Address by Dr. Alan Gregg, Director for the Medical Sciences, The Rockefeller
Foundation, before the National Fund   for Medical Education, May 12, 1949

Dr. Gregg first turned to the historical background of medical teaching
beginning with the Flexner Report of 1910 which, he said, had revolutionized the
whole basis for the training of physicians in the United States. The tremendous
forward strides achieved by the medical profession and the attainment of its present
pre-eminence are the result of curricula then formulated and standards established;
their adoption, he said, was made possible by the $250,000,000 of gifts made over a
period of years by the Carnegie, Rockefeller, some other foundations and many private
donors. As a direct proof of the medical schools' advance, Dr. Gregg stated that it
is possible in the United States to find a competently trained physician in almost
any part of the country for the adequate care of any medical case arising by turning
to a medical directory and ascertaining a doctor's school and the year of his gradua-
tion. Doctors graduating after the transformation of the schools may be assumed to
be competently trained. This degree of change, he said, has not occurred in any
other country in the world.

Dr. Gregg then explained that the great progress that had been made from
1910 until the coming of the depression in 1932 was halted by a chain of events and
circumstances that threaten to have a disastrous effect upon the future quality of
all medical education. These events were the following, he said:

The first blow was the depression which resulted in a loss of one-third in
the income from the endowments of the medical schools and the cessation of further
giving.

The second blow was the war which stopped the training of an adequate
number of junior medical teachers and put pressure on the schools to expand their
enrollments too rapidly and to institute accelerated courses without first being
given the time to build up their teaching staffs. There is little doubt that the
patriotic response of the medical schools to the war emergency caused a lowering of

teaching standards and a distinct deterioration in the quality of medical education.

The third blow came with the inflation which further reduced the purchasing power of endowment income to the point where today this source of income to the schools is half what it was prior to 1932. A further adverse effect of the inflation and the added strain it has placed upon medical school finances has been their consequent inability to pay attractive salaries to the teaching staffs in line with current living costs and thus to attract an inflow of able and desirable junior teachers in sufficient numbers. It is significant that today there are 139 full professors of anatomy in all medical schools taken together, while there are only 20 instructors; there should be of course at least three times as many of these juniors.

Dr. Gregg then told the meeting of the 78 medical colleges in the country of which 34 are publicly supported by the state while 44 are privately supported. He listed those states in which there are no medical schools and explained that the current annual operating expenses of all 78 schools totaled approximately $51,000,000 with an enrollment of 22,000-odd students. He set forth the offsetting income to sustain these expenses under the following headings: From tuition $12,800,000, or approximately 24%; from endowments $7,000,000, or 14%; from other private sources $13,700,000, or 27%; and finally from the taxpayers in the form of state aid $17,500,000, or 35%.

These figures, he said, when broken down to a per-student basis, indicated an average tuition of $550 against an average cost of $2,200 a student per year; the actual tuitions varied between a low of $250 and a high of $800, and the annual cost per student, excluding the cost of research, between $600 and above $5,000.

In summing up these financial statistics of the medical schools, Dr. Gregg pointed out that in many instances those universities having such schools had been forced by their financial difficulties to choose between a reduction of their medical schools or a raid upon the endowment income of their other departments. It was fortunate for medical education, he remarked, that such raids had been carried

out temporarily but this was not a practice that could be expected to be continued indefinitely.

After thus outlining the financial crisis of the medical schools, Dr. Gregg told briefly of the parallel situation existing in the cases of the dental and nursing schools. He stated that the shortage of nurses was acute and that the same adverse consequences caused by the depression, the war and inflation were likely to lead to an early deterioration in the standards and quality of teaching in these two important fields. A conservative estimate of students entering schools of nursing is 65,000 annually; for 1948 it was only 35,000. As it is with the medical schools, so it is with the dental and nursing schools; they are heading down-hill.

In closing, Dr. Gregg said it was clear that a National Fund for Medical Education is urgently needed to bring financial succor to all medical education. He expressed the belief that besides calling upon the corporations and labor unions to support the fund, a special gifts campaign might well be set up in an attempt to collect annual donations of $100 each from a large number of the 160,000 practicing physicians. He said he was well aware of their generous giving of free service in clinics and hospitals but he nevertheless expressed the belief that a large number would gladly contribute $100 annually to this important effort to halt a further decline in the standards of the profession - a decline that is inevitable unless the medical schools soon receive sufficient added income with which to augment the salaries of their teaching staffs. Dr. Gregg emphasized that good health for the nation was obtainable by an application of intelligence and money for medical education.