II

The Birth of Reform in Medical Education

(1859)

During the nineteenth century more than 400 medical colleges sprang into existence in the United States, and during the last half of the century this spawning was especially prolific. Illinois, with a total of 39 colleges, stood intermediate between Indiana (27) and Missouri (42). Most of these schools were opportunist-attempts by small groups of physicians to gain prestige, money or both. Some were honest but ill-advised adventures because of inferior locations, facilities and personnel; others were frankly commercial enterprises, ranging down to overt diploma mills. A select few combined high ideals with a competent faculty and adequate clinical facilities. Those who sought to launch the school that was to become a part of Northwestern University added to the essential factors, just mentioned, another feature of paramount importance and new to this country; this was to put into operation a different plan of instruction than that long in vogue. It was destined to become adopted, to rescue medical pedagogy from self-shackled restraints and to elevate it into the company of accepted pedagogical theory and practice existing in other branches of education.

Five of the seven principal founders of the proposed, new school not only had received their training in contemporary medical colleges, but also were either active or recent members of the faculty of Rush Medical College, already in operation for sixteen years and organized along the standard pattern of the time. In that College there were no prescribed stipulations as to previous formal schooling, the annual term was sixteen weeks, the faculty had consisted of four to seven teachers and, of course, all subjects were taught simul-
taneously to beginners and second-year students alike. Its original requirements for the degree of Doctor of Medicine, left essentially unchanged for decades, were as follows: “Three years of study with a respectable physician; [in this period] two [identical] courses of lectures, the last in this school (two years of practice to be accepted in lieu of one course); the candidate to be twenty-one years old, to have a good moral character, to present a thesis on some medical subject, of his own composition and in his own handwriting, and to pass an examination in all branches.” In the third Annual Announcement a dissecting fee of $5.00 was listed along with the revealing statement that “This is optional with the student to take or decline. . . .” All such stipulations, as has been noted in the previous chapter, were quite inferior in important respects to those adopted by the earliest medical colleges in the Colonies. The subsequent relaxation of standards had been a concession to expediency and, as new schools sprang into existence, sharp competition supplied a practical deterrent to the adoption of higher requirements by any of them.

THE MEDICAL DEPARTMENT OF LIND UNIVERSITY: 1859-64

It so happened that in the faculty of Rush Medical College there were some who were dissatisfied with the traditional medical curriculum used throughout the United States. Chief among these dissidents was Dr. Nathan Smith Davis, Professor of Medicine and Secretary of the Faculty, who for fifteen years in New York and Chicago had continually advocated the improvement of medical schools by elevating their standards. Specifically they were to require an adequate preliminary education for admission, institute longer annual courses of instruction, enlarge the faculty, grade the studies into three different annual courses, and make dissection and hospital clinical instruction a condition for graduation.

In 1857 these matters had reached a stage of deliberation where, through the advocacy chiefly of Professors Davis and Byford, a plan for a new curriculum was devised. This called for an extension of the annual term, arranging the studies into two sequential courses, and dividing the students into Junior and Senior classes.
Such a revised program was voted upon informally by the Rush Faculty and, it is recorded, received unanimous approval. Yet the imperious and autocratic President, who knew only how to command, and his Trustees, both admitting the propriety of the plan but fearing a loss of patronage from the adoption of higher standards, overrode this sentiment and were unwilling to commit the school to any such hazardous departure from the stereotyped pattern.

This situation had an important bearing on the development of a second school in Chicago, because it became plain that under proper conditions certain members of the Rush faculty, including Davis who matched the President in uncompromising determination and mutual incompatibility, would be sympathetic toward engaging in a promising adventure into a pioneering type of medical education. Dr. E. C. Dudley, a long-time member of the Medical Faculty, in his biography, *The Medicine Man*, wrote somewhat cryptically of how he had frequently heard Davis, Andrews and Johnson tell of "the casual meeting on the Rush Street Bridge when they initiated the idea of a radical departure in American medical education."

At this time Lind University, located at Lake Forest and later to become Lake Forest University, had received a charter (1857) and taken the name of a prospective benefactor, Sylvester Lind, who was a prosperous Chicagoan engaged in the lumber business. In 1859 only a preparatory school had been started, but the corporation was planning a college of liberal arts and was hopeful of acquiring professional schools. Informal negotiations for the establishment of a medical department were entered upon with Drs. Hosmer A. Johnson and Edmund Andrews, aided by Ralph N. Isham and David Rutter.

In this group the first two had only recently held appointments on the Rush faculty, and had vigorously supported the progressive views of Dr. Davis. In fact, Andrews, before leaving the University of Michigan, had already published essays in advocacy of graded teaching and educational requirements for admission. All aspects of the matter were discussed fully, and legal advice was sought as to methods of procedure. All conferees were of the opinion that there was a need for the establishment of a medical school, more in accordance with sound educational principles and better adapted to the present state of the science and art of medicine than any then existing in the country.
Dr. I. N. Danforth, a contemporary of the Founders, in his *Life of Nathan Smith Davis*, records that N. S. Davis and W. H. Byford were silent partners in the early negotiations, even though they played no official role until the organization was well under way and they had resigned from Rush Medical College. Danforth states: "The trustees [of Lind University] invited Drs. Hosmer A. Johnson, Edmund Andrews and Ralph Isham to meet them for the purpose of considering the matter. At a subsequent meeting these gentlemen again met the university trustees, together with Drs. N. S. Davis, W. H. Byford and David Rutter, and out of this meeting grew the Medical Department of Lind University."

Pursuant to the plans for a new type of medical school, Drs. Johnson, Andrews, Isham and Rutter met on March 12, 1859, in the office of Drs. Rutter and Isham for the purpose of considering definite proposals, signed and submitted by the Executive Committee of the new University. There were nine sections in the proposal, the more important covering the following points: (1) the University would provide, rent-free for three years, rooms in the Lind block of the Chicago business section which had been viewed by both parties; (2) at the end of three years, permanent and ample accommodations would be provided in a proposed theological building or elsewhere within the city limits and, beginning with this second period, the residue of matriculation and graduation fees, after paying the necessary current expenses of the session, would accrue to the University; (3) all expenses, except those related to housing, would be met by the Medical Faculty or out of funds accruing to the Medical Department; (4) for three years the Medical Faculty would serve without pay, the income from lecture tickets being used to provide apparatus, illustrative material and other equipment; (5) professors would be nominated by the Faculty, but appointed by the Trustees of the University; (6) degrees would be conferred by the University Trustees, upon recommendation of the Medical Faculty. A supplementary proposal that any professor "could be removed for immoral conduct or infidel or atheistic sentiments" was suggested by the Founders at a later meeting, but was withdrawn.

The four physicians, having effected a temporary organization with Dr. Johnson as chairman and Dr. Isham as secretary, after mature consideration accepted the several proposals and the conditions named, and signed the agreement. At that moment the Medical Department of Lind University came into being.
Continuing the meeting, it was decided to establish eleven professorships, instead of the customary six or seven, as follows: Descriptive Anatomy; Physiology and Histology; Inorganic Chemistry; Materia Medica and General Therapeutics; General Pathology and Public Hygiene; Surgical Anatomy and the Operations of Surgery; Organic Chemistry and Toxicology; Principles and Practice of Surgery; Principles and Practice of Medicine; Midwifery and the Diseases of Women and Children; Medical Jurisprudence. Each of the four physicians present was nominated to a chair, but in the case of Dr. Rutter the designation was qualified as Emeritus since earlier, impaired health had compelled him to restrict activities. It was further resolved that offers of other professorships be tendered to Drs. Nathan S. Davis and William H. Byford, both still active members of the Rush faculty. At this initial meeting it was also decided that there should be two divisions of the subjects taught: the first, or Junior Course of instruction would deal with the first five subjects just listed, together with dissection and laboratory work in chemistry; the second, or Senior Course would comprise the remaining disciplines. Both courses would be given simultaneously, but two years' attendance would be necessary in order to complete the program.

ORGANIZATIONAL DETAILS

According to N. S. Davis, who was not present at the founding session (and the detail is not recorded in the Faculty Minutes), it was there decided that the original list of eleven professorships should be eventually extended by making clinical medicine and clinical surgery additional chairs, which they would actually be, except in name, from the start. Such an arrangement would then permit the instituting of a separate annual course of studies for each of three years of medical study in the College. In this way a complete, graded system of instruction could be established, by which the student would pass from elementary studies in the first year to more dependent subjects in the second year, and to the strictly practical branches, with clinical instruction in hospitals, in the third year.

It was realized, however, that were the college term to be lengthened immediately to six months, the total time required for a three-
year course would become more than double the period of residence required in other colleges of the day, and this would correspondingly increase the cost of a medical education to students. Since such a marked expansion of the curriculum did not promise immediate patronage, it was deemed more prudent to begin with a two-term, graded curriculum of five months, which would be
adapted to Junior and Senior students. When once the system of graded instruction and extended terms had been introduced into medical pedagogy and established as a standard educational procedure, it would then be easier to carry the grading further and add the necessary additional time. For the present, as a makeshift arrangement, a third or supplementary year of elected studies was to be recommended and urged, for which no tuition charges would be made.

Subsequent meetings disposed of many organizational matters. Drs. Davis and Byford, convinced that no material changes in policy would be made at Rush Medical College, promptly accepted the proffered chairs, whereupon a similar invitation was extended to Dr. John H. Hollister of the Rush faculty, and to others. By midsummer of 1859 only the chair of Materia Medica and General Therapeutics remained unfilled, when an application for the chair of Descriptive Anatomy came from Dr. Titus DeVille, an Englishman who had resided in Paris for some years and who was recommended by the famous neurologist, Dr. Brown Sequard. This appointment was approved and made possible by a slight reshuffling of personnel, whereupon the Faculty quickly attained definitive form.

In the meantime, at the fourth meeting (on March 24, 1859), a permanent organization was set up, with officers as follows: Hosmer A. Johnson, President; Ralph N. Isham, Recording Secretary; William H. Byford, Corresponding Secretary; and Edmund Andrews, Treasurer. It is interesting, and probably significant, that the ages of the active founders of this new enterprise ranged from 24 (Isham) to 42 (Davis); Dr. Rutter, often designated in historical references as aged or well advanced in years, had just turned 58! In truth, the venture was indeed the brain-child of idealistic and courageous young men.

At the sixth meeting, on June 4, the Faculty expressed a desire to make certain that no student would graduate who would not be deemed wholly qualified to practice, and to this end it resolved to invite the Illinois State Medical Society to appoint a committee of two to attend the examinations of students, and vote upon their qualification for the degree of Doctor of Medicine. The intent was "to furnish to the profession at large the means of judging of the success or failure of the method, and also to give the fullest guaran-
tees that with the sanction of this institution none should be ad-
mitted to this responsible office whose attainments were not satis-
factory to those not immediately interested in teaching.” This in-
vitation was continued from year to year, but the State Society
either never made the appointment or, if so, the committee failed to
respond. In such default, the Faculty still anxious to guarantee that
only deserving candidates would receive the medical degree, institu-
ted public examinations, to which the censors and members of
state and city medical societies were especially invited. On those oc-
casions some candidates were also required to read their inaugural
theses.

A budget of $1,925 for the first session was authorized, which in-
cluded expenditures for furniture, equipment and supplies for a
chemical laboratory, a diploma plate, janitor service, fuel, print-
ing, postage and contingent expenses. The diploma plate, in Latin,
was obtained at a cost of $48, after conference with the Trustees of
Lind University; the committee appointed for the purpose was
“clothed with discretionary power to procure the engraving of a
plate either in Latin or English texts, as the Trustees and them-
selves decide.”

It should be emphasized that this school, from the first, was run
under the auspices of a university. Only in the brief interim of two
years between the association with Lind (later Lake Forest) Univer-
sity and with Northwestern University was there complete inde-
pendence. This relationship was uncommon; even as late as 1885
only one medical college in four had ever been associated with a
liberal arts institution.

THE FIRST ANNOUNCEMENT

The initial Annual Announcement of the College is an important
historical document, and pride and good business sense must have
actuated the Founders into giving it wide circulation, because a
meeting in June authorized that “3000 more copies of the An-
nouncement be published for distribution,” while the postage bill
for the year amounted to $75. Correcting for the midsummer
changes in personnel and assignments, the actual teaching Faculty
for the first session was as follows:
It was emphasized that although the list showed only eleven subjects, there actually were thirteen, since Clinical Medicine and Clinical Surgery are branches, distinct from didactic lectures on those subjects, which command as much attention as any others in the curriculum. It is noteworthy that the several chairs were not encumbered with shares of stock to be purchased by the occupant, as was generally the practice in medical colleges of that period.

Among further organizational details, the following are of interest. The school year was to run for five months, from the second Monday of October to the first Monday of March. The fee to be charged for each professor's ticket (except for Medical Jurisprudence) was $10, making a total of $50 for either the Junior or Senior course of studies. The initial matriculation fee of $5 and the Demonstrator's ticket in anatomy ($5) would bring the total tuition charge for the Junior course to $60. A hospital ticket of $6 (and an optional, second anatomical ticket of $5) made the total for Seniors $56 (or $61), added to which was a graduation and diploma fee of $20. Students electing to attend a third course were to receive lecture tickets without charge. The lecture fees, in total, exceeded considerably those of Rush Medical College ($35) or of the next nearest
FIRST ANNUAL ANNOUNCEMENT

OF THE

MEDICAL DEPARTMENT

OF THE

LIND UNIVERSITY,

AT CHICAGO, ILL.

FOR THE COLLEGE SESSION OF 1859-'60.

CHICAGO:
WILLIAM H. RAND, PRINTER, 143 LAKE STREET.
1859.
neighbor, the University of Michigan (none; $10 for initial matriculation only), but it was explained that it was not the purpose to attempt to entice students by requiring small lecture fees and demanding only meager accomplishments.

Concerning living costs, at the start of the Civil War the Annual Announcement advised that "good board and rooms can be obtained in the city from $2.50 to $3.50 per week." By the end of the War these amounts had risen to $3.50-$5.50, and in 1868-69 they were $5.00-$6.50. The following years saw a drop to "about $5.00" and then to "about $4.00" as the inflationary effects of the War leveled off.

The plan of instruction was described as follows:

Each College Term will consist of two departments, essentially distinct from each other but carried on simultaneously. The first, called the Junior Department, embraces full courses of Lectures and Demonstrations on the following branches, viz.: Descriptive Anatomy, Physiology and Histology, Materia Medica and General Therapeutics, General Pathology and Public Hygiene, Inorganic Chemistry, and Practical Anatomy under the direction of the demonstrator, and is designed for all students attending the first course of Lectures. All medical students in this department will be examined at the end of the term on the branches taught in those courses, and if such examination be satisfactory, it will be final in those branches.

The second, called the Senior Department, will embrace full courses of Lectures on the Principles and Practice of Surgery, Surgical Anatomy, Obstetrics and Diseases of Women and Children, Practice of Medicine, Organic Chemistry and Toxicology, Medical Jurisprudence, Clinical Medicine and Surgery in the Hospital, and Dissection under the demonstrator, and is designed for students taking the second course.

The college cliniques, which will be specially designed to illustrate medical and surgical pathology and diagnosis, will be open to students of both Junior and Senior Departments; and all students that can be induced to attend a third course will be permitted to choose such branches from both departments as they may think most profitable for them to attend. The class in each department will receive four regular lectures daily throughout the term, each lecture being accompanied by a brief examination of the class on the subject of the lecture given the preceding day. There will be two cliniques in the college [dispensary patients] and four in the Mercy Hospital each week, and such arrangements have been made as will enable the Professor of Obstetrics to furnish the candidates for graduation with cases of labor to attend, at the residences of the patients.
The requirements for graduation were listed as follows:

1st. Each candidate for graduation must furnish satisfactory certificates of having pursued the study of Medicine and Surgery three years, including the time of attendance on Lectures; of being 21 years of age, and possessed of good moral character. 2d. He must have attended two full courses of Lectures: one in the Junior and one in the Senior Departments. Or, if he has attended one full course in any other Medical College of good standing in the profession, he may be eligible to graduation by attending one full course in the Senior Department of this Institution. He must also have attended to practical anatomy by dissections, and to Hospital clinical instruction during one term. 3d. Each candidate must deposit with the Treasurer of the Faculty a thesis on some medical subject, written by himself, together with the graduation fee, on or before the first day of February in each term. Both will be returned in all cases in which, from any cause, the candidate fails to obtain a diploma. 4th. Each candidate must undergo a thorough and satisfactory examination in all branches of medical science, except such as have been examined on, at the close of the preceding Junior course; such examination to take place during the last ten days of each annual course in the Senior Department.

There was appended a rather long statement "To the Profession," in which the defects in the existing system were set forth, and the remedies to be attempted by the new school were described. The topics discussed covered: a larger faculty; a longer term; the progressive grading of studies; and fewer formal lectures each day, thereby affording opportunity for reflection, the pursuit of practical anatomy and hospital clinical instruction. Two paragraphs are worth quoting:

Being fully assured of the correctness of the foregoing views, and of the paramount importance of the improvements adopted in our plan of college instruction, we place both before the profession with the full conviction that they will meet a cordial welcome and an active support. The object of the Medical Faculty of this University is to establish a Medical School on such a basis as will afford facilities for as methodical, extended and thorough a medical education as can be obtained in the best schools of Europe. It is no part of our purpose to hold out extra inducements to students by requiring small lecture fees and still smaller literary, scientific and professional attainments; on the contrary, we freely pledge ourselves to cordially co-operate with the profes-
sion in every reasonable effort to establish a higher standard of both preliminary and professional education for those who may seek admission into our ranks. Entertaining such views and objects, we look with confidence to our professional brethren for a candid hearing and a reasonable support.

The new medical college was the product of restless spirits in a time of political and social unrest throughout the nation. Its appearance coincided with the climactic years of turbulence that would touch off a civil war. The War with Mexico was behind, but its example in no way foreshadowed the horror that large-scale internecine strife would bring. On the contrary, the clash had emphasized, if anything, the potential profits of War, because so much land had been ceded to the Union as spoils that the country now assumed its characteristic territorial shape. The Republican and Democratic Parties had recently faced each other for the first time, and on issues that were full of foreboding. Minnesota and Oregon were being admitted to the Union as States, and Kansas was clamoring for the same privilege. The abolition movement persisted, and tendencies to disunion were centering about issues on the rights of States. Just one week after the opening class of the new college, John Brown led his raiders against the arsenal at Harper's Ferry. It was a token of the collision that each day made less escapable. This was, in short, far from being the tranquil period that founders would ordinarily prefer for the launching of such a radical educational experiment.

Neither was 1859 a favorable time commercially. The financial panic of two years before, producing the direst results of any yet experienced by the country, spread its blighting effects over the entire nation. Many educational institutions either closed or were on the verge of bankruptcy. The fledgling Northwestern University, for example, had seen its donations, averaging $6,000 annually, drop to $525 in 1858 and to $155 in 1859. Only the willingness of the Faculty to accept promises of ultimate pay kept the Trustees from shutting the University doors. But the young enthusiasts in Chicago, bent on putting an experiment in medical education to the test, were not in a mood to be daunted by portents of ill omen, either political or financial. And so the college readied to make a start, just three months after Northwestern University had graduated its first class of five students.
In early October, 1859, the College was ready to open in quarters provided on the third and fourth floors of a new, five-story brick building, located on the northwest corner of Market (now Wacker Drive) and Randolph Streets, in the Lind Block. There were two lecture rooms, a dissecting room, a chemical laboratory, a museum, and a faculty room containing also a “library.” The Chicago City Dispensary, previously organized by two members of the future Faculty to treat the poor, had already been installed in this building; in its first year more than 3,000 patients were attended. The initial library contained between 400 and 500 volumes. The museum was said to be supplied with better materials than were to be found in any other institution in the Northwest, even before Professor DeVille added his extensive collection.

At the opening of the new school, Dr. Davis referred to its location “in this magnificent block of buildings, furnished in all the comforts and conveniences usually found in the best colleges.” By contrast, the embittered President of Rush Medical College wrote contemptuously in his Chicago Medical Journal of the “model, great Reform School” being quartered in the “cockloft of a warehouse and hide and skin depot,” and characterized Davis as the “Apostle” of a false doctrine, whose role was also that of a “Jeremiah” lamenting the alleged evils of medical education. Other sneering epithets applied to the Faculty were “Pseudo-reformers,” “Apostles of Reform” and “Phantoms in Black;” the last term referred to their somber dress in contrast to the less funereal Rush habit. The defection of such stalwarts as Davis, Johnson, Byford, Andrews and Hollister to the rival Faculty, along with the loss of Mercy Hospital as the principal source of clinical teaching, were humiliating blows to President Brainard of the older college, and he had met them with the lame boast that “the organization and efficiency of the college will not suffer any diminution, and the means of teaching, for the future, will be rather increased than lessened, by the effect of this withdrawal.” Until his death, this proud man was never to forgive or forget the upstarts who succeeded in proving him to be a stubborn and visionless reactionary who had missed an unparalleled opportunity for educational fame, both for himself and for his college.
Hospital instruction was provided through an arrangement with Mercy Hospital, located on Wabash Avenue near Van Buren Street, and boasting sixty beds. This institution, the sole desirable one at that time, had transferred its facilities to the new school when Davis, Byford and Hollister seceded from Rush Medical College. Free professional service to the Hospital was proffered in return for the use of its clinical material in teaching. Thus began a long association, highly profitable to both institutions.

The first annual session began on October 9, 1859, with an introductory address, delivered by Professor Nathan S. Davis before an assemblage of Faculty, students and public that filled the lecture room to the last inch of standing space. The speaker immediately struck the keynote by stating that:

[The occasion is not] merely the opening of a new institution, the addition of one more to the number of medical colleges already existing in the country; but the opening of one on a different and, we humbly trust, better plan than any which have preceded it on this side of the Atlantic. Having thus deviated from the beaten path, the strict line of precedents in the establishment of this department of the Lind University, it may be reasonably expected that we will embrace the present opportunity to
develop, so far as the hour allotted to us will permit, the reasons by which we have been influenced, the nature and extent of the changes we have adopted and the objects we propose to accomplish by them. The considerations which have induced the faculty to undertake the task of establishing this institution . . . . may all be included in the two following propositions:

First, the very liberal offer of the Board of Trustees of the University, to furnish all the needed accommodations for a medical department, with no other restrictions than that the plan of instruction adopted should be such as would most effectually promote the educational interests of the profession without reference to established customs and usages.

Second, a sincere desire on the part of the faculty to put into practical operation a system of medical-college instruction more in accordance with sound educational principles, and better adapted to the present state of the science and art of medicine, than that which has been so long adhered to by the medical schools of this country.

Continuing the exposition of his thesis, the speaker reviewed in detail the defects in existing medical education, the several remedies advocated by the American Medical Association and now for the first time to be put to trial, and the means at hand for carrying into successful operation the plan of organization adopted. This masterful presentation was applauded repeatedly as it unfolded, and at the end the speaker received an unrestrained ovation. The address appropriately was the first article to appear in The Chicago Medical Examiner, which presently became the unofficial but actual mouthpiece of the new school.

The event was reported adequately in the local press, the Daily Democrat giving it front-page prominence and (as also the Daily Times) publishing in full the long address, which "was listened to with great attention and absorbing interest." The Press-Tribune not only reported factually and at length, but also found in the occasion another evidence of Chicago's ascendancy and destiny:

As one of the most worthy and sterling objects of just pride in our citizens, deserves to be ranked the progress making in all departments of the educational field. . . . In the higher grades the citizen and the chance visitor to our city may find ample cause for wonder, and still more for approbation of the number and scale in which numerous splendid educational enterprises are rising. Chicago is truly preparing to become the literary and educational metropolis of the Northwest, as she
The Birth of Reform in Medical Education

is sure of being the mistress of trade.

... The Medical Department of Lind University last evening was most auspiciously established in Chicago. ... Every needed accommodation has been provided in the new and elegant row of buildings known as Lind's Block ... and these several apartments have been already well and admirably put in readiness for their destined uses ... Last evening was the occasion of the Inaugural Address and formal opening of the new College ... The gathering in the large lecture room must have numbered at least five hundred, comprising many well known citizens and very many ladies.

... [Accepting the theme of the address] "as a more than semi-official manifesto and pledge for the new institution, the path marked out is a most worthily progressive one. The best assurance that it will become the rule and course of the new College, is found in its list of professors. The new Medical College has thus taken its place and begun its career among the educational facilities of our city. It possesses claims which will be recognized to the extent of bringing it at once into a useful and notable place among kindred institutions of the country."

The enrollment for this first session numbered 33, of whom 19 were Juniors and 14 were Seniors who had already attended other medical schools. This number was satisfactory for a start, and may be compared against Rush Medical College, which as a standard school without local competition, had attracted only 22 in its initial class. The Faculty of the new school had decided that the inducements offered to students should not consist in short sessions, low fees or easy standards of attainment, but rather in a better program and a more extended range of studies that would give a more thorough preparation for the practice of sound medicine. They did not anticipate large classes and resolved to make no sacrifice of principles to attract mass attendance.

The patronage through the years was destined to be less than the large numbers at Rush Medical College. There were several reasons for this. For a period the novelty of the revolutionary program of a newer school, so different from that experienced earlier by influential practitioners who were then the natural advisors of young men about to enter on medical studies, was bound to be considered strangely heterodox and suspect; the longer term, higher tuition and selective admission standard were additional deterrents to mass attendance. Incidentally, there is no suspicion that the Faculty of the newer school resorted to the high-powered recruiting tactics that
the older school carried on openly. For example, a letter from the
dynamic Dr. John Evans, a member of the Rush faculty and a key
founder of Northwestern University, instructed a colleague that
during the summer he must personally round up and deliver 25
students from Michigan since Evans and another colleague were
agreeing to bring in 45 from Indiana!

Eleven years later, in reviewing the initial year in an introduct-
tory address, President Hosmer A. Johnson said:

The Faculty had entered upon this experiment, for in one sense it was
an experiment, with a firm conviction that it was the right course to pur-
sue; they were satisfied, also, that ultimately the schools must adapt
themselves to the increasing intelligence and higher standards of educa-
tion demanded by the community; they had, however, some misgivings
as to the readiness of young men to devote to this work of preparation
the increased time and necessary expense. Among the class in attend-
ance upon this first course of lectures there was a larger proportion than
at that time usually found in medical schools, of young men thoroughly
prepared by scientific and classical attainments for professional study.
It was evident, then, that the better quality of students sought what
every educated man, whose interests do not blind his judgment, admits
to be the better methods. The Faculty, therefore, were quite willing to
labor and to wait.

The preceding comment and a few others on the quality of the
students are the only direct references found in the first decade of
the school's existence concerning the degree of preliminary educa-
tion attained by matriculants. One of the major measures that had
been advocated to correct current defects in the medical profession
was a better preliminary education of applicants, and suitable ad-
mission requirements on the part of medical colleges to enforce this
preparation. The American Medical Association and individuals,
such as Daniel Drake and N. S. Davis, had spoken loudly and long
on this point, yet this was the one recommendation that the new
school failed to embody at the outset in their initial Announce-
ment. Presumably the Founders felt that its clientele would stand
for only so much reform spelled out in a single dose! On the other
hand, there is testimony from several sources that a relatively high
standard of educational attainments was obtained, in practice, from
the start (p. 110).
The first college year progressed according to plan in a rewarding manner. In the traditional course of sixteen weeks at other schools, all of the students listened to some 520 lectures, which embraced the entire field of medical study. In the new school the Junior student, besides dissections and microscopic demonstrations, attended 446 lectures through 22 weeks on five fundamental branches of the medical sciences. Students in the Senior year attended 600 lectures on other basic sciences, and on clinical principles and practice. Each week seven periods of clinical instruction were given at a free dispensary for the poor in one of the rooms of the medical college, at Mercy Hospital with about 60 beds controlled by the Faculty, and at an Orphan Asylum adjoining the hospital.

The term closed with a public commencement, at which nine members of the Senior class were awarded the degree of Doctor of Medicine, and two others received the same degree ad eundum. The importance of the initial ceremony was recognized by the Press-Tribune as a newsworthy item:

The first Annual Commencement of the Medical University took place at the Second Presbyterian Church. A large and intelligent audience were present, though less than would at any time, other than the evening preceding election, have been called out for this occasion.

The exercises were of a very interesting character. The address by Prof. H. A. Johnson was an admirable and scholarly production, entirely worthy of the reputation of this gentleman. The Valedictory on the part of the students was delivered by Dr. J. S. Jewell, of the graduating class. The valedictory address to the class was delivered by Prof. Deville.

... At the close of the exercises the Faculty, Students and invited guests met at the residence of Dr. N. S. Davis, on Washington Street, and passed a pleasant hour or two in social intercourse, a delightful affair throughout, and fitly closing the intellectual treat of the evening.

The second session passed uneventfully with an encouraging increase in enrollment from the previous 33 to 54. The brilliant but impetuous anatomist, Professor DeVille, had resigned and returned to England because of the inadequacy of his income as a nonpracticing physician. This circumstance forced him to sell to the college for $350 the important anatomical collection that he had brought from France, so the available "materials for illustration" (that is, visual aids) were not diminished by his departure. By the end of this
year the museum boasted of "near 700 specimens" and the library of 700 volumes.

Directly following the close of the second session came the outbreak of the Civil War, but it had little discernible effect upon the operation of the college or its student-body. No records tell of students who volunteered or were drafted. Three members of the Faculty served with the Union forces at one time or another, and two more had examining, advisory or inspecting duties. In some manner, none missed a teaching session. Professor Edmund Andrews acquired the most notable battle-experience. He became surgeon to the First Illinois Regiment of Light Artillery and saw heavy action during General Grant's campaign in Tennessee. His experiences as a surgeon are related in accounts sent to Davis' *Chicago Medical Examiner*.

The third session found the student body still increasing (63); it already equaled the schools at Albany and New York, and was quite in advance of pioneer medical departments in the East such as Yale, Dartmouth, Bowdoin and others. The third Announcement made clear that scheduling permitted every student to have access to all lectures in both years, but that the Junior and Senior students were expected to devote special attention to those assigned specifically to the Junior or the Senior Course, respectively, and would be examined on those subjects. It also proclaimed that "medical instruction in this institution continues throughout the entire year; and is divided into a Winter and a Summer Term."

Immediately after the regular term of the first session, the Medical Faculty arranged a free course of spring and summer instruction for students who chose to remain in the city. It consisted of the following program: systematic readings, and daily examination on these assignments; dissections; histology; analytical chemistry; a weekly lecture; and daily instruction covering all clinical branches. This supplementary offering was to be continued as a regular feature, as will be noted presently.

The income to the new school from tuition receipts (about $1,950) balanced the expenditures of the first year. This showing was far better than that of Northwestern University in its initial year of operation four years previously. Of the ten students who then entered that University, all but two were on scholarships that required no tuition payments. The total receipts for the year at Evanston, including income from room rent and incidentals, were
$176, and nearly half of this amount was paid to the college janitor. When the new medical school opened, the University had just incurred an annual deficit of $3,000.

Numerous comments on the plan of curriculum in the Medical Department of Lind University were forthcoming in the medical and lay press. In general the reaction was favorable, ranging from a fear that the change was too great to meet with ready support, to the view that the plan marked an improvement but still not sufficient or of the kind to meet the real needs of the profession. Most of the criticisms were due to misunderstandings and petty quibblings, while a few reflected deliberate distortions and misrepresentations. For example, President Brainard, of the neighboring medical college, went out of his way to prejudge the new school, before it opened, in these words: "The mountain labored and brought forth a mouse; for ourselves we regard the plan as utterly visionary [since] it proposes to add nothing whatever to the education of the student, the requirements of graduation, or the means of acquiring knowledge." When the session closed, he disparaged it shamelessly with falsities ("diminishing the number of lectures and terms required; the pretended increase [in professorships] is a deception"); etc.

Despite such reactions of skepticism or spleen, the Founders seemed satisfied with the reception of their venture. And it must be remembered that the medical press of that day was a "kept" press that tended to reflect the self-interest of its sponsoring, proprietary schools which, at best, were willing only to pay vocal tribute to a reform that their business judgment would not permit them to embrace. Besides a threatened decrease in attendance through the adoption of higher standards, there loomed before their vision the more serious loss in personal income through students not paying twice for the same set of lectures!

The Winter Term constituted the regular lecture session. The Summer Term was a formalization of the optional course already instituted at the close of the first regular session (p. 50). The Announcement stated:

The Summer Term of instruction will commence on the second Monday in March and continue until the first Monday in October. The mode of instruction will be that of recitation and familiar explanatory lectures, in all branches usually taught in medical schools, together with dissections and clinics, both in the Hospital and the Dispensary. The in-
struction will be given by [the members of the Faculty].

The Course will be so arranged, that the Class will have one examination and one Lecture on some one of the branches named; and one Clinic, either at the Hospital or Dispensary, every day. The dissecting room will be supplied with all the material wanted for dissections, under the charge of the Demonstrator of Anatomy. The Professor of Obstetrics will also be able to furnish each member of the Class one or more cases of labor to attend at the residence of the patient. Attendance on the above named Summer Course will be free to all students of legitimate medicine who wish to attend.

The Chicago Medical Examiner commented that this course would offer one of the best opportunities for bedside instruction in the country. The eminent Dr. Norman Bridge attended it in 1867, after a year of medicine at Ann Arbor. He later commended it as "a pleasant relief from the tedium of listening to lectures at Michigan, for there was a small class, and a relatively large amount of clinical teaching."

Despite the upheaval caused by the Civil War, or possibly because of it, the number of students increased steadily. But in November of the third annual session, a communication reached the Medical Faculty from the Board of Trustees of Lind University, confirming a serious consequence attendant on the recent outbreak of the Civil War. Sylvester Lind, whose solvency was shattered by the failure of several state banks, additionally lost the Lind Block and other tangible property. For this reason he was unable to fulfill the pledges made to the University and to its Medical Department. The University, hopelessly involved in this disaster, asked to be relieved from that part of the contract covering a new building to be made available after the third year, but agreed to pay rent to the new landlord until the end of the current session, when the rent-free portion of the original contract expired. The Medical Department could do nothing but acquiesce and begin to think hard of the future.

A diploma, issued at the end of this third year of the young medical college is in the archives of the Medical School. Its heading "Universitas Lindiana," and its complete Latin verbiage contrast sharply with the simpler English used a few years later when the College began issuing diplomas under its own name (p. 83). Of great sentimental value to Seniors until well into the next century
was the zealously pursued custom of obtaining the signatures of the Faculty on diplomas (p. 198).

A FIRST BUILDING PROJECT: 1863

A steadily increasing student body (33; 54; 63; 81) and the accompanying outgrowth of the Lind-Block quarters, still rented for the fourth session, became an immediate problem that required action. In the early summer of 1863 the Faculty responded by authorizing the purchase of a lot on the east side of State Street, near Ringgold Place (later Twenty-Second Street and, more recently, Cermak Road), and the reconstruction of a three-story brick building already standing on it. The total cost was not to exceed $8,000. In anticipation of this decision, all members of the Faculty had given further evidence of their loyalty and selflessness by pledging to donate their lecture fees to a building fund, until the new college building and its lot should be paid for.

Confusion has existed about the origin of the new College quarters. Dr. N. S. Davis, writing years later as an historian, said that the Faculty "purchased a lot and caused a college building to be erected thereon in time for the opening of the next college term," on October 12, 1863. The Faculty Minutes record a committee report that "a lot with suitable building, located on State Street, near Twenty-Second Street, could be purchased of C. Follansbee on reasonable terms." Following this information, Davis moved "to purchase the lot offered by C. Follansbee, with a suitable building erected thereon." Actually, however, the Faculty did not authorize the contract to be drawn up and executed until June 24. Moreover, the July issue of Davis' Chicago Medical Examiner announced that "the building is now advancing rapidly toward completion," an obviously impossible progress-report for a new three-story building and basement. Professor Jones, of the Faculty, in his historical account of the early College, stated that the lot and building at the State Street site were purchased. A medical student of that time, who also was employed as the College drug dispenser, wrote in his reminiscences of student life that an earlier building had been remodeled. The total evidence indicates that the account by Davis is inaccurate in regard to the erection of a new building.
The fifth annual session, beginning with 89 students, occupied this "plain but well-arranged building . . . admirably arranged for the work for which it was designed." The Announcement, less restrained, described it as "a new and elegant college building, which for convenience and pleasantness of location is not excelled by any of the Medical Colleges of this country." The ground floor contained a lecture room, chemical laboratory, and a library and dispensary room; the second floor held an anatomical and surgical amphitheater and a museum; on the third floor were the rooms for practical anatomy. The residual debt on the building and lot amounted to $6,000, payable in ten annual installments. No picture of this first, owned home of the College can be found in local archives or newspapers.

A dedicatory address was delivered by Professor Davis before the students, Faculty and citizens at the opening of the new term. He reviewed the circumstances under which "the Faculty of this Institution . . . determined to encounter all the dangers attendant on the abandonment of long-established customs, and at once deliberately enter upon the experiment of establishing a medical college, founded on sound educational principles and, in all respects, fully equal to the demands of the profession." He also extended congratulations to all concerned "in the marked success of our enterprise thus far, and on the bright prospect that is opening upon the future." The Chicago Journal alone had given advance notice of the event: "The introductory lecture to the winter session of this flourishing institution will be delivered this (Monday) evening at the new college building . . . at 7½ o'clock P.M." The Tribune, although dissatisfied with the outcome of the battle at Chicamauga and fearful of impending disaster at Lookout Mountain, allotted adequate space on the following day to a comprehensive digest of the address.

Also in the summer of 1863 Mercy Hospital moved into better quarters, not far distant from the College. It took over a building, previously used as a girls' boarding school, which permitted immediate expansion to 100 beds. The new location was at Calumet Avenue and Rio Grande (now Twenty-Sixth) Street, on part of the land comprising the site of the present Hospital. Here it would maintain intimate academic relations with the College for nearly sixty years.

When the first academic year in the new building had ended in March, 1864, Dr. Davis volunteered to assume personal respon-
sibility for the $6,000 debt if other members of the Medical Faculty would pay off floating debts amounting to $1,315. This offer was accepted, six members of the Faculty contributing from $100 to $250 each, and the college became free of debt. A further provision stipulated that after all current expenses had been paid out of total fees received, and $2,500 had been deducted as an appropriation to the chemical laboratory, library and museum, the remainder should be divided among the Faculty, *pro rata*, according to the number of lectures given by each member. At the end of the next (sixth) session the dividend was one dollar for each lecture, the payments ranging from $60 to $160.

Encouraged by these events and a gratifying, if not spectacular, patronage, the Faculty ordered 8,000 copies of the seventh Announcement to be issued. The ensuing attendance, in the sessions ending in 1866, 1867 and 1868, was 102, 104 and 113, respectively; yet the popularity of the shorter, less exacting, old-style curriculum was still evidenced by the enrollment of 374 students at Rush Medical College in 1866. The first four years at the new site passed rather uneventfully from the academic standpoint. The Faculty, however, was steadily gaining confidence that its educational experiment was succeeding, and that the reform could soon be extended further.

An important change in leadership occurred at the time of the Annual Meeting in April, 1866. Dr. Johnson resigned from the Faculty because of ill health, but retained his office as President of the Corporation. Happily, his membership in the Faculty was resumed after a year’s absence. Dr. Davis, who was elected President of the Faculty to succeed Johnson, thereby became both the titular and actual head of the organization. In truth, he had steadily been increasing his role as the dynamic champion of the new order in medical education and, through his journal and manifold activities in national medical affairs, was already identified in the minds of the profession as the spiritual leader of the college. Once holding the reins of control, he was not to lay them down for more than thirty years.
JUNIOR COURSE.

LECTURES ON
DESCRIPTIVE ANATOMY,
Mercy Hospital Clinic, 1 P.M., Wednesdays, Thursdays and Saturdays.
Marion 8 A.M., Tuesdays and Saturdays.
County 1 P.M., Tuesdays and Fridays.

TABLE OF LECTURE HOURS.

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SENIOR COURSE.

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Mercy Hospital Clinic, 1 P.M., Mondays, Wednesdays, Thursdays and Saturdays.
Marion 8 A.M., Tuesdays and Saturdays.
County 1 P.M., Tuesdays and Fridays.
The Board of Trustees of Lind University, in the spring of 1863, decided to change the name of the institution to Lake Forest University; this new name, however, was not legalized until 1864. The Medical Department, in turn, felt it wise to enter into a reorganization and adopt a distinctive name. This would prevent confusion as to the location of the school and permit the Faculty to receive and hold property independently. To this end the officers of the Faculty tendered their resignations on April 6, 1863, and immediately reorganized the body under the as yet unincorporated name, Chicago Medical College.

At the close of the following college session (1863-64) the Trustees of the still-named Lind University, seeing no prospect of fulfilling their contract with the Medical Faculty, entered into discussions with that reconstituted group which ended, some state, in the contract being abrogated by mutual consent. A memorandum of the Trustees of the Chicago Medical College, replacing minutes lost in the Chicago Fire, records that "in the spring of 1864, at the suggestion of the Trustees of the University and after mature deliberation and conference with the Trustees, the Faculty voted that their former official relations with Lind University be terminated." There was certainly no clean break at this time. All working relations remained as before, except that free rent ceased in 1862, and the promise by Lind University to provide better housing was withdrawn. Yet shortly after the communication from the University, at the annual meeting of the Medical Faculty, active steps were taken toward incorporating the reorganized group and becoming an independent body under the name selected at the previous meeting.

At this session, on March 27, 1864, the terms of incorporation were fixed, with the present Faculty becoming the Corporators of the Chicago Medical College, and the immediate Trustees as well. The papers were filed promptly with the Secretary of State and duly certified by him on April 26, 1864. The Board of Trustees, thus constituted, was authorized to fill future vacancies in the Board, to appoint faculty members, to confer medical degrees on the recommendation of the Faculty, and to hold legal title to real estate and other property. The articles of association, as filed and certified, read as follows:
To all, to whom these presents shall come.

Know ye, that we, Nathan Smith Davis, Hosmer A. Johnson, William H. Byford, Edmund Andrews, John H. Hollister, Ralph N. Isham, Frederick Mahla, Mills O. Heydock, Henry Wing, and James Stewart Jewell — having associated ourselves together pursuant to the Statute for the purpose of establishing a Medical College in the City of Chicago and State of Illinois, do hereby certify and declare that said institution shall be named and called the “Chicago Medical College,” by which title it shall be known in Law; that it shall have ten trustees and that the following named persons be and they are hereby declared such Trustees, viz. — [names as above]; that the Science of Medicine shall be taught in such Institution and the number of Professorships therein, and until such number shall be changed, shall be Thirteen, designated as follows — [listed as on p. 39], and such other branches as are necessary to teach in a Medical College.

In witness whereof, we have hereunto set our hands and seals this 26th day of April, 1864.

Despite this safeguard against future contingencies, the new College seemingly still hoped for a turn of events that might restore usefulness to its university affiliation. The Annual Announcements, even through 1867-68, continued to bear a subheading, which identified the College as the “Medical Department of Lake Forest University.” Also the Faculty Minutes show that candidates for the medical degree were still being recommended to the “Trustees of the University” as late as 1867. Moreover, in November, 1864, months after the alleged contract abrogation and the change of name for the College, the Faculty had directed that “a new heading [be] engraved for the diploma plate in large and handsome letters, and with suitable ornamentation, with the name of the University [Lake Forest] underneath.”

On the other hand, directly following an action in June, 1868, to omit from the Annual Announcements all further reference to Lake Forest University, the Faculty voted “to erase, if possible, from the diploma plate all reference to Lake Forest University” and directed the Secretary “to give notice to the Trustees of Lake Forest University that the Faculty has decided to withdraw their College from connection with Lake Forest University and to give notice to Mr. Harvey M. Thompson that the Faculty will, if he wishes, refund to him the $100 loaned by him to the Medical Department conditioned
on its remaining in the University.” Possibly it is more correct to state, as was said by Dr. Davis in one account of the termination, that previously, in 1864, the University had merely released the Medical Faculty from all contractual obligations to remain as a department of that institution. This would have left the Medical Faculty with the power of determination and a free choice of action, and subsequent events seem to confirm this view. Certain it is that classes were graduated under the name of Lake Forest University as late as 1868, and that relations were not terminated until the summer of that year.

The unsatisfactory outcome of the alliance with Lind (Lake Forest) University promptly set the Medical Faculty to considering what might be done next. Even shortly after their reorganization and adoption of a new name, there seems to have been some unrecorded negotiation with the original University of Chicago (not the present one with the same name). The Minutes of August 15, 1863, contain a resolution “that we will unite with Chicago University on the terms proposed in writing by Dr. Davis and on no other considerations, and that we must have an answer definitely on Tuesday morning next.” There is no further mention of this matter, and the attempted union obviously failed. Although the reorganized Faculty became a corporate body within the ensuing year and, as such, were empowered with autonomy and degree-granting prerogatives, it was not long before there were signs that the College would welcome additional strengthening by either affiliation or merger.

During the year 1866 a turn of events led to another attempt at union, and this time by merger. On the tenth day of October, President Brainard of Rush Medical College was stricken in a cholera epidemic, and died. Dr. Davis, who had recently become President of the Faculty of Chicago Medical College, was encouraged to hope that, with the removal of his militant opponent in curricular reform, the Rush group might not be adverse to an amalgamation of the two schools. This view was reasonable since the faculty of that College had become converted to the Davis viewpoint when he was a colleague and had then, it is said, even prepared an announcement embracing those reforms in the temporary absence of President Brainard. The opposite number to Davis on the Rush faculty in this matter was Dr. Ephraim Ingals, Professor of Materia Medica and later the second largest donor to the Northwestern building pro-
The Birth of Reform in Medical Education

gram on the Dearborn Street site.

Extant are two letters in the private files of the Davis heirs. One, addressed to Ingals and dated December 1, 1866, proposed a detailed basis of union between the two schools. It outlined an organization essentially duplicating the educational structure of the Chicago Medical College. Rush was to erect a new building, on a new site, capable of providing for 550-600 students; a new faculty, consisting of thirteen professorships, was to be drawn from the two present faculties on a basis stipulated in detail; the major honors in these assignments went to the Chicago Medical College, and perhaps justly so. A brief reply from Ingals stated that he saw no prospects of effecting the union for which he had entertained hope. There is no record in the Faculty Minutes concerning this negotiation, and possibly it was nothing more than a private, exploratory exchange between two individuals. However this may have been, it remains as an interesting episode. Several years were to pass before another, and better, solution was found (p. 73 ff.); and decades would elapse before Rush Medical College, facing closure, would initiate proposals of its own (p. 238).

FURTHER PIONEERING

At the introductory address of the tenth annual session, in 1868, President Davis said:

It is with unfeigned pleasure and gratitude that I welcome you, gentlemen, to the halls of the first American Medical College whose organization is in accordance with those principles of education everywhere acknowledged to be correct; whose system of instruction, both in regard to length of term and systematic order of studies, is commensurate with the field of medical science and the demands of the profession; and whose material appliances are complete in every part. I acknowledge a feeling of pride that I am identified with an institution whose Trustees and Faculty have risen so far above the mere consideration of pecuniary gain and petty competition for numbers of students, as to demonstrate to the whole profession of our country the practicability of establishing and maintaining medical colleges on a basis commensurate with the wants, the interests, and honor of the profes-
sion. [This] successful example must and will be followed, sooner or later, by other colleges in every part of the country.

On this occasion, the opportunity was also grasped to set the record straight on the motives of the Founders:

To demonstrate to all the profession that those engaged in the organization of the new college were not activated by any personal rivalry, or desire to establish a new school merely to compete with those previously existing for students, regardless of the great principles of education, the lecture term adopted was five calendar months, and the annual lecture fees fifty dollars cash and no credit, while at the same time the Rush Medical College in our own city had a lecture term of only sixteen weeks, and an annual lecture fee of only thirty-five dollars, and our nearest neighbor, the Medical Department of the University of Michigan, charged only an initiatory fee of ten dollars.

At the end of the decade since its founding, the sponsors of the new medical college could feel rather well satisfied with the accomplishments attained. In that span of years, student attendance had totaled 817, and 263 graduates had received the degree of Doctor of Medicine; the annual enrollment continued to show an encouraging, progressive increase. The number of different lectures was about two and one-half times the total given by other medical schools, individual subjects receiving more attention than could be obtained in a repetitional curriculum. A new college site and a larger building were in prospect (p. 76). The lengthened and graded curriculum, larger faculty, required attendance, daily quizzes, final examinations and integrated, required hospital-instruction marked this College as a pioneer with, as yet, no followers.

Thus in 1868, after nine years of operation, as Professor Jones later wrote, "The College was still in advance, no other medical school in the country having then adopted so complete a curriculum." Nevertheless, the Founders were not content to rest on these accomplishments, since several additional innovations still remained to be put into effect before the original modest blueprint of a modernized medical program could be realized fully. One was the lengthening of the annual course of instruction from five to six months. Another was the lengthening of the total required course, leading to a degree, from two years to three. A third was specifying
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the moderate standard of preliminary education that must be met by prospective students. The fourth was requiring personal work in the laboratory study of chemistry, histology, physiology and pathology.

A convention of delegates from medical colleges, meeting in Cincinnati in May, 1867, recommended a revised system of medical instruction, embracing the following features: a standard of preliminary education; a faculty of not less than nine professors; lecture terms of six months’ duration; division of the various medical subjects into three progressive series, with an examination at the end of each such annual course; direct clinical instruction in a hospital, as a part of the Senior course; and the requirement of all of these for graduation. This plan, proposed by Dr. Davis, received the immediate and unanimous approval of the American Medical Association, and within a few months was equally endorsed (and its adoption urged upon medical schools) by the medical societies of Illinois and other states. But, as Professor Johnson dryly said: “These propositions, no doubt, faithfully represented by the opinions of those teachers when at a distance from their institutions, but they had altogether a different set of ideas when the question was presented in its financial aspects, at home.”

The Annual Announcement for 1867-68 began with the following self-congratulatory paragraphs:

For eight years past this has been the only Medical College in the United States whose curriculum embraced the whole series of Medical Sciences, a full corps of thirteen Professorships, a long College Term, and a successive order of study, with Hospital Clinical instruction, as an essential part of the Senior Course, and one of the conditions of graduation.

At a recent convention of Delegates from Medical Colleges, held at Cincinnati, for the special purpose of revising the system of Medical College education in this country, every essential feature of the plan which this College has successfully maintained for eight years, was unanimously adopted; the same subsequently received the equally unanimous sanction of a full meeting of the American Medical Association. Standing thus in the position of a pioneer institution in the great work of revising and improving the whole system of Medical Education in this country, the Faculty are steadily adding to the resources for imparting instruction in all departments.
Several of the schools represented at the 1867 Cincinnati Convention refused to co-operate. Such included Rush Medical College, which delayed action until 1891; this was even fourteen years after the Illinois State Board of Health had set up rules to regulate medical practices and the American Medical College Association had legislated similarly. On the contrary, the Faculty of Chicago Medical College took a preliminary positive action when they met in April, 1868, to discuss the circular reporting the recommendations of that Convention, and to reply to explicit questions asked concerning approval and adoption. They ended their deliberations by resolving “that the Faculty and Trustees of Chicago Medical College approve the changes in medical college organization and instruction proposed by the Convention of Delegates from Medical Colleges held in Cincinnati, May 1867; having practically carried into effect since the organization of the College all the propositions of the Convention, except those relating to preliminary education and the exacting of four years' study [including three annual courses in a medical college], the Faculty and Trustees of Chicago Medical College are ready to adopt both of these so soon as other leading colleges will do the same.”

The preliminary approval just described, was implemented within a fortnight by a decision to go the full way in compliance with the Cincinnati recommendations; this was because the Faculty was finally satisfied that a sufficient foundation had been laid and that the patronage of the College now afforded a reasonable guarantee of success on the adoption of even more elevated standards. The revised curriculum, set forth in the tenth Announcement (1868-69), was extended to six months annually and was distributed over three successive courses, corresponding to three years of study; both of these measures set new precedents. The Junior Course dealt solely with scientific subjects; the Middle Course, with basic sciences supplemented by clinical instruction at the hospitals; the Senior Course, with clinical subjects and hospital instruction. In addition, "every student applying for matriculation would be required to show, either by certificate or by examination, that he possessed a good English education, including the first series of mathematics and the elements of natural sciences."

The three years of academic residence, however, were not enforced for a time in order to facilitate the transition from the former requirements, as the Announcements made clear: "We cannot too
strongly urge upon the attention of students, and the profession at large, the very great advantages resulting from attendance on three full, consecutive courses as they are adjusted to each year of study in this College. But, for the present, arrangements are made so that those, who for any reason may be unable to adopt this plan, can take all the lectures in two courses." The result of this double standard can be seen by tracing the progress of the class that entered as Juniors in the autumn of 1871 after the plan had become well publicized and tried. Of 47 students who then matriculated, 11 elected the full three years and received degrees, whereas 16 graduated after two years by taking advantage of the option; 20 failed to qualify for a degree within the three-year period. Beginning with 1875-76 the long course presumably went into full effect and became compulsory, since the Announcements for that session and later ones omit any qualification other than that students who were entering after one session at two-year schools would be admitted to either the Middle or Senior Class by examination.

A paradoxical result occurred in the instance of students who failed in examinations at the end of the first year. These could gain entrance into the second, repetitive course of a two-year school, which held only a single examination at the end, and graduate a whole year in advance of their superior classmates at the Chicago Medical College. Such happened, for example, when failed students transferred to Rush.

One immediate consequence of more rigorous requirements to admission and graduation at the Chicago Medical College was a decline in patronage; attendance had reached 113 in 1867-68 but fell within two years to 72. From this temporary low, recovery set in; by 1872-73 it had already surpassed the former high, and five years later reached 153. Instead of producing an operational balance that paid the teachers up to $160 a year as a dividend, in excess of lecture fees, the years directly following the changed requirements showed a deficit equaling one-fifth of receipts. This, however, was one of the calculated risks that had to be taken when pioneering continued boldly and fully.

**JUDGMENTS**

The real need of an educational standard, among other require-
ments, is emphasized in an anecdote related by President Eliot of Harvard University. He alleged that about the year 1870, when attempting to revise the medical curriculum, including required written examinations, the head of the medical school said: "I had to tell him that he knew nothing about the quality of Harvard medical students. More than half of them can hardly write. Of course they can't pass written examinations." This verbal bomb corroborated an earlier and more sober pronouncement of the Committee on Medical Education of the A.M.A. that the standards of education and attainment in medicine were lower than those in other professions, since a thorough education was not essential to success. The report also recorded sourly that medicine had a lower percentage of Phi Beta Kappa members than other professions.

Norwood, writing retrospectively on medical education in the United States prior to the Civil War, placed our fledgling school alongside Harvard, Columbia and Jefferson among six better medical colleges in the country. Although this new school had, as yet, gained no followers, there had been no lack of definite pressures in the first half of the nineteenth century for educational reform. These pressures came principally from four quarters: (1) the establishment of regulation and licensure of physicians; (2) the growth of state and local medical societies; (3) the creation of the American Medical Association; and (4) propaganda from physicians, enlightened by medical study in European countries.

It is clear that the popular system of collegiate medical education in this country, which continued far into the nineteenth century, was an irrational retention of what had served as a general review course in colonial days. Its repetitive nature had arisen largely as a compensation for the scarcity of textbooks. The chief arguments in defense of this anacronism were two in number: first, that the ungraded course fixed the fundamentals of medicine firmly in mind by repetition of the same lectures, students having seen some illustrative cases with their preceptors between the first and second hearings; and second, that it had demonstrably produced good physicians over many decades of operation. These assertions were flimsy rebuttals advanced by those who held vested interests in colleges that were, only too often, proprietary commercial enterprises. The factor of self-interest cannot be minimized since the professors in all the traditionally organized schools stood to lose half of their income if the students no longer were compelled to pay
twice for the dubious privilege of listening a second time to the same set of lectures.

Such apologists ignored the diminished role of the preceptor, the steadily broadening range of medicine to be taught, the conflict with pedagogical principles in all other branches of learning, and the isolation of this position even from medical pedagogy as practiced in other parts of the world. They had failed to match in their works the progressive attitudes of the organized medical profession in general, as expressed in the endorsements for reform by the American Medical Association and other bodies. And the claim of grinding out good practitioners was an argument *ad hominem* that could easily be contested. The graduates were poorly trained in comparison to those of other countries with requirements of pre-medical and medical training demanding up to seven years of study, and with graded medical courses and hospital instruction. The competence of the rank and file of physicians was harshly criticized by those in a position to judge, while the practitioners who became proficient were those who had sufficient native ability and drive to surmount the shortcomings of an inferior training.

Outspoken among the critics of the old system was, of course, N. S. Davis, who wrote: “The country, especially the western part of it, is kept full of half-educated physicians who are neither capable of sustaining the character of the profession, nor doing justice to the community.” A committee, appointed by the American Medical Association in 1849, reported that “to the imperfect and restricted courses of the schools, and to the low standard of medical graduation, is attributed the superficiality and degradation of medicine; the profession look to the schools to reform the evil.” In the calmness of historical hindsight, the arguments against reforming the established system seem incredibly stupid. Thus, President Brainard, of Rush Medical College, contended that the real way to better medical instruction was simply to improve the quality of lectures while continuing the established system, and that the secret to producing better practitioners was to make available more teaching outside the colleges and to supply adequate libraries.

Even later, partisan apologists (Bridge and Rhodes, 1896) for the curricular backwardness of Rush Medical College solemnly wrote, as historians, that “the graded course of instruction was a sort of shibboleth, and as such was useful, but otherwise was of little consequence to the new school, for while it made the study and grad-
uation easier for the student, it did not add to the substance taught, or to the requirements or equipments of the student.” A quarter of a century later, in his memoirs, the senior author, no longer constrained to defend that particular college, admitted that the Faculty of the newer, rival school contained “some notable men, pioneers in a new plan in the teaching of medicine [that was] in the beginning of the better pedagogic methods of later years in this country... It was logical and good, as far as it went, but wholly inadequate because it added nothing to the things taught.” Obviously, the arranging of the curriculum in separate, sequential series did nothing more than bring order out of chaos, and no one ever claimed that the mere act of grading did or could do more. But Dr. Bridge was still conveniently forgetting that along with grading went: lengthening the terms; extending the total period of study; introducing correlated, required hospital instruction; introducing more subject-divisions; expanding the faculty; increasing the number of different lectures; enforcing a standard of preliminary education; quizzing of students daily; and giving promotional examinations at the end of each year. Were all these innovations “adding nothing”?

In historical perspective the truth is now plainer, and the considered judgment of N. S. Davis in his later years had been sustained. In retrospect he said that the College “has accomplished already more than most institutions and might today die glorious, for it had demonstrated to the country that a school [with such standards] could succeed.” It is equally clear that October 9, 1859, when the College opened its doors, must be regarded as marking an important epoch in the history of American medicine. In his biography of Nathan Smith Davis, Dr. I. N. Danforth has emphasized this truth in the following words:

On that day, in a rather obscure city, in the then remote and little known West, under the auspices of a university destined to a brief and otherwise uneventful existence, and under the patronage of a group of medical men who, with a single exception, were not recognized [nationally] as leaders in the profession, there was inaugurated a movement that was an acute and radical departure from the traditional and venerable methods of teaching which were hallowed by the great names of the numerous and powerful professors of the schools of the Atlantic cities, and by many of those of Europe.
View along Chicago Avenue toward the Lake (about 1869), before the creation of 'Streeterville'. Until the middle Eighties the shore line was east of the pumping station (middle building with smokestack) at approximately Seneca Street.
To be sure, the pioneering and imaginative Founders had, from the start, spelled out an imposing set of innovations for medical education, and had courageously begun to put most of them into operation. Nothing can detract from the glory of their accomplishment. Yet it should be recorded that ninety-odd years earlier John Morgan, of Philadelphia, proposed a sketchy plan for a medical curriculum that would require a previous liberal education and be organized into the several divisions of medical knowledge. But these branches should be studied in orderly progression since “they may be considered as links in a chain that have a mutual connection... Whilst we neglect this, all our ideas are but a rope of sand without firm connections.”