Those who receive the mantle of a rich and noble heritage are expected to perpetuate it.

For those who wear such a mantle and give it no sustenance it becomes but an empty echo out of the past. - WLS
The PROCEEDINGS

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GUEST EDITORIAL

The editors of the Proceedings have offered me this opportunity to express my appreciation to our alumni and friends who, in welcoming me as president of our medical college have implied their support.

First I wish to thank the staff, the alumni, and the friends of our institution for arranging the exercises of the investiture and for their active participation. I am haunted by a fear that some of the many letters of felicitation may have been unintentionally overlooked by me and that the proper response was neglected. Also, because the plans were kept secret from me until a few days prior to the ceremony, I understand that many felicitations may have been directed to members of the committee of arrangement. The fact that many alumni from distant cities attended must be accepted not only as a personal tribute, but a manifestation of their devotion, pride, and interest in their Alma
Mater. Please, therefore, accept my warmest and sincerest thanks for all these voluntary gestures of good will. This occasion shall ever be one to remember, especially because after 30 years of teaching, I have realized the fruits of one's efforts. I, therefore, thank you for the unusual privilege and opportunity you have afforded me to enjoy these fruits, a compensation of incomparable value.

These overt acts on your part also imply an obligation on my part which is indeed a challenge. This challenge looms large because I am the successor of a proved able and successful administrator, my friend and colleague, G. Lombard Kelly. The medical college now has an increased opportunity to serve liberally the people of the entire state. In the conduct of providing medical care to patients in the hospital, we shall avoid competition. It will be our aim to establish an institution of service to all. The problems of the profession will be shared by our faculty. We anticipate an expanded faculty whose services will be available for consultation, for help, for contributions to medical care as well as undergraduate and postgraduate education. The maintenance of good will of the entire profession will be a necessity. For these purposes our alumni can be of inestimable value and it is my hope that we shall build a strong alumni association in order to utilize the manifest loyalty of our graduates.

Edgar R. Pund, M. D.

RECEIVING LINE AT INVESTITURE RECEPTION

(left to right.) Mrs. Harmon Caldwell, Chancellor Harmon Caldwell, Mrs. Edgar R. Pund, Dr. Edgar R. Pund, Mrs. William F. Hamilton, Mrs. G. Lombard Kelly, Dr. G. Lombard Kelly, Mrs. Harry B. O'Rear, Mrs. M. H. Wylie.
On Tuesday evening, November 24, 1953, Dr. Edgar R. Pund was formally inaugurated as President of the Medical College of Georgia. The formal investiture rites were preceded by a banquet and followed by a reception.

The testimonial banquet was served at 6:30 P. M. at the Old Medical College Building and guests included members of the faculty of the college, the Chancellor of the University System, Rev. Harvey L. Huntley, (Dr. Pund's pastor), and other distinguished personalities. Dr. Bernard L. Shackleford, President-elect of the Atlanta Chapter of the Alumni Association, acted as Master-of-ceremonies. Following the banquet, Dr. William J. Cranston, professor of clinical medicine, presented Dr. Pund with a key and a certificate which were both inscribed as commemorating his thirty years of service to the college, the medical profession and the public generally.

Very fitfully, Dr. Cranston accompanied his presentation with the following verbal sentiments.

"Faith, Courage, Thoroughness. These are the three characteristics that have made Edgar Pund the man we know him to be.

Faith in God. Deeply spiritual, he sees in the world about him, and in his world of pathology, the guiding hand of a Supreme Being. Birth, life and death pass in review under his microscope, and there through his discerning eye, he sees these miracles unfold.

Faith in his fellow man. The charlatan, he quickly recognizes, and with him will have no further dealings. The honest and intelligent man, though perhaps less brilliant than some others, he accepts and trusts.

Faith in himself. By close application, much research and intelligent reading of a vast literature, he has made himself master of the known field of pathology. With this ever expanding knowledge he has grown in wisdom and stature. In a lesser man, this might mean intolerable egotism. With Dr. Pund it has meant confidence in himself and his interpretation of known facts.
Courage. Entering a college that had been condemned by the Flexner report, and in which a full time faculty had just been elected, he never wavered. At the end of four grueling years, he was one of six who had survived. This graduating class of six was the smallest class graduated since the first years of the Medical College of Georgia over a century and a quarter ago.

Stricken down by a serious illness, while still young in his career, his indomitable courage brought him through, where a lesser soul would have been brought low.

The College, faced by the loss of accreditation by the Council on Medical Education and Hospitals of the American Medical Association in 1934, his faith and courage never wavered. He believed in the past of the Medical College of Georgia, and in its future. As to the present, he set himself resolutely to the task of twarting Dr. Simon Flexner’s suggestion that “the tenuous thread that keeps it alive should be severed and end it existence.” Along with other stalwarts, he fought the good fight, and the college was again accredited by the Council.

Thoroughness. Everyone that has been associated with Dr. Pund knows that, in his work methods, every minute detail is painstakingly scrutinized and given its proper value. Shoddy work, he will not tolerate. Slip-shod methods, he abhors. Loose thinking is anathema. His laboratory, like his own mental processes, works with the smooth efficiency of a piece of well oiled machinery.

Because of these outstanding qualities, Dr. Pund has risen through the ranks from instructor to the head of the Department of Pathology, and then President of his Alma Mater. A thoughtful and considerate gentleman, a thorough scholar, a loyal friend, he reminds me of a poem I read many years ago,

“He has achieved success, who has lived well, loved much, and laughed often.

Who always gave the best that he had and looked for the best in others,

Who never lacked appreciation of earth’s beauties, nor failed to express them,
Who left the world better than he found it, whether by a perfect poem, an improved poppy, or a rescued soul.”

Dr. Pund, because of your long years of inestimable service to this college, and in recognition of your great contribution to its progress, it becomes my great pleasure and privilege to present you with this certificate. You have received many honors in the past. I am sure no institution could be more honored than by the privilege of honoring you.

I am also presenting you with a key, signifying that by which anything is disclosed, revealed or made less difficult. Sir, you need no key to our hearts. You have long since won them.

And finally, because of the love we have for you, we, your colleagues, present you with this watch as a small token of such affection and great appreciation.

By: Dr. W. J. Cranston, on the part of the Faculty.

Dr. Mark Whitehead of LaGrange, Ga., President of the Alumni Association, made the presentation of a silver bowl as a gift on behalf of the graduates of the college. Dr. V. P. Sydenstricker, professor of medicine, gave the following testimony on behalf of the faculty:

"Edgar Pund, over thirty years you have been our friend, colleague and mentor. You have helped us in diagnosis, guided our treatment of patients and corrected our errors. Your trained eye and incredibly sensitive and skillful fingers have meant life to thousands of our patients.

Your ability has not been confined to the building of a great department of Pathology and the teaching of medical students. Constantly have you striven to build up a great school of medicine complete in all departments.

As president of the Medical College of Georgia you now face the responsibility that would stagger a lesser soul. I shudder to think of the administrative details forced upon you. If we can in any way help you, call upon us.

Mr. President, The Faculty is yours!"

The next speaker on the program was Dr. Robert C. Major who delivered Dr. Cleveland Thompson's testimony on behalf of the alumni. Dr. Thompson was prevented by illness from being present himself. Following is the text of Dr. Thompson's tribute:
"Mr. Toastmaster and distinguished guests, we are here to honor Dr. Edgar R. Pund.

Because of the respect, admiration and affection that I have for him, my pleasure is unbounded over the opportunity of delivering a testimonial from the alumni of the Medical College of Georgia.

During the thirty years of our professional association as Pathologist and Surgeon, I have depended on his skill and advice. No problem was ever too big for him, nor was one ever too small. He can be depended on to shoulder and carry the responsibility of this new office. His keen perception and experience are ever sensitive to the largest or the smallest detail. He has devoted his full time and talent to the Pathology Department, and to improving the Medical School.

Nothing seems to escape his attention: e.g. The Millen Hospital sent him a specimen from an acute appendicitis case in an eleven year old child. Promptly the report came back: "Simple acute appendicitis. P. S. Has this child recently had, or been exposed to measles?" On the fourth post operative day she developed florid measles. I was amazed, and it was then that I called him over the telephone and gave him a big hand!

He has always been prompt and discreet in his decisions—and has stood by them.

Once he defined the standard about which the Medical Profession must rally: A philosophy of morality, fidelity and honesty. He said: There is only one standard of morality. One is either moral, immoral or amoral; and fidelity cannot be compared nor are there degrees of honesty." He himself has lived by this standard in word, thought and deed, and added to these basic qualities he has an exalted standard of scholarship and consecration to one’s task. He will countenance no second rate accomplishment; politics cannot buttonhole him, nor personal preferment influence his decisions. He has steadfastly adhered to these ideals.

The alumni have great pride in the recent tremendous growth and development of the Medical College of Georgia. We are elated that our new President will keep the school ever moving to more and greater efficiency, with better facilities for training doctors.
The alumni are indebted to the citizens of Augusta and the State of Georgia who have made possible the growth and extension of the Medical College of Georgia. The Board of Regents have complimented the State of Georgia by promoting Dr. Pund to this high office.

You, the faculty of the Medical College of Georgia, have been progressive, alert and untiring in promoting the best interests of the students and the College. Each of you well merit our warmest love and thanks, and we hereby admit our debt of gratitude. To you, and to Dr. Pund, we the alumni, pledge our whole-hearted support and cooperation and we wish you God speed!

Post-script: Dr. Pund did like the rest of us doctors—he out-married himself. Wouldn't we have been in a bad fix if we hadn't?"

After the banquet, the formal investiture ceremony took place at the Music Hall of the Bell Auditorium. The processional was rendered by Mrs. Marian Moore and the audience joined in singing the National Anthem, after which Rev. Huntley gave the invocation for Divine Guidance.

The investiture ceremony proceeded with Dr. L. Palmer Holmes, professor of Radiology, introducing Dr. W. F. Hamilton, professor of Physiology, who gave the welcoming address, and then, Dr. Harmon W. Caldwell, Chancellor, formally inaugurated Dr. Pund as President. In response to the Chancellor, and also addressed to all those assembled for the occasion were these words of Dr. Pund's:

"Chancellor Caldwell: Please accept and convey my thanks to the members of the Board of Regents for this great honor.

Doctor Holmes, distinguished guests, members of the faculty, fellow alumni and interested friends:

I feel that this honor carries a great responsibility and I shall need the support and cooperation of all who are directly and indirectly connected with our venerated college. From my acquaintance with the Chancellor and the members of the Board of Regents I can rest assured that I have their cooperation and can avail myself of their valuable advice. I anticipate the support of a loyal faculty, alumni and student body."
The faculty, alumni and student body share with me a rich heritage; a heritage compounded of the traditions and prestige of our school. The traditions are based upon the deeds and the visions of stalwart and renowned predecessors such as Milton Antony, Joseph Adam Eve, L. D. Ford, L. A. Dugas, Geo. Washington Raines, W. H. Doughty, Jr., and many others. It is through their efforts and plans that the Medical College of Georgia has acquired its prestige.

In the past twenty years the achievements of G. Lombard Kelly, my immediate predecessor, and now President Emeritus, have been outstanding. The resurgence of the prestige of our school from one with insufficient buildings and with a slowly disintegrating faculty to one with three additional buildings and a distinguished faculty equals the miracle which was performed by Dr. Doughty at a previous dismal episode twenty years before Doctor Kelly's accession. In the advance of medical education, the creation of a medical center was visualized especially by Eve, Doughty and Kelly.

I feel a deep humility in assuming an office which has been repeatedly held by outstanding members of our profession. However, the traditions are inspiring and the maintenance of prestige is a challenge. Therefore, Chancellor Caldwell, I humbly accept the challenge, and with the help of Almighty God, my faculty, and colleagues, I pledge to you and the Regents my sincerest efforts to merit the faith and confidence you have placed in me."

The reception which concluded the evening's celebrations was held at the Old Medical College Building and was attended by several hundred of Dr. Fund's friends. The receiving line consisted of Chancellor and Mrs. Caldwell, Dr. and Mrs. Fund, Dr. and Mrs. Kelly, Dr. B. L. Shackleford and Dr. Whitehead.

The entire program was directed by the investiture committee headed by Dr. Cleveland Thompson, chairman, and including Drs. V. P. Sydenstricker, Robert C. Major, J. Dewey Gray, A. Blakley Chandler and W. F. Hamilton, Jr. Assisting with the arrangements and entertainment were the Faculty Wives Club and the Women's Auxiliary to the Richmond County Medical Society.
EVALUATION OF LEARNING BY MEDICAL STUDENTS IN THE SUBJECT OF CANCER*

Hoke Wammock, M.D., F.A.C.S.
Professor of Oncology & Surgery
Medical College of Georgia
Augusta, Georgia

INTRODUCTION

At the October meeting of the Dugas Society, Dr. H. B. O'Rear gave a discussion on some thoughts on curriculum changes. He stressed that changes in the curriculum or in teaching methods are too often made without sufficient consideration for the student or other areas of learning. Improvement of the curriculum or of teaching methods is made difficult because of our lack of knowledge of the learning process of the medical student. In view of the fact that we are daily concerned about curriculum changes, it occurred to me that you might be interested in a recent study of the learning process of the student.

During the past 5 years it has been my privilege and pleasure to participate in a study of learning by medical students in the field of cancer on a national scale. Insofar as I know, and up to this time, there has never been any extensive study of the medical student. Information gained from this may to some extent help us to evaluate the student’s response to our teaching methods, and should result in improving the curriculum and methods of teaching.

The characteristics of the learning process of the medical student are not well defined. Because of this lack of definition, a study of factual knowledge of medical students was undertaken in 1947 at the University of California School of Medicine. This became known as the Cancer Learning Test. This was done for the purpose of evaluating the improvement in cancer learning at the University of California, and because of the success of this program, the test at the University of California, it was offered to all the medical schools throughout the country receiving grants from the United States Public Health Service (or its constituent, the N. C. I.) to improve cancer learning, Thus, the subject of cancer was selected as an investigation into an evaluation of learning processes.

The field of neoplastic disease was selected as the most appropriate area for the study because of the protean manifestations of cancer entering all of the disciplines, crossing the usual barriers. Furthermore,

*Presented at the Dugas Society November 10, 1953.
the many diseases of neoplastic character offer a variety and range of clinical situations which are ideal for an extensive study of learning in the medical school. Cancer is one of the leading causes of death. This is substantiated by the total cancers in the United States in 1948 estimated by Dr. Paul E. Steiner (1). See Table I. We need not think in terms of cancer alone in this presentation, but in terms of medical education.

**TABLE I**

**TOTAL CANCERS IN THE UNITED STATES IN 1948 (Estimated)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported cancer deaths</td>
<td>207,721</td>
</tr>
<tr>
<td>Estimated unreported cancer deaths</td>
<td>41,500</td>
</tr>
<tr>
<td>Estimated cures</td>
<td>23,000</td>
</tr>
<tr>
<td>Estimated subclinical cancers*</td>
<td>14,500</td>
</tr>
</tbody>
</table>

Total: 286,721

Regaud (2) in 1928 pointed out that instruction regarding malignant disease was given in fragments and often without the necessary cohesion of the knowledge. Because of this, the medical student acquired a disproportionate idea of the possibilities of treatment and was impressed by the failure or the incurability of some forms of cancer.

According to Dr. Frances Scott Smyth, Dean of the University of California School of Medicine, “implied in the study was the desire to recognize not only the techniques by which a student is stimulated to think, rather than to accumulate factual data by rote, but also the factors which determine his preferential area of interest.”

This study does not represent the studies and thoughts of one or two people, but the interest, cooperation, and the participation of most of the medical schools in the country since 1949. The Medical College of Georgia has been one of the participating schools; thus, we have the results of our own students over a period of 5 years. From time to time, I have been asked, “Well, how did we make out on the cancer quiz?” This question could not be answered too satisfactorily. I have felt for sometime that you, the faculty, are entitled to this information.

The undertaking of such a study in medical education involves comparison between curriculum, program, methods of teaching, instructors, student’s motivation, selection of students, and many other factors. Such information has been furnished by the participating schools.

*Exclusive of occult prostatic carcinoma
Before we begin with the medical student, let's take a very brief look at the learning process of the premedical student. A survey of the retentive index of learning of premedical students by Dr. J. M. Essenberg (3) gave the following information:

"The informal quizzing of freshman medical students revealed surprisingly low retentive power of the subjects studied in premedical courses. The explanations advanced are:

1. The major teaching, especially laboratories, is in the hands of inexperienced teachers.

2. The method of teaching is based on memory training enforced "examinations."

Dr. Essenberg further states that "approximately 70 percent of the students failed to give intelligent answers to the questions on the subjects which they studied during their premedical years."

The question now arises: Why does the student desire to study medicine rather than some other endeavor? This is an imponderable question.

1. Does he possess idealism?
2. Does he enter for scientific investigation?
3. Does he enter for monetary gain?
4. Is he intensely interested in humanities?

Now having made his selection to study medicine, what are the requirements for admission?

In a presentation on what the graduate student should know about cancer, I indicated that the student is admitted to the medical school on his records in physics, chemistry, and biology, and a survey to determine his intellectual and emotional stability. There are those who feel that a good performance in these subjects is a good index to the general fitness and intelligence of the student (4). According to a survey of medical schools in 1948, a very large number of those who apply for admission has no real qualifications other than the desire to study medicine (5).

A particular school had a choice of 760 applicants for about 72 admissions. This school thought that they had selected the top 10 percent of the group, but by the end of the sophomore or junior year, they had come to the conclusion that they had made a grave mistake to the point that some of the men were yelling, "Let's junk them all or
throw them out." Then someone got up and raised the question, "No, they have gotten by so far, why not continue on?"

No matter what method of selecting students is used, we have the very brilliant student, then we have the average student, and then we have the student to whom you cannot teach anything. There is no actual stigma to indicate that he will be a good doctor.

For the student to learn, he must be motivated; most freshmen are motivated to this end for he is entering a field that requires long hours of study. He learns well if he is taught to use his hands and think at the same time.

I am sure every student in the medical school is influenced, in one way or another, by his teachers. This quite often guides the destiny of many students. The teacher must impart both the artistic and scientific aspect of medicine to his student. As so aptly stated by Dr. James E. Paullin (7), the teacher should have "a profound and intimate knowledge of his respective subject, a desire to impart this knowledge to the student on an understandable level, and a patience with each student and a willingness to stimulate in him a thirst for knowledge coupled with a desire to make sure that the student has a correct understanding of his subject."

After the student has been admitted to the medical school, he spends the first two years dealing with inanimate objects, being acquainted with the cadaver and laboratory procedures and methods. During the latter part of the second year he comes briefly in contact with the patient, and here we have student-patient relationship for the first time. A. J. Cronin puts it, "The medical student does not realize the influence of divine power, and regards the human body only as a mechanical gadget."

What are some of the principles involved in learning and effective teaching? Dr. George Z. Williams (9) has discussed most of the principles involved. He feels for the natural type of learning that the student must use the eye, ear, and the hand; the latter means participation. In the learning process, he states, there are several factors:

1. There must be motivation. There must be interest. This must be stimulated by a desire to learn. The spontaneous desire to learn is usually with the freshman medical student, but often times this desire is killed.

2. The second type of motivation is that which is produced by a guided type, perhaps guided by the professors. The professor
must help the student to recognize how some of the material he learns, or all of the material he learns, particularly the method of thinking, is going to contribute to his better skill in the future. In other words, it is up to the professor to help the student to determine what Physiology, Anatomy, and Pathology are going to contribute to his better skill in the future.

3. Another requirement of the learning process is that of rote memory. This is an old Chinese and Egyptian method, illustrated by sitting cross-legged on the floor and learning 25,000 characters by repetition. This has no place as such in modern education. Therefore, we must revert or progress to the application and association or active participation.”

The principles of teaching must be based upon the principles of learning. No one can learn for the students. Teaching is a process of providing the stimuli and the guidance, of inspiring the student to a desire to learn and to recognize good reasons for learning. The student must be guided in obtaining and assimilating the proper material.

Dr. Williams further maintains that there are several ways of stimulating the student to learn:

“1. Lecture. This is the method by which we must use rote memory if we are to learn.

2. The audiovisual aspect has the audio part, but quite often is very dull and stimulates sleep rather than alertness—a minimal stimulation and no active participation by the recipient.

3. The use of text literature and monographs is partly useful through rote memory.

4. Then we improve by going to projected material, visual material, lantern slides, movies, automatic projections, exhibits, etc.

5. Laboratory exercises are still better from the point of view of active participation and audiovisual stimulation.

6. Finally, the clinical exercises are ideal from the point of view of these three principles of teaching anything or learning by the recipient. This is very slight rote memory, but audio stimulation is maximal, active participation is maximal, and if properly conducted on these principles, it is one of the most effective techniques.
One failure of the actual clinical presentations is the fact that they are ill-prepared and ill-presented. Often statistics have been pulled out of the air for the purposes of support rather than for true illumination of the topic. Lastly, there is a creative interest, or the creative exercise that is ideal in that it stimulates thinking. One is the written exercise in which the student has to do all of the work, or literature research and the laboratory research, which may be clinical or experimental. The patient is the common denominator in medicine. Our specialization has lost sight of this fact."

Some medical subjects may seem dull, boring, and lifeless and others may inspire him to put forth maximum learning effort. What principle is the teacher of the first subject failing to observe? In all probability he is failing to maximize the student’s opportunity for participation. A student learns more by doing than listening. The education philosophy of John Dewey was correct in stressing this generalization. So too was the Chinese adage:

When I hear it, I forget it.

When I see it, I remember it.

When I do it, I know it.

Participation is a large subject. It covers students’ questions, recitations, prepared papers, practice, diagnosis, laboratory work, case presentation, and much else besides. Reference to participation is incomplete unless we review the psychology of teaching by Dr. Gordon W. Allport (10). "But participation has deeper psychological significance. Who is it that participates? It is surely not the hands and voice of the student. It is, if I might introduce the term, his ego. In recent years psychologists have had much to say concerning ego-involvement. In one sense ego-involvement is basic to all learning; in another, limited sense, it impedes it. In the broad sense, favorable to learning, we may say ego-involvement is more or less identical with interest. By a principle of association a student will learn to absorb and organize material that is consonant with his own interest system. The instructor will elicit this form of ego-involvement if he is successfully aiming at the present growing-edge of the student, and if by his own example he conveys enthusiasm for the subject.

In more restricted sense, ego-involvement means self-esteem. Even a medical student—burdened and misshapen as he is by poverty and prescriptions—is strictly normal in respect to his human sensibilities. For him, as for all learners, praise is a great incentive. If he does a good job he wants to know it. Next time he will deliver an even better performance.
But, if praise is favorable to the effective acquisition of knowledge and skill, ridicule and embarrassment are not. Here we come to a curiously sadistic teaching-learning situation that has nothing to be said for it. Why some teachers like to pounce on a given student without warning, and with fierce aggression demand that he produce the precise point that the teacher has in mind at the penalty of being ridiculed, is a question in the psychopathology of teachers that we shall not explore. Let us merely try to summarize the principle in question by saying that to raise the student's self-esteem is a mark of good teaching; to lower it is—with very rare exceptions—a mark of bad teaching.

The way in which the subject matter of medicine is presented plays a prominent part in the student's attitude as well as his ability to learn.

As one dean has put it, "There is at present a frittering away of a lot of time teaching the medical student how to be a specialist in some way or other".

What is desired of the teacher? Dr. George Packer Berry states: "We want teachers who are concerned with the modes of the students' thinking more than with the facts that he is memorizing. Such teachers make of teaching something that is rich and intellectually challenges the lead to the formulation of problems and to the planned search for evidence. It leads the testing of tentative conclusions to establish their tentative validity."

We could dwell at great length on the qualifications of the teacher, but for this discussion we need only review some of our limitations. Actually there are no requirements that one must meet to qualify as a medical teacher. He may be skilled as a technician or in some particular field of medical research.

1. Some teachers are good salesmen.
2. Some teachers are very poor salesmen.
3. There are those teachers who, so to speak, beat the student down.
4. There is the helpful teacher.
5. There is the easy teacher who gives them their degrees whether the students fulfill the requirements or not.
6. There is the teacher who lectures in a cloud and nobody understands what he or she is lecturing about.
7. There is the teacher who says, "Well, I'm going to flunk 10 percent in my class anyway."
There is the teacher who just isn't interested. He rushes in the classroom and gives the lecture and then rushes out.

With the brief discussion of the learning processes of the student and the role played by the instructors we now turn our attention to the problems of testing the student's reaction, response, and the results of the test.

TEST

Each medical school participating in the cancer learning test has been given the results on a national scale and the identity of each medical school has remained anonymous, but each medical school did receive information as to its standing in the national scale and the score of each medical student.

The results of 4 years investigation of how and what medical students learned about cancer was compiled by Dr. Howard R. Bierman and associates (11), of the University of California, and were reported in detail in 1952. As set forth by Dr. Bierman: “The essential purposes of the test were four-fold:

1. To measure as accurately as possible the breadth and depth of medical students' factual knowledge of cancer.
2. To measure growth and integration of such knowledge from year to year at different levels of training in the medical school.
3. To measure the acquisition and retention of cancer knowledge of individual students as they progress up the promotional scale.
4. To determine the relationship between patterns of instruction and student achievement in cancer.”

A comprehensive multiple choice type test was chosen as a measure of student knowledge. It was first administered to medical students in 1948 at the University of California and consisted of 182 multiple choice items, each having 5 alternative answers; these items were grouped in categories guided by the number of hours of formal instruction in cancer in each department. The test was based upon the amount and proportion of time devoted to cancer teaching in each division of the University of California Medical School. The total number of hours devoted to cancer learning at the University of California is 331. The total number of hours devoted to cancer in the Medical College of Georgia is 306. The number of hours and the percentage devoted to lectures, conferences, ward rounds, etc. is shown in Tables II and III.
TABLE II

Total number of lecture hours devoted to cancer..........................108
Total number of conference hours devoted to cancer.......................113
Total number of ward round hours devoted to cancer.......................24
Total number of seminar hours devoted to cancer..........................34
Total number of clinical demonstration hours devoted to cancer...........27
Total number of hours devoted specifically to cancer....................306

TABLE III

Lecture Hours ...........................................................................35.76%
Conference Hours ......................................................................36.10%
Ward Round Hours .....................................................................7.98%
Seminar Hours ..........................................................................11.23%
Clinical Demonstration Hours .....................................................8.93%

100.00%

As a result of the information obtained from the test administered to the medical students of the University of California in 1948, it seemed advisable to offer this test to other medical schools. Therefore, in 1949, the test was administered to a larger number of medical schools. With each succeeding year revisions have been made, but a great many of the original questions have been retained. The total number of questions was reduced from 180 to 150.

It is of interest to note that during the 3 years, 1949-51 the test was held on a national scale. Sixty of the items were repeated every year. As a result of this repetition of items each year, it was possible to estimate the students’ knowledge and growth in cancer.

Further efforts were made to simplify the test by considering the anatomical sites and dividing the items into three main categories, namely diagnosis, characteristics, and treatment as shown in Table IV.
TABLE IV
DISTRIBUTION OF ITEMS IN 1951 CANCER TEST

<table>
<thead>
<tr>
<th>Topic</th>
<th>Diagnosis</th>
<th>Character</th>
<th>Treatment</th>
<th>Total</th>
<th>Percent of Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>11</td>
<td>7.3</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>4</td>
<td>8</td>
<td>5</td>
<td>17</td>
<td>11.3</td>
</tr>
<tr>
<td>Chest</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>7</td>
<td>4.7</td>
</tr>
<tr>
<td>Endocrine Glands</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>10</td>
<td>6.7</td>
</tr>
<tr>
<td>Digestive System</td>
<td>7</td>
<td>15</td>
<td>5</td>
<td>27</td>
<td>18.0</td>
</tr>
<tr>
<td>Urinary Tract</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>4.0</td>
</tr>
<tr>
<td>Male Genital</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>4.7</td>
</tr>
<tr>
<td>Female Genital</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>12</td>
<td>8.0</td>
</tr>
<tr>
<td>Breast</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td>15</td>
<td>10.0</td>
</tr>
<tr>
<td>Bone</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>8</td>
<td>5.3</td>
</tr>
<tr>
<td>Soft Tissue</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>Nervous System</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>5.3</td>
</tr>
<tr>
<td>Lymphomas Leukemia</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>9</td>
<td>6.0</td>
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<tr>
<td>Experimental</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>Unspecified</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>4.7</td>
</tr>
</tbody>
</table>

No. of Items          | 50        | 70        | 30        | 150    |
Percent of Test       | 33.3      | 46.7      | 20.0      | 100.0% |

Cancer Learning in Medical Schools
University of California Press, Berkeley, California, 1952.

The students' performance on the total test indicated that each successive class clearly knew more about cancer than the one below it. Each year some of the higher sophomores excelled the average junior score and some of the lower juniors fell below the average sophomore, but no junior fell to the level of the average freshman, nor did any freshman reach the level of the average junior.

Further evidence of improvement between freshman and senior years as compared with the attainment of the average faculty member tested appears and shows definite evidence of improvement as shown in Figure I.
It is also of interest to note that every year the topics of cancer of the skin, endocrine system, and breast were easiest while the questions about cancer of the nervous system, bone, lymphomas and leukemia were most difficult. (Our students followed this pattern).

Most students of learning show that as the upper limit of knowledge is approached, each additional increment of improvement is harder to obtain than the preceding one.

The greatest learning between freshman and senior years occurred in the area of cancer of the nervous system, digestive system, and female genitalia, and then diagnosis and treatment.
The smallest amount of learning occurred in the topics of cancer of the chest, soft tissue, head and neck, male genitalia, and the general characteristics of cancer.

The nervous system was one of the most difficult topics for the student to get and one of the best learned.

Further results of the test of students' knowledge and learning revealed the following information: (1) That the sophomore remembered 100 percent of what he learned as a freshman, (2) that the junior remembered 100 percent of what he learned as a sophomore, (3) that 83 percent of what the typical sophomore knew was learned in the sophomore year, (4) that 25 percent of what the average junior knew was learned in the junior year.

The test further indicated that freshmen are capable of learning concepts of cancer which are traditionally left to the junior class.

A further study of the results of the test with respect to the average percent of items answered correctly in ten anatomical areas of instruction (see Figure II) indicates a moderate increase in learning between the sophomore and junior year, and only a slight increase between the junior and senior year. There is then definite progress in learning between each class.

On the other hand, a student in his senior year may show retrogression in certain areas of instruction. This may be due to the fact that he receives very little if any instruction in that particular area or subject. It should be pointed out that the instruction in the junior year is somewhat diversified and perhaps not too well integrated. Furthermore, during the senior year there is still further diversification of interest and less concentration of subject material.

Up to this moment we have seen the results of the study of all the participating schools.

It is of interest for us to view our own students' response and compare them with other students throughout the country. We have some students who have ranked with the best and we have some students who have ranked with the lowest. In general we have difficulty keeping up with the average mean scores. As a matter of fact, we have fallen below it in some instances.
AVERAGE PERCENT OF ITEMS CORRECT ACCORDING TO SUBJECT
(1950 Edition For 11,370 Students)

Fig. 2

- Dermatology
- Gynecology
- Medicine
- Neurology
- Oncology
- Pathology
- Pediatrics
- Radiology
- Surgery
- Urology

Fig. 2

 underscores: SOPHOMORES
 underscores: JUNIORS
 underscores: SENIORS
We may now compare the mean scores of the Medical College of Georgia with the mean scores of some of the Eastern and Southern medical schools. In comparing the scores of the Medical College of Georgia with seven Eastern schools for the year 1949 we find that the freshman and sophomore classes were about average (see Figure III).

**MEAN SCORES ON 1949 CANCER EXAMINATION FOR STUDENTS IN SEVEN EASTERN MEDICAL SCHOOLS**

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**Fig. 3**

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When we compare the scores of the Medical College of Georgia with those of nine Southern schools again we find that the freshman and sophomore classes were average or above while the junior and senior classes were below average (see Figure IV).

**MEAN SCORES ON 1949 CANCER EXAMINATION FOR STUDENTS IN NINE SOUTHERN MEDICAL SCHOOLS**

![Graph showing mean scores on 1949 cancer examination for students in nine Southern medical schools.](image-url)

**Fig. 4**
Now that we have compared the Medical College of Georgia on a regional basis, we may make a further comparison and analysis of the mean percent scores of all participating schools (see Table V). These are the scores for each class on each edition of the examination from the year 1949 to the year 1953 inclusive.

**TABLE V**

<table>
<thead>
<tr>
<th>Year</th>
<th>Schools</th>
<th>Freshman</th>
<th>Sophomore</th>
<th>Junior</th>
<th>Senior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1949</td>
<td>National</td>
<td>30</td>
<td>46</td>
<td>56</td>
<td>60</td>
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<tr>
<td></td>
<td>Georgia</td>
<td>24</td>
<td>44</td>
<td>50</td>
<td>58</td>
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<tr>
<td>1950</td>
<td>National</td>
<td>29</td>
<td>45</td>
<td>57</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>Georgia</td>
<td>27</td>
<td>50</td>
<td>53</td>
<td>55</td>
</tr>
<tr>
<td>1951</td>
<td>National</td>
<td>29</td>
<td>47</td>
<td>61</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>Georgia</td>
<td>28</td>
<td>48</td>
<td>61</td>
<td>60</td>
</tr>
<tr>
<td>1952</td>
<td>National</td>
<td>29</td>
<td>49</td>
<td>63</td>
<td>69</td>
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<tr>
<td></td>
<td>Georgia</td>
<td>29</td>
<td>45</td>
<td>60</td>
<td>65</td>
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<tr>
<td>1953</td>
<td>National</td>
<td>27</td>
<td>49</td>
<td>64</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>Georgia</td>
<td>25</td>
<td>44</td>
<td>57</td>
<td>65</td>
</tr>
</tbody>
</table>

Mean Percent Score of all Schools Taking the Cancer Examination (National Average) Compared with Score for the Medical College of Georgia.

First, the mean scores of all participating schools for each class show definite increase in the knowledge and the concept in the subject of cancer, with the exception of the freshman class which did not show improvement. The scores for the year 1949 were high, but the questions were revised; however, fifty-seven of the original items were retained. Thus, discounting the year 1949, we do see a definite trend of improvement in the mean scores of all participating schools.

If we look at the scores of the Medical College of Georgia, we find also that there is a definite trend of improvement in the learning of cancer knowledge. The scores of the Medical College of Georgia as previously indicated were usually below the average mean score for all
the participating schools with the exception of the Sophomore Classes of 1950 and 1951 and the Junior Class of 1951 and Freshman Class of 1952, which were average or above.

**COMPARISON OF MEAN PERCENT SCORES BETWEEN THE MEDICAL COLLEGE OF GEORGIA AND ALL SCHOOLS PARTICIPATING FOR 5 EDITIONS OF EXAMINATION**

![Graph showing comparison of mean percent scores between the Medical College of Georgia and all schools participating for 5 editions of examination.](image)

*Fig. 5*
The figures of the Medical College of Georgia seem to run slightly below the average mean score for all the participating schools. The students' knowledge and concept of cancer seems to show definite improvement. With respect to the freshman class for all the participating schools, it is noted that there has been no specific indication of improvement in the learning of cancer. Furthermore, the scores for the Freshman and Sophomore Classes for the Medical College of Georgia for 1952 and 1953 indicated a decline in cancer learning and did not keep pace with the mean score for all the participating schools. Therefore, when the student enters his junior and senior year it will not be possible to regain these lost points and consequently we will continue to score below the mean score of all the participating schools.

The results of the mean scores of all participating schools and those of the Medical College of Georgia show improvement in cancer learning (as illustrated in Figure V) and indicate the position of the Medical College of Georgia in relationship to the scores of other participating schools. Thus, we have made progress, but there is considerable room for improvement in all areas. This improvement can be achieved only by proper integration of courses, and continued search for methods of improvement in teaching.

Detailed tabulation of the results shows certain areas of weakness and areas of strength, but it is not within the scope of this paper to go into the areas of weakness and strength except in terms of generalities. We did not measure up too well in such areas as character of tumors, the causes of cancer, radiobiological reaction, and lymphoblastic lesions, and for some reason, the G. I. system even though this latter topic is referred to or discussed by many teachers.

SUMMARY

1. The results of the scores of all participating schools show significant increase in cancer knowledge from one class to the next.

2. The freshman class learns very little of the concept of cancer.

3. The greatest percentage of cancer learning occurs in the sophomore year.

   This perhaps is due to the fact that the sophomore receives instruction in Pathology.

4. The junior learns less about cancer than he did as a sophomore, but he learns more in the third year than he does in the senior year.
5. As a senior the student learns less about cancer than he does in any other year except perhaps the freshman year.

6. The average student learns more about treatment than he does about diagnosis, for treatment is associated with practice.

7. The average senior knows more about cancer of the skin, endocrine system, and breast and knows less about the lymphomas, leukemia, nervous system, and bone than about any other areas.

8. The student seems to learn less of what is available to him about cancer of the chest, soft tissues, head and neck, and male genitalia.

9. There are some topics which appear difficult for the student to get, but when taught effectively definitely may be well retained. These topics are the nervous system, the G. I. system, and the female genitalia.

10. It is significant to note that the average sophomore and junior had both remembered practically all that they had learned previously, as tested by this examination.

11. The highest motivation of the student seems to occur during his freshman year.

12. The student seems to be less motivated during his senior year than at any other time. Perhaps this may be true with all other subjects.

CONCLUSIONS

The results of this test in the learning of cancer are significant in that during the freshman and sophomore years the student receives basic and concentrated instruction in limited areas or subjects whereas during the junior and senior years his instruction is more diversified, less integrated, and the student learns less during the fourth year.

The bulk of the student's knowledge seems to come during the sophomore and junior years.

With recent attempt of coordination and integration of the subject matter of cancer, it is demonstrated that improvement in learning of the subject of cancer has been achieved, but cancer is only a part of medicine. Therefore, the test serves to stimulate us to review and to seek ways and means of improving methods of teaching; therefore, it appears to be of utmost importance that we develop a better coordinated teaching program, using effective methods of instruction, and to sustain the motivation of the student throughout his four years of instruction.
There is no one method effective by itself, but we may use combinations of approaches, such as vertical, horizontal, and oblique, as we find advantages and disadvantages when they are used alone, but when used in combination they serve to eliminate most of the objections to each one.

The study further indicates that the freshman medical student is capable of acquiring some information of advanced clinical material and is able to retain this information. This is of sufficient significance to suggest that a more clinical approach to the subjects traditionally taught to the freshman medical student should be given very serious consideration.

We might further conclude that the average medical student during his senior year gains very little additional information about cancer than at any other time except during the freshman year. The question may be raised, is this true of other subjects or areas of instruction during the senior year?

Has the senior student lost his motivation?

Finally, this study which is presented on both a local and national basis of the medical schools participating in this examination provides no final answer, but creates more problems worthy of investigation. The test indicates the period of motivation of the medical student and the years in which he receives his bulk of instruction, and where he retains most of this information, and that he gains very little if any additional information during his senior year. The plight of the medical student has been most aptly stated by Dr. J. B. DeLee. “The amount of information a medical student is expected to retain is beyond all reason. If he should succeed, indeed, we might say ‘and still the wonder grew, that one small head should carry all he knew.’ But he does not succeed; his laboratory work is likely to be done mechanically and his clinical investigations are in danger of being slighted in consequence. It is like making a pumpkin grow from a strawberry blossom, certainly a difficult undertaking and not very desirable.”

BIBLIOGRAPHY


2. Regaud, C.: Comment on peut concevoir actuellement l’organisation de la lutte contre le cancer. Lecture delivered under the auspices of the Red Cross in Bogota, Columbia, Nov. 15, 1928. Published by Ligue Francaise Contre le Cancer, Firmin-Didot, editors.


6. Anonymous


8. 


Dr. Thomas Palmer Findley, a distinguished investigator from New Orleans has been appointed to the Georgia Heart Association's Chair of Cardiovascular Research. This appointment brings to the Medical College of Georgia one of the outstanding investigators in the country, a man who has been head of the section of internal medicine at the famed Ochsner Clinic for twelve years, and who for an equal length of time, has held professional rank on the faculty of Tulane University, School of Medicine, having ascended through Assistant and Associate Professorships, he was appointed Professor of Clinical Medicine at Tulane in 1949, which capacity he has held until his appointment at Georgia.

Dr. Findley attended public schools in Omaha, Nebraska; earned his B. A. degree from Princeton University, his B. S. from the University of Minnesota and his M. D. from Rush Medical College in 1928. After graduating, and before going to New Orleans, he served his internship in the Pennsylvania University Hospital, taught at the University of Michigan and Washington University in St. Louis. Between his appointments in Michigan and St. Louis, he returned to Philadelphia and was a Research Fellow in Pharmacology at the University of Pennsylvania. It was during this work that he participated in epoch making studies that have told us a great deal about the workings of the kidneys.

Dr. Findley has written about fifty contributions to medical literature and is a member of a number of professional societies, among which are the American Medical Association, American Association for the History of Medicine, Central Society for Clinical Research, American Physiological Society, Southern Society for Clinical Research, for which he was Secretary-Treasurer in 1947 and President in 1950; American Society for Clinical Investigation, Society for Experimental Biology &
Dr. Findley's coming to Augusta is made possible by generous action of the Board of Directors of the Georgia Heart Association. They have decided to establish chairs of cardiovascular research in each of Georgia's Medical Schools. This will make possible leadership for Georgia in this important field of medical progress.

ALUMNI NEWS

BIRTHS

Dr. and Mrs. Stephen Brown announced the birth of a daughter, Margaret Elizabeth, on December 10, 1953. Dr. Brown is Associate Professor of Radiology at the Medical College of Georgia.

Recent additions to the Alumni Cradle Roll are:

Cecil F. Jacobs, '52, Augusta, Georgia—Nancy Ellen—September 14, 1953

Benjamin F. Gatiliff, '52, Orlando, Florida—Gary Edwin—December 19, 1953

Luther J. Smith, II, '51, San Antonio, Texas—Luther J. III—December 10, 1953
William C. Shirley, '51, Macon, Georgia—son—November 30, 1953
Daniel B. Sullivan, '49, Augusta, Georgia—Kathleen Kelly—November 14, 1953
R. E. Roberts, '49, Atlanta, Georgia—Robert Eugene, Jr.—December 9, 1953
Nathan and Ninette Payne Reeves, '48, Augusta, Georgia,—Janice Payne—October 28, 1953
Wallace Winter, '47, Madison, Florida—Barbara Wallace—October 29, 1953
Irving Victor, '45, Savannah, Georgia—Kirk Irving—October 18, 1953
Maurice Arnold, '43, Hawkinsville, Ga.—Maurice Franklin III—November 8, 1953
Frank Carter, '53, Macon, Georgia—Susan Tucker—January 18, 1953
John J. Pilcher, Jr., '52, Wrens, Georgia—daughter—January 15, 1954
Cornelius T. McDonald, '53, Durham, N. C.—Martha Elizabeth—August 19, 1953
Louis O. J. Manganiello and Carol Graham Pryor, '47, Augusta, Georgia—Carol Helen—December 17, 1953.
W. H. Pool, Lafeyette, La.—Winanne—Dec. 14, 1953

WEDDINGS

On December 17, 1953, Miss Betty Jean Weaver of Barnesville, Ga. and Dr. Claude Lee Pennington, '49, were married at Reid Memorial Methodist Church in Houston, Texas. Following their wedding trip, Dr. and Mrs. Pennington will return to New York where Dr. Pennington will continue his residency in otolaryngology at Columbia Presbyterian Medical Center and Mrs. Pennington will attend Columbia University.

In a ceremony which took place in Grace Methodist Church, Atlanta, Georgia on December 26, 1953, Miss Patsy Carol Brown became the bride of Lt. Otis Clark Woods, Jr., son of Dr. and Mrs. Otis C. Woods, '29, of Milledgeville.
On December 26, 1953, Miss Dorothy Yaniko became the bride of Dr. Thomas D. Weaver, '53, at St. Peter and St. Paul Roman Catholic Church in Lore City, Ohio. Upon the completion of his training at Ohio State University Hospital, Dr. Weaver and his wife will make their home in Lake County, Florida.

DEATH

Dr. John W. Daniel, Sr., '96, passed away at his home in Savannah, Ga. on January 1, 1954 after an extended illness. He was a pioneer in the study of diabetes, having been one of the first physicians in the nation to be selected to use insulin in the treatment of diabetes. He also did a great deal of work with Bright's disease and reported the first successful cure of this condition in 1941. Dr. John W. Daniel, Jr., '49, is his son.

Dr. William T. Price, '08, of Augusta, Georgia, died on September 24, 1953, after an illness of one day.

Dr. Carl C. Timmons, '15, died in Augusta, Georgia on November 9, 1953 after an illness of three months. Dr. Timmons was sixty-seven years of age and had practiced medicine in Augusta for nearly forty years.

Dr. Lloyd K. Boggs, '24, died on October 16, 1953 in Birmingham, Ala. He had served as a medical missionary in Korea for about fourteen years, but had been practicing in Birmingham for the last ten years. Dr. Boggs was fifty six years old and his death was caused by melanoma with metastasis.

Dr. Thomas G. Brooks, '24, prominent physician of Aiken, S. C., died at the University Hospital, Augusta, Ga. on October 27, 1953. His death was the result of rheumatoid arthritis. Dr. Brooks had been assistant professor of surgery at the Medical College of Georgia in 1927 and 1928. He was former Chief of Staff of the Aiken Hospital, and a fellow of the American College of Surgeons and the International Academy of Medicine.

On January 4, 1954, death claimed Dr. Harry M. Kandel, '26, of Savannah, Ga. He had been ill only one day. Dr. Kandel was a former president of the Georgia Medical Society, a member of the Georgia Heart Association, the Savannah Heart Clinic and the Chatham-Savannah Defense Council. He had also served in both World Wars.
Dr. Una Ritch Yeomans, '40, passed away at her home in Jesup, Georgia on January 10, 1954, after an extended illness due to metastatic carcinoma. "Dr. Una" as she was known throughout her vicinity had practiced pediatrics in Jesup since 1942. She was a member of the American Medical Association, the Medical Association of Georgia, Wayne County Medical Association and the Georgia Pediatric Society.

Dr. Weyland M. Hendry, Jr., '43, a native of Washington, Ga., died at the University Hospital, Augusta, Ga., on November 16, 1953, as the result of a blood dyscrasia. For the last several years, he had been practicing in Atlanta and was a member of the staffs of Georgia Baptist Hospital and Crawford Long Hospital. He was a member of the Southern Medical Association, the Fulton County Medical Association and the Medical Association of Georgia.

Since the last issue of the PROCEEDINGS, death has struck the family of Dr. William A. Wilkes, '37, twice. His mother, Mrs. Jane Crawford Wilkes passed away on November 22, 1953 and his brother, Nathan C. Wilkes died on January 5, 1954. Both of the deceased resided in Lincolnton, Georgia, and had been connected with the U. S. Postal Department.

Mrs. Nellie Ray Frierson, of Savannah, Georgia, and mother of Dr. Norton Frierson, '35, died on November 19, 1953 after an extended illness.

On December 12, 1953, Mrs. Mary Helen Walker Moon, of Harlem, Georgia was claimed by death. She had been ill for the past three years, and is survived by her husband, Dr. Jack Moon, '43, and four daughters.

Our sympathy is extended to Dr. William D. Jennings, '02, on the death of his wife, Mrs. Jimmie A. Bohler Jennings on October 19, 1953. Their son, W. D. Jr., '49, is in Atlanta at the Georgia Baptist Hospital.

Mrs. Mary Bibb Bowdoin, mother of Dr. Dan Bowdoin, '33, died in Atlanta, Georgia on November 8, 1953. Dr. Bowdoin is an officer with the state Health Department in Atlanta.

Mr. Floyd M. Harrison died October 26, 1953 at his residence in Augusta, Georgia. He was the father of Dr. F. N. Harrison, '37.

On December 23, 1953, Mr. John G. Durden of Monroe, Georgia passed away in an Atlanta hospital. He was the father of Walter F. Durden, '48.

Mrs. W. Frank Wells, mother of Dr. David A. Wells, '49, passed away at her residence in Hapeville, Georgia, October 30, 1953.
At the meeting of the American Academy of Obstetrics and Gynecology in Cincinnati, Ohio on December 15, 1953, Dr. Richard Torpin, Professor of Obstetrics and Gynecology presented a paper about the Torpin Pelvimeter.

Dr. Virginia L. Sydow, Assistant Professor of Pharmacology, presented the paper, "Interaction of Cocaine and Ephedrine with Sympathomimetic Amines" at the meeting of the American Society for Pharmacology and Experimental Therapy, at Yale University and also at the Neurohumoral Transmission Symposium in Philadelphia.

In October Dr. Perry P. Volpitto, Professor of Anesthesiology, presented two papers before the meeting of the American Society of Anesthesiologists which met in Seattle, Wash. He spoke on "The Management of Anesthesia for Intra-Thoracic Surgery" and "Arfonad-Induced Hypotension during Surgery and Anesthesia".

Dr. Peter B. Wright attended the meeting of the American Academy of Orthopaedic Surgeons in Chicago on January 25, 1954. From there he went to St. Louis where he was Chairman of the Committee on Trauma of the American College of Surgeons, and met with other committee members. In February, he will be Moderator on a panel for the Sectional Meeting of the American College of Surgeons in Charlotte, N. C. Also attending this meeting in Charlotte will be Dr. Thomas W. Goodwin, '30.

In December, Dr. Robert B. Greenblatt, Professor of Endocrinology, attended the clinical session of the American Medical Association in St. Louis and presented a paper on "Pruritis-Vulvae: Endocrine and Non-endocrine Treatment". He was also a leader of the Round Table discussion on "Diagnosis and Treatment of Vaginitis" at the meeting of the American Academy of Obstetrics and Gynecology in Cincinnati.

Dr. Walter L. Shepeard, Professor of Medicine in charge of Clinical Pathology, was an instructor at the Regional Refresher Course for Laboratory Technicians held in Athens, Georgia in October.

Dr. Robert C. Major, Professor of Thoracic Surgery, discussed "Bronchopulmonary Cystic Disease" at the Fifth Annual Scientific Assembly of the Georgia Academy of General Practice in Savannah, Georgia during October.
Dr. Harry B. O’Rear, Dr. Robert B. Greenblatt and Dr. G. Lombard Kelly were on the program at the Third District Medical meeting held in Americus, Georgia, October 19, 1953.

In the July issue of the PROCEEDINGS, we carried the news that Dr. Lloyd B. Greene, ’17, was an Associate Professor in the Department of Urology at the University of Pennsylvania Graduate School of Medicine. Since that time, Dr. Greene has informed us that the title should have been Professor of Clinical Urology. We are very glad to make this correction.

Dr. Herbert S. Kupperman, ’46, has been promoted from research associate to Adjunct Assistant Professor in Therapeutics at the College of Medicine of New York University-Bellevue Medical Center. This was announced in November by Dr. Currier McEwen, Dean. Dr. Kupperman is also endocrinologist to the Department of Obstetrics and Gynecology of NYU-Bellevue Medical Center.

Dr. John H. Robinson, ’38, is spending a year at the Memorial Center for Cancer and Allied Diseases in New York City.

* * * * * * *

At the meeting of the Executive Committee of the Medical College of Georgia on December 29, 1953, the following faculty appointments were made:


Frank Gordon Stephens, M. D., (V. A.), Assistant Clinical Professor of Pathology.

Abram James Davis, M. D. (Richmond County Public Health Department), Associate Clinical Professor, Public Health.

Mrs. Olive Lynch Barbin, (Richmond County Public Health Department), Clinical Assistant in Public Health.

Robert Blair Franklin, Lt. Col., M. D., (Camp Gordon), Assistant Clinical Professor of Medicine.

Gilbert Miller Stevenson, M. D., (V. A.), Assistant Clinical Professor of Medicine.

Nathan Pinchos Frolkis, M. D. (V. A.), Clinical Instructor in Medicine.

*See separate article.
Cason Conrad Smith, M. D., Clinical Instructor in Dermatology and Syphilology.

William Alfred Fuller, M. D., Clinical Instructor in Medicine.

William Harry Isham, M. D., (Camp Gordon), Clinical Instructor in Medicine.

Charles Brinson Shiver, M. D., Clinical Instructor in Medicine.

Alfred Mann Battey, M. D., Clinical Instructor in Surgery.

Cecil Asa White, M. D., Clinical Instructor in Surgery.

Leo Harben Pou, M. D. Clinical Instructor in Anesthesiology.

John Francis Yarbrough, M. D., Clinical Instructor in Anesthesiology.

Hugh Jennings Bickerstaff, M. D., (Columbus City Hospital), Assistant Clinical Professor in Obstetrics and Gynecology.

William F. Hamilton, Jr., M. D., promoted from Instructor to Assistant Clinical Professor in Roentgenology.

Edwin Louis Rushia, M. D., promoted from Assistant Professor to Associate Professor of Anesthesiology.

When the Bon Hommes Yule Ball was held in Macon, Georgia, Drs. Zach Greer, ’44, and Lee Fry, ’45, acted as chairman, and Miss Mary Weaver, daughter of Dr. and Mrs. Hudnall Weaver, ’20, was among the thirteen girls presented at the Ball.

Of interest to the alumni and particularly to those who took some of their training at the University Hospital, is the fact that the new three story addition at the rear of the administration wing is nearing completion. When it is ready for occupancy, about April 1st., it will house the kitchens on the first floor, the laboratory and cafeteria on the second, and the operating rooms on the third. The total cost of the wing will be approximately $1,000,000.

Dr. A. W. Simpson, ’39, was one of the doctors who addressed the January meeting of the Washington, Georgia Parent Teachers Association.

The Georgia Medical Society held its annual Presidents’ Dinner on December 17, 1953 at the Hellenic Community Center in Savannah. Guests of honor were Dr. Howard J. Morrison, ’29, retiring president, and Dr. L. M. Freedman, incoming president. Among those present were

At the annual banquet of the Fulton County Medical Society, in January, Dr. Bernard L. Shackleford, '21 was installed as president-elect of the Society.

Dr. Lucius Smith, son of Dr. and Mrs. George B. Smith, '08, has been appointed full-time radiologist at Floyd Hospital, Rome, Georgia.

It will be of interest to all the alumni that the Board of Regents of the University System paved the way for extra faculty men needed for the new Medical School. This expedient action was taken so that necessary plans can be put into operation before the Eugene Talmadge Memorial Hospital is completed within an expected two years. Until the appropriation for these new salaries is made next year, the monies will come from the governor's general fund.

Dr. W. F. Reavis, '40, was one of the hosts to the December meeting of the Ware County Medical Society in Waycross. Dr. Arthur M. Knight, '43, is President of the Society and Dr. T. J. Ferrell, '28, is secretary-treasurer.

Dr. Julian K. Quattlebaum, Sr., '21, of Savannah, Georgia was elected vice-president of the Georgia Chapter of the American College of Surgeons.

Dr. Loren V. Strickland, '08, was elected mayor of Cobbtown, Georgia on December 15, 1953.

In December, Dr. William D. Jennings, '02, twice mayor of Augusta, announced that he would again be a candidate for that office when the election is made in September of 1954.

Dr. Q. A. Mulkey, '09, Jenkins County physician, was sworn in as a member of the State Board of Medical Examiners. This appointment was made by Gov. Herman Talmadge in November.

Dr. W. E. Burdine, '39, and Mr. Roy M. Mundorff, of Atlanta, Georgia were the two purchasers of the Stone Mountain Sanatarium at Stone Mountain, Ga. The structure has two dormitories in addition to public rooms, a recreation hall and forty-two bedrooms in two brick buildings.
Dr. Bill Nichols, '50, was recently elected president of the Kiwanis Club of Canton, Georgia.

On January 5, 1954, the city council of Jesup, Georgia held their first meeting of the year with the mayor, Dr. J. A. Leaphart, '32, presiding.

Dr. A. D. Duggan, '40, was recently installed as a member of the executive committee of the Mercer Alumni Association at the meeting of the committee in Macon, Georgia.

Dr. Thomas A. Peterson, '33, of Savannah, Georgia was designated president-elect of the Seaboard Air Line Railroad Surgeons Association at a recent meeting in St. Petersburg, Fla. He has been associated with the Seaboard staff since 1939.

Thanks to Drs. Miriam Walker Chambless, '50, William G. Chamless, '50, and Roy E. Joyner, '50, we now have the address of Dr. Janis G. Davis. She is now taking a residency in anesthesia, in San Antonio, Texas while her husband is stationed there in the service.

Thanks to Dr. R. Patten Watson, '46, for supplying us with the information about Dr. Warren G. Shuman, '46, who has been at Fitzsimmons General Hospital for about a year, but is now at his home in Nashville, Ga. We also appreciated the note from Mrs. P. A. Shuman with information about her son, Warren, as well as that about her husband, Dr. P. A. Shuman, '12. We were sorry to hear that the latter had been confined to bed since August.

By locating Dr. Charles T. Parks, '51, he then furnished us with the "where-abouts" of Drs. Trevor Williams, '48, and Charles M. Ward, '52. We certainly appreciate these bits of information.

We also owe a debt of gratitude to Dr. A. P. Mulkey, '34, for telling us about Dr. August R. Peters, '35, who is practicing in Washington, N. C.

Dr. Ovid B. Bush, '45, and his family have returned to the Orient to do medical missionary work. Their address is: 56/8 Kejime-Hirano Aza, Mikage Cho, Higashi-Nada Ku, Kobe, Japan.

When President Hillberry was inaugurated as President of Wayne University, the Medical College of Georgia was represented by Dr. Coleman Mopper, '42, of Detroit, Mich.

Dr. Cecil F. Jacobs, '52, has opened his offices at 2612 Peach Orchard Rd., Augusta, Georgia. He is practicing general medicine.
Dr. Charles Iverson Bryans, '43, has returned from his tour of duty with the Armed Forces, and is now practicing obstetrics and gynecology with Dr. Chas. M. Muehlern, '33, at 1526 Gwinnett Street, Augusta, Ga.

Dr. Coleman Mopper, '42, has announced the removal of his offices to 14633 East Seven Mile Road, Detroit, Michigan. Dr. Mopper, who is Clinical Instructor of Dermatology at Wayne University, has limited his practice to Dermatology, and is secretary-treasurer of the Detroit Dermatological Society.

Dr. Augustin S. Carswell, '45, has returned to Augusta after service with the Armed Forces and is practicing orthopaedic surgery on Gwinnett Street.

Dr. Bethel Wall, '46, has opened his offices at 1143 Druid Park, Augusta, Georgia, for the practice of urology. Dr. Wall has just returned from a year of post-graduate training at Memorial Hospital for Cancer and Allied Diseases in New York.

Dr. Jack Hudson, '51, is now practicing general medicine in the Fleming Heights area in Augusta, Georgia. Prior to going into private practice, he was attached to the medical staff at the H-Bomb plant, Savannah River Project.

Dr. Edsel Dickey, '48, has been appointed Chief Orthopaedic Resident at Jefferson-Hillman Hospital in Birmingham, Ala. This appointment was effective January 1, 1954.

Dr. William F. Hamilton, Sr., Professor of Physiology at the MCG, delivered the annual George E. Fahr Lecture at the University of Minnesota at Minneapolis on September 14, 1953. The subject of his lecture was "The Physiology of Congestive Failure of the Circulation." The George E. Fahr lecture was held in connection with a symposium on the physiology and surgery of cardiovascular disease, under the joint auspices of the University of Minnesota and the Minnesota Heart Association. The lecture consisted of a critical evaluation of the literature relating to the role of venous pressure, renal hemodynamics, and endocrine factors in the production of the edema characterizing this condition. Whereas definitive evidence is not available, it would seem that the adrenals and pituitary glands play an important role in the production of cardiac edema. The review of the literature was followed by a description of experiments on dogs prepared by Dr. Robert G. Ellison, '43, Associate Professor of Thoracic Surgery and Assistant Research Professor in Physiology at MCG. These dogs had mitral stenosis of controlled degree, and it was shown, for the first time in this condition, that ascites could be produced experimentally, that it was independent of a venous pressure rise, was dependent on sodium intake, and could be discharged by adrenalectomy. It could not be produced in a dog with experimental diabetes insipidus.

Thirty-one Georgians were among the 1,100 doctors inducted as Fellows of the American College of Surgeons in October. The following alumni of the MCG were among those inducted: Frank G. Mitchell, Jr., '38, Brunswick, Ga., C. Mark Whitehead, '39, La Grange, Jule C. Neal, '43, and Ralph G. Newton, '49, Macon, Wilbur M. Scott, '45, Milledgeville; and J. Victor Roule, '26 and Alfred M. Battey, '44, Augusta.