Achievements, Issues, and Appraisals

Before continuing at once with the next stage in the progress of the Chicago Medical College, it is desirable to consider some matters that pertain to what had already been accomplished in a relatively few years.

PIONEERING CONTRIBUTIONS TO MEDICAL EDUCATION

By the end of the first decade of operation, the new College had completed its primary mission of pointing the way to a more rational and improved plan of medical education. N. S. Davis, years later (1890), when evaluating the chief pedagogical contributions of the College, said that it was justly entitled to the credit of having been the pioneer in establishing and maintaining the three most important steps in the advancement of medical education in this country, as follows: first, the enforcement of a standard of preliminary education before entering on medical studies; second, the adoption of longer annual courses of instruction; and third, the institution of a graded curriculum.

Professor Jones, in a separate evaluation (1896), added a fourth, later accomplishment which was the inauguration of the first postgraduate course for practitioners. Still other pioneer advances were the initial increase in the period of study in medical school from two to three years, an intimate system of hospital instruction closely in-
tegrated with the lectures, and an augmented faculty for undergraduate instruction. Most of these assertions of "firsts" are beyond contention, and the claims of Dr. Davis must be accepted as reliable if only because of his undeviating honesty. No one was better informed on the state of medical education in this country during the middle period of the nineteenth century, as his authoritative book (History of Medical Education, 1851) and his selection by the Federal Bureau of Education to prepare a Centennial Report (1877) on this subject testify.

Some of the novel features that had been incorporated into the new school were not wholly without precedent, and the significant part of the statement just cited apparently lies in the words "the pioneer in establishing and maintaining." On the other hand, there is ample testimony to the occurrence of marked discrepancies between the claims of requirements and practices of some schools (including leaders, such as the University of Michigan), as carried in their announcements, and the actual performance of those schools.

The Chicago Medical College did not print any preliminary educational requirement until 1868, yet the spirit of such a requirement was manifest in the first Announcement, which read: "We freely pledge ourselves to cordially co-operate with the profession in every reasonable effort to establish a higher standard of both preliminary and professional education for those who may seek admission to our ranks." Moreover, it seems that some actual screening must have been done. In an historical account, published in 1896, Professor Jones was explicit on this point: "From the first the founders of the school established a high standard of attainment for the required admission of students of medicine." Also the original President of the school, Hosmer A. Johnson, in a public address (1870), commented retrospectively on the initial "larger proportion, than at that time usually found in medical schools, of young men thoroughly prepared by scientific and classical attainments for professional study." And of the third entering class Dr. Davis wrote in The Chicago Medical Examiner: "Every member of the present class [1861-62; 60 matriculants] has received a good preliminary and general education, and has entered upon the study of medicine with habits of industry and mental discipline, coupled with a determination to study. To such a class, it is a pleasure to lecture."
The earlier published requirements demanded evidence only of a common schooling, yet a similar easy standard was not attempted by Rush Medical College for 15 years. This requirement, admittedly, was far less exacting than that set forth by the earliest pre-Revolutionary colleges or those printed, but not enforced, by some later ones. In practice, the general abandonment of all admission standards following Colonial times had become such that the matter assumed the stature of a major point in the Columbus and Cincinnati resolutions and in the repeated recommendations of the American Medical Association. Hence any publicized admission screen, authorized within a year of that Convention and honestly administered, served to mark the College as a venturesome leader in educational reform.

Again, to be sure, restoration of the shortened annual term to six months had been tried tentatively by the University of Maryland (1840), and by others at about 1850, a decade or more before the Chicago Medical College opened on a five-month basis, whereas it was another decade before the Chicago school extended its term to six months. Nevertheless, these were notable steps of leadership in raising the medical curriculum above the level that extramural pressure exerted upon the schools of the nation, and crass commercialism within them, had depressed it. The associated move toward expanding the total period of medical-school instruction from two years to three was not duplicated by any major college until the Harvard Medical School made a similar change in 1871.

It is not necessary to elaborate further on the supreme importance of initiating a graded curriculum, distributed through first two, and then three, academic years. There could be no hope for a sound system of medical instruction until a definite number of subjects, as Professor Jones wrote, “were assigned to each year in such a natural order that the mastery of one group made the mastery of the next easier, and the accomplishment of the whole more comprehensive and complete.” Moreover, it would appear that the kind of clinical instruction afforded in the hospitals was unlike that given by the few schools claiming such advantages; this regimen was also in advance of recommendations of the Cincinnati Convention and the American Medical Association. Davis described it as a system that “enables the Professor to introduce his pupils into the wards, where he may fully illustrate at the bed-side, the principles he
teaches in the lecture room; and where the student may, with the eye, the ear and the touch, learn the actual symptoms, diagnosis and treatment of disease in all its forms and stages." Additional distinctively original features in the new College were: more subject-divisions, demanding a larger faculty; fewer lectures each day, but a much greater total of different lectures in the two years; daily quizzes; and final examinations in the subjects of the first year at the end of that year.

Required dissection by students clearly took place from the start of the College, even though the promise that "the dissecting room will be supplied with all the material wanted" could be carried out only through irregularities negotiated by the Demonstrator. The legalized distribution of adequate material had to await the passage of the Illinois Anatomy Acts, fifteen and 26 years, respectively, after the new school opened. Obligatory dissection, however, was not unique, because the University of Maryland had required it in 1833, followed by the University of Pennsylvania and other schools. Instruction in chemistry, through experiments, dated from the beginning of the College, but individual laboratory work waited until 1868. Practical training in the use of the microscope was introduced in 1871. These offerings placed the College among a select few offering significant laboratory experience at a relatively early period.

Various other schools claimed in their announcements to conduct daily or weekly quizzes, but doubts have been raised that such were often carried out. Most schools were slow to conform to this procedure. Rush Medical College, for example, did not institute quizzes as a method of instruction until 1888, after this type of teaching had been included in the minimal acceptable requirements set up by the Illinois State Board of Health. Because of the peculiarities of the repetitive program, other colleges did not attempt promotional examinations at the end of the first session.

All of these novel pedagogical programs were notable advances, and even though the Chicago Medical College was not the first to experiment in every type of reform, each of its departures from standard practice was sufficiently meritorious to place it in the vanguard. The great contribution and value of this school, as an exemplar of reform, lay in that it was the first to combine so many departures from the standard procedure of the day, along with its own paramount innovations. The Chicago Medical College was unques-
tionably the first to embrace all the features of the Cincinnati recommendations, which later became the accepted principles of pedagogy in every medical school.

It is worth while at this stage of the narrative to clarify any confusion as to who was the original proponent of the reform-type of curriculum. Some assume that N. S. Davis claimed title to this honor or, at least, believe that it belongs to him. Except for an early proposal (1765) by John Morgan for preliminary education and graded studies (p. 69), such recognition should be awarded to Dr. Daniel Drake. He first aired his views in an inaugural address on becoming President of the Medical College of Ohio in 1820, published them as a series of essays in his _Western Journal of Medical and Physical Sciences_, and later (1832) issued these with additions, in book form, under the title _Practical Essays on Medical Education and the Medical Profession_.

In addresses at the opening session and the fifth session of the Medical Department of Lind University, Dr. Davis made clear the background of curricular revision. He enumerated the committee reports presented annually before the American Medical Association from 1847 to 1858, detailing all of the measures that were recommended as necessary to institute the several desired reforms in medical teaching. He also listed the similar resolutions adopted earlier by the physicians of Ohio, assembled in convention at Columbus in 1838, and gave full quotation of Daniel Drake's editorial comments on these resolutions after having characterized him as one "than whom no higher authority could be quoted on such a subject." All this was by way of showing "that the principles involved in the plan of organization and system of instruction adopted by the founders of this Institution, were neither new nor the invention of some eccentric or over-zealous medical reformer; but that they had been practically interwoven with the systems of medical education in every country on the Continent of Europe; and that they had been clearly pointed out and advocated by many of the ablest teachers and writers in America for more than twenty years past."

Again, at the opening of the fifth session, Dr. Davis reviewed all of the innovations put into practice by the Faculty and concluded: "In a word, they boldly attempted to establish practically and fully, what Dr. Drake had so happily described as the 'beau ideal of
collegiate medical instruction.’” Although Nathan S. Davis was
not the first to father the idea of graded medical studies, he had
entertained independent thoughts at an early age concerning this
very concept. Responding in his eighty-fourth year at a testimonial
banquet sponsored by the Chicago Medical Society, Dr. Davis re­
ferred to his entrance into medical studies at the age of eighteen
and said: “It was not long before I stumbled upon the fact that the
system of medical education was a very ridiculous one, for I went
each year to college, and went over the same thing — six lectures a
day, and skimmed the whole field in sixteen weeks. I thought that
was very queer. I listened to these lectures every day, but studied
only three of them; I left the other three for the next year to make
up. I made my own division.”

The subsequent role of Davis in curricular reform is clear to read.
It was he who introduced resolutions on these matters in 1846 that
led to the organization of the American Medical Association, mainly
for the purpose of advancing the cause of medical education. He
was, more than anyone else, the popularizer who kept the issue alive
through articles and editorials, first in The North-Western Medical
and Surgical Journal and then in The Chicago Medical Examiner; it
was he who infected others with his enthusiasm for reform; and it
was he who became the dominant figure in carrying out these prin­
ciples in the new school. In a way not intended as praise, Dr. Daniel
Brainard hit upon the essential truth when, in his rival journal,
he continuously labeled Dr. Davis as the “apostle” of the reform
movement. In terms of their contemporary times, Davis bore the
relation to Drake that Huxley did to Darwin.

It has already been asserted that the Chicago Medical College
was the first institution that carried into effect the various recom­
mendations of the Columbus and Cincinnati Conventions and of the
American Medical Association at numerous annual assemblies.
More precisely, it anticipated them. In 1871 Harvard University
revised and lengthened its medical curriculum, instituting graded
studies, better facilities for laboratory and clinical instruction, and
other internal reforms. Some contemporary journals and later
historical writers, all of whom had to ignore adequately publicized
facts, credited Harvard with a first in these matters. Years later
(1896) President Eliot of Harvard reviewed the Announcements of
the Chicago Medical College with respect to its curricular advances
and their dates and wrote: “I was not aware, when the steps were
taken by the Harvard Medical School, that the Northwestern University Medical School had already taken them. I mistakenly thought that Harvard Medical School was the pioneer in these respects.” Perhaps the President never did know that two other schools, one in St. Louis (College of Physicians and Surgeons) and the other in New York (Woman’s Medical College), had fully adopted the system of graded courses and consecutive teaching two and one years, respectively, before Harvard.

Although not first to plan and put a graded three-year program into force, Harvard Medical School did score by extending its three annual courses to nine months each; moreover, its reforms included an entire change in the financial and other relations by which it became integrated closely into the University. At this particular time (1871) the Chicago Medical College was still holding to six-month courses, had only recently effected a loose connection with the University while retaining its practical autonomy, and did not restrict its students solely to the lectures of each year as scheduled. Actually, for the early years of operation, the class hours at the Chicago school were so arranged that a student, if he chose, could attend all of the lectures in the graded curriculum. On the other hand, the students were advised that, though having full access to all lectures in both years, they were expected to devote special attention to those prescribed for their particular year since they would be examined on these branches at the end of the term. Harvard clearly went further in making its medical school a highly integrated university department, in extending its annual courses to a full academic year and, apparently, in enforcing strictly a three-year graded program. Its influence toward producing a subsequent country-wide adoption of curricular reform may well have been the greater, but it was twelve years behind the adventurous Chicago school in all of the initial steps in the movement.

The cursory dismissal of the role of the Chicago Medical College in educational reform by Garrison (History of Medicine) is offset by the sounder judgment of Norwood (Medical Education) who wrote: “The Medical Department of Lind University was a noble experiment which definitely pointed the way out of the morass in which medical educators found themselves. With a teaching staff of twelve and two distinct years of training, Davis and his colleagues made a definite advance in the building of the medical curriculum.” An equally just appraisal from another standard historical
source states that this college was “the first in the United States to apply the principles of scientific pedagogy to the teaching of medicine and surgery.” The *Reports on Medical Education* of the Illinois State Board of Health, which, for a period of years, were the only authoritative surveys covering the United States and Canada, stated in 1891: “The Chicago Medical College was the first medical college in this country to adopt the three-year, graded course.” Authorities on medical education such as Barker, Welch and Flexner likewise credit the Chicago Medical College with being the first to initiate a three-year, graded course of instruction.

It, nevertheless, should be emphasized that, despite the breaking through of barriers accomplished by the Chicago and Boston schools, there was no rush to follow in the footsteps of either. Tradition, conformism and immediate self-interest were set aside reluctantly. A graded course of three years was not introduced again into medical schools until 1877 (University of Pennsylvania; Syracuse University), to be next followed by the University of Michigan (1880) and then others. Actually, it was not until the end of the century that this program became generally adopted.

**MATTERS OF POLICY**

By the time the College had graduated its ninth and tenth classes, two matters of admission policy had to be faced, both of which were novel but not without precedent nationally. One concerned the matriculation of non-Caucasians and the other of women.

By the middle of the nineteenth century Negroes had registered at eight medical colleges, at least, including Harvard and Rush. Three Negroes had graduated from the Medical School of Maine (Bowdoin) and one from Rush Medical College. A decision first confronted the Chicago Medical College in the summer of 1868 when the Secretary requested instructions concerning two applicants, one a Negro; the response was to admit both. The white applicant enrolled as a Senior student, but the name of the Negro does not appear in the class lists of this period. This does not mean that he did not attend classes for a time, as the evidence in a contemporary case proves; or he may have had a special auditing status. There seems to be no way, at this late day, of identifying surely the first
negro graduate of the College, but it may well have been Daniel Williams ('83) who later attained fame (p. 407). In the twentieth century, at least, except for one period of administrative bias, there has been a continuous representation of negro students among the matriculants. Records in the same decade list the first identifiable Indian matriculant, Carlos Montezuma ('89).

Somewhat less liberal has been the long-time attitude toward women medical students, even though this country had pioneered in offering a medical education to women since 1849. In fact, by 1884 there were 41 co-educational medical colleges in the United States and Canada, and seven colleges for women alone. The local problem came to a head in September, 1869, when the Faculty “resolved that females be admitted to the College and graduation on precisely the same terms as males.” Three women entered the class that autumn; one of these, Mary H. Thompson, was already a physician, and she received the *ad eundum* degree at the end of the session. This was the only medical degree ever awarded to a woman by the Chicago Medical College, and the later career of this physician brought honor to her sex and to the College alike. She became the first female surgeon in this country and helped found the local hospital that still bears her name. Straightway those male students who were about to attend the following summer session requested, but to no avail, that women not be admitted to that class. The petition charged that some patients were reluctant to be used for teaching purposes when women students were present, and that certain facts and observations of value had been omitted by the teachers during the regular session.

After reconsidering all facets of the basic problem, the Faculty voted “that the matriculating officers matriculate no more female medical students until further direction by the Faculty.” Professor Byford had been the chief champion of the original measure and was straightway to promote and found the Woman’s Hospital Medical College, which was spurred into being by this reversal of policy. He was directed “to confer with the ladies in the class and arrange the matter.” In other words, he was to inform them that their registration was cancelled; accordingly, their names disappeared from the next class register. This denial of the opportunity to continue a second year and graduate, which short course was then still permissible, may have been expedient in response to student pressure and a feared, adverse effect on subsequent male
patronage, but it can be condoned only on the basis that a woman’s college was projected for opening in Chicago that autumn. The two rejected women immediately entered this college and graduated from it.

President Davis, personally disapproving of all female aspirants to medicine, whom he characterized as a “few singularly constituted women,” sought to excuse the capricious rulings of his Faculty by editorializing in *The Chicago Medical Examiner* that the original compliance had been at the urgent request of certain parties, that some patients had objected to being presented before students of both sexes, and that since measures were already being taken to establish a college for the education of women in the city, there would be no more mixed classes either at the Chicago Medical School or at Mercy Hospital. Eighteen years earlier, Rush Medical College had yielded to censure from the Illinois State Medical Society and excluded a woman matriculant. On the other hand, Davis faced criticism directed against the later act of exclusion at his college, during a discussion in a medical society meeting, and rose to defend the reversal of policy in that school.

Nevertheless, in his journal Davis disposed of arguments that some topics were inherently too indelicate for female ears and eyes, that they were derogatory to the instincts of true modesty in both sexes, that the presence of women tended to disturb male clinicians and endanger lives, and that the existing barrier of respect, for these women at least, was broken down. On the other hand, he held that of all secular employments, there are few so little suited to the nature and necessities of women who, therefore, should not be encouraged in any way toward the pursuit of medicine. Yet, he continued, since there always will be a few women, so constituted mentally and physically as to exhibit a persistent disposition to study and practice medicine, it was best to open the doors to them, give them the same opportunities as men, and hold them to the same full requirements. If it is wrong for women to acquire medical knowledge, he argued, it is equally wrong to consult with women physicians in private practice or to associate with them medically in public institutions.

The contemporary bias of the medical profession in general on this subject has been preserved abundantly in print. A contributor to *The Chicago Medical Examiner* commented on the local episodes as follows: “The spirit of disobedience which ruled in the
breasts of our first parents, and for which they were cursed, is still rife. Now, as in the beginning, woman takes the lead in violating Divine commands, and breaking those seals which were written and stamped upon her by the hand of the Creator." A more intemperate judgment was voiced by Dr. Alfred Stille in his presidential address before the American Medical Association in 1871: "... All experience teaches that woman is characterized by a combination of distinctive qualities, of which the most striking are uncertainty of rational judgment, capriciousness of sentiment, fickleness of purpose, and indecision of action, which totally unfit her for professional pursuits. She usually displays a strange ignorance of the logic of reason and a profound contempt for the logic of facts." Unfortunately this quotation mirrors fairly well the popular opinion in the nineteenth century of the mental inferiority of women and their basic unfitness for the practice of medicine.

The Northwestern University Trustees, following ineffectual affiliating negotiations with the Woman's Hospital Medical College in 1875 and 1877, resolved to inquire "as to whether under the contract between the University and the Chicago Medical College, the latter is under obligation to receive into its course of instruction lady students from the former." There is no record that the committee, instructed to "report if they think it expedient" ever did so. The continuing desire of the University to sponsor medical education for women became fulfilled in 1892 when the solvent Woman's Medical College, in operation since 1870, was taken over and renamed the Northwestern University Woman's Medical School. As an integral unit of the University it was given the "guarantee that as long as it remains the Woman's Medical College [the University] will conduct it as a regular school of medicine for the education of women."

The University policy, however, was subject to circumstance, and the co-educational question was reopened in 1897 when President Rogers notified the Medical Faculty that the Woman's Medical School lacked suitable laboratories, which would cost $25,000 to provide. Hence he inquired if these women students could receive instruction for the first two years of the course in the Medical School, either by contract or by union of the two schools. Faculty discussion resulted first in a motion to enter into negotiations for a contract, but this was inactivated by a motion to table. Three years later the question of the Medical School becoming co-educational
The Woman's Medical School, near Cook County Hospital, absorbed by Northwestern University in 1892.

came up again, unquestionably because the woman's college, as a separate division of the University, was then failing to pay expenses. The deliberating Medical Faculty resolved: "That this Faculty approves the admission of women to this School, provided terms satisfactory to the Executive Committee of the Faculty can be made with the Trustees of Northwestern University." But again, after much discussion, the motion was tabled. On a demand to discover those among the Faculty who were favorable to co-education, a roll call revealed five voting aye and fifteen nay.

The Woman's School was originally purchased by the University on the assumption that it would pay its way, like other professional schools, and thus enhance the prestige of the University at no expense. It once attained an annual enrollment of 157, but lost students progressively as more medical colleges became co-educational and offered better clinical opportunities; it then failed to meet expenses for several years. Accordingly, in 1902 the University decided to close its doors and sell the property. In other hands, the College building first served a proprietary medical school and then housed the Loyola University School of Medicine for forty years.
At the time of the decision to shut down the Woman's School a Trustee of the University (and former President of the Board) made an unfortunate public statement in which he assigned the abandonment of the School to the fact that "It is impossible to make a doctor out of a woman. Women cannot grasp the chemical and pharmaceutical laboratory work, the intricacies of surgery, or the minute work of anatomy." Alumnae, among the 475 graduates, wrathful at this calumny and at the suppression of the real reason for closing, did not permit this statement to go unchallenged, and even demanded his dismissal. A quarter of a century was to elapse before the problem of co-education would be revived, and then solely because it seemed expedient to a lukewarm Medical Faculty to open the School to women students (p. 290). Tardily the alumnae of the scuttled Woman's School were admitted to membership in the previously all-male Medical Alumni Association.

Following the custom of the times, the degree of Doctor of Medicine was conferred on some who were not regular students in course. The two categories were the *ad eundum* degree and the honorary degree. Both were awarded quite regularly from the first commencement until about 1880, and then sparingly until the time of the closer union with Northwestern University in 1891.

The *ad eundum* degree went to graduates of other institutions. For 25 years there is no record of the requirements for this recognition, other than the payment of a fee, but elsewhere the customary demands were evidence of good moral and social character and the passing of a satisfactory examination. Presumably the same stipulations held at the Chicago Medical College, because in 1884 there was faculty action that a candidate must take a full term of lectures and then pass the necessary examination. This was evidently a stronger requirement than had existed heretofore, and one year later it was further stipulated that the term spent in residence must be the Senior one. During the 32-year period since the founding and 1891 this award was conferred on 39 persons. Even as late as 1899 the Faculty voted that a Dr. Mathews would be granted the *ad eundum* degree "upon complying with the usual requirements," and in 1901-02 the degree was offered to those who might take the special fifth-year course presented as a substitute for an internship. In neither instance does the record show that the degree was conferred.
The honorary doctorate was given to persons of some distinction, usually physicians but not necessarily so. Wags had often quipped that the initials (M.D.) of the degree stood for the words *Multum Donavit*. In 1877 the American Medical College Association ruled: that not more than one honorary degree should be conferred in any year by a college; that this award should be limited to distinguished physicians and scientists who were over forty years of age; that the diploma should bear the word "Honorary" in conspicuous characters across its face; and that the same word should be appended to the name of the recipient in all lists of graduates. During the 32-year span since the founding and 1891 a total of 38 honorary degrees were awarded. That both types of irregular medical degrees were abandoned was only sound common sense, since they accomplished no strongly defensible purpose. The honorary degree was discontinued in the middle Eighties, yet in 1888 and 1890 it was again conferred, after voting that the rule prohibiting this very act be suspended in order to care for any special case.

A MEDICAL JOURNAL

When the new school was becoming organized, there was discussion by the Faculty concerning the propriety of establishing a medical journal similar to those sponsored by various other medical colleges. A committee appointed to report on the matter as soon as convenient never did so officially. But in January, 1860, Dr. Davis, who had been editor of *The Chicago Medical Journal* (the organ of Rush Medical College) at the time of his resignation, brought out a new monthly journal which he named *The Chicago Medical Examiner*. In an introductory statement he promised that the publication would fill the desire for a journal "conducted with energy, independence and liberality; embracing as its paramount object the up-building of the profession by the advancement of its practical, scientific, social and educational interests."

In recognizing the appearance of this new journal, various editors of other periodicals represented it as an organ that was created to serve as a mouthpiece of the Medical Department of Lind University. For clarification, Davis rejoined that this allegation was untrue: "The faculty of that Institution neither contribute a dollar to
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Cover of first issue of the Chicago Medical Examiner; 1860.
the support of this Journal, except an individual subscribers, nor control a single one of its pages ... The Chicago Medical Examiner is the property of its editors, and as independent of all schools, clubs or cliques, as any other medical periodical in the United States.” Ten years later, he again wrote: “The Examiner is neither the organ of a school nor the advertising medium of a publishing or book-selling house, but is simply the individual property of its Editor; and is published solely for the promotion of the educational, scientific, and practical interests of the profession.” This insistence was presumably because of an earlier experience. In 1859, when leaving Rush Medical College, Davis transferred his editorship of The Chicago Medical Journal to President Brainard, who claimed that it had been started as an organ of that Faculty.

The Examiner was an excellent journal that can be read today with pleasure and some profit. It carried original articles, clinical reports, selections from other journals, book notices and reviews, news items, and editorials. Like other journals of its time, the Examiner did reflect the teachings and spirit of the local school since the contributors of original articles were, to a considerable degree, its Faculty and alumni. Also the editor used it for the propagation of his views on educational reform. Concurrent criticisms of generally existing educational methods, and the inferior results derived therefrom, stung President Brainard, who had taken over the editorship of The Chicago Medical Journal from Davis, to reply as if these had been personal attacks; they made him forget his promise to exclude “all discussions of a personal nature.” Through a number of years these two publications conducted something of a running skirmish, in which the Journal was the aggressive hurler of barbed ridicule and epithets, while the Examiner was largely busied with correcting those misstatements and setting the record straight.

After Brainard’s death the editorial section of the Journal resumed its dignity, and in 1875 the two publications merged to form The Chicago Medical Journal and Examiner, under new management and pledged to independence and freedom from bias. The new publication was discontinued in 1889 when, as was said, the united journals expired in each other’s arms from inanition. The demise paralleled the rise of The Journal of the American Medical Association, begun in 1883. This weekly journal, edited by N. S. Davis on a national basis, became the mouthpiece for the entire profession and supplanted the necessity for less frequent, local periodicals.
It must not be assumed that the new College burst full blown into perfection, or had attained it by 1891. The Faculty, though proud of continuing achievements, was not blind to obstacles that blocked some desired goals nor to shortcomings in particulars, including faculty personal performances. Even the medical building, at Twenty-Sixth Street and Prairie Avenue, which had seemed so commodious and elegant when new, could now be viewed with a critical eye as crowded and inadequate. Its amphitheaters, with 240 and 260 seats, still accommodated the full student body, whereas the lack of space for the development of laboratory instruction in physiology, pathology and bacteriology had become truly disturbing. No longer could the pressing need for expanded laboratory work in all of the basic sciences, under specialists trained in the newer developments, be ignored. Neither could it be maintained that the outgrown dispensary was contributing its full teaching potential. A sudden (now unexplainable) drop in enrollment in the middle Eighties had been disheartening; yet the recovery, in the last five years of the decade, from 114 to 237 gave promise of better times ahead. This hope was to be fulfilled, although not until bigger and better buildings had been erected.

Dr. Isaac A. Abt, of the class of 1891 and long an ornament of the College as Professor of Pediatrics, has left an illuminating glimpse of conditions during his student days at the end of the current period. In his autobiography, Baby Doctor, he writes:

The College ... occupied one building and that was dilapidated. The Dental School was across the street, thus giving the only illusion of a campus. Our facilities were extremely meager. There were laboratories for chemistry and histology [including histopathology] only, and one dissecting room. Due to a very crowded curriculum we had to do our dissecting at night, under dim gas jets. No laboratory work in physiology [or bacteriology] was required.

In addition to lecture and laboratory courses we had clinical instruction in the dispensary, which was located in the basement of the school. Here some men tried to make accurate diagnoses but the old-time Doctor in Charge, for the most part, followed the age-honored custom of asking the patient a few questions, feeling his pulse, looking at his tongue, and if he happened to be quite advanced, making a superficial
examination with the stethoscope. Usually he found that the patient was bilious or had a torpid liver, for which he was told to take at least three compound cathartic pills at night and a teaspoonful of medicine after meals.

Following such procedure, the clinical examinations of young Dr. Frank Billings were a revelation to students and fellow teachers, and his methods were an inspiration to all practitioners of the city, if not, indeed, of the Midwest. Putting into practice the methods he had learned during his recent postgraduate work in Europe, Dr. Billings did not simply note symptoms and prescribe for them, but examined a patient from the crown of his head to the tips of his toes, and made a carefully considered diagnosis.

One wonders why this brick building should be "dilapidated" after only twenty years of use. Still more confusing is a description by Dr. Franklin H. Martin, of the class of 1880, who came to matriculate when the building was seven years old, and found that "The building, old and battered, with its bare, dusty walls and unkept floors, was most unimpressive." It was then but one week in advance of the opening of the school. Was the progressive Faculty a chronically untidy housekeeper?

Dr. Bayard Holmes, who afterward was to hold the first appointment in bacteriology at the College, tells of his visits as a prospective student to the several medical schools in Chicago in the summer of 1882. He reached the Chicago Medical College by a horsecar that ambled along Cottage Grove Avenue between open ditches filled with a rank growth of ragweed:

An alert young doctor showed me several clinical rooms with strapped patients, suppurating wounds, and splinted and bandaged fractures, and I recognized the horribly dirty and inadequate equipment and the careless and trifling attention by the hurried clinical teachers. My guide then took me up to the deserted school rooms. It was the noon hour and there was no one in the office. We walked over the dusty, dirty and deserted amphitheatres, inspected the foul smelling and gruesome anatomy laboratory, peeked into the lonesome museum and at last came to the chemical laboratory [where Dr. Long was making an intricate analysis in impressive surroundings]. There was no histologic [error!] or pathologic laboratory, and the few microscopes were almost ludicrously antiquated.
Further visits were made to Rush Medical College, which also failed to impress him favorably, and to the newly constructed building of the College of Physicians and Surgeons, which was “smelly of pine and paint, but... destitute of pedagogic armamentarium. As the other Colleges had been offensive, dirty, dusty and stinking, so this new medical schoolhouse was alarmingly clean and new.” But his fancy was finally caught by the handsome microscopes, clean rooms and friendly instructors at the Homeopathic Medical College, so he enrolled there. Later, he realized the limitations of a homeopathic degree and graduated from the Chicago Medical College in 1888.

Dr. Arthur E. Hertzler, of the class of 1894, in *Horse and Buggy Doctor*, has left a number of sidelights on his student days at the College. Since all teaching, except chemistry, was done by men in active practice, he found the instruction in the scientific branches to be, for the most part, meager. Anatomy, taught by surgeons, meant “commiting most of Gray’s Anatomy to memory, so that we could recite it like a devout man saying his prayers.” In the dissecting room, matters were different; there they learned chiefly those things that would be useful:

... because the young surgeons... knew what structures were of practical importance and stressed them.

The result was that we learned only the practical things, but we learned those well. We came out of school with a pretty clear idea of where not to cut... The dissecting room in our day was a mess. The preservation of material was then not understood, certainly not by our custodian. Many a properly raised young man blew his first tobacco smoke across the dissecting table. Tradition had established that it was impossible to endure the odors of the dissecting room unless one smoked [or, if hardier, chewed].

Chemistry, after a rapid turnover of teachers, was latterly in the competent hands of Dr. J. H. Long, who in this period was the only professionally trained scientist on the Faculty. Most of the students were previously unfamiliar with chemistry of any kind and found the course exceedingly difficult. Hertzler considered the laboratory work in this subject to be adequate. Normal and pathological histology were taught by lectures and hard memorizing of textbooks. Laboratory exercises had been introduced years previously,
but the quality of the slides in histopathology was ridiculed by him. Physiology was not taught as a laboratory subject until the middle Nineties.

Didactic teaching in the clinical branches was well regarded, according to common testimony. Students took notes and committed them to memory, whereas the reading of texts fails to be mentioned. Hertzler tells of quiz classes, organized in groups of about ten, that met frequently so that the students could recite to each other. The students favored lectures over “ponderous textbooks in that the lecturer was able to stress the important points, as these had been emphasized to him in actual practice.” It is clear that these compilations of notes were necessarily in the nature of an epitome, which would be valued as containing the essence of a professor’s teaching, and enough to satisfy him when fed back at examination time. Also, such sets of notes were obviously only as good as the taker was competent to comprehend, and abstract and record faithfully.

Clinical facilities were rated by Hertzler as “pitiably inadequate in comparison to present-day medical schools.” Clinics, held in the dispensary, College and hospital, were not highly praised, and operative clinics were rated as “shows or rest periods for us students.” He complained that he learned “all the little details in the technique of abdominal hysterectomy, but no one thought to tell me not to molest the little boils that form in the upper lip.” Relatively few things were known at that time in the whole range of medicine, but the saving grace, he thought, was that graduates did know the common points of diseases encountered in every-day practice. And, even if they were learned by rote, the student was well along toward recognizing them on a first encounter. Highly regarded was the saying of a later Professor, John B. Murphy: “In order to practise medicine you do not need to know much, but you must know that little well.”

A general appraisal of the Chicago Medical College, in retrospect, has been given by Dr. Morris Fishbein, who wrote that although the College “was, at that time, a somewhat primitive institution, actually it was superior to most other midwestern medical schools.” An opinion concerning the two early Chicago schools by Dr. Ludwig Hektoen went even further in praise; these colleges, he wrote, “kept well abreast with the time [and], when judged by the
services of their graduates as practitioners and citizens, they must be ranked as leading schools of that period."

THE MEDICAL SCHOOL GRIST

The students were a mixed group in previous training and experience; most of them had not gone further than high school, and some not beyond the elementary level. Dr. Abt, in *Baby Doctor*, wrote: "They came from shops and factories, farms and mines; one had been a preacher, one a barber, another an iceman. They were a fine group of average Americans, eager to learn, diligent and high-spirited; but few of them had any notion of inorganic chemistry, zoology and [comparative] anatomy, which are the prerequisites of all reputable medical schools today."

For time out of mind, medical students had been saddled with the reputation of being less refined and of coarser fiber than students of arts or of other professions. Their higher age level and the nature of their studies probably did conspire to engender a more materialistic outlook on life. Having gained such a reputation, there was apparently a certain show-off tendency to live up to it. Certainly rough-house and rowdyism often broke loose. The long hours of lectures, the relative paucity of doing things individually, and little placing of personal responsibility in the college routine of that time — probably all these account in part for the traditional outbursts of pent-up energy in lusty song between lectures, in the rough practice of 'passing up' of hapless classmates to the top rows of the amphitheater (p. 349), of rowdiness in the dissecting room, and in some frank riots.

Dr. Hertzler provides a vignette of the medical students of his time:

Curiosity brought many visitors to the dissecting room. The policeman on our beat was greeted by a shower of whatever happened to be at hand on the occasion of his visit. He had been called several times to quell class riots and we were all anxious to do him honor. One evening a number of students from the theological department paid us a visit. To them, medical students were a terrible lot of rowdies. They all wore Prince Albert coats and many of them received, in their tail pockets,
free donations of the various available appendages. They probably thought no better of us after this experience.

As a matter of fact, the cultural standing of the medics was not very highly regarded in the University as a whole. Once in a get-together on the [Evanston] campus the pharmacy boys hired an Italian, with his hand organ and monkey, to lead the concourse just ahead of the President. Without any inquiry whatever it was concluded that the medics were responsible, and the President came to the city the next day and told us collectively that we were a lousy bunch, not fit to mingle in civilized society.

It is, nevertheless, beyond question that giants in medicine and large numbers of wholly competent practitioners did emerge from the often unpromising lot of aspirants, in surroundings that today would seem inadequate beyond belief. The saving grace lay in the fact that the students, as a whole, were sincere, hard-working and ambitious. Many had already gained experience in dealing with mankind through work in the shop, factory, mine or farm, and had come to know people as they really are. This was significant as training, because that is how the doctor sees them — not at their best, as does the clergyman; nor at their worst, as does the lawyer. Medicine is a hard taskmaster, and those who endured had to possess certain qualities that would have led them to at least moderate success in whatever they may have undertaken. And the perceptive student did learn, by the example of his teachers, methods of clear thinking, sharp observation, logical reasoning and the arriving at sound decisions as to proper procedure in treatment. All else was then a problem in personal application and adjustment. The class of 1891 was a splendid example of the potential fruitage of the system and era. It contained such later national and international notables as I. A. Abt, J. B. DeLee, A. R. Edwards, D. N. Eisendrath, R. B. Preble, W. E. Schroeder and F. X. Walls.

At the end, the graduate was sped on his way with praise, counsel and an overpriced $20 diploma (cost: $1.55, including engrossing). The Commencement exercises were held in the College hall until 1876, after which time they shifted successively to the Plymouth Congregational Church, Central Music Hall and Grand Opera House. In some years arrangements for proper advance publicity failed, and the event did not draw what was deemed to be a sufficient audience. To avoid this debacle, the Secretary, in 1872, "was directed to advertise the Commencement Exercises in the *Tribune,*
"Times, Post and Journal." All in all, it was a free show that the public welcomed. Although academic dress was not worn until after the present period, the annual ceremony made an impressive appeal to popular interest; for example, in 1882 it is recorded that about 1800 visitors attended the exercises for 44 graduates.

On the evening of Commencement Day there was at first "an entertainment," consisting sometimes, at least, of a dinner, usually at the home of Dr. Davis. Later a complimentary dinner for graduates, alumni and guests was held at a hotel, and on this occasion both the meal and the toasts were elaborate. One of the features came to be a song by the class, in which many verses praised the individual faculty members or gibed at their idiosyncrasies and foibles. This dinner was regularly recorded as given "by the Faculty," and on one occasion the record implies that the Faculty stood the bill. It would seem that the expense must have been considerable, and possibly payment was considered a proper charge against diploma fees, as had been traditional in many early schools. Since the "Faculty" acted as hosts at the occasion, this term in the records may well have been a personification of "College." Certainly, in later years the banquet for a time became a charge on the School (p. 358).

Dr. Bayard Holmes (class of 1888), himself a one-time teacher at the College and elsewhere, has left a colorful but cynical memorandum on these events:

In the year 1880, and for many years afterward, the Medical Colleges of Chicago atoned for their shortcomings and their poverty of medical education by a grand finale — a banquet and a brass band in a theatre, an afternoon distribution of Latin diplomas engrossed on real sheep skin, and a banquet at night, at the best hotel, for graduates and all alumni. This was the time when each member of the faculty patted the outgoing student on the back, shook his hand, and whispered some cheering words in his ear. It all means only: "Don't forget your old Professor. He'll help you out in consultation." There were no caps and gowns rented for the occasion, no processionals or recessionals, and no scholastic distinctions of attire. It was honest bombast, parvenu and crass.