The Origins of President Bryan's Medical School

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The nineteenth century was a period of rapid advancement in medical science. American physicians responded by striving to improve the practice of medicine and the education of future generations of practitioners. In Indiana as elsewhere, the need to adopt higher standards of medical education was widely recognized. How to do it was another matter, one that pitted university officers and medical practitioners against each other in a contest that would determine whether medical education in the state would continue to be owned and controlled by independent physicians or would fall under the purview of universities. And, if university educators, which of the state's two major institutions of higher education, both of which were vying for the honor, Indiana or Purdue, would prevail? The contest was settled in 1908 with the absorption of several institutions into the Indiana University system, an outcome that was made possible by the influence of a strong current of reform, locally and nationally, as well as by the vision and determination of such key leaders as Indiana University President William Lowe Bryan and physician/educator Allison Maxwell.

The Indiana territorial legislature had authorized a medical department for the new college in Vincennes in 1807. That department never developed. The state's first medical school, established in New Albany in 1833, seems to have been little more than a diploma mill. In the decades that followed, twenty-four medical schools were created in Indiana. By 1900, only three regular schools (committed to orthodox medicine) remained, in addition to three so-called sectarian schools training homeopaths, herbalists, and others.¹

In 1846 Patrick Henry Jameson began the study of medicine in Indianapolis, a town of 7,000 with twenty-five physicians, most of them clustered along North Meridian Street, near the Circle.² With none of the nation's regular medical schools located in Indiana, aspiring Hoosier physicians like Jameson faced the choice of either apprenticing in a local office or leaving the state to attend a nearby medical school.

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²G. W. H. Kemper, A Medical History of Indiana (Chicago, 1911), 11.
³Indianapolis Sentinel, July 4, 1897.

INDIANA MAGAZINE OF HISTORY, XCIII (December 2002). © 2002, Trustees of Indiana University.
WILLIAM LOWE BRYAN, C. 1920

Courtesy Indiana University Archives
school such as those in Cincinnati (established in 1820 by Daniel Drake, perhaps the most important physician of early-nineteenth-century America), Lexington, or Louisville. Jameson began his education with an apprenticeship in the Indianapolis office of Sanders and Perry, then left the state to attend lectures, first at the Louisville Medical Institute (which later became Louisville Medical College) and later at Jefferson Medical College in Philadelphia, where he received his M.D. degree. By 1849, he had returned to practice in Indianapolis, where he became a civic and professional leader. He was a long-serving trustee of the Indiana Medical College and a trustee of the college that would become Butler University.3

By the middle of the nineteenth century, many Indiana physicians felt the need for a medical college within their own state. Some, motivated by pride, wished to replicate themselves; others wished to provide more broadly available medical care; some saw commercial advantage in professorial titles. Early schools were started in LaPorte, Fort Wayne, and Evansville.4 The Indiana Central Medical College, organized in 1849 in Indianapolis as a branch of Asbury (later DePauw) University, had failed by 1852.5

The Civil War promoted broad communication among physicians, general dissatisfaction with the prewar preparation of physicians, and a hunger for new information. (World War II was to be followed by a similar rapid expansion of medical service, education, and research.) In 1869, the Academy of Medicine of Indianapolis, a physicians’ professional group, organized the Indiana Medical College (IMC), which asserted its independence from control by a university.6 IMC was to be managed and staffed by the physicians of the community, nine of whom each borrowed about $250 for start-up costs. John S. Bobbs, later to be remembered for performing the first successful cholecystostomy (a surgical drainage of the gall bladder), was its first president. Until a lecture hall was completed in the building the school had rented, students met in the Indiana State Senate chambers. In 1870, a dividend of $2,725 (the equivalent of more than $32,000, in today's terms) was distributed among the shareholders.7 Thus the original shareholders recovered their investments and turned a nice profit, within a short time.

5Faculty Minutes, 1848–1852, Indiana Central Medical College, Box 7, Indiana University School of Medicine Records, 1848 to 1968 (hereafter cited as IUSM Records), (Indiana University Archives, Bloomington).
6Thaddeus M. Stevens, “Medical Colleges,” in Indiana State Medical Society Transactions, 1874, 18.
7Faculty Minutes, August 3, 1869, August 18, 1870, Record of the Proceedings of the Faculty of the Indiana Medical College, 1869–1878, Box 7 (hereafter cited as IMC Faculty Minutes), IUSM Records.
A look at IMC's early records reveals the limited diversity of the school's student body, a limitation characteristic of the era. On September 7, 1869, IMC faculty voted to admit women on the same terms as men, although a woman's application on April 12, 1870, was deferred indefinitely. The first woman to receive a medical degree from the college seems to have been "E. A. Daniels (lady)," in 1876. A second woman, Mrs. E. W. Haverfield, graduated in 1878. A black student completed his work satisfactorily in 1869 but was denied a medical degree, and a subsequent faculty motion to admit African Americans was defeated on September 9, 1870.

In 1876 IMC reorganized itself and combined with the College of Physicians and Surgeons (which had been founded in 1873) to become the Medical College of Indiana (MCI). In 1879 several Indianapolis physicians, led by prominent surgeon John Eastman, split from MCI to form their own school, the Central College of Physicians and Surgeons, also known as Central Medical College and as Eastman College. Eastman was said to have led the development of Central College because he was dissatisfied that he had not been appointed to the MCI chair of surgery. Central College was always smaller than MCI, but it came to have a devoted following of well-known physicians.

By 1900, MCI represented more than thirty years of tradition. It had produced more Indianapolis physicians than any other medical school and enjoyed considerable local prestige. Among its notable graduates was John Hurty (1891), who was to be the Indiana Health Commissioner for many years and president of the United States Public Health Association. Yet the school's development in these early decades was marked by experimentation and even missteps in such vital areas as administrative control, fiscal management, and curriculum development.

None of the nineteenth-century Indiana schools had a clear or persisting university connection, although IMC, breaking from its original goal of autonomy, was associated with Indiana University during 1875 and 1876. The causes of the severance of this short-lived association are not entirely clear. On May 19, 1876, the IMC faculty minutes noted that the college was considering separating from Indiana University unless "a definite and permanent paying basis for the association was agreed to," and an IU trustee announced the sep-

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8Ibid., September 7, 1869, January 21, 1876, February 26, 1878.  
9George H. Rawls, History of Black Physicians in Indianapolis (n.p., 1984), 5; IMC Faculty Minutes, September 9, 1870.  
11Thurman B. Rice, A Biography of John N. Hurty (Indianapolis, 1946), 94.  
David Starr Jordan, later president of Indiana University and then of Stanford University, received an honorary M.D. degree from IMC in 1875. IMC Faculty Minutes, February 23, 1875.
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aration in June 1876. While official Indiana University records for this period were destroyed in the science building fire of 1883, a short note in the university catalogue for 1876 reported that President Lemuel Moss severed the relationship because he was unable to establish satisfactory standards for the admission of students to the Medical School.

A few months after its break with Indiana University, IMC attempted to associate with Asbury University under an arrangement in which "IMC shall not be deemed to have surrendered any corporate rights." Asbury officials found the terms unsatisfactory, and the attempt was abandoned. Still, the medical school continued to explore possible affiliation with a university. In 1896, under their new identity as MCI, the faculty joined with Butler University, Indiana Dental College, and Indiana Law School to form the University of Indianapolis. Under that arrangement, which persisted until 1905, each institution maintained its autonomy and control and ownership of its property.

MCI's only revenue during this period derived from student fees, supplemented by the contributions solicited by teaching physicians who "passed the hat." In September 1882, the faculty granted themselves a $100 dividend. Sixteen months later they approved a second dividend, this time of $50 each. But in May 1890 MCI funds were insufficient to pay expenses until the next term started, and no dividend was paid that year. The lesson seems to have been increasingly clear: the proprietary schools, owned and financed by physician shareholders, did not reliably raise sufficient funds to maintain a late-nineteenth-century medical school.

The actual content of medical education during this period passed through a similar process of uncertain development. During the third quarter of the nineteenth century, most teaching in Indiana and across the country was by lecture only. Lectures were often repeated in different contexts, so that a given student might hear the same material from the same physicians in each of several courses. The concept of graded courses, each building on an earlier one, had not yet arrived in Indianapolis. The one exception to the lecture format was anatomy, which students learned through access to skele-

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12IMC Faculty Minutes, May 19, June 22, 1876.
13Burton D. Myers, The History of Medical Education in Indiana (Bloomington, 1956), 51-52.
14IMC Faculty Minutes, September 5, 1876, January 12, 1877.
15Faculty Minutes, January 10, 1884, p. 171, Box 4, Records of the Faculty Meetings of the Medical College of Indiana, 1878 to 1890 (hereafter cited as MCI Faculty Minutes), IUSM Records.
16Ibid., September 22, 1882.
17Ibid., May 23, 1890, p. 259.
18The precise extent to which financial pressures contributed to MCI's eventual association with Purdue and Indiana universities is still uncertain. One hopes that more specific records on the subject may yet be uncovered.
tons and partially dissected human cadavers, as well as from lectures. IMC faculty minutes note on January 4, 1870, that $120 was allowed for “three subjects” to be purchased from Chicago. The demonstrator in anatomy was allowed $5 for each full-time student to provide for supplies.¹⁹

Until almost the end of the nineteenth century, Indiana government had no control over medical education and, seemingly, no interest in it. Between 1825 and 1843, the state medical society had been authorized to oversee medical education. But in 1843, all Indiana medical laws were repealed. No licensing laws were reinstated until 1885, when county clerks were empowered to license physicians.²⁰ By that time, medicine was becoming sufficiently organized that the need for regulation was obvious.

Largely free of state oversight, MCI and other Indiana schools expected incoming students to be able to read—little else. Few U.S. medical schools required more. Nearly half required only a “common school” education. In fact, few universities viewed a medical school as more than a trade school. The same lectures were presented to first- and second-year students. Examinations were held only at the end of a course of study. Few students were dropped because of academic deficiency. Advanced students were allowed to observe in physicians’ offices and hospitals. There was no postgraduate education, no residency; young physicians simply entered practice, often with a more senior man as mentor. As Harvard President Charles Wilson Eliot would note at the American Medical Association’s Fourth Conference on Medical Education in 1908, “50 years earlier the Harvard Medical School had no examination for admission and no standard of preliminary education. Anybody could walk into it off the street and many did walk into it who could barely read and write.”²¹ The Medical College of Indiana in the 1880s was not different from most North American medical schools, but it was clearly slower to change than some.

The seeds of that change had been sown in Philadelphia as early as 1876, when twenty-two medical college deans (among them, the dean of MCI) met to form the Association of American Medical Colleges (AAMC). This association began a long journey toward standard-setting and national accreditation of medical schools in both the United States and Canada. Although the meeting was not everywhere approved, it was noticed: a blistering editorial in the Richmond and Louisville Medical Journal labeled the meeting a farce.²²

¹⁹IMC Faculty Minutes, January 4, 1870, August 27, 1878, July 2, 1880.  
²⁰Brayton, “Development of Medical Education in Indiana,” 68.  
²²“Editorial,” Richmond and Louisville Medical Journal, XXII (July 1876), 96-100.
Nevertheless, the association caught on, in Indiana and elsewhere. By 1892, Central College and the Fort Wayne College of Medicine had joined AAMC, and the legislature passed the Indiana Medical Licensing Act of 1897, which made AAMC's standards legally binding in the state. By 1899, the Indiana State Board of Medical Registration was requiring the AAMC standards for admission to medical colleges and for graduation.

The governor appointed a board to oversee the problem of who could practice medicine and, perhaps more important, to decide which schools were eligible to produce physicians who could be licensed. Applicants were subjected to a stringent licensing examination. Although there were challenges to the constitutionality of the Licensing Act, the Indiana Supreme Court affirmed its legality. No single law has done more to improve health care in Indiana.²³

By 1899, MCI had made considerable progress. The college owned a four-story building with teaching laboratories at the corner of Senate and Market streets in Indianapolis.²⁴ Its three hundred students were at least high school graduates, and some were college graduates. By that time MCI, like its counterparts across the country, expected its students to have a high school diploma or to pass an equivalency examination, developed by the AAMC, which required knowledge of Latin, algebra, geometry, physics, chemistry, English grammar, and American history. Medical courses progressed in difficulty, and advanced courses were based on earlier courses. First course lectures were no longer repeated in advanced courses, and students could be expelled for failing grades. The medical school curriculum was four years in length and included structured clinical experiences. Taken together, the improvements of the 1890s testified to the leadership of a few university presidents, the agitation of the American Medical Association and the AAMC, and the growing attention of some state licensing boards.

Still, all instruction, whether in chemistry, anatomy, or clinical subjects, was provided by busy practitioners who received little or no payment for their efforts. When a patient called, the teacher responded and left the classroom. If the teacher was up all night with a patient, his preparation for the next day's class suffered. In 1880 the MCI faculty had voted a $10 fine be imposed on faculty members


²⁴MCI had previously been located in the Gas Company Building at Maryland and Pennsylvania streets. On November 3, 1894, the building burned for reasons never entirely explained, though it is thought that the fire started in the anatomy laboratory of the medical school. At that time, it was customary for dissection room floors to be covered with sawdust. Students and instructors smoked cigars while working—better cigar smoke than the odors of the nineteenth-century dissecting room. Indianapolis Sentinel, November 3, 1894.
who missed classes. Subsequent records note, however, that the fine was forgiven on many occasions.

Indiana’s physicians did work to integrate into their instruction and practice the scientific advances being made in Europe, among them the link between germs and infection, introduced in Scotland by Joseph Lister in 1867. Lister’s argument for antiseptic surgery was not immediately accepted. By the 1880s, Indiana doctors nevertheless became sure that clean surgery and obstetrics were far better than the older practices. On a Saturday in 1887, two patients had leg amputations at the Indianapolis City Hospital. One operation used the usually prepared equipment, unscrubbed hands and street clothes; the other used boiled instruments and scrubbed hands, as well as Lister’s carbolic acid soaks and mists, which were not used previously in Indiana. The difference a week later was evident to all. Antiseptic surgery began in Indianapolis even though many local surgeons did not yet accept that “germs” made the difference.

It is remarkable that only twenty years had passed between Lister’s publication and acceptance of his practice in Indianapolis, given the conservatism of physicians of the period and the limitations of nineteenth-century communication. Still, some skeptics remained. In 1897, the Indianapolis Sentinel published an article by a Batesville doctor decrying the unproven “theory” that germs caused disease. In fact, it was to be called the “germ theory” of disease for decades, and the words “bacteria” and “theory” remained linked in the minds of many for years to come.

A more unsavory but still vital problem facing nineteenth-century Indiana medical schools was how to procure bodies for use in anatomy instruction. Following long-established practices in this country and Europe, bodies were stolen from graves. Grave robbing to get bodies for dissection lasted until 1903 in Indianapolis. The practice occasioned surprisingly little protest from the public, but it nevertheless reflected poorly on the schools of medicine, which were entirely dependent upon more or less organized groups of grave robbers—ghouls, as they were called. Public condemnation of this practice grew gradually, particularly after the 1878 episode in which the body of John Scott Harrison—former congressman, son of President William Henry Harrison and father of President-to-be Benjamin Harrison—was found hanging in a ventilation shaft of the school that

25 MCI Faculty Minutes, September 3, 1880, p. 129.
28 Indianapolis Sentinel, February 3, 1897.
was to become the University of Cincinnati Medical College. Between 1894 and 1899, the Indianapolis Sentinel published several reports of grave robbing each year. In 1902, there were twelve, while in 1903 the Sentinel published grave robbing stories almost daily. With the Indianapolis schools as a group likely needing at least 80 to 120 bodies each year by 1900, an organized procurement system evolved. Newspaper reports in 1902 described fifteen empty graves in Indianapolis and many in suburban graveyards, some of which were said to be virtually empty. Body snatching was done efficiently and skillfully. Robbers made a small hole in the fresh grave, broke into the coffin at the head end, and extracted the body. The leader of the ring of grave robbers, Rufus Cantrell, testified later that he and his associates knew the condition of bodies before they were buried and marked graves to indicate their suitability or unsuitability for sale. Some bodies were never buried. Instead, mourners saw weighted coffins lowered into the ground while Cantrell peddled the bodies elsewhere for a price of between five and thirty dollars each (depending on their condition), transporting some for use in other midwestern cities.

During this period, Goethe Link, who became a prominent Indianapolis surgeon, was in charge of the anatomy laboratory at Central College. Years later, he described Cantrell as the most dangerous man he had ever met. Link wrote that he had once turned down a body because it was still warm, and he feared that Cantrell might have murdered its original owner.

In 1902 the grave-robbing scandal finally attracted the notice of the judicial system. Nineteen people were arrested, including five physicians, and twenty-five indictments were produced. Dr. Joseph Alexander of Central College was brought to trial, but when the jury was unable to come to a verdict, the case was finally dropped. The chief witness against Alexander was Cantrell, who was sometimes thought to be insane; Alexander's own health problems produced considerable sympathy. The physicians of the community displayed frequent lapses of memory as they were testifying: Dr. John Barnhill, developer of an anatomy course still used almost one hundred years later, could not remember what Alexander's duties were or how bodies were obtained. Although Alexander was acquitted, Cantrell and two of his associates were sent to prison.

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30Indianapolis Sentinel, April 10, 1903, October 9, November 19, 1902.
32Indianapolis Sentinel, October 26, 1902, February 16, 1903.
33The resolution of the cadaver issue was important to the development of Indiana University's School of Medicine. In his November 6, 1903, report to the university trustees, President Bryan noted that the development of the medical department would require a legal means of procuring cadavers, and this was accomplished by passage of the Indiana Anatomical Act. William Lowe Bryan to trustees, November 6, 1903, November 14, 1904, President's Report (Indiana University Archives, Bloomington).
FAMINE OF CADAVERS
FEARED BY PHYSICIANS

NOT ENOUGH FOR MEDICAL COLLEGE DISSECTION.

BIG PRICES PAID FOR BODIES

The Graverobbing Investigation Has Caused the Shortage—Effect is Also Felt in Other Cities.

HEADLINE IN INDIANAPOLIS NEWS, DECEMBER 4, 1902
In response to these financial difficulties, rapid advances in science, increased regulation, and scandal, the Indiana medical schools continued to seek alternative means for their governance and financing. It was perhaps inevitable that they again considered union with a state university. In 1901 Dr. Joe Eastman of Central Medical College had written a letter to be forwarded to President Joseph Swain of Indiana University to propose a union of Central with IU. Trustee James W. Fesler later advised Swain that nothing be done unless MCI also joined.34

Two years later, when William Lowe Bryan succeeded Swain as president, the idea of a university-based medical school struck a sympathetic chord. Bryan, who sought to transform a small college in a small town into a modern and broad-based university, saw a modern medical school as an important part of his plan. In his April 3, 1905, report to the trustees, Bryan wrote:

The University has expanded too much in the liberal arts and sciences in contrast to other universities—too little in professional fields. In my opinion, the University’s future depends mainly on a successful change in this situation. The people will make a great university only upon the condition that the university does many kinds of important things that the people want done.35

By the time that Bryan wrote, he could already report success in one of those “important things”: the trustees had authorized the creation of a new medical department in 1903.36 Carefully and without additional funding, Bryan began to assemble the resources to make the department a success. Some IU faculty members were transferred to the new program, while Burton D. Myers, an anatomist from the Johns Hopkins University medical school, was persuaded to move to Bloomington in 1903 to oversee it.

Bryan probably did not anticipate the problems he would encounter in making his bold move. Yet, as historian Thomas Clark points out,

[Alt no time in its whole history did Indiana University come nearer the brink of political chaos, if not actual self-destruction of the University itself, than when it began the serious business of organizing a medical school. In this adventure, it found itself in a damaging public rivalry with Purdue University and a group of willful doctors in Indianapolis.37]

Problems began the same year the Bloomington program was established, when MCI Dean Henry Jameson (the nephew of Patrick Henry Jameson) pushed to merge MCI with IU while keeping it in

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34Joe Eastman to Joseph Swain, October 17, 1900, Box 1, folder 5, Office of the Dean Records, IUSM Records; James W. Fesler to Joseph Swain, June 15, 1901, ibid. 35Bryan to Board of Trustees, April 3, 1905, Volume III, President’s Report. 36Trustee Minutes, March 27, 1903, bound typescript, Indiana University (Indiana University Archives, Bloomington). 37Thomas D. Clark, Indiana University: Midwestern Pioneer (4 vols., Bloomington, 1973), II, 65.
Indianapolis and under the control of physicians. His proposal required IU to dismantle its Bloomington program and leave the Indianapolis school under the direction of a board of physicians rather than integrating medical education with the rest of the university under the control of the president and trustees. Bryan, supported by his trustees, rejected the terms. He argued that state maintenance and control were inseparable and that there should be no duplication in Indianapolis of courses offered in Bloomington.38 Jameson believed he could obtain a better deal from Purdue University and did so in May 1905. Consequently, the Medical College of Indiana, Central Medical College, and the Fort Wayne College of Medicine all joined with Pur-
due University in September 1905 to form the Indiana Medical Col-
lege. This union came as a great surprise to Indiana University and
led to major disruptions of intercollegiate relationships. In June 1906
Purdue severed athletic relations with IU, including the cancellation
of football matches (which seemed at the time far more important
than basketball games). Purdue went on to grant medical degrees in
1906 and 1907, the only years in its history that it did so.

The contest was, however, far from over. In the summer of 1906,
medical education at Purdue was weakened when some former Cen-
tral College physicians left their new home institution to form yet
another school, the State College of Physicians, headed by Dean Alli-
son Maxwell. Some may have left the Purdue faculty, as they pre-
viously had left Indiana Medical College, simply for greater indepen-
dence; it is more likely that they wished to produce a closer union
with Indiana University.

The issue of Purdue's and IU's involvement was overshadowed
by the legal question of whether either university had the authority
to conduct a medical program outside its home county. The trustees
of IU had commissioned a legal opinion by W. H. H. Miller, who
reported on October 31, 1905, that neither school was entitled to such
power except on the "grounds of the University." The 1907 session
of the General Assembly nevertheless heard separate proposals from
both Purdue and Indiana to authorize each to create a medical school
in Indianapolis. Both bills failed after bitter statewide conflict, so
neither was given the authorization.

Finally, in March 1908, Purdue President Winthrop E. Stone pro-
posed to the university trustees that Purdue leave medical educa-
tion to Indiana University because it was not central to the Purdue
mission and because the problem was so disruptive. A week later,
Indiana Medical College and State College of Physicians affiliated
with Indiana University.

Maxwell became the first dean of Indiana University School of
Medicine. Well-known and widely respected, he was the ideal choice
to lead the development of Indiana University's Indianapolis-based
medical school. Both his father and grandfather had been IU trustees;
the latter was also a signer of the original Indiana constitution. The
younger Maxwell took a master's degree in classical languages before

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39 Purdue University, Thirty-second Annual Report ..., Year Ending June 30,
1906 (Indianapolis, 1906), 45-51. The new Indiana Medical College should not be con-
fused with the institution of the same name that functioned from 1869 to 1876.
40 Indianapolis Sentinel, June 3, 1906.
41 Indianapolis Star, April 28, September 5, 1906; Indianapolis Sentinel, May 7,
1906.
42 W. H. H. Miller to trustees, October 31, 1905, Box 7, IUSM Records.
43 Winthrop Stone to Trustees, March 26, 1908, Winthrop Stone Papers (Purdue
University Archives, West Lafayette).
attending medical school in Cincinnati, where he stayed on for an extra year of clinical experience before such training was required or even fashionable. In 1876 he entered practice in Indianapolis with Theophilus Parvin, who later became professor of obstetrics at Jefferson Medical College in Philadelphia. Maxwell had served as Marion County coroner from 1879 to 1883, as a member of the city Board of Health, and as president of the Indianapolis School Board. In 1887 he had joined the faculty of Central College of Physicians and Surgeons. He was also a Bloomington native, known and trusted there.44

While Maxwell embraced the union between medical education and the university, Jameson was bitterly disappointed at the fate of his medical school. In May 1908, he declined President

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INDIANA UNIVERSITY SCHOOL OF MEDICINE DISSECTING ROOM
IN SCIENCE HALL (NOW LINDLEY HALL) ON THE BLOOMINGTON CAMPUS, 1906

Courtesy Indiana University Archives
Bryan's offer that he present the medical students for graduation at the IU commencement in Bloomington that spring, responding that to do so would be contrary to the aims of his life's work. With the same letter, he resigned his new appointment to the university faculty.44 Jameson had served as dean of the Medical College of Indiana in its various guises after 1898 and was associated with the college throughout his professional life. He was committed to its independence.

Jameson was not the only person to respond to the change with anger or disappointment. The compromise that had permitted the merger of Indiana Medical College and State College of Physicians with Indiana University had traded the university's acceptance of the medical school's Indianapolis site for an agreement that the first year's instruction would take place in Bloomington. In 1911 Indianapolis physicians John Barnhill and William Niles Wishard wrote to President Bryan, reminding him that the compromise was to be

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44Henry Jameson to William Lowe Bryan, May 18, 1908, Box 1, Folder 15, Office of the Dean Records, IUSM Records.
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Yet it remained in effect until 1958. (First- and second-year medical education returned to the Bloomington campus in the 1970s.)

The issues that separated Jameson and Bryan were not personal; they reflected different visions of medical education and its relationship to broader education. The Bryan-Jameson dispute echoes the rift that had opened some fifty years earlier, between Harvard President Eliot and faculty members such as Oliver Wendell Holmes and Jacob Bigelow, over the proper control of the medical school within the university. Those differences had also been resolved by the forceful direct action of the university president.47

In 1910 Abraham Flexner, writing in his influential report on American medical education, noted that Indiana had already come far in raising standards and exercising oversight of the profession:

The situation in the state is, thanks to the intelligent attitude of the University, distinctly hopeful, though it will take time to work it out fully. The University has just secured complete control of the Indianapolis school. The State Board of Medical Examiners has already come to its help by making the two-year college standard, in force at the University in 1910, the legal minimum for practice in the state. This places medical education in Indiana, as it already is in Minnesota, in the hands of the University.

"Indiana," Flexner concluded, "will be one of the few states that has successfully solved the problem of medical education."48

The achievement that Flexner noted was the product of a long struggle to establish and define medical education in Indiana. Certainly it was assisted by particular individuals, notably Allison Maxwell, who prepared the way by leading the Indianapolis physicians to affiliate with the university. But it was William Lowe Bryan who made change happen his way; and he did it before the lever of the Flexner report began to have its effect on educational reforms across the rest of the country. Bryan got the medical school he believed essential to the mission of the university at a time when few other universities had done so. Beyond the particular influence of such leaders as Maxwell and Bryan, the Indiana story illustrates the power of the current of reform that was molding the opinions of the public, physicians, and educators, all striving for improved medical care consistent with advances in medical science.

The importance of the earlier schools to this story of reform and improvement should not be forgotten. As Myers wrote of MCI in 1956:

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46John Barnhill and William Nile Wishard to Bryan, April 15, 1911, Box 7, ibid.
It was an institution of which any state might have been proud. It was the product of the self-sacrifice and intellect of its faculty, devoted to the improvement of medical education. During 1878–1905, the MCI faculty successfully struggled to keep abreast of rapidly expanding medical education—became members of the Association of American Medical Colleges. Entrance requirements and curriculum were kept in line with standards of that organization.40

The traditions and dedication of Indianapolis physicians, difficult though he found them, formed the clinical basis of President Bryan’s medical school. Without their sustained support and dedication, the new school could not have survived the period when it still relied on a volunteer faculty for clinical teaching, a period lasting through most of the twentieth century. It is to Bryan’s credit, as well as to Maxwell’s and their early successors’, that they managed the challenge of bringing the earlier proprietary medical school model in line with the demands of the modern university. To their further credit, they did so without provoking the enduring hostility that might have obscured the two traditions’ mutual vision of better medical education and improved health care for Indianans.

40Myers, History of Medical Education in Indiana, 64.