THE PROCEEDINGS
OF THE
MEDICAL COLLEGE
OF
GEORGIA

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

On the pages of these proceedings will be found dissertations on a variety of subjects. Mr. Robinson's talk to the incoming first year medical students last month is an editorial in its own right and is warmly recommended for your reading.

The other two papers discuss diseases rarely diagnosed early unless the physician uses all information available as well as having a high index of suspicion, as Dr. Chambers points out.

The paper by Mr. Jarrell is the first time a student's paper has been published in the Proceedings. From time to time in future issues other papers by students will be included. Some comment concerning such papers should be made.
Several departments require students to report upon some physiological or disease state in which the student has become interested. Such papers serve several purposes. First, from the student’s standpoint, he acquires considerable knowledge concerning a particular subject. He becomes acquainted first hand with the facilities of the library. He must learn to discriminate between valid and biased data reported in various journals. He gains experience in assimilating information from many sources and organizing it into a readable paper.

Secondly, from the standpoint of fellow students and faculty, there is profit from the papers in acquiring information on subjects they would otherwise not have time to pursue.

Some comment concerning the subject matter of Mr. Jarrell’s paper, diseases of animals which can be transmitted to humans should be made. In this day and time, when it seems that there must be at least two pets, avian, canine, feline, or assorted others, for each person in these United States, a physician must ever be aware of the possibility of transmission of disease to the owners of such pets.

One only has to scan superficially the recent literature to realize the importance of this source of disease. As examples, in the past few years, in addition to the articles on psittacine diseases, one may encounter articles on transmission to pet owners of toxoplasma, Newcastle virus disease, toxicara cati and canis, leptospira, cat scratch disease and distemper virus. The article on psittacine disease, then, should serve to remind us that when disease states, mild or severe, of obscure etiology are encountered, careful inquiry into the state of health of family pets is as important as the state of health of other members of the family.

HUMAN PSITTACOSIS

Submitted as a Pediatric course paper by

Robt. J. Jarrell

The purpose of this paper is, (1) to determine if the increased marketing of Parakeets and other Psittacine birds has brought about a rise in the incidence of Psittacosis, (2) to determine the problem of Psittacosis in Pediatric patients and (3) to acquaint one with the important and interesting points of the disease itself.
DEFINITION, HISTORY, ETIOLOGY, AND INCIDENCE

Psittacosis is a severe disease contracted from birds of the Psittacine group—namely parrots, parakeets and eet. Ornithosis, a term sometimes given to a disease of the same nature and etiology, only contracted from birds of the non-psittacine groups, will be used interchangeably with Psittacosis in this paper.

The disease was first recognized as a clinical entity in Switzerland, France, and Germany in the later part of the 19th century, but stimulation of world wide interest in the infection dates from 1929-1930, when over 700 cases were reported in twelve countries, one of which was the United States.11

The etiological organism has been shown to be one of the largest known viruses, and has been placed in an intermediate group between the rickettsia and the small viruses.13 This group of viruses is characterized by the formation of intracellular inclusion bodies, first demonstrated by Leventhal, Cole and Lillie in 1930 and now usually referred to as the “LCL bodies”. They can be demonstrated by the staining methods of Machiavello or Costanedo, and appear as basophilic, coecoid bodies visible under the ordinary microscope.11

Incidence

Since the removal of restrictions of traffic of birds between states in 1952, there has been a tremendous boom in the sale of psittacine birds. From January 1952 to February of 1953, 500,000 psittacine birds were purchased, this being more birds sold than any other year previously.2 As a result of this great increase in the bird sales, there has been a corresponding increase in the incidence of Psittacosis. There were approximately 40 cases of psittacosis recognized in the United States annually up to 1952, but after removal of the barrier to interstate transporation of birds of the Psittacine group the number soared to 147.10 In 1952, the Virus Diagnostic Laboratory of the University of Pennsylvania received an unusually large number of requests for tests for Psittacosis. That year they found a total of 25 positive cases and an equal number of cases probably positive except for the lack of adequate material needed for a laboratory diagnosis.9 In Georgia from 1930-52 there were only 6 cases reported, but during May and June of 1953, a period of just two months, a total of 5 cases were recorded.10 Other sources indicate increases in Illinois, Maine, Ohio, Missouri, Iowa and Europe as well.9

3
Reports on the incidence of the disease in regard to age say that children are easily infected, but that the sickness is seldom severe. Men and women from 40-50 years of age are the most susceptible apparently and the disease runs a more severe course here than in the younger age groups. No difference in susceptibility based on sex has yet been demonstrated.

Pathogenesis and Transmission

Like many other viral diseases the respiratory tract is the primary portal of entry, but bites from infected birds (particularly parrots) and the possibility of the virus entering through abrasions of the skin upon contact with contaminated material must be kept in mind. There are many sources from which contact with the virus might be had, but parakeets and parrots constitute the main reservoir in cases reported today. All cases involving children and young adults, covered by this report, were caused by contact with an infected parakeet. In over half of the cases involving women, the source of the virus was traced to the parakeet, but in the cases involving men no such conclusion could be drawn. Most of the men were either pet shop operators or operators of avaries and the virus was isolated from many different birds in their respective businesses. One case was reported in which the handling of discharges from turkeys constituted a source of infection. Another case was reported where a man acquired the disease from an infected pheasant and still another from infected pigeons. It has been proven that almost any member of the bird family can harbor the virus, but of even greater importance is the fact that the bird itself does not have to show signs of sickness to be infective.

Another important source is that of human to human transmission which was exemplified when from one fatal hospital case, three nurses contracted the disease with two of the three dying. Also Karl Meyer, in a report in the Journal of the American Medical Association in 1947, reported as having followed a patient who continued to produce the virus in his sputum for ten years after the initial infection. The recent increase in Psittacosis however as pointed out above, has been by and large traced to infected parakeets. This has been particularly true of cases in Georgia and Florida.

Signs and Symptoms

It might be stated at the outset that the signs and symptoms of Psittacosis are not particularly characteristic in themselves, but are very
much like those of many other diseases. It might also be stated that of these many signs and symptoms various combinations may exist and because of these facts no presumptive diagnosis can be made on physical findings alone. This is true of many other diseases, but is particularly true in the case of Psittacosis.

In the typical clinical case there is usually an incubation period of from 7 - 14 days, after which symptoms very much like those of influenza or atypical pneumonia develops. The onset is abrupt with chills and fever, malaise, loss of appetite, severe headache, and often photophobia. A dry nonproductive cough develops during the early stages but later this cough can become productive, giving a thick, tenacious, yellow sputum. Epistaxis occurs in about 20 per cent of the cases and bradycardia is not at all uncommon. Muscle aches, frequency and pain on micturation and a palpable spleen are signs which are not too frequently demonstrated, but never the less should be remembered. Physical signs of pulmonary involvement develop rather slowly in contrast to the early x-ray changes that are usually observed. Often the extent of the lesion as shown by x-ray is surprising as judged by the lack of physical signs. After 7 - 10 days the temperature will slowly fall to normal but in the more complicated cases the temperature may remain elevated for 2 to 3 weeks.13

As pointed out before, the signs and symptoms of the disease are varied, but it should be noted that these variations occurred more in relation to age than anything else. For instance, in two of the four cases occurring in people under 20 years of age, one a girl seventeen and the other a boy fourteen, the only symptoms presented were a severe headache, and a sore throat respectively. In cases involving men and women of middle age the symptoms were always multiple and more severe. This lends proof to the statement made previously, that children and young adults have a mild form of the disease, where as those of middle age tend to have more severe manifestations.

Diagnosis

In its early stages psittacosis can mimic many other diseases and therefore is almost impossible to diagnose at that time. It is best then to regard any illness, starting acutely and being either influenzal in type or apparently a virus pneumonia, in a person who has been exposed to ill psittacine birds, as psittacosis. The positive and final diagnosis of the disease can be said to rest entirely on two laboratory procedures. These are, (1) the transmission of the virus to mice by intraperitoneal
inoculation of blood drawn during the first week of illness and (2) the demonstration of a positive compliment fixation reaction. The transmission of the virus to mice produces characteristic pathological changes in the liver and the spleen. An impression smear from the spleen of the infected mice will show the characteristic LCL bodies if studied microscopically. The compliment fixation reaction, using the antigen from the spleen of infected mice is probably the most certain method of diagnosis (ruling out of course Lymphogranuloma venereum infection). A titre of 1:32 is considered significant enough to label the condition Psittacosis, but more important here is the finding of a rising titre. When looking for a rising titre the first sample of blood should be taken on or before the fifth day of illness, and the second sample on the twenty-first day.1

In summarizing the diagnosis of psittacosis then, we can say that four things are of greatest importance. They are as follows:

(1) The demonstration of a compliment fixation reaction with a 1:32 titre in persons presenting the clinical characteristics of psittacosis.

(2) Evidence of contact with infected birds or human sources of the virus.

(3) The isolation of the virus in mice with the demonstration of LCL bodies from the spleen.

(4) Rule out past or present infection with the Lymphogranuloma venereum virus.

Prognosis and Treatment

The overall prognosis in cases of psittacosis today is good. The case fatality rate has been as high as 40 per cent before the advent of antibiotic therapy,2 but today with the broad spectrum antibiotics this figure has been reduced to an average of 5 per cent. The mortality rate varies more with age than anything else because (as stated before) in the older age groups the disease is known to appear in a more severe form.13

Today antibiotic therapy seems to be the answer to the treatment of psittacosis, for it has been definitely proven in clinical practice that penicillin, aureomycin, terramycin and chloramphenicol provide satisfactory results. The drug of choice will depend solely on the individual
doctor, but the best results, in vivo and in vitro, have been obtained with aureomycin and terramycin. The latter two drugs are usually given in doses of 250 mgm. P. O. every six hours for adults, but for children give 8-15 mgm. per pound of body weight every six to eight hours daily. This schedule is continued for four to five days after the patient clears of all signs of activity of the disease. Penicillin, when used, is given in varied dosages, but large dosages are required for optimal results. A dosage schedule including 500,000 u - 1 mil. u per day has been advocated for adults, but for children 2,500 - 5,000 u per pound of body weight, every three to six hours daily, whether given P. O., I.M., or I. V. is satisfactory. Chloramphenicol when given to adults is usually administered as follows—3 gm initially with .5 gm. q. 4 h for four days maintaining a check for toxicity to the blood forming tissues. The child’s dosage is 25 - 50 mgm. per pound of body weight q. 6 h. daily. It is because of the relative frequency of toxic manifestations that probably one of the other three drugs should be used.

In addition to the specific therapy given certain other things should be mentioned in the way of supportive therapy. Strict isolation of the patient with approximate precautions for protection of all attendants is necessary. Severe coughing may be controlled with codeine, and expectorants or inhalants may be used to combat the dry cough or tenacious sputum. Aspirin is useful for headache and general malaise. Restlessness and insomnia can be treated with most any sedative. It is well to remember in dealing with psittacosis, that in spite of all the therapy given, relapses occur and convalescence may be prolonged for quite some time.10

Conclusion

First, we can certainly conclude that the increased marketing of parakeets and other psittacine birds have brought about a corresponding increase in the incidence of psittacosis. Such a conclusion should stimulate consideration of again imposing restrictions and limitations on the inter-state transportation and sale of psittacine birds.

Secondly, we can say that the present rise in the incidence of psittacosis has not created more of a problem in Pediatric patients than it had previously, but that age does play an important role in determining the incidence and mortality rate of the disease.

Thirdly, we should remember that the early diagnosis of psittacosis is not important so much from the standpoint of the patient as an individual, but is important mainly because it may avert a definite public health problem before it begins.
BIBLIOGRAPHY


INTRACRANIAL SPACE-TAKING LESIONS WITH MINIMAL SIGNS

Wm. R. Chambers, M. D., F. I. C. S., Atlanta

In his book “Fifty Years a Surgeon”, Morris quotes the appendicitis operative mortality of one well known hospital in the year 1904 as 30%! There are doctors still practicing among us who will recall similar appalling death rates in oophorectomy and cholecystectomy. True, technique has improved and antibiotics have appeared, but one of the most important factors in the reduction of surgical mortality has been due to the promptness with which these diseases are diagnosed and referred. No longer are we obliged to operate ovarian cysts containing buckets of fluid or appendiceal abscesses already complicated by ileus. If we are to accomplish the same happy improvement in the mortality of brain tumor, an equal advance in the early diagnosis must be won.

With appropriate attention to small but significant neurological findings, intracranial masses may be suspected and diagnosed at a stage of development amenable to surgery. This may require a healthy index of suspicion. Kaha and Schlessinger point out that tumors of the frontal lobe may be characterized only by personality changes. Levin describes a patient with an olfactory groove meningioma, confined to a mental hospital, whose only positive neurological finding was a bilateral anosmia. Whitfield cites the thin, organized subdural hematoma which does not increase in size over a period of time, but may lead to mental disturbances. Gordy states that “localizing signs may be absent in extradural hematomas near the frontal pole”.

CASE ONE: A six year old white female was involved in an accident, striking her head. She was momentarily unconscious, but when first seen was oriented and without neurological deficit. The pupils were equal. She was discharged to her home. Next day she was re-admitted because of vomiting, headache and irritability. She was watched for three days during which time she developed no lateralizing or localizing signs. On the third day she became noticeably drowsy and showed alarming changes in her vital signs, her pulse and respiration becoming rapid and irregular. Trephination disclosed a large extradural hematoma in the fronto-temporal area. She is now recovered.
CASE TWO: A middle age white male was admitted twice to the hospital because of intractable, progressively severe headache. There was a history of head injury. The spinal fluid pressure and total protein were not remarkable. The family, however, on close questioning stated that he had recently shown small lapses of appropriate behavior, such as parading through the house in the nude in the presence of his children. The only neurological hint as to his condition was a definite "drift" of his left hand. A pneumo encephalogram failed to fill the ventricles, but the subarachnoid spaces at the right convexity showed absence of air, as opposed to the left, which were filled. Trephination disclosed a subdural hematoma of the right frontal region almost two inches thick. He has made an excellent recovery.

CASE THREE: A 49 year old male (figure 1) came for examination because of a slight bony enlargement in the right fronto-temporal area. He had been having headaches in this general area which were becoming more frequent. X-rays of the skull showed an area of increased density at the locale of the bony tumor with a center of rarefaction. The neurological exam was not remarkable and an angiogram was non-contributory.
Craniotomy showed a soft meningioma attached to the bone just anterior to the tip of the temporal lobe. It was the size of a golf ball. He was discharged in a week and returned to work.

CASE FOUR: A 64 year old male was admitted to the hospital because of excruciating pains in the left frontal area on being awakened for work each morning. The only positive finding of any importance was a spinal fluid total protein of 98 mg.% An angiogram revealed a tumor of the left sphenoid ridge. At operation a meningioma was discovered. He is completely well.

CASE FIVE: A 26 year old white female, during her first pregnancy, began to have hallucinations—seeing lights and hearing voices. After the birth of the baby her family noticed a twitch of the right corner
of the mouth. In spite of medical advice that this must be a nervous tie, she was brought for neurosurgical advice. The spinal fluid pressure and protein were within normal limits but a carotid angiogram revealed (Fig. 2) a sphenoid wing tumor on the right. Craniotomy disclosed a meningioma. The patient has had a complete recovery.

SUMMARY: Benign tumors of the frontal and temporal areas are most likely to give only minimal findings in the early stages. It is highly desirable to discover their identity early, when a good surgical result is to be expected. Five illustrative cases are described, all of which have had a fortunate outcome.

BIBLIOGRAPHY


During the first week of school, various faculty members gave orientation lectures to the freshman class. Besides those given by the members of the medical profession, Rev. R. J. Robinson, Pastor of the First Baptist Church of Augusta delivered a lecture dealing with the moral responsibilities of the profession. Rev. Robinson was kind enough to grant permission for its publication in the PROCEEDINGS.
THE RESPONSIBILITIES OF THE PROFESSION TO THE INDIVIDUAL AND TO THE COMMUNITY

President Fund, distinguished faculty, future doctors and friends.

I am honored by your invitation and pleased to participate in this orientation program. We at First Baptist claim inseparable ties with this Medical School because of doctors, nurses and faculty members on our rolls. Also, one of our illustrious members of the past, Dr. Milton G. Antony, was largely responsible for this school being located in Augusta.

Dr. Fund suggested some such subject as "The Responsibilities of the Professions to the Individual and the Community."

When I think of your responsibilities and mine, I think of them in three areas.

To begin with, I feel that we have some RESPONSIBILITY TO OURSELVES. To list this first may appear selfish, but in spite of the anarchic evil in man, we still have marvelous capabilities.

It is your responsibility to reach your potential. You, therefore, need a philosophy of life that works. You must likewise possess a perspective that is broad. Simply put, you need to be right with yourself. So many are not!

Our world is not at peace with itself. Since the turn of this century our world has known two hot wars, the conflict in Korea, constant cold war and continuing War in Indo-China. Our Congressmen are even being shot during routine deliberations. No peace on a national or international scale!

Individuals are not at peace with themselves. We are told that in this country Americans dose their frayed nerves daily with forty-two million aspirins. Figures reveal that one out of every twelve persons now born in American will go at some time for treatment to a mental hospital. A quarter of a million patients will enter mental hospitals this year. At present, there are more people in our mental hospitals than in all other hospitals combined. Why, a psychologist recently stated that if the present trend continues by 2041, everyone in America will be insane. No personal peace!
Peace, peace of mind; peace in our hearts—we all seek it. Think of the sense of strain under which we labor. Nerves are on edge. The days do not have enough hours. We grow irritable. We find it extremely difficult to relax.

At times nothing seems to go right. Fret and worry are the order of the day. No one present this morning would deny that most of us lack inner peace.

We blame this upon world conditions and upon our complex society. If hypertension has become the common denominator in 1954, then the blame rests, we say, upon chaotic circumstances—not upon us. But to tell the truth, there have been a select few men in every age and circumstance that have possessed seemingly genuine peace despite pressure and confusion.

Witness Robert E. Lee. It was a miserably hot July day at Gettysburg when Pickett's famous 15,000 charged the Union Forces entrenched along Cemetery Ridge. Magnificent is the only word to describe the greatest infantry charge ever staged on North American soil! Forward up the hill these brave Southerners went into the face of the cannons only to leave twenty fallen battle flags within a space of one hundred yards square as they were forced to retreat.

Though a fighting spirit remained among the men a division was decimated, the day was lost, and although it was not known at the time the entire course of the struggle called the Civil War in America was changed.

In the midst of the carnage of battle, the screams of pain, and the disappointment that accompanies defeat, General Lee kept saying to his men, “All will come out right in the end.” To General Pickett, Lee said, “This has been my fight and upon my shoulders rests the blame. The men and officers of your command have written the name of Virginia as high today as it has ever been written before.”

That grand Christian Warrior, Stonewall Jackson exhibited like peace. Jackson, after bullets from his own men had wounded him in three places, was removed from the battlefield at Chancellorsville. His left arm was amputated and the famous general seemed on the road to recovery when pneumonia struck. Eight days later in the Chandler House at Guiney station, just before Jackson died, he said very quietly and clearly, “Let us cross over the river, and rest under the shade of the trees.”
I do not know what you would call it, but I submit that Robert E. Lee had the serenity of spirit which is necessary in trying days. Without a doubt, Stonewall Jackson possessed the same calmness as he faced life's supreme crises.

Since I am a minister you will indulge me a brief statement concerning a further responsibility. That is your RESPONSIBILITY TO GOD.

I have not come to argue the validity of the existence of God. You are all aware of the Cosmological argument which argues from cause to effect; the Teleological argument which argues that design is apparent in our Universe; the Ontological argument which argues that since we can conjure up an idea of God, there must be One; and the well-known Moral argument of Kant.

All of these arguments somewhere reach an impasse. As Iddings Bell expresses it in Beyond Agnosticism, at some place along life's road, we must take the blind plunge of faith into the dark.

Whether you take it or ever will, I submit that you do have a responsibility to God!

Now in the area of your RESPONSIBILITY TO THE COMMUNITY, may I suggest three things:

(1) **Take a vital interest in civic life in Augusta.** I have been to school in five places and found in each instance, classmates who did not even read a morning paper. This is your community. You will be here for four of the best years of your life. Be interested in it! 94,000 people live in Augusta and there are 221,000 people in the metropolitan area. You have a great constituency to serve.

(2) **Lead us to be enthusiastic about our way of life.** At a London conference of the Communist League in November 1847, Karl Marx and one other man commissioned to prepare a complete theoretical and practical party program. The following year, Karl Marx published this Manifesto as the platform of the party. This crisp, clear piece of journalism begins with the words, "There is a specter haunting Europe; it is the specter of Communism." In 1954, these words have become a masterpiece of under-statement. Communism has become a marching reality
and preys upon the entire world. Communism is on the march! Today Communism can count 850,000,000 devotees. If our way of life is worth anything, let us preserve it.

(3) **Show genuine concern for mankind.** The chief criticism leveled at the doctor of today is that he has no heart and shows no real interest in his patients. Forget the money aspect and be a real professional man, rendering heartfelt service! No doubt the man on the street today is sick and tired of going to see a doctor who seems to have no personal interest in him. In most instances it is not true, but often a doctor is more interested in a man's pocketbook than in his health and welfare. Mankind today is begging for those of us in the Professions to show genuine concern for their well-being.

GENTLEMEN, you will regret it down life's way if you neglect your responsibilities in these three areas. I thank you.

The following are two letters which we thought would be of interest to many of the alumni.

My Dear Managing Editor:

It pleases me to recollect the pleasant days that I spent at Augusta. I never forget my professors and friends to whom I send my regards to the living and prayers to those who have left this world.

I beg to acknowledge the receipt of your letter of February 27, 1954 and am very anxious to receive the issues of the Proceedings of the Medical College of Georgia which have not arrived yet.

According to your request I am mailing to you a brief history of my life. I took a post graduate course in tropical diseases, then joined the Egyptian Army Medical Corps in 1914. I was sent on campaign to the Equitorial District to make research on Trypanosomiasis which attacked our troops in this part of the Sudan. In 1915, I contracted a very serious disease (black water fever) so I had to return to Cairo. In 1917 I was ordered to go to Sini in charge of the army infectious disease hospital. I suffered a great deal, not from the service, but from the ignorant British medical officers who used to disguise their ignorance by superiority.
I resigned from the army as a captain in 1919. I began my private clinic at home in 1920. The Ministry of Education elected me to join the province School Health Department with a small staff. It was only 35 qualified men and women. In 1950 I was put on pension as the P. M. O. as head of staff which now reached 350 qualified men and women.

Now I am a consulting physician to several establishments and a member of the Egyptian Medical Society, and the President of the local Medical Society.

As to my family, I got married in 1916 to my far cousin, although it is unhealthy, but I was bound to obey the strict regulations of the family. This is the reason why our family is considered the biggest family in Egypt; it consists of more than 6,000 members all carrying the name of Abaza scattered all over the country. I brought seven children, 4 boys and three girls, all graduated and married except the youngest of 22 years who is an undergraduate at the Military College.

Please keep me always intact with the dear Alumni and College affairs.

I am yours sincerely,

s/Sulieman H. Abaza
Zagazig, Egypt

EDITORIAL NOTE: Dr. Abaza graduated from the Medical College of Georgia in 1913.

LETTER FROM DR. HENRY G. MEALING ABOUT DR. FELIX MORALES’ VISIT

On Sunday, June 27, 1954, I had a very pleasant surprise. About 2 o’clock, my door bell rang and someone asked if I could remember him. Well, even after thirty-two years, it wasn’t too hard. The person in question was Dr. Felix Morales, of the Republic of Panama, who graduated with my class in 1922. I had heard from Dr. Morales in 1952 when he wrote to all his old class mates on our thirtieth anniversary. I have had several letters from him since that time. He had expressed the desire to revisit Augusta but his visit at this time was totally un-
expected. After a pleasant ride (to me and I hope to him) over part of Augusta, with a long talk about old times, we returned home for dinner.

Dr. Morales said he would have to leave Augusta the next day but did expect to visit the school and expressed a strong desire to again see Drs. Kelly and Sydenstricker. He also said he was to see Dr. Pund, though he did not remember him, he was anxious to see our new President. I offered to assist him in any way I could, but he said his plans were made and his time was short.

Dr. Morales spoke highly of his old alma mater and gave me his alumni dues to pay for him in appreciation of what the school meant to him. He said he had travelled to many of the larger clinics of Europe but thought ours compared favorably with ny and he was proud to be a Georgia graduate.

In recent years, Dr. Morales has been with the Public Health Service in Panama, and though he looks the picture of health, he has suffered the past years from digestive trouble. This was found to be due to gall stones and he is trying to make up his mind to part with them.

All in all, it was a very pleasant visit from an old class mate and its really hard to believe that it has been thirty-two years since our graduation.

**WEDDINGS**

Miss Evelyn Hulme of Bowman, Georgia was married to Dr. Bennett F. Horton, ’53, of Americus, Georgia on September 5, 1954. Dr. Horton is doing his residency at Thayer VA hospital in Nashville, Tenn.

On September 27th, the marriage vows were exchanged between Miss Ginger Weil and Dr. Gerald E. Caplan, ’54, of Atlanta. The ceremony was performed in Savannah, Georgia and Dr. Caplan is interns at Mount Sinai Hospital, Cleveland, Ohio.

The Crawford Avenue Baptist Church in Augusta was the scene on August 21th of the neding of Miss Ellen R. Martin and Dr. Alfred Lee Davis, ’54. The couple is residing in Jacksonville, Florida where Dr. Davis is interning at the Duval Medical Center.

On August 22, 1954, Miss Mildred Ruben and Dr. Herman Peskin, ’54, were united in marriage at the Johns Road Synagogue in Augusta,
Georgia. After the wedding trip, the Peskins returned to Washington, D. C. where Dr. Peskin is interning at the District of Columbia General Hospital.

Miss Ivery Claire Reiter became the bride of Dr. Milledge G. Smith, ’54, on June 14th at the First Presbyterian Church in Brunswick, Georgia. Following the ceremony, the Smiths left for Macon, where Dr. Smith is interning at the Macon City Hospital.

On September 18, 1954, Miss Jackie Shipman became the bride of Dr. Gordon Walters, ’54, in Augusta, Georgia. The couple are making their home in Spartanburg, S. C. where Dr. Walters is interning at the Spartanburg General Hospital. Miss Shipman is a sister of Dr. William F. Shipman, also a member of the class of ’54.

Miss Juliana B. Wright, daughter of Dr. Peter B. Wright, ’20, and Mrs. Wright, was married on August 7th to Mr. Charles M. Weeks of Bluefield, Va. The marriage was solemnized at the Lutheran Church of the Ressurection in Augusta and the reception followed at the Augusta Country Club. Dr. Wright is Professor of Orthopaedic Surgery at MCG and president of the Medical Association of Georgia.

Miss Ethel Clair Smith of Augusta, Ga., was married to Dr. James Francis Kirkpatrick, Jr., ’54, also of Augusta, on May 7, 1954 at the Fairview Presbyterian Church in North Augusta. Following the wedding trip, the couple are making their home in Atlanta, where Dr. Kirkpatrick is interning at the Georgia Baptist Hospital.

We received a letter from Dr. William F. Moore, ’49, which was most welcomed for the news it contained. Dr. Moore was married to Miss Haroldine Filler of Paia, Maui, T. H., on June 19th, in the Holy Rosary Church of that city. They now reside at 2434 Haleleia Place, Honolulu and he is practicing at Kauikeolani Children’s Hospital there.

On September 12, 1954, Dr. Augustus F. Bloodworth, ’50, was married to Miss Helen Kern at LaFayette, La.

On September 5th, in the chapel of the Vineville Methodist Church in Macon, Georgia, Miss Agnes Cassels became the bride of Dr. William Wycliffe Hillis, Jr., ’53, Dr. Hillis, Jr. is the son of Dr. and Mrs. W. W. Hillis, Sr., ’09, of Sardis, Georgia.

Miss Mary Ann McCall of Cairo, Georgia and Dr. Robert C. Shuman, ’53, of Dublin, Ga., were married on August 1, 1954. Dr. Shuman is now taking a residency in anesthesiology at the Memorial Hospital of the University of North Carolina at Chapel Hill.
Dr. and Mrs. Henry R. Perkins, '29, announce the marriage of their
daughter, Eugenia, to Mr. William C. McMullan of Rome, Georgia. The
wedding was solemnized on May 8, 1954 in Westchester, S. C.

Miss Dorothy Ann Burdashaw, daughter of Dr. and Mrs. William
Jennings Burdashaw, '25, was married to Mr. Robert Alton Parrish at
the Trinity-on-the-Hill Methodist Church in Augusta on August 21st. Mr. Parrish is a medical student at MCG.

Miss Virginia E. Savage, daughter of Dr. and Mrs. Carl P. Savage,
'25, of Montezuma, Ga., was married on June 25th to Mr. A. J. Morris
of Vidalia. The marriage was performed at the First Baptist Church in
Montezuma. Both Mr. and Mrs. Morris are students at MCG.

BIRTHS

Dr. and Mrs. E. Val Hastings announced the birth of a daughter,
Julie, on October 3rd. Dr. Hastings is Assistant Professor of Pathology
at MCG.

The Glenn Bridges', '33, of Atlanta, become the proud parents of a
son, Andrew Philip on September 11th.

Dr. and Mrs. Saul Rubin, '43, formerly of Savannah, announced the
birth of a daughter, Debra Anne, June 28, 1954 at the Good Samaritan
Hospital, Lexington, Ky.

The Joseph L. Mulherins, '44, of Augusta, announced the birth of
a daughter, Patricia Estelle, on August 28th.

Dr. and Mrs. James W. Bennett, '46, announced the birth of their
first child, a son, James William, Jr., on August 12th. Dr. Bennett is
an Instructor in Pediatrics at MCG.

Dr. and Mrs. Harry Burkett, '52, of Salisbury, N. C., announced the
birth of a daughter, Pamela, on October 2, 1954.

Dr. and Mrs. Harvey Richard Carter, '52, announced the birth of twins, Marian Lee and Richard Taylor, on August 12th at the University
Hospital.

The John Loopers, '52, announced the arrival of a daughter, Amanda
Bryan, on July 5th at the University Hospital in Baltimore, Md., where
Dr.Looper is in his second year of residency in pediatrics.
A son was born to Dr. and Mrs. John W. Acree, '53, on September 4, 1954 at the Macon Hospital, Macon, Georgia.


DEATHS

One of the greatest losses to the Medical College came with the death on July 16, 1954 of Dr. Everett S. Sanderson, Professor of Medical Micro-biology and Public Health. For the past twenty years, his great wealth of knowledge had been shared generously with every student that matriculated at MCG. Dr. Sanderson was educated at Massachusetts State College, obtained his Master of Science Degree from Brown University, a Doctor of Philosophy degree from Yale University and his medical degree from Washington University in St. Louis, Mo. His honors include an appointment in 1946 as Chief Regional medical officer of the China Mission to Kiangsi Province, under the UNRRA. During his year in China, he also lectured at the Chun-Cheng Medical College. Dr. Sanderson's research on the Ducrey bacillus led to the first successful growth of the bacillus and its processing into vaccine. This investigation was carried on at MCG. He also co-authored a monograph on “The Management of Chancroid, Granuloma Inguinale and Lymphogranuloma Venereum in General Practice” which was published by the U. S. Public Health Service.

Dr. Henry S. Gehrken, '09, passed away on August 21st in Orlando, Florida. He had been in poor health for several years and had retired from practice when he moved to Florida, however his death was attributable to a heart attack. Dr. Gehrken was a veteran of World War I, when he had served overseas.

On September 23, 1954, Dr. John K. G. Tuten, '12, was drowned near Little River in McCormick County, S. C. The concerted efforts of his two fishing companions were to no avail. Dr. Tuten had practiced in McCormick, S. C. for the past 42 years.

Dr. Jesse S. Morris, '13, of Pearson, Georgia died at the Ware County Hospital on July 26 after a brief illness. Dr. Morris had been Chairman of Atkinson County Board of Health since it was organized. He also served as Atkinson County representative for 1930 to 1932,
and the fifth senatorial district as senator for 1933-34, as commissioner or roads and revenues of the county for two terms, 1939-43. Furthermore, he was a former mayor of Pearson.

News was also received at MCG of the death of Dr. L. K. Boggs, '24, of Birmingham, Alabama, but no details of his death have been learned. He passed away on October 16, 1954.

Mr. Henry L. Schmidt, prominent Augusta cotton merchant, died on July 26 after an extended illness. He was the father of Dr. Henry L. Schmidt, Jr., '35, who is now with the VA Hospital in New Orleans, La.

Mrs. Ida Z. K. Berger, of Savannah, passed away on August 4th. Her son Dr. Israel Berger, '43, practices medicine in Atlanta, Georgia.

Dr. Ernest E. Downing, '13, well-known practicing physician of Newington, Georgia died July 21, 1954. Dr. Downing was 70 years of age.

ANNOUNCEMENTS

Dr. Richard B. Weeks, '25, opened his new offices at 1527 Gwinnett Street, Augusta, in September.

Dr. F. Bert Brown, '26, of Savannah, Georgia has announced that Dr. Thomas A. Amburbey is now associated with him in the practice of orthopaedic surgery. Dr. Amburgey is a graduate of the University of Louisville Medical School. Their office in Savannah is located at 22 W. Gaston Street.

Dr. C. Ennis Powell, '27, well-known physician of Swainsboro, Georgia, has moved and opened offices in Twin City, Georgia.

Dr. Zach Greer, '44, assistant health officer of the Bibb County Department of Public Health, Macon, Georgia has taken a year’s leave of absence and is studying at the University of North Carolina at Chapel Hill, N. C.

Drs. John A. Faulkner, '45, and Charles Friedman, '49, have recently moved into new offices at 1142 Druid Park Ave., Augusta, Georgia. They are limiting their practice to orthopaedic surgery.
Dr. George F. Green, '51, has assumed complete ownership of the Tanner-Green Clinic, Sparta, Georgia and it is now known as the Green Clinic. Dr. David E. Tanner, '50, resigned from his practice to take a residency in radiology at the Veteran's Hospital, Augusta, Ga.

Dr. J. Roy Rowland, '52, who has recently moved into an office in Swainsboro, Georgia has arranged to take care of patients in Kite, Georgia for three afternoons a week.

Dr. Dock J. Wardell, '52, moved to Roberta, Georgia in September. He will do general practice.

Drs. Y. Franklin Carter and Calvin F. Allen, both '53, opened offices in Ashburn, Georgia in July 1954. Both doctors interned at Macon City Hospital, Macon, Ga., and their offices are in the Rose Building in Ashburn.

Dr. Roy W. Ray, Jr., '53, has become associated with Dr. Benjamin Daniel, '45, in Alma, Georgia. Besides being associated with the Daniel Clinic, Dr. Ray will work at the Macon County Hospital where he will devote most of his time to urology.

Drs. W. J. Talbert and Virgle W. McEver, both '53, have opened their offices for the practice of general medicine at the Medical Clinic, Davis Drive, Warner Robins, Georgia.

The new Hillis Medical Clinic, Sardis, Georgia, was opened in July. This clinic brings into association Drs. W. W. Hillis, Sr., '09, and W. W. Hillis, Jr., '53. The new Clinic contains two offices, two examining rooms, a reception room, X-Ray room and emergency room.

Dr. and Mrs. Harry Pinson, '39, moved into their new home on Walton Way Extension, Augusta, Ga., in August.

Dr. Flody R. Sanders, '44, has returned after 18 months service with the U. S. Navy. He, his wife and small daughter, Irene, are residing at their home on 206 Upland Road, Decatur, Georgia.

Drs. John A. and Alva H. Faulkner, both '45, recently moved from the Country Club Hills to their new home on Walton Way Extension, Augusta, Georgia.

Dr. and Mrs. Louis L. Battey, '46, are now residing on Glenn Avenue, Augusta, Ga.
Dr. W. Homer Pool, '52, has opened his offices for general practice at 33 Chestnut Street, Elberton, Georgia.

Dr. James R. Collier, '49, is now practicing internal medicine and has his office at 512 Gloucester St., Brunswick, Georgia.

GENERAL INTEREST

From a nice newsy letter that Emmet Ferguson, '50, very kindly sent us, we learned that the "Harold Houstons, '50, started a year of training at the Graduate School of Surgery at the University of Pennsylvania, Philadelphia, on September 28, 1954. Their two sons, Clancy (2 years), and Joe (6 months), are with them in Phily.

Bob Lester, '51, is doing general practice in the Arlington area of Jacksonville, Fla. He and his wife, Jane, are moving from Wauchula, Fla.

At Duval Medical Center with Emmet, are quite a number of other Georgia men, There are John Doster, '52, and John Dyal, '52, who are associate residents in surgery; John McCormick, '53, and Bob Still, '53, are assistant residents in surgery. Al Davis, '54, is an intern. Al recently was married, "and still checks the mail t.i.d. at least, and eats several breakfasts out of the hospital." Jim Moss, '53, is a resident on pediatrics at Duval.

Will Summer, '41, is a frequent attending staff man at Duval, where he gets the men up for early surgery rounds on Tuesdays.

Ben Franklin, '50, is enjoying a big general practice and he "lives with his wife and children in a palatial outlay at Mandarin, a suburb of Jacksonville."

Charles McKay, '50, has a nice practice at Jacksonville Beach. He and his wife, Mae Sue, have a beautiful beach home for his leisure moments.

Dot Brinsfield, '50, is enjoying a busy pediatric practice in Atlanta. Frank Woods, '50, and Betty are pleasantly located in general practice in Albany, Ga."

And, "I almost forgot myself! I am engaged. Plan to marry Jerry Strozier of Birmingham, Alabama, on November 26, 1954. If you know of anyone in that area at that time, please invite them to the wedding." Signed: Emmet Ferguson, '50, THANKS, THANKS, THANKS FOR ALL THE NEWS.
An interesting visitor to the campus of MCG was Rafael Lopez y Lopez of Honduras, Central America. Dr. Lopez has his Ph.D. Degree in Pharmacology from the University of Honduras, and later took a course in hospital administration at the University of Pittsburgh. He was chosen by the Honduras government to come to the United States and study the medical programs of selected medical colleges and hospitals. Before coming to MCG, he had spent the time since September 1953 visiting New York University; the Health Department, VA Hospital, District of Columbia General Hospital, and the Navy Hospital in Washington, D. C.; University of Chicago, Dupage County Health Department and the Social Hygiene Center in Chicago; and the Tuberculosis Hospital in Waukegan, Illinois. After leaving Augusta, Dr. Lopez returned to Honduras where he will assist the government in organizing hospitals and medical centers for the entire country. His home is in Tegucigalpa, D. C., Honduras.

Drs. V. P. Sydenstricker, Professor of Medicine, and Thomas P. Findley, Professor of Medicine in charge of Cardiopascular Research, conducted examinations for prospective members of the Board of Internal Medicine in New York City in September.

The Medical College of Georgia received $24,354.00, in an unrestricted grant, from the National Fund for Medical Education in July. This year, each of the four-year medical schools received $15,000.00, plus $25 per undergraduate medical student. Added to these grants were the gifts from individual doctors to designated schools. In October, four faculty members of MCG received grants totaling $33,692.00 from the National Institutes of Health for research projects during the period September 1954 to August 1955. Lrgest of the grants, $23,000.00 was made to Dr. William F. Hamilton, Professor of Physiology and Chairman of the Department of Physiology, for the study of “Physiological and Clinical Cardiovascular Studies.” Dr. W. Knowlton Hall, Associate Professor of Biochemistry, and Dr. Robert B. Dienst, Professor of Medical Micro-Biology, received a $5,400.00 grant for “A Study of an Unidentified Growth Factor.” A grant of $5,292.00 went to Dr. Chester H. Heuser, Professor of Microscopic Anatomy for “The Morphological Survey of Early Human Embryos.”

Dr. and Mrs. Harold M. Mims, ’48, and daughter Margaret Ann, of Dallas, Texas visited the campus in August, prior to Dr. Mims’ reporting to duty with the Armed Services.
Dr. John M. Martin, '43, of Augusta, Georgia was elected national President of the Alumni Association of Mercer University, at the meeting in September.

The cover picture for MODERN MEDICINE for September was quite interesting to all of us at MCG. It featured an excellent portrait likeness of Dr. Robert Greenblatt, Professor of Endocrinology. This naturally brings publicity to your alma mater. Also, it is interesting to note that the background for this portrait was done by our first graduate with an M. S. in Medical Illustration, Robert C. Benassi, '51. Mr. Benassi is free-lancing in Minneapolis, works regularly for MODERN MEDICINE and has also illustrated some books for Dr. O. H. Wangensteen, the Professor of Surgery at the University of Minnesota.

Dr. T. A. Peterson, '33, of Savannah, Georgia presided as vice-president of the Georgia Medical Society when they met in Savannah in October, to celebrate the 150th anniversary of its founding. This is the oldest medical society in the State of Georgia.

Dr. Robert Woodbury, former Professor of Pharmacology, and Mrs. Woodbury were visitors in Augusta during August. The Woodbury's now reside in Memphis, Tenn. and he is doing some work at Oak Ridge. While in Augusta, they were the guests of Dr. W. Eugene Mathews, '30, and were entertained by the R. B. Greenblatt's.

Dr. and Mrs. Wilford Risteen left on October 1st for a year's leave of absence to be spent in England. Dr. Risteen in Professor of Neurosurgery at MCG. While abroad he will study at the Stoke-Mandeville Hospital, which is England's medical center for spinal injuries.

Dr. and Mrs. William F. Hamilton and Dr. and Mrs. Philip Dow attended the meeting of the American Society of Experimental Physiology in Madison, Wisconsin in September. Dr. Hamilton is Chairman of the Department of Physiology, and Dr. Dow is Professor of Physiology.

During the summer, Dr. W. W. Coppedge, '36, and Mrs. Coppedge, of East Point, Georgia attended the International Congress of Obstetrics and Gynecology in Geneva, Switzerland. They sailed aboard the S. S. United States.

Dr. William O. White, '44, and Mrs. White attended the meeting of the American Board of Ophthalmology in New York in September.

Dr. and Mrs. Walter Shepeard attended the meeting of the International Congress of Clinical Pathology and the American Association of Blood Banks. These meetings were held in Washington, D. C. Dr. Shepeard is Professor of Medicine in charge of Clinical Pathology and is also Editor of the PROCEEDINGS.

Dr. James B. Kay, '47, was among those present at the meeting of the Georgia State Urological Society at St. Simon's Island in October. Dr. Kay is now practicing urology in Augusta.

Dr. William Agostas, '47, of Augusta, attended a week's course at the University of Pennsylvania in October. Mrs. Agostas accompanied him.

In September, Dr. and Mrs. Stephen Brown of Augusta, attended the meeting of the American Roentgen Ray and Radium Society in Washington, D. C. Dr. Brown is Associate Professor of Radiology.

At the meeting of the International College of Surgeons in Chicago in September, twelve of our alumni and one professor were inducted into the organization. Those being admitted as qualified fellows were Drs. John G. Brackett, '45, of Atlanta; Charles Iverson Bryans, '43, of Augusta; Herman L. Dismukes, '33, of Ocilla, Ga.; and Andrew Kime Temples, '34, of Spartanburg, S. C. Those named to associated memberships were Drs. Harry L. Cheves, '24, Union Point, Ga.; David B. Fillingim, '34, Savannah, Ga.; J. Phinizy Hitchcock, '36, Augusta; Franklin P. Holder, '34, Eastman, Ga.; Robert C. Montgomery, '44, Butler, Ga.; Leonard J. Rabhan, '31, Savannah, Ga.; C. James Roper, '34, Jasper, Ga., and Dr. David C. Williams, '42, Augusta. Dr. Richard Torpin, professor of Obstetrics and Gynecology, was qualified for a fellowship also spoke at the session.

When Dr. Q. A. Mulkey, '09, of Millen, Georgia became interested in raising Black Angus cattle, it was purely an experiment of bringing new farm media into Jenkins Country. Dr. Mulkey began this venture in 1942 with only a small herd, but now he has 175, so last September, he sponsored a nationally advertised cattle sale and buyers came from all over the country.

Dr. Harry B. O'Rear, Dean of Faculty and professor of Pediatrics, addressed the Columbia Medical Society, Columbia, S. C. at their
meeting on Sept. 13th. His subject was "Treatment of Meningococcal Infections in Children."

At the sixth annual session of the Georgia Academy of General Practice, of which H. L. Cheves, '24, of Union Point, Ga., is president, Dr. Angus McBryde of the pediatric department of Duke University gave the main scientific paper. Dr. Murice Arnold, '43, Hawkinsville, Ga., was elected vice-president and Dr. Ben Looper, '43, of Canton, succeeded him as secretary-treasurer. Among the Board of Directors are Drs. Henry G. Davis, '45, Sylvester, Ga.; John A. Bell, '34, Dublin, Ga.; Fred Simonton, '29, Chicamauga, Ga.; Joe J. Arrendale, '41, Cornelia, Ga., and C. Monroe Templeton, '37, of Augusta.

Drs. Robert G. Ellison, '43, and Curtis H. Carter, '38, both of Augusta, Ga. were among those elected directors of the Georgia Heart Association.

Dr. Marvin Davis, '44, and Mrs. Davis with their daughter Mary Ellen, visited Atlanta during September. The Davis' are now making their home in Pasadena, Cal.

Probably not many of the alumni knew it, but the part that was played by Walter Pidgeon in "Fighting Lady" was played in real life by one of MCG's alumni. Dr. Fred Bennett, Jr., '46, was ship doctor for the airplane carrier known as the "Fighting Lady."

At the meeting of the Georgia State Obstetrical and Gynecological Society in Savannah on October 2nd, Dr. L. S. Bodziner, '47, was one of the speakers, and Dr. Robert B. Greenblatt, Professor of Endocrinology at MCG, was on the panel.

Dr. Charles M. Mulherin, '33, went to Galveston, Texas in November where he attended the meeting of the Willard R. Cooke Club, which is composed of doctors who studied under Dr. Cooke. Mrs. Mulherin accompanied him and visited her family in Fort Worth.

A Rotary Club Testimonial Dinner was held in Barnesville, Ga., on October 12th to honor Dr. John A. Corry, '98. Dr. Corry has been very active in the religious, medical and civic work of the area. For 35 years he was chairman of the local Red Cross chapter, chairman of the Lamar County Board of Health, first Barnesville Rotary Club president, chairman of the Board of Stewards of the First Methodist Church, chairman of the finance committee of the State Board of
Health and he played a leading role in the project which culminated in the Lamar County Health Center and Maternity Shelter. Congratulations to Dr. Corry!

Dr. Robert E. Roberts, '49, was inducted into the Army in August and was assigned to Brooke Army Medical Center. Prior to receiving his commission, he had been in practice in Atlanta, Ga. Mrs. Roberts accompanied him to Texas, but his final assignment will be in the Far East.

Notice was received recently that Dr. Robert A. Matthew, '49, was awarded the Bronze Star Medal for meritorious service in Korea. He is now in private practice of anesthesiology at the Phoebe Putney Memorial Hospital in Albany, Ga.

Dr. Coleman Mopper, '42, was recently promoted from Senior Instructor to Assistant Professor of Dermatology at the Wayne University School of Medicine in Detroit, Mich. He was also elected Secretary of the Detroit Dermatological Society and Secretary of the Section on Dermatology of the Michigan State Medical Society. His offices in Detroit are at 14633 East Seven Mile Road.

Dr. Corbett Thigpen, '45, Associate Professor of Psychiatry and Neurology at MCG, was elected to a Fellowship in the American Psychiatric Association. To quote Dr. Arthur P. Noyes, President of the Association, "Every year a few of our members, selected on the basis of particular and outstanding attainments, are accorded the special status and privileges which constitute Fellowship."

Dr. Manley J. Cummins, '48, who had been practicing in Graceville, Fla., is serving as anesthesiologist with the First Marine Division. Our last correspondence, in October, was from Fleet Home Town, Great Lakes, Ill.

In a letter received from Dr. James B. Purkall, Jr., March '46, he said: "Married to Miss Pauline Wray of Wilmington, N. C. in February 1948. Have two sons, James Brennan, III, and Donald Bertram. I am doing pediatrics at Children's Clinic, associated with Drs. Joe T. Smith and Dr. Paul Richards, Laurel Avenue at 22nd Street, Knoxville, Tenn."
NEW FACULTY APPOINTMENTS

The new faculty appointments at MCG include one departmental chairman—Dr. Leland D. Stoddard, who assumed his duties as Professor of Pathology and Chairman of the Department of Pathology at the beginning of the school year.

Dr. Stoddard is a native of Mt. Carmel, Illinois. He holds an A. B. degree from DePauw University and received his M. D. degree from Johns Hopkins University School of Medicine in 1943. His internship was taken at Duke University Hospital, following which he received his commission in the Army of the United States. Returning from the service in 1947, he was an assistant resident and an assistant in Pathology at Duke University School of Medicine. While at Duke, he continued to rise through the ranks until in 1950, he was an associate in Pathology. The next year, he assumed the assistant professorship in Pathology at the University of Kansas Medical School and remained there until he accepted the position at MCG. He left Kansas as Associate Professor.

In 1950, Dr. Stoddard was certified by the American Board of Pathology. He is a member of the American Association of Pathologists and Bacteriologists, the Tissue Culture Association, Inter-Society Cytology Council and the American Association for the Advancement of Science. His social memberships include Phi Chi Medical Fraternity and Phi Beta Kappa.
Dr. Floyd Skelton, a native of Ontario, Canada, has been named assistant professor of Pathology. His M. D. degree was awarded by the University of Western Ontario in 1947, and he received his Ph.D. degree in Pathology from the University of Montreal in 1952.

His background and training well fit Dr. Skelton for his work in research pathology. He was a Research Fellow, and subsequently a Research Associate, with Hoffman-LaRoache; chief of the Department of Pharmacology at Ayert, McKenna and Harrison, Ltd.; a trainee of the National Cancer Institute, USPHS, Dept. of Pathology and Oncology, University of Kansas, and following this assignment, he was also a Research Fellow and then Assistant Professor of Pathology at the University of Kansas School of Medicine.

Dr. Skelton is a member of the Ontario Medical Association, Canadian Medical Association, the College of Physicians and Surgeons of Ontario, Canada Physiological Society, the New York Academy of Science, the American Society for Experimental Pathology and Sigma Xi.

Dr. Harland DeWitt Wycoff, who has been appointed assistant professor of Biochemistry, is originally from St. Paul Minnesota. He graduated from the University of Wisconsin with a B. S. degree in 1942, received his M. S. from the University of Wisconsin in 1948 and finished his work on the Ph.D. in Biochemistry at the same place in 1952. During the time that he was taking his post-graduate training he was Chemist with the Northern Regional Research Laboratory, Research Assistant at the University of Wisconsin, Biochemist at the University of Idaho and since 1953, he has been Biochemist here at MCG.

Dr. Wycoff is a member of the American Association for the Advancement of Science, American Chemical Society and Sigma Xi.

Named to the assistant professorship of Pharmacology is Dr. Raymond W. Pickering. He is not a new-comer to the campus of MCG, eventhough he is a native of Almeda, California. Dr. Pickering received both his B. S. and his M. S. degrees from the University of California, the former in 1947 and the latter in 1948. He then came to the Medical College of Georgia and graduated with his M. D. degree in 1953. Following graduation, he took one year of internship at DePaul Hospital in Norfolk, Virginia.
In the Department of Microscopic Anatomy, Dr. John Ward McKenzie was named assistant professor. He graduated from the Citadel in 1940, and subsequently took his training for his Master's degree at the University of South Carolina. His Ph.D. degree in Microscopic was granted by the University of North Carolina. During the time that Dr. McKenzie was studying for his graduate degrees, he was also a part time instructor in Zoology and Biology. He is a member of Sigma Xi.

In the department of Neuro-Psychiatry, Dr. Benjamin F. Moss has been appointed an instructor. He graduated from MCG in 1951 and since that time has taken his internship at Spartanburg General Hospital, Spartanburg, S. C. and then his residency at the University Hospital, Augusta.

Dr. Moss is a member of the Southeastern Association of Neurology and Psychiatry, the American Psychiatric Association and Theta Kappa Psi.

Dr. B. Shannon Gallaher has been named an instructor in medicine. She is a graduate of the Georgia Baptist School of Nursing in Atlanta, and holds an A. B. degree from Temple University. She received her M. D. degree from Hahnemann Medical College in 1950. After interning at the University Hospital, Augusta, she spent the next two years doing resident work at St. Louis City Hospital, St. Louis, Mo. In 1953, she returned to the University Hospital in the capacity of Chief Resident on the medical service.

Dr. Gallaher is a member of Alpha Omega Alpha, American Medical Womens' Association and Alpha Epsilon Iota.

Added to the Gross Anatomy faculty this year was Dr. Thomas J. Lattimore, who is an alumnus of MCG, having graduated in 1946. All of his internship and residency training was taken at Baltimore City Hospital. This past year, he returned South and is now practicing in Aiken, S. C.

Other additions to the faculty include Dr. William H. Holladay, who has been named a fellow in cardiology. He is a graduate of the Medical College of Virginia. Dr. Holladay served his internship and residency at the University Hospital in Augusta.
Dr. Charles Harold Watson, who graduated from the Medical College of Georgia in 1952, has been appointed as a fellow in pediatric cardiology. His internship was taken at Duke University Hospital, but his resident training was at the University Hospital in Augusta.

Other clinical appointments to the faculty, which are on a courtesy basis, include Drs. Maurice Dunn, assistant clinical professor of psychiatry; Leopold Winter, assistant clinical professor of psychology; Karl A. Leitheiser, clinical instructor in pediatrics; Charles Steve Mulherin, clinical instructor in surgery; Mark W. Wolcott, assistant clinical professor of surgery; Richard A. Krause, assistant clinical professor of surgery; C. Martin Rhode, associate clinical professor of surgery, and C. Iverson Bryans, clinical instructor in obstetrics and gynecology.