

THE STORY OF
RUSH MEDICAL COLLEGE

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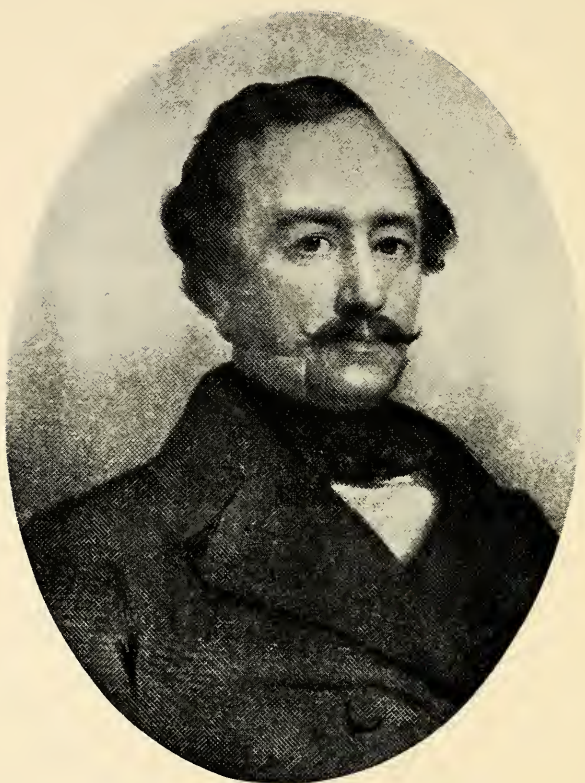
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*THE STORY OF
RUSH MEDICAL COLLEGE*

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Daniel Brainard
1812-1866

The Story of
Rush Medical College

BY ERNEST E. IRONS, M.D., Ph.D.

Emeritus Professor of Medicine
Dean of Students and Faculty, 1923-1936



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RUSH MEDICAL COLLEGE · MAY 1953

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*THE STORY OF
RUSH MEDICAL COLLEGE*

Chapter I

THE GROWTH OF MEDICAL EDUCATION

THE STORY of Rush Medical College is part of the history of medical education in America. Intimately interwoven as it is with the spectacular development of Chicago and the West, the conditions under which Rush was founded and the nature of its early struggles can scarcely be understood without some account of medical education in the country as a whole.

In the early days of the nineteenth century, America was still mainly a frontier nation. Even in the older states of the East, populations were relatively sparse, distances were great, money was scarce, and our people were too preoccupied with wresting a living from the land to concern themselves greatly with the education of medical men.

Progress had been made, it is true, but the state of medical education even in the older parts of the country could hardly be compared with that in the nations of Europe. Thirty years after the Revolution, seven medical schools had been organized: Philadelphia (two), New York (two), Boston, Hanover (Dartmouth) and Baltimore. By 1810 two of these (Philadelphia) had been combined, and one had been discontinued. This left only five active in preparing men for the medical profession.

The curricula were largely patterned after that of the medical school of the University of Edinburgh, where

many American physicians (among them Shippen, Morgan and Rush) had received their medical degrees. The education of students of medicine of that day was based on a preceptorship or apprenticeship of two to six years or more under outstanding scholarly practitioners. Organized in 1705, the medical school of the University of Edinburgh had been designed to afford student apprentices facilities for a review study of anatomy and chemistry better than they could have received with individual practitioners.

The Philadelphia Medical College, founded in 1765, stated among its requirements for admission to candidacy that "such students as have not taken a Degree in Arts . . . satisfy the Trustees and Professors of the College concerning their knowledge of the *Latin* tongue and in such branches of *Mathematics*, natural and experimental *Philosophy* as should be judged requisite to a *Medical Education*. Each student shall take at least one course in *Anatomy*, *Materia Medica*, *Chemistry*, the *Theory* and *Practice* of *Physic* and *Clinical lectures* and shall attend the practice of the *Pennsylvania Hospital* for one year. . . . It is further required that each student previous to obtaining a Bachelor's Degree shall have served a sufficient apprenticeship to some respectable Practitioner in *Physic*, and be able to show that he has a general knowledge in *Pharmacy*."

These requirements continued in force until the occupation of Philadelphia by the British in 1777. The degree of Bachelor of Medicine was conferred after one year, and the degree of Doctor of Medicine after one to three years of additional attendance. Few students returned for the second year, however, and the degree of Bachelor of Medicine was discontinued, as was also the

original requirement of Latin and Greek. Travel was slow and difficult and many students had limited resources. The relative poverty and the obstacle of distance in the still only partly settled country finally led to a shortening of the college course to twelve to sixteen weeks.

The quality of the preceptorships deteriorated, meanwhile, so that they often offered only nominal opportunity to the students. The college course, which had been at first an adjunct or review in completion of a serious apprenticeship, gained in importance, while the apprenticeship became secondary and often merely a perfunctory item of a year's credit on the college course.

In the absence of examining boards of licensure independent of the schools, a school diploma was accepted as qualification for license to practice. Competition among schools encouraged low standards of admission and performance, without the salutary control of a competent and independent examining authority.

By 1840 twenty-six new schools had appeared, and by 1875, forty-seven more. Of the eighty schools organized in the space of a hundred years, sixteen were discontinued, leaving sixty-four in 1875. A few other smaller schools had been organized and had closed their doors without leaving a record available in 1875 (Davis). But despite the later separation of licensure from the educational function, medical schools continued to increase; some good, some poor, to the total number of 162, up to the decade of drastic reform in medical education (1900-1910).

In the evaluation of the purposes, resources, and achievements of medicine in our own era two objectives have emerged: that of producing physicians well pre-

pared to counsel the public in the prevention and cure of disease; and that of furnishing facilities for searching out new knowledge and proving its effectiveness in medical care.

Medicine from the beginning has had for its objective the cure of the sick and the prevention of disease by utilizing all current scientific knowledge in the care of the patient under the direction of experience. This is accomplished mainly through the personal relation of the good doctor and his patient.

In the past fifty years the peace-time accumulation of wealth has enabled philanthropists to set up facilities for more extensive and penetrating research in special problems in medicine. Institutes and specialized foundations created by this means have contributed mightily to the advances of clinical medicine.

These two objectives—practice and research—are of course complementary and mutually advantageous. Sometimes the two concepts, in the form of superior clinical training and of research, have been successfully combined in one school. Sometimes, as in the financially lush nineteen twenties, clinical schools which aspired to a combination of both have, unfortunately, invested large and perhaps disproportionate sums in their privately owned hospitals. In so doing, they neglected to utilize public, tax-supported hospitals which might have been more economical and at the same time afforded better and more varied opportunities for clinical teaching. Sometimes, too, richly endowed research-minded schools planned for a completely “full time” program, on the assumption that their limited clinical facilities would somehow suffice to give the best clinical training to their students. By the cold law of probabilities, many

of these students, no matter how carefully chosen, were certain to prove unfitted for academic research, although as potential standard bearers of professional competence, and in the interest of public service they were entitled to a clinical training equivalent to that of their colleagues in other schools.

GRADUATE MEDICAL EDUCATION

Changes in the techniques of graduate medical education, too, have resulted from advances in medical education. The ambitious and progressive physician avails himself more and more of opportunities for graduate study. Currently, his program of professional development conforms to one of two patterns, both of which have evolved from improved standards of medical education, and from the utilization by medicine of the astounding increase of knowledge in many fields of science including chemistry, physics, biology and biophysics. The rapid expansion of medical methods and facilities rendered inevitable an accentuation of practice in special fields. This has been going on for decades. Indeed, it began in the days of the barber surgeons. But this entirely logical trend toward specialization has brought with it certain undesirable results. Some medical men proclaimed themselves specialists with little or no justification by reason of ability, hard work, or quality of performance. For the protection of the public, in consequence, special boards have been established in the several specialties to determine fitness for specialty designation; and to encourage younger men to prepare themselves for better techniques of specialized practice while they still had command of the educational tools acquired in college and medical school.

Special board certification is entirely voluntary and has no legal status. This certification in specialties has been used by some administrators of state and national medical and health programs and of hospitals, to determine appointments, often with advantage but sometimes unfortunately to the exclusion of other equally well qualified physicians who have not desired to submit to further formal examinations. Occasionally a young physician recently certified as a specialist without sufficient clinical experience mistakenly assumes that the fact of his certification relieves him of his obligation to care for patients in their homes. Emphasis on specialty certification has tended also wrongly to minimize the stature of the general practitioner. These difficulties, however, appear to be in process of correction. Advances in medical education and opportunity have thus of themselves created new problems in educational procedure and in medical practice, and these in turn have determined the following two main patterns of professional growth of the young physician.

1. *Preparation for Specialization.* This calls for a prolonged residency for the physician after completion of his internship with additional training in biological subjects. Such a program assumes a thorough grounding in chemistry, physics, and pathology.

Occasionally physicians who have been in practice for a few years turn back later for additional study. Although these instances are exceptional, the difficulties of such a delayed program are so obvious in terms of interrupted practice and dislocations in personal life that young graduates are usually moved to prepare for their Specialty Boards (Internal Medicine, Surgery, Ophthalmology, Obstetrics, etc.), under another handicap—namely, lack of the great advantages in experience they

would gain by a few years in general practice. The Board of Internal Medicine has liberalized its requirements with a view to meeting the individual necessities of almost any doctor. Let me say that I am speaking now of the young physician who is earnestly concerned with the quality of his preparation and in the service he will render to his patients later; not primarily with the added financial rewards which he hopes to receive by the mere possession of a board certification.

2. *Graduate Study.* A second type of graduate training is the short, intensive course of a few weeks or more, arranged by medical schools or by medical organizations, given at educational centers, or by qualified instructors at local centers in rural communities. This type of education is rapidly increasing, and promises to contribute much to the quality of general medical practice. The general advance of medical education has produced medical practitioners who can appreciate, understand, and profit by such opportunities to a degree not possible in the early days.

These two types of graduate training have largely replaced the old post-graduate school, which formerly served as well as it could to remedy the faults of grossly defective undergraduate medical education.

The telegraph and telephone, good roads, the automobile, more and better equipped rural hospitals, and the ever increasing scientific knowledge available to medicine, have truly revolutionized medical education and medical practice. Yet, the observation of Weir Mitchell still holds true: that by what the country doctor is, you can judge the progress of medicine. Today the family doctor, whether in the city or country, has not passed—he has improved.

Some of the problems of Rush Medical College in the

past four decades stemmed from honest differences of opinion as to the methods of applying these two concepts of medical education: that concerned with the care of the sick, and that concerned with research more or less separated from clinical practice. These divergent views, and their alternate ascendancy account in the main for the successive changes in the later academic relationships of Rush.

Chapter 2

EARLY DAYS AND THE CHARTER OF RUSH

TO PRESENT some notion of the events of over a hundred years of Rush history within reasonable space requires the selection of only a few fairly representative incidents in which the activities of the College were a reflection, more or less directly, of larger events in the city and nation. I shall try to present the medical picture in the newly settled country, the ideals behind the founding of Rush, and the progressive rise in its standards of medical education in response to opportunity and to public need and demands.

A file of the college announcements from 1843 onward records the thinking and actions of the Faculty as well as statistics and regulations of the College.

Many of the older records were lost in the fire of 1871. Fortunately, a number of the Rush faculty have been historically minded over the years and have collected and recorded important stop-gap data in addresses, articles and reminiscences. Some of these are well documented; others, regrettably though naturally, reveal the frailty of memory.

DR. BRAINARD ARRIVES IN CHICAGO

Rush Medical College grew up with the coming Second City of America. Rush received its charter from the State of Illinois in 1837, a few days before a charter was issued to the still pioneer City of Chicago. Dr. Brainard,

the founder of the College, had come to Chicago in 1836. His arrival is thus described by John D. Caton (later Judge Caton), a lawyer and friend who had studied law in Rome, N.Y., when Brainard was studying medicine in that city.

"Dr Brainard rode up to my office on a little Indian pony. He was dressed rather shabbily and said he was nearly out of funds, and asked my advice about commencing the practice of medicine in Chicago. I knew he was ambitious, studious, and a man of ability, and I advised him to go to the Pottawatomie Camp where the Indians were preparing to start for a new location, west of the Mississippi River and sell his pony; take a desk or rather a small table I had in my office and put his shingle by the side of the door, promising to aid him in building up a business."

The State of Illinois had been admitted to the union in 1818. The Territory of Wisconsin lay to the north and the Territory of Iowa to the west. The Village of Chicago had been organized in 1833 and was growing rapidly; the population had doubled every eight months and by 1836 had reached 3000. Norman Bridge thus describes the village.

"They (Chicago citizens) were planning to send a delegation to Vandalia, the capital of the state with a petition to the forthcoming session of the Legislature for a city charter. Yet they had not a rod of street pavement and their sidewalks were of wood, uneven and shaky. When it rained, mud was everywhere, teams often becoming stalled in the chief streets . . . notably Lake Street near Clark . . . where more than once a 'no bottom' placard was seen and an old hat with the words 'keep away, I went down here' There were no sewers, not even a common drain and the public water supply was through a service of pails, barrels and other containers from the lake and river. Two rude bridges spanned the creek—the Chicago River . . . along the banks of which the primeval trees and shrubbery

were still mostly undisturbed. The houses and other buildings were of wood and built with the evident purpose to make them habitable at the earliest possible moment. But the country back of the town was fertile, inviting and great, and a canal was to be dug to connect the lake and the Mississippi."

DANIEL BRAINARD (1812-1866)

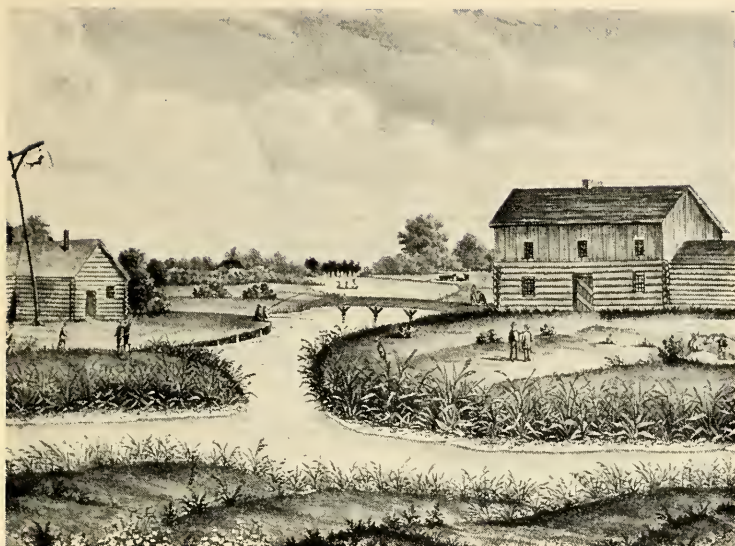
The story of the early years of Rush Medical College centers about its founder, Daniel Brainard, and the men whom he chose as members of his faculty.

Daniel Brainard was born in Oneida County, New York, in 1812, received a common school and academic education probably in the Oneida Institute, and began his medical studies with a preceptorship in Whitesboro and in Rome, New York. Later he took medical lectures in Fairfield Medical College, and then after two years more at Jefferson Medical College received his medical degree in 1834. He returned to Whitesboro where he practiced medicine but spent much of his time in the study of Latin and French and in teaching physiology in Oneida Institute.

"Physically, Dr. Brainard was tall, well proportioned, and strongly built. He was dignified almost to reserve . . . his appearance in the class room was quiet and unassuming." (Ingals) He was an investigator, and made notable studies on rattlesnake venom, the treatment of wounds with iodine, and treatment of ununited fractures. He earned well merited fame in the West and in Europe as an outstanding surgeon. Intimately correlated with Brainard's devotion to the practice of medicine was his enthusiasm for medical education and teaching.

The economic depression of 1837, as well as the necessity of first gathering a faculty for his new school (to

which he had given the name of Rush in commemoration of Dr. Benjamin Rush of Philadelphia, one of the signers of the Declaration of Independence) made impracticable the immediate opening of the school. But Brainard was not to be deterred from his teaching, and he opened a private school of anatomy in his rooms on Clark Street, where he gave three courses of instruction to some six or seven students each. The years 1839-41 he spent in Paris in further medical preparation. On his return he was appointed in 1842 to the Chair of Anatomy in St. Louis University where he gave two courses.



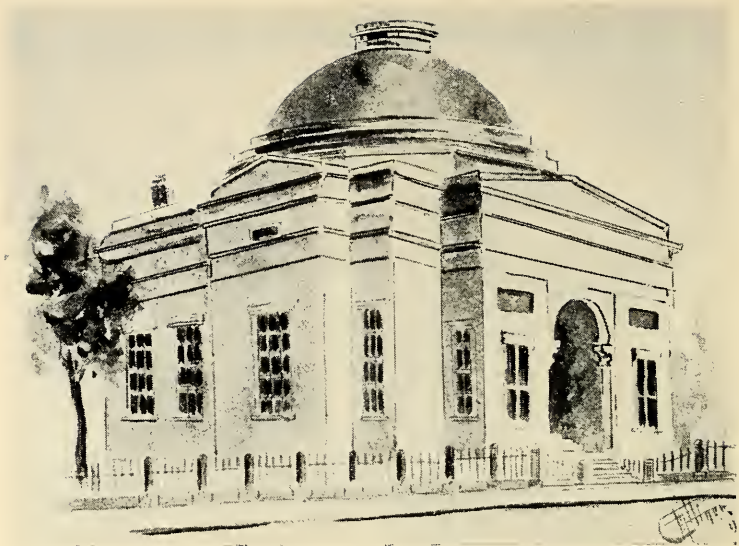
Chicago River in 1833

Courtesy Chicago Historical Society



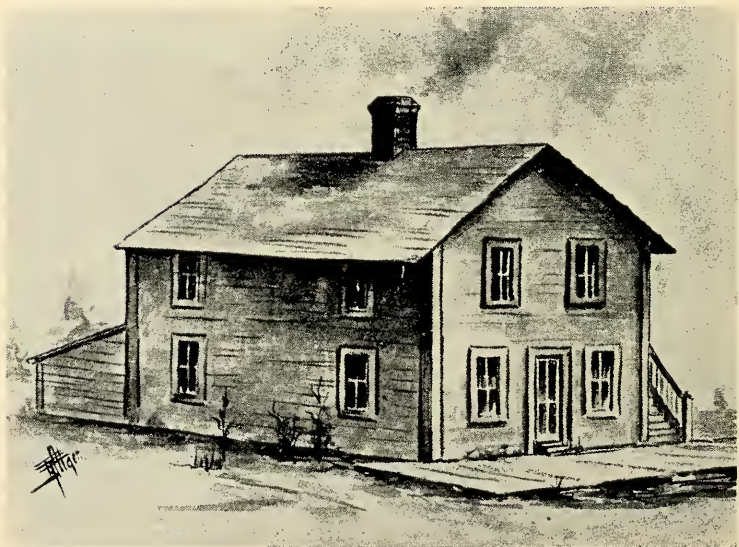
Chicago, 1835

Courtesy Chicago Historical Society



First College Building, 1844

Courtesy Chicago Historical Society



Dr. Brainard's Office, 1844

Courtesy Chicago Historical Society

Chapter 3

RUSH MEDICAL COLLEGE OPENS

RUSH MEDICAL COLLEGE began its first session of sixteen weeks on December 4, 1843. The population of Chicago was now 7,850 (Bridge). Twenty-two students were enrolled. The requirements for the degree of Doctor of Medicine were:

“Three years of study with a respectable physician, two 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 and to present a thesis on some medical subject of his own composition and in his own handwriting, which should be approved by the faculty . . .”

The first classes met in Dr. Brainard's office on Clark Street near Randolph. A shed in the rear served as a dissecting room. The regular fees were \$65, and the graduation fee \$20. The first college building, built of wood on a lot donated by citizens at Clark and Indiana Streets, north of the river, was completed in 1844 and cost \$3500.

In his inaugural address Brainard said:

“ . . . We have chosen the subject of institutions of science, their influence in a community, and their claims to the fostering care of the public . . . (because of) the sovereign influence exercised by public opinion which holds the place of supreme power in our own country. . . . Especially in the West is it essential that the public mind should be directed to the founding . . . of institutions of science. . . . The health, the happiness and the life of your dearest friends, and your own, may, and will,

some day depend on the skill of some member of the medical profession. . . . To elevate the standard of skill and knowledge in the profession, to excite an honorable emulation among its members, to disseminate in this new region the principles of medical science . . . such are the objects held in view by the founders of this institution."

In referring to the objection that suitable teachers could not be found he said, "(This) is alike unfounded, and next to the merit of making great discoveries in science, is that of extending them in regions where they would otherwise be unknown."

MEDICAL NEEDS OF THE WEST

The medical needs of a pioneer population in the West (in those days the West meant everything west of the Alleghanies) were augmented by malaria which was prevalent as far north as Canada. Indeed, the settlement of the bush in Ontario was delayed by chills and fever which turned back many families. Quinine was effective but too often used in insufficient dose. The cost often reached \$5.00 per ounce, a high price in those days. Epidemics of Asiatic cholera¹ appeared from 1833 onward in Chicago and in the absence of sanitary measures caused thousands of deaths.

The urgent need for physicians in the rapidly growing West resulted in the formation of a number of small local medical schools which disappeared after a brief existence. There were no educational standards for admission and the inferior quality of instruction called forth well merited criticism. Brainard recognized the inadequacy of some of these schools but resented indis-

¹ Asiatic cholera was recorded as early as 1832 among troops arriving in Fort Dearborn.—Hamilton.

criminate condemnation of all schools west of the Alleghanies.

At the same time he reiterated in 1849 his faith in the future of Chicago which had then a population of 17,000. He said in this address:

"The statement has recently been made by a Dr. Holmes, professor in a not very flourishing medical school at Boston, that 'the multiplication of medical schools in the west is doing great mischief . . .' For a country possessing all the advantages for containing a large population calculated from extent and situation to be the center of the republic . . . with all its advantages to be dependent on some villages a thousand miles off for its physicians, would certainly present an anomaly in the general order of things. But a few years since, the place we inhabit was on the extreme verge of civilization, and stretching far away to the west was a desert, scarcely trodden by the foot of civilized man. Now the emigrant turns from our crowded streets . . . to the far distant shores of the Pacific Ocean."

But despite Brainard's enthusiasm, stimulated perhaps by the gold rush of 1849, the educational facilities of the frontier settlement were crude. The medical faculty members, forward looking and pioneering men of vision and imagination, were recruited from towns in the surrounding area.

The college curriculum was patterned after those of medical schools east of the Alleghanies and soon approached an equality in content though not in age. The refinements of the older Eastern cities were lacking in these early days of Chicago. The Rush faculty were wading through the mud to their barely furnished wooden school when the walls of the Philadelphia Hospital were already lined with portraits of great citizens and physicians by distinguished painters of the day.

Chapter 4

THE EARLY FACULTIES

THE FIRST FACULTY² selected by Brainard included James V. Z. Blaney, professor of chemistry (1846–1874), distinguished analytical chemist; Austin Flint, Sr. (1844–1845), professor of medicine who later became professor of medicine at Bellevue; John Evans (1845–1857), professor of obstetrics who was later appointed territorial governor of Colorado, and thereafter served as Senator. Other members of the faculty up to 1859 were John McLean (1843–1854), M. L. Knapp, A. W. Davisson, G. N. Fitch (1844–1849), W. B. Herrick (1844–1857), Samuel G. Armour, Thomas Spencer (1849–1851), J. W. Freer (1855–1877), Hosmer A. Johnson (1855–1859), W. H. Byford (1857–1859, 1879–1890) and John H. Rauch (1857–1859). Rauch led in establishing the Illinois State Board of Health and in the passage of the Medical Practice Act.

NATHAN SMITH DAVIS

Nathan Smith Davis (1817–1904) joined the faculty in 1849. He was active in the organization of the American Medical Association in 1847, and has been called the Father of the American Medical Association. He was an able writer and organizer and deeply interested in educational methods and in their application to medical

²Brief biographical sketches of the early faculty are recorded by Dr. George Weaver, *Bul. Rush Alumni Assn.*, Vol. 8, No. 1, p. 17, 1912–1913.

teaching. He is reported to have brought the first microscope to Chicago; the annual announcement of 1844-1845, however, contains the following note: "Among the various additions to the apparatus may be mentioned a fine microscope, of sufficient power to exhibit the blood globules, spermatic animalculae, the elementary tissues, and pathological structures."

DIVISION OF THE FACULTY

In 1859 the discussion of methods to improve medical education occasioned some acrimonious debates. At this time the procedure in medical colleges was to repeat in the second year of the two year course the content of the first year. At Rush, as in other contemporary medical schools, the regular sessions in the early years were limited to sixteen weeks.

Opinion in the faculty was divided. Some held with Davis that a graded course with new content in the second year was necessary; others believed that such a change was impracticable at that time. This educational dispute apparently was intensified by personal animosities between the president, Dr. Brainard, and the Secretary, Dr. Davis. The upshot was that Drs. Davis, H. A. Johnson, W. H. Byford and others eventually withdrew from Rush and founded the Chicago Medical College, now the Northwestern University Medical School. The advocacy of the principle of a graded curriculum foreshadowed further progress in medical education. The separation which began in heated debate eventuated in friendly rivalry and cooperation in medical education.

That the schism in the faculty was based to a large extent on personal differences between the president and the secretary, and not on the failure of either faction to

recognize the necessity of improving educational standards is suggested by the action of the Rush trustees and faculty (1859-60) which provided two additional periods of instruction.

The announcement of the session of 1859-60 (p. 6) offered in addition to the regular course of sixteen weeks, beginning on the first Monday in November, a preparatory course to be given at the College in October without additional charge. At the conclusion of the regular course there was also announced a "Preparatory School of Medicine."

"For the purpose of securing a longer and more complete course of instruction, to such as may be able to pursue it, than is afforded by the Winter Term, the following physicians have associated themselves together in a Preparatory School . . . The course will commence on the first Monday of March 1860 and continue sixteen weeks. Two lectures will be given daily, fee \$20.00." (Announcement 1859-60 p. 15).

New members added at this time to the Rush teaching force included J. Adams Allen, Ephraim Ingals, DeLaskie Miller, Joseph P. Ross and E. L. Holmes. This "Preparatory School of Medicine" was later known as the "Spring Faculty"; none of their names appear as members of the regular faculty. Clinical work was offered at the City Hospital, City Dispensary, and Chicago Charitable Eye and Ear Infirmary. The faculty of this supplemental course had no part in the government of the college. The "Spring Course" was continued until 1893, when the regular course was extended to eight months.

During the period 1857-1871, there were twelve professors and during the latter portion of it about as many more teaching in the Spring Faculty. Among these lat-

ter were Drs. James Nevins Hyde, Norman Bridge, Charles T. Parkes, Walter Hay, I. N. Danforth, James H. Etheridge and E. Fletcher Ingals. During the latter portion of the period the student body grew to approximately 300. The tuition fees were about \$70 per annum from the founding of the college until 1879 (Ingals). (In 1849 the tuition in Rush was reduced from \$70 to \$36, but this seems to have been a temporary measure. Davis).

In 1868 the regular annual course was increased from 16 to 18 weeks. Hitherto no specific requirements for entrance were in force although the annual announcements (1860-1891) state that "such a preliminary education was needed as was clearly requisite for proper standing with the profession and with the public."

HOSPITALS

Members of the faculty were leaders in the organization of hospitals to care for the sick and to furnish facilities for medical teaching. The U.S. Marine Hospital on the east side of Michigan Avenue near River Street was being completed in the summer of 1850. Doctor W. B. Herrick was in charge.

The Illinois General Hospital of the Lakes was chartered by the Legislature in 1850, and was opened in the Old Lake House on the corner of North Water and Rush Streets. Dr. Brainard was in charge of the surgical service and Dr. Davis of the medical service. The college curriculum called for one term of instruction and hospital attendance. "Professor Davis is to lecture daily through the term, and also meet the hospital class in the wards of the hospital at a stated hour each day, Sunday always excepted."

In 1851 the Hospital of the Lakes passed under the care of the Sisters of Mercy, and was thereafter called Mercy Hospital. In 1859 this hospital service was transferred to the new school headed by Dr. Davis. The Rush announcement of 1859-60 states that the City Hospital of 200 beds was the hospital field of instruction.

THE COLLEGE DISPENSARIES

In December 1869 the "Charity Dispensary of Chicago" published its first (and last) annual report in which appeared a number of items of historical interest:

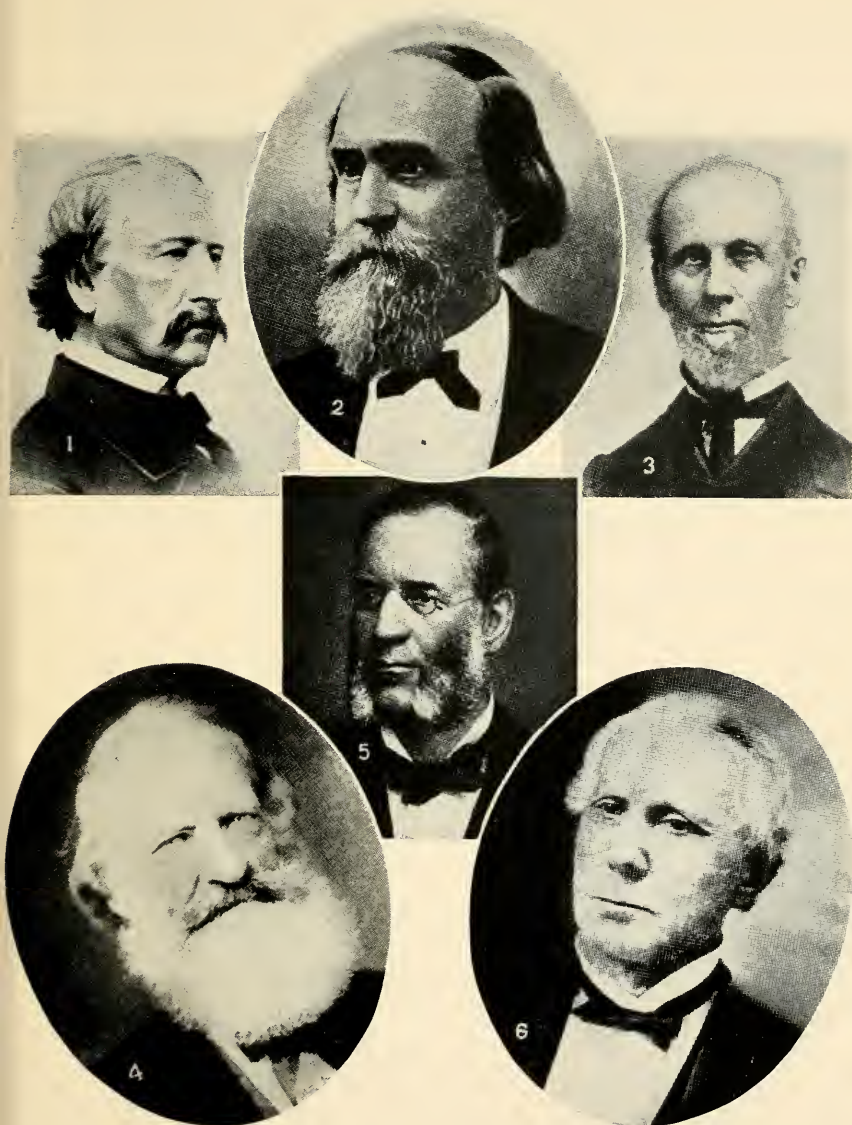
"For thirty years the Charity Dispensary has been in operation. In 1839, Dr. Blaney opened in his office opposite the Sherman House, the first free dispensary ever held in Chicago.

"On the opening of Rush Medical College in 1843, this dispensary was transferred to the College building, and was attended by Drs. Brainard, Blaney, McLean, Fitch, Austin Flint, John Evans, Freer, Rea, Ingals, Powell, Duck, and Ross, most of whom have been professors in the College and many still retain that post.

"... In 1845 this dispensary was moved to a large building, corner of Wolcott and Kinzie streets, called Tippecanoe Hall. At that time it was called the City Dispensary. On the 12th of January 1847, Dr. Brainard first gave ether in the case of 'a young man who presented himself at the Dispensary for amputation of the middle finger rendered necessary by necrosis of the first phalanx of four months standing.' Chloroform was also used in this dispensary on the 24th of the same month, ten days before its first use in New York ..."

"There are in the city the following dispensaries: The Charity Dispensary, corner of North Dearborn and Indiana streets; the Brainard Free Dispensary corner of West Randolph and Jefferson streets; the County Hospital Dispensary, corner 18th and Arnold streets, and the Chicago Charitable Eye and Ear Infirmary, No. 16 East Pearson Street, opposite the Ogden School."

Attached to this report is an autograph note by Dr. E. L.



Members of the first faculty of Rush Medical College: (1) Daniel Brainard, (2) James Van Zandt Blaney, (3) John McLean, (4) Moses L. Knapp, (5) Austin Flint, (6) Graham N. Fitch.



Members of the first faculty of Rush Medical College: (1) Wm. B. Herrick, (2) John Evans, (3) Thomas Spencer, (4) Nathan S. Davis, (5) Alfred W. Davisson, (6) Josiah B. Herrick.

Holmes: "From the opening of the College to the date of this report, there had been a 'College Clinic' or 'Dispensary.' It was thought best to place it under a special board of trustees with the hope that the public would provide support for this charity. That this might seem to be less under the control of the College the name was changed as indicated in this report, which is in reality the first report of the new organization. The Fire in 1871 terminated all efforts to continue the dispensary."

The Central Free Dispensary was formed by a union of the Brainard and the Herrick (W.B.) dispensaries in 1871 and was incorporated in 1873. The objectives of the incorporators are set forth in the charter:

"The objects for which this corporation is formed are to aid all persons who are sick and unable to pay for medical attendance's, (sic), to diffuse vaccination by continuous and unwearyed efforts . . ."

Chapter 5

THE CIVIL WAR PERIOD

By 1861, Rush College had graduated 555 physicians, and by 1865, had graduated 836. The inevitable loss of faculty members to the Armed Services included Professors J. V. Z. Blaney, R. L. Rea, William B. Herrick, J. W. Freer, E. Powell and Daniel Brainard. Faculty replacements were brought in from neighboring schools. "Rush contributed as large a proportion of graduates as any other medical college in the Union." (Dodson, 9.)

The city hospital at Arnold and 18th streets which was staffed by the faculty of Rush College was taken over by the army. Shortly after the close of the war the operation of this hospital was assumed by the Cook County Commissioners.

CHOLERA—THE DEATH OF BRAINARD

Following his discharge from the army Dr. Brainard went to Paris, returning in the Fall of 1866 to resume his teaching. He found Chicago in the midst of an epidemic of Asiatic cholera (its last severe outbreak). The disease had appeared in the summer, subsided about the middle of August, and recurred with increased severity about October first.

"On the afternoon of October 9, 1866, he digressed from the subject of his lecture in Rush Medical College, to tell the class how to guard themselves against the cholera, and before he retired late that evening he began an article on the subject . . . He went to bed apparently in perfect health, but near morning

had an attack of diarrhea which he checked with opiates. However, he arose as usual the next morning and had no symptoms of sickness until 9:00 when he was suddenly attacked with vomiting and diarrhea . . . By 2:00 he was in collapse and seven hours later he ceased to breathe." (Ingals, quoting in part from an unsigned address at the College memorial exercises, October, 1866).

The Chicago Tribune of Thursday, October 11, 1866, commented thus:

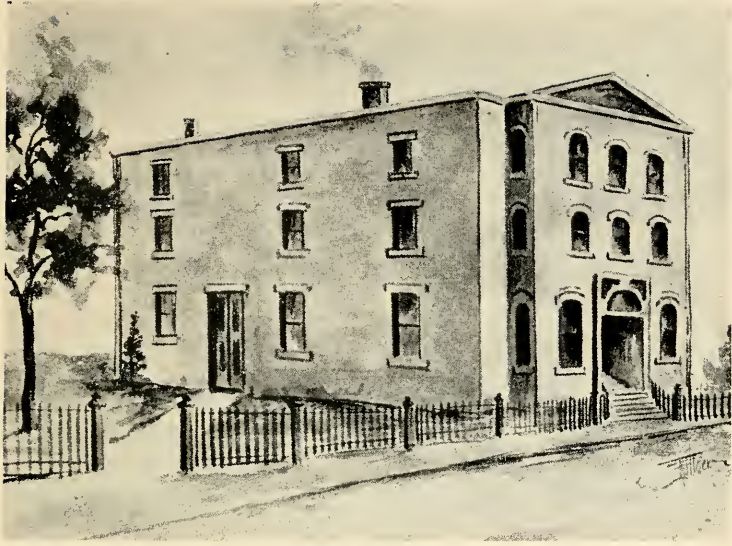
"There is no disguising the fact that the dread Asiatic Scourge is more active among us within the past two or three days than previously. The average daily number of cases reported during August in this city was about six. For September the attacks reported were 272, deaths 146, average of nine attacks daily with five deaths. (The population of Chicago was then about 200,000.) October showed an alarming increase . . . It is particularly noticeable too that the extension of the disease is not confined to the unwashed, undrained ill-ventilated portions of the city. It has struck and boldly into the higher walks of life. The death of Dr. Brainard, Alderman O'Sullivan, and Dr. Winer are prominent instances in higher circles. The grim monster is now striking right and left among us as if . . . to avenge on our person the terrible neglect which has marked our municipal history in regard to sanitary matters, and teach us a practical lesson for future guidance."

The death of Dr. Brainard left vacant the Chair of Surgery in Rush College, and in 1867 it was filled by Dr. Moses Gunn, who came from Ann Arbor, Michigan. (R.M.C. Catalog 1867.)

THE FIRE OF 1871

Scarcely had the routine of the College been resumed following the distractions of the war, when the Chicago fire of 1871 destroyed the college buildings north of the

river (to which had been added in 1867 a new section at a cost of \$70,000) , together with many of the records and the museum. The Chicago Medical College and the County Hospital generously offered quarters in which Rush might continue the year's teaching. A temporary building on the south side of the city near the County Hospital at 18th and Arnold Streets was erected at a spot where the sidewalk grade was several feet above the lot level, giving rise to the designation of "The College under the Sidewalk." Here the College continued until 1876, awaiting the decision of the county commissioners on a new location for the County Hospital. Dr. Joseph Priestly Ross was instrumental in the establishment and location of the Cook County Hospital, and, as a member of the Rush faculty, he desired that the new Rush College building should be adjacent to it. Finally the location of the County Hospital on a twelve acre plot on Harrison and Wood Streets was decided, and the Rush building of 1875 was erected diagonally across the street. The Central Free Dispensary was housed on the first floor. "The dedicatory procession marched out to West Chicago led by a band." (This building was replaced by the present Rawson Building in 1924.)



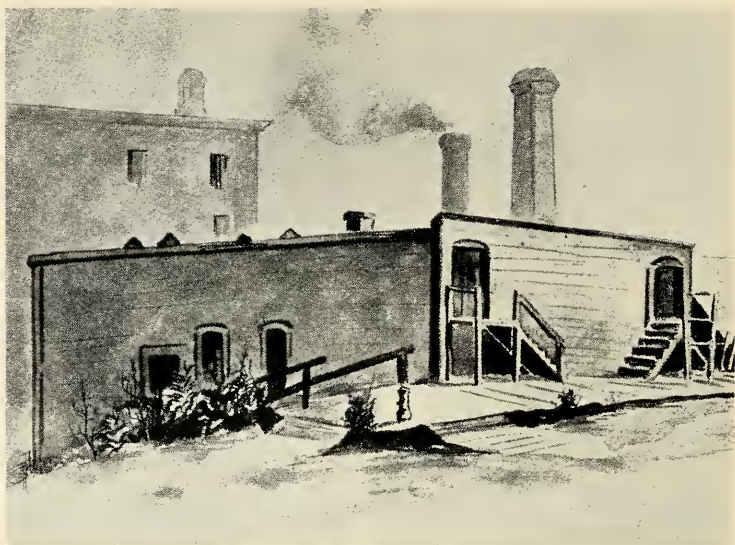
Building of 1855

Courtesy Chicago Historical Society



Ruins of Fire, 1871

Courtesy Chicago Historical Society



College under Sidewalk, 1872

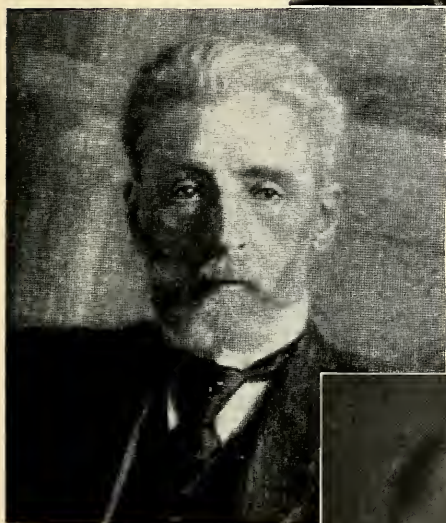
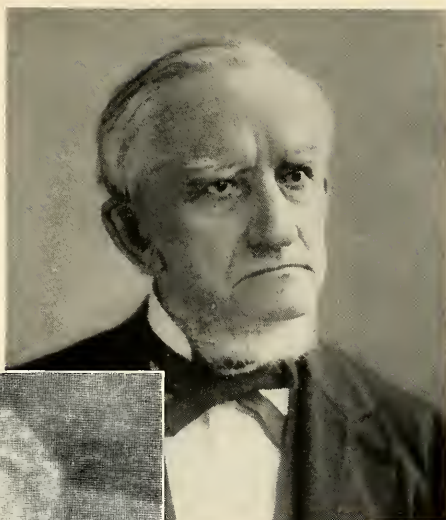
Courtesy Chicago Historical Society



Building of 1875

Courtesy Chicago Historical Society

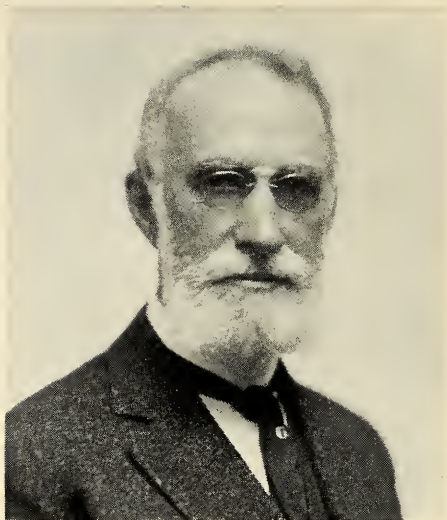
Nathan Smith Davis
1817-1904



Walter Stanley Haines
1850-1923



Ephraim Fletcher Ingals
1848-1918



Norman Bridge, 1844-1925

Arthur Dean Bevan, 1861-1943



Chapter 6

RUSH AND THE COUNTY HOSPITAL

THE FIRST city hospital, a frame structure at 18th and Arnold Streets, built to care for cholera patients, had been replaced by a substantial building of stone and brick. It was staffed by the Rush faculty. When Dr. Davis and his colleagues left Rush in 1859 to found the Chicago Medical College, they took with them the teaching facilities of Mercy Hospital; the Rush Faculty then had to depend on the City Hospital for clinical teaching. Then came the Civil War, and the City Hospital was taken over by the Army for an Eye and Ear Hospital. At the close of the war, the Hospital was returned to the city, and plans were made to develop teaching. At this point the city decided that it was not required to operate a hospital, and the building was turned over to the Cook County Commissioners.

The story of the Cook County Hospital, thus begun in 1866, presents a complicated recital of interrelations of politics, education, and rivalries of medical groups. The hospital at 18th and Arnold Streets had become inadequate to care for the sick of the growing city. At length, following the Great Fire, the present site of the County Hospital at Harrison and Wood streets was secured, to a large degree through the efforts of Dr. J. P. Ross and Dr. George K. Amerman. The incidents of this campaign, the building of the hospital, the political and financial methods, and the scandals involving some of the county commissioners are told by W. E. Quine and by Henry M. Lyman. (23, 25).

Finally the building of County Hospital at its present site was completed.

"We moved into the new hospital some time in the year 1876 and flattered ourselves that now we could abandon all care, while a long vista of years occupied with scientific research seemed opening before us. But scarcely were we settled in our new quarters, when our friends in the medical profession . . . now descended in full force upon the county commissioners saying: "Listen: These men have labored long and have earned a rich reward; let us exalt them to the highest shelf of honorable obscurity, and we will henceforth bear the heat and burden of the day." So they bundled us out, neck and crop, . . . all but Dr Dyas (who) sent his resignation to the board . . . The rest of us quietly swallowed our medicine and Dr. Ross and I began the campaign that resulted in the establishment of the Presbyterian Hospital." (Lyman).

Evidently the success of the Rush group in carrying through the plans for the County Hospital, had led to excessive zeal and perhaps to neglect of the political and professional rights of their medical colleagues. For some time, at any rate, teaching was barred from the wards of the County Hospital, to the disadvantage of the patients.

THE PRESBYTERIAN HOSPITAL

In 1877 Rush College had voted to establish a hospital and to raise \$15,000 for a building. Under the leadership of Dr. Joseph Priestly Ross, the school began the erection of the hospital adjacent to the College building. Dr. Ross persuaded his father-in-law, Mr. Tut-hill King, to contribute funds, and also interested the Presbyterian Church in this form of philanthropy. Thereupon the College transferred to the hospital, incorporated in 1884, certain property adjacent to the Col-

lege (See Appendix). To the first section of the hospital opened in 1883 were added successively the David Jones Memorial and the Jane Murdock section for women and children.

At the dedication of the Murdock Memorial in 1912, Dr. James B. Herrick, who had joined the staff only a few years after the opening of the hospital, epitomized the elements which then and now have characterized the spirit, the progress, the soul of the Presbyterian Hospital:

"The Presbyterian was founded with two high purposes, caring for the sick and aiding in medical education. The hospital that confines itself solely to the treatment of the sick is somewhat dwarfed. To be kept alive and progressive it should have the stimulus of the necessity of instructing young, active, wide-awake undergraduates, internes and nurses. This addition to the hospital gives us these facilities; it opens to the staff the opportunity of acquiring more knowledge and it also gives us added facilities for research . . . Unless the spirit of research is in a hospital, unless it pervades the various branches of the medical institution, the educational function of the hospital languishes and the atmosphere becomes stale; things fail to progress and the patients suffer . . . And yet no matter what view we may take the central figure in the hospital is, and should be, the patient . . . Are we treating them as sanely and as conscientiously as we can? . . . We are to treat the patient as a man."

By such men, with the reinforcement of a devoted Board of Managers has the spirit of humanity and kindness been instilled into successive generations of the staff. This is the cement which has united the College and the Hospital in ever closer union, and has increased the medical effectiveness of an able staff.

Chapter 7

ADVANCES IN EDUCATIONAL REQUIREMENTS

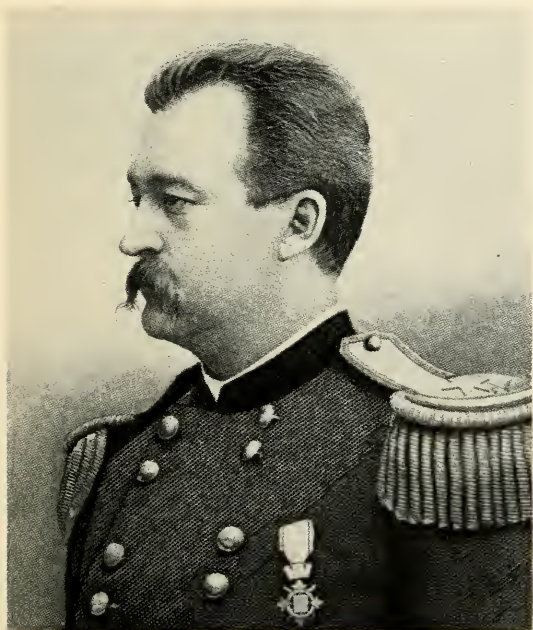
MOVEMENTS for reform in education as in other forms of human endeavor, have their beginnings years before the reform becomes clearly evident and can be marked with a date. At Rush in 1879 the annual tuition was raised from \$70 to \$80; in 1885 the course was extended from two to three years; in 1891 advanced standing of one year was granted to college graduates. The gift in 1893 by the Faculty to the Rush Trustees of the new laboratory building south of Harrison Street (cost \$75,000) marked a new approach in method and scope of medical teaching in Rush.

A similar change was beginning to appear in the other medical schools of America. Laboratories were multiplied, and laboratory data were brought into the clinic. Research in medicine was added to the function of medical teaching, which heretofore had been too exclusively concerned with the transmission of old knowledge and tradition. The importance to medical schools and medical education of university influence and relationship, and of adequate endowment (formerly almost totally neglected) became increasingly evident. Johns Hopkins Medical School, opened in 1893, clearly reflected these trends and developments.

During the early 1890's the course of medical study required for graduation at Rush was lengthened to four years of twenty-one weeks each. The faculty and trustees

Christian Fenger
1840-1902

Courtesy John Crerar Library

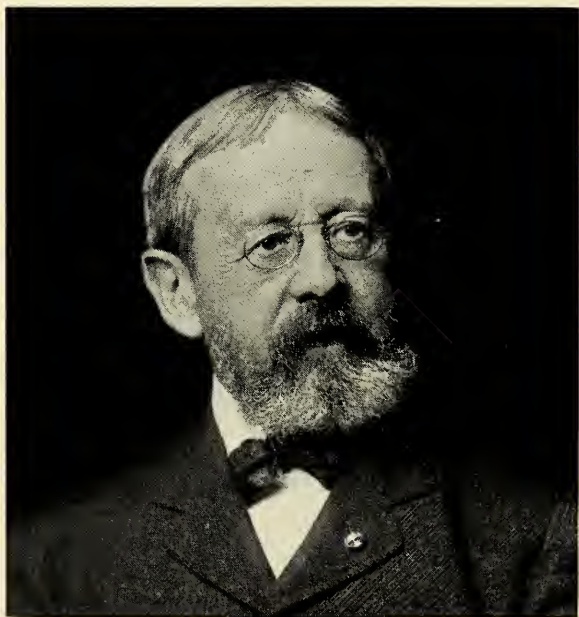


Nicholas Senn
1844-1908



John Milton Dodson, 1859–1933

James Nevins Hyde, 1840–1910



at the same time passed resolutions contemplating much more advanced admission requirements, but these did not go into effect until the affiliation with the University of Chicago in 1898. (Ingals, 22.)

“Requirements for admission to the medical course were fixed for the first time in the history of the college. Believing that the profession was not ready for more, and as there were only two colleges in the country requiring as much as this, it was demanded that all persons entering the study of medicine must have had a course of four years in an accepted high school. These requirements were steadily increased year by year until 1904 when two full years of college work was demanded as prerequisite to the study of medicine. The course in medicine was thereby lengthened to four years of thirty-six weeks each.”

Chapter 8

AFFILIATION OF RUSH WITH THE UNIVERSITY OF CHICAGO

THE University of Chicago, founded in 1891 by John D. Rockefeller, had announced through its great first President, William Rainey Harper, a comprehensive program of education, with emphasis on graduate study and provision for research. This program included development of professional schools.

Rush Medical College had carried on, since 1887, a nominal affiliation with Lake Forest University. It appears further from a single 1876 issue of the catalog of the old Chicago University that this institution had announced an affiliation with Rush; but, like affiliations then current elsewhere, this went no further than a brief statement in the university catalog, and was of no educational value to either institution.

Dr. E. Fletcher Ingals, a leader in the Rush Faculty, believed that if the University of Chicago was to have a medical department it would be advantageous to start with an established institution, provided that the school could be moulded to conform to university ideals. He approached President Harper soon after the opening of the new university; conferences continued between officials and, ultimately, between the Boards of Trustees of Rush and of the University.

President Harper at first did not favor an affiliation, but as his plans for the University grew, he came to advocate affiliation, and prepared an agreement by which

Rush college retained its financial independence (and responsibility) although the university controlled its "educational policy, standards of admission and graduation, selection of faculty members, and pedagogic methods."

After long discussion by boards of trustees and faculty committees, the affiliation became effective in June, 1898, with the hesitant approval of representatives of the founder of the University; and with the expressed understanding that this affiliation was not a union of the school with the University, and that "the University was left free to establish an independent medical school if that should seem later the wiser thing to do."

In the final discussions of the affiliation, by the Rush Faculty, faith in the intent of the proposal was emphasized rather than its value as a business proposition. "If we are giving the control of the school to the University of Chicago to the end that the University may make of it the strongest and most useful medical school possible, clearly we have confidence in the intent of the University to accomplish that purpose and in its ability to do so. Lacking that confidence, the faculty should not consider the proposition for a moment; having that confidence, nothing could be more inimical to the accomplishment of the desired result than to tie the hands of the University with any hampering obligations."

The faculty, always loyal to Rush, believed that they could make the college worthy of complete union, and this belief served to increase their loyalty and willingness to make personal sacrifices in the interest of Rush and University ideals.

A bonded debt of the college amounting to \$73,000, the payment of which was prerequisite to the approval

of affiliation by the University, was liquidated by subscriptions of the faculty.

In 1903 Senn Hall was built as an addition to the old college building with funds contributed by Dr. Senn and other faculty members and friends.

PROPOSAL FOR UNION AND ITS FAILURE

The dramatic events of 1902-06 are related by Dr. John M. Dodson, then dean of students at Rush and are quoted from his article on "The First Proposal of Organic Union."

"By the autumn of 1902, four years after the date of the affiliation of Rush and the University, one year after the first half of the medical curriculum had been transferred to the University campus, Rush Medical College had been moulded into an institution worthy in every way, in the opinion of President Harper, of membership in the University family. He therefore recommended to the Board of Trustees of the University early in 1903 that a complete organic union be effected, and that the University take over the Rush College buildings and everything pertaining to its organization as a medical school. The College was to be known thereafter as the "Rush School of Medicine of the University of Chicago," or by some similar title. He was very emphatic in his insistence on the retention of the name "Rush," and said on several occasions that the name alone would be worth a million dollars to the new school.

"His recommendation was adopted by the Board of Trustees of the University and then, in company with the President Martin Ryerson of the University Board of Trustees, he went to New York to lay the proposition before the founder of the University or his representative.

"He was confronted with a letter which he had written in 1898 in which he stated that the affiliation then proposed did not imply an organic union of the two institutions. His prompt reply to this was that, while he had been very explicit in his declaration to the trustees and faculty of Rush, and to the Uni-

versity trustees, the affiliation carried with it no promise or implication of ultimate union, nevertheless, the subsequent development of Rush Medical College had been so rapid and satisfactory that it had been moulded into a medical school fully in accord with the ideals and plans of the University of Chicago. President Ryerson of the University Trustees was reported to have supplemented this statement with the declaration that if the University were seeking to organize a medical school 'de novo,' it would seek most of its clinical faculty from the clinical faculty of Rush. The two first years were already wholly in the hands of the University. It was agreed that the clinical work must have for endowment, an initial sum of at least \$1,000,000, and the outcome of the conference was an agreement that if Rush Medical College should secure that sum during the ensuing year, the founder of the University would give to that institution within the succeeding five years, the sum of \$5,000,000 for the medical departments. This was promptly reported in the public press and was the origin of statements since many times repeated in the newspapers and magazines, that Rush Medical College had been given \$6,000,000 by the founder of the University. As will presently appear, the plan was not consummated and neither Rush Medical College nor the University of Chicago received any such sum for medical education.

"On President Harper's return from the East and his report to the faculty and trustees of Rush Medical College of the agreement which had been made, steps were at once taken to secure the \$1,000,000 for Rush Medical College. Within the year pledges to substantially that amount had been secured, almost entirely by Dean Frank Billings, with the aid of President Harper. As the sum of \$1,000,000 had been agreed to be the minimum amount necessary for the endowment of the clinical work, the founder felt that the whole amount should be available for that purpose, and this was not the case. More than a third of the amount subscribed, for example, was represented by the Memorial Institute for Infectious Diseases, founded by Mr. and Mrs. Harold McCormick, and generously offered by them through Dean Billings to Rush Medical College as part of the amount which was being raised. When, therefore, President

Harper reported to the founder that the \$1,000,000 agreed on had been raised and presented a list of the several pledges, he was met with the statement that these did not meet the conditions which had been agreed on. He returned from this visit to New York deeply disappointed and more than ever determined to secure the required endowment in such form as should be satisfactory to the founder. Of the large plans which he had in mind for the development of the University of Chicago, the building up of a great medical school was uppermost in his thoughts.

"A new dramatic incident is recalled when he was reporting the unsuccessful result of this visit to the East to the deans and the comptroller at a conference at the Chicago Club. Pacing back and forth, he related the story of his visit, and spoke of how firm was his determination to go on with the amalgamation of Rush Medical College and the University and its development along broad lines; he paused and, raising his right hand high above his head, exclaimed, 'These plans must be carried out or I shall resign my position as president of the University.'

"Again he brought the matter of the organic union of Rush and the University before the University Board of Trustees and again, as well as a third time, later on, his recommendation was adopted.

"At this time, however, the fatal malady which was to bring to an end his brilliant, active and wonderfully useful life had already manifested its first symptoms. He died a year later in February, 1906."

The untimely death of President Harper was a loss to Rush Medical College and to medical education which it is not possible adequately to measure. That, had he lived, he would have found the way to the consummation of the plans he had evolved for the development of a great medical school will never be doubted by the faculty of Rush Medical College, or by any of the men who comprehended his genius for organization, his inflexible determination and his indomitable perseverance.

Soon after his death the deans of Rush Medical College and the comptroller secured an interview with the acting president of the University, Harry Pratt Judson. They expressed the desire of the faculty of Rush to do whatever the University thought best in the matter of the affiliation which had then continued for eight years. The College was willing to withdraw from this affiliation if it was thought in any way to embarrass the University. They were assured of the conviction of the president that the affiliation should continue, of his loyalty to the college and his desire to do anything in his power to promote its work. He thought, however, that the time was inopportune to take any steps in the matter of organic union, and so, for the succeeding four years or more, no further action was taken.

This halt in the plan was the more regrettable since the negotiations had proceeded with high hopes on both sides. In anticipation of the expected amalgamation of the College and the University, President Harper had arranged a number of conferences with the deans and the comptroller to elaborate plans for the expansion and development of the medical school. These meetings were held at various times in 1903 and 1904, and usually took the form of a dinner given by some member of the group. As the result of these conferences and of discussions in the council of administration and of the full faculty, President Harper had formulated a scheme for the development of a medical school which was the most comprehensive and far-reaching in its possibilities of usefulness of any plan which has ever been outlined. Only the outlines of this plan can here be set forth.

“At the University campus, on ground which he had already selected on the south side of the Midway, near Ellis Avenue,

was to be erected a hospital with, at first, five pavillions—one each for medicine, for pediatrics, for neurology and psychiatry, for surgery and for obstetrics and gynecology, with an average of fifty beds each, a total of 250 beds. This hospital was to be primarily for research in clinical medicine, surgery, etc., not receiving a miscellaneous lot of patients such as are ordinarily to be found in hospitals, but gathering from its own out-patient department, from other hospitals or from any source from which they might be obtained a group or groups of cases to serve specifically as the subject of investigation.

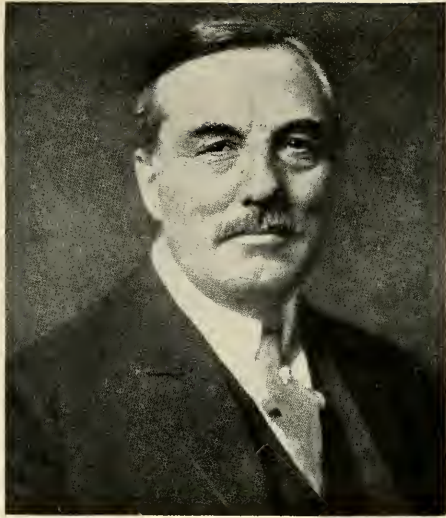
“At Rush Medical College proper, on the West Side, with its Central Free Dispensary, in the very heart of the great industrial district of Chicago; its Presbyterian Hospital of 400 beds the immediately adjacent Cook County Hospital of over 2,000 beds together with other near-by hospitals and dispensaries, which were available for clinical teaching, it was planned to continue the principal center for the training of undergraduates in clinical medicine.

“And, finally, it was hoped that ultimately there could be developed on the north side of the city, with its numerous hospitals, a polyclinic and postgraduate school, devoted primarily to the instruction of practitioners . . . either of that group who desired to fit themselves for the practice of some specialty, or the larger group of general practitioners, family doctors—who wished to refresh their knowledge of the old or acquire knowledge of the newer facts and methods.

“Nor was it planned that research should be confined to the University center. Provision was to be made for such work, and it was to be encouraged at each of the three centers. . .”

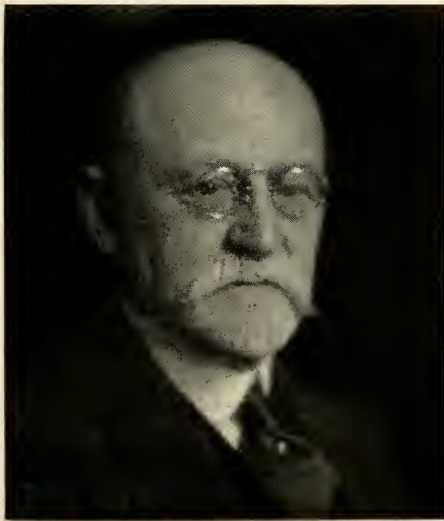
THE DIFFICULT YEARS

The failure of the plan for organic union of Rush with the University of Chicago, and the death of President Harper did not cause the Rush Faculty to abandon it. They recognized that during the eight years of affiliation more had been accomplished in improving standards of medical education than could have been



Frank Billings, 1854-1932

James Bryan Herrick, 1861-

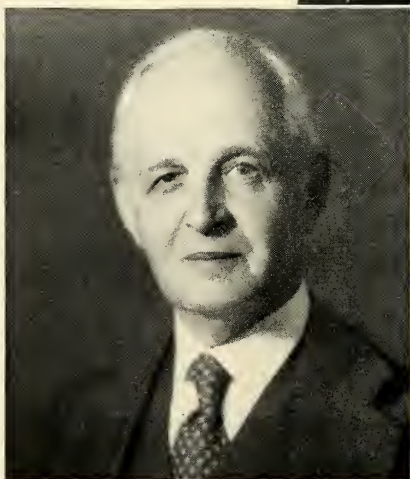




Ludvig Hektoen
1863-1951

Edwin Raymond Lecount
1868-1935

Courtesy The Institute of Medicine



Peter Bassoe
1874-1945

anticipated in many times eight years by Rush as an independent school. They resolved to carry on.

But this resolution involved financial sacrifices even greater than most of the faculty had foreseen. The advance of admission requirements to two years of college with specified requirements in physics, chemistry and biology, quickly reduced the enrollment, and the receipts from college fees. The low point in student enrollment came in 1905-06 when the freshman class numbered 65 instead of the former 200. There was some comfort, however, in the knowledge that other medical schools had suffered a much greater reduction, in students—to 6, 11, 15 students in some, after a similar increase in admission requirements.

Rush had only a nominal endowment and practically no income other than tuition fees. Further economies were required; many members of the teaching staff who had been receiving small stipends now served willingly without pay. A number of friends who had subscribed to the original million of 1904, at the request of Dr. Billings, allowed part of their subscription to be used to meet the operating deficit. The remainder was made up by the college faculty. Thus Rush painfully, heroically, but successfully passed through a trying financial period.

CONTINUATION OF AFFILIATION

The affiliation begun in 1898 continued, and in 1917 the plan of the University of Chicago to establish departments of medicine and surgery on the campus at the University was announced. In the foreword to the announcement Dr. Frank Billings recorded the gift of \$1,000,000 by the Billings family for the erection of a hospital of 250 beds on the Midway. Endowment of

\$3,000,000 was to be provided for "the maintenance of the hospital and to furnish funds to pay the salaries of the full time teachers of clinical medicine who will also be the staff of the hospital."

"On the west side at Rush Medical College the old building will be replaced by a new laboratory and clinical building estimated to cost \$300,000. The sum for the erection of this building has been donated by Mr. Frederick H. Rawson of Chicago. It will have direct communication with the Presbyterian Hospital. The Presbyterian Hospital with its 440 beds will furnish the clinical material of the graduate school. The graduate school will be endowed with \$1,000,000, the income of which will be used in payment of the salaries of the teachers of the graduate school, some of whom will be members of the staff of the Presbyterian Hospital . . . necessarily the graduate school will afford an opportunity for many qualified teachers on part time and part pay."³

In an official bulletin from the office of the President of the University, more details of the plan appeared. (It will be noted that the provisions for Rush were less specific). "Medical research involving scientific study of the causes of disease . . . is becoming increasingly vitally important. Such research will naturally center in the quadrangles of the University in connection with the new medical school in the quadrangles on the Midway. Of course, also, it should be carried on in the graduate school in connection with its laboratories and with the Presbyterian Hospital. The University will hope to be

³"The plan for establishing Departments of Medicine and Surgery in the University of Chicago"—Dr. Frank Billings—Rush Alumni Bulletin XII No. 3—Jan. p. 17.

provided with funds of its own from time to time for carrying on such investigations. Meanwhile it is proposed to form contractual relations with the trustees of funds which have already been devoted to such purposes."

The hope here expressed was never realized.

ORGANIC UNION OF RUSH AND UNIVERSITY

In carrying through the plan announced in 1917, Rush in 1923 became an integral part of the University of Chicago, and the property of Rush was transferred to the University. The new Rawson building at Rush was completed and dedicated in 1924. Undergraduate medical teaching was continued at Rush, although the ultimate disposition of Rush activities as a post graduate medical school remained a part of the plan.

The period 1924-41 was one of uncertainty. Rush still subsisted largely on student fees. With a few departmental exceptions such as pathology, the faculty served willingly as in the past years without pay. The Memorial Institute for Infectious Diseases under Dr. Hektoen kept the research spirit alive, and the inherited enthusiasm for training good doctors sustained the morale of Rush. But the faculty were not happy.

Vigorous protest by Rush Alumni over the apparently impending loss of the Rush name with its century of tradition and achievement disturbed both faculty and alumni. (24). The retention of the name "Rush" in the "Rush Post-Graduate School" appeased to some extent their resentment.

Members of the faculty still fostered the hope that even at this late date, in view of the nation-wide changes in medical education, the evident passing of the old

type post-graduate schools, the multiplication of institutes and foundations for research, and the obvious necessity for broad clinical experience of both teachers and students, the program of the University might be altered so as to make Rush with its great adjacent hospital facilities the site of undergraduate teaching.

This return to the plan, envisaged by President Harper and exemplified by Harvard Medical School, met with support among a number of the University faculty. Such a program was evolved after a series of conferences between the President of the University and the Dean of Rush. A University faculty member reported to the president that in carrying out his mission he had presented the plan to Eastern interests and had received their approval. But at the last moment the University was informed that while the University could of course make its own decision, in the event of approval of the change, Eastern financial support badly needed by the University would be withdrawn. Again the power of control exercised by subsidy was evident. Two subsequent periods of discussion along similar lines were likewise unproductive.

Thus the intent of the University to devote its energy and resources exclusively to the school on its own campus, leaving Rush to exist without endowment, became clear. The completion of the faculty and hospitals serving the full four years on the University campus removed any further need for Rush. Unofficially the word was current on the campus that "Rush is through."

Throughout all this period the interests of the Presbyterian Hospital and Rush became ever more closely identified, and any proposed plan for one was considered only in combination with the other. Rush was ap-

proached by other schools. The Presbyterian Hospital was offered building sites in other parts of the city, some of which, at first glance, seemed desirable. The hospital decided, however, to retain its original site.

Clearly the University wished to be relieved of its responsibility of union with Rush; and Rush, in view of the evident trends of medical education and research, could see no future in a post-graduate school even if assured of adequate endowments. Without endowment, there was still less future for a faculty whose tradition and genius had been directed to undergraduate training of good doctors.

As time passed, the agreement of 1917 by which Rush accepted the University proposal to develop post-graduate teaching on the West Side while the University would complete its plans for an undergraduate medical school on the South Side, became less and less appealing or practical to Rush and to the Presbyterian Hospital. The Rush Faculty still hoped for some change in the policy of the University, even after the Union of 1924, which clearly provided for postgraduate teaching on the West Side.

The discussions narrowed down to (1) permanent acceptance by Rush of the postgraduate program to which by now the University gave but dubious approval, or (2) the alternative of moving the Presbyterian Hospital to the South Side campus. To this latter proposal the Hospital was reluctant to agree for several reasons, which included the expense involved and the abandonment of community obligations and the growing prospective opportunities at its present site.

The obvious solution seemed to be a dissolution of the union of the University and Rush, and the estab-

lishment of relations by Rush through the Presbyterian Hospital with the adjacent medical school of the University of Illinois. This realignment of medical facilities was accomplished through a friendly suit in the Circuit Court of Cook County before Judge Klarkowski in June, 1941.

The union was dissolved.

The decree of the court together with certain other data are included in the appendix to this sketch.

Chapter 9

RUSH AND THE PRESBYTERIAN HOSPITAL

DURING this latest period the interests of the hospital and the Rush faculty became still more closely identified. The faculty envisaged a group of laboratories in which clinical problems of hospital patients could be studied, and opportunity for prolonged advanced training afforded to younger promising members of the staff. This plan met with favor of the Hospital. Funds for educational purposes had been received by the Hospital, and for almost the first time substantial endowment funds came to the Rush Trustees. Other additional research funds were made available by those who saw in this program a worthy contribution to medical knowledge and medical education. The Rush Trustees leased the college buildings to the Presbyterian Hospital, and the Hospital contracted with the University of Illinois Medical School for undergraduate teaching of Illinois medical students in the hospital wards. The Presbyterian Hospital is now in the midst of a progressive building program at its original site in the developing West Side Medical Center.

Department heads of pathology and bacteriology, of biochemistry and of medicine who could command top salaries were appointed, and salaries for their staffs were provided. Extensive laboratory facilities were constructed, and equipment installed. Members of the Rush faculty became members of the University of Illinois Medical faculty.

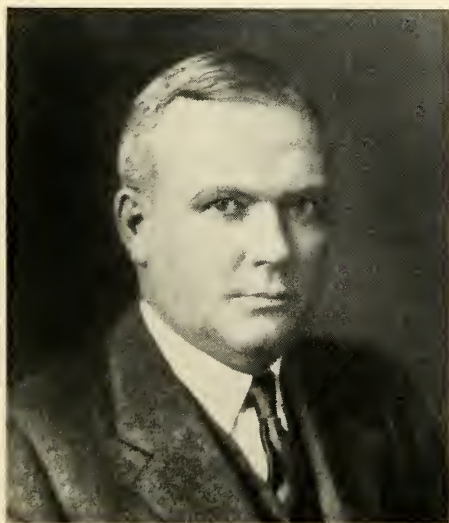
The Charter of Rush Medical College was maintained through the yearly appointment by the Trustees of a faculty consisting of one representative from each of the departments of the Hospital. (This faculty can be expanded at any time in the future.) The autonomy of the Rush Alumni Association was maintained.

Under this program, the hospital receives the continued values of undergraduate teaching in its wards, and the faculty participate in both the training of good physicians of the future and in the stimulation of research. Internes and residents are afforded opportunity for training under a faculty and in a hospital whose tradition is that of good medicine and the welfare of the patient.



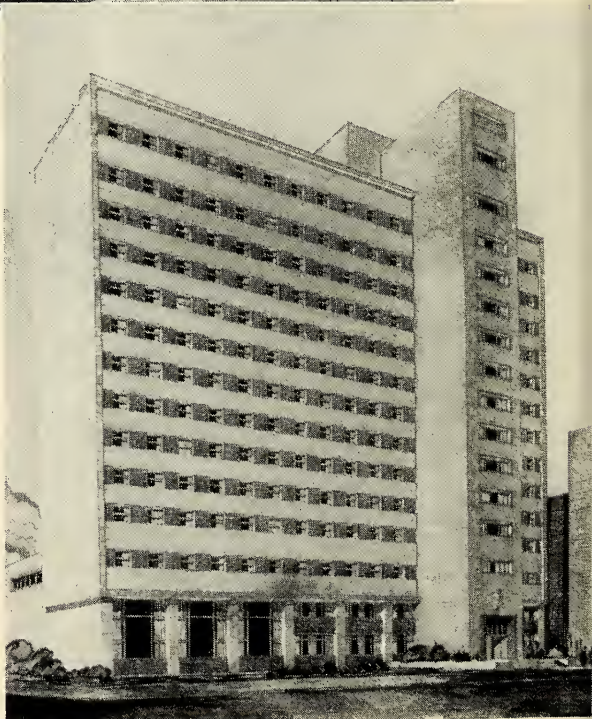
Bertram Welton Sippy, 1866–1924

Dean DeWitt Lewis, 1874–1941





Rush and Presbyterian
Hospital Today



Nurses Residence
(Presbyterian Hospital)

Chapter 10

THE FIRST CENTURY OF RUSH

RUSH MEDICAL COLLEGE thus completed its first century of undergraduate teaching leading to the degree of Doctor of Medicine in 1942, and entered into a new relationship with the Medical School of the University of Illinois.

In this first century of service in medical education and in the care of the sick, Rush graduated 10,976 physicians. These alumni living and dead, include many distinguished physicians who contributed much to medical science and to medical education. Hundreds of Rush graduates were called to the medical departments of other schools of the nation to participate in administration, research, and teaching, especially in the Midwest, North and West. Rush men are leaders in the civic activities of their communities, accepting the responsibilities of good citizenship.

Above all, however, they have exemplified the ideals and spirit of service to humanity, always fostered as the central theme of the teaching of the Rush faculty.

The faculty of Rush who participated in the teaching and educational progress of the past fifty years had included many graduates of Rush as well as those who came from other schools. They present a galaxy of great names identified with the triumphs of American medicine, with research, with advancing standards of medical practice, above all, with service to the public. The older present Rush Alumni profited by their teaching

and inspiration; the younger alumni have benefited by their example, and by the tradition of honest, progressive and good medicine that they established and continued.

A partial list of those who gave distinguished service to Rush includes: Drs. Christian Fenger, Henry M. Lyman, Nicholas Senn, Norman Bridge, John Edwin Rhodes, Frank Billings, Henry B. Favill, Walter S. Haines, Bertram W. Sippy, William H. Wilder, Ludvig Hektoen, E. R. Lecount, John M. Dodson, James B. Herrick, Alfred C. Cotton, David B. Graham, Daniel Brower, Arthur D. Bevan, Oliver S. Ormsby, J. Clarence Webster, Stanton Friedberg, Dean D. Lewis, George E. Shambaugh, Ralph W. Webster, L. C. Gatewood. These and many others labored devotedly for Rush. Their professional and educational descendants now carry on the work of their former chiefs.

Throughout the century-long service of Rush, its financial affairs have been directed by a board of trustees who have given faithful service to the college. The president of the first board of trustees was William B. Ogden, the first Mayor of Chicago, who served the College from 1847 to 1872. Associated with him on the first board were E. S. Kimberly, John H. Kinzie, Walter L. Newberry, and other citizens prominent in the history of frontier Chicago.

Following the affiliation of Rush with the University in 1898, John J. Glessner became president of the Rush Board and served until 1936. He was followed by Thomas E. Donnelley.

In recalling their undergraduate days, Rush alumni will fondly remember also James H. Harper, Registrar; and Otto Swanson, Custodian of the Rush buildings

who knew all the students and faculty for fifty years, and knew also where everything was to be found.

I close this brief sketch of Rush Medical College with the prophetic concluding paragraph of the inaugural address of Daniel Brainard in 1843:

“In conclusion, might we speak of our hopes for the future? Uncertain as hopes proverbially are, we feel justified in believing that the school we this day open is destined to be ranked among the permanent institutions of our state. It must succeed . . . It may pass, and will in time, into other and abler hands; it may meet with obstacles, be surrounded by difficulties but it will live on, identified with the interests of a great and prosperous city.”

Rush Medical College has justified the hopes and prophesy of Brainard. The trustees propose to preserve the rich heritage symbolized by the Charter of Rush.

APPENDICES
BIBLIOGRAPHY
INDEX

Appendix I

AN ACT TO INCORPORATE THE RUSH MEDICAL COLLEGE

The Act of the Legislature of Illinois, Approved March 2, 1837, Entitled An Act to Incorporate the Rush Medical College

SECTION 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly,

That Theophilus W. Smith, Thomas Ford, E. D. Taylor, Josiah C. Goodhue, Isaac T. Hinton, John T. Temple, Justin Butterfield, Edmund S. Kimberly, James H. Collins, Henry Moore, S. S. Whitman, John Wright, William B. Ogden, Ebenezer Peck, John H. Kinzie, John D. Caton and Grant Goodrich, be, and they are hereby created a body politic and corporate, to be styled and known by the name of the "Trustees of the Rush Medical College," and by that style and name to remain and have perpetual succession. The College shall be located in or near Chicago, in Cook County. The number of trustees shall not exceed seventeen, exclusive of the Governor and Lieutenant Governor of this State, the Speaker of the House of Representatives, and the President of the College, all of whom shall be ex-officio members of the board of trustees.

SECTION 2. The object of incorporation shall be to promote the general interests of medical education, and to qualify young men to engage usefully and honorably in the professions of medicine and surgery.

SECTION 3. The corporate powers hereby bestowed, shall be such only as are essential or useful in the attainment of said objects, and such as are usually conferred on similar

bodies corporate, namely: In their corporate name to have perpetual succession; to make contracts; to sue and be sued; to plead and be impleaded; to grant and receive by its corporate name, and to do all other acts as natural persons may; to accept and acquire, purchase and sell property, real, personal or mixed; in all lawful ways to use, employ, manage, dispose of such property, and all money belonging to said corporation, in such manner as shall seem to the trustees best adapted to promote the objects aforesaid; to have a common seal, and to alter and change the same; to make such by-laws as are not inconsistent with the Constitution and laws of the United States, and this State; and to confer on such persons as may be considered worthy, such academical or honorary degrees as are usually conferred by such institutions.

SECTION 4. The trustees of said College shall have authority, from time to time, to prescribe and regulate the course of studies to be pursued in said College; to fix the rate of tuition, lecture fees and other College expenses; to appoint instructors, professors and such other officers and agents as may be needed in managing the concerns of the institution; to define their powers, duties and employments, and to fix their compensation; to displace and remove either of the instructors, officers or agents, or all of them, whenever the said trustees shall deem it for the interest of the College to do so; to fill all vacancies among said instructors, professors, officers or agents; to erect all necessary and suitable buildings; to purchase books and philosophical and chemical apparatus and procure the necessary and suitable means of instruction in all the different departments of medicine and surgery; to make rules for the general management of the affairs of the College.

SECTION 5. The board of trustees shall have power to remove any trustee from office for dishonorable or criminal conduct; Provided, That no such removal shall take place

without giving to such trustee notice of the charges preferred against him, and an opportunity to defend himself before the board, nor unless two-thirds of the whole number of trustees for the time being shall concur in such removal. The board of trustees shall have power whenever a vacancy shall occur by removal from office, death, resignation, or removal out of the State, to appoint some citizen of the State to fill such vacancy. The majority of the trustees for the time being, shall constitute a quorum to transact business.

SECTION 6. The trustees shall faithfully apply all funds by them collected, in erecting suitable buildings; in supporting the necessary instructors, professors, officers and agents; and procuring books, philosophical and chemical apparatus, and specimens in natural history, mineralogy, geology, and botany, and such other means as may be necessary or useful for teaching thoroughly the different branches of medicine and surgery; Provided, That in case any donation, devise, or bequest, shall be made for particular purposes, accordant with the object of the institution, and the trustees shall accept the same, every such donation, devise, or bequest, shall be applied in conformity with the express condition of the donor or deviser; Provided also, That lands donated or devised as aforesaid, shall be sold or disposed of as required by the last section of this act.

SECTION 7. The treasurer of said College always, and all other agents, when required by the trustees, before entering upon the duties of their office, shall give bonds respectively, for the security of the corporation, in such penal sum, and with such sureties as the board of trustees approve; and all process against said corporation shall be by summons, and service of the same shall be by leaving an attested copy with the treasurer of the College, at least thirty days before the return day thereof.

SECTION 8. The lands, tenements, and hereditaments, to

be had in perpetuity in virtue of this act, by said institution, shall not exceed six hundred and forty acres; Provided, however, That if donations, grants or devises of land, shall from time to time be made to said corporation, over and above six hundred and forty acres, which may be held in perpetuity as aforesaid, the same may be received and held by said corporation, for the period of six years from the date of any such donation, grant or devise; at the end of which time, if the said lands over and above the six hundred and forty acres, shall not have been sold, then, and in that case, the lands so donated, granted, or devised, shall revert to the said donor, grantor, or to their heirs.

Approved, 2d March, 1837.

The Act of the Legislature of Illinois, approved December 23, 1844, entitled (An Act to amend an Act entitled "An Act to Incorporate the Rush Medical College")

SECTION 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly,

That the number of trustees of said College shall not exceed fourteen, exclusive of the Governor and Lieutenant Governor of the State, the Speaker of the House of Representatives, and the President of the College, all of whom shall be ex-officio members of the board of trustees, and a majority of said trustees for the time being, exclusive of such ex-officio members, shall constitute a quorum to transact business.

SECTION 2. Any part of the act to which this is an amendment, which may conflict with this act, is hereby repealed.

Approved, December 23, 1844.

The Act of the Legislature of Illinois, approved February 10, 1857, authorizing the trustees of Rush Medical College to make a loan, entitled, (An Act to Authorize the Trustees of Rush Medical College to Make a Loan)

WHEREAS, the trustees of Rush Medical College, of the City of Chicago, in this state, have contracted a considerable indebtedness, in the erection of additions to their college buildings, in said city, and contemplate the necessity of the erection of other buildings and improvements upon their college grounds; therefore,

SECTION 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That the said trustees shall, in their corporate capacity, have full power and authority to borrow, from time to time, any sum of money, not exceeding in all the sum of fifty thousand dollars, for such period of time as they may elect, at a rate of interest not exceeding ten per centum per annum, payable annually or semi-annually, at such place or places as they may contract, for the purpose of liquidating their present indebtedness, and for any other uses of the said college.

SECTION 2. In case of any loan or loans, under the provisions of this Act, the said Trustees shall have full and ample power to execute all such bonds or other obligations, and also securities, by way of mortgage or otherwise, upon the property of said college, as may be requisite and proper for such purpose.

This Act to be in force from and after its passage.

Approved, Feb. 10, 1857.

The Act of the Legislature of Illinois, approved February 13, 1865, enabling Rush Medical College to fund its indebtedness and to borrow money, entitled, (An Act to Enable Rush Medical College, of Chicago, to Fund its present Indebtedness and to Borrow Money)

SECTION 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That the trustees of Rush Medical College of Chicago have, and the power is hereby conferred upon them, or a majority of them, to liquidate all of the present indebtedness of said

college, and to that end the said trustees are hereby authorized to issue bonds, in sums of not less than one hundred dollars, in the usual form, payable to the holders of said indebtedness, or order, or to bearer, at their option, payable at such day and at such rate of interest, not to exceed ten per cent. per annum, as to said trustees shall seem expedient, and to pay such indebtedness with such bonds, or to negotiate and sell the same in the market, and with the proceeds pay such indebtedness. And the said trustees are hereby further authorized to execute a mortgage or deed of trust upon all the real estate and property of said college, in the usual form, for the better securing the payment of said bonds, with the interest to accrue thereon.

SECTION 2. The said trustees are hereby authorized and empowered, from time to time, to borrow money, not exceeding in all the sum of one hundred thousand dollars, for the purpose of erecting additions to or rebuilding said college buildings; and, for that purpose, to issue bonds, and secure the payment of the same upon the college property, in all respects as provided, in the preceding section.

Approved February 13, 1865.

Appendix II

CHARTER OF PRESBYTERIAN HOSPITAL

WE, the undersigned, being citizens of the United States, desiring to form a society, not for pecuniary profit, pursuant to an act of the General Assembly of Illinois, entitled "an act concerning corporations," approved April 18, 1872, do hereby certify that the following is a true statement of the name, or title, by which such society shall be known in law, the particular business and object for which it is formed, the number of its managers, and the names of the same selected for the first year of its existence, viz:

1. The name by which this society shall be known shall be "The Presbyterian Hospital of the City of Chicago."

2. The object of this society is the establishment, support and management of an institution for the purpose of affording surgical and medical aid, and nursing, to sick and disabled persons of every creed, nationality and color.

3. The affairs of this society shall be under the direction of a Board of twenty eight managers.

4. The number of the managers of this society shall be twenty eight, after the first year of its existence. The names of those selected as managers for the first year are as follows: Tuthill King, Daniel R. Pearsons, William Blair, Rob't. C. Hamill, John H. Barrows, C. M. Henderson, John B. Drake, Nathan Corwith, Samuel M. Moore, Henry W. King, W. H. Wells, Henry Waller, Henry M. Lyman, Jas. M. Horton, Willis G. Craig, Cyrus H. McCormick, Jr., Jacob Beidler, Jos. P. Ross.

1884

Appendix III

CHARTER OF CENTRAL FREE DISPENSARY

STATE OF ILLINOIS

Department of State

GEORGE H. HARLOW, *Secretary of State*

To All to Whom these Presents shall come—Greeting:

Whereas, a *Certificate*, duly signed and acknowledged, having been Filed in the Office of the Secretary of State, on the 1st day of April, A.D. 1873, for the organization of the Central Free Dispensary of West Chicago under and in accordance with the provisions of "An Act Concerning Corporations," approved April 18, 1872, and in force July 1, 1872, a copy of which certificate is hereto attached.

Now, Therefore, I, GEORGE H. HARLOW, Secretary of State of the State of Illinois, by virtue of the powers and duties vested in me by law, do hereby certify that the said *The Central Free Dispensary of West Chicago* is a legally organised corporation under the laws of this State.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of State.

Done at the City of Springfield, this 1st day of April in the year of our Lord one thousand eight hundred and seventy three, and of the Independence of the United States the ninety-seventh.

Seal of State of Illinois.

Geo. H. Harlow,
Secretary of State.

1. We A. E. Bishop, A. G. Throop, John F. Eberhardt, John Crighton, E. Ingals, S. P. Walker, P. W. Gates, J. P. Ross, Charles E. Chase, Hugh Templeton, Samuel Hoard and Philip Adolphus do hereby certify that we propose to form ourselves into a corporation (Not for pecuniary profit) under the Act of the General Assembly of the State of Illinois Approved April 18, 1872 and in force July 1, 1872 Entitled "An Act Concerning Corporations."

2. The name of said Corporation shall be The Central Free Dispensary of West Chicago and said Corporation shall endure for Ninety Nine Years.

3. The objects for which said Corporation is formed are to aid all persons who are sick and are unable to pay for medical attendance's To diffuse Vaccination by Continuous and unwearied Efforts and to do this work efficiently at a very small cost and with no pecuniary profit.

4. The aforesaid persons shall constitute the board of directors for the first year.

5. The business of said Corporation shall be located in Chicago in the State of Illinois and its business office at such place or places in said city as a majority of its directors shall from time to time direct.

In witness whereof we have hereunto set our hands and seals this 14th day of March A.D. 1873.

A. E. Bishop (L S), A. G. Throop (L S), John F. Eberhardt (L S), Chas. E. Chase (L S), Ephraim Ingals (L S), S. P. Walker (L S), P. W. Gates (L S), Jos. P. Ross, M.D. (L S), John Crighton (L S), Hugh Templeton (L S), Sam Hoard (L S), Philip Adolphus (L S).

Appendix IV

AGREEMENT BETWEEN PRESBYTERIAN HOSPITAL AND THE UNIVERSITY OF ILLINOIS

(EXHIBIT 9)

Whereas the Board of Trustees of the University of Illinois, hereinafter referred to as the University, and The Presbyterian Hospital of the City of Chicago, Illinois, hereinafter referred to as the Hospital, desire to bring about closer cooperation than now is possible in order to improve the standards of medical instruction and the treatment of patients;

Now, Therefore, it is agreed:

1. Nothing in this agreement shall be construed to affect the independence or any function either of the University or the Hospital not expressly covered herein.

2. The University shall formulate a comprehensive co-ordinated program of undergraduate and graduate medical education and research which shall be designed to use jointly the facilities of the Hospital, the Colleges of Medicine, Dentistry and Pharmacy of the University, and the Research and Educational Hospitals and the Institutes of the University.

3. The University, upon request of the Hospital, will suggest a program of affiliation of the School of Nursing of the Hospital with or without incorporation thereof in the University educational system.

4. Appointments to the staff of the Hospital shall be made as hitherto by the Board of Managers thereof.

(a) Nominations for new appointments to the staff shall

be made by the University after adequate consultation between appropriate administrative officers in the College of Medicine and in the staff of the Hospital.

(b) The University may nominate, after adequate consultation between the appropriate administrative officers of the College of Medicine and in the staff of the Hospital, a limited number of qualified members of its faculty of Medicine to the staff of the Hospital.

(c) The Executive Committee of the staff of the Hospital shall review all nominations of the University and forward them with its recommendations to the Board of Managers of the Hospital.

(d) The University will appoint to its clinical faculty of Medicine the members of the staff of the Hospital.

5. The Dean of the College of Medicine of the University, or a representative designated by him, shall be a member of the Executive Committee of the staff of the Hospital, but without the privilege to vote.

6. It is understood, subject to court approval, that the existing Rush Medical College facilities will be made available to the Hospital and that the Trustees of Rush Medical College, with its facilities and trust funds, will cooperate with the University and the Hospital in the above mentioned program of medical education, and that the University, in order to provide continuity between the old and new organizations, will designate those members of the Rush faculty who become members of its College of Medicine as "Rush Professors."

7. In entering into and carrying out this agreement, neither party assumes any responsibility for the budgetary obligations of the other.

Appendix V

EXTRACTS FROM COURT DECREE IN RE RUSH MEDICAL COLLEGE VS. THE UNIVERSITY OF CHICAGO ET. AL.

OF JUNE 20, 1941

11. After thorough consideration of the problems involved, the College, the University and the other parties in interest have concluded that, under present conditions, it is not desirable or for the best interests of said parties to continue operating under the said contract of May 7, 1924. The principal reasons which have led the parties to this conclusion and have caused the College to institute this suit are the following:

(1) The College for a period of many years has occupied an eminent position in the field of medical education. Its faculty has carried on much research work but increasingly feels the lack of adequate facilities. The faculty of the College wishes to continue its present work and expand it. The Hospital was organized about 58 years ago at the instance of the College in order to furnish the College with a teaching hospital, and both the Hospital and the College wish to increase their resources and make more effective use of their facilities.

(2) During recent years, the University has become convinced and has so informed the College that the great potentialities of the College could not be realized in association with the University unless the College was moved to the South side Campus of the University or unless it abandoned its undergraduate instruction in medicine and devoted itself to graduate instruction. During the past twenty-

five years the University has developed a medical school and hospitals on its quadrangles on the South side of Chicago and, although, since the agreement of May 7, 1924, it has included in its annual budgets appropriations for operating the College at the latter's location on the West side of Chicago, the University, on or about November 20, 1936, notified the College that it had reluctantly reached the conclusion that it would be necessary to discontinue undergraduate teaching at the College with the year 1941-1942 and again proposed that the College and the Hospital move to the South side quadrangles so that its medical schools could be consolidated, which the University considered to be in the interest of medical education, or as an alternative proposed to develop a center for advanced professional training at the College on the West side. Those proposals have not been acceptable to the College or its faculty or the Hospital since, in their opinion, neither of such proposals would have provided a satisfactory means of accomplishing the corporate objects and purposes of the College and the Hospital as hereinafter set forth. The proposal of moving the College and the Hospital to the South side involves serious financial and practical difficulties, while the proposal for a center of advanced professional training on the West side is handicapped by the distance between the College and the Hospital on the one hand and the University's departments of biological sciences and fails to utilize the experience and qualifications of the faculty of the College for undergraduate medical education.

(3) The University, the College and the Hospital agree that the objectives of medical education and research can best be served when the study of patients and medical problems is made in surroundings which afford close association with University science departments. Owing to the distance between the University's South side plant and the College and Hospital on the West side, and other practical consid-

erations, essential close coordination and cooperation between the College and Hospital and the University's South side scientific departments has, through the experience of recent years, been shown not to be feasible.

(4) The College and Hospital wish to continue their program of undergraduate medical education at their plants on the West side and to develop and expand a graduate school and their research departments. The College should therefore associate itself with an educational institution located nearer to the College, of which the College can be actually a part. This should be an institution which has fully developed pre-clinical departments which can conduct the basic scientific education and research that is fundamental to the work of the clinical teacher and investigator. The University of Illinois during the past fifteen years has established and developed in the immediate vicinity of the College one of the largest and best equipped medical schools in the State and is thus an institution ideally located and organized for meeting the above mentioned requirements. Its objectives in medical education are essentially the same as those of the College faculty. Because of the location of the University of Illinois Medical School and Hospitals, and because of the identity of aim of that institution and the College, the College should be able to realize its possibilities better under an affiliation through the Hospital, with the University of Illinois, than in any other way. The College and the Hospital believe the plan set forth in the proposed contract, plaintiff's Exhibit 9, will enable them to accomplish those objects most effectively. The general advantages of such a plan and particularly of the proposed affiliation with the University of Illinois are:

a. Undergraduate instruction would be continued on the West side in the facilities of the College by the University of Illinois with the cooperation of the Hospital and the College.

b. A graduate program could be developed by the co-operation of the University of Illinois, the College, the Hospital and whatever other institutions may wish to join in the program.

c. The College and Hospital, both being located near the Chicago campus of the University of Illinois Medical School have convenient access to its professional schools equipped with \$16,000,000 in value of new buildings including science laboratories, hospitals with nearly 1000 beds, library and educational buildings.

d. Under the proposed plan as set out in Exhibit 9 the College will remain a part of the great medical center that is developing on the West side of the City of Chicago. It will be able to take full advantage of the educational and scientific possibilities of the Cook County Hospital, which is also adjacent to the College, and under such proposed plan it will have a university association which it believes will prove of great use and value to it.

12. Over a period of several years the University, the College and the Hospital have considered numerous alternative plans for accomplishing a more satisfactory relationship between the three institutions. After a thorough consideration of all the numerous questions involved and giving due regard to the public interest which is necessarily involved, the University, the College, the Hospital and the Dispensary propose to enter into the contract, a copy of which is plaintiff's Exhibit 9.

13. The College, by itself does not have adequate funds for the accomplishment of its corporate objects of promoting the general interests of medical education and qualifying young men to engage usefully and honorably in the professions of medicine and surgery having only the property and funds now held by it and those to be acquired as hereinafter described; but it desires to continue its corporate existence, to retain the ownership of its property and to

continue to administer the trust funds which it now holds and those which will be returned or retransferred to it by the University under said proposed contract, as described in plaintiff's Exhibits 7 and 8, to make awards from time to time of fellowships, scholarships, or otherwise, to any one in the College or in any medical schools in any way affiliated with the College, all to the end that the resources and personnel of the College shall continue to be devoted to and usefully employed in the field of medical education to the maximum of its ability in furtherance of its corporate objects in the manner most feasible under existing conditions.

14. The Hospital was incorporated in response to the desire of the College that a hospital be established to enable the College to accomplish its objects aforesaid. Thereupon the College and the Hospital entered into an agreement dated January 2, 1884, recorded in Book 2006, at page 267 of the records of Cook County, Illinois, and the College, by deed dated February 25, 1884, conveyed to the Hospital the real estate described in said agreement. The Hospital proceeded to carry out its covenants under said agreement, namely, to complete the hospital building theretofore commenced by the College on said real estate; to furnish the same for a hospital and to conduct and maintain therein a hospital for the treatment of sick, injured and disabled persons, to appoint medical officers and attendants of said hospital for the treatment of the sick, injured and disabled persons, to appoint medical officers and attendants of said hospital upon nomination of the faculty of the College, to give said faculty the sole and exclusive control and management of all clinical instruction in said Hospital, and to prepare and maintain in conjunction with said faculty rules and regulations for the medical management of said institution. The Hospital has continued to conduct and maintain its hospital upon said real estate and adjoining real estate on the West side of the City of Chicago, to appoint

its medical and surgical staff upon nomination originally of the faculty of the College, and subsequently of its assignee, the University, and to provide facilities in its said hospital for the clinical instruction of students of the College and of the University qualifying to engage in the professions of medicine and surgery. The Hospital desires and intends to continue to appoint its medical and surgical staff from a medical and surgical faculty of University grade and to continue to provide facilities in its hospital for instruction of students qualifying to engage usefully and honorably in the professions of medicine and surgery, to develop and enlarge its facilities for medical and surgical instruction and research, and thereby to promote the general interests of medical and surgical education and the public. The Hospital has at all times deemed and now deems such a teaching program important to the accomplishment of its corporate objects of establishing, supporting and managing an institution for the purpose of affording surgical and medical aid and nursing to sick and disabled persons of every creed, nationality and color.

15. The Board of Trustees of the University of Illinois has approved a certain draft agreement between the University of Illinois and the Hospital, of which a copy is attached as Exhibit H to plaintiff's Exhibit 9, and the Board of Managers of the Hospital desire and intend to enter into an agreement with the University of Illinois substantially in the form and terms of said draft upon the making of the agreement designated as plaintiff's Exhibit 9. In this connection and for this purpose said agreement dated January 2, 1884, between the College and the Hospital assigned with the consent of the Hospital by the College to the University should be terminated and cancelled.

16. Certain property of the University hereinafter described (except the Rawson Laboratory and certain replacements and additions hereinafter mentioned, together with

certain additional funds which were obtained in the manner hereinafter stated) was acquired by the University from the College under and pursuant to said agreement of May 7, 1924. The property of the University hereinafter described and which the agreement, plaintiff's Exhibit 9, provides shall be conveyed by the University to the College, if made available under the lease, provided for in said Exhibit 9, to the Hospital for the use of the members of its medical staff and their students, for dispensary outpatient service, and for other hospital purposes, will enable the hospital, under said proposed agreement with the University of Illinois aforesaid or otherwise, to develop and enlarge its facilities for medical and surgical education and research, as aforesaid.

17. The parties hereto believe and the court finds that the cause of medical and surgical education will be advanced and the care of the sick poor rendered more effective by the consummation of the program set forth in said agreement (plaintiff's Exhibit 9), whereby the University of Illinois shall undertake the education of students under the tutelage of the staff of the Hospital (among others) and also shall nominate appointees to the staff of the Hospital, and the Hospital shall make available to the University of Illinois its facilities for medical and surgical education and research, including those to be leased to the Hospital by the College pursuant to the terms of said agreement (plaintiff's Exhibit 9).

18. The Trustees of the College, after consulting with its Faculty and representative Alumni, and after giving careful consideration to all of the circumstances, have concluded that the execution and performance of the said agreement (plaintiff's Exhibit 9) will be in the interests of the College.

It is therefore ordered, adjudged and decreed as follows:

FIRST: That the making and carrying out of the plan embodied in the proposed contract, plaintiff's Exhibit 9, are legal and in the best interests of the public and will advance, improve and enlarge the facilities for medical and surgical education and will make the same more efficient and will promote the well being of the public and render the work of the College and the Hospital in connection with medical and surgical education more efficient than it otherwise would be, and thereby greatly benefit the public.

SECOND: That all the provisions contained in said proposed contract are proper provisions and that the plaintiff and all of the said corporations which are parties defendant hereto have full power and authority under their respective charters to enter into all the covenants and agreements contained in said contract and to perform the same.

THIRD: That the court hereby approves the form of contract set forth in plaintiff's Exhibit 9 and the plaintiff and all the corporations which are parties defendant hereto should be and they are hereby authorized to enter into and execute said contract and to carry out all the provisions and the terms thereof and they are hereby authorized to make, execute, acknowledge and deliver all deeds, leases, assignments, transfers, releases and other documents needful or convenient to carry out said contract according to its terms and to expend from their respective funds all such sums as may be necessary or expedient to defray all expenses incurred in connection with the performance of said agreement including among others, the cost of title policies, abstract of title, title documents and papers, recording fees and other expenses incidental, needful or convenient in connection with the transfer of the assets provided for in said contract or with the said performance of said contract in any other respect and respectively to pay the costs of these proceedings, including fees of counsel of the respective parties.

FOURTH: That the University is hereby authorized to transfer to the College the Mae Manford Bridge bequest subject to the conditions set forth in paragraphs "W" and "11" of said proposed contract and referred to in paragraph 23 of the findings above.

FIFTH: That forthwith upon the execution of said contract by the parties in accordance with the terms of this decree, a copy of which contract is plaintiff's Exhibit 9, said agreements between the University and the College dated May 5, 1924 and May 7, 1924, respectively, and all agreements collateral or precedent thereto (except those agreements, if any, which are to be reassigned or transferred by the University to the College) shall be terminated and of no further force and effect and the said parties shall thereupon be and are hereby declared to be, as of such time, released from all liability thereunder and are hereby authorized and directed to execute and deliver to each other appropriate releases in connection therewith of all liability, if any, arising out of said contracts and agreements, all subject to and in accordance with the provisions and conditions of the contract, plaintiff's Exhibit 9 which is hereby approved.

SIXTH: That the College is hereby authorized, after the execution of said contract, plaintiff's Exhibit 9, and the receipt by it of the various funds and properties to be conveyed and transferred to it by the University thereunder, to retain ownership and use of said funds and property and to continue to administer the trust funds which it now holds and those funds which will be returned and transferred to it by the University all pursuant to this decree and said contract; to use said properties and funds in medical education whether under and pursuant to said contract, or by itself, or by and with any medical school in any way affiliated with the College, and in connection therewith to pool said funds for investment purposes in a manner similar to that now in use by The University of Chicago and numerous other lead-

ing educational institutions in the United States, and therefrom to make awards from time to time of fellowships, scholarships, or otherwise, to any one in the College or in any medical schools in any way affiliated with the College, so that the resources and personnel of the College shall continue to be devoted to and usefully employed in the field of medical education to the maximum of its ability and in furtherance of its corporate objects in the manner most feasible under existing conditions.

SEVENTH: That, as provided in said contract, plaintiff's Exhibit 9, the performance of said contract and the conveyance and transfer of properties and funds and statement of all accounts relative thereto by the University to the College shall be as of June 30, 1941, that date being the close of the fiscal year of both the University and the College.

EIGHTH: Leave is hereby given to any of the parties hereto to apply to the court for instructions in regard to any matter which may arise regarding the execution of said contract, plaintiff's Exhibit 9, or the carrying out of any of the details thereof or performance thereunder, and the court hereby reserves jurisdiction therefore. The court further reserves jurisdiction for the purpose of hearing and adjudicating any questions which may hereafter arise relating to the Mae Manford Bridge Bequest or the Norman Bridge Laboratory of Pathology under the provisions of said contract, plaintiff's Exhibit 9, and this decree, in respect thereto. If, after the entry of this decree, any of the purposes, for the accomplishment of which this decree is entered, should not be realized or their accomplishment should become impossible, or shall be terminated, or the interest of the public shall be adversely affected, any party hereto may apply to this court for further relief in respect thereto and the court hereby reserves jurisdiction to consider such matter and to grant such further or other relief in respect thereto as shall be lawful, provided, however, that nothing

in this paragraph contained shall be construed to release any of the parties hereto from its obligations, covenants and duties under the said contract, plaintiff's Exhibit 9, and lease and other instruments to be entered into pursuant to this decree.

ENTER:

STANLEY H. KLARKOWSKI, *Judge*

Dated: June 20, 1941.

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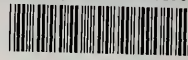
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