



STILL COLLEGE, JOURNAL OF OSTEOPATHY, AUGUST 1906

Students at Still College of Osteopathy observe a surgery, circa 1906. The medical school was on Locust Street in Des Moines.

Abraham Flexner and Medical Education in Iowa

by James Hill

Abraham Flexner was not one to mince words—not when it came to education—and the tone of his report was characteristically sharp: The four Iowa medical schools he had visited in April 1909 were all unsatisfactory. One was too small in its clinical base, two were “well-intentioned but feeble institutions,” and one

was “a disgrace to the state” and deserved to be “summarily suppressed.” The schools’ graduates, in his judgment, were ill equipped for their work and their numbers excessive for the population they served—three times as many as were needed in the state.

Such was Flexner’s dim view of medical education in Iowa, as it appeared in his report on the nation’s medical schools, *Medical*

Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching, published in 1910. But he did not single out Iowa’s schools as notably bad. They were a small part of the 155 medical schools in the “Flexner Report” and were no worse than many of the others he had investigated. Together they absorbed his public review of their shortcomings, and for many of the

lesser schools that unwanted scrutiny was the beginning of the end.

Within ten years of the report, a third of the schools written up by Flexner had closed or merged with other schools. Two of the four Iowa schools were among them, and the two that survived underwent transformations, one far more than the other. But Flexner was not yet done with Iowa. Ten years after he had stirred things up as a critic, Flexner returned to Iowa as the agent of renewal in medical education and as an important benefactor to the state. For that, Iowa's debt to Flexner continues to this day.

Flexner had arrived in Iowa as the lone agent of the Carnegie Foundation, but he symbolized a growing reform movement in medical education. It had begun in the late 19th century as an effort to bring medical training and practice up to modern standards, and as the 20th century opened, its progressive voice demanded that more be done to protect the public from poorly trained doctors and the medical diploma mills that credentialed them.

Commercial medical schools were an attractive business venture in 19th-century America; all their backers needed were a few rooms where a handful of medical men could deliver lectures on a rotating basis to students who could afford the fee. Across the country, such schools multiplied from 57 in 1880 to 160 in 1900, and Iowans saw much of this expansion as its population surged and the demand for doctors grew. Thirteen medical schools opened in Iowa in the last decades of the 19th century, from Sioux City to Keokuk, and all but two were proprietary

enterprises, privately owned and profit oriented. The State University of Iowa College of Medicine opened in Iowa City in 1870 as the medical department of the state university; in 1877, it was joined by a second state-supported medical department, later known as the Homeopathic Medical College.

Medical training in Iowa varied along with competing sects and was largely unburdened by fixed standards for licensing. That changed in 1886, however, when Iowa legislators passed the Medical Practice Act to govern medical education and practice within the state. Under the law, a Board of Medical Examiners set standards for training and ruled on whether a medical school had met them; candidates for medical licensure would either present a license from a school approved by the board or pass a board examination.

Such efforts to regulate medical education in Iowa had the effect of putting a good many commercial schools out of business. The King Eclectic Medical College in Des Moines closed in 1889, the Council Bluffs Medical College in 1895, and the Sioux City College of Medicine in 1908. Thus, by the time of the Carnegie Foundation's survey, only four medical schools remained in the state: two regular, one osteopathic, and one homeopathic.

Across the nation, other states passed their own medical licensing acts, though the requirements for that licensing varied widely. More had to be done to elevate standards across the board. In 1906, the American Medical Association responded by carrying out a critical survey of the nation's medical schools through its Council on Medical Education. The findings of its investigation were

little noted, however, owing to a claim of bias: The AMA was seen as reluctant to criticize its own members. An unbiased outsider was needed for another national survey.

LIBRARY OF CONGRESS



Educator Abraham Flexner, circa 1900.

Abraham Flexner was not an M.D., and he had no training in medicine. He was an educator with degrees from Johns Hopkins and Harvard whose book *The American College* had come to the attention of Henry Pritchett, president of the Carnegie Foundation. Pritchett was impressed by Flexner's critical ability and his forceful manner as a writer, and he felt that Flexner would be the ideal person for a new Carnegie project: a response to a request from the AMA to carry out a survey of the nation's medical schools.

What Flexner lacked in health care experience, he made up for

in his sound grasp of educational principles and his practical, clear-thinking, analytical mind. He also had the advantage of his employer's august name as a calling card. Because Flexner represented the Carnegie Foundation in his cross-country travels, he had doors opened to him by school officials who must have thought financial benefits would follow.

Before Flexner embarked on his travels, he had determined that the best medical education could be found at the Johns Hopkins University medical school, which was based on European scientific and clinical models. The "proper basis" of medical education, in

his view, should be grounded in the pure and applied sciences and include laboratory work, thus preparing the medical student for the clinical part of training. His vision embraced higher admission standards for students, access to a variety of cases in a modern hospital, and liberal amounts of clinical instruction. It also included a medical faculty who were full-time. Flexner knew that a survey of American medical schools would show that most fell well short of the high Johns Hopkins standard. A year of fieldwork followed.

In April 1909, Flexner visited schools in Iowa City and Des Moines. He arrived in Iowa City

in the afternoon, conducted a hurried tour of the university's College of Medicine in the company of school officials, and left the following day. At each school he visited, Flexner collected a half-dozen pieces of information, and usually he gathered them quickly: entrance requirements, student enrollments, teaching staff, resources available for maintenance, laboratory facilities, and clinical (hospital) facilities.

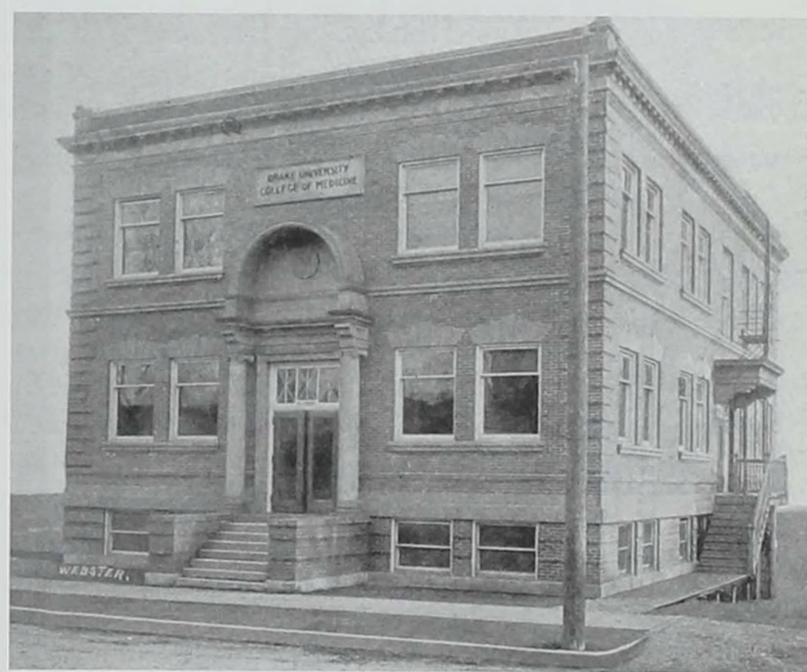
As one might have expected, Iowa's schools did not measure up to the Johns Hopkins standard. The opportunities for clinical teaching at the Drake University College of Medicine were "in

SPECIAL COLLECTIONS, UNIVERSITY OF IOWA LIBRARIES, IOWA CITY. PHOTO CIRCA 1905-1910



A lecturer in the University of Iowa College of Medicine holds the attention of male and female students. On behalf of the Carnegie Foundation, Abraham Flexner visited Iowa's four medical schools in 1909. None of the four met his high standards.

LEFT: SHS (IOWA CITY), RIGHT: DRAKE UNIVERSITY YEARBOOK, 1905



Flexner inspected the College of Homeopathy in Iowa City and the Drake University College of Medicine in Des Moines.

every respect inadequate"; the laboratory facilities at the Still College of Osteopathy in Des Moines had no laboratory equipment; the clinical facilities at the University of Iowa College of Homeopathic Medicine consisted of a 35-bed hospital, "quite inadequate to its purpose"; and several members of the teaching staff at the University of Iowa College of Medicine were non-resident, with the professor of surgery based in Sioux City and the professor of gynecology in Dubuque.

In sum, Flexner found the schools falling short in one way or another, and all hobbled by inadequate clinical facilities for teaching. "Of the four medical schools in the state, none is at this time satisfactory," he wrote. Taking into account the state of medical education and the oversupply of doctors, he recommended that the two Des Moines schools cease operations. The osteopathic school, he wrote, should be "summarily suppressed," and the Drake University College of Medicine should "retire from a contest to which [it] is clearly unequal." Flexner recommended that the homeopathic school in Iowa City,

with its low attendance and meager prospects for growth, be absorbed into the university's College of Medicine, and that one school serve the medical education needs of the entire state.

The experience of Iowa's four medical schools was typical of those in other states where the scrappiest of the middling schools survived and the weak perished. The Drake University College of Medicine closed in 1913, and the University of Iowa's College of Homeopathy was absorbed by the College of Medicine in 1919. The Still College of Osteopathy survived, following reorganization in 1911. Over the years, it underwent still more organizational change, and today its descendant is the College of Osteopathic Medicine and Surgery at Des Moines University.

Flexner's impact on medical schools in Iowa was dramatic, but his recommendations to the University of Iowa College of Medicine had the most far-reaching effect on medical education in the

state. He had listed shortcomings, notably the absence of a resident faculty at the college and a shortage of clinical patients for teaching—a problem in a rural state like Iowa—but he allowed that the college could be salvaged given a full commitment to his recommended improvements and the right leadership.

This was done. Under the leadership of University of Iowa President George MacLean and William Boyd, chairman of the Finance Committee of the Iowa State Board of Education, the rescue of the College of Medicine began. With additional funding available for new hires, the college recruited an eminent physician from McGill University—answering Flexner's call for a "great clinician"—and over time succeeded in attracting other promising faculty to Iowa City. State funds were appropriated to expand medical facilities west of the Iowa River—a children's hospital in 1919 and a psychiatric hospital in 1920. And perhaps most important, state laws were passed that ensured the college would never again be short of clinical patients for teaching. In 1915, the Iowa General As-

sembly passed the Perkins Law, and in 1919 the Haskell-Klaus Law—the “indigent care laws”—granting poor Iowans, both children and adults, care in the University of Iowa Hospitals at state expense, and thus generating a steady base of patients.

It was Iowa’s good luck that after 1910 Flexner moved on from the Carnegie Foundation to a branch of the Rockefeller Foundation, the General Education Board. As a board trustee for many years, Flexner had a say in the distribution of grants to colleges and universities, and he was able to contribute to the improvement of medical education through the provision of funds for the construction of modern medical facilities and the endowment of full-time faculty positions. As Flexner recalled in his autobiography, “In less than ten years—between 1919 and 1928—operating with something less than fifty million dollars, the General Education Board added half a billion dollars or more to the resources and endowments of American medical education.”

One of those large gifts was made to the state of Iowa. In 1920, William Boyd and University of Iowa President Walter Jessup contacted Flexner with a request for a grant to help expand the university’s medical facilities.

Flexner answered quickly and with encouragement. He and Boyd had developed a warm personal friendship over the years, and he was gratified that the university had responded promptly to his earlier recommendations. He advised the men to propose something on a large scale instead of the piecemeal plan they envisioned for the medical campus. This they did.

When Flexner took the Iowa plan to the General Education Board, however, he met resistance. Board policy restricted funding to privately endowed schools; tax-supported state universities were not part of its philanthropy. It wasn’t until 1922, therefore, that the board and the Rockefeller Foundation were sufficiently moved by Flexner’s patient arguments to approve grants for \$2.25 million for the Iowa project. An equal amount was to come from the state of Iowa.

How had Flexner prevailed in the face of resistance from the General Education Board? He had convinced his fellow trustees that a “model” school in Iowa would compel other midwestern states to follow its example at their own expense, so as not to be left behind. As he later noted with satisfaction, “Within a few years Missouri, Michigan, Minnesota, and Wisconsin—all of which were far better than Iowa when our action was taken—entered into friendly

rivalry in order to create within their own states the facilities and opportunities which Iowa offered to its own youth in the field of medicine.”

With the state portion of the \$4.5 million approved in 1923, planning began, and in 1928, the new medical campus—including a new general hospital and medical laboratories facility—was complete. It was a campus in which all Iowans could take pride. What had begun 18 years earlier as a desperate effort to save the College of Medicine from collapse had succeeded beyond the wildest dreams of anyone. Over the next 80 years, it grew out from that central core and today stands as a medical center with a national reputation in cutting-edge health care and research. For that remarkable rise from the dismal prospects of 1910, a nod of thanks is owed the man from the Carnegie Foundation who had stepped off a train in Iowa some years before and started a shake-up of medical education in the state. ❖

James Hill became acquainted with the Abraham Flexner story while researching the history of the University of Iowa Hospitals and Clinics for a book-length project. His interest in Flexner remained long after the project was completed, and this article is the result of his further research. Hill works at Pearson in Iowa City and lives in Coralville.

NOTE ON SOURCES

I would like to thank the staffs of the University of Iowa Archives and the State Historical Society of Iowa for their assistance with my research and for their helpful suggestions. Among the sources I used for this article are: Lee Anderson, “A Great Victory: Abraham Flexner and the New Medical Campus at the University of Iowa,” *Annals of Iowa*, 51 (Winter 1992); Thomas Bonner, *Iconoclast: Abraham Flexner and a Life in Learning* (Baltimore: Johns Hopkins University Press, 2002); Abraham Flexner, *Abraham Flexner: An Autobiography* (New York: Simon and Schuster, 1960); Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching*, Bulletin No. 4 (New York: Carnegie Foundation for the Advancement of Teaching, 1910); John Gerber, et al., *A Pictorial History of the University of Iowa* (Iowa City: University of Iowa Press, 1988); Mark Hiatt, “The Amazing Logistics of Flexner’s Fieldwork,” *Medical Sentinel* 5:5 (2000); Susan Lawrence, “Iowa Physicians: Legitimacy, Institutions, and the Practice of Medicine,” *Annals of Iowa* 63 (Winter 2004); Samuel Levey, et al., *The Rise of a University Teaching Hospital, A Leadership Perspective: The University of Iowa Hospitals and Clinics* (Chicago: Health Administration Press, 1997); Stow Persons, *The University of Iowa in the Twentieth Century: An Institutional History* (Iowa City: University of Iowa Press, 1990); Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982); and Steven Wheatley, *The Politics of Philanthropy: Abraham Flexner and Medical Education* (Madison: University of Wisconsin Press, 1988).

Annotations to the original manuscript are in the *Iowa Heritage Illustrated* production files, State Historical Society of Iowa (Iowa City).