

PART III

The Postwar Planning for, and the Reorganization of, The Army Epidemiological Board

In late 1945, Brigadier General Simmons and Brigadier General Bayne-Jones began to plan for the medical research that would be needed by the Army after the war. Stanhope Bayne-Jones sent the following memorandum, dated 26 November 1945, to Colonel Roger G. Prentiss, Jr., chairman of the Army Medical Research and Development Board, which discusses their postwar plans and recommendations for the Army Epidemiological Board:

a. From time to time since August 1944, reports and recommendations have been [made] regarding the postwar organization and operations of the Army Epidemiological Board. The continuation of the Board in a modified form was recommended in letter of 12 August 1944 from The Surgeon General to the Commanding General, Army Service Forces. It was stated that the Board would concern itself almost exclusively with investigation of problems of communicable diseases, although its functions might be broadened to include problems of nutrition and industrial hygiene. No fundamental change in the field of the Board's activities was contemplated. Since August, details of plans and recommendations have been changed to some extent. As they are understood by the undersigned, these details are summarized, with indications of actions taken or recommended as follows:

(1) Integration of the Army Epidemiological Board with the Army Medical Research and Development Board. This is provided for by SGO Office Order No. 194, dated 17 August 1945.

(2) The President of the Army Epidemiological Board to be a member of the Army Medical Research and Development Board. SGO Office Order No. 194, dated 17 August 1945, provides for this.

(3) Invitation to Dr. Francis G. Blake to continue as President of the Army Epidemiological Board. Recommendation to be submitted through the Army Medical Research and Development Board to The Surgeon General.

(4) Relation between the Army Medical Research and Development Board and Preventive Medicine Service in the administration of the Army Epidemiological Board. This is to be determined by conferences in the near future. It is understood that the Army Epidemiological Board, as its name implies, is to function in close coordination with Preventive Medicine Service.

(5) The present organization of the Army Epidemiological Board will be dissolved as of 30 June 1946.

(6) The reconstituted Army Epidemiological Board is recommended to consist of A Central Board composed of five (5) civilian consultants, the President and four others. Commissions to be formed from time to time for specific investigations, which may be brief or long-term investigations, in field studies and at institutional laboratories. A total of 25 civilian Consultants are recommended. Of these, five will be on the Central Board and twenty may be members of Commissions.

(7) Consultants recommended for appointment as Consultants to the Secretary of War in Epidemic Diseases.

(8) Consultants will not be paid salaries, but will be paid travel expenses, per diem and honorarium not to exceed \$50. per day while on active duty under orders.

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(9) Expenses of research to be provided for through War Department medical research contracts with civilian institutions.

(10) For the Fiscal Year 1947(1 July 1946 to 30 June 1947) the sum of \$200,000. for the research expenses of the Army Epidemiological Board has been recommended. Formal recommendation for inclusion of this item in the Medical Department budget has not yet been presented to the Director, Fiscal Division, SGO.

(11) Close the Acute Respiratory Diseases Laboratory at Fort Bragg (Class IV Installation) as of 30 June 1946.

(12) No new construction for the Army Epidemiological Board is contemplated.

(13) Discontinue the allotment of officers for the **Army** Epidemiological Board as a Miscellaneous War Department Activity as of 30 June 1946. This is now in process.

(14) Provide on the staff of the Army Medical Research and Development Board the following full time personnel to assist in the administration of the Army Epidemiological Board:

One (1) officer, Medical Corps, [preferably] in grade of Major or Lt. Colonel.

One (1) secretary, CAF-5.

b. The above summary of plans and recommendations contains the major items which have been under consideration. It is not complete in all respects. It is anticipated that additional recommendations will be submitted as the result of further conferences.

S. Bayne-Jones
Brigadier General, USA
Deputy Chief, Preventive Medicine Service

Forwarded with approval

James S. Simmons
Brigadier General, USA
Chief, Preventive Medicine Service

Brigadier General Simmons corresponded with Dr. Blake on 29 November 1945, further expressing his views during this critical period. In spite of his great responsibilities at Yale, Dr. Blake agreed to continue as President of the Board. That letter follows:

Dear Francis:

For some time I have been concerned about The Surgeon General's postwar plans for medical research. About two years ago, I submitted a recommendation outlining certain general principles which I thought might be utilized in developing a strong plan. Since that time the Board has been set up in the office and The Surgeon General has assigned Colonel Prentiss as its director. In the organization of this Board, provision is made for retaining the Army Epidemiological Board in the modified form as is being planned by you, R J and the rest of us. It is also provided that the president of the Epidemiological Board will be a member of The Surgeon General's Medical Research Board. Two other civilians, namely the Chairman of the Division of Medical Sciences, NRC, and at least temporarily, the Chairman of the CMR were also to be invited to become members of the Medical Department Board. Apparently, you three civilians have not yet received letters inviting you to accept membership on The Surgeon General's Board, but I am sure that you will receive such an invitation in the near future.

Recently, I have been much concerned about the fact that while a great deal of planning is being done, some of the more basic requirements for a sound program have not yet been firmed up. I have in mind matters of overall objective[s] for the Medical Department's basic program[:] what lines of research to undertake, where this work should be done, and how to attract and provide the right sort of personnel to carry on the investigative work. One important question, for example, is concerned with whether the Army should establish a large medical research center similar to the one now operated by the Navy at Bethesda, and [anotheris] what relation should exist between this central institution and the satellite laboratories such as the one at Fort *Knox* and elsewhere.

An even more important requirement is for this Board to determine, as soon as possible, what measures should be recommended to the War Department in order to provide flexible arrangements whereby skilled investigators in civil institutions can be attracted to research positions in the Army. This brings up the question as to whether we should recommend an entire "new deal" in the matters of salaries, positions, and tenure, separate from the commissioned corps and Civil Service as it now operates. Several weeks ago, I suggested to Colonel Prentiss that in order to formulate sound principles for the future, it was my advice that he call on you, Lew Weed and Newton Richard to meet with the Medical Department Board and The Surgeon General and try to draw up a plan with teeth in it.

Prentiss has had some trouble in finding a date which fits in with the engagements of all concerned and I am not sure when he plans to have the meeting now, but I am confident that it will not be held until he can get you three civilians in with us.

I know that you are tied up until after the holidays but I sincerely hope that you will be able and willing to help on this important matter sometime shortly thereafter. In this same connection, B. J. and I discussed the future of the Epidemiological Board with General Kirk yesterday. We are all anxious for you to remain as President of the Board as modified and you will receive a formal invitation from General Kirk at some later date. I hope that you will be willing to continue in this position and give to the Army the wise and brilliant leadership which you have given so generously during the war.

It was nice to see you in Cincinnati and I am sorry that things were so hectic that I didn't get a chance to have a long talk with you. With kindest regards, I am
Your sincere friend,

Steve Simmons
James S. Simmons
Brigadier General, USA
Chief, Preventive Medicine Service

THE ARMY EPIDEMIOLOGICAL BOARD'S SIXTH ANNUAL MEETING

The sixth annual meeting of the AEB was held in the boardroom of the National Research Council in the National Academy of Sciences Building, 2101 Constitution Avenue, Washington, D.C., on 15-16 April 1946. The minutes of that meeting, which follow, provide insight into the Board and its activities, the various participants, and the recommendations that were made to the Surgeon General:

The eleventh meeting (sixth annual meeting) of the Board for the Investigation and Control of Influenza and Other Epidemic Diseases in the Army was held in the Board Room of the National Research Council, National Academy of Sciences Building, 2101 Constitution Avenue, Washington, D.C. on 15-16 April 1946. The executive session of the Board was held on 15 April from 9:30 a.m. to 1230 p.m. The following individuals attended the executive session: Dr. Francis G. Blake, President of the Board, presiding; other members of the Board: Drs. O. T. Avery, A. R. Dochez, K. F. Maxcy, O. H. Perry Pepper and A. J. Warren.

Representing the Preventive Medicine Service, Office of The Surgeon General, but not voting were: Brig. Generals S. Bayne-Jones and J. S. Simmons; Colonel K. Lundeborg. Major E. B. Schoenbach acted as recorder. The minutes of the executive session of the Board are presented separately.

Three general sessions of the Board followed the executive session. These meetings were attended by members of the Board; Directors of Commissions and invited guests from the Office of The Surgeon General; Office of The Air Surgeon; Bureau of Medicine and Surgery, U.S. Navy; Veterans Administration and the Royal Army Medical Corps. Those present were:

Dr. Francis G. Blake, President of the Board, presiding; other members of the Board: Drs. O. T. Avery, A. R. Dochez, K. F. Maxcy, O. H. Perry Pepper and A. J. Warren.

Army Epidemiological Board and Commission Directors
15–16 April 1946

Front row, left to right: **Dr.** A. R. Dochez; Dr. A. J. Warren; Brig. General **J. S.** Simmons, MC; Dr. **F. G.** Blake, President of the Board; Brig. General S. Bayne-Jones, MC, Administrator; Dr. **O. T.** Avery; Dr. **K. F.** Maxcy; and Dr. **O. H.** Perry Pepper.

Second row, left to right: Dr. A. B. Sabin; Dr. **O. H.** Robertson; Dr. H. E. Meleney; Dr. C. S. Keefer; **Dr.** T. Francis, Jr.; Dr. C. M. MacLeod; Dr. J. J. Phair; Major J. H. Dingle, MC; Dr. J. Stokes, Jr.; and Major E. B. Schoenbach, MC.

Directors of Commissions: Major J. H. Dingle, Drs. T. Francis, Jr., C. S. Keefer, C. M. MacLeod, H. E. Meleney, J. J. Phair, O. H. Robertson, A. B. Sabin (representing Dr. J. R. Paul) and J. Stokes, Jr. Major General Normal T. Kirk, The Surgeon General, was present during the afternoon session on 15 April.

Representing the Office of The Surgeon General: Brigadier Generals J. S. Simmons and S. Bayne-Jones; Colonels K. Lundeborg, M. E. DeBakey; Lt. Colonels G. J. Dammin, J. F. Hammond, O. R. McCoy and J. W. Regan; Major P. E. Sartwell.

From the Army Epidemiological Board: Majors T. J. Abernethy and E. B. Schoenbach; Captain E. Strauss.

From the U.S.A. Typhus Commission: Captain A. J. Waring, Jr.

Representing the Office of The Air Surgeon: Colonel W. S. Stone.

Representing the Bureau of Medicine and Surgery, U.S. Navy: Captains O. L. Burton, G. B. Dowling and J. J. Sapero; Commander G. W. Mast; Lt. Commanders D. R. Mathieson, J. J. McAndrew and L. A. Terzian.

Representing the Veterans Administration: Dr. A. M. Walker.

Representing the Royal Army Medical Corps: Colonel F. S. Gillespie, Liaison Officer.

Minutes Of The Meeting

The first general session of the Board was called to order by Dr. Blake, President of the Board, at 2:00 p.m., Monday, 15 April 1946. General Simmons addressed the meeting and expressed his gratitude to the members of the Board and Directors of the various Commissions for their assistance to the Preventive Medicine Service and the Office of The Surgeon General. He voiced the hope that a similar organization would continue in the peacetime Army. Dr. Blake gave a report of the general decisions of the Executive Session. The following recommendations to The Surgeon General were adopted for the year 1 July 1946 to 30 June 1947

- a. A central Board of seven members, similar to the present Board.
- b. Brig. General S. Bayne-Jones, President of the Board.
- c. Six Commissions as follows:
 1. Commission on Acute Respiratory Diseases
 2. Commission on Environmental Hygiene
 3. commission on Influenza
 4. Commission on Malaria
 5. Commission on Tropical Diseases
 6. Commission on Virus and Rickettsial Diseases

Dr. Blake indicated that the functions of the present Commissions would be consolidated but that a considerable degree of flexibility in lines of endeavor should be maintained.

The Army Epidemiological Board has been integrated with the Army Medical Research and Development Board. However, the operation of the Commissions under the Army Epidemiological Board and the Preventive Medicine Service will continue as in the past.

An appropriation of \$200,000. for research contracts for the Army Epidemiological Board and Commissions has been included in the budget of the Medical Department of the Army for the year 1946-47. These funds do not become available until appropriated by the Congress. In addition, the budget contains separate items for travel and honoraria of consultants.

A total of 25 consultants will be appointed, of which seven will be Board members and six Directors of Commissions.

The Board then proceeded to the reports by the Directors of the ten Commissions. The complete reports of each Commission are attached to these minutes.

Commission on Acute Respiratory Diseases

The report was presented by Major J. H. Dingle, Director of the Commission.

Considerable discussion followed the report of laboratory and other epidemics of Q Fever described by Major Dingle. It was pointed out that in the naturally acquired infections, cold hemagglutinins were absent and clinical differentiation from atypical pneumonia was difficult. Insect vectors could not be determined and no evidence of

secondary case spread was obtained. In the laboratory infections there was, likewise, no evidence of case to case transmission.

Major General Norman T. Kirk, The Surgeon General, arrived at about 3:00 p.m. and addressed the meeting. He expressed pride in the organization and the accomplishments of the Board. He voiced the appreciation of the Army for the excellent services rendered by the Board during the war period. The Surgeon General clearly indicated that continuation of the Board and its support to the Army was most desired.

Commission on Air-Borne Infections

The report was presented by Dr. O.H. Robertson, Director of the Commission.

In the discussion, the exact role played by dried dust particles in the spread of respiratory infections was considered. In barracks, air-borne transmission of respiratory diseases seemed to occur, whereas, in hospitals, contact infection was of greater importance. Under the latter circumstances, the factor of hand contamination was studied and it was suggested that further investigation of skin carriers of beta hemolytic streptococcus should be made.

The Board then proceeded to discuss recommendations on oiling of floors and blankets and on double bunking in barracks, submitted by Lt. Colonel J. W. Regan, Director, Sanitation and Sanitary Engineering Division, Preventive Medicine Service, Office of The Surgeon General. The studies previously reported to the Board were reviewed and the current experience at Fort Belvoir and Aberdeen Proving Ground examined.

It was voted to submit the following statement to The Surgeon General

Oiling of floors and bedclothing should be adopted as standard Army procedure for the following reasons:

- a. It is a worthwhile contributing factor in the control of some sources of infections for respiratory diseases.
- b. The procedure produces a substantial reduction of dust and bacteria in the air and is **justified** as a hygienic measure.

The Board discussed the factors inherent when double bunking is resorted to in barracks. The discussions included reports of studies by the Commission on Acute Respiratory Diseases and comments by the Directors of the Commissions on Air-Borne Infections, Influenza and Pneumonia.

The following recommendation to The Surgeon General was voted:

It is recommended that double bunking is justified in barracks, but should not **be used** to accommodate more than one man per sixty square feet of floor space (i.e., per one hundred and twenty square feet of floor space for each double bunk).

Commission on Epidemiological Survey

The report was presented by F. G. Blake, Director of the Commission.

The chief topics for discussion were the studies of Dr. Charles E. Smith on coccidiomycosis. It was noted that skin sensitivity may not be strictly specific and that cross reactions between coccidioidin, histoplasmin and antigens prepared from *Blastomyces* and *Haplosporangium parvum* exist.

Commission on Hemolytic Streptococcal Infections

The report was presented by Dr. C. S. Keefer, Director of the Commission.

In the subsequent discussion, Dr. Robertson noted that antistreptolysin tests were a distinct aid in the work of the Commission on Air-Borne Infections in determining infections due to B hemolytic streptococci. The relative usefulness of the antifibrinolysin and antistreptolysin procedures was considered in light of possible adoption of these tests by the Army. It was noted that the antifibrinolysin procedure yields fewer positive results, does not become positive until late in convalescence and that the test is more difficult to perform than the antistreptolysin test. General Bayne-Jones advised the Directors of each Commission to prepare adequate lists of all equipment in anticipation of contract terminations. He also requested that outstanding vouchers should be submitted for payment as soon as possible.

The meeting adjourned at 4:45 p.m.

The meeting of the Board was reconvened at 9:00 a.m., on 16 April 1946. The reports by Directors of Commissions continued.

Commission on Influenza

The report of this Commission was given by Dr. Thomas Francis, Jr., Director.

It was noted in the discussion that the rates for bacterial pneumonia rose during the epidemic of influenza B, although pulmonary complications had not been frequently observed among patients studied by the Commission. Chief interest in the discussion centered about the probability that influenza A might become epidemic in the fall and winter of 1946. As three years have elapsed since the last epidemic of influenza A, concern that the next epidemic might be of unusual severity and morbidity was voiced.

The difficulty and impracticality of carrying out a successful vaccination program after the recognition that an epidemic existed was stressed. Experience during the past four years has indicated that epidemics of influenza in the United States were often preceded by outbreaks of influenza in the Caribbean region and in Hawaii during the summer months of July and August. It was felt that a close watch of these areas would be of value in anticipating epidemics of influenza in the continental United States. Approximately seven (7) million military personnel were vaccinated within a period of two months in the fall of 1945. The incidence of influenza in the Army in the continental United States during this outbreak was less than expected.

Future plans for the vaccination of the Army against influenza A and B were discussed. It was the opinion of the Board that vaccination and revaccination against influenza A and B would be desirable in the Army. The following resolution was adopted by the Board for submission to the Surgeon General:

It is recommended that all Army personnel be vaccinated or re-vaccinated against influenza in September and October 1946, unless intervening circumstances indicate that an alteration in this recommendation is desirable.

Commission on Measles and Mumps

The report was presented by Dr. Joseph Stokes, Jr., Director.

The use of mumps virus attenuated by cultivation in embryonated hens eggs for human immunization as well as the advantages of antigen prepared from chick embryos for skin testing were discussed. The occurrence of meningoencephalitis without parotitis was again noted and the diagnosis, established through the use of the complement fixation test on serial serum samples, was a distinct aid in the differentiation of the lymphocytic meningoencephalitides. Homologous serum jaundice was discussed at length. The use of various tests employed to study liver function was discussed. In addition, considerable discussion of antigenic variation in icterogenic agents, occurrence of secondary cases of jaundice in the different types of infections, disinfection of water and the significance of chronic or recurrent jaundice ensued.

Commission on Meningococcal Meningitis

The report was presented by Dr. John J. Phair, Director.

Extensive study of case strains of meningococci for sulfonamide susceptibility had revealed that during the course of the epidemic in 1942 and 1943, no increase in the number of resistant strains had occurred. It was also evident that the number of strains of meningococci resistant to 0.5 mg% of sulfadiazine was very low. Of 350 case strains tested, only four were resistant to this concentration of sulfadiazine. The disposition of the extensive collection of meningococci, now at the Johns Hopkins School of Hygiene and Public Health, was discussed. General Bayne-Jones said that he would consult with General Callender at the Army Medical School with regard to this collection of case and carrier strains of meningococci.

Commission on Neurotropic Virus Diseases

The report was presented by Dr. A. B. Sabin, Acting Director.

Discussion of dengue fever ensued. The importance of strain variation in relation to immunity was stressed. The erroneous impression that immunity was short lived was probably due to strain variation. The immunity to dengue viruses shortly after an attack of the disease is broad but after several months only a homologous immunity remains. General Simmons pointed out the value of these studies and their applicability to the further understanding of virus diseases.

ALBERT SABIN, M.D.

Albert Sabin was an enthusiastic and dedicated contributor to the AFEB and its Commissions, particularly to those that studied viral diseases and immunization. He made contributions of major military importance with his field investigations for the Board of arbovirus diseases, including Japanese encephalitis, dengue, and sandfly fever. Albert's mark on the development and application of living poliomyelitis vaccine is indelible.

Not one to sit passively, he entered all discussions of the AFEB and its Commissions with vigor, never failing to assert objective or critical remarks. His memory was uncanny.

Sabin's contributions to the knowledge of arbor-borne infections, the encephalitides, dengue, and the live vaccine for poliomyelitis helped to shape modern medical history for the military and the public.

AIMS C. McGUINNESS, M.D.

Aims McGuinness graduated from Columbia University College of Physicians and Surgeons in 1931, and was a house officer in pediatrics at the Children's Hospital of Philadelphia. A faculty member at the University of Pennsylvania School of Medicine, he was elevated to the rank of associate professor, and was Dean of the University of Pennsylvania Graduate School of Medicine from 1951 to 1954.

During World War II, Aims served in the Office of the Surgeon General of the Army, as Deputy to General J. Stevens Simmons and Colonel Stanhope Bayne-Jones. His work directly contributed to the successful organization and development of the Army Epidemiological Board and its Commissions, by virtue of his role as Assistant Administrator. He was a charter member of the Commission on Measles and Mumps and an associate member of the Commission on Immunization.

EMANUEL B. SCHOENBACH, M.D.

Emanuel (Manny) Schoenbach graduated from the Harvard Medical School in 1937. He was a member of the faculty of The Johns Hopkins University School of Medicine, where he was an associate of Dr. Perrin Long. Manny was widely versed in the field of infectious diseases and performed much of the pioneering work done with the sulfonamides, penicillin, and the initial broad-spectrum antibiotics.

During World War II, he was assigned to the Preventive Medicine Section of the Office of the Surgeon General of the Army, where he worked both in the field and as an administrator. He worked intimately with Dr. Long and Dr. John Phair on the AFEB's Commission on Meningococcal Infections, and he studied meningococcal and other serious infectious diseases in Army installations throughout the country.

He served on the Hopkins faculty for a short time after the war, then was appointed Professor of Medicine at the State University of New York, College of Medicine, at New York City. He was simultaneously Director of Medical Services at Maimonides Hospital. Manny died of myocardial infarction in 1952 at age 40.

It was noted that vaccines [against] Japanese B encephalitis were poor antigens as measured by serological response of vaccinated animals and humans. However, these serological tests were a poor index of the immune status of the individual. The optimal time for vaccination [against] Japanese B encephalitis was discussed. The cause of infections associated with pleocytosis in the spinal fluid and often considered atypical dengue or sandfly fever was discussed. No etiologic diagnosis could be made in this group of cases.

The meeting adjourned for luncheon at 12:15 p.m.
The afternoon session was reconvened at 1:30 p.m.

Presentation of the Medal of Freedom

General Bayne-Jones informed the meeting that fourteen Consultants of the Board had engaged in overseas missions. Seven of this group were eligible for the award of the Medal of Freedom under the provisions of War Department Circular No. 278, Section VI, 1945. These recommendations had been approved by the Office of The Adjutant General for the award of the Medal of Freedom. General Bayne-Jones noted that, in addition to the Certificate of Appreciation which each Consultant had received, the following awards had been approved for presentation to members of the Army Epidemiological Board:

The United States of America Typhus Commission Medal

Dr. Francis G. Blake
Dr. Kenneth F. Maxcy

The Legion of Merit

Lt. Colonel Aims C. McGuinness, MC
Lt. Colonel Albert B. Sabin, MC
Major John H. Dingle, MC

The Medal for Merit

Dr. Francis G. Blake, President of the Board

The Medal of Freedom

Dr. Ernest Carrol Faust
Dr. Thomas Francis, Jr.
Dr. William McD. Hammon
Dr. Donald B McMullen
Dr. John R. Paul
Dr. Joseph Stokes, Jr.
Dr. Carl Ten Broeck

The Army Commendation Ribbon

Certain officers serving under the Board have been recommended for the award of the Army Commendation Ribbon. Two of the awards for the Medal of Freedom had cleared the Office of The Adjutant General and the citations and medals were available for presentation. The Medal of Freedom was presented to Dr. Thomas Francis, Jr., Director of the Commission on Influenza and Dr. Joseph Stokes, Jr., Director of the Commission on Measles and Mumps, by Brig. General James S. Simmons, Chief of the Preventive Medicine Service, Office of The Surgeon General. The citations were read by Brig. General S. Baylie-Jones, Deputy Chief, Preventive Medicine Service and Administrator of the Army Epidemiological Board.

The presentation of the reports by the Directors of Commissions was resumed.

Commission on Pneumonia

The report of this Commission was presented by Dr. Colin M. MacLeod, Director.

In the discussion that followed, it was emphasized that, although a significant reduction of pneumococcal pneumonia followed vaccination with specific polysaccharides, no reduction in the incidence of minor bacterial

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respiratory infections among vaccinated groups, when compared to the control group, was noted. Epidemic influenza had no greater effect upon the incidence of pneumococcal pneumonia than other non-bacterial respiratory diseases.

The existing stocks of pneumococcal polysaccharide types I, II, V, VII, and XII were reviewed and their disposition, until required for future use, determined.

Commission on Tropical Diseases

The report for this Commission was presented by Dr. H. E. Meleney, Director.

The work and reports of the special Commission on Schistosomiasis was discussed at length. It was pointed out that, in the control of snail vector, different species of snails were present in the various endemic areas. A single species of snail was the host in each area.

This concluded the reports from the Directors of Commissions. Dr. Blake then announced that in the near future conferences would be held to develop plans for the Board and Commissions for the coming year. General Bayne-Jones thanked the Directors of the Commissions for their valuable contributions during the past year.

The meeting was adjourned at 3:00 p.m., 16 April 1946.

Respectfully submitted,

Emanuel B. Schoenbach
Major, Medical Corps
Assistant Administrator, Army Epidemiological Board