

Destined To Lead

Edgar Rudolph Pund

1894 –1975





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Dedicated Physician



President of the Medical College of Georgia

A. Bleakley Chandler, M. D.

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*A doctor above all should be the servant of all,
But the hireling of none.*

EDGAR R. PUND 1955

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FOREWORD

EDGAR RUDOLPH PUND was a member of the third generation of his family in Augusta. The Pund family came to this country as part of the migration of Germans in the 1840s and 50s. His grandparents were all immigrants. His paternal grandfather Henry, born in 1833 in Hanover, came to the US from Bremen, while his paternal grandmother Amalia Kneckmeyer was born in July of 1836 in Calau and arriving in Augusta in 1854. They married in Augusta on November 8, 1857. Henry was a shoe and boot maker. He and Amalia had three children including Charles Theodore born in January of 1859, daughter Catharine born in 1861, and Edgar's father Henry Rudolph, born December 11, 1862, four months after the death of his twenty-eight-year-old father in August of 1862. Amalia raised her children on her own in downtown Augusta. Charles T. had become a grocer while his younger brother Henry Rudolph worked as a clerk in his store. With her children grown, Amalia remarried on November 23, 1884, to widower George Evers.

Like Henry Pund and his wife, George Evers and his first wife were immigrants, George from Germany and wife Anna Marie Mast Evers, who arrived from the Alsace-Lorraine area, long disputed by France and Germany. It is likely that she was German-speaking. George became a very successful baker in Augusta and he and his wife had several children, including daughter Louisa Fredericka, born 1865. In 1880 fifteen-year-old Fredericka Evers was living with her parents and siblings in the 100 block of Center Street. Then tragedy struck when her mother died on Augusta 22 that year at only fifty-eight years old.

The Punds and Evers had undoubtedly known each other for years. The German-American community of Augusta was close, drawn together by language and culture, and by St. Matthews Lutheran Church, which conducted all services in German. So in 1888, four years after his mother Amalia had married

George Evers, Henry Rudolph Pund married Louisa Fredericka Evers, his step-sister. Henry made his career with his brother in the grocery business, while he and Fredericka raised a family. Rhett came first in October 1889, followed by Louise in June 1892, Edgar Rudolph in June 1894, Harry C. in September 1896, and Herbert C. in 1899, the familiar stair-step birth pattern of the late nineteenth century.

Edgar Rudolph Pund grew up in downtown Augusta in the midst of his German American aunts and uncles, cousins, siblings and step-siblings. The Augusta in which he came of age was a city working to modernize. After the Civil War, the city enlarged the canal, making it possible for several large textile mills to rise on its banks, attracting hundreds in from the countryside to make cloth. The downtown, where the Punds lived, was the vibrant commercial center of the region and an increasingly diverse area as a new immigration from south and east Europe contributed to the cultural and economic milieu, adding Italian, Greek, Russian, and other languages on Augusta's streets. By the time Edgar was born, the Bon Air Hotel had topped the "Hill" where he would live as an adult, and wealthy Northerners were coming for the "season" to enjoy the mild winters and the golf links. In the early twentieth century, many winter visitors were building mansions in Summerville for their seasonal stays on the Hill. When Pund was in his teens, the first plane had flown over the town and the Wright brothers had founded a school in Augusta. It was in this atmosphere that Edgar received his education.

In June 1907 eleven cadets at the Academy of Richmond County, then still on Telfair Street next door to the Medical College of Georgia, got diplomas. At the head of the class was George Lombard Kelly, who received the medal for general excellence. Other graduates to play major roles in Augusta were E. A. Bleakley [uncle of author A. Bleakley Chandler], Norman I. Boatwright, Frank A. Calhoun, and Harry Vaiden. Receiving an honorable mention in the freshman class that year was young Edgar Pund. Active in the YMCA that year, Edgar was a member of the "Whoop Em Ups" membership team. When he graduated from ARC three years later in June 1911, he was 1st Lieutenant Pund and author of his class history. His parents hosted a "beautiful supper party" at their home for Edgar and his classmates, according to the *Augusta Chronicle*. In a program at the YMCA that

fall he performed a piano duet with his sister Louise as well as a violin solo. He had musical ability which he enjoyed throughout his years.

The Punds were active members of the St. Matthews Lutheran Church and surrounded by the other families of German heritage who were part of it. In 1913, older sister Rhetta married Frank Stelling in the church while her brothers Edgar and Harry C. served as attendants for the groom. The Stellings had also been an immigrant family in the major migration. Many of the children and even grandchildren of those first Germany immigrants married within the German community. Throughout his life, Edgar Pund was active in his church and the Luther League, sometimes acting as a speaker for devotional meetings. He represented Lutherans on the Sunday School Athletic Association formed under the auspices of the YMCA. So Edgar Pund's childhood was filled with family, church, education, and community.

This biography that follows has been meticulously researched and written by Dr. Arthur Bleakley Chandler, for whom Dr. Pund was a beloved mentor, and whom Dr. Pund considered as a son. Both Dr. Chandler and his wife Jane felt that the Punds treated them as family. Jane remembered meeting Edgar and Susan Pund shortly her engagement. She remembered Dr. Pund fondly. What follows is an excerpt of a remembrance the late Jane D. Chandler wrote that gives a more personal side of Dr. Pund:

When Bleakley and I got engaged and he brought me to Augusta to meet his family, the first thing he did was introduce me to Dr. Pund. Bleakley told me Dr. Pund had been his mentor and was a very important part of his life. He had just been made president of the medical college. We went to Dr. Pund's house and he welcomed us and was extremely nice—not scary like I had expected. Thanksgiving was just around the corner and the Punds had us for dinner. The dinner was overwhelming—we had everything possible to eat—a huge dinner but I couldn't eat a bite. The Punds' house was next to the house where the Markwalters lived. The Markwalters were part of the Lutheran Church group that the Punds were part of. A little house in the Markwalters back yard was known as the breeding house where young people always went to live when they first got married.

Pund was many things—He was active, kind, and always wanted his own family. He had an adopted son, but adopted Bleakley and me because we were a couple. He was Godfather to our youngest son and took on our family as his own. He retired in 1958 and a few years later moved to his wife's home town of Seneca S. C. He and Mrs. Pund (they wanted us to call them Susan and Edgar but somehow we couldn't) came to spend the night with us from time to time. We lived two blocks from the school and Dr. Pund whose right eye had gotten worse (he wore a patch over one eye and could hardly see) insisted on driving our boys to school when it was raining. He did this by bumping along the curb so he would know where he was. Our boys were not very happy with this arrangement and said to us, "We would rather get soaking wet than have to go to school by bumping along the curb."

When Dr. Pund got older we ended up having to rescue him many times. We became the parents and he became the child. He would try to drive himself to Augusta to visit us and we ended up taking him back home with someone meeting us halfway to finish the job. Dr. Pund was a very important part of our life and we were very grateful to him for having played this role.

This biography tells the story of a remarkable man, a respected physician, a civic-minded citizen, an interesting character, and an important and significant president of the Medical College of Georgia. Its author, Dr. Bleakley Chandler, for whom this work is a labor of love, also had a distinguished career as a physician, teacher, and administrator as head of the Department of Pathology at the Medical College of Georgia. Dr. Pund must have been proud and pleased.

Lee Ann Caldwell, Ph.D.
Augusta University

INTRODUCTION AND ACKNOWLEDGEMENTS

IN HIS PRIME, Dr. Edgar Pund, hair white as snow, was known far and wide by students, faculty, and alumni as "*The Great White Father*." It was in the forties when Dr. Pund seemed to be involved in so many aspects of school life. The students sweated it out in class but at the same time declared his course not only rigorous but the best. When organizing a drive to raise funds for a chair in his honor, former students and colleagues came out in droves to support this effort. As his reputation grew, Dr. Pund became more and more dedicated to the institution he loved and had supported his entire career.

Dr. Pund was born on June 23, 1894, in Augusta, Georgia. His parents Henry R. and Louise Frederica Pund were respected and prominent citizens of Augusta. They had two daughters and three boys of which Edgar was the older son. While he became the only physician in this generation of the family, the next generation produced three more physicians, nephews of Edgar, one of whom worked for a while as a resident in the pathology department. Not much is now known or recorded about Dr. Pund's early life except a few notes in the local newspaper. In 1909 there is a note about Edgar and his sister Louise giving a piano recital. Another article refers to his 1911 graduation at the Academy of Richmond Academy, where he was historian of his class.

Edgar attended the Academy of Richmond County which at that time was a boys' military academy. The school was adjacent to the Medical College of Georgia, which was then located on the same site. He continued his studies in Athens at the University of Georgia where he was graduated with an A. B. degree in 1914. That same year he was admitted to medical school at the Medical College of Georgia, which by then had relocated to a new site. This biography is written to place on the record the account of a remarkable person whose story has yet to be told. The story continues in the following pages.

Preparing this work for publication has developed in fits and starts over the past several years. Part of the story is extracted from my history of the department published in 1999.

Renee Sharrock, curator of the special collections section of the Greenblatt Library, has been immensely helpful and an in-depth resource of historic documents of the medical college.

Jean Strickland provided considerable insight about the local German community and the Pund family heritage through her extensive knowledge and writings on the subject. Her contributions are greatly appreciated.

I am especially indebted to Dr. Lee Ann Caldwell of Augusta University, the Director of the Center for the Study of Georgia History and University Historian-in-Residence. She is an Augusta native who has written extensively about its people and the many facets of life in this area. In a nutshell, she has made publication of this work possible through her capable editing and numerous suggestions about style and content, as well as those matters necessary for bringing a work like this to life.

Lastly, I thank Jane Downing Chandler, the inspiration and love of my life, whose selfless endeavors shine through her all too short existence on this earth.

Arthur Bleakley Chandler, M.D.

CHAPTER ONE

Early Professional Life ∞ 1914–1931

EDGAR RUDOLPH PUND and thirteen other young men entered medical school in the fall of 1914, one year after a former orphanage on the outskirts of Augusta became the new home of the school. The structure was spacious and much more accommodating than the ancient building on Telfair Street it left behind (1–4). After the Orphan Asylum was occupied by the school, it was known as the Academic Building or Medical School Building until it was named the Newton Building in 1937 in honor of Dr. George M. Newton, an early faculty member and dean, and member of the family that founded the orphanage. Not all the fourteen freshmen would graduate. Attrition was high, mostly due to failure, but G. Lombard Kelly, a future dean and president of the college, had to withdraw because of illness and did not graduate until 1924 (5).

Although the college had been loosely affiliated with the University of Georgia for many years, its status changed in 1911 when it was made an integral part of the university in Athens and its official name became the Medical Department of the University of Georgia (6, 7). Shortly thereafter, entrance standards were raised to require two years of college or in certain approved cases one year, effective in 1914 (3–8). Pund entered medical school after four years at UGA in Athens, where he acquired his A. B. degree. (1, 2). His class was the second to attend the medical school at the new campus over the entire four years. In addition to new quarters for the school, a teaching hospital was erected nearby. It was a merger of the City Hospital and the former Lamar Hospital for black Augustans, also a city hospital, which had recently been destroyed by fire. Instead of rebuilding the Lamar Hospital it was merged with the City Hospital in a new structure that was opened in June of 1915 (9–11). In recognition of their teaching role and the financial support from the state, the merged hospitals acquired a new name—University Hospital (12).

Augusta's population was about 50,000 in 1920, but it was by no means a sleepy little southern town (13). It was remarkable that this small town by the Savannah River harbored the state's oldest medical school, founded in 1828, and one of the oldest in the nation (6, 14). In addition, the city thrived as a major inland port and market for cotton (15). Augusta was a cosmopolitan place to live, with a large winter colony of prominent northern families, many of whom contributed to the social and intellectual life of the community. Dr. William Lyon Phelps of Yale University and Dr. Nicholas Murray Butler, president of Columbia University, were among those visitors who interacted with local residents and physicians including Dr. Eugene Murphey, Dr. Henry Michel, and other well-known doctors associated with the medical school (16, 17).

The medical school curriculum was typical of the time. The first two years were devoted to the basic sciences: anatomy, biochemistry, physiology and related topics including pathology and a sprinkling of clinically oriented subjects such as physical diagnosis in the second year. Much of the course work consisted of comprehensive laboratory exercises and in gross anatomy the dissection of a cadaver. Pund was taught pathology by Dr. Richard V. Lamar with whom he would later work and then succeed some eighteen years later. The pathology curriculum remained remarkably and essentially the same for the next forty years. The same set of microscopic study slides were used throughout this period (18).

BY THE TIME DR. PUND WAS GRADUATED IN 1918 in a class of six, the U.S. had joined the conflict in Europe and had sent a large expeditionary force to the battlefields. Soon after graduation Dr. Pund and four of his classmates were called into service in the U. S. Navy and were stationed at the Naval Hospital in Charleston, South Carolina, for the 1918–19 year (19–20). After his discharge Dr. Pund secured an appointment as an intern at Chestnut Hill Hospital in Philadelphia. Upon completion of his internship he returned to Augusta in 1920 and hung up his shingle for the general practice of medicine, which he did for the next three years. At the same time he held a teaching appointment as instructor in the Department of Medicine at the medical school for 1920–21 and then switched to the anatomy department and taught histology and embryology (2, 21). Later Dr. Pund made good use of his knowledge of embryology when he devised a method for the classification of tumors based on embryologic principles.

IN 1923, DR. PUND DECIDED ON A CAREER IN PATHOLOGY. He was appointed to the pathology faculty and then went on assignment to Boston City Hospital where he trained for several months in the laboratory of the noted pathologist, Dr. Frank B. Mallory. On returning to Augusta he joined Dr. Richard Lamar in the Department of Pathology and Bacteriology (22). Dr. Lamar was a 1902 graduate of the medical college and had been on the staff of the Rockefeller Institute for Medical Research in New York prior to joining the faculty in Augusta in 1913 (18).

In the meantime, Dr. Pund and his new bride Mary Susan Doyle of Seneca, S.C., entered into the life of the community. They were married in 1921. She was a 1918 graduate of the nursing school at University Hospital and served as a “trainer nurse.” They had one child, a son adopted in 1926, William Dendy Pund (2). Dr. Pund was a faithful and lifelong member of the Lutheran church. In 1921 he and a group of like-minded Lutherans in Augusta founded The Lutheran Church of the Resurrection, which was a merger of two preexisting churches, one German speaking (Dr. Pund’s church), and the other English speaking. Dr. Pund was named a deacon of the new church. In time the merged church would become the leading Lutheran church in the area (23, 24). In addition to his work with the church, Dr. Pund found time to enjoy some leisure activities. He was an accomplished pianist, a skill he had acquired in his youth and continued into later life, gladly showing off his talent whenever near a piano. He also had a bent for painting, which he enjoyed for many years. One of his paintings displayed over the work bench in his office was an excellent depiction of an old brass microscope.

The Punds continued in these years and beyond to be active members of the community. Always civic-minded, he would eventually become a member of the Augusta Rotary Club, the local chapter of the American Cancer Society, and when the Richmond County Chapter of the National Foundation for Infantile Paralysis (Polio) was established in the early 1950s, he also joined that organization. Over the years Mrs. Pund was active with the Augusta Chapter of the Red Cross, the Women’s Board of the University Hospital, the Widows’ Home Board, as well as the Women’s Missionary Board of Lutheran Church of the Resurrection, and the Auxiliary to the Richmond County Medical Society.

When Dr. Pund joined the pathology and bacteriology department, the college bulletin indicated that his teaching responsibilities were in the autopsy service

and in the course in general and special pathology (25). Dr. Pund's practice was in anatomic pathology, whereas Dr. Lamar was active in both bacteriology and pathology. This pattern continued throughout Dr. Pund's association with Dr. Lamar as he progressed up the academic ladder to become associate professor in 1927 (26). Dr. Pund taught in the autopsy service by demonstrating autopsies that the students attended. The course in general and special pathology emphasized laboratory exercises. The student was required to draw representative areas of microscopic slides and to write a description of each drawing, including notes about the subject, so that by the end of the course each student had produced an illustrated text of pathology.

A new feature of the curriculum was begun in 1925 when Clinical Pathological Conferences were introduced as a weekly exercise, which was a correlative review of the clinical and pathologic aspects of the illness of a patient who died in the hospital and was autopsied. The medical student who attended the patient in the ward presented the clinical aspects of the case, which would then be discussed by the pathologist who correlated the autopsy findings with the patient's clinical course (27).

Dr. Lamar and Dr. Pund were the mainstays in pathology throughout the twenties with a third and sometimes fourth faculty member staying for a few years before moving on. There were two interns appointed during this period. As to scholarly endeavors, there is no record of any publications by Dr. Lamar even though he had published extensively while at the Rockefeller Institute (19). Dr. Pund published one paper in 1928 while working with Dr. Lamar. This paucity of publications during the Lamar era is puzzling in view of the steady scholarly output emanating from the department before and after this period. However, both Dr. Lamar and Dr. Pund contributed to community educational programs such as Cancer Week in Augusta (28).

DR. PUND MAINTAINED CLOSE TIES WITH ALUMNI and the alumni association throughout his career. In 1928 he was appointed to an alumni committee to formulate plans to raise funds for the purchase of the Newton building and surrounding property. The property would then be turned over to the state to erect a new building for the college. Dr. Lombard Kelly was chair of the alumni

committee and also secretary-treasurer of the alumni association at that time. The project was named the Centennial Memorial Fund in recognition of the one hundredth anniversary of the college. By early 1930 over \$250,000 had been subscribed for the project and the drive was closed. But as the Great Depression deepened, only a small proportion of the subscription was collected and the building was never begun. Later in 1933, the alumni association offered to turn over the collected funds to the Board of Regents toward erection of a building to house the outpatient department (29–31).

By 1931 the Great Depression had become widespread and unemployment was rampant. The medical school did not go unscathed. Amidst much upheaval in the leadership of the institution and hospital, Dr. Lamar submitted his resignation in early 1931. Dr. Pund stuck it out and was soon named the professor and head of the department, a post he held for twenty-one years, adding new programs and making significant advances in pathology under his leadership (32–34).

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PLATE I

Early Years

FIG 1. *Photo of Edgar R. Pund* from the University of Georgia yearbook for the year 1914. Pund entered medical school in Augusta that fall. The medical school at that time was an integral part of the university in Athens and was known as the Medical Department of the University of Georgia.

FIG 2. *The course in pathology* required the students to draw pathological changes in tissue from a set of microscopic slides. This drawing from Pund's notebook depicts portal cirrhosis of the liver.

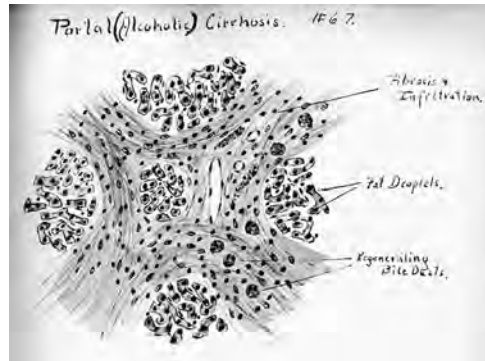
FIG 3. *The school moved from its home* on Telfair Street in 1913 to a former orphanage on the outskirts of Augusta. The building was spacious and much more accommodating than its former home. It was later named the Newton Building in honor of the Tuttle Newton family that had endowed the orphanage and Dr. George M. Newton a member of that family who served on the faculty in the early days of the school.

FIG 4. *Soon after the Newton Building* was occupied a new, modern hospital was erected nearby and opened in June of 1915. The hospital was a merger of two city hospitals and was named the University Hospital in recognition of its teaching role and state support. Dr. Pund's class was the second one to attend school for the entire four years on this campus.

FIG 5. *Dr. Richard V. Lamar* was appointed head of the pathology and bacteriology department in 1913. He was a 1902 graduate of the medical school and had most recently been on the staff of the Rockefeller Institute for Medical research. Dr. Pund succeeded him as head of the department in 1932.



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CHAPTER TWO

Department Head ∞ 1931–1953

EVENTS UNFOLDED RAPIDLY after Dr. Lamar's unexpected resignation in early 1931. In February Dr. Pund applied for Dr. Lamar's post in a one-sentence letter to Dean Goodrich (1). The executive committee of the school responded by appointing Dr. Pund acting head of the pathology and bacteriology department for the 1931–32 session (2). In November of 1931, soon after beginning his new position, Dr. Pund developed pulmonary tuberculosis and had to be placed on leave (3). He went to the drier climate of Tucson, Arizona, where he stayed until May of 1932 (4). After returning to Augusta, Dr. Pund was named professor and head of the department beginning in the 1932–33 year (5, 6). Although his active physical life was curtailed, this impairment did not dampen his spirits or slow him down in his professional life.*

Dr. Pund assumed the helm during the depression years, and, fortunately for the department, he was a frugal man who made the most of the meager resources at hand. Even the coverslips of microscopic slides that were made for the residents to study were removed and used again (7).**

The same teaching programs offered by Dr. Lamar were continued by Dr. Pund until 1933 when the course in bacteriology was spun off in connection with the creation of a separate Department of Bacteriology, thus splitting the pathology and bacteriology department into two distinct entities (8). Collaborative

*Dr. Pund went home to rest in the middle of the day as many of that era did. In addition, he had time to enjoy one of his favorite pastimes—soap operas! According to a longtime friend, Dr. Pund said that “If you think you have troubles you should tune in to Betty and Bob or As the World Turns!”

** This chapter is a condensed and revised version of chapter 3 from the departmental history, 1999 (7). The section on scientific studies is moved to a separate chapter and expanded.

research between the two departments, however, kept them closely allied. In 1934 Bacteriology was renamed the Department of Bacteriology and Public Health (9). During Dr. Pund's tenure, research and scientific publications began to take a prominent part in the activities of the department. This research is reviewed in the next chapter. Later, a program in medical technology was started, and the beginnings of a residency program began to take shape.

The first resident in pathology was Jack H. Levy, M.D., a 1937 graduate of the medical college, who was appointed for the year 1937–38. He had a joint residency appointment in radiology, the field he chose for his professional career (10). All autopsies were performed in a room adjacent to the morgue behind the hospital. Dr. Levy told of the time he was called out at 3:00 A. M. to perform an autopsy all alone, without the autopsy assistant or anyone else present except himself and the cadaver. Apparently as he leaned against the chest of the corpse, a groan filled the air and scared the wits out of him. He decided to check the pupils. To his amazement, they reacted to light.

After a while he concluded that the patient indeed had died and went on to perform the autopsy. The next day Dr. Pund told the young resident that sometimes the pupils do react after death. Dr. Levy said that Dr. Pund gave him the privilege of performing most of the autopsies that year, which he regarded as a significant and lasting experience in his professional development.

Surgical pathology volume gradually increased from about five hundred cases per year when the University Hospital opened in 1915, to about four thousand per year in 1941 (7,11,12). Surgical specimens were most often examined by Dr. Pund, occasionally by another faculty member. His description would encompass the anticipated microscopic findings and the diagnosis, which was revised if necessary pending microscopic examination. Dr. Pund had a bag of tricks he applied in handling surgical specimens. One of his favorites was used to separate blood from endometrial scrapings. The scrapings were placed in a beaker of tap water and after stirring for a few minutes the blood laked as the red cells lysed. The laked blood was then decanted off, leaving a clean preparation of scrapings for microscopic study. At times Dr. Pund was asked to request an outside consultation on one of his cases, which he did reluctantly as he was generally leery of consultants. He said that the further away the consultant, the easier it is to make a diagnosis!

In recognition of the growing need for medical technologists, Dr. Pund started a twelve-month certificate program in the discipline in 1937 and two students were admitted in September. The program was approved by the American Medical Association in March of 1938 (13, 14). The first graduates, Anna Boeckman and Dorothy Corbitt, completed the course in September of 1938 and passed the national examination of the American Registry of Medical Technology (15). The program remained under the direction of Dr. Pund through the 1947–48 session, turning out about two graduates each year (16). Dr. Walter L. Shepard, an experienced clinical pathologist, joined the faculty in 1948. He was based at University Hospital and assumed directorship of the program as it grew and thrived over the succeeding years (17, 18). A defining milestone was reached in 1955 when a program leading to a B.S. degree with a major in Medical Technology was initiated in conjunction with the University of Georgia in Athens (19).

THE DEPARTMENT OF PATHOLOGY AND THE DEPARTMENT OF BACTERIOLOGY AND PUBLIC HEALTH were relocated in the summer of 1939 from the Newton Building to the newly constructed two-story Murphey Building, a four or five minute walk away from the hospital. (20) Each department acquired vastly expanded space and new facilities. Pathology occupied the first floor, and bacteriology occupied the second. Physiology, Biochemistry, and Pharmacology had been relocated two years earlier to the adjacent Dugas Building, which had a 350-seat auditorium where clinical-pathological conferences were held (21). Everyone had barely settled in the Murphey Building before an expansion renovation was required to accommodate an increase in class size (22) as World War II cast its shadow over the nation. Dr. Pund kept the students on their toes with unannounced essay examinations, which were written in a bluebook so characteristic of the times. He was famous for his “key words” that were said to be expected in each student’s essay.

The class attended autopsies in the Murphey Building amphitheater, which was not unlike the amphitheaters where the ancient anatomists displayed their dissections. The instructor would perform the autopsy before the students, asking questions and commenting along the way. The staff from clinical services always attended “Dr. Pund’s Clinic,” which was announced over the speaker in the

hospital. When students were not in attendance, residents performed the autopsies. One day when two residents were performing an autopsy on a case of lupus erythematosus, Dr. Sydenstricker, the chief of medicine, appeared just as the heart was being examined. He asked, "Did you see LibmanSacks?" (a condition of the heart sometimes found in this disease). The terrified resident replied, "No sir," then turned to his partner, who was working in the abdominal area, and said, "Have you seen him?" Dr. Sydenstricker never cracked a smile.

Participation in the affairs of the school and medical community played a prominent role in Dr. Pund's professional life. In 1936 he was president of the Richmond County Medical Society (23). Shortly after Dr. Kelly was appointed Vice-Dean in 1934, he formed a new executive committee and appointed Dr. Pund to that body (24). During the 1940s, Dr. Pund also served on the student-faculty council, which he helped organize (25). It was said that attendance was always good, especially with the prospect of a free steak dinner in the offing. During his many years on that council he did much to promote student-faculty relations (26). His outside interests extended to the alumni association as well as medical fraternities. From 1937 to 1947 he was secretary-treasurer of the alumni association and for several years he was the faculty advisor of the local chapter of the Alpha Kappa Kappa medical fraternity (25).

Although the students held him in awe, there was a lighter side to Dr. Pund, affectionately known by the students as the "Great White Father" because of his snow-white hair. Just before he stepped down as head of the department to become president of the medical college in 1953, the students made him the center of attention in a skit at the annual Student-Faculty get together, otherwise known as Stunt Night, when the students spoofed their professors. Midway through the skit, Dr. Pund rose out of the audience, proceeded to the stage, and before the startled students pulled a toy cap pistol from his pocket and shot the student who was portraying him. The students roared.

AS THE WAR DREW TO A CLOSE, the residency programs in the country bulged as veterans returned to resume their careers. Pathology played its part, when as many as four to five residents from other services, especially surgery and obstetrics and gynecology, would rotate for three to six months in pathology. There

were also full-time pathology residents. Dr. Pund continued to press forward with the development of the residency program in pathology, which was initially approved by the AMA Council on Graduate Medical Education and Hospitals in 1940 (27). Dr. Pund was certified by the American Board of Pathology in 1939, shortly after the board was established (28). His annual report for 1945–46 describes his plans and aspirations: “We hope in the future to establish a three-year residency in pathology when a laboratory of clinical pathology is available for training purposes (29).”

Residents followed Dr. Pund closely in his daily activities. Each day around noon, the microscopic slides of surgical cases from the day before were available to the residents, who studied them in preparation for a microscopic conference with Dr. Pund each afternoon. Reports were issued by the following morning. In contrast to today’s hectic pace, Dr. Pund considered it an important part of the study of each case to be able to sleep on it, if need be, before making a final diagnosis.

Operating room consultations were frequently preceded by a visit to the patient by Dr. Pund, who would review the record and examine the patient. Residents would go along. When called to the operating room in the University Hospital, Dr. Pund and the residents usually made the trip from the Murphey Building by car. He would enter the operating room, unwrap a long Jordan’s AAA carbon steel knife honed to a razor’s edge and examine the removed specimen, often as not, making the diagnosis on the spot. When confirmation by microscopic section was required, he had to return to the Murphey Building and prepare the section before calling the surgeon. Dr. John Nettles, chairman emeritus of obstetrics and gynecology at the University of Oklahoma, who was a pathology fellow in the 1940s said, “I have observed many pathologists, both in the academic and community setting, but not a one who participated in clinical decisions as Dr. Pund, or even approached his practice (30).”

Dr. Pund faithfully adhered to a work schedule of five and one-half days a week. He rarely traveled out of town with the exception of attending alumni meetings and occasionally presenting scientific papers. One day after a particularly busy time before the fourth of July, one of the residents sighing a bit of relief said, “Tomorrow is a holiday; it sure will be nice to have a day off.” Dr. Pund

turned to the resident and without hesitation said, "You are right, tomorrow we will work only a half a day!"

For years there had been an ongoing struggle to maintain an adequate complement of faculty. Something had to be done. Dr. Pund held that in order to retain faculty members and curtail the high turnover rate it would be necessary to find additional sources of income. His solution was to expand the outside practice in surgical pathology to include accepting material from patients who were able to pay for the service. The outside practice had started in the 1930s primarily as a service for indigent patients (31). From this beginning there developed a substantial outside practice in the 1940s with several small community hospitals in surrounding areas (29). The practice prospered over the next few years but was curtailed in the 1950s as these services became more available in the private sector.

THE ARRIVAL OF DR. WALTER L. SHEPEARD in 1948 heralded a turning point in the evolution of pathology at the medical college. Though accomplished in both anatomic and clinical pathology, Dr. Shepeard had devoted most of his career to the latter. He had obtained his medical degree in 1935 from the University of Arkansas (18). Initially, he was appointed to the faculty in medicine to be in charge of clinical pathology and director of the clinical laboratory at University Hospital (17). In his annual report for 1948–49 Dr. Pund welcomed Dr. Shepeard and extended courtesy privileges in pathology to him (16). Dr. Shepeard's faculty appointment was changed to pathology in 1955 in preparation for the opening of the new medical college teaching hospital in 1956 (32), at which time he was named head of clinical pathology and director of the clinical pathology laboratories in the hospital. The clinical pathology course was incorporated into the department's teaching program while Dr. Pund's long-sought goal of a combined anatomic-clinical pathology residency program was about to become a reality (33).

Dr. Pund relinquished the chair of pathology in July 1953 to succeed Dr. Lombard Kelly as president of the institution, which had been made an independent unit of the University System of Georgia in 1950. Dr. Pund's accomplishments as head of the department were many. Above all, he maintained a code of excellence in the department's educational and clinical service programs. He

founded an approved medical technology program. He established an approved residency program in pathology. He made research and scientific publications a priority of the department. On the eve of Dr. Pund's retirement, the July 1958 issue of *The Proceedings of the Medical College of Georgia* contained tributes to him. Dr. Sydenstricker eloquently summarized the man and the highlights of his career. One of the most telling remarks about Dr. Pund that went to the core of his being was Dr. Sydenstricker's comment that "only one thing really angers him; that is a neglected patient." (34)

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PLATE II

Department Head

FIG 1. *In a one-sentence letter* to Dean Goodrich Dr. Pund applied for the position of professor of pathology and bacteriology shortly after Dr. Lamar resigned in 1931. Dr. Pund was appointed to the post in an acting capacity in 1931 and to the professorship in 1932. He stepped down from this position when he was named president of the institution in 1953.

FIG 2. *Undated photo of Dr. Pund* in his younger years provided by his son William. Dr. Pund was a relatively young 38 years old when he was appointed head of pathology and bacteriology in 1932.

FIG 3. *Overview of campus* photographed after construction of Dugas and Murphey Buildings in the late 1930s. The Newton Building is in the foreground and the University Hospital complex is adjacent. The Dugas and Murphey Buildings are in the distance at the top of the picture.

FIG 4. *Dr. Pund examining a surgical specimen* before a group of medical students. Surgical specimens were examined each day Monday through Saturday by Dr. Pund, occasionally by another faculty member. He would dictate his report to include the anticipated microscopic findings, to be revised if necessary upon review of the microscopic slides.

FIG 5. *Dr. Jack H. Levy*, a 1937 graduate of the medical college was the first resident in pathology although two graduates had previously served as interns with similar duties. He had a joint residency in radiology, the field he chose for his professional career. This photograph was taken at the pathology alumni reunion in 1990.

Augusta, Ga.,
February 28, 1931.

Dr. H. L. Goodrich, Dean,
Med. Dept. Univ. of Georgia,
Augusta, Ga.

Dear Dr. Goodrich,

As there will be a vacancy
in the Chair of Pathology and Bacteriology, I wish
to present to you and the Executive Committee
my application for this Professorship.

Respectfully,
Edgar R. Pinner.



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CHAPTER THREE

Scientific Studies ∞ 1928–1954

ONE OF DR. PUND'S MANY ACCOMPLISHMENTS while head of pathology was to complete the academic footing of the department by conducting and encouraging investigations of human disease. Other than two major programmatic investigations on venereal disease and cancer of the uterine cervix discussed below, most of the other publications, listed in the reference section, concerned case reports based both on autopsy and surgical material covering a variety of conditions (1–59). Many of the papers relied on the plentiful gynecologic surgical material available. His first publication was on pneumonia as a cause of sudden death (1). A few years later he wrote a more comprehensive paper on this subject (6). Dr. Pund made it a point whenever possible to involve residents in publications beginning with Dr. Jack Levy, who published an article with Dr. Pund in 1940 on "Primary Sarcoma of the Omentum."⁽³¹⁾ Altogether Dr. Pund and his colleagues published scientific papers over a twenty-six year period, including eleven on cervical cancer and twenty on venereal diseases.

Venereal Disease

THE MAIN THRUST OF INVESTIGATIONS during the 1930s centered on venereal diseases, which were prevalent in the pre-antibiotic era, making pathologic material readily available. There was an unusual blend of common interests with Drs. Richard Torpin in obstetrics and gynecology, Virgil P. Sydenstricker in medicine, Everett S. Sanderson and Robert B. Dienst in bacteriology and public health, and Dr. Pund in pathology with his energetic young colleague, Dr. Robert Greenblatt, who had joined the department in 1935 as a fellow and later was on the pathology

faculty (60).¹ Other faculty members joined the group over the next few years as noted below.

Numerous studies on the lesser venereal diseases, including granuloma inguinale, lymphogranuloma venereum, and chancroid, were published by members of this group and presented at meetings between 1936 and 1951.* Dr. Pund's main emphasis was on the fourth and fifth venereal diseases, granuloma inguinale and lymphogranuloma venereum respectively. These studies were launched in 1937 with a historical account of the two diseases and a retrospective review of one hundred cases from the department's files (12). Drs. Pund and Greenblatt next described specific cytological features of Donovan bodies in granuloma inguinale, which are encysted within monocytes in the diseased tissue (14). These cells were later identified as histiocytes (38). Donovan bodies had been described many years before and were considered to be the etiologic agent of the disease but without firm proof. Attempts to culture the organism or to reproduce the disease in animals had failed and there remained lingering doubt about the etiology of the disease.

In 1938 Drs. Dienst, Greenblatt, and Sanderson reported a study on the culture and infectivity of Donovan bodies (61). Attempts to culture the organisms or infect small laboratory animals were unsuccessful, as others had also found. The infectivity of the organisms was further tested by inoculation of a sample of Donovan bodies subcutaneously in a healthy volunteer. Characteristic features of granuloma inguinale were produced, which indicated that Donovan bodies are the likely etiologic agent of the disease. In an expanded study with the aid of a U. S. Public Health Service grant, Drs. Greenblatt, Dienst, Torpin and Pund induced the disease in two additional volunteers by inoculation of a suspension of Donovan bodies or by injection of infected tissue from a patient with the disease. This study, including the case from 1938, was reported in 1939 in *The Journal of the American Medical Association* (24).

*The terms granuloma inguinale (or venereum) and lymphogranuloma venereum (or inguinale) were used interchangeably by various authors. In this chapter, only the terms *granuloma inguinale* and *lymphogranuloma venereum* will be used without interchange to avoid ambiguity.

Lymphogranuloma venereum was investigated in parallel with the studies on granuloma inguinale. Several articles published by the group compared the clinical and pathologic features of the two diseases. One article was the first description of granuloma inguinale involving the uterus, tubes and ovaries, a condition easily confused clinically with cancer (21). The association of lymphogranuloma venereum with cancer was investigated in an extensive retrospective study of 135 cases of cancer of the genital and anorectal areas in both male and female patients by Drs. Pund and George R. Lacy who had joined the department in 1949 (56). Evidence of associated lymphogranuloma venereum was found in 23 percent of the cancers. The authors found that the disease in a chronic or persistent state showed an array of epithelial patterns from hyperplasia to cancer. They concluded that when lymphogranuloma venereum persists it should be considered precancerous.

As the departmental studies on venereal disease neared its end, Dr. Pund wrote the chapter on venereal and spirochetal diseases in the first edition of Anderson's *Pathology* published in 1948 (45). A few years later in 1953 several members of the original group published a U. S. Government-sponsored monograph on the clinical management of the lesser venereal diseases, which was an expanded version of an earlier edition authored by Dr. Greenblatt (62, 58).

Embryologic Classification Of Tumors

EARLY IN HIS CAREER, Dr. Pund taught embryology and developed a lifelong interest in the subject. His approach to the study of neoplasia was melded with that of embryology when he devised a classification of tumors based on embryologic principles. In its simplest form, he classified tumors according to the three germ layers of a developing embryo: ectoderm, mesoderm and endoderm. Part of this classification and its inspiration was derived from the work of the Canadian pathologist Dr. George Adami. Dr. Pund discussed this approach to the study of tumors in two articles: one on tumors of the ovary in 1939 (27), and the other on tumors of the urinary bladder in 1952 (57). The urinary bladder is particularly interesting to study in that it is characterized by a lining epithelium derived from two germ layers: the endoderm and mesoderm. In the pathology course, students

were taught about the growth of neoplasms based on Dr. Pund's classification, wherein the development of tumors is related to growth patterns of the germ layers (63).

Cervical Cancer

THE APPOINTMENT OF DR. STEWART AUERBACH to the pathology faculty in 1940 marked a new direction for investigation during this decade—that of cancer of the uterine cervix. In the early 1900s reports began to appear, mainly from the Vienna school, [Schauenhaustein, 1908; Rubin, 1910] (2) that an early microscopic, largely asymptomatic, noninvasive stage in the development of this cancer could be identified (64, 65). The microscopic noninvasive stage is confined to the epithelial lining membrane of the cervix and has the same cellular features as that of an invasive, often visible, cancer. It was thought that this early stage could become transformed in time into a typical invasive cancer that infiltrates surrounding tissues and spreads to other sites. Sporadic reports about noninvasive cervical cancer, also known as pre-invasive cancer, carcinoma *in situ*, incipient cancer and by several other names, continued to be published over the next several years, some of them disputing the concept that it is a beginning cancer (66).

In the 1940s pathologists at the medical college entered the picture. Although prior studies were often detailed and progress was made, so few cases were involved in each study, it was not possible to get a grip on the true significance of pre-invasive cancer or its frequency in the population. In addition, most studies utilized incomplete tissue sampling by means of biopsy. With this in mind, Dr. Pund and Dr. Auerbach initiated a systematic, prospective investigation searching for and characterizing pre-invasive cervical cancer in uteri that were surgically removed for reasons *other* than known cancer.³

When the series reached 1200 cases, analysis showed pre-invasive cancer in forty-seven or 3.9% of the cervixes. The findings were reported in 1946 in *The Journal of the American Medical Association* (40). This study of *whole cervixes*, rather than of cervixes incompletely sampled by biopsy, established beyond any reasonable doubt that pre-invasive cancer is a distinct entity. Moreover, the

large number of cases in the series, far more than any other study to that date, gave the results meaningful statistical value. The average age of the patients with pre-invasive cervical cancer was 36.6 years. In a corollary separate review of known invasive cancer, the average age of the patients was 48.6 years, thus suggesting a latent period of as long as twelve years between the onset of pre-invasive cancer and overt invasive cancer. Other investigators subsequently reported similar findings.

This long latent period provided an opportunity to detect, diagnose, and remove incipient cancers before they developed into overt invasive cancers. It soon became evident that this feature was critical to the early diagnosis, treatment, and prevention of progression of the disease. At this stage a confluence of events was unfolding. The publication of Papanicolaou and Trout's book on exfoliative cytology in 1943 clearly demonstrated that this method (the Pap test) held great promise for the detection of early cervical cancer (67). Scattered reports began to appear that confirmed this approach as the best available to accomplish this goal.

In 1946 the American Cancer Society awarded the pathology department a grant which allowed Dr. Pund to recruit two research fellows: Herbert E. Nieburgs, M.D. and John B. Nettles, M.D. Dr. Nettles worked closely with colleagues in obstetrics and gynecology (68). He remained for one year before pursuing a highly successful academic career in that specialty. Dr. Nieburgs had acquired experience in clinical cytology in England prior to moving to Augusta. A clinical cytology laboratory was established in the Newton Building where he began to study the exfoliative cytology of cervical cells derived from patients at University Hospital and in the Augusta area. When cytological findings warranted further study, cervical tissue was sampled by biopsy for pathological examination.

Dr. Pund and Dr. Nieburgs, and their colleagues soon reported on the feasibility of detecting *preinvasive* cancer by exfoliative cytology combined with confirmation by pathological tissue diagnosis (44), adding to similar findings by others. These findings, along with the knowledge that preinvasive cancer may remain localized for a long latent period, paved the way for the wide scale application of the Papanicolaou method for the detection and potential cure of this disease in its early stages.

In Augusta, a large screening survey was launched by Drs. Nieburgs and Pund using the Papanicolaou method and correlative tissue examination to detect and diagnose early cervical cancer. With the participation and cooperation of physicians in the Augusta area, 10,000 women were screened by cytological study over the next three years. A total of 68 preinvasive cancers, which were for the most part asymptomatic, and 106 invasive cancers were detected and then diagnosed by tissue examination. Here again there was a long latent period of ten years between the average age of patients with preinvasive in comparison with those patients with invasive cervical cancer. The findings were reported in *The Journal of the American Medical Association* in 1950 as the lead article of the January 28 issue (50). This survey was one of the largest series reported to that date.

Other, even larger, mass screening surveys by several groups were soon to follow, including one initiated in 1951 by Dr. Nieburgs in Rome and Floyd County, Georgia (69). One last article on cervical cancer was published from the department in 1954 on the relation between preinvasive cancer and estrogenic hormones in a collaborative study with investigators at Tufts College Medical School in Boston (59).

Presentations reviewing their work were given by Dr. Pund at national and regional meetings and by Dr. Nieburgs at medical centers in London and on the European continent (70). At an Inter-Society Cytology Council meeting in Augusta in November of 1957, Dr. Papanicolaou, in an interview with *The Augusta Chronicle*, indicated that one of the reasons his method became accepted by the profession was the work of Dr. Pund, who had shown that preinvasive cervical cancer can remain localized in one spot for as long as ten years in young women (71).⁴

The investigations into the nature and early detection of cervical cancer by Drs. Pund, Auerbach, Nieburgs and their colleagues added substantially to our knowledge of this disease and fully justified the correlative approach of clinical cytology combined with definitive pathological tissue diagnosis in its management. Much was accomplished by this group toward the effective treatment and eradication of this disease in its earliest stages and the consequent reduction of the incidence of advanced and often fatal cervical cancer. The mortality rate of cervical cancer in the U. S. declined by some 80 percent between 1930 and 1998

with the steepest drop beginning in the 1950s in concert with the widespread application of the Papanicolaou method (72).

Summary

DR. PUND'S RESEARCH on human disease, when considered against the background under which it was carried out, was a remarkable accomplishment. Despite meager resources, a demanding practice and teaching schedule, he succeeded by his ingenuity, disciplined approach, and his ability to translate his daily service activities into scientific investigations, especially in the fields of venereal disease and cervical cancer. As he once said, he viewed every case as an investigation in itself. Not only was the conduct of research under these circumstances remarkable, but the scope and significance of the investigations by Dr. Pund and his colleagues led to important advances in medical knowledge that were successfully applied to the practice of medicine.

NOTES

1. Dr. Greenblatt relinquished his formal ties with the pathology department in 1939 when he was authorized to develop a new department of experimental medicine in relation to gynecology. He continued to be a key member of the group investigating venereal disease at the medical college. (60)

2. Dr. W. Schauenhaustein in 1908 described the formation of a sheet of neoplastic cells extending along the surface from an invasive cervical cancer, which he called surface carcinoma and suggested that it could represent the earliest stages of a carcinoma (64). Dr. I. C. Rubin in 1910 described small isolated collections of neoplastic-appearing cells along the surface of a cervix otherwise uninvolved by cancer, which he considered to be “incipient cancer.”(65)

3. Dr. Pund’s approach to research in pathology was unique. To him, each case was an investigation in itself. This attitude allowed him to grasp quickly the significance of similarities and differences between cases. To aid him in cataloging his observations, he used a large three-by-four-foot white cardboard with multiple columns to record line by line the observations made on each case. When it seemed a sufficient number of cases had been studied, the data were readily available and displayed before him.

4. An interesting connection between the medical college and Dr. George N. Papanicolaou was in relation to Dean Lombard Kelly, who had worked with him in 1926–27 at Cornell and published a paper with him. It is likely that Dr. Papanicolaou met Dr. Pund when he visited Dr. Kelly and the college in December 1944 to give the annual Alpha Omega Alpha honorary medical society lecture. He visited the college again in February 1947 and, according to Dr. Nettles, visited the pathology department. Dr. Papanicolaou also attended a cytology meeting in Augusta in November 1957(71).

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PLATE III

Studies on Venereal Disease

FIG. 1. *Dr. Pund* and his colleagues in pathology were part of a larger group of investigators at the college studying venereal disease. *Dr. Pund* is shown at his microscope bench. The large jar beside him was used to hold duplicate slides which were saved so that the cover slips could be removed and used again.

FIG. 2. *Dr. Greenblatt* while in the pathology department, and later, played a prominent role in studies of the lesser venereal diseases: chancroid, granuloma inguinale, and lymphogranuloma venereum. One of the principal findings by *Dr. Pund* and *Dr. Greenblatt* was the description of the pathognomonic (diagnostic) cell of granuloma inguinale illustrated in Fig. 3.

FIG. 3. *The pathognomonic (diagnostic) cell* of granuloma inguinale is shown in the center of the figure. Encysted Donovan bodies are in the cytoplasm of a histiocyte surrounded by a sea of inflammatory cells in this microscopic view from a lymph node of this disease.

FIG. 4. *Title page of an article published in 1938* by members of the venereal disease group describing unsuccessful attempts to culture the Donovan bodies. Also described is the induction of the disease in a volunteer following the subcutaneous introduction of a sample of Donovan bodies, strongly supporting the notion that these organisms are the causative agent of the disease (61). A full report with additional authors and cases was reported in 1939 (24).

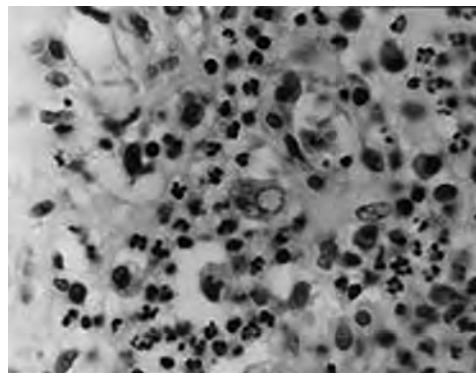
FIG. 5. *Dr. Robert Dienst* of the microbiology department was the lead author of the 1938 report described in Fig. 4. He was an active member of the group investigating venereal disease at the medical college.



1



2



3

CULTURAL STUDIES ON THE "DONOVAN BODIES"
OF GRANULOMA INGUINALE

ROBERT B. DIENST, ROBERT B. GREENBLATT,
AND EVERETT S. SANDERSON

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The infectious granulomatous process first described by McLeod¹ in 1882
is now universally recognized as a specific disease. The laboratory diagnosis
is based on the finding of specific intracellular and extracellular bodies in
fresh smears of the ulcerative scrapings as Donovan² first described in 1905.

4



5

PLATE IV

Cervical Cancer

FIG. 1. *Dr. Pund* examining a surgical specimen with Dr. Stewart Auerbach. Soon after Dr. Auerach joined the pathology department in 1940 he and Dr. Pund embarked on a prospective study of early carcinoma of the uterine cervix by examining the cervixes of surgically removed uteri of patients with no clinical evidence of cancer.

FIG. 2. *Many names* have been used for early cervical cancer. Drs. Pund and Auerbach chose the term *preinvasive cancer* because they considered the growth to have all of the cellular features of cancer except invasion of surrounding tissues and that ultimately the disease could progress to an invasive stage unless eradicated. In time, evidence mounted that this outcome was likely in many cases.

FIG. 3. *When 1200 cases had been collected*, analysis revealed preinvasive cervical cancer in 47 or 3.9 % of the cervixes (40). The average age of the patients was 36.6 years. In a corollary group of 50 cases of invasive cervical cancer the average age was 48.6 years, thus suggesting a latent period of as long as 12 years between the occurrence of preinvasive and invasive cervical cancer.

FIG. 4. *Microscopic view of junctional zone* at external opening of the uterine cervix. The multicellular layered membrane covering the exterior surface on the left abruptly meets a one cell layer at the junctional zone. This one cell layer or membrane lines the internal canal of the cervix. Most preinvasive cancers begin near this junction in the one cell layer.

Original lantern slide from Dr. Pund's collection.

FIG. 5. *Microscopic view of preinvasive cervical cancer* of the junctional zone. It is composed of a stratified layer of cells containing large dark nuclei with the features of neoplastic cancer cells. No invasion of surrounding tissue has occurred.

Original lantern slide from Dr. Pund's collection.



1

NAMES FOR EARLY CERVICAL CANCER

CARCINOMATOUS SURFACE (Border, Coating)
 INCIPIENT CARCINOMA
 NON-INVASIVE CARCINOMA
 INTRAEPITHELIAL NEOPLASIA
 CARCINOMA IN SITU
 PREINVASIVE CARCINOMA

2

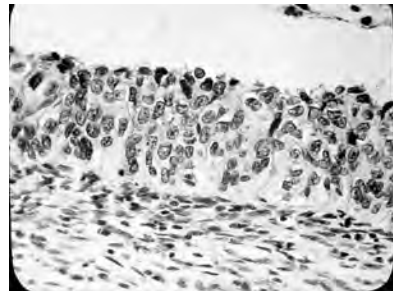
PREINVASIVE CERVICAL CANCER
PUND AND AUERBACH, 1946

No. of Whole Cervices Examined	1200
No. of Preinvasive Cancers	47
Average Age	36.6 years
50 Invasive Cancers; Average Age	48.6 years

3



4



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PLATE V

Cervical Cancer Cytology

FIG. 1. *Dr. Herbert E. Niebergs* was appointed a research fellow in pathology in 1947 with the aid of a grant from the American Cancer Society. Building on his prior experience in England, Dr. Niebergs established a clinical laboratory of exfoliative cytology for the study of cervical cancer using the Papanicolaou method.

FIG. 2. *Dr. John B. Nettles*, a graduate of the Medical University of South Carolina, was appointed a research fellow in pathology in 1947 along with Dr. Niebergs. Dr. Nettles participated in studies of cervical cancer and provided valuable liaison with physicians in Augusta. Following his fellowship year he pursued an academic career in obstetrics and gynecology.

FIG. 3. *Dr. Niebergs and Dr. Pund* reported in 1950 on their landmark survey of 10,000 women for the detection of cervical cancer utilizing the Papanicolaou method of exfoliative cytology and confirmatory tissue biopsy. (50) A combined total of 174 preinvasive and invasive cervical cancers were identified. The average age of women with preinvasive cancer was 40 years and of those with invasive cancer was 50 years. This long interval provided an opportunity to eliminate preinvasive cancers before progression to an invasive and more serious stage of the disease.

FIG. 4. *At an Inter-Society Cytology Council* meeting in 1957 in Augusta Dr. George N. Papanicolaou indicated in an interview with *The Augusta Chronicle* that one of the reasons his method became accepted by the profession was the work of Dr. Pund who had shown that preinvasive cervical cancer can remain localized in one spot for as long as 10 years in young women. In the picture Dr. Papanicolaou is on the far right next to Dr. Pund. (71).

FIG. 5. *The mortality rate of uterine cancer* in the U. S. declined by some 80 percent between 1930 and 2010 with the steepest drop beginning in the 1950s in concert with the widespread application of the Papanicolaou (Pap test) method. (72)



1



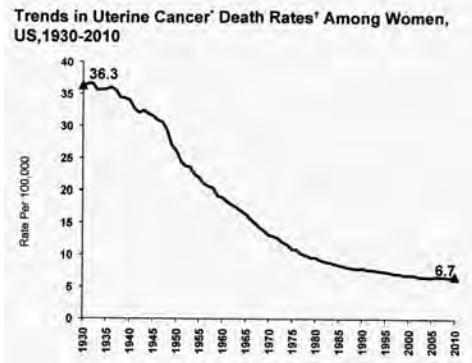
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CERVICAL CANCER DETECTION STUDY OF 10,000 CASES <i>NIEBURGS & PUND JAMA 1950</i>	
Total Confirmed Cancer	174
No Preinvasive	68
AVERAGE AGE	Forty years
No Invasive	104
AVERAGE AGE	Fifty years

3



4



5



CHAPTER FOUR

President Pund ∞ 1953–1958

Start-Up Of An Academic Medical Center

“He saw what he must do, and he did it.”—Phinzy Spalding (43)

THE BOARD OF REGENTS announced at its March 1953 meeting that Dr. Lombard Kelly would be retiring as president of the Medical College of Georgia that July to be succeeded by Dr. Edgar Pund (1, 2). Prior to the announcement the executive committee of the medical college had recommended to the regents that Dr. Pund be named the next president. He had agreed to accept the post if the regents would approve the appointment of a dean of the faculty, which was granted (3).¹ Dr. Pund had devoted virtually his entire professional career to the college. A more qualified and eminent physician would have been difficult to find at this particular juncture in the evolution of the medical college. Dr. Pund was a highly principled and intelligent, yet practical and committed physician whose insight into the history and potential of the institution perfectly complemented the visionary and determined Kelly, his long-time colleague and friend. Even though Dr. Kelly would stay in the position a few months longer, Dr. Pund wasted no time in making plans for the transition. In a few weeks construction would begin in Augusta on a new state hospital for the college. There was much to do.

Dr. Pund began with a full plate. The new state hospital would impose enormous challenges as well as provide opportunities for the medical college. The increased clinical facilities would permit expansion of the class size and preparation would be required for that. Another pressing and related question concerned the manner in which the faculty would be expanded and integrated into the new medical center. All of these issues, as well as some that were unforeseen, lay straight ahead.

AS EARLY AS 1937, Chancellor Steadman V. Sanford had recommended to the Board of Regents that a state hospital be erected for the medical school in Augusta (4, 5). The idea, however, did not get anywhere until Governor Herman Talmadge included the proposed hospital as a plank in his platform for reelection in 1950 (6, 7).² True to his word, when Talmadge was reelected he requested that the Legislature build a new general hospital at the medical college in Augusta and take such steps as necessary to accept more medical students and train more nurses (8–11). The hospital was authorized by the legislature in January 1951 and the bill was signed by Talmadge on February first (12, 13). The legislature then honored the governor's family by naming the future hospital in memory of Herman's father, the late governor Eugene Talmadge (14). It would be known as the Eugene Talmadge Memorial Hospital (15, 16).³

As the medical college geared up to undertake the challenge of reshaping the institution into an academic medical center, Dr. Pund found at hand two seasoned physicians whom he appointed to leadership roles in 1953. Dr. Rufus F. Payne, who had moved to Augusta from Rome, Georgia, in 1952 to oversee construction of the hospital and later to be its first superintendent, was named dean of postgraduate medical education. (17,18). Dr. Payne had been serving as superintendent of Battey State Hospital in Rome and it was a natural fit for him to return to his alma mater for this monumental task. Dr. Harry B. O'Rear, the well-liked and capable head of pediatrics at the medical college, was appointed dean of the faculty, a position that had lapsed when Dr. Kelly became president in 1950 (17).

After Dr. Pund and his senior associates, Drs. O'Rear and Payne, visited and consulted with leaders of medical colleges in the region they decided that a full-time faculty would best serve the evolving medical center (17). Previously, a geographic arrangement was in effect for the physician faculty who depended on income largely from private practice and received only a token amount or none at all from the college. In a full-time system, physician faculty income would be based on a contracted salary from the college, thus allowing more attention to be devoted to teaching and research. *The regents made clear before the hospital opened, that its primary purpose would be to serve as an auxiliary to the college in the development of medical knowledge and skills through organized programs of teaching* (17, 19).

CONSTRUCTION OF THE NEW 800-BED HOSPITAL began in April 1953 under the direction of the state board of health and was completed in the short span of three years (20, 21). During the construction phase a joint committee of the regents and state board of health, with representatives from the Medical Association of Georgia and the medical college, developed operating policies for the hospital (17, 22, 23). In October of 1953, the committee concluded that it would be more practical and efficient to place the operation of the hospital solely under the Board of Regents so that it would become an integral part of the medical college (17, 24). Dr. Pund would thus become responsible to the regents for the medical college *and* hospital.

The hospital was originally intended for the indigent or near-indigent sick of Georgia. In October 1953, however, the State Hospital Authority announced that the hospital's status would change to that of a non-profit entity (24–28). This change would allow access by patients able to pay for all or part of hospital and physician services. The joint committee further developed the policies to stipulate, in part, that faculty physicians could furnish services to patients referred by their physicians or by agencies and that the services rendered should not take the form of competitive practice. Further, all professional fees collected would be donated to a research fund held by the college (17, 19, 25).

After these policies were endorsed by the Richmond County Medical Society and the Council of the Medical Association of Georgia (17, 29), Dr. Pund submitted them to the Board of Regents for final review and approval (7). The regents gave their preliminary approval on November 10, 1954, and final approval on March 9, 1955 (17, 19). In contrast to the prior endorsement of the policies by the Council of the Medical Association of Georgia, when they were presented to the association's legislative body, the House of Delegates, questions were raised. An overriding concern of the delegates was whether the medical college would be engaged in the corporate practice of medicine. The delegates wanted, among a list of changes, only indigent patients to be admitted to the hospital (30–32).

What the profession might consider quaint today became a battle royal in the 1950s when the notion of *corporate practice* crept into the debate. Opposition to the regents' policies by the medical organizations persisted to the point that when the hospital opened in June 1956, the Medical Association of Georgia informed

the Richmond County Medical Society that it would not admit to membership any doctor who condoned the corporate practice of medicine, referring by inference to medical college physicians (33). The county society then tabled membership applications of new faculty physicians, which also barred them from membership in the Medical Association of Georgia (34, 35). *It was War!* Dr. Pund and his colleagues countered by remaining steadfast in their support of the regents' position. Finally, after two years of nonproductive debate, the American Medical Association along with the American Association of Medical Colleges agreed to mediate the dispute (36).

In April of 1958, the mediators met in Augusta with all parties concerned. After three days of deliberation, agreement on policies was reached (37). Following endorsement of the revised policies by the Richmond County Medical Society, the Medical Association of Georgia, and the president of the medical college (38–40), the Board of Regents approved them on May 14, 1958 (41). In the meantime the disbarred faculty were admitted to membership in the county society (40) and future issues of its bulletin displayed an image of the old medical college building on its front cover. All was forgiven.

The revised policies provided for limited services to paying patients and stipulated that professional fees collected would no longer be placed in a college research fund. Instead, a new independent research fund would be created to which the faculty physician may submit any professional fees collected (41). Accordingly, a faculty physician organization named the Medical Research Foundation of Georgia was established in October 1958 (42). Perhaps the most important provision of the revised policies was the creation of a statewide liaison committee between the medical college and physicians throughout Georgia, with representatives from the Medical College of Georgia, the Richmond County Medical Society, the Medical Association of Georgia and each of the ten medical districts in Georgia (41).

Although at times Dr. Pund found himself in the midst of disputes with long-standing colleagues and friends, which were due mostly to misunderstandings over policies, he persevered with equanimity. Phinizy Spalding, in his history of the medical college, summed up Dr. Pund's leadership on this note, "...he saw what he must do and he did it (43)."

Unifying The Parts

WHILE THE UNDERTAKING of building the hospital and planning its operation was in progress, Dr. Pund and his senior associates were engaged in preparing for a successful union of the two components. The plans for the college and its teaching hospital took into account several parallel objectives. In keeping with the original plan of Governor Talmadge and Dr. Kelly, the entering class size was increased from eighty to one hundred in 1954 and facilities in the Dugas and Murphey buildings were expanded to accommodate the additional students (44, 45). In follow-up of the original plan, the nursing department of the university in Athens was transferred to the medical college by the Board of Regents in 1956 and reestablished as the School of Nursing (46, 47).

Surprisingly, in the midst of all the activity and excitement, the pace at the college seemed almost leisurely. Everyone on the still-small faculty knew each other and, periodically, would gather with families for picnics at the nearby Boy Scout Camp. The basic science and clinical faculty would attend scientific meetings of the Dugas Club, with dinner beforehand in the Alumni Tavern of the Newton Building. But the camaraderie of this close-knit group was soon to be lost in the name of progress (48).

The recruitment of faculty to complete the clinical staffing of the hospital and provide for the enlarged student body was ongoing. After it had been decided to appoint a full-time and part-time clinical faculty, Dr. Pund offered the physician members of the existing faculty the opportunity of changing their appointment to a full-time or part-time status (17). Notable among those who accepted the offer of full-time status were Drs. Virgil Sydenstricker, Perry Volpitto, Richard Torpin, Leland Stoddard, Robert Rinker, Robert Ellison, Curtis Carter, Walter Shepard, and Harry O'Rear, who had been appointed dean of the faculty (18). Drs. Pund and O'Rear soon recruited individuals for the vacant chairs, who in turn filled out the respective departments (27, 49, 50)

When the dispute about operational policies of the hospital was settled in April 1958, the institution was well on its way to a new era. At this juncture, after five turbulent, yet successful years, Dr. Pund decided to retire on July 1, 1958 (51). Drs. O'Rear and Payne both continued for several more years. Dr. O'Rear succeeded

Dr. Pund as president in June 1960, having served in an acting capacity the previous two years (52). During this critical period of renewal, fate had chosen three strong, dedicated, and honorable men in Drs. Pund, Payne, and O’Rear to lead the way in transforming a small provincial medical college into a modern academic medical center for the twentieth century and beyond.⁵

The Alumni Role

DR. PUND WAS AN ARDENT SUPPORTER OF THE ALUMNI and its association, having served previously as an officer of the organization (53). Shortly after he became president, Dr. Pund spearheaded the formation of a fund-raising organization for the college. Although previous efforts when Dr. Kelly was dean had not succeeded, the time now seemed ripe to try again. At the annual meeting of the officers of the alumni association on February 25, 1954, in Macon, GA, Dr. Pund attended as president of the college and explained the need for such an organization. Supplemental unrestricted funds were needed to support research, endow faculty chairs, provide student scholarships, and supplement related needs. Officers of the alumni association including Drs. Lombard Kelly, emeritus president, Addison Simpson, William Barton and James Metts, along with Dr. Pund, initiated the Medical College of Georgia Foundation at that meeting and it was granted a charter that October (54, 55).

Although a freestanding organization, the foundation board initially was comprised solely of medical college alumni. Dr. Pund served as the head of the foundation for the first three years, 1955–58. Following his retirement as president of the college in July 1958, he stayed on in his emeritus capacity to help get the foundation off to a good start, serving as its executive secretary from 1958 to January 1960 (56, 57). A significant step forward was made in 1959 when the foundation was awarded tax-exempt status (56). Even after leaving Augusta in 1960, Dr. Pund continued to work with other alumni in promoting the foundation (57). At an alumni meeting in 1967 the Foundation presented Dr. Pund an award in recognition of his instrumental role in its formation (58). From a small beginning, the foundation flourished over time and generously supported the college, celebrating its sixtieth anniversary in 2014.

AS DR. PUND NEARED RETIREMENT, he was showered with honors and praise. Not only was he stepping down as president, he was capping a forty-year career, mostly at the Medical College of Georgia. His erstwhile, though brief, adversaries openly recanted as the Richmond County Medical Society recognized him along with Drs. Sydenstricker and Torpin with speeches and gifts at its May 1958 meeting. The Medical Association of Georgia went one step further and during the ensuing months named him the recipient of the Lamartine Hardman Award for outstanding contributions to medicine, their highest award, and the Distinguished Service Award for contributions to medical education (59–61).

Articles lauding Dr. Pund appeared in *The Cadaver*, the student newspaper (62), as well as in *The Proceedings of the Medical College of Georgia* (63, 64). Dr. O’Rear wrote a lengthy piece describing how Dr. Pund applied his scientific discipline as a pathologist to his decision-making in the president’s office. Dr. O’Rear said Dr. Pund could never have been mistaken for a modern executive in a grey flannel suit spouting Dale Carnegie phrases (63). Dr. Sydenstricker reviewed Dr. Pund’s many accomplishments as a pathologist, as well as his contributions as a teacher and friend of the students (64). In his final annual report of 1958 Dr. Pund praised the faculty and thanked his administration, commenting on each one by name. Lastly, he commended the entire personnel of the Medical College of Georgia for their ability, loyalty, and devotion to the institution (28).

After Dr. Pund served as executive secretary of the foundation from 1958 to 1960, he and Mrs. Pund moved to her home town of Seneca, South Carolina. They returned to Augusta periodically for brief visits at the college and to meet with family and friends. Friends also reciprocated and would drop by to see them at their new home in the foothills of the Carolina mountains where they enjoyed their retirement years. Mrs. Pund died on February 8, 1973, and some two years later, Dr. Pund died at the age of eighty-one on October 22, 1975. An editorial in *The Augusta Chronicle* said that his death “...brought to an end the life of a native Augustan whose wide range of medical activities and public service, depth of character and abiding faith in God served to inspire many who felt his influence (65).”

NOTES

1. Dr. Lombard Kelly served as dean of the University of Georgia School of Medicine from 1935 to 1950 when the school became an independent unit of the University System and its name reverted to an earlier one, The Medical College of Georgia. At that time the position of dean was changed to president and the dean's position lapsed until 1953 when Dr. Pund appointed a dean of the faculty (2, 3).

2. According to Dr. Kelly, Governor Herman Talmadge was influenced in the direction of a hospital for the medical college by officials of the state health department, including Dr. Rufus Payne of Battey State Hospital in Rome, and by consultants to that hospital from the medical college, especially Drs. Virgil P. Sydenstricker, L. Palmer Holmes, and Peter B. Wright (8, 9, 10). Dr. Kelly was generally credited as the driving force behind these efforts.

3. The name Eugene Talmadge Memorial Hospital lasted for almost three decades. In 1984 the hospital's name began to be submerged under a succession of so-called umbrella names, starting with the name MCG Hospital and Clinics (15, 16).

4. In addition to the established departments, a new Department of Physical Medicine was created (27). It played an important role in the poliomyelitis program and the respiratory rehabilitation center at the hospital (49, 50).

5. Amidst all the turmoil and misunderstandings associated with the opening of the Eugene Talmadge Memorial Hospital, the name 'University Hospital' was not addressed as no longer appropriate for the city hospital, which has retained the cover name 'University Hospital' to the present.

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PLATE VI

Presidency

FIG. 1. *Chancellor Harmon Caldwell* congratulates Dr. Pund on his appointment as President of the Medical College of Georgia, July 1953. *Augusta Chronicle*, 26 Nov. 1953.

FIG. 2. *Dr. Pund and Dean Harry B. O'Rear* had adjoining offices and worked closely together throughout Dr. Pund's tenure as president. Dr. O'Rear succeeded Dr. Pund as president in 1960.

FIG. 3. *Governor Herman Talmadge*, on the right, with Dr. Rufus Payne, center, and Mr. Roy Harris, member of Board of Regents and joint hospital committee, in April 1953 at the construction site of the recently begun Eugene Talmadge Memorial Hospital. Dr. Payne would become the Superintendent of the hospital. (*The Augusta Chronicle* and *Augusta Museum of History*).

FIG. 4 *Investiture reception* receiving line, November 24, 1953. From left: Mrs. and Dr. Harmon Caldwell, Mrs. and Dr. Edgar Pund, Mrs. William F. Hamilton, Mrs. and Dr. Lombard Kelly, Mrs. Harry B. O'Rear, Mrs. M. Hart Wylie. The reception was sponsored by the Faculty Wives Club and the Auxiliary to the Richmond County Medical Society. *The Proceedings of the Medical College of Georgia*, 4: (no 1) 3-8, 1954.



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PLATE VII

Talmadge Hospital

FIG. 1. *Dr. Pund presiding* at the dedication of the Eugene Talmadge Memorial Hospital (ETMH) in March of 1956. On the stage from left in front are former Governor Herman Talmadge, Mrs. Eugene Talmadge, Chancellor Harmon Caldwell, Dr. T. F. Sellers, director of state department of public health, Dr. T. Schley Gatewood, president of the medical college alumni association, and Dr. V. P. Sydenstricker, chair of department of medicine at the medical college. Source: *The Cadaver*, Vol. XI, No. 5, 26 March, 1956, p.1.

FIG. 2. *Façade of the ETMH* shortly before it opened in June of 1956. Source: Same as Fig. 1.

FIG. 3. *Aerial view of the ETMH* soon after its opening in the 1950s. Surrounding associated buildings of the hospital complex are highlighted by white roof tops. The University Hospital is in the distance at the top of the photo.

FIG. 4. *The Richmond County Medical Society* honored Drs. Sydenstricker, Torpin, and Pund in 1958 on the occasion of their retirement from the medical college, shown here on the cover of the Society's Bulletin. (59)

FIG. 5. *A fund-raising drive* was held around the state in the late 1970s to establish a chair at the medical college in honor of Dr. Pund. From left, Drs. Perry Volpitto, Rufus Payne, and Harold Engler in attendance at a Pund Chair luncheon on 10 October, 1979, in Augusta. The chair was fully funded in the 1990s.



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Medical Society Honors Retiring Physicians

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APPENDIX

Evolution of Eugene Talmadge Memorial Hospital Operational Policies

- April 1953:* Groundbreaking; hospital being built under auspices of State Board of Health
- July 1953:* Dr. Edgar Pund succeeds Dr. Lombard Kelly as president of MCG
- July 1953:* Hospital to be operated by joint committee of regents and state health department, with representatives from MCG and MAG.
- October 1953:* Joint committee places operation and ownership of ETMH under BOR
- October 1953:* State Hospital Authority will change status of ETMH from indigent sick hospital to non-profit entity to allow access by paying patients
- October 1954:* Joint committee submits proposed operational policies to MAG and RCMS for review; both organizations endorse policies
- November 1954:* BOR approves policies in principle to include full-time faculty, services for indigent and pay patients, and special fund for professional fees
- December 1954:* MAG House of Delegates raises concerns that MCG would be engaged in corporate practice of medicine; delegates want only indigent patients admitted

- June 1956:* ETMH opens; debate over operational policies continues
- August 1957:* BOR designates special fund for professional fees as a Research Fund
- April 1958:* AMA-AAMC mediation committee meets in Augusta with officials of MCG, RCMS, and MAG to help resolve dispute over operational policies
- April 1958:* After three days of deliberations, agreement reached over policies
- May 1958:* BOR approves & restates revised operational policies to include limited services for pay patients, and a state-wide liaison committee between MCG and Georgia physicians

Key to abbreviations: AMA, American Medical Association; AAMC, American Association of Medical Colleges; BOR, Board of Regents; ETMH, Eugene Talmadge Memorial Hospital; MAG, Medical Association of Georgia; MCG, Medical College of Georgia; RCMS, Richmond County Medical Society.











