

The MICHIGAN ALUMNUS

The Alumni—"In a very just sense and in a very large degree the fortunes of the University are committed to your hands"—Dr. James B. Angell.

Volume thirty-three

ANN ARBOR, JANUARY 29, 1927

Number Sixteen

The Medical Faculty in the Nineties

Some Inside History as to How a Group of Great Medical Teachers Came to Michigan

WHEN the Medical School began operation in 1850, the requirements for admission included English grammar, rhetoric and literature, mental philosophy, mathematics through geometry, and "enough Latin and Greek to enable the student to appreciate the technical language of medicine and to read and write prescriptions." In the earliest days each student had to write and defend before the Faculty a final thesis, which might be written in English, German, French, or Latin. A few, very few, were actually written in Latin. These specifications for admission to the Medical School were lowered during and after the Civil War, but began to grow stronger again about 1880, reaching that of matriculation in the collegiate department about ten years later and being carried onward to two years in collegiate work providing for certain specific subjects.

The work which I did in the Medical School, of which I am inclined to be most boastful, is the assembling of a great medical Faculty. At times there was not a weak thread in it. Of course, this can not be true of any Faculty continuously, for at least differences in the strength of the threads will appear. In order that I might select professors wisely, I made it a point to attend many medical societies, both in this country and abroad, with the purpose of estimating the value of young men. I read original contributions not only in my own specialty but in all branches of medicine for a like purpose. I decided upon the qualifications of a possible new professor along the following lines:

(1) The chosen man must be broadly educated and highly cultured, one whom I could introduce to my colleagues in

Further Excerpts from Doctor Vaughan's Book, "A Doctor's Memories," in which He Tells of his Experiences as Dean*

other departments of learning in the University without shame. I sought men who would win the regard and respect of professors of Greek, Latin, Law, and so forth. I knew that the appreciation of the Medical School held by the Regents, the President of the University, and the professors in the various departments would be influenced by my selections. I saw about me the ill effects of unfortunate selections in other departments. Making a man a professor does not convert a bore into an agreeable companion. It does not endow his brain with intelligence or clothe him in the garments of refinement. * * * *

At one time in seeking a professor of anatomy I wrote Professor Waldeyer, who filled that chair at that time in the University of Berlin. He eulogized two of his countrymen greatly. I knew personally one of these men and was quite certain that he would not bear translation from Berlin to Ann Arbor but I came near yielding to the enticement of the other as pictured by the great Berlin authority on anatomy. I took Waldeyer's letter to the Regents; they too were pleased with the picture; authorized the appointment and urged me to complete the contract by cable, but I had already been bitten, and I wanted to go to Europe anyhow. I had not been in the company of the man recommended ten minutes before I was devoutly thanking heaven that I had not cabled. Possibly he knew anatomy, but he was not a gentleman. I may say that this time my search for an anatomist ended in inviting Doctor James P. McMurrich to accept the position. Anyone who has met the present professor of anatomy at Toronto will readily admit that in this case my choice was ideal in every particular.



DÉAN
VICTOR C. VAUGHAN
As an Army Surgeon During
the War

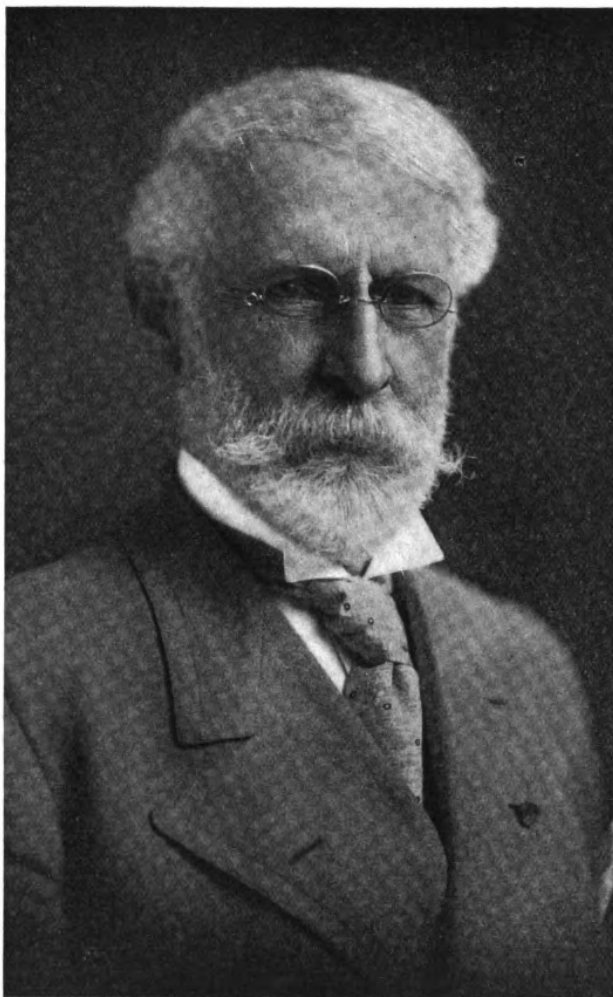
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(2) My chosen man must be a productive scholar. In this particular I admit that I made one or two mistakes. There are young men who start in this direction but soon wither like a plucked flower. The causes of this catastrophe are many. Some marry a rich wife or otherwise unfortunately; some fall to the lure of a general practice; and some simply go to seed without obvious cause. When this happened there came the most unpleasant thing I ever had to do—get rid of an unfortunate selection. I would rather have the job of finding three professors than that of getting rid of one. In performing this function I have made a few bitter and lasting enemies, but in every case I have the consciousness of having best served the University.

WHEN in 1890 we decided to have a real chair of pharmacology with laboratory instruction, I wrote to Professor Oscar Schmiedeberg, the dean of that science at that time at Strasbourg. He replied at length, advised me not to take a German, since he thought it a doubtful procedure to install a foreigner into a professorship. He said that he had in his laboratory two Americans but that one of them was more German than American and he recommended the other. Besides, he said that the man he was recommending was not only an American but a graduate of Michigan University. In this way John J. Abel became our first professor of pharmacology, as a real science. When the Johns Hopkins Medical School opened in 1893 Doctor Abel was called there and I had to find his successor. So I again wrote Schmiedeberg. He had in his laboratory no American whom he could endorse but he had a Scotchman. Thus through Schmiedeberg, Abel and Cushny, two of the great pharmacologists of the age, came to do their first teaching and to inaugurate their research work at Michigan University. Cushny remained with us

long enough to train Doctor Edmunds, who is now his worthy successor. Cushny went from us to the University Medical School, London, and then became professor of materia medica at the University of Edinburgh. He died February 25, 1926.

Seeking a new professor I once wrote the distinguished head of a clinical department in Johns Hopkins Medical School. He recommended in high terms one of his assistants. I sent his letter to Professor Mall, a graduate of Michigan, and at that time professor of anatomy in the Johns Hopkins Medical School. Mall advised me not to take the man recommended. He said that Johns Hopkins professors are like fathers with marriageable daughters. They wish to get rid of the oldest and homeliest first. He added that the man to whom I had written had another assistant who would be worthy of the place. I have watched the development of these two men, though neither of them came to Michigan, during the intervening thirty years or more, and I am satisfied that Mall's estimate of the two assistants has been fully justified. This quest ended in the selection of Doctor Reuben Peterson, whose students have testified by their works to his excellence as a teacher and an investigator.



DOCTOR C. B. G. de NANCREDE
Professor of Surgery from 1889 to 1917. He Died in Ann Arbor,
April 12, 1921

ABOUT the time I was made dean (1891) there were seven chairs in our school to fill. This was in a way and in some particulars a most fortunate occurrence. It is seldom that a new dean has opportunity to select a Faculty to suit his own ideas, but it brought upon me my greatest strain as dean. I was determined to have men of general culture and of productive scholarship and none others. I knew full well that if I could fill all the chairs with men possessed of these qualifications the success of the School would be assured and the task of the dean would be easy. There was a strong appeal made for the selection of Michigan

men. Ministers, lawyers, doctors, and business men wrote to President Angell and to me asserting that the University is supported by the State and Michigan men should fill its chairs. Truth compels me to admit that this appeal met with some response on the part of the President. At least he used it in two cases, one successfully and one unsuccessfully. One Regent nominated his family physician while another Regent was urged to support a classmate. Fortunately my ideas had the support of the committee appointed by the Board of Regents to select the men.

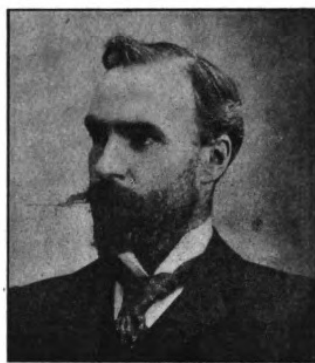
The chairman of the committee appointed to fill the vacancies was the late Doctor Herman Kiefer of Detroit, one of that large group, in which Carl Schurz and Doctor Abraham Jacobi (both of national reputation) were conspicuous, which the tyranny of Germany in 1848 drove to our country, much to our benefit. For years Doctor Kiefer had been not only the leading German physician in Detroit, but an outstanding man in his nationality in the Republican councils of the State and union. Some time after the Civil War he had rendered important services to his adopted land in a mission to Germany. He was thoroughly acquainted with German medical education and fully conversant with the ideals of Billroth on this matter. * * * *

On the recommendation of this committee, followed by exciting debates before the Board, the following appointments were made: Charles B. de Nancrede, surgery; George Dock, medicine; Paul C. Freer, general chemistry; William H. Howell, physiology; James P. McMurrich, anatomy; John J. Abel, followed after two years by Arthur R. Cushny, pharmacology; Fleming Carrow, ophthalmology. However, all these appointments were not made at one meeting of the Board and in some cases the contest continued for more than a year.

There was great objection to Doctor Freer. He had been a favorite pupil of Adolf Baeyer at Munich, had done some creditable research, but no teaching, or at least lecturing to large classes. During his first year at Ann Arbor he failed utterly in the management of his lecture room. He was at first wholly devoid of tact and his attempts to secure discipline only made matters worse. His students were rude to him not only in the class room, but they smeared red paint on his residence. They brought their complaints to me as dean, but I extolled Freer's scientific qualifications, begged them to be patient and predicted that the time would come when they would point with pride to his name on their diplomas. In the meantime, I labored with Freer and tried to lead him into more conciliatory paths. Matters slowly improved with years. Freer put off the bearing of a Herr Professor. The stu-

dents in his laboratory courses came to respect his knowledge and admire his skill, and when Doctor Freer left us to build up the greatest American institution in the Philippines, the Bureau of Science, he was not an unpopular teacher and the Medical School lost the services of a great scientist.

ONE Regent, no doubt prompted by an aspirant for the chair, organized and led an opposition to the appointment of Doctor McMurrich on the ground that he did not have a medical degree and consequently could not properly teach anatomy to medical students. I argued that we wanted the fundamental branches of anatomy, chemistry, physiology, and the like, taught as sciences and not exclusively in their application to medicine and surgery. Doctor McMurrich had not been with us long before he won the approbation of every learned man on the Campus. His encyclopedic knowledge, his modest manner, and his graceful courtesy toward all made him conspicuous even among his peers. When his Alma Mater called him, we saw him leave with the full sense of our loss but with the consolation that our misfortune was Toronto's fortune. Doctor George L. Streeter, now of the Carnegie Institute, worthily followed Doctor McMurrich in the chair of anatomy.



ARTHUR ROBERTSON CUSHNY
Professor of *Materia Medica and Therapeutics*, 1893-1905. He Died in London, February 25, 1926

When Doctor Howell left us, first to go to Harvard and then to Hopkins, we were inconsolate, but a break in the great faculty assembled by Stanley Hall at Clark University gave us Warren P. Lombard, whose researches on fatigue and tactile sensations have kept the School's reputation among scientific men, and whose general learning and genial bearing soon won the admiration of colleagues in all departments.

When Doctor Maclean resigned his position as professor of surgery in 1889, Doctor Charles B. de Nancrede was chosen to fill this chair and continued to render most devoted service to the University until his retirement in 1917, after which he was continued on the emeritus list until his death, April 12, 1921. I can not overestimate the service rendered to the University by this man. His presence was an inspiration; his diagnostic skill in both surgical and other conditions was unsurpassed; his devotion to his patients has been seldom equalled; many a midnight hour, without regard to weather, found him in the hospital, skillfully, unremittingly, without thought of self, devoting all his energy to the care of his patients. He and I were colleagues and co-workers in the Cuban campaign of 1898. Twenty-six years later, and after his death, his family received recognition from the War Department for his "gallantry on the field of battle." In the list of the names of those who have contributed to the honor and reputation of the Medical School

of the University of Michigan, that of Charles B. de Nancrede has a most honorable place. In speaking of the great and devoted surgeons in this school I can not omit the name of Cyrenus G. Darling, who at first as Doctor de Nancrede's assistant and later as his immediate successor, honored his chief and himself in a splendid way. I am sure that I am not making an over-statement when I say that the love and admiration for him awakened by Doctor Darling in his students and professional colleagues throughout the State did much to cement and strengthen the bond of mutual helpfulness between the school and the profession of the State established by Moses Gunn in 1850.

FROM 1891 to 1908 George Dock served as professor of the theory and practice of medicine, and I am sure that in this capacity he had but few equals and no superiors. He lived in the laboratory and in the wards of the hospital. His original contributions to scientific medicine won recognition throughout the world. As a teacher he initiated his students in scientific investigations and demonstrated the value of research work in the treatment of disease. When Doctor Dock left us the late Doctor A. W. Hewlett came and filled the chair most acceptably for eight years.

When Doctor Carrow resigned in 1904, the chair of ophthalmology was divided into one of ophthalmology and one of otolaryngology, with Doctors Walter R. Parker and R. Bishop Canfield as their respective occupants. Both have demonstrated their fitness by their scientific contributions and their operative skill.

In 1890 Doctor William F. Breakey became lecturer and later professor of dermatology and syphilology and did excellent work with the limited material at his command. When he resigned in 1912, Doctor Udo Wile took up instruction in these

branches and has built up a most satisfactory clinic besides making valuable scientific contributions.

When Doctor William J. Herdman died (1906) his chair was split into psychiatry and neurology and these have since been occupied by Doctors Albert B. Barrett and Carl Camp, both of whom have fully justified their selection.

Doctor David M. Cowie has developed the department of pediatrics and has won recognition by his scientific contributions.

The medical Faculty of the nineties was in my opinion unsurpassed in any medical school in this country or abroad. When in 1893 the Johns Hopkins Medical School opened its door and presented its faculty *par excellence* of eight full professors, four of them, Hurd, Howell, Abel, and Mall, held diplomas from the University of Michigan, and two of them, Abel and Howell, had been taken directly from the Michigan Faculty. In a recent Johns Hopkins publication, in which pretty nearly all advances in medicine during the past thirty years are attributed to its Faculty, I find no mention of the fact just stated. The Michigan Faculty of this time was what might be called a full time Faculty on less than half time pay. No pecuniary inducement could tempt either the professor of surgery or the professor of medicine to neglect the instruction of his students or the care of his patients. In recent years much has been said about full time professors in medical schools. In fact the full time professor is a myth, and it is fortunate that this is true, because if he existed he would be worthless. A professor in medicine or in any other branch of science must have some diversity in his interests. He must see his subject from various angles, and especially is this true of one whose students are being trained to live and work under the diverse and complex conditions which attend the practice of medicine.

Students and Faculty Study Methods of Instruction

The Second Section of a Report of a Conference Committee Composed of Faculty Members and Students

On the Grading System and Types of Examination

I. THE committee recommends that the present system of grading by letters from A to E be continued. From all the evidence considered, it appears that no other system would better meet the needs of the University nor is any other system in such general use in other institutions. Added argument for the retention of the present system rests on the use of letter grades as a basis for

- (a) The "points" system, relating to requirements for graduation;
- (b) Award of academic honors, including Phi Beta Kappa;
- (c) Eligibility for student activities.

The committee is convinced that the alleged faults of

the present system are not inherent in the system itself but are due rather to weakness in its administration. Student complaints gathered as a result of a personal canvass by student members of the committee report this conclusion. Among the most common complaints are the following:

- (a) Lack of equivalence of grades between departments, or between members of the same department;
- (b) Carelessness in correcting papers;
- (c) Grades affected by personal likes and dislikes;
- (d) Interruption of examinations by frequent explanations and comments from the instructor;
- (e) Undue emphasis on the final examination in determining the grade for the course. One midsemester hour examination and three-hour final are judged insufficient basis for an accurate grade;
- (f) Percentage of A's, B's, etc., frequently determined with undue rigidity.