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I wonder if Americans understand how serious is the situation and how alarming the future of medical education in this country? In practicing medicine an ill-trained ignorant doctor can (and does) make mistakes as disastrous to the patient as though they were deliberate injuries. Medical education is the name for the process by which society assures itself the service of physicians, for the present and the future. Unless our medical schools receive substantially larger amounts for their essential expenses we shall not have doctors trained or educated as well as they were from 1925 to 1940.

Like a dangerous ball-team, trouble becomes Trouble when it bunches its hits. The difficulties of medical education have increased over the past fifteen years, first slowly and now in rapid crescendo.

There are 76 schools of medicine in the United States - 23 of them maintained from tax money appropriated by State Legislatures; the rest maintained by tuition fees, endowment income and gifts. The tax-supported schools cannot possibly carry the burden of training all the doctors we need. Many of the endowed schools are of first quality and set a standard even for the best of the State University Schools of Medicine. We cannot ignore their future. Every one admits the value of the Endowed Schools as pace-setters in American medical education.

An endowed medical school usually depends on gifts and endowment-income for about half of its budget, on tuition for the other half. Medical education costs more than education in engineering, law, theology, or any other profession. It costs more to the student and a great deal more to the University: where the tuition is \$500 a year the actual cost to the University per medical student varies between \$1,200 and \$3,800 annually, depending largely upon the amount of training in research and progressive teaching methods. Obviously medical education is not and cannot be maintained from tuition fees. Consequently the income from endowment is a major concern of any school that wants to afford a decent medical education to its students.

So much for the essential background of fact. Now comes the list of difficulties. From 1929 to 1936 medical school endowment income fell by about one-third. Three or four schools came perilously near closing and in the decade 1930-40 the endowed medical schools of this country cut teachers' salaries, abolished teaching positions, reduced services and relinquished the growth, the plans and sometimes the promises on which they had engaged their underpaid staff. Hope that things would take a turn for the better was the slow starvation diet of the thirties. And then came the war. The number of medical students went up in response to urgent demands from the Army and Navy - up 25% and with all tuitions paid in full. The summer vacations were cancelled so tuition money came in all the year round. And between a sixth to a third of the teaching staff went into military service leaving substitutes whose salaries didn't cost as much. Or no substitutes were to be had at all. Other teachers were involved or completely preoccupied with war research assignments. The medical school authorities, therefore, experienced all the fugitive joys of ready money but with it the dread of the inevitable reckoning.

And now the reckoning has begun: no more crowds of students in uniform with tuition assured; classes going back to the usual size and often below standard in quality; senior teachers beginning to return after two to four years on

officers' pay; junior teachers soon to return but not with teaching experience; a growing demand from a great number of returning medical officers for expensive post graduate instruction; and a tremendous temptation to increase tuition income by taking too many students too rapidly through their training.

This would be enough and more than enough but added to these difficulties are still more. Because War Department policies stopped the training of young teachers and advanced students in 1942, we now have far too few teachers and research workers from among whom to choose assistants for research projects and teaching staffs.

Since 1942 the Universities of Utah and Alabama have expanded from two-year schools of medicine to giving the full four-year course and North Carolina has authorized a similar development. At Dallas a new four-year school has begun, another has opened in New Jersey and the State of Washington has appropriated funds for still another. How can these additional schools be staffed with teachers of appropriate experience? Quite frankly they can't, except at the general expense.

Furthermore, our American medical schools will receive requests as never before from European and Oriental students for advanced instruction. The National Health Administration of China has requested scholarships for 810 Chinese doctors. The French Government is sending already a number of physicians quite beyond any previous record to study in our schools and hospitals. The Government of India wishes to send 100 Indian physicians for training in America. Other governments will follow suit.

And lastly, our medical schools will be expected to accept grants for research from new sources of support that will naturally be eager for adequate and efficient expenditure of their research funds. There will be many a dean who will feel like the conductor of a train who when asked to haul an extra Pullman car or two points to a half-filled coal car and says, "I just haven't got what it takes to pull the existing load."

The limiting factor of medical research in the next decade will not be lack of money for research but lack of money with which to provide stable, adequate salaries for finding, training and maintaining teachers and research workers. The uninformed layman thinks the research men are already all there, well-trained and well-provided for, and all that is needed is a brisk burst of research money, and then, presto, another discovery! But what can be expected of a situation typified by a first-rate young physiologist of 36 in one of our very best schools with eight years' special training, married and the father of one child, but on a salary that leaves him a maximum of \$30 a month for house rent?

The Medical Schools cannot discharge their responsibilities nor come anywhere near meeting their opportunities unless their annual budgets increase by 25 to 50%. Though our battle casualties were 30-40% neuro-psychiatric, there are not three medical schools in the United States with departments of psychiatry adequately supported from endowment. There is not one exemplary department of dermatology in the country. Despite the value of sulfa drugs and penicillin there is not a single medical school with an ideal organization of pharmacological teaching and research. Despite our interests and responsibilities in the

tropics in connection with the oil, rubber, and fruit industries, and air travel, the United States contains no school of tropical medicine that covers the subject adequately.

But worst of all the teaching and preparation of our own practitioners is now subjected to a combination and a culmination of strains which spell very serious disadvantage to Americans in the immediate future. No one or two foundations should or could ward off the approaching losses. It is high time for someone who knows the situation to give this serious warning: unless the regular income of our medical schools is increased by 25 to 50% American medicine will not merely miss magnificent opportunities, it will suffer losses that cannot be repaired for a generation. In blunt terms this means for the future dead that might better be living and living invalids that might better be dead.

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