

History

The founding of Georgetown's School of Medicine was the result of the progressive spirit of the University directors and professional rivalries of District of Columbia physicians. Some of the local doctors had monopolized the clinical facilities of the Washington Infirmary. Four of the excluded practitioners decided to improve their position by setting up a medical school and dispensary of their own.⁽¹⁾ They asked Father James Ryder, the president of Georgetown College, to regard the new enterprise as the medical department of the Jesuit institution.⁽²⁾ The request was granted,⁽³⁾ and in May, 1851, the fledgling School opened its first classes.⁽⁴⁾

The most remarkable, perhaps, of these founding fathers was Doctor Charles Henry Liebermann. He was Russian-born, and had prefaced his medical studies by an imprisonment of several years in Siberia for fighting under the Polish revolutionary flag. Finally released and made a doctor at Berlin, he came to Washington** in 1838 and acquired some fame by performing what has been said to be the first operation in America for the cure of strabismus.⁽²⁾

The three other founders of the Georgetown Medical School - Doctors Noble Young, Flodoardo Howard, and Johnson Eliot - were physicians of the "old school." They were safe, conscientious practitioners and wise medical counsellors.⁽⁶⁾

The School's first local habitation was on F Street next to the corner of Twelfth, N.W. The lot on this site was rented at a price of \$150 per year, with the privilege of purchase for \$3,000. It was determined to erect at once a new building for the college, and to use as a dispensary the rather ancient structure already existing on the corner. In 1869 the School was moved to another leased building on the northeast corner of Tenth and E Streets, N.W. Seventeen years later (in 1886) a new building was constructed for the School, this time on H Street, between Ninth and Tenth. The Georgetown doctors and medical students remained here until 1930, when the beginnings of the present Medical Center were planted on the University campus itself.

What was the quality of the Georgetown School of Medicine during the first half century of its existence?

Doctor George M. Kober, writing in 1913, has given an answer to this question. He says, referring to the School's professors in the early decades of its career, "All of these men were teachers of broad culture and could not fail to make a lasting impression upon the student."⁽²⁾ Admittedly, the laboratory equipment at the time was extremely meagre, no laboratory work in chemistry being done. Yet, Kober concludes, "The general teaching ... was calculated to give the student a solid foundation upon which to build in after years a thorough and liberal knowledge of his profession."⁽²⁾

One limitation of the School until 1895 was the fact that its sessions were held only at night. The disadvantages of this arrangement are evident; yet Doctor Kober has something to say in its defense: "... The students who attended the evening classes in those days earned their own living, appreciated the cost and value of a professional education, and hence were ambitious, earnest, and devoted to their work."⁽²⁾ According to Doctor Kober's kindly estimate, these young men "knew nothing of and cared less for alluring amusements, and many times the wee hours of the morning found them working together in the anatomical laboratory."⁽²⁾

If the advice given to the students by Doctor Montgomery Johns, one of the School's professors in 1868, was indicative of the tone of the curriculum and the attitude of the teachers, the future medical men were receiving indeed a wise training. "There is no one universal method either of teaching or of study," he told them: "make haste slowly; multum non multa (thoroughness, not quantity), should be your motto. Master a little daily, however slowly you advance; let your progress be real, into solid learning. Become not confused in attempting too much, but do a little steadily and do that well."⁽⁷⁾

A diploma, Doctor Johns warned, should not terminate a medical man's period of professional study. As he phrased this useful truism, "[The diploma] only places you in more favorable conditions to

pursue these studies, and testifies that you have mastered the rudiments of the art and the elements of our science."⁽⁷⁾

Doctor Johnson urged also that "Judgment and tact, rather than encyclopedic learning, are the characteristics of every successful practitioner."⁽⁷⁾

Georgetown's early medical mentors seem to have had a keen sense of the essentially progressive character of the art and science of medicine, and they repeatedly indicated this fact to their students. "You are not to rest content with what you have," Doctor Noble Young urged the graduates of 1857, "you are to acquire more and more, to become laborers in the field of progress - a progress to continue to the end of time."⁽⁶⁾ Medicine, he reminded them, must ceaselessly progress: there will be found "at every step some new and wondrous truth to be investigated and learned."⁽⁶⁾

In his zeal for inculcating progressive thinking Doctor Johns even made some courageous comparisons: "The path of the medical student of the future may be freed from many obstacles which now impede your progress. In this work, young gentlemen, you must do your part. When men have reached our ages they do little more than restate and re- express the convictions which we reached in earlier years. We cannot get rid of our past judgments and prejudices, even if we would. They cling to us like our personal habits, and we neither will nor can throw them off. Young physic, then, may play strange tricks with our philosophies and our dogmas."⁽⁷⁾

In 1878 came a major curriculum revision hailed by a subsequent chronicler as being "the brightest event in the history of the [Georgetown Medical] college."⁽⁹⁾ The number of years of study was increased from two to three; the length of each course was extended to cover seven months instead of five months as before; this made the whole term of study, with required lectures, over twenty-one months instead of only ten months as it had been previously.⁽⁹⁾

The daring character of this advance is revealed by the following facts.

The crucial step was taken by Georgetown, as we have said, in 1878. Two years later only eight medical colleges out of the one hundred and twenty-eight in the United States and Canada had followed suit and installed the obligatory three-year course. Moreover, in 1882, there were but forty-two, and in 1885, but fifty-two medical schools out of a total in the United States and Canada of 233 which had courses as long as six months; Georgetown, as we have just seen, had already adopted the seven-month plan.⁽⁹⁾

Other improvements in teaching methods were made at this time. One entire evening was occupied each week by a review and recitation upon the preceding lectures. More accurate records were made of the students' progress.⁽¹⁰⁾ In 1879 Doctor Joseph Tabor Johnson, of the School's faculty, could assert:

Before the days of clinical instruction in hospitals, students were graduated with little more than a theoretical knowledge. Now, we believe that there are few diseases, operations, or emergencies which you [he is speaking to the graduating class] have not seen under the care of your clinical professors. And you go into practice equipped with a practical knowledge to which students of past generations were utter strangers.⁽¹⁰⁾

Searching examinations in anatomy, physiology, chemistry, and materia medica were required for advancement. (It is only fair to add, however, that these examinations appear to have been administered with far less stringency than might have been desired.) There were weekly class recitations in each branch;⁽¹¹⁾ the lectures were clinical as well as didactic;⁽¹²⁾ the progress of courses was carefully graded;⁽¹²⁾ advancement to a higher class was dependent on successful passing of an examination.⁽¹³⁾ A special excellence of the lecture method was its reduction of the number of lectures to two daily, or, at the most, three.

The Georgetown medical student was taught not only to know, but to do. Ample facilities were provided for the pursuit of practical anatomy; and by shortening the daily task of didactic instruction, sufficient time was afforded for the "objective-teaching" of the dissecting room.⁽¹³⁾ The lectures on physiology were fully illustrated by experiment, and the summer course was devoted entirely to work in the physiological laboratory. For practical experience in the applied branches, the student could work in the School or in Providence or Children's Hospital.⁽¹³⁾

A testimony to the care with which the Georgetown curriculum was administered is contained in a letter from the secretary of the Board of Health of the State of Illinois. "The small percentage of your graduates who matriculates," wrote this official to the School's dean, "and the other marks of improvement are certainly to be commended."⁽¹⁴⁾ The compliment is explained by the following notation pencilled on the communication by the recipient:

1877-78 40 students..4 graduates
1878-79 38 students..6 graduates
1880-81 43 students..5 graduates
1881-82 30 students..7 graduates
1882-83 27 students..4 graduates

In no year from 1870 through 1900 did Georgetown grant more than 30 medical degrees. The average number of graduates through the period was 23.⁽¹⁵⁾ The average number of students at the School during the same time-span was, as the catalogues show, eighty.

That the students had no easy time is evident from a combined plaint and self-congratulation presented in the College Journal in 1891:

The [Medical School] examinations were very rigorous this year. Some men were so thoroughly dissected that they succumbed under the operation. The seniors and juniors had oral examinations after the written. A man who led the class in the University of Pennsylvania a few years ago thinks our examinations more severe than those given in Philadelphia.⁽¹⁶⁾

Lest, however, we attribute too much excellence to a School, which, like most American medical colleges at that time, was far from perfect, a word must be said about entrance requirements. The fact was that throughout this period a student could be admitted to the Medical School if he possessed a high school degree "or its equivalent." It must be added, however, that Georgetown was far from being alone at this time in her acceptance of this low standard.

Some outstanding medical men adorned the faculty list of the nineteenth and early twentieth century Georgetown University Medical School. Due to limitations of space, it will be impossible to give due justice here to all of Georgetown's great medical professors.

Doctor George Tully Vaughan, Doctor Kober attests, "made fame for himself and the school by his operations on the heart for gun shot injury and the transplantation of a new joint."⁽²⁾ Doctor Kober believed that Vaughan was "the only Surgeon in this country who transplanted a knee-joint."⁽¹⁷⁾

Doctor John B. Hamilton, while surgeon-general of the United States Marine Corps, was in 1883, appointed to the Chair of Surgery at Georgetown. He was one of the first to perform successfully enterorrhaphy for gun shot wounds of the abdomen.⁽²⁾ Of this operation Doctor Joseph Tabor Johnson said it was one of the most skilled and unique he had ever witnessed.⁽¹⁸⁾

Doctor William A. Hammond, surgeon-general of the Army during the Civil War, lectured on his specialty, "railway spine," in the medical legal course.⁽²⁾

Doctor Samuel C. Busey held during several years the Chair of Materia Medica. Doctor Kober quotes with approval a compliment paid by a student to Busey's course on the Theory and Practice of Medicine "... not surpassed by those of the greatest masters of our own country."⁽²⁾

Doctor Joseph Tabor Johnson was an accomplished expounder of obstetrics and diseases of women and children.⁽²⁾

Doctor J. J. Kinyoun was in the mid-nineties doing some pioneer work in the newly-discovered Roentgen X-ray techniques, and was lecturing at the School.⁽¹⁸⁾

The lectures of Doctor James Ethelbert Morgan on medical jurisprudence and hygiene were, according to historian Easby-Smith, among the earliest delivered in the United States on those subjects.⁽¹⁹⁾

Another innovation was the course of lectures on medical zoology, begun in January 1893 by Doctor Charles Stiles, of the United States Department of Agriculture.⁽¹⁹⁾ "At the time," holds Easby-Smith, "the subject ... was taught in nearly every European medical college of recognized standing, but not in any other than the medical department of Georgetown University on this side of the Atlantic."⁽¹⁹⁾

Doctor Kober, later one of the School's great deans, became internationally known for his original work in connection with the agency of flies in the transmission of typhoid fever. He was also one of the first to point out the importance of milk in relation to public health, with special reference to milkborne typhoid fever, scarlet fever and diphtheria.⁽¹⁷⁾

Doctor G. Lloyd Magruder deserves special mention in any role of great physicians of the Georgetown University Medical School. From 1888 until 1901 he occupied the post of dean, while also lecturing on materia medica and therapeutics.⁽¹⁹⁾ At a critical moment of the Medical School's history he displayed towards Georgetown a loyalty even beyond the call of duty.

These names do not, of course, constitute the complete roster of the Georgetown University Medical School's eminent teachers.

Nor did Georgetown have reason to blush for her medical alumni.

Some, indeed, of the School's graduates had particularly noteworthy professional careers.

Doctor Bailey K. Ashford, of the class of 1896, won international recognition for his original work on uncinariasis in Puerto Rico. Doctor Kober, referring to this achievement, affirmed: "I know of no more triumphant result of modern hygiene save the work accomplished by the Yellow Fever Commission in Cuba under the late Walter Reed."⁽²⁾

Doctor Joseph Tabor Johnson, after receiving his M.D. from Georgetown in 1865, studied further under the famous Professor Carl Braun in Vienna. After securing from the latter a diploma for proficiency in obstetrics operations, Doctor Johnson began an illustrious career in that branch and also in the field of gynecology. He was one of the founders of the American Gynecology Society.

A few of the School's other outstanding physicians and surgeons - a representative proportion of whom cannot be listed in the present limited space - were the following: Doctor Carl H. A. Kleinschmidt, '62, who also served during several years as professor of physiology at Georgetown; Doctor Daniel R. Brower, '64 later professor of nervous diseases at Rush Medical College;⁽²⁾ Doctor Joseph R. Eastman, '65, professor of obstetrics at Indianapolis Medical School, and for several years a member of the board of trustees of the American Medical Association;⁽²⁾ Doctor Thomas C. Smith, '64, one of the most prominent physicians of the District of Columbia;⁽²⁾ Doctor Hugh M. Smith, '88, appointed in 1913 to the post of United States Commissioner of Fish and Fisheries.⁽²⁾ Doctor Fielding H. Garrison, '93, distinguished himself in a special way. His *History of Medicine*, first published in 1913, is, by the testimony of a recent Georgetown Medical School dean, "the outstanding volume in the field of the history of medicine and ... the reference to which we still turn for definitions of achievements in medicine."⁽²⁰⁾ Doctor Garrison was also co-editor with Doctor Robert Fletcher, of the *Index Medicus*.⁽²¹⁾

A radical enlargement of the School's building in 1893 practically doubled the size of its classroom and laboratory facilities.

The structural addition extended out eighteen feet to the building line, and was three stories high, the old structure being of only two stories. Besides a new chemical laboratory on the second floor, the next story contained rooms for special studies in surgery and anatomy. In the rear of the same floor was the bacteriological laboratory, equipped with "all the latest appliances for scientific research, including high-power microscopes."⁽²²⁾

At the Commencement in the previous June, Father Richards, President of Georgetown, had further explained the reasons for these renovations. The medical department of the University, he said, although each year it had added more facilities and better methods for the advancement of the interests of its students, had found that its means did not meet the demands that were being made upon it. The faculty had learned that the study of bacteriology, histology, and the investigations in analytical and practical chemistry must be given every means for advancement. A year before, a laboratory for the study of bacteriology had been constructed, and \$2500 spent on other improvements. But even this had not been enough, and Georgetown was determined not to lag behind the times.⁽²³⁾

Plans for establishing a Georgetown University Hospital were first discussed by the executive medical faculty at a meeting of March 11, 1896.⁽²⁴⁾ For clinical and surgical demonstration facilities the Medical School had hitherto been dependent upon Providence Hospital and the Emergency and Garfield Hospitals. This arrangement was far from satisfactory; it was high time that the Georgetown physician-teachers should have a hospital of their own.⁽²⁵⁾

For this new venture financial contributions were solicited throughout the District, the University donated a suitable plot of ground at Thirty-Fifth and N Streets, N.W., just outside the campus, and a search was begun for a group of Catholic nuns to manage the establishment.

The results were quick and favorable. In a short time \$20,000 had been collected, with the eminent banker E. Francis Riggs leading off with a gift of \$1,000. The remainder of the required sum was secured in relatively small amounts. The Sisters of Saint Francis, from Philadelphia, agreed to take over the full charge of the institution, including all financial responsibility after it had actually opened. All the hospital's facilities would be at the disposal of the physicians of the Medical School.⁽²⁶⁾ Announcement was made in the spring of 1898 that the hospital would be ready to receive patients on the following August 1.⁽¹⁹⁾

The building had a capacity of thirty-three beds, soon to be increased to one hundred by structural additions completed in 1903.⁽¹⁹⁾ Although its material dimensions were not large - sixty by fifty feet and four stories high⁽²⁷⁾ - the hospital, besides fulfilling the needs of the medical teachers, provided a real public service. The absence of such a facility in the northwest portion of the District had long been a cause of anxiety, especially since at this early period the Georgetown area, for various reasons, seemed to be a prolific source of accidents to life and limb. Within three squares of the hospital was the old Union Station, the terminus of three street railway lines; emergency calls from the traffic-jammed section were frequent. Across the Potomac were several large stone quarries, employing hundreds of workers; serious accidents often occurred there. Among the Sisters' earliest patients were five of the District Volunteers, invalidated home from the warfront in Cuba.⁽²⁷⁾

This addition to Georgetown's plant at the turn of the century was indeed a far cry from the University's present (1963) hospital of approximately 400 beds, annual patient census of more than 15,000, and staff (exclusive of full-time physicians and surgeons) of more than 1,000.⁽²⁸⁾

Against one type of progress the Georgetown University Medical School during this period resolutely set its face: women students were not accepted. Yet even here a very small beginning of a more liberal policy was made. In the Fall of 1898 one Louise Taylor applied for admission to the School. The medical faculty seems to have been somewhat upset by the request, but compromised by authorizing the professor of anatomy to give to the enterprising Miss Taylor a special course of instruction in that

subject.⁽²⁹⁾ This would appear to be the first timid venture of Georgetown University into the field of co-education.

This historical sketch would be incomplete without a further word of praise for the Georgetown University medical faculties of the period 1850-1900. Due to circumstances often duplicated in the case of other medical colleges of the period, a large share of the financial burden of the School's administration was borne loyally and unselfishly by Georgetown's doctors. We say that the medical men of some other universities faced the same situation. Nowhere, however, was the opportunity for sacrifice met with greater generosity than here.

It is not the present writer's intention to represent the Georgetown University Medical School as being, during the period treated, a paragon of excellence. Much had still to be done after 1900 in order to raise the School to a degree of competence worthy of the ideals of the founders and of the developing University as a whole.

A start however, had been made, and the results were creditable. The School was not noted for its research activities, except for the examples noted above; but the same could be said of the majority of American Schools of Medicine until at least after the mid-1890's. Georgetown's medical professors were sound and conscientious teachers. This was the School's chief claim to praise as the nineteenth century came to a close.

** Dr. Liebermann was a sound diagnostician and possessed, according to Dr. W. W. Johnston, "much surgical and operative skill."⁽³⁾ He was apparently marked by a brusqueness that sometimes became a kind of grumpiness. "His directions" [to a patient], recalls his contemporary, Dr. Samuel Busey, "were given with such impressive detail that few dared to disobey him, and when dealing with a refractory patient his remonstrations were not always couched in the choicest language." It was one of Dr. Liebermann's peculiarities, reports Dr. Johnston, that "he would never attend anyone professionally who lived on the same block [as he himself did], or in his immediate neighborhood; and when one of his old patients moved opposite to his residence ... he positively refused to be his physician." Dr. Busey suggests that this was not merely a selfish eccentricity; "Visits or services to gratify querulous anxieties were repugnant to his conception of dignity and propriety."

With the beginning of the third decade of the twentieth century the Medical School moved into a building that provided, for the first time in its existence, adequate space for the several departments. The entering class of 1930 and the three upper classes occupied the building on Reservoir Road in September. The new building was described as an example of Maryland colonial style, indigenous to this section of the country. For two and a half decades it was to serve the needs of the students and faculty adequately.

In the spring of 1931, Dr. John A. Foote who had served as Dean during the erection of the new school building, died. His successor was Dr. William Gerry Morgan, who was Professor of Gastroenterology. Dr. Morgan, a graduate of the medical school of the University of Pennsylvania and a past President of the American Medical Association, continued in the private practice of medicine, while serving as Dean. The active conduct of the school was under the direction of the Regent, the Reverend John L. Gipprich, S.J. The finances of the school were conducted by Dr. John D. Hird, who served both as Treasurer and Professor of Chemistry.

Several changes in the departmental organization of the school were effected soon after the move to the new building. The Department of Bacteriology was created by splitting off the staff of the Department of Pathology who had taught Bacteriology. Dr. Mario Mollari was named chairman of the new department. He had previously been Assistant Professor of Pathology. The departments of Pediatrics, Psychiatry, and Radiology were established as separate administrative entities by the Executive Faculty in 1932. Dr. Percy Hickling was named Professor and Chairman of the Department of Neurology and Psychiatry. Dr. Joseph J. Mundell, Professor of Obstetrics, was the Chairman of the new department of Obstetrics. Dr. Joseph S. Wall became the Chairman of the Department of Pediatrics and Dr. Fred O. Coe, Chairman of the Department of Radiology. Dr. Jacob Markowitz, a young Canadian physician with a Ph.D. from the University of Minnesota, was appointed Professor of

Physiology. In 1931, Dr. Theodore Koppanyi was named Chairman of the Department of Pharmacology to succeed Dr. Nelson Gapen who had died earlier in the year.

During the period of transition from downtown Washington to the Georgetown campus, the membership of the Executive Faculty changed almost completely. Of the hard core of old members, Drs. Hird, Vaughan, and Whitmore remained, the other members all reflected the changes taking place in the school. It was the custom for the Executive Faculty to meet in the office of the President of the university, the Very Reverend W. Coleman Nevils, S.J., who was the chairman. In May 1933, the Executive Faculty met for the first time in the second floor executive faculty room in the medical-dental school building. The President of the university had indicated that the demands upon his time had made it necessary for the Regent of the medical school to conduct the meeting. Dr. C. E. Whitmore served as secretary to the Executive Faculty.

Another reflection of the changing atmosphere was the rearrangement of the curriculum that took place in 1932. The desire to change was a manifestation of a characteristic of the school since its inception. The faculties always recognized that there was no standard, set pattern of medical education. Experimentation, alteration, change, all efforts to improve the educational process always have and still remain part and parcel of the conduct of the school. It is to be hoped and expected that the day will never come when the faculty will be completely satisfied with the curriculum and the education of medical students.

The curriculum for 1932 included Anatomy, Histology, and Biochemistry in the first year. Physiology was removed from the first year and placed in the second year, second semester, together with Pathology. Pharmacology and Bacteriology remained in the first semester of the second year. It was stated that "this arrangement makes for more efficient work on the part of the student by allowing him to concentrate all of his energy and thoughts on one group of studies at a time."

The school functioned as an independent unit of the university under the academic supervision of the Regent, the liaison with the university, and the Dean. Several attempts were made by the Executive Faculty to place the school on an annual, predetermined budget. Dr. Hird, in June, 1932, told the Executive Faculty "that while it (a budget) had some merit, it was, on the whole, detrimental to economy and unnecessary, as all reasonable requisitions were approved and no equipment necessary for teaching purposes had ever been refused." The Executive Faculty did not adopt the budget system nor was it ever adopted as long as Dr. Hird was the Treasurer.

The following year Dr. Hird retired as Chairman of the Department of Biochemistry but continued as Treasurer and assumed the additional title of Executive Secretary. Dr. Charles J. Stucky joined the staff and became the new chairman. His early death, two years later, led to the appointment of Dr. Henry S. Milone as chairman. Almost simultaneously the chairmanship of the Department of Anatomy underwent several changes. Dr. Joseph L. Schwind served from 1934 to 1936, resigning because of ill health. Dr. Vincent J. Dardin, of the pathology department, assumed temporary direction of the department until Dr. Othmar C. Solnitzky became chairman in 1937.

During the summer of 1934, the Reverend David V. McCauley, S.J., was named Regent. The committee structure of the school was improved and a more formal structure adopted. Eight committees were formed with the Dean acting as chairman of each one. The committee on admissions had three members, - Regent, Dean, and Treasurer, and was the smallest one despite the fact that it had the most work to do. In actuality, the Regent acted solely with little or no consultation with the other two members. The curriculum committee was a large one with 17 members. While it was divided into two subcommittees, for preclinical and clinical subjects, it is apparent from an inspection of the minutes of the Executive Faculty that little activity was manifested by either the parent committee or the subcommittees. A committee on research and publications was created and a series of rules adopted for the guidance of the faculty and committee in the areas of its competence. There is no evidence that the committee ever met after adopting the rules.

Dean Morgan, late in 1934, indicated to the Regent that his duties as dean, together with his obligations toward his private patients, had become exceedingly burdensome. As a consequence he

requested that he be relieved of the deanship following the inspection of the school by the American Medical Association and the Association of American Medical Colleges, which was to occur near the close of the year. At the close of the school year in June 1935, Dr. Morgan resigned as dean and the President of the University, the Very Reverend Arthur A. O'Leary, S.J., named the Reverend David V. McCauley, S.J., Dean. In assuming this post, Father McCauley gave up the regency of the medical school but continued as Regent of the School of Dentistry.

Very soon, after moving into the Reservoir Road building, the lack of facilities for housing experimental animals became apparent. The teaching programs of the basic sciences and the research of all the departments were hampered by the failure to provide storage space for animals. In 1934, plans were completed for the erection of a red brick building about 100 yards southwest of the school to house animals. In 1935 the building was completed and found immediate use.

Several members of the Executive Faculty expressed the thought that the school should take a more active part in the postgraduate phase of medical education. Dr. Hird remarked that a postgraduate program had been offered some years ago but had not aroused any enthusiasm in the community. Dr. Joseph S. Wall was appointed chairman of an ad hoc committee to look into the question of demand for a postgraduate course. In January of 1936, the committee proposed that the alumni be informed by mail of the proposal and asked to indicate their interest. This was done and Dean McCauley reported that 440 cards had been mailed, and 82 affirmative expressions of interest had been received. As a consequence, Dr. Wall was instructed to proceed with the development of a program to be presented in the fall of the same year.

In September, a postgraduate week was held. The attendance of 159 physicians indicated the success of the planning and the idea. Almost half of those who attended were from out of town. A tea for the visiting wives and a golf tournament contributed to the pleasurable and informative week. Plans were made to conduct another postgraduate course the next year. In 1938, the Class of 1913, which would celebrate its 25th anniversary, offered to sponsor the program and did so. The next year it was decided to combine the postgraduate program with the annual commencement weekend program.

In March 1937, Dean McCauley proposed that a campaign start in the Fall to raise an endowment of three million dollars. A special committee was appointed by the dean to propose a plan for a fund raising campaign. A year and a half later, Dr. Hird reported a plan to the Executive Faculty. No further steps were ever taken to secure an endowment.

In April 1938, the school underwent one of the periodic inspections by the American Medical Association and the Association of American Medical Colleges. In November, the report of the inspection was received. One of the principal targets of criticism was the admissions procedure, a function almost entirely of the dean's office. Dr. Wallace Yater, the Professor of Medicine, proposed to the Executive Faculty that the admissions committee be enlarged by the addition of two members from the preclinical faculty and two members from the clinical faculty. Dr. Yater also proposed that all eligible candidates for admission be required to appear for a personal interview. The Executive Faculty approved the enlargement of the admissions committee but refused to approve personal interviews. An attempt was also made to reduce to 75 the number of entering students. This was not completely successful principally because soon the country was at war. This changed many things and prevented any reduction in class size.

Still concerned with the report of the inspection that indicated a return visit to determine whether proposed changes had been effected, the Executive Faculty made it obligatory for all entering students have a bachelor's degree. At the same time, the length of the fourth year was extended to eleven months. In the late Fall 1939, the inspectors made a return visit and submitted a report. The question was raised relative to the relationship of the Dean to the Regent. Although the Dean had relinquished the title of Regent of the School of Medicine, he still was the Regent of the School of Dentistry. The Executive Faculty, in the absence of the Dean, considered this portion of the inspectors' report and affirmed their confidence in Father McCauley as Dean, and also reaffirmed the fact that the School had no Regent.

A special committee of the Executive Faculty reviewed the qualifications of all the deans of the American medical schools. It was noted that in 55 medical schools, 10 percent of the deans had a Ph.D. degree. For another 10 percent of the deans, the position was held by one with the M.D. degree but with no responsibility to a teaching department. It was apparent that in 20 per cent of the schools the dean either held no M.D. degree or did not engage in the practice of medicine if he held the degree. The committee reported that "the office of dean is an administrative function. Few physicians possess the executive and administrative ability to ably fill such a post, and we further feel that when a doctor is made dean of a medical school, he is so largely in name only, delegating the greater part of his administrative duties to others better equipped, or he is a superman endowed with faculties which but few physicians possess." The Executive Faculty approved the report. War had now started in Europe, other problems were facing the school, and the question of the dean's tenure was dropped.

As this country started to increase its military strength, the need for physicians to serve both the military and civilian populations became apparent. The Association of American Medical Colleges, early in 1940, proposed that the medical school provide the four years of medical education in three calendar years. In November 1941, arrangements were completed for third and fourth year medical students to receive commissions in the Medical Administrative Corps Reserve in the Army or special ensignships in the Navy. The incoming first year class was increased by ten per cent and steps were taken to speed up the educational program.

The first Executive Faculty meeting following Pearl Harbor was held on January 8th, 1942. Three steps were taken to accelerate the program. Premedical requirements were reduced to three years for the duration of the emergency. A program for completing the course of study in three calendar years was adopted. The fourth year class would graduate on May 25, and the new first year class would enter on June 29, 1942. Conflicts between the military authorities on the main campus and the medical school administration were frequent. Most of these related to petty matters such as compulsory drill, leave, or housing. None of these was serious enough to require action beyond the confines of the campus except the last, housing. The Military District of Washington ordered all the medical students who were enlisted in the Army programs to move into barracks by the first of May, 1944. The Executive Faculty objected strenuously and sent copies of a resolution opposing the move to the Commanding General of Military District of Washington. The students were not required to live in barracks. When the question arose, shortly afterward, whether the ROTC program was to be continued in the medical school, after the war was over, the vote was unanimously in the negative.

The strain of the war effort was manifest as the conflict drew to a close. Dr. E.R. Whitmore, who had been Professor of Pathology for twenty years retired. Dr. J.S. Wall, Professor of Pediatrics, who had been part of the medical school as student and teacher since 1893, resigned as did Dr. W.M. Yater, Professor of Medicine since 1930, and a member of the Class of 1921. Father McCauley, who had the responsibility of guiding the school since 1934, had been in ill health during the latter period of the year and, as a consequence, asked the President of the university, the Very Reverend Lawrence C. Gorman, S.J., to be relieved of his duties at the school.

In 1946, the Reverend Paul A. McNally, S.J., who had been Professor of Astronomy, and also Vice President of the university, was named Dean and Regent. Father McNally had just completed heading a successful drive for funds for the erection of the new Georgetown University Hospital and had, therefore, a first hand knowledge of both the hospital and school. Within a short time after his assumption of office, a number of new department chairmen and new faculty members came on the scene.

Three fourths of the Executive Faculty was new: Dr. Harold Jeghers, Professor of Medicine; Dr. Walter C. Hess, Professor of Biochemistry; Dr. Charles F. Geschickter, Professor of Pathology; Dr. Andrew A. Marchetti, Professor of Obstetrics and Gynecology; Dr. Willy Baensch, Professor of Radiology; Dr. Murray Copeland, Professor of Oncology; Dr. Robert J. Coffey, Professor of Surgery; Dr. Daniel Blain, Professor of Psychiatry; Dr. Edward B. Tuohy, Professor of Anesthesiology; and Dr. Charles F. Morgan, Professor of Physiology. Dr. John Hird, while Emeritus Professor of Biochemistry, still served as Executive Secretary of the school. To complete the change on July 31, 1947, the new hospital, erected just east of the school building, opened its doors. To provide a means by which the activities of

the center could be made known, not only to the faculty and alumni but also to the scientific community, The Bulletin of the Georgetown Medical Center was inaugurated in 1947. With singleness of purpose and considerable financial legerdemain, Dr. Stephen W. Nealon, of the Department of Medicine, has edited what is now called the Georgetown Medical Bulletin, since its inception. The vision of Father Nevils in 1929 of a medical center was on the road to realization.

The new administration moved rapidly to effect changes that had been suggested by the visiting inspectors and also by the alumni. The admissions committee was composed of faculty members from both the preclinical and clinical departments with Dr. Othmar Solnitzky, Professor of Anatomy, serving as chairman. A committee on research and publications was established with Dr. Robert Coffey as chairman.

The admissions requirements were revised to require a bachelor's degree, increased semester hours in chemistry and biology, and the addition of six semester hours of physics. Women students were to be accepted for the next entering class, Fall 1947. The Executive Faculty, early in 1947, grappled with the thorny problems of the National Board examinations in medicine. For many years the faculty had vacillated between requiring that all students take and pass the first part of the National Board Examination before entering the third year, and having no policy at all relative to the Board. Even when the requirement for passing the examination as a requisite for promotion was adopted as policy, it usually was honored as much by breach as observance. This time the policy was set at a firm level. All students had to take and pass the National Board Examination, first part, as a requirement for entrance into the third year. The policy and the Executive Faculty, both, were tested within six months, and the faculty adhered strictly to its adopted rule. However, the future was to raise the question anew.

The research programs of a number of departments were stimulated by the receipt of grant funds. The new government supported programs, sponsored principally by the National Institutes of Health, were making research funds available. In June 1947, the Dean reported that \$17,000 had been awarded for two research programs, one in cancer and the other in endocrinology. In the following Fall, five new awards were made for a total amount of \$41,500. The stimuli of funds and an eager new staff were effective. The research program that was soon to expand many fold was off to a good start. But the investigators needed more space. Plans were prepared for an addition to the animal house to provide laboratory space for Experimental Surgery, Pathology, and a combined laboratory for the Departments of Medicine and Biochemistry. Funds were sought and obtained from the U. S. Public Health Service. The new addition was completed early in 1949, at a cost of \$150,000.

In the fall of 1948, Dean McNally proposed to the Executive Faculty that the Feast Day of St. Luke be set aside each year for the purpose of giving the student body and the faculty an opportunity of meeting together informally and thus establish more cordial relations between the two bodies. The Executive Faculty adopted the proposal with considerable enthusiasm, and October 18 was set aside for this purpose. The custom has proved to be a pleasant one and has continued. Another innovation was the pre-commencement exercises for the graduates held on the Sunday afternoon just prior to graduation day. This provided an opportunity for the presentation of medals and awards to outstanding graduates and also the delivery of a valedictory.

The curriculum continued to be a major concern of the Executive Faculty and its curriculum committee. One major experiment, the division of the school year in trimesters was tried in 1949-1950. Neither the faculty nor the students reacted favorably to this experiment, noble in purpose but unproductive of the desired results. It was dropped at the end of the year and an entirely new curriculum for the preclinical years was adopted in July 1950. Of the 1072 hours in the first year, the Department of Anatomy accounted for almost half. Psychiatry was given 48 hours in each of the first two years. The second year schedule was even longer, containing 1168 hours, of which one third was given to clinical subjects, including 192 hours for physical diagnosis.

A major change in organization occurred in 1949, caused by the increased burden on the Dean and Regent, who was the responsible administrator for all components of the medical center. The Reverend Edward B. Bunn, S. J., was appointed Regent of the Schools of Dentistry and Nursing. Father McNally now served as the Director of the medical center and Dean of the School of Medicine.

Early in 1951, another major administrative change took place that affected not only the medical center but also the whole university. The treasurer's office of the university took over the individual business offices of all the schools. Dr. J. Hird retired after serving the school for 55 years.

In 1950, the School of Medicine celebrated the centennial of its founding. The annual alumni program for commencement weekend was arranged for Friday and Saturday, June 9th and 10th. At 2:00 P.M. on Friday afternoon, alumni, faculty and students were greeted by the Very Reverend Hunter Guthrie, S.J., President of the university. During the two days, nine symposia were held in which over forty faculty members participated. Scientific exhibits and operative clinics were held. The program concluded with a dinner in the main ballroom of the Mayflower Hotel at which The Honorable Styles Bridges, U. S. Senator from New Hampshire, was the principle speaker. The September 1950 issue of the journal *Postgraduate Medicine* was devoted entirely to 13 articles written by 27 Georgetown faculty members, which were prefaced by a short article by Father McNally describing the centennial.

The Internship Matching Plan was presented to the fourth year class for their consideration late in 1951. It is an understatement to say that it did not meet with favor. Later, the Dean attended a meeting held at Columbia University at which 43 medical schools were represented. Thirty-three of the 43 delegates stated, that on the basis of their class polls their seniors were opposed to the plan. A principal point of opposition was the introduction of a third party into the negotiation between the hospital and the prospective interne. It was believed that this was "potentially a socialistic trend." The Executive Faculty, however, recommended that the students participate in the plan. The success of the plan in the past 14 years shows how seldom imagined dangers are actually realized.

In the Fall of 1952, the Reverend Thomas J. O'Donnell, S.J., was appointed Assistant to the Dean and Professor of Ethics. While in Atlantic City in March, 1953 attending a meeting, Father McNally was taken sick. Father O'Donnell assumed the duties of the Dean until the recovery and return of Father McNally several months later. The only significant item of concern to the Executive Faculty was a request from the fourth year class that the requirement to take the National Board Examinations be abolished. The periodic appearance of the topic was to be a matter of concern for the faculty for a considerable period of time.

The strain of the deanship, that always was a factor in the conduct of any medical school, was taking its toll in sapping the strength and vitality of Father McNally. At an extraordinary meeting of the Executive Faculty held on June 19, 1953, the President of the university, the Very Reverend Edward B. Bunn, S.J., presided. He took note of the state of health of Father McNally, after lauding the gigantic work he had done in raising the standards of the medical school. He announced that, while Father McNally would continue as Director of the medical center, Dr. Francis M. Forster, Professor of Neurology, would act as Dean and the Reverend Thomas J. O'Donnell, S.J., as Regent.

The new Dean continued the committee system of administration that had worked so well previously. The several committees met regularly and reported each month to the Executive Faculty. In September 1953, a new ceremony was introduced; a formal opening exercise for the school was held in Gaston Hall. The Dean presided and Dr. Andrew Marchetti was the lecturer. Dr. Hugh H. Hussey became a member of the Executive Faculty as Professor of Preventive Medicine and Public Health; Dr. Charles A. Hufnagle also became a member as Professor of Experimental Surgery. Early in 1954, the question of the requirement for taking and passing the National Board Examination was again raised. In March the Executive Faculty rescinded the rule stating that the taking and passing of the Boards were requirements for promotion into the third year.

In addition to the committees already in existence, several new ones were created for specific purposes. A committee on research and development was formed to assist in the processing of the increasing number of grant applications. A committee on fellowships and scholarships was set up to consider, in addition to the activities suggested by the title, positions that could be filled by students with faculty approval. Finally, an ad hoc committee was appointed to prepare plans to establish a Department of Medical Illustration and Photography. As a result of the report of the ad hoc committee such a department was set up and budgeted in the Spring of 1954. At the same time Dr. Forster announced that a chapter of Alpha Omega Alpha would be installed at Georgetown later in the year.

The awarding of a chapter of this national honorary fraternity was a mark of distinction appreciated by all the faculty.

Plans were getting underway to build an addition to the hospital. Despite the comparative youth of the building, it was already inadequate in several areas, particularly in the needs of the clinical laboratories. The preparation of plans that were to meet many needs, and the arrangements for funds took time. Finally, in the Fall of 1957, construction was started, and in March of 1959 the Lawrence C. Gorman Diagnostic and Research Building was opened. The conference rooms and laboratories contributed greatly to the educational programs of the clinical disciplines. Other areas needed enlarged facilities. A particularly grave need in light of the expanded research program was enlargement of the animal quarters. In 1957, matching funds were received from the National Institutes of Health to erect a new Animal Care Facility attached to the old animal building. The vacated building was converted into a series of laboratories with the assistance of funds from the National Science Foundation. In 1958, the new modern animal quarters were opened. WARDS, an acronym for Welfare of Animals in Research and Drugs Society, provided some funds for outside dog runs. The ladies who founded the organization, particularly Mrs. Peyton Dunne, were present at the opening ceremony. In 1962, the Department of Physiology, again with partial support from the National Science Foundation, built another addition for laboratory space in physiological research.

The perennial National Board question made another appearance under a new guise. The fourth year class had taken the second part of the National Board Examination in February 1955. The nature of the examination had been changed a year before from an essay type to an objective type examination. The National Board had, therefore, only limited experience with the new type of test. The questions on the February examination, in general, were duplicates of ones used the year before. Our students had diligently gathered the questions from their predecessors, and were well prepared. Their preparation became apparent to the examining board when the papers were graded, and all the Georgetown students performed exceedingly well. The National Board declared the examinations of the Georgetown students invalid, and proposed that they be re-examined. The Executive Faculty felt that our students had done no wrong but that the National Board was at fault, and that our students should not be re-examined. However, the Board was unwilling to admit culpability. The impasse continued until finally, without admitting that they had done any wrong, the students took the examination again. Again all passed and the unfortunate incident was closed.

Later the same year, the committee on medical education through its chairman, Dr. Harold Jeghers, Professor of Medicine, reported to the Executive Faculty a recommendation that the second year class be compelled to take part one of the National Board Examinations. The Executive Faculty refused to accept the recommendation and the subject was remanded back to the committee on medical education for "further study." One month later, the committee tried again, modifying the previous recommendation by adding a requirement that second year students take comprehensive examinations, and only those who passed the comprehensive could take the National Board Examinations. The Executive Faculty rejected the new proposal and there was, for the while, no more talk about the National Board.

In September 1956, the Ford Foundation announced the distribution of 50 million dollars to American medical schools for the support of medical education. Georgetown University School of Medicine was one of those selected for participation in the distribution. Two million dollars were given to the school, the interest on which was to be spent for medical education. For ten years the fund would remain intact, and only interest spent, after that time this restriction would be removed. The annual income from this award has been an important source of educational support at the medical school.

In 1957 at the May meeting of the Executive Faculty, Dr. Forster announced that the Commonwealth Fund had awarded the medical school a grant of \$300,000, on the condition that the school raise a matching fund of \$200,000. The purpose of the grant was to support a complete revision of the curriculum to provide for the integration of the teaching program. In 1956, the committee on medical education had been completely reorganized. The previous chairman, Dr. Harold Jeghers, had resigned to become Professor of Medicine at the new Seton Hall College of Medicine, and Dr. Hugh H. Hussey had taken his place at Georgetown, both as Professor of Medicine and chairman of the committee. For

a year the committee had been meeting to prepare a new program. With the provision of funds the program was ready for introduction. The coordinator selected to effect the many changes was Dr. John C. Rose, Assistant Professor of Medicine.

These were busy times for many reasons. An active campaign was underway to raise \$200,000 needed to match the Commonwealth Fund grant. A brand new teaching program was getting underway. The construction of the Gorman building had begun. The size of the research grant program had reached proportions that indicated the need for more direction by the administration. The functions of the hospital and the expected demand resulting from the new addition also indicated the need for greater administrative direction. As a consequence, Dr. Charles D. Shields was appointed Associate Dean in charge of the clinical areas, and Dr. Walter C. Hess was appointed Assistant Dean for research.

All three deans - Forster, Shields, and Hess - continued their individual departmental responsibilities. But the school was growing fast and even with two assistants the role of a part time dean became impossible. Dr. Forster and the university both recognized this. Dr. Forster expressed the desire to continue as a Professor and Chairman of the Department of Neurology, rather than a full time dean. In July 1958, as a result of his decision, he returned to the Department of Neurology, and Dr. Hugh H. Hussey became Dean. Dr. Laurence H. Kyle was appointed Professor of Medicine and Chairman of the Department. In the Fall of the year, Dr. Forster resigned to become Professor of Neurology at the University of Wisconsin School of Medicine.

For some years the relationship between Gallinger Hospital, later to be known as D.C. General Hospital, and the several local medical schools was poorly defined. Dr. Forster had tried, together with the other deans, to formulate policies that were mutually agreeable. Late in 1958, a series of formal policy statements were finally adopted by the D.C. Health Department and the three local medical schools. These clarified the financial and medical responsibilities of all the parties. The policies, still in force, have worked well. Recently, the supplementation of medical officers' salaries by the schools has been set aside, at least temporarily, until the age old conflict of interest question can be resolved.

Dr. Rose had served as coordinator of the new teaching program since its start. The program was working well, and Dr. Rose was considering going back to his real interest in cardiovascular research. His return was effected but in a different way than he had contemplated. He was named Chairman of the Department of Physiology to replace Dr. Charles Morgan, who became Research Professor of Pharmacology, an area of major interest to him. Dr. Michael A. Corrado, Instructor in Medicine, was appointed coordinator.

One of the periodic surveys of the school by the AMA-AAMC took place early in 1958. There was some criticism of the number of didactic hours, particularly in the first two years. The harshest criticism was reserved for the library, which was described as "grossly inadequate in terms of space." As this is written, six years later, plans are being prepared for a new library. Partly as a result of the survey, a student council was formed in December, 1958, and the Executive Faculty gave approval to its constitution. A chapter of the Student American Medical Association (SAMA) had been established just a short time previously. A dormitory for medical and dental students named for two former deans of the respective schools, Kober and Cogan opened in the fall of 1959.

The report of the inspection contained critical remarks relative to the dual roles played by the Regent, who also acted as Dean of students. It was pointed out that the Regent, administratively, was superior to the Dean of the School of Medicine, but as Dean of students he was inferior. Several months after the receipt of the report, Father O'Donnell relinquished the duties of Dean of students.

In November, 1960, Reverend William F. Maloney, S.J., was appointed Vice President for Medical Center Affairs. The university recognized the tremendous growth of the four components of the medical center and the consequent need for an administrative organization that would meet the needs. The creation of the post of vice president assigned to the center was a recognition of the growth and consequent demands. Less than a year later, in September, 1961, another step was taken consonant with the administrative needs. The position of Executive Director of the Georgetown University Hospital

was created, which ranked with that of the three deans. Dr. Charles D. Shields was named to fill the position. Announcement of this appointment was made by the President, the Very Reverend Edward B. Bunn, S.J., at a joint meeting of the Executive Faculty of the medical school and Executive Staff of the hospital. A further step to strengthen administration and provide counsel to the Dean was the formation, in 1961, of the Dean's alumni council. Graduates of the medical school were appointed to the council by the President of the university, to serve in an advisory capacity, both to the President and the Dean. This device has proven to be an effective mechanism to close the gap between school and alumni, and to make known to both school and alumni the considered opinions of each group.

The research and training grant progress that was at a relatively modest level of one and a quarter million dollars in 1957, when Dr. Hess became Assistant Dean, had soared to almost three million dollars by 1960. Other demands upon his time led to his appointment as full time Associate Dean in July, 1960. At the same time, Dr. Corrado gave up the post of coordinator of medical education, and Dr. Bruce Shnyder took over these duties and the rank of Assistant Dean. Dr. Shields had relinquished the title of Associate Dean prior to his appointment as Executive Director of the hospital.

In May, 1962, the Macy Foundation awarded the school \$50,000 a year for each of the three coming years for the support of medical education, particularly in the basic sciences. The same year, the National Institutes of Health inaugurated the General Research Support Grant Program. The grant, based upon the amount of money spent by the school for research, from both public and private sources, provided another rather large sum of money for additional research and research training activities. Research training was expanding rapidly, and the expansion was reflected in the increased role of the school in extramural educational activities. These had started in a relatively modest manner with the introduction of an educational program at Mercy Hospital in Buffalo, New York in 1951. Subsequently, similar educational activities were introduced at three other hospitals - St. Mary's Hospital in Rochester, New York, 1952; St. Vincent Hospital in Worcester, Massachusetts, 1954; and Kenmore Mercy Hospital, Kenmore, New York, 1962. The faculty of the medical school, through a post-graduate subcommittee of the committee on education arranged formal educational programs and directly supervised and participated in the educational exercises.

In December, 1960, a three day seminar was held at the school for aviation medical examiners from the Bureau of Aviation Medicine, Federal Aviation Agency. A number of specialists in aviation medicine from all over the nation participated together with some of our own faculty. The merit of the program is attested by the fact that it was repeated two years later. Also in June, 1962, a group of 50 foreign physicians, principally from Asiatic countries, were guests of the school for a three day seminar on medical education. This was sponsored by the United States Public Health Service and supported by the Agency for International Development. The medical school was assuming a major role in the furtherance of postgraduate education nationally, and now internationally.

In September of 1962, the Reverend Joseph F. Cohalan, S.J., was appointed Vice President for Medical Center Affairs to replace Father Maloney, who became President of St. Joseph's College in Philadelphia. In October of the same year, Dr. Hussey resigned as Dean to accept an appointment as Scientific Director of the American Medical Association in Chicago. For several years he had been first a member of its Board of Trustees and then chairman. The challenge of serving the entire nation proved overwhelming, and the school was obliged to seek a new dean.

In the interim, after Dr. Hussey's departure in February, 1963, Associate Dean Hess served as Acting Dean. In May, 1963, another blow fell with the sudden death of the recently appointed Vice President, Father Cohalan. Until July 1, 1963, the school had no Vice President and only an Acting Dean. The organization of the center was now such that the interim raised no real problems for Dr. Hess. July 1, a new regime was inaugurated. Dr. John C. Rose, Professor of Physiology, became the new Dean, and the Reverend Mark H. Bauer, S.J., who had been a Research Associate in the same department became Vice President for Medical Center Affairs. The beginnings of the last third of the 20th century were bright, and the new administration started plans for new buildings necessary to continue the forward march of the school.

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