

# Waring Library Society Newsletter

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THE WARING  
HISTORICAL LIBRARY





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# President's Corner

By Dr. Jacob Steere-Williams, WLS President

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In an address titled "Preserving Health in Charleston" given before the Medical Society of South Carolina in May of 1790, David Ramsay opined that "the object of the medical profession is not only to heal diseases, but to prevent them." Ramsay was arguably the most influential Charlestonian at the time, a "jack of all trades," to borrow an idiom originally used to compliment Shakespeare. A student of Benjamin Rush at the Medical College of Philadelphia—it was Rush who encouraged Ramsay to move to Charleston—Ramsay was an outspoken patriot of the revolutionary cause and morally opposed to slavery. He served for over twenty years in the South Carolina legislature, and was renowned across the Atlantic for six major works on American history—he was in many ways America's first historian.



Portrait of Dr. David Ramsay

Ramsay's 1790 address on how to remain healthy living in Charleston was typical of neo-Hippocratic ideas of late Enlightenment approaches to health, disease, and the environment. He called on Charlestonians to properly feed and care for infants and small children, including cold baths in the hot summer months (maybe this was the origin of the Bill Murray look-a-like Polar Plunge?). For adults Ramsay cautioned against sleeping in too late in the morning: "A man who rises early will comparatively add seven years of the best time for study and business to a life of sixty-five," he observed (you can tell this to the early bird attorneys who walk by Ramsay's house in Broad Street). He also warned against immoderate drinking, as the "the stimulus of large quantities of spirituous liquors to the heat occasioned by a warm atmosphere, is to add fuel to fire," a message apparently missed today by those that flock to the waterside bars of Shem Creek.

But baked into Ramsay's message was a deeply important one; that preserving individual health was really about preserving the health of the new nation. What good was independence without good health, in body and in nation, he urged. In an age before public health infrastructure and a ready-made supply of pharmaceuticals, Ramsay's advice reads to us as commonsensical and practical, but it was also philosophically rich in offering us a lesson today. The late 18th and early 19th century was a time of incredible change in early American history, one that Ramsay shaped and was shaped by. His 1790 speech before the Medical Society, a group he helped to found in 1789, came a year after George Washington assumed the new office of the presidency, shortly after the ratification of the Constitution. His advice on health in Charleston came before the ratification of the Bill of Rights. In other words, Ramsay was laying out a vision for the health of the nation embodied in the health of individual Americans. It will come as no surprise, then, that Ramsay was instrumental in supporting and introducing the Jennerian practice of smallpox vaccination in the early 19th century, at a time when many vested interests, even within medicine, were heatedly against it.

It's easy today to dismiss 18th century medical advice like Ramsay's given our contemporary knowledge of biomedicine, genetics, and life-saving surgery. But I urge you to not give into the fallacious approach to history that mocks and scoffs past medical ideology. Every age thinks their medical ideas are 'scientific' and 'progressive,' and Charlestonians in fifty and a hundred years will look back on our ideas and practices as 'barbaric'.

What is interesting, and I think important about Ramsay's message to Charlestonians in 1790 is that he was writing during a time of significant change. Epidemics of smallpox and yellow fever were frequent visitors to 18th and early 19th century Charleston, for one, and the city was the single largest port of entry in North America for enslaved Africans. Charleston was America's iconic port city, in other words, home to the

promises and the sins of the new nation. It was because of its reputation as an inhospitable climate that the health of Charlestonians was a litmus test for the new nation.

Perhaps in some ways that message is true today, as we continue to navigate the COVID-19 pandemic, an upcoming US presidential election (that will feature South Carolinian GOP Tim Scott), and heated debates in healthcare over trans-rights and women's reproductive rights.

The upcoming 2024 Bicentennial of MUSC provides an opportunity for us all to do some deep introspection on our past, including that of the WLS. It's also a chance for us to think about our future, and how prioritizing the health of all individuals is really about, following Ramsay, the health of our nation.

## Curator's Comments: Historical Timeline Continued

By Dr. Brian Fors

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### 1861 - 1865 The Great Struggle: The Medical College During the Civil War

In April 1861, soon after classes ended in the 1860-1861 academic year, fighting began in Charleston harbor, marking the beginning of the American Civil War. The senior class that year numbered ninety-four, and graduates and students entered the Confederate Army, some in the medical corps but many more in the general army. Six of the nine faculty members entered the medical corps and served in the Confederate forces for the duration of the war.

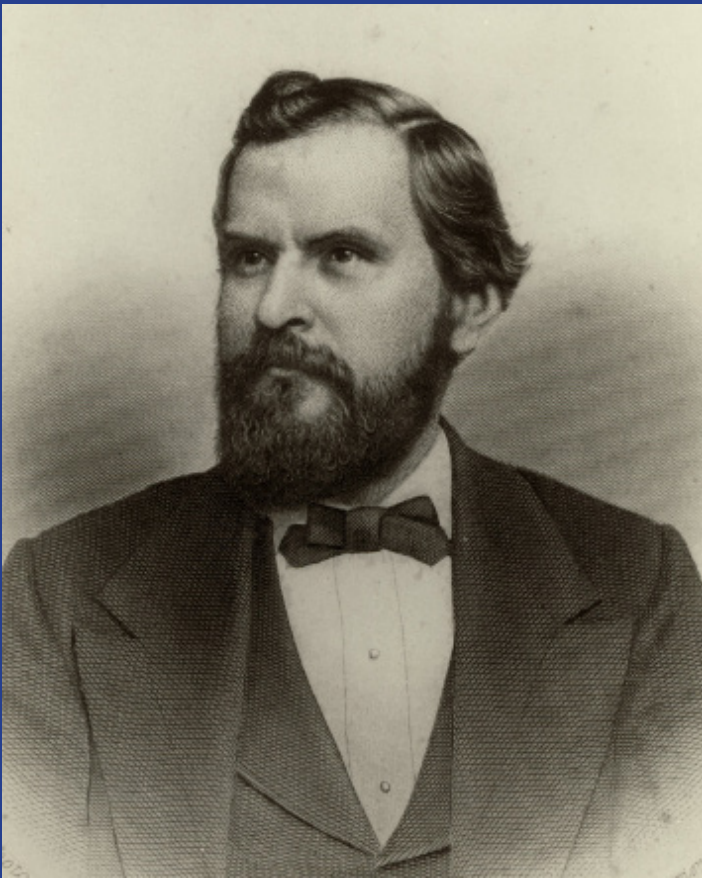
Due to the anticipation of professors leaving and the unlikelihood of obtaining enough students, the College closed. As with most in the country at the time, the faculty and board expected the war to be short-lived and that they would reopen again soon. For the next four years, however, the building was used as a hospital and then was used by the U.S. military near the end of the conflict. Although the equipment and furniture had been damaged and there had been moderate damage to the building from artillery shells, the College building remained intact and ready to be reopened and to welcome students

once again when the war came to an end in 1865.

### 1865 - 1913 Vigorous Rejuvenation: Recovery and Reform during the Gilded Age and Progressive Era

After the war, the Medical College struggled to re-establish itself, as was the case for most southern institutions in the first few years of the Reconstruction period. Prominent faculty before the war returned to try to rebuild, with limited success. For example, Julian J. Chisolm, previous professor of surgery, served as the dean of the college in the late 1860s for a short time, but eventually relocated to Baltimore where he had a successful career as a surgeon and medical college dean there.

The first priorities focused on renovating the facilities, rebuilding instruction spaces, obtaining supplies, and attracting students who would pay, again, to attend lectures. The latter became the most difficult task. Funds for the physical structure came, in part, from the faculty, but also from the U.S. government. The Freedmen's Bureau worked on not only supporting the



Portrait of Dr. Julian J. Chisolm

destitute former enslaved, but also rebuilding infrastructure that would help all southerners in hopes of improving race relations. The Medical College received funds to help with the building and the necessary supplies.

The college reopened for the 1865-1866 academic year. There were nine regular faculty teaching the regular curriculum: anatomy, surgery, theory and practice of medicine, physiology, materia medica, obstetrics, and chemistry, with two of the nine acting as demonstrator and assistant demonstrator of anatomy. The catalog also listed supplementary professors and lecturers at Roper Hospital and the City Hospital, once again to give practical, clinical, experience to the students. There were thirty-four total students, with thirteen graduates in March 1866, a considerable reduction in numbers from the year before the war.

The dean's report, written by Chisolm, referred to the difficulties in communications, the desolation of the city, and difficulty of the "country and the people" to recover from an "exhaustive war." The report praised the faculty and the quality of the students, the latter due to the necessity for

them to focus on their work given the conditions around them, but also, possibly, because of their exposure to warfare which provided a uniquely practical experience in medical care. The report did point out the availability of patients for clinical study due to the conditions of the war, causing greater need for medical care, and the addition of the Black population being treated at the city hospitals due to "political changes brought about by the war." The additional clinical experience would have advanced student skills.

The number of students grew significantly in the next couple of years. In the 1866-1867 term there were eighty-five students with thirty-one graduates. The annual catalog reported expenses for students to be modest for living expenses in Charleston, and the cost of attending included \$5.00 for matriculation, a total of \$105.00 for all lectures, a \$10.00 anatomy demonstrator fee, and a graduation fee of \$30.00. In 1869, the College sent a faculty member to Germany to purchase modern medical apparatus for the classroom. By the 1870s, however, enrollment had dropped precipitously, reaching as low as six graduates in the early 1870s. The faculty charged a matriculation fee, anatomy demonstrator fee, and graduation fee, eliminating other expenses, throughout the 1870s in order to allow students to afford to attend.

Still, the remaining faculty continued to make changes to the curriculum and the educational offerings. They lengthened sessions to start in October—unless an outbreak of yellow fever required waiting until November—and by the end of the decade expanded the number of periods. They established a chair of gynecology, and discussed a degree in pharmacy, offering licensure in pharmaceutical studies to one or two students a year. By 1876, some fees returned, and twenty-seven students graduated. In 1877, the college formally joined the American Medical College Association and joined efforts to improve education at thirty-one member institutions across the country. The decade ended with an agreement with the City Council to provide professional services to the City Hospital without charge, expanding clinical access for teaching and expanding clinical instruction to almost a daily occurrence rather than the infrequent schedule that existed before.

By faculty resolution in 1881, and after an amendment to the original college charter, the Medical College created a School of Pharmacy.

The new school admitted students a year later. The program was discontinued after two years, then resumed on a permanent basis in 1894, offering the degree of Graduate in Pharmacy.

Also, in the mid-1890s, the College expanded the curriculum to three full years and allowed women to enter the college as students. Official faculty and board minutes in 1885 indicated that the college faculty recognized women in the profession and began to discuss training southern women. A physician in Georgia had asked the college to confirm the endorsement of a woman doctor claiming to have the support of the Medical College. While the administration was unwilling to endorse her, they did admit they had “offered her a Room to exhibit in.” While there is no evidence of any debate that took place in the 1880s over allowing women as students, clearly the college had allowed a woman medical doctor to occupy professional space at the college, even if they did not fully endorse her credentials. College records from this time period remain sparse, but even if there is no direct evidence of early consideration, it is likely the decision to allow women started here.

The college faculty and the dean—the lead administrator of the college equivalent to president today—had been receiving letters of applications from women hoping to study at the college and in early 1894 they began considering accepting the applicants. The decision to allow women came after a few months of debate and resolutions. The faculty discussed the topic in meetings in March and April, and then on May 31, the dean, Dr. Francis LaJeu Parker, indicated an interest in stating in the catalogue that the college admits women. While some faculty opposed allowing women, the majority supported it and the resolution passed.

There are no clear statements of why the faculty and board decided to support women applicants. Perhaps there was hope for financial remuneration from an influx of women who never materialized. Or, perhaps, in the discussions about modernizing curriculum, altering the academic calendar, and other changes being discussed, it seemed logical for women to enter as students.

The first female students to finish their studies entered the college in 1897 and graduated in 1901 after fulfilling all the requirements—Love Rose Hirschmann Gantt and Emilie Melanie Vielt Rundlett.

Even as the catalogue noted women being allowed into the college and earning the credential of physician, however, the annual announcements and listed requirements for graduation still used the masculine pronouns. It would be well into the first half of the twentieth century before that would change.

## **Flexner Report, 1910**

The college continued to operate without significant change or disruption until the publication of a study entitled *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* by Alexander Flexner—also known as just the Flexner Report—released in 1910. The report called for comprehensive changes to be made to medical education institutions after assessing all the medical colleges in the country and identifying the characteristics expected of acceptable medical education programs.

By the early twentieth century there had been a number of individuals and groups considering changes in medical education in the United States. Advancements in medical research—in particular, identifying bacteria and viruses responsible for disease and addressing them in a systematic manner—led to a focus on research and scientific training of new medical graduates. The advancement came from places other than the United States, in particular Germany, and many began to discuss the German model for medical education as an ideal. Organizations like the Rockefeller Foundation and the Carnegie Endowment concentrated their efforts—and their money—on reforming American medicine, as did several leading advocates in the country, many from the relatively new Johns Hopkins University Medical School. The Flexner Report drove a remarkable transformation in medical education in the United States.

The report ranked institutions into three categories: those that compared favorably with Johns Hopkins, established on the basis of modern educational principles; those schools considered substandard but which could be salvaged by supplying financial assistance to correct the deficiencies; and the third group—the category the Medical College found itself in—rated of such poor quality that closure was indicated. The latter was the fate of one-third of American medical schools when the report was released, and a majority of those were rated as defective in large part due to low admission

standards, poor laboratory facilities, and minimal exposure to clinical material.

Supporters of the Medical College in Charleston—including the dean of the College, Robert Wilson—began to develop solutions to keep the college open. One option proposed in 1911 was to have the University of South Carolina take it over, but the idea failed to gain the necessary support. Faced with the potential closure of the College, Robert Wilson joined by other influential individuals pushed

for legislation to make the college a separate state institution. Governor Coleman L. Blease supported the effort and on February 13, 1913, an Act of the General Assembly established the Medical College of the State of South Carolina as a state institution, assuring support and control that would meet requirements for the new accreditation standards that came out of the Flexner report. By 1914, the Medical College moved from Queen Street into a new building on the corner of Calhoun and Barre (now Lucas) Streets.

## Curator Note of Farewell

By Dr. Brian Fors

As some of you might be aware, this will be my last contribution to the Waring Historical Society Newsletter, as I will be transitioning from my role as Curator to (early) retirement. While I am looking forward to this next stage, and all that it entails, I will miss the people I have been working with over the last (almost) four years, and I will miss working with such a fabulous collection and working with such a fabulous staff..

I have found the Waring collection to be illuminating and engrossing from the beginning. While considerable attention needs to be given to preserving the collection during the next several years, much has been done to further intellectual control as well as develop plans to protect and promote the materials.

The Waring Historical Library and what it can do to communicate and contribute to the history of health sciences has become known beyond Charleston and South Carolina. Awareness of the rich collection continues to grow, scholars and students (i.e., scholars in the making) look to the Waring to learn about the Atlantic Medical World in the 18th and 19th centuries and learn about the history of health professions in the South and South Carolina.

I'm sure that my successor will excel at continuing to care for the historical records, add to them in significant ways, and promote them to an even wider audience.

I thank you all for your support of the collection and the work that is being done—and tolerance and acceptance of the changes instituted over the last three years. Since I will be in Charleston for the next two years, though, I will just say “Farewell.”



Portrait of Dr. Brian Fors.

*be obliged to support the affirmation of the proposition, and so it is for them to consider what evidence they may be able to produce at the trial. If they can show that the Mother or Grandmother was a part of a Mulatto either in the west Indies or in this State, it will then be incumbent on the applicants to rebut their testimony by showing that he is not of African Descent. If on the contrary, the applicants and their ancestors have always been reputed white persons, and enjoyed the privileges of European Descent, the Court will require a clear case to be made out by the objectors. It may be required of me to state, what*

A section of the South Carolina Medical Society's minutes from 1831 related to stripping John Schmidt, Jr. of his medical license.

# The Curious Case of Dr. James Ramsay

By Dr. Gabriella Angeloni

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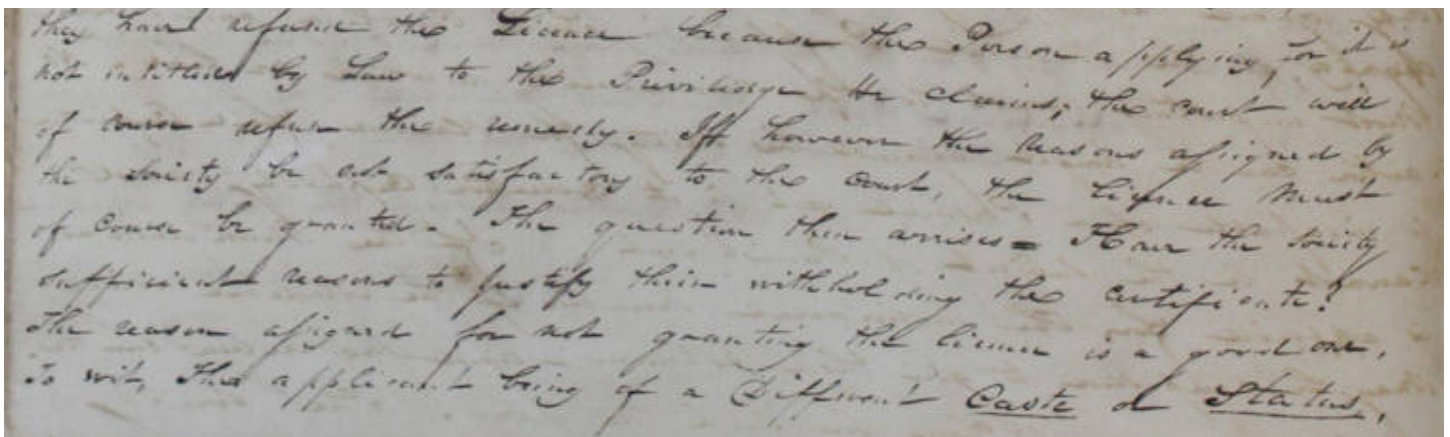
In the course of researching the Medical College's founding, I was surprised to find very little documentation on one member of the college's first faculty: Dr. James Ramsay, Professor of Surgery. Unlike Samuel Henry Dickson or Thomas Grimball Prioleau, there was no biographical file for any James Ramsay. As I quickly discovered, there was hardly any secondary information on him to be located anywhere. Perhaps that is why the "Dr. Ramsay" so often credited with the medical college's founding was attributed to his father, David, rather than James who was actually alive and a foundational part of the institution. To fill in this gap, I found myself weeding through newspapers, memoirs, education records, and Medical Society minutes in an attempt to piece together the life of a man who I assumed would have had more of a paper trail.

Ramsay was likely well known, at least in the local medical circle, during his lifetime. The youngest son of the prolific historian and founder of the Medical Society of South Carolina, Dr. David Ramsay (1749-1815) and his third wife, Martha Laurens Ramsay (1759-1811), James was born in Charleston on October 26, 1797. According to his mother's memoirs, he and his brothers went away for schooling, most likely at Reverend Moses Waddel's Willington Academy in McCormick County. James was only eighteen years old when his father was shot in the middle of Broad Street on May 6, 1815 and died at home two days later.

Within two weeks, the entirety of Dr. Ramsay's household—including furniture, books, and manuscripts—was auctioned off. The following year, James journeyed to Philadelphia, likely on any remaining proceeds of that estate sale. He enrolled at the medical school at the University of Pennsylvania, like his father before him and as many of the college's founding faculty and earliest students did. In fact, James was Ramsay's only surviving son to pursue a medical degree and medical practice. (An older brother, also David, studied law at Princeton and served in the South Carolina General Assembly, representing St. Philip's and St. Michael's Parish, from 1818 to 1821.)

Upon earning his M.D. in May 1818, James returned to Charleston some time in the months following and dove into a robust civic life. He joined the Medical Society on April 1, 1819 and was elected a trustee by the end of the year. From 1820 until at least 1828, he served as the Physician of the Poor House. The Poor House, or Alms House, was a charitable institution chartered in the eighteenth century. The Poor House and its hospital were located at the southwest corner of Queen and Mazyck Streets, adjacent to the Charleston Work House. Resident and non-resident destitute who sought relief there were given housing, food, and medical care in exchange for odd jobs and funerary services. Ramsay was also a member and officer of the Congregational Missionary Society, the Seventy-Six Association, a lecturer





A section of the South Carolina Medical Society's minutes from 1831 stating Schmidt was "of a different caste or status".

for the South-Carolina Academy of Fine Arts, and a curator of the Literary and Philosophical Society of South-Carolina and the Museum of South-Carolina. On April 12, 1824, at a special meeting of the Medical Society, Dr. James Ramsay was elected the first Professor of Surgery.

James Ramsay served in this position at the Medical College of South Carolina until his abrupt resignation in the summer of 1831. Further research might provide more insight. The picture I have been able to put together at the time of writing, however, suggests he may have resigned on moral, ethical grounds. From January through May that year, the society was absorbed by a case regarding allegations that a young doctor, John Schmidt, Jr.—who had graduated from the medical college at Rutgers in April 1830 and been granted a license to practice in South Carolina on June 1, 1830—was, in fact, a mulatto. The twenty-year-old Schmidt, facing public accusations that his maternal great-grandmother was a black woman and his grandmother a mulatto, was initially stripped of his license on January 6, 1831. Schmidt's father, also a licensed doctor, and his lawyer appealed to the society to reconsider, likely providing affidavits of character, his educational qualifications, and a genealogical history. While these documents no longer survive, we ultimately know the society's response after five months of consideration: the documents "spoke for themselves." As the society and its counsel argued, Schmidt was "of a Caste or Status which precludes him from the privilege [sic.] of practicing Medicine in this state." More explicitly, they further clarified, he was "not entitled to the privilege of a white person." To the majority of society members, the evidence clearly showed that Schmidt's maternal great-grandmother was a black woman

from Senegal, and his grandmother was a free woman of color who had come to the city as part of the wave of Haitian emigrants in the 1790s. Although Schmidt had been white-passing his entire life, the fact that he was one-eighth Senegalese meant he was simply too black to practice medicine in the state of South Carolina.

When the final vote was taken on May 5, 1831, Drs. James Ramsay and Moses Holbrook were the only two "Nays," boldly standing against the revocation of the young man's medical license. There is no record in the minutes that suggest any arguments Ramsay or Holbrook made before the society to justify their votes or attempts to persuade others. Following the May vote, James Ramsay skipped the monthly meeting held on June 1st, and at some point that month, he sent along his formal resignation from the Medical College faculty. Unfortunately, Ramsay's resignation letter does not appear to survive, but it was read and accepted by the Medical Society on July 1, 1831. Once a constant presence at the society's meetings, Ramsay's attendance thereafter also diminished. Why?

Perhaps Ramsay had health concerns or wanted to dedicate more time and energy to his wards at the Poor House. I can't help but wonder, however, if Ramsay felt ostracized by his fellow society members. A harried draft found among the faculty papers of Dr. Edmund Ravenel at the South Carolina Historical Society offers a tantalizing window into this particular episode. The emotional missive, undated and ultimately kept among his private papers, appears to serve as an earlier draft of the protest that Ravenel and his fellow college faculty presented to the Medical Society on September 1, 1831. In it, he references the Schmidt case and Ramsay's

subsequent resignation:

There have been but two points of importance since the commencement of the College, which required [sic] the interposition of the Medical Society—it is true that changes, which experience proved to be advantageous to the Institution have been made, but these were all such as relieved the Medical Society from trouble & responsibility—The important points were such as afflicted not only the Interest but the Reputation & Character of the Institution & the Faculty do not hesitate to state that the course pursued in both these instances materially affected the Institution. One of these is a source of extremely painful remembrance to the Faculty & nothing but necessity could induce them to allude to it—But in this instance, the Society upon a mere quibble founded upon their requiring proofs under legal technicalities, while they knew the power of compelling witnesses was denied to the Faculty gave a blow to the College which it yet feels.

In refusing to allow faculty to call witnesses on Schmidt's behalf, Ravenel accused the Medical Society of costing the Medical College its esteemed professor of surgery. This, of course, begs: Why did Ramsay wish to call witnesses on Schmidt's behalf? Did he work with or know Schmidt personally? As so often the case with Dr. Ramsay, there are more questions than answers. And while final votes suggest other faculty members did not necessarily agree with Ramsay, they still clearly mourned the loss of their friend and colleague despite this difference of opinion. Curiously, the allusion to the Schmidt case and reference to the subsequent loss of Dr. Ramsay never made it into Ravenel's final protest that was ultimately read to the society. Perhaps feelings had cooled by then, or Ravenel decided it was in the faculty's and, most importantly, Ramsay's best interest to leave it out.

It is not hard to imagine how Ramsay's vote and subsequent resignation were likely taken: as a rejection of the medical society's policing of the racial line and, more broadly, a rejection of Southern "habits, propensities, prejudices, and modes of thinking." His vote was a rejection of the very society and culture that Thomas Cooper and the founders of the medical college in Charleston were ultimately trying to protect. Here, a young man who

had demonstrated that he met the qualifications and had already begun practicing medicine was stripped of his license not because he was unfit or unqualified, not for some incident of malpractice, not even for the color of his skin. No, he was unqualified based on local gossip—that because Schmidt was only white-passing, he was therefore "of a Different Caste or Status [emphasis sic] from those who are entitled to a License." Perhaps Ramsay recognized how unfair—perhaps even how wrong—this was.

Of course, this could all be coincidence. Given the evidence, however, I do not think such a conclusion is a stretch. Although Ramsay's personal papers, which might have given insight into his personal beliefs, convictions, and reasoning, do not seem to survive, other records do. The 1820 and 1830 censuses, as well as Dr. Ramsay's probate inventory, are particularly revealing. In 1820, nine enslaved persons were listed in Dr. Ramsay's household: a boy and a girl both under fourteen years old, two young men and four women under twenty-six, and one woman over forty-five. A decade later, in 1830, there were seven: a little girl under ten, two boys between the ages of ten and twenty-four, one man and two women between the ages of twenty-four and thirty-six, and one man older than fifty-five. When Ramsay died two years later, there was only one enslaved person at Ramsay's home on Meeting Street: a man listed simply as "Tom, \$75." Besides Dr. Ramsay's horse and carriage, also appraised at \$75, Tom was his most valuable possession. And based on that same valuation, it is very likely that Tom was oldest enslaved man listed in the 1830 census. So, what happened to Tom—and the other unnamed enslaved men, women, and children who had been part of his household over the years? Did Ramsay sell them? Were they manumitted? Did any assist him in his medical practice? These are all questions I hope to pursue.

When Dr. James Ramsay died at the age of thirty-five on July 7, 1832. No disease or cause of death was listed by John Edward Holbrook, the attending physician who signed Ramsay's death certificate. Despite his extensive involvement in Charleston's medical and cultural circles, no flowery obituaries appeared in the local newspapers following his death, only a brief funerary notice:

The Relatives, Friends and Acquaintances of Dr. and Mrs. JAMES RAMSAY, and the members of the Medical Society, and of the

other Societies of which he was a member, are invited to attend the Funeral of the former, at 7 o'clock To-Morrow Morning, from his late residence in Meeting-street, without further invitation.

The Charleston Courier was brief in its second page notice, too: "DIED, on Saturday last, Dr. JAMES RAMSAY, late Professor of Surgery in the Medical College of South Carolina, aged 35." It is surprising to me that his service as physician of the Poor House, an elected position, goes unmentioned—and that his only identifiable achievement seems to be his teaching position at the college, which he had

resigned almost exactly a year prior. Perhaps this dearth of evidence is due to his untimely death at a relatively young age. Or, perhaps it speaks to something far more interesting: an elite white man who rejected social norm and expectation in antebellum Charleston. Whatever the case, it seems fitting that his name on the family headstone at the Circular Congregational Church survives simply, only as "James"—the upper points and lines of "-mes" having been lost to a break in the stone. Even in death, as in life, Dr. James Ramsay remains obscured.



Image of the Ramsay family headstone at the Circular Congregational Church in Charleston, SC.

Detail shot of the Ramsay family headstone showing Dr. James Ramsay's cut off name.

# Spring 2023 Dissertations and Theses Added to MEDICA@MUSC in Digital Commons

By Ms. Tabitha Samuel

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The following dissertation and thesis titles have been recently submitted to **MEDICA@MUSC** in Digital Commons by MUSC's Spring 2023 master and doctoral degree candidates:

**"Increased Physician Literacy as an Intervention to Improve Value-Based Care and Reduce Cost in the Surgical Setting"**  
by Melissa Boyles

**"The Association Between Race and Rurality on Maternal and Infant Outcomes in North Carolina"** by Ebony Burns

**"Antibiotic-Induced Gut Dysbiosis During Adolescence Dysregulates Metabolism and Skeletal Maturation"** by Matthew Carson

**"Food Deserts Impact on Hospital Admissions in Malnourished Patients Residing in Florida"** by Joshua Cartwright

**"Personalization and Optimization of Noninvasive Brain Stimulation for Transdiagnostic Applications"** by Kevin Caulfield

**"Assessing the Involvement of Projections from the Prelimbic Prefrontal Cortex to the Paraventricular Nucleus of the Thalamus in Cocaine Withdrawal-Induced Anxiety"** by Clinton Coelho

**"Time is Brain: How a Descriptive Analysis of Telestroke Metrics Can Improve Program Performance"** by Christopher Cordero

**"The Role of Complement in Stroke and Traumatic Brain Injury"** by Christine Couch

**"What Are the Barriers to Midwife Service Utilization Among Low-Risk Pregnant Women in Florida?"** by Ileana Cruz

**"Crosstalk Between the Extracellular Matrix and the Cell-Cell Junction - Associated RNAi Machinery Regulates Colon Cancer Cell Behavior"** by Amanda Daulagala

**"Utilizing Mass Spectrometry Imaging to Correlate N-Glycosylation of Hepatocellular Carcinoma with Tumor Subtypes for Biomarker Discovery"** by Andrew DelaCourt

**"A PNPLA3-Deficient iPSC-Derived Hepatocyte Screen Identifies Drugs to Potentially Reduce Steatosis in Nonalcoholic Fatty Liver Disease"** by Caren Doueiry

**"Cancer-Specific Perturbations to Arginine Metabolism Blunt Replication and Performance of Oncolytic Myxoma Virus"** by Parker Dryja

**"Influence of Canonical and Non-Canonical IFNLR1 Isoform Expression on Interferon Lambda Signaling"** by John Evans

**"Characterizing Pediatric Unilateral Brain Damage: Unilateral Spatial Neglect, Balance, and More"** by Emerson Hart

**"Association Between Arkansas Cannabis Program Implementation and Drug Overdoses"** by Alex Hooper

**"Cost Effectiveness of Buprenorphine when Used Long Term versus Short Term Use"** by Ty Hudgens

**"A Connecting Link Between Sphingolipid Metabolism and the Complement System in Cancer Metastasis"** by Alhaji Harune Janneh

**"Decellularized Heart Extracellular Matrix as a Biomimetic Substrate for Alleviating hiPSC-Cardiac Fibroblast Activation and Enhancing Isogenic Cardiac Organoids"** by Charles Kerr

**"Improving Scheduling for Diagnostic Imaging and the Effect on Hospital Revenue: An Ex Post Facto Study"** by Stephen Liebowitz

**"Multivariate Longitudinal Prognostic Factors: Improving Prediction and Association Modeling with a Single Binary Outcome Using Smoothing Splines and Composite Variables"** by Sherry Irene Livingston

**"Healthcare Employees' Perceptions on the Effects of Internal Audits"** by Jeremy Mason

**"Impact of the COVID-19 Pandemic on Stress and Burnout Related Experiences of the Infection Preventionists in the Greater Houston Area"** by Tawanna McInnis-Cole

**"Hospital Board Composition Effect on Health Equity"** by Derrick Mitchell

**"Novel Mechanisms of Systemic Sclerosis-Associated Lung Fibrosis"** by Joe E. Mouawad

**"Role of Macrophages in Regression of Myocardial Fibrosis Following Alleviation of Left Ventricular Pressure Overload"** by Lily Neff

**"The Association of Foreign PHI on AME & Death"** by Larry Norman

**"Identifying the Temporal N-linked Glycosylation Changes During Liver Disease Progression: from Liver Injury to End-stage Liver Disease"** by Shaaron Ochoa-Rios

**"MyoD Functions as an Oncogene in Rhabdomyosarcoma by Promoting Survival Through Differentiation and CYLD"** by Alexander Oles

**"Animal-Assisted Therapy: A Program Evaluation of One Substance Abuse Treatment Center"** by Erin Poore

**"HIV Treatment Utilization: An Exploration of One Ryan White Clinic"** by Joseph Powe

**"Examining Acute-Care Human Performance Trends During Disruption: A Mixed-Methods Study"** by Parker A. Rhoden

**"Deciphering the N-Glycomic and Collagen Proteomic Molecular Signatures Towards**

**Breast Cancer Control and Prevention"** by Denys Rujchanarong

**"Telehealth Impact on National Emergency Department Utilization Among Children with Type 1 Diabetes Mellitus"** by Miranda Sandreth

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