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

After a lapse of one year THE PROCEEDINGS OF THE MEDICAL COLLEGE OF GEORGIA again appears. Our only excuse for this lapse is that other business connected with recent advances of the Medical College of Georgia have interfered. There has been a change in our mast-head. Dr. Virginia L. Sydow, Associate Professor of Pharmacology, has consented to act as executive editor; her duties will be to see that the rest of the editorial staff is kept busy.

This issue will be Number 1 of Volume 7. We sincerely hope that
the other three numbers of this volume will appear at their appointed times throughout the coming year. The three missing numbers of Volume 6 will not be published.

Three articles of great interest are included: Dr. Pund writes on Ethics, and Dr. Payne describes the advances of the Medical College of Georgia and also discusses the knotty problem of the corporate practice of medicine. We invite our alumni to send us their frank opinions regarding the policies outlined by both Dr. Pund and Dr. Payne.

The new faculty members will be introduced to the alumni in this and following issues. The members of the class of 1960 are listed in this issue.

The postgraduate training program has been re instituted. The first course, "A Clinical Workshop in the Treatment of Circulatory Disorders," is scheduled for March 28-30. Announcement of the second course, "Fractures in General Practice," is made on the back cover.
"WHO—WHAT & WHY"

By

DR. EDGAR R. PUND, M.D.

President, Medical College of Georgia
Augusta, Georgia

The policies of the Medical College of Georgia and its integral part, the Eugene Talmadge Memorial Hospital, evolved from the ideas of a representative group of persons who were primarily interested in education and welfare. No one person is able to claim credit for the policies and I dare say no one remembers who proposed the individual items.

The stage was set in July 1953. The writer had been appointed president of the Medical College, Dr. Harry B. O'Rear, Dean, and because the hospital was being built under the auspices of the State Board of Health, Dr. Payne had been appointed to direct the construction and to superintend the hospital after its completion. Dr. Payne was therefore made a member of the faculty and was appointed Dean of Postgraduate Medical Education. The administrative officers felt the need of studying at first hand the manner of operation of other schools. Dean Wood of Emory granted me considerable time on one of my visits to Atlanta. Dean O'Rear and I visited the University of Alabama School of Medicine, and Drs. Payne, O'Rear, and I visited the University of Virginia School of Medicine at Charlottesville and the Medical College of Virginia at Richmond, and spent considerable time with Dean Hunter and President Sanger. In addition to these visitations, Dr. O'Rear and I spent a day at Johns Hopkins and were favored with the courtesy and hospitality of one of Georgia's favorite sons, an outstanding physician and educator, Dr. Alfred Blalock.

These tours of inspection enabled us to study more critically the material on the conduct of medical colleges which had recently been collected by the Dean of Howard Medical College. From these studies the policies of the Medical College were determined and the necessity of a generous nucleus of full-time faculty was agreed upon.

To determine the policies of the hospital, which was still under the control of the Board of Health, a committee was formed which was composed of three members of the State Board of Health, Dr. Lee Rogers, Dr. Thomas Goodwin, and Dr. Miller Byne, Jr.; three members of the Board of Regents, Mr. Carey Williams, Mr. James Peterson, and Mr. Roy Harris; two members of the Council of the Medical Association of Georgia, Dr. H. L. Cheves and Dr. Enoch Callo-
way, and two members from the administration, Dr. Rufus Payne and the writer. Dean O'Rear was always available in an advisory capacity. Dr. Sellers, the Director of the State Board of Health, Dr. Harmon Caldwell, Chancellor of the University System, Dr. W. P. Harbin, President of the Medical Association of Georgia, and Dr. Peter Wright, President-elect of the Association, were invited to participate in several of the discussions. On one occasion Dr. Julian Quattlebaum served in the capacity of alternate. Monthly meetings were held over a period of a year and a number of consultations were necessary with Dr. Sellers, Dr. Caldwell, Mr. Thrasher, Director of the Budget, and the Attorney General and members of his staff. Thus the policies of the hospital evolved and the legality was determined by members of the staff of the Attorney General.

It became evident from the various discussions that with the consent of the involved authorities, it would be more practical for the Eugene Talmadge Memorial Hospital to become an integral part of the Medical College of Georgia. The wisdom of having this broad committee became manifest and this proposal materialized to the mutual satisfaction of all concerned. Dr. Rufus Payne as secretary of the committee had shown an unusual aptitude in incorporating the various expressions into clear-cut writing. It remained then for the President of the Medical College to render the policies ethical and have them approved by the Richmond County Medical Society, the Council of the Medical Association of Georgia and the Board of Regents.

To avoid direct competition with physicians and especially those in the City of Augusta, the following statements were written into the policies. "The declaration of this policy places an obligation upon the Medical College to furnish services requested by physicians which will aid in the diagnosis and treatment of their patients. This assistance shall not take the form of competitive practice - - - The Board of Regents shall and it does hereby direct that there be no private diagnostic clinic operated in connection with the Medical College of Georgia and that no patients be admitted to the hospital, except on referral from a physician or an agency—such as governmental agencies and voluntary agencies responsible for the care of patients and that such services be used to supplement services available in the patients home community."

1. Policies of the Eugene Talmadge Memorial Hospital of the Medical College of Georgia as approved by the Regents of the University System of Georgia on March 9, 1955.
In order to conform with the laws of the State, the Board of Regents directs "that no individual shall personally receive pecuniary profit from the admission of a patient to the Eugene Talmadge Memorial Hospital and therefore directs that the Medical College of Georgia operate the Eugene Talmadge Memorial Hospital with a closed staff that shall be composed only of the full-time and part-time faculty members of the Medical College of Georgia."

It was evident, therefore, that to conform to the law it would be necessary to organize the faculty as a group with due consideration being given to The Principles on Ethics of The American Medical Association. These principles state that "A physician should not dispose of his professional attainments or services to any hospital, lay body, organization, group or individual, by whatever name called, or however organized, under terms or conditions which permit exploitation of the services of the physician for the financial profit of the agency concerned." In another section of these Principles is the following statement: "Contract practice as applied to medicine means the practice of medicine under an agreement between a physician or a group of physicians, as principals or agents, and a corporation, organization, political subdivision or individual, whereby partial or full medical services are provided for a group or class of individuals on the basis of a fee schedule, or for a salary or for a fixed rate per capita. Contract practice per se is not unethical. Contract practice is unethical if it permits of features or conditions that are declared unethical in these Principles of Medical Ethics or if the contract or any of its provisions causes deterioration of the quality of the medical services rendered."

My acquaintance with the Principles of Medical Ethics is quite evident from the wording of the policies. "The Board of Regents shall and it does hereby authorize the President of the Medical College of Georgia to negotiate a yearly contract between the members of the full-time and part-time faculty whereby medical services shall be provided for all patients in the Eugene Talmadge Memorial Hospital. This contract shall provide that the members of the full-time and part-time faculty shall agree to render, for a stipulated salary, medical services to all patients subject to the statutes of the Medical College of Georgia. This contract shall provide further that a faculty member shall donate all fees for professional services rendered

1. Policies of the Eugene Talmadge Memorial Hospital of the Medical College of Georgia as approved by the Regents of the University System of Georgia on March 9, 1955.
patients of the Hospital to a fund to be held by the Comptroller of
the Medical College as hereinafter provided. The Board of Regents
directs that the Medical College of Georgia shall not permit the ex-
plotation of the services of the faculty for the financial profit of
either the Medical College or the Hospital, nor cause deterioration
of the medical services rendered.” Each full-time and part-time facul-
ty member therefore signs a yearly contract which states that “all fees
you may receive for professional services rendered patients of the Eu-
gen Talmadge Memorial Hospital shall be donated to a fund to be
held by the Comptroller of the Medical College of Georgia, this fund
to be expended only upon direction from the Board of Regents.”

In the policies the physicians are required “to submit statements
- - - to those patients receiving professional services who are able
to pay.” “These charges shall be commensurate with the fees of
the medical profession in the Augusta area.” “The fees shall be paid to
the Comptroller of the Medical College of Georgia who shall hold
them in a special fund. Expenditures from this fund shall be made
only upon direction from the Board of Regents. The Board declares
that this special fund shall not be used to compensate members of
the faculty for their duties in the care of the patients at the Eugene
Talmadge Memorial Hospital or for their administrative and in-
structional duties at the Medical College of Georgia.” These fees are
therefore to be used primarily for research purposes and within the
framework of the policies the fees will be expended by the Regents
upon the advice of a committee of the faculty and the President of
the Medical College.

Upon the completion of these policies, they were submitted to the
Richmond County Medical Society and to the Council of the Medical
Association of Georgia. After both of these bodies approved the
policies they were submitted to the Board of Regents and approved
in principle on November 10, 1954 and in resolution form on March
9, 1955.

Subsequent action by the State and County Medical Associations
has seriously confused the issue as to corporate practice and un-
ethical behavior.

I am glad to submit these facts to our alumni for their under-
standing. I have confidence in their judgment and in their loyalty,
because I know most of them personally as colleagues and former
students. Had we devised policies that were overtly unethical, it
would have been impossible to attract the outstanding faculty which

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1. Policies of the Eugene Talmadge Memorial Hospital of the Medical College of
9, 1955.
we have at present and will continue to attract. Severe accusations are directed at these dedicated men and penalties are being imposed not only upon new members of our faculty but upon residents as well, each an individual, who according to the preamble of the Principles of Medical Ethics is striving “to accomplish his prime purpose of serving the common good and improving the health of mankind.”

The preamble further states that “As a rule, however, the physician who is capable, honest, decent, courteous, vigilant, and an observer of the Golden Rule, and who conducts his affairs in the light of his own conscientious interpretation of these principles, will find no difficulty in the discharge of his professional obligations.”

I can assure the alumni that these policies were formulated by a group of ethical physicians and lay gentlemen who were extremely conscientious in their endeavor to make available a medical college which can offer “the facilities of its hospital to the people of Georgia through their physicians for those problems which cannot be handled in the local community” “to accomplish the prime purpose of serving the common good and improving the health of mankind.”

1. Policies of the Eugene Talmadge Memorial Hospital of the Medical College of 9, 1955.
REPORT TO ALUMNI
Rufus F. Payne, M.D.
Administrator, Eugene Talmadge Memorial Hospital
Medical College of Georgia
Augusta, Georgia

The time appears appropriate to make a report to the alumni of the Medical College of Georgia concerning the advances that have been made at the school during the past three years and to relate some of the problems which have arisen and which still cause concern to both faculty and alumni.

The advances as well as the problems are so interrelated that one cannot speak of one without bringing the other into focus.

The greatest advances have come about by reason of the construction of a teaching hospital for the Medical College and the appointment of full time clinical faculty members. The number of patients referred by physicians and the various medical agencies in the state has been so large that we have been unable to take more than a fraction of the cases, particularly the ones requiring long term hospital care and treatment. As you in the profession well know, the number of nurses and technicians available is so small in relation to the total needs that we have only been able to open approximately 200 beds; our largest daily census to date has been about 160 patients. To meet the needs for an adequate number of teaching cases and at the same time to render the greatest service possible to the people of the state, we have used one third of our beds for the admission of short term cases for diagnostic studies. As was expected, we have not been able to see many patients strictly as out patients because of the great travel distances involved for many of the patients and for that reason have admitted the great majority of these patients to the hospital for the diagnostic studies required. In some cases the patients live in areas that are not far from the hospital in travel time and these have been examined and their studies completed in time for them to be discharged from the out patient department on the very day of admission.

The proportion of patients admitted for serious and critical illnesses has been so much different from the ordinary hospital experience that our death rate has been much higher than the average and
we have been forced at times to accept no one in the regular treatment wards except cases that are ordinarily classed as emergencies. While this has undoubtedly caused disappointment at times to many of you, we have felt an obligation to give priority to those patients who live in communities where facilities were not available to meet their problems. Our operational policies, as approved by the Board of Regents, require that we give such preferential choice and we think that it is the fairest method of dealing with these problems.

We have also been gratified by the fact that referring physicians have been most cooperative in furnishing us with the data necessary for making a determination of the needs of the applicants. This has made our task of choosing the patients for admission a much easier one than it would have been otherwise. We hope too, that our reports of findings, treatment given and recommendations for further care have been helpful to you.

One of our most difficult problems has been the securing of an adequate amount of blood for the type of surgery required for many of these patients. The patients themselves find it most difficult to make satisfactory arrangements for the replacement of blood that they have used unless they live in counties that are served by the Red Cross blood program. For these counties, the Red Cross Regional Banks in Atlanta and Savannah have been most cooperative. However, there are periods in which their supply is inadequate to meet the demands which they have for blood in this hospital, as well as the many others that they supply. The fact that we will supply containers and shipping cartons so that donors can go to local hospitals to replace blood has been of some help and we hope that this phase of our program will continue to grow. We have also been greatly pleased by the assistance of the Fort Gordon group of soldiers in giving the fresh blood which is necessary for the treatment of leukemias and other blood dyscrasias as well as for "priming" the artificial heart used in open cardiac surgery. If it were not for this assistance, we would be in serious trouble indeed, because many patients live at such distances from the hospital that it is impossible for them to secure an adequate number of donors at a given time to supply the fresh blood required.

Another problem that has caused concern is the attitude on the part of some, that patients should not be required to pay anything toward their hospital costs because of the fact that the hospital is a state owned and operated institution. This attitude prevails in many
cases in spite of the fact that the patients are able to pay at least a part of the hospital costs. No one can deny the fact that the hospital charges are quite reasonable. We operate under the policy that all patients must be charged at the same rate and that discounts, because of inability to pay, are made only after a careful credit evaluation. In spite of that fact, we have been told by some patients who, we thought, were able to pay part or all of their hospital bills that they had been told by their physicians that they would not be required to pay anything. We think that this must be an exception to the general rule or a misunderstanding on the part of the patient. We are still of the opinion that physicians feel that patients must accept responsibility for their medical and hospital care, and that any form of free care must be avoided as long as patients can meet their obligations.

The learning experience for residents has apparently been up to their expectations in as much as all of the junior residents have re-applied for another year, in spite of the fact that the hospital has not been in operation long enough to secure inspection for residency approval. We are gradually working into a medical training center with residents in Medicine being sent to Battey State Hospital, Milledgeville State Hospital, University Hospital and the Veterans Administration Hospital for a regular part of their training experience. Residents in surgery are being rotated through Talmadge, University and Veterans Hospitals. Starting this year, a resident in Orthopedics will spend six months of his training at the Georgia Baptist Hospital while residents in other surgical specialties will get a part of their training at the University Hospital. The same applies to residents in Pediatrics and Radiology. The residents in Obstetrics and Gynecology divide their time equally among Macon City Hospital, Talmadge Hospital and the University Hospital.

Although there are some who still are not familiar with our policies, it appears that there is a gradual realization that the Talmadge Hospital was not built to replace other hospitals, but was built to supplement and assist local communities in every way possible rather than to be used as a competitive service agency. We have insisted that medical programs sponsored and subsidized by the State of Georgia and intended to use local hospital facilities primarily, should continue to operate in that manner and that the Talmadge Hospital of the Medical College be used to assist them with problem cases only. For this reason we have hospitalized rela-
tively few patients from any of these agencies. There have been no Crippled Children cases hospitalized for orthopedic problems, however, we have admitted a few cases from this agency for cardiac diagnosis and surgery. There have been no cases admitted from the Cancer Control Program except for a very few cases referred by the clinics for special types of services which could not be furnished by the local clinic. We have admitted relatively few patients from the Vocational Rehabilitation Service and by far the largest number of these have been cases of epilepsy. We have also admitted patients from Battey State Hospital, Milledgeville State Hospital and Reidsville State Prison Hospital; the referring agency has paid for their hospital care at one half of the standard rate. Other non-official agencies which have referred patients are the Georgia Lighthouse Service for the Blind and the National Infantile Paralysis Foundation.

One of the areas causing the greatest concern to all of us, and, possibly, to certain of you, has been the problem entailed by the necessity for admission of patients who can and should pay a professional fee in addition to a full hospital charge. Our greatest problem has been to make our policies conform to State Laws and at the same time to meet the traditional ethical policies of the medical profession. While our policies, as adopted by the Board of Regents, state very clearly and concisely that all rules and regulations for the admission of patients must be both ethical and legal, the Medical Association of Georgia will not make a definite ruling that they are unethical. However, some of the members of the Medical Association of Georgia, and at times an apparent majority, take the position that the state is engaged in the corporate practice of medicine. This, of course, is a legal question which has not been brought before a court for determination and which cannot be determined in any other way. It is the opinion of the legal staff of the Board of Regents that the state is not engaged in corporate practice. For a more detailed report on this question, we refer you to the article in this same issue in which we have tried to clarify the problem.

While we respect the right of every person to have an opinion, and to express it freely, we have not agreed with the letter of instructions sent to the Richmond County Medical Society, from the executive committee of the Medical Association of Georgia, stating that our faculty members applying for admission should not be admitted to membership in the society. There was a strong resemblance
to labor union methods in the statement that this was done so as to put the Medical Association "in a better bargaining position." It was made even more obnoxious by the fact that present members of the same faculty were not expelled or brought to trial for the same presumed violations of ethics. We contend, and rightly so, we think, that the question is not a question of "bargaining rights," but a matter of determining whether conduct is ethical or is unethical. The first time that this question was brought to the local Medical Society about three years ago, the vote was favorable to the Medical College; the Council of the Medical Association also voted their approval. This action by the Council was reversed at a later called meeting without any opportunity for the President of the Medical College to appear for the presentation of arguments or to answer questions. The question was again brought to the house of delegates at the meeting in Atlanta where the adopted policies were again discussed and clarified and the delegates voted approval with the request that the clarified policies be brought to the Board of Regents for their concurrence. This was done and the Board of Regents informed the Medical Association that all of the suggestions would be carried out within the framework of the policies as previously adopted. It was our impression that the matter was settled to the satisfaction of the majority and the hospital has been operating under these policies since that time. Recently, the Executive Committee sent the letter mentioned above to the Richmond County Medical Society and the applications for membership of our new faculty members and residents were tabled. At that time, the Society appointed a committee to "work out the problems" with the President and Administrative staff of the College. After a most pleasant and cordial meeting the committee made a unanimous report that in its opinion the Medical College was not engaged in unethical practices and recommended that the society give its approval to the Medical College. This was done at the regular meeting for the election of officers and the society voted its approval and transmitted it to the Council of the Medical Association of Georgia. The Council at its regular meeting in Augusta decided that the Society should call for another vote since there were "not enough members present." It appears, however, that there was no suggestion that the membership present was not representative enough to elect new officers and presumably the Society will not need to call another election for new officers. The matter rests here, at the present time, insofar as official action by the Medical Society is concerned.
We think it would be well to reemphasize some of the fundamental points for the record as well as for your own information.

The first point is the legal question concerning the admission of "private" patients. Until the legislature votes to prohibit the admission of any person able to pay a professional fee, we cannot restrict admission of such patients if they meet all the other criteria for admission. Such a bill was introduced at the last session of the General Assembly at the request of the Medical Association, but was never voted out for action, and we have very serious doubts that such a bill would be passed. In the meantime, our policies prohibit the admission of a patient unless referred by a physician, regardless of whether the patient be private or indigent. We can also restrict the admission of patients who are not needed or are not suitable as teaching cases. Furthermore, we can restrict the admission of patients, if, in our opinion, they can secure the needed medical care in their own communities.

It appears, at times, that this problem is one of economics rather than one of ethics. We have searched the laws, the code of ethics of the American Medical Association and the recent action of the House of Delegates of the American Medical Association and can find no violation of any of them in our actions. We feel that there will be occasions, and we find that most physicians agree with us, when it would be morally and legally wrong to deny patients admission for certain services. There are other occasions when patients will have to leave the state, in fact the Southeast, for certain services if they are denied admission to this hospital. To us, the most important of all considerations is the welfare of the patient and the responsibility of the physician for the patient's welfare. That is the reason that we have insisted from the first discussion of this problem to the present time that all patients must be referred by a physician. It is our contention that there is no person or group of persons except the physician who is in a position to determine what is best for the welfare of the patient. This is also a reason for our insistence the hospital must have no more responsibility for the medical care of private patients than does any other hospital. A physician who wishes to refer a patient to a specific faculty member is expected to contact that faculty member directly. If the physician wishes to refer the patient to a particular service, the Chief of that service must be contacted. The faculty consultant must then determine whether the patient meets the criteria for admission such as medical need for ad-
mission and teaching value, and also whether a bed is available. If the patient is admitted as a full-pay patient, the consultant must also determine the amount of the professional fee, how it shall be paid, and how the fees collected for these services shall be used in medical research.

While there may be some physicians who feel that this constitutes an economic threat to the practice of medicine, the evidence indicates that there will never be a large number of “private patients” in the hospital. In the first place, physicians will confine the patients whom they refer here to real problem cases who should be in a medical center and this alone will limit the number. Secondly, there will always be a group of physicians who will not wish to refer their patients here under any circumstances and, finally, the number of patients who wish to come here will always be limited because many people would not care to be classed as a “teaching case.” The Research Fund collection from professional fees for the last fiscal year totaled less than $25,000.00 for all members of the staff combined. The first six months of this year the total is less than $15,000.00 for the entire 30 clinical faculty members. These amounts are far less than is being spent for medical research personnel alone and this amount of collections constitutes no threat to any individual or group of individuals in private practice.

We should probably apologize for the length of the article, but felt that you would be interested and, as an alumnus, were entitled to this information. We hope that you will accept the Editors invitation to send us your frank views about the policies under which the hospital is being operated. While we are obliged to follow the policies of the Board of Regents, we think that the Board will be very interested in your views and we hope to have sufficient response to be able to present the attitude of a representative sample. This is not being done to bring pressure or to have a “bargaining point” with the Medical Association, but only to ascertain the feelings of the alumni of the Medical College of Georgia.
WE ARE NOT ENGAGED IN THE CORPORATE PRACTICE OF MEDICINE

By

Rufus F. Payne, M.D., Administrator

Eugene Talmadge Memorial Hospital of the Medical College of Georgia

While the definition of corporate practice of medicine may not be exactly as listed below, we have outlined the various definitions which have been hurled at the Medical College as examples of what is meant by the term. We are also giving examples proving that the Medical College is not engaged in doing any of the things of which it has been accused.

The implication of the words "corporate practice of medicine" is the formation of a corporation that is engaged in furnishing medical care to the public for a charge that will provide a profit to the organization which may be owned by anyone who can buy stock or other assets of the organization. Further implications are: the corporation will accept, for a fee, any patient or organization desiring to purchase medical care or other professional services rendered by an employee of the organization; the profit gained in the transaction is the primary factor for which the corporation is organized and any or all other services are purely means to increase or consolidate the profits; such professional services will be rendered without regard to the personal relationship which should exist between patient and physician and disregards the satisfaction which may accrue to the physician by his being able to render a service without monetary gain; the employees of the organization or corporation must treat any person applying for professional service without regard as to whether such a service is indicated or needed by the patient; the employees will be selected by the corporation at its own discretion and without any guarantee of their competence other than their ability to make a profit for the organization; the employees will gain no reward other than their basic salary, will have no voice in the manner in which these professional fees will be expended; and, finally, a monopolistic control which is subordinate only to its own success and the laws under which it was organized.
If these implications are accepted as defining "the corporate practice of medicine," then the Eugene Talmadge Memorial Hospital of the Medical College of Georgia is in no way practicing "corporate medicine."

In the first place, the Talmadge Hospital does not furnish medical services for a fee. There are no bills submitted by the hospital to the patients for professional services and no monies are collected for professional services by the hospital. Therefore, any charge of corporate practice must be directed against the Medical College because all services are rendered by the faculty (to private patients) and all charges and collections are made through the Medical School.

The Medical College is obviously not organized for the practice of medicine or for the profit motive but, has been, is and will continue to be operated for the purpose of medical education. It is a heavily subsidized public educational institution designed to train more and better physicians at the expense of the public. Its policies as written and practiced state specifically that patients are selected primarily for their teaching value and that no facilities exist for the care of patients in the sense expected by private patients. It is not a corporation that is self-perpetuating because its policies are controlled by persons who cannot perpetuate themselves, the employees or the policies of the institution. Further, in regard to the profit motive, the written and practiced policies state specifically that funds derived from professional fees cannot be used to defray the operating costs of the institution. Since the laws of the State of Georgia prohibit personal gain by any employee or officer of the State, through transactions with the State, it is impossible for any person to make a profit from the operation of the Medical College.

These policies state that no patient will be accepted unless he be referred by a physician or medical agency who is in position to know the needs of the patient. The policies state further that no application should be made for service unless a patient has a problem which cannot be met through facilities available in his own community. This prevents the rendering of service unless it meets a specific need of the patient which, in the opinion of his physician or medical agency, cannot be cared for in his own community. This is not only defines the circumstances under which patients will be admitted for service, but also places the interpretation of this definition in the hands of persons who are not only qualified to know the needs of the patient, but also know the resources available.
Since the policies state specifically that any funds collected for professional services cannot be used to meet the operating costs of the Medical College, the profit motive does not operate. In this particular case, any income may be considered as a necessary evil that can be used for the advancement of medicine. It is a necessary evil because there are circumstances under which patients can neither legally nor morally be denied admission to the hospital because they are financially able and willing to pay for professional services. Failure to assess a professional fee under such circumstances constitutes socialized medicine in its worst form in that it would render professional services at no cost to persons able to pay for such services. By the use of this fund for medical research purposes, there is provided means of advancing medical knowledge and skills in a way that will provide benefits to patients and physicians. These benefits will not be limited geographically, politically or racially and will supplement pre-existing public and private subsidies. One other factor that must be considered as being beneficial to ethical medicine is the fact that if such fees were not collected it would create conditions under which patients could exert pressure for admission with the primary purpose of evading professional charges. It could also provide circumstances under which physicians might refer patients to the faculty when they might otherwise be referred to a practicing consultant not on the Medical College staff.

Since the policies as written and practiced provide for the direct referral of patients by a physician to members of the faculty it supports and encourages a traditional ethical relationship which must continue if private practice of medicine is to continue. It provides for the selection of consultants mutually agreeable to both patient and physician, and provides for the direct contact between referring physician and consultants. The policies provide that the consultant return the patient to the referring physician at the earliest possible time with a complete report of findings, treatment given and recommendations for further followup. The policies also prohibit any type of "fee splitting" or "understanding" which might be practiced if the referring physician and the consultant were on the same hospital staff.

Since the policies provide that the primary purpose of the faculty shall be teaching and research, and that consulting privileges must be limited, it allows the faculty member to refuse to accept patients whenever he is so inclined, regardless of the reason. There are already
documented cases in which the consultant has suggested that the patient be referred to physicians in the community, and other cases in which the referring physician has been assured that no suggestion could be offered that would help either the patient or his physician.

Established policies of the Medical College provide that only the most competent physicians be employed and that they must demonstrate an ability—to teach, treat and investigate medical problems—that is equal or superior to the average. Tenure, as practiced, guarantees that the physician cannot be discharged for personal or political reasons so long as the above abilities are in evidence. The same rank and prerogatives are extended to those physicians who are not clinicians as to those who are in clinical positions.

The policies as practiced provide for the faculty member to make the decision as to whether a professional charge shall be made and the amount of charge. These charges are made in the name of the physician, who is under contract to donate such fees to the research fund, and the patient when billed is instructed to pay such fees into "The Research Fund." Although the physician is instructed to make his own professional charges, he is also instructed, and is expected, to ascertain the charges made by Augusta physicians for similar services and to be guided thereby. The referring physician is also asked to make recommendations for the consultant's guidance in relation to his own knowledge of the patient's financial condition. In the same manner that the physician makes his own charges he also directs the expenditure of funds collected. The allocation of all funds which may accrue to the Medical College, regardless of source and regardless of restrictions placed on such funds, must by law be approved by the Board of Regents before expenditure. The Chancellor has stated that it is his opinion that the Board of Regents will approve the budgeting of such funds in accordance with the recommendations of the faculty advisory committee and the President of the Medical College. Such funds must be budgeted for purposes of research and in a manner that will not conflict with the laws of Georgia. The faculty advisory committee has already made its suggestions, determining the proportionate use of such funds and the purposes for which they will be used. These are now in the hands of the President and will undoubtedly be referred to the Board of Regents for its action in the near future.

Finally, the policies provide that no private diagnostic clinic will be operated by the Medical College; that all patients must be referred
by private physicians or recognized medical agencies; that all patients must be teaching cases, and that services must be rendered in such a way that the hospital will not compete with local hospitals, but will act to supplement local facilities. The President, in his administrative policy, has proposed the appointment of a liaison committee from the District Medical Societies of the State to maintain good relations between the faculty and the physicians in the State.

To remove any final doubt as to the intent of these policies, it should be remembered that they represent not a compromise, but the only legal way that the traditional and ethical precepts of the medical profession can be translated into approved policies for the operation of the Talmadge Hospital of the Medical College of Georgia. There are no compromises in intent because they were suggested, written and approved by members of the medical faculty, representatives of the members of the Board of Health, and representatives from the Medical Association of Georgia. They are legal in the opinion of the legal staff of the Board of Regents to which they were submitted and by which they were approved before adoption by the Board of Regents. The final decision as to whether they are ethical rests in the hands of physicians who are referring patients and they, in the final analysis, must render a decision based on the highest ethical concepts of their profession and their own humanity. It appears to us that any other course constitutes a real case of "packing the court."
Arthur John Gatz, Ph.D. has been appointed Associate Professor of Microscopic Anatomy. Dr. Gatz, a native of Winona, Minnesota, received his B.A. degree from Carleton College in 1931, his M.A. degree, 1932 and Ph.D. degree in 1936, from the University of Minnesota. From 1941-1943, he was Assistant Professor of Anatomy at Carleton College and from 1943 until the present time, he had been Assistant Professor and later Associate Professor at Loyola University School of Medicine, Chicago, Illinois.

Dr. Gatz is married to the former Jean Wells of Minneapolis, Minnesota. They have one daughter and one son.

He is a member of the American Association for the Advancement of Science, Society of Zoologists, American Association of Anatomists, and the Society for Experimental Biology and Medicine.
Mrs. Frances Mayer Fisher has been appointed Associate Professor in Social Case Work and Director of Social Service for the Eugene Talmadge Memorial Hospital of the Medical College of Georgia. She received her A.B. degree from Syracuse University, Syracuse, N. Y., and her M.A. degree from the University of Chicago School of Social Service Administration. Since that time, she has worked with the Department of Public Welfare, Newark, N. J.; the New York State Department of Social Welfare, Albany, N. Y.; the Brooklyn Child Guidance Clinic, New York; the American Committee for Christian Refugees, New York; the North Atlantic Area American Red Cross; The University of California Hospital, San Francisco, Calif.; and was Chief Social Worker at Kecoughtan Veteran's Hospital, Hampton, Virginia and from 1947 to the present time, has been Director of Social Service, Western Psychiatric Institute and Clinic of the University of Pittsburgh Medical School. Mrs. Fisher is a member of the American Association of Social Workers and the American Association of Psychiatric Social Workers.

Her husband, Mr. Rodney Fisher, is associated with the Augusta Herald.
John William Kemble, M.D., has been named as Professor of Neurology. He received his A.B. degree from Dartmouth College and his M.D. from Jefferson Medical College in 1933. His internship was spent at Hamot Hospital, Erie, Pennsylvania and he served his residency at the Mayo Foundation, Rochester, Minnesota and at Walter Reed Army Hospital, Washington, D.C. Since 1936, he has been serving with the U.S. Army Medical Corps. During some of this time he was Professorial Lecturer in Neuroanatomy at George Washington University School of Medicine, Washington, D.C. and from 1951-53 was Clinical Instructor in Neurology at the same institution. Dr. Kemble was certified by the American Board of Neurology and Psychiatry in Neurology in 1950 and is an Assistant Examiner on the American Board of Neurology. He is also a member of the American Medical Association and the American Academy of Neurology. Dr. Kemble is married to the former June Katherine Schwaegler of Madison, Wisconsin and they have two girls and one boy.
Erasmus James McCranie, Ph.D., M.D., has been named a Professor in the Department of Psychiatry. He received his A.B. degree and Master's degree from Emory University, Atlanta, Georgia and in 1941 was awarded his Ph.D. degree from the University of Michigan. He graduated from the Medical College of Georgia in 1945. Following his residency training, Dr. McCranie was on the faculty of the University of Texas, Southwestern Medical School, Dallas, Texas where he began as an Instructor in 1951 and advanced to Acting Chairman of the Department of Psychiatry in 1953. While in Dallas, he was also consultant to the Child Guidance Clinic and to the Veterans Hospital, as well as attending psychiatrist at Parkland Memorial Hospital. He is a member of the Dallas County Medical Society, Texas Medical Association, American Medical Association, Dallas Neuropsychiatric Society, Texas Neuropsychiatric Society, American Psychiatric Association, and is certified by the American Board of Neurology and Psychiatry. His wife is the former Dr. Martha Lee Smith of Washington, Ga., who also graduated from the Medical College of Georgia in 1945. They have two daughters and one son.
George Williams Smith has been appointed Associate Professor of Surgery and Chief of Neuro-Surgery. He was born at Deer Creek, Minnesota. He received his B.S. degree from the University of Indiana, Bloomington, Indiana, in 1940 and his M.D. from the Indiana School of Medicine, Indianapolis, Indiana in 1942.

Dr. Smith served successively as Assistant Electroencephalographer, Instructor of Neuroanatomy and Assistant in Neurosurgery at the University of Maryland School of Medicine from 1949-1952. He served as Instructor in Neurological Surgery, Instructor in Anatomy, Lecturer in Neuroanatomy and Assistant in Neurological Surgery at Johns Hopkins University, School of Medicine from 1952-1956.

Dr. Smith was married to Sara Perry in January, 1944. They have four daughters and one son.

He is a member of AMA, Phi Kappa Psi Social Fraternity, Johns Hopkins Medical Society, Johns Hopkins Faculty Club, Eastern Assn. of Electroencephalography, American Association of Electroencephalography, and Nu Sigma Nu Medical Fraternity.
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