

**Kiel Auditorium, Assembly Hall No. 1**

A joint meeting of the Sections on Medicine and Pathology.

### **A Symposium on the Adrenal Cortex.**

#### **Systemic Disease and Adrenal Cortical Response.**

FLOYD R. SKELTON, New Orleans, La.

Morphologic and functional responses of the adrenal cortex to disease states having a prominent stress component will be characterized and discussed. Similar consideration will be given to zona glomerulosa and aldosterone secretory changes in disease. Adrenal cortical response in certain diseases related to hyperplasia and hypertrophy will be reviewed.

*Discussion to be opened by* FRED V. LUCAS, Columbia, Mo.

#### **Clinical Aspects of Adrenal Cortical Hyperfunction.**

S. RICHARDSON HILL, Birmingham, Ala.

The clinically manifest symptoms and signs of hypercortisolemia of the primary and secondary varieties will be discussed. Primary aldosteronism and pseudohyperaldosteronism will also be discussed along with the niceties of differentiation of these two syndromes. Iatrogenic adrenal cortical hyperfunction and the complications attendant thereon will also be characterized and illustrated.

#### **Clinical Aspects of Adrenal Cortical Hypofunction.**

WILLIAM H. DAUGHADAY, St. Louis, Mo.

The classic syndrome of adrenal cortical hypofunction as exemplified by Addison's disease will be discussed in relationship to the pathophysiology of the symptoms and signs of this disorder. Similarly will be discussed adrenal apoplexy and the less commonly recognized syndromes of adrenal cortical hypofunction and failure.

#### **Tumors of Adrenal Cortex.**

ROBERT M. DIMMETTE, Bethesda, Md.

There are numerous tumors, both benign and malignant, of the adrenal cortex which will be briefly presented in an outline form. The tumors that need further differentiation from the standpoint of malignancy will be discussed and illustrated. The differentiation between nodular hyperplasia, adenoma of the cortex and carcinoma is a problem to the surgical pathologist. The correlation of these three tumorous lesions will be made to the known and recognized clinical syndromes.

**Intermission—Visit Exhibits**

**Panel Discussion: Disorders of the Adrenal Cortex.**

Moderator: PETER H. FORSHAM, San Francisco, Calif.

Panel Members:

S. RICHARDSON HILL, Birmingham, Ala.  
 WILLIAM H. DAUGHADAY, St. Louis, Mo.  
 FLOYD R. SKELTON, New Orleans, La.  
 ROBERT M. DIMMETTE, Bethesda, Md.  
 FRED V. LUCAS, Columbia, Mo.

**Tuesday, November 1, 9:00 a.m.****Kiel Auditorium, Committee Room 3-C****Silicone Embolization in Extracorporeal Oxygenation-Perfusion Systems.**

DONALD A. B. LINDBERG, Columbia, Mo.

The microscopic lesions created by embolization of silicone antifoam are described in ten patients who died following open-heart surgery and extracorporeal oxygenation. Identical lesions were produced in experimental dogs by intravascular administration of the silicone preparations or by oxygenation-perfusion of dogs on the bubble oxygenator.

**The Prevention of Hemolytic Transfusion Reactions.**

EARL WERT, Mobile, Ala.

The prevention of hemolytic transfusion reactions may be achieved by available technical and administrative methods. Developments in the technics for blood typing, grouping, and cross matching now make hemolytic transfusions preventable, although it is impossible to prevent sensitization. Administrative practices have been developed which will minimize the chance for such errors. The principles involved in both technical and administrative operation of a community hospital blood bank are reviewed, in which no hemolytic transfusion reaction occurred in a six year period of 22,000 consecutive blood transfusions.

**GUEST SPEAKER**

HENRY DIAMOND, M.D.

New York, N. Y.

**Clinicopathological Correlations and Treatment in Malignant Lymphomas.**

Purity of Hodgkin's disease as an entity; transformations and transmutations of various forms of lymphosarcoma including reticulum cell sarcoma. Unusual clinicopathologic features in liver and kidney involvement and other organ systems will be mentioned. Treatment of such manifestations will be mentioned.

**Correlation Between Laboratory Tests and Post-mortem Findings in Pyelonephritis.**MYRTON F. BEELER and G. M. CARRERA,  
New Orleans, La.

In a preliminary retrospective study, a number of kidney sections from consecutive adult autopsies have been examined and graded one to four plus on the basis of severity and extent of histologic evidence of pyelonephritis. Various clinical and laboratory data have been obtained from the patients' charts, and an attempt has been made to correlate these with the degree of histologic disease. In this way it is hoped to shed some further light on the incidence and significance of pyelonephritis in autopsy material.

**Intermission—Visit Exhibits**

### **The T-3 Red Cell Uptake Procedure as a Safe, Accurate Thyroid Function Test for Use in a Community Hospital.**

WILLIAM F. ENOS, WILLIAM D. DOLAN, JR., and  
JAMES T. WILLIAMS, Arlington, Va.

More than 200 T-3 red cell uptake ( $I^{131}$  L-Triiodothyronine) procedures were performed in our laboratory on blood drawn from both in-patients and out-patients. The results of this in vitro thyroid function test correlated most favorably with the patient's clinical picture in approximately 90 per cent of the cases. Its diagnostic accuracy, which has been reported in other presentations, was reduplicated in this series, especially in those cases which had had previous exogenous iodine for diagnostic or therapeutic procedures. The principal and technic will be discussed emphasizing the advantages of this procedure, in some instances, over some of the more standard thyroid function tests. This report clearly demonstrates that the T-3 red cell uptake is a reliable, safe, and relatively simple test which can be utilized in any small community hospital which is now using isotopes. References will be made to the results obtained in our laboratory in the use of T-3 as an aid in diagnosing early pregnancy.

### **Chairman's Address: Pathological Correlation of Surgical Specimens in Carcinoma of Cervix Uteri.**

JOHN T. GODWIN, Atlanta, Ga.

The purpose of this paper is to present the pathological findings in a correlation study of cervical biopsy, conization and hysterectomy specimens. These tissues were obtained in patients originally suspected of having in situ carcinoma of the cervix. The results of cervico-vaginal cytological studies will be discussed as related to this study.

*Discussion to be opened by* JACK C. NORRIS, Atlanta, Ga.

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Committee Room C**

### **Business Session.**

#### **Soft Tissue Tumors.**

RICHARD SHUMAN, Norfolk, Va.

A series of cases will be illustrated of rhabdomyosarcoma and fibrosarcoma. Discussion will center around some of the more recent ideas relating to their origin.

#### **Laboratory Diagnosis of Hemorrhagic Disorders.**

ROBERT D. LANGDELL, Chapel Hill, N. C.

Many procedures are available for the study of the various factors concerned with blood coagulation and hemostasis. These are of value to the research worker but are not essential for clinical diagnosis. By the intelligent use of a few relatively simple laboratory procedures, most bleeding disorders can be adequately diagnosed and treated.

#### **Clinical Pathologic Correlation of Therapy in Thrombocytopenic Purpura.**

OSCAR B. HUNTER, JR., Washington, D. C.

Experience in the follow-up of cases with thrombocytopenic purpura during the past ten years since the inception of the use of cortisone and its derivatives, has led to a considerable change in the treatment of thrombocytopenic purpura. In the cases studied we have found that the great majority are susceptible to therapy with the corticoid drugs. With continuous therapy on these drugs for a prolonged period of time, usually more than one month, there will be a maintenance of the platelet count. As the patient is taken off the drug in a gradual fashion, the platelet count will not be reduced. In 25 per cent of the cases we have found that the remission has been short-lived and a reduction in the platelets has again resulted. These cases have required splenectomy for a satisfactory cure. The variation in these types of cases introduces a question as to the nature of the antibody involved in this platelet disease and to some extent simulates the agglutinating and conglutinating antibodies of red cell factors. This particular phase of the problem needs additional investigation.

### **Intermission—Visit Exhibits**

#### **The Organization and Use of a Coagulation Laboratory in Conditions of Maximum Average and Minimal Work Flow.**

WILSON G. BROWN, Houston, Texas

The organization of a laboratory for studies of blood coagu-

lation can be adapted to the work flow of both large and small laboratories. These plans must be economically sound, and yet offer optimum selections of laboratory procedures.

**Panel Discussion: The Management of Patients with Bleeding Disorders.**

Moderator: OSCAR B. HUNTER, JR., Washington, D. C.

Panel Members:

ROBERT D. LANGDELL, Chapel Hill, N. C.

EARL WERT, Mobile, Ala.

ROBERT M. DIMMETTE, Bethesda, Md.

WILSON G. BROWN, Houston, Texas

**Tuesday, November 1**

5:30 p.m.—Social Hour and Reception. Location to be announced.

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Opera House**

A joint meeting of the Sections on Gastroenterology, Pathology, Radiology and Surgery.

**Panel Discussion: A Symposium on Peptic Ulcer.**

Moderator: GUY HORSLEY, Richmond, Va.

Part I—Gastric Ulcer

Pathology—SIDNEY SALTZSTEIN, St. Louis, Mo.

Radiology—WENDELL SCOTT, St. Louis, Mo.

Gastroenterology—WADE VOLWILER, Seattle, Wash.

Surgery—JAMES E. THOMPSON, New York, N. Y.

**Intermission—Visit Exhibits**

Part II—Duodenal Ulcer

Pathology—SIDNEY SALTZSTEIN, St. Louis, Mo.

Radiology—JOHN D. REEVES, Gainesville, Fla.

Gastroenterology—CHARLES M. CARAVATI, Richmond, Va.

Surgery—JAMES E. THOMPSON, New York, N. Y.

**Wednesday, November 2, 9:00 a.m.**

**Kiel Auditorium, Opera House**

A joint meeting of the sections on Medicine, Pathology and Urology.

**Panel Discussion: A Symposium on Chronic Pyelonephritis.**

Moderator: GEORGE E. SCHREINER, Washington, D. C.

Panel Members:

**Long-Term Control of Infection.**

CHEVES M. SMYTHE, Charleston, S. C.

**Obstruction, Instrumentation and Calculi and Their Effects on the Urinary Tract.**

FRED K. GARVEY, Winston-Salem, N. C.

**Pyelonephritis Lenta and Its Relationship to Malignant Hypertension.**

OTTO SAPHIR, Chicago, Ill.

**Prevention and Care of Chronic Pyelonephritis in Children.**

KURT LANGE, New York, N. Y.

**Connective Tissue Response and the Local Immune Reaction in the Kidney as Related to Pyelonephritis.**

CUTTING B. FAVOUR, Washington, D. C.

## SECTION ON PEDIATRICS

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 PETER J. MANION  
 BURCH A. MERRITT  
 FRANK S. WISSMATH  
 THEODORE S. ZAHORSKY

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayist to be allowed thirty minutes. Discussion limited to five minutes.

**Monday, October 31, 2:00 p.m.**

**Kiel Auditorium, Assembly Hall No. 2**

A joint meeting of the Sections on Anesthesiology and Pediatrics.

**Symposium on the Pediatric Surgical Patient.****Introductory Remarks.**

THEODORE C. PANOS, Little Rock, Ark.

**Principles of Pre- and Postoperative Care in Children.**

M. REMSEN BEHRER, St. Louis, Mo.

**Regulation of Body Temperature in Pediatric Surgical Patients.**

SARA J. DENT, Durham, N. C.

**The Role of Antibiotics in the Care of the Pediatric Surgical Patient.**

HARVEY R. BERNARD, St. Louis, Mo.

**Intermission—Visit Exhibits****Panel Discussion: Pediatric Cardiac Surgery.**

From the Pediatrician's Viewpoint:  
 HARRY F. STOECKLE, Columbia, Mo.

From the Anesthetist's Viewpoint:  
 JOHN SCHWEISS, St. Louis, Mo.

From the Surgeon's Viewpoint:  
 VALLEE L. WILLMAN, St. Louis, Mo.

**Concluding Remarks.**

ROBERT B. DODD, St. Louis, Mo.

**Tuesday, November 1, 9:00 a.m.**

**Kiel Auditorium, Assembly Hall No. 2**

**Neonatal Septicemia of Obscure Origin.**

ROBERT S. MOORMAN, Birmingham, Ala.;  
SARAH H. SELL, Nashville, Tenn.

Seventy-four cases of neonatal septicemia are reported. Clinical manifestations, laboratory findings and etiologic microorganisms are presented and compared to those previously reported in the literature. Staphylococcal organisms were predominant. Fever, gastrointestinal symptoms and lethargy were the most common clinical manifestations. Suspected septicemia should be treated immediately with broad-spectrum antibiotics.

**Pulmonary Hyaline Membrane Disease.**

WILLIAM LAUPUS, Augusta, Ga.

**Heart Failure in Infancy.**

W. T. DUNGAN, Little Rock, Ark.

**Intermission—Visit Exhibits**

**Chairman's Address: The Problem of Hyperbilirubinemia.**

VICTOR C. VAUGHAN, III, Augusta, Ga.

**Question Period and Discussion.**

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Committee Room 3-A**



**GUEST SPEAKER**

JAMES B. AREY, M.D.

Philadelphia, Pa.

Pathologist at St. Christopher's Hospital for Children; Professor of Pathology at Temple University School of Medicine.

**The Role of the Pathologist in Pediatrics.**

The role which pathology has played in advancing medical knowledge can hardly be questioned. In the field of pediatrics alone during the past 10-25 years it has contributed immeasurably to the understanding of such diverse diseases as cystic fibrosis of the pancreas, generalized cytomegalic inclusion disease and a ganglionic megacolon, and it has provided the stimulus for much of the current interest in the chemotherapy of acute leukemia and other malignant neoplasms of early life. However, the immediate and practical importance of the postmortem examination to any family who has been so unfortunate as to lose an infant or child, as well as to the physician responsible for the care of that child, is often not as well recognized. The presentation will be concerned with specific instances encountered during the past 10 years in which the findings at necropsy have directly influenced other members of the family. Unsuspected familial diseases such as congenital adrenal hyperplasia, cystic fibrosis of the pancreas and galactosemia have been identified, and in some instances their recognition has undoubtedly prevented the death of other siblings. Perhaps equally as important, the presence of a familial disease can sometimes be excluded by the findings at necropsy. The importance of such studies to the family and to the physician who is called upon for genetic counselling is apparent. Infectious diseases such as tuberculosis and diphtheria have been first recognized in other members of the family at a relatively early stage because of their presence in an infant or child who dies.

Although in some instances medical errors have, of course, been demonstrated by postmortem examination, in others the findings have exonerated the physician from responsibility for the death of an infant. Finally, the psychologic importance to the family of knowledge concerning the cause of death of an infant or child is emphasized. The sense of guilt which is so apt to be present in the parents of an infant who dies suddenly and unexpectedly while in apparent good health may be at least partially assuaged by recognition of the true cause of death. Assurance of the fact that they were neither responsible for, nor could they have prevented the death of an infant may provide some measure of relief to the parents.

### **Bronchography with Barium in Children.**

DONALD E. KILLILEA and WILLIAM W. WARING,  
New Orleans, La.

A technic of bronchography in children will be described which obviates the use of a darkened fluoroscopy room. A mixture of barium sulfate and sodium carboxymethylcellulose has been used recently as a substitute for the organic iodine preparations heretofore in vogue. The essayist will outline the preparation of this innocuous medium, its instillation, as well as the patient manipulation required to fill the various bronchopulmonary segments.

### **Business Session.**

#### *Intermission—Visit Exhibits*

### **Clinical Aspects of Human Growth Hormone.**

DONAN K. KEELE, Oklahoma City, Okla

### **Convulsive Disorders in Children.**

JEAN HOLOWACH, St. Louis, Mo.

One thousand fifty-four cases of epilepsy in childhood are reviewed from the following standpoints: incidence, age of onset, frequency distribution of seizure types, intelligence and prognosis.

### **Salicylate Intoxication.**

VIRGINIA PEDEN, St. Louis, Mo.

This paper deals with the toxic effects of salicylate overdose, emphasizing metabolic derangements. Management of the child with salicylate intoxication, including fluid therapy, exchange transfusion, and the use of acetazolamide is discussed. Representative cases are presented.

The St. Louis Pediatric Society cordially invites all interested members and guests of the Southern Medical Association to attend a meeting Thursday, November 3, in the Tiara Room of the Park Plaza Hotel.

Cocktails ..... 6:30 p.m.

Dinner ..... 7:30 p.m.

Price ..... \$5.00 per person

Dr. Carl Smith, Professor of Clinical Pediatrics, Cornell Medical College, will be the guest speaker.

Reservations should be made through Hulda Wohltman, M.D., 500 South Kingshighway, St. Louis 10, Mo., before November 2.

MEMORANDA

## SECTION ON PHYSICAL MEDICINE AND REHABILITATION

### Officers

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 OTAKAR MACHEK  
 ERIC REISS  
 HENRY ROSENFELD  
 FRANZ U. STEINBERG

**Monday, October 31, 2:00 p.m.**

**Kiel Auditorium, Committee Room 3-D**

**Chairman's Address: The Physiatrist in Private Practice. (30 min.)**

HERBERT W. PARK, Richmond, Va.

In the past decade several physicians have entered into the private practice of physical medicine and rehabilitation in the South. It is evident that increasing numbers of physicians will establish themselves in this type of practice in the future. The purpose of the paper is to acquaint the members of the Association with the private practice of this specialty, and how this service may be used to the best advantage of the referring physician and his patient.

**Rehabilitation of the Flail Hand. (15 min.)**

JOHN W. DEYTON, St. Louis, Mo.

The author will discuss the neurological aspects of the flail hand followed by surgical, physical and mechanical technics used in rehabilitation.

### **Intermission—Visit Exhibits**

**Forand Bill Alternative—Community Rehabilitation Centers. (15 min.)**

ROBERT A. GREGG, Greensboro, N. C.

The need for and the function of community rehabilitation centers in the rehabilitation of long term patients will be discussed.

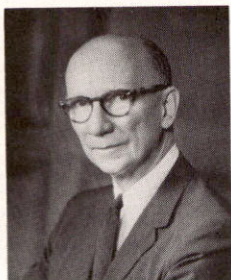
**A Study of Hemiplegia in a Chronic Disease Hospital. (15 min.)**

FLORENCE I. MAHONEY and CHARLES MURRY WYLIE,  
 Baltimore, Md.

We describe our experiences with all hemiplegic patients totaling about 300, who were admitted to a Baltimore rehabilitation center during the years 1956 through 1959. The data are analyzed according to age, sex, race, marital status; we will describe their scores on an index of independence, the numbers reaching maximum benefit and the time to do so; the duration of hospital stay, and deaths in hospital will also be given. We show that success in rehabilitation is related to age, speed in applying for rehabilitation, and severity of disability.

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Committee Room 3-D**



**GUEST SPEAKER**

**ALFRED R. SHANDS, JR., M.D.**

Wilmington, Del.

Medical Director, Nemours Foundation for Crippled Children; Chairman, Committee on Prosthetics Education and Information, National Research Council.

**Physical Medicine and Rehabilitation as Viewed by the Orthopedic Surgeon. (30 min.)**

The guest speaker has been very closely related to the field of physical medicine and rehabilitation since its inception. As an active member of the Baruch Committee on Physical Medicine he played an important role in the development of the specialty. He is widely known throughout the South for his work with crippled children. The purpose of Dr. Shands' paper is to report his personal observations on the role of the specialty of physical medicine and rehabilitation in the South.

**Prolonged Use of Cortisone and Its Ill-Effects. (15 min.)**

**GEORGE D. WILSON, Asheville, N. C.**

The author wishes to bring to attention the fact of prolonged, uncontrolled use of corticosteroids leads to mental changes described by author as Cortico-psychosis and Cortico-narcosis.

**Intermission—Visit Exhibits**

**The Rehabilitation of the Paraplegic Patient. (15 min.)**

**FRANZ U. STEINBERG, St. Louis, Mo.**

The salient points of management are discussed under the following headings: (1) management of urinary complications; (2) care of the skin; (3) metabolic problems; (4) physical rehabilitation with emphasis on independence in the everyday activities, training for ambulation, bracing, etc.; and (5) psychological and social problems. Vocational counseling, the role of medical specialties and para-medical professions is discussed.

**Treatment of Complications in Hemiplegia. (15 min.)**

**LEWIS A. LEAVITT and HERMAN WING, Houston, Texas**

The authors will discuss post-hemiplegic shoulder pain, contractures and deformities, kinesthetic difficulties with ambulation and lower extremity bracing, aphasia and mental aberrations. Methods of prevention and treatment will be presented.

**Tuesday, November 1**

6:30 p.m.—Dutch Treat Cocktail Party, Sheraton-Jefferson Hotel, North Room.

**Wednesday, November 2, 2:00 p.m.**

**Kiel Auditorium, Committee Room 3-D**

**Adjustable Brace for Cerebral Palsy Children.  
(15 min.)**

OTAKAR MACHEK, St. Louis, Mo.

There are numerous functions of a brace, however, sometimes their purpose is misunderstood. Many times the expense of a brace presents a problem. On the other hand, many parents want to obtain braces for their child even though it is not indicated. It is difficult to explain to these people the realistic objectives of training and bracing. These problems led to our search for a temporary brace that could be used for children between the ages of five and fourteen. Such a brace was developed with adjustable telescoping pelvic band and an adjustable spinal attachment, adjustable thigh and calf uprights. The thigh and calf posterior bands can be changed by using insets to make them smaller. The braces are removable, and there are different sizes of surgical shoes which will accommodate most children. Braces help us to evaluate, help with parents' acceptance, and may save unnecessary expense when bracing is not indicated.

**Manipulation of the Neuromuscular Unit via the  
CNS Periphery. (30 min.)**

MANFRED R. M. BLASHY, Temple, Texas

The author will discuss the use of orthokinetics in the treatment of orthopedic, neurologic and arthritic conditions. Many attempts to influence the neuromuscular unit have been put into practice in physical medicine in the form of special exercises in order to improve muscle function in a number of diseases and the disabilities caused by them. The method of orthokinetics is one of them. It has shown considerable promise in the past six years.

**Intermission—Visit Exhibits**

**A Review of the Fibrositis Question. (20 min.)**

CARL W. LAFRATTA and J. B. PORTERFIELD,  
Kecoughtan, Va.

This will be essentially a review of the subject, with some ideas on pathological concepts, possible etiologies, and especially some ideas on classification, incidence, and misuse of terms, with an attempt to clarify the subject in this respect. In addition, they will cite the relationship of herniated fat globules and syndromes resultant from same. Present day management of "fibrositis," or as might be better termed, myofascial pain syndromes will be discussed as well as a few other facets of this problem; for example, the relationship of psychogenic rheumatism and the clarification of the differentiations in this respect.

**Rehabilitation of the Unstable Knee. (15 min.)**

J. F. CARLO, San Antonio, Texas

The author will discuss the function of the knee in standing, walking and in moving from a sitting to a standing position; the role of the quadriceps muscle in knee rehabilitation; the mechanism for deficiency in muscle strength; some of the causes of atrophy; the exercise technic used by the author for rehabilitation of an unstable knee.

**Business Session.**

**MEMORANDA**

## SECTION ON PROCTOLOGY

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 Hosts from the Saint Louis Medical Society:

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 GEORGE J. FUCHS  
 RUBIN HACKMEYER  
 LEO J. LEBLANC  
 JACOB STOLAR

Presentations limited to fifteen minutes, including time required for lantern slides and/or motion pictures. Discussion limited to five minutes.

**Monday, October 31, 2:00 p.m.**

**Kiel Auditorium, Committee Room 3-C**

**Chairman's Address: Anorectal Surgery in the Elderly Patient.**

FRED B. HODGES, JR., Atlanta, Ga.

Diseases of the anus and rectum, requiring surgery, in elderly individuals is discussed. The examination and preoperative evaluation of these patients are presented. Preparation, hospitalization, management of anesthesia, postoperative treatment and complications are discussed.



## GUEST SPEAKER

WALTER A. FANSLER, M.D.

Minneapolis, Minn.

Emeritus Professor of Surgery, University of Minnesota, Division of Proctology; Consulting Proctologist, Glen Lake Sanatorium.

**Correlation of Gross and Microscopic Studies of Cancer of the Rectum in Relation to Operative Procedures.**

When the physician receives a report from the pathologist that the biopsy of a rectal tumor shows it to be carcinoma, the question of operative procedure immediately arises. There is considerable difference of opinion as to just what evidence is sufficient to make the diagnosis of carcinoma. Furthermore, there is difference of opinion as to whether it is always necessary to perform radical operations, such as abdominoperineal resection, simply because of a histological diagnosis of carcinoma.

*Discussion to be opened by* CHARLES A. NEUMEISTER, Minneapolis, Minn.; PATRICK H. HANLEY, New Orleans, La.

**Ulcerative Colitis in Children.**

MATTHEW A. LARKIN, Miami, Fla.

Ulcerative colitis remains an enigma as to exact etiology and procedures of treatment. It is usually considered a disease of early adults. When it occurs in children, the author will discuss its long term management and observation by the same practitioner.

*Discussion to be opened by* ALEJANDRO F. CASTRO, Washington, D. C., and WILLIAM DAVIS, JR., New Orleans, La.

### **Surgical Management of Anorectal Complications of Chronic Ulcerative Colitis.**

PAUL J. FUZY, JR., Fort Lauderdale, Fla.

The anorectal complications of chronic ulcerative colitis demand conservative care with avoidance of extensive local surgery during the active phase. Surgical treatment is generally limited to minor procedures for pain relief. Even during remissions of the colitis, extensive anorectal surgery presents considerable risk of infection with resultant sphincter destruction. Sigmoidoscopy should therefore, always be done prior to any elective anorectal surgery to be certain that unsuspected chronic ulcerative colitis is not present.

*Discussion to be opened by* MATTHEW A. LARKIN, Miami, Fla.

### **Intermission—Visit Exhibits**

#### **Postoperative Complications After Colon Surgery.**

EDGAR BOLING and HENRY FINCH, Atlanta, Ga.

A series of more than 150 laparotomies for colon surgery is reviewed and the postoperative complications presented. There was no mortality from peritonitis. This has been accomplished by the use of antibiotics both postoperatively as well as preoperatively. The side effects of different antibiotics are discussed.

*Discussion to be opened by* GEORGE H. THIELE, Kansas City, Mo.

#### **Presacral Tumors.**

ALEJANDRO F. CASTRO, Washington, D. C.

This is a clinical analysis of 24 cases of tumors found in the presacral area. Their etiology, diagnosis and manner of treatment are discussed. Three cases are presented in detail as exemplifying unusual circumstances as well as methods of surgical approach to the retrorectal area. The majority of these tumors occurred in women and were of dermoid origin.

*Discussion to be opened by* PATRICK H. HANLEY, New Orleans, La.

#### **Management of Postoperative Rectal Hemorrhage.**

NORMAN D. NIGRO, Detroit, Mich.

Severe postoperative anorectal hemorrhage, although uncommon, is a complication all surgeons must be prepared to treat. It may be immediate or delayed and the source is either external or internal. Delayed internal hemorrhage is the important problem and often requires the application of pressure by various types of packs and transfusion. Hemorrhage resulting from a deficient hemostatic mechanism is rare but must be considered and treated accordingly.

*Discussion to be opened by* FRANCIS J. BURNS, St. Louis, Mo.

### **Monday, October 31**

6:30 p.m.—Cocktails and dinner for Section members at the Park Plaza Hotel, Kingshighway and Maryland Avenue. Tickets are available in the meeting room of the Proctologic Section, at a table near the registration area, and from members of the Host Committee.

### **Tuesday, November 1, 11:00 a.m.**

#### **Kiel Auditorium, Stage**

Proctologic closed circuit television program originating from the St. Louis City Hospital.

**11:00-12:00 noon Proctology: Discussion and Demonstrations on Malignant Diseases of Colon and Rectum; Inflammatory and Ulcerative Lesions of Colon and Rectum; Anal Cryptitis; Pararectal Abscess; Anal Fistulae; Hemor-**

**rhoids; Anorectal Disorders that may be Confused with Hemorrhoids.**

SAMUEL J. FREUND, St. Louis, Mo., Moderator

**1. Polyps and Malignancy of the Rectum and Colon.**

FRANCIS J. BURNS, St. Louis, Mo.

**2. Non-malignant Diseases of the Rectum and Colon.**

BERTRAND D. COUGHLIN, St. Louis, Mo.

**3. Abscesses and Fistulae.**

VIRGIL O. FISH, St. Louis, Mo.

**4. Hemorrhoids.**

JACOB STOLAR, St. Louis, Mo.

**Tuesday, November 1, 2:00 p.m.****Kiel Auditorium, Committee Room 3-C****Treatment of Hemorrhoidal Thrombosis.**

W. CLOUGH WALLACE, Greenville, S. C.

The author presents his present concept of the causes of hemorrhoidal thrombosis and his idea of a rational and organized approach to the problem through the use of phenylbutazone for treatment or relief and surgery for definitive therapy. An amputative technic for use in massive prolapsed thrombosis is presented.

*Discussion to be opened by* CHARLES A. NEUMEISTER, Minneapolis, Minn.

**The Problem of Colon and Rectal Polyps in Children.**

THOMAS S. GOWIN, Coral Gables, Fla.

This paper is concerned with a brief mention of the first report of polyps in the colon and rectum of children and a report of the experience of other authors. The distribution of polyps throughout the colon and rectum is discussed, as is the incidence of polyps, the symptoms enumerated, the treatment discussed. A discussion is also presented about the development of multiple polyps and the differential diagnosis of multiple polyps and diffuse gastrointestinal polyposis.

*Discussion to be opened by* PAUL J. FUZY, JR., Fort Lauderdale, Fla.

**Arteriovenous Angioma of the Colon.**

CARL C. MENDOZA, Jacksonville, Fla.

A 57 year old white male with painless rectal bleeding two days prior to first consultation, intermittent diarrhea, no fever, no previous bleeding. On admission to hospital hemoglobin 14.4 grams, hematocrit 45. Repeat studies showed similar reading. Blood volume study showed deficiency of between 500 and 1000 cc. Sigmoidoscopy negative for 20 cm. X-ray showed a pedunculated lesion of descending colon, removed surgically. Diagnosis of arteriovenous angioma of colon.

*Discussion to be opened by* PATRICK H. HANLEY, New Orleans, La.

**Intermission—Visit Exhibits****Business Session.**

**Wednesday, November 2, 8:00 a.m.**

Joint Meeting with the Southeastern Proctologic Society.

Officers of the Southeastern Proctologic Society:

*Chairman*. . . . . BERTRAND D. COUGHLIN, St. Louis, Mo.

*Secretary*. . . . . PATRICK H. HANLEY, New Orleans, La.

8:00-10:00 a.m.—Operative procedures in various hospitals by Host Members. Schedule available at Tuesday meeting.

10:30 a.m.-12:00 noon—Barnes Hospital.

**Radiation Injury to the Bowel.**

CARL MOYER and JOHN S. SPRATT, JR.,  
St. Louis, Mo.

12:00 noon—Dutch Treat Luncheon, Barnes Hospital Cafeteria.

## SECTION ON PUBLIC HEALTH

### Officers

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*Secretary*..... C. HOWE ELLER, Clayton, Mo.

### Hosts from the Saint Louis Medical Society:

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 ALBERT B. EISENSTEIN  
 C. HOWE ELLER  
 M. K. KING  
 GUY N. MAGNESS  
 J. EARL SMITH  
 MELVIN TESS

**Wednesday, November 2, 9:00 a.m.**

**Kiel Auditorium, Assembly Hall No. 1**

A joint meeting of the Sections on General Practice and Public Health.

### **Epidemiology of Viral Hepatitis.**

JAMES O. MASON and IDA L. SHERMAN, Atlanta, Ga.

Viral hepatitis, caused by at least two hepatotropic agents not yet identified by cultural or serological methods, remains an unsolved communicable disease problem. Current epidemiological trends suggest that the 1960-1961 hepatitis season will be a major one in terms of past experience, and well over 40,000 cases are expected to occur in the nation during the next year. Ultimate control of hepatitis will depend upon information derived from accurate studies and long term follow-up of cases and outbreaks.

*Discussion to be opened by* YATES TROTTER, St. Louis, Mo.

### **A Cooperative Program for Care of the Chronically Disabled.**

SUMNER Y. ANDELMAN, Tulsa, Okla.

Care of the chronically ill revolves about a comprehensive program based on preventive measures, periodic health surveys, therapy of diseases found and rehabilitation. The family physician should play the role of coordinator, but he must enlist the help of other specialties and ancillary groups. A very helpful, but often neglected adjunct in therapy is the public health nurse or the visiting nurse.

*Discussion to be opened by* T. PAUL HANEY, Tulsa, Okla.

### **Etiology and Therapy of Diabetic Retinopathy—A New Approach.**

JOHN K. FINLEY, Haddonfield, N. J.

Serum chylomicron levels were found elevated in diabetics regardless of their state of glucose control. This finding may indicate the existence of a primary disturbance of fat metabolism in diabetes other than the disturbance occurring as a result of inadequate glucose utilization. This observation led to the use of heparin in an attempt to reduce the lipemia in patients with diabetic retinosis. A reversal of characteristic lesions of diabetic retinosis has been observed in patients upon this therapy.

*Discussion to be opened by* THOMAS H. PETTIT, St. Louis, Mo.

### **Intermission—Visit Exhibits**

### **A New Agent for Symptomatic Relief of Migraine Headache.**

ROBERT E. RYAN, St. Louis, Mo.

This paper will discuss the use of a new agent to be used in relieving the symptoms of a typical attack of migraine. This preparation is entirely new, as is its method of application. The results obtained with this preparation are very encouraging.

*Discussion to be opened by* HENRY D. OGDEN, New Orleans, La.

### **A New and Improved Method for the Treatment of Trichomonas Vaginalis and Other Causes of Vaginal and Cervical Leukorrheas.**

KARL J. KARNAKY, Houston, Texas

The paper will consist of the author's newest and improved method of treating vaginal and cervical infections, based on his past 28 years of research on vaginal and cervical leukorrhea. The author has now discovered how to lower the vaginal pH to 1.0 without burning the vagina. Low pH has given the best results in treatment of vaginal and cervical leukorrhea. A new vaginal medication retainer will be presented. New vaginal and cervical adhesions will also be presented.

*Discussion to be opened by* GEORGE S. ALLEN, Louisville, Ky.

**Wednesday, November 2, 2:00 p.m.**

**Kiel Auditorium, Committee Room C**

### **Epidemiology of Poliomyelitis in Arkansas.**

WILLIAM M. MARINE, A. M. WASHBURN,  
CLIFTON R. GRAVELLE and TOM D. Y. CHIN,  
Kansas City, Kan.

The 317 cases of poliomyelitis in 1959 represented Arkansas' worst year since 1954. The 73 cases, 27.4 cases per 100,000 population, in Pulaski County where the capitol, Little Rock, is located was the first epidemic in the South since the general use of the Salk vaccine. These cases were studied thoroughly from an epidemiological and etiological point of view. Date of onset and vaccination status were obtained on each case, and 60-day follow-up examinations were made on the paralytic cases to determine the severity of residual paralysis. Stool specimens were obtained for virus isolation from 83% of all the cases. Ninety-four per cent of the enteroviruses isolated from paralytic cases and 69% from the non-paralytic cases were poliovirus, type 1. Incidence by age, in 1959, was highest in the under 5 population of both races. This was also true in the past except in 1954 when the rates in the 0-4 and 5-9 white population were comparable. A striking incidence was observed in the Negro population, which accounted for 35% of the cases in 1959. Prior to the general use of the Salk vaccine, the Negro attack rate had been considerably below that in the white population, accounting for only 6-14% of the cases. In 1959, the Negro attack rate in Pulaski County was three times that in the white population, whereas in previous outbreaks the white incidence was two or three times that of the Negro population. A Salk vaccination survey conducted in Pulaski County showed that large segments of the population under 20 were poorly vaccinated, especially in the lower socioeconomic groups and Negro population. The age group under 5 was the poorest vaccinated. Calculation of vaccine effectiveness showed that even in the Negro population under 10 which experienced the greatest incidence 3 or more shots of Salk vaccine reduced paralytic disease 85%. Factors believed contributory to the altered epidemiologic pattern of poliomyelitis in this Southern state will be discussed.

### **Problems of Epidemiological Surveillance in a Live Attenuated Polio Vaccine Program.**

A. W. MENZIN, G. M. ERICKSON, M. E. FLIPSE,  
L. B. CLAYTON, Miami, Fla.; A. V. HARDY,  
Jacksonville, Fla.

### **Intermission—Visit Exhibits**

#### **Cardiovascular Survey of Carter County, Oklahoma.**

FORREST R. BROWN, Oklahoma City, Okla.

#### **Detection of Diabetes.**

HAROLD K. ROBERTS, Clayton, Mo.

There are more than one million undetected diabetics in the United States. The discovery of the diabetic can be accomplished in a number of ways, which will be described. Information will be used from the mass screening campaigns performed in Saint Louis. The results of the 1959-1960 campaign will be described, and the discrepancy of the 120 mg. post-prandial blood sugar and the glucose tolerance test in detecting diabetics will be discussed. The importance and technics that may be used by the family physician will also be mentioned.

#### **Business Session.**

**SECTION ON RADIOLOGY**

## Officers

*Chairman* . . . . . J. MAXEY DELL, JR., Gainesville, Fla.  
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VICTOR T. JONES  
STANLEY S. NEMEC  
L. R. SANTE  
HYMAN R. SENTURIA  
WAYNE A. SIMRIL  
PAUL F. TITTERINGTON  
HUGH M. WILSON  
OSCAR C. ZINK

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayist to be allowed thirty minutes. Discussion limited to five minutes.

**Monday, October 31**

12:30 p.m.—Luncheon Meeting at the Sheraton-Jefferson Hotel, Public Function Room. No. 8.

**Monday, October 31, 2:00 p.m.****Kiel Auditorium, Committee Room 3-A****Pathogenesis of Nonstrangulating Small Intestinal Obstruction.**

ROBERT D. SLOAN, Jackson, Miss.

Some of the factors influencing the gross obstructive changes occurring in nonstrangulating mechanical obstruction of the small bowel will be discussed. Emphasis will be placed on the radiologic findings observed in the course of experimental studies.

**Studies on Intussusception in Infants.**

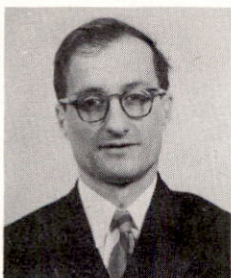
KIRK R. DEIBERT, Florence, Ala.

Reduction of the usual ileocolic intussusception can be accomplished readily by a controlled barium clysm and fluoroscopy. A preliminary plain film of the abdomen should be obtained and correlated with the clinical knowledge of the pediatrician before starting the procedure. The radiation hazard can be reduced by limiting the number of radiographic exposures and fluoroscopy to three minutes. If gangrene is suspected, then the examination should not be performed. Some surgeons feel that despite radiologic reduction and with clinical stability, a laparotomy should be performed to forestall a recurrence.

*Discussion to be opened by* HERBERT C. FRANCIS, Nashville, Tenn.

**Mesenteric Vascular Diseases.**

JOHN D. REEVES, Gainesville, Fla.



### GUEST SPEAKER

EMIL FREI, III, M.D.

Bethesda, Md.

Head, Chemotherapy Service,  
National Cancer Institute.

### Practical Aspects of Chemotherapy in Neoplasms.

Emphasis will be placed on the practical aspects of the use of chemotherapy in the treatment of neoplastic disease. In addition, recent advances in chemotherapy, particularly those which have clinical application, will be stressed.

### Intermission—Visit Exhibits

#### Chairman's Address: Communication and Understanding.

J. MAXEY DELL, JR., Gainesville, Fla.

The question of communication and understanding between physician and radiologist is quite often a difficult and also a neglected one. It is hoped that the various problems concerning the limitations and possibilities of radiology presented in this paper will be helpful. In order for the clinician to obtain the maximum benefit for his patient there must be adequate and frequent communication between clinician and radiologist.

#### Contrast Examination of the Larynx (Laryngograms).

SUMNER HOLTZ, WILLIAM E. POWERS and JOSEPH OGURA,  
St. Louis, Mo.

A comparison of the roentgen findings and the surgical specimens in 99 consecutive cases has confirmed the high correlation and value of laryngograms.

#### Peptic Ulcers in Children.

ROGER M. BERG, Bismarck, N. D.

Peptic ulcer in childhood is no longer a diagnostic curiosity. Ninety-six children with ulcers were diagnosed radiologically by our group in the last ten years. In our series about 10% of children referred for stomach examination have had an ulcer. Our age distribution suggests that the incidence per year is probably about equal. There were more males than females with duodenal ulcer, the ratio being 3 to 2. Duodenal ulcers outnumbered gastric ulcers 8 to 1. The percentage with a positive family history of ulcer was 40 per cent.

#### Business Session.

Tuesday, November 1, 2:00 p.m.

Kiel Auditorium, Opera House

A joint meeting of the Sections on Gastroenterology, Pathology, Radiology and Surgery.

#### Panel Discussion: A Symposium on Peptic Ulcer.

Moderator: GUY HORSLEY, Richmond, Va.

Part I—Gastric Ulcer

Pathology—SIDNEY SALTZSTEIN, St. Louis, Mo.

Radiology—WENDELL SCOTT, St. Louis, Mo.

Gastroenterology—WADE VOLWILER, Seattle, Wash.

Surgery—JAMES E. THOMPSON, New York, N. Y.

### Intermission—Visit Exhibits

## Part II—Duodenal Ulcer

Pathology—SIDNEY SALTZSTEIN, St. Louis, Mo.

Radiology—JOHN D. REEVES, Gainesville, Fla.

Gastroenterology—CHARLES M. CARAVATI,  
Richmond, Va.Surgery—JAMES E. THOMPSON, New York,  
N. Y.**Tuesday, November 1**

5:00-7:00 p.m.—Cocktail party for visiting radiologists and wives, at University Club in Saint Louis, sponsored by the radiologists of Saint Louis.

**MEMORANDA**

## SECTION ON SURGERY

## Officers

<i>Chairman</i> .....	GUY HORSLEY, Richmond, Va.
<i>Vice Chairman</i> .....	ARTHUR I. CHENOWETH, Birmingham, Ala.
<i>Secretary</i> .....	M. L. MICHEL, New Orleans, La.

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 THOMAS H. BURFORD  
 KENNETH B. COLDWATER  
 JAMES F. DOWD  
 EMMETT B. DRESCHER  
 GEORGE T. GAFNEY  
 ROLAND S. KIEFFER  
 JOHN V. KING  
 LEO V. MULLIGAN  
 PIERCE W. POWERS  
 J. WILLIAM THOMPSON  
 WILLIAM L. TOMLINSON  
 FRANKLIN E. WALTON

Presentations limited to fifteen minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayist to be allowed one hour. Discussion limited to five minutes.

**Monday, October 31, 2:00 p.m.**

**Kiel Auditorium, Committee Room C**

**Surgical Therapy of Aortic Insufficiency.**

OSCAR CREECH, JR., ROBERT SCHRAMEL and  
 KEITH REEMSTMA, New Orleans, La.

Aortic insufficiency results from rheumatic endocarditis, syphilis and dissecting aneurysm of the aorta. In its severe form it is incapacitating and rapidly fatal. The use of a prosthetic ball valve placed in the descending thoracic aorta may reduce regurgitant flow by 50 to 75 per cent, but the long term results have not been satisfactory. During the past three years the direct repair of aortic insufficiency utilizing the pump oxygenator and cardio-pulmonary bypass has yielded gratifying results. Technics comprise creation of a bicuspid valve or the insertion of prosthetic leaflets. Illustrative cases will be presented to show the circumstances under which these technics are applicable.

*Discussion to be opened by* C. ROLLINS HANLON, St. Louis, Mo.

**Immediate Reconstruction of the Mandible in Tumor Surgery.**

DUNCAN M. MCKEE, New Orleans, La.

**Intermission—Visit Exhibits****Chairman's Address: Carcinoma of the Breast.**

GUY HORSLEY, Richmond, Va.

Radical amputation of the breast still produces the best results in carcinoma of the breast. Five year survival has been increased recently due mainly to earlier treatment and the addition of hormone therapy. Prophylactic oophorectomy in all stages of cancer of the breast seems to have increased the survival rate. Surgical oophorectomy, along with radical mastectomy in the premenopausal patient, as practiced for the past twenty-five years, is reviewed and discussed. Treatment of the recurrent or inoperable case of carcinoma of the breast is also discussed.

### **The Influence of the Incidence of Thyroid Malignancies on Selection of Therapy in Thyroid Disease.**

BENJAMIN F. BYRD, JR., and F. M. MCELHANNON,  
Nashville, Tenn.

A report of eighty-two instances of cancer of the thyroid gland is presented. These represent all such patients seen at two large general hospitals during a thirty-five year period. The significance of preoperative findings is discussed together with the apparent influence of therapy on eventual survival in patients having thyroid malignancy.

*Discussion to be opened by* ROBERT W. BARTLETT, St. Louis, Mo.

### **Recent Trends in Thyroid Surgery.**

WILLIAM N. VIAR and JOSEPH M. DONALD,  
Birmingham, Ala.

A brief analysis of 100 consecutive cases of thyroid disease admitted to one private hospital during the five year period from 1954 to 1959 is being submitted. This group represents patients with Graves disease, toxic and non-toxic nodular goiter, solitary adenoma, thyroiditis and cancer. We will present our method of treating these diseases and what we feel to be the current thinking over the country concerning the proper therapy of thyroid disease.

*Discussion to be opened by* OSCAR CREECH, JR., New Orleans, La.

### **Business Session.**

#### **Monday, October 31**

6:30 p.m.—Dutch treat cocktail party and dinner,  
Sheraton-Jefferson Hotel.

#### **Tuesday, November 1, 9:00 a.m.**

#### **Kiel Auditorium, Assembly Hall No. 3**

### **Flexor Tendon Grafts in Hand Injuries.**

F. X. PALETTA, St. Louis, Mo.

Outline of the indications for tendon grafts to the flexor tendons of the hand will be enumerated. The technic of repair will be briefly presented. Cases describing the simple and complex problems related to flexor tendon injury will be demonstrated by preoperative and postoperative photographs. Emphasis of splinting in the convalescent period following injury will also be discussed.

*Discussion to be opened by* ROBERT M. O'BRIEN, Clayton, Mo.

### **Management of Snake Bite in Louisiana.**

L. P. LAVILLE and EDWARD KREMENTZ, New Orleans, La.

This paper reviews our experience with snake bite at Lallie Kemp over the last three or four years. We have records on some 55 patients that have been bitten by venomous snakes there and all have been successfully treated without any mortality. This lack of mortality reflects the type of venomous snake we encounter rather than any particular type of therapy that we have developed. We have been interested in what is the best type of treatment and have evaluated a number of approaches. These include the use of anti-venom, cortisone, multiple incisions and suction, cold therapy, antibiotics, etc. There has been some morbidity from local necrosis with loss of a finger or a toe and one interesting complication from pneumonitis, secondary to hemolysis of red cells.

### **Management of Recurrent Intestinal Obstruction Due to Adhesions.**

RALEIGH R. WHITE, Temple, Texas

As intestinal obstruction due to adhesions represents a large percentage of the cases of small bowel obstruction, the permanent relief of this complication poses a distinct challenge to surgical therapy. Although all adhesions may be divided at

surgery and all obstructing kinks of the intestine straightened or resected, the end result is not satisfactory in many instances because during the healing process adhesions will recur with the attendant danger of acute bowel angulation and obstruction. The author reviews his surgical experience over the past ten years with a method of splinting the bowel on a long intestinal tube. The resulting adhesions are "controlled adhesions." This method of "internal fixation" has proved of value in preventing recurrent obstruction.

*Discussion to be opened by* EUGENE M. BRICKER, St. Louis, Mo.

### **Intermission—Visit Exhibits**



### **GUEST SPEAKER**

JAMES E. THOMPSON, M.D.

New York, N. Y.

Chief of Surgical Service, Roosevelt Hospital; Associate Clinical Professor of Surgery, College of Physicians and Surgeons, Columbia University.

### **Surgical Treatment of Ulcerative Colitis.**

Ulcerative colitis is discussed on the basis of a twenty-five year experience in the treatment of over four hundred patients who were admitted to the Roosevelt Hospital in New York City. The evolution of the surgical treatment during this period is described to point out the high mortality which attended ileostomy as the primary treatment for the acute fulminating variety of the disease. In recent years, a much lower mortality has attended the more radical approach to the handling of these cases. Attention is directed, in particular, to the early and late complications which are related to the construction of an ileostomy.

### **Changing Trends in the Treatment of Diverticulitis of the Colon.**

ROBERT W. BARTLETT, St. Louis, Mo.

This presentation explains the rationale for the sharp swing from the conservative treatment of diverticulitis of the colon to the surgical approach, except for the milder cases of short duration. A discussion of the complications of diverticulitis is given, as well as the modern indications for resection which most commonly involves the sigmoid segment of the colon. The indications for one-stage and also multiple-stage resections are included.

*Discussion to be opened by* RICHARD V. BRADLEY, St. Louis, Mo.

### **A Physiologic Operation for the Treatment of Esophageal Hiatal Hernia (Hernia Repair Vagotomy, and Pyloroplasty).**

J. LYNWOOD HERRINGTON, JR., Nashville, Tenn.

Closure of the crural defect present in a sliding type of esophageal hiatal hernia, in general, gives satisfactory results. However, a certain percentage of patients continue to complain of epigastric and substernal discomfort, even though there is no radiologic evidence of recurrent hernia. It has been shown that regurgitation can still occur, even though the esophagogastric junction lies below the diaphragmatic level. During the past four years we have managed the sliding type of esophageal hiatal hernia by a combined operation consisting of hernia repair, bilateral vagotomy and a drainage procedure on the stomach.

*Discussion to be opened by* ROBERT P. MCBURNEY, Memphis, Tenn.

**Tuesday, November 1, 2:00 p.m.**

**Kiel Auditorium, Opera House**

A joint meeting of the Sections on Gastroenterology, Pathology, Radiology and Surgery.

**Panel Discussion: A Symposium on Peptic Ulcer.**

Moderator: GUY HORSLEY, Richmond, Va.

**Part I—Gastric Ulcer**

Pathology—SIDNEY SALTZSTEIN, St. Louis, Mo.

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Gastroenterology—WADE VOLWILER, Seattle, Wash.

Surgery—JAMES E. THOMPSON, New York, N. Y.

**Intermission—Visit Exhibits**

**Part II—Duodenal Ulcer**

Pathology—SIDNEY SALTZSTEIN, St. Louis, Mo.

Radiology—JOHN D. REEVES, Gainesville, Fla.

Gastroenterology—CHARLES M. CARAVATI, Richmond, Va.

Surgery—JAMES E. THOMPSON, New York, N. Y.

## SECTION ON UROLOGY

## Officers

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 ROBERT V. BRENNAN  
 CYRUS E. BURFORD  
 E. HUMBER BURFORD  
 JOHN E. BYRNE  
 JUSTIN J. CORDONNIER  
 JULES H. KOPP  
 H. H. KRAMOLOWSKY  
 JAMES M. MACNISH  
 DONALD J. MEHAN  
 WILLIAM F. MELICK  
 ROBERT K. ROYCE  
 ALVIN E. VITT  
 CARL A. WATTENBERG

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayist to be allowed thirty minutes. Discussion limited to five minutes.

**Monday, October 31, 9:00 a.m.**

**Kiel Auditorium, Committee Room C**

**Unsuspected Carcinoma in Surgical Specimens of the Prostate.**

ALBERT H. JOSLIN, ROBERT LICH, JR., and  
 MALCOLM L. BARNES, Louisville, Ky.

A review of 748 consecutive prostatectomies revealed histologic evidence of prostatic carcinoma in 113 specimens. This series of patients was studied with regard to lesion size, postoperative clinical behavior, age relationship and longevity.

**Where Are the Early Carcinomas of the Prostate?**

JAMES F. O'MALLEY, Kansas City, Mo.

This will be a review of the total prostatectomies in two large hospitals with a notation of the small percentage of radical prostatectomies for a disease which when diagnosed early can be cured but otherwise is fatal. The discussion will also include the proper approach to diagnosis and the newer methods of treatment.

**The Use of Intravenous Fat Emulsion in Control of Hemorrhage Due to Thrombolysis Activity.**

ALBERT W. BIGGS, MARION DOUGDALE and  
 SAMUEL L. RAINES, Memphis, Tenn.;  
 LOUIS A. NEFT, Champaign-Urbana, Ill.

Five patients with prostatic disease and hemorrhage due to thrombolysis activity were successfully treated with intravenous fat emulsion. Four of the patients had carcinoma of the prostate and one had benign prostatic hypertrophy. Two patients activated thrombolysis prior to surgery. All diagnoses were suspected on observation of clotted blood and confirmed by the Department of Hematology.

**Intermission—Visit Exhibits**

### **Chairman's Address: Electron Microscopy of the Kidney in Health and Disease.**

HJALMAR CARLSON, Kansas City, Mo.

### **Spontaneous Vesico-Intestinal Fistulas.**

B. W. ANDREWS, Kansas City, Mo.

A brief review of the etiology, physical findings, and methods of diagnosis; analysis of cases found in urological practice, and a summary of methods of treatment.

### **Diseases and Abnormalities of the Female Urethra.**

PARK NICELY and ARTHUR WELLING, Knoxville, Tenn.

From a position in medical literature of almost complete neglect, the female urethra is now acknowledged to have symptoms suggestive to pelvic diseases. The urethra is often overlooked by the physician in making a pelvic examination. Due to its location, at the roof of the vagina, it is very subject to infections from the vagina and rectum. We examine the urethra for stricture, urethritis, tumor growth and for the possibility of diverticulum. If patients do not respond to dilatation, we then turn to urethrograms.

### **Panel discussion of all papers.**

**Tuesday, November 1, 9:00 a.m.**

**Kiel Auditorium, Committee Room 3-D**

### **Urological Infections in Childhood.**

ROBERT H. OWENS, Kansas City, Mo.

This paper includes a survey of children sent to the urologist for the diagnosis and treatment of recurrent urinary tract infections. This paper reviews the significance of recurrent urinary tract infection in childhood, the orderly progress of diagnosis and the proper approach to treatment and follow-up in an effort to prevent renal damage and chronic urinary tract infection.

### **The Megacystis Syndrome.**

ALBERT J. PAQUIN, JR., Charlottesville, Va.

The megacystis syndrome is a review of 27 patients with recurrent or persistent pyuria, fever and abdominal pain, who were found to have thin walled bladders, with extraordinarily large trigones, dilated ureteral orifices and ureteral reflux. Surgical correction of the reflux and enlargement of the bladder neck produced significant improvement in patients followed for one or more years.

### **Management of Exstrophy of the Urinary Bladder by Primary Closure.**

IAN M. THOMPSON, Columbia, Mo.

The vicissitudes of supravescical diversion of urine in exstrophy of the bladder are well known. Experience with reconstructive procedures to permit utilization of the bladder as a reservoir has not been great, yet successful rehabilitation has been achieved and is instigative of this report. A comparison of the results in a group of children in whom the Powell procedure was done is made with patients managed by the Gersuny operation, and by variations of the Sweetser type of bladder closure.

### **Intermission—Visit Exhibits**

#### **Nephrocalcinosis.**

GORDON L. MATHES, Memphis, Tenn.

A case of severe nephrocalcinosis and nephrolithiasis due to or associated with renal tubular acidosis is prescribed. Correction of the acidosis by Shol's solution, reduction of dietary calcium, and increased fluid intake have been beneficial. The possible use of chelating agents has been discussed.

#### **Pudendal Block and Neurectomy in Bladder Neck Obstruction.**

JOHN D. YOUNG, JR., and  
EARL P. GALLEHER, JR., Baltimore, Md.

Pudendal block and neurectomy are recognized methods of study and treatment of bladder neck obstruction in the para-

plegic. The procedures have been found useful also in the management of obstructive symptoms in some patients who have no apparent neurological deficit. Methods for block and neurectomy are presented with reports of eight patients.

**Panel Discussion of all papers.**

**Business Session.**

**Wednesday, November 2, 9:00 a.m.**

**Kiel Auditorium, Opera House**

A joint meeting of the Sections on Medicine, Pathology and Urology.

**Panel Discussion: A Symposium on Chronic Pyelonephritis.**

Moderator: GEORGE E. SCHREINER, Washington, D. C.

Panel Members:

**Long-Term Control of Infection.**

CHEVES M. SMYTHE, Charleston, S. C.

**Obstruction, Instrumentation and Calculi and Their Effects on the Urinary Tract.**

FRED K. GARVEY, Winston-Salem, N. C.

**Pyelonephritis Lenta and Its Relationship to Malignant Hypertension.**

OTTO SAPHIR, Chicago, Ill.

**Prevention and Care of Chronic Pyelonephritis in Children.**

KURT LANGE, New York, N. Y.

**Connective Tissue Response and the Local Immune Reaction in the Kidney as Related to Pyelonephritis.**

CUTTING B. FAVOUR, Washington, D. C.

**MEMORANDA**

**SCIENTIFIC GROUPS MEETING CONJOINTLY  
WITH SOUTHERN MEDICAL ASSOCIATION**

**AMERICAN COLLEGE OF CHEST PHYSICIANS,  
SOUTHERN CHAPTER**

Statler-Hilton Hotel—Headquarters

Seventeenth Annual Meeting, October 30-31, 1960

Officers, Southern Chapter

*President* . . . . . JOHN H. SEABURY, New Orleans, La.  
*First Vice-President* . . DEWITT C. DAUGHTRY, Miami, Fla.  
*Second Vice-President* . . . . . HENRY R. HOSKINS,  
San Antonio, Texas  
*Secretary-Treasurer* . . . . . JOSEPH W. PEABODY, JR.,  
Washington, D. C.

**Sunday, October 30, 8:30 a.m.**

Statler-Hilton Hotel

- 8:30 a.m. Registration**
- 9:00 a.m. Tuberculosis in an Industrial Plant.**  
JAMES T. PERRET and NEILL K. WEAVER,  
Baton Rouge, La.
- 9:25 a.m. Adrenocorticoids in the Treatment of Tuberculosis.**  
WILLIAM W. COULTER, JR., Lafayette, La.
- 9:50 a.m. Adult Histiocytosis: A Report of Ten Cases with Emphasis on Pulmonary Findings.**  
JOHN N. BICKERS and PERRY J. EKMAN,  
New Orleans, La.
- 10:20 a.m. Intermission**
- 10:30 a.m. Physiological Studies on Patients with Bullous Emphysema.**  
CHARLES E. ANDREWS, Kansas City, Mo.;  
WILLIAM E. RUTH, Kansas City, Kan.
- 11:00 a.m. Hypertrophy of the Right Ventricle in Centrilobular and Panlobular Emphysema.**  
HERBERT C. SWEET, JAMES R. WYATT and  
PETER KINSELLA, St. Louis, Mo.
- 11:30 a.m. Spontaneous Pneumothorax.**  
MARK W. WOLCOTT, WILLIAM A. SHAVER  
and WILLIAM D. JENNINGS,  
Coral Gables, Fla.
- 12:00 noon Luncheon Recess**
- 1:20 p.m. The Diagnosis and Management of Pleural Disease: An Analysis of 200 Cases.**  
M. N. ATAY, J. LEWIS YATES,  
HARRY V. LANGEUTTIG and  
CHARLES A. BRASHER, Mt. Vernon, Mo.
- 1:50 p.m. Early Signs and Warnings of Coronary Disease.**  
EDWARD MASSIE, St. Louis, Mo.

- 2:20 p.m. Controversial Aspects of the Management of Symptomatic Coronary Atherosclerosis.**  
THOMAS M. BLAKE, Jackson, Miss.
- 2:50 p.m. Intermission**
- 3:00 p.m. Anomalous Vascular Patterns Found with Atrial Septal Defects.**  
ROBERT H. LEPERE, San Antonio, Texas.
- 3:30 p.m. Congenital or Acquired Absence or Hypoplasia of One Pulmonary Artery.**  
MILTON V. DAVIS, MAURICE ADAM and BEN F. MITCHEL, JR., Dallas, Texas
- 4:00 p.m. The Seventh Annual Paul A. Turner Memorial Lecture.**  
**The Role of Angiography in the Management of Pulmonary Disease.**  
OSLER A. ABBOTT, Atlanta, Ga.

**Monday, October 31, 8:30 a.m.**

- 8:30 a.m. Registration**
- 9:00 a.m. Correlative Studies of the Effect of the Varied Protein and Caloric Intakes and an Anabolic Steroid on Metabolism Following Pulmonary Surgery.**  
WATTS R. WEBB, RICHARD S. DOYLE and HECTOR S. HOWARD, Jackson, Miss.
- 9:30 a.m. Diagnosis and Management of Mediastinal Tumors.**  
DEWITT C. DAUGHTRY, Miami, Fla.
- 10:00 a.m. The Management of Metastatic Malignant Lung Disease.**  
CHARLES L. ROPER, St. Louis, Mo.
- 10:30 a.m. Intermission**
- 10:40 a.m. Experiences with Emivan, A New Respiratory Stimulant.**  
GEORGE L. BAUM, C. HAGEDORN, IRA N. ROSENSTEIN and S. SILIPO, Coral Gables, Fla.
- 11:10 a.m. Clinical Repercussions from Healed Histoplasmosis.**  
JOSEPH W. PEABODY, JR., SOL KATZ and EDGAR W. DAVIS, Washington, D. C.
- 11:40 a.m. Is There a Relationship Between Histoplasmosis and Silicosis?**  
WILLIE S. CORTEZ, J. LEWIS YATES, HARRY V. LANGEUTTIG and CHARLES A. BRASHER, Mt. Vernon, Mo.; MICHAEL L. FURCOLOW, Kansas City, Kan.
- 12:15 p.m. Luncheon and Business Meeting.**  
Guest Speaker: HERMAN J. MOERSCH, Rochester, Minn., Director of Research and Medical Education, American College of Chest Physicians.

**SOUTHEASTERN PROCTOLOGIC SOCIETY**

*Chairman* . . . . . BERTRAND D. COUGHLIN, St. Louis, Mo.  
*Secretary* . . . . . PATRICK H. HANLEY, New Orleans, La.

**Wednesday, November 2**

Barnes Hospital

8:00 a.m. Joint meeting with the Section on Proctology.

**SOUTHERN GYNECOLOGICAL AND  
OBSTETRICAL SOCIETY**

Officers

*Secretary-Treasurer* . . . . . LAWRENCE L. HESTER, JR.,  
Charleston, S. C.

**Sunday, October 30**

Sheraton-Jefferson Hotel

6:30-8:00 p.m. Cocktail party

**Monday, October 31**

Sheraton-Jefferson Hotel

9:00 a.m.-1:00 p.m. Scientific Session

**Monday, October 31**

Sheraton-Jefferson Hotel

7:00 p.m. Cocktail party and banquet.

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**MEMORANDA**

**SCIENTIFIC EXHIBITS**

Exhibits will be open Monday, Tuesday and Wednesday, October 31, November 1 and 2, 8:00 a.m. to 5:00 p.m., and Thursday, November 3, 8:00 a.m. to 1:00 p.m.

1. JOSE L. GARCIA OLLER, JOSEPH T. BRIERRE, and ROY SMITH, Mercy Hospital, New Orleans, Louisiana: Axial Rotary Encephalography (Axioencephalography).
2. RALPH V. FORD, EDWARD W. DENNIS, ALFREDO C. MONTERO, and JOHN A. NICKELL, Baylor University College of Medicine, Houston, Texas: Four Decades of Diuretics.
3. GEORGE M. HAIK, JOHN F. NOWELL, GEORGE S. ELLIS, and HARVEY H. KALIL, Louisiana State University School of Medicine and Hotel Dieu Hospital, New Orleans, Louisiana: Light Coagulation in Retinal Detachment Surgery.
4. WILLIAM G. ANLYAN, DONALD SILVER and HUGO L. DEATON, Duke University Medical Center, Durham, North Carolina: Clinical and Experimental Studies in the Treatment of Thrombotic Disorders.
5. JESSE T. DAVIS, Corinth, Mississippi: Nerve Injuries of the Hand.
6. DAN M. GORDON, New York Hospital and Cornell University Medical College, New York, New York: The Eye 65 and Over.
7. SAM E. STEPHENSON, JR., H. WILLIAM SCOTT, L. W. EDWARDS, and J. L. HERRINGTON, Vanderbilt University Hospital, Nashville, Tennessee: Hemigastrectomy and Vagotomy for Duodenal Ulcer.
8. THOMAS H. MCGAVACK, HANS G. BAUER, JOHN P. MITCHELL, JR., and KUNG-YING TANG KAO, Veterans Administration Center, Martinsburg, West Virginia: Anti-Inflammatory Adrenocorticoids.
9. J. HAROLD CONN, WILLIAM R. FAIN, and JAMES H. HENDRIX, JR., Veterans Administration Center and University of Mississippi Medical Center, Jackson, Mississippi: Diagnosis and Treatment of Intra-Oral Tumors.
10. WILLIAM B. KOUNTZ, JAIME TORO, PHILIP G. ACKERMANN, GELSON TORO, and TEOFIL KHEIM, Gerontological Research Foundation and Washington University School of Medicine, St. Louis, Missouri: The Effect of Triparanol (MER-29) on Cholesterol Levels and Its Mode of Action.
11. JAMES M. MOSS, DEWITT E. DeLAWTER, JAMES B. FIELD, and SIDNEY A. TYROLER, Georgetown University Medical Center, Washington, D. C.: Oral Drugs for Diabetes.
12. WILLIAM P. MURPHY, JR., for AMERICAN ASSOCIATION OF BLOOD BANKS, Miami, Florida: Rare Donor File—Rare Blood Type File.

13. ALBERT E. CASEY, S. RALPH TERHUNE, ROBERTA B. FRANKLIN, MEHMET YILMAZ, and COURTENAY RENNEKER, JR., Birmingham Baptist Hospitals and the Medical College of Alabama, Birmingham, Alabama: Kith and Kin: North Alabama Whites Compared Anthropometrically with 139 Modern and Ancient Peoples.
14. JOSEPH W. KELSO and JOSEPH W. FUNNELL, University of Oklahoma School of Medicine, Oklahoma City, Oklahoma: Management of Gynecologic-Urologic Complications.
15. JOHN P. McGOVERN, THEODORE J. HAYWOOD, GILBERT D. BARKIN, KEMAL OZKARAGOZ, ALBERT HENSEL, and JAMES KNIGHT, Baylor University College of Medicine and Texas Children's Hospital, Houston, Texas: "Holistic" Management of the Allergic Child.
16. WALTER W. SACKETT, JR., and MARY M. SACKETT, Miami, Florida: Advantages (Observed and Anticipated) Following Ten Years' Experience with Early Feeding of Solids to Infants.
17. DON L. THURSTON and JEAN HOLOWACH, Washington University School of Medicine and St. Louis Children's Hospital, St. Louis, Missouri: A Clinical Evaluation of Acetazolamide in the Treatment of Epilepsy in Children.
18. KARL JOHN KARNAKY, Houston, Texas: Causes and Treatment of Vaginal and Cervical Leukorrhea.
19. DONOVAN C. BROWNE and ROBERT D. SPARKS, Tulane University School of Medicine and Browne-McHardy Clinic, New Orleans, Louisiana: Mechanism of Vomiting, Clinical Evaluation of Thiethylperazine.
20. C. A. STRUVE, TRACY D. GAGE, and WENDELL D. GINGRICH, University of Texas Medical Branch, Galveston, Texas: Retinoblastoma: Course and Therapy Documented by Retinal Photographs.
21. GEORGE C. SMITH, Florence, South Carolina, and RAYMOND C. V. ROBINSON, Baltimore, Maryland: The Management of Pyodermas.
22. VERONICA M. PENNINGTON, Mississippi State Hospital and Veterans Administration Hospital, Jackson, Mississippi: Premenstrual Tension: Medical and Social Aspects.
23. HARRY N. CARLTON and JEANNE C. BATEMAN, Washington Hospital Center, Washington, D. C.: Psychological Care of the Chronically Ill.
24. PHIL C. SCHREIER, JAMES D. MYERS, and JOHN Q. ADAMS, University of Tennessee College of Medicine and City of Memphis Hospitals, Memphis, Tennessee: Evolution of Obstetric Analgesia.
25. DONALD LePERE and IRA S. CLARKSON, JR., Lindale Medical and Dental Clinic, Houston, Texas: Peripheral Vascular Disease in General Medicine.

26. JEANNE C. BATEMAN and HARRY N. CARLTON, George Washington University School of Medicine, Washington, D. C.: Chemotherapeutic Control of Cancer.

27. PAUL W. BOYLES, WILLIAM H. MEYER, and PAUL U. GERBER, JR., University of Miami Medical School and Jackson Memorial Hospital, Miami, Florida: Experimental and Clinical Use of Fibrinolysin.

28. RAYMOND F. GRENFELL, ARTHUR H. BRIGGS, and WILLIAM C. HOLLAND, University of Mississippi Medical School, Jackson, Mississippi: A New Base Line for the Evaluation of Antihypertensive Therapy.

29. ALBERT J. PAQUIN, JR., University of Virginia School of Medicine, Charlottesville, Virginia, VICTOR F. MARSHALL, and JOHN McGOVERN, New York, New York: The Megacystis Syndrome.

30. HOMER KIRGIS, JOHN D. JACKSON, WARREN LIEBERMAN, and ROBERT A. SCHIMEK, Ochsner Clinic and Ochsner Foundation Hospital, New Orleans, Louisiana: Ophthalmodynamometry—An Aid in Evaluation of Cerebral Ischemia.

31. W. CROCKETT CHEARS, JR., CECIL O. PATTERSON, JOHN W. FISHER, MILFORD O. ROUSE, HERBERT A. BAILEY, F. CLARK DOUGLAS and C. T. ASHWORTH, University of Texas Southwestern Medical School, Dallas, Texas: Nontropical Sprue.

32. MERRITT W. FOSTER, JR., Medical College of Virginia, Richmond, Virginia: Treatment of Alcoholism with Citrated Calcium Carbimide.

33. J. M. MARTT and LAWRENCE WALDEN, University of Missouri School of Medicine, Columbia, Missouri: New Technique of Cardiac Monitoring.

34. RAY H. SKAGGS, Baylor University College of Medicine, Houston, Texas: Organic Disease and Emotional Distress: Their Relationship and Its Effect on Clinical Management.

35. IAN M. THOMPSON, CARL H. ALMOND, and MARVIN ZATSMAN, University of Missouri Medical Center, Columbia, Missouri: Stop-Flow Analysis of Nephron Transport Sites.

36. I. FRANK TULLIS, CHARLES E. ALLEN, and RICHARD R. OVERMAN, University of Tennessee College of Medicine, Memphis, Tennessee: Simple, Effective Weight Reduction.

37. WILLIAM K. MASSIE, DAVID B. STEVENS, and KEN PHILLIPS, Lexington, Kentucky: Hip Fractures: Treatment Based on Biomechanical Principles Utilizing A Sliding Nail.

38. FRANKLIN L. ANGELL, EDGAR N. WEAVER, and JOHN A. MARTIN, Roanoke, Virginia: Premature Craniosynotosis—A Visual Classification and A Report of Cases.

39. F. M. RIPBERGER, ROBERT H. ANDERSON, and RICHARD E. PALMER, Alexandria Hospital, Alexandria, Virginia: Infections in Private Pediatric Practice.

40. C. DAVID COOPER, CHARLES S. WISE, CHARLES R. PETERSON, and JEROME EPSTEIN, George Washington University School of Medicine, Washington, D. C.: Double-Blind Evaluation of a New Agent in Musculoskeletal Disorders.

41. DENNIS M. VOULGARIS, Rugeley and Blas-ingame Clinic and Hospital, Wharton, Texas: Dysmenorrhea—Cramps or Psyche?

42. C. R. STEPHEN, SARA J. DENT, and CHARLES ADKINS, Duke University Medical Center, Durham, North Carolina: Body Temperature Control in Infants and Children.

43. ROBERT B. DODD and WILLIAM A. SIMS, JR., Barnes Hospital and Washington University School of Medicine, St. Louis, Missouri: Electrocardiographic Monitoring During Anesthesia and Surgery.

44. HARRY M. ROBINSON, JR., and ALBERT CIAMBOTTI, University of Maryland School of Medicine, Baltimore, Maryland: Fluocinolone Acetonide.

45. NEAL OWENS, ROBERT J. MEADE, DELIO D. DELGADO, KUROS TABARI, and CHARLES M. BONURA, Owens-Meade Clinic, New Orleans, Louisiana: Corrective Surgery of Facial Features.

46. PHILIP LISAN, WILBUR OAKS, and JOHN MOYER, Hahnemann Medical College, Philadelphia, Pennsylvania: Inhibition of Cholesterol Synthesis in the Liver.

47. JOHN H. NODINE, PETER PETREAU, ROBERT BOTNICK, Hahnemann Medical College and Hospital, and B. J. CHANNICK, Temple University Medical Center, Philadelphia, Pennsylvania: Anti-Coagulation with Warfarin Sodium and Potassium.

48. CHARLES E. HORTON, HUGH H. CRAWFORD, CHARLES J. DEVINE, JR., PATRICK C. DEVINE, and CHARLES J. DEVINE, SR., Norfolk General Hospital and DePaul Hospital, Norfolk, Virginia: A One Stage Hypospadias Repair.

49. PERRY C. TALKINGTON, Timberlawn Psychiatric Center, Dallas, Texas: The Modern Psychiatric Hospital.

50. HOWARD B. MAYS, University of Maryland School of Medicine, Baltimore, Maryland: Correction of Hypospadias. Correction of Epispadias.

51. FREDERICK A. CARPENTER, JOHN E. STEINHAUS, JOSEPH DAVID STEIN, GEORGE P. SESSIONS, and CLINTON D. McCORD, JR., Emory University School of Medicine, Atlanta, Georgia: The Sympathogalvanic Reflex in the Evaluation of Preanesthetic Drugs.

52. BRUNO W. VOLK and SYDNEY S. LAZARUS, Isaac Albert Research Institute, Brooklyn, New York: The Pancreas in Human and Experimental Diabetes.

53. LEWIS J. DOSHAY, Columbia Presbyterian Medical Center, New York, New York: New Horizons in Parkinson Therapy.

54. JOSEPH J. LITSCHGI, Cook County Hospital and Hektoen Institute for Medical Research, Chicago, Illinois: Roentgen and Hematological Manifestations of the Congenital Hemolytic Anemias.
55. D. N. DANFORTH and F. S. SANTIAGO, Northwestern University Medical School, Chicago, Illinois: Simplified Postpartum Analgesia.
56. GORDON McHARDY, ROBERT McHARDY, HELEN VON FOSSEN, SWAN WARD, JAMES A. ROGERS, and JOHN LECHERT, Louisiana State University School of Medicine, New Orleans, Louisiana: Hypercholesterolemia in Gastroenterology.
57. JOHN ADRIANI, GEORGE SESSIONS, THOMAS UPTON, and JOHN PARMLEY, Charity Hospital and Louisiana State University School of Medicine, New Orleans, Louisiana: Fallacies and Misconceptions in Pediatric Anesthesia.
58. CHARLES M. HOWELL, JR., Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, North Carolina: Systemic Management of Pruritus with Methdilazine Hydrochloride.

**MEMORANDA**

**TECHNICAL EXHIBITS**

- Abbott Laboratories, North Chicago, Illinois..... G 1 & 3
- Alcon Laboratories, Inc., Fort Worth, Texas..... A 1
- American Sterilizer Company, Erie, Pennsylvania..... G 15
- The Armour Pharmaceutical Company, Chicago, Illinois.. D 4
- B. F. Ascher & Company, Inc., Kansas City, Missouri... B 12
- Audio-Digest Foundation, Glendale, California..... F 7
- Baxter Laboratories, Inc., Morton Grove, Illinois.... E 6 & 8
- Beutlich, Inc., Chicago, Illinois..... F 17
- Borcherdt Company, Chicago, Illinois..... G 11
- George A. Breon & Company, New York, New York.... E 18
- Bristol Laboratories, Inc., New York, New York..... E 4
- Encyclopaedia Britannica, Chicago, Illinois..... F 15
- The Burdick Corporation, Milton, Wisconsin..... D 16
- Burton, Parsons & Company, Washington, D. C..... B 8
- Cameron Surgical Instruments Company, Chicago, Illinois G 10
- Carnation Company, Los Angeles, California..... G 18
- Carrtone Laboratories, Inc., Metairie, Louisiana..... G 6
- Chicago Pharmacal Company, Chicago, Illinois..... G 12
- Chicago Reference Book Company, Chicago, Illinois... F 13
- The Chloraseptic Company, Washington, D. C..... A 7
- Ciba Pharmaceutical Products, Inc., Summit, New Jersey E 2
- Coreco Research Corporation, New York, New York..... J 6
- Davies, Rose & Company, Ltd., Boston, Massachusetts... D 2
- Desitin Chemical Company, Providence, Rhode Island... G 8
- The Doho Chemical Corporation, New York, New York C 16
- Dome Chemicals, Inc., New York, New York..... F 16
- Duke Laboratories, Inc., South Norwalk, Connecticut... C 14
- Eaton Laboratories, Norwich, New York..... J 2
- Fesler Company, Inc., Stamford, Connecticut..... B 6
- Charles O. Finley & Company, Inc.....
- Flint, Eaton & Company, Decatur, Illinois..... E 10 & 12
- E. Fougera and Company, Inc., Hicksville, New York... C 7
- Fuller Pharmaceutical Company, Minneapolis, Minnesota F 5
- Geigy Pharmaceuticals, Yonkers, New York..... F 4 & 6
- Gerber Products Company, Fremont, Michigan..... B 2
- Charles C. Haskell & Company, Inc., Richmond, Virginia F 8
- H. J. Heinz Company, Pittsburgh, Pennsylvania..... C 11
- Irwin, Neisler & Company, Decatur, Illinois..... G 19
- Ives-Cameron Company, Inc., Philadelphia, Pennsylvania B 10
- Johnson & Johnson, New Brunswick, New Jersey... F 19 & 21  
G 20 & 22
- Knoll Pharmaceutical Company, Orange, New Jersey.... C 15
- Lea & Febiger, Philadelphia, Pennsylvania..... J 8
- Lederle Laboratories Division, American Cyanamid  
Company, Pearl River, New York..... J 10
- Eli Lilly & Company, Indianapolis, Indiana..... E 1 & F 2
- Loma Linda Food Company, Arlington, California..... D 6
- J. A. Majors Company, Dallas, Texas..... D 3
- Maltbie Laboratories Division, Wallace & Tiernan, Inc.,  
Belleville, New Jersey..... G 7 & 9
- Marion Laboratories, Inc., Kansas City, Missouri..... F 10
- The S. E. Massengill Company, Bristol, Tennessee..... G 16
- McNeil Laboratories, Inc., Philadelphia, Pennsylvania.. C 18
- Mead Johnson and Company, Evansville, Indiana..... B 7
- Medco Products Company, Tulsa, Oklahoma..... H 5
- Merck Sharp & Dohme, Division of Merck & Company,  
Inc., West Point, Pennsylvania..... B 1, 3, 5  
C 2, 4, 6
- The Wm. S. Merrell Company, Cincinnati, Ohio.... C 1 & 3
- Miller Surgical Company, Chicago, Illinois..... E 15
- The C. V. Mosby Company, St. Louis, Missouri..... G 17
- Nordson Pharmaceutical Laboratories, Inc.,  
New York, New York..... E 14
- Organon, Inc., Orange, New Jersey..... B 17
- Ortho Pharmaceutical Corporation, Raritan, New Jersey E 7
- Parke, Davis & Company, Detroit, Michigan..... B 13 & 15
- Pet Milk Company, Research Division, St. Louis, Missouri G 5

Pfizer Laboratories, Brooklyn, New York.....	F 3
Pharmacia Laboratories, Inc., Rochester, Minnesota.....	D 8
Plough, Inc., Memphis, Tennessee.....	C 12
Wm. P. Poythress & Company, Inc., Richmond, Virginia..	C 9
The Procter & Gamble Company, Cincinnati, Ohio.....	E 9
The Purdue Frederick Company, New York, New York	J 16
Reed & Carnrick, Kenilworth, New Jersey.....	G 13
The Rhinopto Company, Dallas, Texas.....	J 12
Riker Laboratories, Inc., Northridge, California..	B 11, C 17
Ritter Company, Inc., Rochester, New York.....	E 11 & 13
A. H. Robins Company, Inc., Richmond, Virginia..	E 17 & 19
	F 18 & 20
Roche Laboratories Division, Hoffmann-La Roche,	
Inc., Nutley, New Jersey.....	C 19 & 21
William H. Rorer, Inc., Philadelphia, Pennsylvania....	C 10
Helena Rubinstein, New York, New York.....	F 12 & 14
Sanborn Company, Waltham, Massachusetts.....	J 14
Sandoz Pharmaceuticals, Hanover, New Jersey.....	B 4
W. B. Saunders Company, Philadelphia, Pennsylvania....	D 5
Schering Corporation, Union, New Jersey.....	B 9
Julius Schmid, Inc., New York, New York.....	D 14
G. D. Searle & Company, Chicago, Illinois.....	E 20
Sherman Laboratories, Detroit, Michigan.....	H 7
Smith-Dorsey Division, The Wander Company,	
Lincoln, Nebraska .....	B 14
Smith Kline & French Laboratories,	
Philadelphia, Pennsylvania .....	D 1
Smith, Miller & Patch, Inc., New Brunswick, New Jersey	F 11
E. R. Squibb & Sons, New York, New York.....	E 3
	G 2 & 4
The Stuart Company, Pasadena, California.....	J 4
Swift & Company Baby Foods Division, Chicago, Illinois	E 16
Syntex Laboratories, New York, New York.....	H 1
Teca Corporation, White Plains, New York.....	A 5
First Texas Pharmaceuticals, Inc., Dallas, Texas.....	D 10
Texas Pharmacal Company, San Antonio, Texas.....	F 9
The Upjohn Company, Kalamazoo, Michigan.....	D 7 & 9
U. S. Vitamin & Pharmaceutical Corporation,	
New York, New York.....	F 1
VanPelt & Brown, Inc., Richmond, Virginia.....	C 8
Wallace Laboratories, New Brunswick,	
New Jersey .....	D 18, 20 & 22
Wampole Laboratories, Stamford, Connecticut.....	C 5
Warner-Chilcott Laboratories, Morris Plains, New Jersey	D 11
The Warren-Teed Products Company, Columbus, Ohio..	D 15
Westwood Pharmaceuticals, Buffalo, New York....	D 17 & 19
White Laboratories, Inc., Kenilworth, New Jersey.....	D 13
Winthrop Laboratories, New York, New York.....	D 12
Wyeth Laboratories, Philadelphia, Pennsylvania....	C 13, E 5
F. E. Young & Company, Chicago, Illinois.....	G 14

**WOMAN'S AUXILIARY PROGRAM**

**Thirty-Sixth Annual Meeting**

**October 31-November 3, 1960**

**Statler-Hilton Hotel, St. Louis, Missouri**

**REGISTRATION**

Sunday .....	1:00 p.m.-4:00 p.m.
Monday .....	9:00 a.m.-4:00 p.m.
Tuesday .....	9:00 a.m.-4:00 p.m.
Wednesday .....	9:00 a.m.-4:00 p.m.

North Mezzanine, Statler-Hilton Hotel

**SOUTHERN HOSPITALITY SUITE**

The Southern Hospitality Suite will be open during registration hours Monday, Tuesday, and Wednesday for the convenience of members and guests. Refreshments will be served.

**EXHIBITS**

County and State Doctors' Day Exhibits and Scrapbooks will be displayed in the Southern Hospitality Suite on Monday, Tuesday, and Wednesday.

**TICKETS**

Tickets for the following events will be sold at the Registration desk:

Monday, 8:00 a.m.—Preconvention Board	
Breakfast .....	\$3.00
12:00 noon—Scenic Bus Tour and Luncheon, Bellerive Country Club.....	\$5.00
Tuesday, 8:00 a.m.—Breakfast for Past Presidents of Southern Medical Association Auxiliary.	
3:15 p.m.—Tea and Style Show, Stix, Baer, and Fuller .....	Complimentary
Wednesday, 8:00 a.m.—Postconvention Board	
Breakfast .....	\$3.00
12:00 noon—Doctors' Day Awards Luncheon...	\$4.50
2:00 p.m.—Tour of Missouri Botanical Gar- dens and Tea.....	\$4.00

**MONDAY, OCTOBER 31**

**8:00 a.m.**

**PRECONVENTION MEETING OF EXECUTIVE BOARD (Breakfast)**

Statler-Hilton Hotel—Mezzanine—Daniel Boone Room  
*Presiding*—Mrs. John M. Chenault, President, Decatur, Alabama

- Invocation*—Mrs. Richard F. Stover, Past President, Miami, Florida
- Greetings*—Mr. C. P. Loranz, Advisor and Special Consultant, Southern Medical Association, Birmingham, Alabama
- Mr. Robert F. Butts, Executive Secretary and Treasurer, Southern Medical Association, Birmingham, Alabama
- Dr. Robert D. Moreton, Chairman Southern Medical Association Advisory Council, Fort Worth, Texas
- Welcome*—Mrs. Charles T. Shepherd, Councilor from Missouri, Clayton, Missouri
- Roll Call*—Mrs. Paul Gray, Recording Secretary, Batesville, Arkansas
- Reading of Minutes of 1959 Postconvention Executive Board Meeting*—Mrs. Paul Gray
- Introduction of Convention Chairman and Co-Chairman*—Mrs. Harold Feller and Mrs. Lee T. Ford, St. Louis, Missouri
- Recognition of State Councilors and Special Guests*
- Reports of Officers*
- Reports of Committee Chairmen*
- Unfinished Business*
- New Business*
- Announcements*
- Adjournment*

### 12:00 Noon

Bus Tour through residential St. Louis and Luncheon at Bellerive Country Club.

## TUESDAY, NOVEMBER 1

### 8:00 a.m.

Breakfast for Past Presidents of Southern Medical Association Auxilliary, Daniel Boone Room, Statler-Hilton Hotel.

### 9:00 a.m.

## GENERAL SESSION, THIRTY-SIXTH ANNUAL CONVENTION OF THE WOMAN'S AUXILIARY TO THE SOUTHERN MEDICAL ASSOCIATION

- Statler-Hilton Hotel—Mezzanine—Foyer's II and III
- Presiding*—Mrs. John M. Chenault, President, Decatur, Alabama
- Invocation*—Mrs. Louis K. Hundley, Past President, Pine Bluff, Arkansas
- Greetings*—Dr. Edwin H. Lawson, President Southern Medical Association, New Orleans, Louisiana
- Dr. R. O. Muether, President Missouri State Medical Association, St. Louis, Missouri
- Dr. Grayson Carroll, General Convention Chairman, St. Louis, Missouri
- Welcome*—Mrs. Jordan Kelling, President Woman's Auxilliary to the Missouri State Medical Association, Waverly, Missouri
- Mrs. Vencel Hollo, President Woman's Auxilliary to the St. Louis Medical Society

- Mrs. Maurice Diehr, President Woman's Auxiliary to the St. Louis County Medical Society
- Response*—Mrs. John T. Morris, President Woman's Auxiliary to the Medical Association of the State of Alabama, Cullman, Alabama
- Presentation of President-Elect*—Mrs. Kalford W. Howard, Portsmouth, Virginia
- Greetings*—Mrs. William Mackersie, President Woman's Auxiliary to the American Medical Association, Detroit, Michigan
- Roll Call*—Mrs. Paul Gray, Recording Secretary, Batesville, Arkansas
- Recognition of State Presidents, Presidents-Elect, and Guests*
- Reading of Minutes of 1959 Convention*—Mrs. Paul Gray
- Convention Announcements*—Mrs. Harold Feller, Chairman, and Mrs. Lee T. Ford, Co-Chairman, St. Louis, Missouri
- Convention Rules of Order*—Mrs. Oscar W. Robinson, Parliamentarian, Paris, Texas
- Memorial Service*—Mrs. Joseph Hitch, Memorial Chairman, Raleigh, North Carolina

### Reports of Officers

- President*—Mrs. John M. Chenault, Decatur, Alabama
- President-Elect*—Mrs. Kalford W. Howard, Portsmouth, Virginia
- Recording Secretary*—Mrs. Paul Gray, Batesville, Arkansas
- Corresponding Secretary*—Mrs. C. Kermit Pitt, Decatur, Alabama
- Treasurer*—Mrs. C. Grenes Cole, New Orleans, Louisiana
- Historian*—Mrs. Shelley C. Davis, Atlanta, Georgia
- Parliamentarian*—Mrs. Oscar W. Robinson, Paris, Texas

### Reports of State Councilors by Regions

- Moderator*—Mrs. Roy A. Douglass, First Vice-President, Huntingdon, Tennessee
- Alabama—Mrs. George W. Newburn, Mobile
- Florida—Mrs. S. J. Wilson, Fort Lauderdale
- Georgia—Mrs. Louie H. Griffin, Claxton
- North Carolina—Mrs. Donnie M. Royal, Salemburg
- South Carolina—Mrs. Cecil G. White, Greenville
- Tennessee—Mrs. Elmer T. Pearson, Elizabethton
- Moderator*—Mrs. Elias Margo, Second Vice-President, Oklahoma City, Oklahoma
- Arkansas—Mrs. Robert Atkinson, Hot Springs
- Louisiana—Mrs. Edward M. Harrell, Lafayette
- Mississippi—Mrs. S. Lamar Bailey, Kosciusko
- Oklahoma—Mrs. F. L. Flack, Tulsa
- Texas—Mrs. H. S. Renshaw, Fort Worth
- Moderator*—Mrs. Richard E. Dunkley, Third Vice-President, Washington, D. C.
- District of Columbia—Mrs. James E. Wissler, Washington

Kentucky—Mrs. Robert F. Monroe, Louisville  
 Maryland—Mrs. Charles H. Williams, Pikesville  
 Missouri—Mrs. Charles T. Shepherd, Clayton  
 Virginia—Mrs. John H. Dellinger, Norton  
 West Virginia—Mrs. Ross P. Daniel, Beckley

### Reports of Committees

*Auditing*—Mrs. E. R. Guidry, New Orleans, Louisiana  
*Auxiliary Room*—Mrs. William G. Thuss, Sr., Birmingham, Alabama  
*Budget*—Mrs. Gerald LeVan, Boonsboro, Maryland  
*Custodian of Records*—Mrs. W. W. Potter, Knoxville, Tennessee  
*Doctors' Day*—Mrs. Luther H. Wolff, Columbus, Georgia  
*Membership*—Mrs. Roy A. Douglass, Huntingdon, Tennessee  
*Memorial*—Mrs. Joseph N. Hitch, Raleigh, North Carolina  
*Program and Convention*—Mrs. Harold Feller, Chairman, Mrs. Lee T. Ford, Co-Chairman, St. Louis, Missouri  
*Publicity*—Mrs. Martyn Schattyn, St. Louis, Missouri  
*Resolutions*—Mrs. William Noble, Fort Payne, Alabama  
*Research and Romance of Medicine*—Mrs. Perry D. Melvin, Miami, Florida  
*Revisions*—Mrs. Carlisle Morse, Louisville, Kentucky

### Special Reports

*Courtesy Resolutions*

*Registration*

*Executive Board*

*Unfinished Business*

*New Business*

*Election of Nominating Committee for 1961*

*Report of Nominating Committee for 1960*—Mrs. George W. Owen, Chairman, Jackson, Mississippi

*Election of Officers*

*Installation of Officers*—Mrs. Walker L. Curtis, Past President, College Park, Georgia

*Presentation of Past President's Pin*—Mrs. George W. Owen

*Presentation of President's Pin and Gavel*—Mrs. John M. Chenault

*Inaugural Address*—Mrs. Kalford W. Howard

*Announcements*

*Adjournment*

**12:30 p.m.**

Southern Medical Association President's Luncheon, Sheraton-Jefferson Hotel, Gold Room.

**3:15 p.m.**

Tea and Style Show, Stix, Baer and Fuller Department Store.

**WEDNESDAY, NOVEMBER 2****8:00 a.m.****POSTCONVENTION MEETING OF EXECUTIVE BOARD (Breakfast)**

Statler-Hilton Hotel—Mezzanine—Daniel Boone Room  
*Presiding*—Mrs. Kalford W. Howard, President, Portsmouth, Virginia.

**12:00 Noon****DOCTORS' DAY AWARDS LUNCHEON****Statler-Hilton Hotel Ballroom****"Serenade to Southern Doctors"**

*Presiding*—Mrs. Luther H. Wolff, Doctors' Day Chairman, Columbus, Georgia

*Invocation*—Dr. John M. Chenault, Decatur, Alabama

*Introduction of Distinguished Guests*—Mrs. Luther H. Wolff

*Entertainment*—Mrs. Durand Benjamin

*Doctors' Day Awards*—Mrs. Luther H. Wolff

**2:00 p.m.**

Tour of Missouri Botanical Gardens and Tea.

**7:00 p.m.**

Southern Medical Association Annual President's Night Dinner-Dance, Gold Room, Sheraton-Jefferson Hotel.

## INDEX OF NAMES

## Index of all names in this program

Page	Page
A	
Abbott, Osler A..... 116	Bindbeutel, Donald A. 9, 13, 26
Abraham, Robert A..... 32	Birmingham, Donald J.. 37
Abrams, Morris..... 13	Blair, D. Shelton.....36, 79
Acker, Harry L.....15, 93	Blair, Vilray P., Jr..... 15
Ackerman, Lauren V...15, 85	Blake, Thomas M..... 116
Ackermann, Philip G... 119	Blashy, Manfred R. M... 95
Adam, Maurice..... 116	Bloom, William A..... 13
Adams, John Q..... 120	Boedeker, Roy V..... 13
Adkins, Charles..... 122	Boggs, H. Whitney..... 28
Adriani, John.....32, 123	Boles, Clifford R.....15, 89
Alexander, Albert M... 51	Boling, Edgar..... 98
Alexander, Harry L...14, 27	Bolinske, Robert E....14, 27
Alford, Dale.....18, 19	Bondurant, Bryce H...14, 49
Allen, Charles E..... 121	Bonura, Charles M.... 122
Allen, George S.....46, 102	Borland, James L..... 40
Allen, Henry C.....15, 85	Botnick, Robert..... 122
Allen, Hollis N.....15, 85	Bottomy, John R..... 51
Allen, Willard M.....14, 49	Bowdern, Edward H...16, 107
Allison, Fred, Jr..... 61	Box, Julia Constance Hart 32
Almond, Carl H..... 121	Boyles, Paul W..... 120
Alsobrook, W. L..... 41	Bradley, Richard V.... 109
Altheide, J. Paul.....16, 111	Branscomb, Ben V..... 61
Alvis, Edmund B.....15, 71	Brashear, H. Robert, Jr.. 79
Andelman, Sumner Y. 45, 101	Brasher, Charles A...115, 116
Andersen, T. W..... 32	Bremner, Normand M... 33
Anderson, Robert H.... 121	Brennan, Patricia A.... 14
Andrews, B. W..... 112	Brennan, Robert V...16, 111
Andrews, Charles E.... 115	Bricker, Eugene M...14, 109
Angell, Franklin L.... 121	Brierre, Joseph T..... 119
Anlyan, William G..... 119	Briggs, Arthur H..... 121
Arbesman, Carl E....28, 29	Brittingham, Thomas...8, 25
Arey, James B..... 90	Brodeur, Armand.....9, 26
Arneson, A. N. 8, 14, 25, 49, 67	Brookes, Robert D....15, 63
Asher, Arthur G..... 13	Broun, Goronwy O..... 13
Ashworth, C. T..... 121	Brown, Ethan Allan.... 28
Atay, M. N..... 115	Brown, Forrest R..... 102
Atler, Milton..... 74	Brown, James Barrett... 13
Aton, James K..... 36	Brown, Seymour 14, 31, 32
Austin, Martin G..... 13	Brown, Wilson G..... 87, 88
B	Browne, Donovan C. 41, 120
Bagby, James W.....14, 35	Bruce, Helen L..... 14
Bailey, Herbert A..... 121	Buchanan, Robert N., Jr. 35
Bailey, Percival..... 64	Bukantz, Samuel C..... 29
Bailey, William H....15, 71	Burford, Cyrus E....16, 111
Baine, John C..... 6	Burford, E. Humber...16, 111
Baker, Lenox D..... 83	Burford, Thomas H...16, 107
Baldree, Charles E., Jr. 7, 13	Burke, Robert J.....15, 89
Baldwin, Kenneth R.... 51	Burks, James W..... 35
Ballou, H. Charles.... 53	Burman, Richard G.... 69
Balsam, Frederick J... 55	Burns, Francis J. 8, 16, 25, 97, 98, 99
Bargen, J. Arnold.... 41	Burst, Donald O.....15, 79
Barkin, Gilbert D..... 120	Busse, Ewald W..... 66
Barnes, Malcolm L.... 111	Bussmann, Donald W. 8, 26
Barrow, Jack.....14, 27	Butcher, H. R.....8, 26
Bartlett, Robert W. 13, 108, 109	Butts, Robert F..... 144
Bartlett, Willard..... 14	Byrd, Benjamin F., Jr. 37, 108
Bassett, Robert B....13, 45	Byrne, John E.....16, 111
Bateman, Jeanne C...120, 121	C
Bauer, Hans G..... 119	Callahan, Alston..... 74
Bauer, Joseph A.....15, 89	Cannon, Edward M.... 14
Baum, George L..... 116	Caravati, Charles M. 39, 43, 88, 105, 110
Beam, Sim F.....13, 15, 57	Carlo, J. F..... 95
Beasley, Louis Kenneth 13, 15, 57	Carlson, Hjalmar...111, 112
Becke, William G.....15, 57	Carlton, Harry N...120, 121
Becker, Bernard...7, 25, 71	Carpenter, Frederick A. 122
Becker, Edward J....16, 111	Carr, Archie D.....15, 63
Beeler, Myrton F..... 86	Carr, Chalmers R..... 80
Behrer, M. Remsen...31, 89	Carrera, G. M..... 86
Bell, Warren N..... 60	Carroll, George J.... 85
Benjamin, Durand.... 14	Carroll, Grayson....13, 19
Berard, Louis N.....16, 111	Casey, Albert E..... 120
Berg, Roger M..... 104	Cassidy, Leslie D....14, 39
Bergner, Grace E..... 14	Castro, Alejandro F...97, 98
Berland, Harry I....16, 103	Caveny, E. L..... 65
Bernard, Harvey R. 31, 40, 89	Cawein, Madison..... 59
Bickers, John N..... 115	Cayer, David..... 39
Biggs, Albert W..... 111	

- |   | Page                        |                                | Page              |
|---|-----------------------------|--------------------------------|-------------------|
| Cazort, Alan G.....                           | 28                          | Devine, Charles J., Jr...      | 122               |
| Chalfant, Robert L.....                       | 50                          | Devine, Charles J., Sr...      | 122               |
| Chamness, James T.....                        | 7, 13                       | Devine, Patrick C.....         | 122               |
| Channick, B. J.....                           | 122                         | DeWitt, Henry.....             | 32                |
| Chaplin, Hugh.....                            | 8, 25                       | Deyton, John W.....            | 15, 93            |
| Charles, Cecil M.....                         | 13                          | Diamond, Henry.....            | 86                |
| Chatham, B. S.....                            | 68                          | Diehr, Alvin H.....            | 15, 53            |
| Chears, W. Crockett, Jr.                      | 31, 121                     | Diehr, Mrs. M. A.....          | 12                |
| Chenault, Mrs. John M.                        | 10                          | Diehr, Maurice A.....          | 13                |
| Chenoweth, Arthur I....                       | 107                         | Dill, Foster A.....            | 14, 45            |
| Chieffi, Margaret.....                        | 14                          | Dimmette, Robert M.            | 58, 85, 86, 88    |
| Chin, Tom D. Y.....                           | 102                         | Dodd, Robert B.                | 14, 31, 89, 122   |
| Ciambotti, Albert.....                        | 36, 122                     | Dolan, William D., Jr...       | 87                |
| Cibis, Paul A.....                            | 7, 25, 71                   | Donald, Joseph M.....          | 108               |
| Claiborne, John W., Jr..                      | 13                          | Dorsett, E. Lee.....           | 14, 49            |
| Clark, Wallace, Jr.....                       | 35                          | Doshay, Lewis J.....           | 122               |
| Clarkson, Ira S., Jr....                      | 120                         | Dougdale, Marion.....          | 111               |
| Clayton, L. B.....                            | 102                         | Douglas, F. Clark.....         | 121               |
| Clemmons, Hershel.....                        | 68                          | Dowd, James F.....             | 16, 107           |
| Clippinger, Frank W....                       | 84                          | Dowman, Charles E.....         | 63                |
| Coates, Thomas A.....                         | 15, 53                      | Doyle, Charles R.....          | 13                |
| Cobb, Sanford.....                            | 33                          | Doyle, Raymond T.....          | 41                |
| Cohen, Irvin M.....                           | 64                          | Doyle, Richard S.....          | 116               |
| Colbert, James W., Jr..                       | 13                          | Drake, Truman G.               | 13, 15, 57        |
| Coldwater, Kenneth B.                         | 16, 107                     | Drescher, Emmett B.            | 16, 107           |
| Cole, William R.....                          | 8, 26                       | Dubuque, Theodore J., Jr.      | 9, 26             |
| Coleman, Reese C., Jr..                       | 111                         | Dungan, W. T.....              | 90                |
| Collier, Fred C. D.....                       | 50                          | Dunham, Richard B....          | 13                |
| Comens, Ruth C.....                           | 14                          | Duval, Addison M.....          | 65                |
| Cone, Alfred J.....                           | 15, 71                      |                                | E                 |
| Conn, J. Harold.....                          | 119                         | Eades, Dee W.....              | 13                |
| Conrad, Adolph H., Jr..                       | 36                          | Earp, Ralph K.....             | 80                |
| Conrad, Marshall B....                        | 15, 79                      | Eberle, John P.....            | 14, 31            |
| Cooper, C. David.....                         | 122                         | Eckhardt, Robert E.....        | 54                |
| Cooper, Theodore.....                         | 9, 26                       | Edmonson, Allen S....          | 83                |
| Cordonnier, Justin J.                         | 16, 111                     | Edwards, Joseph C....          | 13, 59            |
| Cortez, Willie S.....                         | 116                         | Edwards, L. W.....             | 119               |
| Costello, Joseph P., Jr..                     | 13                          | Edwards, Thomas S....          | 74                |
| Costello, Joseph P., Sr.                      | 15, 89                      | Eisen, Herman N.....           | 14, 27            |
| Costen, James B.....                          | 15, 71                      | Eisenstein, Albert B.          | 16, 101           |
| Costrino, Joseph A....                        | 15, 53                      | Ekman, Perry J.....            | 115               |
| Cotton, Horace.....                           | 24                          | Eller, C. Howe.....            | 16, 101           |
| Coughlin, Bertrand D.                         | 8, 16, 25, 97, 99, 100, 117 | Ellis, Francis A.....          | 35                |
| Coulter, Wm. W., Jr....                       | 115                         | Ellis, George S.....           | 74, 119           |
| Craig, Paul E.....                            | 47                          | Emerson, Reynolds L.           | 14, 45            |
| Crawford, E. Stanley....                      | 22                          | Engman, Martin F., Jr.         | 14, 35            |
| Crawford, Hugh H.....                         | 122                         | Enos, Wm. F.....               | 87                |
| Crawford, Katherine J..                       | 14                          | Epstein, Jerome.....           | 122               |
| Crawford, Lloyd V.....                        | 27                          | Erickson, G. M.....            | 102               |
| Crawford, Oral B.....                         | 33                          | Ernst, Edwin C.....            | 13                |
| Creadick, Robert N....                        | 49, 51                      | Ernst, Edwin C., Jr....        | 14                |
| Creech, Oscar, Jr....                         | 107, 108                    | Espenan, P.....                | 64                |
| Crego, Clarence H., Jr.                       | 15, 79                      | Esposito, Albert C....         | 71                |
| Curran, George L.....                         | 9, 26                       | Evans, Roy B., Jr.....         | 144               |
|   | D                           | Evatt, Clay W.....             | 74                |
| Dalton, Arthur R.....                         | 14                          | Eyermann, Charles H.           | 14, 27            |
| Dampeer, Theodore K., Jr.                     | 50                          |                                | F                 |
| Danforth, D. N.....                           | 123                         | Fabian, Leonard W....          | 31, 32            |
| Danis, Peter G.....                           | 15, 89                      | Fain, William R.....           | 119               |
| Daughaday, William H.                         | 57, 58, 85, 86              | Falk, O. P. J.....             | 13                |
| Daughtry, DeWitt C.                           | 115, 116                    | Fansler, Walter A.....         | 97                |
| Davidson, John D.....                         | 42                          | Favour, Cutting B.             | 60, 88, 113       |
| Davis, Edgar W. (Washing-<br>ton, D. C.)..... | 116                         | Fein, Bernard T.....           | 27                |
| Davis, Edgar W. (St. Louis,<br>Mo.).....      | 13                          | Ferguson, Harold.....          | 37                |
| Davis, Jesse T.....                           | 119                         | Ferguson, James Henry          | 8, 25, 49, 50, 67 |
| Davis, Mary A.....                            | 9, 26                       | Fernandez, Wesley.....         | 64                |
| Davis, Milton V.....                          | 116                         | Field, James B.....            | 119               |
| Davis, Myron W.....                           | 14, 49                      | Fields, William S.....         | 21                |
| Davis, William, Jr.....                       | 97                          | Finch, Henry.....              | 98                |
| Deaton, Hugo L.....                           | 119                         | Finkel, Barney W....           | 13, 45            |
| Deibert, Kirk R.....                          | 103                         | Finley, John K.....            | 45, 101           |
| DeKornfeld, Thomas J..                        | 32                          | Fish, Virgil O.                | 8, 16, 26, 97, 99 |
| DeLawter, Dewitt E....                        | 119                         | Fisher, John W.....            | 121               |
| Delgado, Delio D.....                         | 122                         | Fitzpatrick, Vincent deP., Jr. | 67                |
| Dell, J. Maxey, Jr.                           | 103, 104                    | Flavan, David B.....           | 13                |
| Dempsey, Edward W....                         | 13                          | Flipse, M. E.....              | 102               |
| Dennis, Edward W.....                         | 119                         | Fonda, Donald.....             | 75                |
| Dent, Sara J.....                             | 31, 89, 122                 | Ford, Lee T., Jr.              | 13, 15, 79, 84    |
| Derbes, Vincent J.....                        | 36                          |                                |                   |

- |                               | Page        |                                 | Page         |
|-------------------------------|-------------|---------------------------------|--------------|
| Ford, Ralph V.....            | 119         | Hampton, Stanley F. 14, 27,     | 28           |
| Forsham, Peter H.....         | 58, 86      | Hancock, W. Roy.....            | 40           |
| Foster, Leon.....             | 6, 15, 67   | Hanekamp, Edward.....           | 69           |
| Foster, Merritt W., Jr....    | 121         | Haney, T. Paul.....             | 45, 101      |
| Francis, Herbert C.....       | 103         | Hanley, Patrick H. 97, 98,      | 99, 100, 117 |
| Franklin, Ernest W., Jr. 67,  | 69          | Hanlon, C. Rollins 8, 13, 26,   | 107          |
| Franklin, Max S.....          | 13          | Hansel, French K.....           | 14, 27       |
| Franklin, Roberta B.....      | 120         | Hanser, S. Albert.....          | 14           |
| Frazier, Claude A.....        | 27, 28      | Hardy, A. V.....                | 102          |
| Frei, Emil, III.....          | 104         | Hardy, Guerdan.....             | 15, 71, 73   |
| Freiheit, Harold J.....       | 13          | Hardy, Joseph A.....            | 14, 49       |
| Frenkil, James.....           | 53          | Hardy, Joseph A., Jr. 8, 25,    | 49, 67       |
| Freund, Samuel J. 8, 16, 25,  | 97, 99      | Harkins, William B.....         | 15, 71       |
| Fries, Armand D.....          | 15, 71      | Harper, Fleming B.....          | 13           |
| Fritsch, Kilian F.....        | 82          | Harrington, Wm. J. 8, 15,       | 25, 57       |
| Froelich, R. E.....           | 66          | Harris, Titus H.....            | 64           |
| Fromer, John L.....           | 36          | Harrison, Tinsley R.....        | 59           |
| Frommeyer, Walter B., Jr.     | 57          | Hartnett, Leo J. 8, 13, 15, 25, | 49, 67       |
| Fuchs, George J.....          | 16, 97      | Hartroft, W. Stanley.....       | 39           |
| Fulghum, Charles B.....       | 63          | Hawker, William D.....          | 15, 67       |
| Funnell, Joseph W.....        | 120         | Hawkins, George L., Jr..        | 13           |
| Funsch, Edwin C.....          | 15, 53      | Hawkins, Lee W.....             | 13           |
| Funsch, Robert E. 15, 79, 80  |             | Haydel, W.....                  | 64           |
| Furcolow, Michael L.....      | 116         | Haynes, Douglas M.....          | 68           |
| Furlow, Leonard T.....        | 13          | Haynes, Robert C.....           | 13           |
| Fuzy, Paul J., Jr.....        | 98, 99      | Haywood, Theodore J. 27,        | 120          |
| G                             |             |                                 |              |
| Gafney, George T.....         | 16, 107     | Henderlite, J. W.....           | 7            |
| Gage, Tracy D.....            | 120         | Hendrix, James H., Jr..         | 119          |
| Gainey, Harold L.....         | 13          | Hensel, Albert.....             | 120          |
| Galambos, John T.....         | 39          | Herrington, J. Lynwood, Jr.     | 109, 119     |
| Galbraith, J. Garber...11, 21 |             | Hershey, Falls B.....           | 14           |
| Galleher, Earl P., Jr....     | 112         | Hester, Lawrence L., Jr. 51,    | 117          |
| Garvey, Fred K...60, 88, 113  |             | Hibbs, Samuel G.....            | 65           |
| Gasque, MacRoy.....           | 53          | Hickey, Robert F.....           | 14           |
| Gee, Happy L.....             | 32          | Hightower, N. C.....            | 42           |
| Gerber, Paul U., Jr....       | 121         | Hildreth, H. Rommel...15, 71    |              |
| Gibson, Marvin M.....         | 83          | Hill, Hugh M.....               | 69           |
| Gieselman, Ralph V.....       | 13          | Hill, S. Richardson 57, 58,     | 85, 86       |
| Gildea, Edwin F.....          | 15, 63      | Hillman, J. W.....              | 81           |
| Gildea, Margaret.....         | 63          | Hirschowitz, Basil I....        | 40           |
| Gill, John.....               | 73          | Hitch, Joseph M.....            | 35           |
| Gillespie, William J....      | 14          | Hobbs, John E.....              | 14, 15, 49   |
| Gingrich, Wendell D. 74, 120  |             | Hodges, Fred B., Jr....         | 97           |
| Godwin, John T.....           | 85, 87      | Holland, Wm. C.....             | 121          |
| Goebel, Joan M.....           | 14          | Holley, Howard L.....           | 61           |
| Goldman, Alfred.....          | 15, 57      | Hollo, Vencel W.....            | 13           |
| Goldring, David.....          | 15, 89      | Holowach, Jean.....             | 91, 120      |
| Goldstein, Robert.....        | 76          | Holscher, Edward C. 15, 79,     | 80           |
| Gordinier, John D.....        | 67          | Holt, Earl P.....               | 6, 79        |
| Gordon, Dan M.....            | 119         | Holtz, Sumner.....              | 104          |
| Gordon, Robert S., Jr....     | 42          | Horner, John L.....             | 14           |
| Gorla, Wayne O.....           | 14, 27      | Horsley, Guy 43, 88, 104,       | 107, 110     |
| Gowin, Thomas S.....          | 99          | Horton, Charles E.....          | 122          |
| Grant, Samuel B.....          | 15, 57      | Horwich, Harry.....             | 73           |
| Grater, Wm. C.....            | 27, 28      | Hoskins, Henry R.....           | 115          |
| Graul, Walter P.....          | 80          | Houston, A. N. Sam....          | 53           |
| Gravelle, Clifton R.....      | 102         | Howard, Hector S.....           | 116          |
| Gravenstein, J. S.....        | 32          | Howard, Mrs. Kalford W. 10      |              |
| Gray, Walter C.....           | 14, 45, 46  | Howe, Louis F.....              | 13           |
| Gregg, Robert A.....          | 93          | Howell, Charles M., Jr..        | 123          |
| Grenfell, Raymond F....       | 121         | Hrdlicka, Victor E.....         | 15, 89       |
| Griffin, Belton G.....        | 41          | Hubbard, Fred G.....            | 32           |
| Grindon, Joseph B., Jr. 14,   | 35          | Huggins, Albert M.....          | 13           |
| Grisham, Joe W.....           | 39          | Hughes, Edward C. 51, 68,       | 69           |
| Grogan, Frank M.....          | 15, 63      | Hughes, James L.....            | 53, 54       |
| Groh, Robert H.....           | 63, 66      | Hughes, Robert G.....           | 13           |
| Gross, Worth M.....           | 79          | Hunter, F. Edmund.....          | 32           |
| Gunn, Walter T.....           | 13          | Hunter, Oscar Benwood, Jr.      | 87, 88       |
| H                             |             |                                 |              |
| Hackmeyer, Rubin.....         | 16, 97      | Hutchinson, John.....           | 51           |
| Hagedorn, C.....              | 116         | Hynes, Inge.....                | 66           |
| Haik, Geo. M.....             | 71, 73, 119 | I                               |              |
| Hall, A. Fletcher.....        | 37          | Irwin, C. E.....                | 84           |
| Hall, Eugene W.....           | 14, 45      | J                               |              |
| Hall, Lee A.....              | 13          | Jackson, John D.....            | 121          |
| Hall, Preston C.....          | 13          |                                 |              |
| Halpern, Lawrence K. 14, 35   |             |                                 |              |
| Hamilton, Caldwell K. 15, 89  |             |                                 |              |
| Hammond, John J.....          | 15, 57      |                                 |              |
| Hampton, Oscar P., Jr. 9, 15, | 26, 79, 81  |                                 |              |

- |                                       | Page       |                                    | Page        |
|---------------------------------------|------------|------------------------------------|-------------|
| Jackson, John F.....                  | 61         | Lam, Robert L.....                 | 66          |
| Janney, James G.....                  | 9, 26      | Lamb, John H.....                  | 35          |
| Jarvis, Garth L. 8, 25, 49, 67        |            | Lane, Clinton W.....               | 12, 13      |
| Jaudon, Joseph C.....                 | 15, 89     | Langdell, Robert D....             | 87, 88      |
| Jennings, Wm. D.....                  | 115        | Lange, Kurt.....                   | 60, 88, 113 |
| Jervey, J. W., Jr.....                | 74         | Langeluttig, Harry V.              | 115, 116    |
| Jick, Sidney.....                     | 14         | Lansche, W. Edward....             | 83          |
| Johnson, C. H.....                    | 55         | Larimore, Joseph W....             | 14, 39      |
| Johnston, David H.....                | 40         | Larkin, Matthew A....              | 97, 98      |
| Johnston, Thomas G....                | 28         | Larkin, Rosemary R....             | 14          |
| Jolly, Henry W., Jr.....              | 36         | Larsen, Kenneth V....              | 15, 67      |
| Jones, Andrew B.....                  | 15, 63     | Laopus, William.....               | 90          |
| Jones, Grey.....                      | 15, 49     | Lavenstein, Arnold F....           | 29          |
| Jones, Ralph, Jr.....                 | 58         | Laville, L. P.....                 | 108         |
| Jones, Victor T.....                  | 16, 103    | Lawson, Edwin Hugh 11,             | 18, 19      |
| Jones, Vincent L.....                 | 15, 71     | Lawton, John T.....                | 15, 57      |
| Jones, Wm. B.....                     | 83         | Lawton, Lawrence M....             | 14          |
| Jordon, James W.....                  | 37         | Lazarus, Sydney S.....             | 122         |
| Jorstad, Louis H.....                 | 13         | Leahy, John G.....                 | 13          |
| Joslin, Albert H.....                 | 111        | Leavitt, Lewis A.....              | 94          |
| Joslyn, Harold L.....                 | 14, 39     | LeBlanc, Leo J.....                | 16, 97      |
| K                                     |            |                                    |             |
| Kain, Helen Gladys.....               | 10         | Lechert, John.....                 | 123         |
| Kalil, Harvey H.....                  | 119        | Lee, Jack B.....                   | 75          |
| Kao, Kung-Ying Tang... 119            |            | LeMaistre, Charles A....           | 60          |
| Kappesser, Netajean Broome 14         |            | LePere, Donald.....                | 120         |
| Karl, Michael M.....                  | 13         | LePere, Robert H.....              | 116         |
| Karnaky, Karl John 46, 102, 120       |            | Leslie, Charles H.....             | 13          |
| Katz, Sol.....                        | 116        | Lewis, James Eugene, Jr. 9, 13, 26 |             |
| Keele, Doman K.....                   | 91         | Lewis, Miles L., Jr....            | 72, 77      |
| Keirns, M. M.....                     | 21, 22     | Lich, Robert, Jr.....              | 111         |
| Keller, Joseph M.....                 | 15, 71     | Lieberman, David M....             | 13          |
| Kellett, John G. 13, 14, 45           |            | Lieberman, Warren.....             | 121         |
| Kelley, Robert W.....                 | 14, 39     | Lindbergh, Donald A. B.            | 86          |
| Kelsey, John R.....                   | 41         | Lindeman, Carl H.....              | 14, 45      |
| Kelso, Joseph W.....                  | 120        | Lisan, Philip.....                 | 122         |
| Kendis, Joseph B.....                 | 13         | Lischer, Carl E.....               | 16, 107     |
| Kennedy, C. Barrett....               | 37         | Litschgi, Joseph J.....            | 123         |
| Keown, Kenneth K.....                 | 32         | Little, Harry.....                 | 51          |
| Kerr, David N.....                    | 13         | Llewellyn, Raeburn C....           | 64          |
| Kettlekamp, Fred G....                | 6          | Loeb, Virgil, Jr. 8, 15, 25, 57    |             |
| Kettlekamp, George D. 16, 101         |            | Loeffel, Ellen S.....              | 14          |
| Kheim, Teofil.....                    | 119        | Lohr, Curtis H.....                | 13          |
| Kieffer, Roland S.....                | 16, 107    | Lonsway, Maurice J., Jr. 13, 14    |             |
| Kienzle, Edward C.....                | 14         | Lonsway, Maurice J., Sr. 15, 89    |             |
| Killilea, Donald E.....               | 91         | Lord, Richard E.....               | 15, 79      |
| King, Eustace E.....                  | 15, 53     | Lottes, J. Otto.....               | 81          |
| King, James.....                      | 9, 26      | Lowenstein, Paul S....             | 14          |
| King, John V.....                     | 16, 107    | Lubowe, Irwin I.....               | 47          |
| King, M. K.....                       | 16, 101    | Lucas, Fred V. 57, 58, 85, 86      |             |
| Kingsland, Robert C....               | 13         | Luedde, Philip S.....              | 15, 71      |
| Kinsella, Edward D....                | 8, 25      | Lund, Robert H.....                | 13          |
| Kinsella, Peter.....                  | 115        | Lundstrom, Torsten H... 93         |             |
| Kinsella, Ralph A.....                | 13         | Luten, Drew.....                   | 15, 57      |
| Kinsella, Ralph A., Jr. 8, 13         |            | Lynch, Mercer G.....               | 71          |
| Kirgis, Homer D.....                  | 64, 121    | Lynxwiler, Chester P. 15, 89       |             |
| Kistner, Wm. F.....                   | 13         | Lyons, Robert E.....               | 37          |
| Kite, J. H.....                       | 83         | Lytton, William B....              | 15, 63      |
| Kleckner, Martin S., Sr. 39           |            | Mc                                 |             |
| Klein, Harry A.....                   | 15, 53     | McAfee, C. Alan.....               | 9, 26       |
| Knese, Luke A.....                    | 14         | McBurney, Robert P....             | 109         |
| Knight, James.....                    | 120        | McCarroll, Henry R. 15, 79, 82     |             |
| Knight, Wm. A.....                    | 39         | McCord, Clinton D., Jr. 122        |             |
| Knight, Wm. A., Jr. 9, 13, 14, 26, 39 |            | McCullagh, Wm. H.....              | 65          |
| Knox, John M.....                     | 35         | McCurry, J. H.....                 | 12          |
| Kohler, Louis H.....                  | 15, 63     | McDonald, Geo. H....               | 15, 53      |
| Kohn, Cecil M.....                    | 28         | McElhannon, F. M.....              | 108         |
| Kolker, Allan E.....                  | 72         | McElhenney, Thomas R. 28           |             |
| Kopp, Jules H.....                    | 16, 111    | McGavack, Thomas H... 119          |             |
| Kosner, David.....                    | 73         | McGovern, John.....                | 121         |
| Kountz, Wm. B.....                    | 119        | McGovern, John P....               | 27, 120     |
| Kraft, Edward O....                   | 14, 31, 32 | McHardy, Gordon.....               | 123         |
| Kraft, Irvin A.....                   | 63         | McHardy, Robert.....               | 123         |
| Kramolowsky, H. H....                 | 16, 111    | McKee, Duncan M.....               | 107         |
| Krebs, Joseph M.....                  | 15, 67     | McKee, Kelly T.....                | 57          |
| Krebs, Otto S.....                    | 15, 67     | McMahon, Alphonse.... 13           |             |
| Krementz, Edward T....                | 108        | McMahon, Bernard J. 14, 15, 71, 72 |             |
| Krieger, John L.....                  | 14, 31     | McNally, Hugh B.....               | 67          |
| Kubitschek, Paul E....                | 15, 63     | McNearney, Joseph....              | 14, 31      |
| Kupperman, Herbert S... 47            |            | McNichol, R. W.....                | 65          |
| L                                     |            |                                    |             |
| Lady, William T.....                  | 49         | McPherson, Samuel D., Jr. 71       |             |
| LaFratta, Carl W.....                 | 95         | McWherter, Lottie....              | 29          |

	Page		Page
M			
Macdonald, Wm. C.	14, 39	Mullarky, Wilbur A.	14, 45, 46
Machek, Otakar	15, 93, 95	Mulligan, Leo V.	8, 16, 25, 107
Mack, Robert E.	13	Mullins, J. Fred.	35
Macnish, James M.	16, 111	Munoz, Anthony J.	37
Macon, William L., Jr.	15, 53, 54	Munsky, Augustus P.	13
Magaletta, G. E.	69	Murphey, Francis.	21
Magiera, Estelle A.	10	Murphy, James P.	13
Magness, Guy N.	16, 101	Murphy, Paul.	15, 57
Maher, Thomas F., Jr.	13	Murphy, William P., Jr.	119
Mahoney, Florence I.	93	Murray, Neville.	64
Mamiya, Richard T.	9, 26	Murrell, Thomas W., Jr.	36
Manganaro, Frank J.	14, 39	Myers, James D.	120
Manion, Peter J.	15, 89	N	
Manson, Richard Campbell	36	Nakada, James R.	14
Manson, William.	51	Nash, Francis P.	65
Manting, George	14, 35	Neal, M. Pinson.	13
Margo, Elias	79	Neefe, John R.	40, 42
Marine, William M.	102	Neft, Louis A.	111
Marion, Donald F.	42	Neilson, Arthur W.	14, 47
Marshall, Victor F.	121	Nelson, Norman	64
Martin, Charles E.	14, 45	Nelson, Robert S.	40
Martin, Frederick W.	15, 49	Nemec, Stanley S.	16, 103
Martin, John A.	121	Neumeister, Charles A.	97, 99
Martt, J. M.	121	Nicely, Park.	112
Mason, James O.	45, 101	Nickel, James F.	13
Massie, Edward	13, 115	Nickell, John A.	119
Massie, W. K.	80, 121	Nicolai, Charles H.	16, 111
Mathes, Gordon L.	112	Nigro, Norman D.	98
Mathirne, Charles	64	Noah, Joseph W.	14, 27
Matthews, Warren B.	85	Nodine, John H.	122
Mattis, Robert D.	15, 71, 72	Norris, Jack C.	6, 87
Mauck, William	81	Nowell, John F.	74, 119
Max, Paul F.	13	Nuetzel, John A.	14
May, Virgil R., Jr.	81	O	
Mays, Howard B.	122	Oaks, Wilbur	122
Meacham, William F.	64	O'Brien, Robert M.	15, 79, 82, 108
Meade, Robert F.	122	Ochsner, Seymour	103
Meador, James R.	10, 14	O'Connell, Edward J.	66
Mehan, Donald J.	16, 111	O'Connell, John	13
Melick, William F.	16, 111	O'Donoghue, Don H.	82
Mendelson, David F.	15, 63	Offen, J. Allan	69
Mendoza, Carl C.	99	Ogden, Henry D.	29, 46, 101
Menzin, A. W.	102	Ogura, Joseph	104
Merenda, Sam J.	13	Olansky, Sidney	35
Merritt, Burch A.	15, 89	Oller, Jose L. Garcia	64, 119
Merz, Jean J.	14, 31	Olmsted, William H.	8, 26
Metz, Charles O.	14, 45	O'Malley, James F.	111
Meyer, William H.	121	O'Reilly, D. Elliott	15, 93
Meyerhardt, Milton H.	15, 67	Ortiz, Arturo	84
Michael, Jerrold M.	46	Overman, Richard R.	121
Michael, Vernon E.	14	Owen, Edward E.	40
Michel, M. L.	107	Owens, Neal	122
Milder, Benjamin	15, 71	Owens, Robert H.	112
Miles, Paul W.	15, 71	Ozkaragoz, Kemal	120
Miller, Charles W.	15, 57	P	
Miller, Elaine	6	Paddock, Richard	15, 49
Miller, Eldred	6	Paine, Robert	61
Miller, Herbert A.	19	Paletta, F. X.	108
Miller, James E.	72	Palmer, Richard E.	121
Miller, Wallace E.	84	Panos, Theodore C.	31, 89
Mitchell, Ben F., Jr.	116	Paquin, Albert J., Jr.	112, 121
Mitchell, John P., Jr.	119	Park, Herbert W.	93
Moe, John H.	81	Parker, Joseph B.	63
Moersch, Herman J.	116	Parmley, John B.	31, 32, 123
Monat, Seymour	15, 67	Parsons, Ernest H.	65
Montero, Alfredo C.	119	Patterson, Cecil O.	121
Montgomery, Hamilton	35	Payne, Meredith Jorstad	10, 14
Moore, Carl V.	8, 13, 25, 59	Peabody, Joseph W., Jr.	115, 116
Moore, Walter L.	15, 63	Pearson, Jed W., Jr.	49
Moorman, Robert S.	90	Peden, Joseph C.	16, 103
Moreton, Robert D.	11, 19, 23	Peden, Virginia H.	14, 91
Morris, George E.	37	Pebbles, Edward McG.	64
Morris, Mary E.	13	Pennington, Veronica M.	120
Morse, William H.	111	Pennoyer, James	15, 49
Moses, Robert A.	6, 7, 72	Perret, James T.	115
Moss, James M.	119	Perry, Ralph	13
Mothershead, Edgar J.	14	Peterson, Charles R.	122
Moyer, Carl A.	13, 40, 100	Petreau, Peter	122
Moyer, John	122	Pettit, Thomas H.	46, 101
Muckerman, Richard I. C.	15, 67	Peugnet, Hubert B.	15, 71
Mudd, James L.	13		
Mudd, J. Gerard	9, 26		
Muether, R. O.	13		

	Page		Page
Phillips, E. W.	82	Sale, Llewellyn	15, 57
Phillips, James D.	79	Saltzstein, Sidney L.	43, 88, 104, 105, 110
Phillips, Ken.	121	Sanders, Theodore E.	13
Plaa, Gabriel L.	40	Sant, J. Francis.	19
Platt, Lois I.	49	Sante, L. R.	16, 103
Platt, William R.	15, 85	Santiago, F. S.	123
Porterfield, J. B.	95	Saphir, Otto.	60, 88, 113
Portuondo, Bonaventure C.	15, 85	Sauer, Dean	13
Post, Lawrence T.	72	Sausville, Albert J.	14, 45
Post, M. Hayward.	15, 71	Sawyer, George P.	53
Pounders, Carroll M.	27	Schattyn, J. Martyn.	13
Powell, Earl A.	13	Scheer, George E.	15, 79, 85
Powell, L. C., Jr.	51	Scheff, Harold	14, 39
Powers, Pierce W.	16, 107	Scherlis, Sidney	53
Powers, William E.	104	Scherman, Victor E.	13
Pranger, Sylvester H.	14	Schimek, Robert A.	74, 121
Prince, Homer E.	29	Schlueter, Newell W.	14, 35
Probstein, Jacob G.	15, 53	Schnobelen, Paul C.	14
Proctor, Donald F.	76	Schramel, Robert	107
Pyle, L. A., Jr.	53, 54	Schreier, Phil C.	51, 120
	Q	Schreiner, George E.	60, 88, 113
Quigley, Joseph A.	54	Schroeder, Spaulding	42
	R	Schwartz, Henry G.	22, 66
Rader, George B.	14	Schwartzberg, Allan Z.	65
Raines, Samuel L.	111	Schweiss, John F.	14, 31, 89
Ramsey, Lloyd	61	Schwitalla, Alphonse M.	13
Rayle, Albert A., Jr.	6	Scott, H. William.	119
Reas, Herman W.	14	Scott, Morgan E.	63
Redding, Joseph S.	32	Scott, Roger B.	50, 51, 69
Reemstma, Keith	107	Scott, Wendell G.	13, 43, 88, 104, 110
Reese, William G.	63	Seabury, John H.	115
Reeves, John D.	43, 88, 103, 105, 110	Seale, Arthur L.	65
Regan, John K.	53	Sedgwick, John R.	23
Regen, E. M.	81	Sell, Sarah H.	90
Regen, E. M., Jr.	81	Sellers, Lyle M.	76, 77
Reichert, M. Cecelia	10, 13	Semmes, R. Eustace	64
Reinhard, Edward H.	15, 57	Senturia, Ben H.	73, 76, 77
Reis, Carl J.	15, 53, 57	Senturia, Hyman R.	16, 103
Reiss, Eric	15, 93	Sessions, George	123
Renneker, Courtney, Jr.	120	Sessions, George P.	122
Respass, James C.	39	Sessions, John T., Jr.	40, 41, 42
Reuter, Louis A.	14	Sexton, Daniel L.	7, 13, 14, 25
Reynolds, Fred C.	15, 79	Sexton, Elmer E.	13
Richardson, Fount	47	Shands, Alfred R., Jr.	94
Ries, Douglas A.	15, 53	Shands, Robert	7
Riley, Harris D.	89	Shapleigh, John B.	13
Riordan, Daniel C.	79, 80	Shaver, William A.	115
Ripberger, F. M.	121	Sheehan, Sheila	21
Ritchie, Earl B.	35	Shepherd, Charles T.	14, 45
Roberts, Daniel	36	Sherman, Ida L.	45, 101
Roberts, Harold K.	102	Sherrod, Howell H.	79
Roberts, John P.	14	Sherry, Sol	15, 57, 60
Roberts, John R.	15, 85	Sherwin, Charles S.	13
Robertson, Frank G.	15, 67	Shields, John R. S.	33
Robinson, Harry M., Jr.	36, 122	Shull, Harrison J.	42
Robinson, Raymond C. V.	120	Shuman, Richard	87
Roblee, Melvin A.	15, 67	Sigler, John W.	47
Roche, Maurice B.	15, 79	Signorelli, Andrew J.	14
Rogers, James A.	123	Silipo, Sam	116
Rohrer, George B.	40	Silver, Donald	119
Roper, Charles L.	116	Simon, Jerome I.	13
Rosenblut, Benjamin	76	Simrall, J. O. H.	69
Rosenfeld, Henry	15, 93	Simril, Wayne A.	16, 103
Rosenstein, Ira N.	116	Sims, William A., Jr.	122
Rosomoff, Hubert L.	22	Siniscal, Arthur A.	6
Ross, Robert A.	69	Sisk, James C.	14, 35
Rotter, Julius C.	14, 31	Sites, James G.	51
Roulhac, George E.	7, 13	Skaggs, Ray H.	121
Rouse, Ernest T.	14	Skelton, Floyd R.	57, 58, 85, 86
Rouse, Milford O.	121	Skilling, David M.	15, 57
Royce, Robert K.	16, 111	Sloan, Robert D.	103
Ruedemann, A. D., Jr.	73	Smith, Carl	91
Ruffin, Julian M.	41, 42	Smith, Garland F.	15, 79
Rumble, Lester, Jr.	32	Smith, George C.	120
Rundles, R. Wayne	58	Smith, Hollister S.	14
Russakoff, A. H.	60	Smith, J. Earl	15, 101
Ruth, William E.	115	Smith, J. Morgan	5
Ryan, Robert E.	15, 46, 71, 101	Smith, Kathleen	10, 13, 14
	S	Smith, Roy	119
Sackett, Mary M.	120	Smolik, Edmund A.	13, 65
Sackett, Walter W., Jr.	120	Smythe, Cheves M.	60, 88, 113
Sadusk, Joseph F., Jr.	24	Sommer, Leonard S.	59
Safar, Peter	32		

- |                           | Page                       |                          | Page                 |
|---------------------------|----------------------------|--------------------------|----------------------|
| Sommer, Ross B.           | 14, 27                     | Vollotton, Wm. W.        | 73                   |
| Sparks, Robert D.         | 40, 41, 120                | Volwiler, Wade           | 42, 43, 88, 104, 110 |
| Speer, Frederic           | 28                         | Von Fossen, Helen        | 123                  |
| Spencer, Jack D.          | 80                         | Von Kaenel, Joseph E.    | 13                   |
| Spjut, Harlan J.          | 8, 25, 49, 67              | Voudoukis, Ignatios J.   | 59                   |
| Spratt, John S., Jr.      | 100                        | Voulgaris, Dennis M.     | 122                  |
| Sproffkin, Bertram E.     | 65                         | Waisman, Morris          | 35                   |
| Stamp, Warren             | 83                         | Wald, Stanley M.         | 13                   |
| Starr, Silas H.           | 67, 68                     | Walden, Lawrence         | 121                  |
| Stein, Arthur H., Jr.     | 84                         | Walker, Willard B.       | 13                   |
| Stein, Joseph David       | 122                        | Wall, John               | 8, 25, 49, 67        |
| Steinberg, Franz U.       | 15, 93, 94                 | Wallace, W. Clough       | 99                   |
| Steinhaus, John E.        | 122                        | Walsh, L. S. N.          | 15, 85               |
| Stephen, C. R.            | 122                        | Walsh, Theodore E.       | 15, 71, 72           |
| Stephenson, Sam E., Jr.   | 119                        | Walther, Roy A., Jr.     | 14                   |
| Sterkel, Richard L.       | 14, 39                     | Walton, Franklin E.      | 16, 107              |
| Stevens, David B.         | 121                        | Ward, Simon V.           | 50, 67, 68           |
| Stewart, Frances H.       | 14                         | Ward, Swan               | 123                  |
| Stewart, William          | 83                         | Waring, William W.       | 91                   |
| Stoockle, Harry F.        | 31, 89                     | Warner, George K.        | 14, 31               |
| Stokes, James M.          | 8, 26                      | Washburn, A. M.          | 102                  |
| Stolar, Jacob             | 8, 16, 26, 97, 99          | Waters, Theodore C.      | 54                   |
| Strauss, Arthur E.        | 13                         | Watkins, Charles         | 65                   |
| Struve, Clemens A.        | 120                        | Wattenberg, Carl A.      | 16, 111              |
| Stryker, Garold V.        | 14, 35                     | Watts, James W.          | 65                   |
| Stutsman, Albert C.       | 15, 71                     | Weaver, Edgar N.         | 121                  |
| Suggs, Wm. Durwood        | 49                         | Weaver, Neill K.         | 115                  |
| Sullivan, Clement J.      | 14, 27                     | Webb, Watts R.           | 116                  |
| Sullivan, James F.        | 8, 25                      | Weber, Eugene P.         | 14, 35               |
| Sutter, Richard A.        | 15, 53                     | Weber, Leonard F.        | 37                   |
| Swayze, John Cameron      | 7                          | Wegria, Rene             | 9, 13, 26            |
| Sweet, Herbert C.         | 13, 115                    | Weir, Don C.             | 9, 13, 26            |
| Swinny, Boen              | 28                         | Weir, Royal A.           | 13                   |
| T                         |                            |                          |                      |
| Tabari, Kuros             | 122                        | Weis, Matthew W.         | 15, 67               |
| Taber, Elsie              | 74                         | Weisiger, Benjamin B.    | 39                   |
| Talbert, O. Rhett         | 66                         | Weiss, Richard S.        | 14, 35               |
| Talkington, Perry C.      | 122                        | Welch, George E.         | 39                   |
| Taussig, Barrett L.       | 15, 57                     | Welling, Arthur          | 112                  |
| Taylor, C. P., Jr.        | 51                         | Welsh, Robert C.         | 75                   |
| Terhune, S. Ralph         | 120                        | Wert, Earl               | 86, 88               |
| Tess, Melvin              | 16, 101                    | West, Kelly M.           | 57, 58               |
| Thiele, George H.         | 98                         | West, W. Kelly           | 80                   |
| Thoma, George E., Jr.     | 13                         | Westrup, Ellsworth A.    | 14, 45               |
| Thompson, Ian M.          | 112, 121                   | Weyerich, Leon F.        | 14, 45               |
| Thompson, James E.        | 43, 88, 104, 105, 109, 110 | Wheeler, Elmer P.        | 54                   |
| Thompson, J. William      | 16, 107                    | White, Raleigh R.        | 108                  |
| Thurston, Donald L.       | 28, 120                    | Whitener, Paul R.        | 13                   |
| Tibbs, William A., Jr.    | 13                         | Wickstrom, Jack          | 82                   |
| Tindall, Robert N.        | 72                         | Wilds, Preston L.        | 50                   |
| Titterington, Paul F.     | 16, 103                    | Williams, James T.       | 87                   |
| Tobias, Norman            | 14, 35                     | Willman, Vallee L.       | 9, 26, 31, 89        |
| Tomlinson, William L.     | 16, 107                    | Wilson, George D.        | 94                   |
| Toro, Gelson              | 119                        | Wilson, Hugh M.          | 16, 103              |
| Toro, Jaime               | 119                        | Wilson, Keith S.         | 14, 27               |
| Towler, Martin L.         | 66                         | Wilson, Vernon E.        | 13                   |
| Tribble, William M.       | 76                         | Wing, Herman             | 94                   |
| Trice, E. Randolph        | 36                         | Winokur, Solomon         | 93                   |
| Trotter, Yates            | 45, 101                    | Wirsig, Woodrow          | 23                   |
| Trueblood, Alva C., Jr.   | 15, 67                     | Wise, Charles S.         | 122                  |
| Tucker, Eugene F.         | 15, 85                     | Wissmath, Frank S.       | 15, 89               |
| Tullis, I. Frank          | 121                        | Withers, Orval R.        | 29                   |
| Tureen, Louis L.          | 66                         | Witten, Carroll L.       | 45, 46               |
| Twedell, Donald L.        | 13                         | Wohlman, Hulda           | 91                   |
| Tyler, Joe E.             | 63                         | Wolcott, Mark W.         | 115                  |
| Tyor, Malcolm P.          | 39                         | Wolkoff, A. Stark        | 69                   |
| Tyroler, Sidney A.        | 119                        | Word, Samuel Buford      | 49                   |
| U                         |                            |                          |                      |
| Unterberg, H.             | 15, 63                     | Wulff, George J. L., Jr. | 13, 14, 15, 49       |
| Upton, Thomas             | 123                        | Wyatt, James R.          | 115                  |
| V                         |                            |                          |                      |
| Van Metre, Thomas E., Jr. | 27, 29                     | Wyatt, Lois C.           | 14                   |
| Vanzant, Thomas J.        | 75                         | Wylie, Charles Murry     | 93                   |
| Vaughan, Victor C., III   | 89, 90                     | Y                        |                      |
| Viar, William N.          | 108                        | Yates, J. Lewis          | 115, 116             |
| Virgin, Herbert W., Jr.   | 82                         | Yilmaz, Mehmet           | 120                  |
| Vitt, Alvin E.            | 16, 111                    | Yoffee, Harry            | 36                   |
| Vogt, William H., Jr.     | 15, 49                     | Young, Bennett           | 82                   |
| Volk, Bruno W.            | 122                        | Young, John D., Jr.      | 112                  |
| Z                         |                            |                          |                      |
| Zahorsky, Theodore S.     | 15, 89                     | Z                        |                      |
| Zatsman, Marvin           | 121                        | Zahorsky, Theodore S.    | 15, 89               |
| Ziff, Morris              | 61                         | Zatsman, Marvin          | 121                  |
| Zingale, Frank G.         | 14                         | Ziff, Morris             | 61                   |
| Zink, Oscar C.            | 16, 103                    | Zingale, Frank G.        | 14                   |
| Zoller, Harry             | 77                         | Zink, Oscar C.           | 16, 103              |

---

**MEMORANDA**

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## PLACES OF MEETING AND PRESIDENTS

Here follows the year of each annual meeting, the place held and the president who presided at that meeting, having been elected at the close of the preceding meeting:

- 1906, Chattanooga, Tenn., organization meeting.  
 1907, Birmingham, Ala., \*Dr. H. H. Martin, Savannah, Ga.  
 1908, Atlanta, Ga., \*Dr. B. L. Wyman, Birmingham, Ala.  
 1909, New Orleans, La., \*Dr. G. C. Savage, Nashville, Tenn.  
 1910, Nashville, Tenn., \*Dr. W. W. Crawford, Hattiesburg, Miss.  
 1911, Hattiesburg, Miss., \*Dr. Isadore Dyer, New Orleans, La.  
 1912, Jacksonville, Fla., \*Dr. James M. Jackson, Miami, Fla.  
 1913, Lexington, Ky., \*Dr. Frank A. Jones, Memphis, Tenn.  
 1914, Richmond, Va., \*Dr. Stuart McGuire, Richmond, Va.  
 1915, Dallas, Tex., \*Dr. Oscar Dowling, New Orleans, La.  
 1916, Atlanta, Ga., \*Dr. Robert Wilson, Charleston, S. C.  
 1917, Memphis, Tenn., \*Dr. Duncan Eve, Sr., Nashville, Tenn.  
 1918, Influenza pandemic; no meeting that year.  
 1919, Asheville, N. C., \*Dr. Lewellys F. Barker, Baltimore, Md.  
 1920, Louisville, Ky., \*Dr. E. H. Cary, Dallas, Tex.  
 1921, Hot Springs National Park, Ark., \*Dr. Jere L. Crook, Jackson, Tenn.  
 1922, Chattanooga, Tenn., \*Dr. Seale Harris, Birmingham, Ala.  
 1923, Washington, D. C., \*Dr. W. S. Leathers, Nashville, Tenn. (then of Jackson, Miss.).  
 1924, New Orleans, La., \*Dr. Charles L. Minor, Asheville, N. C.  
 1925, Dallas, Tex., \*Dr. Stewart R. Roberts, Atlanta, Ga.  
 1926, Atlanta, Ga., Dr. C. C. Bass, New Orleans, La.  
 1927, Memphis, Tenn., \*Dr. J. Shelton Horsley, Richmond, Va.  
 1928, Asheville, N. C., \*Dr. William R. Bathurst, Little Rock, Ark.  
 1929, Miami, Fla., Dr. T. W. Moore, Huntington, W. Va.  
 1930, Louisville, Ky., \*Dr. Hugh S. Cumming, Washington, D. C.  
 1931, New Orleans, La., \*Dr. Felix J. Underwood, Jackson, Miss.  
 1932, Birmingham, Ala., \*Dr. Lewis J. Moorman, Oklahoma City, Okla.  
 1933, Richmond, Va., \*Dr. Irvin Abell, Louisville, Ky.  
 1934, San Antonio, Tex., \*Dr. Hugh Leslie Moore, Dallas, Tex.  
 1935, St. Louis, Mo., \*Dr. H. Marshall Taylor, Jacksonville, Fla.  
 1936, Baltimore, Md., Dr. Fred M. Hodges, Richmond, Va.  
 1937, New Orleans, La., \*Dr. Frank K. Boland, Atlanta, Ga.  
 1938, Oklahoma City, Okla., \*Dr. J. W. Jervy, Greenville, S. C.  
 1939, Memphis, Tenn., Dr. Walter E. Vest, Huntington, W. Va.  
 1940, Louisville, Ky., \*Dr. Arthur T. McCormack, Louisville, Ky.  
 1941, St. Louis, Mo., \*Dr. Paul H. Ringer, Asheville, N. C.  
 1942, Richmond, Va., Dr. M. Pinson Neal, Columbia, Mo.  
 1943, Cincinnati, O., Dr. Harvey F. Garrison, Jackson, Miss.  
 1944, \*\*Dr. W. T. Wootton, Hot Springs National Park, Ark.  
 1944, St. Louis, Mo., Dr. James A. Ryan, Covington, Ky.  
 1945, \*\*Dr. Edgar C. Ballenger, Atlanta, Ga.  
 1945, Cincinnati, O., Dr. E. Vernon Mastin, St. Louis, Mo.  
 1946, Miami, Fla., Dr. M. Y. Dabney, Birmingham, Ala.  
 1947, Baltimore, Md., \*Dr. Elmer L. Henderson, Louisville, Ky.  
 1948, Miami, Fla., Dr. Lucien A. LeDoux, New Orleans, La.  
 1949, Cincinnati, O., \*Dr. Oscar B. Hunter, Washington, D. C.  
 1950, St. Louis, Mo., Dr. Hamilton W. McKay, Charlotte, N. C.  
 1951, Dallas, Tex., Dr. Curtice Rosser, Dallas, Tex.  
 1952, Miami, Fla., \*Dr. R. J. Wilkinson, Huntington, W. Va.  
 1953, Atlanta, Ga., Dr. Walter C. Jones, Miami, Fla.  
 1954, St. Louis, Mo., Dr. Alphonse McMahon, St. Louis, Mo.  
 1955, Houston, Tex., Dr. R. L. Sanders, Memphis, Tenn.  
 1956, Washington, D. C., Dr. W. Raymond McKenzie, Baltimore, Md.  
 1957, Miami Beach, Fla., Dr. J. P. Culpepper, Jr., Hattiesburg, Miss.  
 1958, New Orleans, La., Dr. W. Kelly West, Oklahoma City, Okla.  
 1959, Atlanta, Ga., Dr. Milford O. Rouse, Dallas, Tex.  
 1960, St. Louis, Mo., Dr. Edwin Hugh Lawson, New Orleans, La.

\*Deceased.

\*\*Deceased in office.



**ROBERT F. BUTTS**, Executive Secretary and Treasurer and Business Manager, came to the Association in 1948. He served in various capacities before being named to his present position.



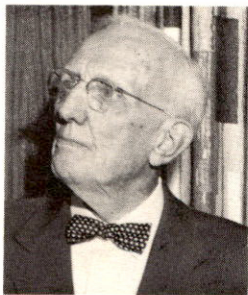
**ROY B. EVANS, JR.**, Assistant Business Manager, and one of the newest staff members, takes a hand in many facets of SMA organization.



**MARTHA D. HAMILTON**, Administrative Assistant, works primarily with the program for the Annual Meeting, Quarterly Bulletin, Council and Committees.



**GWEN WHITLOCK**, Administrative Assistant, keeps tab on dues and roster of members, and is in charge of SMA permanent exhibit.



**C. P. LORANZ**, Advisor and Special Consultant, has been a familiar figure at the home office and Annual Meetings for nearly half a century.

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