A History of Mississippi Pediatrics

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Cover: Agenda of the Mississippi State Pediatric Society annual meeting in the program of the Mississippi State Medical Association in 1937.
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Introduction

Pediatrics as a specialty came of age in the first half of the 20th Century and the pediatric subspecialties in the second half. In the past century there have been a tremendous improvement in child health and welfare and pediatricians have been at the forefront of this effort. Through improvements in clinical practice, scientific inquiry, and advocacy, children are more likely to survive birth, avoid serious contagious diseases and reach adulthood.

Dr. Jo N. Robinson authored an excellent history of pediatrics in Mississippi in 1965 that roughly covered the first 50 years of this specialty in Mississippi1. This work is intended to expand upon the early history and to document the next 50 years.

Mississippi has been fortunate to have had great pediatricians. Children in Mississippi are not as healthy as children in most states and Mississippi usually ranks last in most statistics. However, from where Mississippi started, we have probably made more progress than most states. When statistics are parsed more carefully we are not always last. For example the infant mortality rate is usually the highest among the states but when separated by race, we are usually not last in white infant mortality and we are usually better than a number of states in black infant mortality.

Advocacy by the Mississippi Chapter of the American Academy of Pediatrics, the State Department of Health, and other organizations has enabled many of the laws in the US related to child health and welfare. Major accomplishments include the immunization rate, newborn screening and car safety.

The University of Mississippi Medical Center (UMMC) has had the state’s only medical school for most of its history and the majority of doctors, including pediatricians, who practice medicine in Mississippi, either have graduated from UMMC or trained there. It is somewhat unusual that the Department of Pediatrics has had only three Chairs since the four year medical school started in 1955. During that span, pediatrics as a specialty matured, the pediatric subspecialties were born and Children’s Hospitals have become the norm for treating the critical illnesses. Also during that span were major social changes and the Department of Pediatrics was the first to integrate its wards, clinics, and residency.

There have been significant changes in how we train pediatricians. Gone are the days of every other night call with 36 hours on and 12 hours off. Residents today rarely draw blood, start IV’s, culture specimens or perform laboratory tests. Students no longer stand
in line to get lab results on a piece of paper. Pagers, micro sampling for blood studies, incredible improvements in imaging, computers and the plethora of pharmaceutical products have made medicine very different for today’s student and resident. Information today is much more abundant and accessible.

This effort is an attempt to tell the history of pediatrics in Mississippi. This history needs to be written before it is forgotten. It is intended to be a work in progress indefinitely and web based so that it can be updated as needed in the future. Emphasis has been placed on those who have contributed significantly to pediatrics and who have retired from practice or have died.

Janice Quinn initiated this project in 1955 and her notes were very valuable. I am thankful for the many pediatricians and others who have granted interviews (see Notes and References). I am also thankful to Dr. Gonochao Yang, Connie Machado and Misti Thornton of the UMMC Rowland Medical Library reference and archives sections as well as Jessica Lemming and Lauren Rogers of the University of Mississippi J. D. Williams Library. They were of immense importance in tracking many hard to obtain articles, references, photographs, and other materials. Karen Evers at the MSMA was also very helpful in providing archives related to the MSMA and pediatrics. Veronica Booth at the national AAP office provided helpful information of the origins of the Mississippi Chapter of the AAP and access to archived information. Louise Dove, Executive Assistant to the Chairman, Department of Pediatrics, provided valuable assistance in the preparation of this work. Gretchen Mahan provided valuable editing assistance. April Mann, UMMC Director of Alumni Affairs enabled this book to be published on the UMMC Alumni web site. Phoebe Quinn in the Alumni Affairs provided valuable technical assistance in making the on-line version available. The niece of Dr. Blair Batson, Ms. Blair Batson, was very encouraging and supportive of this effort and provided valuable insight in the life of her uncle. My wife, Lynn, was very patient and encouraging.

Much of the personal information about deceased individuals was obtained from relatives, published obituaries, and a variety of Internet sources such as Ancestory.com, Newspapers.com and others. Education and training information was obtained primarily from records in the Department of Pediatrics at UMMC and sources such as US News and World Report-Health and other searches on the Internet.

All effort has been made to be factual about events, places and people. This online publication will be corrected as errors are found and updated periodically as events occur.
Addendum:
The initial version was published in 2015 on the website of the UMMC Department of Alumni Affairs. This revised version of 2016 is mainly devoted to the rapid growth of the UMMC Department of Pediatrics in the past year. Typographical errors and pagination has been corrected and some additional information has been included on certain individuals.
A Brief History of Pediatrics

Hippocrates recognized the differences in growing and maturing and Soranus, a Greek physician living in Rome at the turn of the first century AD, was the first to write a treatise specifically about the medical care of children. Muhammad ibn Zakariyā Rāzī, a Persian physician in the 10th century AD, wrote the first known text on pediatrics and is considered by some to be the father of Pediatrics. The first printed book on pediatrics was in Italian (1472), Bagallarder’s *Little Book on Disease in Children*. Almost a millennium would pass before pediatrics truly evolved to a specialty in the United States from colonial times until the dawn of the 20th century; children were more often cared for by midwives and grandmothers than physicians. Few physicians would see a child until weaned from its mother. This probably saved more children than seeing “doctors” who were ill prepared to care for infants. Measles, whooping cough, scarlet fever, diphtheria, cholera infantum, cerebrospinal meningitis, summer diarrhea, polio, and in the South typhoid fever and malaria reeked havoc on the pediatric population. Bloodletting and leeches on the neck seems a little aggressive for the treatment of croup. In 1800, only 75 of a 100 children lived beyond 2 years.

In Mississippi, the legislature in 1819 established the “Board of Censors” that licensed physicians to practice. At that time most physicians in the US did “readings” in medicine and then apprenticed with established doctors for their training. Due to no scientific basis for treatment of any common or complicated non-surgical disease, “heroic medicine” was practiced in some degree for any malady. This consisted of bleeding, purgatives and emetics. Calomel and ipecac were often prescribed and followed by opium and perhaps brandy. Cayenne pepper, camphor, peppermint and mustard baths and plasters were used to induce sweating to further release the bad humors.

The laity rebelled somewhat at the failure of doctors to treat the serious medical problems of the day: small pox, malaria, diphtheria cholera, yellow fever and measles whose periodic epidemics decimated the population, especially slaves, and commerce and civil programs.

Sectarian schools of medical practice evolved that taught “alternative medicine”: Homeopathy, Thompsonism and hydrotherapy. Basically, these rejected “heroic medicine” doctrine and proclaimed health lifestyles of exercise, fresh air, diet, botanical remedies and mineral water and baths, and abstinence form alcohol and tobacco. These remedies worked primarily because they were at least neutral in their effects on disease whereas the “heroic” methods did far more harm than good. During the Yellow
Fever epidemic of 1879, 20 physicians (10% of the members of the MSMA) died, most while caring for their patients.

The Board of Censors tried to restrict the practice of medicine to medical doctors. In a landmark case, the Mississippi Supreme court rejected that premise in the Bryant case. Bryant had been denied licensure because he practiced alternative medicine. It would be almost 50 years before medical practiced was regulated. In the meantime, doctors, barbers, midwives, housewives, apothecaries, ministers and others practiced medicine in Mississippi.

Proprietary medical schools proliferated and in 1860 there was one “doctor” for every 463 citizens of Mississippi. During that time universities in the North were establishing schools of medicine.

In 1839 the first of many attempts was made to form a state wide medical society. This was accelerated when the American Medical Association was formed in 1846. The major goal was to improve the image of medical doctors and their training. The Mississippi State Medical Association was ultimately established in 1855 largely due to the efforts of Dr. W. Y. Cadberry. There were many local city and county medical societies at that time that subsequently became affiliated with the MSMA. There were annual meetings of the MSMA and the Transactions of these meetings were published in one form or another for many years. Some of the published papers related directly to pediatric care. After several iterations, including publishing in the New Orleans Medical and Surgical Journal and later Mississippi Doctor the Transactions evolved into the Journal of the Mississippi State Medical Association in 1960.

The War Between the States isolated the South from many medical advances being made in the North and in Europe. For example, there was a 3:1 death ratio of non-combat illnesses to combat injuries in the South compared to a 2:1 ratio in the North. With the economic recession in the south following the war, there was little improvement in medical care, much less to the plight of children.

By the middle of the 19th century, hospitals were being built just for children in Europe and then in the USA with Children’s Hospital of Philadelphia (CHOP) being the first in 1855 and Boston Children’s Hospital shortly after. About this time, physicians were developing careers in pediatrics. Abraham Jacobi and Job Lewis Smith, the “fathers” of American pediatrics, pioneered medical education in pediatrics and contributed much to the health and well being of children. The first medical society in the USA was the American Pediatric Society (APS) founded in 1888 with Jacobi as its leader. Notably,
only two of the 43 founding members limited their practice to children: L. Emmett Holt and Isaac Love.\textsuperscript{7}

By the time the 20\textsuperscript{th} century arrived, there were only about 50 pediatricians in the United States. Most medical schools had a pediatric faculty “Chair” or department by 1925. However, of the 160 some odd medical colleges, only 31 were deemed acceptable for truly educating doctors as judged by Abraham Flexner in 1910 who had been chosen by the Carnegie Foundation to report on the state of medical education in North America.\textsuperscript{8} Most of the others were just two year for profit programs requiring little or no premedical college education and the students were taught by part time physicians with little hands on clinical training. These were diploma “mills” and there was an excess of doctors. In the 1850 census there were 32 doctors in Yazoo County alone. Almost all of these “medical colleges” were subsequently closed or merged with universities.

In 1905, fewer than 50\% of physicians seeking licensure by the Mississippi State Board of Health could pass the examination. The exam consisted of 8 questions for each of the following subjects: anatomy, physiology, chemistry, obstetrics, surgery, material medica, hygiene and pathology. The applicant had to answer 58 (75\%) of the 64 questions to pass. The Board lamented over the poor educations most applicants had, not only medical education but also a proper “English” education that the previous generation of physicians had.\textsuperscript{137}

In 1903, the University of Mississippi added the School of Medicine.\textsuperscript{9} This was a two-year program primarily for the basic sciences and on completion received “Medical Certificate”. Students were expected to complete the clinical training elsewhere because of limited clinical facilities in Oxford. Most transferred to other schools such as the Memphis Hospital Medical College (later University of Tennessee School of Medicine), Tulane and other southern schools. Many Mississippi students enrolled into four-year programs out of state.
The Medical School was housed in the Lyceum until 1906 when the new Science Building was built. In 1923 it moved to the Chemistry and Pharmacy Building and later Guyton Hall.  

Lyceum, *circa* 2003 (Courtesy of the University of Mississippi J. D. Williams Library, Archives)
For one year, there was a clinical program for 3rd and 4th year students in Vicksburg, Mississippi. The University of Mississippi bought the 150 bed Charity Hospital in Vicksburg, which became “University Hospital” and added classrooms and other facilities and began instruction in September, 1909. There were eleven faculty members and nine junior and senior students. Dr. E.F. Howard was to be in charge of obstetrics and pediatrics but when classes began he was responsible for just gynecology and obstetrics. It is unclear if there was a designated faculty member for pediatrics. Howard was from Vicksburg, graduated from the University of the South in Sewanee, TN and received the MD degree from Tulane University in 1897. He was active in the MSMA and served as its secretary for many years. It is unclear if he had any formal postgraduate training. He participated in several discussions related to obstetrics and gynecology at the annual meetings of the MSMA.

The school lasted only a year because of political inaction by the legislature and failure to make an appropriation. Four students earned M.D. degrees before the school’s closure: John Cornelius Herrington, Lee Kelly Mayfield, George Wilson Montgomery, and William Abbyngton Walton. It would be another 47 years before the University of Mississippi awarded its next MD degree.
State Charity Hospital at Vicksburg, 1959. The original building in the foreground was the Kuhn Memorial Hospital built in 1832. This became a state hospital in 1871 (Courtesy of the Archives and Records Services Division, Mississippi Department of Archives and History).

Guyton Hall (Courtesy of the University of Mississippi J. D. Williams Library, Archives)
The Medical College of Mississippi in Meridian, Mississippi was established in 1906 and folded in 1912.\textsuperscript{12} The plans for a medical college in Meridian began in 1882 and the State of Mississippi issued a grant of charter to “Kirk’s Clinical Institute of Medicine and Surgery”. The name was changed to “Meridian Medical College” in 1884 but the school never came to fruition.

In 1906, the Meridian physicians again met and decided to pursue a medical college. In June 1906 the State of Mississippi issued a Charter for The Mississippi Medical College. Matty Hersee Hospital was the clinical teaching facility. Instruction began on October 1, 1906 with an initial enrollment of 63 students, which increased to 103 in the ensuing weeks. Admission criteria were somewhat lax and apparently few students were denied admission. It was somewhat unusual that women were accepted. This was a four program but the clinical science education was primarily through readings and lecture with little contact with patients. Pediatrics was included in the curriculum in the third year but it is unclear who was responsible for the lectures.

Abraham Flexner visited the campus in 1909 and recommended that the school be closed. The graduates of the school had the lowest pass rates for the Mississippi licensure examination. The MSMA had advocated that a licensed physician must have at least a Mississippi high school diploma (or equivalent) and a diploma from a “reputable” medical school with at least 4 years of education of not less than 30 weeks a year. This was adopted in 1912 as the “Medical Practice Act”.\textsuperscript{13} The state Board of Health adopted a rule that only colleges that meet a certain standards would be considered “reputable” and the Mississippi Medical College did not pass the standards of the AMA and ceased in 1912.

Abraham Flexner (Wikipedia)
Matty Hersee Hospital, Meridian Circa 1907 (Courtesy of the Archives and Records Services Division, Mississippi Department of Archives and History).

Mississippi Medical College, circa 1906 (reproduced with permission Lauderdale County Archives)
Infant and maternal mortality was still a major problem in 1900 with the infant mortality rate still at about 20%; 25% of children did not survive 2 years. For every combat death in WWI, there was also a maternal death related to delivery.

A State Department of Public Health was established in 1888 and later a bacteriologic laboratory in 1910. Mosquito transmission of malaria and yellow fever was known as well as the role fecal contamination of drinking water in the transmission of typhoid fever. Hookworm was common and its prevention was also known. Through immunizations, water treatment, food and sanitation regulations, the State Department of Health contributed the most to dramatic improvements in the health of children in early 20th century. A key regulation was adopted in 1911:

Section 1. Any person who is suffering from smallpox, chickenpox, scarlet fever, measles, diphtheria, whooping cough, or other contagious or infectious diseases must not leave or go to any house or visit any person without permission of the city or county health officer,

Section 2. No parent or guardian shall send or take to any public meeting or any railway train or streetcar, or into the presence of children, or any school a child who is ill with whooping cough, whooping cough, sore eyes, scarlet fever, or other contagious diseases. The principal or teacher of any school shall not allow a child to remain in school, and the name of the child shall be reported to the health officers at once.

The concept of isolation of infectious or contagious diseases is a basic tenet of public health and has saved thousands of lives.

**Dr. Felix J. Underwood** is considered the “Father” of public health in Mississippi. He was born in 1882 in Nettleton, MS and after graduating from the University of Tennessee Medical School he returned to Nettleton to practice in and to serve part time as the Monroe County Health Officer and later the Director of the Monroe County Board of Health. He served as president of the MSMA in 1919 and later the Southern Medical Association. He was appointed to the Bureau of Child Hygiene and Welfare in 1921 and in 1924 he was made the executive officer of the Mississippi State Department of health. He remained in that position until his death in 1959. He served on numerous state and national committees related to public health.
Underwood was instrumental in establishing free immunizations for children and water fluoridation. He also introduced public health treatment for syphilis, tuberculosis, and malaria. His vigorous support to expand the University of Mississippi Medical School to a four-year program in Jackson helped to increase the number of physicians in the State.

Subsequent State Medical Officers in the Department of Public Health improved the health of children in Mississippi. **Dr. Alton Cobb** was he Director of the State Department of Health from 1973 until 1993. He grew up in Camden, Madison County, Mississippi and received the Medical Certificate at the University of Mississippi in 1952 and the MD degree at Johns Hopkins in 1954 with the support of Dr. Arthur Guyton, his physiology professor. After an internship at Charity Hospital in New Orleans, he completed a residency in public health and pursued a lifetime career in public health in Mississippi. His passion was Maternal and Child health and during his tenure as the State Medical Officer, Mississippi achieved the highest rates of childhood immunizations and WIC participants.

There were a number of pediatricians Cobb remembers that contributed to the welfare of Children in the State. Dr. Jim Hendrick was instrumental in the effort to eradicate polio in Mississippi and was instrumental in the creation of the Head Start program in Mississippi. Dr. Peter Boelens initiated innovated approaches to public health in the Mississippi Delta through the Christian Health Center he helped founded. Dr. Frank Wiygul established satellite clinic for children with epilepsy and Drs. Jim Joransen and Dave Watson from UMMC initiated satellite cardiology clinics. Dr. Aaron Shirley introduced a number of programs to provide primary care to the disadvantaged. Drs. Earl Fox, Will Sorey, Margaret Morrison, Virginia Green and Rebecca “Tree” Clemons also contributed to public health for children. Dr. Mary Currier the State’s most recent Director of Public Health, was a pediatric intern at UMMC in 1983-84.

By 1910 pediatrics was becoming a recognized specialty. About 50 % of general practice in Mississippi was pediatric care. Sewage treatment, clean water and milk, and immunizations significantly improved the health of children and more medical school graduates sought specialized training in pediatrics.

There were reservations amongst the laity about the medical care of children. Dr. James. M. Dampeer addressed the MSMA annual meeting in 1910 stating that: “It is no longer necessary to furnish evidence that pediatrics is a specialty.... Opinion prevails very generally among the laity that the diagnosis of children’s diseases is pretty
much a matter of guesswork, and that there is no positive means of making an accurate diagnosis…..”15
He further stated that it took twice as long to attend to a pediatric patient as it did an adult patient and that the infant mortality rate was a “shame to modern civilization”.

**Dr. James Monroe Dampeer** (1867-1932) received the MD degree at Tulane University and had postgraduate training at the Mercy Hospital in Vicksburg. He entered practice at Crystal Springs and partnered with **Dr. Robert Elam Jones**. Their office was at the Dampeer and Dampeer Pharmacy, which he jointly owned with his brother L M. Dampeer. 136, 159

Jones was attending Mississippi College when the War Between the States erupted. He was captured twice by Union troops during the war. After the war he attended Tulane University for the MD degree in 1869 and set up practice in Crystal Springs. Jones would be elected President of the Mississippi State Medical Association in later years and died in 1921.136,139

It is doubtful if Dampeer received formal training in pediatrics. It is clear, however, that from his comments, he had an interest in pediatrics and devoted much of his practice to children and might be considered the first physician in Mississippi to do so. He was also appointed the Copiah County Health Officer in 1905.

![Dr. James M. Dampeer circa 1910](image-url)
In 1910 Dr. Noel Womack, Sr. (see section, *The first Pediatricians*) reported to the MSMA annual meeting on children’s health. There were 600,000 deaths in the USA the previous year and 100,000 of these were less than 1 year of age and 150,000 were less than 3 years of age. Studies showed that of 10,000 infants breast fed there were 500 deaths in one year compared to 4,500 of 10,000 fed with “artificial” milk.

One treatment for “indigestive disorders” (colic) at that time was “5-15 grains of subnitrate of bismuth, ¼ to ½ grains of muriate of hydrastin, 1/10 to 1/15 grains of carbonic acid every 2 hours. If fever present, 5 grains hydrochloride of quinine and urea in enema dissolved in warm water.” No wonder the public was skeptical. “Purging” and “cinchronizing” were still in vogue.

By 1915 things had improved because of the advances in public health and the emerging basic sciences in medicine. Significant advances were being made in the physiology, biochemistry and microbiology. In the US, Harvard, Johns Hopkins, Pennsylvania and other university medical centers with their associated children’s hospitals were developing pediatric research programs. These centers would spawn the establishment of the pediatric subspecialties. Particularly important were nutritional advances that made an impact on infant mortality. 22 1915, P.R. Brown stated at the annual MSMA meeting that a better knowledge of pediatrics has “diminished the death rate of infants and increased the death rate of the adult”.

The modern physician at that time needed to have at least a stethoscope, a medical thermometer, and a microscope. The latter not only enhanced diagnostic skills but also was a source for additional charges and income. The most frequently used medications were quinine, calomel, aspirin, opium, morphine and laudanum. Sulfa became available in 1917. Fees were about $1.50 for an office visit and $2.50 for a home visit. It was $25 for a tonsillectomy and a similar charge for a home delivery that included pre and postnatal care.

By the 1920’s the AMA had a Pediatrics Section. In 1922 The AMA called the National Maternal and Infancy Act (Sheppard-Tower Act) an “imported socialist scheme” and reprimanded the Pediatric Section for publicly supporting the act and actually lobbied against the bill. The bill would fund programs in the states that provide education to women on prenatal and postnatal care. The Pediatric Section of the AMA thought the Act was important for child health. This split with the AMA contributed to the formation of the American Academy of Pediatrics (AAP) in 1931. In 1933, the American Board of Pediatrics (ABP) was established by a joint effort of the AAP, APS and the AMA Pediatric Section. The ABP and began certifying pediatricians in 1934. Some individuals were
“grandfathered” into the process. There were four certified pediatricians who were certified by the ABP in Mississippi in 1934, eleven in 1947 and 44 in 1965.

The ABP was also charged to create an accreditation process for training programs. The AMA Committee on Medical Education (CME) was already evaluating training programs at that time but without pediatric involvement. The two organizations would continue separately to evaluate programs until 1953 when the Residency Review Committee was formed by the CME and the ABP. In 1955 the AAP was added as a sponsor.

The Advisory Board of Medical Specialties (ABMS) was formed to coordinate efforts of the ABP and other specialty boards, the AMA CME, medical colleges, and the National Board of Medical Colleges. The AMA was able to insert a provision requiring membership in the AMA a requirement for certification. Of note, the ABP ignored this requirement when it “grandfathered two African-American physicians who had been denied membership in their local AMA society. Subsequently the ABMS dropped this requirement.

In 1934 the MSMA advocated that medical graduates should have at least one year of postgraduate training. The AMA certified these internships and Vicksburg had one of the first in Mississippi. It became law in Mississippi in 1979.24

In 1943, the MSMA advocated the creation of a four-year medical college “free of political domination to ensure practical operations”. This was enacted by the legislature in 1950 by a margin of one vote from a representative, Zelma Price, who was wheeled into the chamber on a stretcher to cast her vote. In 1955 the University of Mississippi School of Medicine was moved from Oxford to Jackson and enrolled students.25

Legislative efforts were adopted in the 30’s and 40’s to address child welfare. The Department of Public Welfare was established in 1936 and created the Child Welfare Division that enacted legislative issues related to adoptions, foster care, delinquency, and other issues. In 1946, Governor Thomas Bailey appointed the Mississippi Children’s Code Commission for the purpose of identifying the most pressing needs of children, ways to address those needs, and providing information to the legislature and state agencies to meet those needs. Their 1955 report documents a host of public and private efforts to improve child welfare.25 Dr. Pancratz, Dean of the medical school at UMMC, was one of the initial members of the Commission and Dr. Batson was the state AAP Chapter liaison in 1965.
In 1944, the APS passed a resolution that “physicians themselves should assume greater responsibility in the planning of medical care for children.” This was adopted by the American Academy of Pediatrics and in conjunction with the United States Children’s Bureau and the US Public Health Service they surveyed each state in regards to child health services and made recommendations to improve the health of children. This was the first nationwide undertaking of its kind and perhaps the last.

The Mississippi Chapter of the AAP in cooperation with the national AAP, the State Department of Health and the federal agencies undertook this task and in the years of 1946-47 did an in depth evaluation on Mississippi. It was found that Mississippi was the poorest state in the Union with a per capita income of $559 per year compared to $1141 nationally. 38% of the population was children of 15 years or less, the 4th highest of the states. 80% of children lived in semi-rural or isolated rural counties.

In 1946, there were 7.7/1000 children seen per day for medical care and 12.9 in comparable states. Children living in rural communities had 1/8th the patient visits as those living in metropolitan and adjacent counties. 84% of well child visits were to general practitioners and the remainder to pediatricians. Pediatricians were defined as those who had a practice in which at least the majority of the patient’s children were less than 15 years of age. There were 22 identified as pediatricians but only 11 certified by the American Board of Pediatrics. This actually compared well to other specialties: 7 of 29 certified in Internal Medicine and 6 of 16 in Surgery. Of the general practitioners who treated children, half had had less than one month of postgraduate experience in pediatrics. Mississippi also lacked hospital beds dedicated to children and adequately staffed newborn units.

In 1947 the white infant mortality rate in Mississippi was 36/1000 equal to the national rate and the non-white was 44 with the national rate of 57. Maternal mortality was 43/10,000 live births; 60% of maternal deaths were non-white which was the third highest in the US. Only 33% were born in hospitals, the lowest in the US.

The survey came to several conclusions including the need to attract more physicians to rural communities, develop post-graduate training for pediatricians in Mississippi, expand community health services, and regionalize care for prematurity. This may have had impact on the decision to expand the University of Mississippi School of medicine to a four-year school and to develop postgraduate training programs in pediatrics.
The First Pediatricians

By 1934 there were about 20 pediatricians in Mississippi who restricted their practices largely to pediatrics and some of who had recently been certified by the American Board of Pediatrics. Dr. Noel C. Womack, Sr. of Jackson and Dr. Guy C. Jarratt of Vicksburg appeared to have taken the initiative to form a pediatrics society in Mississippi as evidenced by the Letter from Womack to Jarratt suggesting potential members and plans for an organizational meeting. (See Appendix I containing letters related to the formation of the Society and the Mississippi Chapter of the AAP.)

They met in 1934 at the Robert E. Lee Hotel in Jackson and formed the Mississippi State Pediatric Society. Present at that initial gathering were:

- Noel C. Womack, Sr., Jackson
- Guy Clifton Verner, Jackson
- Harvey F. Garrison, Sr., Jackson
- Harvey F. Garrison, Jr., Jackson
- F. Gail Riley, Meridian
- George Lamar Arrington, Meridian
- Joe E. Green, Laurel
- Robert Ermon Wilson, Greenville
- W. P. Robert, Vicksburg
- Guy C. Jarratt, Vicksburg

Dr. Noel Catchings Womack, Sr. was elected as the first President of the Society. He was also the first pediatrician in Mississippi to become a Fellow of the AAP and was appointed Chapter Chairman in 1936 by the AAP. Dr. Harvey Garrison, Sr. was the second president of the Society and was appointed as Chairman of the State AAP Chapter in 1938 and served until 1950. Many of the initial members of the Society would become leaders in local, state and national organizations for the next two decades. Their efforts shaped policies, educated physicians and improved the health care of infants and children.

In 1937 Drs. Byron Alexander of Electric Mills and Sam L. Brister of Greenwood were invited to become members of the Society and in the following year Drs. C. E. Roach of Greenville and B. B. O'Mara of Biloxi. Dr. Charles Ward of Jackson followed in 1939 and Dr. E. W. Bulley of Vicksburg in 1940.
Other physicians who practiced pediatrics in Mississippi at that time were Drs. J. M. Dampeer (MD Tulane about 1890), P. R. Brown, John K. Bullock, Van C. Temple (M.C. University Mississippi 1928, MD Vanderbilt 1930) of Hattiesburg, and Luther L. McDougal (M.C. University Mississippi 1931, MD Vanderbilt 1933) of Tupelo (see section Pediatric Practices, by city).

The first female pediatricians in Mississippi were Drs. Eva Linn Meloan and Ruth Burroughs of Jackson, and Mary Clark of Hattiesburg. They were invited to join the Society in the 1940's or early 50's. Later Drs. Virginia Small, Estelle Magiera, a Health Department pediatrician in the field of mental health, and Catherine Brummett were added to the membership of the Society.

The Society met with the Mississippi State Medical Association (MSMA) each year from 1937 until 1958 but had a separate program. The first scientific meeting was in Meridian in 1937 and the agenda was printed with the MSMA program. At the 1940 meeting the program included topics related to advances in hematology in the infant child, intracranial injury in the newborn, diagnosis and treatment of syphilis in the infant, and painless labor and asphyxia in the newborn. In 1959, the Society dissolved and the Mississippi Chapter of the AAP continued the educational and public service activities of the Society.

**Dr. Noel C Womack, Sr. (1879-1947)** was one of the first physicians to devote his practice to pediatrics. He was born in Dibrell, Tennessee. His father was a horse trader and his mother, a Catchings from Georgetown, was a midwife. The family moved back to Jackson, Mississippi to be closer to his mother’s family. Womack started his medical education at the Medical College of Nashville in about 1903 and received the MD degree from Thomas Jefferson University in Philadelphia in 1905. He had postgraduate training in Reading, Pennsylvania, probably at St. Joseph’s Hospital, and moved to Jackson in 1906.

Womack married Jean McLaurin who was the daughter of the former Governor and Senator of Mississippi, A. J. McLaurin. She was accidentally electrocuted almost two years later. He remarried to Mary Lane from Pocahontas in 1915.

Womack was advocate for children and pediatrics as a specialty. In 1915, Womack addressed the annual meeting of the MSMA in Hattiesburg about the state of pediatrics. He noted that in 1910 there were 600,000 deaths in the US of which 150,000 occurred in children less than three years of age. Infants fed formulas were 10 times more likely to die in the first of life than infants that were nursed. He also
emphasized the need for medical inspection of school children and the value pediatrics as a specialty. He stated that he did not want every child to go to a pediatrician but wanted general practitioners to a better job in treating children.

Womack was the first Mississippi physician to become a fellow of the Mississippi Chapter of the American Academy of Pediatrics (AAP) and probably the first to be certified by the American Board of Pediatrics. He was the first President of the Mississippi State Pediatric Society from 1934-1936. He served as the first Chapter Chairman of the AAP from 1937 until 1938.

Noel C. Womack, Sr. (photograph provided by David Womack)

Womack was one of several doctors in Jackson who built and owned the Jackson Infirmary. This was eventually sold in 1947 and became St. Dominic Hospital. Dr. Noel Womack Jr. established a pediatric practice with Charlie Ward in Jackson that would eventually become Children’s Medical Group (see section Pediatric Practices, Jackson).

Dr. Harvey Garrison, Sr. was born in 1878 at Maysville, GA but educated in Mississippi. He received the undergraduate and MD degrees at the University of Tennessee. He entered general practice with his wife’s brother, J.J. Bethea, in Hattiesburg. During WWI he was appointed by the Surgeon General to be the physician for the Student Army Training Cops at Mississippi College in Clinton, MS.
Following the war Garrison, Sr. pursued post-graduate training at the New York Postgraduate Medical School where he studied under L. Emmett Holt, an eminent pediatrician of his day. He later received a post-graduate degree in pediatrics at Columbia University in New York.

Garrison returned to Jackson, Mississippi in 1922 and developed a large pediatric practice. He was a staff physician at Mississippi Baptist Hospital, the State Charity Hospital, the Tuberculosis Sanatorium, and the Ellisville State School for the “feeble minded”. Garrison was president of the Southern Medical Society in 1942-1943. His son Harvey, Jr. and Byron Alexander joined him in 1938. This later evolved into the “Children’s Clinic” of Jackson, MS see section Pediatric Practices, Jackson). The original office was on North State St, two blocks south of the Jackson Infirmary. It would later move to Lakeland and finally in Flowood where it remains.

Garrison, Sr. served as the President of the Mississippi State Pediatric Society in 1937-1938 and Chairman of the Mississippi Chapter of the AAP from 1938-1950. To honor his long dedication to pediatrics in Mississippi, Blair Batson gave Garrison the title of “Chief of Pediatrics, Emeritus” when he joined the affiliated faculty at UMMC in 1955. For many years, physicians seeking board certification by the AAP would go to Garrison’s office for the examination.


Dr. Franklin Gail Riley (1886-1967) was a native Mississippian and finished school in Tupelo. He attended Mississippi State College for two years and
then worked in a pharmacy in Tupelo for several years before enrolling in the Nashville Medical Department to become a physician. He passed the examination for the Tennessee State Medical Board in 1910 and practiced general medicine in Tennessee. He then obtained the MD degree at the University of Tennessee in 1915. He again engaged in general practice in Booneville, Mississippi. After serving with distinction in the British and American Army Medical Corps in WW I he returned to general practice and gravitated toward an interest in pediatrics. In 1920 he began postgraduate training at St. Christopher’s Hospital for Children, Temple University, Philadelphia, PA. He was Chief Resident his final year in 1922.

He moved to Meridian, MS to establish a practice limited to pediatrics, one of the first to do so in Mississippi. There were only about 50 physicians at that time in the United States who devoted the their practice to pediatrics. He was the first in the state to administer intravenous fluid therapy to a child for dehydration and the first to give a blood transfusion.

In October, 1929 he opened the 11 bed Children’s Hospital in Meridian, the first in the state. This eventually evolved to a Women’s and Children’s Hospital and eventually Riley Memorial Hospital. He was a founding member of the AAP and the ABP. Dr. Riley started to restrict his practice in 1943 and died in the hospital he founded in 1967 at the age of 80.

Franklin Gail Riley  (reproduced from rileyfoundation.org)
Dr. George Lamar Arrington (1901-1980) was born in Monticello. His first two years of medical education were at the University of Mississippi in Oxford receiving the Medical Certificate in 1923. He finished medical school at Tulane and then had a rotating internship at the Touro Infirmary in New Orleans. Pediatric training was at Barne’s Hospital in St. Louis.33

Arrington opened a practice in Meridian in the late 1920’s and then worked for a lumber business in Alabama before returning to Meridian to practice pediatrics. He and a Dr. C. J. Lewis owned a small hospital with 10 beds, an operating room and a delivery room. In 1935, Arrington was just the ninth Mississippi physician to become a fellow of the American College of Physicians. He was one of the founding members of the American Academy of Pediatrics and one of the initial group of pediatricians to be certified by the American Board of Pediatrics in 1934.

When WW II came, he was too old to serve in the military. Like many physicians left behind, he had to expand his practice to general medicine. Younger doctors were drafted for military service. He and Lewis sold their hospital in 1948 and Arrington became the Superintendent of the Matty Hersey State Hospital. In 1949, he became the first Chairman of the Pediatrics Section of the MSMA.

Arrington was a member of the State Board of Health for 25 years and served as President of MSMA in 1952. Arrington retired in 1972.

George Lamar Arrington (photograph provided by Dr. George Arrington)
Dr. Guy C. Jarratt (1900-1976) graduated from the Tennessee Military Institute in 1921, took pre-med courses at the U. of Tennessee in 1927, and obtained the MD degree U. of Tennessee in 1929. His internship was at Memphis General Hospital 1929-30, and residency at Children's Memorial Hospital, Chicago 1929-32. He opened a practice in Vicksburg after completing his training. He published a paper, “Congenital Syphilis”, in the New Orleans Medical and Surgical Journal in 1934. As the third president of the Society, Jarratt presided over the scientific and business sessions held at the MSMA annual meeting in Biloxi in 1939. He was on the affiliated faculty at UMMC and attended a general pediatric clinic once a month. He was Chairman of the AAP Mississippi Chapter from 1959 to 1965.

Dr. Robert Ermon Wilson (1888-1963) grew up in Guntown, MS. It is unclear where he attended college but he did attend Officer Candidate School and served in the 2nd Light Artillery Battery in WW I and was wounded in Germany. Wilson received the Medical Certificate at the U. Mississippi in 1924. It is also unclear where he completed the MD degree or his pediatric training but he was a good friend of Dr. Ashley Weeks, a professor at the University of Cincinnati. He was practicing at the Gamble Clinic in Greenville in 1928 but later moved to Greenwood in 1938 and practiced there until his death in 1963. Wilson has the distinction of being the first pediatrician in both Greenwood and Greenville.
Dr. Guy Clifton Verner (1901-1961) was born in Georgia and raised in Alabama. He attended high school in Birmingham and undergraduate school at the University of Alabama. He received the MD degree at Emory University. It is unclear where he had pediatric training but was practicing in Birmingham before moving to Jackson, Mississippi in 1928 where he established an office on North Congress St. He served as major in the US Army Medical Corps from 1942 until 1946 and was stationed in St. Augustine, FL in 1945.  

Other than being a physician in Laurel, Mississippi who was interested in treating children, there is little information about Dr. Joe E. Green (1881-1940). He earned the MD degree in 1909 at Tulane University. He was unfortunate to have an accidental role in the passage of the Food, Drug and Cosmetic Act that was signed by President Roosevelt in 1938. Green practiced Laurel and lived in nearby Richton according to the US census of 1930. In 1937, about 100 people died, mostly children, after being administered Massengill’s Elixir of Sulfanilamide. The antibiotic was difficult to formulate and in an effort to form a liquid solution that would appeal to children, the manufacturer used ethylene glycol, a product similar to anti-freeze, to suspend the drug. Mississippi had about 23 deaths, almost twice as many as any other states. The elixir caused a number of medical problems but kidney failure was the most serious. Green was one of the physicians who had several patients that died from the elixir. 

Spurred by public outcry, the Food, Drug and Cosmetic Act required companies to perform animal safety tests on their proposed new drugs and submit the data to the Federal Drug Administration before being allowed to market their products. Prior to the act, there were no safety requirements to market a drug.
Pediatric Practices

It was customary prior to WWII for physician’s to open solo practices after completing training. At times, pediatricians would share offices and call. As more pediatricians were trained, these informal associations expanded and practice groups emerged. Solo practices have continued up to the present, however. Toward the end of the 20th Century, practice groups were being merged with hospitals and health systems that also hired pediatricians directly.

Jackson Metropolitan Area

In the 1930’s there were a handful of pediatricians in Jackson and three hospitals. The Jackson Infirmary that later became St. Dominic Hospital, the State Charity Hospital which closed in 1955 when UMMC opened, and Baptist Hospital. There were limited beds for children. The Jackson Infirmary had just six beds and the Baptist Hospital “Green Annex” (later the Baptist Children’s Village) had just a few more. House calls by pediatricians were common.

Dr. Jim Hendrick (see below) wrote a brief account of his experiences as a pediatrician in Jackson from 1948 until 1989. He recalled all of the pediatricians in Jackson in the 1950’s and 1960’s and the major medical problems they dealt with. He emphasized the scourge of polio and the tremendous impact that the Sabin vaccine had. There was an average of 356 cases a year in the 1950’s with a peak of 732 in 1952 prior to immunizations that began in 1962. The average dropped to 150 cases a year in the 1960’s to only a total of 3 cases in the 1970’s to none in the 1980’s. Hendrick also wrote about “The Mechanics of Practice” that gives insight into the daily life of a pediatrician in that era.44

“A very few pediatricians were still performing T&A’s in Memphis and Dr. Ward occasionally gave anesthesia of drop ether for Dr. Robin Harris, otolaryngologist, who did the procedure in his office.

“The telephone. The office phone was answered by the receptionist-secretary who simply took numbers for us to call back. This resulted in 35-50 numbers to be called in the mornings & 15-25 in the afternoons. Now an experienced RN takes calls, a saving of 2—3 hours a day for the physicians.

“The home phone was answered by our wives&/or children. Mary counted 125 calls at home one Sunday during flu season. In addition she went to church twice. (Strange isn’t it that none of my children were interested in pediatrics or medicine!?)
House calls- Average of 4-5 per week day & 15-30 on Saturdays and Sundays. In the home we gave penicillin shots, performed myringotomies and occasionally did an LP. House calls discontinued in 1961.

“We did meet some patients in the E.R. at the hospitals. The hospital made no charge for the visit. We often gave injections from our own doctor bag in the E.R.

“The Charity Hospital was located where the present Baptist Hospital is now. We took 1 month duty rotations having 3-4 up to 15 pediatric patients at a time. If you ordered blood you had to give it.

“Charges. Beginning at $3 for an office visit & $5 for a house call, think they gone up to 5 &* by the 60’s.

“From the above story you can yearn for the “Good Old Days”.

“There were some “pluses”. Medical meetings were well attended & one could recognize each member of the CMS. We did not worry about liability and defensive medicine. And we did not worry about drugs, environment, wastes disposal, Iran, Noriega, National debt and CME, MFMC, JEAH, JCAH, DRG, PPO, OSNA, HMO, AHA, EPA & Recertification & IRS.”

Jackson Infirmary, circa1930 (Courtesy of the Archives and Records Services Division, Mississippi Department of Archives and History).
Mississippi State Hospital, Jackson, MS (Courtesy of the Archives and Records Services Division, Mississippi Department of Archives and History).

Baptist Hospital Jackson, MS, *circa* 1930 (Courtesy of the Archives and Records Services Division, Mississippi Department of Archives and History).
Children’s Clinic\textsuperscript{35,36,37}

Dr. Harvey Garrison Sr. (see section, \textit{First Pediatricians}) had started a practice in Jackson in 1922 and was joined by Harvey Garrison, Jr. in 1931. Byron Alexander joined the Garrisons in 1938 to form what would become the Children’s Clinic. Alexander failed a physical exam to enter the armed services in WWII and Garrison, Sr. was too old to serve but Garrison, Jr. did serve in the military.

WWII was difficult for the few pediatricians in Jackson because new doctors were going into military service. Noel Womack, Byron Alexander, Eva Marie Malone and Harvey Garrison, Sr. “held down the fort” during the war years. An added responsibility was the children of the Dutch Air Force trainees stationed in Jackson.

**Dr. Harvey Garrison, Jr.** rejoined his father after military service as a Flight Surgeon in the US Army Air Corps, Pacific theatre during WWII. Garrison, Jr. had attended Mississippi College and received the MD degree at the University of Tennessee. Postgraduate training was at Children’s Memorial in Chicago. Garrison, Jr. followed his father as the Chairman of the AAP Mississippi Chapter from 1950 until 1959.

Harvey F. Garrison, Jr. (reproduced from the MSMA annual meeting program 1955)
Dr. Byron Alexander received his MD degree at the University of Tennessee and pediatric training at Children’s Memorial in Chicago. It was there that he had met Harvey Garrison Jr. He was briefly the UT football team physician and a pediatrician in Electric Mills, MS joining the Garrisons in 1938 in Jackson. He had a medical waiver for the draft because of benign glycosuria and remained in Jackson during the war.\textsuperscript{36}

![Byron Alexander (reproduced from the MSMA annual meeting program 1955)](image)

After the war, physicians returned home. Dr. Howard “Nick” Nichols (1922-2015) was a native of Nashville, TN. He graduated from college and medical school at Vanderbilt University.\textsuperscript{1945} Blair Batson was a year ahead of him throughout the time he was at Vanderbilt and they were in the same fraternity, Sigma Chi. Nichols’ roommate was Dr. Raymond S. Martin, Jr. was from Jackson, Mississippi and returned to Jackson after completing training to practice general surgery. In 1946, Nichols married Martin’s sister, Betty, after graduating from medical school and serving in the Army. At that time medical students were not allowed to be married while in school.

Dr. Amos Christie, Chair of Pediatrics at Vanderbilt advised Nichols to apply elsewhere for pediatric training to get more experience. Nichols was selected by Boston Children’s Hospital. His training was interrupted by military service. During WWII he was assigned to the Central Intelligence Corps (forerunner of the CIA) in the Western Pacific. For years he could not reveal his service activities. He was the personal physician for Generals
Joseph Stillwell and Frank Merrill. After military service, he returned to Boston to finish training and became Chief Resident when the former Chief had to leave. He spent an additional two months at Vanderbilt and briefly went into private practice with Dr. Phil Elliott in Nashville before being called back into active duty in the Air Force during the Korean War.

After being discharged a second time, the Nichols moved Jackson with Betty at the urging of his former roommate, Ray Martin, then practicing general surgery in Jackson. He joined with the Garrisons, Alexander and Womack at the Children’s Clinic. Nichols retired from private practice in 1983 and was recruited by Batson to be Chief of the Division of Ambulatory Pediatrics at UMMC. Nichols not only supervised and taught in the general pediatric clinic but also supervised the pediatric emergency room. He won several teaching awards before he retired in 1989.

Nichols had a distinguished career. He was the President of the Mississippi State Pediatric Society in 1955-56, the Mississippi Chapter Chairman of the AAP from 1965-68, and an examiner for the ABP and co-chaired the Committee for Recertification. He also served as the Pediatric liaison to and a member of the American Board of Family Medicine.
**Dr. Joe Miller** was a native of Yazoo City. He briefly attended Mississippi State before joining the US Navy. After completing military service and obtaining undergraduate and medical degrees at Johns Hopkins he began residency training at Harriet Lane Hospital at Johns Hopkins. It was there that he met Blair Batson. Miller was briefly in Mobile, AL before Blair Batson brought him to UMMC in 1956 as the “Chief Resident” although there were limited residents in the program. After one year he left UMMC and was briefly in solo practice in Yazoo City before joining the Children’s Clinic with Garrison, Alexander and Nichols.

Dr. Joe Miller (reproduced from the MSMA annual meeting program 1955)

**Dr. Daniel Hawkins Draughn** obtained bachelor’s degree at Vanderbilt in 1957 and the MD degree at the UMMC in 1961. He did a rotating internship at Letterman Army Medical Center, California in 1961-62 and pediatric training at Fitzsimons Army Medical Center, Colorado in 62-64. His military active duty was at the Scott Air Force Base in Illinois.

Draughn joined the Children’s Clinic in 1967 and was a part-time faculty member in the Department of Pediatrics and Obstetrics and Gynecology from 1967 until 1970 making $3600 a year. His interests were in neonatology and he consulted in the NICU. He, Bob Abney and Bob Thompson created a NICU at Baptist Hospital in 1971. He left Children’s Clinic in 1975 and became head of Newborn Medicine at the new Women’s Hospital in Flowood in 1975.
Dr. Robert Thompson (1939-2017) grew up in Jackson and attended Vanderbilt University for college and medical school graduating in 1965. After a pediatric internship at Vanderbilt, he completed his residency at Columbia University in New York. Following two years in the Army, he returned to Jackson and joined the Children's Clinic in 1970. He served as Assistant Director of Nurseries at University of Mississippi Medical Center, and was a member of the Children's Clinic, practicing for over 36 years.

Dr. Thompson served as Chief of Pediatrics at Baptist and St. Dominic hospitals, and was instrumental in starting both the Neonatal and Pediatric Intensive Care Units at Baptist. In 1981 he was President of the Medical Staff at Baptist. In addition he was Assistant Professor of Clinical Pediatrics at University of Mississippi School of Medicine, and Diplomat of the American Board of Pediatrics, and Fellow of the American Academy of Pediatrics.

Thompson was part-time employed by Blair Batson to be the Assistant Director of the UMMC nursery. Dr. John Joel Donaldson also had obtained bachelor and MD degrees and began his pediatric residency at Vanderbilt. This was interrupted by two years of military service in Viet Nam. Upon returning, he finished his training at North Carolina. After completing his residency he was recruited to UMMC by Batson to be the Chief Resident for the 1971-72 academic years. While in medical school he had worked in the Department of Pediatrics during summer months and knew a number of the faculty. Following the year as Chief Resident, he entered practice with the Children's Clinic. In 1989, he was the first recruit by the then new Chairman of the Department of Pediatrics, Bev Evans, to replace Nick Nichols as Chief of the Ambulatory Pediatrics Division. As his predecessor, he won all the teaching awards offered at UMMC. He retired in 2000 only to be called back several times to fill gaps in services at UMMC.  

Dr. Glen Graves was a graduate of UMMC medical school and he and his wife, Marilyn, finished the first year of pediatrics residency at UMMC, the second year at Kentucky and the third year back at UMMC. After two years in the Army stationed in Alaska, they returned to Jackson. Glen joined Children’s Clinic and Marilyn was hired by to assist Jack Rawson in Newborn Medicine. Glen would leave private practice and started a new career in neonatology at UMMC in 1978. Glen Graves was a member of the Pediatrics faculty for 35 years, retiring in 2013. He served as the interim Division Chief of Newborn Medicine in 2011-2012.
**Dr. Skip Robertson** finished pediatric residency at UMMC in 1978 and joined the Children’s Clinic that year. He left in 1981 to work with Dr. Robert Britt in the UMMC Ambulatory Pediatrics Division in 1981. In 1995 he left for an ambulatory fellowship and upon completion, went into private practice in Tupelo, Mississippi, with North Mississippi Pediatrics.\(^4\),\(^1\),\(^2\)

**Dr. Larry Simmons** graduated from UMMC and completed pediatric residency and served as Chief Resident at the University of Arkansas in 1980. He joined the Children’s Clinic in 1980 and departed in 1988 to join the faculty of the Department of Pediatrics at the University of Arkansas where he is presently an Associate Professor.\(^4\).

**Dr. Julia Sherwood** was a graduate of UMMC and completed residency at UMMC in 1981. She has the distinction of being the only UMMC pediatrics resident to serve two terms as Chief Resident. She joined the Children’s Clinic in 1983 and retired in 2013.\(^4\) In 2014, Sherwood returned to UMMC in 2014 to screen children referred to the Child Development Center in the Center for the Advancement of Youth (CAY Center).

Except for **Drs. Brenda Medlin White** and **Charlotte Shaak**, both of which were briefly employed at the Children’s Clinic in the 1980’s, all of the subsequent pediatricians joining the group were UMMC graduates and pediatric residents: **Drs. Kenny Robbins** 1986, **Sam Denney** 1984, **Billy Mink** 1994, **Tony and Jill Smith**, 2003, **Mandi Cook**, 2006, **Laura Barron**, 2008 and **Adam Adcock** in 2012.\(^4\),\(^1\),\(^2\) Robbins, Mink and Jill smith would each leave after several years to pursue new careers. Gordon Meador joined the Children’s Clinic in 1999 having practiced in Tupelo for previous 18 years. The Children’s Clinic was initially in a Victorian house on North State Street. It later moved to Lakeland Dr. across from UMMC. In 2000, the clinic located further east on Lakeland drive at the Baptist Medical Clinic. Presently the Children’s Clinic is in Flowood, MS.

**Children’s Medical Group**\(^4\),\(^3\),\(^4\),\(^5\),\(^6\)

**Dr. Charles E. Ward** grew up in Jackson and obtained the Medical Certificate at the two-year medical school the U. Mississippi in 1928 and the MD degree at Tulane in 1930. He was an intern at the US Public Health Service in Bethesda, MD and then became a member of the Department of Physiology at the University of Mississippi. He entered pediatrics training at the Mayo Clinic in Rochester, MN and remained on the staff until 1939. Apparently the pay was not very much at the Mayo Clinic and it was difficult to support his wife and children. To supplement the food budget, he was given permission
to squirrel hunt on the farm of Charlie Mayo. This helped to get them through the first winter.\textsuperscript{45}

Ward returned briefly to Jackson to begin a practice but called to active duty in 1942 to the US Army Medical Corps and was stationed in New Orleans. He returned to Jackson in 1946 and would be joined by Jim Hendrick in 1948.

Dr. Charles E. Ward reproduced from William D. McCain, The Story of Jackson, J.F. Hyer Publishing Company\textsuperscript{1952}

\textbf{Dr. Jim}

\textbf{Gilbert Hendrick} (1919-2001) graduated from the U. Mississippi and obtained the MD degree at the University of Tennessee in 1942. After an internship at John Gaston Hospital in Tennessee, he served in the US Army Medical Corps in the Italian campaigns and was a Bronze Star Medal awardee for his service. Following WWII Hendrick completed his training in pediatrics at St. Joseph Hospital in Memphis in 1948. He briefly joined a practice in Memphis but when his first paycheck was short, he moved to Jackson and joined Dr. Charles E. Ward.\textsuperscript{45,47}

In 1963 Hendrick organized the oral polio immunization campaign in central Mississippi. The manual he created reads somewhat like a battle plan with procedures, logistical organization, publicity and marketing, and recruitment strategies including sample announcements to be read from the pulpits in area churches. The Central Medical Society became the sponsor and Hendrick the Administrative Coordinator. The program was called S.O.S. for “Sabin Oral Sundays” and the program was very successful. Every
member of the Central Medical Society participated. He also successfully convinced the City Council to fluoridate the Jackson water supply and led a statewide effort for water fluoridation. When the American Academy of Pediatrics asked members for donations to build a new headquarters building in Chicago, Hendrick manage to get 100% participation from the Mississippi Chapter, the only state to do so.\textsuperscript{44,45}

Hendrick would use his organizational skills to help Operation Headstart to get established as well as Operation Shoestring. The latter was a program of Wells Church to provide medical services for those in need in that neighborhood.

Hendrick and his wife May were civil rights advocates. She took sandwiches to the freedom riders in Jackson and he was president of the Jackson Urban League. CMG was the first private practice group to integrate and Hendrick was one of the first pediatricians to provide school physical examinations to children on Medicaid. Jackson Mayor Allen C. Thompson once accused Hendrick was of “trying to foment trouble”.\textsuperscript{44}

He became the leader of CMG and was a visionary in creating satellite and after-hours clinics to meet patient needs. He was firm believer that every child deserved the best of care. Hendrick retired in 1990 but continued to advocate for children's health through investigations of potential environmental factors that influence health and disease. He died in 2001.

was a graduate of Millsaps College in 1943 and Jefferson Medical College in Philadelphia in 1947. His internship was at Philadelphia General Hospital and pediatric residency was at the John Gaston Baptist Hospital in Memphis. After two years in the US Navy, he joined Hendrick and Ward in 1952. He was president of the Mississippi Chapter of the AAP from 1968-1974. He retired in 1991 and died in 2007.48

The office of Ward, Hendrick and Womack was at 914 North State St. It was previously a boarding house and converted to a medical office building. The pediatric clinic was on the second floor. Parking was a challenge and mothers would arrive breathless. The kitchen doubled as an emergency/procedure room where lumbar punctures were performed, PE tubes placed, laceration sewed and fractures splinted.44

Dr. Weir Conner, one of the first graduates of UMMC pediatric residency program, joined the practice of Ward, Hendrick and Womack in 1958 that became the Children’s Medical Group (CMG).46 Conner was a graduate of Vanderbilt University School of medicine in 1954 and a pediatric internship in 1955. He completed a PL-2 year at LSU in
New Orleans and was in the public Health Service in 1956-57. He completed the PL-3 year in pediatrics at UMMC in 1958. He, Paul Horn and Thad Matheny were the first three residents to complete their pediatric training at UMMC.

In 1958, Batson appointed Conner to the “Affiliated Faculty” as an instructor and taught students ½ day a week in the ambulatory clinics. In 1983, Connor took a year off and completed a fellowship in Developmental Pediatrics in New Jersey. In 1984, he opened a practice in that subspecialty in Jackson continued this practice until 1987. He was employed by the US Army to head a developmental disabilities program in Germany from 1987-90. He subsequently worked for the Social Security Agency, Medicaid and the state employee health insurance program until his retirement in 2000.

**William Frank (“Billy Frank”) Sistrunk** was a graduate of Central High School in Jackson, Millsaps College and Tulane Medical School. He completed pediatric residency training at Tulane under the legendary Ralph Plateou, then Chairman of Pediatrics. After two years as the medical officer for Destroyer Squadron 3 stationed at Long Beach, CA and deployed to the Formosa Straits, he joined CMG in 1962. Sistrunk was Chapter Chairman of the AAP from 1977 to 1980. During that period he was very active in legislative affairs both in Mississippi as well as nationally. Some landmark legislations were enacted with his guidance that has significantly affected child health in Mississippi (see section on Pediatric Organizations). Sistrunk was also a member of the Board for Children's Rehabilitation Center for many years.

Sistrunk retired from private practice in 1998 and then was recruited by Bev Evans, then Chairman of Pediatrics at UMMC, to staff the general pediatric clinics supervising and teaching residents. His second retirement was in 2002.

Dr. Jim Day was added to CMG in 1968 and Dr. Bob Abney in 1969. Day would move to California in 1974.

**Dr. Robert L. Abney, III** was a graduate of Millsaps College and the UMMC School of Medicine in 1962. His internship was at the University of North Carolina (UNC) at Chapel Hill. Following his internship he was in the US Air Force during the “cold war” stationed in Berlin as a flight surgeon. Like Howard Nichols, he was assigned to an intelligence unit.

After military service, he returned to UNC to complete his pediatric residency. This was followed by a cardiology fellowship at UNC. He then returned to Jackson in 1969 and
joined CMG. He was a part time faculty from 1969 until 1973 when David Watson was out of town. He was Chapter Chairman of the AAP from 1984-1987.  

Abney retired in 1998 but has been very active in a number of programs related to child health and welfare. He has been a board member of the Mississippi Children’s Home Society and the Friends of the Children’s Hospital for many years. He was largely responsible for the Friends of the Children’s Hospital Pro-Am Golf Tournament as well as coordinating Friends with Century Club Charities that sponsors the annual PGA golf tournament that has raised millions of dollars for the Blair E. Batson Hospital for Children.

Dr. Robert L. Abney (reproduced from the 1962 UMMC Yearbook, Medic)

Drs. Erwyn Freeman and Paul Welch in 1975, and Drs. Bill Smith in 1978 and Tom Christian in 1979 followed Abney. All four had attended UMMC medical school and pediatric residency. Christian had planned to go into internal medicine but changed his mind after experiencing a rotation in that specialty late in his fourth year. Batson was able to create a spot for him but he had to do an adult emergency medicine rotation that July before he could start pediatrics. Christian decided to apply for an allergy fellowship at National Jewish in Denver but did not get the position following his PL-3 year in 1976 so he stayed as Chief Resident for the 1976-77 year. Following the fellowship, he joined CMG and practiced general pediatrics and pediatric allergy. He left CMG in 1988 to establish a sole practice in allergy.

Dr. Marc Majure joined CMG in 1984 following medical school and pediatric residency at UMMC. Several years after he left for a pulmonary fellowship at Duke and would remain there until 2011 when he returned as Chief of the Pediatric Pulmonary Division at UMMC.
CMG, *circa* 1984 (photograph provided by Dr. William F. Sistrunk).


Subsequent members of CMG have been:41,42
Sam Hopper 1988, MD Tulane, residency University of Alabama Birmingham
Bill Carlyle 1989 died 1999, MD UMMC, residency UMMC
Lisa Strong 1990-1995, MD UMMC, residency UMMC
Melinda Ray 1990-2007, MD UMMC, residency UMMC
Parker Ellison 1993, MD UMMC, residency Vanderbilt
Jeff Crout, 1994 MD UMMC, residency and Chief Residency UMMC
Gary Stanley 1997-1998
Jim Purvis 1998-2011, MD UMMC, residency UMMC
Steve Chevalier 1999, MD UMMC, residency and Chief Resident University of South Carolina, Greenville
Joe Russell 2000, MD UMMC, residency and Chief Resident LSU, faculty UMMC
Joanna Storey 2000, MD UMMC, residency Massachusetts General Hospital
Jaye Myers 2002, MD UMMC, residency and Chief Resident UMMC
Catherine Phillippi 2004, MD UMMC, residency University of Arkansas
Kristie Rohman 2007, MD UMMC, residency UMMC
Amanda Penny 2009, MD UMMC, residency U. California, Davis
Amy Shepherd 2012, MD UMMC, residency and faculty UMMC

In 1976, CMG moved from its initial office at 914 North State St. to 800 Carlisle St. near the newly built Baptist hospital. At this time CMG pediatricians largely abandoned the practice of making house calls and started an after hours and weekend clinics. The members of CMG covered Baptist and St Dominic hospital wards, emergency rooms and deliveries.

In 1989, CMG opened a satellite clinic in Madison and then in 1990 a clinic in Clinton. The CMG Jackson office would remain at 800 Carlisle St. until 1999 when the clinic moved to its present location on Crane Ridge Drive in east Jackson just off Lakeland Drive.

**Madison Ridgeland Children’s Clinic**

**Dr. Cecil Jenkins** was a graduate of Millsaps College and obtained the MD degree at Jefferson Medical College in Philadelphia, PA. After a rotating internship a Baptist Hospital and a year of pediatrics at LA Bonheur in Memphis, he served two years in the US Army. After completing pediatric training at John Gaston Baptist Hospital in Memphis, he began a private practice in Jackson in 1960. Initially he rented space and shared call with Dr. Eva Marie Malone on Woodrow Wilson Drive just west of UMMC. He was recruited by Batson as a part-time Clinical Instructor and was assigned the “Well Baby” clinic that met on Friday afternoons and was paid $200 a month. He was promoted to Clinical Assistant Professor in 1972 and Associated Professor in 1977, the first of the affiliated faculty to achieve that rank. He retired from private practice in 1990 and worked for the Health Department at a satellite clinic in north Jackson.

Jenkins’s practice with Eva Marie Malone was short lived. He affiliated with Dr. Jullian Lee Owen in 1962 at a clinic in the University Plaza just west of UMMC on Woodrow Wilson. They shared office space and call.

In 1993, the Department of Pediatrics needed to expand its ambulatory experience for residents and an agreement was made with the Health Department to staff their clinics in the Jackson area. Jenkins was again hired by Dr. Bev Evans, then Chairman of Pediatrics at UMMC, to supervise the pediatric continuity clinics at the UMMC Batson North Clinic. Eventually, UMMC obtained the lease for the North Clinic when the Health Department withdrew. Jenkins continued as the Medical Director until 1998 when he once again retired. One of the first residents assigned to the North Clinic was Dr. Tami Brooks. After completing her medical education and pediatric training at UMMC, she
joined the faculty and staffed the North Clinic with Jenkins and would succeed him as the Medical Director after his retirement.\textsuperscript{42}

\textbf{Dr. Julian Lee Owen} was also a graduate of Millsaps College and obtained the MD degree at UMMC. Following a pediatric internship at Vanderbilt and a stint in the US Air Force, he completed pediatric residency at UMMC in 1961, the sixth pediatric resident to complete the PL-3 year at UMMC.\textsuperscript{52} He was appointed to the “Affiliated Faculty” by Batson and retired as Clinical Associate Professor in 2001. Owen established a private practice at the University Plaza on Woodrow Wilson Dr. just west of UMMC. He was joined by Jenkins to form the Jackson Pediatric Clinic.

\textbf{Dr. William “Bill” Payne} joined Owen and Jenkins in 1979 after completing pediatric training at Vanderbilt.\textsuperscript{41} Payne received the MD degree at UMMC in 1976. After Jenkins retired from private practice in 1990, Owen and Payne were briefly associated with St. Dominic Hospital. They merged with \textbf{Drs. Les Jones} and \textbf{Steve Perry} in 1991 forming Madison-Ridgeland Children’s Clinic. Both Jones and Perry had also graduated from UMMC in 1983 and completed residency training at UMMC in 1986. This clinic later relocated to the Baptist Drive in Madison. Perry departed and eventually settled in Tennessee. He would start a second career as the business manager for the “Band Perry”.

The Clinic has added Leslie Delaney and Jay Stewart, both UMMC medical school and pediatric residency graduates.\textsuperscript{42}

\textbf{Brock, Kleisch, and Yates}\textsuperscript{53}

\textbf{Dr. Hobson Brock} (1937-2006) received the MD degree at UMMC in 1962 and interned at Baptist Memorial in Memphis. Following two years in the US Army he completed his pediatric training at University of Tennessee John Gaston Hospital and started a practice in 1967 in South Jackson near the recently completed Hinds General Hospital. Brock worked at the clinic for 25 years and later briefly joined the Rankin Children’s Group in Brandon. For many years he was a pediatrician at the Family Health Care Clinic in Brandon and died in 2006.\textsuperscript{42}

\textbf{Dr. Nancy Kleisch} attended LSU medical school and completed residency at Charity Hospital (LSU service) in 1967.\textsuperscript{42} She and \textbf{Dr. Andrew Yates} joined with Brock in 1967. Yates graduated from the University of Tennessee (UT) in 1958 and completed a transitional internship at UT in 1959. He returned to UT to complete a pediatric residency
in 1967. This group admitted their patients to Hinds General Hospital. Yates did have privileges at UMMC and was on the part time faculty in 1969.\textsuperscript{41,42} Yates and Kleisch moved their practice to Ridgeland in the 1990’s before retirement.

**Rankin Children’s Group\textsuperscript{54}**

**Dr. Judith Parker** was a graduate of UMMC and completed a pediatric residency at UMMC in 1973.\textsuperscript{42} From 1973 until 1980 Parker was a staff physician at the Mississippi State Hospital. She started a practice in Brandon in 1980 that would later become Rankin Children’s Group (RCG). She relocated her practice when RCG opened satellite clinics in Forrest and Clinton.

**Dr. Deborah Lee** joined the Clinton clinic after finishing residency training at UMMC in 1998.\textsuperscript{42} Parker continued to practice with the group until 1990 when the Clinton clinic was sold to Lee and then worked briefly at UMMC in the Ambulatory Division. **Dr. Rick Boyte**, who finished residency training at UMMC in 1990 briefly worked with Lee before returning to UMMC as an Instructor in pediatrics.

**Dr. Dennis Rowlen**, a graduate of Mississippi College in 1977 and UMMC medical school in 1981, finished pediatric residency at UMMC in 1985 and joined a practice with Judy Parker.\textsuperscript{42,54} **Dr. Joe Edwards** was added in 1992 after he had spent a year with Les Jones and Scott Perry in Madison. Edwards was a graduate of Delta State and received the MD degree at UMMC in 1989. He completed pediatric training at UMMC in 1992.\textsuperscript{42}

**Dr. Craig Flowers** attended Mississippi State University and Millsaps College and obtained the MD degree at UMMC in 1983 and completed pediatric residency training at the University of Arkansas in 1986. He spent a year in an adolescent fellowship under Bill Long at UMMC and returned to Arkansas Children’s Hospital before joining the Rankin Children’s Group in 1994. Flowers would become a part-time faculty member at UMMC as Director of the Adolescent Medicine Division after Dr. Bill Long’s retirement.\textsuperscript{55}

**Dr. Michelle Van Norman** was also a UMMC graduate in 1995 and completed her pediatric residency at the University of Tennessee and La Bonheur Children’s Hospital in 1999. Following a year of being Chief Resident at UMMC she joined the group in 2000.\textsuperscript{41,42} **Dr. Michael Rogers** also joined the Rankin Children’s Group after finishing pediatric residency at UMMC.\textsuperscript{42} He had been a graduate of Millsaps College and the UMMC School of Medicine.

Internal Medicine and Pediatric Associates

Dr. Manisha Sethi graduated from the UMMC School of Medicine in 1998 and completed a medicine pediatrics Residency at UMMC in 2002. Following a year as Chief Resident in the Department of Pediatrics, Sethi went into solo practice in Ridgeland and established Internal Medicine and Pediatric Associates. Dr. Jason Hicks joined her in 2006. He had also graduated from the medical school and the medicine pediatrics residency at UMMC. Dr. Courtney Rey Convertino became the third member of the group following a pediatric residency at UMMC in 2009. She had also received the MD degree at UMMC.

Canton

Dr. Janice Bacon graduated from UMMC in 1983 and completed a residency in pediatrics at Nationwide Children’s Hospital in 1986. She has practiced at the G. A. Carmichael Family Health Center, Canton since she completed her training.

Dr. Vbha Vig received her MD degree at Government Medical College, Patiala in 1986 and completed a pediatric residency at UMMC in 1993. She worked for the G. A. Carmichael Family Health Center for two years before establishing her own practice in Canton. In 2002 she created a satellite clinic in Carthage and has later expanded into Yazoo. The Sunshine Clinic in Canton is her primary pediatric clinic. She has recruited nurse practitioners Jennifer Falls, Jessica Ramsey, Janae White and Rebecca More.

Independent Practices in Jackson

Dr. Eva Linn Meloan (1914-1985) was practicing pediatrics during WW II along with Drs. Byron Alexander, Noel Womack, Sr. and Harvey Garrison, Sr. Meloan attended Tennessee State Teacher’s College and received the MD degree at the University of Tennessee in 1936. She interned at Columbia Hospital in South Carolina and completed
pediatric training at T. C. Thompson Children’s Hospital in Memphis, Children’s Hospital in Detroit and psychiatry training in Rhode Island.\textsuperscript{56}

In 1941 Meloan moved to Jackson and was appointed as a pediatric consultant to the Mississippi State Department of Health. She opened a practice in Jackson at 964 North State Street becoming one of the first women to practice pediatrics in Mississippi. She was much involved with the care of the children of the Dutch pilots who trained in Jackson during WW II.\textsuperscript{45} She also provided care to the orphans at the Mississippi Children’s Home society. She made a presentation to the MSMA Pediatrics Section in 1951 and chaired the meeting in 1957. She briefly shared an office with Cecil Jenkins in 1960 at the University Plaza, 550K Woodrow Wilson and continued to have a busy solo practice until her retirement in the 1970’s.

Maloan never married but did adopt a child. Maloan’s mother, older brother and other members of her family had had Alzheimer’s disease and she did not want to take the chance on having a child with the disease. Maloan, herself, eventually succumbed to the disease.\textsuperscript{205}

Dr. Ruth R. Burroughs was Assistant Director of the Hinds County Health Department in 1943. In 1957 she worked for the Mississippi Hospital for Crippled Children in Jackson. By 1959, she was in a solo private practice on North State St. in the Fondren area of Jackson. Burroughs had a small child and was unable to make house calls. Dr. Wilford Cole rented office space from Burroughs from 1954 until 1961 for his private pediatric practice and took call for Burroughs. Cole also was employed part-time at UMMC (see Section UMMC Department of Pediatrics). Burroughs left Jackson in the 1960’s to enter public health in North Carolina.

Dr. Charles E. Mangin (1922-1995) was from Biloxi and came to Jackson in about 1956 following military service at the Corpus Christ, TX Naval Air Station. He had a solo pediatric practice in north Jackson into the 1980’s.

Dr. Curtis D. Roberts (1926-?1992) graduated from the University of Mississippi in 1947 and received the Medical Certificate there in 1950. He obtained the MD degree at Northwestern University in Chicago. He began a practice in general medicine in Pearl, Mississippi but later completed a pediatric residency at UMMC 1965-1967 at UMMC. He was in the same class with Dr. Aaron Shirley.

Roberts was also active in the Mississippi Air National Guard as a flight surgeon, 172nd Airlift Wing stationed at the Allen C. Thompson Field in Jackson, Mississippi. He rose to the rank of Major General before retirement. He was very active in a number of business affairs in the Jackson metropolitan area and co-founded the Rankin General Hospital.
Meridian\textsuperscript{57,58}

The first pediatricians in Meridian were Drs. Franklin Gail Riley and George Lamar Arrington. Both were charter members of the Mississippi State Pediatric Society and the American Academy of Pediatrics (see section The First Pediatricians). In the 1950’s through the 1980’s there were five hospitals in Meridian: Rush, Anderson, Riley, Matty Hersey and St Joseph. The pediatricians treated patients in all of these but St. Joseph, which later became a hospital for the mentally ill (Alliance), and Matty Hersee was closed in 1990. The J.H. Rush Infirmary, founded in 1915, was the first private hospital in Meridian and later became the Rush Foundation Hospital. Anderson Regional Medical Center, which began as the Anderson Infirmary in 1929, bought Riley Memorial in 2011, which became a long-term care facility Meridian.
Anderson Infirmary, *circa* 1930 (reproduced from the Anderson Regional Medical Center web page WWW. Jarmc.org)

J. H. Rush Infirmary, *circa* 1915 (reproduced from the Rush Health Systems web page, WWW.rushhealthsytems.org)
Dr. William “Billy” Riley (1923-2012) graduated from Vanderbilt in 1941 and MD degree at Vanderbilt in 1945. He served two years in the US Army Air Force as a flight surgeon. He interned at Johns Hopkins and completed residency at Children’s Hospital of Philadelphia. He spent an additional year studying abroad in Vienna. He returned to Meridian in 1950 to join his father in practice. After his father retired he continued in private practice until his own retirement in 1984.57

Billy Riley was a civic leader and a philanthropist supporting many activities in Meridian. He served an administrative capacity at Riley Memorial Hospital until it was sold in 1988 and the Riley foundation was formed that continued serve the community. In 2007 he received an Honorary Doctorate of Science from Mississippi State University.81

Dr. John McEachin was raised in Grenada, Mississippi, received a BS degree at Millsaps College in Jackson, MS and the MD degree at University of Tennessee in Memphis, TN. After a rotating internship at the John Gaston Hospital in Memphis in 1960-61, he entered a pediatric residency at the City of Memphis Hospital, Le Bonheur and St. Jude’s from 1961-66 serving as Chief Resident at these institutions his final year. His training was interrupted by active duty with the US Air Force at Columbus, MS from 1962-63. While in the Air Force, McEachin was courted by Dr. Billy Riley in Meridian and joined Riley in the new, round Medical Arts building in Meridian in 1965.
Within two years he was a full partner in the practice. Within seven years he became the Chair of the Medical Staff at the F. G. Riley Memorial Hospital. McEachin and Riley attended the “Crippled Children’s Clinic” in Meridian and once a month traveled to Jackson to teach residents at UMMC in the outpatient clinics.

McEachin would later become the Chairman of the Mississippi State Chapter of the American Academy of Pediatrics. He retired in 2002.57

**Dr. William “Billy” Hilbun**, a graduate of the UMMC pediatrics residency program at UMMC in 196542, joined Riley and McEachin in 1972 after missionary work. Hilbun moved to Tupelo in 1977.

**Dr. Bill Simmons** received the MD degree at UMMC in 1971 joined the practice in 1974 after completing his pediatric training at UMMC.42 He has continued to practice until the present.

Anderson Regional Medical Center eventually bought the Riley Hospital and the pediatricians who had been associated with those two hospitals primarily would what became the Anderson Children’s Medical Clinic.

Subsequent recruits to the Anderson Children’s Medical Clinic have been:41,42


**Greg Maranto** (MD UMMC, 1984 residency U. Georgia 1984)

**David Savell** (MD UMMC 1978, residency Keesler AFMC 1982, adolescent fellowship Fitzsimons AMC 1983) was there for several years before moving to Lebanon, TN

**Aubrey “Lee” Scott** (MD UMMC, 1984 residency UMMC 1987) moved to Dothan, AL 1993

**Melody Byram** (DO Des Moines U, residency UMMC 1999)

**Deanna “Dee Dee” Price** (MD UMMC 2000, residency UMMC 2003) left several years later and relocated to the Florida Keys. She returned to Meridian and joined the Anderson clinic.

**Mary Schaefer** (DO Texas College of Osteopathic Medicine 1993, residency Sacred Heart Hospital, Pensacola, AL)

**Dr. James A. Lauderdale** (1914-1996) joined Rush Medical Group in 1948. He had completed undergraduate studies at Millsaps College, the Medical Certificate at the University of Mississippi and the M. D. degree at Tulane in1944. He interned in Chattanooga and following service in the US Navy in the Pacific during WWII, he
completed pediatric training in Boston and then moved to Meridian. He was briefly in practice with Dr. Billy Riley and then became affiliated with Dr. Lamar Arrington at the Rush Medical Group.59

James Abney Lauderdale, Sr. (photograph provided by Dr. James A. Lauderdale, Jr.)

Dr. Willie Green joined Lauderdale at Rush Medical Group after completing medical school at UMMC and pediatric training at Lloyd Nolan Hospital in Birmingham in about 1972. Green left the group after several years to pursue a solo practice in Meridian. Dr. Jimmy Isbell joined the Rush Medical Group in 1975. Isbell had obtained the MD degree and pediatric training at the U. Alabama, Birmingham. He retired in 2013.58

Subsequent recruits to the Rush Medical Group have been: 41,42
Kenneth Reid (MD U. South Alabama 1977, residency Health South Metro West 1980)

Greg Maranto (MD UMMC 1984, residency U. Georgia 1987)

Sam Massingill (MD UMMC 1988, residency UMMC 1991)

Phyllis Hightower (MD Rosalind Franklin U, residency U. Chicago 1995)

Akhter Siddiqui (Dow Medical College 1985, residency U.M. D. New Jersey 1996)

Todd Benton (MD UMMC 2002, residency Cleveland Clinic 2005)
Will Elliott (MD UMMC 2004, residency UMMC 2007)
Dr. Cecil L. Gaston was also practicing pediatrics in Meridian in the 1960’s.

Vicksburg

The first pediatrician in Vicksburg was probably Dr. Guy C. Jarratt (see section, The First Pediatricians). He started a practice in Vicksburg in 1932. In 1933 there was also a Dr. William Pierce Robert practicing in Vicksburg. There is not much known about Robert other than both he and Jarratt were charter members of the Mississippi State Pediatric Society that was formed in 1934.

Lacy G. “GB” Horn (1920-2003) joined Jarratt in the late 1940’s. Horn had attended the University of Tennessee graduating 1942 and had been a fraternity member with Jim Hendrick (see Children’s Medical Group, Jackson). He finished pediatric training at John Gaston Memorial Hospital in Memphis in 1944. Jarratt and Horn were in the Street Clinic and admitted to the Mercy Hospital. During the polio epidemics, Mercy Hospital was the designated facility for severe cases of polio and had the “iron lungs”. Jarratt and Horn cared for these patients and shared their knowledge with other members of the Society. Also practicing in Vicksburg in the 1960’s was Dr. James A. Kiely.

Vicksburg was a divided city medically. There were two private hospitals, the Vicksburg Hospital and Mercy Hospital. The pediatricians primarily cared for children at Mercy and the family practitioners at the Vicksburg Hospital. Jarratt and Horn were both employed by the Street Clinic. They recruited Dr. Kimble Love in 1975 who stayed until 1981 when he moved to Hattiesburg. Dr. Deborah Smith came in 1981 after she had obtained the MD degree in 1978 and completed residency training at Vanderbilt University in 1981. Jarratt had retired by the time Smith came but Horn continued to practice for several more years.

following their training. Dr. Margie Gleen was briefly a member of the practice during his period.

The Vicksburg Clinic recruited Dr. Robert Ivey and later Dr. Maria Weller. Weller left after several years and Dr. Gordon Sluis, who was a graduate of the University of Pittsburg and residency training at Johns Hopkins, joined Ivey in 1979. Dr. Thomas Moore (MD at U. South Florida 1975, residency U. Texas Southwestern 1978) joined Sluis after being the campus physician for several years at Auburn University.

The two Hospitals were in heavy competition with one another and stifling the medical growth in Vicksburg. The community physicians united and wanted a change. Eventfully the two hospitals were bought by Quorum Health and merged. Within a year or so the two pediatric practice groups also merged into the River Region Medical Center with two ambulatory pediatric locations.

Dr. Peter Boelens was born in Hammond, Indiana and graduated from Calvin College and received the MD degree at the University of Illinois in 1959. After a rotating Internship at Cook County Hospital in Chicago, he spent the next seven years in Korea establishing community health centers in the slums of Seoul and the islands off the coast of Inchon. He then decided to become a pediatrician and completed his pediatric residency at the University of Minnesota. While there he also obtained a Masters of Public Health and also became friends with Jim Joransen.

Boelens moved to Vicksburg, Mississippi to establish a community health center in the Mississippi Delta. One of the head nurses at Minnesota believed in the mission and came joined him. In the early phases of his work he met considerable resistance for his efforts to provide care for the poor from the establishment and was largely ostracized by medical community. He was given privileges at Kuhn Memorial State Hospital and even there, the nurses asked community pediatricians to evaluate the treatment of his patients.

He was having difficulty in establishing outreach services for his Delta clinic patients in that landowners forbade him from coming on their property. Boelens persisted and ultimately was befriended by two Jewish landowners and farmers, Grunfast and Krous. The supported his efforts and helped him navigate the social obstacles he faced.

He was able to establish a Christian Community Health Center in Cary, Mississippi near Rolling Fork. The center offered medical and dental care, educational programs for pregnant women, outreach services to decrease teen pregnancies and a Thrift Store.
During the 10 years he worked with the Center, he developed lay home visitor project to ensure patient compliance. These lay home visitors from local churches significantly decreased the Black infant mortality incidence over ensuing years. In order to improve enhanced access to health care. He worked with The School of Nursing developing the first pediatric nurse practitioner (PNP) program at UMMC. Many of the Public Health Nurses in the State were educated in this program and became PNP’s. He was clinical faculty member of the Department of Pediatrics. While at UMMC he worked with the Obstetrics and Gynecology, the School of Nursing and the State Board of Health to implement a more effective health care delivery system.

From 1980 until 2000, Boelens as the Executive Director of the Luke Society, which supports indigenous Christian health professionals dedicated to community health. Such projects have now been established in 35 countries worldwide providing advanced education and training. Presently he continues his interests in public health, especially mental health. Addressing issues related to clinical depression emanating from childhood trauma, he is conducting research involving neuro-imaging in the area of psycho/spiritual healing.

Dr. Peter Boelens (photograph provided by Dr. Boelens)
Starkville

In 1970 the medical community in Starkville, Mississippi, consisted of several family practitioners and one general surgeon who had been in practice there for quite a number of years. Several people in the business community and the Mississippi State University healthcare community decided to recruit specialists to augment the medical resources there. At this same time the county was building a new 90-bed hospital.

During their recruitment efforts contact was made with several physicians in training at Keesler Medical Ctr., Keesler Air Force Base in Biloxi, Mississippi. Those physicians included Drs. Ray Lyle, BJ Zielinski, Joe Baumgartner, Jacob Skwiski, and Robert Buckley. The representatives from the Starkville community were able to obtain commitments from those five physicians to initiate practice in Starkville upon completion of their residency training.

Dr. Russell Ray Lyle graduated from UMMC in 1969 and completed his residency in June of 1972, one year before Dr. Robert Buckley and Dr. Jacob Skwiski would finish. Lyle had to establish the practice with the intent that Dr. Buckley would join as soon as his residency was completed.

Lyle was assigned to Homestead Air Force Base near Miami, Florida for his first duty after residency completion. During the following year he communicated with business leaders in Starkville and other recruited physicians to arrange for a physical location and other necessities that would be used in providing pediatric healthcare to the community and area.

Lyle was able to get reassigned to Columbus Air Force Base medical hospital beginning in June of 1973. At that time he had one additional year to serve the Air Force, but the proximity to Starkville would be of benefit in making arrangements to open the practice in the summer of 1974. Also, Lyle was given permission to live in Starkville and commute to Columbus Air Force Base during that year.

Lyle and the other physicians recruited by the Starkville community joined in renovating an old home on University Drive to create space for a multi-disciplinary practice. This allowed sharing of office requirements, laboratory, and radiology. The building was refurbished and additional space added upstairs where pediatrics would be located. This required climbing a narrow,
twisting staircase for patients as well as staff. The clinic space consisted of four small examination rooms, a small waiting area, which was merged with Dr. Lyle’s desk and small library. The name of the multi specialty group was the Medical Arts Clinic.

Lyle opened the doors to the practice in July of 1974 being the first pediatrician in Starkville. His staff consisted of one LPN, and one nursing aide. The hospital opened the same year and began receiving patients several months prior to opening of pediatric services. The hospital included a small delivery and nursery area.

At first there was no obstetrician in the group. All deliveries were done by family practitioners as had been so for many years. However, many deliveries of Starkville area residents were done in nearby Columbus, and most of those infants returned to Starkville pediatrics for continued care.

Lyle was in solo practice initially with and was anticipating Buckley’s arrival the following year. However, Dr. Buckley decided during that time to open a practice in Columbus, Mississippi with another Keesler Medical Center pediatric resident, Dr. Jacob Skwiski. Dr. Thomas Price did not join the practice until 1977. During those three years Lyle was on call for his practice and for hospital emergency rooms continuously except for the rare times when he could arrange for a resident from UMMC in Jackson to come to Starkville and cover the practice for a few days.

**Dr. Thomas Price** graduated from the University of the South in Sewanee in Tennessee and obtained the MD degree at the University of Pennsylvania in 1970. He completed a pediatric internship at the University of Alabama, Birmingham. As a conscientious objector, he was assigned to the Jackson-Hinds Comprehensive Medical Center for two years and then was a second year pediatric resident at UMMC in 1973-74. He completed his training at the University of Arkansas as an ambulatory pediatric fellow.

When Price arrived in 1977, the practice was very busy and clearly outgrowing the small upstairs where it had started. Lyle and Price designed and had constructed a new clinic building near the new hospital in 1979.
A notable boost to pediatrics in Starkville occurred in about 1983 with the arrival of Drs. Will Locke and Thomas Pearson, OB GYN's from the UMMC program. This dramatically increased the nursery population and clinic activity.

Lyle and Price practiced together until 1986 when Lyle moved his part of the practice to a nearby location in Doctor’s Park under the name ‘Young Health Clinic’. Eight years later, Price moved to a new clinic location in Tennessee.

In 1994, Lyle recruited Dr. Deborah A. Shirley into the practice. Shirley was a UMMC and pediatric resident graduate. In 1995 Dr. Robert J. Cain joined them in the clinic then known as ‘Golden Triangle Pediatric Clinic”. Cain was originally from Ontario Canada, received the MD degree from university of Alabama at Birmingham and completed residency at UMMC. Later that same year, pediatric nurse practitioner Ellen McGuffey was recruited as one of the first pediatric nurse practitioners serving the Starkville area.

Lyle sold the clinic to the North Mississippi Medical Center in 1998. NMMC was able to recruit Dr. Susan Johnston in 1999 and Dr. Paul L. Ruff in 2000. Both were UMMC graduates of the medical school and pediatric residency programs at UMMC. NMMC helped establish outreach pediatric clinics in Eupora and Columbus.

Lyle retired in August, 2001 due to health issues. That same year, NMMC dissolved its interests in both pediatrics and internal medicine in the city of Starkville. Johnston elected to stay with NMMC and relocate. The Starkville pediatric practice reverted to private ownership. Drs. Cain, Ruff, and Shirley formed the ‘Starkville Pediatric Clinic, PLLC’. Ellen McGuffey, PNP, and most of the employees stayed on to continue providing pediatric services to Starkville.

In the following years, the obstetric practice continued to expand to total of seven OB GYN doctors. This “baby boom” provided for a thriving pediatric practice and, in the spring of 2008, SPC was able to build a brand new clinic with 20 exam rooms at 5 Professional Plaza. In 2011, Dr. Chastity Carpenter, a UMMC graduate in 2008 and a residency graduate in 2011, joined the practice and was made a full partner two years later.

The Starkville Pediatric Clinic now consists of four ABP certified pediatricians and one pediatric nurse practitioner. They continue to provide the vast majority
of primary care for the children of Starkville, Mississippi, and the surrounding 10 Counties from infancy through adolescence.

Natchez

Dr. John Dixon Coffey, Jr. (1921-2003) was the first pediatrician in Natchez. He was born in Vicksburg and graduated from high school in Baton Rouge, LA. He obtained the bachelor and medical degrees at LSU and an internship at Shreveport Charity Hospital in 1945. After two years as a general practitioner at Mercy Hospital in Vicksburg he completed pediatric training in Shreveport in 1948 and moved to Natchez that same year. He joined the Natchez Medical Clinic with Drs. Tom Gandy, John Bennet and Howard Kisner in 1950. Following military service in 1953-55 he did a fellowship at Duke for one year and returned to Natchez and was in practice with Dr. William F. Calhoun. He would later join Drs. Don Killelea and Louis C. Lehmann in the practice of pediatrics at the Children’s Clinic in 1970. Coffey retired in 1997 and died in 2003.

Coffey was not only a general pediatrician but also a pioneer in Mississippi pediatrics and clinical research. He and Don Killelea are said to be the first to establish a neonatal intensive care unit in Mississippi, the first to perform an exchange transfusion for hyperbilirubinemia, and the first to use a ventilator in an infant. In research, he and Killelea routinely performed tympanocentesis for the diagnosis and pain management for acute otitis media. Exudates were sent for culture and bacterial identification. He and Killelea were one of the first to find the growing S. pneumonia resistance to penicillin and also showed therapeutic amoxicillin levels in middle aspirates after an IM dose of ampicillin. From 1949 until 1990 Coffey published 22 peer reviewed journal articles. His paper on otitis media is somewhat a classic on the subject. Until he retired in 1997, he was an instructor for LSU at the Earl K. Long Hospital in Shreveport.

Dr. Louis C. Lehmann (1923-1979) was born and raised in Hermanville. There is a reference to a Jewish physician in Natchez in the late 1800’s, which may have been his father. Natchez, like many Mississippi River communities, had a thriving Jewish population and culture during that era. Lehman attended Mississippi State University and received the Medical Certificate at the two-year University of Mississippi medical school in 1945 and the MD degree at LSU in 1947. After a rotating internship in Chicago, he completed pediatric training at Charity Hospital in New Orleans. He began his practice in Natchez in 1950 and was joined by Killelea to form the Children’s Clinic in 1964. In 1971-72 Lehman was the Chairman of the Pediatrics Section of the Mississippi State Medical Association.
Dr. William Felix Calhoun, Jr. (1925-2013) was born and raised in Louisiana. He went to undergraduate and medical school at LSU receiving the MD degree in 1948. He completed an internship and pediatric residency at Charity Hospital in New Orleans in 1951. He moved to Natchez to start a practice but was called into military service in 1953. After serving as Chief of Pediatrics at William Beaumont Army Hospital in El Paso, he returned to Natchez to join John Coffee. He retired in 1992.\textsuperscript{198}

Dr. Don Killelea (1926-2010) was born in New Orleans and raised in Texas.\textsuperscript{63} His undergraduate studies at the University of Texas were interrupted by military duty during WWII as a medical administrative officer. After completing undergraduate studies at Texas he enrolled in the medical school at Tulane University, graduating in 1952. After a rotating internship, Killelea joined a former classmate, Robert Barnes, in a general practice in Natchez. In 1959, he went to Tulane to complete a pediatric residency. He returned to Natchez and in 1961 to partner with Louis Lehmann at the Children’s Clinic and later with John Coffey.

Killelea was a champion for children with disabilities and founded the Pleasant Acre Day School for learning disabled children. He helped to organize the first oral polio distribution in Mississippi. He was also an Instructor in Pediatrics at Tulane University for 30 years. A music lover, he supported the annual Natchez Opera Festival (now the Natchez Music Festival), which brought musical talent to Mississippi from across the nation. Killelea retired in 1997 after 45 years in practice.

Dr. David Timm founded the Pediatric and Adolescent Clinic in Natchez. He was a graduate of LSU School of Medicine in 1981 an completed a pediatric residency at Tulane in 1983.\textsuperscript{41}

Dr. Tommie Brian Stretch established the Stretch Clinic in Natchez 1989 after obtaining the MD degree in 1986 and the pediatric training in 1989 at LSU.\textsuperscript{41}

In 2000, Dr. Kimberly Cadle, who had trained at Arkansas, and Dr. Jennifer Russ, who had trained at LSU, opened a practice in Natchez. Cadle left after several years and Dr. Danita Weary, who trained at the University of South Alabama, joined Russ.\textsuperscript{41}
Greenville

Dr. Robert Ermon Wilson (1888-1963) was the first pediatrician in Greenville. He was one of the first pediatricians to be certified by the American Board of Pediatrics and was one of the first members of the Mississippi Chapter of the American Academy of Pediatrics.\textsuperscript{91} He was initially employed at the Gamble Clinic in Greenville in 1928 but moved to Greenwood 1938.\textsuperscript{73} (See section on The First Pediatricians)

Dr. Virginia Small (1907-1992) was a graduate of Butler College in 1928 and obtained a masters degree at the University of Wisconsin in 1930. She graduated from Vanderbilt University Medical School in about 1936 and after an internship at Strong Memorial Hospital in Rochester, New York, she completed a pediatric residency at Vanderbilt in 1939. She then spent two years attending child welfare clinics in Louisiana and Ohio before joining the Gamble Brothers and Archer Clinic in Greenville in 1941.\textsuperscript{53} She and Eva Lyn Meloan were the first ABP certified women in Mississippi.

Small was very active in civic clubs and child welfare activities including free school physicals for disadvantaged children. She was active in the affairs of the medical staff of Kings Daughters Hospital and taught anatomy at the Kings Daughters Nursing School. She married Edward Lueckenbach, a high school principal in Greenville. She became the first president of the Medical Women of Mississippi in 1944.\textsuperscript{53}

King's Daughter Hospital, Greenville, \textit{circa}1930 (Courtesy of the Archives and Records Services Division, Mississippi Department of Archives and History).
Dr. Virginia Small, circa 1953 (King’s Daughter School of Nursing Yearbook circa 1952, Ancestry.com)

**Dr. Robert Ford Neal** joined Small at the Gamble Brothers and Archer Clinic in Greenville in 1955. He had graduated from Vanderbilt undergraduate and medical schools. After serving the US navy for six years he completed pediatric training at Boston Children’s Hospital.\(^5^3\)

**Dr. Nino Antony Bologna** (1918-2008) grew up in Shaw Mississippi and graduated from Mississippi State University in 1941. He was president of the student body and named “Mr. Maroon” his senior year. He obtained the MD degree at Tulane University in 1945 and completed an internship at Methodist Hospital in Fort Worth, Texas. Following military service in the US Navy in Portsmouth, Virginia, he completed pediatric training at the Mayo Clinic. He moved to Greenville in 1949 and established the Children’s Clinic. He practiced pediatrics until 1960 and then opened the N. A. Bologna Skin Clinic where he practiced until his death.

Bologna was a pillar of the Greenville society for 60 years. He was active in both medical and civic affairs including being the Chief of Staff at the Delta Regional Hospital and the Commissioner of Parks for Greenville. He was philanthropist to many organizations, especially his alma mater, Mississippi State University where he funded the Performing Arts Center.\(^5^3,\(^1^6^4\)
Dr. Robert E. Cunningham, Jr. came to Greenville in 1952 to join the Children’s Clinic with Bologna. He was a graduate of Millsaps College and obtained the Medical Certificate from the University of Mississippi in 1943 and the MD degree at the University of Tennessee. After an internship at the John Gaston Hospital in Memphis, Tennessee, he served in the US Navy and then entered general practice for several years. He returned to the Memphis to complete a pediatric residency at the University of Tennessee. 53

Dr. Tallmadge Y. Williford, Jr. came to Greenville in 1953 to join Bologna. He had graduated from Mississippi State University in 1941 and then served four years in the US Navy. He received the Medical Certificate from the University of Mississippi and the MD degree from LSU. After an internship at the University of Kansas, he completed a residency in pediatrics in Dallas, TX at the Children’s Hospital. 53

Dr. Paul C. Horn (1930-1999) joined the Children’s Clinic in Greenville in 1961. He graduated from the University of Mississippi, received the MD degree at Jefferson Medical College in Philadelphia, PA and completed an internship in Florida. He came to UMMC in 1957 as a junior resident in pediatrics and was the second resident at UMMC to complete the minimum two-year residency
requirement to be eligible for certification. In 1963, Horn obtained a grant to seek fellowship training in allergy. After a year at Duke University he returned to Greenville. In 1968, he left the Children’s Clinic to open a practice in pediatric allergy.

Paul C. Horn, *circa* 1950 (reproduced from the University of Mississippi Yearbook, *Ole Miss*, 1950)

**Dr. Eueal C. Tutor, Jr.** (1930-1937) came to Greenville in the same year as Paul C. Horn in 1961. Tutor completed pediatric training in Memphis and went into a solo practice. His son, **Dr. James D. Tutor** (MD UMMC 1983, residency UMMC 1983-85, U. Tennessee Chattanooga 1985-87) joined his father briefly following his pediatric residency. He left in 1990 for a pediatric pulmonary residency at Tulane and subsequently settled in Memphis at the University of Tennessee and La Bonheur Children’s Hospital.

**Vada Marcelene Jenkins O’Neal** (1932-2008) was born in Pontotoc County. She completed a bachelor of arts at Mississippi State University and taught school for several years. In 1959, completed pre-med requirements at Millsaps College and then enrolled in the UMMC Mississippi School of Medicine. After graduating in 1965, She completed pediatric residency training at UMMC in 1968. She practiced pediatrics in Greenville for 27 years retiring in 1995. She was known affectionately as “Doctor Marcelene.”
Dr. Susan N. O’Neal graduated from UMMC in 1979 and completed pediatric residency training at UMMC in 1982. She worked briefly for the State Department of Health before moving to Greenville to practice general pediatrics.

Subsequent pediatricians in Greenville include the following:

Dr. Barbara Ricks (MD Meharry Medical College 1995, residency U. Kentucky 1998)
Dr. Asraf Nofel (Cairo University 1988, residency UMMC 1996)
Dr. Olatubosun Oguntoye (U. Llorin 1992, residency Bronx-Lebanon 2006)
Dr. Lara Rabaa (residency Cooper University

Hattiesburg

One of the first female pediatricians in Mississippi was Dr. Mary Clark (1924-2012) who was a graduate of the Mississippi State College for Women. She received her medical education and training at Vanderbilt University. When she opened a practice in Hattiesburg in the 1940’s, the only other pediatricians in Hattiesburg at that time were
Drs. George W. Herring and Van C. Temple. Clark briefly worked with Temple before establishing a solo practice until her retirement in 1989. Often, John R. Jackson would take call for her when she was out of town. She was much beloved by her patients and their parents.

The Pediatric Clinic

The first group to form a practice in Hattiesburg was that of Dr. Van C. Temple (1905-1993) and Dr. George W. Herring (1923-1997) and what would become the Pediatric Clinic.

Van Temple, the first pediatrician in Hattiesburg, had received the Medical Certificate at the University of Mississippi and the MD degree at Vanderbilt. He completed pediatric training at Vanderbilt and started a practice in Hattiesburg around 1932. At that time the general practitioners were delivering most if the babies and Temple was not being referred newborns to his clinic. He then started an obstetrical practice that he continued for the next 25 years. He also performed some surgical procedures such as appendectomies, tonsillectomies, cesarean sections and hysterectomies.

WW II was challenging time for Temple. He rounded at two hospitals in the morning, saw patients in two clinics locations, and then tended dependents of soldiers at Camp Shelby who were housed at William Carey College. Before going home, he made house calls.
The Hattiesburg Hospital, *circa* 1920 (Courtesy of the Archives and Records Services Division, Mississippi Department of Archives and History).

One colleague remarked that he had the “greatest gear reduction between brain and mouth” than anyone he had known.\textsuperscript{67} He said little but spoke a lot. John R. Jackson, who joined the practice in 1968, remembers presenting difficult patients to Temple. Jackson, thinking initially that Temple might have been behind the times, discovered that Temple was in fact up-to-date and even ahead in many cases.

**Dr. George Herring** had fought in WWII and had been taken prisoner at the Battle of the Bulge. After the war he received the Medical Certificate in 1948 at the University of Mississippi and completed his education at Tulane in New Orleans and joined Temple in 1950.\textsuperscript{67}

The Pediatric Clinic recruited **Dr. John R. Jackson** in 1968 after he completed his residency. Jackson was a graduate of UMMC in 1962. He had a rotating internship the Portsmouth Naval Hospital and then spent a year at the US Examining and Customs Station in New Orleans. He was later stationed at the US Naval Hospital in Milling, TN. While at Millington Jackson was assigned to the pediatric ward and the pediatricians at the station inspired him to go into pediatrics as a career. After being released from the Navy he went to Baylor Medical School in Houston for a pediatric residency.

At that time, office visit charges had increased from $4 to $5 and there was concern about losing business because of the increase. House calls were waning but continued to a lesser extent. Jackson became increasingly involved with the newborn nursery and after the NICU opened in 1977, managed most of the neonates until **Dr. Clint White** arrived in 1992 following his neonatology fellowship at the University of Louisville.\textsuperscript{67}

**Dr. Horace Baggett** (UMMC 1973, residency UMMC 1976) was briefly in Oxford practicing pediatrics from 1977 to 1980 before serving in the US Air Force. After practicing with the Pediatric Clinic for several years, he completed anesthesiology training in Galveston, TX and returned to Forrest General Hospital as an anesthesiologist.\textsuperscript{42,67}

**Dr. Ronnie Kent** was a UMMC MD graduate and resident in 1978-81 serving as chief resident his final year.\textsuperscript{42} Kent joined the Pediatric Clinic in 1981 and
later specialized in children with developmental and behavioral problems. He left the Pediatric Clinic to establish an independent practice in developmental disabilities in Hattiesburg.

Dr. Allen Karstens joined in 1982 but left shortly thereafter to pursue a career in music. He later returned to Hattiesburg and took calls for pediatrics in the emergency department. Subsequent recruits to the Pediatric Clinic have been:

Dr. Greg Merritt (MD UMMC, 1981, residency: UMMC 1984)

Dr. Scott Burks (MD: U Texas Houston, 1991, residency: Vanderbilt, 1994)

Dr. Anita Henderson (MD UMMC, 1991, residency: Vanderbilt, 1994)

Dr. Damea Benton (MD U Texas Houston, 1991, residency: Vanderbilt, 1994)


Dr. Brent Richardson (MD UMMC, 1999, residency: UMMC, 2002)

Dr. Jonathan Shook (MD UMMC, 2003, residency: UMMC, 2006)

Dr. Brent Bowling (MD: UMMC, 2005, residency: UMMC, 2008)

Dr. Todd Benton (MD UMMC 2002, residency: Cleveland Clinic 2005)

Sarah K. Mathews (CNP U. South Alabama)
The Pediatric Clinic was absorbed into the Hattiesburg Clinic in 1998.

Children’s Clinic

Dr. George Thomas Kimbrough (1928-1981) received the Medical Certificate from the University of Mississippi in 1955. He completed his third year of pediatric training at UMMC in 1960 and opened a practice in Laurel initially but later moved to Hattiesburg. He was joined by Dr. Frank Dement after Dement completed his last two years of pediatric training at UMMC in 1970. Dement had been a graduate of UMMC in 1965 and did an internship there the following year. Like most physicians of that era, he spent two years in the military before returning to UMMC for the completion of his pediatric training.
Dr. George Thomas Kimbrough, (Reproduced from the University of Mississippi Yearbook, Ole Miss, 1947)

Dr. Frank Dement  (reproduced from UMMC Yearbook, Medic, 1965)

Dr. Kimble Love joined with Dement in 1973 following the death of Kimbrough in a bicycle accident. Love graduated from UMMC in 1963 and was the first male resident to complete all three years of pediatric training at UMMC in 1966. During his final year he was also Chief Resident. That was the year that Batson recruited the first African
American, Aaron Shirley, to the residency program. Batson asked Love about how the residents would react. Love said it wouldn’t be a problem and then wanted to know when he could put Shirley into the call schedule.68

Following two years in the US Navy, Love joined the Vicksburg Clinic in solo practice. At that time Guy Jarrett, one of the first pediatricians in Mississippi, was still in practice. Also in Vicksburg were Drs. Lacey Horn and Bob Ivey.

After five years of solo practice, he moved to Hattiesburg to join with Dement to form the Children’s Clinic. They were seeing patients both at Wesley and Forrest General hospitals until the mid 1980’s and then just Forrest General. They were the first pediatricians to join the multispecialty Hattiesburg Clinic.68

Subsequent recruits to the Children’s Clinic have been:41,42
Dr. Susan Robbins (MD UMMC 1986, residency U. Arkansas 1989)
Dr. Matt Whittington (MD UMMC, 1999; residency UMMC, 2002)
Dr. Leigh Haden (MD U. South Alabama 1999, residency U. South Alabama 2002)
Dr. Yakela Naylor (MD UMMC, 2009, residency UMMC, 2012)
DR. Jeffry Williams (MD UMMC 1992; residency US Naval Hospital Portsmouth 1995)
Pamela Love (NP U. Southern Mississippi)

Although the pediatricians in the Pediatric Clinic and the Children’s Clinic became members of the Hattiesburg Clinic, they would not share call and kept independent practices.
Dr. John Gaudet obtained the MD degree and completed his pediatric internship at the University of South Alabama in Mobile. He transferred to UMMC for his final two years of residency and then was Chief Resident at UMMC for 1996-97.\textsuperscript{41,42} Wesley Hospital helped Gaudet to establish a practice in Hattiesburg. Dr. Claiborne Stanford joined him after completing his pediatric residency at UMMC in 2003.\textsuperscript{41,42} Stanford had obtained the MD degree at the U. Alabama at Birmingham. They later recruited Dr. Alice Myers who was a University of Texas at Houston graduate and University of South Carolina, Greenville trainee.\textsuperscript{41}

Columbus

Dr. Jo Newell Robinson was probably the first pediatrician in Columbus. He was Graduate of Davidson College in 1941 and Tulane Medical School 1945. He served in the US Army at the end of WWII. His pediatric training was at Washington University in Missouri and the University of Alabama, Birmingham. He opened a practice in Columbus in the 1950’s and practiced until his death in 2005.\textsuperscript{69} He was the Chairman of the MSMA
in 1959-1960. He wrote an article in the MSMA Journal in 1965, “Pioneers in Mississippi Pediatrics”.¹

![Jo Newell Robinson, circa 1945 (reproduced from the Tulane University yearbook, *Jambalaya*, 1945)](image)

Dr. Robert Buckley had initially planned to join Lyle in Starkville but instead opened a practice in Columbus, Mississippi with another Keesler Medical Center pediatric resident, **Dr. Jacob Skwiski**. Buckley received his MD degree at UMMC and completed residency at Keesler Air Force Medical Center in 1974. Skwiski had graduated from Loma Linda University School of Medicine and also completed pediatric training at Keesler Air 1974 with Buckley.⁴¹ They were joined by Dr. Jason Skwiski (MD Loma Linda U. 1997, residency U. Tennessee, 2003) for several years before relocating to Doitawah, TN.⁴¹

Dr. Pamela Sykes opened a pediatric practice in Columbus in 1966 following the completion of a pediatric residency at UMMC. She had also received the MD degree at UMMC in 1993. **Dr. Tanya Fitts King** (MD UMMC 1999, residency UMMC 2002) practiced briefly with Sykes before relocating to Oxford.⁴²

Dr. David L. Eakes UMD UMMC 1983, residency UMMC 1986) practiced briefly in Columbus before relocating to Knoxville, TN. Dr. Thomas Floyd Adams (MD Howard U.
1982, residency Howard U. 1985) had also practiced in Columbus and later in Greenville, MS.\textsuperscript{41}

Nearby in West Point, \textbf{Dr. Donald Hill} (MD U. Alabama, Birmingham 1992, residency U. Alabama, Birmingham 1995) and \textbf{Dr. Byron Watson} (MD Texas Tech 2001, residency U. Kentucky, 2004) established a practice with North Mississippi Medical Center.\textsuperscript{41}

\textbf{Dr. Cecil Ray McEwen} was practicing in Columbus in 1973.\textsuperscript{91}

\textbf{Clarksdale}\textsuperscript{72}

\textbf{Dr. Melvin Ehrich} (1922-1984) was the first pediatrician in Clarksdale. He was born in Newark, New Jersey and after graduating from high school there he enrolled at LSU undergraduate school in pre-med. He was called into active duty in 1943 and discharged in 1945. He graduated from the LSU School of Medicine in 1951. After completing a residency at Charity Hospital in New Orleans in the early 1950’s, Ehrich moved to Clarksdale in 1954. He became a fellow of the American Academy of Pediatrics in 1960 and continued to practice in Clarksdale until his death in 1984. “Dr. Mickey” was devoted to his patients was greatly respected in the town of Clarksdale.

There is one remembrance from someone’s childhood:

“Having an appointment which usually meant a shot at the dreaded Dr. Melvin Ehrich’s (office) in the McWilliams building with the heavy and somewhat scary old elevator with metal grid safety doors and an lavatory operator. And of course nurse Margie was always looming with a real, huge needle.”\textsuperscript{70}

Ehrich’s long time nurse was actually Linda and Margie was his Secretary.\textsuperscript{158}
The annual Medicaid report to the Governor in 1971 listed him as one who reviewed Medicaid eligibilities in 1971. In that of same year, 50% of Medicaid eligible patients were children who accounted for 11% of the dollars expended. The elderly were 37% covered by Medicaid accounted for 65% of the Medicaid medical expenditures.\textsuperscript{71}

Ehrich was furthering his education in the field of pediatric allergy at the time of his untimely death in 1984.\textsuperscript{158}

\textbf{Drs. Carole Mangrem and Peggy Wells} established the Children’s Clinic in the rural Mississippi delta town, Clarksdale, in 1977.\textsuperscript{42,72} Wells had gone to UMMC for Medical school and was the first African-American female to do so. Mangrem obtained the MD degree at the University of Texas, San Antonio after graduating from Millsaps. Both completed pediatric residency training at UMMC in 1977. Mangrem would serve as Chief Resident the following year. What made their practice somewhat unique is that they were likely the first racially mixed medical partnership in Mississippi. They were embraced by the community and continue a busy practice.

Despite their busy practice, they contributed to the literature in clinical research in collaboration with \textbf{Dr. Phillip Kum-Nji} who had been resident at the University of
Tennessee and was practicing at the Aaron C Henry Community Health in Clarksdale. In many ways their practice was similar to Killelea and Coffey in Natchez combining clinical practice and clinical research. The subjects of these research projects were risk factors of secondary smoke exposure, Black/White differences in health care utilization and others.

The Children’s Clinic recruited Dr. **Julia Mitchell** in 2011 who was also a Millsaps graduate and UMMC medical school graduate. Her pediatric training was at the University of Florida, Gainsville.\(^{41}\) Mitchell moved to Kentucky in 2014.

![Department of Pediatrics photograph, 1975. Carole Mangrem and Peggy Wells, first and second on the left of the second row.](image)

**Greenwood\(^{73}\)**

The curious case of **Dr. Sarah Ruth Dean** occurred in Greenwood in 1932.\(^{84}\) Dean was born in 1899 and was a native of Greenwood. She attended the University of Mississippi and was the first woman to graduate from the University of Virginia Medical School. She interned at the University of Virginia and had further training at the Belmont Hospital in Worcester, MA. She also had pediatric training and experience in California, Denver and Boston before returning to Greenwood in the 1922. Although she lacked formal training and was certified by the ABP, she was likely the first woman in Mississippi to devote her practice to pediatrics.\(^{53}\)
In 1933 Dean was arrested for the alleged murder of a local surgeon, Dr. John Preston Kennedy. Kennedy received the MD degree at the Medical College of Memphis and served in the US Army in WWI. He had further postgraduate training at the New York Postgraduate Medical School and Hospital before coming to Greenwood. Dean had an office in the Physicians and Surgeons Building in Greenwood, which Kennedy was a part owner.

She and Kennedy had had an affair as evidenced by numerous letters to one another that were introduced in the trial. He apparently decided to return to his former wife. Kennedy claimed he had been repeatedly called by Dean one night for a final goodbye. They met for drinks and eventually went to his office. She brought some liquor and he left to get water. Upon return, she served the liquor, which he drank. He stated that it had a metallic taste and immediately left and induced emesis. He became increasing ill with fever and vomiting over the next several days. While performing an appendectomy later that week he collapsed. He was eventually admitted to Baptist Hospital in Jackson.

Convinced that he was dying he summoned his brothers, both physicians, to help settle his accounts. He accused Dean of poisoning him with calomel, a mercurial drug used to treat syphilis and other infections. He died the following day ten days after the “poisoning”. Dean denied seeing Kennedy that night much less poisoning him. She claimed that she was preparing to marry a Captain Franklin C. Maull of Delaware. Maul later denied the engagement.

A long, disputed trial ensued that was covered nationally by the AP wire service. There were conflicting testimonies by expert witnesses, the lack of toxic mercury levels in the deceased and missing medical records. There were also concerns that he was heavily insured for which the ex-wife was the beneficiary.

The jury deliberated long and hard and eventually convicted her with a sentence of life imprisonment. They could not agree on a death sentence. An Appeal to the Mississippi Supreme Court upheld the conviction.

The Governor at the time, Mike Connor, announced that he had received additional evidence and gave Dean a full pardon. The “additional evidence” was never made public. It was reported that he told an aid that he “could not send a white woman to Parchman regardless of the crime committed”. The trial was known as the “highball murder trial”.65
Dean subsequently worked at the State Hospital at Whitfield in charge of the female patients. She married Marshall Ney Pithford and died of breast cancer in 1970.\textsuperscript{53}

When \textbf{Dr. Carl Bernet} arrived in Greenwood to start a practice, there were two other pediatricians \textbf{Drs. Robert. E. Wilson} and \textbf{Sam Brister}.\textsuperscript{73} Not much is known about Brister other than he was born in 1902 and attended the University of Alabama Medical School in 1924. Wilson was one of the first board certified pediatricians and a founding member of the Mississippi State Pediatric Society\textsuperscript{1}. He had joined the Gamble Clinic in Greenville about 1928 but moved to Greenwood in 1938. (See section \textit{The First Pediatricians})

Carl Bernet attended the University of Cincinnati and spent a year at LSU for premedical studies. He obtained the MD degree at the University of Cincinnati in 1955 and completed a rotating internship and pediatric residency at Charity Hospital in New Orleans in 1953. Following his residency he spent two years at the Centers Disease Control in the Epidemic Intelligence Corps investigating germ warfare. He had the opportunity to work with Jonas Salk in Atlanta improving the polio vaccine. After a year at Denver, he and his wife, Janet, decided to move to the South find a small town to practice pediatrics, eventually settling in Greenwood in 1955. He had no ties to Mississippi except
that Robert Wilson was a good friend of Dr. Ashley Weeks, a professor at Cincinnati.

Bernet set up his practice next door to Wilson’s office in the Physicians and Surgeons Building on West Washington Street. The first day of his practice he saw two patients. Bernet expanded his clinic after Wilson left several years later and remained in the same location until he retired 55 years later.

Bernet describes the difficulty of practicing pediatrics in a rural community as being one of isolation. There was poor transportation so that sending acutely ill children elsewhere were dangerous and there was really no place to send them because of the lack of sub-specialists, intensive care units or other facilities in the 50’s and 60’s. His only assistant was Thelma Hester who started in 1966 and remained with him until retirement.

Bernet remained in solo practice for his entire career. Like many physicians of that era he made house calls and patients did not need an appointment. He was much beloved by his community and the Children’s Floor at Greenwood Leflore Hospital was named in his honor.

Dr. Carl Bernet (photograph provided by Dr. Bernet)

Other pediatricians in North Mississippi that Bernet remembered were Mel Ehrich in Clarksdale who had been a resident with Bernet in New Orleans, Joe Robbins in Columbus, Guy C. Jarratt in Vicksburg and Luther L.
McDougal in Tupelo. Bernet and the others volunteered one day a month at UMMC to help Batson with the teaching of students from 1955 until the late 60’s.

**Drs. Billy Bolden** and **Claudine Stevens** completed residency at UMMC in 1994 and Greenwood Leflore Hospital helped them establish the Children’s Clinic in Greenwood. Bolden received the DO degree at West Virginia School of Osteopathic Medicine in 1990 and Stevens the MD degree at UMMC in 1991. The were joined by **Dr. Melynda Noble** the following year who was also a UMMC graduate and pediatric resident. The Children’s Clinic was incorporated into the Greenwood Leflore Hospital system in 1999.

**Dr. Lisa Hooker Huddleston** joined the group in 2004. She was also a UMMC graduate and pediatric resident. She stayed until 2009 and **Dr. Mary Blair** arrived in 2013. Blair was a graduate of Howard University and Meharry Medical College. She completed a pediatric residency at the University of Arizona, Tucson in 2013. Nurse practitioners **Diane Ruscoe** and **Carley Joe Meredith** also practiced in the Children’s Clinic.

**Grenada**

**Dr. Francis S. Hill** (1888-1971), a trained pediatrician, practiced pediatrics for many years and retired in 1966 before **Dr. Bob Coggin** arrived in 1976. Coggin had completed his residency training at UMMC. **Dr. James Fite** also had graduated from medical school and completed pediatric residency at UMMC in 1977. Fite was a former patient of Francis Hill and returned to Grenada in 1977. He and Coggin shared call for several years before Coggin moved to Montgomery, Alabama.

Fite was the only pediatrician in Grenada for the next nine years until **Dr. David Simmons**, a UMMC and pediatric resident graduate, joined him in practice. Simmons left the practice in 2010.

Like many residents moving to rural communities, Fite had found that hospital practices in the care of newborns and children were behind the times. He was instrumental in bringing the care for children in Grenada to a modern practice. Fite served a Chairman of the Mississippi AAP Chapter in 1999-2003.
Laurel

Dr. Joe Green was probably the first pediatrician in Laurel but there is little information about him. He was one of the founding members of the Mississippi State Pediatric Society in 1934.\(^1\) (see section, *The First Pediatricians*)

Dr. James U. Morrison (1917-2012) was raised and educated in Louisiana and obtained the MD degree at Tulane in 1944 and pediatric residency at Johns Hopkins.\(^7\) He completed a contagious diseases fellowship at Sydenham Hospital, also in Baltimore. Following his training he served as the Chief of Pediatrics at the Chelsea U. S. Navy Hospital.

Morrison joined the Tulane faculty briefly and consulted with the Mississippi State Department of Health. In 1949, he established a practice in Laurel with Dr. Charles Gillespie who died in the mid 1950's. He partnered with Dr. Bob McLauren at the Laurel General Hospital, served a term as president of the medical staff at Jones County Community Hospital, and was the Director of the Charity Hospital in Laurel until its closing. After retiring from private practice Morrison was on the medical staff at the Ellisville State School.\(^7\)

Dr. Clinton Smith attended Tulane for his undergraduate degree in 1961 and the first two years of medical school at UMMC.\(^7\) He graduated with an MD degree and a Master of Science (pharmacology) in 1967 at Marquette University in Milwaukee, WI. He interned at Milwaukee and spent two years on active duty as a flight surgeon in the US Air Force. He completed pediatric training and a pediatric cardiology fellowship at the University of Minnesota in 1973.

Smith was an Assistant Professor at LSU from 1973 until 1977 and was the Medical Director of the pediatric intensive care unit and the Director of Clinical Medicine at Charity Hospital in 1975-76.

Smith opened the Laurel Pediatric and Adolescent Clinic in 1977 and was joined by Dr. James Holston in 1979. Holston obtained the M.D. degree at UMC and then completed his pediatric residency at UMMC in 1979.

Smith left in 1984 to get a Masters of Public Health and later return as the Director of the Mississippi State Department of Medicaid. He finished his
career at UMMC initially in the Department of Preventive Medicine and later in the Department of Pediatrics with a special interest in preventive cardiology.

Dr. James O’Donnell joined Smith in 1981 after he had completed his residency at UMMC. O’Donnell left the group in 1984 to pursue a career in pediatric emergency medicine at La Bonheur.

Holston was in solo practice for several years before Dr. Bert Bradford moved from Brookhaven to Laurel. Bradford was a graduate of UMMC and completed his pediatric residency at UMMC in 1971. He was initially recruited to McComb and later established a practice in Brookhaven. In 1989 Bradford left Brookhaven to join Holston in Laurel.

Dr. Bert Bradford, (reproduced from UMMC Yearbook, Medic, 1969)
Holston sold the practice to South Central Regional Medical Center (SCRMC) in 2002. He became a hospitalist at SCRMC and studied business administration at Auburn University in 2004. He retired from practice in 2011 and became a member of the administrative team at SCRMC.

**Dr. Christine Chard** received the MD degree at the Medical University of South Carolina in Charleston and completed her pediatric residency at UMMC in 1998 and joined Holston and Bradford. ⁴¹,⁴²

**Dr. Patricia Tibbs**, who had been on the medical staff of the Family Health Center in Laurel, joined the group in 2004. Tibbs graduated from the Makerere University School, Uganda in 1990 and completed a pediatric residency at the University of Illinois in 1995. She established a satellite clinic in Ellisville. Dr. Rushibash H. Mehta (MD Baroda College of Medicine 1971, residency John H. Stroger Hospital of Cook County, 1975) also has practiced in Ellisville. ⁴¹

The Laurel Pediatric and Adolescent Clinic recruited **Dr. Susan Atkinson** (MD University of West Indies 2004, residency Jackson Memorial Hospital 2007) in 2009 and **Dr. Ali Naqvi** (MD Khyber Medical School Pershawar University 2004, residency Miami Children’s Hospital) in 2012. ⁴¹

**McComb** ⁷⁹

The first pediatrician in McComb was probably a Dr. Rutledge. His history is obscured but his mother was a general practitioner in McComb. He stayed but a short time and then went to Tulane for an ENT fellowship.

**Dr. Milton Shelby Smith** graduated from UMMC in 1966 and completed two years of pediatric residency at Gaston Memorial Baptist Hospital, University of Tennessee in 1968. ⁴¹ He finished his pediatric training at UMMC in 1969 and was Chief Resident in 1969-70. ⁴² After his training, he started a practice in McComb and continued there until his retirement in 2008.
Dr. Floyd “Tom” Carey was born in Richton and attended Millsaps College for three years before enrolling at the University of Tennessee School of Dentistry. He was there for a year and obtained a masters degree in biochemistry. He changed career plans and enrolled in the School of Medicine at UMMC, graduating in 1961. After a rotating internship at Grady Hospital in Atlanta, he was in general practice in Georgia for a year. He returned to Memphis and did a year of pediatric residency at Gaston Memorial Baptist Hospital in 1966. After a few years back in Georgia he finished his pediatric residency at UMMC in 1970 and was Chief Resident in 1970-71. While in Memphis he had met Shelby Smith and was a year behind him finishing at UMMC. He would join Smith at the McComb Children’s Clinic.

Carey was the Mississippi AAP Chapter Chairman from 1989-1992. Carey retired from private practice in 2004 and worked for the Mississippi State Department of Health until 2009.
Dr. Bert Bradford was a received the MD degree at UMMC in 1965 and completed his pediatric residency at UMMC in 1971. He had trained with both Carey and Smith and joined them in 1971. There had been a Dr. James E. Williams in the near by community of Brookhaven who had expired and Bradford established a branch clinic of the McComb Children’s Clinic at that location. He later established his own practice in Brookhaven and recruited Drs. Mitch Holland and Jimmy Magee to join him. Bradford left shortly there after and moved to Laurel to practice with James Holston.

Dr. Patrick Evan Tarpy graduated from LSU in 1975, and finished pediatric residency at UMMC in 1978 and joined McComb Children’s Clinic that same year.

Dr. Thomas Ireland graduated from UMMC in 1981 and completed his pediatric residency at Emory University in 1984. He was briefly with the McComb Children’s Clinic and retuned to UMMC to do an Adolescent Medicine fellowship in 1985-86. Following that, he moved to Tupelo.

In 1983, Dr. E. Ross Smith (see section on Corinth) had the opportunity to resume neonatal medicine and joined the McComb general pediatric group of Tom Carey, Shelby Smith and Bert Bradford who had trained with Smith at UMMC. Smith left the following year.
Ireland was followed by Drs. Mike Artigues (MD UMMC 1992; residency UMMC, 1995), Antoinette Hubble in 1999 (MD LSU, 1996; residency UMMC, 1999) and Chris Charles (MD UMMC, 2002; residency UMMC, 2005).\textsuperscript{41,42} Nurse Practitioner Helen K. Clayton and Dr. Anhish K. Gupta were added later but Gupta relocated to Buffalo New York.\textsuperscript{79}

**Amory**

In 1960 Dr. Wendal Stockton (1924-1998), a pediatrician, and Richard Hollis, an obstetrician and gynecologist, came to Amory to join the Murfree Clinic with John Murfree and B. D. Moore. In 1963 Stockton and Hollis left and established the Physicians and Surgeons Clinic in Amory. The Clinic was initially in a converted house (“the Green House”) in 1965 moved to a new building.

Stockton was interested in newborn medicine and he was one of the first pediatricians in Mississippi to open a neonatal unit at the Gilmore Memorial Hospital.\textsuperscript{83}

**Dr. Charles A. Sisson, Jr.** was born in Clarksdale in 1936. He graduated from the University of Mississippi in 1957 and UMMC in 1961. Following a rotating internship at memorial Hospital in Savannah, GA he went on active duty with the US Air Force for two years. He returned to Mississippi and completed a pediatric residency in 1966 at UMMC, sponsored by the Air Force.\textsuperscript{84}

Sisson then spent six years on active duty with the Air Force initially stationed in Germany and later serving as Chief of Pediatrics as the US Air Force Academy. He joined Wendal Stockton at Amory in 1972 and practiced there until his retirement in 2010. House Resolution 23 of the 2010 state legislative session commended him for his dedicated service to his community.\textsuperscript{85}

Also practicing in Amory at the Gilmore Regional Medical Center Pediatric Clinic are Dr. Terry Odom (MD U. Tennessee 1973, residency U. Tennessee 1976) and Dr. Mary Sheffield (DO A. T. Still U., Kirksville College of Osteopathic Medicine 1994, internship and internal medicine residency Des Peres Hospital 1996, pediatric residency St Louis U. 1999, and Dr. Jose Tavarez (MD Santiago D.R., residency Lincoln Memorial, Bronx, NY).  

Tupelo\(^{86,87}\)

**Luther Love McDougal, Jr.** (1909-1969) was the first pediatrician in Tupelo. He received a Medical Certificate at the University of Mississippi in 1931 and the MD degree at Vanderbilt. His father, Dr. Luther Love, Sr., was a general practitioner in nearby Booneville and was appointed to the State Board of Health in 1916 representing the 1st District.

McDougal established the Infants and Adolescent Clinic in Tupelo in 1947. He had an interest in developmental disorders and served on the interagency Mississippi Retardation Planning Council, chaired by Dr. Margaret Batson. He had a referral clinic for children for developmental disabilities.\(^{87}\)

**Dr. Charles “Chuck” Tharp** (1924-1972) joined McDougal in 1954. Tharp obtained the MD degree at the University of Tennessee and did his residency there. During the Korean War he was stationed on a medical ship as an anesthesiologist.\(^{88}\)
Dr. Marion Winkler graduated from the University of Tennessee and obtained the MD degree at Vanderbilt. He was the first pediatric PL-1 resident at UMMC in 1956-57. He opened a solo practice in Tupelo in the late 1950’s and joined McDougal and Tharp in 1962.

Dr. Robert A. Dale (1920-2006) was in solo practice in Tupelo for many years. He obtained the undergraduate and medical degrees at the University of Tennessee. He had pediatric training at St. Thomas Hospital in Memphis following active duty with the U.S. Army Medical Corps.

In 1975, Dr. Frank Wilburn joined the group. He had received the MD degree at the University of Tennessee and trained at the John Grafton Memorial Hospital in Memphis. After the retirement of McDougal and the death of Tharp, the name was changed to the Infant, Children and Adolescent Clinic in 1980.

In 1977 Dr. William M. Hilbun, Jr. established a solo practice in Tupelo. Billy Hilbun had graduated from UMMC in 1960 and completed a pediatric internship at UMMC in 1961. He returned in 1962 to complete his residency. After being solo practice in nearby Amory, he became a missionary in Nigeria for the Southern Baptist Convention. He joined the practice of Drs. Billy Riley and John McEachin in Meridian leaving in 1972 to move to Tupelo.
Dr. Milan Edward Ivancic attended John Carroll University in Cleveland and received the MD degree at the University of St. Louis 1975. After pediatric residency at the U.S. Naval hospital in Bethesda MD and two years of active duty, he moved to Tupelo to practice with Hilbun.

Ivancic was recognized for his volunteerism and leadership in causes related to children’s health. He was medical director and staffed clinics for the Community Access to Child Health (CATCH) program to ensure disadvantaged children obtained medical care, won the “Local Hero Award” by the AAP for this effort, the North Mississippi Jefferson Award, and recognized by Foundation of the Mid South. He was the AAP Mississippi Chapter Chairman from 2009-2010.

Dr. Charles R. “Skip” Robertson, Jr. was a graduate of UMMC in 1975 and the pediatric residency program in 1978. He briefly joined Hilbun and Ivancic before returning to UMMC to teach in the pediatric ambulatory clinic. He left in 1985 for an adolescent fellowship and return to the practice in Tupelo.

Dr. Gordon Hill Meador was also a graduate of UMMC in 1978 and the pediatric residency in 1981 and followed Robertson to Tupelo. Meador practiced in Tupelo for 18 years before moving to Jackson to join the Children’s Clinic in 1999.

Dr. Thomas A. Ireland graduated from UMMC and completed residency training at Emory in 1984 followed by an adolescent fellowship with Bill Long at UMMC. He joined Hilbun’s group in 1986.

The two practice groups merged in 1994 to form North Mississippi Pediatrics, PA. Subsequent recruits to the combined group have been:

Eric Street (2009, MD UMMC 2006, residency UMMC 2009)
Maria V. Valdez (2010, MD U. Colorado 2007, residency Nationwide 2010)

In December 2014 Ed and Nicki Ivancic left North Mississippi Pediatrics to start the Ivancic Clinic in Tupelo.

Oxford

The first pediatrician in Oxford was probably Dr. Cherie Friedman (1927-2012). Records indicate that she attended LSU for her undergraduate degree and received the Medical Certificate at the University of Mississippi in 1953. Friedman retired in the early 1990’s.

Dr. Horace Baggett (UMMC 1973, residency UMMC 1976) was briefly in Oxford practicing pediatrics from 1977 to 1980 before serving in the US Air Force. After practicing in Hattiesburg for several years he pursued anesthesiology in Galveston and returned to Forrest General Hospital in Hattiesburg, MS as an anesthesiologist.

Dr. William E. Summers (MD UMMC 1971, residency UMMC 1974) was also in Oxford from 1981 to 1984 before changing careers to anesthesiology.

Dr. Joe Harris (MD UMMC 1983, residency UMMC 1986) established the Oxford Children’s Clinic following his training at UMMC. Dr. Winn Walcott (MD UMMC 1981, residency UMMC 1985) joined the Children’s Clinic in 1985 and left in 1992 for a fellowship in allergy and immunology. He would become a member of the Mississippi Allergy Clinic in Jackson.

Drs. Tom and Lynn Walker (MD and residency at UMMC 1989) were briefly in Oxford from 1990-1992 before returning to UMMC briefly as hospitalist before pursuing subspecialty careers in critical care and pulmonology at the University of Alabama, Birmingham respectively. Dr. Avery Sampson (MD UMMC 2006, residency UMMC 2009) was with the Children’s Clinic from 2009-2012 before moving to New Orleans.


Brookhaven
Dr. James Emmett Williams (1926-1996) was probably the first pediatrician in Brookhaven, however, there is little information about him. After his death, Dr. Bert Bradford, a member of the McComb Children’s Clinic, set up a satellite Clinic in Brookhaven in 1972. Bradford had graduated from UMMC and completed residency training there in 1971. After several years, he left the McComb group and established an independent practice in Brookhaven.

Bradford was in solo practice until 1988 when he was joined by Dr. Charles “Mitch” Holland (UMMC 1985, residency UMMC 1988). Bradford left the following year and moved to Laurel, MS. Dr. James S. Magee came to Brookhaven shortly thereafter and then left after several years.

Dr. David Braden (MD UMMC 1984, residency UMMC 1987, cardiology fellowship Medical College of Georgia 1990) was a trained pediatric cardiologist on the faculty at UMMC until leaving to join Holland in general pediatric practice and cardiology in Brookhaven. He continued to practice in Brookhaven until 2013 when established a private practice of pediatric cardiology in Jackson.
Dr. Timothy R. Shan graduated from the University of Oklahoma and completed residency training at UMMC in 2001. After practicing pediatrics for several years in Oklahoma he joined Holland for several years before opening his own practice in Brookhaven.

Also practicing in Brookhaven have been Dr. Elizabeth Owen (MD U. Florida 2007, residency U. North Carolina 2010) and Dr. Thomas Jackson (MD U. Arkansas 1996, residency UMMC 1999).

Kosciusko

Dr. Betty Turner arrived in Kosciusko in 1986 as the first and only pediatrician in Attala County. Turner had graduated from UMMC in 1983 and completed the first year of a pediatric Residency in 1984 at the U. Tennessee, Chattanooga. She returned to UMMC to complete her residency in 1986. Turner was famous for her wit as well as her professionalism.

“Dr. Betty” joined a family medicine group with her husband Jacky. At that time the family medicine physicians were delivering babies and she attended all of the C-sections and high-risk deliveries. Because she was the only pediatrician in the county, other physicians both often consulted her day and night.

Turner was fortunate to have had the same nurse, Marilyn Jones, for 25 years, which helped her keep efficient in running a busy practice. From a prospective of a solo pediatrician in a small community, the changes in medical practice were often magnified. The remarkable reduction in meningitis from immunizations, the re-emergence of pertussis, the increasingly drug resistant bacteria and changing guidelines of child rearing were some of the most challenging changes. Some of the AAP guidelines were not always suitable for the needs of a small rural community. She, like others, has had concerns about the depersonalization of the electronic medical record.

Turner retired to Oxford in 2012 and was replaced by Dr. Brent Richardson (MD UMMC 2009, residency U. Arkansas 2012).
Dr. Robert Clinton Tibbs, II was the first pediatrician in Cleveland and Bolivar County, Mississippi. He received the Medical Certificate at the University of Mississippi in 1955 and the MD degree at the University of Tennessee in 1957. After a rotating internship in Memphis, Tibbs was in general practice for several years first in Tippah County and later in Natchez at Charity Hospital. In 1963, he left general practice to begin pediatric training at UMMC. He moved to Cleveland in 1965 after completing his pediatric residency in Memphis.

He set up a clinic with his brother, a general surgeon. For a number of years, he was the only pediatrician in the county and managed whatever walked in the front door. Bolivar County Hospital had about 100-120 beds, and Tibbs handled any deliveries requiring a pediatrician in addition to any sick newborns.

A federally funded rural health clinic about ten miles north of town had a pediatrician on an intermittent basis starting in the 1980's and early '90's.

Dr. Robert Tibbs, III and his wife Dr. Beth Tibbs both graduated from UMMC and completed residency training at UMMC in 1995. They moved to Cleveland in 1995 and went into practice with Robert, Sr. They established a level II nursery and, for a number of years, took care of smaller and sicker newborns than any hospital between Memphis and Jackson until a neonatologist-staffed NICU was opened in Greenville, about 45 miles away, easing some of the burden. Beth Tibbs moved to Laurel in 2003, the year Robert Tibbs, II retired. She later went to practice in Petal, MS

Robert Tibbs, III was in solo practice until 2005 when he was joined by Dr. Basil Okoroji, a native of Nigeria who received the MD degree at St. George's University School of Medicine in 1982 and pediatric training at Harlem Hospital Center from 1992 to 1995.

Okoroji moved to Pennsylvania in 2013 leaving Tibbs solo again. However, the rural health clinic had two pediatricians to share call.

Tibbs found solo practice to be interesting. He had the privilege of being able to take care of some truly sick children but also have the security of backup over the phone or referral to Jackson or Memphis if the need arose. The
hours tended to be long but he adjusted to that and felt the benefits of being self-employed outweigh the downside. The environment in which pediatricians practice changed greatly since his arrival and not necessarily for the better. The legal entanglements and regulatory burdens, not to mention hassles with third-party payers seemed to grow with time. Still, he found the experience to have been a rewarding and hopefully, a useful career.

**The Gulf Coast**

The Mississippi Gulf Coast has had different evolution in pediatric practice compared to the rest of the state. In most cities, group practices emerged as the dominant format of private pediatric practice. Solo practices continue but are largely found in smaller towns. On the coast, solo practices were the norm until relatively recently and the group practices that have emerged are largely hospital owned.

**Gulfport**

*Dr. William F. McDonnell, Jr. (1911-1982)* was probably the first pediatrician in Gulfport. He was practicing in Gulfport 1967 but was not listed in the 1974 AAP fellowship Directory and there is little other information about him.

*Dr. James Alfred Sheffield* obtained the Medical Certificate at the University of Mississippi in 1954 and the MD degree at the University of Tennessee in 1956. He received his pediatric training in Memphis and probably started a pediatric practice in Gulfport in the early 1960’s. He had partnered with a *Dr. William Jolley Carr* for several years before starting a solo practice.

Sheffield retired in the late 1990’s. Carr continued the practice and was joined by *Dr. Faizuia Quiddus* for several before he retired before 2010.

*Dr. Ronald T. Bruni* was a second generation Italian born in New Jersey. He attended Seaton Hall for undergraduate school and received the MD degree at Georgetown University in 1967. After a pediatric residency at the Buffalo Children’s Hospital, he was ordered to active duty in the US Navy. He was assigned a SEABEE base in Gulfport. The commanding officer was tired of taking his children to Kessler AFB and arranged to have a pediatrician assigned to the base. While looking for lodgings for his family in Gulfport, he
encountered a monstrous cockroach that dissuaded him from renting that particular duplex. Two weeks later hurricane Camille came through Gulfport totally destroying the duplex. Because Bruni was able to see all the children, he honed his skills in ambulatory pediatrics. The other physicians saw the adults.

After completing military service, Bruni returned to Buffalo to be Chief Resident. This was followed by a year of hematology fellowship. He then accepted an offer to move back to Gulfport to join Dr. Max Curry. Curry was legendary as a workaholic. He scrubbed in for his patients needing surgery, attended all the C-sections and trolled the ED’s for patients. After a year of this schedule, Bruni left and joined Jim Sheffield.96


Bruni left in 1985 to establish a solo practice. He expanded the practice when his son, Dr. Timothy Bruni (MD UMMC 1996, residency UMMC 1999), joined his father after completing his training.42

Like all the other pediatric practices in Gulfport, the Bruni Clinic was absorbed into Gulfport Memorial Hospital in about 2010. The high overhead costs for a pediatric practice had become overly burdensome. Between 2000 and 2010, Memorial Hospital acquired a number of practices and recruited additional pediatricians for their network. There were several locations in Gulfport as well as a satellite clinic in Long Beach. In addition to the Bruni’s and the three pediatricians at Long Beach, the following were affiliated with Memorial Gulfcoast Pediatrics in 201141,43

Jonette Scott (MD Chicago Col Osteopathic Med 1984, residency Doctors Hospital Grove TX 1987)


Maureen Holland (MD Rush Med Col 1998, residency Keesler AFB 2001)


Long Beach

Dr. Harriet Murphy (1923-1999)00 graduated from University of Mississippi in 1944 and received medical Certificate at the University of Mississippi in 1946 and received the MD degree at LSU in 948. She completes pediatric training at the Jersey Medical Center in 1950. Murphy then joined Gulfport Memorial in 1950 and later practiced in Long Beach. Her obituary states that she was the first female pediatrician on the Gulf Coast.206

Dr. David L. Reeves was probably the first pediatrician in Long Beach. He graduated from UMMC in 1979 and finished training at UMMC in 1982.42,43 He was joined by Dr. Gail Megason in 1988. Megason graduated from UMMC in 1985 and completed pediatric residency in 1988. She returned to UMMC in 1990.42 She completed a hematology/oncology fellowship at UMMC, joined the faculty, served as the residency program Director and eventually Chief of the Division of Pediatric Hematology and Oncology, the first Jeannette D. Pullen Endowed Chair, and Vice Chair of the Department of Pediatrics.

Dr. Kathryn Broos Akin arrived in Long Beach shortly after Megason’s departure. She had graduated from Baylor in Houston in 1984 and completed residency training at Marshall University in 1989.41 She left Long Beach for a developmental pediatric fellowship at Children’s Hospital of Philadelphia. After completion of that training in 1999, she was recruited by Texas Tech in Tyler, Texas where she remained until 2008 when she went into private practice in Tyler.41,43,34

Bay St. Louis

Dr. Scott M. Needle graduated from Johns Hopkins in 1996 and completed pediatric training in 1999 at Tufts Medical Center in 1999. He was in Bay St. Louis in solo practice when hurricane Katrina devastated the Gulf coast in 2005. His home and office were nearly destroyed. The Mississippi Chapter of the American Academy of Pediatrics provided him with a tent, a generator and basic supplies to reopen his clinic. Later he practiced in the community hospital several days a week and then in a converted classroom. Almost a year later he was back in a permanent building.

Needle attended a summit hosted by the Academy to address the problems encountered during and after Katrina and was appointed to the AAP Disaster Preparedness Advisory Council. He testified before congress about his experiences and authored an office disaster preparedness plan for pediatricians (http://bit.ly/BpsPam).

Needle relocated to Naples Florida in 2007 but continued his interest in disaster preparedness by serving on the National Advisory Committee on Children and Disasters to the U. S. Department of Health and Human Services.  

For several years there was not a pediatrician in Bay St. Louis. Memorial Gulfcoast Pediatrics established a clinic there and recruited Dr. Brandi Leigh Coleman. She had obtained the MD degree at the Medical University of South Carolina and completed pediatric residency training at LSU.

Biloxi

The 1967 Mississippi Chapter of the AAP membership listed four pediatricians in Biloxi: Drs. Braxton Bragg O'Mara, Glenn P. Lambert, Max A. Curry, and Wallace S. Sekul. Little is known of Lambert and by 1974 none
of these pediatricians were listed in the AAP membership directory for Biloxi.\textsuperscript{43}

\textbf{Dr. B. B. O'Mara} (1896-1969) was probably the first pediatrician in Biloxi. O'Mara attended the University of Mississippi and later was a member of the Ole Miss Alumni Association Board of Directors. His medical education and training is unclear. He was a practicing physician in Jackson in 1932 but by 1936 he was in Biloxi where he remained. He was elected President of the MSMA in 1949.\textsuperscript{34}

\textbf{Dr. Max A. Curry} (1928-1983) was born in Arkansas and received his undergraduate degree at LSU in 1950 and probably the MD degree as well. His wife was listed as a teacher in Baton Rouge in 1951. He was practicing in Biloxi by 1958 (see Gulfport above).\textsuperscript{34}

\textbf{Dr. Wallace S. Sekul} (1922-1994) received the Medical Certificate at the University of Mississippi in 1944, graduated from medical school in 1946 and was practicing in Biloxi by 1967. Sekul retired before 1987.\textsuperscript{34,43}

\textbf{Don H. La Grone} received the undergraduate and medical degrees at Tulane University and then completed a rotating internship at Oregon Health Sciences University.\textsuperscript{34,41} After being in the Peace Corps for three years in Botswana, South Africa, he returned to Oregon to complete a pediatric residency in 1979. After a year as the chief of pediatrics at the LBJ Tropical Medical Center in Pago Pago and six months sailing with his family in the South Pacific, he opened a solo practice in Biloxi. Twenty-four years, later Hurricane Katrina destroyed his home, office and practice. He then returned to Oregon to resume his career.\textsuperscript{34}

In 1992, \textbf{Drs. Walter Bridges, Susan M. Harrell and Louis Mizell,} and \textbf{Richard Schmidt} were practicing independently in Biloxi.\textsuperscript{43} Harrell had completed a fellowship in neonatology at the San Antonio Uniformed Services Health Education Consortium in 1987 and was likely stationed at Keesler AFB.\textsuperscript{41} She relocated to Iowa in 1995.\textsuperscript{34} Bridges was also a neonatologist at Keesler. He graduated from the Medical College of Georgia, completed residency training at Keesler AFB in 1987 and neonatology fellowship at Kosair Children’s Hospital in 1989.\textsuperscript{41} Mizell graduated from Tulane in 1979 and completed pediatric residency at Keesler AFB in 1982 and then a
pediatric gastroenterology fellowship at the U. Utah. He later relocated to the Salt Lake City area.

Schmidt graduated from Tulane in 1964 and after a rotating internship at Charity Hospital in New Orleans, he completed pediatric training at the U. of Tennessee. He opened a solo practice in Biloxi in the early 1970’s and continued his practice at the same location until his retirement around 2010.

**Dr. Mitch Gruich** went to Junior College following high school to become an X-Ray technician. Following his training he was hired by a local orthopedic surgeon. Over the next nine years, he was not only shooting radiographs but also changing casts, scrubbing in on surgeries, and other clinical activities. He decided that he might as well be a physician and obtained his premedical requirement at age 31 and graduated from UMMC at age 35 in 1992. Intending to become an orthopedic surgeon, he changed to pediatrics because of his experiences during the third year clinical rotations.

Gruich decided to stay in Mississippi for training knowing that he wanted to practice in Biloxi and mounting student debt made further subspecialty training difficult. He completed residency in 1995 and set up a solo practice in Biloxi.

Gruich worked hard and built a very busy practice often seeing patients with chronic illnesses and also seeing Medicaid patients that many physicians were not seeing. The Friday before Hurricane Katrina hit the Gulf Coast in 2005, Gruich paid off his student loans. Three days later, he was starting over.

His clinic was damaged but he still had his home. The bridge was out, there was no electricity and most roads were impassible. Gruich and his brother, a family medicine physician, let it be known that he would be in Biloxi seeing patients every morning at 6:00 AM. They would find away into Biloxi and see patients working from the back of his truck. Because most had lost identification and insurance papers and because there was no electricity to search information by computer, Gruich did not charge for his services over then next several months.
Gruich was instrumental in getting basic supplies for children to Biloxi. When FEMA arrived with water and fruit, he found a way to get diapers and formula for the babies, often going around FEMA and the Red Cross. He delivered supplies to apartment houses, churches and even a Buddhist temple. He lost both income and patients due to the storm but stayed in Biloxi when many left. He was about 12 years old when Hurricane Camille hit the gulf coast. His father was his inspiration. For weeks following Camille, his father would gather his sons in the pickup truck every morning help those in need.

**Keesler Air Force Medical Center**

Kessler AFB had an active pediatric service with an NICU and a number of pediatric subspecialists for many years. Active duty Air Force members and their families in the southeastern coastal area of the US were referred to Keesler for health care. In the 1980’s, CHAMPUS was introduced and that gave families options to seek care in their communities. The introduction of Tricare in 1997, an insurance plan for military active dependents and retirees, enabled enrollees to seek care in local facilities. Subsequently, the pediatric services at Keesler diminished over many years.

Keesler began a pediatric residency in 1969 and many pediatricians practicing in Mississippi trained there. Dr. Ray Lyle rotating internship at Keesler in 1969 and the pediatric program was in its first year. He was the only pediatric resident the following year. **Dr. William Lawson** was the Chairman of Pediatrics.\(^6\)

**Dr. Ramon Casanova-Roig** was the first pediatrician to be listed in the AAP fellowship directory as being at Keesler AFB in 1970.\(^4\) He received the MD degree at Temple. A pediatric allergist practicing in San Juan, Puerto Rico carries the same name.\(^4\)

In the mid 1970’s, **Drs. Richard J Gorman, Willis M. Simmons, Clement Norwood Riefel** (MD LSU, residency Wilfred Hall)\(^4\), **Stuart Toledano, Thomas E. Schwark, Barry Thomas, Martin Fizer, Kenneth Rettig, David T. Rigdon and Felipe E. Vizcarrondo** were at Keesler.\(^3\)

Vizcarrondo had a distinguished career in the Air Force. He was a graduate of Temple University in Philadelphia and completed a pediatric training at Kings
County, New York University. He was likely the Chairman of Pediatrics while at Keesler.  

Rigdon was a UMMC graduate in 1975 and the first Keesler AFB pediatric resident from 1975 to 1978. He practiced genetics at Keesler until his retirement in 2005. He studied under Dr. Barry Thompson.

Thompson received his MD from Vanderbilt University in 1965 and completed his pediatric residency there. He was drafted into the Air Force in 1968 and completed post-doctoral training in genetics at the Indiana University Medical Center. In 1979, Dr. Thompson established the USAF Medical Genetics Center at Keesler AFB, MS and from 1987-1991, he commanded the Medical Center at Keesler.

Schwark was a career medical officer in the US Air Force. As Director of Medical Plans and Resources, Office of the Surgeon General, he was responsible for the programming and budgeting for the Air Force Medical Service, a worldwide health care system. He retired as a Brigadier General in the US Air Force.

Rettig graduated from Drexel in 1969 and completed pediatrics training at St. Christopher’s in Philadelphia in 1974. He was in the AAP fellowship directory in 1976. In 1977-78 he was in an endocrinology fellowship at All Children’s Hospital (Johns Hopkins). He continues his practice of pediatric endocrinology in Mobile, AL.

In the 1980’s and 1990’s, Drs. Samar Bhowmick, Thomas Abshire (MD Tulane 1979, residency David Grant Med Center Travis, CA), Kent P. Hymel (MD Southern Illinois U 2000, residency San Antonio Uniformed Services Health Sciences Consortium 1983, and George Creech and Ron Persing were assigned to Keesler AFB.

Persing would retire after 25 years in the US Air Force and entered private practice in Biloxi until recruited in 2002 to UMMC to head the Adolescent Medicine Division. He died suddenly in 2010.

Since the late 1990's, the following pediatricians have been assigned to Keesler.
Dr. Mark Nunes (MD Uniformed Services University of Health Sciences 1989, residency David Grant Medical Center 1992)
Dr. Robert Sayers (MD Tulane 1978, residency David Grant Medical Center 1992)
Dr. Russell Walker (MD U. Tennessee 1978, residency David Grant Medical Center 1994, Allergy fellowship San Antonio Uniformed Services Health Education Consortium 1998)
Dr. Mary Bolfing (MD St. Louis U. 1992, residency Tripler Army Medical Center 1995, neonatology fellowship Washington University 1999)
Dr. Louis Mizell (MD Tulane University 1979, Residency Keesler AFB 1982, gastroenterology fellowship U. Utah, 1984)
Dr. Suzanne M. Ceconi (MD Uniformed Services University of Health Sciences 1986, residency San Antonio Uniformed Services Health Education Consortium 1989)
Dr. Elizabeth Ann Farash (MD Uniformed Services University of Health Sciences 1985, residency San Antonio Uniformed Services Health Education Consortium 1988)
Dr. Kermit G. Helo (MD LSU Shreveport 2004, Residency Keesler AFB 2005)

In 2005, Hurricane Katrina caused severe damage to the Keesler AF base and pediatric residents were disbursed to other training centers in the southeast. In 2007, PL-1 residents assigned to Keesler were incorporated into the UMMC pediatric residency. Three years later Drs. Kathryn Taylor Gattone, Robert Weathermax, Jeremy Harwood and Christine Hodges competed their training at UMMC. 42

Ocean Springs 99
Dr. Marion “Mirt” Tucker (1939-2007) received the undergraduate degree at the University Tennessee and then a master’s degree in organic chemistry at the University Mississippi. Following a brief career in the pharmaceutical industry, she obtained a Ph.D. at UMMC and was on the microbiology faculty for a year before enrolling in the School of Medicine. After graduation in 1974 Tucker completed the pediatric intern year at UMMC. She worked at the Hudspeth Center for a while before completing another year of pediatric residency at the U. South Alabama in Mobile. Tucker went into practice with the Gulf Coast Medical and Surgical Clinic in Ocean Springs. 34,42
As her practiced grew Tucker recruited **Dr. Carolyn Buttross** (MD UMMC 1970, residency UMMC, 1971, 1974). Buttross took a year off after her internship year to work at the Whitfield Annex (later Husdpeh Center). Dr. Batson begged her to return to the residency program because staffing problems. Because she had had two children she negotiated a deal that she would take call no more than every fourth night. For this her residency was extended an extra three months.

After residency she returned to Hudspeth briefly and then went to the U. Texas Southwestern in Dallas for a fellowship in developmental and behavioral pediatrics. Returning to Hudspeth she worked as a staff physician and a member of the diagnostic and evaluation team.

In about 1980, Tucker recruited Buttross to the Gulf Coast Medical and Surgical Clinic in Ocean Springs. She was the first board certified pediatrician in Ocean Springs. She and Tucker had much to do including teaching the nurses at Ocean Springs Hospital to care for infants and stocking the store rooms with appropriate equipment and supplies to care for infants and children. They attended the emergency department, pediatric ward and the nursery. Like many pediatricians of that era, they started IV’s, inserted umbilical artery and venous catheters, performed LP’s and attended C-section deliveries. They cared for most patients and only occasionally referred children to the University of South Alabama. Buttross remembers consulting **Dr. Mathew Kuluz** in Pascagoula on difficult cases.

While working in Ocean Springs she met her second Husband, **Dr. Donald J. Booth**, a general surgeon in her group who performed the surgeries for the children in Ocean Springs.

After several years, Tucker and Buttross left the Medical and Surgical Clinic. Tucker established a solo practice and continued to see children until her retirement in about 2005. Buttross established the Children’s Clinic of Ocean Springs and practiced alone until recruiting **Dr. George D. Fain** in about 1990. Fain had received his MD degree at UMMC and completed residency training at Keesler AFB. I

In about 2000, Fain bought the practice from Buttross and continued on at the Children’s Clinic. Buttross moved a new location restricting her practice to
developmental and behavioral pediatrics. She retired in 2008 and David Dugger assumed her patients.

Dr. Carolyn Buttross Booth (reproduced from UMMC Yearbook, Medic, 1970)

**Dr. David L. Dugger** received the MD degree at the U. Tennessee in 1968, completed a pediatric internship at UT in 1971 and pediatric residency at Keesler AFB in 1974. He was in practice in Pascagoula 1992 and Gautier, MS in 2000. He received further training and in 2004 was board certified in developmental and behavioral pediatrics.

From 1987 until 2000 there were 17 pediatricians in Ocean Springs for brief periods of time. It is assumed that many were actually transiently assigned to Keesler AFB in nearby Biloxi or the local federally funded clinics. **Dr. Don La Grone** practiced briefly in Ocean Springs before leaving for Portland Oregon (see Biloxi).

**Obaid Saddiqui** (MD Agakahn Medical College 1990, residency U. Tennessee 1995) was practicing in Biloxi in 2000, but by 2010 was in Ocean Springs.

The Ocean Springs Hospital has been able to recruit a number of pediatricians.
Antoinette Caldwell, MD U. Louisville 2003, Residency U. Indiana 2006  
Joanna Dupont, MD Texas Tech 1993, residency Pitt Co Memorial Hospital 1996  
Tijuana Freeman, MD U Arkansas 1995, Residency UMMC 1998  
Afsheen Siddiqui, MD Aga Khan Med Col 2001, residency Cooper Hospital 2008  
Andrea Logan, MD UMMC 2008, residency UMMC 2011  


Dr. D’Ette Evelyn Lorior became the District IX Health Officer for the State Department of Health in 2015. She obtained the MD degree at UMMC in 1993 and completed pediatric residency at the University of Arkansas in 1996. She had practiced on the coast before joining the Health Department.  

Pascagoula  

Dr. Mathew Francis Kuluz was the first pediatrician in Pascagoula. A native of the city, he graduated with a BS degree at Notre Dame in 1954 and obtained the MD degree at St. Louis University in 1958. His pediatric training was completed at LSU in 1961. He established the Children’s Clinic and practiced in Pascagoula until his retirement.  

Dr. Clifford A. Seyler started practicing with Kuluz in 1974. He had graduated from UMMC in 1971 and after a rotating internship at UMMC, he completed pediatric residency at Columbia Medical College. While in Pascagoula, he helped to form CANDY (Citizens Against Needless Death in Youth), which would become a national organization. He remained in Pascagoula until relocating to Tullahoma, TN.  

After graduating from UMMC in 1980 and completing residency at UMMC, Dr. Theodore (“Teddy”) Mallette joined Kuluz. After Kuluz’s retirement, Drs. Altaf Jamal (MD Sindh Medical College, Karachi, Pakistan 1988, residency U. South Alabama 1999) and Grazyna Wierbicka (MD U. Med Sciences, Poznan, Poland, residency U. South Alabama 1994) were recruited to the group.
Also practicing in Pascagoula in 2011 were **Drs. Chiazo Nnawuchi-Ekenna** (U. Port Harcourtand, Nigeria) and **Yolanda Gutierrez** (MD U. Autonoma De Nicaragua 1980, residency U. South Alabama 1991).  

**Corinth**

**Dr. Mary Johnson Ward** was from Copperhill, Tennessee and graduated from the U. Tennessee School of Medicine in 1952 and trained in Pediatrics at Scott and White in College Station, Texas. She and her husband, a general surgeon, originally practiced in Iuka before settling in Corinth in the early 1960's. Ward continued to practice in Corinth until her retirement in the 1990's when the Ward's moved to Jackson, TN.

**Dr. Elbert A. “Boogy” White, III** was born and raised in Corinth. He graduated from Vanderbilt in three years and received the MD degree at Vanderbilt in 1960. After a pediatric internship under Dr. Amos Christie at Vanderbilt, he started a residency in surgery to pursue an interest in pediatric surgery. In his first year as a surgical resident he was called to active duty, initially to the Navy as a flight medical officer/pediatrician but was transferred to the Air Force stationed at Keesler AFB in Biloxi as a pediatrician.

Following his military service, White returned to Vanderbilt to complete his pediatric training and stayed an additional year as chief resident. He and his family returned to Corinth to establish a solo pediatric practice in 1966. He continued in general pediatrics for the next 9 ½ years. Those were difficult years because there was no obstetrics in Corinth for about two years of that time and there was an abundance of general practice physicians who had traditionally cared for children in Corinth.

Boogy White almost met Bobby Kennedy. White was on an American Academy of Pediatrics advisory committee for the Office of Economic Opportunity and Kennedy wanted to come to Mississippi to observe the problem of malnourishment in the rural south. Originally scheduled to fly into Memphis, Kennedy planned to stop in Corinth. When asked to gather children with malnutrition, White said that the only nutritional problem he was seeing was obesity. Kennedy did not stop in Corinth and flew in to Jackson.
In 1976 White decided to become an ophthalmologist. He contacted Dr. E. Ross Smith to take his practice but Smith declined. White returned to Vanderbilt for an ophthalmology residency and during his final six months he commuted to the University of Louisville for pediatric ophthalmology training. He returned to Corinth and to practice ophthalmology for the next 22 years.

While White was away, Smith did decide to move to Corinth. E. Ross Smith (1941-2003) was born in Selmer, TN, which is about 20 miles north of Corinth on US 45. He attended the University of Tennessee, Memphis State, and University of Mississippi for undergraduate studies. He graduated in 1962 and received the MD degree from the U. Tennessee in 1966. After completing a pediatric internship at Tennessee, he served in the US Army Medical Corps, Special Forces, Biochemical and Biologic Warfare Section in Viet Nam. Smith completed his pediatric residency at UMMC in 1971.42

Smith had an interest in neonatology and for several years worked in Clarksville, TN in a pilot secondary level 2 NICU with Vanderbilt University. From 1974 until 1976, he was Co-Director of the new Woman’s Hospital NICU with Dr. Dan Draughn.

Smith moved to Corinth in 1976 to start private practice in general pediatrics. Smith happened to be in the emergency room at Baptist Memorial Hospital in 1977 when Elvis Presley was pronounced dead.181 In 1983, he had the opportunity to resume neonatal medicine and he joined the McComb general pediatric group of Tom Carey, Shelby Smith and Bert Bradford who had trained with Smith at UMMC.

In 1984 Smith moved to Philadelphia MS to become the first pediatrician in that city. In 1986, he became the Chief Medical Officer for the Choctaw Health Center but developed a number of chronic health problems. Unable to maintain a busy pediatric practice, he began an adolescent fellowship with Dr. Bill Long at UMMC in 1987. From 1988 until 1990, he practiced adolescent medicine at Parkland Hospital in Southaven, MS.

In 1990, Smith returned to UMMC as a faculty member of the Department of Pediatrics in the Ambulatory Division. Dr. Joe Donaldson was the only general pediatrician in the Department at that time. He was recruited to help staff the Pediatric Emergency Department and when Dr. Emily Pender left in 1992, Smith became the Medical Director of the PED. He remained in the
position until 1997 when his health again became a problem. He retired in 2002 because of disability and died in 2003.\textsuperscript{42}

![E. Ross Smith (reproduced from Division scrapbook)](image)

Smith was a gifted physician and teacher. He won the Holliman Award for the outstanding faculty member as voted by the residents twice during his brief career in academic medicine. His wit, humor, common sense and straightforward approach to people as well as clinical problems, were his strengths.

**Dr. Victor Cruz** (MD U. Santo Thomas 1986, residency Michael Resse Hospital 1994) and **Dr. Mary Ann Garcia** (MD U. Santo Thomas 1987, residency U. Illinois) practiced briefly in Corinth before moving to Jacksonville in the early 2000’s.\textsuperscript{34,41} **Drs. Blakely Fowler** (MD U. Tennessee 2007, residency U. Tennessee 2010) and **Marta Hans** (MD National University of Cordoba 1971, residency St. Louis U. 1982) were practicing in Corinth in 2012.\textsuperscript{41} Dr. Hans retired in 2013

**Community Health Centers**

Community Health Centers originated by federal laws enacted in the 1960’s and 1970’s. Rural Health Centers (RHC) were primary care clinics initially to encourage mid level providers (nurse practitioners and physician assistants)
to provide care in rural America. RHC’s could be any primary care specialty: internal medicine, family medicine, and obstetrics and gynecology). Federally Qualified Health Centers (FQHC) and FQHC look-alikes were full service health centers of all primary care specialties. One of the first FQHC’s in Mississippi was the Jackson Hinds Comprehensive Health Center co-founded by Dr. Aaron Shirley.

Shirley was born in Gluckstadt, MS in 1933, the youngest of eight children. He graduated from Tugaloo College in 1955. Through a regional program of southern states that included Mississippi to avoid integration, he was given a scholarship to attend the traditional African American Meharry Medical College in Nashville, TN. He was required to return to Mississippi to practice medicine for at least five years before pursuing further training.  

Shirley graduated from Meharry in 1959 and completed a rotating internship at Hubbard Hospital in Nashville. He returned to Vicksburg in 1960 to practice general medicine. He had difficulty getting hospital privileges in Vicksburg and experienced other barriers to delivering care. He had to refer his patients who needed hospitalization to UMMC. In doing so, he established a relationship with Dr. David Watson, a pediatric cardiologist.  

Shirley became active in the civil rights movement and provided the health evaluations for black children enrolling in Head Start who could not get them elsewhere. He had wanted to be a pediatrician and when the five years had passed, he applied to residency programs and was accepted at the University of Oklahoma. Wanting to stay in Mississippi, he called Dr. Batson and after several conversations was accepted as a second year resident. This was just a year after the “Freedom Riders” and the racial violence in Mississippi. Shirley would be the first African-American resident at UMMC and completed his training in 1967. Dr. Batson was aware of the delicate position he had placed both himself and Shirley. Dr. Batson made the decision that it would be better to ask for forgiveness if needed rather than permission.  

Shirley finished the residency in 1967 without an incident and was never asked not to see a patient. For many years he was the only African-American pediatrician in Mississippi. Three years later, he cofounded the Jackson Hinds Comprehensive Health Center. He was Chairman of the Board for the largest FQHC’s in Mississippi. He also developed school-based clinics and other
programs that improved care and lessened the disparity in health care in the Jackson metropolitan area.

Shirley was instrumental in converting the abandoned Jackson Shopping center to the Jackson Medical Mall (JMM), a joint venture with UMMC, Tugaloo College and the State Department of Health. He became and continued to be the Chairman of the JMM Board until his death.

Shirley has received a number awards including the prestigious McAuthur Award (AKA “Genius Award”) and in 2013 the American Association of Medical Colleges recognized him with the Herbert W. Nickens. Honoring him for his lifetime of service in support of diversity in medical education and the elimination of health disparities. Dr. Aaron Shirley died in 2014 at the age of 81 years.134

There are 21 FQHC’s in 98 communities in Mississippi that provide primary care for children (see Appendix IX). Some of the larger ones have pediatricians on the staff.

Dr. Bettie Knight joined the Family Care Clinic in Brandon in 1978 and retired in 2015. She was a graduate of UMMC in 1972 and after an internship in pediatrics at UMMC she moved to San Antonio while her husband, Dr. Charles Knight, was stationed at Randolph AF Base. There, she worked for the Texas Health Department. She returned to UMMC to complete her pediatric residency in 1975 and briefly worked at the Mississippi State Health Department before joining the Family Care Clinic.42

Other Community Pediatric Practicies41

Batesville
Dr. John J. Apost MD, Fatma College of Medicine 1995, residency New York Methodist Hospital 2003

Byrum
Dr. Karen Verell, MD UMMC 1978, residency Georgetown U. 1982

Columbia
Dr. Agnes Emerle, MD Loyola Strich School of Medicine 1998, residency Mt. Sinai 2001

**Forest**
Dr. Ryan Head, MD Ross U. School of Medicine 2009, residency UMMC 2012

**Houston**
Dr. Harvey Benvenista, MD Rosilin Franklin U. Medical Sciences, residency Cedars-Sinai Medical Center

**Lexington**
Dr. Clyde Chapman, MD UMMC 2009

Dr. Ernest Donkor, MD U. Ghana 2000, residency Woodhull Medical Mental Health System

**Lucedale**
Dr. Tara Mallette, DO U. West Virginia 1989, residency U. Texas Medical Branch 1992

Dr. Patrick McGuire, MD Medical College of Georgia 1998, residency U. South Alabama 2002

**Mount Bayou**
Dr. Sallyann Ganpot, MD St George U. 2007, residency Atlantic Health System 2010

Dr. Ezhilarasi Manickavasagam

**New Albany**
Dr. James Googe, MD UMMC 1985, residency U. South Alabama 1988

**Olive Branch**
Dr. Manoj Narayanan, MD LSU, 1977, residency St. Louis Children’s Hospital 1981

**Petal**
Dr. Elizabeth Felder, MD UMMC 1992, residency UMMC 1995
Dr. Thomas C. Hammack, UMMC 1970 residency U. Florida Pensacola 1973
Philadelphia
Dr. Gihan Naquib, MD U. Alexandra 1993, Residency St. Joseph Hospital 2003, GI fellowship U. Maryland 2015

Dr. Janell Vinson, MD Brown U. Medical School 2007, residency U. Arkansas 2010

Dr. Julia Riley, MD Rutgers 1993, residency Virginia Commonwealth U. 1998

Picayune
Dr. Jose Rodriquez, MD Universidad Autonoma de Guadalajar 1981, residency Central IA Health Systemes 1991

Dr. April Ross, MD U. South Alabama 2009

Dr. Dr. Raelanda Smith-Peart, MD Tulane 1997, residency U. Texas Southwestern 2000

Dr. Abiodun F. Ballogun, MD U. Lagos College of Medicine 1995, residency Woodhull Medical Mental Health System 2000

Senatobia
Dr. Kenneth Gautier, MD LSU 1991, residency Shands Jacksonville Medical Center 1994


Waynesboro
Dr. Darrick Siew, MD Ohio State U. 2002, residency Children’s Hospital Medical Center 2006

West Point

Dr. Bryan Watson, MD Texas Tech 2001, residency U. Kentucky 2004
The University of Mississippi Medical Center
Department of Pediatrics\textsuperscript{135}

Because the University of Mississippi was only a two-year medical school, students had to transfer to complete the clinical years of their education. Not surprisingly, many did not return to practice in Mississippi. The four-year program was enabled by the legislature in 1950 and the “T” shaped campus at the site of the old insane asylum was built and classes were scheduled to start in September, 1955. Dr. David Pankratz, the Dean of the medical school, had to recruit a host of clinical faculty including a Chair of Pediatrics.

Dr. David Pankratz, \textit{circa} 1949 (reproduced from the 1949 \textit{Ole Miss}, the University Of Mississippi yearbook)

This was not an easy task because it was a brand new school with limited resources. Dean Pankratz was being advised on pediatric matters by a group of community pediatricians including \textbf{Howard Nichols}, \textbf{Harvey Garrison, Sr.}, \textbf{Charlie Ward} and \textbf{Wilfred Cole}. \textbf{Dr. Blair E. Batson} was not the first, second or third choice. His cousin \textbf{Dr. Randolph Batson} was a pediatrician at Vanderbilt University and was a leading candidate for the Chair position, but was dropped from consideration. Nichols, recommended his former classmate at Vanderbilt, Blair Batson, to Dean Pankratz.
Nichols contacted Batson, who was on a fishing vacation with his mentor, Dr. Amos Christie then Chairman of Pediatrics at Vanderbilt, and suggested that he should apply. Batson and his wife Margaret interviewed and liked the opportunity.
Dr. Blair E. Batson (1919-2018) was a native Mississippian from a logging family in Orvisville, in Pearl River County, which is no longer on the map. His grandmother was the school principal of a three room, eight-grade school. She advanced him along and he completed his education at the University City High School in St. Louis at the age of 16. Dr. Batson went to college at Vanderbilt University in Nashville, Tennessee. His uncle, Ed Bryan, was the superintendent of grounds at Vanderbilt and he often went to Nashville for summer vacations. He was student body president and president of his fraternity, Sigma Chi, his senior year.

Dr. Batson enrolled in the medical school with America’s entry into World War II and obtained the MD degree at Vanderbilt in 1944. He began pediatric postgraduate training at Vanderbilt but was called into active military duty in the US Army Medical Corps and was stationed in Germany for two years. He returned to Vanderbilt and completed his pediatric training and spent a year as Chief Resident. He then remained on the faculty under his mentor, Dr. Amos Christie.

Speaking of his experience at Vanderbilt, Batson had one very memorable experience:

“Well, the high point in my career was when I was Chief Resident at Vanderbilt. Dr. Katie Dodd had been a professor there and was passed over for Chairmanship of the Department of Pediatrics. She left and went to Ohio. Well she came back to visit when I was Chief Resident, and I had to take her on rounds. Well, I had made a point of knowing about every one of my patients -- not just some of them -- and there were some very interesting cases. So after we were done, she told me I had done a very good job and that she was impressed. That was the high point of my career when Dr. Katie Dodd told me I had done a good job.\textsuperscript{135}"

Dodd had a reputation as an outstanding clinician and researcher, and was highly popular with students. She left Vanderbilt to accept a position at the Cincinnati's Children's Hospital Research Foundation. Dodd later served as Professor and Chair of Pediatrics at the University of Arkansas, the university of Louisville, and Emory University. She received many distinguished awards during her career.

Both Christie and Dodd would become visiting professors at UMMC delivering the Claud E. Batson Memorial lecture at the annual meeting of Mississippi Chapter of the American Association of Pediatrics.
In 1952, Batson went to Johns Hopkins in Baltimore to obtain a Masters Degree in Public Health. He remained at Johns Hopkins as a member of the faculty of Public Health and Pediatrics until 1955 when he decided at the age of 33 he would be a candidate for the Chair position at the newly started University of Mississippi Medical Center. Dr. Christie advised against the move because he was too young and inexperienced, but Batson thought he could undertake the challenge.

**Dr. Ray Martin** indirectly was responsible for Dr. Batson’s appointment as Chairman of Pediatrics at the new UMMC School of Medicine. He had introduced Howard Nichols to his sister, Betty, whom he married in 1946. Martin urged the Nichols’ to move to Jackson to practice pediatrics after Nichols left the Army in 1954. It was Nichols who nominated Blair Batson for the Chairmanship to Dean Pankratz.

When Batson arrived, community pediatricians had begun staffing the pediatric patients. Dr. Pancratz had recruited Will Cole and Jim Hendrick as part time faculty with the rank of clinical Instructors and salaried at $350/month. Other non-salaried appointments were **Drs. H.C. “Cappy” Ricks, Harvey Garrison Jr., Byron Alexander, Eva Linn Meloan** and **Noel Womack, Jr.** These pediatricians helped staff the wards, clinics and emergency department and stayed involved with the new department until it was established.
**Cappy Ricks** attended Millsap’s College and received the Medical Certificate at U. Mississippi in 1942. He graduated from Jefferson Medical College in Philadelphia in 1943 and after an internship at Jefferson Hospital in Birmingham he served in the US Navy Medical Corps in the Pacific. From 1946 until 1949, Ricks was a pediatric resident at the Mayo Clinic. He returned to Jackson to establish a private practice of pediatrics.  

Ricks was recalled to active duty in the US Navy in 1953 and upon his return in 1955 began working for the State Department of Health. He became interested in behavioral pediatrics and would later complete a residency in psychiatry and practice in Atlanta.

Soon pediatricians in other towns and cities within 100 miles of Jackson volunteered as well including John McEachin in Meridian, Carl Bernet in Greenwood, Mel Ehrich in Clarksdale, Guy Jarratt in Vicksburg, Luther McDougal in Tupelo and others.

**Dr. Frank M Wiygul, Jr.** has the distinction of being the only pediatrician to have been a member of the University of Mississippi School of Medicine faculty at both the
Wiygul was born in Shannon, Mississippi in 1923. He served 27 months in the US Army in WWII including 12 months of combat duty (with three battle stars) with the 10th Armored Division of Patton’s Third Army. Following the war, he obtained a Medical Certificate at the University of Mississippi in 1948. After completing medical school at Harvard in 1951 he did a rotating internship at the charity Hospital of Louisiana in New Orleans, followed by a general practice residency at Robert C. Green Hospital in San Antonio.

Owing Mississippi service time for financial support during training, he became an Instructor in Medicine for 1953-54 at the University of Mississippi Oxford campus. During that year he observed some of the work of Dr. Mary Ceruse, a pediatrician with the State Department of Health that would influence him towards community pediatrics. He returned to Charity Hospital in New Orleans for a year of pediatric residency (Tulane service) and then completed training at Tulane and the Oschner Foundation Hospital as a fellow in pediatrics with an emphasis in neurology. He became certified by the ABP in 1958.

Returning to Mississippi, he started a private practice in pediatrics in South Jackson. In 1959 he was hired to the part time faculty at UMMC by Dr. Batson to assist D. Margaret Batson in the general pediatrics clinic. His area of interest was neurology and for many years he staffed the pediatric “seizure” clinic at UMMC until Dr. Gwen Hogan arrived in 1975. After her departure in 1980, he again staffed the pediatric neurology clinic until Dr. Bev Evans arrived in 1983.

In 1960, Wiygul left practice to work for the State Department of Health. He had many accomplishments while at the Health Department, including establishing regional pediatric neurology clinics. He attended post-graduate courses in neurology and electroencepholograms (EEG) as well as mental retardation. Later he would team with Dr. Robert Currier, Chairman of Neurology at UMMC, to establish regional neurology clinics for both children and adults. Patients were seen in Meridian, Hattiesburg, Pascagoula, Gulfport, Cleveland and Indianola. Up to 35 patients a day could be seen. A portable EEG was used at the clinics.

Wiygul also was involved with the training and recruitment to the State Department of health some of the first pediatric nurse practitioners in Mississippi. In 1970, he would introduce statewide health screening in the Department of Health clinics for children for Medicaid eligibility. This became a national model for such services. Wiygul was also the Director of General Health Service for the State department of Health. Part of his assignment was disaster management and he directed the public health efforts on the coast after Hurricane Camille in 1969.
Wiygul left the Heath Department in 1970 to join the UMMC faculty full time in the Department of Family Medicine. He would remain there until retirement in 1990. He became the Vice Chair of the Department of Family Medicine and was the acting chair at the time of his retirement.
Non-salaried faculty members were appointed as “Affiliate Faculty”. Batson required that they had to volunteer for a half day each week to teach students in the clinics. Later the term “Clinical Instructor” was used and there was no requirement for teaching. In 1997, “Clinical” faculty was defined as those who either actually participated in the teaching of students or residents, staffed clinics or admitted patients to the Blair E. Batson Hospital for Children.

The lack of pediatric subspecialists, particularly in the South, required general pediatricians to treat both common ailments as well as complicated disease including cancer, diabetes, epilepsy and others. The “Affiliated” faculty members were well trained and experienced. Other community physicians, such as Dr. Harvey Tyler, a pediatric surgeon, supported them. Adult medical and surgical specialists were also consulted.

Batson’s first full-time faculty recruit was Dr. Margaret Bailly Batson (1914-1998), his wife, whom he had met while at Johns Hopkins in Baltimore. A native of New York, she attended the Manhattan College of the Sacred Heart from 1932-36 and received a M. A. in 1940 at Columbia University in New York. She was pursuing a Ph. D. in bacteriology at Columbia when she left in 1943 to join the US Navy with the rank of Lt JG. She was initially assigned to the U.S. Naval Hospital in Bethesda and later to the U.S. Army Medical Command at Fort Detrick in Frederick, Maryland. She was a laboratory technician at the U. S. Army Biological Warfare Laboratories in 1944-45. She authored two classified reports to the Surgeon General regarding her work at Fort Detrick. The research at Fort Detrick was conducted in extreme secrecy and it wasn’t until several years after the war that the activities at Fort Detrick were made public.

After Margaret Bailly completed her Ph. D. at Columbia in 1949 she obtained the MD degree at the University of Rochester School of Medicine in 1951. This was followed by an internship at Johns Hopkins. She was an assistant resident at the Mayo Clinic in 1952-53 and returned to Johns Hopkins to complete her residency training in 1953-54. It is there where she met Blair Batson. In 1955 she was the pediatrician in charge of the pediatric outpatient department when she married Blair Batson and then left to move to Jackson.

Margaret Bailly was said to have been involved in a covert intelligence operation in WWII. After Germany overran France in 1939 and occupied Paris, there was a concern that the Germans would use the Pasteur Institute to manufacture bacterial warfare. Her father was acquainted with Henry Louis Stimson, the Secretary of War
under Franklin Roosevelt. At that time Margaret Bailly, who was fluent in French, was in graduate school in bacteriology at Columbia. Her father’s law firm had an office in Paris, France and a beach house on the French coast. She was a logical choice for a mission to France.

Her father Edward C. Bailly, graduated from Columbia University undergraduate and law schools a year behind William (“Wild Bill”) Donovan, the architect and first Director of the Office of Strategic Services, the forerunner of the CIA. Margaret Bailly Batson mother’s maiden name was Donavon, but there was no relation to William Donovan. Edward Bailly, William Donovan and Louis Stimson were all prominent attorneys and Republicans in New York. Edward Bailly had joined the Manhattan law firm of Hornblower, Miller and Potter in 1910 and was made a partner of Miller, Otis and Bailly 1918. It was that year the firm opened an office in Paris, France.

Stimson was aware of her background and through her father recruited Margaret on a mission to evaluate the activities of the Pasteur Institute and to determine if the Germans were going to use the Institute for germ warfare. She was secretly inserted into France and after wading through the sewers of Paris with resistance fighters she made her way into the Pasteur Institute. There she met the director and determined that no research into biological warfare was being conducted. The Germans felt that the biologists in Germany were more advanced than the French. She made her way back through the sewers of Paris, traveled to the family beach house, and was then extracted from the French coast and transported to England. She was flown to the U.S. to make her report.179

Arriving at UMMC, Margaret Batson was initially in charge of the pediatric outpatient clinic and in 1961 she was named the Chief of the Division of Human Behavior and the medical director of the clinic for the mentally retarded and brain damaged children (this later became the Child Development Clinic). She recruited Don Raggio, PhD psychologist in 1975. He had obtained his doctoral degree at Mississippi State and had done an internship with the Jackson Public Schools. Raggio was the longest acting, full time faculty member in the Department of Pediatrics as of 2014. The Batson marriage did not last and Margaret Batson left in 1980 to work at the Husdpeth State Hospital. Dr. David Levy replaced by Margaret Batson as head of the Child Development Clinic in 1980 (See Subspecialty section).

Dr. Margaret Batson died in 1998 a year after the dedication of the Blair E. Batson Hospital for Children. At the dedication Dr. Batson he told the audience, “We all owe
Dr. Margaret Batson a great deal of gratitude for all of her achievements in teaching, patient care and her invaluable help in all aspects of building this department.”

Dr. Margaret Bailly Batson, (reproduced from UMMC Yearbook, *Medic*, 1957)

**Dr. Wilfred Q. Cole, Jr.,** a community pediatrician, was recruited as part time faculty at $350/ month. He staffed clinics and shared every other week call with Dr. Batson on the wards and emergency department. Cole was from Jackson and had served with the 69th Infantry in WWII just after the Battle of the Bulge in 1945. He graduated from the University of Mississippi, obtained the Medical Certificate there, and the MD degree at the University of Virginia in 1951. His pediatric training was in Birmingham, Alabama. He entered private practice in Jackson in 1954. He shared an office in Fondren with **Dr. Ruth R. Burroughs**, one of the first female pediatricians in Mississippi, for several years. He alerted all the hospitals in Jackson of his availability to see patients and his wife Gwen often had dinner parties with physicians who were perspective referral sources. In 1961 he went to Duke University for an allergy fellowship and returned to Jackson to serve part time at UMMC in that capacity. In addition to staffing allergy patients, he also became the director of the Cystic Fibrosis Clinic. He continued to be on the part time faculty until 1986. He retired as Emeritus Professor of Pediatrics, the first to do so amongst the Affiliated Faculty.
Dr. Will Cole, left, and Dr. Blair Batson, right (reproduced from the Delta Democrat November 6, 1962, Page 8)

The Medical Center had a heated clash with the Central Medical Society in the early years. Announcements of faculty receiving research grant awards smacked of advertisement to the Society. Pediatrics did not have to struggle because so many pediatricians, especially the younger ones, were employed part-time and the more established community pediatricians both in Jackson and throughout Mississippi volunteered once a month as “Affiliated Faculty”. Also, UMMC provided pediatric beds for indigent patients. There was not a perceived competition between “town and gown”. Also, Dr. Batson’s gentlemanly personality made collaboration more pleasant than confrontation.  

The first full-time faculty members recruited by Batson were Dr. David Watson and Dr. Darrel Smith in 1959. Batson recruited both at an American Society of Pediatrics meeting in Buick Falls, Pennsylvania in 1958. Watson was from Canada and trained there. Unable to find employment as a pediatric cardiologist in Canada, he took the position at UMMC and remained on the faculty as Chief of Pediatric Cardiology until his retirement in 1959.

Watson received his MD degree at the University of Toronto, had a rotating internship at St Michael’s in Toronto that was followed by some pediatric training at Wayne State University in Detroit and a cardiology fellowship at the Sick Children’s Hospital at Toronto. In July, 1959, the Canadian Prime Minister canceled the planning and construction of a new fighter aircraft so that US immigration was over burdened with
Canadian engineers trying to get work visas in the US. Watson was to start at UMMC in July, 1959 but did not start until October.  

Aside from staffing the cardiology service, Watson also staffed the newborn nursery. Dr. Watson inspired a number of residents to pursue cardiology training who later returned to UMMC as faculty, including Drs. Charles Gaymes, Makram Ebeid and David Braden (see section, Pediatric Subspecialties). He was on continuous call until Jim Joransen was recruited in 1972.

Watson would be an integral member of the Department until his retirement in 1993. He was the Chairman of the Mississippi Chapter of the AAP from 1979 until 1983. Through his leadership, more members of the UMMC pediatric faculty joined the AAP and later CME meetings were jointly sponsored by the AAP and UMMC. In 1986, Dr. Watson visited a “Ronald McDonald House” at another children’s Hospital. He brought the concept to Jackson. His administrative assistant Nancy Frohn took on the task of fundraising and planning the House, which successfully opened, in 1990.

Smith was an endocrinologist and recruited in 1959 with Watson. He received his MD at the University of Tennessee and did his residency in Memphis as well. Following a fellowship in pediatric endocrinology at Baylor, he had a research fellowship at CHOP in 1958-59. While at UMMC, he trained Dr. Jose (Mike) Montalvo, who was the Chief Resident at UMMC in 1959-60. Montalvo continued on the faculty and replaced Smith in 1969 as the Chief of the Pediatric Endocrinology Division. He also staffed the nephrology patients until his departure in 1986.
Dr. Cecil Jenkins, another community pediatrician, was recruited in 1960 fresh from training in Memphis as a part-time faculty member. He was a graduate of Millsaps College and received the MD degree at Jefferson Medical College in Philadelphia. After postgraduate training in pediatrics in Memphis and a stint with the US Marines he returned to Jackson to open a private practice in 1960. He shared an office space with Dr. Eva Linn Malone for several years and then joined with Dr. Lee Owen in 1961 at University Plaza near UMMC.\textsuperscript{42,51}

Jenkins remained on the part time faculty until 1972 at the rank of Associate Professor and staffed the “well baby” clinic once a week on Friday afternoons. Jenkins continued at UMMC as an “Affiliated Faculty” until 1980 when he retired from private practice. He was hired by the Mississippi State Department of Health to staff the public health clinic in north Jackson upon retirement. In 1994, Bev Evans, then Chairman of Pediatrics, needed to expand the Pediatric Ambulatory Clinics at UMMC and entered an agreement with the State Department of Health to operate the satellite clinic in North Jackson. Evans recruited Jenkins to the Department of Pediatrics to be the Medical Director of the “North Clinic” and to supervise pediatric residents in their continuity clinics. He retired in 1998 to be replaced by one of his residents, Dr. Tami Brooks.
The first graduating class at the UMMC Jackson Campus was in 1957 and Dr. Nell Ryan was a member of that class and the first female to receive the MD degree from the University of Mississippi. She was also a graduate of Millsaps College in Jackson. Following medical school, she completed the first year of pediatric training at Vanderbilt in 1957-58 and the second year at the University of Oklahoma in 1958-59. She became a third pediatric resident at UMMC in 1959-1960. She returned to Oklahoma for a cardiology fellowship for a year and then returned to the UMMC as faculty member in 1962. Ryan did not pursue pediatric cardiology but was the director of the ambulatory clinic for many years. In 1975, she took a sabbatical with Dr. Gwen Hogan to study pediatric neurology at UMMC. She took an additional year as a resident to complete her training and returned as pediatric neurology faculty member. She left UMMC in 1982.42
In the time span between 1962 and 1969, there was only one other full time faculty member recruited and that was Dr. Gussie Higgins Carr who had completed a pediatric residency at UMMC 1962. She had received the Medical Certificate from the University of Mississippi in 1952. She was the first resident to complete all three years of residency training at UMMC. Following a hematology fellowship with Dr. Warren Bell in UMMC Department of Medicine, she joined the faculty in 1965. She was involved in a fatal motor vehicle accident several years later.
Dr. Robert E. Carter became the Director of UMMC and Dean of the School of Medicine February 1, 1967. A native Minnesotan, he received a BS and the MD degree at the University of Minnesota in 1946. Carter was in the US Navy from 1951 to 1953 worked at the Los Alamos Scientific Laboratory of the University of California with research into the effects of radiation. He was a member of AOA, the Society for Pediatric Research and a Fellow of the American Academy of Pediatrics.

He interned at the Cleveland City Hospital and took his pediatric residency at the University of Chicago. He remained on the faculty in Chicago from 1956-1959 and then moved to the University of Iowa where he eventually became Professor of Pediatrics and Associate Dean of the medical school.

![Dean Robert Carter, circa 1970 (reproduced from the University of Mississippi Medical Center portraits)](image)

Carter left UMMC in 1970 and returned to Minnesota and became the first Dean of the new University of Minnesota School of Medicine at Duluth.42

Dr. William Hicks received the MD degree at the University of Tennessee in 1961 followed by an internship in Memphis. After a year as a pediatric resident at the East Tennessee Children’s in Knoxville he joined the US Public Health Service and assigned to Staten Island, NY. From 1965 until 1967 he studied metabolism at the University of Colorado. He then joined the faculty at UMMC with encouragement to work closely with
John Jackson in Genetics and Margaret Batson in Child Development. Hicks left in 1969 to return to the East Tennessee Children’s Hospital.42

Dr. William Hicks, (reproduced from UMMC Yearbook, Medic, 1968)

Dr. Dan Draughn, a community pediatrician in Jackson who had an interest in neonatology, was recruited as a part time faculty member in 1967 and continued on the part time faculty until 1970. He taught neonatology and consulted on newborns during that time. (See section on Practice Groups-Jackson).

In 1969, Batson recruited a number of key faculty members: Drs. Jeanette Pullen, Al Bran, Suzanne Miller, and Bill Long. Dr. Richard Miller, a pediatric surgeon, was also given an appointment to Pediatrics.

Dr. Dan Draughn (reproduced from UMMC Yearbook, Medic, 1961)
Dr. Jeanette Pullen was a graduate of Millsaps College and Tulane Medical School. She completed her Pediatric Hematology Oncology fellowship at the University of Tennessee in Memphis. Dr. Pullen had a long, distinguished career at UMMC (see section *Pediatric Subspecialties*).

Dr. Jeanette Pullen, (reproduced from UMMC Yearbook, *Medic*, 1971)

Dr. Al Brann was an undergraduate of Vanderbilt and obtained the MD degree at Tulane in 1960. Pediatric training was at Vanderbilt and neurology training was at the University of Virginia, Massachusetts General Hospital, and the NIH. His interest was in neonatal neurology. He was recruited to UMMC in 1969 as Chief of the Division of Neonatology and left in 1975. Dr. Jack Rawson, a former fellow, replaced him. During his tenure, he trained a number of fellows in neonatology and recruited several faculty.42
Dr. Alfred Brann (reproduced from UMMC Yearbook, *Medic*, 1971)

**Dr. Suzanne (“Sue”) Miller** was recruited together with her husband, Richard (“Dick”) Miller, a pediatric surgeon. He joined the Departments of Surgery and Pediatrics in 1969 and she was appointed Assistant Professor, Department of Pediatrics in February, 1970.⁴²

Suzanne Miller received her undergraduate degree at Wooster College in Ohio and the MD degree at the New York College of Medicine at Syracuse. Her pediatric residency was at the University of Cleveland with an additional six months at the Royal Children’s Hospital in Melbourne, Australia. Following a pulmonary fellowship at Cleveland she was an instructor there for two years before joining UMMC in Jackson. UMMC became a Cystic Fibrosis Center in 1973 and Miller became the Director. She initially worked part time and then full time beginning in 1988. She was promoted to Associate Professor with tenure in 1992 and retired in 1999. Dr. Miller was devoted to her patients and during her tenure she cared for children and adults with cystic fibrosis. She was essentially on call continuously from her arrival in 1970 until Dr. Lynn Walker arrived in 1996 (see section *Pediatric Subspecialties*).
Dr. William (“Bill”) Long obtained an undergraduate degree in 1951 and the MD degree in 1955 at Tulane. He had residency training at the University of Colorado and
after several years in private practice, he pursued an adolescent fellowship at Colorado in 1965-66. He was recruited to UMMC in 1969 and was a part time faculty member and Chief of the Division of Adolescent Medicine until his retirement in 2002. During that period he trained a number of fellows (see section Pediatric Subspecialties).

Long was on the AAP Committee on Adolescence and served as its chairman from 1980-1983. He was a Charter member of the AAP Section on Adolescent Health and served as its president from 1986 to 1988. In 1993, Long received the Adele Dellenbaugh Hofman Award for exemplary achievement in the field of adolescent health.

When Dr. Batson arrived at UMMC there was a common emergency room for adults and children, a nursery, and ambulatory clinic, and a 28-bed inpatient ward for both pediatric and pediatric surgery patients on 7-West. Distinct from the other wards and other facilities at the University Hospital, the pediatric ward and playroom were integrated. In 1956 the Sovereignty Commission accused UMMC of “creeping integration”. A committee of representatives from the legislature was sent to investigate. They interviewed Dr. Robert Marston, Dean of the School of Medicine, who asked for suggestions to keep the children from playing with one another. Apparently none were offered and no action was taken. It would be almost 10 years before UMMC was fully integrated largely from the efforts of Dean Marston and the Black medical community working together.
In the ensuing years, Dr. Batson established a pediatric residency and the first graduates finished training in 1959. In 1965, he recruited the first African-American resident at UMMC, Dr. Aaron Shirley. This was an historic and brave commitment he made at that time because of the racial strife that was then occurring in Mississippi. As he put it, “It was better to ask forgiveness than to ask for permission.” That same year, Dr. Pandergast recruited the first African-American faculty member of the UMMC faculty, Dr. Marion Myles, to the Department of Pharmacology.

Under Batson’s leadership UMMC and the Department of Pediatrics made many contributions to children’s health and to community pediatricians. Subspecialty consultation and availability, pediatric and neonatal inpatient care, pediatric emergency services, CME venues and integration of pediatric residents and community pediatricians were just some of the major contributions.
Dr. Batson always taught that children were not just small adults but had unique physiology, medical illnesses and needed specialized treatment. His goal was to have a facility more designed for children than just another ward in the hospital. His annual report to the Dean always stressed the need for more dedicated pediatric beds and additional faculty.

With much planning, the "round wing" was dedicated to pediatrics was added in 1968 on the south side of the University Hospital with 92 beds. This four-story structure was a modern concept at the time with private rooms around the periphery and the nurse’s station and other specialized areas in the center. The ambulatory clinics were on the bottom floor. A fifth story was added in 1971 for the Neonatal Intensive Care Unit. The Newborn Nursery remained on 4-West of the main hospital.

The acute medical wing was built at the south side of the campus in 1982 and the Pediatric Emergency Department was moved to that location. It had a separate area for pediatric patients but a common entrance with the Adult Emergency Department.

Dr. Batson started from scratch to recruit the initial faculty for the divisions of Ambulatory Pediatrics, Adolescent Medicine, Allergy/Immunology, Cardiology, Child
Development, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Diseases, Neonatology, and Neurology (see Appendix II).

During his 33-year tenure as Chairman, Batson taught more than 3,500 medical students and 240 pediatric residents, most of who are still practicing today (see Appendix III for Pediatric Residents by year). He was in the era of the great southern chairmen that included Dr. Amos Christie at Vanderbilt, Dr. Ralph Platou at Tulane and many others that pioneered pediatric care and training in the South. Dr. Batson has been called “the Grandfather of Pediatrics in Mississippi.”

Batson was honored often for his contributions to the health of children in Mississippi. In 1986, the American Academy of Pediatrics presented him with the Clifford G. Grulee award for distinguished service to the Academy. In 1995, he was inducted into the University of Mississippi Alumni Hall of Fame and in 1996 and he was Vanderbilt’s Distinguished School of Medicine Alumnus of the Year. He received many other awards for outstanding service related to child health.

He was an examiner for the ABP from 1963 until 1990. He was very active in the AAP. He was elected as the Chairman of District VII in 1974 and served a six-year term until 1980. He was appointed to a number of committees in the AAP including the national AAP Executive Committee in 1974 and he chaired the Council on Governmental Affairs and was a charter member of the AAP Sections of Child Development and Community Pediatrics. He resigned in 1980 to become a candidate for the President-Elect office, which he unfortunately lost. Many community pediatricians as well as UMMC faculty members worked to get him elected. He was elected a Fellow of the American Public Health Association in 1969, a member of the American Pediatric Society and President of the pediatric section of the Southern Medical Association.
Following his retirement as Chair of Pediatrics, he served as Course Director for the M-3 pediatric clerkship before retiring from the faculty in 2001.

Dr. Batson was a great storyteller and loved sports, especially Vanderbilt basketball and he rarely missed the SEC basketball tournament. In 1956 he attended his first national pediatrics meeting in New York as the new Chairman of Pediatrics from UMMC. He also happened to have tickets to the World Series and skipped a session to attend that game. Don Larson pitched the only perfect, “no-hitter” game in World Series History.200

Dr. Owen B. Evans followed Dr. Batson as Chair of the Department of Pediatrics in January, 1989. He stepped down as Chair in February, 2011 and retired from the practice in June, 2013.

Evans received the BA and MD degrees at Vanderbilt University, graduating from the medical school in 1973. Following an internship at the University of Washington in Seattle, he was called into active duty in the U.S. Navy aboard the USS Camden, AOE2, bound for the western Pacific Ocean, for a year. This was followed by shore duty in Seattle as a general medical officer for a year, seeing active duty sailors and retirees.
Following military service, Evans returned to Vanderbilt for another year of pediatric residency followed by a residency in pediatric neurology. He joined the faculty in the Department of Neurology in 1980, which was chaired by his mentor, Dr. Gerald M. Fenichel. Batson recruited Evans to be the Chief of Child Neurology at UMMC in 1983.

Evans appointment to Chair position was the result of Dr. Batson’s efforts. Batson was not impressed with the first group of candidates for his replacement. He approached Evans and suggested that he apply for the position. At the same time, he met with the Vice Chancellor, Dr. Norman Nelson, recommending Evans for the Chair. Evans had chaired the residency committee for the pediatric program and was the Chief of Pediatric Neurology and Child Development. He was also the Medical director of the Pediatric Intensive Care Unit. Dr. Nelson heeded Dr. Batson’s advice and instructed the search committee to include at least one “internal” candidate selected form one who was presently on the faculty at UMMC. The search committee accepted Evans’s application and according to Dr. Batson the committee was impressed by the interview and recommended Evans for the position in the fall of 1988. He became Chairman in January, in 1989.

Dr. Owen B. Evans, circa 1989 (UMMC Public Affairs)

Nelson agreed to several requests Evans wanted that included the recruitment of additional faculty, the opportunity to build a new Children’s Hospital, the formation of a community support organization, which would later become the Friends of the Children’s Hospital, and a “personal computer” for the Department.
Dr. Howard Nichols had told Dr. Batson that he would direct the outpatient clinics for 5 years after replacing Dr. Britt in 1983. True to his word, Nichols retired December 31, 1988. The first recruit Evans had to make was a new Chief of Ambulatory Medicine. After several efforts failed, he called Dr. Joe Donaldson, then a pediatrician with the Children’s Clinic in Jackson. It was to be the easiest recruitment Evans ever had. With a phone call, Donaldson accepted and agreed to start in six weeks with no discussion of salary, benefits or call schedule. Donaldson went on to win all of the teaching awards from students and residents at UMMC. Donaldson served many positions during and after his retirement.

The second most important recruitment was Dr. Emily Pender, a former resident, to head up the new Division of Pediatric Emergency Medicine. Until then, residents staffed the Pediatric Emergency Department (PED) with faculty consulting as needed. Dr. Pender was fellowship trained in pediatric emergency medicine and set about recruiting additional faculty (see section Subspecialties, Emergency Pediatrics).

Critical Care Medicine was also a priority. Dr. Rajinder Arora had been recruited in 1990 but left after two years. Evans was acting Director of the PICU until Dr. Rick Boyte returned to lead the Division of Critical Care in 1994. He was a graduate of the pediatric residency program in 1990. After a brief stint in private practice, he returned to the UMMC Pediatric Ambulatory Clinic before entering a Critical Care fellowship at the University of Tennessee in Le Bonheur in Memphis in 1991 (see section Subspecialties, Critical Care).

The pediatric faculty, both subspecialists and general pedestrians, traditionally staffed the inpatient wards. Evans created the Division of General Pediatrics that selected members of the faculty with both interest and experience in inpatient care of pediatric patients. This included most of the ambulatory pediatricians, the Chief Residents, and selected subspecialty faculty.

Evans developed divisions of Pediatric Rheumatology (Dr. Linda Ray), Pediatric Nephrology (Dr. R.B. Baliga), Forensic Pediatrics (Dr. Scott Benton), Pediatric Rehabilitation (Dr. Raphael “Corky” Sneed) and Palliative Care (Dr. Rick Boyte) (See section Subspecialties). The Department of Pediatrics also established the Children’s Hospital School, an accredited Mississippi Public School with Evans as the Superintendent and Linda Shivers as the Principal. Also established were the Child Life Program and the first medical Spanish translators. Off campus, clinics were
created at the general pediatric satellite clinics at the Jackson Medical Mall, North Clinic, Pearl, Lakeland and the Batson Specialty Clinic.

Evans was also tasked to combine the various physician practice plan within the Department of Pediatrics to a single practice plan, University Pediatric Associates, PLLC. Later, as president for five years of Clinical Associates, the association of the clinical departmental practice plans, Evans led the effort to combine the individual plans into a common billing system.

The formation of the Friends of the Children’s Hospital in 1989 with Suzanne Thames as the first President and the efforts of Tena McKenzie in the Department of Public Affairs initiated new fundraising opportunities that enabled the expansion of pediatric services that include the Blair E. Batson Hospital for Children in 1997, the Pediatric Surgery expansion in 2004, and the Pediatric Emergency Department in 2011 and the PICU expansion and renovation in 2011.

**Dr. Omar Abdil-Rahman**, Associate Professor and a geneticist at UMMC, became the interim Chair in February 2011. Dr. Rahman was a graduate of UMMC medical School in 2000 and the UMMC pediatric residency program in 2003. He pursued a genetics fellowship at Stanford University in California and returned and returned and returned to UMMC in 2006 in the Department of Preventive Medicine. He was transferred to the Department of Pediatrics in 2008 (See Subspecialties, Genetics)

**Dr. Frederic E. (Rick) Barr** was named the Suzanne Thames Professor and Chair of Pediatrics in July, 2011. Similar to Batson and Evans, Barr also had ties to Vanderbilt University. He received his undergraduate degree from West Virginia University in 1983 and the MD degree from the University of Virginia in 1988. Pediatric residency was at Vanderbilt University from 1988-1991 and followed by a critical care fellowship at the University of California San Francisco from 1991-1994. He returned to Vanderbilt and became Chief of the Division of Pediatric Critical Care. At Vanderbilt he obtained a Masters Degree in clinical investigation. Prior to being recruited as the Chairman of Pediatrics, he was the Vice Chair for Clinical research at the University of Cincinnati. Barr left UMMC in 2016 to take a similar position at the University of Arkansas.

**Dr. Mary Baraza Taylor** was named the interim chair in 2016 and assumed the chairmanship in 2017. Taylor was orininally reruited to UMMC in 2011 From Vanderbirt to become the Chief of Pediatric Critical Care. Taylor was a UMMC graduate in 1991 and completed a pediatric residency at Vanderbilt in 1994. This was followed by both a
pediatric critical care and pediatric cardiology fellowships at Vanderbilt and a cardiac critical care visiting fellowship at Boston Children’s Hospital. While at Vanderbilt, Taylor obtained a Masters degree in Clinical Investigation. A distinct Pediatric Cardiac Intensive Care Unit was created after her arrival to support the growing pediatric cardiac surgery program.

Under both Barr’s and Taylor’s chairmanships, the Department of Pediatric has grown significantly. He recruited 110 faculty members in the first 3 years as chair. In the 55 years prior to that, about 80 faculty members had been recruited. The residency class increased from 12 pediatric residents a year to 16. Fellowships in cardiology, critical care, gastroenterology, palliative pediatrics and emergency medicine were created. Plans were made to expand the Children’s Hospital with a new tower to house additional critical care beds, expand the pediatric cardiac surgery program, a pediatric imaging center and other programs. Also, an ambulatory facility is palnned for Madison.

Rick Barr, Blair Batson and Bev Evans, Chairmen of Pediatrics 1955-2014 (UMMC Department of Public Affairs)
Pediatric Organizations

The first national organization related to pediatrics was the Section of Diseases of Children of the American Medical Association (AMA) in 1880. Abraham Jacobi was the first President. This Section did not succeed and the Section of Obstetrics and Gynecology refused to allow a separate section for pediatrics. As a result, the American Pediatrics Society (APS) was formed in 1888.\textsuperscript{2,3}

The American Academy of Pediatrics (AAP) was founded in 1930 largely because of a split with the AMA. In 1922 the AMA called the National Maternal and Infancy Act (Sheppard-Tower Act) an “imported socialist scheme” and reprimanded the Pediatric Section for publicly supporting the act. The Pediatric section thought the Act was important for child health. The dispute with the AMA contributed to the formation of the AAP.\textsuperscript{2}

The Mississippi Chapter of the AAP was established in about 1932 when Dr. Noel Womack Sr. was named Chairman of District II of the AAP by the president of the AAP. At that time there were about 50 members of the AAP in the United States.\textsuperscript{91} (see Appendix I for letters related to the appointment of Dr. Womack and Harvey Garrison, Sr.\textsuperscript{142})

The Mississippi State Pediatric Society (Society) was established in 1934.\textsuperscript{31} It was formed shortly after the AAP Chapter was established in Mississippi. It is unclear why the Society was formed other than the fact that the AAP required certification by the American Board of Pediatrics for membership. The Society may have been established to accommodate physicians with an interest in pediatrics but were either not eligible or not interested in joining the AAP. The ABP requirements for certification in 1934 was that members must have five years experience of practice exclusively devoted to pediatrics (see Appendix I).\textsuperscript{142}

The Society began meeting annually with Mississippi State Medical Association (MSMA) in 1937 in Meridian, MS (see cover art)\textsuperscript{144}

In 1950 MSMA created a Pediatric Section and began having a scientific session at the MSMA annual meeting with invited “Essayists”. The Society also held a separate scientific session at the same meeting.

As a part of the annual meeting, when held at Jackson, there was a golf tournament at the County Club of Jackson and a skeet-shooting contest at the Capitol Gun Club
hosted by Dr. Charles Ward of what become Children’s Medical Group in Jackson. A “suitable trophy” was awarded to the winner.

The first Mississippi female pediatrician to address the Pediatric Section of the MSMA was Dr. Virginia Small of Greenville in 1950. Her subject was bacterial meningitis and the discussants were Dr. Ruth Burroughs of Jackson and Dr. Mary Clark of Hattiesburg. Dr. Eva Linn Meloan of Jackson presented a talk on histoplasmosis the following year. Dr. Mary Ward of Corinth would become the MSMA Pediatric Section Chairman in 1964. It was not until 1992 when Dr. Susan Buttross became the first a woman to be Chair of the AAP Chapter in Mississippi. Dr. Chris Click, the only other woman to be Chair of the Chapter, followed her three years later.

On May 9, 1955 at the MSMA annual meeting was held at the Hotel Buena Vista in Biloxi and the President of the Society at that time was Dr. William F. Riley of Meridian. The program was:

12 Noon Luncheon of members, their wives and guests, Fiesta Room
1:30 Scientific Meeting
“Rheumatic Arthritis”, Katharine Dodd, MD, Little Rock, Arkansas
(Professor and Chairman, University of Arkansas School of Medicine)
“A Pediatrician Looks at the Behavior Disorders in Children”, Ashley Weech, MD, Cincinnati
“Meningitis”, Katharine Dodd, MD, Little Rock, Arkansas
4:00 Business Meeting
4:30 Meeting of the Mississippi Section of the American Academy of Pediatrics
5:00 Fellowship Hour, Sun Room
8:00 Annual Society Banquet, Sun Room

On the following day, May 10, the MSMA Section of Pediatrics held its session in the Hurricane Room of the Hotel Buena Vista. The Chairman for the session was Dr. Byron Alexander with the following program:

I. “Some Problems of Plastic Surgery in Children”, James H, Hendrix, Jackson, MD
II. “Recent Advancements in Diagnosis and Treatment of Rheumatic Heart Disease in Children”, Katharine Dodd, MD, Little Rock Arkansas
III. “Management of Hyaline Membrane Disease Syndrome”, Wayne Yerger, MD, Moss Point.
IV. “The Time Factor in Noninfectious Diseases of the Newborn”, Jo Newell Robinson, MD, Columbus
This was the first time that the AAP Chapter had a business meeting in conjunction with the MSMA and the Society meeting.

At the Centennial meeting of the MSMA in 1956 held in Jackson, the Section Chairman was Dr. Harvey F. Garrison, Jr., who was also Chairman of the AAP Chapter. Its president, Dr. Howard Nichols, led the Society meeting. Both Garrison and Nichols were members of the Children’s Clinic in Jackson. Dr. Blair E. Batson, the new Chair of Pediatrics at UMMC, spoke at the Section meeting: “Concepts Concerning Sickle Cell Disease and its Treatment”. Following the last speaker of the Society meeting ("Infantile Hemiplegia" by David Clark of Baltimore) business meetings for both the Society and the AAP chapter were scheduled.

From the above, there is some confusion of the relationship of the Society, the MSMA Section on Pediatrics and the Mississippi Chapter of the AAP. The committee that authored the AAP report on the state of health of children in Mississippi in 1947 had Dr. Harvey Garrison, Sr. representing the AAP Chapter and Dr. Franklin Gail Riley representing the Society. Those who are still living and were active in those organizations in the 1950’s do not recall the differences in the memberships.

The earliest copy of the Constitution and Bylaws of the Chapter is dated 1957 (See Appendix IV). The last reference to the Society was an announcement of a business meeting at 1957 MSMA annual meeting. The AAP Chapter continued to meet with the MSMA annual meeting until 1980 and subsequently it became just a luncheon. The MSMA Pediatric Section stopped having a separate pediatric session in 1983.

Dr. Noel B. Womack, Sr. was first president of the Society from 1934 to 1937 and then appointed AAP Mississippi Chapter Chairman for 1937 to 1938. Dr. Harvey Garrison, Sr. was the second President of the Society from 1936 until 1938 and then was appointed Chairman of the Mississippi AAP Chapter until from 1929 until 1950. Harvey Garrison, Jr. was then appointed Chairman until 1959 when Dr. Guy Jarrett was elected Chairman (see Appendix V).

The Leadership of the AAP Chapter, the Society and the MSMA Section on Pediatrics are a “Who’s Who” of Mississippi pediatricians (Appendix V). The chart documents who the President or Chairman of the three organizations were at the time of the MSMA annual meeting. It would appear that the Society merged with the AAP Chapter in 1959.
and the function of the MSMA Section on Pediatrics was replaced by the separate AAP Chapter annual meeting shortly thereafter.

The limited records indicate that the Chapter intended to be very active. (Appendix IV). The 1957 bylaws stated:

“The purpose of the Chapter shall be to foster the improvement of the care for the children of Mississippi, to strive to strengthen the health services for children in the state and to cooperate with further to strengthen the policies of the American Academy of Pediatrics.”

The 1967 version stated the purpose to be:

“To improve the health and welfare of infants and children within the state.

To correlate the activities of the Academy with those of the state and local agencies insofar as the welfare of children is concerned”

To promote scientific programs and education for its members.”

The last purpose may have been influenced by the emergence of the Pediatrics Department at UMMC.

In 1966 the Chapter had liaisons appointed to the Mississippi State Medical Association, the State Health Department, the Mississippi State Parent-Teacher Association', and the Mississippi Children’s Code Commission.

Chapter committee titles were Program, Fetus and Newborn, Hospital Care, Accidental Poisonings, Adoptions, Juvenile Delinquency, Medical Care Plan, Handicapped Child, Accident Prevention, School Health, Nominating, and the Executive Committee.

In about 1959, the Chapter began having separate meeting from the MSMA. These meetings were held in Jackson at the Holiday Inn on North State Street between Millsaps College and UMMC. The date was the Friday before the Ole Miss and Mississippi State football game. The Claud E. Batson Memorial lecture was given the Saturday morning before the game.135

In 1966 there were 43 pediatricians who were members of the Chapter and 25 pediatricians who were not members, for a total 68. Within a year or so there were a total 78 pediatricians in Mississippi, 51 of which were members. In 2013, the Chapter had 200 members.

In 1961, the Chapter began having its scientific and business meeting in the fall of each year in conjunction with the UMMC Claude Batson Memorial Lecture and the Ole Miss-
Mississippi State football game. In 1984, the Chapter teamed with the Department of Pediatrics to have a Spring meeting to provide CME credits. The first Spring meeting was chaired by Bev Evans and the topic was “Pediatric Neurology”. That same year, while Dr. Bob Abney was Chairman, the AAP awarded the Mississippi Chapter the Outstanding Small Chapter of the Year Award. In 1993, when Dr. Susan Buttross was Chapter Chairperson, the Chapter again received this award.

For many years Dr. William Frank Sistrunk was involved with legislative affairs at both the state and national level. While Chapter Chairman from 1977-1980, several very important bills related to newborn health were passed through Sistrunk’s efforts. In 1980 he was appointed by Governor William Winter to serve on the Statewide Health Coordination Council.

The Mississippi Chapter of the AAP has been an active participant with the national AAP in various local, state and national initiatives to support child health. The Chapter’s Mississippi Children’s Immunization Awareness Project resulted in a marked
increase in the percentage of immunized children under age two years and was one of the highest rates in the nation. Other projects included the Safe Sitter program and programs related to car and bicycle safety.

In 1978, the Chapter teamed with the OB-Gyn state organization to form the Mississippi Perinatal Society to address the health issues related to mothers and infants and to coordinate efforts with MSMA, the State Department of Health and other organizations and agencies towards improving outcomes.

Key legislative bills enacted with vigorous Chapter support are:

- Medicaid coverage from birth rather than after 30 days of life
- PKU and thyroid screening at birth
- Medicaid coverage of the two-parent family rather than single mother
- Hunter safety course
- Increasing driver’s age to 16 years
- Infant car seat law
- Raising the Driver’s Licensing Age from 15 to 16; requiring teen stay in school to retain driver’s license
- Requiring child death investigations
- Child Death Review Panel
- Training coroners in child death investigation
- Primary seatbelt law
- Booster seat law
- Graduated Drivers License Law
ATV helmet and safety law
Child sexual abuse law
Dirt bike helmet law
School nutrition
Texting while driving ban
Preservation of immunization deferment only for medical exemptions

Lynn Murray Evans has had a career advocating for the health and welfare of children. She became the first dedicated lobbyist for the Mississippi Chapter AAP in 2002 and has helped enact a number of these legislative initiatives.

Representatives of the Mississippi AAP Chapter have met regularly with Blue Cross Blue Shield (BCBS, the major private insurer in Mississippi) and the Mississippi State Division of Medicaid (DOM) as well the leaders of the two Medicaid managed care organizations (MCOs): United Healthcare Community Plan and Magnolia Health (subsidiary of Centene).

BCBS of MS reached out to the Chapter in the wake of hurricane Katrina in 2005. Since that time BCBS of MS has sought our input on issues such as autism related services, well visit care, immunizations, and other topics related to the care of children and families. Major advancements from BCBS of MS were their decision to cover the HPV vaccine for males and to cover the booster dose for the meningococcal vaccine in older teens. Other issues being discussed have been:

• ensuring their newly updated well child visit guidelines are consistent with AAP Bright Futures Guidelines

• advocating BCBS make separate payments for problem visits performed and documented correctly on the same date as well visits.
• addressing inappropriate bundling of services such as vision photo-screening for younger children

• encouraging incentivizing practices for improved population health and practice transformation

• addressing problems with restrictive medical formularies that disallow appropriate management of diseases like ADHD

The Chapter executive committee has met with DOM and both Medicaid MCOs and successfully negotiated:

• increasing the claim filing time for MCOs from 90 to 180 days

• merging all drug formularies into one “universal formulary” for all Medicaid FFS, managed care, and MSCHIP patients.

• updating and improving the EPSDT program by making it more reflective of the AAP’s Bright Futures guidelines for preventive care.

• appointment of the first Medical Director to the DOM, a pediatrician and Chapter leader, Dr. Tami Brooks.

• extension of the Affordable Care Act Medicaid primary care payment increase beyond 2014 with state funding. During the 2014 MS Legislative session, DOM was instrumental in securing this important key to access to care for Medicaid patients through at least the 2016 fiscal year. Mississippi was one of only 14 states in which this Medicaid primary care payment increase will be extended into 2015.

Pediatric Residency Education
Defining what was a pediatrician was somewhat ambiguous in the first half of the 20th century. In Mississippi, the Mississippi State Pediatric Society required its members to devote 80% of their practice to children and in 1934 the AAP required five years of practice exclusively in the care of children. In 1934, the American Board of Pediatrics began certifying candidates. Many established “pediatricians” were “grandfathered”. Subsequent candidates were required to have formal training in pediatrics and to take
an examination. The requirements to be board eligible for certification were three years of residency training with at least two of those years in an RRC approved program.

Dr. Frank Wiygul recalled going to the office of Dr. Harvey Garrison, Sr. to take the examination.30

Many pediatricians had a rotating internship and then did two years of pediatrics as second (junior) and third year (senior) residents. Most served in the military for two years after the internship and some pursued general practice before entering a residency. It was also common for pediatric residents to have training in more than one program. For example, Dr. Nell Ryan did the first year at Vanderbilt, the second year at UMMC and the third year at Oklahoma. In the mid 1960’s, the ABP began requiring three years of pediatric training for certification. During the 1960’s and 1970’s however, because of the doctor draft, the ABP would certify candidates with two years of pediatric training if that they had served at least two years of active duty military service.

There was no postgraduate training in pediatrics in Mississippi prior to Dr. Batson’s arrival at UMMC in 1955. His first trainees were Dr. Marion Winkler and Dr. James Matheny in 1956-57. Winkler would complete one year of training and Matheny was the first to complete a pediatric residency in 1958. It is unclear if Dr. Joe Miller came as a senior resident or Chief Resident in 1956. Dr. Weir Conner also completed a second year in 1957-58. It wasn’t until 1962 that a resident completed three successive years at UMMC and that was Dr. Gussie Higgins Carr in 1962. Dr. Bill Hilbun did the PL-1 year in 1960-61 and returned 1963 for the final two years. Dr. Kimble Love was the second resident to complete the residency program in three consecutive years in 1966.

Residency in the 1940’s through the 1970’s was just that. Residents were expected to be “house officers” and essentially lived in the hospital. Dr. Howard Nichols related that when he was in training in the 1940’s he was not allowed to get married. Women were encouraged not to get pregnant. Every other night call was the rule not the exception with about 110 hours in the hospital a week.35 Every third night call became common in the 1970’s, which averaged about 90 hours a week in the hospital.

In the early years, Interns were in the hospital 32 hours on and 16 hours off call. Upper level residents had better hours but more responsibility. A single senior resident would
be in the hospital at night supervising three interns, one each assigned to the emergency room, the pediatric wards and the nurseries.

The Residency Review Committee (RRC) sets accreditation standards and provides peer evaluation of residency programs and fellowships for the Accreditation Council for Graduate Medical Education (ACGME). There have been many changes in the program requirements, most notably those related to duty hours.

Starting in the 1970’s the RRC began to place restrictions on duty hours and the number of months assigned to critical care rotations and in the 1980’s this was restricted further. In the 1990’s every fourth night became the norm for most rotations, which averaged about 80 hours a week; however, some critical care rotations were often every third night call. The most recent guidelines are more restrictive limiting the duty hours to 80 a week with time allotted or sleep while on call and duty free days. More emphasis has been placed on resident and patient safety and the ambulatory experience.

Prior to 1990, house officers and students often did laboratory studies such as a CBC, Gram stains and bacterial cultures. Interns were taught to start intravenous lines, and to draw blood. If the intern failed it was the resident’s job. Prior to the computer age, students were sent to the hospital laboratories every morning to get results in time for morning rounds.

When the military draft ended in 1973, many residents did not have supplementary GI benefits and many ‘moonlighted” to get extra income. In Mississippi, postgraduate training was not required for licensure until 1976. In the 1990’s, the RRC began including moonlighting hours toward the total duty hours so that resident moonlighting decreased significantly. Residents began to take out loans to finance their domestic financial needs and many residents accumulated significant debt when they completed their training.

Dr. Tom Christian related a story of moonlighting in a community hospital while a resident at UMMC. The child had ingested a hydrocarbon and needed to be transported to UMMC. The county’s primary ambulance was engaged so the back-up ambulance was summoned. Half way to Jackson the ambulance overheated but Christian ordered to carry on. When the ambulance caught on fire, they pulled into a service station. Fortunately an off-duty highway patrolman was at the station that loaded his family and transported the child and Christian to UMMC in his private
The residency class size at UMMC was variable until 1974 when 6 positions for the PL-1 year were approved. The first year to have all three levels filled was 1977-78. Class size increased to 8 slots per year in 1980-81 and to 10 slots per year 1991. However, if vacancies occurred in the second or third years, the class size of the first year was often increased.

In 2006, following the devastation of Keesler Air Force Base in Biloxi by Hurricane Katrina, the incoming class increased to incorporate the four displaced PL-1 residents assigned to Kessler. In 2009, the class size was increased to 12 per year. (See Appendix III for the list of residents by year.) As of 2013, a total of 407 residents have completed the PL-3 year of training at UMMC since 1958. The residency increased to 16 per year in 2015.

Dr. Blair Batson on rounds, (reproduced from the 1962 UMMC Yearbook, Medic).

The Department of Pediatrics has resident programs for Pediatrics (3 years), combined Medicine and Pediatrics (4 years) and Pediatric Neurology (5-6 years).
**Residency Program Director**

The residency program director is appointed by the Chairman and is responsible for the recruitment and training of the residents. Importantly, the program director must ensure compliance with RRC guidelines, provide periodic individual evaluations of resident performance, address issues from resident input, and when necessary, disciplinary action. Highlights each academic year are the Match Day, the results of the American Board of Pediatrics certification examination and the graduation of senior residents.

The Program Director is assisted by one or more Assistant Directors, a Program Coordinator for clerical and organizational plans, the Chief Residents, a Resident Review Committee composed of faculty and residents from each level, as well as the institutional Graduate Medical Education Director and Committee.

**Pediatric Residency Program Directors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blair Batson</td>
<td>September 1955- December 1988</td>
</tr>
<tr>
<td>Owen B. Evans</td>
<td>January 1989-June 1990</td>
</tr>
<tr>
<td>John Moffitt</td>
<td>July 1990-March 1996</td>
</tr>
<tr>
<td>Gail Megason</td>
<td>April 1996 to October 2005</td>
</tr>
<tr>
<td>Kelly Hersey</td>
<td>November 2005 to June 2006</td>
</tr>
<tr>
<td>Craig Halstrom</td>
<td>July 2006 to June 2008</td>
</tr>
<tr>
<td>Jeff Crout</td>
<td>July 2008 to present</td>
</tr>
</tbody>
</table>

**Medicine-Pediatrics Residency Program**

The Medicine Pediatrics residency is a four-year program with two years of training in both internal medicine and pediatrics, alternating every three months from one to another. Completion enables the graduate to be board eligible for both the American Board of Internal Medicine and the American Board of Pediatrics. Deborah Downing was the first resident to complete this training in 1991. By 2014, 49 residents had complete medicine-pediatrics training (see Appendix III). Jimmy Stewart has been the training director since 2001.

**Chief Resident**

The Chief Resident’s role is to ensure that clinical service is staffed appropriately with pediatric residents with assurance of adequate levels of supervision by senior residents over junior learners. Scheduling is a major responsibility and can be challenging. The Chief Residents manages the day-to-day resident activities, schedules, the major teaching conferences (Grand Rounds and Case Management),
and is heavily involved in recruitment and the lightening rod for complaints.

Dr. Joe Donaldson, Chief Resident (reproduced from the 1972 UMMC Yearbook, *Medic*)

Initially, the Chief Resident was chosen from the PL-3 residents but was occasionally recruited from elsewhere. The first Chief Resident on record was Daniel Lane in 1965-65. However, Batson may have recruited Joe Miller in 1956 or 1957 from Johns Hopkins to be the Chief Resident for the fledgling pediatric residency program at UMMC. Dr. Jose “Mike” Montalvo may have been Chief Resident in 1960-61.

Beginning in 1982, the Chief Resident was selected from the PL-3 class to serve a year after graduation as a PL-4 resident. The last Chief Resident to be recruited from another program was Michelle Van Norman in 1998. She was a graduate of the UMMC School of Medicine and completed pediatric residency training at Le Bonheur.

Beginning in 1990, the Chief Residents were recruited as Instructors and members of the faculty. Added to their responsibilities were attending duties in General Pediatrics. As the class size increased in both the Pediatric and Medicine Pediatric programs, two chief residents have served each year since the 2005-06 academic year. The last solo Chief was Dr. Angela Ahuja in 2004-05. (see Appendix VII for the list of Chief Residents.)
Residency Program Coordinator

The Program Coordinator schedules events, interviews and meetings, ensures reports are completed and submitted timely, and manages the day-to-day operations. The Coordinator is often the eyes and ears of the program and provides for informal communications between the residents and the leadership.

Initially, the coordinator’s role was incorporated in the duties of the Administrative Assistant to the Chairman. From 1968 until her retirement in 1984 that was Bertille Paterson. She was beloved by faculty and residents and the Patterson Award was established in her honor to recognize the outstanding resident of the graduating class (see Appendix VIII). Mrs. Paterson expired in 2013.

Dianne McRae was the successor to Mrs. Patterson as the Administrative Assistant for the Department of Pediatrics and Residency Program Coordinator until her departure in 1994.

Mrs. Jo Carr became the Executive Secretary to the Chairman in 1989 when Evans became Chairman. She had served as the secretary to Evans and later as Administrative Assistant in the Division of Pediatric Neurology at the time of this transition. Mrs. Carr had a long history with the Department in the past including the Administrative Assistant for Pediatric Cardiology. Jo Carr had served the Department of Pediatrics longer than any other employee at the time of her retirement in 2005. She was widely respected throughout UMMC and never forgot a face or a name.

Nancy Frohn became the first full time Residency Coordinator in 1994 and continued in that role until her retirement in 2004. Frohn had served the Department in many ways before taking this responsibility, including the Administrative Assistant for Pediatric Cardiology, led the effort to build the Ronald McDonald House and served as the initial Director and Project Manager for the Friends of the Children’s Hospital. The Frohn Award was established in her honor to recognize the outstanding PL-1 resident (intern) (See Appendix VIII).

Daphne Secrest assumed the residency coordinator in 2004. She had previously been a Child Life Specialist in the Batson Children's Hospital.

Donna Windsor was the Administrative Assistant 1995 until her retirement in 2015. Windsor became involved with a number of activities that supported UMMC and the Children’s Hospital. She has served as President of the University Alliance and for many years was the Treasurer of the Friends of Children’s Hospital.
Pediatric Fellowship Training

The Department of Pediatrics has had a number of fellowship training programs in the past. Prior to 1995, these included fellowships in Cardiology, Neonatology, Adolescent Medicine, Emergency Medicine, Hematology Oncology, Allergy Immunology and Child Development. Pediatric Neurology is included in this section although it is actually a residency.

In 1996 the policy for fellowships changed at UMMC requiring ACGME approved fellowship programs that led to board certification. These requirements included a minimal number of board certified faculty and a meaningful research experience. Subsequently, the fellowship programs meeting RRC requirements in the Department of Pediatrics at UMMC in 2014 are Hematology/Oncology and Allergy/Immunology, Critical Care, Cardiology, Palliative Care, Gastroenterology, Neonatology and Pediatric Neurology. A listing of past fellows can be found in Appendix VI.
Pediatric Medical Subspecialties

Academic General Pediatrics\textsuperscript{128}

Until about 1960, general pediatricians were subspecialists. Most children were managed by the family physician. Trained pediatricians were relatively rare and served both a consultation role for general practitioners as well as being primary care providers for their own patients. The pediatrician of that era managed the problems that are now provided by the organ-oriented subspecialties of today. These arose in the post WWII years from the growth and interest in pediatric clinical and basic research.

Pediatrics is one of the primary care specialties that include Internal Medicine, Family Medicine and Obstetrics and Gynecology. Accreditation for medical schools requires education in primary care as does the ACGME for pediatric training programs. Hence, there is a need for academic general pediatricians.

The academic general pediatrician has a similar practice as their colleagues in private practice but with an additional responsibility of teaching and education. Most are centered in the ambulatory and resident continuity clinics. Most also attend the general pediatric inpatient wards. Many also staff the emergency departments and newborn nursery. Some manage adolescent and chronic disease clinics and “other duties as assigned.” A new field is the pediatric hospitalist with a focus on inpatient care. Because of the academic general pediatrician’s involvement with virtually every student and resident learners, they often have sizable roles in administration as residency program directors and student clerkship directors. Many are involved in child advocacy and are often spokespersons for their institutions in issues related to pediatrics.

As a defined role in academic medicine, general pediatrics arose from the formation of the Ambulatory Pediatric Association. This was formed in 1960 and has met annually with the APS-SPR. As the name implies, it was initially focused on ambulatory issues but has subsequently incorporated the other aspects of general pediatrics. A major purpose is to stimulate research in this field. There are fellowships in ambulatory pediatrics but most academic general pediatricians are recruited after residency or after they have been in private practice for a while.

It is probably no coincidence that 16 of the 29 recipients of the Holliman Award for the outstanding faculty member in the UMMC Department of Pediatrics as voted by the
residents have gone to an academic general pediatrician. Similarly, teaching awards voted by students (Alpha Omega Alpha and the clinical sciences classes) have gone disproportionally to academic general pediatricians.

Dr. Batson was the first academic pediatrician in Mississippi, as were all of his initial full-time faculty members. Various faculty members staffed the general pediatric clinics in the early days. Dr. Margaret Batson was the first medical director of the pediatric clinic aided by Dr. Frank Wiygul and other community pediatricians. Dr. Nell Ryan, a former UMMC graduate and pediatric resident, was recruited in 1962 and was the ambulatory clinic director for many years until 1974 when she sought further training in pediatric neurology. Dr. William Thomas Whitney (MD University of Vermont 1965) replaced Ryan but he left the following year. (see section UMMC and the Department of Pediatrics)

Dr. Linda Rae Walters contacted Dr. Batson about a position to manage general inpatients in the Children’s Hospital. She came in 1975 and left in 1977 to practice general pediatrics in Kentucky. There are no records documenting her education or training. She was probably the first “hospitalist” in Mississippi.

Dr. Robert Britt was recruited in 1977 and directed the division until his retirement in 1983. Britt received the undergraduate degree at Purdue and the MD at the University of Cincinnati. His internship was at New York Medical College and pediatric residency was completed at Vanderbilt. Prior to coming to UMMC, Britt was in private practice in Evansville, IL.

Dr. Howard Nichols, affiliated with UMMC and the Department of Pediatrics since its inception in 1955, was recruited from private practice in Jackson to be the Chief of Ambulatory Pediatrics in 1984 (see section UMMC and the Department of Pediatrics). He was a distinguished teacher and won the first Holliman Award in 1988 for the outstanding faculty member in Pediatrics. Nichols retired from UMMC in 1989. Drs. Hannah Gay, Linda Ray and Rick Boyte all served briefly in the ambulatory clinics before pursuing sub-specialty careers.

Nichols was succeeded by Dr. Joe Donaldson who held the position until his first retirement in 2005. Donaldson was a Vanderbilt graduate and did his pediatric internship at Vanderbilt. After two years in the US Army, one of which was in Vietnam, he completed his residency at the University of Virginia. He returned to UMMC to be Chief Resident in pediatrics for the 1971-72 year. He then joined the Children’s Clinic in Jackson. He was the first faculty member recruited by Evans after he became
Chairman in 1989. Donaldson accepted the position over the telephone without a formal interview or even inquiring about salary, benefits, or call schedule.\textsuperscript{42}

Donaldson not only directed the Ambulatory Division but also attended the general pediatric inpatients and the Pediatric Emergency Department. During his years as the Division Chief, the ambulatory program expanded to satellite locations in the Jackson area and additional faculty was recruited. Donaldson would return two more times after retirement to fill gaps in the clinical service.

\begin{center}
\includegraphics[width=0.5\textwidth]{donaldson.jpg}
\end{center}

Dr. John Joel Donaldson  (reproduced from UMMC Yearbook, \textit{Medic}, 1972)

\textbf{Dr. Will Sorey} graduated from UMMC in 1992 and completed a pediatric residency at UMMC in 1985. This was followed by a one-year fellowship in adolescent medicine with Dr. Bill Long. After a brief career in private practice, Sorey joined Donaldson in 1989.\textsuperscript{42} The two were responsible for all of the teaching and supervision in general ambulatory pediatrics. He became Chief of the Division in 2005 following Donaldson’s retirement. He also received numerous teaching awards from residents and students.\textsuperscript{41}
Evans recruited **Dr. Eva Henderson** (MD and residency Medical College of Wisconsin 1983)\(^{42}\) from the Jackson Hinds Comprehensive Health Clinic to open the first clinic at the Jackson Medical Mall (JMM) in 1994. **Dr. Aaron Shirley**, the first African-American to complete a pediatric residency at UMMC in 1967, was the president of the Jackson Medical Mall at the time, was also appointed to the faculty in 1998. Nurse Practitioner **Karen Winfield** came in 1998 and **Dr. Tammy McGee** (MD and residency UMMC 2000) in 2000. The addition of the JMM pediatric clinic expanded the educational and clinical experiences for resident and students. In 2010, the pediatric clinic at the JMM was transferred to Jackson Hinds Comprehensive Health Clinic and Henderson, Winfield and McGee have retired.\(^{42}\)

After retiring from private practice, **Dr. Cecil Jenkins** became a staff pediatrician for the State Department Health.\(^{170}\) The Public Health Clinic was located in north Jackson just west of I-55. In collaboration with the State Health Department, Jenkins joined UMMC and the clinic became a joint effort with UMMC. Jenkins became the Medical Director and pediatric residents and students received training at the “North Clinic” in 2003. Jenkins was later joined by **Drs. Tami Brooks** (MD and residency UMMC 1996), **Ruth Patterson** (MD Howard University 1982, residency UMMC 1986) and **Margaret McKenna** in 1996.\(^{41,42}\) McKenna was a UMMC pediatric residency graduate in 1996 and left UMMC in 1998.

**Dr. Sara Weisenberger**, who started her career as a nurse, graduated from UMMC 1991 and finished residency at UMMC in 1994.\(^{41}\) She was recruited after a year as Chief Resident to join the staff the Lakeland Pediatric Clinic.\(^{42}\) She was joined by **Dr. Bill Sistrunk**, who had retired from private practice with the Children’s Medical Group that same year.\(^{171}\) The Lakeland Clinic was closed in 2000 and Weisenberger was transferred to the North Clinic. Dr. Sistrunk retired.

**Dr. Leo Chang** graduated from Ching Shan Medical University in Taiwan in 1972 and was working as a staff physician at Matty Hersee Hospital in Meridian when it closed. He then completed a pediatric residency at UMMC in 1992 and initially was assigned to help manage the inpatients at the Children’s Rehabilitation Center. He was reassigned to the Pearl Pediatric Clinic in 1994 and transferred to the North Clinic in 2000 and retired in 2013.\(^{42}\)

**Dr. Jim Purvis** (MD UMMC 1991, residency UMMC 1994) joined the UMMC North Clinic practice in 2011. He had been with Children’s Medical group since 1997.\(^{41}\) Dr. **Elizabeth “Bri” May** received the MD degree at UMMC in 2007 and following her residency training at UMMC, she was Chief resident in 2010-2011. After a brief period
of private practice, she returned to UMMC as a pediatrician at the Eli Manning Clinic on the main UMMC campus. Subsequent additions to the Ambulatory Pediatric Division have been: 

**Dr. Abigail Gamble** (2013-2015, PhD Health and Kinesiology, University of Mississippi 2006)

**Dr. Ivonne Galarza** (2013- MD Ponce, P.R. School of Medicine 1985, residency Miami Children’s Hospital 1988, Assistant Professor USAF Beaumont Army Hospital 1989-1991, Faculty member Ponce, P.R. School of Medicine 1997- 2008, Chair Department of Pediatrics 2008-2013)

**Dr. Whitney** (2013- MD UMMC 2010, residency UMMC 2013)

**Dr. Ryan Head** (2013-2014, Grenada satellite clinic, MD Ross University, residency UMMC 2012)

**Dr. Zach Cannon** (2014-2014, Grenada satellite clinic, MD Ross University 2009, residency UMMC 2014)

**Dr. Anza Stanley** (2014- MD Meharry Medical College, residency UMMC 2014)

**Dr. Kathryn Thomas** (2014- Grenada satellite clinic, MD UMMC 2011, residency UMMC 2014)

**Dr. Bettina Beech, D.Ph.** (2014- Associate Vice Chancellor of Population health. Dr. Ph. University of Texas Health Science Center)

**Dr. Nicole Borges, Ph.D.** (2014, Associate Dean for Medical Education and Research, PhD D, Counseling Psychology Indiana State University, 1998))


**Dr. Valiparambil B. Praveen Kumar** (2015, Grenada satellite clinic, MD 1990 at Ambedkar Medical College in Bangalore, India; residency Mount Sinai School of Medicine in Elmhurst, New York)

**Dr. Austin Harrison** (2015, MD UMMC 2011, residency UMMC 2014, Chief Resident 2015)

In addition to ambulatory care, academic general pediatricians also staff general pediatric inpatients. In the 1990’s inpatient pediatrics evolved into its own subspecialty. Faculty physicians were recruited for this new role that would later be called “hospitalists”. In 1991, Drs. Cindy Voelker (MD LSU 1988, residency UMMC 1991, Chief Resident 1992), Deborah Downing, a UMMC Med/Peds graduate, Tom Walker and, Lyn Walker, UMMC pediatric residency graduates, were recruited to manage one of the three general pediatric ward teams. The resident class did not have a sufficient number of senior residents to manage the third team. Voelker had been the
Chief Resident in 1991-92 and all subsequent Chief Residents became members of the General Pediatrics Division.

The four hospitalists served until 1993. **Drs. Amhed Atiyeah** and **Ted Sigrest**, both UMMC residency graduates, would later be hospitalists briefly. **Dr. Joe Russell** was a UMMC graduate and a PL-1 resident in 1995. After transferring to LSU to complete his training and serving as Chief Resident, he returned to UMMC as a hospitalist in 1998 and would leave to join Children’s Medical Group in 2000.

**Dr. Jeff Crout** was recruited in 2001 and remained as the Chief of the Division of General Pediatrics. Crout succeeded Dr. Batson as the M-3 Clerkship Director and later became the Pediatric Residency Program Director. Like his predecessors in general pediatrics, he also received almost all the teaching awards from students and residents. He graduated from Millsaps College and received the MD degree at UMMC in 1990, completed pediatric residency at UMMC and then was Chief resident in 1993-94. He was in private with the Children’s Medical Group prior to his appointment to UMMC.

**Dr. Kimberly Paduda**, who had been both a student and a pediatric resident at UMMC, joined the faculty in 2006 with both inpatient and ambulatory responsibilities. She became the M-3 Clerkship Director in 2009, replacing Crout who had become the Residency program director. Like Crout, Paduda would win multiple teaching awards.

In 2010, **Drs. Kathryn Schneider, Anisha Bajaz** and **Ryan Nerland** were recruited as pediatric hospitalists. Schneider graduated from UMMC in 2006, completed a pediatric residency at UMMC in 2009 and was a Chief Resident the following year. Schneider had been one of the two Chief Residents in 2009-10. Schneider received the Holliman award in 2013 and became the assistant training director for the pediatric residency program.

Bajaz was also a UMMC graduate in 2007 completed a pediatric residency at UMMC in 2010. Nerland was a graduate of St. George’s University School of Medicine in 2005, a UMMC Medicine/Pediatric graduate in 2009 and one of the Chief Residents in Pediatrics in 2009-10. Bajaz left in 2011 and Nerland in 2014.

**Dr. Lisa Didion**, who graduated from and trained at the University of Iowa, was recruited as a hospitalist in 2011.
This group of hospitalist was assigned to help manage the medical problems of children on the surgical services. The service expanded to managing some of the pediatric private practices in 2014. Additional members of the hospitalist group have been: Dr. Bob Eubanks (2012, MD UMMC 2008, residency UMMC 2011, Chief Resident 2012) Dr. Kathleen Berg (2013-2014, MD LSU Shreveport 2008) Dr. David Guilliam (2014, MD University of Alabama, Birmingham 2009, Med/Peds residency 2013, Chief Resident UMMC 2014)

Vernon Rayford (2015, part-time hospitalist, Tupelo, Pharm. D. University of Mississippi 2005, MD Vanderbilt University 2009, Med/Peds residency Massachusetts General Hospital 2013)

Viswanath Gajula (2015, part-time hospitalist, Tupelo, MD Gandhi Medical College, residency Michigan State University, fellowship Children’s Hospital of Michigan)

The Medicine Pediatrics faculty were also intimately involved with both ambulatory and inpatient clinical and training programs and staffed a separate Medicine-Pediatrics clinic at Grant’s Ferry UMMC ambulatory clinic. They have joint appointments in both the Departments of Internal Medicine and Pediatrics. Dr. Jimmy Stewart graduated from UMMC in 1996. After completing a Med/Peds residency at UMMC and serving as an Internal Medicine Chief Resident, he joined the faculty in 2001 as the Med/Peds residency Program Director. He also was the Course Director for the Introduction to Clinical Medicine for the second year students.

Other faculty in the Med/Peds Division were all prior graduates of the UMMC Med/Peds program are Drs. Ken Ball (2005), Jerry Sheppard (2005), Michelle Horn (2005, Ryan Nerland (2009), Zeb Henson (2009), Jerico Bell (2010) and David Guilliam (2013). Horn, Nerland and Guilliam were also Chief Residents in Pediatrics.

Infectious Diseases

Early medical authors often included infectious diseases in children including Hippocrates (mumps), Celsus (ascariasis and others), Oribasius Siriasis (meningoencephalitis and others), Aetius (diphtheritic paralysis and others), Rhazes (measles, small pox and others) and Avicenna (tetanus and many others). There are no recorded writings on this subject during the “dark ages”.

The invention of the printing press spurred a number of published works related to children with the first in 1472 by Paolo Bagellardo. The first English language text was by Thomas Phaer, “The Boke of Chyldren”. This included chapters on “aposteme of the brayne” (meningitis), Quennsye (swelling of the throat), Fluxe (diarrhea), Consumption (tuberculosis), and others.

In the 17th century the contagious nature of specific epidemics of whooping cough, rubeola, scarlet fever, and diphtheria were documented. There was nothing known of the cause or the treatment for these diseases. Thomas Willis (Circle of Willis) in his writings on pertussis stated that the usual treatments for the cough were little benefit and “old women and gypsies” were consulted more often than doctors.

America in the 17th century had its share of infectious epidemics including “summer diarrhea” and “bloody flux” (dysentery) that was particularly dreadful. In the 18th century a great stride was made by the introduction of smallpox inoculations and the differentiation of chicken pox from smallpox.

Eli Ives was the first pediatric faculty appointee in a U.S. school of medicine and lectured at Yale from 1813-1852, mostly about infectious diseases, which had continued to be the major causes of mortality in children. American authors published several texts about pediatrics in that century that devoted sections to infectious diseases.

The scientific advances in bacteriology and public health of the late 19th century lead to significant declines in infant and child mortality in the 20th century. Pasteur, Koch, Lister and others developed the concept of “germ theory”, sepsis and antisepsis. The simple discovery of hand washing between patients saved many lives. Immunizations and the development of antimicrobials further advanced the health of children.

Pediatric infectious Diseases as a subspecialty began to emerge in the 1950’s largely due to NIH training grants. The American Board of Pediatrics began certifying general pediatricians in 1934 and the first subspecialty board, Pediatric Cardiology, was established in 1961. It was not until 1991 was there a subspecialty board for Pediatric Infectious Diseases and ACGME accreditation for training programs.
The first fellowship trained and board certified infectious disease pediatrician was Dr. Sandor Feldman, who was recruited by Dr. Batson in 1987 from St. Jude’s Research Hospital in Memphis. Feldman was a graduate of the medical school and pediatric residency program at the University of Louisville. He completed fellowship training at Kings County Hospital in Chicago. Feldman maintained his interests in clinical research and participated in all the major clinical trials for immunizations and the initial clinical trials of acyclovir, the first anti-viral drug to treat chicken pox. Somewhat unique was the participation of general pediatric practitioners in his research. He was awarded the Guyton Distinguished Professor Award for his research efforts. Feldman retired in 1998 and consults with the Mississippi State Department of Health.

Dr. Sandor Feldman, circa 1985 (photograph provided by Dr. Feldman)

Dr. Feldman recruited Dr. April Palmer from Denver in 1996 who had interests in virology. Palmer graduated from medical school at the University of Kansas in 1989 then completed her residency at the University of Texas Southwestern in Dallas Texas in 1993, where she was chief resident. Her fellowship training was at the University of Colorado where she gained an interest in neonatal enteroviral infections and studied the effects of maternal infection on fetuses in a murine model. Since joining the faculty at UMMC she participated in a number of multicenter clinical trials related to CMV, HSV and enteroviruses. The largest study to date is the CMV and hearing study, a seven-center natural history study of congenital CMV. Dr. Hannah Gay graduated from UMMC in 1980 and completed residency at UMMC in 1983. She was briefly in the Ambulatory Division as general
pediatrician and helped with the pediatric neurology clinics. Gay left to pursue missionary work in Africa. In 1994 she was recruited to the faculty to direct the congenital AIDS program. Dr. Binford Nash, a family medicine practitioner, graduated from UMMC in 1976 and completed the family medicine residency in 1979, was also recruited specifically to develop a maternal HIV program. The efforts of Gay and Nash had a significant impact in preventing congenital AIDS. Gay was recognized internationally for the first successful treatment and functional cure of an infant with congenital AIDS in 2013.

Dr. Rana El Feghaly who graduated from the Lebanese University School of Medicine in 2006 completed her pediatric residency in SUNY in Syracuse in 2010 was recruited to the division in 2013. She completed a fellowship in pediatric infectious disease at Washington University in St. Louis in 2013. Her research interests during fellowship included clostridium difficile infections for which she produced several publications. Dr. El Feghaly started at UMMC in August 2013.

Also recruited in 2003 was Dr. Brianna Kirk ter Haar. She received the MD degree at Vanderbilt University and completed a pediatric residency at Texas State University.

Dr. Jeff Crout, a general Pediatrician who was recruited by Evans in 2001, acquired and interest in infectious disease, also provided services in this field and continued to do so until El Feghaly arrived.

Joining the Infectious Diseases Division in 2015 were Drs. Charlotte Hobbs and Kengo Inagaki. Hobbs received the MD degree at the University of Miami and the PL-1 year of residency at Louisiana State University. She completed her pediatric residency at the University of Florida followed by a fellowship in infectious diseases at New York University. Inagaki graduated from the Tokyo Medical and Dental University and completed a pediatric residency at Maimonides Medical Center in Brooklyn, NY. His infectious disease fellowship was at the St. Jude’s Children’s Research Hospital.

Pediatric Neurology

Hippocrates was the first to write about epilepsy and other neurologic disorders in children. In the 16th and 17th centuries there were classical descriptions of chorea, hydrocephalus, cerebral palsy, poliomyelitis, mental retardation and other maladies. Neurology as a distinct field developed in the 1800’s. The Philadelphia Orthopaedic
and Neurologic Clinic staffed by Drs. Weir Mitchell and William Osler made significant contributions to child neurology. Bernard Sachs published the first textbook on Child Neurology in 1895 and was the leading advocate for this discipline.

The American Board of Psychiatry and Neurology (ABPN) was established in 1934. Adult neurologists interested in children were providing consultations for children with neurologic problems, both inpatient and outpatient. A few pediatric neurology training programs were established in the 1950’s. In 1959, the ABPN oral certification examination incorporated content related to child neurology that constituted two hours of the eight-hour examination.

In 1969 the ABPN established a designation for “Special Qualification in Child Neurology”. Negotiations with the American Board of Pediatrics established training guidelines including a minimum of two years of a pediatric residency plus the three years of neurology residency, which would result in the trainee being eligible for certification in pediatrics and child neurology. Along with the establishment of training guidelines was the emergence of the professional organization, the Child Neurology Society, in 1976.

The scientific advancements in electrophysiology, neuroimaging, molecular genetics and other areas created sub-specialties in pediatric neurology.

**Dr. Frank Wiygul** was a general pediatrician with an interest in neurology. He became a member of the part time faculty in pediatrics in 1956 and for many years and staffed the pediatric epilepsy clinic at UMMC. He would also join the State Department of Health and staffed regional pediatric neurology clinics throughout the state. See Section *UMMC and the Department of Pediatrics*.

The first child neurologist in Mississippi was **Dr. Alfred W. Brann** who had interests in neonatal medicine. He was recruited by Dr. Batson in 1969 and became the Chief of Neonatology. Brann received an undergraduate degree at Vanderbilt in 1956 and the MD degree at Tulane in 1960. He had pediatric training at Vanderbilt and Massachusetts General Hospital, neurology training at the University of Virginia and a clinical research fellowship at Memorial Sloan Kettering Cancer Center. Brann left to go to Emory University in Atlanta in 1975 to be the director of neonatal and perinatal medicine. He was Chairman of the Department of Pediatrics at the University of Oklahoma from 1990 until 1993 before returning to Emory. Brann has been known nationally and internationally for his efforts to improve perinatal health.
Dr. Gwen Hogan from the University of West Virginia joined the faculty at UMMC in 1973 and was the first faculty member in the Department to be recruited at the level of full professor.\textsuperscript{135} Hogan received her MD degree from the University of Virginia and had post-graduate training at Rochester and Harvard. She mentored another faculty member, Dr. Nell Ryan (see section The UMMC and the Department of Pediatrics,) who took a sabbatical with Dr. Hogan in 1974 and 1975 to study pediatric neurology, and the two provided the pediatric neurology care at UMMC until 1982. During their tenure they trained Dr. Ali Pyro Noorani (1979-1982) who briefly practiced pediatric neurology in Mississippi.\textsuperscript{42}

Dr. Batson recruited Dr. Owen ("Bev") Evans from Vanderbilt in 1983 to be the Chief of the Division. Evans graduated from Vanderbilt University in 1973 and then matched at the University of Washington in Seattle for pediatric residency. However, he was called into military service after the internship year.

Discharged from the Navy, Evans returned to Vanderbilt to complete his pediatric residency. While in training, he stumbled upon a diagnosis of a rare neurological disease and was recruited into the field of pediatric neurology by Dr. Gerald Fenichel, a child neurologist and Chairman of the Department of Neurology at Vanderbilt. After three years of a pediatric neurology residency, he remained at Vanderbilt as a child neurologist with Fenichel and Dr. Antony Kilroy. While at Vanderbilt, Evans developed basic research in pyruvate metabolism and neuromuscular disease. UMMC had been without a child neurologist for a year when Evans arrived. Adult neurologist consulted on some children and Dr. Frank Wiygul staffed the seizure clinics. A close relationship developed with Dr. Alex Sanford, the Pediatric Neurosurgeon at UMMC, leading to joint rounds and rotations for neurosurgical residents in pediatric neurology. Adult neurology residents, who had been sent to other institutions for their mandatory training in child neurology, were able to stay at UMMC for this experience.

After three years of effort to recruit a second child neurologist, Dr. Rae Hanson joined the Division in 1986. Hanson was a graduate of the U. Arizona College of Medicine and had his pediatric training at Walter Reed and William Beaumont Army Medical Centers and completed child neurology training at Water Reed in 1981.\textsuperscript{42}

Dr. Colette Parker was a fourth year medical student when Evans arrived in 1983. She introduced herself to Evans by saying she wanted to be a child neurologist. She also wanted to stay in Jackson for her training. The Division had had fellows before but the program was not accredited. An application for accreditation was approved by the RRC
pending the recruitment of a second full time board certified child Neurologist. Parker completed two years of pediatric residency in 1986 and Hansen arrived just in time for Parker to start three years of child neurology residency training. This was completed in 1989 and she then remained on the faculty.\textsuperscript{42}

In 1986, the Child Development Division and its faculty were combined with the Child Neurology Division (see \textit{Child Development and Behavioral Pediatrics} in this section). This was split apart when Evans became Chairman of Pediatrics in 1989 with Dr. Hansen as chief of Child Neurology and Dr. Susan Buttross as Chief of Child Development. Both Drs. Parker and Hanson left for further training in 1991. Hansen left for Minnesota for an electrophysiology and epilepsy fellowship and Parker to the NIH and became involved in clinical trials for the treatment of neurometabolic diseases. Parker returned in 1993 and became the Division Chief in 2004.

\textbf{Dr. V.V. Vedanarayan} arrived in 1991 after completing a fellowship in neuromuscular diseases at Duke University. He was a graduate of the Jawaharla Institute of Postgraduate Medical Education and Research in 1980. After a pediatric residency at Lincoln Medical Center, he had child neurology training at Duke University from 1987-1990, followed by a neuromuscular fellowship at Johns Hopkins. Vedanarayan was not only board certified in pediatrics and child neurology, but also neuromuscular medicine and clinical neurophysiology.\textsuperscript{42}

Evans was the acting Division Chief until \textbf{Dr. S. Robert Snodgrass} was recruited in 1992 from Los Angeles. Snodgrass had attended Harvard College and Harvard Medical School graduating in 1964. After a year as a medical resident, he was drafted into the military in Viet Nam. Upon returning, he completed three years of residency at Boston Children’s Hospital in 1970. He was a postdoctoral fellow in Cambridge, England in 1971-1972 and then returned to Boston Children’s. He left in 1979 to be the Chief of Child Neurology at the Children’s Hospital of Los Angeles. During his tenure, Dr. Nasser Elbalalesy completed training in Child Neurology. Snodgrass served as Chief of the division until his departure in 2000 to return to Los Angeles.\textsuperscript{42}

In 2000 Vedanarayan became Chief of the Child Neurology Division and the residency training director until 2004 when Parker assumed those responsibilities.

\textbf{Dr. Angela Chandler} was a graduate of UMMC in 1999 and completed adult neurology training in 2003. Chandler had an interest in child neurology and joined the division in that year. She left in 2008 to be a staff neurologist at Whitfield. She is presently in general neurology practice in Jackson.\textsuperscript{42}
Trainees under Parker include Drs. Kimberly Limbo, Shelia Ashgar, Marcus Lee, Lamar Davis, Brad Ingram, and Kimberly McDonald. After the completion of their training, Limbo moved to Huntsville, AL to practice and Ashgar to Arkansas. McDonald completed training in 2015 and then pursued a genetics fellowship.

Lee graduated from UMMC in 2005 and completed two years of pediatric and three years of child neurology training in 2010. He was member of the UMMC pediatric faculty until relocating to Biloxi in 2013. 42

Davis was also a graduate of UMMC in 2005 and completed three years of pediatric and three years of child neurology training in 2011. After two years on the faculty at UMMC, he left for a neuromuscular fellowship at the University of Texas, Dallas and returned to UMMC in 2014. 42

Ingram, a graduate of UMMC in 2005, completed 3 years of pediatrics, a year as Chief Resident in pediatrics and three years as a child neurology resident in 2012. He went to the Cleveland Clinic for a year of epilepsy and electrophysiology training and then returned to UMMC as a faculty member in 2013. Ingram increased the EEG-video monitoring unit from 2 beds to 4 and rejuvenated the seizure surgery program at the Batson Children’s Hospital. 42

Teresa Hill, a nurse in the Division for many years, obtained a masters degree in 2004 and became the first pediatric neurology nurse practitioner in Mississippi with a faculty appointment as Instructor. 42

Dr. Barbara Bruce was on the faculty in 2009 and 2010. She received the MD degree at the Chicago Medical School in 2001 and completed pediatric and pediatric neurology training at LSU in 2006. She also had electrophysiology training at LSU and Mayo Clinic (Arizona). 42

Dr. Riddhiben Patel was recruited to UMMC in 2015 following her pediatric neurology training at the Children’s Hospital of Michigan. She was a graduate of the Government Medical College Bhavnagar, India and completed a pediatric residency at Brookdale University Hospital and Medical Center. 42

Other child neurologists who have practiced in Mississippi were Dr. Ali Nourami (who had trained with Dr. Gwen Hogan at UMMC 1979-1982) in the Delta, 42 Dr. Chuck Gorman (previously with Keesler AFB) on the Gulf Coast 43 and Dr. Keith McLarnan (MD U. Iowa 1969, Residency U Texas Medical Branch Hospitals 1962, fellowship
Tufts Medical Center, 1969) a child neurologist from 1996 to 2006 in Hattiesburg. Dr. Stephanie Robinette (MD UMMC 2002, residency Wake Forest 2004, fellowship U. Washington 2007) was also in Hattiesburg briefly. Dr. Steve Nelson was the Child Neurologist at Keesler Air Force Base in Gulfport in 2000-2010.

Pediatric Critical Care

The emergence of pediatric subspecialties in the 1950’s caused a significant improvement in the care of critically ill infants and children. As neonatology, pediatric surgery, anesthesiology and pediatric cardiovascular surgery became more sophisticated, the need for a designated space to concentrate and coordinate critical care for children emerged. Dr. C. Everett Koop at the Children’s Hospital of Philadelphia created the first special unit for post-surgical care in 1962. This evolved into the first modern pediatric intensive care unit (PICU) in North America. The advances in clinical physiology and pharmacology by the emerging subspecialty of pediatric anesthesiology caused a natural continuum from the operating room to the PICU. Anesthesiologists staffed many of the initial PICU’s.

In 1981, the Society of Critical Care Medicine was established and in 1983 issued minimal guidelines for PICU’s. The American Academy of Pediatrics opened its section for critical care in 1984. The American Board of Pediatrics created the sub-board for critical care in 1987.

The major children’s hospitals in North America were the first to establish training programs and by 1990 there were 26 ACGME accredited programs and presently they are more than 60.

In the 1970’s there was a 6 bed PICU at the Children’s Hospital at UMMC and a 4-bed unit at Baptist Hospital in Jackson. General pediatricians and sub-specialists staffed both. At UMMC, the first Medical Director was Dr. Mike Montalvo (see Endocrinology in this section) until his departure in 1986. Dr. Bev Evans assumed that position and at the urging of Dr. Bob Abney and other community pediatricians in Jackson, the unit was expanded from 6 beds to 12 beds in 1988.

The first pediatric intensivist in Mississippi, Dr. Rajinder Arora, was recruited to UMMC in 1989 from Toledo, Ohio. Arora had received the MD degree at the Maulana Azad Medical College in New Delhi in 1976. After completing pediatric residency at LSU in 1983, Arora entered a pulmonary fellowship at Tulane University and completed the last six months in a critical care medicine rotation at the Children’s
Hospital of Pittsburgh. This was followed by another year of critical care training at the Children’s Hospital of Michigan.\(^{42}\)

Arora left in 1992 and the PICU was then staffed by Drs. Bev Evans (neurologist), Chris Glick (neonatologist), David Braden and Charles Gaymes (cardiologists).

After a brief trial of private practice in Clinton, Dr. Rick Boyte, a former graduate of UMMC in 1987 and resident from 1987 to 1990, returned to UMMC in 1990 as an Instructor in the Division of Ambulatory Pediatrics. He developed an interest in critical care and completed a fellowship at La Bonheur Children’s Hospital, University of Tennessee in Memphis in 1994.\(^{42}\) Boyte helped with the design of the PICU for the new Blair E. Batson Hospital for Children. He became the Medical Director and Chief of the Division in 1994. Boyte became interested in pediatric palliative care and developed the palliative care program at UMMC and remains its Director.

Boyte recruited Drs. Elizabeth (“Liz”) Christ and Tom Walker. Christ graduated from LSU in 1990 and completed a pediatric residency and was Chief Resident at LSU (1990-1994) before completing a critical care fellowship at Le Bonheur in 1997.\(^{42}\) Walker was a UMMC graduate in 1985 and competed residency training at UMMC in 1988. He and his wife, Dr. Rosalyn (“Lynn Walker”, were briefly in private practice in Oxford before returning to UMMC in 1991 to be one of the first hospitalists in the Department of Pediatrics. In 1993 Walker left for a pediatric critical care fellowship at the University of Alabama, Birmingham. He joined the UMMC faculty in 1996.\(^{42}\)

With the opening of the new Blair E. Batson Hospital for Children in 1997, the PICU was expanded to a 16-bed unit. Dr. Craig Halstrom, a former UMMC resident (1998-2001) returned to UMMC in 2004 following a critical care fellowship at Cleveland. Halstrom received the MD degree at Case Western in 1998.\(^{42}\) Walker assumed the Division Chief position in 2000 followed by Christ in 2009.

For many years Dr. Bobby Heath performed open heart surgery on infants and children at UMMC. Very complicated cases were sent elsewhere. There were two attempts to re-establish the heart surgery service that were unsuccessful. For several years, all cases were referred out of state. In 2008, an agreement was made with National Children’s Hospital in Washington, D.C. to perform minor cases at UMMC with visiting surgeons from National Children’s Hospital and to refer complicated to Washington.

Efforts were made to increase the staffing in the PICU and to recruit a pediatric cardiac intensivist. For the short term, Dr. Manish Purohit became a mid level provider in the
PICU. He had graduated from the Autonomous University of Guadalajara in 2000. His plans were to become an ENT surgeon and he had a surgical internship in Los Angeles. Purohit changed plans and returned to Mississippi to enter pediatrics training at UMMC. While considering a career in pediatric cardiology, he worked as a hospitalist for the cardiology service and then a year in the PICU. He was accepted to an anesthesiology residency followed by a pediatric anesthesiology fellowship. He opened a practice in Philadelphia in 2011.41,42

**Dr. Najmul Salmonn** came to UMMC in 2010 from San Antonio and left in 2012.42

The growth of all of the pediatric surgical specialties, especially cardiovascular surgery, led to another expansion of the PICU in 2011 to a capacity of 28 beds. **Dr. Jorge Salazar** arrived in 2009 to resurrect the heart surgery program. He was successful and the program grew steadily.

With the expansion of the heart program, **Dr. Mary Barraza Taylor** was recruited from Vanderbilt in 2011 as the first cardiac intensivist and became Division Chief in 2012. Taylor was a UMMC graduate in 1991 and completed a pediatric residency at Vanderbilt in 1994. This was followed by both a pediatric critical care and pediatric cardiology fellowships at Vanderbilt and a cardiac critical care visiting fellowship at Boston Children’s Hospital. While at Vanderbilt, Barraza obtained a Masters degree in Clinical Investigation.42 A distinct Pediatric Cardiac Intensive Care Unit was created after her arrival to support the growing pediatric cardiac surgery program.

The Critical Care Division has grown steadily since 2009 including **Dr. Rick Barr**, who became Chairman of the Department of Pediatrics in 2011. Barr was a graduate of the University of Virginia in 1988 and completed pediatric training at Vanderbilt in 1991. His critical care fellowship was at University of California, San Francisco. He returned to Vanderbilt and became Chief of the Division of Pediatric Critical Care. At Vanderbilt he obtained a Masters degree in clinical investigation. Prior to being recruited as the Chairman of Pediatrics, he was the Vice Chair for Clinical Research at the University of Cincinnati.42

Additional faculty physicians recruited to the Critical Care Division have been:42

**Suena Argo (2011)**

**Kathryn Young** (2011-2014, MD University of New Mexico, residency University of Missouri at Kansas City, fellowship Medical College of Wisconsin)

**Dr. Reynaldo Dela Rosa** (2011-2013, MD Far Eastern University Institute of Medicine, Philippines, residency Albert Einstein University, fellowship, Massachusetts General Hospital)
Michael Dallman (2012, MD Medical College of Georgia 2006, residency Medical University of South Carolina 2009, fellowship U. Maryland 2012)


Jerrod Knudson (2012, MD Louisiana State University, residency Baylor College of Medicine, fellowship (pediatric cardiology) Baylor College of Medicine)


Jana Sperka (2014, Tupelo satellite clinic, MD Medical University of the Americas, residency Eastern Carolina University, fellowship Children’s Hospital of Wisconsin)

Dr. Kacey Davis (2015, MD University of Texas Southwestern, residency and fellowship University of Alabama Birmingham, former staff member of Children’s Mercy Hospital, Kansas City)

In 2013 the Critical Care Division began offering fellowship training at The Blair E. Batson Hospital. The first fellow was Meaghan Barnett (MD U. South Florida 2010, residency U. South Carolina 2013) followed by Charles Paine (MD UMMC 2010, residency UMMC 2013) and Cara Lasley (DO Still University 2011, residency UMMC 2013) in 2014.

**Neonatology**

Prior to the modern era, the sick infant was largely left behind. Soranus of Ephesia in about 100 AD was the first physician to take an interest in perinatology and wrote a chapter on the newborn in his text on obstetrics and gynecology. What care that could be given was by midwives and sick infants were usually sent to foundling homes.
The industrial revolution of the 18th and 19th centuries caused a migration of the population from rural to urban areas. More children were concentrated in the major cities and children’s hospitals emerged first in Paris and London and the in Philadelphia and Boston in the US. This coincided with the emergence of pediatrics as a specialty (see section A Brief History of Pediatrics).

Infants benefited from the advances in the medical sciences in the latter half of the 19th century but there was little progress in the treatment of sick newborns. One suggested treatment for apnea was a dose of ammonia and a small dose of whiskey. In 1882 Stephanie Tarnier was concerned about hypothermia and developed a warming chamber that reduced infant mortality by half. In 1891 Alexander lion in Paris developed the first incubator, which Martin Couney brought to the US in 1896. These were often demonstrated in fairs and even at Coney Island. Julius Hess in Chicago improved the incubator by delivering oxygen and making it portable for transportation. Hess was the first in the US to have a “premature center” in 1936. Thermoregulation would continue to evolve. Infant nutrition was also an area of interest and the first synthetic milk, SMA, was produced in 1915. The development of laboratory medicine led to intravenous fluid management and parenteral nutrition. Blood banking, antibiotics and oxygen therapy further improved the outcomes in the 1940’s.

The 1940’s and 1950’s saw the emergence of intensive care units for children and the advances in pediatric surgery and anesthesia improved outcomes in sick children this migrated to the care of sick newborns.

The term neonatology was introduced in 1960 to reflect the growing interest in that field during the 1950’s. Many early neonatologists made major contributions to the field, especially in thermoregulation, fluid therapy, nutrition, ventilator management, and miniaturization of blood sampling for laboratory studies. Later, hospital units were specifically designed for neonatal intensive care (NICU’s) and pediatricians and nurses were trained to treat premature and low birth weight newborns. The first modern NICU opened at Yale in 1965. Only a few premature neonatal nurseries existed in the US prior to 1950.

As pediatric surgery and anesthesiology advanced, NICU’s expanded and multiplied. Newborn resuscitation improved and Apgar scores became universal. Specific therapies for hyperbilirubinemia, respiratory distress syndrome, and infectious disease decreased both mortality and morbidity. Neonatal transport also improved outcomes and the concept of regionalization was recognized as a means of getting the newborn
to the appropriate facility for care. In 1960, the mortality for a 1 kg premature was 90%, but by 2000 it was 5%.

Training programs emerged in the 60’s and 70’s and the first Neonatal-Perinatal Medicine sub-board examination of the American Board of Pediatrics was in 1975. That same year the perinatal section of the American Academy of Pediatrics was established.


In Mississippi, neonatal medicine was somewhat late in coming. Dr. Nell Ryan chaired the Committee on the Fetus and Newborn of the State AAP chapter in 1965. She was a general pediatrician at UMMC when premature infants were cared for in the term nursery. General pediatricians did the same in community hospitals that delivered infants. In 1967, Dr. Robert Carter, a pediatrician and Dean at UMMC, obtained a grant to reduce infant mortality in the Mississippi Delta. Ryan was placed in charge of training midwives in neonatal care and achieved considerable success. Pediatricians began to develop special care units in community hospitals where infants were delivered. Drs. Wendel Stockton in Amory, John Coffey and Don Killelea in Natchez, and Bob Abney, Dan Draughn and Bob Thompson in Jackson were early pioneers in this effort. Dr. Juan B. Lopez (MD U. Autonoma de Guadalajara 1971, residency Driscoll Children’s Hospital 1972 and Medical College of Wisconsin 1974) was recruited to Hinds County General Hospital to care for the newborns in 1974. He left several years later.
Dr. Batson examining a "premie" (reproduced from UMMC yearbook, *Medic*, 1962)

**Dr. Daniel Hawkins Draughn** obtained bachelor’s degree at Vanderbilt in 1957 and the MD degree at the UMMC in 1961. He did a rotating internship at Letterman Army Medical Center, California in 1961-62 and pediatric training at Fitzsimons Army Medical Center, Colorado in 1962-64. His military active duty was at the Scott Air Force Base in Illinois. 42

Draughn joined the Children’s Clinic in 1967 and was a part-time faculty member in the Department of Pediatrics and Obstetrics and Gynecology from 1967 until 1970. His interests were in neonatology and he consulted in the UMMC NICU. He, Bob Abney and Bob Thompson created a neonatal unit at Baptist Hospital in 1971. He left Children’s Clinic in 1975 and became head of Newborn Medicine at the new Women’s Hospital in Flowood in 1975. 38

**UMMC**

In 1969 Dr. Batson recruited **Dr. Alfred Brann**, a pediatric neurologist with an interest in newborn neurology (see section *UMMC and the Department of Pediatrics*). He became the first Chief of the Neonatal Division, developed the Neonatal Intensive Care Unit (NICU) at UMMC, a regionalization system, a follow-up program for NICU graduates and began a fellowship-training program.

The result of the recruitment a trained neonatologist was striking. An article in the Medical World News in 1973 compared the neonatal mortality in Hinds County, MS in 1969 to the mortality rate in 1971. In 1969 the Hinds County rate was 24.1/1000 live births compared to the national rate of 17.7. 135 By 1971 the rate had dropped to 17.7
with the national rate of 14.3. Improvement in the non-white neonatal infant mortality rate was even more impressive. The Hinds county rate dropped from 28.1 in 1969 (national rate 21.6) to 17.9, better than the national non-white rate of 20.8. This trend would continue. In many years, the non-white neonatal mortality rate has been below the national average and never the highest.¹⁴¹

Brann was present when the much-needed NICU was added as the fifth floor of the Children’s Hospital.

**Dr. John “Jack” Rawson** (1938-2009) was the first UMMC neonatology fellow to complete training in 1972. A graduate of Millsaps College, Rawson received the MD degree at UMMC in 1965 and pediatric residency training at Vanderbilt. He returned to UMMC in 1967 to be Chief Resident. After two years in the Air Force at Keesler AFB, he completed his neonatal fellowship under Brann at UMMC. ⁴²

Dr. Jack Rawson  (reproduced from UMMC Yearbook, *Medic*, 1965)

Brann departed in 1975 to become Chairman of Pediatrics at the University of Oklahoma in 1975 and later settled at Emory University in Georgia. Other trainees were **Drs. Ann Critz** and **William Robert Sexson** who moved to Emory with Dr. Bran. ⁴¹

Rawson became the UMMC Division Chief of Neonatology in 1975 but left the University in 1978 to enter private practice in neonatology at Hinds General Hospital in
south Jackson. Dr. Pauline Ting was a neonatologist at UMMC from 1976 until 1980. Ting received the MD degree in Rangoon, Burma. Her first two years of residency were at the University of Maryland and the last year at Michael Reese Hospital in Chicago. Her first two years of neonatology fellowship were at the U. California at Diego and the final year at the U. California, San Francisco.

Dr. Marilyn Graves attended the term nursery from 1975 until 1978. Marilyn Graves was a graduate of the UMMC medical school in 1970 and she and her husband, Dr. Glen Graves, finished the first year of pediatrics residency at UMMC, the second year at Kentucky and the third year back at UMMC in 1973. After two years in the Army stationed in Alaska, the Graves’ returned to Jackson. Dr. Batson hired Marilyn Graves to assist Jack Rawson in Newborn Medicine. Marilyn Graves would return would later become the Medical Director of the Children’s Rehabilitation Center and again as Director of the Pediatric Craniofacial Center.42

Dr. Batson recruited Dr. Phil Rhodes in 1978 to lead the division after the departure of Rawson. Rhodes received the MD degree at the University of Kansas in 1970 and completed pediatric residency and neonatology fellowship Children’s Mercy Hospital in Kansas City, Missouri in 1974. He remained on the faculty the University of Missouri until recruited by Batson to come to UMMC. The Children’s Hospital in the new round wing opened in 1969 and in 1971, the 5th floor was built for the NICU. Dr. Rhodes created the “Neonatal Cradle”, partially supported by the Junior League of Jackson, which was an especially equipped ambulance to for the safe transport of babies from hospital to hospital. He expanded transport and regionalization programs, outreach education, and especially clinical and basic research.42

Upon his return from Alaska, Dr. Glen Graves joined the Children’s Clinic in Jackson. He returned to UMMC in 1978 to complete a neonatology fellowship and then joined the faculty in 1981. Graves became the Director of the High Risk Follow-up Program for NICU graduates which he continued until his retirement in 2013. Graves served on the interim Division Chief of the division after Rhodes retired in 2012. 42
Dr. Daksha Patel (MD Seth G.S. Medical College, residency Mercy Hospital of Buffalo and Erie Co. Medical Center 1967, fellowship John H. Stroger Hospital Cook Co 1970) was a member of the Newborn Division from 1980-89 and part time from 1981-2002.\textsuperscript{42}

Dr. Susan Campbell graduated Jefferson Medical College in 1973 and completed a pediatric residency at the Christina Care Heath System in Delaware in 1976. Her fellowship in neonatology was at Penn State. She was at UMMC as an Assistant Professor from 1978 until 1984. After leaving UMMC, she was a staff physician at Hudspeth. She later moved to Nashville, TN.\textsuperscript{41,42}

Dr. Mike H. LeBlanc (1950-2006) graduated from Auburn University in 1972 and received the MD degree at the University of Alabama, Birmingham in 1975. Pediatric residency and neonatal fellowship were completed at the University of Cincinnati in 1980. After a year of a research fellowship in Cincinnati, Rhodes recruited Leblanc to UMMC in 1981. LeBlanc’s entire career was at UMMC and he remained very active in basic research. Twice he was the interim division chief and was the Vice-Chair for Research in the Department of pediatrics from 2001 until his untimely death in 2006.\textsuperscript{42} In 2010, the Michael H. LeBlanc Faculty Research award was created in his honor.

LeBlanc devoted much of his research efforts to the problem of hypoxic ischemic encephalopathy in newborns. He had a number of publications on this topic and the
chapter “Hypoxic-Ischemic Brain Injury in the Term Newborn” in the textbook Swaiman's Pediatric Neurology: Principles and Practice was devoted to him. LeBlanc was president of the Mississippi Scholastic Chess Organization from its formation in 1996 until 2003. He mentored many young chess players who won a number of awards in statewide tournaments.

Michael H. LeBlanc, circa 1980 (courtesy of Janice LeBlanc)

Susan Carlson, PhD, a basic research scientist, was recruited by Rhodes in 1983 and departed in 1986. She graduated from Washington State University and obtained her PhD in nutrition at Iowa State University.42

Dr. Cris Glick was a former UMMC graduate in 1980 and pediatric resident graduate in 1983. She completed a neonatology fellowship at the University of Texas, Galveston in 1986 and was a member the faculty from 1986 until 2000 when she left to pursue private practice with Newborn Associates in Jackson, MS. She was Chairman of the Mississippi Chapter of the AAP from 1997-1999.42
Rhodes left UMMC in 1986 to return to Kansas and LeBlanc was the interim Chief until Batson recruited Dr. Ed Geyer Brown to be the Chief of the Division in 1987. Brown was a graduate of Temple University in Philadelphia, PA in 1963 and completed a rotating internship and pediatric residency at the Bethesda US Navy Hospital in 1966. He served in the US Navy until 1972 when he began a neonatology fellowship at Case Western Reserve, University of Cleveland. Prior to coming to Mississippi, he was at Mount Sinai in New York City. Brown’s career ended in a private airplane accident while he was at LSU Shreveport.

Dr. Ruth Patterson (MD Howard U. 1982, residency UMMC 1985) was recruited by Evans to oversee the term nursery in 1990. She would later transfer to the Pediatric Ambulatory Division in 1996. After Brown left in 1990 LeBlanc was again the interim Chief until Rhodes returned in 1992.

The pediatric residency training requirements for neonatology and critical care were changing in the early 90’s such that pediatric residents were to spend fewer months in the NICU. The shortage of these mid level providers resulted in a temporary solution by offering in-house moonlighting for residents. A permanent solution was put into action by supporting the masters program in the School of Nursing for the education and training of neonatal nurse practitioners (NNP). They continue to play a vital role in the NICU.

Joyce Butler, NNP was the first NNP to join the faculty in 1991. She subsequently helped to recruit a number NNP’s and led that group until her untimely death in 2012. NNP’s that were recruited as Instructors in the Department of Pediatrics include Marci Clark, Anita Wren, Pamela Mullins, Jennifer Moffitt, Laura Freeman, April Gutierrez, Wendy Blethen, Monica Adcock and Rebecca Russell.

Additions to the neonatal faculty while Rhodes was Chief include: Mary Anne Kosek 1998 (MD, Michigan State University 1986; residency and fellowship Case Western Reserve, Rainbow Babies Hospital, 1992)


**Billy Mink 2003** (MD, UMMC 1980; residency, UMMC 2003)

**Mobolaji Famuyide** 2008 (MD, U. Ibadin, Nigeria 1997; residency, Albert Einstein Bronx-Lebanon Hospital Center; fellowship, U. Maryland 2008)


During Rhodes’ tenure as Chief of the Division, basic research was fostered and supported. Dr. Zhengai Cai, who retired in 2012 after 25 years at UMMC, has the distinction of being the first faculty member in the Department of Pediatrics to obtain an RO1 basic science NIH grant. Drs. Yi Pang and Lirwan Fan successfully submitted a RO1 grant in 2013. Dr. Yangzheng Feng was also very successful basic science researcher in the newborn division. Dr. Norma Ojeda was recruited in 2009 and has been supported by grants since then.

Rhodes retired in 2011 and Dr. Glen Graves became the interim Division Chief from 2011-13 followed by Dr. Abhay Bhatt until Dr. Praveen Kumar (MD Christian Medical College Ludhiana 1979, residency Advocate Lutheran 1995, fellowship Wayne State 1994) was recruited by Dr. Rick Barr as the new Division Chief in 2013, departed in 2014 and Dr. Barr took Interim Chief position; Dr. Sajani Tipnis was appointed as a Medical Director of the NICU.

Dr. Renate Savich (MD Northwestern University School of Medicine 1982, residency 1985 Northwestern University School of Medicine, fellowship 1988 University of California, San Francisco) was recruited as new division chief and joined in November 2014.41,42,146

Neonatologist recruited to UMMC in 2012-2015 were:42

**Dr. Kara Driver** (2011, MD Howard 2005, residency U. Florida 2008, fellowship Case Western Reserve 2011)

Dr. Simon Karam (2013, MD Lebanese University 2002, residency and fellowship Virginia Commonwealth 2013.

Dr. Mufeed Ashraf (2013, MD Marmara Medical School 1995, residency and fellowship U. Rochester 2006)

Dr. Sajani Tipnis (2013, MD Medical College of Wisconsin 2001, residency and fellowship U. California 2003.

Dr. Jagdish Desai (2015, MD Government Medical College Bhavnagar, Residency Brookdale University Hospital, fellowship Children’s Hospital of Michigan)

Dr. Jessica Hassel (2015, MD Ohio State University 2012, residency National Children’s Hospital, Columbus 2015)

Dr. Marla Johnson (2015, MD Saba University Medical College 2008, residency UMMC 2011, Chief Resident 2012, fellowship University of Arkansas, 2015)

Dr. Lauren Tucker (2015, hospitalist, MD LSU 2012, residency UMMC 2015)

Al Brann initiated fellowship training in Neonatal Medicine after his arrival in 1969. The program was suspended in 1990 but resumed in 2014. During the years of growth of neonatal medicine at UMMC, other hospitals in Mississippi also developed NICU’s including those in Jackson, Meridian, Hattiesburg, Gulfport, Tupelo and Greenville.

Jackson

In Jackson, Dr. Dan Draughn (see above) became the neonatologist at Women’s Hospital in 1974. Dr. E. Ross Smith was briefly his associate from 1974 until 1976. Dr. Charles Knight joined Draughn at Women’s Hospital in 1978. Knight graduated from UMMC in 1971 and completed his PL-1 and PL-2 years of pediatric training at UMMC in 1973.\(^{42}\) That was the year that the military draft was ended and like many medical students, he had signed up for the reserves in the Barry plan that was intended to let graduates complete residency training before serving in the armed forces. Many in
residency training at that time were called into active duty because of a doctor shortage in the armed services. **Dr. Bettie Knight**, his wife had just completed her pediatric internship at UMMC and the two of them moved to Texas for the next two years. He was stationed at Randolph AF base in Texas and she worked for the Texas Health Department. The both returned to Jackson and Charles Knight completed his residency and a one-year neonatal fellowship before joining Draughn. Knight retired in 2004.

Jack Rawson became the neonatologist at Hinds County General Hospital. Rawson was the first to consolidate both the newborn nursery and the NICU into one practice excluding the general pediatricians. This became the blueprint for subsequent neonatal practices. Draughn and Rawson recruited additional neonatologist and both groups covered Baptist, St. Dominic and Hinds General hospitals. In 2000, the two groups merged to form Newborn Associates.

**Dr. Charles (“Charlie”) Alan Friedman** (1946-2014) graduated from Princeton in 1967 and obtained the MD degree at Johns Hopkins in 1971. The first two years of pediatric residency were also at Johns Hopkins and the final year at Boston Children’s. Friedman completed a neonatology fellowship at Duke in 1978. In 1979 after having spent a year at University of Texas Southwestern in Dallas, he joined Rawson and became the Director of Nurseries at Baptist Hospital.\(^1\) Friedman left Newborn Associates shortly after it was formed and moved to Tupelo to join Natchez Trace Neonatology. Later he worked for Pediatrix in Dallas, TX.


After the two groups merged in 2000 and **Dr. Cris Glick** left UMMC and joined Neonatal Associates that same year. **Dr. Danny McCaughan** (MD UMMC 2001, residency UMMC 2004, fellowship Vanderbilt 2007), and **Dr. Jack Owens** ( MD Emory 1992, residency U. Alabama Birmingham, fellowship U. Alabama Birmingham 1998) joined the group. **Dr. Patrick O’ma ra** (UMMC 2000, residency U. North

**Tupelo**

The first Neonatologist in Tupelo was Dr. Samuel Wellman, who had graduated from Marshall University in 1983 and completed his residency and fellowship training at the University of Louisville in 1988.\textsuperscript{41} Wellman established the NICU at North Mississippi Medical Center (NMMC) after his fellowship and was joined by Dr. R. Alan Brinson (MD UMMC 1980, residency and fellowship University of Kentucky 1985) in about 1988 or 1989.\textsuperscript{41} Wellman left several years later and Dr. John H. Nading became the Medical Director of the NICU at NMMC. Nading was a graduate of Vanderbilt University School of Medicine and pediatric training at Grady Hospital in Atlanta and completed fellowship training National Capitol Consortium in Washington, D.C. in 1982.\textsuperscript{41} He entered neonatal practice at the Portsmouth Naval Hospital and was a member of the faculty of the Uniformed Services University for Health Sciences (USUHS). He came to Tupelo after retiring from the US Navy and established Natchez Trace Neonatology in 1994.

Brinson left shortly after Nading arrived and moved to Hattiesburg to be the medical Director at Wesley Hospital.

Two other neonatologists who had prior careers in the US Navy came to NMMC in Tupelo. Dr. Dennis I. Wright had graduated from UMMC in 1968 and completed pediatric training in 1971.\textsuperscript{41} He served in the US Navy that included being a member of the medical staff as a Lt. Cdr. aboard the USS Oriskany, CV-24.\textsuperscript{101} He completed a neonatology fellowship in 1978-1980 at Grady Hospital in Atlanta when Nading was also in training at Grady.

Dr. Bryan Darling graduated from the medical College of Georgia in 1987 and completed a pediatric residency at Portsmouth Naval Hospital in 1990 and neonatology fellowship at USHS in 1993.\textsuperscript{41} After ten years in the Navy, he was recruited by Nading to join Natchez Trace Neonatology in 1993.

Dr. Charles Alan Friedman left Newborn Associates in Jackson (see above) and briefly worked in Tupelo before moving to Texas.

Dr. Patrick O’marra was a graduate of UMMC in 2000 and after a PL-1 year at the University of Virginia, he returned to UMMC to complete his residency. After a year as Chief Resident, O’mara completed a neonatal fellowship at Vanderbilt in 2007.\textsuperscript{42} He
was recruited to Tupelo and was with Natchez Trace Neonatology until 2012 when he relocated to Jackson as a member of Newborn Associates.

The most recent recruit to Natchez Trace Neonatology was Dr. Ginger Pole who graduated from Nova Southeastern University College of Osteopathic Medicine in 2001. After a residency at Keesler, she entered fellowship training at the University of Hawaii, finishing in 2007.41

Meridian102
In the 1950’s through the 1980’s there were five hospitals in Meridian: Rush, Anderson, Riley, Matty Hersey and St Joseph. The pediatricians treated infants in all of these but St. Joseph later became a hospital for the mentally ill (Alliance) and Matty Hersey was closed in 1990. For a while, there were three NICU’s in the remaining hospitals in Meridian. Anderson Regional Medical Center bought Riley Memorial in 2011, which became a long-term care facility. Rush and Anderson became the dominant hospitals in Meridian.

The first neonatologist in Meridian was Dr. Leroy Cecil Mims, Jr. (1932-1991).103 Mims was from Florence, SC and graduated from Davidson College in 1953 and received the MD degree at the Medical College of Georgia in 1957. He completed a pediatric residency at the Eugene Tallmadge Memorial Hospital in Augusta, GA. He entered the US Navy Medical Corps in 1960 and was the Chief of Pediatrics at the US Naval Station in Port Lysate, Morocco.

After leaving the Navy in 1963, he did a fellowship in neonatology at St. Jude Research Hospital in Memphis, TN. He subsequently taught at the University of Oklahoma for several years and was Clinical Professor and Director of the perinatal unit at Oral Roberts University School of Medicine. Prior to moving to Meridian, Mims was the medical director of the St. John Medical Center neonatal unit from 1977 until 1989. Mims formed the practice group Neonatal Services.103

Rush opened its NICU in 1990 and Riley and Anderson hospitals shortly thereafter. Dr. Robert D. Blubaugh, (DO Oklahoma State University College of Osteopathic Medicine 1978)41 was recruited by Mims and the two staffed all three hospitals. Dr. Dennis J. Hey joined Mims and Blubaugh in about 1993. Hey received the DO degree at the University of Missouri Kansas City and received his training at Children’s Mercy Hospital in Kansas City.41
**Dr. Roland Boyd** (DO West Virginia School of Osteopathic Medicine 1990, residency Phoenix Children’s Hospital 1994, fellowship Medical College of Georgia 2001) joined Neonatal Services in 2001. Blubaugh, Hey and Boyd staffed the three NICU's in Meridian until Riley was acquired by Anderson and converted to a long-term care facility. Hey retired in 2004.

**Amory**

Close to Tupelo is Amory. **Dr. Wendel Stockton** (1924-1998) was a general pediatrician interested in newborn medicine and he was one of the first pediatricians in Mississippi to open a neonatal unit at the Gilmore Memorial Hospital. In 2012, **Drs. Thomas Kloor** (MD LSU 1979, residency and fellowship LSU 1984) and **Zhear Al-Godi** (MD Damascus University 1988, residency U. Illinois 2004, fellowship Mount Sinai 2007) came to staff the NICU.

**Hattiesburg**

General Hospital opened a small neonatal unit in 1977 when the first neonatal ventilator was received. Prior to that infants were ventilated manually. As in most Mississippi communities, general pediatricians staffed the infants, in particular, **Drs. Mary Clark** and **John R. Jackson** (see Pediatric Group Section-Hattiesburg). Dr. Clark’s efforts were “legendary”. Clark had trained at Vanderbilt and had been in solo practice in Hattiesburg since the late 1940’s. She was the first pediatrician to intubate an infant in Meridian and before the ventilators arrived, infants were hand-bagged, often for days with Clark remaining by the bedside. She was equally demanding of the nurses.

**Dr. John R. Jackson** came to Hattiesburg in 1968 and became the “resident neonatologist” at Forrest General Hospital, often managing up to four neonates on ventilators at a time while still managing a busy general pediatric practice. He became the medical Director of the NICU when it opened in 1977. He was equally dedicated to his patients. Once, when he was urgently called to the NICU, his car broke down en route. He ran the last two miles.
In 1992, Dr. Clinton B. White established Southern Mississippi Neonatology and was the first trained neonatologist in Hattiesburg. He had graduated from UMMC 1986 and completed residency at UMMC in 1989. He began his fellowship in neonatology in 1989 at UMMC but transferred to the University of Louisville after the first year and returned to Hattiesburg to be the Medical Director of the NICU at Forrest General Hospital.\textsuperscript{41,42}

Dr. George Latta (MD East Tennessee University, Residency Dartmouth and Stanford 1989, fellowship Vanderbilt and University of Tennessee 1992) was briefly with White in Hattiesburg.\textsuperscript{41} Dr. Scott Duncan, who had trained with White at Louisville, was recruited in 1996. Duncan had also graduated from the medical school and completed his residency at the University of Louisville.\textsuperscript{41} Duncan stayed until 2004 and established the Neonatal High-risk Follow-up Clinic.

Also recruited in 1996 were Dr. Everett R. (Randy”) Henderson and Dr. Kerry Stewart. Henderson had graduated from the University of Virginia in 1990 and completed residency and fellowship training at Vanderbilt University in 1996.\textsuperscript{41} Henderson became active in the Mississippi Chapter of the AAP and elected its President in 2012.
Stewart graduated from the University Texas Medical Branch, Galveston in 1985 and completed pediatric residency at the University Oklahoma in 1989 and a neonatology fellowship at Baylor Medical College in 1992.\textsuperscript{41}

**Dr. Ann K. Fairley** (MD Medical U. South Carolina 1985, residency and fellowship Baylor Medical College 1992) also joined Southern Mississippi Neonatology.\textsuperscript{41}

In 1994 Forrest General started a neonatal transport program to serve the southern Mississippi region. In 1996, Southern Mississippi Neonatology began staffing the Gulfport Memorial Hospital NICU. In 2002, **Dr. David M. Kuhlmann** (MD U South Carolina College of Medicine 1992, Residency Keesler AFB 1995, fellowship San Antonio Uniformed Services Health Education Consortium 1998)\textsuperscript{41} joined Southern Mississippi Neonatology to staff Memorial Hospital of Gulfport.

**Dr. Ana Vera-Sotomayor** (MD National University of St. Augustine 2002, residency Cook County 2010, fellowship Baylor College of Medicine 2013)\textsuperscript{41} has worked part time with Southern Mississippi Neonatology since 2013.\textsuperscript{117}

Wesley Hospital in Hattiesburg also has a neonatal unit staffed by **Dr. R. Alan Brinson** (MD UMMC 1980, residency and fellowship University of Kentucky 1985)\textsuperscript{41} from 1995 until retirement in 2013. Brinson was previously at Tupelo. In 2013, Newborn Associates in Jackson began to staff the NICU at Wesley Hospital.

**Greenville**

In 2010 Delta Region Medical Center opened its NICU as well as a newborn transport program. **Dr. Madhusdram R. Pabbathi** (MD Kumool Medical College 2001, Residency LSU 2007, fellowship U. Tennessee 2010) was its first Medical Director.\textsuperscript{41}

**Endocrinology**\textsuperscript{106}

Like other pediatric subspecialties, pediatric endocrinology has its roots in adult medicine. The concept of “ductless glands” emerged in the latter part of the 19\textsuperscript{th} century and most of the hormones were isolated and characterized by the middle of the 20\textsuperscript{th} century due in part because of increased sophistication of biochemical methods and growing interest in hormone replacement. The AMA adopted the Association for the Study of Internal Secretions in 1918, which later became the Endocrine Society in 1952.
Pediatric Endocrinology evolved from the biochemical and metabolic clinical investigations of Dr. John Howland and his associates at the Harriet Lane Home at Johns Hopkins. Dr. George L. Wilkins is the father of this subspecialty. As a pediatrician in private practice in Baltimore, he was asked to establish a pediatric endocrine clinic at the Harriet Lane Home. He was not trained in this field but became an expert. He directed this clinic as a part of his private practice until offered a full time faculty position in 1946.

A number of training programs were established at academic medical centers and in 1978, the Pediatric Endocrinology sub-board examination of the American Board of Pediatrics was offered.

In Mississippi and in most states, some endocrine disorders such as diabetes and hypothyroidism were managed largely by pediatricians and more difficult patients referred elsewhere. Dr. Darrel Smith was one of the first full time faculty members recruited by Batson in 1959. He had completed medical school, pediatric residency and endocrine fellowship at the University of Tennessee and a research fellowship at Baylor and CHOP.

Dr. Mike Montalvo came with Dr. Smith and was the pediatrics Chief Resident at UMMC in 1960-61 and then completed an endocrine fellowship with Smith. He remained on the faculty and became the Chief of the Division on Smith’s departure in 1966. Montalvo also practiced nephrology (see section UMMC and the Department of Pediatrics).

After Montalvo’s departure in 1987, Dr. George Moll was recruited as the Chief of the division. Moll had graduated from the University of Chicago with both a M.D. and Ph.D. His pediatric residency was at Mott Children’s Hospital in Michigan and the pediatric endocrinology fellowship at Wyler Children’s Hospital in Chicago. At the time of his recruitment he was on the faculty at Emory University in Atlanta.

Dr. Michael Torchinsky joined Moll in 2005. Torchinsky had completed residency and fellowship training at LSU. He left UMMC briefly to go to the University of West Virginia but later returned to UMMC.

Deborah Welch, a nurse practitioner worked in the Division as an Instructor from 1998-2002.
Dr. Naznin Dixit was recruited from Orlando Florida in 2009 and succeeded Dr. Moll in 2009 as Division Chief. Her husband Dr. Mehul Dixit, a pediatric nephrologist, also joined the Department of Pediatrics faculty at that time. Naznin Dixit graduated from the Seth G. S. Medical College in 1985. She completed her pediatric residency and endocrinology fellowship at North Shore-Long Island Jewish Health System in 1999.\textsuperscript{42}

Additions to the Pediatric Endocrinology Division have been Dr. Simeen Pasha in 2012 (MD Aka Kahn U. 2003, residency Children’s Hospital of Michigan 2008, fellowship Baylor College of Medicine 2012) and Dr. Jessica Lilley in 2013 (MD Vanderbilt 2007, residency Children’s Hospital of Philadelphia 2010, fellowship Vanderbilt 2013).\textsuperscript{41,42} Lilley is one of several UMMC faculty physicians who practices in at a satellite clinic in Tupelo. Dr. Anju Sukumaram joined the UMMC faculty in 2015 (MD Trichur Medical College, India 2000, residency Mount Sinai School of Medicine 2010, Fellowship New York Women’s and Children’s Hospital 2013). Also joining in 2015 was Dr. Ethel Clemente (MD University of Santo Tomas, residencies Santo Tomas and Mount Sinai School of Medicine, fellowship Rainbow Baby’s and Children’s Hospital)
Pediatric Nephrology arose largely from the clinical observations in the latter half of the 19th century and scientific advancements and clinical research in the first half of the 20th century. Henoch-Shönlein purpura, Bright’s disease, renal tuberculosis, post scarlet fever renal disease were described and characterized primarily by urologists, pathologists and pediatricians in Europe. Early work on the composition of urine, urine volume excretion, acid-base metabolism by John Howland at Johns Hopkins and others in the early part of the 20th Century led to a better understanding of renal metabolism.

Nephrology as a pediatric subspecialty evolved in the period between 1950 and 1970. The major advancements were the discovery of the use of glucocorticoids in the treatment of nephritic syndrome, percutaneous renal biopsy for glomerular disease, the role of immunology in renal disease, dialysis, renal transplantation, and the relationship of hypertension and renal disease.

Largely influenced by adult internists, the National Kidney foundation was formed and the American Society of Nephrology was founded in the 1960’s. The American Society of Pediatric Nephrology followed in 1969. In the 1970’s fellowship training programs had been established in Minnesota, Cincinnati, Case Western Reserve, and Boston. The American Board of Pediatrics sub-board examination in Pediatric Nephrology was given for the first time in 1974.

A major development in pediatric nephrology occurred in 1972 with passage of Public Law 92-603, which provided for Medicare coverage for dialysis and transplantation for any patient with end-stage kidney failure. There was an immediate need for pediatric nephrologists.

In Mississippi, general pediatricians and adult nephrologists managed most minor nephrology problems until the emergence of pediatric nephrologists. Dr. Mike Montalvo, recruited by Dr. Batson as an endocrinologist in 1960, provided nephrology services until his departure in 1986. Dr. Ron Kreuger, trained in both pediatric nephrology and urology at Duke University, covered the nephrology service until his departure in 1998.

Dr. Radhakrishna (“R B”) Baliga was recruited in 1993 from Tulane and served as the Division Chief until 2010. He had obtained the MD degree at Kasturba Medical College in 1968 and residency training was at Interfaith Medical Center, Sisters Charity Healthcare System and Tulane University. He completed a nephrology fellowship at

**Dr. Douglas Fitzwater** (MD University of Missouri 1987, residency and Chief resident Cleveland 1990, fellowship University of Tennessee 1990) joined Baliga in 1990 but left the following year.

**Dr. Istvan Arany**, recruited from the University of Arkansas, joined the Division in 2007 as a research scientist. He obtained the PhD degree in medical biology at the University Medical School in Debrecen, Hungary. He came to the United States in 1995 as an Assistant Professor at the University of Texas Medical Branch in Galveston. From 2001 to 2007, he was a member of the faculty of the Department of Internal Medicine at the University of Arkansas.

**Dr. Mehul Dixit** assumed the leadership of pediatric nephrology in 2010. Dixit was a graduate of Seth G.S. Medical College in 1985 and completed his pediatrics residency and general nephrology training at King Edward Memorial Hospital, Bombay. He completed a fellowship in pediatric nephrology at Adelaide Children’s Hospital, Australia in 1995 and then a fellowship at Albert Einstein, New York. He completed a pediatric residency in Bronx, New York in 1999.

Dixit had previously been Chief of Pediatric Nephrology at University of Arizona at Tucson and the Children’s Kidney Center in Florida. In 2005, he was medical director at Florida Kidney Center, Orlando, Florida and was an Associate Professor in the Department of Pediatrics at the University of Central Florida at Gainesville from 2005 to 2010. Under his leadership, pediatric renal transplantation was brought to Mississippi.

**Dr. Atul Poudel**, joined the Medical Center faculty as an assistant professor of pediatrics. He received the M.B.B.S in 2006 from the College of Medical Sciences at Kathmandu University in Nepal and completed a pediatrics residency at the Mt. Sinai School of Medicine in New York. He was a clinical fellow in pediatric nephrology and then a research fellow in glomerular and immunological disease research at the University of Florida in Gainesville. Poudel served as instructor of pediatrics in the Division of Nephrology,
Hypertension and Renal Transplantation at the University of Florida from 2012-14 before coming to UMMC.42

**Dr. Sabahat Afshan**, also joined the UMMC Faculty in 2014 after completing a pediatric nephrology fellowship at Le Bonheur Children’s Hospital in Memphis. Afshan received the M.B.B.S. in medicine and surgery from Quaid-e-Azam Medical College, Bahawalpur, Pakistan, in 1998. In 2011, she completed a pediatrics residency at the Brooklyn Hospital Center in New York.42

**Pediatric Allergy and Immunology**111,166

Immunology traces its roots to small pox. This deadly infectious disease killed thousands of children every year prior to immunizations. In China and the Mideast, cutaneous inoculation from a lesion to uninfected person offered some protection (variolation). In 1978, Edward Jenner showed that inoculation from a cowpox lesion also provided partial protection.

The cellular basis of disease described by Virchow in 1859 replaced the theory of humors that had existed for a millennium. Later, Pasteur and Koch established the germ theory. Cellular and humoral factors, which included antibodies, opsonins and complements, were found to provide immunity.

A number of discoveries in the first half the 20th century established allergy and immunology as a specialty. The development of numerous immunizations, allergen skin testing and immunotherapy for allergies, serum sickness, anaphylaxis, allergic antibodies in hay fever and asthma, autoimmune disorders and others.

In the second half of the 20th century, cellular and antibody immunodeficiencies were identified. The role of T-cells and B-cells were delineated, as were the phagocytic disorders. More recent advancements in therapy have included intravenous and subcutaneous immunoglobulin, bone marrow transplantation and gene therapy.

The American Academy of Immunology was founded in 1943. The name was changed to the American Academy of Allergy and Immunology in 1982 and Asthma was added to the name in 1995. Certification for the specialty began in 1951 and the certifying examination for the combined medicine and pediatric training in 1971. There is not a sub-board certification by the American Board of Pediatrics. There are a number of
physicians who have had allergy/immunology training after a residency in internal medicine who also treat children. This section will highlight only those who have had formal training in pediatrics.

In Mississippi, the first board certified pediatric allergist in Mississippi was Dr. R. Faser Triplett, Sr. Triplett received the undergraduate degree from the University of Mississippi in 1953 and initially pursued a legal career. Dissatisfied after a few months of law school he switched to medicine. Not having the science requirements for medical school, he enrolled at Mississippi College and took 24 hours of classes in one semester and was then admitted to the two-year program at the University of Mississippi. The final two years were at Tulane and he received the MD degree in 1957. Following a rotating internship and a pediatric residency at John Gaston Baptist Hospital in Memphis, he pursued an allergy fellowship at National Jewish Hospital in Denver, CO. After two years of US Air Force military duty, he returned to Jackson to open a private practice in 1966. Triplett was a part time faculty member in the Department of Pediatrics and was active in the Mississippi Chapter of the American Academy of Pediatrics. Triplett and Drs. Ellis M. Moffitt and Wilford Q. Cole founded the Mississippi Allergy Clinic.

Dr. Wilfred Cole worked part time as a general pediatrician in the Department of Pediatrics from 1955 until 1961 when he left to pursue a fellowship in Allergy at Duke University (see section on the Department of Pediatrics). Cole returned to Jackson and joined the Mississippi Allergy Clinic and restricted his practice to children. He continued on the part time faculty after his return and also attended to children with cystic fibrosis until Dr. Suzanne Miller arrived in 1970.

Dr. Paul C. Horn (1930-1999) graduated from the University of Mississippi, received the MD degree at Jefferson Medical College in Philadelphia, PA and completed an internship in Florida. He completed a pediatric residency in 1959 at UMMC; the fourth trainee recruited by Dr. Batson. Horn entered private practice at the Children’s Clinic in Greenville in 1961. In 1963, he obtained a grant to seek fellowship training in allergy. After a year at Duke University he returned to Greenville. In 1968, he left the Children’s Clinic to open a practice in pediatric allergy.

Batson recruited Dr. Teresa Sue Bratton from Montreal Children’s Hospital in 1979 as the first full time Pediatric Allergist Immunologist at UMMC. Bratton graduated from Vanderbilt University School of Medicine in 1974 and completed a pediatric residency at the University of Arizona in 1976. Fellowship training was at Montreal Children’s
Hospital, McGill University.\textsuperscript{42} She remained on the faculty for several years and was followed by Dr. Mary Pamela Hemstreet (MD Temple 1968, Residency U. Oklahoma and Duke 1971, fellowship Duke 1973) who stayed only one year, leaving in 1982 for the University of Alabama at Birmingham.\textsuperscript{41,42}

**Dr. John Ellis Moffitt** (1956-2007) followed in his father's footsteps in allergy and immunology. Moffitt graduated from UMMC in 1980, completed the pediatric residency at UMMC in 1983 and was chief resident the following year. After an allergy immunology fellowship at the Medical College of Georgia in 1987, he was appointed Chief of the Division of Pediatric Allergy and Immunology in the Department of Pediatrics by Dr. Batson and remained in that position until 2002. Moffitt served as the pediatric residency director from 1990-96 and later became Associate Vice Chancellor for Medical Affairs in 2002. He served UMMC in many ways especially those related to education. He continued to teach and practice until his untimely death in 2007.\textsuperscript{42}

![Dr. John Ellis Moffitt, 1979 (reproduced from the 1979 UMMC Yearbook, Medic)](image_url)

**Dr. Anne Bridges Yates** assumed the leadership of the division in 2002. Yates received the MD degree at UMMC, completed a pediatric residency at UMMC in 1987 and was Chief Resident the following year. She completed an allergy/ Immunology fellowship at Baylor College of Medicine in Houston, Texas and she returned to UMMC to join Moffitt in 1990.\textsuperscript{42}
Dr. Sitesh Roy joined Yates from 2002 until 2010. Roy attended medical school in Bombay, India at the Seth G. S. Medical College, graduating in 1996. He completed pediatric residency at the University of Illinois at Chicago in 2000 and allergy/immunology fellowship training at National Jewish Medical and Research Center in Denver, CO in 2002.  

Dr. Nina Dave joined the faculty in 2011. Dave graduated from the University of Baroda in India and completed a pediatric residency and allergy/immunology allergy fellowship at UMMC in 2011.

Dr. Ray Rodriguez joined the Allergy Immunology Division in 2012. He graduated in 1984 from the Ponce School of Medicine in Puerto Rico and completed pediatric residency in El Paso, Texas at the William Beaumont Army Medical Center in 1995. He completed Allergy/Immunology fellowship training and a Clinical Laboratory Immunology Fellowship at Walter Reed Army Medical Center in 1996. Rodriguez has also received a degree in law (Juris Doctor) and Masters degrees in Business Administration and Public Health.

Dr. Richard D. (“Rick”) deShazo, formerly Chair of the Department of Medicine at UMMC and board certified in Medicine, Pediatrics and Allergy/Immunology (and others) was active in teaching and patient care in pediatric allergy. Also on the faculty was Dr. Lindsey McMullan who was a graduate of UMMC, completed an internal medicine residency at UMMC and an allergy immunology fellowship at Washington University. The training program at UMMC has been a joint effort with the Department of Medicine Division of Clinical Allergy and Immunology with Dr. Stephen Kemp as training Director. The training program for board certification is the same for pediatric and medicine graduates.

A number of Mississippi pediatricians have pursued careers in allergy/immunology. Dr. Tom Christian, a former UMMC pediatric resident and Chief Resident, completed a fellowship in allergy and immunology at National Jewish Hospital in Denver, CO. Christian started the Jackson Asthma and Allergy Center after eleven years of a combined general pediatric and pediatric allergy with Children’s Medical Group in Jackson.

Dr. James ‘Jim” Haltom, a UMMC medical school graduate, did his pediatric residency at Vanderbilt University where he was also Chief Resident before completing a fellowship at National Jewish in Denver, CO. He would join the Mississippi Allergy
Clinic. Haltom pursued a pulmonology fellowship with Dr. Suzanne Miller at UMMC and would later become a part-time faculty member staffing the pulmonary clinics.

**Dr. Winn Walcott**, a UMMC graduate of the Medical School in 1982 and the pediatric residency program at UMMC in 1985, joined the group after fellowship training at Louisiana State University Medical Center in Shreveport, LA in 1993. He had been in general pediatric practice at the Children's Clinic in Oxford, MS from 1985-1991. Walcott joined Mississippi Asthma and Allergy Clinic in 1993.41,42

**Dr. Daniel Venarske**, a medicine/pediatrics residency graduate at UMMC in 2003, also joined the Mississippi Allergy Clinic. Venarske graduated from Baylor Medical College in 1999 and completed his fellowship in 2001 at Vanderbilt University.41,42

**Dr. Matt Oswalt**, a graduate of UMMC in 2002, was a resident, Chief Resident and fellow at UMMC from 2002-2008. He opened a practice in Tupelo following his fellowship in 2008.41,42

**Dr. Charlene Broome** practices allergy/immunology in Hattiesburg. She graduated from UMMC in 1989 and went to the University of Kentucky for a pediatric residency followed by fellowship training at Duke University.41

**Dr. Paul Niolet** graduated from Louisiana State University Medical Center in Shreveport, LA in 2001 and completed a medicine/pediatric residency and an allergy/immunology fellowship at Louisiana State University in 2007. He practices in Biloxi, MS.41

**Dr. Linda Tanaka** graduated from Tulane University and completed a pediatric residency and fellowship at Tulane in 2000 and practices in Jackson, MS.41

Also in Jackson is **Dr. Sheryll Fletcher-Vincent** who graduated from the University of the West Indies Faculty of Medical Sciences in 1982. She completed her pediatric training at Howard University in 1992.41

**Dr. Mark Murray** sees allergy patients in Meridian at the branch clinic Mississippi Allergy and Asthma Clinic. He graduated from the University of South Alabama in 2005, completed a pediatric residency at the University of Tennessee, Chattanooga in 2008 and allergy/immunology fellowship at Louisiana State University in 2012.41
Pediatric Pulmonology

Diseases of the lung and respiratory system were described in antiquity. Until the advent of radiology, immunizations and antimicrobial drugs in the late 19th and early 20th centuries, tuberculosis, pneumonia and empyema, diphtheria and pertussis killed thousands of children every year. Cystic fibrosis, recognized as a distinct disease in 1938, and asthma were common causes for chronic illness and croup and bronchiolitis were the common causes for acute illnesses and hospitalizations.

Prior to the 20th century, treatment was archaic and little had changed since the United States became a nation. Blood letting was common for any illness and only lost favor at the end of the 19th century. Opiates, quinine and calomel were commonly prescribed to infants with respiratory ailments at the turn of the century.

In the early 20th century aggressive treatment for croup was recommended including bed rest, enemas, and belladonna when suspected. During the attack, a croup kettle delivering steam to a croup tent, mustard baths or compresses, or all of the above were common therapies. In serious cases, vomiting was induced with ipecac or “wine of antimony” which was to relieve the spasms. Tonsillectomy and adenoidectomy was recommended for children susceptible to croup.

Asthma was treated in a similar manner. Protein allergies, skin testing and limited desensitization were also available for prevention. Added to this was cod liver oil, sunlight or a Quartz lamp, potassium iodide, and if necessary radiation of the chest and spleen. Acute attacks were treated similarly to that of croup with addition of adrenalin.

Like most pediatric subspecialties, pediatric pulmonology got its start in the mid 20th century. Scientific advances in biochemistry, physiology and radiology improved diagnostic capabilities that lead to better clinical research. The confluence of many emerging disciplines such as neonatology, critical care, infectious diseases, genetics and allergy/immunology contributed to the birth of pediatric pulmonology as a subspecialty.

A Chest Section of the AAP was formed in 1957 and in 1968 the US Public Health Service established pediatric centers. The American Thoracic Society established a section for pediatric pulmonology and training programs emerged in the 1970's. Training guidelines were published in 1978 and in 1982 an application was submitted to the American Board of Pediatrics for sub-board certification. This was initially rejected because of the few “likely applicants, the limited number of qualified training
programs and the overlap with many other subspecialties”. The rejection was disputed and certification was approved in 1985.

In Mississippi, most pulmonary problems were treated by general pediatricians or referred to neighboring centers. Dr. Will Cole, a general pediatrician in Jackson, had attended the cystic fibrosis patients at UMMC since 1955. He left to pursue an allergy fellowship at Duke University in 1961 and when he returned, continued to treat the cystic fibrosis patients until 1969 when Dr. Batson recruited Dr. Suzanne Miller in 1970.42

Miller received her undergraduate degree at Wooster College in Ohio and the MD degree at the New York College of Medicine at Syracuse. Her pediatric residency was at the University of Cleveland with an additional six months at the Royal Children’s Hospital in Melbourne, Australia. Following a pulmonary fellowship at Cleveland she was an instructor there for two years before joining UMMC in Jackson.42

UMMC became a Cystic Fibrosis Center in 1973 and Miller became the Director. She initially worked part time and then full time in 1988. She was promoted to Associate Professor with tenure in 1992 and retired in 1999. Dr. Miller contributed in many ways but the most notable was the Cystic Fibrosis Center that she established. She treated not only children but also managed adults with CF. Dr. Miller was devoted to her patients and during her tenure she was essentially on call continuously from her arrival in 1970 until Lynn Walker came in 1996.

Dr. Rosalyn (“Lynn”) Walker arrived in 1996 after completing her fellowship at University of Alabama, Birmingham. Walker was a graduate of UMMC in 1986 and completed her PL-1 year of pediatrics at Tulane in 1987. She returned to UMMC for the final two years of residency. Walker was briefly in private practice in Oxford from 1989 until 1991 before returning to UMMC.42 She and her husband Dr. Tom Walker and the Med-Peds graduate Deborah Downing were the first hospitalists in the Department of Pediatrics. Walker left in 1993 for a pulmonary fellowship at the University of Alabama, Birmingham.

Dr. Miller retired in 2000. Walker followed Miller as Division Chief and recruited Dr. Fidel Ruiz in 2000. Ruiz graduated from the Francisco Marroquin University of Guatemala and completed a pediatric Residency at the University of South Alabama in 1998. After returning to Guatemala as Instructor at the San Juan de Dios General
The two pulmonologists expanded the program to include flexible bronchoscopy, a home ventilation program and other services.

Walker departed in 2005 and Ruiz in 2006. Dr. Miller came out of retirement to be the interim Chief. Dr. Alicia DePaula, who had just completed pediatric residency training at UMMC 2006, was recruited to help with the patient load. Dr. James Haltom was in private practice in pediatric allergy and immunology. In 1994, he completed the requirements for pediatric pulmonary sub-board after training with Miller. He was recruited to work part time in the pulmonary clinic.


Dr. Joe Donaldson was called out from retirement to staff the Cystic Fibrosis clinic until Dr. Marc Majure arrived in 2011. Majure was a previous graduate of the UMMC School of Medicine and the pediatric residency program in 1984. After being in private practice with the Children’s Medical Group in Jackson for several years, he completed a pediatric pulmonary fellowship at Duke University. He had continued on the Duke faculty until returning to Jackson as Chief of the Pediatric Pulmonary Division in 2011.

Dr. Josey David, Jr. was recruited to the UMMC Pediatric Pulmonology Division in 2012. He graduated from Rutgers Robert Wood Johnson Medical School in 2005 and completed pediatric residency at the UMDNJ in 2008. His pediatric fellowship was at the University of Arkansas, finishing in 2012. Dr. Oscar Rodriguez Pineda joined the pediatric faculty in 2015 following a pediatrics residency at Albert Einstein Medical Center, a pulmonary fellowship at Washington University in St. Louis and a fellowship in sleep medicine at the University of Cincinnati. He received the MD degree at the Universidad Francisco Marroquin in Guatemala in 2006.

Lynn Walker, who had been employed by the Mississippi State Board of Health after leaving UMMC in 2005, returned in 2013.

Pediatric Rheumatology

Pediatric Rheumatology is a relative new sub-specialty although the clinical disorders have been recognized for centuries. Except for the arthritis associated with rheumatic fever, there are scant references to rheumatic diseases in children prior to the 19th
century. It was the advances in immunology in the first half of the 20th century that pediatric rheumatology found a scientific foundation. The concept of autoimmunity is the basis of rheumatic diseases.

During the 1800’s, the association of a preceding sore throat and then arthritis, heart disease, subcutaneous nodules and chorea was recognized. It was not until the 1930’s that rheumatic fever was associated with streptococcal infections and not until 1940’s that successful treatment with penicillin was discovered.

In 1897 Dr. George Frederick Still reported 22 cases of chronic arthritis in children that were not associated with rheumatic fever, which we would now call systemic juvenile rheumatoid arthritis. Still was the first to suggest rheumatoid disorders in children differed from that of adults and rheumatoid arthritis. “Still’s Disease” is still used to refer to systemic onset rheumatoid arthritis in children.

The other rheumatic diseases were characterized in children in the mid 20th century and the subspecialty evolved in the 1970’s. Prior to that, children with rheumatic diseases were considered “small adults” and the national associations for rheumatology were adult centered without pediatric sections. In the 1927, the textbook “Modern Practice of Pediatrics” by William P. Parker does not discuss arthritis or other rheumatic diseases except as a manifestation of rheumatic fever.171

In 1972, the American Rheumatism Society established a JRA Criteria Subcommittee. In 1976 The Council on Pediatric Rheumatology was founded. This evolved into the Pediatric Rheumatology Section of the American College of Rheumatology and the American Academy of Pediatrics formed a similar section. The sub-board certification for this subspecialty by the American Board of Pediatrics was in 1992.

The major rheumatic diseases include rheumatic fever, juvenile rheumatoid arthritis (JRA), spondyloarthropathies, systemic lupus erythematosis, dermatomyositis, scleroderma, vasculitis syndromes, and other rare disorders.

In Mississippi, Dr. Pam Hemstreet, an allergist who was briefly on the faculty in 1981-82, also attended to the rheumatology patients (see section on Allergy/Immunology).42 The first trained pediatric rheumatologist was Dr. Linda Ray. Ray completed her residency at UMMC in 1985 and was chief resident the following year. After serving as instructor in ambulatory pediatrics for two years she left to pursue a fellowship in pediatric rheumatology in University of Texas Southwestern, Dallas and returned to UMMC as Division Chief in 1991.42 She was the only pediatric rheumatologist in
Mississippi until 2013 when she was joined by Dr. Nina Washington who was a former patient of Dr. Ray and a former UMMC graduate. Washington graduated from UMMC in 2007. She had pediatric residency training at the University of Chicago 2007-2010 and completed her rheumatology fellowship at Stanford University in 2013.\textsuperscript{41,42}

**Adolescent Medicine\textsuperscript{115}**

The subspecialty of Adolescent Medicine arose from the specialties of pediatrics, internal medicine and gynecology. These fields traditionally focus their efforts on the very young or the very old. The endocrinologic and psychological changes that transition a child into adulthood define the adolescent patient and the need for scientific inquiry and clinical interventions for this unique phase of growth and development. In the 1927, the textbook “Modern Practice of Pediatrics” by William P. Parker devoted less than a page to “The Adolescent Period”. Among other comments he observed:

“ It is the most trying time of youth when the shadow of adult life walks beside him yet does not seem to be his own. From a medical standpoint it is one of the most neglected periods though much thought and study are given to it.”\textsuperscript{172}

In the 1950’s, radiologic determination of bone age was correlated with physiologic age and this coupled the work of Tanner and Marshall who described the staging of puberty helped to identify pubertal abnormalities. Hormonal changes in boys and girls along and other biochemical markers anticipated peak growth velocity.

Psychological, cognitive and the behavioral characteristics of adolescents are known by all from personal experience as recovering adolescents or a parent to one or more. Many theories have evolved since the early 1900’s. It is generally believed that rebellion, risk taking, personal identification and peer conformity are normal in the stage of development.

During the 20\textsuperscript{th} century it was found that depression, schizophrenia, anxieties and other mental health problems often began in adolescents. Teenage suicide has been and continues to be major cause of mortality in this age group.

As other subspecialties evolved, more children were surviving into adolescence, complicating the psychosocial challenges at that age. Societal attitudes towards sex, drugs, (rock and roll?), and violence leached into the adolescent culture with a striking increase in mortality, morbidity and addiction. More recently, obesity and eating disorders have been major problems for adolescents.
The need for a subspecialty was obvious but late in coming. The beginnings were largely societal. States established policies and laws that adolescents could receive treatment of sexually transmitted diseases. Schools and colleges established student health services and the Supreme Court recognized the right of adolescent’s ability to consent.

From the medical community, the AAP facilitated a symposium on adolescence in 1941. Soon after this, many medical centers established academic divisions in this subspecialty. The first impatient unit was at Boston Children’s Hospital in 1951. The first training program was established at Albert Einstein College in 1967 and government sponsorship of other training programs followed. The Society of Adolescent Medicine was established in 1968. In 1979, the AAP formed the section for Adolescent Health. The first sub-board for Adolescent Medicine was offered in 1994 and the ACGME began accrediting training programs in 2002.

In Mississippi, the Division of Adolescent Medicine in the Department of Pediatrics was established in 1969 with the recruitment of Dr. William (“Bill”) Long who remained a part time faculty member until his retirement in 2000. Long was a graduate of Millsaps College and received the MD degree from Tulane in 1955. After is residency in pediatrics at the University of Colorado, he remained there in general pediatrics practice. He was in an adolescent fellowship from 1965 until 1967 and briefly practiced adolescent medicine in Colorado until he returned to Mississippi. Long was the first pediatrician that was fellowship trained in adolescent medicine in Mississippi. He was recruited by Dr. Batson in 1969 and split his time between UMMC and private practice. His clinic was on Lakeland Drive across the street from UMMC. By 1984, Dr. Long had established a fellowship program and trained a number of pediatricians in this field (see Appendix VI) and many of these fellows went in to general practice in Mississippi.

Dr. Will Sorey completed his one-year fellowship with Dr. Long in 1987. He had graduated from UMMC in 1983 and completed his residency at UMMC in 1986. After a year of private practice in Jackson, Sorey went to work for the State Department of Health. From there he was recruited to the Ambulatory Pediatrics Division in the Department of Pediatrics at UMMC in 1989 and became Chief of the Division upon Joe Donaldson’s retirement in 2000.

Dr. Robert Pendergrass completed residency and an adolescent fellowship at UMMC in 1987 and is presently Associate Professor and Director of Adolescent Medicine at Medical College of Medicine in Augusta, Georgia.
After Dr. Long’s retirement, Dr. Ron Persing was recruited as the Chief of the division. Persing was a graduate of the University of South Dakota 1977 and completed a pediatric residency at Wilford Hall AFB, Lackland, CA in 1980. While in the Air Force, Persing obtained an adolescent fellowship at Fitzsimons Army Medical Center and was then stationed at Keesler AFB in Biloxi.

While at Keesler, Persing was Chief of Adolescent Medicine, Vice Chair of the Department of Pediatrics and Associate Pediatric Residency Director. After retiring from the US Air Force after 25 years of service, he briefly went into private practice in Biloxi before joining UMMC in 2000. He had particular interest in incarcerated juveniles and provided consultation to adolescents hospitalized for mental health problems. He also developed video recording of patient evaluations to assess their interviewing skills. He was promoted to Associate Professor in 2006.

Dr. Persing’s untimely death in 2010 lead to the recruitment of Dr. Craig Flowers as a part time faculty member to provide the training and clinical experience in adolescent medicine. Craig Flowers attended Mississippi State University and Millsaps College and obtained the MD degree at UMMC in 1983 and pediatric residency training at the University of Arkansas in 1986. He spent a year in an adolescent fellowship under Bill Long at UMMC and returned to Arkansas Children’s Hospital before joining the Rankin Children’s Group in 1994.

Dr. Michelle Gains led the division from 2011 until 2013. She was a graduate of the Michigan State University School of Medicine in 1989 and completed pediatric training at Eastern Virginia Medical Center and the Children’s Hospital of Evansville. Gains’ fellowship training was at Michigan State.

After Gains departed Flowers continued part-time to provide adolescent services and training. In 2015, three new adolescent faculty members were recruited. Dr. Sadhana Dharmapuri was recruited to lead the Division. She received the MD degree at the University of Medical Sciences in Poznan, Poland followed by residency training the University of Illinois and an adolescent fellowship at Children’s National Medical Center. Dr. Nneka Holder received the MD degree at Harvard and the completed a pediatrics residency a fellowship in adolescent medicine at Children’s National Medical Center, George Washington University. Holder was recruited to UMMC from Akron Children’s Hospital. Dr. Demma Cabral also arrived at UMMC in 2015. She graduated from the University of the Philippines and completed pediatrics training at Mount Sinai and fellowship training at Miami Children’s Hospital.
Without understanding it, Humans have practiced medical genetics for a millennium through animal husbandry and the domestication of animals and selective breeding. Mendel in 1865 discovered the laws of inheritance in the garden pea. Chromosomes were first visualized in 1892 and the association of chromosomes and Mendelism in 1903. At the same time, the concept of inborn errors of metabolism was established.

Initially, genetics was studied primarily by basic and social scientists doing population and statistical studies, dysmorphology identification and basic science research especially in the fruit fly, *Drosophila*. The American Society of Human Genetics was founded in 1948.

Unlike most other pediatric subspecialties, medical genetics did not evolve from an adult subspecialty. But similar to other pediatric subspecialties, the clinical and scientific beginnings of the first half of the 20th century flourished in the second half. Clinical genetics made major advancements in dysmorphology led in part by David Smith in Seattle, whose textbook remains a classic, and Victor McCusick at Johns Hopkins. Teratology was an offshoot of clinical genetics and many children have been spared serious, congenital defects from such agents as Rubella, methyl mercury, radiation, folate deficiency and many drugs.

Clinical cytogenetics resulted from the scientific efforts to visualize human chromosomes. The number of human chromosomes was determined in 1956. Thereafter, the cause for Down syndrome and many other disorders were discovered and put to clinical use. In the 1960’s, Giemsa banding was discovered, bringing more accuracy in diagnosis and high-resolution banding discovered in the 1970’s improved the identification of microdeletions. At the turn of the 21st century fluorescent in situ hybridization and microarray analysis has given even further insight into the workings of the chromosomes and has led to great advances in clinical diagnosis and oncology.

Biochemical genetics also emerged in the second half of the 20th century. Because most inborn errors of metabolism affect infants and children primarily, departments of pediatrics became the centers for the diagnosis and treatment of affected children. The causes for glycogen storage disease type I and phenylketonuria (PKU) were discovered in the 1950’s and lysosomal disorders in the 1960’s and many others followed.

Not only were the diagnostic tools improving, but also the therapeutic modalities. Most inborn errors of metabolism are still treated with dietary manipulation and vitamin and
other supplements. Recently, enzyme infusions and bone marrow transplants have found to be useful for some conditions and gene therapy is on the horizon.

Other areas of this subspecialty are immunogenetics, which deals with a wide variety of immunologic diseases. One of the initial important advances was discovery of the ABO blood grouping in 1901 and later in 1941 the Rh system and the development of Rhogam.

Molecular genetics began with the discovery of the structure of DNA by Watson and Crick in 1951. By 2003, sequencing of the entire human genome was completed, costing 2 billion dollars per genome. Now, this can be done for as little as $1000 per genome on some platforms. At the turn of the 21st century, it became possible to identify and clone specific disease causing genes. This has been applied not only to detect abnormal genes, but also to identify the origins of genetic material from microbes and other organisms and has also found use in forensic pathology.

The American Board of Medical Genetics was formed in the 1980’s to establish certification of training programs its trainees. In 1995 Genetics was recognized by the American Board of Medical Specialties (ABMS) as a specialty and not a subspecialty of pediatrics. In 2000, a five-year combined training program for pediatrics and genetics was approved by the ABMS.

In Mississippi, Dr. John Jackson was the first geneticist. A third generation Mississippian, John Fenwick Jackson grew up hunting and fishing in the Yockanookany River. He swam in creeks and played cornet in the school band. He graduated from the University of Mississippi in 1951 and received the MD degree at Tulane University. Following an internal medicine residency at UMMC he had a postdoctoral fellowship in cancer research at UMMC. He joined the faculty at Tulane and then completed a one-year fellowship in genetics at Uppsala University in Sweden. He returned to UMMC in the Department of Preventive Medicine and established the first cytogenetics laboratory in Mississippi. He became Chairman of the Department of Preventive Medicine in 1968.

Jackson was a founding fellow of the American College of Medical Genetics. During his career he was author or co-author of 100 scientific medical journal articles, book chapters and book on medical genetics. He retired in 1992.

Jackson was a medical geneticist specializing in dysmorphology. Jackson recruited Dr. Hans-Georg Otto Bock in 1983 to the Department of Preventive Medicine. Bock had
expertise in biochemical genetics. Bock had received the MD and PhD degrees at Vanderbilt University in 1977 and his pediatric training and genetics fellowship at Baylor. For many years Bock not only treated many of the children with these disorders but also directed the clinical laboratories related to the diagnosis. With the growth of newborn screening, Dr. Bock was involved with every child diagnosed with an inborn error of metabolism. Bock retired in 2014.42

The Genetics program remained in the Department of Preventive Medicine until 2008 when that department was dissolved and the faculty transferred to the Department of Pediatrics. Along with Dr. Bock as Chief of the Division, Dr. Christopher Friedrich, Dr. Omar Abdul-Rahman and Anthony Mawson, an epidemiologist, were also transferred.42 Abdul-Rahman was a graduate of UMMC in 2003 and the pediatrics residency program in 2006. He completed his genetics fellowship in 2008 and returned to UMMC that same year. He served as the Interim Chairman of Pediatrics after Evans retired in February 2011 until Dr. Barr arrived to become Chairman in July 2011. Rahman became the Chief of the Genetics Division in 2012.

Friedrich graduated from Rutgers Robert Wood Johnson Medical School in 1988 and completed an internal medicine residency at the University of Minnesota (Fairview) in 1991.42 He came to UMMC with his wife, Dr. Jennifer Shores (a pediatric cardiologist), in 2001 from Philadelphia. In 2013, Friedrich was transferred to the Department of Medicine in 2013 and left the institution in 2014.42

Mawson is an epidemiologist and was briefly in the Division of Genetics in the Department of Pediatrics from 2008 until 2011.42

Dr. Eric Dec joined the faculty in 2013 and left in 2015. He was a graduate of the University of Colorado in 2003. He completed a medicine pediatrics residency at Kettering Medical Center in 2009 and a genetics fellowship at U. California, Irvine in 2013.42 Dec left UMMC in 2015.

Dr. Julia Kaplen was recruited in 2015. She received the MD degree at the University of Maryland in 2004 and completed a pediatric residency at St. Louis Children’s Hospital in 2007. Her fellowship training was at Stanford University.41,42

Dr. Joseph Maher is a graduate of the University of Texas Southwestern and received his genetics training at Johns Hopkins. He is member of the UMMC Cancer Institute but collaborates with the Genetics Division in the Department of Pediatrics to develop a medical genetic residency.42
Dr. Kelly Jones also arrived in 2015 following a fellowship in medical genetics at Washington University in St. Louis. She earned the MD at Florida State University and a pediatric residency at the University of Tennessee.\(^41,42\)

Dr. Brian Kirmse was recruited in 2015 from the National Children’s Hospital in Washington D.C to provide services to children with inborn errors of metabolism after Georg Bock’s retirement. Kirmse received the MD degree at the University of Miami in 2001 and pediatric training at Louisiana State University. His fellowship training in medical genetics and biochemical genetics was at Mount Sinai Medical Center.\(^41,42\)

Pediatric Cardiology\(^119\)

William Harvey was the first to describe the circulatory system in 1628. The “blue baby syndrome” had been recognized for centuries before Fallot in 1888 characterized the pathology. Laennec in 1819 developed the stethoscope and the significance of a murmur was associated with a cardiac lesion. In 1676 rheumatic fever was described and in 1715 the heart lesions described.

General pediatricians with an interest in rheumatic fever and heart murmurs followed these patients in special clinics. One was Dr. Helen Taussig, often called the “mother of pediatric cardiology”.

As antibiotics and preventive measures became available, there was a decrease in rheumatic heart disease and there was increased attention to congenital heart disease. Dr. Taussig was placed in charge of the Cardiac Clinic at the Harriet Lane Home in Baltimore. She had available the fluoroscope and the electrocardiogram and detailed knowledge of the pathology of congenital heart disease.

Dr. Robert Gross ligated a patent ductus arteriosis in 1938 in Boston. Taussig had observed that “blue babies” didn’t turn blue until the ductus closed and proposed creating a ductus and collaborated with Dr. Alfred Blalock, a surgeon, to create the “Blalock-Taussig shunt”. The first operation was in 1944. In 1945 a coarctation was repaired and in 1948 pulmonary stenosis. Mechanical cardiopulmonary bypass was established by 1955.

Diagnostic tools progressed along with the surgical advance. Successful cardiac catheterization was established in 1932. By the 1950’s cardiac catheterization labs
were established in most pediatric centers. Pulmonary banding for large left to right shunts and repair of ventricular septal defects followed.

Cardiac ultrasound was discovered in 1954 but it was not until the 1970’s that M-mode echo became available as a diagnostic tool. In the 1980’s two-dimensional echo and color-flow Doppler were developed. Today, MRI cardiac imaging and CT angiography has been added to the diagnostic quiver.

Interventional cardiology has emerged and has replaced open-heart surgery for many congenital and acquired cardiac defects. Pediatric electrophysiology has also emerged as a sub-subspecialty with the ability to treat many cardiac arrhythmias. And, with the vastly improved longevity of children with congenital heart disease, adult congenital cardiology is a new subspecialty.

Dr. Taussig began training pediatricians in pediatric cardiology and her trainees migrated to the major pediatric centers in North America. Training guidelines were developed and in 1961 pediatric cardiology became the first sub-board certification examination by the American Board of Pediatrics.

(reproduced from UMMC Yearbook, Medic, 1962)

Dr. David Watson was the first pediatric cardiologist in Mississippi. He was one of the original faculty members and was recruited by Dr. Batson to UMMC in 1959. (see
section *UMMC and the Department of Pediatrics*. Watson received his MD degree at the University of Toronto, a rotating internship at St Michael’s in Toronto followed pediatric training at Wayne State University in Detroit and a cardiology fellowship at the Sick Children’s Hospital at Toronto. He and Darrel Smith were attending a meeting of the Society of Pediatric Research in 1959 where they met Dr. Blair Batson. They were both recruited to start at UMMC on July 1, 1959. However, the Canadian Prime Minister had canceled the planning and construction of a new fighter aircraft. US immigration was over burdened with Canadian engineers trying to get work visas in the US, so Watson but did not start until October of that year.\(^{120}\)

Dr. Robert L. Abney, III was a graduate of Millsaps College and the UMMC School of Medicine in 1962. His residency training was at the University of North Carolina at Chapel Hill.\(^{49}\) After further cardiology training, he returned to Jackson and joined Children’s Medical Group. He would attend to cardiology patients at UMMC while Watson was away.\(^{42,49}\)

It wasn’t until 1972 when the second cardiologist arrived at UMMC, Dr. James Joransen. Joransen was a graduate of Wheaton College in 1960 and received the MD degree at Baylor in Texas. Following two years in the Indian Health service he completed a pediatric residency and cardiology fellowship at the University of Minnesota in 1971.\(^{42}\)

After one year in private practice, Joransen received a call from Dr. Peter Boelens who had been in residency training with Joransen. Boelens had established a primary care clinic in the Mississippi Delta and was involved in the UMMC nurse midwife program and was also a part time member of the UMMC Pediatric faculty. Boelens encouraged Joransen to consider joining UMMC. At the time Batson did not think he needed another cardiologist. However Watson had other ideas and threatened to leave if he did not get some help. Shortly thereafter Joransen was hired and joined UMMC in 1972.\(^{121}\) Joransen brought echocardiography to Mississippi and expanded the cardiac
catheter lab.

Heart Clinic (reproduced from UMMC Yearbook, *Medic*, 1970)

Dr. James Joransen (reproduced from UMMC Yearbook, *Medic*, 1974)

**Dr. James Clinton Smith** graduated from Tulane University in 1961 and received the MD degree at Marquette University in 1967. Following an internship in Milwaukee he spent two years in the US Air Force and then completed training in pediatrics and pediatric cardiology at the University of Minnesota in 1973. He was an Assistant Professor at LSU from 1973 until
1977. He entered private practice as the founder and owner of the Laurel Pediatric and Adolescent Clinic. He left private practice to pursue a Masters of Public Health at the University of North Carolina following which he became the Medical Director of Maternal and Child Health in Tennessee. He then became the Medical Director for the Division of Medicaid in Mississippi from 1988-1990.42

Smith was appointed Associate Professor of Preventive Medicine and Pediatrics in 1990 and in 1994 transferred full time to Division of Cardiology in the Department of Pediatrics with an interest in obesity, hypertension and preventive cardiology. He retired as Professor in 2012.

A number of pediatric residents pursued fellowship training in cardiology including Drs. David Braden, Makram Ebeid and Charles Gaymes. All returned to the Department following their training.

Dr. Tom Edwards was recruited in 1990 and was on the faculty until 1993. He was a graduate of the University of Missouri, Columbia and completed a cardiology fellowship at the University of Minnesota in 1990.42

Dr. Charles Gaymes joined the faculty in 1992. He received the MD degree from the University of the West Indies in 1978. His pediatric residency was at UMMC from 1986 until 1989. He completed his fellowship at Medical University of South Carolina 1992 with special training in cardiac electrophysiology. Gaymes not only treated children but was also consulted on adult cases. He would become Chief of the Division in 2005 when Joransen retired as Chief. Gaymes led the division through a transitional period as UMMC attempted to re-establish and expand the pediatric cardiac surgery program after Dr. Bobby Heath, the pediatric cardiovascular surgeon, died unexpectedly in 2000. Gaymes was also successful in recruiting additional pediatric cardiologists while he was Chief.42

Dr. David Braden was a UMMC in 1984 and completed residency at UMMC in 1987. He trained in pediatric Cardiology at the Medical College of Georgia. Braden left UMMC in 2000 to practice general pediatrics and pediatric cardiology in Brookhaven, MS. 42 He left Brookhaven in 2013 to practice pediatric cardiology in Jackson.

Dr. Makram Ebeid graduated from Aln Shams University, Egypt in 1979. He completed pediatric residency at UMMC in 1989 with Gaymes and one year of neonatal fellowship at UMMC in 1990. He changed career plans and completed a
fellowship in pediatric cardiology at Jackson Memorial Hospital in Miami in 1993. After fulfilling a visa requirement of general practice in east Mississippi, he undertook and a fellowship in interventional cardiology at Cincinnati Children’s Hospital. He returned to UMMC in 1997 and has been at the forefront in the development of new interventional devices and techniques. He became the interim Chief of Pediatric Cardiology in 2012 with Dr. Mary Taylor being appointed as Division Chief in 2013. Taylor was also the Chief of the Division of Critical Care (see Pediatric Critical Care in this Section).

Dr. Clinton Smith attended Tulane for his undergraduate degree in 1961 and the first two years of medical school at UMMC. He graduated with an MD degree and a Master of Science (pharmacology) in 1967 at Marquette University in Milwaukee, WI. He interned at Milwaukee and spent two years on active duty as a flight surgeon in the US Air Force. He completed pediatric training and a pediatric cardiology fellowship at the University of Minnesota in 1973.

Smith was an Assistant Professor at LSU from 1973 until 1977 and was the Medical Director of the pediatric intensive care unit and the Director of Clinical Medicine at Charity Hospital in 1975-76.

Smith opened the Laurel Pediatric and Adolescent Clinic in 1977 left in 1984 to get a Masters of Public Health. He later returned to Mississippi as the Director of the Mississippi State Department of Medicaid. He finished his career at UMMC initially in the Department of Preventive Medicine and later in the Department of Pediatrics with a special interest in preventive cardiology. Smith retired in 2012. In 2015 he was awarded the Alton B. Cobb Lifetime Achievement Award by the MS Public Health Association.

Dr. Jennifer Shores was recruited in 2001 with expertise in fetal echocardiography. She graduated from Johns Hopkins University Medical School in 1993, and completed her pediatric residency there in 1996. Her cardiology fellowship was at the Children’s Hospital of Philadelphia. She would play an integral part in the development of the pediatric heart surgery program in later years.

Dr. Avichal Aggarwal arrived in 2011 following a pediatric cardiology fellowship at the Medical College of Virginia and residency training at Brookdale University Hospital in Brooklyn, NY.
Dr. Amad Charaf Eddine was recruited in 2012. He completed his pediatric residency at the University of Iowa, two years of neonatology at Jackson Memorial Hospital in Miami and pediatric cardiology at the University of West Virginia.  

Dr. Aimee Parnell was a former student, resident and Chief Resident at UMMC. She completed fellowships in pediatric cardiology and non-invasive cardiac imaging at CHOP before returning to UMMC in 2012.  

Dr. Michelle Grenier was a graduate of Eastern Virginia Medical College and completed pediatric residency training at Johns Hopkins. Fellowship training was at Johns Hopkins and was completed at Children’s National Hospital in Washington, DC. She was recruited from the University of Texas, Houston in 2013.  

Dr. Sarosh Battivala completed college, medical school and pediatric residency at the University of Florida, Gainesville and was Chief Resident his final year. He was recruited in 2013 following cardiology fellowship training at Boston Children’s Hospital and an interventional cardiology fellowship at CHOP.  

Dr. Salwa Gendi was recruited in 2014 to establish an outreach clinic in pediatric cardiology in Tupelo, MS. She graduated from Cairo University School of Medicine in 1982 and subspecialized in adult cardiology. In 2011 she completed a pediatric residency in Flint, Michigan. She then had a pediatric cardiology fellowship at Rush University in Chicago and advanced training in cardiac MRI at Boston Children’s Hospital.  

Dr. Khiyati Pandya was recruited in 2014 after an advanced fellowship in pediatric electrophysiology at Toronto Sick Children’s Hospital. Dr. Divya Shaki joined the faculty in 2014. She received the MD degree at All India Institute Medicine in 2007 and a MPH at Johns Hopkins in 2005. Following a pediatric residency at the Children’s Hospital of Detroit in 2010, she completed cardiology fellowship training at Boston Children’s Hospital including advanced training in cardiac MRI.  

Drs. Scott Simpson and Frank Osei arrived in 2015. Simpson graduated from Tulane and completed residency at Emory University. He had fellowship training in both pediatric cardiology and non-invasive cardiac imaging at Vanderbilt University. Osei received the MD degree at K. N. University of Science and Technology. After a residency at the Medical University of South Carolina he had a pediatric cardiology fellowship at Albert Einstein University followed by a fellowship in advanced pediatric
cardiology imaging at the University of Texas in Houston. Osei joined Salwa Gendi at the UMMC satellite clinic in Tupelo. 

**Dr. William Brad Troutman** was also recruited in 2015. He was a graduate of the University of Virginia and completed a pediatric residency at the David Grant Medical Center at the Travis AF base in California. His fellowship in pediatric cardiology was at UCLA. After completing training he was assigned to Keesler Air force Base in Biloxi. After completing his service obligation he established a private practice in pediatric cardiology with hospital privileges at all of the Gulf Coast hospitals. He continues his practice at the UMMC Gulf Coast satellite pediatric clinic. 

In 2014, Children’s Heart was established as a multidisciplinary unit devoted to heart disease in children. This was composed of surgeons, cardiologists, and intensivist involved with heart disease in Children. Dr. Jorge Salazar was the Director and Dr. Mary Taylor became the Chief of Pediatric Cardiology and Pediatric Critical Care.

A Pediatric Cardiology Fellowship program was approved by the ACGME in 2014 with the first fellow to begin fellowship training in 2015.

**Pediatric Hematology Oncology**

This subspecialty arose from hematology, which in turn was made possible by the invention of the microscope. Leeuwenhoek built the first microscope and published the description of red blood corpuscles in 1674. The evolution of the compound microscope over the next two centuries improved the magnification and reduced distortions such that Hewson characterized the biconcave structure of the red blood cell in 1873. He also identified white blood cells and the coagulation properties of plasma. The Platelet was described in 1882. Staining of thin films of blood on glass slides with aniline and other dyes sorted out the different types of white blood cells.

Morphology and quantitation techniques led to normative values for infants and children. From this, pediatric diseases could be defined. Emmett Holt’s text, *The Diseases of Infancy and Childhood* (1897), was the first pediatric textbook that had a chapter that seriously addressed diseases of the blood in children. It also had sections related to brain tumors and leukemia. Bone marrow aspiration was developed in the 1930’s that further enhanced the field of pediatric hematology.

Pediatric oncology emerged in the first half of the 20th century and the first serious text devoted to this subject was Cancer in Children by Harold W. Dargeon in 1940. The basic and clinical scientific advances in the second half of the 20th century morphed
pediatric oncology from a descriptive field with little or no treatment to a field where 90% of children survive cancer.

There are many great physicians and scientists that contributed to the origins of hematology oncology but Louis K. Diamond at Boston Children’s Hospital is considered the “Father” of this subspecialty.

Similar to other pediatric subspecialties in the US, pediatric hematology emerged in the post war years of the 1950’s largely supported by NIH scientific and educational grants. The Pediatric Blood Club was the first national organization devoted to this subject and began meeting with the annual APS and SPR in 1958. The Pediatric Hematology Oncology subcommittee of the American Society of Hematology was established in 1975 as was the Section of Pediatric Hematology Oncology of the AAP.

Planning for a subspecialty certification began in the early 1970’s and the first exam by the American Board of Pediatrics was in 1974. Unlike their adult counterparts, both hematology and oncology were considered in the same board. Also unusual was that there was no “grandfathering” and everyone had to take the examination to be certified.

The American Board of Medical Specialties approved the sub-specialty of Pediatric Hematology Oncology in 1973 but training requirements were not established until 1983 and the Residency Review Committee accreditation in 1984.

In Mississippi general pediatricians managed what they could, such as iron deficiency anemia and blood transfusions for acute anemia. More serious conditions were transferred elsewhere. Dr. Batson recruited Dr. Gussie Higgins Carr in 1965. She obtained the Medical Certificate from the two-year medical school at the University of Mississippi in 1952. She was the first resident to complete all three years of training at UMMC. She had completed a hematology fellowship under Dr. Warren Bell in the Department of Medicine at UMMC. She attended the hematology clinics during the two years she was on the faculty.

The first pediatric hematologist oncologist was Dr. Dale Jeanette Pullen who was recruited by Dr. Batson to the Department of Pediatrics in 1969 and created the Division of Hematology Oncology and the Pediatric Hematology Oncology Laboratory. Dr. Pullen was a graduate of Millsaps College and obtained the MD degree at Tulane University in 1961. Her pediatric residency was at Charity Hospital,
New Orleans (Tulane Service) and her fellowship training at the University of Tennessee in Memphis.

Dr. Pullen was very interested in clinical research and in 1970 UMMC became a member of the Pediatric Division of the Southwest Pediatric Oncology Group, (SWOG). This was a national, multidisciplinary oncology research group that functioned under a cooperative agreement with the National Cancer Institute (NCI). Dr. Pullen was the principal investigator at UMMC.

Dr. Jeannette Pullen (UMMC Public Affairs)

Dr. Rathi Iyer joined the Division in 1973. Iyer received the MD degree at Gandhi Medical College in 1966. She had an internship at Worcester City Hospital in 1965-66 and completed a pediatric residency at Detroit General Hospital and Sinai Hospital in Detroit in 1970. Before coming to the Medical Center, she completed a fellowship in hematology-oncology at the Children’s Hospital of Michigan. 42
In 1974 the Pediatric Tumor Conference was established. The weekly conference provided a forum for oncologists, surgeons, pathologists, radiation oncologists and others to discuss newly diagnosed patients and plans for therapy. Also in 1974, the Division obtained federal funding through the NCI for partial support to participate in the NCI sponsored clinical trials for children with cancer through SWOG. Over the subsequent years the organization changed from SWOG to Pediatric Oncology Group (POG) and then Children’s Oncology Group (COG). This organization brought the laboratory to the bedside by including almost every pediatric hematology oncology center in the United States in its clinical trials. Such collaboration enabled almost every child in the country with cancer to benefit from cutting edge diagnostic techniques and the latest treatments. Each new protocol has been an attempt to improve the previous one.

In 1979, Dr. Pullen was chosen to coordinate the first POG study to address the laboratory sub classification of leukemic cells from children with acute lymphoblastic leukemia (ALL), the most common childhood leukemia (Pilot ALinC Classification Protocol). She also coordinated each of the subsequent five ALL sub classification studies. The purpose of these classification studies was to identify parameters, which would allow therapy to be tailored specifically to the patient’s ALL subtype. Through the combined efforts of the POG/COG laboratory and clinical investigators, ALL mortality in children decreased from about 50% to single digits and is now largely considered a treatable disease. Funding for pediatric cancer clinical trials has been continuous since 1974. Jackie Geeslin, Brenda McIntyre, Stephanie Morgan, and Dana Johnson have all served as co-coordinators at UMMC, working with Dr. Pullen. Dr. Nancy Kremas joined the faculty in 1979 and left in 1989 to pursue a career in Child Psychiatry. She graduated from the New York Medical College in 1972 and completed a pediatric residency and fellowship in pediatric hematology oncology at St Christopher’s in Philadelphia.

Also in 1979, UMMC Children’s Cancer Fund (CCF) was established to oversee donations to the UMMC Children’s Cancer Center (CCC). The Board of Directors of the CCF has been chaired by Mrs. Jamie Inmon of Starkville since its inception. The funds donated to the CCC have met a number of patient, programs and research needs.

In 1980, parents and friends of children formed the UMMC Candlelighters organization at UMMC. The original and continuing goals of the Candlelighters are to provide a resource for families of children with cancer and to provide support for the clinical and research programs at the CCC. The major fundraising activity is the annual
Candlelighters Art Auction initially organized in 1982 by Linda McGehee. Sandra Maris has served as treasurer of the art auction virtually from the beginning.

In this same year, 1980, parents of children with hemophilia formed the Greater Mississippi Area Chapter of the National Hemophilia Foundation. Their efforts were instrumental in the establishment of the UMMC Center for Bleeding Disorders at the Jackson Medical Mall.

In 1983, the Junior League of Jackson began a volunteer program (Project REACH). The volunteers offered play, craft and educational activities to the children with cancer when they were in the clinic. This was expanded to include similar activities for the pediatric inpatients with cancer.

Camp Rainbow began in 1984 as a summer camp experience for children with Cancer. Initially sponsored by the American Cancer Society, the camp is staffed by physicians, nurses and other volunteers from the Division of Hematology Oncology.

Also in 1984, the Division obtained federal funding through the Department of Health Education and Welfare for a Comprehensive Hemophilia Diagnostic and Treatment Center. Dr. Nancy Kremas was the principle investigator for the grant until her departure in 1989 when Dr. Iyer assumed the leadership of the program. The funding has been continuous since 1984.

Dr. Iyer was also interested in the clinical research related to sickle cell disease and in 1985 she obtained funding to participate in the NIH funded Prophylactic Penicillin Study (PROPS I) for children with sickle cell disease. Dr. Ayer later was the principal investigator for the PROPS II study in 1987. In 1989 the UMMC Sickle Cell Fund was established by the Jackson Links, Inc. to assist patients in coming to the clinic appointments and other activity.

A major event occurred in 1989 when the Junior League of Jackson completed a $2 million fund raising effort to build the UMMC Children’s Cancer Center. The Junior League volunteers had recognized the need for a separate clinic facility for children with cancer through their Project REACH. The Junior League committee members who directed the fund raising were Sandra Maris, Suzan Thames, Nancy Studdard, Ann Calhoun and Helen Ridgway. At the time, this was the largest fund raising project ever attempted by a Junior League Chapter throughout the nation.
In 1989, the Mississippi Chapter of the National Hemophilia Foundation helped to fund a summer camp for children with hemophilia. Also in 1989, the Division joined forces with the Mississippi State Department of Health and Dr. Martin Steinberg’s Hemoglobin Research Laboratory to begin screening newborn infants for sickle cell disease. The screening allowed for the early identification and monitoring of children with sickle cell disease.

The first Hematology Oncology fellow who was trained at UMMC was Dr. Thomas Jenkins (UMMC resident 1970-1973) in 1973-76 before there was a formal training certification. The UMMC Pediatric Hematology Oncology fellowship training program was approved in 1989. The first trainee was Mary Jean Herndon in 1990-1993. Other trainees can be found in Appendix IV.

Dr. Gail Megason became was the second fellow in 1991. Megason had graduated from UMMC in 1984 and was a resident in pediatrics at UMMC from 1985-88. She was in private practice at Long Beach for a year and then spent a year working in the Division prior to starting the fellowship.

In 1991, the Division occupied the new Children’s Cancer Clinic, the Chew Research Fund was established and the Division successfully competed for a contract to participate in the Ryan White Care Act III. The Chew funding was from the North American Philanthropic Foundation, which supported research in pediatric oncology and later added sickle cell disease. The Ryan White Act was supported by Hemophilia of Georgia and funded by the Department of Health and Human Services for the purpose of providing services for children with cancer, sickle cell disease and hemophilia who had been exposed to contracting AIDS through blood transfusions. The Act was funded through 1998.

Dr. Mary Gail Smith joined the faculty in 1992. She graduated from UMMC in 1981 and completed a pediatric residency at Central Iowa Health System in 1984. Following residency she went on active duty with US Air Force at the Barksdale AFB, LA. In 1989 she entered the pediatric hematology oncology fellowship at Baylor medical College and then came to Jackson. 42

Also in 1992 the Pediatric Hematology and Oncology Laboratory was certified by the American College of Pathologists. The laboratory has continued to be certified. In 1995 the Laboratory was also certified by CLIA (Clinical Laboratory Improvement Amendments).
Dr. Gail Megason completed her fellowship and in 1994 completed a post-fellowship training program in bone marrow transplantation at the Fred C. Hutchinson Cancer Research Center in Seattle, WA. She established the pediatric bone marrow transplantation unit at UMMC and continues to be its director. The program was accredited by the Foundation for the Accreditation of Cellular Therapy (FACT) in 2002. Dr. Megason would later become the pediatric residency director, the Vice-Chair for Education and the D. Jeannette Pullen Chair and Chief of the Division of Pediatric Hematology Oncology in 2005.  

In 1995, the Division offices and clinics were moved temporarily to other locations so that the new Blair E. Batson Hospital for Children could be constructed. The Division returned to the CCC and in 1997 the pediatric hematology and oncology patients assigned to the third floor (3-C) of the new Blair E. Batson Hospital for Children.

Dr. Ashraf Nofal (UMMC resident 1993-1996) entered the fellowship in 1996 but left in 1997 because of a change in visa requirements. Dr. Tim Mitchell (UMMC resident 1994-97) began fellowship training 1997 and joined the faculty in 2000. In 2001 Mitchell left to pursue training in neonatology at Duke University.

Dr. Penny Scurto joined the faculty after a pediatric hematology oncology fellowship at Le Bonheur in 1997. She had graduated from LSU and completed her pediatric training at LSU in 1994. She had an unfortunate death in 1998.

The Central Mississippi Sickle Cell Foundation was established in 1998 for the purposes of supporting patients with sickle cell disease and their families as well as supporting clinical research at UMMC. Camp Sickle Stars provides summer camp experiences for children with the disease.

Dr. Iyer continued her clinical research interests in sickle cell disease as principal investigator for the subcontract with the NIH to fund “Optimizing Stroke Prevention in Children with Sickle Cell Disease” (STOP II) and the NIH funded “Pediatric Hydroxyurea Phase II Clinical Trials”. Both of these grants were awarded in 2000.

Dr. Betsy Herrington joined the Division in 2003 to work in the clinics and then became a fellow in 2004. She was a graduate of UMMC and finished her pediatric residency at UMMC in 1993. Herrington entered private practice in Jackson with the Children’s Clinic for several years before starting the fellowship. Upon her completion of her training, she sought post-fellowship training in pediatric neuro-oncology at Boston Children’s Hospital. Upon her return, she became director of that program.
Dr. Pullen retired as Chief of the Division in November 2005. She had created a premier program in pediatric hematology oncology in all aspects of education, research and clinical service. She had been awarded the University of Mississippi Fredrick A.P. Barnard Distinguished Professorship (later the Billy Guyton Professorship) in 1993. She also served on the American Board of Pediatrics Sub-Board of Pediatric Hematology.

To honor her accomplishments and dedication, the D. Jeanette Pullen Chair of Pediatric Oncology, the first endowed chair for the Department of Pediatrics was established. When Bev Evans approached her about plans to raise money for the Chair, her first response was “Nobody would want to do that!” and the second response was that she would never ask someone to give money for the Pullen Chair. Over $2 million was raised from individuals, foundations and other loyal supporters. She was further honored when the UMMC Chapter of the Gold Humanism Society titled the Chapter in her name. Dr. Pullen continues to be active in teaching and research.

**Dr. Suvankar Majamdar** joined the faculty in 2008 after finishing his fellowship at UMMC. He has specialized in coagulation disorders. Majamdar received the MD degree at the University of Zimbabwe and completed a pediatric residency at Michigan State University.\(^{42}\)

Dr. Iyer retired in 2013 after a very long and distinguished career, particularly in the areas of hemophilia and sickle cell disease. She was honored by a banquet sponsored by the Sickle Cell Foundation upon her retirement.

In 2014 **Dr. Melissa Rhodes** and **Dr. Spencer Sullivan** joined the division. Rhodes graduated from the medical school and residency program at Eastern Virginia University in 2002. She completed the hematology oncology fellowship at Vanderbilt and was recruited from Ohio State University. Sullivan received the M.D. degree in 2005 from the University of North Carolina at Chapel Hill, N.C. and completed a pediatric residency from 2005-08 and a fellowship in blood banking and transfusion medicine from 2008-09 at the University of Virginia. Sullivan then completed a pediatric hematology/oncology fellowship at CHOP from 2009-12.\(^{42}\)

Joining the Hematology Oncology Division in 2015 were: \(^{41,42}\)

**Dr. Clinton Carroll** (MD 2008, residency 2010 and fellowship 2015 Vanderbilt University)

**Dr. Anderson Collier** (MD 1998 Vanderbilt University, residency and fellowship University of Texas Southwestern 2004)
Dr. Cynthia Karlson (PhD clinical psychology University of Kansas, fellowship pediatric psychology UMMC)

Dr. Sharon McDonald (MD UMMC 2009, residency University of Arkansas 2012, fellowship Washington University, St. Louis 2015)

**Child Development and Behavioral Pediatrics**

Developmental disabilities have challenged civilization since recorded history. Some of history’s great thinkers have thought about child development, Freud, Piaget, and Skinner to name a few. The Greeks coined the term “idiot” and that the gods had touched those who were born disabled. Hippocrates thought that it was a natural occurrence in humans. Because the Greeks glorified themselves, those different were less than human. Aristotle thought deformed infants should not live and Sparta had laws to that effect. The Romans were similar, and often, disabled children were left in the wild. Galen in the 2nd century taught that the brain was the center of the nervous system and the seat of the intellect thus bringing science to developmental disabilities.

Jesus taught compassion for the sick and infirm and the spread of Christianity in the following centuries saw the creation of asylums for disabled adults and children. Over the centuries, western civilization vacillated between protecting the disabled from civilization to protecting civilization from the disabled. “Training schools” sprang up periodically but often morphed into warehouses for the severely impaired to forced labor for the mildly impaired.

In the 18th century the concept arose that disabled people had a medical cause for their infirmity and it was found that the deaf and blind could be educated. In the mid 1800’s Dorothy Dix labored to have conditions improved in the many asylums in the US. Edouard Seguin was the first great teacher if this field and once again made popular the “training schools” for physical and mental training. Maria Montessori studied under Seguin and her methods are still used today.

Darwin’s “the Origin of Species” had a profound effects in the scientific community and also in the general population. “Social Darwinism” was used to explain humans that were less than normal. These “almosts” were almost human but not quite. “Eugenics”, a form of selective breeding, was popular because it was thought that disabilities were inherited. This lead to forced sterilizations and marriage laws. Applied to populations, it caused the Holocaust.
In the US the Benet IQ test was administered to immigrants at Ellis Island. They found that 80-90% of the Jewish, Polish, Russian, Irish and Italian populations were “feebleminded”. In WWII, the army gave similar tests and 40% were feebleminded, most of which were recent immigrants. That test was highly subjective and subject to observer bias.

The stigma of having a disabled child was such that many families had their children placed in residential facilities or restricted to the home. These children were considered uneducable and isolated from society.

The 1950’s were a turning point when parent groups emerged demanding better facilities and educational opportunities for children with disabilities. Their effort was made popular by celebrities such as Pearl Buck, Dale Evans and Eunice Shriver who wrote about their experience with a child or sibling with a developmental disability. It was no longer something for which to be ashamed. President Kennedy initiated a number of laws that would not only improve the plight of disabled children but to also study its cause and treatment.

Laws were passed guaranteeing the civil rights of the disabled, free and appropriate public education in the least restrictive setting. Social Security provided financial support to parents who cared for disabled children in the home and provided a definition for developmental disabilities.

Largely at the support of the NIH, Child Development Centers” emerged in the second half of the 20th century. Funding was made available for facilities, training and research and he Centers were usually affiliated with an academic center. Clinical research was directed to factors that contributed to adverse developmental out comes and the National Children’s Study of 50,000 prospective live births in the late 1959’s revealed a considerable knowledge toward the etiology of common developmental disorders such as cerebral palsy and mental retardation.

Divisions of Child Development emerged in most medical school pediatric departments that were initially focused on diagnosis and etiology. In the 1980’s and 90’s these became more focused on intervention for such things as developmental delay, attention deficit disorders, learning disabilities and other developmental disorders.

Sub-Board Certification In Developmental-Behavioral Pediatrics was first offered in 2005 an applicants were required to have at least two years of training prior to 2002
and three years prior to 2005 to sit for the examination. Since 2005, candidates must have three years of training in an ACGME approved program.

**Dr. Estelle Antoinette Magiera** (1899-1992), a child psychiatrist, was the first physician in Mississippi to provide a multidisciplinary evaluation for children with non-physical problems. She obtained the MD degree at Creighton University in 1925 and then studied child psychiatry. She was the first woman to practice psychiatry in Mississippi. As the first Director of the Child Guidance Unit of the State Board of Health in 1943, she had a mobile Center that visited cities in Mississippi that was staffed by a psychiatrist, psychologist and a psychiatric social worker. The child was evaluated for abilities and disabilities and provided guidance for the management of the problem.\(^\text{167}\)

Dr. Estelle Antoinette Magiera (reproduced from the UMMC Rowland Medical Library research and archives section).

**Dr. Margaret Batson**, the wife of the first Chairman of Pediatrics Blair Batson, was the first developmental pediatrician in Mississippi although, like many of her colleagues, she lacked formal training in this sub-specialty but did have training in pediatric psychiatry (see section on *UMMC and the Department of Pediatrics*). She began the “Clinic for Retarded and Brain Damaged Children” in 1961, which later became the “Child Development Center” (CDC) that was sponsored for many years by
the Department of Health, Education and Welfare (Kennedy-Shriver Grant). **Mary Margaret Murphy**, a PhD psychologist was a part of the child development team as were several “Associate Faculty” members.

Margaret Batson M.D., Ph. D. (reproduced from UMMC Yearbook, *Medic*, 1963)

Margaret Batson departed in 1980 and **Dr. David Levy** headed the CDC until his departure in 1984. Levy was from South Africa and completed pediatric training at the Harlem Hospital and Jewish Hospital in New York City in 1968. Fellowship training was at the University of California, Berkeley.⁴²

Mary Margaret Murphy, Ph. D. (reproduced from UMMC Yearbook, *Medic*, 1965)
**Dr. Susan Buttross**, a graduate of UMMC and resident in pediatrics at UMMC in 1977-79, was recruited from private practice in 1986. After a mini-fellowship at the University of Tennessee in Memphis, she assumed the Medical Directorship of the CDC at UMMC. After Levy’s departure, Dr. Batson had combined the Division of Child Development with the Division of Pediatric Neurology. When Dr. Owen B. Evans became Chairman in 1989, the Division of Child Development and Behavioral Pediatrics was created with Buttross as the Chief.  

**Dr. Don Raggio**, a developmental psychologist recruited in 1975 by Batson, was the Psychology Director. He was a graduate of Mississippi State University undergraduate and graduate schools. As of 2014, Raggio is the longest serving full time faculty member in the Department of Pediatrics.

Also present when Buttross took over was **Dr. Twila Massingill**, another developmental psychologist who has worked closely with the Division of Neonatology on the outcomes of high-risk newborns.

Hospitalized children were being penalized educationally both by missing the learning experience and by absenteeism policies. Many children had months of hospital stays. Preschool age children were also missing important psychosocial interactions. **Dr. Barbara Love**, an educational psychologist, was recruited in 1987 to develop an educational program for hospitalized children. The vision was that of “no child left behind” in education and psychosocial development.

The first schoolteacher was **Linda Shivers**, Ed. S. and the first Child Life Specialist was **Nancy Bateman Luke**. In 1989, Shivers established the Children’s Hospital School as an independent entity and funding within the State Department of Education. The program would grow to a total of six special education teachers including those that were teaching at the Children’s Rehabilitation Center that merged with UMMC in 1990. Some major accomplishments were achieving a 96% promotion rate with a mean of a B average and being awarded a $600,000 from the U.S. Department of Commerce to develop information technology to coordinate educational activities with the child’s local school. Each child had access to a lap top computer with e-mail access. UMMC was the first children’s hospital to offer such services.

Nancy Luke was the only child life specialist for several years with just a single playroom to work with in the old Round Tower. When the new Blair E. Batson Hospital for Children opened in 1997, every floor had an activity room and additional
specialists, recreational therapists and assistants were added.

**Dr. Suzanne Senter**, a UMMC graduate and pediatric resident in 1986-89 did a fellowship in 1992-93 in the Division and remained on the faculty for several years. 42 **Dr. Cindy Fields** completed residency at UMMC in 1993 and joined the faculty in 1996. 42

Another UMMC medical school graduate and pediatric resident that worked briefly in the CDC was **Dr. Amy Emerson**. She joined the Division in 2003 and left several years later to go to Oklahoma. 42

Other developmental psychologists who have been members of the Division are **Joe Kastner**, PhD (1993-2011) **Kimberly Ray**, PhD (1998-2001) and **Dorothy Scattone**, PhD. Scattone had a special interest in autism and for several years she collaborated with the State Department of Education in an experimental school for children with this disorder. Scattine received the PhD in psychology at the University od Southern Mississippi. 42

In 2012, the Child Development Center relocated to University Physicians Northeast Jackson, in the Select Specialty Hospital. With the move, the Division began grow with new recruits to the faculty: 42

- **Dr. Monica Sutton** (2011-, Ph.D. clinical psychology Jackson State University, internship Mississippi State University, fellowship UMMC)
- **Dr. Kimberly Stringer** (2012-, MD University of Tennessee, residency Texas Tech, fellowship Children’s Hospital of Philadelphia)
- **Dr. Barbara Saunders** (2013-, DO Oklahoma State, residency Oklahoma State, fellowship University of Arkansas)
- **Dustin Sarver, Ph. D.** (2014-, Ph.D. clinical psychology University of Central Florida, University of Virginia, internship Medical University of South Florida)
- **Nina Sarver Ph.D.** (2014-, Ph.D. clinical psychology University of Central Florida, internship Medical University of South Carolina)
- **Julia Sherwood** (2014-, MD UMMC, residency UMMC)
Dr. Robert Annett (2015-, Ph.D. child psychology University of California San Francisco, internship John H Stroger Hospital, Cook County, Chicago)

Patricia Logan (2015- Ph.D. child psychology Mississippi State University, internship Nebraska Internship Consortium in Professional Psychology

Sherwood returned to UMMC in 2014 after retirement from private practice with the Children’s Clinic in Jackson to screen children referred to the Child Development Center in the new Center for the Advancement of Youth (CAY Center).

A number of pediatricians in private practice have had training and experience in developmental Pediatrics. Dr. Luther McDougal in Tupelo was probably the first to establish a referral clinic for these disorders. Dr. Weir Conner in Jackson left general practice after many years to get training in developmental disorders and established a referral clinic in Jackson. Later, he was employed by the US Army to direct a developmental disorders clinic in Germany.47 Drs. Ted Atkinson and Ronnie Kent, both in Hattiesburg, also have specialized in this area. On the Gulf Coast in OceanSprings, Drs. Carolyn Buttross Booth and later David Dugger in OceanSprings restricted their practices to developmental disorders.

**Pediatric Gastroenterology**

Adult gastroenterology was established as a subspecialty in when the American Gastroenterology Association was founded in 1897. Pediatric Gastroenterology did not emerge as a subspecialty until the 1960’s. Prior to that several events occurred to create a need for this subspecialty.

The development of small intestinal biopsy led to the diagnosis of celiac disease in children and its treatment with a gluten free diet in 1957. This led to further diagnoses by this technique and improved upon by the pediatric biopsy capsule that came later. This enabled the diagnosis of a wide variety of gastroenterological diseases, such as disaccharidase deficiency, in children.

The development of total parental nutrition in 1968 enabled pediatricians to treat chronic malabsorptive disorders. Later, small intestinal transplantation evolved. The concept of immune-mediated small gut disease and allergy, such as cows milk allergy and chronic inflammatory bowel disease, was discovered. Chrohn’s disease is a classic example.
Clinical research and the advancements in genetics further defined the hereditary disorders of digestion of carbohydrates, fat, and proteins.

A major factor in the development of this subspecialty was endoscopy. Also, the advancements in the origins of inborn errors of metabolism that affect the liver involved pediatric gastroenterologist in the management. This was advanced by the technique of percutaneous liver biopsy in 1967 that led to the differential diagnosis of biliary atresia and other liver disorders.

In 1969, the Pediatric Gut Club was formed in the US and in 1973 the North American Society for Gastroenterology and Nutrition. Its first meeting was held in Chicago in 1984. The first subspecialty board was offered in 1990.

In the US, several centers of excellence emerged such as Albert Einstein Medical School in New York under the direction of Dr. Harry Shwachman. Many followed and developed training programs. The ACGME has certified 35 programs for training of pediatric gastroenterologist.

In Mississippi, Dr. Paul H. Parker was the first pediatric gastroenterologist. He was a former UMMC graduate in 1975, pediatric resident from 1975 until 1978 and Chief Resident in 1978-79. He completed his pediatric gastroenterology fellowship at Vanderbilt University and returned to UMMC in 1982 as Chief of the Division of Pediatric Gastroenterology. During his tenure he recruited Drs. Phyllis Bishop and Mike Nowicki in 1996. They happened to be married to one another.

Dr. Phyllis Bishop had also been a student and pediatric resident at UMMC finishing her training in 1991. Her gastroenterology fellowship was at Vanderbilt University from 1991-1994. She and her husband, Dr. Mike Nowicki, were recruited together from the University of Eastern Virginia where she was an Assistant Professor. Bishop would become the Vice Chair for Clinical Affairs in the Department of Pediatrics and ultimately the Chief Medical Officer for the Blair E. Batson Hospital for Children.

Dr. Michael ("Mike") Nowicki graduated from the University of Florida in 1985 and completed a pediatric residency at the Portsmouth Naval Hospital in 1988. His fellowship training was at the University of Oklahoma. Following his fellowship, he was assigned to the Portsmouth Naval Hospital where he was an Assistant Professor at the Uniformed Services University for the Health Sciences. Just prior to moving to Jackson, he was also at the University of Eastern Virginia as an Assistant Professor. Nowicki would become the Vice Chair of Pediatrics for Research from 2003-2013.
**Hua “Neal” Liu** was initially a research faculty member in the Division of Nephrology but transferred to Gastroenterology to collaborate with Nowicki.

Dr. Parker retired in 2012 and was honored for his long and devoted service to the children of Mississippi by family, friends and supporters with the endowment of the Paul H. Parker Chair of Pediatric Gastroenterology. He continuously encouraged residents to become interested in research.

**Dr. Neelesh Tipnis** was recruited as Chief of the Division in 2013 and became the first Dr. Paul H. Parker Chair of Pediatric Gastroenterology. Tipnis was a graduate of the Medical College of Wisconsin in 1997 and after a year of surgical training in 1998, pursued pediatrics and completed a residency in pediatrics at the University of California, San Diego followed by a fellowship in gastroenterology at San Diego.\(^{42}\)

Tipnis expanded the division with the recruitment of **Drs. Ewe Blecker** and his wife, **Sophie Lanciers**. Blecker was recruited from the Centre Hospitalier Emile Mayrisch in Luxembourg in 2014. Blecker received the Degree in 1993. His gastroenterology and nutrition training was at Hahnemann University Hospital in Philadelphia Wyler Children's Hospital at the University of Chicago and Academic Children's Hospital in Brussels. Blecker has had academic appointments at the Free University of Brussels, LSU, Thomas Jefferson University in Philadelphia, University of Arizona, Drexel University, and West Virginia University.\(^{41,42}\)

Lanciers earned the M.D. degree at the Free University of Brussels, Belgium, in 1991, where she also completed an anesthesiology and critical care residency in 1993. She then completed a research fellowship in pediatric gastroenterology at the International Institute for Infant Nutrition and Gastrointestinal Disease at Hahnemann University Hospital, Philadelphia, Pa. She had pediatrics residencies at Wyler Children's Hospital at the University of Chicago, the Free University of Brussels, University Hospital Antwerp in Belgium, Louisiana State University Medical Center in New Orleans, and the Alfred I. DuPont Hospital for Children in Wilmington, Delaware. She became a fellow in pediatric gastroenterology at the University of Arizona Health Sciences Center, Tucson, in 2000 and at the St. Christopher's Hospital for Children, Philadelphia, Pa., in 2001. She has had academic appointments at the University of Arizona, West Virginia University, and the Centre Hospitalier Emile Mayrich in Luxembourg.\(^{41,42}\)

In 2015, **Dr. Anshu Maheshwari** joined the division following a
gastroenterology fellowship at the Alfred DuPont Hospital for Children. She had obtained the MD degree and postgraduate training at the University of Delhi and a pediatric residency at the University of Connecticut. 42

Gastroenterology Associates in Jackson, MS recruited Dr. April L. Ulmer in in 2007. She graduated from UMC in 1998 and completed a pediatric residency at Geisinger Medical Center in 2004 followed by a fellowship at State University of New York in 2007. 41,42 She left Jackson and established a practice in Ocean Springs in 2014.

Also recruited to Gastroenterology Associates was Dr. Angela Beeks Shannon in 2012. She graduated from UMMC in 2006 and completed a residency at UMMC in 2009. Her fellowship training was at the Cleveland Clinic. 42

Resident examining a child in the “emergency room” in the University Emergency Department, circa 1964 (reproduced from the UMMC Yearbook, Medic,1964).

**Pediatric Emergency Medicine**

Pediatric Emergency Medicine is one of the youngest pediatric subspecialties and developed in stand-alone children’s hospitals. Most children in the past, as well as in the present, are treated in hospitals that are staffed largely by adult trained emergency physicians and other providers.
Children’s hospitals are usually located in large metropolitan areas and have the pediatric subspecialty resources and physical facilities to be both a center for referrals of complicated patients as well the first stop for community children with minor emergencies.

When UMMC opened in 1955, the Emergency Department treated both adult and pediatric patients in the same location. This persisted until 1968 when the new Children’s Hospital was built as the round wing on the south end of the campus. Then a single treatment room and two asthma rooms staffed by a pediatric resident, an intern, a RN and a LPN saw non-traumatic pediatric emergencies during clinic hours. Patients were triaged in the hallway and infants needing a croup tent were also observed in the hallway. After the clinic closed at nights and weekends, patients were diverted to the Adult Emergency Department where a pediatric intern and an LPN were assigned. A pediatric resident was available for assistance. Pediatric faculty were consulted as needed.38,50,67

In 1983, the Acute Services Wing was built adjacent to the Children’s Hospital. There was a separate area for children but a common entrance with the Adult Emergency Department. There were five treatment rooms, two procedure rooms and a four-bed observation area. The facility was designed for 15,000 visits a year, which would double in ten years. The Ambulatory Director, Dr. Howard Nichols, was also the medical director for the Pediatric Emergency Department (PED) but quickly realized that he could not cover both the PED and the clinic at the same time.35 Staffing remained the same with residents and nurses and faculty consulting as needed.

The staffing model changed when Evans became Chairman. One of his first recruits was Dr. Emily Pender, a former student and pediatric resident at UMMC. She was recruited from the Hospital for Sick Children 1989 from Toronto where she had completed a fellowship in emergency medicine.42 Dr. Bonnie Woodall, a former graduate of UMMC, PL-3 resident and Chief Resident at UMMC in 1989, joined Pender in 1989. Her first two years of pediatric training was at Vanderbilt University.42 Pediatric Emergency Medicine became a separate division in 1989 and developed a fellowship program.

Evans recruited Dr. Nancy Wahl, a former Chief Resident at the University of North Carolina, and Dr. E. Ross Smith, a former UMMC resident who had been in private practice and Dr. Al Causey in 1992 after completing residency training at UMMC in 1992, to provide continuous faculty presence in the PED. Causey departed in 1996 for a pediatric emergency medicine fellowship in Florida. Emily Pender left in 1992 and E. Ross Smith became the Division Chief.42
Dr. E. Ross Smith (1941-2003) was born in Selmer, TN which is about 20 miles north of Corinth on US 45. He attended the U. Tennessee, Memphis State, and U. Mississippi for undergraduate studies and graduating in 1962 and received the MD from the U. Tennessee in 1966. After completing a pediatric internship at Tennessee, he served in the US Army Medical Corps, Special Forces, Biochemical and Biologic Warfare Section in Viet Nam. Smith completed his pediatric residency at UMMC in 1971 for a biography of Ross Smith. Several pediatric faculty began attending in the PED so that within several years there was 24 hour coverage with faculty supervision: Joe Donaldson, Rick Boyte, Tom Walker, Rosalyn (“Lynn”) Walker, Deborah Downing, and Cynthia Voelker. As more full time PED faculty physicians were recruited, there was less need for part time faculty physicians and nurse practitioners. Dr. Kay Abney was the first nurse practitioner faculty member assigned to the Pediatric Emergency Department.

Dr. Magolia (“Niece”) Castilla, a former UMMC pediatric resident became the first Pediatric Emergency Medicine fellow and finished 1992. Pediatric Emergency Medicine sub-board certification exams were administered for the first time in 1994 and Wahl and Woodall were grandfathered for training requirements and subsequently were able to take the examination and become certified. Castilla became certified the following year and was named Division Chief in 1997 because of the failing health and ultimate death of E. Ross Smith.

Dr. Taysir Abusaa, a former UMMC pediatric resident joined the PED faculty in 1997 and Dr. Catherine Cooley Faulk, a former UMMC pediatric and Chief Resident, in 2000. Dr. Godagere Srinath served briefly from 2000-03. Dr. Ricky Wayne, a pediatric emergency medicine attending and the former CEO of Santa Rosa Children’s Hospital in San Antonio, began part time attending in the PED in 2003.

Dr. Benjamin Clark (“Benji”) Dillard also joined the division in 2003. Dillard had completed pediatric residency training at UMMC in 2000 and was serving in the US Air Force prior to returning to UMMC. He would become Chief of the Division in 2014 when Castilla stepped down from that position.

Dr. Amy Sheppard, a UMMC medical school and pediatric residency graduate, joined the staff in 2004 following her residency at UMMC and left for private practice in 2012. Dr. Nan Frascogna came in 2009 after completing a fellowship at the
University of Alabama Birmingham. Frascogona was a graduate of UMMC and completed residency training in Chicago.\textsuperscript{42}

In 2013 \textbf{Puja Craddock} (MD UMMC 2010, residency UMMC 2013) and \textbf{Fernando Gomez} (MD UAB 2010, residency UMMC 2013) were recruited to the Division.\textsuperscript{42} 2013 also saw the retirement of Ricky Wayne, Bonnie Woodall and Nancy Wahl. All had served with distinction in the PED for many years and Wahl received the Holliman Award in 2002.

As the Batson Children’s Hospital was becoming more noted throughout the state, the PED patients visits increased steadily from 15,000 visits a year in 1986 to 30,000 a year in 1996. It was clear that a larger PED was needed. Consultants found that for the patient volume, the UMMC PED was at the 25\textsuperscript{th} percentile for space.

It took longer than anticipated to establish a location and to raise the money to fund a new PED but this was accomplished when in 2011 the new Harlan Sanders Pediatric Emergency Department and the McRae Pediatric Trauma Center opened its doors. It was located where it started in 1968 as a single room in the old Pediatric Ambulatory Clinic.

With the new facility there was also a new pediatric transport program put into place. The ground based special ambulances for children complimented the AirCare helicopter transport program of UMMC.

Also, after the new Harlan Sanders Pediatric Emergency Department opened in 2011, the patient volume began to grow and by 2014 the facility was treating 50,000 patients a year. \textbf{Dr. Tom Walker} was a UMMC graduate and completed a pediatric residency at UMMC. He and his wife Dr. Rosalyn (“Lynn”) Walker were briefly in private practice in Oxford, MS but returned UMMC as a hospitalist in 1991. After a fellowship in critical care at the University of Alabama Birmingham he returned to UMMC as a pediatric intensivist at from 1996 until 2011. He left to be a hospitalist at River Oaks Hospital in Brandon, MS but once again returned to UMMC in 2012 to staff the PED. Dr. Wahl also came out of retirement work part-time in 2014.

Additional physicians were recruited to manage the increase in patient volume:\textsuperscript{42}

\textbf{Dr. Aprile Gilmore} (2014-, MD UMMC 2011, residency UMMC 2014)
\textbf{Dr. Emily Weber} (2015-, MD UMMC, residency UMMC, Fellowship Hospital for Sick Children, Toronto; see \textbf{Dr. Emily Pender} above)
**Dr. Justin Davis** (2015-, MD University of Texas Southwestern, residency University of Alabama Birmingham, fellowship University of Missouri, Kansas City)


**Dr. Michael Holder** (2015-, Former clinical academic dean and assistant professor of pediatrics and emergency medicine at Northeast Ohio Medical University joined the UMMC faculty as an associate professor of pediatrics and executive director of simulation and interprofessional education. MD University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School 1996, residency emergency medicine fellowship Children's National Medical Center, Washington, D.C. 2002.

**Dr. Gretchen Zima** (2015-, MD Ross University, Med/Peds residency Penn State University, emergency medicine fellowship University of Miami, infectious diseases fellowship University of Florida, former Pediatric AIDS Corps Physician of the Baylor International Pediatric AIDS Imitative)

In addition to the full time faculty on the Division of Pediatric Emergency Medicine a number of other faculty staffed the emergency department on a part time or as needed capacity. In addition to physicians, nurse practitioners have played an important role in the pediatric emergency department. **Kay Abney** (Ph.D. UMMC) was the first NP to be assigned to the emergency department in 1992. She stayed until her retirement in 2000. Subsequent additions have been **Mariel Hubbard** (MSN University of Alabama, Birmingham), **Kristie Lesley** (MSN UMMC, and **Kayla Dean** (MSN University of Alabama, Birmingham).

**Pediatric Rehabilitation**

Pediatric rehabilitation evolved from adult programs. As Children’s Hospitals emerged there was an increasing interest in “crippled children “services. The Mississippi Legislature authorized the construction of a “Crippled Children’s Hospital” in 1954. The name was changed to the “Mississippi Hospital for Cerebral Palsy” in 1956 and an independent Board of Directors was appointed. The hospital was constructed and began operations in 1957 on the property allotted to the University Medical Center on Lakeland Drive.

The name was changed to Mississippi Crippled Children’s Treatment and Training Center in 1977 and the Board was increased from five to seven members.
The Mississippi Health Care Commission was funded to provide a strategic plan for the hospital in 1980. It did not meet the requirements for a “hospital” by the Joint Commission. One of the recommendations that were considered was to have a merger with the University Medical Center. Because community physician were the primary members of the medical staff, this was rejected but a closer affiliation with UMMC was recommended by expanding ambulatory services, renovations for a surgical suite, and increased utilization by recruiting UMMC faculty.\textsuperscript{125}

UMMC faculty physicians were added to the medical staff but the needed funding for the renovations were not allotted. It was renamed the Children’s Rehabilitation Center (CRC) in 1987.

In 1990, Governor Ray Mabus closed the state charity hospitals and merged the facility with UMMC within the Department of Pediatrics. Dr. Leo Chang, a UMMC pediatric residency graduate, was assigned to the CRC in 1993 to manage the medical needs of the children who were attended by orthopedic, neurosurgical and neurology faculty as well as some patients with chronic medical diseases.

**Dr. Marilyn Graves**, a UMMC graduate and pediatric resident, was the Medical Director of the CRC and developed inpatient and outpatient comprehensive services including physical and occupational therapy, speech and language pathology, child life/therapeutic recreation, nutrition, education and other services. As the inpatient census dropped, additional programs were moved to the CRC including the Child Development Center (CDC). The Pediatric Hematology and Oncology Divisions also had clinics at the CRC when they were displaced from the Children’s Cancer Center (CCC) as the new children’s hospital was being built. They returned to the CCC in 1997 when the Blair E. Batson RaHospital for Children was completed. Later the Ambulatory Division had a satellite clinic at the CRC with Dr. Sara Weisenberger and Dr. Billy Frank Sistrunk staffing the clinic.

Dr. Marilyn Graves was the Medical Director of the CRC from 1983 until 1995 when she moved to the State Department of Health moved as Medical Director of the Children’s Medical Program at the Blake Clinic.

**Dr. Raphael C. (“Corky”) Sneed** was recruited in 1995 to head the pediatric rehabilitation program. Sneed had graduated from the University of Alabama, Birmingham in 1968 and completed his pediatric residency there in 1971. Following two years of active duty with the US Army at Fort McPherson, GA, he entered private practice. In 1981 Sneed returned to UAB for a physical medicine and rehabilitation
fellowship. Upon completion, he was on the faculty at UAB until 1990 when moved to Walton Rehabilitation in Augusta, GA.\footnote{42}

The CRC became the Children’s Rehabilitation Service (CRS) and was moved to 3-C of the renovated “round tower” of the old Children’s Hospital in 2001. The CDC moved 4-C and the ambulatory clinic was merged with the UMMC Pediatric Ambulatory North Clinic. The original CRC building was converted to the UMMC Adult Rehabilitation Center within the UMMC Department of Orthopedic Surgery.

Sneed was able to get the Commission on the Accreditation of Rehabilitation Facilities (CARF) certification for the CRS and became the only pediatric rehabilitation facility in Mississippi so certified. The move to the Batson Hospital enabled closer collaborations with other pediatric services.

Sneed retired in 2007 and was replaced by Dr. Shannon Smith. Smith received the MD degree from Temple University in 2003. She completed a transitional internship at the University of Tennessee in 2004 and then entered a physical medicine and rehabilitation residency at Emory University in Atlanta, GA.\footnote{42}

Smith left in 2009 and Dr. Bev Evans was the interim Director and Division Chief from 2009 until 2011 when Dr. Amanda Witt was recruited to head the program. Witt graduated from Millsaps College in 2002 and obtained the MD degree at the University of Texas, Southwestern in 2006. Following an internal medicine internship at Presbyterian in Dallas she completed a residency in physical medicine and rehabilitation at Baylor in 2010. She joined UMMC in 2011 following a fellowship in neuromuscular disease and electromyography at the U. California, Davis.\footnote{42}

Witt was joined by Dr. Catie Carlyle Zimmerman, a graduate of UMMC in 2007, pediatric residency at UMMC in 2010 and Chief Resident in 2010-2011. After a year of a non-operative pediatric orthopedics fellowship at the University of Wisconsin, she returned to UMMC with joint appointments in Pediatrics and Orthopedics.\footnote{42}

**Pediatric Forensic Medicine**\footnote{149,160}

References to child abuse have occurred throughout history with the first published descriptions in the medical literature in France in the mid 19th century.\footnote{148} In America, the general awareness of the problem surfaced in the mid 20th century first with the articles by Coffey on bone fractures associated with subdural hematomas in 1946\footnote{150,151}
In the late 1880’s public concerns arose over the plight of children and Societies for the Prevention of Cruelty to Children were formed. The first Society was established in New York and modeled somewhat after Society for the Prevention of Cruelty to Animals. Societies for the Prevention of Cruelty to Children proliferated throughout the country and by the early part of the 20th century there were over 300 Societies advocating on behalf of abused and neglected children.

There was little effort to protect the victims or prosecute the perpetrators of child abuse. In the 19th century, courts began convicting caregivers of “wantless and needless cruelty upon a child”. The health and safety of the child surpassed parental rights.

These Societies advocated for children and before the Depression there were about 300 across the nation. They began to dwindle during the Great Depression with only a handful by the 1960’s.

Federal engagement in child welfare began in 1912 when the Federal Children’s Bureau was created. By the 1960’s the work of Kemp and others spurred interest in protecting children from physical abuse. States began to enact laws requiring mandatory reporting of suspected maltreatment. In 1974, largely by the effort of Walter Mondale, the Child Abuse Prevention and Treatment Act (CAPTA) was passed by Congress. CAPTA provided federal funding to aid the states in the investigation and prosecution cases of child maltreatment. There was also funding for education and training in recognizing and diagnosing child abuse and neglect.

In 1990, the American Academy of Pediatrics established the Section on Child Abuse and Neglect and the Committee on Child Abuse and Neglect to develop policies and promulgate legislative initiative initiatives related to child abuse. In 2006 the American Board of Medical Specialties approved the subspecialty of Child Abuse Pediatrics and in 2009 the American Board of Pediatrics began to certify the first pediatricians in in the new subspecialty. Pediatricians are now required to have three years of fellowship training in child abuse pediatrics.

In Mississippi there are a variety of organizations providing therapy and counseling for children who have suffered various forms of abuse and neglect. Prior to 2005 specialized medical care for abused children was unavailable. None of the Child Advocacy Centers were equipped to provide forensic medical examinations. The
Department of Human Services (DHS) social workers investigating allegations of physical or sexual abuse were forced to rely on emergency department physicians or Sexual Assault Nurse Examiners when seeking medical care.

In 2005, the Office of the Attorney General responded to this need by assisting in establishing the Mississippi Children’s Justice Center (CJC). A $4.2 million award from the MCI-Worldcom settlement agreement funded the early efforts of the non-profit organization. Because of a legal challenge related to the settlement funds circumventing state appropriation, the existence of the Center was in jeopardy. A group of concerned citizens led by Elizabeth Hocker met with Dr. Bev Evans, Chairman of Pediatrics at UMMC, and the Vice Chancellor of Medical Affairs, Dr. Dan Jones, in 2006 to explore the possibility of housing the program at UMMC.

With Dr. Jones’ consent, meetings were held with the Lieutenant Governor and Governor Haley Barber before the 2007 legislative session. Governor Barber supported a bill appropriating funds to support the continued work of the Center. Senator Terry Burton drafted legislation that resulted in the Mississippi Children’s Justice Center becoming a part of the Department of Pediatrics at UMMC and funded by the MCI WorldCom settlement.

In August 2007, the CJC ceased to operate as a nonprofit and became the CJC and Center of Excellence at UMMC. The CJC initially operated in the old jail holding facility at the Jackson Medical Mall and the first Executive Director was Elizabeth Hocker. Abused and neglected children from around the state are referred to the facility for forensic medical examinations. In the first years of operation, Hazel Gaines, RN, MS and Dr. Kathy Kolar, PNP examined children referred by DHS. The CJC worked closely with law enforcement agencies and the juvenile justice system in the investigation of child abuse. Grants allowed staff to provide valuable training on child maltreatment issues to social workers, health care providers and child advocates. Satellite facilities were established in Gulfport and Meridian. Generous donations from area foundations purchased equipment to provide telemedicine consultation services, fund training and expand facilities when the program relocated to a much larger and light filled space.

Nationally and internationally recognized experts in the field of child abuse traveled to Mississippi to conduct seminars on a variety of topics: Abusive Head Trauma, Child Sexual Abuse, Failure to Thrive and Child Physical Abuse. Drs. Carole Jenny from Brown University, Cindy Christian from Children’s Hospital of Philadelphia and Robert Block of the University of Oklahoma were some of the distinguished lectures who supported the establishment of the CJC and provided peer review services to Dr. Kolar.
The first forensic pediatrician in Mississippi was Dr. Scott Benton who graduated from LSU in 1992 and completed pediatric residency at LSU in 1995. He became interested in forensic pediatrics and was trained on the job before there were formal training programs. He led the child abuse and neglect program at LSU before being recruited to UMMC in 2008. He was one of the initial forensic pediatricians to be certified. Benton became the Chief of the Division of Forensic Pediatrics in the Department of Pediatrics at UMMC and the Medical Director of the CJC.42

Palliative Care154

Palliative care arose from the hospice movement. Hospices were originally created in medieval times as rest stops for people travelling on long journeys and were usually located at monasteries as a place of shelter. Dame Cicely Saunders in the United Kingdom is given credit for founding the modern hospice centers designed for the terminally ill and for the first the first modern hospice facility, St. Christopher’s in London.

Palliative care is the multi-specialty approach to the treatment of the terminally or chronically ill patients with the goal of relieving symptoms and managing patients in the least restrictive environment.

In the United States Palliative Care began at Yale University when Dr. Saunders was invited to be a visiting professor to Yale to develop a hospice program and palliative care. Dr. Isabelle Kubler-Ross’s book “On Death and Dying” spurred national attention to the issue. In 1974 Florence Ward and two pediatricians founded the first US hospice in Branford, Connecticut. In that same year Senators Frank Church and Frank E. Moss introduced funding for hospice centers. In 1979 the federal government funded 26 hospice programs to study the cost effectiveness of these facilities. In 1984 Medicare began paying for hospice services and the Joint Commission on Hospital Accreditation began accrediting hospices. In 2006 the American Board of Medical Specialties recognized hospice and palliative care as a medical specialty. In 2007 The American Council for Graduate Medical Education began certifying programs in palliative care and there is now certification in this subspecialty.

The first pediatric palliative care pediatrician in Mississippi was Dr. Rick Boyte who was a graduate of the UMMC pediatric residency program in 1990. After a brief stint in private practice, he returned to the UMMC Pediatric Ambulatory Clinic before entering a
Critical Care fellowship at the University of Tennessee in Le Bonheur in Memphis in 1991 and returned in three years to head the Division of Pediatric Critical Care. Many physicians entering palliative care medicine have come from critical care or oncology backgrounds. Boyte developed an interest in palliative care and developed the program in the Blair E. Batson Hospital for Children and later on the University Hospital. In 2015, Boyte won the Schwartz Center for Compassionate Care’s National Compassionate Caregiver of the Year Award. Boyt left the following year.

Since 2013 fellowship training in Pediatric Palliative Care has been offered at UMMC. Dr. Charles Payne completed pediatric residency training at UMMC in 2013. He became the first fellow and subsequently recruited to the Division. Regina Quadan, MSN also joined the Division in 2014.

**Child and Adolescent Psychiatry**

The history of psychiatry parallels that of developmental disorders (see section on Child Development and Behavioral Pediatrics). Hippocrates and other physicians in antiquity mused on causes of mental illness and in the middle ages asylums emerged in the Middle East and later in Europe. Medieval Ismaist physicians wrote of mental illness and its treatment.

For the most part, asylums were built for custodial purposes. In the Age of Enlightenment, there emerged a movement for more compassion in the care of the mentally ill with some effort at treatment in the form of diet, exercise and activity. Training schools emerged but over time became overcrowded, and probably from want of significant improvement, most reverted to custodial care.

The term “psychiatry” was first coined by the German physician Johann Christian Reil in 1808 and derived from Greek meaning “the medical treatment for the soul”. In the 19th century physicians began to look for a biological cause for mental illness without much success. Phrenology was particularly popular. The psychoanalytic theory of Freud displaced biologic theory until the discovery psychopharmacology in the mid 20th Century.

America lagged behind Europe for many years and physicians often went to Europe for training. The individual States began funding asylums for the insane in the US in the mid 19th century. These also evolved to providing just custodial care. In 1844, The Association of Medical Superintendents of American Institutions for the Insane was
founded by thirteen members. The name was changed to the American Medico-Psychological Association in 1892 and then changed to its present name, the American Psychiatric Association, in 1921. The American Board of Psychiatry and Neurology began certifying candidates in 1934.

As with adult psychiatry, America lagged behind Europe in the development of child psychiatry. Leo Kanner was the first child psychiatrist in the United States and established the academic program related to child psychiatry in 1930 at Johns Hopkins with support from Dr. Adolf Meyer, the most influential psychiatrist in America in the first half of the 20th century. Kanner wrote the first English textbook, Child Psychiatry” in 1935. He was the first to describe infantile autism in 1944 and the disorder has been termed “Kanner’s Syndrome”.

The American Academy of Child Psychiatry was founded in 1953 and with sub-board certification in 1959. Candidates are required to pass both the American Board of Psychiatry and Neurology and the American Board of Child and Adolescent Psychiatry following fellowship training.

In Mississippi, pediatricians managed most behavioral disorders in children but there were few resources available for the more severely impaired until the latter part of the 20th century.

**Dr. Estelle Antoinette Magiera** (1899-1992) was the first female psychiatrist in Mississippi and probably the first child psychiatrist. She graduated from the Creighton University School of Medicine in 1925. She was a staff psychiatrist at the Mississippi State Hospital from 1937 until 1940. She moved to the Mississippi State Board of Health (for a more complete biography see section on *Child Development and Behavioral Pediatrics*).

In 1961, **Dr. Margaret Batson** was named the Chief of the Division of Human Behavior and the Medical Director of the Clinic for the Mentally Retarded and Brain Damaged Children (this later became the Child Development Clinic). This became a referral source for evaluation of children with more serious developmental disorders including autism (for a more complete biography see section on *UMMC and the Department of Pediatrics*). **Dr. Luther Love McDougal** at Tupelo had an interest in developmental and behavioral pediatrics (for a more complete biography see section on *Child Development and Behavioral Pediatrics*).
When Dr. Susan Buttross became the Medical Director of the CDC and later Chief of the Division of Child Development and Behavioral Pediatrics, the CDC went beyond just evaluation and began treating behavioral disorders (for a more complete biography see section on *Child Development and Behavioral Pediatrics*).

Children with more severe psychiatric illnesses were referred to child psychiatrist. One of the first in Mississippi was Dr. Wood Coleman Hiatt (1931-2010). Hiatt received the B. S. degree from the University of Alabama and the M.D. degree from the University of Tennessee. After a rotating internship at McLauren General Hospital in Flint, Michigan, he returned to the University of Tennessee for residency training. This was followed by a fellowship in child psychiatry at Johns Hopkins. He served in the Mississippi National Guard and retired as a colonel in the U. S. Air force Reserve.\(^\text{41}\)

Hiatt was not only a child psychiatrist but also a forensic psychiatrist. He was on the faculty at UMMC from 1980 until 1992 when he went into private practice at the Neuropsychiatric Clinic in Jackson. Hiatt was active in the Community Foundation of Greater Jackson and CARES Center of the Mississippi Children's Home Society.\(^\text{157}\)

**Dr. Bevan Steadman** was a colleague of Hiatt at UMMC for several years. He received the MD degree at the University of Texas Medical Branch, Galveston in 1971 and had an internship at Maricopa Medical Center in Phoenix, AZ, which was followed by a psychiatry residency at Mental Health Institute in Cherokee, IA. He returned to Galveston for his fellowship in child and adolescent psychiatry. He is presently practicing in Tyler, TX.\(^\text{41}\)

**Dr. John W. Pruett** became the Chief of Child Psychiatry in 2000. He graduated from the University of South Alabama School of Medicine and completed residency and fellowship at Vanderbilt University.\(^\text{42}\) Dr. Dirk Dossche graduated from the University of Ghent in Belgium. After training in Belgium he came to the USA where he completed both a psychiatry residency and a fellowship at SUNY, Stony Brook, NY. Dossche is one of just a few child psychiatrists in the USA with expertise in electroconvulsive therapy. He was recruited to UMMC from the University of South Alabama in 2000.\(^\text{41,42}\) **Dr. Faiza N. Quereshi** graduated from Dow Medical College in Karachi, Pakistan in 1989. After an internship in internal medicine at Mount Sinai, she completed a psychiatry residency and child psychiatry fellowship at UMMC in 2002.\(^\text{41}\)

Two psychologists on the Children’s Behavioral Health team are **Drs. Thomas David Elkin** and **Leiiani Greenling**. Elkin obtained the Ph.D. in psychology at the University of Oklahoma and had postgraduate training at the University of Memphis.\(^\text{42}\) Greenling
completed her Ph. D. at the University of Southern Illinois. Both are involved with the evaluation and counseling of children with psychosocial problems in children with chronic disease. Also on the team is nurse practitioner Kerry L. Kokaisel who trained at LSU and UMMC.

Child psychiatry patients are seen at a number of venues associated with UMMC. The Batson Children’s Hospital has a 12-bed child psychiatry unit, which one of the few facilities in the state that admits pre-teen children

**Pediatric Surgical Subspecialties**

**Pediatric Orthopaedic Surgery**

The term “orthopaedia”, which means “straighten child” in Greek was coined by Nicolas Andry, a professor of medicine in Paris, in 1741. However, physicians have observed skeletal disorders since antiquity and human anatomy was the first basic science in medicine. Hippocrates and other early physicians described skeletal deformities and fractures as well as the proper method for reducing fractures and dislocations. Galen discovered the relationship between the central nervous system controlling the movement of the limbs via the peripheral nerves to the muscles and the terms scoliosis, lordosis and kyphosis are attributed to him. Clubfoot and Pott’s disease, tuberculosis of the spine, were well recognized. Da Vinci made extensive studies on human anatomy and taught the subject. Vesalius of Padua wrote “De Humani Corporis Fabrica”, a classic atlas that described in detail the anatomy and relationship of bones, ligaments and muscles.
Through the Middle Ages and Renaissance refinements were made to traction and splinting, was largely focused on congenital deformities. The introduction of gunpowder into warfare, particularly the cannon, spurred the need for surgeons to treat this new cause of skeletal injuries. The concept of sepsis and antisepsis by Lister and others as well as the discovery of ether anesthesia in the second half of the nineteenth century helped to make surgery relatively safe. The use of Plaster of Paris to immobilize extremities also improved patient survival. The next major contribution to orthopaedics was the discovery of X-rays by Roentgen in 1895.

Dr. Hugh Owens Thomas, a Welshman, is considered the father of modern orthopaedic surgery. He and his nephew, Sir Robert Jones, expanded the scope of orthopaedics from the treatment of congenital deformities to acquired skeletal diseases and injuries. The specialty grew and the American Orthopaedic Association was founded in 1887. The name was changed to the American Academy of Orthopaedic Surgery in 1931. The American Board of Orthopaedic Surgery (ABOS) was formed in 1934. There is no specialty board certification for pediatric orthopaedic surgery and those certified by the ABOS are qualified to treat children. Prior to the 1970’s, it was uncommon for orthopaedic surgeons to restrict their practice to children.

In 1969 Dr. Douglas McKay at the Shriner’s Hospital in Shreveport, LA and others formed the Pediatric Orthopaedic Society (POS) whose membership was by invitation only. A member had to devote at least 75% of his practice to the care of children. In 1974, those who practiced pediatric orthopaedic surgery but who were not invited to join the POS formed the Pediatric Orthopaedic Study Group with membership by application. In 1983, the two groups merged and eventually the name was changed to the Pediatric Orthopaedic Society of North America (POSNA).

Dr. Thomas H. Blake, Sr. is considered to be the “father of pediatric orthopaedics” in Mississippi. He completed his training at the Campbell Clinic in Memphis, Tennessee and was in the initial group of orthopaedic surgeons certified by the American Board of Orthopaedic Surgery in 1937. He operated in 81 of the 82 counties in Mississippi at a time when itinerant surgery was not only tolerated, but was necessary because of limited transportation and the need for patients to be treated close to home. He helped develop the Mississippi Crippled Children’s Service in 1936 following an epidemic of infantile paralysis. This program was transferred to the State Department of Health in 1974 and subsequently became the Children’s Medical Program (CMP). He continued to attend the clinics until retirement in 1977. In 1982 the name of the Jackson CMP
clinic was changed to the Blake Clinic for Children in his honor. He founded the Jackson Bone and Joint Clinic in 1949.

Dr. Thomas H. Blake, Sr. (photograph provided by Dr. John Purvis)

Crippled Children’s Clinic, circa 1950 (photograph provided by Dr. John Purvis)
In 1943, the American Board of Orthopaedic Surgery approved a one-year residency in Children’s Orthopaedics at Baptist Hospital Jackson, Mississippi under the direction of Dr. Blake. The first resident was a woman, Dr. Frances Brenneka. From 1948 until 1965 many residents who subsequently practiced in Mississippi rotated through that program including Drs. Bill Warner, Jack Phillips, Jeff Holder, Jesse Henderson, McWillie Robison, William Sanders, Red Fisher, Tom Talkington, Chuck Emerson and Jobe Wilder.

Currently, orthopaedic residents complete a minimum rotation of six months on the pediatric orthopaedic service during training. Practicing pediatric orthopaedic surgeons typically complete a year fellowship following the five years of residency general orthopedics training. There is not a certificate of added qualification for this subspecialty. Since 1978, some 14 fellowship trained pediatric orthopaedists have practiced in Mississippi. Those who now limit their practice to children are all on the faculty at UMMC.

Many other general orthopaedists throughout the state have staffed the Crippled Children’s and CMP clinics for decades, typically without compensation and with

Mississippi Hospital for Cerebral Palsy, circa 1956 (photograph provided by Dr. John Purvis)
limited supplies and x-ray capabilities. They also routinely cared for children with congenital deformities, infections and fractures in their practices. Many children with orthopaedic injuries and conditions are capably cared for by general orthopedists throughout Mississippi.

Orthopaedics at UMMC was initially a division within the Department of Surgery and children were cared for by the general orthopaedic faculty. Dr. Red Fisher, a former trainee at the Baptist program, became the first Chief of pediatric orthopaedics in 1978. Dr. Frazier Ward also assisted with many complicated patients. Dr. Ron Kendig later joined Fisher in 1992. Dr. Fisher retired in 1994 and Dr. Kendig died from cancer in 2000.

Dr. Bill McCluskey was recruited in 1998. McCluskey received the MD degree and orthopaedic training at the University of Pennsylvania and a pediatric orthopaedic fellowship at the Alfred I. DuPont Institute. Dr. Lawrence Haber joined the faculty in 2003 as Chief of the Division. He obtained the MD degree at Texas Tech, orthopaedic training at the Medical College of Virginia and fellowship training at Vanderbilt University. Drs. John Purvis and Dr. Craig Robbins, who had practiced in Jackson as Pediatric Orthopaedic Specialist of Mississippi (POSM), joined the UMMC faculty in 2009. Purvis was a graduate of UMMC, had surgical and orthopaedic training at the Atlanta Medical Center and fellowship training at the Texas Scottish Rite Hospital. Robbins graduated from St. George’s Medical College in Grenada, did his orthopaedic residency training at the Charles F. Campbell Clinic, U. Tennessee, Memphis and fellowship training at Tulane University.

In 2013 Dr. Patrick Wright joined the Pediatric Orthopaedic Division at UMMC. He received the MD degree at Baylor University, orthopaedic training at John Peter Smith Hospital in Fort Worth Texas and pediatric orthopaedic training in Orlando. Dr. Catherine Carlyle Zimmerman, a pediatrician with fellowship training in non-operative pediatric orthopaedics at the University of Wisconsin. Joined the Department in 2012. Zimmerman was an UMMC graduate in 2007 and completed pediatric residency and a year as Chief Resident in 2011. She provides non-operative orthopaedic care to children.

Dr. Michael Shrader (MD University of Chicago. Residency Mayo Clinic, fellowship Scottish Rite Hospital) joined the faculty in 2014 and became the Chief of the Division.

Melissa Rogers, a nurse practitioner, joined the division after completing the MSN degree at the Mississippi State University for Women.
Physicians have observed congenital deformities and injuries since antiquity and human anatomy was the first basic science in medicine largely developed by surgeons. Da Vinci made extensive studies on human anatomy and taught the subject. Vesalius of Padua wrote “De Humani Corporis Fabrica”, a classic atlas that described in detail the anatomy and relationship of bones, ligaments and muscles.

From the 2nd to the 18th centuries anatomic pathologic observations identified many internal congenital malformations. Children and adults were largely treated the same. Orthopedics was centered on congenital limb deformities and those in this field had the most experience in treating children. Aside from orthopedics, general surgeons mainly performed circumcisions and drained abscesses.

Johannes Fatio, a Belgian, was the first surgeon to devote his career to the study and treatment of surgical problems in children in the 1600’s. In the 18th and 19th centuries’ colostomy, anoplasty and other surgical procedures in children were described.

In the latter half of the 19th century the major developments were William Morton’s discovery of anesthesia, Lister and others concept of sepsis and antisepsis and the discovery of X-rays by Roentgen. This improved the safety of surgical procedures and led to more advanced techniques such as intestinal anastomosis and pyloromyotomy.
General surgeons in general hospitals were still performing surgery on children prior to the mid 20th Century. The growth of Children’s Hospitals in the latter half of the 19th century and the first half of the 20th century prompted the development of pediatric surgery as a subspecialty. The “father” of pediatric surgery in the US is attributed to Dr. William Ladd at Harvard. After experiencing the horror children injured from the explosion of a munitions ship in the Halifax, Nova Scotia, he decided to devote his career to pediatric surgery. He had observed the reluctance of surgeons and anesthesiologist to operate on children that increased as the age and size of a child diminished. He became Surgeon in Chief at Boston Children’s Hospital in 1927. He and his associate Herbert Coe developed the first formal training program for pediatric surgery.

Dr. C. Everett Koop, who later became the Surgeon General of the United States, became the Surgeon in Chief at Children’s Hospital of Philadelphia and advanced the experience and training of pediatric surgeons. In 1950, the American Medical Society and the American Board of Surgery adopted training requirements for general pediatric surgery. Further training requirements, residency program certification and sub-board certification evolved in the 1960’s and 70’s. The American Pediatric Surgery Association was formed and in 1977 the oversight of training programs was transferred to the ACGME RRC. In 1992, pediatric surgery joined the residency match.

In Mississippi, Dr. Richard Miller was the first pediatric surgeon. Dr. William Hardy, who was Chairman of Surgery at UMMC, recruited Miller in 1969. Prior to his arrival general surgeons were operating on children at UMMC and community hospitals. Dr. Raymond S. Martin, Jr. was a resource for the pediatricians in Jackson. Miller was a Harvard graduate and obtained general surgical training in Cleveland and pediatric training in Melbourne Australia.42

Miller not only brought his experience in pediatric surgery but also introduced parenteral nutrition for infants and children to Mississippi. Dr. Patricia Moynihan and later Dr. Clinton Cavette joined Dr. Miller in the Pediatric Surgery Division briefly, but for most of his career, he was the only pediatric surgeon in Mississippi. Despite being on almost continuous call, he never failed to come the hospital when needed and trained hundreds of surgery residents.

Dr. Miller retired in 2003. Dr. William Turner, then Chairman of the Department of Surgery, recruited Dr. John Gosche as Chief of the Division. Gosche had trained at Yale and had remained on the staff there for several years before coming the
Jackson. **Dr. Scott Boulanger** from Buffalo Children’s Hospital and **Dr. Salam Islam** of Mott Children’s Hospital in Ann Arbor were recruited the following year. An active expansion of surgical capabilities occurred with the completion of the Batson Surgery Center in 2006, a two-floor expansion added to the Batson Children’s Hospital.

![Dr. Richard Miller, circa 1970 (reproduced from the UMMC 1970 Yearbook, Medic)](image)

In 2006, significant leadership changes occurred within the Department of Surgery. The resultant turmoil led to the departure of the three pediatric surgeons. **Dr. Chris Blewett** was recruited in 2007 as Division Chief from Texas Tech University in Lubbock where he had headed the pediatric surgery program. Blewett was the fifth fellow to graduate from the pediatric surgery training at the University of Alabama, Birmingham. He trained under Dr. Keith Georgeson, considered by many to be the father of modern pediatric minimally invasive surgery techniques.\(^{41,42}\)

After 18 months as the only pediatric general surgeon at UMMC, Blewett was joined by **Dr. David Sawaya** in 2008. Sawaya received the MD degree at LSU in 1994 as well as completing general residency training at LSU in 2000. Following five years of general surgery in Opelousas, LA he went to Johns Hopkins in Baltimore and completed a pediatric general surgery fellowship in 2007.\(^{41}\)

**Dr. Barry Burch** received the MD degree at UMMC in 2001 and completed general and pediatric surgery training at Vanderbilt in 2007. He was the first fellow to graduate
from the Vanderbilt pediatric surgery program and joined the UMMC Division Pediatric General Surgery following his training.  

**Dr. Kenneth Liechty** joined the Division in 2009. Liechty was recruited from the Children’s Hospital of Philadelphia where had completed his training and had been an Assistant Professor. He brought considerable expertise in the nascent discipline of fetal surgery.

The Division of Pediatric Surgery reached its largest size in the history of UMMC in 2009. With this critical mass of faculty members, the Division was able to spearhead a number of initiatives. Due to the revitalization of the congenital heart program, it was clear that a strong program in extracorporeal membrane oxygenation (ECMO) support would be necessary. Under the leadership of **Dr. Ed Harmon**, Chief Pediatric Urology and Medical Director of the Batson Surgery Center, the pieces were assembled to enable the Batson Children’s Hospital to offer ECMO support for infants and children needing this advanced technology. This goal came to fruition in November of 2009 with the Division of Pediatric Surgery staffing the first cannulation and management of an infant requiring ECMO support for complications of meconium aspiration. Since that initial run, the program has grown to supporting the congenital heart program as well as expanding care for adults with respiratory failure. ECMO case volumes have increased to 50 per year.

Pediatric surgery case volumes saw considerable growth from about 1000 in 2009 to 1750 in 2010. At the same time, congenital heart surgery, otolaryngology, orthopedics and urology were also expanding. The robust growth in case volumes accompanied by expanded intensive care and emergency department facilities and personnel led to the natural conclusion for a pediatric surgery training program. Such a program was critical to the long-term vision of a stable faculty in pediatric surgery.

An initial application for the fellowship program was submitted in 2010 and was followed by a successful site visit in 2011. Prior to full accreditation, the fellowship was established and **Dr. Tamarah Westmorland** became the first fellow. She had had general surgery training, along with a PhD, at Duke University and a fellowship in pediatric oncology at St. Jude’s. She completed the pediatric surgery fellowship in 2013 and was recruited to Nemours Children’s Hospital in Orlando, FL.

Liechty resigned in 2013 to become Chief of Surgery at Nemours in Tampa, FL. Burch left briefly to explore private practice in Jackson but returned to UMMC in 2013.
Pediatric Urology\textsuperscript{132, 134}

Urology is perhaps one of the oldest specialties: “I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art.” This quote is from the Hippocratic oath referring to kidney stones.

Urology as a surgical specialty arose from the field of anatomy, the first medical basic science. Galen, Vesalius, da Vinci and others contributed greatly to the understanding of human anatomy and surgeons applied this to the clinical observations. Anatomic pathology added to this understanding. Hypospadias, bladder extrophy, persistent cloaca, urinary atresia and renal masses have been observed since antiquity.

However, there was little progress in surgery until the 19\textsuperscript{th} century when ether anesthesia and antisepsis was introduced that greatly improved outcomes. The development of the other basic sciences, especially physiology, improved intraoperative management

Leeuwenhoek built the first microscope and published the description of red blood corpuscles in 1674. The cystoscope was invented in the latter part of the 19\textsuperscript{th} century and Roentgen discovered X-rays. The intravenous pyelogram was introduced in 1927 and clinical biochemistry became another diagnostic tool. The discovery of sulpha drugs with antibiotic properties in 1936 combined surgical and medical interventions in the treatment of urologic disorders.

Pediatric urology developed from adult urology as did most of the other pediatric subspecialties. In 1910, urology was recognized as a specialty. General surgeons in general hospitals were still performing surgery in children. The growth of Children’s Hospitals in the latter half of the 19\textsuperscript{th} century and the first half of the 20\textsuperscript{th} century prompted the development of pediatric surgery as a subspecialty. The “father” of pediatric surgery in the US is attributed to William Ladd at Harvard. He and his associate Herbert Coe developed the first formal training program for pediatric surgery, which included separate tracks for cardiac, urology and general pediatric surgery.

The “father” of pediatric urology is attributed to Dr. Meredith Campbell, also of Harvard and the Boston Children’s Hospital. His text on pediatric urology was the first to address this subject and has continued in print for many subsequent additions. Initially,
pediatric urologists mostly treated congenital anomalies. Later they would become involved in renal oncology, incontinence, urinary reflux and renal transplantation.

In Mississippi, the first pediatric urologist was **Dr. Jimmy Edward Keeton** who was a UMMC graduate from medical school in 1964 and the urology residency program in 1970. He studied pediatric urology at Great Ormand Street Hospital for Children in London. Following a stint in the US Navy, he returned to UMMC and was on the faculty from 1973 to 1975 and then entered private practice in Jackson.42

![Dr. James E. Keeton, circa 1970 (reproduced from the 1970 UMMC Yearbook, Medio)](image)

**Dr. Ron Krueger** was boarded in both pediatric nephrology and urology and had been at Duke before joining the UMMC faculty in 1980. After Dr. Mike Montalvo’s departure in 1986 he was given a secondary appointment to the pediatric faculty and staffed both pediatric urology and nephrology. Kreuger left in 1997.42

Upon Krueger’s departure, Keeton was asked to consult on children at UMMC. He became a part time faculty member in 1998. At his request, his appointment was in the Department of Pediatrics rather than the Department of Surgery, which was a precedent. Keeton later became a full time faculty member and helped in the design of the new surgical floors in the Batson Children’s Hospital and the recruitment of additional pediatric surgeons.
Dr. Mark Barraza joined Keeton in 2000 and departed in 2003. Barraza graduated from UMMC in 1980 and after general surgery training at Baylor he returned to UMMC for a urology residency. This was followed by a pediatric fellowship at Baylor that was completed in 1986. 42

Keeton would become the Associate Vice Chancellor for Medical Affairs at UMMC and in 2009 the Vice Chancellor for Medical Affairs at the University of Mississippi. As Keeton was becoming more involved in administration, Dr. Ed Harmon from LSU was recruited in 2007 to direct the Division of Pediatric Urology and to be the Surgical Director of the Batson Children’s Hospital.

Harmon graduated from UMMC in 1965 and after a rotating internship University of Texas Southwestern, he returned to UMMC for a general surgery and urology residencies from 1972 until 1978. His pediatric urology training was at the Alder Hey Children’s Hospital in Liverpool, England and the Hospital for Sick Children in London. The James E. Keeton Endowed Chair was established in 2015 with Ed Harmon as the first recipient. 42

Darlenia Andrews, (MSN, UMMC School of Nursing) joined Harmon shortly after his arrival. She developed expertise in bladder incontinence and developed a referral clinic for children with this problem.

Dr. Christopher Bean was recruited to the division in 2014 following his pediatric urology fellowship at the Children’s Hospital of Cincinnati. He had graduated from UMMC in 2007 and completed general surgery and urology residencies at UMMC in 2012. 42

Pediatric Neurosurgery133, 34

Perhaps the first surgical procedure performed on humans was trephinations to perforate the skull, perhaps to let the demons out or to remove blood. The oldest example came from a skull in North Africa that was dated at 10,000 years BC. Other skulls have been found throughout the world. Hippocrates described procedure in detail.

Modern neurosurgery arose from the teachings of neuroanatomy by Herophilus, Celsus, Galen and others, which identified the major structures of the central and peripheral nervous system and the function of the brain as being the seat of intellect. The concept of anatomical localization of function in the brain replaced the theory of
phrenology in the latter half of the 19th century in France. Pierre Florens conducted ablation experiments in animals and Paul Broca conducted post mortem examinations on patients with aphasia that proved conclusively the localization function of the brain.

McEwen of Glasgow was the first to combine the concept of sepsis/antisepsis and anesthesia and ushered in the era of modern neurosurgery. Successful surgical procedures for brain and spinal cord tumors and brain abscesses were described in the late 1800’s by Sir Victor Horsley of Queen Square London.

Harvey Cushing at Johns Hopkins is widely considered the “father” of neurosurgery. He was also interested in pediatric neurosurgery and published papers on hydrocephalus, subdural hematomas, and brain tumors. One of Cushing’s protégés was Frank Ingraham, considered the “father” of pediatric neurosurgery. He opened the first pediatric neurosurgery unit for children in 1929 at Boston Children’s Hospital. He wrote the first major text on this subject “Neurosurgery of infancy and Childhood”. He and his colleague, David Matson, trained numerous pediatric surgeons until the late 1960’s. Yet, there was still an active argument about the surgical management of neurologic diseases in children, especially related to myelo-meningoceles. Cerebrospinal fluid shunts were being developed but were somewhat unreliable. Anesthesia for complicated cases was a challenge and there limited diagnostic studies that were of limited quality and quite risky for children.

As in other pediatric surgery subspecialties, the training, research and practice of pediatric neurosurgery congregated at children’s hospitals in the major metropolitan areas and universities. There were no formal programs for training pediatric neurosurgeons until the 1970’s and 80’s. The maturing of pediatric anesthesia and the development of pediatric and neonatal intensive care units further improved outcomes. Major technological advancements, particularly in neuroimaging and electrophysiology (EEG, EMG, evoked responses and monitoring), have improved both diagnosis and management.

In Mississippi, **Dr. Orlando Andy**, Chair of Neurosurgery at UMMC, and **Dr. Charles Neal**, who was in private practice in Jackson, performed most of the neurosurgical procedures on children after UMMC moved to Jackson in 1955. The first resident to complete neurosurgery residency was **Dr. Marshall Allen** (1957-61). Allen was a staff neurosurgeon at UMMC in 1966-74 and recalled that aside from trauma, infections and hydrocephalus, children were rarely operated on at UMMC for neurosurgical problems.
Adults and children had their procedures performed in common operating suites and recovered in a common area. Children, both medical and surgical patients, were hospitalized on 7-West of the University Hospital.

**Dr. Glen Warren** was a neurosurgery resident from 1964-68 and following four years in the Air Force returned to the Department of Neurosurgery at UMMC and from 1972-1975, his focus was on children. He left UMMC in 1975 to enter private practice but continued his interest in pediatric neurosurgery.

**Dr. Robert “Alex” Sanford**, a graduate of the University of Arkansas, completed a residency in neurosurgery at UMMC in 1973. He had developed an interest in pediatric neurosurgery and following a two-year military commitment with US Air Force in Japan, returned to UMMC. Dr. Gwen Hogan, a pediatric neurologist had joined the faculty in 1973. She mentored Dr. Nell Ryan, a general pediatrician at UMMC, in pediatric neurology. With the collaboration with the two pediatric neurologists, Sanford was able to evolve his practice in both numbers and complexity.

Sanford developed an interest in brain tumors which were just being able to be visualized by EMI/CT imaging. Concerned that contrast media might evoke sickle cell crises in African American children, they had pneumoencephalograms performed in the morning prior to surgery.

Sanford was also interested in battered children and developed early social intervention in the management of these difficult problems. During this period of time, the surgical management of Chiari malformations and seizure surgery were evolving and improving and Sanford incorporated these advancements at UMMC.

Drs. Hogan and Ryan left in 1982. Sanford was key to the recruitment of Dr. Bev Evans, a pediatric neurologist at Vanderbilt, to join the faculty in the Department of Pediatrics in 1983. Sanford left in 1984 and for several months Dr. John Kapp was designated the pediatric neurosurgical attending. Dr. Sanford died in 2014.
In March of 1985, **Dr. Andrew Parent** was designated as the pediatric neurosurgical attending. Parent received his undergraduate degree at St. Michael’s College in Vermont and the MD degree at the University Vermont. Neurosurgery residency was at Emory University followed by a research fellowship at the University of Texas Medical Branch, Galveston. He was recruited by Dr. Orlando Andy, Chairman of Neurosurgery at UMMC, in 1978. Sanford had been a staff physician for the seven years at Jackson VA Hospital and intermittently covering pediatric neurosurgery at UMMC prior to being assigned to the pediatric neurosurgery service. During those early years of 1985-1986 there were only 5 to 8 patients in the pediatric neurosurgical clinics. This evolved to a practice of considerable size over the years.

A unified approach to the management of many of the neurosurgical problems was developed. A comprehensive clinic for spina bifida evolved at the Blake Children’s Clinic (Mississippi State Department of Health Children’s Medical Program, AKA “Crippled Children Clinic”, initially on Stadium Drive near the Veterans Memorial Stadium and later at the Jackson Medical Mall. At UMMC, multispecialty clinics and conference meetings for neuro-oncology, craniofacial disorders and spasticity evolved during this period of time.

The clinics at the University required the support of various allied health fields including Social Work, Physical Therapy, Speech Therapy, Occupational Therapy, as well as the Pediatric Neurosurgical Nurse. These individuals
were recruited and would come to the clinic once a week to provide a unified care for these children.

Parent later became the Chair of Neurosurgery from 1995 until 2008. Parent was not only a pediatric neurosurgeon but also specialized in neuroendocrinology surgery in adults and children.

Several neurosurgery residents became interested in pediatric neurosurgery training and subsequently took fellowship training, including Drs. Jogi Pattisapu, John Neal, John Lancon and James Mason Shiflett.

After completing his residency in 1998, Dr. John Lancon went for a year of study in pediatric neurosurgery at the Dallas Children’s Hospital and returned for a period of six years at UMMC where he jointly worked with Parent in the practice of neurosurgery for children. There was growth during this period with a focus on pediatric anesthesia and the planning and the building of pediatric surgical operating rooms in the pediatric hospital in 2006. Lancon had gained experience in seizure surgery and initiated the Pediatric Epilepsy Conference and the seizure surgery program. Lancon departed in 2006 and Dr. William (“Bill”) Hanigan was recruited in 2007 and left in 2011.

In 2011, Dr. Mason Shiflett completed his residency training at UMMC, went to Le Bonheur Hospital for a fellowship in Pediatric Neurosurgery and returned to join UMMC in 2012 where he very capably took over the care of the pediatric neurosurgical service. His training provided increased depth in neuro-endoscopic surgery, brachial plexus exploration, as well as seizure surgery and pediatric surgical oncology.

**Pediatric Otorhinolaryngology (ENT)**

ENT began in America when the American Ontological Society in 1968. The American Laryngological Association followed this in 1878. In 1896 the Western Society of Eye, Ear, Nose and Throat was formed. This evolved into the American Academy of Ophthalmology and Otolaryngology in 1903. Myers publications on adenoidectomy and O'Dwyers works on intubation for the management of diphtheria spurred ENT and general surgeons into surgical intervention of childhood diseases. In the US, Chevalier Jackson championed endoscopy for foreign bodies and caustic strictures. Otolaryngologists and general surgeons in specialized centers in
ENT Hospitals in New York and elsewhere attended to tertiary care patients.

Pediatric ENT developed similar to other pediatric surgical subspecialties with the emergence of children’s hospitals in Philadelphia (1865), Boston (1869), Toronto (1875) and Los Angeles (1901). These centers attracted ENT surgeons who restricted their practice to children. The availability of commercially produced audiometers in 1928 revealed the prevalence of deafness in children entering school and led to screening school aged children.

The Society of Pediatric Otolaryngology was formed in 1951 and began advocating for subspecialty certification. The American Board of Medical Specialties approved the specialty and the Residency Review Committee (RRC) certified training programs in 1995. This was initially a two year program but was made a one year program in 2006. Presently there are 21 pediatric ENT fellowship programs in the US.

Pediatric ENT surgeons have advocated for subspecialty training certification. However, as with pediatric orthopedics, the parent adult specialties have resisted this endeavor. The American Academy of Pediatrics did create a pediatric ENT section in 1985. Membership was restricted to ENT surgeons who devoted at least 75% of their practice to children. In 1985 the American Society of Pediatric Otolaryngology was formed with 56 members. This has grown to at least 450 members and the Society has been meeting with the Combined Otolaryngology Spring Meetings (COSM), an associating of several ENT organizations.

In Mississippi, primarily general adult ENT surgeons in both the private practice sector and at UMMC managed pediatric patients with ENT problems until Dr. John Mark Reed completed his training. He had graduated from UMMC in 1989 and completed an ENT residency in 1994 and then a fellowship in pediatric ENT at Cincinnati Children’s Medical Center in 1995. He returned to Jackson after completing his training and was in private practice but consulted at UMMC until 2004 when he became a full time faculty member at UMMC and became the Director of the Division of Pediatric Otolaryngology.

Dr. Jeffrey D. Carron joined Reed in 2006 for several years and then returned to St. Louis from where he was recruited. He returned to UMMC in 2008. Carron has specialized in cochlear implants for children with deafness.
He graduated from Tulane School of Medicine in 1995 and than completed a general surgery internship and ENT residency at Eastern Virginia School of Medicine. His pediatric ENT training was at the University of Washington in Seattle.41

**Pediatric Cardiothoracic Surgery**119

William Harvey was the first described the circulatory system in 1628. The “blue baby syndrome” had been recognized for centuries before Fallot in 1888 characterized the pathology. Laennec in 1819 developed the stethoscope and the significance of a murmur was associated with a cardiac lesion. In the 19th century, advances in anesthesiology, the discovery of X-rays and the development of radiology and the understanding of sepsis and antisepsis advanced all surgical fields. The development of antibiotics in the 20th century further improved surgical outcomes.

Cardiac surgery lagged behind other surgical specialties because of the complexity of cardiovascular system and the inherent risks associated with this vital organ. In the early 20th century, general pediatricians with an interest in rheumatic fever and heart murmurs began to follow these patients in special clinics. One was Dr. Helen Taussig, often called the “mother of pediatric cardiology”.

Taussig was placed in charge of the Cardiac Clinic at the Harriet Lane Home in Baltimore. She had available the fluoroscope and the electrocardiogram and detailed knowledge of the pathology of congenital heart disease.

Dr. Robert Gross ligated a patent ductus arteriosis in 1938 at Boston Children's hospital that ushered in the specialty of cardiac surgery. Taussig had observed that “blue babies” didn’t turn blue until the ductus closed and proposed creating a ductus surgically and collaborated with Dr. Alfred Blalock, Chief of Surgery at Johns Hopkins, to create the “Blalock-Taussig shunt”. The first operation was in 1944. In 1945 a coarctation was repaired by Dr. Clarence Crawford and in 1948 pulmonary stenosis. Mechanical cardiopulmonary bypass was established by 1955.

Diagnostic tools progressed along with the surgical advances. Successful cardiac catheterization was established in 1932 and by the 1950’s, cardiac catheterization labs were established in most pediatric centers. Pulmonary banding for large left to right shunts and repair of ventricular septal defects followed.
These early successes paved the way to ever more complex repairs that demanded equal advances in anesthesiology, critical care and diagnostic cardiology. The progress in pediatric cardiology was a stimulus to adult cardiac surgery that ultimately lead to the first heart transplant by Dr. William D. Hardy at the University of Mississippi Medical Center in 1964. This was a chimpanzee to human transplant. Two years later, Dr. Christian Barnard of South Africa performed the first human-to-human transplant.

After coming to UMMC in 1959, Dr. David Watson, Chief of the Division of Pediatric Cardiology, would often refer patients to other institutions for heart surgery, evoking the ire of Dr. Hardy, then Chairman of the Department of Surgery. Hardy insisted that all patients should be referred to his service. Hardy was nationally known and had performed the first heart and lung transplants in the US. Watson did not think his team had enough experience to perform some of the more complicated procedures. Hardy eventually recruited Dr. Jeff Hollingsworth, a trained pediatric heart surgeon. His stay was short and he was followed by Dr. Fred Crawford. His stay was also shortened but he did train Dr. Bobby Heath who was the pediatric heart surgeon from 1978 until his untimely death in 2000. Heath was an excellent surgeon but also knew the limitations of the heart surgery team and would recommend referring patients elsewhere when necessary.

After Heath’s death, children were transferred out of state for heart surgery. The heart program went through several reconstructions including an affiliation with National Children’s Hospital in Washington DC in 2008. This was a somewhat unique relationship in which some surgeries were performed at UMMC Batson Hospital and complicated cases transferred to Washington.

In 2008 Dr. Walter Merrill was recruited as Chief of cardiac surgery and pursued the development of the congenital heart surgery program at UMMC.

In 2010, Dr. Jorge Salazar came to Mississippi to lead the pediatric cardiac surgery program as Chief of Pediatric and Congenital Heart Surgery and Director, Children’s Heart Center. Salazar received the undergraduate degree 1990 and the MD degree in 1994 at the University of Washington in Seattle, WA. General surgery training and cardiovascular training was completed at Johns Hopkins in 2003. His fellowship in pediatric congenital heart surgery was at the University of California, San Francisco.

Following training, Salazar joined the pediatric congenital heart program at Christus Sana Rosa Children’s Hospital in San Antonio, TX in 2004 and became the hospital’s
chief of congenital heart surgery before joining the faculty at the Baylor College of Medicine in 2007 in Houston, TX.  

Salazar recruited Dr. Daniel DiBardino to UMMC in 2011. He had received general surgery training at Baylor College of Medicine in 2007 and after a year at Boston Children’s Hospital, entered a thoracic cardiovascular residency at Brigham and Woman’s Hospital in Boston. This followed by a pediatric congenital heart fellowship at Mott Children's, University of Michigan. He was at UMMC for two years before moving to Rady Children’s Hospital University of California San Diego.  

Dr. Ali Dodge-Khatami followed DiBardino in 2011. Dodge-Khatami earned the Swiss Federal Diploma of Medicine at the University of Geneva, Switzerland in 1991. He completed surgical residency training and cardiovascular-thoracic surgery training in Switzerland in 1996 and then had fellowship training in cardiovascular-thoracic surgery at RUSH-Presbyterian-St. Luke's Medical Center, Chicago, Ill., from 1996-98 and congenital cardiac surgery at Children’s Memorial Hospital, Chicago, Ill., from 1998-99. Dodge-Khatami served as senior registrar at the Great Ormond Street Hospital for Sick Children in London, England, from 1999-2000 before joining the faculty of the Academic Medical Center at the University of Amsterdam as a cardiothoracic surgeon where he received the PhD in 2003. He then joined the University Children's Hospital, Zurich, Switzerland and in 2008, became professor of cardiovascular surgery, chief of pediatric cardiac surgery and head of the Program for Congenital Heart Disease, University Heart Center, at the University of Hamburg-Eppendorf School of Medicine, Germany.  

There was a significant expansion of the pediatric heart program after Salazar’s arrival. The recruitment of Dr. Mary Barraza Taylor (see section Pediatric Critical Care) to lead the Pediatric Cardiac Intensive Care Unit and the establishment of the ECMO (extracorporeal membrane oxygenation) enabled UMMC to manage the most complicated heart problems. The first pediatric heart transplant was performed in the 1990’s by Dr. Bobby Heath and heart transplantation was revitalized by Salazar in 2012. By 2014 there were eleven pediatric cardiologists, two congenital heart surgeons, two cardiac intensivists, seven general intensivists, one pediatric cardiac anesthesiologist and many additional supporting staff of nurse practitioners and nurses.
The Children's Heart Center team provides all diagnostic and treatment modalities needed to care for children with heart disease and outcomes are on par with best congenital heart centers in the USA.

**Pediatric Ophthalmology**^{192,34}

There were physicians in antiquity who were interested in diseases of the eye. In about 800 BC Sushruta of India wrote about 71 medical and surgical diseases of the eye and their treatment. He was the first to describe cataract surgery. Rufus of Ephesus, Galen and Vesalius studied the anatomy of the eye. In 1021, the Arab physician Alhazen wrote a book on optics. About that time, ibn al-Nafis wrote a two volume textbook of ophthalmology.

In the 18th and 19th centuries, scientific advances in optics led to improved spectacles and the development of the ophthalmoscope. Beer mastered cataract surgery and hospitals devoted to diseases of the eye were established. Advances in medical science, specifically anesthesia and the concept of sepsis, made many advances in surgery. The microscope provided the details of the histology and the pathology of the eye. Most of this progress was made in Europe where medical education was far more advanced than in America.

In 1864, the American Ophthalmological Society was formed and in 1868 the Ontological Society was founded. The two surgical subspecialties began to merge in 1896 with the Western Society of Eye, Ear, Nose and Throat. This evolved into the American Academy of Ophthalmology and Otolaryngology in 1896. This branch of medicine was the first to offer certification of trainees.

Ophthalmologists interested in pediatrics were drawn to the emerging children’s hospitals in the major cities. Frank D. Costenbader was perhaps the first ophthalmologist to restrict his practice to children. Initially he trained as an otolaryngologist then switched to ophthalmology. He mentored Marshall M. Parks at the Children’s Hospital of Washington, D. C. (later Children’s National Medical Center). Costenbader left for private practice and Parks continued at Children’s and established the first American pediatric ophthalmology fellowship program in 1959.

The Costenbader Society was founded by former trainees in 1967. In 1973 the American Association for Pediatric Ophthalmology was formed which changed to the American Association for Pediatric Ophthalmology and
Strabismus (AAPOS). (reference Costenbader Society). Membership is restricted to those who have completed an ophthalmology residency and a 1-2 year pediatric ophthalmology fellowship. 75% of the applicants practice must be restricted to children and to adults with strabismus. 192

D. Elbert A. “Boogy” White, III was the first pediatric ophthalmologist in Mississippi. 98 He received the MD degree at Vanderbilt in 1960 and after a pediatric internship under Dr. Amos Christie at Vanderbilt, he started a residency in surgery to pursue an interest in pediatric surgery. In his first year as a surgical resident he was called to active duty, initially to the Navy as a flight medical officer/pediatrician but was transferred to the Air Force stationed at Keesler AFB in Biloxi as a pediatrician.

Following his military service, White returned to Vanderbilt to complete his pediatric training and stayed an additional year as chief resident. He and his family returned to Corinth to establish a solo pediatric practice in 1966. He continued in general pediatrics for the next 9½ years.

In 1976 White decided to become an ophthalmologist and returned to Vanderbilt for an ophthalmology residency and during his final six months he commuted to the University of Louisville for pediatric ophthalmology training. He returned to Corinth and to practice ophthalmology for the next 22 years.

Dr. John B. Milam graduated from UMMC in 1973 and completed an internship at Baptist Memorial Hospital in Memphis. He returned to UMMC for his ophthalmology residency that was completed in 1978. Following his residency he completed fellowships in pediatrics and diseases of the cornea at Baylor University in Houston. Milam was the first fellowship trained pediatric ophthalmologist in Mississippi. He entered private practice in Jackson after completing his training. 41

Dr. Robert D. Mallette graduated from Vanderbilt undergraduate school in 1977 and received the MD degree at UMMC in 1981. He completed an ophthalmology residency at UMMC in 1986 and had additional training in pediatric ophthalmology training at Johns Hopkins University. He joined the UMMC faculty in 1988 and left to enter private practice in Jackson in 1992. 41

Dr. John McVey graduated from UMMC in 1983 and completed ophthalmology training at UMMC in 1988 and pursued a pediatric
ophthalmology fellowship at the University of Southern California. He entered private practice in Jackson on completion of his training.41

After majoring in theology at Notre Dame, Dr. Gilda Bradford attended Millsaps College for pre-med requirements. She graduated from UMMC in 1985 and completed an ophthalmology residency at UMMC in 1990. Following a pediatric fellowship in 1991 at the University of Iowa, she entered private practice in Biloxi.41

Dr. Jane Kersh was a graduate of UMMC in 1991. After a preliminary year of training at Abington Memorial Hospital, she entered an ophthalmology residency at Drexel University- Hahnemann University Hospital. This was followed by a pediatric ophthalmology fellowship at St. Christopher’s Hospital for Children in Philadelphia, PA. She was subsequently recruited to the Hattiesburg Clinic.41

Dr. Nils Mungan received the MD degree at the University of Ottawa in 1992. He completed an ophthalmology residency at Oschner in 1997 followed by a pediatric ophthalmology fellowship in 1998 at the Hospital for Sick Children, University of in Toronto. He was recruited to UMMC and is presently Director of Pediatric Ophthalmology and Strabismus at UMMC.41,42

Pediatric Radiology194,195
X-rays were discovered in 1895 by Wilhelm Röntgen in 1895 and its first diagnostic use was in 1896 when a fractured ulna was diagnosed. This was the first diagnostic imaging tool in medicine to visualize the skeletal system. Contrast media would come later as wood tomography and computerized tomography.
Like many pediatric subspecialties, pediatric radiology emerged in children’s hospitals. John Patrick Caffey trained in internal medicine at Barnes Hospital in St. Louis and the University of Michigan. He then pursued pediatrics at Babies Hospital in New York. He may have been the first “Med/Peds” trainee. While on staff at Babies, he was assigned to direct the radiology department. He published Pediatric X-ray Diagnosis in 1945 that helped to establish pediatric radiology as a subspecialty. He made many contributions in radiology including the description of radiologic findings in battered children, “Caffey’s disease”150-151
Edward Blaine Duncan Neuhauser began his career in orthopedics but changed to radiology. He completed a residency at the University of Pennsylvania and then was appointed as a radiologist at Boston Children’s Hospital. He published extensively, especially related to the soft tissue images of disease.

In 1958 the president of the AAP approached Dr. Caffey about establishing a section of pediatric radiology in the AAP. Caffey referred him to Dr. Frederick Silverman at the Children’s Hospital of Cincinnati who had been a trainee of Caffey.

Dr. Neuhauser was also planning for an organization associated with the American Roentgen Society. Silverman and Neuhauser decided that an organizational meeting of the Society of Pediatric Radiology would be held in Washington, DC in conjunction with the American Roentgen Society annual meeting in 1958. Certification for pediatric radiology came later.\textsuperscript{195}

As the new Children’s Hospital was being built, Dr. Blair Batson, then Chairman of Pediatrics at UMMC, approached the Chair of Radiology, Dr. Robert Sloan, to encourage him to recruit a pediatric radiologist. Batson needed more subspecialists for the growing clinical demands. Dr. Bernard (“Buddy”) Blumenthal graduated from UMMC in 1965 and after a transitional year of training at Mercer Medical Center and two years in military service, he completed radiology training at the Graduate Hospital, University of Pennsylvania in 1971. Following a pediatric radiology fellowship at St. Christopher’s Children’s Hospital in Philadelphia, PA, he returned to UMMC in 1972 as the first pediatric radiologist in Mississippi.\textsuperscript{41}

As the patient volume grew through the 80’s and 90’s, Blumenthal started searching for a better situation and was offered a position in Houston. Dr. Robert Harrison had become chair and asked Blumenthal what needed to keep him in Jackson. First on the list was a second radiologist.

**Dr. Lawrence Dautenhahn** graduated from LSU in 1988 and following a radiology residency at Tampa, he completed a pediatric fellowship at the Hospital for Sick Children in Toronto and joined the UMMC faculty in 1995. He departed in 2001 to work for the Central Mississippi Medical Center in Jackson.\textsuperscript{41, 42}
Blumenthal headed the pediatric radiology division until his partial retirement in 1999. After retirement, he continued a part time practice at UMMC part time. **Dr. Henry Giles** became the Chief of Pediatric Radiology at UMMC in 2001. He graduated from Tulane University in 1994 and completed a radiology residency at Tulane in 1998. His fellowship in pediatric radiology was at the University of California, San Francisco. ⁴¹

**Dr. Michael Steiner** joined the UMMC faculty in 2012. He was a graduate of the University of Tennessee in 2006 and completed his radiology residency at UMMC in 2011. His fellowship training in pediatric radiology was at Duke University. ⁴¹

In the 50 years of practice, Blumenthal has witnessed significant changes in radiology. Additional imaging modalities have been introduced as technology advanced. Ultrasonography came to UMMC in 1975 and computerized tomography (CT) shortly after. Magnetic resonance imaging (MRI) became available in the 1980’s. CT and MRI angiography arrived in the late 1990’s.

The most significant change in the early 21st century was the beginning of the digital age. This made imaging simpler to view from anywhere and vastly improved storage of the images. Giles feels that in many ways, the digital era has lessen communications between the clinician and the radiologist. In the pre-digital era, the clinician would go to the reading room, look at the films and often had discussions with the radiologist. The typed report would not be immediately available, but the face time improved the radiological skills of the clinician and the clinical skills of the radiologist. In the digital age, the results are almost instantaneous and the clinician need not even visualize the image or do so knowing the results. The reading room often had a gaggle of students, residents and attendings while the radiologists were reading films. Giles related that a resident once called to report he was doing an elective rotation in pediatric radiology and asked where the reading room was located.
When Dr. Batson arrived at UMMC in 1955 he was already planning a Children’s Hospital. Whenever possible, he pointed out that children were not just small adults and needed special facilities, equipment and trained health care workers for children. Prior to his arrival, there were six beds at the charity hospital in Jackson and the “Green Annex” at Baptist that accepted charity patients. Both were closed with the opening of the UMMC Hospital in 1955. The Jackson Infirmary, Baptist Hospital and Methodist Hospital had pediatric units for private patients.

The new University Hospital had three wings. The north wing was for education and research and the East and West wings for patient care. Children were hospitalized on the seventh floor of the west wing and infants on the fourth floor of the East wing with the Obstetrics ward. There was a common emergency room for children and adults in the basement and common operating rooms on the fourth floor. Ambulatory patients were seen on the first floor.
7-West had 28 beds for general pediatrics and 12 beds for pediatric surgery. Some rooms had four beds, others had two and only four beds were private, single beds rooms.

The main obstacle Dr. Batson had to overcome in getting support for a children's hospital was the pediatric community. Some were afraid he was going to be competing with them for patients and that would negatively affect their business. Dr. Batson was successful in winning them over by telling them they could send their patients to treat without being afraid they would lose them to UMMC. This was one of the reasons Dr. Batson did not practice when he was Chairman. He did not want to be in competition with Jackson's pediatric community. When the pediatricians realized UMMC would be helping them by taking care of their sickest and most complicated patients, they in turn supported him in the legislature to fund the building of the round wing just south of the new adult wing.


As the Department of Pediatrics grew in size and as patient volume grew in both the clinics and the hospital, more space was needed. A south wing of the University Hospital was planned in 1961 and Dr. Batson had the opportunity to build his Children’s Hospital. In 1962 plans were completed, in 1963 the IHL approved the
project for $3.4M of which $1.0M was to be paid from bonds and the remainder from grants and donations. This building was completed in 1969.


Blair Batson’s cousin, Dr. Randolph “Randy” Batson, then Dean of the School of Medicine at Vanderbilt, influenced the design for the round wing. He had built a new, round wing at Vanderbilt. The concept became popular for hospital design. The nurses’ station was in the middle so that every patient room could be observed from the central area.

On the basement floor were the ambulatory clinics. The first floor, 1C (1 Circle), had the 6 bed Pediatric Intensive Care Unit, a 12 bed Infant Care Unit, and 12 private rooms that was somewhat like a step down unit. The Infant Care Unit (AKA “Infinite Care”) was not for newborns but for infants admitted for problems requiring long term care.

2-C, 3-C, and 4-C each had 30 private rooms. 2-C and 3-C were for general medical and surgical patients. 4-C was added in 1971 for the NICU, which had up to 70
neonates. The term nursery remained where it had been on 4-East in the Adult Hospital.

On the basement floor of the area connecting the new adult south wing and the round wing had pediatric radiology, an office and clinic suite for Adolescent Medicine, a similar space for the Child Development, and the entrance to the Children’s Hospital. Later Pediatric EEG and Pediatric Cardiology offices and "cath-labs" were added.

The connecting area on the first floor had the Department of Pediatrics offices, the resident on call rooms, the hematology laboratory and a room for the multi-headed hematology teaching microscopes.

The connecting areas on the higher floors had storage rooms, treatment rooms, some offices and four additional private rooms at the south end of the corridor. There was one playroom for the hospital on the second floor.

The “private” rooms were almost so. At that time, private rooms for children were rare and families were not always encouraged to stay. The doors had windows for the nurses to peer in and there were windows between adjacent rooms so that a nurse could observe the neighboring room to the one she was in. There was a toilet shared between adjacent rooms and a single shower on each floor.

The next major addition came in 1982 with the building of the acute care wing on the west side of the south wing of the University Hospital. This housed the new surgical suites, adult ICU’s and the emergency rooms. For the first time there was a separate Pediatric Emergency Department (PED) but a common entryway with the Adult Emergency Department. Limited faculty office space was also built.

It wasn’t long before the Children’s Hospital had growing pains. As more subspecialists were recruited, more children were being referred to the Pediatric ED and hospital. An acute need was additional PICU beds. A delegation from the community pediatricians, led by Dr. Robert Abney, met with Dr. Bev Evans who became the Medical Director of the PICU in 1986 after Mike Montalvo departed. They were as much frustrated by the lack of PICU beds as the UMMC faculty physicians were. Dr. Batson achieved approval from the Vice-Chancellor, Dr. Norman Nelson, to expand the PICU. Plans were made to double the size by expanding into the area occupied by the Infant Care Unit which was downsized and moved to the southeast side of 1-C. The project was completed in 1988. Evans and Sadie Batiste, the
Children’s Hospital Chief Nursing Officer, installed the new monitors to hasten the completion in the final weeks.

(Photograph reproduced from the 1970 UMMC Yearbook, Medic)

The clinics were overflowing and there was limited protection for immunocompromised children in the crowded outpatient clinic. The Junior League of Jackson had been providing volunteers at the Children’s Hospital for years with focused support for children with cancer. Seeing the need for a separate clinic for these children they undertook the largest fundraising project in Junior League history to raise the money for a Children’s Cancer Clinic. This was to be added to the south end of the round wing of the hospital.

Dr. Batson announced his retirement as Chairman in 1988 as the Cancer Clinic was being planned. Batson encouraged Evans to be a candidate for the position. On Evans’s “wish list” as a new Chairman were a new Children’s Hospital and the creation of community support organization, the Friends of Children’s Hospital, to help raise money for the new hospital and other future projects.

Two things happened shortly after Evans became Chair. One was the report from a consulting group that was looking at the strategic growth of UMMC. First on their list
was a new Children’s Hospital. Dr. Nelson gave the go-ahead for planning the new hospital.

The second event was a visit of the Holliman family from Hattiesburg who had lost a child in the Children’s Hospital. Saddened by their loss but appreciative of the efforts made by the doctors and staff, they made a donation to UMMC. This was a sizable fund and it was decided to use the funds to strengthen the foundations of the Children’s Cancer Center to be able to add additional floors above and to add a lobby as an entrance to the new hospital. The Children’s Cancer Center, which was completed in 1991, would become the footprint for the new hospital.

After Dr. Nelson gave the go ahead for the new children’s hospital, plans were finalized and fundraising began. Construction began in 1995 and completed late in 1996. The hospital was dedicated and named the Blair E. Hospital for Children and the building was occupied in June, 1997. The PICU, infant Care and step down/monitoring private rooms were on the first floor, adolescents and rehabilitation patients on the 2nd floor, hematology and oncology patients and the bone marrow transplantation on the 3rd floor, general pediatrics and subspecialties on the 4th floor and surgery patients on the 5th floor.

Prior to the opening of the new hospital, Governor Ray Mabus closed the state medical facilities in Vicksburg and Meridian. He transferred the Children’s Rehabilitation Center (CRC) to UMMC. This state institution had been formerly been the Mississippi Hospital School for Cerebral Palsy and was located on Lakeland Drive on the property of UMMC. The CRC was combined with UMMC and was renovated. The Child Development Center moved to this new location on Lakeland Drive. The building also housed the hematology oncology clinics when the Batson Hospital was being built. For several years, general pediatric clinics were at that location.

After the round wing was vacated, the basement was remodeled for the ambulatory clinics. The 1st floor became the offices and diagnostic center for Pediatric Cardiology. The 2nd floor housed the Children’s Rehabilitation Service and the 3rd floor Child Psychiatry. The 4th floor brought the Child Development center back to the main campus. The old hospital entrance on the basement floor was remodeled for the offices for the growing number faculty of the Pediatric Emergency Medicine Division. The Adolescent Clinic was changed to the Pediatric GI clinic for several years until the CDC was relocated freeing up that office area and clinic space for the expanding GI Division. Completing the transition was the moving of the Pulmonary Division into the office area and clinic space of the prior GI Clinic.
The old Hematology lab on the first floor office became the medical records for the Children’s Hospital and the microscope room became PICU faculty offices. The new construction also left room for the Residency Program Coordinator and the Pediatric Clerkship Coordinator and office space for Pediatric Urology.

About this time, Mississippi Medicaid introduced a new program called Health MACS. The children on Medicaid were assigned to a primary care provider who managed their care. There was a need to expand the Department of Pediatrics primary care program. UMMC had recently partnered with several other institutions such as Jackson State University and the State Department of Public Health and acquired and renovated the vacated Jackson Mall on Woodrow Wilson Street and created the Jackson Medical Mall. Dr. Eva Henderson was recruited to the Department of Pediatrics and Pediatrics Clinic at the Medical Mall was the first clinic to become operational. Several pediatric subspecialties also had clinics in the Jackson Medical Mall. In 2000 Elizabeth Hocker obtained funding for the Juvenile Justice Center that was also located at the Jackson Medical Mall. Dr. Scott Benton was recruited in 2008 as the Medical Director and the State’s only forensic pediatrician.

In conjunction with the Health Department, Dr. Leo Chang opened a pediatric Clinic in Pearl and Dr. Cecil Jenkins transferred from the State of Health Department to the Department of Pediatrics to open the “North Clinic” on the west frontage road of I-55 in North Jackson. Dr. Ron Persing, Chief of Adolescent Medicine also had clinics at this location. Dr. Sara Wiesenberger and Dr. Bill Sistrunk opened the Lakeland Clinic at the site of the old Children’s Rehabilitation Center on Lakeland Drive.

Health MACS did not achieve its purposes and ceased in 1999. The satellite clinics closed except for the North Clinic and the Jackson Medical Mall.

The Children’s Hospital was not complete. The Pediatric Emergency Department had been designed for a capacity of 15,000 visits a year and was seeing 30,000 patients a year by the mid 1990’s. It was renovated once to be more functional with PED temporarily moved to the Adult ED. The renovations helped somewhat but it was not enough.

Children were still having surgery in the main UMMC surgery suits and being recovered in the same recovery room. There was also shortage of operating rooms for adults and children to the point that some surgeons had to go off campus to get operating time.
It was decided that the surgical problem was more pressing so that plans were made to add two additional floors to the Batson Hospital. The cost of that project was estimated to be $16,000,000 and Friends of Children’s Hospital was charged to raise $4,000,000. The 6th floor would be primarily dedicated to ambulatory surgery, minor procedures, sterilization facilities, and the Pediatric Dental Clinic. On the 7th floor were the operating suits and recovery room and waiting room. The floors were completed and opened in 2006.

A memorable event during the construction was a fire that erupted when removing the roofing over the 5th floor. Several ladder engines were dispatched from the Jackson Fire Department. No injuries occurred but there was water damage as water flowed down the stairwell and into the fifth floor.

Also in 2004, a small building across from Stadium was acquired by UMMC and originally remodeled for the Department of ENT. It was converted to the Batson Specialty Clinic and the divisional offices for Pediatric Neurology was moved to that location as well as the subspecialty clinics of Neurology, Endocrinology, Genetics, Gastroenterology, Allergy/Immunology, and Child Psychiatry.

The next priority was the Pediatric Emergency Department. To keep in the general area of the adult emergency entrance, the only practical location was the basement floor Ambulatory Clinic. This could not happen until the old south wing of the adult hospital was vacated to move to the new adult University Hospital that was under construction. That was not completed until 2006.

The combined PED/ambulatory construction estimate was $6,000,000 and this was financed totally by fundraising. Once again the Friends committed to the funding and were fortunate to affiliate with BankPlus and Eli Manning. The New York Giants quarterback had played college football at the University of Mississippi and while in college visited the Children’s Hospital on many occasions. With Manning’s help, Friends pledged $5,000,000. Major gifts of $1,000,000 each from the Harlan Foundation (Colonel Sanders) of Canada, the McRae Foundation, and the Madison Charitable Foundation completed the funding.

However, there was consideration of consolidating the low acuity pediatric and adult patients to a single unit. This was one of Evans’ most challenging experiences. Consultants had predicted significant savings from doing this. However, financial analysis failed to show significant savings an wisdom prevailed that to be a children’s
hospital, the Blair E. Batson Hospital for Children had to not only look like one but act like one with facilities designed just for children and their families.

The Manning Clinic was completed in 2008 and the Pediatric Emergency Department in 2011. The new PED now had the capacity to manage the 40,000 patients it was seeing a year, manage mass casualties more efficiently, and had a separate entrance from the adult ED.

The most recent major project was the remodeling of PICU in 2012. As pediatric surgeons were recruited and programs expanded, more beds were needed. The rebirth of the pediatric heart surgery at Batson Hospital required a separate Cardiac Intensive Care Unit. With a generous gift of $2,500,000 from the Bancroft Foundation this was made possible in 2010. The 28-bed unit doubled capacity and about half of the beds were made into private rooms.

The Child Development Clinic moved to the Select Hospital in North Jackson in 2014.

From 2011 until 2014, the Batson Children’s Hospital expanded its outreach to satellite clinics in Tupelo, Hattiesburg, Gulfport and Grenada. With the expansion of services “UMMC Children’s of Mississippi” was branded to describe the statewide presence in children’s health care. A new inpatient tower and ambulatory clinic is scheduled to be operational in 2021.
University Medical Center, 2012 (UMMC Department of Public Affairs).
Appendix I

Letters related to the formation of the Mississippi State Pediatric Society and the Mississippi Chapter of the American Academy$^{141}$
May 24, 1933.

Dr. Guy C. Jarrett,
Vicksburg, Miss.

Dear Guy:-

Your letter of the 19th to hand.

The following names are the ones that we suggested: Doctors Riley and Arrington, Meridian; Dr. Nelson at Greenville, Dr. Green at Laurel, Doctors Garrison Sr. and Jr., Verna, Long, Bullock, Jones and myself in Jackson. Robert and yourself in Vicksburg.

I believe that we ought to call this group together sometime in the early fall, have them all meet here in Jackson for a six o'clock dinner, and then a two- and one-half hour meeting, allowing them to get away by nine o'clock. In the warm time you will have the organization plans set up, ready to present, and if you think well of it, we might have some one out of the state, from either Louisiana or Memphis to meet us here. I think Mitchell would be glad to come down.

After our organization meeting, we could decide on what time we would have our annual meeting, method of procedure, etc.

By the way, are you eligible for membership in the American Academy? The requirements are that you have at least five years devoted exclusively to Pediatrics. If you are, I will send you application blank to fill out.

Let me hear from you.

Yours truly,

[Signature]

Dr. C. Womack, M.D.
Dr. Joel C. Womack,
Jackson Infirmary,
Jackson, Miss.

Dear Dr. Womack:

I am today forwarding my application to the American Board of Pediatrics, Inc., for certificate of qualifications as a specialist in pediatrics and, if you think I am so qualified, will appreciate your writing Secretary, Dr. C. A. Aldrich, 928 Elm Street, Winnetka, Illinois, telling him what you think of my qualifications.

I am looking forward to our meeting in Natchez with a great deal of anticipation.

With kindest personal regards, I am

Your friend,

F. G. Riley.
MISSISSIPPI STATE PEDIATRIC SOCIETY
900 CRAWFORD STREET
VICKSBURG, MISSISSIPPI

April 9, 1935

Dr. Noel C. Homanck,
Jackson Infirmary,
Jackson, Miss.

Dear Doctor:

At a recent business meeting held at the Robert E. Lee Hotel on March 14th the following business was transacted:

An incomplete report by the committee appointed by the president for the purpose of outlining a program to be sponsored by the Society for the teaching of the laymen and general practitioners of the state along pediatric lines, was read and will be completed and ready for adoption at our meeting to be held in Biloxi.

Another committee was appointed consisting of Harvey F. Garrison, Sr., Chairman, Guy C. Jarratt, and Noel Homanck to adopt a specific outline to be followed by those going out teaching in conjunction with the plan of the above named program. This will be completed and a report given at the meeting to be held in Biloxi.

A program committee was appointed consisting of J. R. Bullock, N. C. Homanck, Guy C. Jarratt, and this committee has suggested the following for our round-table discussion for our yearly meeting to be held at Biloxi on May 13th at 7 P.M., "Care of The Infant From Birth Through The First Year", this to be opened by Dr. J. R. Bullock and he will, at a later date, appoint other members to take different phases of the subject for discussion. So if you are appointed to assist in this, be prepared and if you are not going to attend the meeting then let Dr. Bullock know at once so someone else can be reappointed so that our subject can be presented in an orderly and an intelligent manner.

Arrangements have been made for our meeting on May 13th at 7 P.M. at the Buena Vista Hotel to be preceded by a banquet and the round-table discussion to follow, and following this a short general business session. Your yearly dues are now past due and are $2.00, so kindly mail your check before the meeting so we want enough in the treasury to take care of the banquet as no member will be assessed for the banquet charge. Also fill out the enclosed card stating whether you will or will not be present for the meeting so reservations can be made.

Yours very truly,

[Signature]

Secretary-Treasurer
Jan. 30, 1937.

Dr. R. E. Wilson,
Greenville, Miss.

Ler Dr. Wilson:

In view of the fact that we are having our Pediatric meeting in Meridian this year when the State Medical meets, I think we ought to circulate the news among the boys and elect Riley as President. It would be a nice compliment to him now, and I would be very glad to see him elected to this place this year. If you see any of the Pediatricians, discuss this with them.

I think Garrison is turning up an excellent program for our State Pediatric Meeting. He is certainly putting new life into the State Medical Association.

Yours sincerely,

[Signature]

N. C. Womack, M. D.
July 13, 1937.

Dr. Kool C. Womack,
121 N. President St.,
Jackson, Miss.

Dear Doctor Womack:

At the meeting of the American Academy of Pediatrics at New York, June Fourth, it was voted that the President appoint State Chairman each year for a term of one year.

This is to inform you that Dr. Van Ingen has appointed you State Chairman for Mississippi for the year, July 1, 1937, to June 30, 1938.

Yours sincerely,

Clifford M. Gillett
Secretary
July 25, 1938.

Dr. H. E. Garrison Sr.,
Lamar Life Bldg.,
Jackson, Miss.

Dear Doctor—

I have just been notified that I had not been reappointed State Chairman of the Academy for Mississippi and that you have been appointed.

Please accept my congratulations and assurances of my willingness to aid you in every possible way that you think I can help you.

I believe the Academy can render a real service not only in Mississippi, but throughout the country from the standpoint of Education among the laity and prevention of disease among the children.

Assuring you of my warmest personal regards, I am,

Yours sincerely,

N. C. Womack, M. D.
### Appendix II. Faculty of the Department of Pediatrics 1955-2015

(*, part time; >, still faculty in 2015; *, deceased)

<table>
<thead>
<tr>
<th>Name</th>
<th>Start</th>
<th>End</th>
<th>Specialty</th>
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<tr>
<td>Blair Batson</td>
<td>1955</td>
<td>2001</td>
<td>Chairman</td>
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<td>Margaret Batson</td>
<td>1955</td>
<td>1980</td>
<td>Child Development</td>
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<td>Wilfred Cole*</td>
<td>1955</td>
<td>1980</td>
<td>General Pediatrics, Allergy</td>
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<td>Jim Hendrick*</td>
<td>1955</td>
<td>1956</td>
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<td>Frank Wiygul*</td>
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<td>David Watson</td>
<td>1959</td>
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<td>Darrel Smith</td>
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<td>Cecil Jenkins*</td>
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<td>Mike Montalvo</td>
<td>1962</td>
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<td>Endocrinology, Nephrology</td>
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<td>Nell Ryan</td>
<td>1962</td>
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<td>Gussie Higgins</td>
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<td>Dan Draughn*</td>
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<td>Mary Martha Murphy</td>
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<td>Andrew Yates*</td>
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<td>Al Bran</td>
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<td>Bill Long*</td>
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<td>Suzanne Miller</td>
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<td>Jeannette Pullen</td>
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<td>Bob Abney*</td>
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<td>Teresa Bratton</td>
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<td>Mary Pamela Hemstreet</td>
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<td>Brenda Sumrall</td>
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Appendix III

Pediatric and Medicine/Pediatric residents at the University of Mississippi Medical Center 1955-2014.42,
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<td>1956-57</td>
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Williams, Van W., III
McDaniel, David

PL-2
Bradford, Bert E.
Summers, John H.
Wright, Dennis I.
Sweeney, Alfredo E.
E. Ross Smith

PL-3
McDaniel, Janice R.
Dement, Frank E., III
Murphy John

Chief Resident
Smith, M. Shelby

1970-71
PL-1
Parker, Judith G.
Pongpawasut, Priya
Jenkins, Thomas G.
McDaniel, David B.
Buttross, Carolyn M.

PL-2
Critz, Frances Ann
Williams, Van W., III

PL-3
Bradford, Bert E.
Summers, John H.
Wright, Dennis I.
Carey, Floyd T.

Chief Resident
Carey, Floyd T.

1971-72
PL-1
Bass, John L.
Jamchuk, Nancy A.
Knight, Charles S.
Prine, William
Sexson, Sandra Bishop
Summers, William E.
Simmons, William B.
West, Margaret N.

PL-2
Jenkins, Thomas G.
Parker, Judith G.
Pongpawasut, Priya

PL-3
Donaldson, John J.
Critz, Frances Ann
Williams, Van W., III

Chief Resident
Donaldson, John J.

1972-73
PL-1
Bethea, Louise H.
Freeman, Erwyn E., Jr.
McCaddon, Donald Miles
Seyler, Clifford A.
Simmons, William B.
Smith, Bennett E.
Welch, Paul B.
West, Margaret N.
Bass, John L.
Knoht, Betty

PL-2
Knight, Charles S.
Summers, William E.
Simmons, William B.
West, Margaret N.
Buttross, Carolyn M.
Knight, Charles S.

PL-3
Carsley, Robert T.
Graves, Glen R.
Graves, Marilyn D.

Chief Resident Rotating

1973-74
PL-1
Baggett, Horace H.
Coggin, Robert Louis
Meeks, Sara M.
Noyola, Jose' Reyes
Shafeha, Jafar
White, James O.
Christian, Thomas W.
Kaminski, Leslie S.

PL-2
Bethea, Louise H.
Freeman, Erwyn E., Jr.
McCaddon, Donald Miles
Smith, Bennett E.
Welch, Paul B.
West, Margaret N.
Bass, John L.

PL-3
Sexson, William R.
Summers, William E.
Simmons, William B.
West, Margaret N.
Buttross, Carolyn
McCaddon, Donald Miles

Chief Resident

1974-75
PL-1
Fite, James W.
Mangrem, Carole L.
Marsh, George A.
Tucker, Marion
Wells, Peggy J.
Wilson, Donnie P.
L'Hommedieu, Charles

PL-2
Baggett, Horace H.
Coggin, Robert Louis
Noyola, Jose' Reyes
White, James O.
Price, Thomas H.
Christian, Thomas W.

PL-3
Bethea, Louise H.
Freeman, Erwyn E., Jr.
Welch, Paul B.
Parkin, Douglas E.
Kaminski, Leslie S.
Bass, John L.

Chief Resident
Simmons, William B.
West, Margaret N.
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1886-87

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Ebeid, Makram R.
Gaymes, Charles H.
Jackson, Joy B.
Ray, Melinda S.
Robbins, Joe Keith
Senter, Suzanne B.
Walker, Tom A.
White, Clinton B.

PL-2
Cook, Deborah T.
Gammeltoft, Karsten
Hillebert, Susan A.
Holland, Mitch
Kerut, Timothy P.
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Lee, Deborah T.
Megason, Gail C.
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PL-3
Aust, Dennis W.
Braden, David S.
Green, David A.
Keeling, Elizabeth O.
Scott, Aubrey L.
Yates, Anne Bridges
Pender, Emily Pollack

Chief Resident
Kyle Walker

Med-Peds
Deborah Downing

1987-88

PL-1
Boyte, William R.
Coutinho, Maria-Josefa
Harden, Jeffrey L.
Hausmann, Rachel K.
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Senter, Suzanne B.
Walker, Tom A.
White, Clinton B.
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Primos, William A.
Bonnie Woodall

Chief Resident
Anne Bridges
Yates

Med-Peds
Deborah Downing

1988-89

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Chief Resident
Bonnie Woodall

Med-Peds
John Barton
Mary Clawson

1989-90

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Ray, Melinda S.

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Karl Hatten
John Barton
Mary Clawson
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**Med-Peds**

|         | Calderone, Richard | Calderone, Richard | Hill, Kelly | Mcleod, Morgan |
|         | Jones, Brannan    | Jones, Brannan    | Luter, Meghan | Perkins, Ryan |
|         | Webb, Adrienne    | Webb, Adrienne    | Smith, Jonathon |               |
|         | Livingston, Carlisle | Livingston, Carlisle | Thompson, Julia | Poole, Megan |
Appendix IV

1957 Constitution and Bylaws of the Mississippi Chapter of the American Academy of Pediatrics.\textsuperscript{141}
CONSTITUTION AND BY-LAWS

MISSISSIPPI CHAPTER
of the
AMERICAN ACADEMY OF PEDIATRICS

CONSTITUTION

ARTICLE I. Name

The name of this society shall be the Mississippi Chapter of the American Academy of Pediatrics.

ARTICLE II. Objects

The purpose of the Chapter shall be to foster the improvement of and care for the children in Mississippi, to strive to strengthen the health services for children in the state, and to cooperate with and further the policies of the American Academy of Pediatrics.

ARTICLE III. Membership

The members of the Chapter shall be limited to members in good standing of the American Academy of Pediatrics residing in the state of Mississippi.

ARTICLE IV. Officers

SECTION I: The officers of the Chapter shall be a President, Vice-President, and Secretary-Treasurer. Nominations for these offices shall be mailed to each fellow by the Secretary at least one month before the annual meeting. Election shall be by a majority vote of the members present at that meeting.

SECTION II: The President or in his absence, the Vice-President, shall preside at all meeting of the Chapter, and shall be by virtue of his office, the Mississippi State Chairman of the American Academy of Pediatrics, and the Vice-President shall be his alternate. The President shall appoint all committees, subject to the approval of the Executive Committee, except as hereinafter provided. He shall be a member ex-officio of all committees, and shall serve for three years. He shall submit a report at the annual meeting. He shall serve for three (3) years, and may be re-elected for one additional consecutive term.

SECTION III. The Secretary-Treasurer. It shall be the duty of the Secretary-Treasurer to give notice of all meetings, and to keep records of all business conducted by the Chapter. He shall send to each fellow, at least one month before the annual meeting, the nominations for officers for the ensuing year, as submitted by the nominating committee. He shall serve for a three-year term. It shall also be his duty to collect all dues and assessments. He shall hold all funds deposited with or collected by him and pay such bills as are approved by the President. He shall make a financial report at the annual meeting of the Chapter.

SECTION IV: Only elected officers of the Chapter shall assume their duties immediately following the annual meeting of the American Academy of Pediatrics.
CONSTITUTION AND BY-LAWS

(Continued)

ARTICLE V. Meetings

SECTION I: The annual meeting shall be held approximately six months prior to the annual meeting of the American Academy of Pediatrics.

SECTION II: Other meetings shall be held at the call of the President, the Executive Committee, or by a written request signed by as many as ten members of the Chapter, other than duly elected officers.

SECTION III. The time and place of all meeting shall be determined by the President and the Executive Committee. Notices of the meeting shall be mailed to all members at least one month in advance of the meeting, by the Secretary-Treasurer.

SECTION IV: A quorum shall consist of one-fourth of the voting members of the Chapter.

SECTION V: All business meetings of the Society shall be conducted in accordance with Robert's Rules of Order, Revised.

ARTICLE VI. Executive Committee

SECTION I: The Executive Committee shall consist of the duly elected officers and two fellows-at-large. The fellows-at-large shall be elected to serve terms of two years each by a majority vote at the annual meeting, and shall have been proposed by the Nominating Committee at least one month before the meeting. (When these By-Laws are adopted, both the initial fellows-at-large shall be elected, one to serve one year and the other two years.)

SECTION II: The Executive Committee shall act for the Chapter between the meetings and shall submit to the Chapter plans and policies for accomplishing its objectives.

SECTION III. In the event that any officer of the Chapter or member of the Executive Committee is unable to serve his full term of office, the vacancy shall be filled by the Executive Committee until the next annual meeting.

ARTICLE VII. Nominating Committee

The Nominating Committee shall consist of three members. It shall submit nominations for all offices of the Chapter and vacancies on the Executive Committee as required. The Secretary-Treasurer of the Chapter shall mail a copy of the proposed nominations to all members at least one month before the next annual meeting.

ARTICLE VIII. Other Committees

SECTION I: The Program Committee shall consist of four members, including the Secretary-Treasurer of the Chapter, whose duty it shall be to arrange a scientific program, and necessary facilities for the meetings in the city designated from time to time as the meeting place. It shall also be the duty of the Program Committee to arrange for and with exhibitors of interested pharmaceutical companies and scientific exhibits. The three appointed members of this committee shall serve for one, two and three years.
CONSTITUTION AND BY-LAWS
(Continued)

SECTION II: The Public Health and Legislative Committee shall be composed of four members, appointed for one, two, three and four years respectively, whose duty it shall be to cooperate with, instigate, and follow legislation which will have any bearing on Child Welfare in the state of Mississippi. After the terms of the initial appointees expire, their successors shall be appointed for a term of four years.

SECTION III. The Public Service shall consist of three appointed members to serve one, two and three years, respectively. It shall be the duty of this committee to provide information to the public as to the activities of the Chapter, to foster civic interest in the work of Child Welfare, and to provide speakers for health subjects in communities where requested. After the terms of the initial appointees expire, their successors shall be appointed for a term of three years.

ARTICLE IX. Dues and Assessments

SECTION I: Dues shall be determined by the Executive Committee, subject to a majority vote of the fellows present at the annual meeting, and shall be payable January 1 of each year.

SECTION II. A member shall become delinquent after failure to pay dues for one year. If he continues to be delinquent for 30 days after notification by the Secretary-Treasurer, his name shall be dropped from the Chapter roll and all of his rights and privileges as a member of the Chapter shall be thereupon terminated. The fellows so removed from the list of active members may be reinstated by the Executive Committee upon payment of arrears in dues and assessments.

SECTION III. Dues may be waived for a good cause by the Executive Committee.

SECTION IV: Assessments may be levied upon recommendation by the Executive Committee upon approval of 2/3 of the fellows present at any meeting.

ARTICLE X. Amendments

These By-laws may be amended by a two-thirds vote of the members present at any regular meeting of the Chapter, provided that a copy of any such proposed amendments shall have been submitted at least two months in advance to the Executive Committee for its consideration. A copy of any proposed amendment, together with the recommendation thereon of the Executive Committee, shall be mailed by the Secretary-Treasurer to each member, one month before the meeting at which such amendment is to be considered.
Appendix V

Mississippi Pediatric Organizations Leadership

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<th>MSMA Section</th>
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<td>2013-14</td>
<td>Randy Henderson</td>
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*Last Society meeting

**AAP luncheon meeting only with MSMA

***Last MSMA meeting with a separate section for Pediatrics
### Appendix VI.  
**Department of Pediatrics Fellows**

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<td>Tisha Sprince</td>
<td>2014-17</td>
<td>Critical Care</td>
</tr>
<tr>
<td>Dereck, Davis</td>
<td>2014-17</td>
<td>Hematology/Oncology</td>
</tr>
<tr>
<td>Laura Wright-Sexton</td>
<td>2015-18</td>
<td>Critical Care</td>
</tr>
<tr>
<td>Noelle Morey</td>
<td>2015-18</td>
<td>Neonatal-Perinatal</td>
</tr>
<tr>
<td>Marcelo Rains</td>
<td>2015-18</td>
<td>Neonatal-Perinatal</td>
</tr>
<tr>
<td>Sumana Romarao</td>
<td>2015-18</td>
<td>Neonatal-Perinatal</td>
</tr>
<tr>
<td>Laura Neuman</td>
<td>2015-18</td>
<td>Hematology/Oncology</td>
</tr>
<tr>
<td>Ashishkumar Patel</td>
<td>2015-18</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Marcelo Rains</td>
<td>2015-18</td>
<td>Neonatal-Perinatal</td>
</tr>
<tr>
<td>Jenna Duer</td>
<td>2015-17</td>
<td>Palliative Care</td>
</tr>
</tbody>
</table>
# Appendix VII

**UMMC Department of Pediatrics Chief Residents**

<table>
<thead>
<tr>
<th>Name</th>
<th>Years</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miller, Joseph B.</td>
<td>1955-56</td>
<td>Batson</td>
</tr>
<tr>
<td>Attrep, John*</td>
<td>?1956-57</td>
<td>Batson</td>
</tr>
<tr>
<td>Lane, Daniel M.</td>
<td>1964-65</td>
<td>Batson</td>
</tr>
<tr>
<td>Rawson, John E.</td>
<td>1968-69</td>
<td>Batson</td>
</tr>
<tr>
<td>Smith, M. Shelby</td>
<td>1969-70</td>
<td>Batson</td>
</tr>
<tr>
<td>Carey, Floyd T.</td>
<td>1970-71</td>
<td>Batson</td>
</tr>
<tr>
<td>Donaldson, John J.</td>
<td>1971-72</td>
<td>Batson</td>
</tr>
<tr>
<td>Murphy, G. Doty</td>
<td>1972-73</td>
<td>Batson</td>
</tr>
<tr>
<td>McCaddon, Donald Miles</td>
<td>1973-74</td>
<td>Batson</td>
</tr>
<tr>
<td>Simmons, William B.</td>
<td>1974-75</td>
<td>Batson</td>
</tr>
<tr>
<td>West, Margaret N.</td>
<td>1974-75</td>
<td>Batson</td>
</tr>
<tr>
<td>Bass, John L.</td>
<td>1975-76</td>
<td>Batson</td>
</tr>
<tr>
<td>Christian, Thomas W.</td>
<td>1976-77</td>
<td>Batson</td>
</tr>
<tr>
<td>Mangrem, Carole L.</td>
<td>1977-78</td>
<td>Batson</td>
</tr>
<tr>
<td>Parker, Paul H.</td>
<td>1978-79</td>
<td>Batson</td>
</tr>
<tr>
<td>Ledbetter, Joel C.</td>
<td>1979-80</td>
<td>Batson</td>
</tr>
<tr>
<td>Kent, Ronald S.</td>
<td>1980-81</td>
<td>Batson</td>
</tr>
<tr>
<td>Sherwood, Julia B.</td>
<td>1981-82</td>
<td>Batson</td>
</tr>
<tr>
<td>Sherwood, Julia B.</td>
<td>1982-83</td>
<td>Batson</td>
</tr>
<tr>
<td>Hall, Ddeborah K.</td>
<td>1983-84</td>
<td>Batson</td>
</tr>
<tr>
<td>Moffitt, John E.</td>
<td>1984-85</td>
<td>Batson</td>
</tr>
<tr>
<td>Ray, Linda I.</td>
<td>1985-86</td>
<td>Batson</td>
</tr>
<tr>
<td>Walker, Linda Kyle</td>
<td>1986-87</td>
<td>Batson</td>
</tr>
<tr>
<td>Yates, Anne Bridges</td>
<td>1987-88</td>
<td>Batson</td>
</tr>
<tr>
<td>Woodall, Bonnie N.</td>
<td>1988-89</td>
<td>Batson</td>
</tr>
<tr>
<td>Ray, Melinda S.</td>
<td>1989-90</td>
<td>Evans</td>
</tr>
<tr>
<td>Morrison, Sandra Frazier</td>
<td>1990-91</td>
<td>Evans</td>
</tr>
</tbody>
</table>
Voelker, Cynthia L. 1991-92  Evans
Wilson, Yolanda Williamson 1992-93  Evans
Crout, Jeffrey D. 1993-94  Evans
Weisenberger, Sara J. 1994-95  Evans
Benton, Dama B. 1995-96  Evans
Gaudet, John W. 1996-97  Evans
Mehrotra, Deepak 1997-98  Evans
Van Norman, Michelle 1998-99  Evans
Cooley, Catherine C. 1999-00  Evans
Cox, Jennifer 2000-01  Evans
Myers, Jennifer K. 2001-02  Evans
Monisha Sethi 2002-03  Evans
O'Mara, Patrick W. 2003-04  Evans
Ahuja, Angela 2004-05  Evans
Michelle Horn 2005-06  Evans
Oswalt, Matt 2006-07  Evans
Cathy Gordon 2006-07  Evans
Josh Phillips 2006-07  Evans
Christine Cook 2007-08  Evans
Aimee Parnell 2007-08  Evans
Brad Ingram 2008-09  Evans
Katy Ferrell 2008-09  Evans
Kathryn Schneider 2009-10  Evans
Ryan Nerland 2009-10  Evans
Bri May 2010-11  Evans
Catie Carlyle Zimmerman 2010-11  Evans
Bob Eubanks 2011-12  Evans
Marla Johnson 2011-12  Evans
Claire Netter 2012-13  Barr
Josh Isles 2012-13  Barr
Sarah Conerly 2013-14  Barr
David Guilliam 2013-14  Barr
Austin Harrison 2014-15  Barr
Holly Dawson 2014-15  Barr
Jasmine Kency 2015-16  Barr
Sue Phillips 2015-16  Barr

* Estimated time at UMMC
Appendix VIII.
UMMC Department of Pediatrics Awards.

The Holliman Award for the outstanding faculty member as voted by the pediatric residents.

<table>
<thead>
<tr>
<th>Name</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Howard Nichols</td>
<td>1988</td>
</tr>
<tr>
<td>Bev Evans</td>
<td>1989</td>
</tr>
<tr>
<td>Joe Donaldson</td>
<td>1990</td>
</tr>
<tr>
<td>Rathi Iyer</td>
<td>1991</td>
</tr>
<tr>
<td>Ross Smith</td>
<td>1992</td>
</tr>
<tr>
<td>Ross Smith</td>
<td>1993</td>
</tr>
<tr>
<td>Jeff Crout</td>
<td>1994</td>
</tr>
<tr>
<td>Charles Gaymes</td>
<td>1995</td>
</tr>
<tr>
<td>David Braden</td>
<td>1996</td>
</tr>
<tr>
<td>Joe Donaldson, Ross Smith</td>
<td>1997</td>
</tr>
<tr>
<td>Glen Graves</td>
<td>1998</td>
</tr>
<tr>
<td>Rick Boyte</td>
<td>1999</td>
</tr>
<tr>
<td>Gail Megason</td>
<td>2000</td>
</tr>
<tr>
<td>Joe Donaldson</td>
<td>2001</td>
</tr>
<tr>
<td>Nancy Wahl</td>
<td>2002</td>
</tr>
<tr>
<td>Elizabeth Christ, Jeff Crout</td>
<td>2003</td>
</tr>
<tr>
<td>Jeff Crout</td>
<td>2004</td>
</tr>
<tr>
<td>Kelly Hersey</td>
<td>2005</td>
</tr>
<tr>
<td>Jeff Crout</td>
<td>2006</td>
</tr>
<tr>
<td>Joe Donaldson</td>
<td>2007</td>
</tr>
<tr>
<td>Omar Abdul-Rahman</td>
<td>2008</td>
</tr>
<tr>
<td>Jeff Crout</td>
<td>2009</td>
</tr>
<tr>
<td>Kimberly Paduda</td>
<td>2010</td>
</tr>
<tr>
<td>Kimberly Paduda</td>
<td>2011</td>
</tr>
<tr>
<td>Marc Majure</td>
<td>2012</td>
</tr>
<tr>
<td>Kathryn Schneider</td>
<td>2013</td>
</tr>
<tr>
<td>Brad Ingram</td>
<td>2014</td>
</tr>
<tr>
<td>Fernando Gomez</td>
<td>2015</td>
</tr>
</tbody>
</table>
The **Bertile Patterson Award** for the outstanding senior resident as voted by the faculty.

Marcia Wofford 1985  
Robert Pendergast, 1986  
Les Jones  
David Braden 1987  
Barbara Melvin 1988  
Charles Gaymes 1989  
Tom Walker 1990  
Phyllis Bishop 1991  
Joe Edwards 1992  
Betsy Herrington 1993  
Billy Bolden 1994  
Damea Benton 1994  
Tami Brooks 1996  
Deepak Mehrota 1997  
Stephen Shaw 1998  
Kimbel Shepherd 1999  
Jennifer Cox 2000  
Jaye Myers 2001  
Manisha Sethi 2002  
Omar Abdul-Rahman 2003  
Jon Caudil, 2004  
Amy Shepherd  
Jerry Shepherd, 2005  
Michelle Kong  
Jennifer O’Sullivan 2006  
Charles Cook 2007  
Jonny Byrnes 2008  
Angela Beeks 2009  
Anisha Bajaz 2010  
Adam Adcock 2011  
Josh Isles 2012  
Sara Conerly 2013  
Aprile Gilmore 2014  
J R McPherson 2015
The **Donna Windsor Award** for outstanding junior resident as voted by the faculty.

- Austin Harrison 2013
- Sue Phillips 2014
- Paul Redman 2015

The **Nancy Frohn Award** for the outstanding pediatric intern as voted by the faculty.

- Jennifer O'Sullivan 2004
- Eboni Smith 2005
- Anthony Gannon 2006
- Alisha Stockton 2007
- Anisha Bajaz 2008
- Jasmine Singh 2009
- Claire Nettles 2010
- Sarah Conerly 2011
- Aprile Gilmore, Katie Thomas 2012
- John McPherson 2013
- Paul Redmond 2014
- Darren Scoggin 2015

The **Owen B. Evans** award for excellence in pediatrics.

- Phyllis Bishop 2013
- Omar Abdul-Raham 2014
- Mary Taylor 2015
The Michael H. LeBlanc award for faculty research

Norma Ojeda 2010
Zhengei Cai 2011
Istvan Arany 2012
Michael Nowicki 2013
Hua “Neal” Liu 2014
Appendix IX.
Federally Qualified Health Centers in Mississippi*

Aaron E. Henry Community Health Services, Clarksdale
Access Family Health Services, Smithville
Amite County Medical Services, Liberty
Central Mississippi Health Services, Jackson
Claiborne County Family Health Center, Port Gibson
Coastal Family Health Center, Gulfport
Delta Health Center, Mound Bayou
East Central Mississippi Health Care,
Family Health Center, Inc., Laurel
G. A. Carmichael Family Health Center, Canton
Greater Meridian Health Clinic, Meridian
Greene Area Medical Extenders, Leakesville
Jackson-Hinds Comprehensive Health Center, Jackson
Jefferson Comprehensive Health Center, Natchez
Mallory Community Health Center, Lexington
Mantachie Rural Healthcare, Mantachie
North Benton County Health Care, Ashland
Northeast Mississippi Health Care, Byhalia
Outreach Health Services, Shubuta
Southeast Mississippi Rural Health Initiative, Hattiesburg

* Some FQHCs have multiple clinical locations
Notes and References

4. For a history of medical practice and education in Mississippi see Lucie Robertson Bridgeforth. Medical Education in Mississippi. (Baltimore, University of Mississippi Alumni Association, 1984.
5. For a history of the Mississippi State Medical Association see L. Lampton. The Father of the Mississippi State Medical Association: A Brief Life of WY Cadberry and his role in the Founding of the Association. Journal of the Mississippi State Medical Association. 2007; vol 47, p
10. See reference 2, p. 50.
17. See reference 15 p.191. Comments by W. L. Little of Wesson during the discussion.
20. For an excellent description of medical practice in Mississippi at the beginning of the 20\textsuperscript{th} century see Patsy Silver, \textit{From Chloroform to CT Scans- Doctors recall Early Days of Practice}. Journal of the Mississippi State Medical Association. 1981; vol 22, p.312-315.
24. See 13 for a summary of MSMA activities and resolutions from 1856-1996.
27. See reference 1, p 230.
30. Interview with Dr. Frank M. Wiygul supplemented by newspaper articles and other sources of information.
32. See reference 1, p 180.
33. Communications with Dr. George Arrington including newspaper articles and obituary.
34. Information from multiple several internet searches.
35. Interview with Dr. Howard Nichols, former member of the Children’s Clinic in Jackson.
36. Interview with Dr. John Joel Donaldson, former member of the Children’s Clinic in Jackson.
37. Dr. Dan Draughn, curriculum vitae
38. Interview with Dr. Robert Thompson, former member the Children’s Clinic in Jackson.
39. Dr. John Joel Donaldson, curriculum vitae
40. Dr. Glen Graves, curriculum vitae
41. US News and World Report, WebMD, Doximity, Healthgrades and other internet websites
42. UMMC Department of Pediatrics records
43. American Academy of Pediatrics Fellowship Directories
44. Interview with Mrs. Janet Clark, daughter of Dr. Jim Hendrick and who also provided some of Hendrick’s personal records
45. Interview with and records of Dr. William F. Sistrunk, former member of Children’s Medical Group and former AAP Chapter Chairman and Mrs. Fran Robinson, former nurse at Children’s Medical Group
46. Interview with Dr. Weir Conner, former member of Children’s Medical Group
47. See reference 29, p 226-227.
48. Dr. Noel C. Womack, obituary
49. Interview with Dr. Robert Abney, former member of Children’s Medical Group
50. Interview with Dr. Tom Christian, former member of Children’s Medical Group
51. Interview with Dr. Cecil Jenkins, former member of Madison Ridgeland Children’s Clinic
52. Interview with Dr. Lee Owen, former member of Madison Ridgeland Children’s Clinic.
53. Newspapers.com, Ancestry.com, etc.
54. Interview with Dr. Dennis Rowlen
55. Dr. Craig Flowers, curriculum vitae
56. See reference 29, Vol 2, p 410-13
57. Interview with Dr. John McEachin
58. Interview with Dr. Jimmy Isbell
59. Interview with Dr. James A. Lauderdale, Jr.
60. Interview with Dr. Debbie Smith
61. Correspondence with Dr. Ray Lyle
62. Dr. John Coffey, obituary (Jefferson County, MS Archives and Obituaries)
63. Dr. Don Killelea, obituary (Senate Concurrent Resolution 675, 2009 regular session.)
64. Because the Sara Ruth Dean “Highball” murder trial received national attention, there are numerous sources on the internet including silent movie outtakes by Fox Movietone Story (http://mirc.sc.edu/islandora/object/usc%3A9552)
65. A good summary of the case by David Maurer can be found at dailyprogress.com posted March 7, 2010 and updated January 23, 2013
66. Janice Quinn, Promises Kept: The University of Mississippi Medical Center,
67. Interview and correspondence with Dr. John R. Jackson
68. Interview with Dr. Kimble Love
69. Jo Newell Robinson, obituary
70. www.msdesignmaven.com/2011/10
72. Interview with Dr. Peggy Wells
73. Interview with and personal records of Dr. Carl Bernet
74. Interview with Dr. Billy Bolden
75. Interview with Dr. James Fite
76. Interview with Dr. James Holston
77. Dr. James U. Morrison, obituary
78. Dr. Clinton Smith, curriculum vitae
79. Interview with Dr. Tom Carey
80. Dr. Marcelene O’Neal, obituary
81. Dr. William Gail Riley, obituary
82. The historical information of Pediatric Orthopedics was taken from Hugh G. Watts, The History of the Pediatric Orthopedic Society of North America 1971-1996. POSNO website.
83. Physicians and Surgeons, Amory, MS, homepage, 69.175.97.146/~cssihgte/
84. Dr. Charles Augustus Sisson, obituary
85. Mississippi Legislature, House resolution 23, 2010
86. Interview with Dr. Milan Ed Ivancic
87. Interview with Dr. Frank Wilburn
88. Holmes County Herald, December 10, 1964
89. Dr. Robert A. Dale, obituary
91. American Academy of Pediatrics Fellowship Directories and archived records kindly provided by Veronica Booth, Director of Archives of the AAP.
92. Correspondence with Dr. Betty Turner.
93. Correspondence with Dr. Robert C. Tibbs, III.
94. Correspondence with Dr. Joe Harris
95. The residents in the pediatric training programs in New Orleans had to be transferred elsewhere to continue their training. Laura Smith Coleman, a second year Med/Peds resident at Tulane was transferred to UMMC from October to December, 2005 to continue her training.
96. Interview with Dr. Ronald Bruni
97. Interview with Dr. Mitch Gruich
98. Interview with Dr. Elbert A. “Boogy” White, III
99. Interview with Carolyn Buttross Booth
100. Dr. Al Bran, *curriculum vitae*
101. The USS Oriskany was launched in 1945 and saw service in the Korean and Viet Nam Wars. The movie *Bridges of Toko-Ri*, starring William Holden and Mickey Rooney, was filmed on the Oriskany (source 1974 USS Oriskany Crew’s Book).
102. Interview with Dr. Roland L. Boyd
103. Obituary, Leroy Cecil Mims, Jr. D.O.
105. The infant was given an aggressive treatment protocol and appeared to be free of the virus, Sadly the child tested positive again in 2014.
108. Interview with Dr. John Jackson

112. Interview with Liz Walker, daughter of Dr. Faser Triplett.


114. Dr. April Palmer contributed to this section.


117. Interview with Dr. Clinton White


120. Interview with Dr. David Watson

121. Interview with Dr. James Joransen


123. Dr. Jeannette Pullen and Dr. Gail Megason provided the history of the Pediatric Hematology Division at UMMC.

124. The historical information related to the history of Child Development and Behavioral Disorders was obtained from many sources available on the internet and reference 109.

126. Interview with and records of Dr. William F. Sistrunk, former member of the Board of the Children’s Rehabilitation Center.


129. Interview with David Womack, grandson of Noel C. Womack, Sr. and son of Noel C. Womack, Jr.

130. The history of UMMC pediatric orthopedics was written with the assistance of Dr. John Purvis.

131. The history of UMMC pediatric general surgery was written with the assistance of Dr. Chris Blewett.

132. The history of UMMC pediatric urology was written with the assistance of Dr. Edwin Harmon.

133. The history of UMMC pediatric neurosurgery was written with the assistance of Dr. Andrew Parent.

134. Aaron Shirley, obituary.

135. The history of the Department of Pediatrics at UMMC has been taken in part from a project commissioned to Janice Quinn in 2005 and is the product of extensive interviews with members of the faculty and others associated with the Department of Pediatrics. The remainder from recollections of Blair Batson and Owen B. Evans.


138. Van C. Temple obituary, Find a Grave (www.findagrave.com)

139. From, Crystal Springs Cemetery Tour (www.copiah.msgenweb.org)

Data collected by Owen B. Evans from the annual report of vital statistics by the U.S. Centers for Disease Control.

These notes and letters were found in the records of the Mississippi Chapter of the American Academy of Mississippi that Dr. William F. Sistrunk had obtained when he was Chapter Chairman. Many of the records were very valuable in the writing of this history of pediatrics in Mississippi.

The list of residents in Pediatrics and Medicine Pediatrics was not from a single source. Records were not kept in the Department of Pediatrics until 2004. The UMMC Medical Alumni Office provided a nearly complete list of graduates from 1955 until 2005. Gaps were filled through interviews of past residents and records kept on American Board of Pediatrics certifying examinations.

Karen Evers, curator of the archives, made this and several other programs of the Mississippi State Medical Association available for MSMA.

Chapter Chairmen were not elected by the Chapter members until 1959 but appointed by the President of the AAP until about 1959. Similarly, the Academy’s members did not elect the President until about 1976. Prior to then, delegates elected the President from the State Chapters. According to Dr. William Frank Sistrunk, this was a major change that increased the participation of pediatricians in the AAP. Dr. Blair E. Batson was one of the first nominees for president that was voted upon by the general membership.

Obituary, Noel C. Womack, Sr.

Drs. Abhay Bhatt and Glen Graves contributed to this section.

Dr. Omar Abdul-Rahman contributed to this section.


Adapted from the National Hospice and Palliative Care Organization (www.nhpco.org)

156. The historical information of the profession of Child and Adolescent Psychiatry was abstracted from Wikipedia.
157. Obituary and House Resolution 93 of the 2010 regular session of the Mississippi Legislature.
158. Communication with Lisa Ehrich, Dr. Melvin Ehrich’s daughter.
159. See reference 15 for James Monroe Dampeer’s remarks regarding pediatrics as a profession.
160. Elizabeth Hocker contributed to this section.
161. Robert Ermon Wilson, Ancestry.com
163. Wikipedia.com, Elixir Sulfanilamide
164. Nino A. Bologna, obituary, Findagrave.com
166. Dr. Anne Bridges Yates contributed to this section.
167. A brief biography of Magiera can be found at UMMC Roland Medical Library, *Women in the Health Profession, First Women Physicians.* A description of the Child Guidance Unit can be found at Newspapers.com: Delta Democrat April 15, 1945, page 9.
169. Dr. Batson delegated the day-to-day supervision of the residency program to other faculty and committees. For example, there was Residency Committee of faculty and residents and a separate Residency Recruitment Committee that was responsible for the match list.
170. A biographical sketch of Dr. Lee Owen can be found in the sections of *UMMC and the Department of Pediatrics* and the section on *Pediatric Practices,* Jackson.
171. A biographical sketch of Dr. William Frank Sistrunk can be found in the sections of *UMMC and the Department of Pediatrics* and the section on *Pediatric Practices,* Jackson.
173. A biographical sketch of Dr. Howard Nichols can be found in the sections of *UMMC and the Department of Pediatrics* and the section on *Pediatric Practices,* Jackson.
174. Interview with Dr. Alton Cobb.
175. Biographical summaries reviewed elsewhere in this manuscript.
176. For an account of the deaths related to Massingill’s Elixir see Dr. Barbara J. Martin’s blog, Pathophilia, *For the love of Disease.* Dr. Martin has also published a


178. This image was found in several locations including Newspapers.com (the Fresno Bee, March 3, 1934) and the blog The Malefactor’s Register, Mark Gribbon)

179. Margaret Batson told this story to Dr. William Sistrunk at a social gathering. Blair Batson later confirmed to Sistrunk this happening. Although Stimson was said to have been involved, it is possible that William Joseph Donovan may have been aware of Margaret Donovan Bailly. Donovan became the Chief of the Office of Strategic Services (OSS), which was the forerunner of the CIA. There is no evidence that the two were related, however, Edward Cashman Baily, Margaret’s father, and William Donovan were at Columbia University together both in undergraduate and law schools. They both became prominent attorneys and prominent republicans in New York. Margaret Batson’s sister, her sole surviving relative, would not confirm the story because it was a “secret”. Margaret Batson was buried at the National Cemetery in Natchez as a LT JG in the US Navy. Records from the National Personnel Record Center in St. Louis included only the first month of service from the time she enlisted in March 26, 1943, the time she reported for duty at Smith College in Northampton, MA April 10, 1943 as a seaman apprentice on April 4, 1943, and when she left Smith College as a Midshipman May 4, 1943.

180. Margaret Bailly’s dissertation: *Acquired immunity in rabbits to infections with group A, type 30 hemolytic streptococcus: Its relation to antibodies to the M protein*. The records are not clear regarding Margaret Bailly’s education. Several references state that she graduated from Columbia in 1940 with a Ph.D. however, the Report of the Columbia Dean for the School of Medicine states that Miss Bailly left Columbia in 1943 to join the armed services. Some references state that she received the MD degree at the University of Rochester in 1943 and after the war was in Baltimore. The Rochester Review, an alumni newsletter, in 1955 and 1957 has her listed as being in the class of 1951. Margaret Batson’s *curriculum vitae* confirm her education as described in this section.

181. It is unclear whether E. Ross Smith was moonlighting, visiting or was a patient at the time. Smith told this story to Dr. Suzanne Miller.

182. This photograph was found in several locations on the internet including.memorialparkfuneralandcemetery.com

183. Report of the Mississippi Board of Health, 1911
184. Infectious and Contagious Diseases- Control of (Regulations Board of Health, June 2,1913)
185. Interview with Dr. Peter Boelens
186. Dr. Blair Batson described this episode to the author and the episode was documented in a special article in the Journal of the MSMA. The article “The Meeting” (Richard. D. DeShazo, Robert Smith, Leigh Baldwin Shipworth, JMSMA 55:370-376, 2014) describes the forces and influences that ended segregation at UMMC.
187. Interview with Mrs. Gwen Cole.
188. The AAP News (February 2015, p. 23) summarizes Needle’s experience after Katrina and his later accomplishments.
189. This description of the Mississippi Chapter of the AAP’s interactions with BCBS of Mississippi and the Department of Medicaid was adapted from a MSAAP news update by Dr. Jonathan Shook.
190. Interview with Miss Helen Bailly, sister of Margaret Baily. She was unaware of any family relations of her mother’s Donovan family to that of the Director of the Office of Strategic Services (OSS), William Donovan. Edward Bailly, Louis Stinson and William Donovan were all prominent attorneys and republicans in New York in the 1930’s and 1940’s and it is logical to conclude they were closely acquainted. Miss Bailly could not comment on Margaret Batson’s mission to Paris for she felt it was classified.
191. Dr. Thomas E. Weldman, Lefore Illustrated, Fall-Winter, 2009-2010, 31-32.
193. Drs. John B. Milam and Nils Mungan contributed to this section
194. Drs. Bernard Blumenthal and Henry Giles contributed to this section.
196. Interview with Vipha Vig
197. Interview with Mr. Billie Nevill, a friend of Dr. Curtis Roberts
198. Dr. William Felix Calhoun obituary
199. Program of the first meeting of the Mississippi State Pediatric Society
200. Ms. Blair Batson, niece of Dr. Blair E. Batson, provided encouragement and a number of anecdotes for this work.
201. Blair Batson and Howard Nicholson were both involved in the leadership of many aspects of the pediatric community in the 1950’s but neither could remember the Mississippi State Pediatric Society.


206. Dr. Harriett Murphy, obituary Clarion Ledger, November 26, 1999, p. 20.