From time to time events occurred that put wisdom, fortitude and patience on trial. The School withstood these tests creditably and without lasting damage although, in one instance, long-suffering was endured beyond the ordinary limits of forbearance.

TAX CRISSES

Through the years, since the first affiliation with Northwestern University, a potential danger to the support of the Medical School came through several attempts of Cook County to enforce taxation on the properties of the University despite the complete tax-exempt covenant in its charter. Throughout the Seventies of the nineteenth century the University was enmeshed in its first great tax case, which finally was won in the Supreme Court of the United States (1879). Although freedom from all taxation was then guaranteed, the litigation had entailed a debt of $200,000, much of it demanding interest at eight per cent. The resources of the University in this period were threatened with confiscation by the State. So uncertain was the outcome that no repairs or improvements were made, while the teachers who remained at their posts had their salaries reduced, and then saw them fall into arrears.

Nearly thirty years later the Collector of Cook County was not satisfied with the precedent-making decision of the Supreme Court. He brought suit on the claim that the decree did not show that the exemption applies to property acquired subsequent to the early amendment to the University charter through which the University had originally sought immunity from taxation. This was again a momentous crisis for all noneducational investments within the University. Happily in 1908 the Supreme Court of Illinois, by unanimous opinion, adjudicated: first, that the Amendatory Act of 1855 is a contract between the State of Illinois and Northwestern
University that cannot be in any wise impaired by any subsequent legislation; and, second, that all of the property of the University, whenever acquired, is forever exempt from taxation. Again the University breathed a deep sigh of relief as the door shut against the tax collector and, this time, seemingly locked.

Not deterred by these defeats, the County recently made another attempt. Using a 1969 amendment to a 1939 State Revenue Act, a tax was imposed on all lease-holders of Northwestern's tax-exempt property. The litigation again reached the Illinois Supreme Court which ruled that this use-tax on renters is valid. An appeal by the University to the United States Supreme Court was dismissed without an opinion. The resulting harm to the University is a large loss in income through decreased lease-revenues.

INSPECTIONS

The question of uniform standards, which had motivated the Columbus (1838) and Cincinnati (1867) conventions, demanded renewed consideration as expanding medical knowledge focused attention on the need for commensurate teaching in the laboratories and hospitals. In 1904 the American Medical Association created a permanent committee assigned to the improvement of medical education. It established, for immediate adoption, a minimal admission standard corresponding to a high-school education, and a medical course extending through four years. A second "ideal" standard was prepared that would require initially (in 1914) one- and subsequently (in 1918) two years of college credit for admission; a year's internship would then follow the regular four-year medical course.

All medical schools were inspected by the Association, and were classified in 1907 after being graded on ten categories of qualification. Three classes (A, B, C) were established, corresponding to acceptable, doubtful and unacceptable. The country-wide distribution was as follows: A, 82 colleges; B, 46; C, 32. That Northwestern stood in the first category was only an endorsement of its position among institutions with respectable attainments. The wide publicity given this total report proved to be more powerful than all of the resolutions and legislation of the preceding century. As a result, a
great wave of improvement swept over the country, and within a few years nearly forty schools disbanded. Yet not a little resentment had been aroused, even though considerable leniency characterized many of the ratings. Hence the Association sought to strengthen its position by eliciting the co-operation of the Carnegie Foundation for the Advancement of Teaching.

In 1910 the Carnegie Foundation published a report, following inspections made in the previous year by Abraham Flexner, a discerning layman, jointly with the American Medical Association. The Foundation did not attempt to act as a standardizing agency, but left standards and classifications to be handled by the Association. It did, however, discuss the peculiarities and shortcomings of medical education in America that resulted from the prevalence of independent colleges, even though many of them had acquired the nominal sponsorship of reputable Universities. The almost complete lack of controlled hospital services throughout the land was also brought sharply to attention. These defects were set against the medical conditions at the Johns Hopkins University, which had a relatively large endowment, a university atmosphere already conditioned to education above the ordinary college level, admission requirements necessitating a baccalaureate degree, a faculty selected with emphasis on productive capacity, a hospital under complete control (soon with the same salaried men serving as departmental and staff chiefs) and Senior students engaged in the hospitals as clinical clerks. Incorporated in the report were summaries of conditions at 155 medical colleges visited and inspected.

The “Flexner Report” was one of the most remarkable and influential publications in the entire literature of education. Its good sense appealed not only to professional opinion, but to university and public opinion as well. The strictures against general medical conditions excited a storm of comment and protest, many inferior schools resenting the revelations and the advice to improve or go out of business. Despite the oftentimes sharpness of language employed, there could be no doubt that Abraham Flexner reported what he saw truthfully and sincerely, and that many of the findings were, indeed, shocking. The emphasis placed by the American Medical Association ratings, and by the Carnegie Foundation report, on the need for fewer and better schools with better university control and increased financial support, had far-reaching
results. Between 1906 and 1926 the number of medical colleges decreased from 161 to 79; the exaction of college requirements for entrance increased from five schools to 74; and there was a rush into true university affiliation.

The reduction in the number of medical schools, with the survival of the better ones, was not so much due to direct attacks on the poorer schools as it was owing to the rapid elevation of admission standards and to the improvement of teaching in the superior schools. Correspondingly, the proprietary schools and those with only a nominal association with a university found themselves unable to meet the financial outlay forced upon them by the progress in the physical and biological sciences and by the need for adequate hospital teaching. Illinois, which had given birth to 39 medical schools by 1909 (and 44 in all), still harbored fourteen in Chicago, but these were reduced to five by 1926.

The Carnegie investigation gave essentially high marks only to Johns Hopkins, Harvard and Western Reserve. Comparatively, Northwestern did not fare badly in the report. The inspection judged the laboratories to be well equipped for routine work, but found that the ten full-time teachers lacked an adequate corps of assistants. Provision for research was rated distinctly inferior to that at the University of Chicago, which had taken over the preclinical years of Rush Medical College. The clinical material at Wesley, Mercy and Cook County Hospitals was found to be abundant in both amount and variety; in fact, it was more than could be put to good use. Wesley Hospital, with eighty free beds, was not primarily a teaching hospital, although it might advantageously be reorganized as such. All dispensary requirements were amply met. There was no substantial difference between the clinical offerings of Northwestern and Rush. The hospital situations of both were rated as "tolerable," having the defects inherent in the lack of financial resources and absolute control. Northwestern was criticized for not enforcing strictly its admission standard of one college year; strangely, no consideration was given to the fact that the inspection occurred just after the new requirement had been approved and inserted in the Annual Announcement.

The needs of the College of Physicians and Surgeons (University of Illinois) were adjudged to be greater than those of the other two principal schools in Chicago. But at both Northwestern and Illinois
the inequality of the student body was said to be frankly conceded by the faculties, and only an elevation and maintenance of standards would produce a remedy. The remaining ten schools wholly within the city were subjected to strong criticism, since it was said that they prepared candidates for the Illinois examinations in unmistakable contravention of the law and the rules of the State Board. Their continued existence was considered unnecessary, in which event the medical colleges in Chicago would be reduced to three. This conclusion was important to Northwestern, because the College of Physicians and Surgeons withdrew, for a time, from its alliance with the University of Illinois, while retaining its admission standard at the high-school level. This act placed Northwestern in sharp focus with the Chicago-Rush combination as the sole school with similar standards and aspirations. It presented a challenge, especially in staffing the laboratory departments and in furthering basic research, that could not be disregarded without loss of prestige.

Again, in 1934-36 the Council of Education of the American Medical Association conducted inspections of all medical schools. There was considerable dissatisfaction among the Faculty over the report concerning this School rendered by the Committee consisting of a pathologist and a former teacher of biology. While the inspection was in progress, no one seemed to be impressed with their particular competence for the task, nor with their haphazard and uneven procedure. Accordingly, the Medical Council directed that a thorough survey be made of the present educational policies, facilities, Faculty and students, with the following purposes in mind: to determine their present worth; to evaluate the graduates who represent the products of those factors; and to point out the requirements necessary for the future development of the Medical School. This voluminous compilation brought to light many interesting and significant facts. In various ways it contravened the adverse allegations of the inspecting Committee.

Subsequent reports of periodic inspections by liaison committees of the American Medical Association and the Association of American Medical Colleges were judicious and fair. They called attention to inadequacies in space, teaching beds, curriculum, faculty- and student voice, departmental and hospital interrelations, administrative staffing and long-range planning. Step by step these
deficiencies were corrected. The latest report (1970) ended with a gratifying summarization:

The record of the School in experimentation and development of new academic programs, in improving the academic qualifications of applicants, and in the stability and foresight of its leadership has produced an enviable reputation in the last two decades.

In general, the nationwide system of inspections, aimed at bringing to light legitimate needs as well as patent shortcomings, not only produced an initial surge toward acceptable standards but also has continued to prod mediocrity and commend excellence. Early in its operation it served indirectly to reverse the previous flow of students and graduates to European centers in search of the best instruction and methods. Today medical education in America is in its maturity, following two centuries in which it evolved from a crude, undisciplined infancy and childhood. Even fifteen years ago some 4000 foreign students and 8500 physicians were coming to this country for a basic medical education or for further training.

PROBLEMS OF POLICY

As related elsewhere, fundamental decisions concerning standards had already been reached by the Medical Faculty, and partly put into operation, before the appearance of the Carnegie Report in 1910. Nevertheless, the full implications in that report for the future of American medicine were plain to read, and they must have shaken those of the Faculty who had stood against progressive action. But much still remained to be done at Northwestern. The comparative data in the Report brought home cogently, to School and University alike, the need for strengthening further the laboratories, encouraging more research and improving hospital services. Some help was about to appear through generous gifts from James A. Patten and James Deering, but the determination to continue the advance had already been made, and the University soon learned that it must face increasing deficits. The latter fact was important because an immediate practical problem to be faced was how to spend more money on progressive developments while the
tuition-receipts were declining steadily through smaller enrollments. The decreased patronage was, of course, attendant on elevating the minimal entrance standard from a high-school requirement (cf. p. 185), to first a Freshman- and then a Sophomore college level (1908; 1911). Before the upswing began in 1914 the registration slipped to one-third of its high point in 1903. Had the University not accepted this financial challenge in these critical years, the history of the Medical School might well have ended in the early 'teens.

The question of medical co-education was not settled by the reversal of policy following a single year's experience with women students in 1869-'70 (p. 117). Neither did the exploratory inquiry on the subject by the University in 1877, nor its direct invitation to the School, in 1897, to take over the scientific courses of the Woman's College, meet with favor. Three years later, when the Woman's College was in extremis, the Faculty first resolved to approve the admission of women, provided satisfactory terms could be arranged with the University. But after much discussion the motion was tabled, by a vote of fifteen to five. The subject then lay dormant until 1913, when "after some discussion as to co-education in the Medical School, without any definite agreement or even consensus of opinion, the meeting adjourned."

The issue finally came to a head following the initial gifts to the University by Mrs. Montgomery Ward in the years 1923 and 1924. In the course of conversation with President Scott, she expressed surprise on learning that women were not admitted to the Medical School, but did not comment further. Long before this, the President had requested the Medical Council to state its policy concerning co-education when the new medical building would be occupied. A committee, appointed to consider the matter and not reporting at three subsequent meetings, suddenly came to life and recommended favorably, but not unanimously (four to two). A motion that women be then admitted, on the same terms as men, won by a vote of 13 to 3. This was largely an act of policy, rather than heart, since it was considered good business sense not to seem un-chivalrous under the circumstances. Those who voted in favor of the measure, but against their true feelings, doubtless felt vindicated when the final Ward gift, in 1926, proved to be truly munificent by doubling the amounts given previously for the building and its up-
keep. The perennial student gossip that the Ward gift was conditional on the admission of women is groundless, as is the allegation that she stipulated that the number be, at least, four.

At the start (1926), the representation of women in each class was set at four (since this represented a complete dissecting group, and mixed groups were considered to be improper). This number of female dissectors continued until after World War II. The final realistic motivation toward co-education followed somewhat the same pattern as that evidenced at the Johns Hopkins University when money to finish the Medical School ran short and the Trustees were in a quandary. In that extremity a group of prominent women proposed to raise the needed half-million dollars on the condition that women would be admitted on the same basis as men. The reluctant Trustees were forced to listen and accept. At Northwestern the crafty suggestion from the President was that gallantry might pay off! And it did (p. 215 ff.).

When the admission of women was under consideration by the Medical Council, advice was sought from individuals with experience in medical coeducation. A neighboring Dean replied that his school was disillusioned since not enough women persisted in practice or became satisfactory clinicians to justify the cost of their training. This opinion has not been substantiated by the outcome of Northwestern female graduates. A 1964 questionnaire sent to all alumnae elicited an 89 per cent response. Sixty-seven per cent had practiced continuously since their training ended, and 77 per cent full time. Fifty-five per cent were diplomates of specialty boards, twice that of a national survey of woman physicians and 1.4 times that of a similar survey of males. Incidentally, the performance of all women in National Board Examinations matches that of males (slightly inferior in first-year subjects; equal in Part 2).

**ANTIVIVISECTIONISTS**

For a period, and especially in the Thirties, the School was subjected to harassment by antivivisectionists and those concerned with the welfare of "man's best friend, the dog." Through a roundabout sexist influence one of the local newspapers was pressured into joining the campaign, and did so with shameless intensity and distor-
tion. Horror stories of mistreatments, cruelties and purposeless experiments were circulated, as were such falsities as refusals to permit the observation of animal quarters. High priestess of the cult was Irene Castle, a former dancer, who headed a refuge, "Orphans of the Storm," for stray dogs. A spurious charge, after she had abducted a dog from the animal quarters, brought a member of the Faculty and the President of the University into a City Court, but the case was dismissed. An attempt to rescind a City ordinance permitting the use of animals for teaching and research led to an investigation by a committee of aldermen and a hearing at City Hall. The Council voted to retain the ordinance, and further harassment dwindled and died.

DISSENSION

Disagreement and strife were common in the medical colleges of the nineteenth century, and many of them led to the resignation or dismissal of professors. In a period when there were no fixed salaries, controversy frequently arose when the time came for a division of the net proceeds of tuition at the end of the session. Satisfaction might be gained by malcontents allying themselves with a rival college, or by setting up a new college as a competitor. For example, Jefferson Medical College arose in 1825 through dissatisfaction in the faculty of the University of Pennsylvania. Immediately, almost the whole body of professors in the new school became involved in a controversy, growing out of jealousies over the fee system, that threatened the very life of the College. Again, somewhat later, certain members of the faculty were at variance regarding the policy of the College, and all attempts at an amicable adjustment failed. The trustees were forced to dissolve the faculty; in the reorganization the illustrious founder of the school, who had been its devoted friend, valiant defender and guiding spirit, was ignored. At about the same time as the troubles at Jefferson came a quarrel in the College of Physicians and Surgeons (Columbia University), when group after group formed in order to gain control of the school or, failing that, to attempt the founding of a new college. Closer to home, of course, was the dissident group that seceded from Rush Medical College to help found the new school that later
became a part of Northwestern University.

A burr under the saddle of the Medical Administration at Northwestern came in the first decade of the present century when a strong reactionary group in the Faculty delayed and tried to block the requiring of any college work for entry into the freshman class. Their resistance was based on the fear of smaller enrollments, and this prediction was immediately verified. But recovery from a two-thirds shrinkage in patronage, entailed by the initial requirement of one college year (1908), was delayed still further by the addition of a second required year in 1911. The faculty Cassandras must have been chagrined at the speed of partial recovery at a time when only 28 of some 160 medical colleges in the country were adopting similar elevated standards and it was still easy for applicants to choose a much quicker route into the practice of medicine.

There have been only two serious contentions during the long existence of Northwestern University Medical School. Both hinged on matters of policy, in which animosities came to be a far too important factor. The first episode was an internal struggle for control that took place during Dean Edwards' term of office. It centered around the educational aims of the School and manifested itself in an attempt to wrest control from the Dean and his loyal supporters. The insurgent group of the Faculty was ambitious and hungry for power. The period of the contest was a trying one because, for a time, the fate of the School hung in the balance, and all loyalists felt the gravest concern over the outcome. The reactionary educational theory of the opposition was that every effort should be made to increase the size of the School, without disturbing relatively easy entrance requirements or modernizing the type of instruction. After several anxious years, these militant dissidents were silenced, partly by disciplinary action against the leaders. The affair was not without aftermath because bitterness and even hostility, among those defeated and chastened, became inextricably entangled in the second episode. It centered around fulfilling the terms of certain deeds of gift made to advance clinical teaching.

The second dissention was not internal, but stemmed from early gifts to Wesley Hospital of $30,000 and a building site, alongside the Medical School, to Wesley Hospital. The cash came from earnings of the Medical School; the land, from Northwestern University. The conveyance of land was on the express condition that
Wesley Hospital should erect a hospital building on it, that the staff be drawn from the Faculty and that clinical teaching in the wards and amphitheater be afforded as required by the grantor. On the failure to carry out these conditions, it was stipulated that the land would revert to the University. The only obligation on the part of the Medical School was to supply physicians to staff the Hospital. In the event that the Hospital declined to accept physicians so designated, or admitted unrecommended physicians to its staff, such action would constitute a breach of contract.

An important judgment in the Carnegie report emphasized that "A hospital under complete educational control is as necessary to a medical school as is a laboratory of chemistry or pathology." Spurred by the needs so clearly revealed in this report, and desirous of implementing the intention so plainly stated in the deed of gift from the University, James Deering gave $1,000,000 to Wesley Hospital, in 1914, as a memorial to his father and sister. A condition of the gift specified that "Wesley shall become a teaching hospital and in both the charity work herein provided for, and everywhere else in the hospital, it shall give all proper teaching facilities consistent with the principle that the patients' welfare is the first consideration. The Medical School must provide an adequate staff for the Hospital."

The rights of the Medical School concerning staff and instruction, as specified in its earlier deed of land, were in no way lessened by the acceptance by the University of the conditions and obligations in the Deering gift. Neither were the original obligations imposed on the Hospital modified by the later benefaction. On the contrary, the Medical School must provide an adequate staff, and clinical teaching must be afforded it. In retrospect on the decades of disappointment and frustration that followed, it is tragic that the control of this money for clinical teaching was not assigned to the University. It is said that when the matter of naming the direct beneficiary was raised by Mr. Deering, he was advised casually by President Harris to let the Hospital have it since it was to be used to further clinical teaching!

Wesley Hospital was the only hospital solidly affiliated with the Medical School at the time. Theoretically it was the nearest approach to a university hospital, yet it was far from being one. Nevertheless, Dean Edwards was optimistic enough to predict that
the Deering endowment would become the nucleus of an arrangement approximating the conditions of a university hospital, and that "Mr. Patten's further gift for general endowment of medical education [p. 219] places the School in a position which promises to become supreme in Chicago." Soon, however, the Medical School became uneasy because the teaching conditions at Wesley Memorial Hospital did not improve. Then, as the months grew into years, the prospect of anything approaching a teaching hospital faded as inaction and overt noncompliance continued. The long history of the ensuing controversy is well documented in the Minutes of the University Trustees and in a summarizing report of a committee to the Medical Council. In contrast is the failure of the Hospital to find any records of the controversy in its files.

The University complained that the Hospital erred in various ways, such as on the following counts: Means had been provided for a teaching hospital, but previous conditions remained unchanged. Less than six per cent of all clinical work was provided by the Hospital and, contrary to a condition in the gift of land, students were not even admitted to the wards. The Superintendent, uninterested in the scientific side of medical education, dominated the policies and management of the Hospital. He had furthered decentralization and even encouraged some Faculty members on the staff to urge more dissociation of the two institutions. Further evidence of his unfitness as director of a teaching hospital found proof in his statement to University Trustees that "a hospital should be run like a shoe shop—to make money."

The University charged further that the Superintendent had handled the situation so as to cause some of the most eminent members of the Medical Faculty to withdraw from the Hospital, because of unsatisfactory service rendered to their patients. Equally valuable members of the Faculty had been peremptorily dismissed because they had the courage to complain about intolerable conditions; in one instance the Superintendent admitted the dismissal was only "a good opportunity to give the Medical School a blow." Eminent members of the Faculty, properly recommended, were excluded from the staff. Physicians dropped from the Medical Faculty for good and sufficient reasons (one of whom reportedly boasted that he would live to see the Medical School destroyed), had been retained on the Hospital staff over protests from the School.
The University cited further grievances: The by-law of the Hospital governing staff appointments had been changed so as to omit reference to the nominating prerogative of the University previously agreed upon, and appointments had been made on this altered basis. Advice from Mr. Deering that the Superintendent should be replaced was answered by his re-election for a long term — a direct affront. An offer to submit the charge that the conditions of the deeds of gift were being disregarded to an impartial board of review was rejected. In short, the University felt that the Hospital had found it irksome or unprofitable to live up to its contracts, and so paid no heed to them. Failure to observe the conditions of the contract of affiliation with the Training School for Nurses was cited as another instance of disregard of solemn agreements.

The replies of Wesley Memorial Hospital to these charges made clear its position, regardless of the degree to which they outraged the record of inaction and obstruction, or the patent meaning and spirit of simple agreements. The Hospital denied that the changed by-law and its operation constituted a breach of the conditions of the deed of gift of the Hospital site. It intended to draw its staff from the Medical Faculty, so long as competent men were nominated by the School, but it wished to select one-fourth of the staff through its own choosing. A staff member, once appointed, must have security of tenure so long as he gave satisfaction to the Hospital. He could be removed only on reasons sufficient to the Hospital, whereas his retention or release from the Medical Faculty was a prerogative of that School. Some staff members furnished by the School had not been loyal to the interests of the Hospital. Those clinicians who, in the dark days when closure seemed imminent, had set the Hospital on its feet by filling its beds, would not be dropped now because of dismissal from the Medical Faculty.

The Wesley rejoinder professed that it was the wish and intention of its administration to become a teaching hospital, within the terms of the Deering gift, but this must be accomplished under the direction and management of the Hospital. Mr. Deering had not provided funds for operating a hospital, but merely income for charitable purposes (note the significant omission of "teaching hospital" and "teaching facilities," since this statement, as made, epitomized the Wesley concept of its essential obligation). Wesley must conduct its business and must control its property and staff; it
The Hospital had accepted the conditions named, and it intended to live up to them. At the same time it wished the Medical School to receive benefits "so far as is consistent with the principles of patients' welfare." The Hospital would not concede that the gift of land by the University, and its attendant obligations, had any bearing on the Deering gift.

Relatively early in the disagreement, at Mr. Deering's suggestion, Henry S. Pritchett, President of the Carnegie Foundation, was invited by both parties to examine the conduct and management of the Hospital, and to include an examination into the relations of the Medical School to the Hospital. He accepted the commission and rendered a report notable for its practical common sense. He found a wide variance of opinion as to what a hospital ought to be and how conducted. The Hospital gave great attention to pay patients, the profits going for the use of poor patients. Although its obligations toward teaching had been increased enormously by the Deering gift, it did not provide the opportunities for medical teaching that it should. By contrast, the Medical School thought in terms of a University Hospital, utilizing all clinical material, rich or poor, that was available for teaching purposes. To carry out this plan, it would be necessary for the teachers to have practical control of the beds to be used in bedside teaching; and the staff should be solely from the Medical Faculty. But the clinical faculty of the School was not yet on a salaried basis, and the University did not control its time or services; even the Dean was a part-time practitioner.

Hence, Dr. Pritchett advised, the transformation must be gradual between a Hospital, little used to teaching and unaccustomed to the university concept, and a Faculty itself in a transitional stage. The transition must be gradual, but it could come to pass if both would begin to co-operate sympathetically as co-ordinate institutions. The Hospital should acknowledge that it was not meeting its obligations, and the University should admit that the ideal relationship could not be arranged immediately. In view of all these considerations, Dr. Pritchett set up a *modus vivendi* that conceded somewhat to the Hospital's insistence to retain on its staff some men, not acceptable to the Medical Faculty, who would bring in many pay patients. Yet the program should aim toward a gradual
evolution into a teaching hospital of the true university type, with its staff drawn solely from the active Faculty and with the clinical heads of departments becoming corresponding chiefs of the Hospital staff. All should agree that this type of hospital serves best the interest of the School and of the patient, rich or poor.

But Dr. Pritchett emphasized that the whole situation had become so complicated with personal feelings and bitterness that a calm and fair consideration of common problems was difficult for both parties. Unless this intensity of feeling could be lessened, no technical advice would be of benefit. If the executive officers of the Hospital and the School were so embittered that they could not do business together, then each board of trustees should try a new set of men.

The University accepted the recommended *modus vivendi* as the basis of negotiations, and invited the Hospital to do the same. The Hospital proved to be obdurate and ill-mannered. Mr. Deering requested that a full-time person be appointed who should serve both as Dean of the School and Superintendent of the Hospital. The University replied that it would comply; the only response of the Hospital was to re-elect its then Superintendent for a fresh term of five years.

Mr. Deering, greatly disappointed at the failure of the Hospital to carry out the conditions of his gift, was prepared to ask for its return. James Patten, a recent generous benefactor of the Medical School, joined in the opposition to Wesley. The University filed a bill (and Mr. Deering, a cross bill) at law to compel Wesley Hospital to comply with the conditions of the Deering deed. The Supreme Court of Illinois finally reversed unanimously the decision of a lower court that the equity was without jurisdiction. It held that there was no serious controversy over the meaning of the Northwestern deed: "staff" and "adequate staff" clearly meant the entire staff; there was a plain violation of the condition that Wesley would furnish facilities for bedside and clinical teaching; acceptance of the gift created a continuing obligation. Deering had created a charitable trust under which each institution was a beneficiary; either party might maintain a bill to enforce performance by the other.

Since the highest court of the State had construed the meaning of the deeds, it remained only to maintain by evidence the allegations. Wesley, having failed with its demurrer, next entered what pur-
ported to be a plea, but the Superior Court held it for naught. Having thus been unsuccessful in both attempts, the Hospital now had to answer and go to trial, or have a mandatory injunction entered against it. Nearly five years had elapsed since the case started, and three years since the Supreme Court held that the bill showed good cause for action. But still Wesley continued "to file frivolous pleas and dilatory motions," and in late 1922 the Northwestern attorneys could venture no prediction of an early trial.

Facing almost certain ultimate defeat, the continuation of delaying tactics worked first to the advantage of the Hospital. In the early Twenties the movement toward a Greater Northwestern gathered momentum. Land had been obtained for a Chicago Campus, north of the river. Gifts were coming in for buildings. Already in 1920 a group of influential alumni of the Medical School had asked for an early settlement of the dispute, since the campaigns for the School and Hospital must seek out friends to both institutions. Their letter emphasized, as Dr. Pritchett had done years before, that givers would not be anxious to donate to quarreling participants in a law suit. It also called to attention that Mercy Hospital was about to be lost to the School, and that Wesley had already showed progress toward better co-operative relations. Impressed by these pragmatic considerations, the University tried to effect an amicable adjustment of the pending litigation that would also be satisfactory to Mr. Deering. The attempt failed, whereupon President Scott advised that if Wesley did not trust Northwestern, the University should sever relations. He revealed that in recent months three hospitals had made overtures to the University, all of which would doubtless permit the University to nominate a staff, and one of which seemed likely to develop into a high-grade teaching hospital (and did; it was Passavant).

Again several years elapsed, during which time first a building on the new Campus and then a large endowment became assured to the Medical School. This reversed somewhat the previous bargaining advantage of Wesley, which now faced isolation in a deteriorated neighborhood. In 1924 a settlement seemed to have been reached, protecting the chief interests of all three parties. It was agreed in principle that the best hospital is a teaching hospital, and that a more efficient and harmonious relation between the Hospital and University was desirable. Hence it was resolved to enter into a con-
tract which would provide: (1) erection by Wesley of at least a 400-
bed hospital on the new campus; (2) not less than one-third of the
total beds to be allocated to patients available for progressive
clinical instruction (bedside-teaching or otherwise); (3) selection of
the Wesley staff to be exclusively from the Medical Faculty
(although certain current appointees could continue until retire-
ment); (4) severance from the Medical Faculty not necessarily to
mean severance from the Hospital Staff; (5) on the execution of
control, the University to convey to Wesley all interests in its pres-
ent property and release Wesley from all claims arising out of gifts
made to it; (6) the bill and cross bill to be dismissed; (7) until such
time as Wesley erected a modern hospital, it was to allot at least fif-
ty beds for clinical instruction; (8) both parties to agree henceforth
to observe all conditions of the Deering gift; (9) if Wesley wished to
build on the new campus, the University was to set aside, until
January 1, 1929, a site adjoining the Medical School and to execute
a lease at a nominal rental; and (10) both parties to agree that this
contract was not only to settle and terminate all controversies but
also to establish a basis for future efficient and harmonious co-op-
eration. (Later, in 1929, the guarantee of teaching beds was reduced
from 133 to 15, at all times, plus such others as might be supported
by specific endowments.)

Following this solemn pact, attempts by the University to nego-
tiate satisfactory working arrangements, or even to discuss matters
through conciliatory committees drawn from the two groups of
Trustees, failed until 1929, when Passavant Hospital was opening
on the new campus. Soon loss of prominent clinicians from the
Wesley staff, and the resulting decline in its use for teaching, re-
opened old wounds. Quite irrationally, open offers from the Medi-
cal School to help reconstruct the depleted and weakened staff re-
mained unaccepted even to 1941, when the Hospital moved to the
Chicago Campus. Wesley Memorial Hospital, when left behind at
the old college site, naturally felt increasingly abandoned as its
usefulness to the Medical School declined, its prestige waned
through staff desertions and floors lay idle. It was destined to ex-
perience years of frustrated hopes before an escape from its un-
promising environment was accomplished. Then came a new task,
which was to learn, step by step, what the full meaning of a teach-
ing hospital entailed. Deaths and retirements gradually removed
irreconcilables from the scene, and finally others participated in the merger that became Northwestern Memorial Hospital in 1972.

Amazingly the period of contention, since 1914, engaged the attention and taxed the endurance of four Presidents of the University and four Deans of the Medical School. But, significantly, a single Superintendent of the Hospital remained throughout the entire period. Inaction for the first fifteen years (1914-29) delayed clinical developments to such an extent that the all-round standing of the School suffered badly. In a period of rapid development of clinical facilities elsewhere, the teaching of these branches progressed but little at Northwestern in the first three decades of the twentieth century. Dean Edwards had warned in 1914 that “the life of the School, and its present and future rating depend on its having its own hospital.” And he was sufficiently sanguine to predict that such “would give Northwestern a unique prestige, and the Medical School the command of medical education in Chicago and the West.” But his term of office ended in disappointment and the beginnings of the “drastic publicity” that he feared. Dean Kendall completed his eight-year term with only the false gleam of a real settlement in sight. The stalemate wore on through Dean Cutter’s long period of service and past that of Dean Miller. For its part, Wesley lost a golden opportunity to establish early a reputation among hospitals for progressive action, and this was for want of imagination, of determination to become a modern teaching hospital, and of effective utilization of means provided for this specific purpose. It was sixty years after the Deering gift when full co-operation first came, and this was through the union with Passavant that produced a merged Memorial Hospital.

WORLD WAR I

In the early spring of 1917, even before war was declared by this country, military drill and training in the tactics of the Hospital and Ambulance Corps were established in the Medical School under the charge of a Sergeant detailed by the Government. Actuated by the spirit of the times, the Dean and preclinical Faculty participated in these drills which took place, in good weather, in a public play-
ground not far distant. Even earlier, special courses in Military Medicine and Hygiene, designed to meet the needs of an Army or Navy surgeon, had been given by a Major of the regular Army detailed to the School for that purpose. As a result, ten of the Senior class passed the requisite examinations and entered the national service before the close of the academic year. It was, however, clearly recognized that ordinary medical training was so directly related to prospective war needs that it was more in the national interest for students to remain in class and complete their studies.

American Army Hospital Unit No. 12 was organized by Dr. Frederick A. Besley largely from the Faculty, nurses and students related to Northwestern University. In May, 1917, this organization, better known as Base Hospital No. 12, left for active service. After a short time in England, the Unit crossed over to France and was placed in charge of a British Base Hospital of some 2,000 beds, where it continued for many months. In all, it served with distinction in Etaples, France, for nearly two years, treating some 60,000 at its field station.

In the summer of 1918 the idea took root of using colleges as training camps, and so the Student Army Training Corps was established without delay. Through the initiative and drive of Dean Kendall, the Northwestern unit was the first to be organized in any medical school in the Nation. Students were inducted into the Army, but remained in college while living as soldiers and receiving training as such. The University contracted to provide housing, food and academic instruction at a fixed price, while the Army gave military instruction and maintained discipline. At the Medical School four fraternity houses were turned into barracks, and the pathological laboratory was converted into a mess hall where food was dispensed by a chain-restaurant organization. Students were marched from barracks to School for the day and, after a supervised study period in the evening, they were countermarched to the barracks.

The Medical Department of the Army assumed virtual control of the Medical School on October 1, 1918. It cannot be said that the experiment was a success from the standpoint of either University or Army. The students were handled in a manner that contributed neither to their contentment nor to their efficiency. Only 45 hours a
week were allotted to instruction and study, so that former scholastic standards could not be maintained. With the signing of the Armistice the purpose for which the Corps was created had passed, and six weeks later control reverted to the University. Normal conditions were resumed rapidly, even though the adopted scheduling by trimesters ran its course. When World War II developed, a quarter of a century later, the Government and Armed Forces had profited sufficiently by earlier errors so as to interfere less with the professional training of prospective medical personnel.

Of 289 students regularly enrolled in the Medical School, 223 were inducted into the S.A.T.C. and 24 into the Naval Reserve Force. As already implied, the results of the experiment were disappointing. War is ever a disrupting influence, and in this instance the students attained neither efficiency in medicine nor familiarity with military procedure. Matters were not helped by the absence of three-fifths of the Faculty (80 out of 132) as commissioned officers in the Medical Corps of the Army or Navy. Among other scholastic losses, the elective system and clerkships of the Senior medical program were forced into discontinuance. At the time of the War there were 2,889 living alumni of the Medical School, distributed through a wide range of ages. Of this number 949, or one-third of the total, were commissioned in either the Army or Navy Corps.

WORLD WAR II

The Second World War engaged the co-operation of the Medical School more intensely than did the First, but there was far less disturbance of routine and efficiency. Physically qualified students, enrolled as Privates in the Army or as Apprenticed Seamen in the Navy, represented nearly ninety per cent of each war-time class. They were placed in uniform, given pay and were otherwise supported by the Government throughout their medical training. Students holding Reserve Corps commissions were permitted to retain them, if desired, but were not then entitled to any financial benefits. The University had to enter into contracts to supply medical training, housing, feeding and medical care. The length of college preparation before entrance to the Medical School was reduced to
two years for the duration of the War, and the medical curriculum added a minor amount of instruction in military medicine and surgery. From 1943 through 1945 the total medical program was accelerated by scheduling continuous classes, so that the regular medical course would be completed in three calendar years. Since military pay was related to family size, many students found it profitable to marry and produce babies.

Beyond providing an accelerated teaching program, the Faculty participated directly in numerous research projects essential to the War effort. Still more intimate participation came to many through service in military hospitals. Northwestern's General Hospital No. 12 of the First World War, already restaffed, was reactivated at the outset, and served notably in Africa and Italy. Station Hospital No. 48, split off from No. 12, saw intense service in New Guinea and elsewhere in the Pacific area. Specialty Naval Unit No. 29 was stationed at the Navy Pier, with hospitalization facilities at Wesley Memorial Hospital for the purpose of caring for enlisted personnel in the Chicago area. Still another Station Hospital was drawn from alumni and younger faculty members, but was not considered an affiliated unit of the University. By the autumn of 1942 the Faculty had supplied 170 of its members to the War effort, and this number later grew to 225. No other medical school equaled this record of military service. The depletion from the Faculty of many of the better teachers presented practical difficulties that were accentuated because of the accelerated program.

STUDENT UNREST

Undergraduate unrest of the later Sixties and early Seventies sometimes culminated in the seizure of college buildings and other acts of violence. One might have thought that busy medical students would not indulge in such distractions. But here at Northwestern a small group of activists did emerge, even occupying the office of an associate dean symbolically for 24 hours and submitting idealistic demands. Interestingly enough, one important and unsuccessful 'cause' was to try to coerce the School into setting up a round-the-clock, free clinic in an area of the city where minorities were badly
Walled and moated barracks at Rome, serving unit No. 12 as a 2,000 bed hospital.

Mined beach, fronting a former Youth Center, utilized by Unit No. 12 at Leghorn, Italy.
serviced medically. More practical and successful were pressures applied toward protecting the dignity and rights of clinic patients, and toward introducing studies on health care in the urban setting.

There were tangible fruits of this localized student concern for community health-care, a concern fomented nationally by the aggressive Students' American Medical Association. Out of it came the organization of two new extramural health centers (p. 256), while the climactic demonstration helped to trigger the establishment of the Department of Community Health and Preventive Medicine. Byproducts of the local unrest were the organization of a Student Senate and a Faculty Senate, whose representatives share in various decisions and responsibilities affecting the operation and policies of the Medical School.

Some years later the student body naturally became disturbed by an announcement from the University Administration that medical tuition would be increased by one-third in the next (1977-78) academic year. Junior students organized a protest on the basis that the rate stated in the School's catalog constituted an implied contract, subject only to reasonable increase. Class subscription raised about $10,000 which financed a lawsuit that, predictably, failed to gain the support of the Court.

INDISPENSABLE SUBJECTS

For centuries an impediment to proper medical instruction was the difficulty in obtaining material for human dissection. Strangely enough, the public, although coming to approve the legalization of postmortem examinations, was long unreconciled to the dissection of human bodies in medical schools. In conflict was the age-old dilemma of demanding proficiency from physicians and, at the same time, obstinately withholding the very means of getting it. Beginning with 1825 and extending to midcentury, Illinois had enacted, and even revised, statutes to prevent unauthorized disinterment of the dead. The bodies of criminals were made available as early as 1649 in Massachusetts; in 1827 Illinois followed, and the first legal dissection was done on a cadaver obtained from an execution in 1840. As a sole source, executions obviously could not suf-
fice, and amateur (that is, student or instructor) and professional body-snatchers became an irregular facet, first of the training under preceptors and then of the operation of medical colleges. Nor did the passage of acts legalizing the procural of bodies for dissection, beginning with Massachusetts in 1831, solve the problem immediately. It has been calculated, for example, that several thousand grave-robbings must have occurred in Massachusetts in the nineteenth century.

The illegal procural of bodies was usually the result of grave robbing, also characterized as resurrecting, raising the dead and body snatching, but theft of bodies before burial occurred on occasion and even murder for profit was not unknown. The participants in exhumation were variously designated as grave robbers, body snatchers, resurrectionists and sack-'em-up men. During the Colonial period students, studying under preceptors, had to supply their own anatomical material if they wished to learn by dissection. With the rise of medical colleges after the War for Independence, cadavers began to be furnished by the schools. This was accomplished either by the direct action of the professor's assistant or by purchase from professionals, so that student involvement lessened correspondingly and finally ceased.

The outraging of public sentiment had led to riots from time to time. The earliest took place in 1765 against Dr. Shippen's private school of anatomy in Philadelphia, followed by demonstrations in New York, Baltimore, New Haven and elsewhere. The last large-scale "Doctors' Mob" occurred in St. Louis in 1844. Illinois was not free from such episodes. In 1849 an armed posse of 200 or more incensed citizens stormed the home of Professor Richards, of the Franklin Medical College at St. Charles, who had given sanctuary to a former student who had stolen a female corpse from the graveyard of a neighboring town. During the assault the young man was killed by a bullet fired through the front door of the Richards house, and the Professor was permanently crippled by another gunshot. Assurance that the body could be recovered at a designated place the next day served to disperse the assemblage. Another incident, which was undoubtedly a factor in the discontinuance of the medical department of Illinois College, at Jacksonville, was largely brought about by the zealous activities of its Professor Prince. On one occasion the medical building was surrounded by an angry mob.
who believed that the exhumed body of ex-Governor Duncan was in the process of dissection there. Only assurances and promises to the family and public prevented serious violence.

Rush Medical College on several occasions was the object of public indignation. In 1857 it gained much undesirable publicity when a student and a public sexton were jointly charged with "resurrecting" bodies from a cemetery for the purpose of dissection. The press attacked viciously, with epithets such as "barbarians" and "hyenas." With characteristic courage Dr. N. S. Davis replied in his *Chicago Medical Examiner*, arguing that such procural was not inherently criminal because the remains would be used to gain knowledge to benefit the living; the motive could not be impeached, and it was absurd to argue that unclaimed human remains in Potter's Field belonged to anyone. To be sure, he continued, legislators had made laws that had declared such an act criminal; but they also had enacted legislation that rendered every physician subject to suits for malpractice if he failed to use the very knowledge that can be gained in no other way than by dissection of the human body. The escape from this dilemma, Davis maintained, was not to advocate the robbing of graveyards as the sensible solution, but rather to change the laws so as to award the unclaimed bodies to the medical schools for properly supervised studies, followed by decent interment or cremation.

Again, in 1867, two Negroes were arrested, in proximity to Rush Medical College, with possession of several cadavers evidently procured for medical dissection. The newspapers "ascended to heights of vituperative invective." The President of the College, in his *Chicago Medical Journal*, denied that the school or its faculty members were involved, and argued: "The poor resurrectionists, in their unpleasant and hazardous work, at least sought the cover of night and secrecy, and did everything in their power to prevent the feelings of any person from being lacerated. Theirs was a necessary work — it must be done by somebody, all admit so much; the offense, if any, was a Spartan one — *being caught.*"

Dr. John H. Hollister was a Demonstrator of Anatomy at Rush Medical College from 1857 to 59, when he left to become a founder of our School. As Demonstrator, a major responsibility was the procural of subjects for dissection. This was a serious obligation because at that time not even the failure to provide lectures would
so soon bring discredit to a medical college as shortages in this material. In his *Memories of Eighty Years*, Dr. Hollister wrote:

The exposures and real dangers I underwent in the fulfillment of duties connected with the position seem almost incredible. The procuring of subjects for anatomical teaching was sometimes at the peril of life. At that period nothing in a community would so incite a mob as the invasion of a graveyard. It is needless to speak of the decoy letters, of shadowings by police, of the mutilation of subjects in the darkness of night to prevent their recognition when the authorities were about to pounce down upon our college on a voyage of discovery. I might speak of visits to other cities and the sending home of barrels marked "Chemical Erasive Soap" so that the contents might not be betrayed by their odor.

Only once was my life, I think, really in danger, and that was when I approached a half-opened grave and one of my helpers, deaf as an adder, grasped his hatchet to brain me, mistaking me for a policeman. I threw my hat in his face; he recognized it and sank down in complete collapse. We got our quota of subjects all right. To prove that I could do it, I went one dark night and procured a subject all alone. I did it then, but I don’t think I would do it again.

In *The Marching Years* Dr. Norman Bridge (class of 1868) has related his experiences as an Assistant Demonstrator at the Chicago Medical College in procuring anatomical material for class teaching in the years 1868-70. At this period all human subjects (except the few legalized criminals) were still obtained illicitly from three sources of supply: first, Potter’s Field; second, other cemeteries (necessitating daring recklessness); and third, by bribery, directly or indirectly, from almshouses and prisons before burial. Dr. Charles T. Parkes, later Professor of Surgery at Rush Medical College, was at that time Demonstrator of Anatomy there. It was agreed that Parkes should procure all the material for both schools and assign it equitably according to the respective enrollments; total expenses incurred by an arrangement made with the county undertaker would be shared proportionately. After a time the bodies allotted to the Chicago Medical College became scanty and of poor quality, whereas the Rush students were known to enjoy an abundance of good material. Complaints resulted in even worse treatment, and independent action had to be taken to
satisfy the students and maintain a reputation for affording reasonable facilities. Accordingly, Bridge was assigned by his superior to the disagreeable task. The Demonstrator told him of the secret agreement Parkes had made with the county undertaker and gave him a free hand but, for his own protection, offered no instructions as to a plan of action.

The existing arrangement was simple, commercial and, it is hoped, venial. The unclaimed, boxed dead were stored temporarily in a large vault in a mostly vacated cemetery at the south end of Lincoln Park. When a wagon-load of boxes had accumulated, the county inspector would examine them at night and give the undertaker a permit to transfer them at daybreak to the Potter's Field. Such precautions were aimed to protect the reputation of the County Board by preventing possible irregularities on the part of the undertaker. But between the nocturnal inspection and daylight there was still time for the substitution of a bag of sand for each body, and these, if anything, found burial. Bridge obtained the undertaker's key for a night by bribing his helper, raided the vault and secured one good body. This theft placed Parkes in a bad position since he and the undertaker had the only two keys to the vault. In spite of his protests as to innocence, Parkes had to make good by sending men to Potter's Field, who dug up a body through four feet of frozen earth and placed it in the empty box before the imminent inspection. Parkes raged at the Demonstrator of the Chicago Medical College, who truthfully disclaimed knowledge of the affair, and then charged Bridge with perpetrating a "despicable trick." The latter refused to discuss the episode or previous grievances, but only intimated that if the College got a square deal in the future, there would probably be no further trouble. And from that time on, the College did receive fair treatment as to both quantity and quality.

A meeting of the Faculty of the Chicago Medical College in December, 1866, instructed representatives to confer with a similar committee from Rush Medical College for the purpose of taking measures to have an anatomical law passed at the next meeting of the Legislature. Immediate action, however, was not forthcoming. Eight years previously Professor Hosmer A. Johnson, then President of the Illinois State Medical Society, had appointed a committee "to mature a plan for memorializing the legislature in favor
of legalizing dissection," and the next year he delivered his valedictory address before that Society on the subject of human dissection. It is said that this speech was the most impassioned and masterly of any presidential address given in the forty-year span between the founding and 1890. To quote O. F. Kampmeier in the History of Medical Practice in Illinois:

Rarely had an audience listened with such rapt attention as to this speech... With a broad grasp of medical history, a profound insight into the psychology of peoples, an incisive and impelling logic and an unsurpassed clarity of language, he portrayed the search after truth and perfection of skill, and the conditions that hamper such aims, in a manner which utterly annihilated any prejudice against human dissection... No one deserves more credit in finally securing passage of an 'Anatomy Act' in Illinois than does Dr. Hosmer Johnson, not only because of this address but because of his succeeding, persistent efforts toward such legislation.

Finally, after a quarter of a century of agitation and pressure, a compromise Anatomy Act was passed in 1874, but this was inadequate and ineffective because it was permissive and hence not mandatory on officials to deliver to the colleges the bodies that legally might be used for medical purposes. In Cook County some graft was involved in procuring deliveries and, following dissatisfaction between the County Board and the undertaker over splitting the bribes, all deliveries ceased. This default forced the colleges to buy at extortionate prices from daring individuals who engaged in some scandalous practices of robbery, both before and after burial. Medical students were included among the grave robbers, and former members of the Rush faculty have recorded the involvement of two students of that college. One of the pair was sent to the Joliet penitentiary, whereas the greater offender escaped to Texas; both received diplomas in absentia about two years later!

Ten years after the first legislation there was renewed effort to strengthen the law by making it mandatory, and also to include preceptors as well as colleges among the proper recipients. During the debate on this proposal Dr. Johnson made an extemporaneous, dramatic appeal that again displayed his persuasive rhetorical skill. With such aid, an improved measure was enacted June 26, 1885. This definitive law remains in force to the present day, and has
proved to be a wise and effective aid to medical education. Only minor revision would be necessary in adapting it ideally to present-day conditions. Nevertheless, because of ignorance of the existence of lawful procedures, or of unwillingness to comply with the necessary routine, it is known that isolated incidents of exhumation continued until the end of the century.

In the early twentieth century a mutual Demonstrators’ Association, appropriately named for the original protagonists in this field, arose to simplify the procural and equable distribution of subjects to all schools and hospitals using them. Yet the embalming and storing of cadavers continued to be a necessary chore imposed on the anatomical department of each medical school. This sometimes became burdensome through an inability to obtain and retain help for such an unpleasant task. A shortage in the labor-force during World War I led the several medical schools in Chicago to delegate all embalming to an individual assigned to the central quarters of the Demonstrators’ Association. This move proved to be a satisfactory solution to a formerly unwanted direct responsibility, and the arrangement became permanent by general acclaim. Such an arrangement is unique in the Nation.

The College came to dispose of its dissected remains by burial in a public cemetery. The first recorded purchase of a lot coincides with the passage of the initial Anatomy Act in 1874, which specified such disposal. That this had been done previously is doubtful because of the irregularities attending the procural of material. In 1916 the Northwestern Trustees were astonished to learn that the University owned three lots in Oakwood Cemetery, purchased in 1874, 1881 and 1883, which had accumulated a fair-sized bill for care. The cemetery association suggested that the forfeiture of title, through failure to pay, would be wholly acceptable. This was done.

The Act of 1885 permitted users, as an alternative to burial, “to cremate the [bodies] in a furnace properly constructed for the purpose.” In 1892 the cautious President of the cemetery association wrote the Northwestern Trustees: “Let me suggest . . . that there is no necessity for sending this ‘dissected remains’ to a cemetery . . . I think you are allowed to burn it . . . The Cemetery prefers not to bury this kind of material.” Presumably his advice was followed straightway; certainly cremation was done routinely during many years of occupancy at the Dearborn Street site.
But since there was no special provision in those days for the cremation of *spolia anatomica*, it was done in the coal-burning heating facility in the basement of the Laboratory Building. The time designated for this disposal was during the summer vacation-period, and the orders were that it should be carried out gradually by night. About the time of World War I there was a drive toward smoke abatement in the city, and to this end roving details of inspectors reported infractions. These led to photographic publicity in the newspapers and ended by stiff fines in the courts. On one hot daytime such a detail spotted a column of inky smoke leaving the stack of the Laboratory Building. Seeking out the boiler room, they found the fire-compartment stuffed with anatomical remains. Publicity of this infraction of the ordinance would have been serious through the ensuing public resentment against a breach in good citizenship and common decency. Fortunately, fast talking by an administrative official convinced the detail that the offense occurred solely through the disregard of strict orders and that there would be no repetition; the incident was not reported to civic headquarters.

A better method of handling cremation became standard practice when a special incinerator was installed in the Ward Building on the new campus. Final disposal is by returning individual ashes, on request, to relatives and by burial of other ashes in a cemetery plot owned by the University. An annual committal service, as done in some medical colleges in this country, has not been a custom at Northwestern.

**AN ALLEGED IRREGULARITY**

A strange bit of pseudohistory involves an illegally sold cadaver and Northwestern. Adherents of the "Great American Myth" maintain that John Wilkes Booth, the assassin of President Lincoln, was never captured. Instead, as the story goes, a farmhand also hiding in the Virginia barn-refuge was shot as he escaped the burning building and was buried as a counterfeit Booth. The myth further credits the footloose Booth with making his way to the Midsouth where he lived under an assumed name until death occurred in 1903. Years later a mummified corpse was sold as Booth to a sideshow
entrepreneur. It reached Chicago in 1931, whereupon the show broke up and the exhibited mummy was said to have been taken to our Medical School. My first knowledge of this allegation was somewhat later when a nationally known author came to my office, asserting that there was good testimony that the body had been brought to the School. He expected confirmation of this and hoped to see the specimen. Finally he left, unconvinced by my denials that such an exhibit was ever in our responsible possession.

In 1976 the Rolling Stone magazine revived the myth in an article describing the preparation of a book by a newly converted supporter of the legend. His crowning bit of evidence was said to be an affidavit by six “physicians from Northwestern University” who examined the cadaver in 1931 and stated that the body had all of the known Booth earmarks: the fencing scar above the right eyebrow; the deformed right thumb; the broken leg; and, wonderful to tell, a signet ring bearing the initial ‘B’ found in the stomach. A tiny reproduction of this unnotarized document was published in the magazine. Actually there were six Chicago physicians whose names correspond with those on the document. Each prefixed “Dr.” to his name, but only one appended “M.D.” Where such an alleged autopsy may have been performed and the manner of disposal of the remains are not known. Strict archival search proves that no one of the signers was ever a member of the Medical School Faculty. The unquenchable legend will presumably live on, but it is certain that the Medical School was neither a legitimate recipient of any such mummy nor the sponsor of an autopsy on it.