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Duke

The Duke University School of Medicine and Hospital.

Radio WBTW  
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I wish to express my pleasure for this opportunity to present the plans of the new Hospital and Medical School which are being built in Durham. There are at least six factors which are essential for the success of a medical school- the buildings, the staff, the students, the type of teaching, the service to the community and last, but not least, the cooperation of the public and of the members of the <sup>medical</sup> profession in the State. It is the great desire of everyone connected with Duke University so to carry out the plans for the first five of these essentials that the sixth one, namely, your cooperation, will be merited, for only by working together can this Hospital and <sup>medical</sup> School fill the place which Mr. Duke intended. We all wish you to regard this Hospital and School as yours. Any suggestions which will increase the service of this school to the State will be more than welcomed.

In establishing the sixth medical school in North Carolina, Duke University has an unparalleled opportunity to aid in the solution of five of the greatest present medical problems, namely, (1) the inability of most medical students to obtain adequate interne hospital training because of the average age of 26 years at which they graduate from medical school; (2) the lack of provision for intensive and extensive postgraduate education for physicians who have been in practice for several years; (3) the disproportion in the distribution of doctors in the cities and rural areas; (4) the dearth of university training for nurses and (5) the need of people of moderate income for diagnostic facilities and hospital treatment within their means to pay.

With these and other problems constantly in mind, The Duke

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Hospital and Medical School buildings have been excellently planned by Mr. Horace Trumbauer with the indispensable assistance of Dr. Frank C. Brown and Dr. Winford Smith and the very valuable advice of many others. The Hospital with its four hundred beds will provide every modern convenience for the proper care, welfare and comfort of the patients, both private and charity, white and colored. The arrangement and equipment of the out-patient department will furnish very complete diagnostic facilities. The Medical School with laboratories and class rooms for three hundred students has been planned to insure the greatest correlation between the various departments. With the splendid supervision and cooperation of Mr. A. C. Lee, the buildings are more than fulfilling all hopes and expectations. It is believed that the Hospital will be ready for patients in the summer of 1930 and that the Medical School will admit a small number of carefully selected students in October, 1930.

We all feel it to be essential not only that the staff should be leaders in their own fields, but also that they must be men who will have the confidence and cooperation of the people and physicians and surgeons of the State.)

(The staff is now being organized; Dr. Harold L. Amoss has been appointed Professor of Medicine, Dr. Deryl Hart, Professor of Surgery and Dr. Wiley D. Forbus, Professor of Pathology. Other appointments will be made in the near future. The heads of the departments will devote most of their time to the care of the patients in the Hospital and to the training of students and post-graduates. There will probably be private patients who may be referred to the Professor of Medicine or Surgery for consultation or operation, and I hope that there will be, in order that this School can be of the

greatest service, but no private patient will be seen who is not referred by his or her own physician. It is hoped that physicians and surgeons in practice in the vicinity of Durham will accept part time appointments at the medical school and hospital, to assist in the care of patients and the teaching of students.

(3) The students will be limited to 75 in each class. It is possible and probable that for several years the classes may not be filled, for there will be rigid selection for entrance. This statement does not mean that a college degree and a vast number of hours will be required for admission, for I personally feel that two years of college, including one year of biology, one year of physics and two years of chemistry, are adequate preparation. It has been demonstrated that fewer failures occur in medical schools if the entering students are carefully selected on the basis of the quality of their preparation rather than on its quantity. The actual requirements will not be decided until after the staff has been appointed but I trust that the basis of selection will be the candidate's intelligence and character instead of the length of his preparation. There is no doubt that a long preparation for the study of medicine has many advantages but the average age of twenty-six years at which the present medical students graduate is such a handicap to their post-graduate training as to require serious consideration to be directed toward condensation of their preliminary preparation. The same idea is behind the proposal that 4 terms of 11 weeks will be given each year, commencing October first, with vacations of one week in December, March and <sup>June</sup> May, and of one month in September, and that the degree of M.D., will be granted after the satisfactory completion of 12 terms. These may be taken consecutively (graduation

in <sup>three</sup> three calendar years), or ~~four~~ terms may be taken each year (graduation in four calendar years). Such a curriculum would in no way affect the courses at any other medical school. If the students who have received their first two years of training at Wake Forest or Chapel Hill wish to spend their clinical years at Durham, they can enter the 7th term, which would correspond to the third year class, on June first or October first.

(5) The Hospital and Medical School can be of service to the community in at least three ways; in the care of patients, in post-graduate instruction, and in assisting the community hospitals.

(a) The physical facilities of the wards and out-patient department for the care of patients will be second to none and every effort will be made to provide the best of medical and nursing care, for this is the primary function of the hospital to which everything else is secondary. The organization of an out-patient department which will provide adequate and complete diagnostic facilities for the payment of a moderate fee, rather than a free clinic, will fill a great need and not incur the danger of pauperization. "Where will the patients for the new Medical School come from?" is a frequent question. Many believe that a teaching hospital requires a huge metropolis. However, in 1913, Osler pointed out that a large population was not essential for a medical school and that Marburg in Germany, with twenty-three thousand people - half the size of Durham - maintained a medical school of the first rank. The populations of Jena and Heidelberg are very similar to that of Durham and they certainly have no dearth of patients. This statement of Osler's is even more true today because of the tremendous increase in the number of automobiles. For medical schools in

large cities, automobiles, by increasing the traffic congestion, have actually reduced the amount of territory from which patients may attend clinics. For instance in New York and Chicago nearly an hour is required to go from the center of the city to the medical schools. On the other hand, with the splendid roads in North Carolina, patients can be brought long distances by automobile in the same time and with more comfort and safety than is possible in traversing a large city. In addition to serving the <sup>57,000</sup> 47,000 people of Durham, the staff, buildings and equipment should attract a number of patients from among the half million people who live within a fifty mile radius of Durham, as well as from more distant areas. It is hoped that the Medical School and Hospital will be so conducted as to merit the confidence and cooperation of the staffs of the community hospitals throughout the two states so that patients will be referred to Durham. In order to cooperate with the medical profession and to insure the best interests of the patients, the latter will only be admitted on the recommendation of their own physicians and will be referred back to them as soon as possible.

(b) The need for more provision for post-graduate study is very acute not only in this country but abroad. There are very few clinics to which a physician can go, after he has been in practice several years, to obtain the additional training which he has found he needs. It is the plan of the new <sup>Duke</sup> Medical School to attempt to fill this need. If a doctor in North or South Carolina wishes to spend a few days, weeks or months reviewing his knowledge of pediatrics, of obstetrics, of studying the efficacy of liver diet in pernicious anemia, or if he has to do an unusual operation and wishes to refresh his memory of the anatomy involved, the facilities

and equipment at Durham will be at his disposal. The service of a medical of a medical school should not be limited to the training of its own students and staff but should extend to giving the members of the profession of the State the benefit of everything it has. Training in preventive medicine and public health, not only for the students in the Medical School, but also special work for those who wish to enter upon a career as health officers will be provided. Another of the functions of the Medical School will be the lending of books and journals, for a complete medical library is being collected.

(c) The Medical School can also be of service to the community hospitals. The pathological and bacteriological departments can fill a need in the diagnosis of sections and cultures, the School of Nursing can provide special training in obstetrics, pediatrics and other branches for the nurses of the smaller hospitals who desire it. By cooperating in every way with the hospitals throughout North and South Carolina, which are receiving aid from the Hospital Division of the Duke Endowment under the wise and far-seeing direction of Dr. Watson S. Rankin, the Hospital and School of Medicine can encourage physicians to locate in the less thickly settled areas, for only by having adequate hospital facilities, can rural communities attract well trained practitioners of medicine.

The establishment of a University School of Nursing through the cooperation of the University, School of Medicine and Hospital will meet a great need; it will raise the standard of nursing by the selection of pupil nurses upon the same basis as that of the women students of Duke University, by the provision for them of the same housing, recreational and educational advantages upon the campus

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of the ~~Co-ordinate~~ College for ~~Women~~, by the use of ward maids to reduce the laborious part of nursing training so that the professional care of patients can be increased during the three years of the basic nursing curriculum which leads to a certificate in nursing, and by the giving of post-graduate instruction to nurses who have been trained elsewhere.

The formation of a Hospital Association based upon the insurance principle of spreading the cost of hospital treatment over a long period of time and among a large number of individuals, similar to that of Roanoke Rapids, N. C., and of Oxford, England, through which families by a small weekly payment may provide for necessary hospital treatment, the need for which is constantly increasing, will greatly reduce the present inability of families of small incomes to bear the cost of serious illness without financial tragedy or medical charity.

These are merely a few examples of the innumerable ways in which the Duke Hospital and Medical School can be of service to the State.

*The cost of hospital care...*