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Shortly after I arrived at the Medical College of Virginia on July 1, 1925, I came upon a student newspaper, *Skull and Bones*. In that issue, I found a digest of a speech by Dr. Stuart McGuire—the President of the College from 1919 to 1925. That speech to the students outlined the desired characteristics and qualifications of the College President, who was being sought. I was a little startled, because they were looking for a man who was an educator (I thought I might qualify in that regard), a beggar, a politician, and an administrator. I wasn't much of a politician, and I hadn't yet learned how to beg. That came later.

From July 1 to September 1, 1925, I was dividing my time between the College and my old job. A new executive coming to replace another man has to find out what the components of the job are and what the problems are. Since I was a new president and the second full-time president in nearly 90 years, everybody came to me to offer advice as to what ought to be done. That was a lot of fun, but the fun really began in trying to do the things proposed.

When I accepted the post, I had no knowledge of the fact that there was a floating debt to two of our local banks, the notes of which had been endorsed by members of the Board. I had no knowledge of a

mortgage debt on Memorial Hospital, held by the Life Insurance Company of Virginia. I did not know there was a damage suit against the College by a dental student who was not awarded his diploma. He not only asked for his diploma in that suit, but also for \$2,500 damages. He didn't win, but more will be said about that suit later.

There were problems other than financial. An inspection by the members of the Council on Medical Education and Hospitals in 1919 had revealed that the College was delinquent in preclinical and clinical personnel, in laboratories, hospital beds and finances. Could there be any more than that? I hadn't even heard of the Flexner report.

Right after Commencement, 1925, I was ushered off to Atlantic City with the Chairman of the Board, Mr. Eppa Hunton, Jr.; Dr. Stuart McGuire; Mr. J. R. McCauley; and Mr. Thomas L. Moore to face the Council on Medical Education and Hospitals in their annual session. "The main points to be made," said Dr. McGuire, "are we have a new President, and we are going to get things started. Moreover, we have made a lot of repairs and additions and put on much paint since you were our visitors in 1919, and now we are ready to move forward to fulfill our needs."

And what were our needs? Memorial Hospital, St. Philip Hospital and Dooley Hospital provided a total of 300 teaching beds, 420

* Presented at the Biological Seminar, May 8, 1968, Medical College of Virginia, Richmond.

total beds. We had an open staff, which meant that local practitioners were using both teaching beds and private beds. In some instances we received very little return in time or teaching for the instruction of students and resident staff. We had a total resident staff of 16. We needed hospital beds, but more urgent than hospital beds were the appeals of the senior staff for a teaching building.

One of the most lamentable aspects of the new undertaking was that very few people in Richmond knew anything about the Medical College of Virginia. What was a man like me going to do? What would you do to find out whether it was true that the people of Richmond, much less the people of Virginia, knew little about the Medical College of Virginia? Two students were asked to stand at Seventh and Broad Streets one morning and ask everybody who paused during the rush hour, "Where is the Medical College of Virginia, please?" You may be surprised to hear that very few could give directions to these "lost students."

The most persistent pressure from the students involved the failure of the faculty in meeting classes. Mrs. Sanger and I had sessions at our house at night with the officers of each of the classes in Medicine, Dentistry, Pharmacy and Nursing to find out the extent of the problem, and we found it was considerable.

We had a campaign to raise funds to build a nurses' residence on Broad Street. It was once named Cabaniss Hall but is now the Nursing Education Building. We met some opposition from our colleagues on the staff who felt a teaching building should have priority. What does one do? There is just one thing to do. One can say, and that's what was said, "We have to set a standard for the care of our women here, equivalent to what we would expect our own daughters to live under, and we

are going to construct this building." We raised the money and built Cabaniss Hall. A few years later, we raised funds and built St. Philip Hall, later named MacFarland Hall.

We had those things out of the way, but we desperately needed a building to house an adequate library. The square footage in the old library in McGuire Hall was no more than is in this room. We learned that Dr. Joseph L. Miller had given to the Richmond Academy his very valuable library, with the understanding that it would be properly housed. That appeared to open an opportunity for the new president; so he began to talk to Dr. Stuart McGuire, Dr. Shelton Horsley and other leaders in the medical community, asking them whether we could join with the Academy of Medicine to help build for them a home and for us a library. The idea stemmed from a tour I had made in 1927. Here is my diary, and it is interesting reading.

I started in Richmond and went from coast to coast, stopping at about 20 medical centers altogether. Every night, what was heard and seen during the day was written in this diary. It is one of the most useful books I have ever acquired. I can't tell you all about that journey, but I can tell you one little funny thing about it. I found we didn't have much money, so I paid part of my expenses. If I bought a Pullman ticket with so many hours' stay at every stop, generally a day or two days, then I could save a lot of money. I understand you can't do that now. I went to Detroit, Chicago, Milwaukee, Minneapolis, Rochester (Minnesota), then up through the Canadian provinces as far north as Edmonton in Alberta, on to Seattle, Portland, San Francisco, Los Angeles, and then home by Salt Lake City. The diary grew out of that long trip.

What had we been looking for? Ideas with respect to two fundamental things: (1) physical plant;

and (2) personnel, particularly hiring and keeping satisfied clinicians on a full-time basis. At that time, we had only two clinicians with college offices in Memorial Hospital. They were Dr. Claude Coleman, neurosurgeon, a very loyal and able worker, and Dr. Paul La Roque in general surgery, an excellent teacher.

I wanted to find out, for example, how the University of Michigan kept happy clinicians on a paid basis but restricted as to private practice. That was one of the questions posed along the way. Where do you find these academic people, and what kind of folks are they?

At the end of that trip we began to make things happen. In 1928 we found our first full-time professor of medicine in Dr. William Branch Porter. I don't believe this college will ever adequately define the contribution he made here. His devotion and his competence were perfectly wonderful. He didn't always agree with his colleagues, but he was certainly levelheaded in most instances. He used to come to my office and sit and say, "Mr. President, we've got to do this, and we've got to do that," keeping up my spirit and talking about the things to be done. He was a good clinician, and I'd like to say a few words of tribute. My wife went into his office for professional care one day, and he said, "Sylvia, you are anemic." She said, "How do you know?" He replied, "I can tell from your tongue and lips." He put her in the hospital. Her hemoglobin proved to be dangerously low. This incident in itself is not spectacular but serves to show that he was one of the keenest observers I have ever seen, not only of things clinical, but of the cleanliness of the institution and the attire of the students and other personnel.

Following the adoption of the whole-time plan for clinicians, some confusion and unpleasantness ensued, a case of "town and gowns," and it set the clock back.

In 1930 I made my report on the five-year accomplishments of the institution. I think this is a valuable historical document. It showed growth in the student body of 66% and similar growth in such areas as finances and hospital intake of patients. It is a rather remarkable record, and it was made possible by a wonderful Board of Visitors and a faculty loyal even in the midst of strife. We had built two dormitories, but we hadn't built the Education Building yet. The State had appropriated the money for the library by 1930, and it was to go under construction at an early date. If you don't think it's a job to unite the local medical society sufficiently with an educational institution to accomplish the kind of thing we did, try it! The way we went about it was to have so many members of the Academy to dinner and explain to each group why, where, and how we were going to get an Academy of Medicine Building and an MCV library. It worked but was a demanding job.

Dr. Bigger had arrived in 1930 as Professor of Surgery—a superb appointment. He was a real teammate for Dr. Porter, beloved by all his patients, a most loyal faculty member and a surgeon of rare ability.

We were almost always unanimous in our decisions in the Board or in the Executive Committee. One reason for this phenomenon was that, in advocating action by the Board, I found that time should be allowed for complete understanding of the action involved. If the resistance to taking affirmative action was sufficient to imperil the vote, I would say quietly, "Well, that's fine; we'll just think it over and bring it up again if it seems appropriate." There were a lot of things never brought up again.

I once made the mistake of saying in a meeting downtown that our Board always voted affirmatively. It was true that our Board was almost always unanimous on

actions taken, but the statement got out in the community and made the Board sound ineffective. I explained to the Board that if the action of the Board was not likely to be unanimous or virtually unanimous, I just didn't push it. I reasoned that either more educational work was needed or that, perhaps, the President was wrong.

In order better to clear things for Board action, the very first thing done in 1925 was to reorganize our fundamental administrative structure. We had three deans and soon had a fourth—the Dean of Nursing. We organized the present Administrative Council, which was, and is, responsible for gathering the data for budget making and formulating policies and procedures to be recommended to the Board. As a consequence, when the President made recommendations to the Board, it was almost always with full backing of the executives of the institution. We met weekly, because there were so many problems to be considered. Almost every night of the week I would meet with some departmental committee. I went everywhere to see everything that I could possibly see that would be helpful to us. I must admit that I was a very poor husband and parent in those days, because I wasn't home enough.

One of the things I have always been proud of, ladies and gentlemen, is the November, 1932 College bulletin. We sent this bulletin to the medical profession of Virginia, inviting them to use our library, on the basis that we would pay the postage to send them books and journals if they would pay return postage. The bulletin listed all of our journals, over 200 complete sets. *The Boston Medical Journal*, I remember, went back to the very first issue and was a very difficult set to complete. We were then receiving 500 journals, and we offered these as well as the use of our books. We were trying to be useful to the State.

We asked the State for student

scholarships granted on the promise that after graduation the recipients would practice medicine in rural areas of the State. We also took steps to find out where our patients came from. One year when we totaled the count, we found we had patients from every county and city except one. I said, "For goodness sake, go over there and bring back a patient who needs hospitalization." We took care to let our legislators know that we were taking care of their sick people on a routine basis. This service went up and up, until we finally had to get out a bulletin entitled *Where Ends Don't Meet*. We got money from the Community Fund and every Tom, Dick, and Harry we could reach, but there was still insufficient money to pay hospital and outpatient clinic costs. We even had pictures framed of the Egyptian Building in color and asked the lawyers of Richmond to hang these up in their offices with a nice, little legend below, inviting anybody making a will to think about us. Every kind of device you ever heard of was used. We talked to anybody that would hear the story. Well, what happened was that by the time we got going pretty well in the 30's, I found myself involved in all kinds of local and national activities. People still sometimes come to my office and ask, "Where did you get all these citations?" Well, I just say, "If you live a long time, work a little bit, and don't run off with anybody's wife, this just happens." I didn't work for those things. The College had to be involved in the community and make the community become involved in the College.

Then came the blight of the depression. What were we going to do? Where were we going to get our teaching building? Where were we going to get the new hospital and the house staff dormitory?

There were two programs in the Roosevelt administration inviting applications for Federal funds to put people to work. One of them

was the Works Progress Administration, under which we had several hundred people working here, paid by the Federal Government. We were training unskilled workers, and two of them were in my office all of the time. The outpatient clinic, the hospitals and the laboratories had as many as 150 to 200 of these people on each tour of duty. I never before knew that people were in such great need of opportunities to work. I wish we could stir up a little of that interest now. We turned out a lot of good stenographers, bookkeepers, and other personnel. Then came the PWA program and the opportunity to meet our needs. We were the second institution in Virginia to get money. It was grant money, and originally 70% was to be furnished locally and 30% by the Federal Government. It was found that the localities couldn't meet this cost, so the percentage was reduced to 60-40, and then to about 55-45. We moved to get our hospital on that basis. We didn't know where our part of the money was coming from, but we hoped it would materialize; and then we found the door was closed. What does one do when the door is closed? One does something that might lead to another open door. We decided to try to build a laboratory building and outpatient clinic. We found a man and his wife who gave us the money we didn't have, and we got that building. We understand the contractor lost money, and we are, of course, sorry about that, but that was because prices were firming up.

As you would expect, there was criticism. It was said the President of MCV had no business building a clinic and teaching facility when the need was for a hospital. Even my closest friends criticized me, but one has to be thickskinned if one is going to be an executive. We had planned the clinic, the laboratory building and the hospital as one associated set of facilities. Almost as soon as the clinic doors opened, we applied for hospital

construction funds. We were told that if we wanted equipment, we had to apply for the equipment when we applied for the building. We saw no way of obtaining the resources with which to buy equipment, so we left that out for the moment.

I was on vacation in Edinburgh with my wife and son when I got a cablegram from Mr. McCauley saying the hospital grant had been approved. As a preliminary to this trip, I had been in Washington seeing a Senator and everybody else I could see about the hospital, while my wife went on to New York. I spent most of the night before sailing writing letters to follow up on getting that money. The joy of getting the cablegram was so great that, I must tell you in all honesty, I never slept a wink that night. Many things had to be done. We had a short schedule in which to put people to work, and I didn't see how we were going to meet it. We did it by having one contract for excavation, one for the steel frame, one for the building, and others for plumbing, electrical work, etc.

We opened the clinic building in 1938 and MCV Hospital in 1941. As you would expect, there were scoffers. People said, "They will never fill the new hospital." Some called it "Sanger's Folly." That didn't bother me too much. I had seen a lot of other follies like that. When we had open house—December 5, 1940, I think it was—it was a frosty, cold night. We had standing outside two lines of people—at times, as many as four abreast—extending from the hospital up to the City Hall. Fortunately, we had things organized to take care of people with dispatch. It was a wonderful experience, including gifts of flowers everywhere.

During the same period we received our Alpha Omega Alpha Chapter. We then built the heating plant, tunnel system, laundry, and Hunton Hall, and, during PWA days, added two floors to McGuire

Hall. Later we extended that building to the west. We then got the new dental building. Now we are getting another dental building, which is very important.

There is one thing that I should like to say with regard to great hurdles. We found it was easier to beg money from the State for building than it was to get money for land to build on. We have over 30 acres in Richmond now, but we had precious little when we started here. One thing we did was to get a good real estate man who would live with the job. He made drawings of every block in this area, with the name of the owner, the assessed valuation, frontage, etc. Each was to scale or relative scale, and the collection was bound into a number of books. When an owner or salesman would come in and say, "Well, I understand you want to buy property, and I've got so and so," I would say, "What do you want for your parcel?" He'd name his price, and I would look at my little book and see whether it was in line. Sometimes we bought land when we didn't know how we were going to pay for it, but we always did ultimately. In time I bought over 100 pieces of property, and others bought some, too. I could tell you real estate story after story. Once we blocked the location of a filling station from being located where Hunton Hall is by being alert to the problems involved. We continued to move in many directions.

The funds appropriated by the State when I first arrived were \$25,000 for hospital care and \$65,000 for teaching, which was, of course, "sound money." In 1928 I went to Governor Byrd's office at his request, and he said, "Doctor, you are not a state institution, and I think you ought to be satisfied to receive the same appropriation in the next biennium that you received in the past biennium." I said, "Governor, I am sorry to say, sir, but we are a state institution." He said, "How is that? I've been in the Sen-

ate all these years, and we have always thought of yours as a state-aided institution and, therefore, haven't felt too obligated." I was uncertain as to our position, but I promised to get the records.

The background which enabled us to get over that hurdle is interesting. A dental student, mentioned earlier, had sued for his diploma, and we had to retain a lawyer. The lawyer, in searching the old records, found that about 1883, when the Governor of Virginia tried to abolish our Board, although another Governor had appointed it, the Board locked themselves in the Egyptian Building and refused to surrender. The case went to court, and the court decided, in brief, that we were a state institution on this basis: The appropriations of 1844 and 1860 by the State, a total of \$55,000, provided that in consideration of these appropriations, the buildings to be put up—the Egyptian Building and an infirmary, which was later called Old Dominion Hospital and located about where St. Philip Hospital now stands—constituted state property. All property acquired subsequently likewise was to belong to the State. This is known as a "future property clause."

There had been a movement in the legislature in 1922 to bring the medical school in Charlottesville to Richmond. You may have heard about that. I think it would have been a mistake. In that dispute, the question of a state-aided or state-controlled institution was also heard.

When I found the court records referred to above, we didn't have any Xerox equipment. Hence, I copied the records in longhand and took them to the Chairman of the Board, Mr. Hunton, whose office was in Broad Street Station, and told him I had discovered something important and explained it in detail. He said, "Doctor, if that's true, nobody else has ever heard about it." It was on that basis that we established the case subse-

quently that we are a state institution and have a right to receive state money.

We had another battle in the General Assembly in which what we asked of the Legislature was vindicated. It was the right to borrow money, like other institutions, by issuing certificates of indebtedness. We won this right, because during the Adjustor period in the state government referred to above, we had been declared by court action a state-owned facility, and everything we acquired in the future belonged to the State. Later court decisions included the University College property with which we consolidated in 1913.

These are some of the things that represent the "Old." You know about the "New." There isn't time to talk about the new, except to praise accomplishments.

I was asked when I came here today why I accepted the presidency of MCV. In the first place, I was partly ignorant, but even if I hadn't been, I would have accepted anyway. It is not generally known that I started out to obtain a Ph.D. in the basic medical sciences to prepare for a career in clinical medicine. Later I actually applied for admission to this medical school for advanced standing—which was then permissible—in order, perhaps, to prepare for psychiatry. I had the feeling that psychiatry was a neglected subject, that it needed lots of research and that perhaps I was called to do it. I never got to it because of serious progressive nearsightedness, but if I had any capacity at all for projecting ideas and calling in recruits to help implement them, it grew out of the greatest assets in aggressive administrative work. Years ago I used to decry taking a man out of a research laboratory to put him into a deanship. I don't do this any more.

Another thing I found necessary over the years was to become somewhat expert in a number of fields. How do you treat alcoholism, for

example? How do you get ready to implement a physical medicine department? If you got all the books you could from the library, stacked them up in your office, read them and became an honest-to-goodness hobbyist in that field, lived with it at home and by visits elsewhere, you could cast your whole career in a series of hobbies, and hobbies have their great merit. If I were ever to write anything about my career as an executive, it would be called *The Hobbies I Have Tried*. This is not very well analyzed here, but I have to conclude.

I can say to you, though, that no man in his day could have had more rewarding experiences than I have had right here in this community. Despite the disputes that could have been prevented if we had been a little more alert (like the one in 1941 when MCV Hospital was opened), there has been great satisfaction. When offered elsewhere twice the salary that the State was willing to pay, I would have made the greatest mistake of my life in accepting it. I believe that, by taking root and growing, one can reap maximum benefits, not so much in shekels, but in getting things done among people who respect you and love you.