



Medical Mycological Society of the Americas

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Clinical Case of the Quarter

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A 54 year old man originally from Laos complains of a right tissue mass lesion on his right foot came to the clinic for a routine visit in October. Although, it has been present for years, it has been slowly enlarging since the previous spring and is irritated with shoe wear. He has no systemic symptoms, and is not immunocompromised. His past medical history is uneventful except for hypertension and GERD. He is afebrile, has stable vital signs and does not have a rash. There is a well circumscribed nodule on the medial aspect of his right foot, but no surrounding cellulitis. He was seen in orthopedics because of a probable synovial or ganglion cyst where it was excised and there was no joint involvement or cyst capsule noted.

The Specimen was sent to histopathology and a swab was cultured in Bacteriology on blood and EMB agars.

Results:

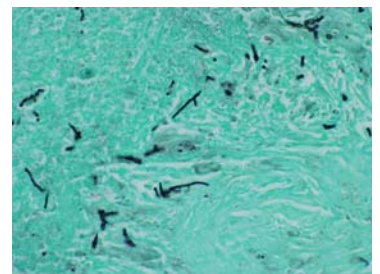
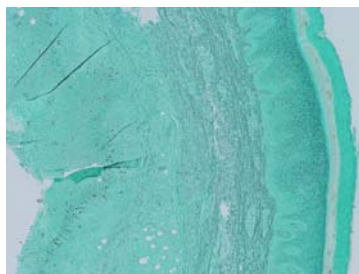
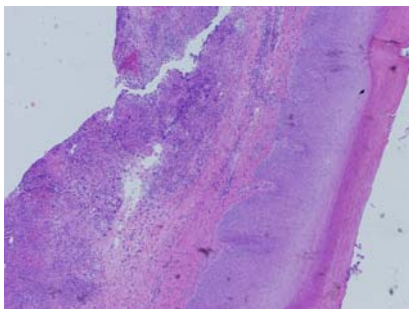
The histopathology slides were stained with H&E and silver (See below)

An x-ray can be seen on the next page.

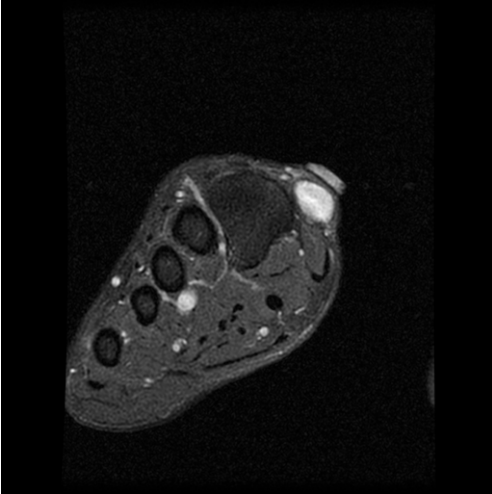
Microbiology: 4 days later shiny black colonies (+2) were observed on the Blood agar plate and Gram Stain showed small oval budding yeast.

The organism was subcultured on Nitrate agar (positive 2 days later), and temperature studies performed. The organism grew only at 30°C. (not 37 or 42) and was identified as *E. jeanselmei*. The organism was sequenced and had a 99% match with *Exophiala jeanselmei*. Casein and Tyrosine were set up later and incubated six days (casein was negative and tyrosine positive.)

A microscopic mount can be seen on the next page.



X ray of the patient's foot



Review of Clinical presentations

Phaeohyphomycosis

Heterogeneous group of fungal infections caused by dematiaceous (naturally pigmented) fungi, pigmented fungal elements within giant cells and extracellularly in necrotic debris

Chromoblastomycosis

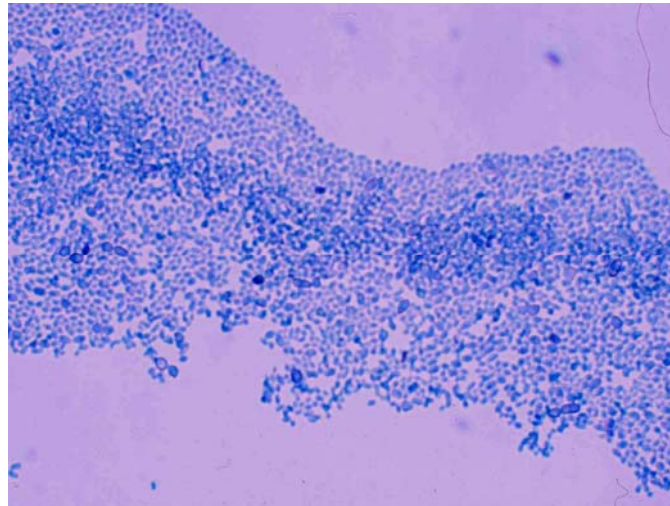
Chronic fungal infection of skin and subcutaneous tissues, typically with pseudoepitheliomatous hyperplasia

Mycetoma (Madura foot)

Chronic, localized, progressive skin infections that may involve muscle, fascia, and bone, that have formed granules organized into mycelial aggregates

Review of Microbiology

- One of the few fungi we have a biochemical profile for!
- Young cultures produce darkly pigmented yeast cells with annellides
- Brown, cylindrical to flask-shaped annellophores with tapering tips are formed in filamentous cultures
- Conidia may be produced on peg-like projections
- Unable to grow at 42°C, uses nitrate



Have you seen this organism?

From Art:

I would like to find a culture of *Blastomyces dermatitidis* which was a CDC strain with the number B-130. It has been lost in the CDC collection. Can you help me?

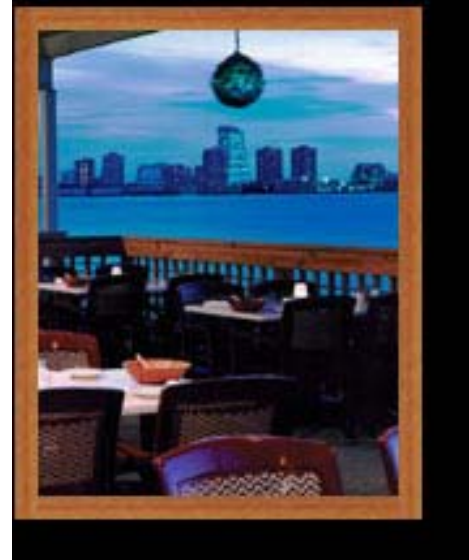
Art DiSalvo...

afdisalvo@juno.com

**Please Join Us:
Medical Mycological Society
of the Americas
2006 Annual Meeting**

Tuesday, May 23, 2006
The Crab House
8291 International Drive
Orlando, Florida

5:30-7:30pm Cash Bar and Appetizers
6:00-7:00pm Business Meeting and Presentation of Awards
7:00-8:00pm Buffet Dinner
8:00pm **Black Moulds/Yeasts - A Journey Guided By Dr. Michael R. McGinnis: Mike Rinaldi**
9:00pm Fellowship with Medical Mycologists



You will be impressed from the moment you walk through the door. Our friendly atmosphere is warm and inviting and our culinary creations are sure to please even the most selective guest.

At Crab House, we freshly prepare our seafood in the traditional East-Coast style, yet pride ourselves on being deliciously different.

Experience for yourself our extensive menu of traditional seafood prepared in a style that is all our own. Whether you're in the mood for classic favorites such as succulent crab, mouth watering crab cakes or one of a kind seafood entrees, we have you covered.

Please note that the sign up for the banquet is now on-line with links from the homepage of the MMSA website and also from the announcements section of the home page (side bar—announcements). The member has the option of filling out the form and mailing it in with the remittance to Annette Fothergill or he or she can continue with an on-line credit card transaction via our secure Ticketmaster connection. The user will be enabled to select his or her entrée and to select entrees for up to 3 guests for whom he or she is paying.



Dinner Menu:

- New England Clam Chowder
- Garden Salad with Italian dressing
- Entrée choices:
 - Fresh Broiled Salmon
 - Grilled Chicken
 - Top Sirloin
 - Stuffed Shrimp
 - Snow Crab
 - Vegetarian Pasta with Linguini and Fresh Vegetables
- Dessert: vanilla ice cream with chocolate sauce for dessert.
- Drinks: coffee, tea, soda.

\$30/Person

Reservations in Advance Preferred

Choose your entree at

www.mycologicalsociety.org



Please vote:

Candidates for Election to MMSA Council:

President-Elect:

Steve Moser, Ph.D., University of Alabama, Birmingham, Alabama

Glenn Roberts, Ph.D., Mayo Clinic, Rochester, Minnesota

Councilor East:

Beth Arthington-Skaggs, Ph.D., Centers for Disease Control and Prevention, Atlanta, Georgia

Wiley Schell, M.S., Duke University Medical Center, Durham, North Carolina

Councilor West:

Suzanne Johnson, Ph.D., University of California, Davis, California

Mike Saubolle, Good Samaritan Medical Center, Phoenix, Arizona

Please register your vote at mycologicalsociety.org

2006 Due are also due at www.mycologicalsociety.org

Division F and Medical Mycological Society of the Americas Symposium

106th General Meeting of ASM, Orlando, May

Thursday, May 25 8:00-10:30 AM

Antimicrobial Peptides Versus Fungal Pathogens: The Players and the Rules

Conveners: Mira Edgerton and Michael Yeaman

Host defense strategies: Candidacidal targets of histatins: **Mira Edgerton**

Kinocidins: Efficacy and resistance regarding Candida in vitro and in

Vivo: **Michael Yeaman**

Antifungal activities hidden in unforeseen gene fragments: Carlos Bloch*

Defensins and Candida: Fatal Attraction: **Janet M. Guthmiller**

Phagocyte anti-Histoplasma activity: The case for lysosomal enzymes. **Simon Newman**

*MMSA sponsored speaker **EMBRAPA Brazilian Agricultural Research Corporation**

Laboratório de Espectrometria de Massa, EMBRAPA –

Recursos Genéticos e Biotecnologia

Estação Parque Biológico

**MARK YOUR CALENDARS,
LOTS OF MEETINGS TO
CHOOSE FROM!**

**ATTENDING ONE OF
THESE MEETINGS? PLEASE
SEND A SYNOPSIS FOR THE
NEXT NEWSLETTER!**

Clinical and Laboratory Aspects of Medical Mycology, **May 19, 2006** Orlando, Florida. Dr. Glenn D. Roberts cosponsored by the National Laboratory Training Network and the Texas Department of State Health

ASM: Introductory Clinical Mycology: Help for the Beginner (2 day) Orlando, **May 20-21,**

May 21-25, 2006 106th General Meeting, Orlando, FL

<http://www.asm.org/Meetings/index.asp>

June 2006 Gordon Conference on Pathogenic Fungi

June 25-29 2006 16th Congress of the International Society for Human and Animal Mycology
Paris, France

Abstracts due January 16, 2006

<http://www.isham.org>

July 5, 6, 7, 2006 Micro in the Mountains, "A New Century in Transition" CACMLE, Breckenridge, Colorado. <http://www.cacmle.org>

August 21-26, 2006 8th International Mycological Congress, Cairns, Australia

<http://www.sapmea.asn.au/imc8>

August 23-27, 2006 6th International Symposium on Coccidioidomycosis, Stanford University, California www.vfce.arizona.edu

September 27-30, 2006 46th ICAAC Meeting, San Francisco, CA,

<http://www.asm.org/Meetings/index.asp>

May 20 - 24, 2007 107th General Meeting

Toronto, Canada

<http://www.asm.org/Meetings/index.asp>



2nd ADVANCES AGAINST ASPERGILLOSIS

February 22 - 25, 2006 Hilton Athens Athens, Greece

www.AAA2006.org

We are excited to have once again assembled many of the leading clinicians and basic scientists from around the world to drive forward the scientific and medical research agenda in *Aspergillus* and aspergillosis. Despite the incidence of invasive aspergillosis increasing and disease being the leading fungal cause of patient mortality, prior to the [2004 Advances Against Aspergillosis meeting](#) there had been little communication among experts in the area. This is another chance to gather the world's aspergillosis experts in one venue. A fundamental tenet of this research colloquium continues to be to engender collaborative relationships amongst clinicians, scientists, and industry to further advance the field.

The conference will be of interest to Infectious Disease Specialists, Hematologist/Oncologists, Chest Physicians, Clinical Microbiologists, Basic Scientists, Pharmacists, Public Health Specialists, Pulmonologists, Mycologists, Transplantation Specialists, Allergists, Molecular Biologists, Geneticists, Epidemiologists, Environmental / Facility Specialists, Veterinarians.

- | | |
|--|---|
| <ul style="list-style-type: none"> • Genetic risk factors and <i>Aspergillus</i> disease • <i>Aspergillus</i> PCR progress for diagnosis • Clinical trial design for invasive aspergillosis • Diagnosing pulmonary aspergillosis • Resistance and <i>in vitro</i> antifungal testing • Newer molecular transformation and gene disruption techniques • Virulence factors elucidated in <i>Aspergillus</i> pathogenesis • Alternative pathogenesis approaches • Epidemiology of <i>Aspergillus</i> • New antifungal drugs | <ul style="list-style-type: none"> • Pharmacology and drug interactions with antifungals • Aspergillosis in solid-organ transplant subpopulations • Galactomannan assay applications for diagnosis in different subpopulations • Allergic bronchopulmonary aspergillosis management • Asthma, allergens and allergic sinusitis with <i>Aspergillus</i> • Environmental exposures to <i>Aspergillus</i> • Immunology and immunotherapy against <i>Aspergillus</i> |
|--|---|

2nd Advances Against Aspergillosis

Congress Care, P.O. Box 440, 5201 AK `s-Hertogenbosch, The Netherlands
Phone: +31-73-690-1415; Fax: +31-73-690-1417;



Taylor & Francis
Taylor & Francis Group

Email: info@congresscare.com; Website: www.AAA2006.org

The proceedings from the conference will be published as a supplement to:

Medical Mycology

Official publication of the International Society for Human and Animal Mycology

For further information please contact Louise Porter at the following address:

Taylor & Francis, 4 Park Square, Milton Park, Abingdon, OX14 4RN, UK

Email: louise.porter@tandf.co.uk Website: www.tandf.co.uk/journals

Lots of correspondence on The Fusarium outbreak...

MMWR has a nice report:

April 10, 2006 / 55(Dispatch);1-2

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm55d410a1.htm>

Barb Zimmer sent the FDA notification:<http://www.fda.gov/cdrh/medicaldevicesafety/atp/041006-keratitis.html>

Lots of interest on the Fusarium outbreak.

Bill Merz has sent an isolate to CDC to be fingerprinted...anyone else?

And from Ira Salkin:

You have probably already seen this announcement from the Ministry of Health of Singapore, but I pass it along to you. Ira

**Increasing Incidence of Contact Lens Related Fungal Corneal Infections (Update 3)
21 Feb 2006**

Investigations are still ongoing on the cause of the recent reported incidence of contact lens related fungal corneal infections. As a precautionary measure, Bausch & Lomb (S) Pte Ltd (B & L) has voluntarily suspended sales of its ReNu multipurpose solution, and is cooperating with the Ministry of Health and Health Science Authority in the investigations. In response to the spike of cases in January 2006, MOH had initiated active case finding of fungal corneal infections that has occurred since 2005. As of 20th Feb 2006, MOH has found 39 cases of fungal corneal infection (which tested positive for Fusarium) with a history of contact lens use.

Out of the 39 cases, 34 said that they had used ReNu, four were unsure of the brand of contact lens solution they used and one other had used a different brand.

The breakdown of cases notified by healthcare institutions is as follows:

NUH: 3; TTSH: 9, SNEC: 23, CGH: 4,

Majority (92%) of the 39 cases started developing infection in the second half of last year (2005) onwards. There are 20 males and 19 females. Most (74.4%) of the cases comprised teenagers and young adults. Half (48.7%) of all the cases were in the 15-24 years age group while an additional quarter (25.6%) were aged 25-34 years.

In view of the potentially serious adverse visual consequences of fungal corneal infection, the Ministry of Health strongly advises all contact lens users as a precautionary measure to discontinue the use of B & L ReNu multipurpose contact lens solution for the time being, until the causes behind this recent increase in infections can be more clearly ascertained. B & L will advise consumers on what to do with existing stocks of their product.

In the meanwhile, contact lens users are advised to practice proper contact lens care as recommended by their contact lens practitioners (please see key points at Annex). For those who have experienced any symptoms of infection such as redness of eyes or pain or itchiness, they should consult a doctor immediately.

We will keep the public informed of any further developments.

Annex: Proper Use of Contact Lens

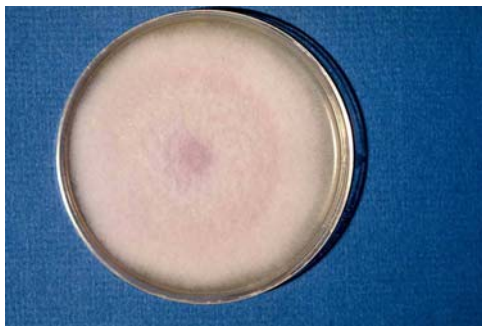
Practice proper contact lens cleaning and care regimes. Lenses must be rubbed with the fingers and rinsed thoroughly before soaking overnight in a multi-purpose solution.

Disposable contact lenses must not be used beyond their recommended disposal period.

The multi-purpose solution in the lens storage case must be changed everyday even if the lenses are not used daily.

Contact lens storage cases should be replaced at least every three months.

Users should stop wearing the lenses if they develop any redness, blurring of vision or pain of the eye and to seek consultation with a doctor or contact lens practitioner.



A dilemma in the Clinical Mycology Lab And a letter from Johns Hopkins

To ID or not to ID

The ripple effect from the unfortunate events of September 11, 2001 continue to affect most Americans. For those of us in the scientific community such acts of bioterrorism and the subsequent anthrax epidemics have presented us with anticipated and restrictive conditions in the clinical laboratory and have forced us to change.. We in the clinical mycology laboratories have had to make some very difficult decisions concerning the culture identification of the two *Coccidioides* spp. Say something about the rationale for its appearance on the Select Agent List?

The "Antiterrorism and Effective Death Penalty Act of 1996" was enacted on April 15, 1997. In addition, DHHS created the first select agent list of infectious agents with the potential for use in a bioterrorist attack and published the "Select Agents Final Rule (42CFR, Part 72, "Additional Requirements for Facilities Transferring or Receiving Select Agents") in that same year?.

In 2001 and 2002 "The Patriot Act" emerged to make possession of these agents by someone without a valid reason a criminal act and soon thereafter it became law that individuals possessing any of these agents must notify DHHS or USDA. Then in 2002 CDC was authorized by DHHS to develop and maintain records to document and control the possession as well as transfer of these organisms.

Since *C. immitis* and subsequently *C. posadasii* were on this list and we had been maintaining a viable stock culture as a positive control for the Gen-Probe Assay, we applied for the authorization to maintain these cultures. Eight laboratory members including faculty were fingerprinted and had FBI background checks performed. Security and safety procedures had to be created, the laboratory environment was made more "secure" by keeping the culture in a locked box in our BSL III laboratory, the 2 keys were hidden, the lab was restricted by ID-card swiping, and a detailed account was documented for each time the box was opened. Application for the permit, CDC on-site inspection, and monthly meetings with safety officials ensued after the permit was

granted. This amount of regulatory pressure increased as staff members left and new individuals were rotated into our BSL III laboratory. Just the daily sign in-and-out procedure every time employees entered and the angst that followed when the key card swipe log did not match the sign in log created a distraction that was simply not worth the effort. I know some laboratories now keep *Coccidioides* spp-DNA as a positive control, but we chose not to follow suit since the extract portion of the assay would not have a control. Therefore, we voluntarily gave up our accreditation and hoped

that cases with probable *Coccidioides immitis*. would have histologic collaborative findings. As you and I could predict within weeks of making this decision we recovered a *C. immitis*-looking organism from the culture of the CSF that grew 1-2 weeks after death of an individual who did not have an autopsy. We have set up send-off procedures, but they certainly extend the turn-around-time. The lack of the availability of the molecular testing is particularly a concern with this organism since there are increasing numbers of infections in non-endemic regions due to our shrinking globe. Perhaps there should be review of some select agents on this list if they have a significant negative impact on diagnostics and patient care management.

William G. Merz and Karen C. Carroll

Bill Merz asked a very perplexing question last newsletter...

This month he asks:

What critical values do you call to Physicians?

Apparently there is little or no consensus....

Please feel free to e-mail me with your answer.

It will appear in the next newsletter.

Hall.leslie@mayo.edu



Image Courtesy of M. McGinnis
Copyright © 2003 Doctorfungus Corporation

Michigan State Health Lab Sandra R Arduin writes:

As far as Cocci testing goes. Our QC bug is in water culture and we keep a sub on sab flask that is subbed monthly or every other month depending on receipt of new referred cultures. We keep the QC bugs under lock and key with minimum number of people who have access. Is that what you wanted to know? Referred cultures are disposed of immediately upon confirmation with an AccuProbe.

University of Washington Medical Center Karen LaFe writes:

I recently read your article in MMSA's newsletter about the dilemma of identifying C. immitis. Here is our feedback.

We are still identifying C. immitis, but we report it as C. immitis/posadasii. Depending on the maturity of the mould, what structures it is producing, and what media/temperature it will grown on/at, we are comfortable either identifying it based on traditional phenotypic characteristics or after DNA sequencing. We stopped using the AccuProbe several years ago and have been sequencing any moulds that do not produce typical structures within a limited time frame.

I am curious as to how you are identifying C. immitis and how you are reporting it (the posadasii question). I am also wondering how other labs have stopped identifying C. immitis (due to the paperwork required), i.e. at what point do they stop their identification procedures so that they will not have to file the paperwork?

Fungus Testing Laboratory reports: Annette W. Fothergill

"We still identify C. immitis"...

Medical Mycology Editor in Chief, Ira Salkin writes:

As sort of an extension of the conversations on C. immitis' inclusion in the select agents list, one could ask whether other fungal pathogens should be studied utilizing BSL-3 procedures and equipment. I understand that virtually all clinical mycology laboratories presently handle specimens and cultures with the appropriate biological safety cabinet, using gloves, laboratory coats, and when applicable, face masks/shields. However, are we under estimating the potential safety hazards of other systemic fungal pathogens? I am not suggesting that the "others" be included as part of the select agents, but rather should the medical mycology community consider using BSL-3 procedures and equipment for these organisms. The current (4th) edition of the CDC/NIH safety recommendations (the 5th edition is schedule for publication this spring or summer), states that,"Biosafety level 3 is applicable to clinical, diagnostic, teaching, research or production facilities in which work is done with indigenous or exotic agents which may cause serious or potentially lethal disease as a result of exposure by the inhalation route." It seems to me that diagnostic or research studies involving many systemic fungal pathogens, e.g., H. capsulatum, Aspergillus fumigatus, braziliensis (for our South American colleagues) would seem to fit into the classification of BSL-3 pathogens. Penicillium marneffeii is described in the latest MMSA Newsletter as, "causing infection in healthy individuals" and being "the third most common opportunistic infection of HIV positive patients in northern Thailand". In addition, it is stated that the diseases "is acquired by inhalation of conidia". Finally, the authors point out that, "Left untreated the disease is usually fatal". Put all these facts together and it would seem that any work done with this organism should be within the framework of BSL-3 practices and safety equipment.

I am not stating that all work with such pathogens should use BSL-3 recommendations (it's far more expensive to design and build a BSL-3 lab than a routine BSL-2 facility), but rather just opening it up for possible further consideration by the knowledgeable members of the MMSA.

CDC: Mary Brandt, Chief Mycotic Diseases Branch reports:

Mary Brandt, ???? Writes/

I am responding to your "a dilemma in the clinical mycology lab" feature in the recent MMWR newsletter. CDC is a registered select agent laboratory, and accepts isolates for confirmation of Coccidioides species. Isolates can be sent through the state public health lab. The result will read "Coccidioides species" as we do not distinguish between the two species. I can be contacted for further information.

Thanks for the opportunity to let everyone know.

<hr/>	
Additional response concerning Identification of C. Immitis	
Mayo Clinic is not alone...	
Michigan State Health Lab	
Univeristy of Washington Medical Center	
Fungus Testing Laboratory	
Centers for Disease	
And Commentary from Editor of Medical Mycology	
See Letter on page ???	in-P.

- z

Wiley earned a BA in Biology from the East Carolina University and a MS in Botany at the University of North Carolina at Chapel Hill. He worked with Mike McGinnis at UNC and quickly ascended to the Supervisor of the Mycology and Mycobacteriology Laboratory at UNC Hospital. He has made numerous contributions to the discipline of medical mycology as a teacher, clinician, and in peer reviewed journals. He is currently Assistant Research Professor in the Division of Infectious Diseases and International

Health, Department of Medicine, on the faculty of Molecular Mycology and Pathogenesis Training Program, and is Technical Director, Medical Mycology Research Center, at the Duke University Medical Center

Steve Moser, Chair Billy H Cooper award committee

Congratulations

Billy H Cooper Awardee

2006

Wiley Schell

Congratulations

Garry Cole

2006

Rhoda Benham Awardee

Congratulations

Travel Awardees

Mary Ann Jabra-Rizk, University of Maryland

"Effect of Farnesol on *Candida dubliniensis* Biofilm",

Andy Meixner University of Texas Medical Branch,

"Rapid Determination of Fungal Viability using RT-PCR"

Crystal Icenhour, Duke University Medical Center

"Cryptococcal Transcriptional Profile in Human CSF and Serum"

Daryl Richie University of Cincinnati College of Medicine,

"Defective Conidiation in an *Aspergillus fumigatus* Autophagy Mutant"

Rhoda Williams Benham, Ph.D.

Dr. Rhoda W. Benham was a leading scientist in the fairly new field of medical mycology in the 1930's through the 1950's. She was trained as a botanist and became the medical mycologist for the Department of Dermatology at Columbia University in New York City. From that position she established and fostered the mycology laboratory. Dr. Benham spent her entire professional career at this institution. Many of her students became prominent medical mycologists who made significant contributions to our field.

Rhoda Williams Benham was born in Cedarhurst, Long Island New York on December 5, 1894. This family home served as her retreat and entertainment center for friends and colleagues while living her professional life from an apartment in New York City. She received a B.A. from Barnard College in 1917, an M.A. from Columbia University in 1919 and her Ph.D. from Columbia in 1931. From 1918 until 1926 she was an assistant in the Botany Department of Barnard College. J. Gardner Hopkins, Chairman of the department and Professor at the Columbia University College of Physicians and Surgeons established the Mycology Laboratory of the Department of Dermatology in 1926. It was the first laboratory in the world exclusively devoted to the study of fungi pathogenic to animals and humans. Dr. Benham sequenced through Assistant, Associate, Assistant Professor and, in 1943, Associate Pro-

fessor in Dermatology at the Columbia University College of Physicians and Surgeons. In 1928 she also held the position of Mycologist in the Clinic. As the founder and director of the diagnostic mycology laboratory, she received specimens for identification from all over the world. Her professional publications began in 1929 and continued for most of her career. From the beginning the diagnostic laboratory served the Columbia University Dermatology Clinic. In addition to Dr. Benham's research, the laboratory soon became a training center for medical mycologists. In 1929, a \$50,000 grant from the Rockefeller Foundation enabled the laboratory to establish a training fellowship in medical mycology. The first courses in medical mycology in the U.S were organized and throughout the laboratory's history, teaching has been a major component of its mission. Among the notable students to attend this program were: Chester Emmons, Arturo L. Carrion, Elizabeth L. Hazen, Mary Ellen Hopper, Floriante Bocobo, Edward De Lamater, Lucille Georg, Libero Ajello, Milton Huppert, Margarita Silva-Hutner and many others. All individuals are well-know medical mycologists in their own right.

The Mycology Laboratory participated in the development of effective medications to treat fungal infections in American soldiers serving in the South Pacific during World War II.

Elizabeth L. Hazen, while working in the Lab in the 1950s, discovered (with Rachel Brown) Nystatin, the first antibiotic to effectively treat fungal diseases.

Dr. Benham's investigative work was primarily with the yeasts. In 1931, her doctoral thesis clarified much of the classification of *Candida* species which were previously clumped together as the "medical monilias". She was one of the first to apply immunologic principles as a taxonomic tool by using agglutinins in the study of these pathogens. Subsequently she clarified distinctions among the *Cryptococcus* species. In later years she published extensively on the dermatophytes and other pathogenic fungi. She was the first to describe the requirement for oleic acid for growth by *Pityrosporum ovale*.

To quote Lucille Georg, "Rhoda W. Benham was one of the foremost research scientists



Each year the Medical Mycological Society of The Americas (MMSA) bestows an honor on an outstanding medical mycologist. The tribute is called the Rhoda Benham Award and the criteria are listed in the bylaws of the MMSA. Just who was Rhoda Benham?

Rhoda Williams Benham, Ph.D. Continued

and teachers in the field of medical mycology. Her many publications on the morphology and physiology of the fungi that are medically important have become an important part of the body of literature on this subject, and have served to stimulate research in many phases of mycology. Her laboratory served as a training ground for many students, who have since become active workers both here and abroad”.

Dr. Benham was a member of many national and local scientific organizations including the Society of American Bacteriologists (now the ASM), New York Academy of Sciences, American Association for the Advancement of Science and the Mycological Society of America. She served on the editorial board of **Mycopathologia** at its founding in 1938 until her retirement in 1956. Dr. Benham retired in 1956 due to failing health and died January 17, 1957 at age 63. She was still living in the family home in Cedarhurst. I did not know Dr. Benham personally, but whenever my early colleagues spoke of her (Drs. Ajello, Georg, Silva-Hutner, Huppert) it was always with respect, honor and admiration. Margarita Silva-Hutner succeed Dr. Benham as director of the laboratory.

In the mid 1960's the medical mycologists regularly

attended the meetings of the Society of American Bacteriologists (SAB now ASM). At that time there were no Divisions of the organization and medical mycologists found it difficult to present many papers at the annual meeting. At the Second Coccidioidomycosis conference in Phoenix, Arizona in December 1965 a group led by Libero Ajello decided to start an informal organization of medical mycologists. This led to the founding of the Medical Mycological Society of the Americas in 1966. Dr. Libero Ajello was elected the first president. The first annual meeting was held on April 29, 1967 in conjunction with the SAB meeting, ironically, at the College of Physicians and Surgeons of Columbia University. The speaker was Dr. Jose Baldo from Caracas, Venezuela. In 1969 the Council decided to establish an award for outstanding contributors to our discipline. The Rhoda Benham Award was established “for recognition of Meritorious Contributions to Medical Mycology”. Dr. John T. Procknow, then Secretary-Treasurer of the MMSA, placed a notice in the 8th issue of the MMSA Bulletin requesting donations for this award, It would

require \$2500 to design and cast the medalion's die and to strike the first few copies. The MMSA members contributed. After much correspondence seeking a suitable photograph and discussions with the foundry by Drs. Ajello and Silva-Hutner the medal was accomplished. In one fell swoop, to catch up with a negligent past, four awards were given at the fourth annual meeting in Boston on April 25, 1970. The first awardees were C. W. Emmon, N.F. Conant, J.I. Baldo and Roger O. Egeberg. Dr. Egeberg did much of the early work on coccidioidomycoses and at the time of the award was Assistant Secretary of the United States Health, Education and Welfare.

As they say, “the rest is history”.

I wish to acknowledge the help of Henry Blanco, Library Assistant, Columbia University, Office of Education and Scholarly Resources for access to the archives and the accompanying photograph of Dr. Benham.

Art DiSalvo

Upcoming Biographies planned:

Billy H Cooper

Milton Huppert

Norman Conant



If you have a keen interest in fungi
or fungal diseases of human and animals,

YOU are cordially invited to join **Medical Mycological Society of the Americas**

The benefits of membership include:

Network with other medical mycologists.

Attend our annual business meeting and banquet.

Receive our MMSA Newsletter.

Join in the new MMSA Discussion Board .

Be listed in and have access to Membership Directory

Qualify for the:

The Cooper Award in clinical mycology

The Rhoda Benham Award in general medical mycology

The Milton Huppert Student Travel Awards

Check our web site for other awards...

Individuals: Click on MEMBERSHIP, APPLICATION on the side bar of the MMSA
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Corporations: For details on becoming a corporate sponsor, email Deanna Sutton at
suttond@uthscsa.edu

The next issue promises to be fun and informative.

We are looking for clinical cases...

Chet Cooper is going to bring us up to "snuff" on Proteomics

Tom Walsh has promised an article on fungal peptides

Norman Goodman and Art DiSalvo are working on the historical perspective of medical mycology.

Please don't hesitate to contact any of us with suggestions, and comments, good or bad!



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