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THE INFLUENCE OF ACCREDITATION ON THE DEVELOPMENT
OF THE MEDICAL COLLEGE OF VIRGINIA INTO AN
INSTITUTION WITH UNIVERSITY AFFILIATION

A Dissertation

Presented to

The Faculty of the School of Education
The College of William and Mary in Virginia

In Partial Fulfillment
Of the Requirements for the Degree
Doctor of Education

by

Walter S. Griggs, Jr.

August 1979

DEDICATION
Frances P. Griggs

THE INFLUENCE OF ACCREDITATION ON THE DEVELOPMENT
OF THE MEDICAL COLLEGE OF VIRGINIA INTO AN
INSTITUTION WITH UNIVERSITY AFFILIATION


by


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W.S. Griggs, Jr.

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THE INFLUENCE OF ACCREDITATION ON THE DEVELOPMENT
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INSTITUTION WITH UNIVERSITY AFFILIATION

CHAPTER I

STATEMENT OF THE PROBLEM AND REVIEW OF THE LITERATURE

On July 1, 1968, the Medical College of Virginia and the Richmond Professional Institute were combined to establish Virginia Commonwealth University. Although many factors led to the merger of these two dissimilar academic institutions, it is the writer's hypothesis that the need for the Medical College of Virginia to secure a university affiliation in order to maintain its academic accreditation was the primary reason for the creation of Virginia Commonwealth University.

While the search for a university affiliation for the Medical College of Virginia appears to be the primary reason, other objectives can be cited as important to the establishment of Virginia Commonwealth University. The Report of the Higher Education Study Commission which will be referred to in this dissertation as the Bird Commission Report stated:

What is needed in the Richmond area is a bold new development with the establishment of a major university under state control which would offer a fairly wide range of subjects leading to both the master's degree and the doctor's degree.¹

¹Report of the Higher Education Study Commission to the Governor and General Assembly of Virginia, by Lloyd C. Bird, Chairman (Richmond, Virginia: Department of Purchase and Supply, 1965), pp. 41-42.

The Report of the Commission to Plan for the Establishment of a Proposed State-Supported University in the Richmond Metropolitan Area which will be referred to in this dissertation as Wayne Commission Report suggested that

. . . since there was no Virginia institution of higher education that had a primary orientation toward meeting the pressing urban concerns and of participating in the solution of urban problems, an urban university was needed.²

Roland H. Nelson, Jr., a former president of Richmond Professional Institute, indicated that duplication of courses was taking place between the Medical College of Virginia and the Richmond Professional Institute and that this was an unnecessary expenditure of state funds which might be eliminated through a merger.³ Wyndham B. Blanton, Jr., of the Medical College of Virginia, cited the following as benefits to be derived from the merger:

Higher quality courses can exist within a university environment; there is a need for more continuing educational opportunities which can be made available only within a university setting; a university would provide for a library which would meet a need not being met by either the Richmond Professional Institute or the Medical College of Virginia; the university environment will make it easier to recruit faculty members.⁴

²Report of the Commission to Plan for the Establishment of a Proposed State-Supported University in the Richmond Metropolitan Area, by Edward A. Wayne, Chairman (Richmond, Virginia: Department of Purchase and Supply, 1967), p. 12.

³Interview with Roland H. Nelson, Jr., Richmond, Virginia, 8 June 1979.

⁴Wyndham B. Blanton, Jr., "New Law Creates Virginia Commonwealth University," The Scarab, May 1968, pp. 9-10.

These reasons, among others, are frequently used to explain the merger. There is evidence, however, to suggest that these secondary objectives have not been attained nor have the problems been eliminated through the process of merging the two institutions.

In evaluating the accomplishment of objectives, or in seeking to determine the causal relationships between the problems which existed prior to the merger and the solutions envisioned by the merger, there is the possibility that sufficient time has not elapsed to provide a proper perspective for this research effort. However, the possible benefits to be derived from a delay in writing this history would be at the expense of losing the chance of interviewing those participants to the merger process who are still alive and are still willing to discuss their participation in the merger process. On balance, the risk of improper perspective must be taken in order to take advantage of the opportunity to discuss the merger with the actual participants to it.

The selection of a beginning date was difficult in formulating the scope of this work; however, it was easy to establish an ending date, July 1, 1968. This date marks the founding of Virginia Commonwealth University and signifies the consummation of the merger. In contrast, it is not possible to select the definite date on which merger discussions started. Indeed, there have been numerous active merger discussions involving the Medical College of Virginia since the 1900's. One such period of active discussion

occurred in the early part of the twentieth century between 1905 and 1925. The merger, which is the focus of this work, however, can be traced to the publishing of the Bird and Wayne Commission Reports in 1965 and 1967. Since the merger was a direct result of these reports of the 1960's, the appropriate scope of this dissertation is from 1960 to 1968.

The research for this study is drawn both from primary and secondary sources. Basic primary sources include the following: accreditation reports and Board of Visitors' minutes from both institutions; the Virginia House and Senate Documents and Journals; the Acts of the Virginia General Assembly; and the Committee reports, records, and correspondence located in both the East and West campus archives of Virginia Commonwealth University. Secondary sources include: writings regarding developments in medical education; histories of the Medical College of Virginia and the Richmond Professional Institute; and general histories relating to medical schools.

Although the scope of this work is a recent occurrence, many primary sources have been misplaced or destroyed. For example, the Medical College of Virginia's Board of Visitors' minutes for the academic year 1967-68 have been lost. Many academic committee reports which have a bearing on the merger have been discarded by various agencies within the institution. Indeed, it would appear that few records were retained by either institution relating to the merger or their response to it.

To complement and to bridge the gaps in the published data, this investigation relied on oral history techniques. William W. Moss defined oral history as "a systematic collection, arrangement, presentation and publication of recorded verbatim accounts and opinions of people who were witnesses to or participants in, events likely to interest future scholars."⁵ Many, but not all, participants to the merger process were willing to be interviewed and to have their comments recorded on magnetic audio tape. Moss observed that "oral history is seldom an exhaustive statement of all relevant data, but rather a segment of human experiences within the context of a remembered past, a dynamic present, and an unknown future."⁶

Moss's observation is consistent with many of the interviews conducted for this dissertation. It could be concluded, based on some of the interviews, that the Medical College of Virginia and the Richmond Professional Institute were at the pinnacle of their development, that institutional deficiencies were unknown, and that merger was both unnecessary and undesirable. Yet, some of the people interviewed acknowledged that problems did exist and that merger was an acceptable method to rectify them. These differences in perception can usually be attributed to differences in perspective, to differences in the interpretation of data, and to having different positions

⁵William W. Moss, Oral History Program Manual (New York: Praeger Publishers, 1974), p. 7.

⁶Ibid., p. 9.

of responsibility within the two institutions. A final way to explain some of these differences is institutional pride. The passing of a decade has not diminished the fierce institutional loyalties held by some of those interviewed toward their respective institutions; accordingly, care has been taken to corroborate all data provided by persons interviewed, by comparing their observations with statements made by other persons interviewed and published sources. Material which could not be verified in these ways has been suggested as tentative evidence.

There appears to be little literature which either examines or analyzes the factors underlying the merger between the Medical College of Virginia and the Richmond Professional Institute, but there are institutional histories which describe both institutions. Although these institutional histories conclude prior to the consummation of the 1968 merger, they do provide background discussions leading to it.

The Medical College of Virginia is described in two books by William T. Sanger, the first president of the Medical College of Virginia, who served from 1925 until his retirement in 1959. In As I Remember (1972), Sanger relates his experience as the administrative head of the Medical College of Virginia. Although this book is best viewed as an autobiography of a presidency, it does contain some institutional historical material, and a few reflections of Sanger regarding the Flexner Report. Sanger retired prior to the merger and, therefore, does not take a position on it in this work.

In Sanger's second book, Medical College of Virginia Before 1925 and University College of Medicine 1803-1913 (1973), the early history of the Medical College of Virginia is traced and, for purposes of the present study, he provides a history of the University College of Medicine. Sanger's work is valuable because: (1) it contains a significant published history of the University College of Medicine, (2) it reviews the impact of the Flexner Report on the two medical schools, and (3) Sanger provides a useful description of the early merger proposals involving the Medical College of Virginia with other institutions. As with his other work, Sanger ignored the merger proposals of the 1960's.

Another history of the Medical College of Virginia was also published prior to the merger. The First 125 Years of the Medical College of Virginia, published as the Fall 1963 issue of the Bulletin of the Medical College of Virginia, contains no information on the merger, but it does provide a brief history of the institution. In large measure, this history is an anthology which incorporates speeches, testimonials, documents, pictures, and similar material along with some narrative comments. Neither this book nor the two by Sanger are definitive institutional histories.

The history of the Richmond Professional Institute was developed in two books by Henry H. Hibbs, who was Chief Administrative Officer of the Richmond Professional Institute from its founding in 1917 until he retired in 1959. His first book, Organizing Virginia's First Urban University (1967), was

privately published and not generally circulated. In this work, Hibbs traced the development of the Richmond Professional Institute; and, although he provided some general comments on the merger, the book did not examine it in any detail. The History of the Richmond Professional Institute (1973), which was Hibbs' second book, was both a refinement and an abridgement of his first work. In this publication Hibbs mentioned the merger in a positive way as a concluding comment, but he did not develop it.

These five works are the only institutional histories of the two institutions that merged to form Virginia Commonwealth University. In each instance, the writer failed to make a definitive statement regarding the merger proposal itself.

In order to analyze the author's hypothesis that the Medical College of Virginia's need for university affiliation in order to maintain its accreditation was the primary cause leading to the need to merge that school and the Richmond Professional Institute, it will be necessary to survey the development of both institutions. As a part of this survey, the accreditation problems and early merger proposals which involve the Medical College of Virginia will be reviewed. An analysis of the Bird and Wayne Commission reports and the underlying reasons and mandates therein which led to the establishment of Virginia Commonwealth University would logically follow, and will be considered after, the background discussions. Following this analysis, the impact of the

merger on the Medical College of Virginia and the Richmond Professional Institute and their responses to it will be reviewed. Finally, the evidence will be drawn together to establish the premise that the Medical College of Virginia's need for university affiliation to maintain its accreditation was the paramount reason leading to the establishment of Virginia Commonwealth University.

It is in order that a discussion of the general background for merger between the institutions be carried out.

CHAPTER II

THE YEARS 1837-1910: SEARCH FOR MERGER FOR STATUS PRIOR TO 1910; SEARCH FOR MERGER FOR ACCREDITATION AFTER 1910

In order to establish the basis for the hypothesis that the Medical College of Virginia desired merger to achieve university affiliation in order to maintain accreditation, it is necessary to review the establishment and development of the Medical College of Virginia from its inception in 1837 to the period of the 1960's.

The Medical College of Virginia or, as it is now officially known, the Medical College of Virginia, Health Science Division of Virginia Commonwealth University, traces its academic roots to December 1, 1837, when the President and Trustees of Hampden-Sydney College received a charter to operate a department of medicine in Richmond, Virginia. One of the primary factors which led to the development of the medical program in Richmond was the concern that too many Southern students were attending medical schools in the North.¹ The first catalog of the new medical department in Richmond suggested that Richmond should be regarded as the more favorable place in the South for a medical school since "the

¹Wyndham B. Blanton, Medicine in Virginia in the Nineteenth Century (Richmond: Garrett and Massie, 1933), p. 12.

Southern student could escape the rigors of a Northern winter and be able to pursue the anatomical studies to his advantage."²

It was also observed in the catalog that

. . . the only existing medical institute in Virginia [the University of Virginia] from its location, namely in the interior of the State [Charlottesville] did not provide the practical advantage of a large number of patients which must be available to operate a medical school.³

The availability of patients in Richmond, and the lack of them in Charlottesville, would be cited in subsequent debates to justify the merger of the Medical College of Virginia and the University of Virginia medical schools and to locate the resulting school in Richmond.

Although initially classes at the Medical College of Virginia were held in the old Union Hotel building, the permanency of the school was evident when in 1845 classes were held in the newly constructed Egyptian Building which in time would become the focal point for the campus of the Medical College of Virginia.⁴

For sixteen years, relations between the faculty of Hampden-Sydney's department of medicine in Richmond and the Hampden-Sydney Trustees were without obvious friction.⁵

²Medical College in Richmond, Virginia, Catalogue (Richmond, Virginia, 1839), n.p.

³Blanton, Medicine, pp. 38-39.

⁴Blanton, Medicine, pp. 39-40.

⁵William T. Sanger, Medical College of Virginia Before 1925 and University College of Medicine 1893-1913 (Richmond: Medical College of Virginia Foundation, 1973), p. 7.

However, serious problems developed in June, 1853, when a professor who had not been endorsed by the medical faculty was elected to the newly established Chair of Psychology and Medical Jurisprudence.⁶ The medical faculty objected to this by claiming that there was an agreement which stipulated that they should nominate medical faculty members and that the Hampden-Sydney Trustees should merely elect the nominated professor. Although the medical faculty had virtually dictated to the Trustees who should be appointed to the medical faculty, the Trustees were within their legal rights in making the appointment of a medical faculty member without the approval of the other medical faculty members. When the Hampden-Sydney Trustees would not alter their position, the medical department carried out its threat to request a charter for the medical school from the Virginia General Assembly and to separate formally from Hampden-Sydney. After a protracted legislative battle, the bill for an independent charter for the medical department was reported favorably and was enacted on February 25, 1854. This bill separated the medical department from its connections with an academic institution and started the newly named and organized Medical College of Virginia on its independent course. In 1860 the General Assembly of the Commonwealth of Virginia appropriated money for the Medical College of Virginia's first hospital and thus

⁶W. Asbury Christian, Richmond Her Past and Present (Richmond: L.H. Jenkins, 1912), pp. 180-181.

made it a state institution. Virginia now had two state-supported medical schools: The University of Virginia Medical School, which was a part of a university, and the Medical College of Virginia, which had no university affiliation.

Shortly after the Medical College of Virginia had achieved its independence from Hampden-Sydney and had become a state medical school, sectional differences between the North and the South intensified into a Civil War: the Southern students who were still attending Northern medical schools started to return to their homes. The Richmond Daily-Dispatch on December 22, 1859, reported:

Three hundred of the sons of the South will arrive at 2:30 p.m. to enter the Medical College of Virginia whose faculty, in a spirit becoming Virginia gentlemen, have extended to them a cordial and generous welcome to their noble institution and to the soil of their old Mother state.⁷

As the War Between the States tore the nation apart, the Medical College of Virginia played an important role both in the education of Confederate surgeons and in the hospital care of wounded and sick military personnel. The institution graduated a class during each of the war years, but in time its situation became desperate. Near the close of the conflict, the ambulance horse had to be sold at auction, the hospital was closed and converted into a rooming house, and patients were moved to the Egyptian Building.⁸

⁷Richmond Daily-Dispatch, 22 December 1859.

⁸"The First 125 Years," Bulletin Medical College of Virginia, Fall, 1963, p. 30.

The Medical College of Virginia, however, survived the war and, in time, began to grow and to develop. By 1869 it was conferring the degree Graduate in Pharmacy, which was a significant event since it started the school on its course of including education for all of the recognized health professions. In 1895 the School of Nursing was added, and a School of Dentistry was established in 1897.

The programs were developing, but their quality was low. This problem was corrected when the Medical College of Virginia felt the pressure to improve when a second medical school, the College of Physicians and Surgeons, was founded in Richmond in 1893. Until it was established the Medical College of Virginia and its antecedents had enjoyed a fifty-four year monopoly in medical education in Richmond. This ended when the new school was established in two former private homes two blocks from the Medical College of Virginia.

Hunter Holmes McGuire, the surgeon who had led the Southern medical students home from the Northern medical schools and who himself had served as a medical officer on the staff of the Confederate General Thomas J. (Stonewall) Jackson, and twenty-six leading citizens, founded the medical school.⁹ They hoped that the school would reduce the number of medical students who were again going North to get their medical education.¹⁰ Although initially established as the

⁹Sanger, Medical College of Virginia, pp. 113-121.

¹⁰Ibid.

College of Physicians and Surgeons, the school was renamed the University College of Medicine in 1894 and was composed of three schools: Medicine, Dentistry, and Pharmacy.¹¹

The University College of Medicine, because of its excellent reputation, stimulated its academic neighbor, the Medical College of Virginia, to improve its programs.¹² This was a positive benefit from the competition, but there were also some negative aspects. The bitterness between the two medical schools was intense. Runners were sent by both colleges to meet incoming trains in order to recruit students.¹³ When the University College of Medicine was denied state funds, it tried to end state support for the Medical College of Virginia.¹⁴

The University College of Medicine survived for only twenty years as an independent institution in spite of its leadership in medical education. A number of events caused its short existence. Early in the first decade of the twentieth century, Abraham Flexner visited medical schools throughout the country and his findings were reported in the volume, Report of Medical Education in the United States and Canada, 1910. This report, which is generally referred to as the Flexner Report, changed the course of American medical

¹¹Ibid.

¹²Blanton, Medicine, p. 68.

¹³Virginus Dabney, Richmond, The Story of a City (Garden City: Doubleday, 1976), pp. 250-251.

¹⁴Ibid.

education by recommending the closing of many marginal medical schools and the consolidation of the others, leaving the United States with fewer, but stronger, medical schools. Flexner was not impressed with either the Medical College of Virginia or the University College of Medicine and recommended their merger. Flexner wrote as follows:

Separately neither of them can hope greatly to improve its present facilities, which, weak in respect to laboratories and laboratory teaching, are entirely inadequate on the clinical side. Their present hospitals utilized together, though still unsatisfactory, would at any rate be much more nearly adequate than is either hospital taken by itself; and the combined fees would furnish much better laboratory training than either school now gives.¹⁵

Parenthetically, his recommendations would provide some of the rationale which, a half century later, would bring about the merger of the Medical College of Virginia with Richmond Professional Institute.

The initial impact of the Flexner Report on the University College of Medicine, however, was not to bring about an immediate merger, but to cause the school to make program changes which became increasingly expensive for the unendowed institution to accomplish. In time financial considerations, in conjunction with other developments, ended the independent existence of the University College of Medicine.¹⁶

¹⁵Abraham Flexner, Medical Education in the United States and Canada (New York: Carnegie Foundation, 1910), p. 316.

¹⁶Address by Stuart McGuire to the last graduating class of the University College of Medicine, June 1913.

Another development which increased the University College of Medicine's sensitivity to financial matters was a fire on January 6, 1910, which destroyed the main building. The property loss was great, and everyone knew that it would be extremely expensive to replace the building; accordingly, a proposal was made to unite the University College of Medicine with the Medical College of Virginia. When these negotiations failed, money was raised for a new building which was completed in 1912.

Financial problems remained; consequently, when the stockholders of Memorial Hospital approached the Boards of the Medical College of Virginia and of the University College of Medicine with a proposal that the hospital be given to the combined institutions, the proposal was accepted. On July 1, 1913, the two medical schools were merged. The Flexner recommendations, which were costly to implement, played a significant role in the merger by placing a private, unendowed medical school in a financially vulnerable position.¹⁷ Succinctly stated, the University College of Medicine could not afford the costs which would be required if it were to maintain the standards established by Flexner.

This merger strengthened the Medical College of Virginia academically, but it did not remove a basic deficiency in administration. Many of these problems could be attributed to the fact that the Medical College of Virginia

¹⁷Ibid.

was dominated by a couple of surgeons whose primary interest was to practice surgery and treat patients, but not to be concerned about managing the medical school they dominated. Since the physicians had little time to be concerned about administrative details, administrative problems went unresolved. This flaw might have been remedied if the medical school had been associated with a university which could have given it the administrative talent to provide for its operation. As the school expanded, this need for a university affiliation became more and more apparent.

The first attempt to solve this problem occurred when Samuel Chiles Mitchell, an historian and a former president of the University of South Carolina, was named the first president of the newly merged medical school. While Mitchell was not a physician, he rapidly assessed the problem of poor administration. He stated in 1914 that the Medical College of Virginia needed a university affiliation because of the difficulties of standing alone.¹⁸ Although he served as president for only one year, Mitchell was both a realist and a prophet. Mitchell seemed to have anticipated the problems associated with independent medical schools, and the eventual need for university affiliation was predicted. After one year, he was replaced by Stuart McGuire, who was a surgeon and who retained the presidency of the school until 1925. McGuire's election was a return to the concept of a part-time president.

¹⁸Sanger, Medical College of Virginia, p. 35.

At the same time that the institution went back to the concept of a part-time presidency, it tried to improve its status by supporting legislative action to merge with the University of Virginia. Although many attempts to accomplish this merger had failed in the past, a new effort was initiated in 1920. This effort started as a way to reduce the cost of medical education by having only one state-supported medical school. It was also undertaken with the belief that the University of Virginia's Medical School was not properly located to provide students with sufficient patients on which to gain clinical experience.

In an effort to solve financial and educational problems it was recommended by a Commission on Medical Education that Virginia support only one medical school, that this school was to be conducted in Richmond, and that the Department of Medicine of the University of Virginia would acquire all of the Medical College of Virginia property.¹⁹ The two medical schools took opposite positions on this report. The Medical College of Virginia supported the recommendations; the University of Virginia opposed them. After a protracted legislative debate, the recommendations were defeated in the Virginia Senate in 1922 by a vote of 24-16. This defeat ended any real hope on the part of the Medical College of Virginia that the University of Virginia Medical School would be moved to

¹⁹ "Report of the Commission on Medical Education in Virginia," 1920, William T. Sanger Papers, Virginia Commonwealth University, Richmond, Virginia.

Richmond and consolidated with it. It also ended any chance for the Medical College of Virginia to have an academic campus connection with another state-supported institution. The failure to accomplish a merger with another medical school did not discourage the administration of the Medical College of Virginia from seeking another institution with which to merge.

In 1923, discussions took place between the Medical College of Virginia and the private, Baptist-supported University of Richmond. The Medical College of Virginia's Board of Visitors had voted in favor of the transfer of the property and good will of the Medical College of Virginia to the University of Richmond upon condition that the University of Richmond would undertake to provide medical education to the City of Richmond.²⁰ Discussions were cordial, but the University of Richmond did not have the financial resources to accept the demand for medical education, and an effort to secure funds from the Carnegie Corporation of the General Education Board failed.

Abraham Flexner, who was a representative of the General Education Board and who was critical of the Medical College of Virginia, remained uninterested in helping to build up a medical school in Richmond.²¹ The conferences concluded with the following regrets:

²⁰Reuben E. Alley, History of the University of Richmond (Charlottesville: University Press of Virginia, 1977), pp. 186-187.

²¹Letter from F.W. Boatwright, President of the University of Richmond, to Stuart McGuire, February 9, 1923, William T. Sanger Papers, Virginia Commonwealth University, Richmond, Virginia.

The University of Richmond expresses their hearty appreciation of the overtures made to us by the Medical College of Virginia and our sincere regret that circumstances prevent a course of action which, in our judgment, would redound to the good of the state and to the advancement of medical education throughout the country.²²

If funds had been available in the 1920's, a merger might have taken place between a state-supported medical school and a private university. The fact that the merger had not been accomplished forced the Medical College of Virginia to continue without university affiliation.

Since it dissolved its relationships with Hampden-Sydney, the Medical College of Virginia had tried and failed to merge with the University of Virginia and with the University of Richmond. These failures forced the Medical College of Virginia to make internal changes to strengthen its administrative function instead of being able to strengthen them through merger. Although these administrative problems were serious, the criticism directed at the institution by accrediting agencies was even more critical to the institution's future.

In 1919, the Council on Medical Education and Hospitals of the American Medical Association inspected the Medical College of Virginia and found sufficient grave faults to raise serious doubts as to the propriety of continued Council recognition.²³ A representative of the Council of Medical

²²Ibid.

²³"Report of the Council on Medical Education and Hospitals of the American Medical Association of a visit to the Medical College of Virginia," 1919, William T. Sanger Papers Virginia Commonwealth University, Richmond, Virginia.

Education and Hospitals inspected the Medical College of Virginia on December 9, 1924, and wrote in his report the following comments:

This medical school has an abundance of clinical material, is fairly well-financed, and has the opportunity to develop a high grade medical school, but it does not have the strong educational supervision which might come from a university connection.²⁴

This criticism placed the Medical College of Virginia in a difficult position since efforts at university affiliation which would have removed the objection had failed on a number of occasions.

Since university affiliation seemed unlikely, William T. Sanger, an academic administrator who became president of the Medical College of Virginia in 1925 and replaced Stuart McGuire, suggested that the institution would have to build its own university around an existing medical school. It was realized by Sanger that the institution's attempts to be a university had to be limited to education and research in the health field and associated patient care.²⁵ Further, the school would have to emphasize quality, uniqueness, and distinctiveness and to seek research funds from individuals and from foundations.²⁶ This approach was used by the Medical

²⁴"Report on Medical Education and Hospitals of a Visit to the Medical College of Virginia," 1925, William T. Sanger Papers, Virginia Commonwealth University, Richmond, Virginia.

²⁵William T. Sanger, As I Remember (Richmond: Medical College of Virginia Alumni Association, 1972), p. 74.

²⁶Ibid.

College of Virginia, but problems remained.

In 1935, the Medical Council on Medical Education and Hospitals and the Association of American Medical Colleges visited the campus and developed a lengthy list of deficiencies as follows:

The outpatient department is unsatisfactory . . .
the pre-clinical laboratories are inadequate . . .
all the preclinical departments are severely under-
staffed . . . several of the clinical departments
should be reorganized.²⁷

These defects were so great that the school was placed on confidential probation. The gravity of this report was demonstrated by the fact that it was deeply buried by the Medical College of Virginia's administration for fear it would discourage those whose help the institution had to have in order to progress.²⁸ Although there are ethical concerns about not revealing the problems related to accreditation to those most directly involved, there is no question that the Medical College of Virginia was in a tenuous position. Indeed, Blackwell Smith, the president of the Medical College of Virginia, in a 1963 speech, mentioned this confidential probation with a great deal of diplomacy and suggested that "older graduates must not feel that these revelations have cast a reflection on the quality of their education."²⁹

²⁷"Report of the Council on Medical Education and Hospitals and the Association of American Medical Colleges on a visit to the Medical College of Virginia," 1935, William T. Sanger Papers, Virginia Commonwealth University, Richmond, Virginia.

²⁸"The First 125 Years," p. 68.

²⁹Ibid.

Whether the confidential probation was or was not harmful to the students is still unresolved, but it did spur the institution into action. Sanger believed that a building program must come first and it, in turn, would aid in the employment of qualified faculty. These objectives were accomplished and, in 1953, the Medical College of Virginia was removed from confidential probation.³⁰

However, nine years later problems with accreditation again surfaced. The 1962 accreditation report on the Medical College of Virginia by the Liaison Committee on Medical Education representing the American Medical Association and the Association of American Medical Colleges again pointed up several deficiencies. The report complimented the school for its increased amount of research activity, but stated that these activities were still short of those carried out at most medical schools.³¹ The accrediting team felt that good medical education could only exist in an environment where active research was taking place. Significantly, the existing research activities at the Medical College of Virginia were being supported in large part by the national foundations and not by the Commonwealth of Virginia which did not fund research. Unfortunately for the Medical College of Virginia,

³⁰Letter to the author from Edward S. Peterson, M.D., Secretary, Liaison Committee on Medical Education, 24 April 1979.

³¹"Report of Survey of the Medical College of Virginia by The Liaison Committee on Medical Education Representing the American Medical Association and the Association of American Medical Colleges," 1962, Kinloch Nelson Papers, Virginia Commonwealth University, Richmond, Virginia.

these foundations were reluctant to make awards to free standing medical schools. This philosophy by the foundations placed the institution's future in jeopardy since foundation funds were essential to support the research on which continued accreditation depended.

A final development made the future course of the Medical College of Virginia obvious. The American Medical Association announced that it was no longer accrediting the unaffiliated medical schools. This removed any equivocation as to the unfavored status of such medical institutions. The solution, university affiliation, was obvious, but the means to accomplish this objective still had to be developed.

Fortunately for the Medical College of Virginia, the Richmond Professional Institute, the other state-supported school in Richmond, was a willing merger partner. It is appropriate to review the history of this institution which gave, through merger, the Medical College of Virginia its university affiliation.

The Richmond Professional Institute was established in 1917. This institute, which formed the basis of the present academic division of Virginia Commonwealth University, was established as the Richmond School of Social Economy for Social Work and Public Health Nurses by a group of private citizens.

The school opened in the fall of 1917 in a former residence where the first two floors were occupied by the Richmond Juvenile and Domestic Relations Court. This first physical

plant started a tradition of holding classes in buildings which were designed originally for some other purpose. In addition to starting with financial problems and using borrowed facilities, the school began its program during World War One. Henry H. Hibbs, the Executive Director, always felt that it was the only school to start in the midst of such a war.³² This might have been of benefit to the developing institution since various governmental agencies, charged with defense work, contributed funds to support the institution's programs in both public health and recreation.³³

The early history of the Richmond School of Social Work and Public Health, which was the name used shortly after the school opened, was filled with records of inadequate physical plants and constant financial problems. Hibbs, however, made a commitment to continue the institution and it did survive.

Taking place simultaneously with the establishment of the physical plant were the changes in affiliation and identity. In 1925, the school became a division of the College of William and Mary.³⁴ This made the School of Social Work and Public Health the first branch college in Virginia and one of the first to be established in the United States.³⁵

³²Henry H. Hibbs, The History of the Richmond Professional Institute (Richmond: R.P.I. Foundation, 1973), p. 22

³³Ibid.

³⁴Virginia Commonwealth University Self-Study (Richmond: Virginia Commonwealth University, 1972), p. XIX.

³⁵Ibid.

This affiliation was an effort by President Hibbs to obtain financial support from a state university since his institution had constant financial problems which jeopardized its survival; however, this new relationship did not resolve the financial problems which had plagued the School of Social Work and Public Health since its establishment. Indeed, during the years 1925-1940, the institution was one of the few state-supported vocational colleges in the United States which operated on student fees without state support.³⁶

In 1939, amid these financial problems, the name of the institution was officially changed to the Richmond Professional Institute, a Division of the College of William and Mary.³⁷ President Hibbs explained the name change in an open letter to the student body:

Recently we changed our name to the Richmond Professional Institute, a Division of the College of William and Mary, in order to make two things clear; first, that while a part of the William and Mary system and operated by the College of William and Mary with the same president and board, the Richmond Professional Institute really comes of a sufficiently important educational family to have a name of its own and a purpose of its own and a faculty of its own and, to change the figure, to be a sufficiently important tub in the educational world to stand on its own bottom; and, second, we changed the name to make it clear that here at the Richmond Professional Institute technical, vocational, and professional work are not merely incidental features added to a general college curriculum in order to attract students, but on the contrary that these fields of study constitute the

³⁶Henry H. Hibbs, "Organizing Virginia's First Urban University" (unpublished draft); p. 40.

³⁷Virginia Commonwealth University Self-Study (Richmond: Virginia Commonwealth University, 1972), p. XIX.

things in which Richmond Professional Institute specializes and on which it places the main emphasis.³⁸

The Richmond Professional Institute survived with a new affiliation and a new name, but its growth was limited; its reputation was marginal; its future was uncertain. In time, positive developments took place.

The first such development occurred in 1940 when the General Assembly of Virginia made its first appropriation from tax funds for the maintenance and operation of the Richmond Professional Institute.³⁹ State appropriations gave the school the necessary financial resources to enable it to become accredited in 1953 by the Southern Association of Colleges in its own name and on its own merits.⁴⁰

George Oliver became the chief executive of the Richmond Professional Institute when Henry Hibbs retired in 1959, and he was responsible for converting the school into a major university. This change was made possible in part by action of the Virginia General Assembly in 1962 when it separated the Richmond Professional Institute from the College of William and Mary.

President Oliver, who now headed an independent, state-supported institution, tried to get increased support from

³⁸The Wigwam (Richmond: Richmond Professional Institute, 1940), n.p.

³⁹Virginia Commonwealth University Self-Study (Richmond; Virginia Commonwealth University, 1962), p. xix.

⁴⁰Ibid.

the Virginia General Assembly. However, in 1964, the legislature drastically reduced the Richmond Professional Institute's request for capital funds.⁴¹ Denials of requests for appropriations had happened many times before, but this time a spontaneous wave of public protest arose.⁴² A newspaper editorial with the title, "Kicking RPI Around" was published. The editorial suggested

. . . that the Richmond Professional Institute had been kicked around unmercifully by failure to provide adequate state support and such treatment could not go on forever.⁴³

At last, the impact of the Richmond Professional Institute was felt and increased funding was the result. The momentum was maintained, and in 1966 the General Assembly of Virginia did more to help its growing urban institute in Richmond improve its facilities than it had done in the preceding forty years.⁴⁴

President Oliver retired in 1967 and was succeeded by Roland H. Nelson, Jr., who served for one year as the last president of the Richmond Professional Institute. He continued to urge increased financial support and prepared the Richmond Professional Institute for the merger.⁴⁵ When the merger took place, the school was at the peak of its develop-

⁴³Richmond Times-Dispatch, 18 March 1964.

⁴⁴Henry H. Hibbs, The History of The Richmond Professional Institute (Richmond: R.P.I. Foundation, 1973), p. 116.

⁴⁵Interview with Roland H. Nelson, Jr., Richmond, Virginia, 8 June 1979.

ment and was becoming a creditable academic institution with eleven professional schools.

After the Medical College of Virginia developed, it made several attempts to secure university affiliation. The first efforts to accomplish this resulted from a desire to strengthen its administrative structure. Later attempts were based on pressures applied by both funding and accrediting agencies. The Richmond Professional Institute had fought to survive and to achieve credibility for over fifty years as a state institution. In 1963, the Bird Commission Report suggested a merger of these two institutions which would secure for the Medical College of Virginia a university affiliation and would give to Richmond Professional Institute the academic credibility it so long desired and had so long been denied. The Bird Commission Report led to the Wayne Commission Report which, in turn, recommended the merger of the two institutions to the General Assembly. Indeed, these two Commissions accomplished in less than five years what the Medical College of Virginia had been trying to accomplish for almost one hundred and thirty years.

After a review of the development of both the Medical College of Virginia and the Richmond Professional Institute, it becomes evident that the Medical College of Virginia had been seeking accreditation through linkage with a four-year academic institution since its separation from Hampden-Sydney. As the Richmond Professional Institute gained status after becoming a state institution, it seems obvious that these two

institutions--the Medical College of Virginia and the Richmond Professional Institute--both located in Richmond, should merge. Such conversations were begun in the 1960's and led to two study commissions. It now becomes necessary to analyze both the Bird and Wayne Commission reports and their recommendations.

CHAPTER III

THE EXTERNAL INFLUENCES ON THE MEDICAL COLLEGE OF VIRGINIA WHICH REQUIRED A MERGER

Since its inception in 1837, the Medical College of Virginia has sought affiliation with an institution of higher education. Perhaps in the initial years, it might have been for purposes of prestige, but after the Flexner Report at the beginning of the twentieth century, the purpose for the affiliation was primarily in the area of accreditation. Therefore, the hypothesis of the present study is that, despite many public reasons given to the contrary, the Medical College of Virginia sought merger in the twentieth century with an institution of higher education in order to protect its accreditation. In order to develop this hypothesis, attention must be given to the Bird and Wayne Commission Reports.

The recommendations embodied in these reports, as they relate to the Medical College of Virginia and to the Richmond Professional Institute, were a formulation of the proposals made in 1910 by Abraham Flexner for the Carnegie Commission.¹ Since Flexner's work seemed to be influential in proposals

¹Abraham Flexner, Medical Education in the United States and Canada (New York: Carnegie Foundation, 1910).

made for the merger of the Medical College of Virginia with the Richmond Professional Institute and, since the Bird and Wayne Commission Reports were constructed on Flexner's findings, it is necessary to review the Flexner proposals in order to support the hypothesis that the merger of the Medical College of Virginia with the Richmond Professional Institute was primarily designed to gain university affiliation leading to accreditation for the Medical College of Virginia.

Abraham Flexner's Medical Education in the United States and Canada was written under the auspices of the Carnegie Commission and was published in 1910. Prior to undertaking his study, Flexner examined in detail the existing state of medical education in the United States and developed a theoretical model for an ideal medical school. The Flexner model, based on medical education at Johns Hopkins, Harvard, and at the German medical schools, placed an emphasis on biological research. The standards established in the model were so high that they could be kept only by those schools whose endowments could support the laboratories and clinical facilities which Flexner's model required.²

After formulating the model, Flexner's next step was to determine if it was compatible with procedures used in the medical schools in the United States and Canada. Flexner examined the existing systems of medical education by visiting the medical schools and comparing their operation with

²Martin Kaufman, American Medical Education: The Formative Years, 1765-1910 (Westport, Connecticut: Greenwood Press, 1976), p. 172.

the model. He concluded that the existing system of medical education was not only inconsistent with the model but was inadequate to meet the medical needs for both the United States and Canada.

The Flexner Report provided medical education with a model by which each school could measure its academic standards. This standard was widely adopted so that within a few years almost half of the 155 medical colleges, which had existed when Flexner made his report, had disappeared.³ Of the schools that survived, some merged for mutual strength; for example, in 1913 the Medical College of Virginia combined with the University College of Medicine. Not only did Flexner imply merger for strength but also merger to maintain accreditation; thus, the Medical College of Virginia having just merged with the University College of Medicine, made a campaign to seek merger with some institution so that it too might meet accreditation standards. Even today, Flexner's pattern of medical education has been stretched in some of its dimensions and constrained in others, but it is still recognizable as the pattern drawn by Abraham Flexner, and today it is still the only accepted standard for medical education in the United States.⁴

Based on the acceptance of his model and his examination of medical schools, Flexner concluded that the medical

³Kaufman, American Medical Education, p. 170.

⁴Oliver Cope and Jerrold Zacharias, Medical Education Reconsidered (Philadelphia: J.B. Lippincott Company, 1966), p. 33.

schools in the United States and Canada had to be reconstructed. His primary recommendation was that medical schools must be affiliated with universities. He believed that independent medical schools had no future. Accordingly, he urged that they enter into an academic alliance with a university. He was convinced that a medical school based on his model would be a vital part of a university.⁵

The recommendation to locate medical schools within the framework of the universities gained wide acceptance and the number of independent medical schools declined. By 1939 there were 66 four-year schools of medicine in the United States and all but nine had been integrated into universities.⁶ The Medical College of Virginia was unique in lacking this affiliation and by 1965 it was one of only nine out of a total of ninety-nine medical colleges in the United States that operated separately from a well-established university. The Medical College of Virginia's lack of university affiliation placed it outside of the accepted norm for medical schools. William Sanger, the president of the Medical College of Virginia, attacked the Flexner Report:

The prejudice against our not being a university originated out of the Flexner Report (1910), which was colored by university-based medical education in Europe. It adversely affected our status, de facto. Fighting unaccept-

⁵ Flexner, Medical Education in the United States, p. xl.

⁶ A Report Prepared for the Council on Medical Education and Hospitals of the American Medical Association (Chicago: American Medical Association, 1940), p. 15.

able ideas is one thing; fighting prejudice and emotionally warped ideas is quite another thing and almost hopeless.

True, the Flexner Report had great value in analyzing American medical education and setting standards, but the emphasis on 'university connection' excluded the idea of quality education apart from university ties.⁷

Sanger's attack on the Flexner Report did not stop the impact of the report on public confidence in the Medical College of Virginia. In time, he had to capitulate to Flexner's proposals and admit that university status for the Medical College of Virginia was needed to stop the attacks directed at it because of its unique status. Sanger even suggested a name for his proposed university--Medical College of Virginia University.⁸

Because of the influence of the Flexner Report, many medical schools acquired university affiliation. The Medical College of Virginia's status as one of only nine independent medical schools made it unique and this unique status along with concerns of other institutions of higher education helped to lead to the passage of Virginia Senate Joint Resolution No. 30, approved by the 1964 Virginia General Assembly. This resolution created a Higher Education Study Commission and provided funds to undertake a comprehensive study of higher education in the Commonwealth of Virginia. Senator Lloyd C. Bird of Chesterfield County was selected as chairman of the commission known as the Bird Commission.

⁷Sanger, As I Remember, p. 77.

⁸Ibid.

In its report the Bird Commission made recommendations which if implemented would help to chart the course of higher education in Virginia for the future. Several recommendations were directed to the improvement of the status of the Medical College of Virginia. In its report, the commission made the following statement:

The Medical College of Virginia is a highly distinguished institution of its kind. It is also one of the very few medical colleges in the United States that is operated separately from a well-established university. The separate medical college is generally looked upon with much disfavor by leaders in the fields of medical education. An announcement has been made that no additional institution of this type will be accredited by the national accrediting association in medical education. A medical college affiliated with a strong university draws much strength from the facilities and faculties in non-medical fields. It is usually prohibitively expensive to provide facilities of similar scope and quality for the sole use of a separate medical college . . . What is needed is the establishment of a major university under state control. The strongest available institution academically in the area is the Medical College of Virginia, and this could be the nucleus around which the new university could be organized. With it could be merged the Richmond Professional Institute, which already has a reasonably strong undergraduate program. The merger of these two institutions would create a bold new adventure in higher education in Richmond.⁹

It may be noted that the Bird Commission did not equivocate in pointing out that the Medical College of Virginia, with its lack of university affiliation, was looked upon with disfavor by medical educators. The statement by the

⁹Report of the Higher Education Study Commission to the Governor and General Assembly of Virginia, by Lloyd C. Bird, Chairman (Richmond, Virginia: Department of Purchase and Supply, 1965), pp. 41-42.

Commission was a bold assertion since the Medical College of Virginia was generally held in high regard throughout Virginia. However, the proposal by the Bird Commission to merge the Medical College of Virginia with the Richmond Professional Institute and to establish a university was in keeping with mandates of the Flexner Report. The news media supported such proposals by the Bird Commission. An editorial in the Richmond Times-Dispatch suggested that "all in all an MCV-RPI merger offers immense opportunities for good."¹⁰ Another editorial viewed the merger proposal as one which "must command immediate attention."¹¹ Newly elected Governor Mills E. Godwin, Jr., in his address to the Virginia General Assembly, suggested that the opportunity to merge the two schools was unique, and noted that appropriate groups should be formed to resolve any difficulties.¹² Although the merger proposed by the Bird Commission was popular with the news media and supported by the governor, it was only a suggestion; therefore it was necessary to appoint another commission to implement the creation of a "bold development of a major state university in Richmond."¹³

In 1966 the Virginia General Assembly created a commission "to undertake a comprehensive study of the proposal to

¹⁰Richmond Times-Dispatch, 27 January 1966.

¹¹Richmond News Leader, 27 December 1965.

¹²Richmond News Leader, 17 January 1966.

¹³Report of the Higher Education Study Commission to the Governor and General Assembly of Virginia, by Lloyd C. Bird, Chairman (Richmond, Virginia: Department of Purchase and Supply, 1965), pp. 41-42.

create a major new university in the Richmond metropolitan area including the utilization of the Medical College of Virginia and the Richmond Professional Institute as a part thereof."¹⁴ Edward A. Wayne, president of the Federal Reserve Bank of Richmond, was the chairman of the committee known as the Wayne Commission.

In its work the Wayne Commission had to deal with and to respond to developing trends in medical education in order to make its recommendations. It had both to examine the academic climate and to grasp those trends in medical education which would mandate university affiliation for the Medical College of Virginia. The commission noted the impact of standards presented in the 1910 Flexner Report, but it was also aware of a number of more recent studies which reached the same conclusion and that foreshadowed the recommendations that would emerge from the Wayne Commission.

The Report of the Medical Care Commission on the Expansion of the Medical School of the University of North Carolina suggested that the advancing knowledge of medical science could take place only if the medical school was situated in close physical relationship to a university.¹⁵ Two Florida medical

¹⁴Report of the Commission to Plan for the Establishment of a Proposed State-Supported University in the Richmond Metropolitan Area, by Edward A. Wayne, Chairman (Richmond, Virginia: Department of Purchase and Supply, 1967), p. 1.

¹⁵Report of the Medical Care Commission on the Expansion of the Medical School of the University of North Carolina (Raleigh, 1947), n.p.

studies concluded that medical science could be developed most effectively as an integral unit of a well-organized university.¹⁶ A group of medical educators meeting under the auspices of the Massachusetts Institute of Technology concluded that the responsibility for innovation in medical services was passing to the universities.¹⁷ The basic premises which undergirded these reports was that medical science needed to be in contact with other university departments if it was to move forward.

The Association of American Medical Colleges in a report observed that "the university-sponsored medical school is in an unequal position to draw on the resources of many academic disciplines." An American Medical Association study stated

Many problems will require medicine to join forces with other departments of the university, since no hospital and no school of medicine has adequate resources of experience, interest, and talent to study all of the elements involved without such an affiliation.¹⁸

Specifically, it was believed that the placement of a medical school within a university would give the medical school the benefit of an environment which would promote the exchange of views between professors of medicine and professors in other

¹⁶Report of the Florida Citizens Committee on Education (n.p., 1947), p. 377. Report of the Committee on the Medical Survey for the State of Florida (n.p.), p. 16.

¹⁷Cope and Zacharias, Medical Education Reconsidered, p.5.

¹⁸Report by the American Medical Association's Citizens Commission on Graduate Medical Education, n.p.

disciplines. Specifically, it would provide for the association of the physical sciences such as physics and chemistry with the life sciences such as psychology and biochemistry. Some also believed that if the social sciences could be in closer proximity with the health related sciences, it might aid in discovering the causes of diseases and possibly shed some light on the problems of the provision and distribution of patient care. In this interdisciplinary approach, instruction and research could be accomplished best within the jurisdiction of the university. In essence, it was felt that the association of a medical school with other schools within a university framework would foster an intellectual ferment which would culminate in positive benefits to health care. Obviously the unaffiliated medical schools would not have the benefit of this cross-disciplinary approach to the study of medicine.

The Wayne Commission understood the reservations with which medical educators and the American Medical Association viewed the independent medical schools, and the Commission members appreciated the benefits which would be available to the Medical College of Virginia if a merger was accomplished. However, these academic benefits were not as important to the decision as was the more immediate need to protect the accreditation of the Medical College of Virginia.

The accreditation of the Medical College of Virginia had been tenuous throughout most of its history. Although most of the criticisms previously lodged by the accrediting bodies had

been resolved, the lack of university affiliation remained a problem. The situation became acute when the American Medical Association stated that it would no longer accredit medical schools that did not have a university affiliation.¹⁹ Indeed, Warren Pearse, Dean of the Medical School at the newly established Virginia Commonwealth University, speculated that merger might have been inevitable because of a growing trend on the part of the American Medical Association to do away with the independent medical schools.²⁰ Pearse's speculation was supported by H.I. Willett, a member of the Wayne Commission, who stated that the merger took place in large measure to save the Medical College of Virginia's accreditation.²¹

Edward Wayne, the Chairman of the Wayne Commission, recalled "that there were those at the Medical College of Virginia who believed that the future of the school was in jeopardy without a merger with the Richmond Professional Institute."²² Prince Woodard, Director of the State Council of Higher Education at the time of the merger, wrote "the lack of university affiliation for the Medical College of Virginia was one of the key factors relating to the merger."²³

¹⁹Report of the Higher Education Study Commission to the Governor and General Assembly of Virginia, by Lloyd C. Bird, Chairman (Richmond, Virginia: Department of Purchase and Supply, 1965), pp. 41-42.

²⁰Richmond News Leader, 13 October 1974.

²¹Interview with H.I. Willett, Richmond, Va., 26 June 1979.

²²Interview with Edward Wayne, Richmond, Va., 18 July 1977.

²³Letter to the author from Prince Woodard, 16 July 1979.

Raymond Holmes, former Vice President for Finance at Virginia Commonwealth University, also suggested that the Medical College of Virginia was facing an accreditation problem which could be resolved by merger, but it was also observed that these problems were not generally known nor were they discussed.²⁴

It is futile to speculate as to whether accreditation would ultimately have been lost by the Medical College of Virginia because of its lack of university affiliation. It seems that the evidence that has been presented helps to emphasize the fact that loss of accreditation was considered to be a possibility by some of those associated directly or indirectly with the merger decision. The Medical College of Virginia was not only under the stress generated by the accrediting bodies, but was also under pressure from the national foundation on which the Medical College of Virginia depended for research support. These foundations adopted the position that medical schools must have a university affiliation in order to qualify for research awards, which was mandatory for continued accreditation. Sanger identified closely with the influential leaders of the various foundations. He became convinced that university status would become essential for a medical school if the medical school was to be awarded future foundation funds. Kinloch Nelson,

²⁴Interview with Raymond Holmes, Richmond, Virginia, 1 May 1979, and Roland H. Nelson, Jr., Richmond, Virginia, 8 June 1979.

Dean of the Medical College of Virginia Medical School at the time of the merger, felt that the decision by the foundations to support those medical schools possessing university affiliation was a definite factor leading to the establishment of Virginia Commonwealth University.²⁵

Edward Wayne stated, "It was my recollection that research grants were essential for the Medical College of Virginia and that there was concern that these grants would be terminated unless there was university affiliation."²⁶

Wyndham B. Blanton, Jr., in a magazine article for a Medical College of Virginia readership wrote, "University affiliation will eliminate objections voiced by national foundations and granting agencies to the non-university connected health centers."²⁷ A Medical College of Virginia report to the faculty stated, "From bitter experience we know that national foundations, such as the Commonwealth Fund, will not support the proposals of non-university affiliated medical schools."²⁸ Private foundations had supported the Medical College of Virginia and had enabled it to engage in research activities which were essential for accreditation.

²⁵Interview with Kinloch Nelson, Richmond, Va., 22 June 1979.

²⁶Interview with Edward Wayne, Richmond, Va., 18 July 1977.

²⁷Wyndham B. Blanton, Jr., "New Law Creates Virginia Commonwealth University," The Scarab 17 (May 1978): 9.

²⁸"A Report Distributed to the Medical College of Virginia School of Medicine Faculty," April 1967, Kinloch Nelson Papers, Virginia Commonwealth University, Richmond, Virginia.

Consequently, the Medical College of Virginia had no viable alternative except to acquire university status.

The need for university identification started with the Flexner Report in 1910 and was accelerated in the 1960's by accrediting agencies and national foundations. While it might have been possible for a medical school to ignore Flexner's recommendations, it could not disregard pressures directed at it by accrediting agencies and national foundations. In a real sense, the Medical College of Virginia had to accept Flexner's recommendation to acquire university affiliation, or lose support from accrediting agencies and foundations which had committed themselves to Flexner's positions. This was the situation confronting the Medical College of Virginia at the time the Wayne Commission was considering merger of the Medical College of Virginia with the Richmond Professional Institute.

In its recommendations, the Wayne Commission did not suggest that the Medical College of Virginia had any problems. This chore had been performed by the Bird Commission; therefore, the Wayne Commission implemented proposals made by the Bird Commission. This technique enabled the commission to take the positive approach of proposing an urban university without reporting the accreditation crisis that was confronting the Medical College of Virginia. This procedure was feasible because the popularity of the urban university proposal would insure its enactment by the Virginia General Assembly without any need to demonstrate

that it would solve the critical problem facing the Medical College of Virginia. The only mention of the accreditation situation at the Medical College of Virginia was an addendum to the report which was drafted by medical consultants. The consultants cited the Flexner Report and recommended the placement of a medical school within the university structure. This assessment was added to give the Wayne Commission's recommendation increased credibility with the Medical College of Virginia's administration and faculty.

An analysis of the justification to place a medical school with a university leads to an interesting observation which certainly applies to the Medical College of Virginia-Richmond Professional Institute situation. It can be concluded that a medical school needed to be affiliated with a university, but a university did not have any compelling mandate to have a medical school associated with it. To be more specific, the problems facing the Medical College of Virginia could be alleviated by an association with the Richmond Professional Institute, but the Richmond Professional Institute did not have any difficulties which could ipso facto be resolved by an association with the Medical College of Virginia.

The Wayne Commission submitted its report in favor of the establishment of an urban university to Governor Godwin in November, 1967. The report's recommendation of the establishment of Virginia Commonwealth University was enacted by the General Assembly of Virginia in the 1968 session.

Newspaper accounts of the Wayne Commission recommendations seemed favorable. An editorial in the Richmond Times-Dispatch stated: "The report was an exciting plan which opened up an exciting prospect for the future education, civic and industrial advance of Richmond and Virginia."²⁹ Indeed, the concept of an urban university to meet urban need was exciting to Richmonders and received broad support.

Although the Wayne Commission's proposal for merger removed many problems from the Medical College of Virginia and implemented Flexner's recommendations fifty-eight years earlier, the merger decision still have to be viewed as a judgment made by an external body that created a major impact on two dissimilar academic institutions.

To continue development of the hypothesis that the merger of the two schools was needed to secure accreditation for the Medical College of Virginia, it becomes necessary to examine the reactions made by the leaders of the Medical College of Virginia and of the Richmond Professional Institute regarding the merger and the steps they took to bring about the formation of Virginia Commonwealth University, an urban university.

²⁹Richmond Times-Dispatch, 15 November 1968.

CHAPTER IV

THE INTERNAL REACTION OF THE MEDICAL COLLEGE OF VIRGINIA TO THE MERGER PROPOSAL

To further support the hypothesis that the merger of the Medical College of Virginia and the Richmond Professional Institute was designed to give the Medical College of Virginia a university affiliation in order to protect its accreditation, it is necessary to move from an examination of the external forces which prompted the merger to a study of the internal decisions made by the administrators within each institution as they reacted to, and implemented, the merger decision.

Within the Medical College of Virginia, the administration was confronted with a difficult problem. The institution needed university affiliation in order to retain its academic accreditation, but many of those associated with the Medical College of Virginia disliked the Richmond Professional Institute and resisted the merger. The following statements were reflective of the attitudes held by some of those connected with the Medical College of Virginia toward the Richmond Professional Institute: "I am nauseated by the appearance of the students at the Richmond Professional Institute"; "Richmond Professional Institute is dirty, Medical College of Virginia is clean"; "When people think of the Richmond

Professional Institute, they think of hippies"; "The Community is not sure whether the Richmond Professional Institute is a baby or a monster"; "Richmond Professional Institute has an image of questionable character"; "Richmond Professional Institute is generally known at the Medical College of Virginia as the institute of advanced pencil sharpening"; "Many Medical College of Virginia people are afraid of being dominated by an ugly sister named the Richmond Professional Institute"; "Frankly, I wouldn't give one of those Richmond Professional Institute slobs a job."¹

The criticism was not only directed at the Richmond Professional Institute, but equal disdain was accorded the proposed establishment of Virginia Commonwealth University. Some of those views were as follows: "The merger will grossly degrade the Medical College of Virginia's prestige and standing"; "It will make me sick when the Medical College of Virginia merges with the Richmond Professional Institute"; "I may cut the Virginia Commonwealth University symbol off my diploma"; "Virginia Commonwealth University is so tainted that to be an alumnus will be an embarrassment"; "I am opposed to the merger of the great Medical College of Virginia with the undesirable Richmond Professional Institute"; "The merger of the two schools is like the marriage of a peacock to a

¹Interviews conducted on the Medical College of Virginia Campus with selected administrators, faculty, and students by Schechter and Luth, October - November, 1968, Schechter and Luth Report File, Virginia Commonwealth University, Richmond, Virginia.

chicken with the Medical College of Virginia being the peacock."²

Many of those associated with the Medical College of Virginia rejected the proposal to merge with the Richmond Professional Institute until they discovered the problems which faced the medical school. Upon learning about these problems, they supported the merger with Richmond Professional Institute, but they worked hard to maintain the Medical College of Virginia's independent existence within the merged institution.

Simultaneously, people affiliated with the Richmond Professional Institute had some reservations about the Medical College of Virginia. Some of their concerns were as follows: "The Medical College of Virginia's reputation is highly exaggerated in the minds of its own people"; "The reputation of the Medical College of Virginia is quite mediocre"; "It is a good, but not a topflight school."³

The attitudes manifested in these statements demonstrated the problems confronting a merger effort. In order to make the transition which would bring these schools somewhat closer together, certain developments provide additional support for the proposition that the merger of the Medical College of Virginia with the Richmond Professional Institute was necessary to maintain the academic credibility of the Medical College of Virginia.

²Ibid.

³Ibid.

In view of the need it felt to acquire university affiliation, the Medical College of Virginia's administration had no alternative except to support the merger. However, the school had a wide variety of reasons available to justify its support of the merger to the public since it was felt that the true plight of the Medical College of Virginia should not be made public in order to protect the school's reputation. John Heil, the retired Assistant President of the Medical College of Virginia, asserted that the school could have developed as an independent medical school without the merger, but it assented to the merger to save money for the Commonwealth of Virginia.⁴

The internal position, which was not made public, was that the merger was needed for the institution's survival. Since the Medical College of Virginia's leadership knew that merger was essential for its academic survival, they worked to gather institutional support for it. The Board of Visitors of the Medical College of Virginia debated the issue, but its decision was never in doubt.⁵ It gave unanimous approval to the merger, as did the various administrative councils within the institution. These groups were aware of the Medical College of Virginia's accreditation problems and actively supported the merger to resolve them. Since the problems facing the Medical College of Virginia had been kept confi-

⁴Interview with John Heil, Richmond, Virginia, 15 June 1979.

⁵Ibid.

dential, many faculty members did not understand the reasons for the merger. Accordingly, the leadership of the Medical College of Virginia had to construct a prima facie case to gain faculty acquiescence if not active support.

The administration initiated its case by distributing an unsigned memorandum to the faculty in April, 1967. Subsequent evidence revealed that Kinloch Nelson, the Dean of the School of Medicine, and others had drafted and authorized the memorandum.⁶ The memorandum constructed a case for the merger and concluded with the recommendation that "a university of the first rank should be developed in Richmond."⁷ It was then asserted that the Medical College of Virginia would benefit greatly by becoming part of a university of the first rank such as the University of Virginia.

In direct contrast to what this memorandum recommended as to the kind of university to be developed, the Wayne Commission was constructing the concept of an urban university to meet the needs of an urban population living and working in an urban environment.⁸ It was to be a university for the masses and not just for the academically gifted.

⁶ Interview with Kinloch Nelson, Richmond, Virginia, 22 June 1979.

⁷ A Report Distributed to the Medical College of Virginia School of Medicine Faculty, April 1967. Virginia Commonwealth University, Richmond, Virginia.

⁸ Report of the Commission to Plan for the Establishment of a Proposed State-Supported University in the Richmond Metropolitan Area, by Edward A. Wayne, Chairman (Richmond, Virginia: Department of Purchase and Supply, 1967), p. 12.

Indeed, the Wayne Commission encouraged the new institution to deviate from the patterns set by other institutions and to seek to meet urban needs.⁹ The Commission did not want to create a duplicate of the University of Virginia in Richmond.¹⁰

Although it was well-known that the Wayne Commission would recommend an institution structured to meet urban needs, the Medical College of Virginia faculty was still asked to support a university of the first rank with high academic standards. The two types of institutions were designed to meet the educational needs of two different constituencies. It would be difficult to meet the needs of the gifted and of the urban masses within the same institution. If both objectives could not be met within the same institution, the Medical College of Virginia wanted first to meet the needs of the first rank students. The needs of the other students could be met by other institutions designed to accomplish other educational goals.

The memorandum was the key to the campaign for faculty support, but it requested faculty backing for something which was not even being considered. A possible explanation for this shift was an overzealous attempt to obtain support for the merger from the faculty members. Another possible interpretation was that the shift was an attempt to put pressure on the Wayne Commission to influence their decision

⁹ Ibid., p. 14.

¹⁰ Interview with Edward Wayne, Richmond, Va., 18 Jul 1977.

as to the ultimate academic design of the new university. Without regard to the accuracy of these interpretations, the faculty members supported the idea of affiliation with a first rank university. After developing support for a first rank university, the case was developed further by stating the serious problems which confronted the Medical College of Virginia. First, the faculty was advised that no more medical schools in the United States would be accredited without university affiliation.¹¹ Second, the problems associated with foundation grants were explained.¹²

These two arguments could not be ignored. Without accreditation, the school would be destroyed, and without foundation money neither the faculty nor the school could survive. The two reasons established a prima facie case which persuaded the faculty to at least acquiesce in the merger. This acquiescence was aided by the belief that the Medical College of Virginia could merge to solve its problems, yet it could remain virtually independent of the new university.¹³ The Medical College of Virginia faculty and staff did not feel that those associated with the Richmond Professional Institute could dominate the Medical College of Virginia.¹⁴

¹¹Ibid.

¹²Ibid.

¹³Interview with Roland H. Nelson, Jr., Richmond, Va., 8 June 1979.

¹⁴Interview with John Heil, Richmond, Va., 15 June 1979.

After stating the two basic needs which had to be met, a number of additional benefits were suggested both in the unsigned memorandum and in subsequent faculty meetings. Some of the frequently mentioned benefits were as follows: A medical school can complement a university's educational program; a medical school will aid in the recruitment of undergraduate students by lending status to the institution; a medical school can take advantage of the library and other resources associated with the university; the university setting will help in the recruitment of new faculty; only a university has the resources to provide for continuing education programs which are needed by physicians and which will probably be required in the years ahead.¹⁵ Although these benefits might be attractive to an institution, they may never have brought about the merger in the absence of the accreditation problems associated with a lack of university affiliation.

Apparently, the unsigned memorandum was the only internally published document urging support of the merger with the Richmond Professional Institute. The other efforts to gain faculty support took place in meetings where administrators told faculty members the compelling needs which could be met by a merger with the Richmond Professional Institute. As with the memorandum, the thrust of these more informal communications was that the Medical College of Virginia needed

¹⁵ Ibid.

university affiliation to sustain its position as an accredited medical school, and to achieve other positive benefits.

The campaign was a success in that only small pockets of active resistance remained. However, many faculty members believed that the merger would secure the needed university affiliation and that the Medical College of Virginia could largely ignore the impact of the university on it anyway. This was a popular view which achieved wide acceptability and facilitated the merger effort.

At the same time that the Medical College of Virginia was discussing the merger, the Richmond Professional Institute was also considering the issues associated with it. The administration of this institution did not feel that they were the weak party to the merger.¹⁶ They were of the opinion that in all probability the Medical College of Virginia needed the Richmond Professional Institute far more than the Richmond Professional Institute needed the Medical College of Virginia.¹⁷ At the time the merger discussions were underway, the Richmond Professional Institute was an independent institution with a university type of organization. Although it had some minor accreditation problems associated with a long history of inadequate funding, the Richmond Professional Institute had gained acceptability with, and increased funding from, the Virginia General Assembly. It was believed that this pattern

¹⁶Interview with Roland H. Nelson, Jr., Richmond, Va., 8 June 1979.

¹⁷Interview with Raymond Holmes, Richmond, Va., 1 May 1979, and Roland H. Nelson, Jr., Richmond, Virginia, 8 June 1979.

of increased funding would be sustained in subsequent state budgets.

Unlike the Janus face projected by the Medical College of Virginia, the Richmond Professional Institute's leadership in both their public and private comments viewed the merger as a positive good for both institutions. The Board of Visitors went on record that it was absolutely committed to the establishment of a comprehensive urban university in the community and pledged to do everything possible to make it come into being.¹⁸ In addition to its belief in the urban university concept, Richmond Professional Institute, like the Medical College of Virginia, felt cost savings would be accomplished by a merger of the two state-supported schools in Richmond. It was presumed that certain administrative and academic departments which were duplicated on both campuses would be consolidated after the merger.¹⁹ For example, the budget, personnel, and purchasing offices were to be consolidated after the merger with a projected cost reduction.

The administrative attitude toward the merger was shared by the faculty members. They felt that the Richmond Professional Institute was already an urban university and

¹⁸Minutes of the Special Meeting of the Board of Visitors with the Executive Committee of the Wayne Commission, September 9, 1966. Board of Visitors Minutes, Virginia Commonwealth University, Richmond, Virginia.

¹⁹Interview with John Heil, Richmond, Va., 15 June 1979.

that merger would increase the ranges of service it could provide.²⁰ It was also felt that the new name would be helpful in projecting a positive academic image. Because of faculty support for the merger, it was not necessary to initiate a campaign to develop it.

These internal developments on the two campuses substantiated the claim that the Medical College of Virginia needed the merger, but it did not like the idea of merging with the Richmond Professional Institute. However, the Richmond Professional Institute took a much more positive attitude toward the plan, although they could have functioned without it. In time, both institutions formally approved the merger.

In addition to the separate meetings held on each campus, representatives from the two schools met on a number of occasions to plan for the implementation of the merger, and for the development of the new university. Most of the plans for the new university were delayed until a university president could be selected. These meetings are significant, however, because of the conditions under which they were held.

The key Richmond Professional Institute administrators knew that the Medical College of Virginia was faced with serious accreditation problems; but they did not disclose their knowledge of this to their Medical College of Virginia counterparts.²¹ At the same time, the Medical College of

²⁰Interview with Raymond Holmes, Richmond, Va., 1 May 1979, and Roland H. Nelson, Jr., Richmond, Va., 8 June 1979.

²¹Ibid.

Virginia leaders never disclosed their accreditation problems to their colleagues at the Richmond Professional Institute. Indeed, it was a game of academic charades. In the meetings between the Medical College of Virginia officials and the Richmond Professional Institute officials, the latter were thus able to use their knowledge of the situation and to deliberate from a position of strength.²²

A number of Richmond Professional Institute administrators have suggested that the pressures on the Medical College of Virginia were so intense that, ultimately, its leaders would have come to the Richmond Professional Institute and requested its absorption of the medical school.²³ The rationale for this suggestion was that the accrediting agencies would have demanded university affiliation for the Medical College of Virginia and that the Richmond Professional Institute was the only choice available for merger. If such a development had taken place, the urban university concept might have more fully developed since the merger would have been on the terms established by the Richmond Professional Institute.²⁴ Obviously, these thoughts were not openly discussed; yet the Richmond Professional Institute leadership felt that their reasoning was sound.

²²Ibid.

²³Ibid.

²⁴Interview with Roland H. Nelson, Jr., Richmond, Va., 8 June 1979.

These planning meetings brought the leadership of the Medical College of Virginia and the Richmond Professional Institute together to discuss the immediate concerns associated with the mechanics of the merger, but no long range plans were formulated. Most of the participants at these sessions did not know what to anticipate when the new university began operations.²⁵ In fact, the formal administrative reorganization took place a year after the merger was consummated when the first president of Virginia Commonwealth University was selected.²⁶ The preliminary planning and the development of some personal relationships were the positive aspect of these pre-merger meetings.

A less positive development of these discussions was the suspicion by the Richmond Professional Institute participants that the urban university concept would probably never develop and was only a guise to facilitate a merger to protect the Medical College of Virginia. They concluded that the Medical College of Virginia's leadership had no lasting interest in the urban university idea.²⁷ This was an accurate assessment. Since the 1910 Flexner Report, the Medical College of Virginia wanted to be a part of a first rank academic community. Indeed, they had said as much to

²⁵Interview with John Heil, Richmond, Va.,
15 June 1979.

²⁶Ibid.

²⁷Interview with Roland H. Nelson, Jr., Richmond, Va.,
8 June 1979.

secure faculty support for the merger in the first place. When it became obvious that Virginia Commonwealth University was not going to meet this expectation, the Medical College of Virginia leadership took the position that they would be a part of the new urban university in fact, but that they would ignore the concept in practice. Since the Medical College of Virginia did not get what they wanted, the school decided to ignore what it got. Thus, the urban university concept only served to preserve the Medical College of Virginia's academic status by connecting it with a major university. The Medical College of Virginia had no further interest in it after the merger.

The Medical College of Virginia leadership not only rejected the urban university proposal, but they also concluded that it was important not to be too closely connected with Virginia Commonwealth University except as was necessary to maintain its university status. They felt that close contact with this institution would detract from the Medical College of Virginia's reputation which was now restored with its university affiliation secured. This position was justified by claiming that the merger was forced upon them by the accrediting agencies and the national foundations. They coupled this with the belief that the Medical College of Virginia was making excellent progress before the merger and only merged to relieve the external pressures which were being applied.²⁸ Once the decision was made to continue on

²⁸Interview with John Heil, Richmond, Va., 15 June 1979.

its independent course, the Medical College of Virginia took the necessary steps to maintain an independent de facto existence.

The geographical separation between the two campuses facilitated an independent existence. To supplement this physical separation, other barriers were constructed to enable the Medical College of Virginia to receive the benefits from operating within a university structure without having any constraints placed on it by that structure. Some of these developments were: First, the Medical College of Virginia supporters in the Virginia General Assembly supported legislation that, in effect, had amended the Wayne Commission's recommendations as follows:

The college, schools, and divisions heretofore existing as the Medical College of Virginia shall as of July 1, 1968, be designated the Medical College of Virginia, the Health Sciences Division of the Virginia Commonwealth University.²⁹

This amendment was a condition precedent to the bill's enactment and demonstrated the Medical College of Virginia's determination to retain its own independent identity. Edward Wayne, the Chairman of the Wayne Commission, commented

This amendment was intended to continue the independent status of the Medical College of Virginia. It was not a necessary or desirable step. In effect, it delayed the hoped for creation of one university for a generation.³⁰

²⁹Richmond Times-Dispatch, 14 February 1968.

³⁰Interview with Edward Wayne, Richmond, Va., 18 July 1979.

Those associated with the Medical College of Virginia were unwilling to sacrifice the Medical College of Virginia's identity for that of the new university.

In 1970, the Virginia General Assembly passed another resolution to make sure that the Virginia Commonwealth University's leadership understood the Medical College of Virginia's status within the new university. The resolution was as follows:

Whereas, the Medical College of Virginia is one of the most highly respected health centers in the United States; and

Whereas, the alumni of the Medical College of Virginia have expressed concern over the loss of identity since the formation of Virginia Commonwealth University; and

Whereas, this loss of identity is detrimental to the ability of this institution to continue its outstanding contribution to this Commonwealth and the nation; now, therefore, be it

Resolved by the House of Delegates, the Senate concurring, That the Board of Visitors of the Virginia Commonwealth University be requested to take the necessary action to maintain the identity of the Medical College of Virginia as an individual college existing within the administrative framework of the University; and be it further

Resolved, That the Board be requested to confer diplomas that are in keeping with those heretofore conferred by the Medical College of Virginia.³¹

These two pieces of legislation not only guaranteed that the Medical College of Virginia's name would be preserved, but also restricted the ability of the leadership of Virginia

³¹Virginia House of Delegates. House Joint Resolution Requesting the Board of Visitors of the Virginia Commonwealth University to maintain the identity of the Medical College of Virginia as an individual college within the framework of the Virginia Commonwealth University.

Commonwealth University to accomplish a complete merger of the two institutions, much less the development of an urban university. The Virginia General Assembly thus established an urban university with one piece of legislation, and severely restricted the development of the urban university concept with another piece of legislation. Consequently, the Medical College of Virginia largely retained its independent status within the new university.

Second, the Medical College of Virginia Alumni Association elected to retain its separate identity and did not merge with the newly organized Virginia Commonwealth University Alumni Association which, in turn, deprived the new university of the support of many Medical College of Virginia graduates. This backing was essential for the development of a strong Virginia Commonwealth University, but the Medical College of Virginia alumni did not want to be associated with the new institution. This was another attempt to keep the two institutions as separate as possible. Indeed, even the Medical College of Virginia Wives Club refused to join with the newly established Virginia Commonwealth University Faculty Wives' Club. The peacocks did not want to peck hors d'oeuvres with the chickens.

Third, the Medical College of Virginia continued to operate as usual in spite of its newly acquired university affiliation. It resisted control by the newly established Virginia Commonwealth University administration. This was possible because of the large size and power of the medical

complex in relationship to the rest of the campus.³² The Medical College of Virginia felt that it should be left alone to operate as it wished and that Virginia Commonwealth University should provide only the necessary and requested administrative and academic support.

These steps enabled the Medical College of Virginia to continue to operate as virtually a separate institution, but with the all important university affiliation achieved. It retained its own name to preserve its identity; it maintained its own Alumni Association to ensure a wide base of support from the medical community; and it adopted a management style which enabled it to largely ignore the academic campus. It had achieved the university affiliation which it needed, but subsequently ignored the over-all university of which it was a part.

In summary, the Medical College of Virginia needed university affiliation in order to enhance its academic status and to receive accreditation. In private conferences its leadership admitted it; high officials at the Richmond Professional Institute knew it; yet the Medical College of Virginia's problems were not openly discussed. However, from a position of questionable academic status the Medical College of Virginia was able to acquire the required university status; it was permitted to operate under its pre-merger name; and it functioned with little constraint from the

³²Interview with Roland H. Nelson, Jr., Richmond, Va., 8 June 1979.

university of which it was a part. Indeed, the Medical College of Virginia was virtually an autonomous institution within the Virginia Commonwealth University structure. This indicates that the Medical College of Virginia only wanted university status; it did not want any of the other benefits usually associated with such status. The Medical College of Virginia emerged from the merger with everything it wanted and needed.

Now it is appropriate to review the data which has been presented to establish the hypothesis that the Medical College of Virginia's need for a university affiliation to maintain its accreditation led to the establishment of Virginia Commonwealth University.

CHAPTER V

SUMMARY AND CONCLUSIONS

The purpose of this study was to determine if the merger of the Medical College of Virginia with the Richmond Professional Institute occurred because of a need for the Medical College of Virginia to secure university affiliation in order to protect its accreditation. The public reasons which were presented in the Wayne Commission Report as justifications for the establishment of the university are secondary matters which would not have brought about a merger in the absence of the needs which confronted the Medical College of Virginia.

Both published sources and oral history techniques were used to develop this historical study. Indeed, personal interviews were the only available source for much of the material contained in the work. Although a number of key people were willing to discuss the merger, there were several types of problems that emerged as oral history was used. First, a few people who played a significant role in the merger refused to be interviewed. Second, some people were anxious to discuss the merger, but much of the material provided was not consistent with either published data or with earlier statements made by the person being interviewed.

Third, a few people did not want to talk primarily about the merger, but wanted to shift to a personal theme which they felt essential to this work. Generally, these themes related to the agonizing events which developed after the merger and were beyond the scope of this history. Fourth, key people to the merger process frequently supported the hypothesis, but they would not grant the author permission to quote them. Their justification for this was an unwillingness to offend people who were either associated with the Medical College of Virginia or with whom they still retained some personal contacts. These constraints were difficult to understand in view of the fact that the merger is over ten years old; but, obviously, the author respected their wishes. In all cases where oral history was used, the material was verified by comparing it with written data or with statements made by other people. If the material could not be verified, it was not used in this work. It is now appropriate to review the history of the Medical College of Virginia and Richmond Professional Institute and summarize the significant findings.

The Medical College of Virginia developed as the Medical Department of Hampden-Sydney College in 1837. When its needs could not be met by this institution, it severed its ties from its academic base and developed as an independent medical school. It became a state-affiliated medical school in 1860 and has received monetary support from the Commonwealth of Virginia since that time.

Shortly after the loss of its previous academic base, the Medical College of Virginia tried to secure another institution with which to affiliate. Affiliation at this point was designed to give the medical school the administrative support to operate the medical school on a daily basis. It was felt that university affiliation would give the medical school the benefit of an existing administrative structure. Such an administrative structure did not exist in an independent medical school. However, the search was frustrating. Although the Medical College of Virginia merged with the University College of Medicine in 1913, this did not provide the needed administrative support; indeed, it only made the problem more acute.

Administrative support, prestige, and status factors as reasons for the merger gradually disappeared after the 1910 Flexner Report. These earlier reasons for merger were replaced by a desire to merge in order to preserve the Medical College of Virginia's academic accreditation. Consequently, efforts were made to merge with the University of Virginia, but Virginia rejected the opportunity to merge with the Medical College of Virginia. The University of Richmond was also approached by the Medical College of Virginia, but the University of Richmond did not have the necessary financial resources to operate a medical school. By 1925, the Medical College of Virginia had been unable to secure university affiliation; therefore, it began to develop its own administrative hierarchy and to function as

a university without academic connections. This approach used by the Medical College of Virginia was not generally favored by members of national committees involved in the educational accreditation of medical schools.

Simultaneously with these merger failures, the Flexner Report grew in stature and became the standard by which medical schools were measured. Flexner felt that medical schools must be associated with universities; however, the Medical College of Virginia lacked such an affiliation. The merger efforts were now designed to achieve university affiliation to achieve the standards established by the Flexner Report. However, while other medical schools were acquiring university affiliations, the Medical College of Virginia stood alone. In time, it was one of only a few independent medical schools in the United States.

The Flexner Report not only bore an influence on medical schools, but also it influenced the accrediting bodies and national foundations which evaluated these medical schools. Eventually, the accrediting agencies adopted the Flexner view that medical schools must have a university affiliation and they announced that no additional independent medical schools would be accredited. The national foundations also adopted the Flexner recommendations and reported that they would no longer make research awards to independent schools. Thus, the Medical College of Virginia was under pressure to relinquish its unique status and secure university affiliation. Without this affiliation, the school could

lose its accreditation or would lose research funds which were mandatory for continued accreditation. The problems were severe and demanded resolution. Fortunately, a merger partner was available which would supply the needed university status.

The Richmond Professional Institute was a willing collaborator--in part because it needed money. In 1917 the Institute was started as the School of Social Work and, through the efforts of its president, Henry H. Hibbs, emerged as a creditable academic institution by the 1960's. Many of those associated with the Medical College of Virginia did not view it as a worthy institution with which to merge; however, the schools with which the Medical College of Virginia had wanted to merge did not view the Medical College of Virginia as a suitable merger partner. Thus, the Medical College of Virginia had no real choice except to seek merger with the Richmond Professional Institute. In planning for this merger, however, the Medical College of Virginia took all of the steps possible to maintain its own identity and to sustain its ability to operate with limited control from the new university of which it was a part.

Members of the Bird Commission of the 1960's were aware of the Medical College of Virginia's need for foundation funds and for accreditation and, therefore, recommended the establishment of a major state university through a merger process between the Medical College of Virginia and the Richmond Professional Institute. After this proposal received a

favorable endorsement from the Wayne Commission, it was implemented by the Virginia General Assembly to take effect on July 1, 1968.

In summary, it is appropriate to conclude that the Medical College of Virginia needed a university affiliation to maintain its accreditation and its ability to receive foundation awards. These two needs were related. Accreditation was dependent on research grants, and research grants were awarded by the foundations. The foundations would not make awards to independent medical schools and, without these awards, accreditation would be withdrawn. Consequently, the Medical College of Virginia had to acquire university affiliation to sustain its academic status by remaining eligible for foundation grants which would permit continued accreditation. Whereas the Richmond Professional Institute could have continued on its established course without similar difficulties, the same alternative was not available to the Medical College of Virginia. Without this merger, the Medical College of Virginia would have either had to establish its own university which was not going to be acceptable to the Virginia General Assembly or retain an independent status which was not acceptable to the accrediting agencies or to the national foundations. Obviously, the Richmond Professional Institute merger was the only viable alternative available. The Medical College of Virginia desired affiliation to meet its specific needs, but it did not want any additional contacts with the new university. This contention was supported by

the fact that the Medical College of Virginia has retained its independent nature apart from the merged school's operation. To further protect the Medical College of Virginia's reputation within the Commonwealth, the merger was justified as a mechanism to establish an urban university in order to avoid disclosing the plight of the Medical College of Virginia in regard to continued accreditation and eligibility to receive foundation awards. Accordingly, it appears that the central hypothesis of this paper that the Medical College of Virginia-Richmond Professional Institute merger was designed to maintain the accreditation of the Medical College of Virginia was valid.

During the course of this research, several topics emerged which merit further study. The history and long term influence of the University College of Medicine should be studied. The data is readily available, but it has not been developed into a historical study. There is also merit to a research study concerning the attempted mergers of the Medical College of Virginia with the University of Virginia. There is much more material available on this attempted merger than is available on the successful merger of the Medical College of Virginia with the Richmond Professional Institute. Another area for additional study concerns a major upheaval in the faculty at the Medical College of Virginia in the early 1960's. This problem developed because of newspaper editorials and it would be a classic case of a newspaper trying to influence academic institutions. As the issues

become less sensitive over time it is also appropriate to study the legislative maneuvering behind the formulation of Virginia Commonwealth University. Such a study should be delayed, however, because those people most closely involved in this particular facet of the merger will not discuss it.

Today, Virginia Commonwealth University views itself as a major, comprehensive, not urban, university. The urban concept was de-emphasized when it was felt that the university must project itself as an institution serving the entire Commonwealth of Virginia and not just the urban population of Richmond. This change was made in order to enlarge the institution's popular base of support and thereby improve its chances for increased funding from the Virginia General Assembly.

The University, after a decade, still operates as two universities tied together with a central administrative structure. A total merger has yet to be accomplished. More time must pass before merger in law coalesces with merger in fact.

The Medical College of Virginia still uses its own name, and endeavors to chart its own independent course. However, it has obtained its university affiliation which preserved its accreditation. Indeed, the need for the Medical College of Virginia to secure university affiliation to protect its accreditation was the primary reason for the establishment of the Virginia Commonwealth University.

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ABSTRACT

This dissertation was written to examine the hypothesis that the primary reason for the merger of the Medical College of Virginia and the Richmond Professional Institute to establish Virginia Commonwealth University was to maintain the accreditation of the Medical College of Virginia.

For decades, the Medical College of Virginia had tried to merge with a university in order to secure both academic status and administrative strength. However, these efforts were unsuccessful. The lack of such university affiliation was not a critical problem until 1910 when the Flexner Report was published. This report, which was eventually endorsed by accreditation agencies and private foundations, stated that medical schools should be affiliated with universities. After this report, the Medical College of Virginia sought affiliation to preserve its accreditation.

This lack of affiliation caused the Medical College of Virginia to be denied research funds from certain private foundations. Since accreditation was dependent on the research activities supported by such funds, the Medical College of Virginia had to secure university affiliation if it was to maintain its accreditation.

In part, because of its unique status, the Bird and Wayne Commission Reports recommended a merger of the Medical

College of Virginia and the Richmond Professional Institute to establish an urban university to be known as Virginia Commonwealth University. Although the public reasons for the merger focused on the need to establish an urban university, the private reasons centered on the accreditation problems of the Medical College of Virginia. Because of these accreditation problems the Medical College of Virginia and the Richmond Professional Institute were merged to establish Virginia Commonwealth University on July 1, 1968.