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
EDITORIAL

This brief note, addressed to our 1600 and some odd alumni, differs a great deal from the scholarly oral edifices of the past, but it aims at conveying a message—a message which we are sure is dear to all our hearts.

We have had a college; the college has produced alumni and these alumni have united themselves into the Alumni Association of the Medical College of Georgia. Of this we are all products! Now, a new era dawns! Our school is becoming an integral, a very important integral part of a great medical center for the Southeast. To accomplish this end, the faculty and staff of the college can add to the internal stature of the edifice, but for it to remain standing the exterior walls must be reinforced by an exterior force which knows its needs. This force must be furnished by public opinion, public funds and good will, but it
remains for the alumni to lead these agencies, for it is the alumni who were sheltered by these walls in the immaturity of youth, and who even now remain a part therewith. For this reason, there was established this year a Fund, known as the Alumni Fund, which will be a tribute and a memorial to every name that has been added to the Alumni Roster. This Fund, if it is subscribed to adequately, will foster what other school monies have not been able to foster because of the necessity of budgeting, i.e., accomplishments which are taken care of through no other medium. As stated in the legal form incorporating this Fund, its general purposes are thus:

a. To improve and maintain the high standards of instruction now given students at the Medical College of Georgia;

b. To create and maintain fellowships for advanced study on the part of members of the faculty of the Medical College of Georgia;

c. To create and maintain research foundations for the furtherance of research in the various fields and branches of medical science on the part of the members of the faculty of the Medical College of Georgia.

d. To use the resources of said corporation in such other ways as in the opinion of the Trustees will best benefit the Medical College of Georgia and the medical profession in the State of Georgia.

These are the places where your money will go. Also, we of the alumni should and are called upon to sponsor certain social functions at the Medical College, which in the past, many of these have had to be omitted because there was no wherewithal to accomplish them. However, we are all cognizant of the part that social get-together plays in cementing the bonds between the members of the alumni.

Your financial help—tax deductible—is what we ask! If it were not for the fund of knowledge which you stored up at MCG, where would your fund for a livelihood come from now? Can't you help?

The names of all persons contributing to this Fund will be published in each issue of the Proceedings, and in this way we will be able to let all the alumni know who is helping with this great endeavor. Presently, we want to express "Thanks" to DR. JUSTO LUIS MUNOZ and DR. AUGUSTIN CARSWELL, who were the first to contribute
since the Fund was approved at the meeting of the Board of Managers. Without solicitation or comment, their monies were forthcoming—and it may have been with sacrifice for both! Their names will always be remembered as the pioneers of the Alumni Endowment Fund. In the July issue you will read the names of other alumni who have contributed during the past year, but before the Fund was established as such. We would like to be able to record your name in the next issue.

Information concerning the manner of contributing to this Fund may be obtained from the Alumni Office. Monies may be "earmarked" as a memorial or a trust,—given in one sum, monthly, or as desired. The specific purposes for which the monies are used may even be designated. But just remember—

Were it not for your degree

From the M. C. of G.,

We may not be able to say,

"Dear Doctor"—today.

THE FACULTY OF THE MEDICAL COLLEGE OF GEORGIA

The Medical College of Georgia had from its inception a faculty consisting of able men of high ideals and considerable ability. Much of the success of the school was due to the perseverance and foresight of these men.

Interesting and informative stories concerning the history of the school have been written by Dr. Cecilia C. Mettler and Dr. William Henry Goodrich. However, from the years 1829 to 1874 there was no concise record of the professors who gave not only their time but in some cases their money in the early struggles of the Medical School. By reading the minutes of the Board of Trustees and the minutes of the Faculty the writer has attempted to formulate such a list. Resignations and elections of professors were the only means by which such a list could be compiled. Hanging in the present Medical School building are numerous portraits of professors identified in name only. At the suggestion of Dr. Edgar Pund, President of the Medical College, the writer has tried to find out what subjects these professors taught and in what years they served the Medical College.
In order to understand more fully the problems facing the Faculty in the beginning of the Medical School, let us review its history briefly.

At the close of the eighteenth century the entire state of Georgia was attended by less than one hundred doctors. Most of their knowledge had been attained by the old apprentice method. In 1800 the Doctors in Augusta gathered to fix definite fees for professional visits, operations, drugs and miscellaneous services and materials. This meeting resulted in the formulation of a Fee Bill published in the local papers. The Medical Society of Augusta was organized in 1822 by an Act of the General Assembly with nine members.

On December 24, 1825 a Board of Physicians was established by the General Assembly to rid the State of quacks. Dr. Milton Antony was the president of this Board.

Dr. Antony tried to train young men for the medical profession while carrying on his private practice, but realized that there was a need for a medical school. Finally in 1828 an act was passed for the establishment and incorporation of the Medical Academy of Georgia. Later the Academy became the Medical College with the right to confer Medical Degrees.

The first meeting of the Board of Trustees was held on March 2, 1829. Officers for the Board were elected and by-laws and regulations were presented.

It was decided that the Faculty should consist of six professors to be chosen by the trustees. The professors were to deliver two courses of lectures annually with the professors and students deciding at which hours these lectures should be given. The faculty chair would be considered vacant if the lectures were not delivered. The school term would begin the first Monday in October and end the third Monday in May. The Faculty was to issue tickets at a stated price for each course. These tickets had to be presented by the students before they were admitted to the lectures or to the dissecting room.

At the end of the course of lectures each student was to go before the entire Faculty for his examination. Only two votes were necessary to reject a candidate. The Faculty also had to pass on the merits of each student’s thesis. A final examination was given by the Board of Trustees.
After the by-laws and regulations were adopted, the Board proceeded to elect three professors—all that were needed at present because of the small number of applicants. Dr. William R. Waring was given the chair of Anatomy and Surgery. Dr. Waring however, declined to teach and Dr. I. P. Garvin received a temporary appointment to this position. Dr. Lewis D. Ford was to teach Materia Medica, Chemistry, and Pharmacy. Dr. Milton Antony was elected to teach Institutes and Practices of Medicine, Midwifery, and Diseases of Women and Children. The first Dean was L. D. Ford.

On the first Monday in October 1829 nine students began their studies. One student absented himself from the lectures and one student left in March after six months to begin private practice. Therefore the first graduating class consisted of seven candidates for Medical Degrees.

In 1830 the faculty was increased to four. Two more professors were added in 1832.

The new building was started in the spring of 1834. The cost of the structure ran nearly fifteen thousand dollars. It was decided that Dr. L. A. Dugas, the Anatomy professor should go to Europe to purchase a museum and library. Six professors donated one thousand dollars each for this purpose. Two-hundred and fifty dollars of each thousand was the pay they had received for the lectures they had given at the Medical College. The remaining seven hundred and fifty dollars came from the doctor's own private practice. This same year the professors received their back pay which was fifty dollars for 1832 and fifty dollars for 1833.

At this point it might be well to speak of some of the distinguished professors of the Medical School. Dr. L. A. Dugas, professor of Anatomy, had the advantage of receiving extensive medical training. He began his studies with a two-year apprenticeship in the office of Dr. Charles de Beauregard, a French emigrant. He also worked two years with Dr. John Dent, an Augusta man of great genius and ability. Dr. Dugas continued with a winter course of lectures at the University of Maryland, a summer course at the Philadelphia Medical Institute, and then a second winter course at Baltimore. He received his Medical Degree from the University of Maryland, the best medical school in the country at the time. After a year of private study on a Georgia plantation, he spent three years in England, France, Switzerland, Germany, and Italy with Paris as headquarters. In the mornings he made hospital rounds, attended surgical operations, and post mortem examinations. His afternoons were spent attending lectures at the Sorbonne. His
Medical Degree from America allowed him to observe in any school or hospital in Europe.

Thus his former acquaintances with physicians and dealers enabled him to make excellent contacts and Georgia Medical College in turn acquired some exceptional museum specimens and books. These old items form one of the most interesting aspects of Georgia's present day museum and library.

Dr. Dugas contributed many papers to the "Southern Medical and Surgical Journal". He was the first in this country to apply the test of a surgical operation to mesmerism or hypnotism. A breast was removed from a patient in 1845. During the operation the patient remained insensible. The introduction of ether by Dr. Crawford W. Long in 1849 stopped further experimentation along this line.

As a teacher of medicine Dr. Lewis D. Ford achieved greatest renown. As a lecturer he was charming. The students were anxious for his lecture-hour to be announced. He was singularly eloquent and remarkably gifted in presenting his views to his classes. He had mastered the subjects presented for the consideration of his students, and he addressed them with self-possession which springs only from the consciousness of having thoroughly investigated his subject. He was a teacher of medicine for fifty years. With the exception of a few years as Professor of Chemistry, the whole time of his professorship was devoted to the Principles and Practice of Medicine. It is interesting to note that Dr. Ford served as the first President of the Georgia Medical Association which was organized at Macon, Georgia in 1849.

Dr. Ford was an expert in epidemic diseases and rendered valuable services to physicians of his own city and of the surrounding country in aiding in making an early and accurate diagnosis in these diseases. In the epidemics of yellow fever in Augusta in 1839 and 1854, he rendered conspicuous services to the sick and afflicted. After these epidemics had ended he investigated the origin and causes of these and firmly but respectfully insisted that in these epidemics the disease originated in neglect upon the part of the city authorities to expeditiously remove decomposing filth beyond the city limits.

Dr. George M. Newton, teacher of Anatomy, was particularly gifted, graceful in manner, facile in demonstration, never hesitating but always giving evidence of complete preparation of his subject. As a teacher Dr. Newton was inspiring. His method was direct, easily
understood, logical, analytical, and practical. His insight into his subject was remarkable and few of his students found his course anything but absorbing. His enthusiasm and his interest carried them with him.

Dr. Milton Antony's medical training comprised one course of lectures at Philadelphia. Financial difficulties forced him to quit his training before graduation. Nevertheless, his career was a brilliant one and later on he became an Honorary Medical Doctor. He was always deeply interested in young men and their progress. He won quickly the admiration and affection of his pupils.

One of his efforts for his profession in the state was to secure for it a higher standard of medical literature. To this end he established the "Southern Medical and Surgical Journal" and for several years was its editor.

One surgical operation which he performed in 1821 deserves some notice. It was probably the first operation upon the lung and even in the light of present-day surgical facilities, we must regard it as judiciously conceived and boldly executed. After an examination Dr. Antony made a diagnosis of empyema and concluded to open the chest. The patient was not cured, but was much benefitted by the operation. He died of measles one and a half years later. Dr. Antony's treatment of this case was so original that it was republished in the Royal College of Dublin, Ireland "Medical Press and Circular" of 1893—seventy-two years later. The skill and boldness of Dr. Antony was commended.

In 1837 the Faculty was increased to eight and the following list shows a wider range of subjects:

(1) Anatomy
(2) Principles and Practice of Surgery
(3) Chemistry and Pharmacy
(4) Therapeutic and Materia Medica
(5) Institutes of Medicine and Medical Jurisprudence
(6) Physiology and Pathological Anatomy
(7) Theory and Practice of Medicine
(8) Obstetrics and Diseases of Women and Infants
The Faculty had other difficulties besides finances. The intemperance of the Resurrectionist, an occasional student, and the janitor, plagiarism on a thesis, and the Richmond Academy boys breaking windows were among the many problems that they had to solve.

With the death of Dr. Milton Antony in the yellow fever epidemic of 1839 the Medical College lost one of its most tireless and faithful workers. The chair of Obstetrics and Gynecology passed to Dr. Joseph Adams Eve. Dr. Eve had been teaching Materia Medica and Therapeutics since the first year of the Medical College. He spent fifty-three years in OB-Gyn. From his great skill and many years in which he labored, it may almost be said that he brought half of the town into being, and it is a reliable estimate that he attended five thousand OB cases.

As a teacher he was clear, exact, and eminently practical; his lectures were always carefully prepared and first written out, and he was ever untiring in the interest of his students. Throughout his long and useful career as a teacher he boldly and persistently advocated adoption of every reform for higher medical education. He was an excellent teacher and his lectures and papers have done much to mould the past and present generation. At the time of his resignation from the college he was the oldest teacher of OB in the world. His practice continued active to the close of his life preferring as he often expressed it "to wear out rather than rust out" and he cheerfully continued his visits, even at night, to the suffering up to the last.

From 1832 Georgia had a six months course as opposed to other American medical colleges who had four months. As early as 1835 the Georgia College wrote letters to all the medical schools asking for a convention of representatives to be held in Washington, D. C. to establish a uniform system of requisitions for the degree of M. D., to regulate a course of study, to establish entrance requirements, and in general to improve medical education. No interest was aroused by the letters. Therefore, the Georgia College was compelled by competition to reduce the scholastic term to four months.

In the 1848 Gold Rush northern medical institutions lost considerable numbers, but we note from the "Southern Medical and Surgical Journal" that the Georgia Medical College had an unusually large class and were able to say "that the youth of these diggins' have been more considerate and that they have preferred to remain at home."

A new professorship was created on 9th June 1854 for comparative and microscopic anatomy. Dr. H. F. Campbell was elected to this
chair. Dr. Campbell became a most important addition to the faculty because of the influence he wielded and because of his intense activity.

At this point it is interesting to note two rather odd experiences that happened to Dr. Campbell while he was in charge of the dissecting room. These experiences were related by Dr. Roger Doughty in a paper titled "History of the Medical Department of the University of Georgia." One of the pupils while dissecting the axilla by candle-light, the candle sitting upon the cadaver's chest, in some way loosed the hook that held the arm extended. The arm freed came down against the chest wall rather forcibly and to the student's consternation, the cadaver blew the candle out, leaving the room in darkness. Shortly after this Dr. Campbell while assisting a student to get his "stiff" out of the barrel of alcohol in which they were kept, and on to the table, directed the boy to stand on the table and catching the arms, pull the subject up, into place. To everyone's surprise the cadaver came out of the barrel with the mouth making a loud sucking noise. These two experiences were not forgotten and shortly after that when called upon to treat a patient suffering from an overdose of laudanum, Dr. Campbell directed what was probably the first attempt at artificial respiration in the sitting posture. It was entirely successful.

From the minutes of the Faculty meeting of September 17, 1861 we note the resignation of Dr. I. P. Garvin and the election of Dr. L. A. Dugas to fill the vacancy. Two blank lines before the next entry cover a period of four years for the Medical College did not open during the War Between the States. Instead the facilities were used for a hospital. The professors served with distinction on the battle field. In the Faculty minutes of 28 August 1865 we find the announcement that the Medical College would reopen in November.

The agreement between the Medical College of Georgia and the University of Georgia that was reached on 5th of July 1873 brings to a close our research on the Faculty of the Medical College of Georgia. Truly these professors laid a firm foundation for our present School of Medicine.

REFERENCES

Mettler, Dr. Cecilia C.

"History of Georgia School of Medicine"—Published in the Phi Chi Quarterly.
Doughty, Dr. Roger C.

"History of the Medical Department of the University of Georgia"

Goodrich, Dr. William Henry

"The History of the Medical Department of the University of Georgia"

Minutes of the Faculty of the Medical College of Georgia—Vol. I and II.

Minutes of the Board of Trustees of the Medical College of Georgia.

Mrs. William O. White

Woman's Auxiliary to the Richmond County Medical Society

PROFESSORS OF THE MEDICAL COLLEGE OF GEORGIA

1829 - 1874

Dates denote recorded minutes of the Board of Trustees at which time resignations were accepted and elections of professors were made. Where years are omitted it signifies that there were no changes in the Faculty.

2 March 1829

Dr. I. P. Garvin—Anatomy

Dr. L. D. Ford—Materia Medica, Chemistry, Pharmacy

Dr. Milton Antony—Institutes and Practice of Medicine

Obstetrics, Gynecology, Infants

17 May 1830

Dr. I. P. Garvin—Anatomy and Surgery

Dr. J. A. Eve—Materia Medica

Dr. L. D. Ford—Chemistry and Pharmacy

Dr. Milton Antony—Institutes and Practice of Medicine

Ob, Cyn, and Infants
9 April 1832

Dr. L. A. Dugas—Anatomy
Dr. P. F. Eve—Surgery
Dr. J. A. Eve—Materia Medica
Dr. L. D. Ford—Chemistry and Pharmacy
Dr. John Dent—Institutes and Practice of Medicine
Dr. Milton Antony—Ob, Gyn, and Infants

17 April 1833

Dr. L. A. Dugas—Anatomy
Dr. P. F. Eve—Surgery
Dr. J. A. Eve—Materia Medica
Dr. L. D. Ford—Chemistry and Pharmacy
Dr. Alexander Cunningham—Institutes and Practice of Medicine
Dr. Milton Antony—Ob, Gyn, and Infants

27 May 1833

Dr. George Newton—adjunct professor—Anatomy
Dr. P. F. Eve—Surgery
Dr. J. A. Eve—Materia Medica
Dr. L. D. Ford—Chemistry and Pharmacy
Dr. A. Cunningham—Institutes and Practice of Medicine
Dr. M. Antony—Ob, Gyn, and Infants

1835

Dr. L. A. Dugas—Anatomy
Dr. P. F. Eve—Surgery
Dr. J. A. Eve—Materia Medica
Dr. L. D. Ford—Chemistry and Pharmacy
Dr. A. Cunningham—Institutes and Practice of Medicine
Dr. M. Antony—Ob, Gyn, and Infants
Dr. L. A. Dugas—Physiology

10 May 1837

Dr. G. Newton—Anatomy
Dr. P. F. Eve—Surgery
Dr. J. A. Eve—Materia Medica
Dr. Charles Davis—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. M. Antony—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. G. Newton—Physiology and Pathological Anatomy

2 April 1838

Dr. G. Newton—Anatomy
Dr. P. F. Eve—Surgery
Dr. J. A. Eve—Materia Medica
Dr. C. Davis—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. M. Antony—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. L. A. Dugas—Physiology and Pathological Anatomy

15 October 1839

Dr. G. Newton—Anatomy
Dr. P. F. Eve—Surgery
Dr. J. A. Eve—Materia Medica
Dr. C. Davis—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. L. A. Dugas—Physiology and Pathological Anatomy

15 November 1839
Dr. G. Newton—Anatomy
Dr. P. F. Eve—Surgery
Dr. I. P. Garvin—Materia Medica
Dr. C. Davis—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve, Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. L. A. Dugas—Physiology and Pathological Anatomy

14 March 1840
Dr. G. Newton—Anatomy
Dr. P. F. Eve—Surgery
Dr. I. P. Garvin—Materia Medica
Dr. C. Davis—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. L. A. Dugas—Physiology and Pathological Anatomy

13 June 1840
Dr. G. Newton—Anatomy
Dr. P. F. Eve—Surgery
Dr. I. P. Garvin—Materia Medica
Dr. Charles West—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. L. A. Dugas—Physiology and Pathological Anatomy

4 June 1841
Dr. G. Newton—Anatomy
Dr. P. F. Eve—Surgery
Dr. I. P. Garvin—Materia Medica
Dr. Alexander Means—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. L. A. Dugas—Physiology and Pathological Anatomy

8 October 1850
Dr. G. Newton—Anatomy
Dr. L. A. Dugas—Surgery
Dr. I. P. Garvin—Materia Medica
Dr. A. Means—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. H. V. M. Miller—Physiology and Pathological Anatomy
9 June 1854
Dr. G. Newton—Anatomy
Dr. L. A. Dugas—Surgery
Dr. I. P. Garvin—Materia Medica
Dr. A. Means—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. H. Miller—Physiology and Pathological Anatomy

2 May 1857
Dr. H. F. Campbell—Anatomy (Special and Comparative)
Dr. George Newton—Professor Emeritus
Dr. L. A. Dugas—Surgery
Dr. I. P. Garvin—Materia Medica
Dr. A. Means—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. H. Miller—Physiology and Pathological Anatomy

5 March 1858
Dr. H. F. Campbell—Anatomy
Dr. L. A. Dugas—Surgery
Dr. I. P. Garvin—Materia Medica
Dr. Joseph Jones—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. H. V. Miller—Physiology and Pathological Anatomy

24 February 1866
Dr. Desaussure Ford—Anatomy
Dr. L. A. Dugas—Surgery
Dr. I. P. Garvin—Materia Medica
Dr. J. Jones—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. H. Miller—Physiology and Pathological Anatomy

31 August 1866
Dr. D. Ford—Anatomy
Dr. L. A. Dugas—Surgery
Dr. I. P. Garvin—Materia Medica
Col. George W. Raines—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. Edward Geddings—Physiology and Pathological Anatomy

22 August 1867
Dr. D. Ford—Anatomy
Dr. L. A. Dugas—Surgery
Dr. Wm. H. Doughty—Materia Medica
(Dr. I. P. Garvin—Professor Emeritus)
Col. G. W. Raines—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. E. Geddings—Physiology and Pathological Anatomy

30 April 1867
Dr. D. Ford—Anatomy
Dr. L. A. Dugas—Surgery
Dr. W. H. Doughty—Materia Medica
Col. G. W. Raines—Chemistry and Pharmacy
Dr. L. D. Ford—Institutes and Practice of Medicine
Dr. J. A. Eve—Ob, Gyn, and Infants
Dr. L. D. Ford—Medical Jurisprudence
Dr. E. Geddings—Physiology and Pathological Anatomy
Dr. Henry E. Campbell—Operation Surgery and Surgical Anatomy

Mrs. William O. White
Woman’s Auxiliary
to the Richmond County Medical Society

IDENTIFICATION OF PICTURES IN PRESENT ADMINISTRATION
BUILDING OF THE MEDICAL COLLEGE OF GEORGIA

DR. ALEXANDER CUNNINGHAM
Vice-President of 1822 “Medical Society of Augusta, Ga.”
Trustee of Medical College from 1832 to 1841
Professor of Theory and Practice of Medicine from 1833 to 1838

DR. WILLIAM HENRY DOUGHTY, SR.
Professor of Materia Medica from 1867 to 1875

DR. WILLIAM HENRY DOUGHTY, JR.
Professor of Anatomy & Clinical Surgery—1896
Professor of Operative Surgery & Surgical Pathology—prior to 1910
Dean of U. of Ga. Sch. of Med. 1910 - 1920
DR. JOSEPH ADAMS EVE

Professor of Materia Medica from 1830 to 1839
Professor of Obstetrics, Gynecology, and Infants from 1839 to 1892
Dean of Medical College of Georgia 1834 to 1835

DR. LEWIS D. FORD

First Dean of the Medical College of Georgia 1833 to 1834
Professor of Materia Medica, Chemistry and Pharmacy in 1829
Professor of Chemistry and Pharmacy from 1829 to 1837
Professor of Institutes and Practice of Medicine and Medical Jurisprudence from 1837 to 1882
Professor Emeritus in 1882

DR. GEORGE A. WILCOX

Elected to teach Obstetrics in 1892
Professor of Gynecology, Materia Medica and Therapeutics in 1896-1897
Professor of Gynecology 1906 to 1917

DR. I. P. GARVIN

Professor of Anatomy and Surgery from 1829 to 1832
Professor of Materia Medica from 1839 to 1867
Professor Emeritus
Dean of Medical College of Georgia from 1857 to 1861
Secretary of the Board of Trustees of Medical College of Georgia

DR. J. EVE ALLEN

Professor of Obstetrics and Pediatrics in 1896-1897
Dean of the University of Georgia School of Medicine 1906-1907
Professor of Obstetrics 1906-1917

18
BY VIRTUE OF ITS LOCATION AND FUNCTION THE HUMAN CERVIX IS SUBJECT TO MANY TYPES OF LESIONS RANGING FROM EROSION, WHICH IS THE CAUSE OF THE MOST WIDESPREAD MALADY, TO CARCINOMA PRODUCTIVE OF TRAGIC LOSS OF LIFE AMONG WOMEN. ASIDE FROM THE OBVIOUS ANOMALIES DUE TO TRAUMA SUCH AS LACERATIONS, SCARS, ECTROPIONS, AND EVERSIONS, THERE ARE VARIOUS SPECIFIC LESIONS, NAMELY: EROSION, POLYPS, STENOSIS, CONDYLOMA ACUMINATUM, ULCERS, TUBERCULOSIS, SYPHILITIC ULCERS, CHANCROID, GRANULOMA INGUINALE (VENEREUM), LEUCOPLAKIA, CARCINOMA RARELY, FIBROMA OR SARCOMA.
The Cervix in pregnancy: All obstetricians are familiar with the gross changes of the cervix throughout pregnancy. It is edematous and swollen appearing and very early exhibit cyanosis and the phenomenon is one of the earliest signs of pregnancy. To the touch the cervix becomes softened and often feels as though it were detached from the sharply anteverted fundus (Hegar’s sign). According to Galloway the common histologic changes are as follows:

1. Edema and increased vascularity.
2. Inflammatory infiltration.
3. Hyperactive basal-cell layer and areas of epidermization.
4. Decidua.
5. Papillary outgrowths.
6. Proliferation of glands.

During pregnancy the cervical smear stained according to Papanicolaou is likely to be misleading in favor of higher than usual incidence of malignancy. Pund found eleven percent of change bordering on malignancy in a small series of biopsy specimens from the cervix in pregnancy. Certainly many of these must be reversible.

Erosion of the cervix, the most common of all lesions, probably produces more mild malady in the female than any other gynecologic disorder. The term is a misnomer, but has such universal use that attempts to change it to one more accurately descriptive would most likely meet with failure. While most acquired erosions occur as a result of labor or infection trauma, many are congenital, giving rise to slight mucous discharge which is noticed by the patient from the onset of puberty. This type appears as a soft velvet-like ring of tissue varying in width up to ½ cm. or so around the external os. Those appearing in multiparas assume varying width and may involve almost the whole face of the cervix. In either case the surface tissue is the same as that in the cervical canal, having displaced the normal squamous epithelium away from the external os. The area tends to become infected and when this happens the underlying cervical stroma becomes infiltrated and thickened, the cervix then feels hard. Further infection advances into the adjacent lower broad ligaments which in turn become thickened and tender, leading to pelvic pain and localized low backache, worse at the end of day or on exertion and at the time of menstruation. Infection of the eroded cervix is enhanced by the increased mucous alkaline dis-
charge and a vicious cycle is set up unless prevented by therapeutic measures. Constant warfare goes on between the peripheral columnar epithelium of the erosion and the contiguous squamous epithelium. Sometimes the latter temporarily wins, especially if the vagina is normally acid. In these instances the displacement of the columnar epithelium by the squamous takes place on the surface only with a result that many mucous glands are buried. These later fill up and give rise to the common Nabothian cysts which may grow to a centimeter or more in diameter. These, usually somewhat smaller, may be so numerous as to cover the surface of the swollen cervix. On palpation they feel like shotty, hard masses buried in the cervical stroma. The erosion may bleed on irritation but as a rule it does not, thus differentiating it somewhat from cancer of the cervix. On account of the irritation produced at the line of junction of the two types of mucosa associated with that produced by bacterial invasion here, squamous cell cancer of the cervix arises quite commonly at this site.

Cervical polyps are small tumors varying in size from a few millimeters to several centimeters in size, usually pedunculated with rather long stems. Most of them develop from the cervical lining, reproduce the tissue from which they came and are thus covered with mucous secreting high columnar epithelium. As a rule they are multiple although only one may appear at the external os.

An interesting type is composed of endometrial polyps which may be present at the external os. These are composed of endometrial tissue as a rule of hyperplastic type. But they have a unique character of not infrequently having the presenting area covered with a patch of squamous epithelium, a sort of true metaplasia. This patch of squamous epithelium in rare cases may change into a localized squamous carcinoma.

The signs and symptoms of cervical polyps are mainly that of vaginal spotting, especially following trauma of intercourse. During pregnancy polyps have increased blood supply and become edematous, thereby being more subject to hemorrhage which may simulate threatened abortion. A rather thorough review of the literature on the subject was made by Servin in 1941. Since then there has been little writing on cervical polyps.

Stenosis of the cervical canal leading to obstruction of the canal is not uncommon at the time of the climacteric and is associated with atropic changes of the reproductive system. It may also be the result of surgical care, partial amputations, trachelorrhaphy, cauterization of the
lining of the canal, conization, or even vigorous endocervical curettage, especially if, in these cases, the canal is originally small in diameter. It is not uncommon following radium therapy and in many cases results in retention of uterine discharge which may become infected resulting in pyometra.

Venereal warts which are correctly called condylomata acuminata are generally recognized upon inspection since they are usually multiple and occur over the vaginal wall and fourchette as well as presenting as exuberant warty growths, senile or pedunculated in all sizes to 1 cm. or more in diameter. In the vagina or on the cervix they become infected and thus tend to cause an offensive and irritating discharge. Patients presenting them are occasionally seen in the clinics or in private practice. The cause is possibly a virus of some sort. I recollect two pregnant patients in whom the cervix, vagina and portion of the vulva were almost covered by these lesions without causing any particular disturbance at the time of spontaneous delivery.

Morehead, Woodruff and Thomas reported a case of granuloma pyogenicum of the cervix in a pregnant girl. They state that the most likely causative agent is staphylococcus aureus and that "it is a localized disease of organs covered by squamous epithelium, and not infrequently it follows slight trauma. It is seen most frequently on the hands, fingers, feet, face and buccal mucosa. The lesions are usually single and consist of sessile or pedunculated bright red, inflammatory tumors which vary in diameter from a few millimeters to about 3 cm. They bleed easily and not infrequently emit a foul odor.

The process begins in the subepithelial connective tissue and is characterized by the formation of ordinary granulation tissue which rapidly elevates the epithelium in such a manner as to form a small nodule or tumor on the surface. As the disease progresses, the epithelium is destroyed and granulation tissue grows above the surface, forming a sharply demarcated inflammatory tumor. The lesions are fully formed in the course of a few weeks after their inception."

Tuberculosis ulceration of the cervix first reported by Virchow in 1853, occurs with enough frequency to compel attention when diagnosing any ulcerating process. Several hundred cases have probably been identified. They are usually associated with tuberculous lesions elsewhere in the body, but there are some few apparently primary infections. The signs and symptoms of the lesion when localized to the cervix are discharge and spotting, the latter usually following trauma.
of examination, coitus, etc. Amenorrhea may be associated with advanced tuberculosis of the lungs or peritoneal organs. The characteristics of the ulcer vary considerably. According to Norris the ulcer usually starts at the external os and spreads to the vagina eccentrically or they may spread upward into the cervical canal. They may be moderately deep and present roughened swollen and often undetermined edges. The base may be necrotic with a granular surface. They may appear like a chancroid ulcer. Sometimes tubercles may be identified. Unlike cancer the ulcer is more likely to be soft, rather than indurated and it bleeds less than carcinoma. Tubercle myco bacteria may be found by staining, inoculation or culture.

Syphilitic ulceration of the cervix, formerly thought to be rare, probably occurs much more often than its recognition. According to Guerriero and associates who have had extensive experience, syphilitic ulcers of the cervix may be represented by all the various stages of the disease, the most common being primary chancre, 27 cases; secondary, 14 cases; and tertiary, 1 instance. Most often the chancre is engrafted upon a preexisting erosion and completely surrounds the external os. This happens in 15 of their 27 cases. The anterior lip was involved in 30% and the posterior in 15%. Two of the 27 patients were pregnant. On the cervix the typical chancre of the skin regions undergoes evolution and loses its otherwise rather typical characteristics. It may appear as a funnel-shaped ulcer with thickened edges and a necrotic base. Secondary lesions may appear as superficial macerated ulcers and are usually multiple. The tertiary stage results from the breaking down of gumma and is likely to cause marked destruction of tissue. Guerriero’s case had a proliferating fungoid mass appearing like a carcinoma. The symptoms are those of the generalized syphilitic infection such as discharge, contact bleeding, etc. It is interesting to note that leucic pain, if present, is almost invariably worse at night. The diagnosis of syphilitic ulcer is readily made by dark field study or nigrosine stained smears. Biopsy of the lesion reveals the true nature and it is not a bad idea to perform this test inasmuch as carcinoma and syphilis may be concomitant.

Chancroid in the past decade or so has received a great deal of study and much of the most productive work has been done at the Medical College of Georgia. With the help of the clinical students of the disease the bacteriology department has been able to isolate and propagate twenty or more strains of pure culture of the causative agent, hemophilus Ducreyi. Most of these were obtained by aspiration from uncontaminated buboes. Because of difficulty in establishing
true diagnosis of cervical ulcerations, only a few cases of chancroid lesions of the cervix have been reported. Day described two cases and Gueriero et al two cases. A few instance have been seen in our clinic. All patients had pain and discomfort with vaginal discharge of acute onset. In one of Day's patients the disease began five days after the return of her sailor husband from the tropics. He gave a history of chancroid 8-9 months previously which rapidly underwent involution with the sulfonamide therapy. At the time of his return examination revealed no lesion. Smears and cultures from glands, penis and prostatic secretions failed to demonstrate Hemophilus Ducreyi. The ulcerations of the cervix, usually multiple, are shallow with easily removable exudate. Associated vaginal mucous membrane ulcers of similar type may be present. Diagnosis is made by various tests including elimination of other causes of ulceration such as syphilis, granuloma inguinale (venereum), etc. Dark field studies to rule out the spirochete culture to eliminate gonococcus and tubercle bacillus, smear and culture identification of the Hemophilus Ducreyi, if possible. Pathologists have recognized specific histologic changes of chancroid ulcers in the biopsy specimen. Finally there is therapeutic test of rapid recovery by sulfanomides or penicillin.

Granuloma inguinale (venereum) is a granulating disease of the skin, mucosa or subcutaneous tissues due to infestation of the local monocyes by the Donovan bodies. It is almost entirely limited to the negro race, in this part of the world, at least. Most of the lesions in women are on or about the vulvar or inguinal regions, although lesions have been reported as occurring at many other sites. The inguinal ulcers usually are the result of break down of the surface of inguinal pseudobuboes. The mechanism of these subsurface lesions is that there may be lymphatic transportation of the Donovan bodies from the lesions in the skin or mucosa of the perineal regions. The cervix may be the site of an associated lesion or even of the primary lesion. Although it had been tentatively described before, Pund and Greenblatt in 1937 were the first to prove the condition by discovering Donovan bodies in the biopsy specimen. The lesion is slightly elevated from the surface and has a red, velvety appearance, well demarcated from the surrounding mucosa, but it may cover the whole face of the cervix. It is usually soft to the touch and bleeds very easily on irritation. These lesions, especially when limited to the cervix, have so many characteristics in common with carcinoma that many in the older days must have been treated as such. They have occurred, however, as a rule, in the younger

24
age group. The diagnosis is made by surface scraping or biopsy demonstration of the Donovan bodies within the monocytes. A very interesting and important feature of granuloma inguinale of the cervix is the tendency under certain circumstances, especially following pregnancy, for the infection to ascend into the uterus where it may produce a tuberculous-like invasion of the corpus, tubes and ovaries, ending fatally in not a few of cases. Possibly the newer effective therapy with special antibiotics may prevent such advance of infection, but in cases of cervical involvement late in pregnancy one may be justified in delivering the fetus by caeserean section to avoid trauma to the infected cervix.

Leucoplakia of the cervix appears as one or more poorly demarcated white patches of squamous cornified epithelium near the external os. It occurs usually in those near the menopause and although it may be localized to the cervix, generally is associated with similar lesions over the vagina and vulva. It is a questionable precancerous lesion. No papers upon the subject limited to the cervix were found for the past ten years.

Cancer of the cervix is usually squamous cell carcinoma, but it rarely may be adenocarcinoma. The idea now prevalent is that squamous cell cancer probably develops from preinvasive intraepithelial cancer cells near the junction of the high columnar and squamous cell mucosas at the external os. After an average of possibly ten years, invasion takes place upwards along the cervical canal or outward over the surface of the cervix. Both types soon invade into and through the cervical stroma and into the broad ligaments. Lymphatic metastasis of cancer cells may take place early or late into the lymphatic nodes along the ureter and large vessels up to and surrounding the aorta.

After an obvious ulcer with its characteristic indurated border and tendency to bleed has developed the danger and cost to the patient for adequate therapy are such that great effort is being expended upon finding methods of identifying the development during the relatively silent period of the preinvasive lesion. The most promising is the proper use of the Papanicolaou smear technique which may evolve into a successful screening procedure. All cases positive to this test require further investigation in the performance of complete biopsy studies. These include careful and thorough curettage of the endometrium, curettage of the endocervix and multiple biopsies at the columnar squamous junction of the cervix. The
three specimens should be sent to the pathologic department in separate containers.

Furthermore, physicians must learn that any abnormal vaginal bleeding or spotting may mean cancer either of the cervix or of the endometrium—post menopausal bleeding, especially. The situation then demands immediate and complete studies, the chief being the biopsy investigation.

The correct diagnosis of cervical lesions usually is quite readily made but in certain of those enumerated in this paper difficulties and uncertainty may be encountered. In these instances the scientific procedure embraces the performance of all possible reliable tests, as a routine, specific for individual disease entities which may be present. In this way only can a complete diagnosis be made so as to ascertain not only the most important disorder but also the coincident ones which are not infrequent complications.

BIBLIOGRAPHY


ALUMNI NEWS

BIRTHS

Recent Additions to the Alumni Cradle Roll includes:

Edwin E. Sapp, '53, Jacksonville, Fla.—Debra Gene—March 6, 1954

Gordon M. Kelly, '43, Augusta, Georgia—Gordon M., Jr.—April 1, 1954

Enon C. Hopkins, '44, Augusta, Ga.—James Malcolm—Feb 2, 1954

C. Steve Mulherin, '46, Augusta, Ga.—Francis X.—Feb. 15, 1954

Wm. Perrin Nicolson, III, Atlanta, Ga.—Elizabeth Tuller—Jan. 26, 1954
W. A. Sherrer, '52 and Dorothy White Sherrer, '52, Augusta, Ga.—Elizabeth Marie—Feb. 12, 1954


Hubert U. King, '47, Dalton, Ga.—Debra Elizabeth—March 9, 1954

William F. Hamilton, Jr., '45, Augusta, Ga.—David Ralph—April 4, 1954

Donald Schmidt, '49, Lincolnton, Ga.—Deborah Lucy—Feb. 15, 1954


Harold S. Engler, '50, Augusta, Ga.—Gay Elizabeth—March 20, 1954

**WEDDINGS**

On February 22, 1954, Miss Elizabeth Anne Harris and Dr. Elmer L. Fry, '45, were married at St. Joseph's Catholic Church in Macon, Georgia. Following their wedding trip, they returned to Macon and have an apartment on Brookwood Drive.

Miss Mary Jo Harvey of Macon, became the bride of Dr. Curtis F. Veal, '52, on February 20, 1954 at Sand Bethel Methodist Church in Rupert, Georgia. After the reception at the bride's mother's home, Dr. and Mrs. Veal left for their wedding trip to New Orleans. Their residence in Macon is at 3576 Vineville Avenue, where they will be until July when Dr. Veal plans to open his office in Milledgeville, Ga.

**DEATHS**

Dr. Arthur C. Wade, '99, one of our older alumni and a widely known physician of Augusta, was claimed by death on March 28, 1954. He was 78 years old and had practiced medicine in Augusta for 55 years. Last February, Dr. Wade had a lobotomy, and prior to his last illness, he had successfully recovered from this operation.

Dr. Henry J. Goodwin, '34, prominent physician and surgeon of Douglas, Georgia died unexpectedly at his residence on January 27, 1954.

Dr. James W. Powell, '89, died in Sylvania, Georgia on February 22, 1954.
The news was only recently received by this office of the death of Dr. Joseph H. Merrill, Jr., '48. Dr. Merrill had been practicing in Coral Gables, Fla. at the time of his death. We were informed that the causes of his death, which occurred Dec. 17, 1953, were uremia, hypertension and chronic nephritis.

Dr. Clarence G. Butler, '20, of Gainesville, Georgia passed away on November 30, 1953. His death was sudden and unexpected, due to a heart attack. Dr. Butler was a prominent ENT specialist in that section of northeast Georgia.

Mr. John H. Patrick, 84, retired farmer and father of Dr. E. V. Patrick, '44, died on February 24, 1954 in Jackson, Georgia. Dr. Patrick is practicing in Carrollton, Georgia.

Sympathies are extended to Dr. Warren A. Baird, '30, of Toledo, Ohio on the death of his father, Mr. Augustus Baird of Augusta, Georgia. Mr. Baird died on April 4, 1954 following a brief illness.

GENERAL NEWS

Dr. and Mrs. Robert Coggins, '51, have moved into their new home at 1828 Oriole Drive, Lynnhurst, North Augusta, S. C.

Dr. and Mrs. Oscar S. Spivey, '49, and their two children, Gena and Oscar Jr., have returned to Macon and are living with Mrs. Spivey's parents until they are able to move into a home of their own. They have lived in Pensacola, Fla. for the past two years while Dr. Spivey served as a Lieutenant at the U. S. Naval Hospital there.

The Savannah Morning News recently carried a picture of the proposed clinic which Dr. A. G. Pinkston, '43, plans to build in Glennville, Georgia. The interior of the building will have facilities for both white and colored patients, including doctor's office, treatment and examining rooms, laboratory, X-ray and dark rooms, diathermy, nurses' facilities, delivery and minor surgery suite, sick room facilities, as well as ample toilet and storage space. Construction was to have begun about March 1st.

Dr. Thomas A. Peterson, '33, was recently re-elected President of the Chatham-Savannah Health Council, Savannah, Georgia.

At the Atlanta Graduate Medical Assembly, which was held February 22 - 24, Dr. Edgar R. Pund, '18, President of the MCG, was among the speakers on the panel. Other prominent speakers on the program were Dr. Elmer Belt, director of the Elmer Belt Urologic Group, Los Angeles;
Dr. Charles A. Doan, dean of Ohio State University’s Medical College; Dr. Virgil S. Counsellor, head of section in general and gynecological surgery, Mayo Clinic, Rochester, Minn.; Dr. Donald D. Matson, neurosurgeon, Children’s Hospital, Boston, Mass.; Dr. Carl Muschenheim, associate professor of clinical medicine, Cornell Medical School, New York; Dr. R. L. Sanders, director of Sanders Clinic, Memphis; Dr. J. W. McCall, chief department of bronchoscopy and esophagoscopy, Huron Hospital, Cleveland; Dr. Dorothy H. Anderson of Babies’ Hospital, New York; and Dr. Philip J. Hodes, professor of radiology of the University of Pennsylvania Medical and Graduate School.

Dr. Clayton M. Massey, ’43, pediatrician in Waycross, Georgia, was elected president of the Ware County Medical Society. Dr. Arthur M. Knight, ’43, who had served as president during the past year, was named secretary-treasurer, and Dr. Leo Smith, ’32, was elected delegate to the House of Delegates with Dr. Ansley Seamon as alternate.

Dr. Samuel F. Rosen, ’29, of Savannah, Georgia, was named president-elect of the Georgia Medical Society at its meeting in December. Dr. Thomas A. Peterson, ’33, was elected vice-president. Dr. Rosen, is a prominent dermatologist in Savannah, where he has been practicing for twenty years. He is also currently serving as president of the First District Medical Society.

Also under construction is the new Warner Robins Clinic on Davis Drive in Warner Robins, Georgia. This Clinic, owned by Drs. W. G. Talbert, ’53, and Virge W. McEver, ’53, will be equipped for surgery, obstetrics, pediatrics and general practice. Dr. Talbert has been serving his internship at the University Hospital, Augusta, Georgia and Dr. McEver has been at Brooke General Hospital, Fort Sam Houston, Texas.

Since the January issue of THE PROCEEDINGS, our alumni members, the faculty and their families have been traveling quite a bit. Of course, the Alumni Office does not hear of nearly all the ‘roaming’ that is done by our graduates, but the few that we know about shall be passed on to their fellow alumni. In March, Dr. and Mrs. Perry P. Volpitto spent three days in New Orleans, where Dr. Volpitto attended sessions of the New Orleans Graduate Assembly, as well as presented a paper before this assembly. Dr. Volpitto is professor of Anesthesiology at MCG. — During the last part of February, Dr. and Mrs. Pomeroy Nichols visited Mexico for two weeks and en route home, enjoyed the festivities of the Mardi Gras in New Orleans. Dr. Nichols is Assistant
Professor of Neurologic Surgery. — Dr. and Mrs. William S. Boyd, '42, visited Atlanta last month. — Dr. and Mrs. Henry R. Perkins, '29, attended the estate EENT meeting at the Hotel Oglethorpe in Savannah, the first week-end in March. — Dr. Louis L. Battey, '46, recently attended the conventions of the American Heart Association and American College of Physicians in Chicago. — Dr. and Mrs. Thomas B. Phinizy, '28, of Lexington, Ky., visited Dr. and Mrs. Irvine Phinizy, '23, in Augusta, during February and while here had a real family reunion in celebration of their mother’s birthday. — Dr. and Mrs. V. P. Sydenstricker spent a few days in New Orleans during February. Dr. Sydenstricker, Professor of Medicine at MCG, is a member of the Board of Examiners of Internal Medicine which held examinations in that city. — Dr. and Mrs. Philip A. Mulherin, '30, and Dr. Calhoun Witham, Assistant Professor of Physiology and Assistant Research Professor of Medicine, were guests in Athens, Georgia during the first week of March. — When the Masters’ Golf Tournament was spot-light event of Augusta in April, Dr. William J. Burdashaw, '25, put to music his thoughts about golf. From his efforts, evolved four songs: “Swinging Down the Fairway”, “Putt, I’utt, Putt, Putt Putting From the Fairway”, “I am a Little Golf Ball”, and “Driving Down the Fairway”. — Speaking about golf, one of the more promising players in the Women’s Titleholder’s Tournament was Mrs. Thomas Finley of New Orleans, La. You may recall from the last issue of the PROCEEDINGS, that Dr. Finley will join the faculty at MCG this coming session. — At the 50th Anniversary celebration of Alpha Chapter of Alpha Kappa Kappa, Dr. Edgar R. Pund, President of MCG and alumnus of the class of 1918, was presented a beautiful jeweled fraternity key. — Dr. Peter B. Wright, '20, and Mrs. Wright were host and hostess to the sixth annual meeting of the Bone and Joint Surgeons when they met at the Bon Air Hotel in Augusta in April. Doctors from widely scattered areas of the United States attended this meeting — Dr. and Mrs. David S. Mann, '44, have returned to Macon, Georgia to make their home following Dr. Mann’s discharge from the Navy. His office is at 763 Pine Street and they live in Ingleside.

With the popularity of the Health Forums that have been conducted throughout the country, Georgia has contributed her share in helping disseminate knowledge about various medical subjects to the public. Many of our alumni have been active participants in these Forums. In Atlanta, Dr. Bernard L. Shackleford, '21, discussed “You and Your High Blood Pressure”; Dr. Herbert S. Alden, '24, talked about “Eczema and Acne” and Dr. T. Luther Byrd, '21, was a member of the panel on Diabetes. In Macon, Dr. Milford B. Hatcher, '35, president of the Bibb County Medical Society, moderated the panel
on Nervousness of which Dr. Shannon Mays, '30, was the principal speaker. Also participating on this panel were Drs. John Paul Jones, '41, Jule C. Neal, '43, and Sam Patton, '37. The Forums, held in Savannah, included Dr. Jules Victor, '38, "You and Your Heart"; Drs. Henry Frech, '35, and Meyer Schneider, '37, "Safeguarding Motherhood"; Dr. Howard J. Morrison, '29, "Your Child and You; and Dr. Julian K. Quattlebaum, '21, "Abdominal Pain". The Augusta Series were nearly completely staffed by either faculty from MCG or alumni of the alma mater. The discussion on Heart Disease was moderated by Dr. J. Dewey Gray, '20, and included Drs. Harry T. Harper, V. P. Sydenstricker, Wm. F. Hamilton, Sr., David R. Thomas, '30, and Robert Ellison, '43. Dr. Robert C. McGahee, '24, moderated the panel on Children’s Diseases, with Drs. Philip Mulherin, '30, James W. Bennett, '46, William A. Wilkes, '37, Harry B. O’Rear and Thomas E. Bailey, '39, participating. The final and last Forum held in Augusta dealt with Cancer and the physicians taking part in it were well qualified to answer any questions dealing with the subject. Members of this panel were Dr. Stephen Brown, moderator; Drs. Edgar R. Pund, '18, Robert Rinker, Hoke Wammock, '28, Robert C. Major, and Charles M. Mulherin, '33.

At the monthly meeting of the Richmond County Medical Society, Augusta, Georgia, on March 23, 1954, Dr. Frank H. Stelling, '38, of Greenville, S. C. was the guest speaker. Dr. Stelling is chief surgeon at the Shriners Hospital for Crippled Children, Chief of Orthopaedics at Greenville General Hospital and St. Francis Hospital, Greenville, and also orthopaedic consultant for the U. S. Air Force Base near Greenville.

An interesting article appeared in the Atlanta Journal recently which commented on the growth and development which has taken, and is taking place at Jesup, Georgia. Much of the credit for this advancement was given to Dr. J. A. Leaphart, '32, who is Jesup’s able mayor.

Dr. Leila Daughtry Denmark, '28, prominent pediatrician in Atlanta, Georgia was named Woman of the Year in Atlanta. She was cited for her pioneer work in the development and evaluation of Whooping cough vaccines, her twenty-five years of service at the Central Presbyterian Clinic and her "Tireless and unselfish devotion to the welfare of children." Congratulations to Dr. Denmark!

All the doctors of Richmond County were specially honored on March 30, by the celebration of Doctor’s Day. Red carnations were
distributed for them to wear as a boutonniere and a barbecue climaxed the day. Particular tribute was paid to those doctors who have given so generously of their time and skill for a period of more than forty years. In this group, some have retired from active practice but others are still carrying on their work. The list includes Drs. W. W. Battey, '04, Guy T. Bernard, '07, J. F. Burdashaw, '11, William J. Cranston, '08, Andrew J. Kilpatrick, '96, William D. Jennings, '02, Ellis R. May, '04 George W. Mountain, '93, Henry M. Michel, '96, Samuel J. Lewis, '11, King W. Milligan, '08, Frank X. Mulherin, Robert L. Rhodes, J. Righton Robertson, J. Luther Weeks, '00, and Everard A. Wilcox, '10.