1988

A Medical College of Virginia story

Ricki D. Carruth

Follow this and additional works at: https://scholarscompass.vcu.edu/vcu_books

Part of the Higher Education Commons, and the Medical Education Commons

This material is protected by copyright, and copyright is held by VCU. You are permitted to use this material in any way that is permitted by copyright. In addition, this material is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 4.0 International license (CC BY-NC-SA 4.0) (https://creativecommons.org/licenses/by-nc-sa/4.0/). Acknowledgment of Virginia Commonwealth University Libraries as a source is required.
A MEDICAL COLLEGE OF VIRGINIA STORY

CELEBRATING
1837 1838 1839 1840 1841 1842 1843 1844
1845 1846 1847 1848 1849 1850 1851 1852
1853 1854 1855 1856 1857 1858 1859 1860
1861 1862 1863 1864 1865 1866 1867 1868
1869 1870 1871 1872 1873 1874 1875 1876
1877 1878 1879 1880 1881 1882 1883 1884
1885 1886 1887 1888 1889 1890 1891 1892
1893 1894 1895 1896 1897 1898 1899 1900
1901 1902 1903 1904 1905 1906 1907 1908
1909 1910 1911 1912 1913 1914 1915 1916
1917 1918 1919 1920 1921 1922 1923 1924
1925 1926 1927 1928 1929 1930 1931 1932
1933 1934 1935 1936 1937 1938 1939 1940
1941 1942 1943 1944 1945 1946 1947 1948
A MEDICAL COLLEGE OF VIRGINIA STORY
by Ricki D. Carruth

Foreword by:
Stephen M. Ayres, M.D.
Dean, School of Medicine MCV-VCU

Editor:
Cynthia M. Heldberg
Director, Medical Alumni Relations

Research Historian:
Jodi L. Koste
Archivist, Tompkins-McCaw Library

Design and Graphics by:
Katie M. Roeper
Office of Graphic Communications
Virginia Department of General Services
A Note To The Reader

This historical account, prepared as MCV celebrates its sesquicentennial, sketches a tale of remarkable achievements. It is a chronicle of individual and collective triumph, often told in the words of those who have played an important part in MCV's development.

As with any story, many people helped fashion this narrative. However, many others who are invaluable to MCV are not quoted or mentioned in these pages. It is hoped the reader will understand the limitations of time and space and will realize that without the contributions of countless others not cited here, MCV's story of success would not be possible.
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Administration</td>
<td>5</td>
</tr>
<tr>
<td>School of Medicine</td>
<td>5</td>
</tr>
<tr>
<td>Departmental Chairman</td>
<td>5</td>
</tr>
<tr>
<td>Foreword</td>
<td>6</td>
</tr>
<tr>
<td>The Story Unfolds</td>
<td>9</td>
</tr>
<tr>
<td>The Birth of a Medical College</td>
<td>11</td>
</tr>
<tr>
<td>Turmoil and Definition</td>
<td>13</td>
</tr>
<tr>
<td>A New Century</td>
<td>16</td>
</tr>
<tr>
<td>Demands of the 20th Century</td>
<td>19</td>
</tr>
<tr>
<td>A Time of Assessment</td>
<td>23</td>
</tr>
<tr>
<td>A Call for Action</td>
<td>25</td>
</tr>
<tr>
<td>Full-Time Faculty</td>
<td>29</td>
</tr>
<tr>
<td>Bricks and Mortar</td>
<td>33</td>
</tr>
<tr>
<td>World War II</td>
<td>36</td>
</tr>
<tr>
<td>A Contemporary Medical Center</td>
<td>39</td>
</tr>
<tr>
<td>The Modern Era</td>
<td>42</td>
</tr>
<tr>
<td>Technology Takes Off</td>
<td>45</td>
</tr>
<tr>
<td>The Town Gown Conflict</td>
<td>50</td>
</tr>
<tr>
<td>A New Curriculum</td>
<td>53</td>
</tr>
<tr>
<td>The Momentum Builds</td>
<td>56</td>
</tr>
<tr>
<td>The Birth of a University</td>
<td>58</td>
</tr>
<tr>
<td>The Move Toward Specialization</td>
<td>61</td>
</tr>
<tr>
<td>Family Practice Department</td>
<td>65</td>
</tr>
<tr>
<td>MCV's New Hospital</td>
<td>67</td>
</tr>
<tr>
<td>MCV Today</td>
<td>70</td>
</tr>
<tr>
<td>Conclusion</td>
<td>74</td>
</tr>
<tr>
<td>Significant Dates</td>
<td>77</td>
</tr>
</tbody>
</table>
University Administration
Health Sciences Campus 1988

President
Dr. Edmund F. Ackell

Vice President for Health Sciences
Dr. Alastair Connell

Assoc. Vice President for Health Sciences
Dr. John Andrako

School of Medicine
Dean's Office 1988

Dean
Dr. Stephen M. Ayres

Executive Associate Dean
Dr. Albert J. Wasserman

Assoc. Dean for Admissions
Dr. W. Kenneth Blaylock

Assoc. Dean for Ambulatory Care Svcs.
Dr. Donald M. Switz

Assoc. Dean for Clinical Activities
Dr. H. H. Newsome, Jr.

Assoc. Dean for Continuing Education
Dr. R. B. Young

Assoc. Dean for Curriculum
Dr. Albert J. Wasserman

Assoc. Dean for Graduate Education
Dr. John W. Harbison

Assoc. Dean for VA Activities
Dr. John T. Farrar

Assoc. Dean for Administration
W. Robert Wright

Assoc. Dean for Student Activities
Dr. Hugo Siebel

Assist. Dean for Financial Affairs
Thomas M. Rose

Assist. to the Dean, School of Medicine
Meta E. Buehler

Departmental Chairman
School of Medicine 1988

Anesthesiology
Dr. Richard Keenan

Dermatology
Dr. W. Kenneth Blaylock

Family Practice
Dr. David Marsland (Interim)

Legal Medicine
Dr. David Wiecking

Medicine
Dr. Harold Fallon

Neurology
Dr. Robert DeLorenzo

OB-GYN
Dr. Leo Dunn

Ophthalmology
Dr. Andrew Ferry

Otolaryngology
Dr. George Williams

Pathology
Dr. George Vernart

Pediatrics
Dr. Harold Maurer

Preventive Medicine
Dr. James Kenley

Psychiatry
Dr. Joel Silverman

Radiation Oncology
Dr. Rupert Schmidt-Ullrich

Radiology
Dr. Pulla Kishore

Rehabilitation Medicine
Dr. Guy Clifton (Interim)

Surgery
Dr. Andrew Wechsler
"A newcomer sometimes provides a special insight into places that are loved but taken for granted by those of earlier vintage. I walked the sun-washed streets of the Medical College of Virginia campus in that role in the spring of 1985 and wondered what kind of place it really was. Some institutions, because of carefully engineered promotional campaigns, look much better than they actually are. Others achieve quiet excellence but seem almost unwilling to talk about themselves in anything but modest or even self-effacing terms. I decided that the Medical College of Virginia was an example of the latter approach. I soon learned that many Virginians had similar views and considered the medical center to be one of the nation's single "best kept secrets."

Linda Sunshine and John W. Wright, in their book "The Best Hospitals in America," picked two Virginia hospitals for inclusion, but began their description of our medical center with some expression of surprise. "The state-supported 125-year-old Medical College of Virginia Hospital is not highly publicized. Although MCVH is a major regional referral center, and one of the largest and most active teaching hospitals in the nation, its proximity to Duke and Vanderbilt seem to have kept it from achieving the widespread recognition it deserves. In fact, what first brought MCVH to our attention were not recommendations from doctors but an analysis of the figures relating to the complexity of patient care compiled by the people who administer Medicare." Sunshine and Wright phoned MCVH Administrator Carl Fischer and discovered that "virtually every form of contemporary medical service" was available and decided to reveal the best kept secret in their book.

George Stoddard was press secretary to Governor Charles Robb and became a patient of neurosurgeon Harry Young. He and his wife, Sandy, are talented publicists who have been telling the Richmond story for many years. When in need of medical care, they searched the entire nation and were told that the best neurosurgical treatment available was to be found in Richmond. Surprised that such comprehensive facilities had been effectively hidden from the public view, they proposed that Richmond was making a serious error in not making "the Medical College of Virginia an anchor to draw even more world-class doctors to Richmond who will establish practices that act as magnets to attract the best and brightest researchers and high tech companies. In turn, these companies will purchase, manufacture, market and sell medical breakthroughs developed by the doctors."

It took a long time to build the medical center in Richmond. President John Augustine Smith of William and Mary tried it in 1824 when he proposed moving his school to
Richmond and building an associated medical school. Thomas Jefferson vigorously opposed the idea because he was concerned that the state could not support two great universities and that "his" university would be forced to move to Richmond and merge with William and Mary. The scars of that dispute, the War Between the States, the creation of a second medical school in Richmond, had marks from Abraham Flexner, and several attempts to move the medical school to Charlottesville set up a series of baffling obstacles that were gradually overcome. William Sanger built a modern medical campus and raised community hackles by recruiting full-time departmental chairmen as had been suggested by Flexner years before. R. Blackwell Smith recruited the restless genius David Hume and was fortunate enough to obtain T. Thompson as chairman of medicine. Scientists like Dan Watts, Harold Fallon and others developed a modern research-oriented medical center and joined Sanger in raising the ire of local traditionalists.

Change is frequently opposed by the complacency of the status quo: the Medical College of Virginia remained a sleeping giant until the mid 1970s! At the moment of its sesquicentennial, the medical school is ready to explode onto the national scene as its parent city completes its own revitalization. The gathering momentum promises rapid attainment of the school's fundamental mission: "to improve the health and extend the useful life of people living in the Commonwealth of Virginia, the region, and the world in general." Five major goals serve this mission: the education of physicians and other health care providers, the discovery of fundamental knowledge about human disease, the provision of high quality care through its master clinicians and hospital, development of cost-effective methods for delivering care to populations and continuous efforts to help Virginia Commonwealth University become a top flight national institution. This place has become a haven for all who suffer ill health and the beacon atop the old hospital sends a message of hope to those in need.

This engaging history, told in the words of those who stood on the shoulders of those who came before and created a modern school, celebrates the past and promises the future. Thousands of the school's graduates are caring for millions of patients throughout the United States. One hundred and fifty years of history have created an institution where great physicians and great ideas are blended, a place where many can be cured, others substantially helped, and the few who cannot be helped made comfortable and perhaps more secure in the knowledge that the very best of modern medical care has been made available to them."

Stephen M. Ayres, M.D.
Dean of Medicine
The Story Unfolds...

In the life of an institution as vast as the Medical College of Virginia, there are events which stand out starkly against the blur of the last 150 years. The signing of the charter for Richmond's new medical college, the consolidation of two distinct institutions into one, the opening of one of the nation's most impressive hospital facilities are such events clearly recorded in historical accounts.

However, history is much more than isolated moments like these. History is a pattern woven by people and their stories. The people of MCV have fashioned a history filled with hardship, turmoil and triumph. theirs is a story carried through the generations, one which grows richer and bolder with each new chapter.
The year was 1837. It was a year of planning for the handful of physicians who comprised the founding chairmen of a new department of medicine for Hampden-Sydney College, a medical school to be located in the heart of the South's thriving urban center, in Richmond, Virginia. These founding physicians held high hopes for their venture that year, but they were not the first to dream of a permanent home in Richmond for a school of medical and scientific learning.

The French philosopher Quesnay years earlier had outlined his hopes for a grand "University of the United States" at a location in the center of Richmond, a place he called Academy Square. The French Revolution put an end to Quesnay's plans for a comprehensive international university, but Academy Square was destined to live on.

The new Richmond Department of Medicine endorsed in 1837 by Hampden-Sydney's Board of Trustees was the dream of Drs. Augustus Lockman...
Warner, Richard Lafon Bohannan, Lewis Webb Chamberlayne and John Cullen. Within the year, they were joined by Drs. Socrates Maupin and Thomas Johnson. These are the men considered MCV's founders and first faculty members.

Under their supervision, Hampden-Sydney's Department of Medicine opened its doors on November 5, 1838 to Richmond's first 46 medical students. The tuition was $20 each for each of the six courses. The term of medical study was four months.

From the beginning, Richmond's medical school was dedicated to the service of its state. "This college commends itself to the patronage of the Virginians dominated the student body.

"The medical college is of modern date, having been established in 1837 by the influences and exertions of Drs. Chamberlayne, Cullen, Warner, Maupin and Bohannan. The Union Hotel was converted into a medical school and hospital. Limbs, instead of cutting capers, were cut in pieces in the ballroom, potions were mixed instead of punch, poultices supplanted puddings, and Seidlitz water, champagne." Samuel Mordecai from "Richmond in By-Gone Days," 1860

"The new college and hospital edifice has been completed and every arrangement has been made to afford the students all the advantages which are obtained in any institution in the United States. In addition to the usual lectures, surgical and medical, cliques will be given regularly at the college hospital, city almshouse, penitentiary and armory, by which the students will have the opportunity of witnessing the diseases incident to the South and which he will be called upon to treat at the commencement of his professional life." Augustus Lockman Warner, M.D. Founder, Hampden-Sydney Department of Medicine from "The Watchman of the South," July 10, 1845

Hampden-Sydney's first medical students celebrated their graduation April 4, 1839. The old Union Hotel had served as their place of study. By 1845, however, the new medical school was moved to the Egyptian Building, a unique structure designed by Philadelphia architect Thomas Stewart. Dr. Warner, dean and Professor of Surgery and Surgical Anatomy, was the inspiration behind the new building, which was constructed directly on the Academy Square site. His hope was that the Egyptian Building, with its distinctive style would capture the "highest conception of a building adapted in every way to the purposes for which it was dedicated."

Those purposes included education and clinical service of the highest quality within "the Metropolis of Virginia," according to the first college catalog, where its founders were building for Richmond and Virginia "a Medical School adequate to her wants, and capable, at once, of contrasting favorably in all appliances for instruction, with the oldest Medical institutions of the country."

Even within its first years, Richmond's medical school was developing characteristics which it would carry through the decades. Dedication to Virginia and needs of the South shaped the original educational program. An abundance of patients provided students with an excellent clinical opportunity to study the ailments of the region. And, internal political strife, which was to see the college through much of its critical growth in the future, did not take long to surface.

"We declare to the public that the contest now going on in Virginia in regard to the Medical Department of Hampden Sidney (spelling of the time) College, is but part and parcel of this general contest," wrote the six faculty members fighting for the appointment of a Dr. Goodridge A. Wilson to a new faculty position in 1853. Their fight was with the trustees of Hampden-Sydney who had selected a physician favored by the local medical community, a Dr. Martin P. Scott, for the same position. The exchange between the two groups over the faculty appointment quickly reached crisis stage.

The result was the chartering of a new, independent institution, the Medical College of Virginia, on February 25, 1854.

There is no likeness of Thomas Johnson available.
External as well as internal strife shaped the Medical College of Virginia in those days. Outside Richmond's medical community, political turmoil was threatening the destiny of a united nation. As tensions mounted between Northern and Southern states in the 1850s, medical education in Richmond was not spared the drama.

What had been a concern for many in the South over the numbers of Southern students who travelled North for their medical education now became a matter of intense regional pride. John Brown's raid on Harper's Ferry in October of 1859 further stirred the loyalty and conscience of at least 244 Southerners enrolled in Northern medical schools.

Before year's end, those 244 medical students seceded from their medical schools to return home, to the South. They were led by Dr. Hunter Holmes McGuire and Dr. Francis E. Luckett, both medical faculty members in Philadelphia, then the nation's mecca of medical education.

"Three hundred of the sons of the South will arrive at 2:30 p.m., Fredericksburg train to enter MCV, whose faculty, in a spirit becoming Virginia..."
gentlemen, have extended to them cordial and generous welcome to their noble institution and to the soil of the old mother state. We congratulate MCV upon this grand accession to its numbers and upon its brilliant prospect which, after long years of meritorious struggle is about to crown its toils and perseverance.” from the “Richmond Daily Dispatch,” December 22, 1859

The Medical College of Virginia, still a young and small school, welcomed the group. Admission was granted to 144 men who stayed on in Richmond; the others continued South. The secession brought immediate growth, plus an influx of energy and patriotism to MCV. Additionally, it brought to Richmond Dr. McGuire, who, through his leadership and that of his family’s, was to build a lasting legacy.

MCV’s move to a public institution occurred during the next year. In 1860, construction began on the college’s first hospital building. Patients had been cared for within college facilities from the beginning; however, completion of the building referred to as The College Infirmary and later Old Dominion Hospital brought the opening of the first free-standing MCV hospital. The state had appropriated $30,000 for construction of this new hospital. In return, the MCV Board of Visitors turned over the College Infirmary and all other college facilities to state ownership and control.

The Medical College of Virginia became an institution of the Commonwealth of Virginia on March 1, 1860.

By spring of the next year, the entire MCV community was swept into the Civil War as the Virginia General Assembly enacted legislation organizing the state’s military forces. MCV Chemistry Professor Dr. James B. McCaw organized Chimborazo Hospital, one of the largest military hospitals ever operated, where more than 76,000 patients were treated in Richmond during the four years of the war.

Others also made significant contributions. Professor of Surgery and Surgical Anatomy Dr. Charles Bell Gibson was named Virginia’s Surgeon General, and all faculty members held some position within the Confederacy as they continued work at MCV, educating many of the Confederacy’s physicians and surgeons and caring for the sick and wounded.

MCV is the only medical school in the South still in existence today that graduated a class during each of the war years.

MCV’s contributions during the Civil War were substantial. However, the sacrifices brought on by the war were to plague the young school for years to come.

Resources during the war and throughout the Reconstruction years were scarce. Funds were so depleted that the college was forced to sell its ambulance horse at auction in March of 1865. One month later, federal troops entered Richmond, and occupied the college buildings. The new hospital closed, and patients were transferred back to the Egyptian Building. Faculty members were forced to cover operating costs just to keep the college open. Academic sessions were shortened.

“The faculty take this occasion to reiterate their determination to return to a course of five months as soon as the condition of the country shall justify it: but, at present, the de-arranged financial and social condition of the section from which the college must derive its chief patronage, warns them that such a step would be premature.” from “The Bulletin” of MCV, 1866

Regular state appropriations to MCV began during those years, but by 1871, scarce state funding was not enough to keep enrollment from dropping to 20 per class, with only 10 graduating that year.
"The story goes that my uncle Stuart and a friend went fishing one day when they were young men just beginning their practices in surgery, and while they were relaxing, they both decided it would be nice to be professors. So, Uncle Stuart said he would go get his father to start a medical school. My great-grandfather, Dr. Hunter Holmes McGuire, was a fierce Confederate, and MCV, at that point, was in bad shape. He hated to see Southern students being educated by those Yankees anyway, so he said to his son, "Sure, let's do it."

Hunter H. McGuire, Jr., M.D.
Chief of Surgery
 McGuire Veterans Administration
 Medical Center
(above) Hunter Holmes McGuire lecturing.

(inset) Staff of Virginia Hospital, 1899.
First as the man who led the succession of Southern medical students from Philadelphia, then as Stonewall Jackson's medical director and finally as professor of surgery at MCV from 1865-1880, Dr. Hunter Holmes McGuire knew well the consequences of the Civil War era. During the last years of the 19th century, his disappointment with medical education in Richmond was replaced with a commitment to improve it. In 1893, his solution to his frustration was to open a new medical college in Richmond, just two blocks away from the Egyptian Building. His College of Physicians and Surgeons became the University College of Medicine in 1894.

Dr. McGuire's college was composed of schools of medicine, dentistry and pharmacy, with a novel three-year curriculum for the medical students. During the next 20 years, UCM operated as an independent institution. The spirit of competition this new college brought to Richmond divided the local medical community, but spurred MCV on to significant reforms within its programs.

By 1899, MCV responded to UCM's extended curriculum by setting new standards for medical education in Virginia with the lengthening of its own curriculum to four years. Admissions standards at MCV were improved, and, by the end of the century, faculty numbers doubled. During the years of UCM's operation, MCV expanded its programs to include a nurses training school, plus schools of dentistry and pharmacy.

Dr. McGuire's death in 1900 was mourned throughout Richmond. He was briefly succeeded by Dr. J. Allison Hodges before his son, Dr. Stuart McGuire, carried on the struggle for excellence in medical education by assuming the presidency of UCM and continuing his father's battles.

His analysis of the situation within Richmond in 1909 was hasty and harsh: the city's two medical colleges were both inadequate; only by combining resources of UCM and MCV could Richmond hope to become home to a "reputable" medical school.

Dr. Flexner, with his report, set the stage for final resolution of the struggle between UCM and MCV.

Financial difficulties of the two colleges and the professional pressure brought on by the Flexner Report culminated in the merger of Richmond's medical colleges in 1913, following an unsuccessful consolidation attempt in 1911. Memorial Hospital was the agent which brought the two institutions together. The hospital's indebtedness was to be assumed by the new school formed of the merger as the Memorial Hospital was deeded to the consolidated institution.

Dr. George Ben Johnston and Dr. Stuart McGuire, so often outspoken opponents during the last decade, became leading architects of the plan which merged two proud and distinct institutions under the name of the older Medical College of Virginia. Chief mediator for the negotiations was Eppa Hunton, Jr., chairman of the Board of MCV.

"Those at the head of each school realized that mutual sacrifices would have to be made, and some of those involved considerations other than those pertaining to mere dollars and cents of material matters," read a "Richmond News Leader" editorial of January 4, 1913. "With the consolidation will come the strength and influence that are the corollary of unity. The student of the future, in particular, will be a beneficiary. . . . Today the public feels an equal degree of regard for each of the schools, but it nevertheless applauds the wisdom and the unselishness that are to result in their consolidation."
Demands of the 20th Century

Historian Dr. Samuel Chiles Mitchell was named president of the newlywed MCV, and Dr. Stuart McGuire appointed dean. Dr. Mitchell's tenure lasted only one year; he was succeeded in 1914 by Dr. McGuire.

The last several decades before the merger brought a rash of new buildings, programs, curriculum additions and faculty members to both institutions. Now, with the combined resources of Richmond's two medical colleges, MCV was set to stride forward into the 20th century.

However, the transition into a new era was neither a smooth nor sudden process.

The impact of the Flexner Report did not end with MCV's 1913 consolidation. While the American Medical Association's Council on Medical Education in 1911 rated MCV among the top five medical schools in the country based on graduates' performance, tougher new standards for accreditation led to close and demanding scrutiny of MCV's programs.
The onset of World War I in 1917 combined with a disastrous outbreak of influenza in Richmond in 1918 left MCV in a weak position to respond to the AMA's call for higher standards in medical education.

Still, MCV's strengths shone brightly during that first decade after the merger. Throughout its history, the school's greatest asset has been its closeness with the public it serves and its ability to so ably react to the needs of its state and country.

This was the case in 1917. As the college community was struggling to define new standards of quality, the people of MCV rose to the challenge presented by World War I.

MCV President Dr. Stuart McGuire was among the first to respond to the call of his country. In April, 1917, he was commissioned a major in the Army Medical Service and rapidly rose through the ranks to a position as Director of Richmond's Red Cross Base Hospital 45 and Advisor at Washington to the U.S. Army's Surgeon General. During that same year, others at MCV joined in the war effort, including 15 seniors who graduated early in 1917 that they might qualify for commissions in the Naval Medical Corps.

By 1918, Dr. McGuire closed Saint Luke's Hospital founded by his father, organized Saint Luke's personnel and others from Base Hospital 45 and reported for duty at Camp Lee. The Base Hospital 45 medical staff members sailed for Toul, France, where they served with distinction, earning a citation in 1919 for service and patriotic devotion.

It was during these war years that MCV accepted its first women students.

"I may be the only member of my class still alive today. We had a very small class then. I graduated with 26 students, 24 of them were male and two were female. They were among the first few women ever graduated from MCV. That was 1922. Both of these women were over 40 years of age when they went into medicine and both practiced in Richmond for years and years."

Charles M. Caravati, M.D.
Emeritus Professor of Medicine
Former Assistant Dean of Medicine,
Continuing Medical Education

At home, sacrifices brought on by war to the small group of remaining students and faculty were familiar to MCV. Reduced staffing and limited supplies presented hardships enough. Then, in 1918, an influenza outbreak so severe that it eventually took more than 800 lives in Richmond hit hard.

"September 3, 1918, I was inducted into the army. All of us were inducted into what they called the Student Army Training Corps. We bivouacked in the Blues Armory, an armory for the reserve soldiers and lived there throughout the war. Everyday, we marched to and from classes. I'd been there about a week and I contracted that terrible influenza. I survived it, fortunately, but I was out for about three weeks. John Marshall High School was just two blocks away, and with so much illness, the schools all closed and John Marshall was opened as a hospital since the hospitals in town couldn't take care of all the sick. At one time, there were 1,100 cots there, all with patients in them. The students acted as orderlies at night. Interestingly enough, I don't remember hearing if one of those students died."

Dr. Charles M. Caravati

Junior and senior classes were suspended, and even sophomore students were recruited as MCV was called upon to help staff the emergency hospital at John Marshall High School.

MCV was left reeling from the strains of war and illness.
Memorial Hospital amphitheater, 1920s.
The AMA's Council on Medical Education and Hospitals visited MCV just as the college was recuperating. The year was 1919, and the accrediting team issued a blistering report. MCV's Class A accreditation rating was placed in serious jeopardy as a result of the team's findings. Unbeknownst to most within the MCV community, the school was put on "confidential probation" as a result of the inspection. The probationary ranking was to last through several decades; not until 1953 was it finally lifted.

One year later, MCV's future as an independent medical school was jeopardized as the Virginia General Assembly authorized a Commission on Medical Education to study the merger of the University of Virginia Department of Medicine and MCV under University of Virginia control. The plan failed only at the last as a result of a powerful lobbying effort by UVa alumni against the move.
These were not easy years at MCV. However, Dr. McGuire’s administration was not without its triumphs. MCV’s physical plant continued to grow under his leadership, with St. Philip Hospital for Negro Patients completed in 1920 and Dooley Hospital attained that same year. Under his strong encouragement, the number of full-time basic science faculty members increased significantly.

Dr. McGuire was the classic physician, educator and administrator of the early 1900s. He maintained a demanding surgical practice, administered a busy clinic and hospital, and directed the college’s surgery department while serving as MCV’s president.

He was also astute enough to recognize that the needs of the college called for a full-time president.

In 1925, Dr. McGuire relinquished the presidency of MCV to become a member of its Board of Visitors, later its chairman. His contributions to medical education in Richmond were invaluable. He gave generously of himself as president of both the University College of Medicine and MCV, as director of WWII’s Base Hospital 45, a leader within the Board of Visitors for many years, generous benefactor of the college and the Richmond Academy of Medicine, and as fund-raiser for such projects as the A.D. Williams Clinic.

Perhaps most significant of his gifts to MCV was his vision of its future, a vision which brought to MCV its next president.
On March 25, 1925, William Thomas Sanger, Ph.D., was appointed MCV’s newest president. Four months later, on July 1, this former secretary of the Virginia Board of Education, assumed his position at the helm of MCV. Dr. Sanger was the first full-time administrator to fill the president’s seat, and he brought with him to Richmond 15 years experience in education administration.

His leadership came at a time when medicine itself was changing. Dr. Sanger knew the importance of bringing those changes to MCV.

"The Medical College of Virginia was considered a 'practitioner's' school until that time. It had been run, by and large, by unpaid or part-time practitioners with an apprenticeship approach toward medical education.

Now, when Dr. Sanger came, he was the one who began the shift of this more traditional practitioners' school to the modern institution MCV is today. He recognized that we needed full-time people, and he recruited some of MCV's first full-time faculty. It was an important moment in this institution's history."

Dr. Stephen M. Ayres
Dr. Sanger’s devotion to MCV was complete. His hours were long, his commitment to advancement of the college absolute. A severe myopic condition forced him to keep much information in his head, rather than on paper, and thus he developed a reputation for administering with a style of total personal involvement and control.

For a man suffering from near blindness, Dr. Sanger was known as a visionary. He appraised MCV’s strengths and weaknesses and charted a clear course of action for the college.

"I feel I was fortunate to have known the man who made this place. Dr. Sanger simply didn’t know the meaning of the word ‘no’. You might call him a persistent visionary. For those who come to MCV now, it’s hard to appreciate what he did because it’s here, but when he arrived, it wasn’t. He gave his entire life to this school, and it shows."

Peter N. Pastore, M.D.
Scholar in Residence
First Chairman,
Department of Otolaryngology

"Dr. Sanger ran this medical school lock, stock, and barrel. He knew everything that was going on. You couldn’t buy a light bulb that he didn’t supervise the process."

Kinloch Nelson, M.D.
Emeritus Dean of Medicine

"Dr. Sanger was a remarkable man. He gave his life to MCV, and he brought many outstanding changes. When you look at MCV today, much of what you see is Dr. Sanger. I don’t mean someone else might not have been able to accomplish it, but it was Dr. Sanger who did. He was absolutely incredible in terms of his concentration and vision for this school."

Elam C. Toone, Jr., M.D.
Emeritus Professor of Medicine
Former Chairman, Connective Tissue Division

"The stories I hear about the relationship between Dr. Sanger and Charles Cardwell are wonderful. Charles Cardwell, like Dr. Sanger, was a remarkable man. The two of them eventually founded MCV’s School of Hospital Administration. Mr. Cardwell was an engineer by training and his first job here was as director of buildings and grounds. The story goes that he once went to see the president about his budget. Dr. Sanger said, 'What’s a budget?' But he figured if Charlie knew so much about that sort of thing, he’d put him in charge of the hospital. The stories are legion about the closeness and the joining between those two. Charles went on to be administrator of the hospitals and later vice president at MCV."

Thomas C. Barker, Ph.D.
Professor of Health Administration
Dean, School of Allied Health Professions

"Not only was Dr. Sanger a great leader, but his wife was also wonderful. I think she and Mrs. Sutton, the wife of the chief of pediatrics, were concerned about women in medicine of that time, and they were very supportive of us. That personal attention that each of these people showed us made an important difference not only to me, but to the institution."

Carolyn M. McCue, M.D.
Professor of Pediatrics
Sylvia Sanger — 1956.
Dr. W. T. Sanger and Dr. Stuart McGuire.
When Dr. Sanger arrived at MCV in 1925, he faced an institution which had been placed five years earlier on discretionary probation by the AMA, an institution sparsely staffed by part-time faculty, and an institution sorely limited by its physical plant inadequacies. Growth was not an option; it was a necessity. It came to MCV on several fronts under Dr. Sanger’s guidance.

Nationally, medical education was slowly moving out of the hands of part-time faculty members who had traditionally balanced lectures with their private medical practices. Dr. Sanger was quick to recognize the importance of this revolution, and just one year after his arrival at MCV, he hired the school’s first full-time professor of medicine, Dr. William Branch Porter.
Others soon followed, Professor of Pediatrics Dr. Lee E. Sutton, Jr., arrived in 1928, and Professor of Surgery Dr. Isaac A. Bigger in 1930. These gentlemen transformed MCV not only with the time they were able to dedicate to the school, but also with their personal and professional style.

“You know, when I was going to school, all of the doctors that taught us practiced medicine uptown Richmond. Half of them didn’t come half of the time they were supposed to. That’s actually the truth. So when Dr. Sanger came in and said he was going to replace the chief of medicine and get a full-time man from somewhere else and let this man go who’d been serving them well and was well respected in the community . . . when he said that, hell went to fire. All the doctors and everybody went crazy.

Interestingly enough though, Dr. Sanger had sense enough to get a good man for that first position. He was a graduate of MCV, actually University College of Medicine. This gentleman was practicing in Roanoke at the time, but he had trained for a year in England or somewhere. So, Dr. Sanger brought him back. His name was Dr. William Branch Porter, the first full-time physician at MCV. He had one terrible time the first year here, but then things softened down and he was known as one of the finest teachers and physicians anywhere.

Then he was joined by Dr. Bigger, a surgeon from Vanderbilt, and Dr. Lee Sutton, a pediatrician from Harvard. The three of those men together started the school a blooming.”

Dr. Charles M. Caravati

“Richmond’s medical society was very fragmented by this move to full-time faculty. There were some difficult days early on. The story is that Dr. Murat Willis, who founded with Dr. George Ben Johnston Richmond’s Johnston-Willis Hospital, was particularly disturbed and upset by the appointment of full-time faculty, and bitterly opposed Dr. Sanger’s appointment of Dr. Bigger as chief of surgery. Over a period of several years, Dr. Willis became increasingly disturbed and in January of 1929 took his life.”

Dr. Elam C. Toone, Jr.

“After I had finished my residency at Massachusetts General, I knew that I wanted to come home, home being where the heart is, home being MCV. Dr. William Branch Porter was chairman of the department then. I said, ‘Dr. Porter, I’ve been away as you suggested, and now I’m coming back and I sure hope you have a place for me.’ He said, ‘Of course I’ve got a place for you. Welcome home.’

“To me Dr. Porter was the ideal physician and professor. He was a gentleman and he was a scholar. I had seen the giants in Boston and Dr. Porter held his own with any of them.”

W. Taliferro Thompson, Jr., M.D.
Emeritus Professor of Medicine
Former Chairman, Department of Internal Medicine

“Dr. Bigger was practically a saint. To say he was a noble gentleman would be most appropriate.”

Randolph Hoge, M.D.
Emeritus Professor of Obstetrics and Gynecology

“I remember well Dr. William Branch Porter making rounds in the classic old style. He came in in elegant fashion, surrounded by 10 or 15 eager medical students, and one of us had to present a case. I recall very vividly presenting my first case to Dr. Porter. I stayed up until 2 o’clock the night before. So far as I know, I probably did all right. I remember more about Dr. Porter’s grand style that day than I do about my performance.”

R. B. Young, M.D.
Associate Dean, Continuing Medical Education and Alumni Relations
“Drs. Porter and Bigger were my professors in medical school, and everybody loved them. They were important figures in the promotion of this school, and they were important because I think of them as physicians who had a lot of empathy for their patients.

This is a very important quality... maintaining a caring approach to our patients... and these gentlemen helped establish a tradition for caring among many of our physicians here at MCV.”

Dr. Carolyn M. McCue

“The appointment by Sanger in the 1920s of the first full-time department chairman, Dr. William Branch Porter, was courageous, contentious and catalytic. It was a turning point for the medical school on the long road to full accreditation. Only a medical statesman like Porter could have begun the shift to full-time faculty, and the William Branch Porter Professorship of Medicine and the William Branch Porter Society symbolize his quiet success. Drs. Tucker, James and Bloom said of him, after his death, ‘Although he had not children, all of us who he taught loved him as a father.’”

Dr. Stephen M. Ayres

The first giants among the full-time faculty were soon joined by others.

“We had some grand teachers and great characters then. Dr. Harvey Haag was chairman of pharmacology. He looked like W.C. Fields, with a red face, red nose, big red ears and a wax mustache that curled. His secondary interest was the pharmacology of nicotine and tobacco. His primary interest was the pharmacology of ethyl alcohol got better and better. It reached its peak in the 40s, when it was such a tradition that they finally declared it Harvey Haag day on campus when that lecture came around.”

Dr. Hunter H. McGuire, Jr.

“There were people at MCV in my days as a student who changed my life a great deal, people like Dr. St. George Tucker, Dr. Richard Kirkland, and Dr. Nathan Bloom. From them I learned the rewards of education and the joys of being a teacher. I learned how to be a very broad human being from Dr. Tucker. I learned how to be a scientific physician from Dr. Kirkland, and I learned the tremendous importance of bedside manner from Dr. Bloom. I owe a great deal to my teachers in those days at MCV.”

Dr. R. B. Young
The challenges Dr. Sanger assumed as he undertook the presidency of MCV were innumerable. A man of action, his solution was to begin with the basics and build a foundation. He quickly recruited needed faculty, and Dr. Sanger also wasted no time in launching what many consider his greatest gift to MCV: a major capital improvement campaign.

By 1930, he had convinced the state to appropriate funds for the Tompkins-McCaw Library. Additional funds had also been raised for a new dormitory and educational unit for St. Philip Hospital. However, the Great Depression hit MCV hard, necessitating the postponement of projected laboratory and outpatient clinic buildings.

When the AMA Council on Medical Education arrived at MCV in 1935 for inspection, progress under Dr. Sanger's administration was praised, but deficiencies remaining in the physical plant were emphasized in the Council report.
“If your college is to maintain satisfactory standards of medical education, it is practically imperative that you proceed with the development of hospital and outpatient department facilities,” a letter from the Council to Dr. Sanger stated. “This is the most urgently needed development in connection with your institution. With such a development, your institution would have available the facilities to become one of the outstanding medical schools in the country.”

The financial situation facing MCV as its leaders read this correspondence was grim. The country was struggling to recover from the devastating effects of the Depression and MCV had sustained losses in salaries, programs and construction funds during recent years. Undaunted, Dr. Sanger launched a $1 million capital improvement campaign. A major gift donated by Dr. Stuart McGuire’s friend and patient Adolph D. Williams and a grant from the Public Works Administration launched construction on a new building to house outpatient clinic facilities plus laboratory and classroom space. By 1936, the AMA Council on Medical Education commended MCV for plans and progress on such projects as the AD. Williams Memorial Clinic, Hunton Hall dormitory, a new service tunnel system and a student social center located in the old First Baptist Church purchased by MCV. By 1941, the Egyptian Building was completely renovated and McGuire Hall expanded.

Towering above all was the new 600-bed, 20-story MCV Hospital. The modern MCV Hospital, dubbed “Sanger’s Folly” by some who doubted it could ever be filled, epitomized the vibrancy Dr. Sanger’s campaign brought to MCV.

“It’s hard to imagine now the changes that new hospital brought, but it was really something to us then. It was the newest hospital in the South. In addition to being fire resistant, it even had ‘moving air,’ if you can imagine.”

Dr. Peter N. Pastore

Dr. Sanger’s victories in physical plant improvements and expansion were accomplished quietly but effectively with the backing of a supportive legislature and dedicated benefactors. He will long be remembered for his wizardry at finding the resources for such unprecedented growth during the difficult days of the 1930s and 40s.

“When the Legislature saw what he had done for MCV on a shoestring, they started supporting Dr. Sanger with funds.”

Dr. Peter N. Pastore

“He did an absolutely marvelous, maybe incredible, job of representing the institution to the Legislature. He did not have the backing of a large alumni group like other institutions had, and yet he made his pitch strongly and highly successfully.”

Albert J. Wasserman, M.D. Professor of Internal Medicine Executive Associate Dean and Associate Dean for Curriculum

“Dr. Sanger was a legend within the Legislature. He’d show up asking for money for a 14-story building and would walk out with funding for an 18-story one before all was said and done.”

The Honorable W. Roy Smith
Former VCU Rector
Former President, MCV Alumni Association
Former Member, Virginia Legislature and Chairman, House Appropriations Committee

The new hospital brought a surge of pride and excitement to the MCV community. It also brought about an innovation in medical education which was to affect the college for two decades and shape a new concept in higher education for the nation: the Virginia/West Virginia Medical Education Compact.

The compact was negotiated by Dr. Sanger in 1943 as MCV administrators realized their new hospital allowed them to accommodate additional junior and senior students in clinical training rotations. West Virginia University, at the time, had only a two-year medical education program. Therefore, MCV accepted 25 WVU juniors each year to train at the medical school.

The plan saw the graduation of 335 West Virginia students from MCV over 17 years, and served as the model for future Southern Regional Education Board contract agreements. SREB today offers students of states throughout the Southeast access to valuable professional education opportunities.

(Page 35, top) A.D. Williams Clinic (inset) John A. Shipley laying A.D. Williams cornerstone in 1936.
Celebrations over MCV's new buildings and growing full-time faculty were overshadowed in those days of the early 1940s by mounting tensions in Europe and at home as America was once again drawn into war.

In June, 1941, 29 MCV seniors were commissioned into the U.S. Army Medical Reserve Corps and later that same year, World War I's Base Hospital 45 was reconstituted as General Hospital 45. The unit, staffed by MCV physicians and nurses, arrived at Fort Lee on May 15, 1942.

"We were on constant alert to go overseas beginning in late summer of '42. Fortunately for us, unfortunately for the Army, there was a debacle in Africa at that time, and they needed to send tanks and guns, not an Army hospital. So, we had a reprieve until the spring of '43. During that time we ran the Camp Lee station hospital. That was an important thing to do. Lee was a big Army camp with a lot of sick people, and we had our hands full taking care of them. At one time, I had a ward of 30-40 people with meningitis.

We were ready to go, though, when we finally pulled out in March.
We sailed out of New York, later learning that it was during the month of the highest sinkings in the Atlantic. We were gathered together on board that ship in the middle of the ocean and told that it might be a dangerous crossing. We were not to be a part of a convoy, they said. We were to cut loose and run. Well, that sounded kind of exciting and romantic... cut loose and run, so we were prepared. Then we were told to always carry a flashlight and whistle in our pockets in case of a night sinking. By the time I got to the supply center, all the whistles were gone. I set about learning to blow on my fingers. I'd never been able to do it before, but it shows that necessity was the mother of invention for me and lots of other soldiers who spent the crossing learning to blow on their fingers.

We landed in Casablanca on the most brilliant night I've ever seen. It was unreal... unwordly. We marched off the boat onto a train under this brilliant moon. We didn't know where in the world we were going. We didn't know whether a lion would stick its head in the door when we stopped or not. When we finally did stop and open the doors, we were greeted by the most fabulous fragrance of orange blossoms you could ever imagine. We realized we were in the beautiful little town of Rabat. We moved in to a school there called College des Oranges where we were slated for 1,000 patients, so we set about our business. We spent a little over one year in North Africa then were packed up again and shipped out to Naples. We set up shop and stayed in Italy the rest of the war. I had the dubious distinction of being on the psychiatric service there where we worked with the conditions of men under stress in wartime. We worked hard in Naples and many of the casualties did end up in the psychiatric ward.

It was fearfully cold there, miserable. We all thought we were going to die of pneumonia. We had a real hard time in Italy. It seems to me if I were to compare two areas, Italy was a lot like Vietnam. We kept on, beating our heads against what often seemed like insurmountable odds. The war wound down finally. I never will forget V-E Day. I was assigned to the blood bank. Whoever volunteered that day also got a good, big shot of whiskey. I had the radio on, listening to the news with my heart in my throat... Oh my, what a day."

William Taliaferro Thompson, M.D.  Emeritus Professor of Medicine  Former Chairman, Department of Internal Medicine

Throughout the war years, the men and women of General Hospital 45 cared for 36,000 patients, receiving commendation in 1945 for “superior performance.” The bravery and sacrifices of those who served touched countless more lives once they returned home and transformed MCV as an institution as well.

“The closeness of our group held on for a long time after we came back. Every month we would have dinner together. It created a remarkable camaraderie that couldn’t have been simulated by any other means. Because we had all come from different areas within the city, and because we had all become such close friends, it made a remarkable difference to our practices back home and to the school. It broke down the cliques which had been so strong in Richmond.”

Dr. William Taliaferro Thompson

The war brought both triumphs and hardships. In response to its demands, MCV launched new research programs in areas related to military needs, such as burn treatment, which were to gain MCV national recognition. Once again, however, academic schedules were altered as war brought severe shortages of staff and supplies.

War’s end brought a flurry of activity with a demand for additional hospital beds. An influx of hospital revenues from admissions made it possible to open additional floors atop the new MCV Hospital and to expand hospital staffing to accommodate the growth.
The end of World War II also brought the return of many of MCV's most talented leaders to Richmond. Among those back on the MCV campus were Dr. Charles Caravati and Dr. Kinloch Nelson.

Dr. Caravati was already well known at MCV; he had taught at the college since 1924. Dr. Nelson, a man said to have retired from more positions than any other at MCV, began building some of his first legends as an MCV administrator during those last years of the 1940s. In 1948, Dr. Nelson was appointed to head MCV's new Virginia Regional Education Program, recently begun under the direction of Dr. Caravati and Dr. James P. Baker.

The new regional outreach program was designed to bring improved health care and continuing medical education opportunities to the rural areas in Virginia. Fredericksburg, Farmville, Suffolk and Nassawadox were the first communities in
MCV's network, a network which has prospered in the decades since, offering clinics, conferences, lectures, TV courses and postgraduate training to scores of Virginia health professionals.

"We recognized that you could offer the state's very busy doctors, the country doctors, the best or the worst programs we had for continuing education and wouldn't any of them come. They were too busy, they couldn't get away. So the idea was to take the college to the towns. Dr. Sanger didn't have any money for the idea at the time, but he went to the Commonwealth Fund, and they financed it for five years. With that funding, we'd go out to these hospitals in the state and work with these physicians on the most difficult cases they had. That was a great advance in keeping the country doctor abreast of what's happening in medicine. It's been so successful, the program is still going on today under our continuing medical education program with 21 hospitals involved."

Dr. Charles M. Caravati

MCV's innovations in community medicine began to attract international attention during these years as the Richmond Home Care Program took MCV physicians and student physicians to all reaches of the city on home visitations to needy patients.

Again, Dr. Nelson added color to the worthy program and gained notoriety as Richmond residents watched him tool about town on home care visits in his Volkswagen "bug."

"I had one of the first one of those 'beetles' myself, but that first one I was seen in was not mine. You see we had a service here, the Home Care Program, which began in 1947. Under this program, the students went out to see the poor of the city each morning. Dr. Kline and myself, we went out each afternoon with a student to see those patients who seemed to be having some sort of trouble. We made our calls in a black Volkswagen that belonged to the city. The city supported this program, it was another one that originated with the Commonwealth Fund of New York. The city had tried their own program to serve the indigent and medically indigent, whatever that is, of Richmond, but their plan hadn't worked. So they came to us. We were paid a little and they furnished the automobiles. The program worked, so they eventually took it back over, and we had the curious experience of being paid more the first five years than we were after the Commonwealth Fund backed out.

I was talking to one of these boys the other day. He said Home Health was the highlight of his life. I believe it. They loved it, you see. They get that bag and that car and they'd go out to see a patient. Dr. Kline and myself, over the years, got to know all the poor people of Richmond. This program attracted a terrific amount of attention. As a matter of fact, as a result of one of the visits we had from people around the world, I went over to London to talk about our Home Care Program."

Dr. Kinloch Nelson

Dr. Sanger, a mastermind for both the Home Care Program and the Regional Education program, continued his contributions to MCV's outstanding community medicine efforts with the role he played as one of the founders of the Virginia Council on Health and Medical Care in the 1950s. The Council's objective, to find physicians and dentists for medically underserved communities, has helped place hundreds of professionals in Virginia's small towns and rural areas.
MCV of the early 1950s bustled with the energy that comes with transition and transformation. Having mourned the death of past president and friend Dr. Stuart McGuire in 1948, the college community was marking the passage of a bygone era.

Public imagination was caught by the new miracle drugs of the day, and science and technology were embraced with frenzied enthusiasm as a nation invincible after WWII marched into a new decade.

Dr. Sanger's presidency was drawing to a close during these years as he embarked on one last physical plant expansion campaign. In 1952, the model new dental education building was opened. At about that same time, negotiations for a 50-bed surgical-diagnostic unit for tubercular patients began to be transformed by Dr. Sanger's magical touch. Overcrowding at St. Philip Hospital was critical, so the state was persuaded to combine its plans for the tubercular center with a planned 200-bed sanatorium and additional space for St. Philip into the 13-story, 450-bed
Dr. R. Blackwell Smith, Jr.
Ennion G. Williams Hospital, eventually completed in 1958. The academic program had been strengthened by a growing full-time faculty, new buildings filled the campus, and patient care was booming in the new hospital. In testimony to the progress Dr. Sanger's administration brought to MCV, the AMA Council on Education removed its probationary accreditation of MCV in 1953.

Faced with the approaching statutory retirement of Dr. Sanger, the MCV Board of Visitors appointed Dr. Robert Blackwell Smith, former dean of the School of Pharmacy, as Dr. Sanger's assistant president in 1954. July 1, 1956, Smith became MCV's fourth president as Dr. Sanger assumed a position as the college's first chancellor.

Well schooled in the arts of fund-raising for physical plant expansion, Dr. Smith launched a $10.5 million capital improvement campaign during his first year of presidency. The campaign carried MCV through 1963 and left the college with expansion and completion of Randolph-Minor Hall, Wood Memorial Building, McGuire Hall, Ennion G. Williams Hospital, Saint Philip Hospital, MCV Hospital, men's residence halls, Strauss Surgical Research Laboratory, the parking deck and the Medical Education Building.

Despite this era of physical growth, Dr. Smith is characterized not for the new buildings he brought to his college, but for the people who transformed MCV under his administration.

"The thrust of my brother's administration was to move this institution away from a focus as a provincial institution. I think he was influential in broadening the goals and the vision of MCV by building upon what Dr. Sanger had started. He saw the need for development of the full-time faculty. Additionally, in those days it was not a given that every medical school would get into research. He did a great deal by bringing into this institution those new researchers who did so much to build MCV into what it is today. And, he did what he did during some tough days here. He took the job because he was committed to change at MCV, despite some natural resistance to change that you saw here then.

I think he was able to accomplish what he did because of his quiet, kind nature. That character served him well during a turbulent time." The Honorable W. Roy Smith

"Smith came at an important time for MCV. He carried out much of Sanger's dream. His years as president were progressive years for MCV."

Dr. Peter N. Pastore

"President Smith helped research take off at MCV in those days. He helped set the stage. Then, a big item of the early 1950s was the establishment of the National Institutes of Health. It was not just that NIH was a place where they did a lot of high-powered research, but NIH also dispensed funds to establish departments and specialties. For example, Dr. Robert Irby was one of the earliest NIH fellows. He is still on faculty at school.

I got a lot of joking about rheumatology when I first went into it because it was viewed almost as a mechanical mishap rather than a disease process. But, due to NIH and other factors, research brought to light its very intricate pathophysiology.

Anyway, NIH provided a lot of funds for medical research on all fronts in those days. Then those volunteer health organizations, such as the Arthritis Foundation and the March of Dimes, also got to be important factors in the growth of medical education. In the 1950s you began to see these private and federal organizations working together, and the climate became very receptive to growth within our research programs.

It was about this time that some strong researchers were brought to MCV to fill full-time faculty positions."

Dr. Elam C. Toone

The most dynamic and dramatic personification of MCV's new breed of faculty members was undoubtedly Dr. David Hume.

"There are few of us left who have been with the college during the years of President Sanger's service. . . On his retirement, it would seem fitting to record the growth of the institution during these years. Dr. Sanger would be the first to point out that this remarkable growth was not due to his dreams alone, but to the interest, hard work and loyalty of our Board of Visitors, our faculty, our personnel, and the many friends of MCV.

When President Sanger retires, we shall be thinking of . . . his magnificent contributions." Thelma Vain Hoke

Dr. Sanger's "perceptive and persistent" secretary from "As I Remember" by William T. Sanger
Dr. Hume came to Richmond in 1956 from Harvard Medical School as chief of surgery to replace the deceased Dr. I. A. Bigger. There is some debate over who at MCV actually recruited Dr. Hume, but no one questions the impact of his arrival on a medical school faculty comprised primarily of Southern gentlemen.

Dr. Hume took MCV by storm. He brought with him pioneering techniques in organ transplants, a constantly growing network of other faculty members and research support personnel, levels of research grant funding unheard of before at MCV, and an almost total disregard for tradition at Richmond's medical college.

Dr. David Hume embodied the energy and promise of an entirely new technological era. His presence at MCV for 17 years touched every aspect of college operations and practically everyone involved with MCV.
"I was already back at MCV in residency when Dr. Hume arrived. He came here with very little experience in clinical medicine and surgery, and yet Dr. Porter championed him. They were two people as different as day and night: Dr. Porter the formal, somewhat stiff, erect, perfectly groomed clinician; Dr. Hume the much younger, much more dynamic, outgoing, much less formal surgical scientist. I think Dr. Porter saw in him the future of the institution."

Dr. Albert J. Wasserman

"Dave Hume was a maverick. I remember the first meeting of Dr. Nelson's practice plan committee. I was chairman and we had six people on the committee charged with helping to develop a practice plan for our clinicians. There we were at a table on the seventh floor in what's now Dr. Fallon's office. It was a library then and we were waiting for Dave Hume. He was 20 minutes late. He was never on time for meetings, he never came with anything but his scrub suit on, and he would never sit down. In he comes, 20 minutes late, looking different than everyone else and he goes straight to the chalk board, he won't sit down with the rest of us. He takes over, just like he did with every meeting I ever saw him in. He couldn't stand to be anything but the leader. So what do I do, I told him to sit down. It about floored everyone else, but I wouldn't let him stand up at the chalk board. What did he do? He wouldn't come to any of the meetings again."

W. Kenneth Blaylock, M.D.
Associate Dean for Admissions Chairman, Department of Dermatology

"He was Northern-born and Northern-bred. His style was really something around here. But, he did more to stimulate this place than you can imagine. His first $7 million research grant was the biggest anyone had ever received at MCV, and it caused quite an uproar.

Some thought he went too far too fast, but Dr. Hume was a tremendous force in the progress of this school."

Dr. Peter N. Pastore

"Dr. Hume loved to be provocative. There was nothing he liked better than to be questioned or challenged, especially when he won the argument . . . and he usually did."

Dr. Albert J. Wasserman

"He was probably one of the greatest things that happened to the medical school, and he was also the greatest troublemaker in the whole school. He caused us more headaches and more sleepness nights than you can imagine. He was brilliant, but he just wouldn't follow any rules."

Dr. Charles M. Caravati

"He was a genius, a man always looking for a new adventure, but because he was the kind of man he was, he operated on the edge. That's probably what eventually got him killed, but that same characteristic got him in trouble here plenty of times."

"At one point there was quite a bit of uproar about his involvement with some questionable research on human subjects. David, being the kind of guy he was, came out smelling like a rose, but it caused quite a stir before it was all over."

Warren W. Koontz, Jr., M.D.
Professor of Surgery and Chairman, Division of Urology
Associate Dean for Clinical Activities

"He was a splendid teacher. His residents loved him and he took care of them. Each year he would have a big Christmas party for them. That party got to be a legend. One year they got so rambunctious that they were banned from having it here again. The next year he held it uptown, and they caused even more uproar there. Things were never dull where Dr. Hume was involved."

Dr. Carolyn M. McCue
"A restless genius is a nice way to describe him. He was a charismatic type who captured everybody who walked into his office. When he was in the room, everyone was aware of his presence. You could actually feel his vibrancy.

When he was hired, the people at MCV were advised that he would either break or make the institution. He took us in new directions with his energy. His research helped make MCV a world leader in the science of organ transplantation. David pioneered kidney transplantations, and it was Dick Lower who invented the technique for heart transplantation. It was Dave Hume who brought Lower to MCV. We should have done the first heart transplant here actually but we got tangled up in questions about the procedure. Meanwhile, Christiaan Barnard came here to study with Lower, then took what he'd learned at MCV on to South Africa where the first heart transplant was done."

Dr. Hunter H. McGuire, Jr.

Dr. Hume's dynamic style commanded the attention of the institution, but he was only one of an entirely new breed of full-time faculty members who joined MCV during that era.

"When I became chief of the department of medicine, there were a few people in it, but very few. Our numbers were small and the salary for full-time faculty was virtually non-existent, but I was free to recruit and build my department, so I set about fingerling individuals I really wanted to build the department on. I wanted to make them financially independent enough so that I could lean on them real hard. I could say, 'Look next week I want you to commit yourself to teaching, and we'll pay you for it.'

I felt more like a rush chairman in a college fraternity than I ever had before or since. It seems kind of funny now, but I could go shopping with up to $20,000 and do pretty well. With that kind of money and great effort we put together a full-time department of medicine."

Dr. William Taliaferro Thompson

In 1956, MCV full-time faculty numbered 175. By 1969, the number had grown to 407."
Three decades earlier, the move toward full-time faculty began with the arrival of gentlemen like Drs. Porter and Bigger. Faculty status then meant privileges at MCV's open hospitals. Thus staffing issues were matters of grave personal and financial concern to Richmond's physicians since many of the city's hospitals were closed-staff, proprietary facilities.

The early transition away from part-time faculty in the 1930s was marked by some anguish and turmoil, but the debate was reflective of the social styles of those involved.

By 1960, the drive to bring talented new full-time faculty members and department chairs to MCV was in full swing. Some of those who had come during recent years, like Dr. David Hume, had no use for polite social traditions of the past. Their arrival sparked both internal and external politics at MCV, and the situation became explosive.
When Dr. Hume arrived, he was a czar. 'King David' I called him. He didn't tolerate anything except what he thought was right. Now Dr. Lewis Bosher had been doing all the cardiac and vascular surgery here for years. Dr. Bosher had the idea he had the authority over the type of surgery David was doing. He said the authority had been given him by Dr. Bigger, the chairman of surgery before Dr. Hume arrived. Now I don't know if you can pass something like this on or not, but you couldn't pass it to David. So Dave undertook to do some cardiac surgery himself. He was chief of surgery, he could cut their heads off if he liked. But Dr. Bosher didn't like it one bit. I thought he and Dave were going to have 700 fits. Between Maloney, who was dean at the time, and Bosher and Hume, there were continuous disputes going on here.

Dr. Kinloch Nelson

"I was in a surgical residency when Hume arrived here and I guess my residency experience was like everyone else's. The only thing that made it unique was knowing Dr. Carrington Williams and others in the local surgery establishment who had been here before Hume. I had some sort of relationship with them and Dr. Lewis Bosher as a fellow Richmonder.

Bosher was head of cardiac surgery until Hume brought in Dick Lower and put him in charge over Bosher and over Bosher's objections. Hume showed no appreciation relative to them and their status. Hume picked on them. They picked on him in any way they could, and I was caught in between. In fact, I worked in the research lab for Bosher when Hume was trying to fire him and he was trying to sabotage Hume. They were arguing over which one would get fired first.

Mostly I was not aware of all that, although I was aware of some of the charges they were leveling against Hume: that he was doing research on patients without their knowledge or consent."

Dr. Hunter H. McGuire, Jr.

James J. Kilpatrick, then editor of the "Richmond News Leader," captured the "town's" disingenuousment with such comotion on the MCV campus in his infamous editorial "Foggy Days at MCV" of November 4, 1961:

"A doctor of our acquaintance . . . has a feeling that the Medical College is drifting away from its primary responsibility of turning our practicing physicians who will treat the sick people of Virginia, and is getting overly involved instead in paperwork, bureaucracy, and excessive concentration on research."

The next year, the level of conflict within Richmond's physician community escalated as Dr. John P. Lynch, a part-time MCV faculty member, assumed presidency of the Richmond Academy of Medicine and used his inaugural speech as an opportunity to lambaste MCV's emphasis on research at the expense of education and service to the sick of Virginia.

Dr. Lynch's charges led to the appointment of a committee from the Richmond Academy of Medicine to investigate the situation at MCV and a visitation by an AMA and American Association of Medical Colleges survey team. While the national AMA/AAMC team commended "truly remarkable progress" at MCV and the importance of research work being done there, both survey reports condemned lack of communication and cooperation between MCV and Richmond's medical community.

With the town-gown conflict at crisis point, Dr. Smith's appointment of Dr. Kinloch Nelson in 1963 as dean of medicine was a masterful administrative move toward reducing the smoldering tensions. Dr. Nelson, with his warm personal style and wit, was able to help diffuse the situation and bring some peace to Richmond's factions.

In every city where you have a medical school, you have some feeling of animosity between the school and the uptown doctors. Dr. Nelson, more than anyone else, helped calm that situation. I couldn't really tell you anything in the world that he did to make things better. He didn't really do anything, except he listened, and I guess that's the reason he was good. He answered questions the right way, and not the wrong way. He just worked with people, that's all. He was able to get warring factions, in town and in the school, to quiet down a little bit."

Dr. Charles M. Caravati

"Dr. Nelson was a master of the one-liners. He could diffuse a tense situation better than anyone I ever knew."

Dr. Elam C. Toone

"When they moved me into the dean's position, I'd been working around here a little while. I had worked with Dr. Maloney, who was dean, and I knew all these fellows, see. I knew all their quirks. All this fussing around . . . they knew that I knew it was nonsense. And that's what I told them. This was the way it was with Bosher, he knew I couldn't play ball with him and Hume both. David was chief of surgery, I had to play ball with him, and we all knew all that fussing around was just plain nonsense. The same was true with Dr. Lynch. We just talked, and it worked."

Dr. Kinloch Nelson

Accommodations were made and a working truce realized even with some of those physicians in Richmond who resisted the full-time appointments but kept up their part-time affiliation with the college.

"Dr. Nelson and I were at odds for awhile over this notion of joining the faculty and clinic group full-time. I had my own patients and practice and was not anxious to give them up. However, I think the whole notion has worked out very well . . . especially since it didn't involve me."

Dr. Randolph Hoge
Ironically, as the “town-gown” conflict generated charges in the early 1960s that the value of education at MCV had been abandoned, the MCV faculty and administration were in the midst of one of the nation's most comprehensive reviews of the traditional four-year medical school curriculum.

A few years earlier, a revolutionary revision of the medical education program took place at Case Western Reserve. That reform appealed to Dr. William F. Maloney, the dean of medicine who joined MCV in 1957. Dr. Maloney was instrumental in recruiting many of MCV's new faculty members and department chairs of the late 1950s. Included in his team of personnel was Edwin F. Rosinski, Ed.D., a professional educator hired as associate professor of medical education and director of research.
Dr. Maloney, in the initial move toward curricular reform, appointed Dr. Rosinski to spearhead the evaluation and improvement of MCV's traditional curriculum. The result was campus-wide involvement in the curricular review, a process which electrified the MCV community.

"We had a whole lot of meetings to discuss this new idea. After all these retreats, the idea was to tie the basic sciences and the patient together. What a great idea! It's a wonder somebody didn't think of it earlier.

In those days though, a lot of these guys didn't always get along together. Maloney particularly had some hard times with some of these department heads. Everybody wanted to be the boss. But somehow we worked it out, even though Maloney ended up leaving in the process."

Dr. Kinloch Nelson

By September 14, 1964, MCV's "new" curriculum, based on a practical approach of study in each of the human body's organ systems, was instituted after nearly five years of intensive analysis and planning.

Dr. Maloney's successor, Dr. Kinloch Nelson, had announced his support of the curricular revision when he assumed the deanship upon Dr. Maloney's resignation. He then set about resolving some of the political controversy which overshadowed the importance of the educational reform.

"I'd been working with Maloney during some of this fussing that led up to his departure. I'd been working to get some of the guys to shut up, I guess. Anyway, when I became dean I realized that one of the first things that had to be done was to move this curriculum. I called a meeting to announce that we would implement it the next fall, and you would have thought I'd announced you were going to move the United States six feet north.

Anyway, it was worth all the commotion. The students were very happy with it and I think this new curriculum was responsible for getting the students more patient-oriented than they might have otherwise been."

Dr. Kinloch Nelson

"There is no doubt that the change in the curriculum to an organ systems approach was unusual in the country at the time. It was evidence of a commitment within the institution, the administration and the faculty to become more involved in teaching, to promote interest in education, to be innovative."

Dr. Albert J. Wasserman

"There was a need for some reform in medical education in the late 1950s and early 1960s. Medical education was undynamic: it was responding to scientific developments, but insensitive to the health needs of society. However, the MCV curricular reform was not instituted under the assumption that change, for the sake of change, was beneficial. Admittedly, the format of the curriculum was radically changed, but that is not the most important contribution the school made to medical education. What it did contribute was to demonstrate that by defining curriculum as the total educational experience of a medical student, educational reform can be achieved . . . Through continuous assessment, the health needs of society will be met and medical schools remain vital and vigorous. The importance of self-renewal is probably the most significant lesson to be learned from the curricular change."

Edwin F. Rosinski, Ed.D. from "Curriculum Reform and Medical Education"
The Momentum Builds

The curricular reform of the early 1960s was but one reflection of the metamorphosis affecting MCV.

The transformation had begun with Dr. Sanger's recruitment of the medical school's first full-time faculty members three decades earlier. As the physical plant grew, MCV accommodated more faculty members, and then more researchers. Transplant specialists were followed by renal physiologists and immunologists. The arrival of an entirely new breed of energetic, young research scientists on campus in the 1950s accelerated MCV's head-long rush into a new era of medicine.

Each aspect of life at MCV, education, research and service, was intertwined and each was carrying the other forward in a revolutionary spurt of growth.

"The 1960s, the period when Dr. Blackwell Smith was president, were the most formative years of MCV's history. Practically all current issues can be traced to decisions and moves made in this period."

Alastair M. Connell, M.D.
Vice President for Health Sciences
“Research flourished in the 1960s, affecting the entire institution. It was an essential step, for the development of a strong research program is critical for medical education. Research is important because of the concepts it produces: that science is not static; that truth is learned by properly conducted testing; that the recording of new truths is an essential element for the academic physician. These achievements broadened the whole spectrum of the faculty and students here.”

Dr. Albert J. Wasserman

“The development of the basic sciences in the 1960s under the direction of Dan Watts was one more aspect of the tremendous growth affecting MCV during that time. Prior to the late 1950s and 60s, faculty did not have the training or the time to deal with research, so first we had to build a strong full-time faculty, then provide the support they needed for both research and teaching. And, we had to establish a practice plan to support their patient practices. We had to build basic sciences at the same time because they were essential to our scientific research efforts.

The process led to growth in areas throughout the entire institution.”

Leo J. Dunn, M.D.
Chairman,
Department of Obstetrics and Gynecology
Former Interim Dean of Medicine

By 1965, MCV boasted a new curriculum which was among the most progressive in the country, one of the world's leading organ transplant programs and a booming research budget. Full-time faculty numbers had multiplied. Student enrollment had doubled to 1,200. Courses were offered in all areas of the health professions. More than 200 physicians filled MCV's hospital residency training programs; and over 1,300 hospital beds were offered for patient care. The growth was comprehensive, yet some of the traditions of the small school MCV had once been still held strong.

“I came to MCV in the mid 1960s. Hospital administration was my background and I was hired to direct the school of hospital administration. Charles Cardwell, the epitome of a country gentleman and administrator of MCV's hospitals for some 19 years, brought me here. In those days, the college was in transition, but there was still much of the fine, old Southern gentility left to MCV. Some of my favorite memories are of Dr. Nelson and Charlie Cardwell together then. They fought together. They played together. Charming. That's the only way I can explain it. You see, that's the best thing that I remember about MCV then, the closeness of its people. There was a feeling that everybody liked each other. The deans, they fought with each other, but they respected each other too. That closeness and personal contact we had then was special.”

Dr. Thomas C. Barker

The people and the commitment to moving MCV into the forefront of modern medical education were there. Still, several key ingredients were missing. The development at this time of a new facility for outpatient care and a physicians' practice plan proved to be of crucial importance.

“There were people in the city up until this time who thought our new full-timers didn't need to practice. After all, they were getting a salary. But we were attracting some top name doctors in here then. These guys had real talent, and they weren't getting any referrals. It seemed to me that with the talent we had here we ought to develop some practice. They needed to do it for themselves, plus we needed to do it so we could serve the people.

The private practice clinic was an absolute gold mine. It didn't take much persuading to convince the faculty they ought to do some practice. We worked out a scheme whereby they got to keep some of the money, their department would get some, and the dean's office would get some. After some thrashing around, we opened up for private practice in the West Hospital in 1965. I'll never forget, we had six patients. Last year, the Nelson Clinic, which is what the private practice clinic grew into, saw more than 500 patients a day.”

Dr. Kinloch Nelson
The Medical College of Virginia, in 1965, seethed with energy.

It had grown into a thriving, innovative urban medical center, an institution which pulsed with its own life and strained at the few confines still holding it back.

President Smith had begun to talk during the last few years of one of those confines: the need for university association. That same year, in 1965, the Virginia Higher Education Commission declared the need for establishment of a major university in Richmond which would encompass MCV. By 1966, affiliation with William and Mary had been considered and rejected as the General Assembly, on recommendation of Governor Mills Godwin, created the Wayne Commission to prepare for the merger of MCV with Richmond Professional Institute, an institution founded in 1917 as the Richmond School of Social Work and Public Health.
On July 1, 1968, Virginia Commonwealth University was born.
President R. Blackwell Smith was named provost at VCU.
Warren W. Brandt, Ph.D., former executive vice president at Virginia Polytechnic Institution, was named the first president of VCU.

"The birth of VCU is tremendously significant.
VCU offers the promise of strengthening MCV through cross-fertilization of all educational programs within the university. Additionally, university affiliation strengthens and expands our service programs and research efforts. The day of the free-standing medical school without university affiliation is gone, and although we have a long way to go to realize the full potential of VCU, we're on the right track."

Dr. R. B. Young
The Move Toward Specialization

Never again would MCV stand alone. It was now an integral part of a university system which had captured the aspirations of Virginia's higher education leaders. At least that was the concept.

Reality was slightly different. In response to pressure from alumni, MCV maintained its own name. In fact, graduates of 1969 refused diplomas from Virginia Commonwealth University, demanding that the name of their alma mater, MCV, be proudly displayed instead. But even the name would never again stand alone as MCV became the Health Sciences Division of VCU.

"A free-standing health sciences center, like MCV was prior to the merger, was simply archaic. We all agreed that we should be part of a university system. It takes time though for the realities of a new, larger bureaucracy to become accepted. The best aspects of VCU were not immediately obvious. In fact, it may take a few more decades for the full benefits to become evident, but they will."

Dr. Thomas C. Barker

Growth within MCV itself was so intense during these initial years of VCU's life, that adjustment to the consolidation seemed little more than a minor
aggravation to many within the medical community.

“For some time after Dr. Brandt’s arrival we went through a period of chaos on campus. At one time, it was a disaster. We had run through two or three executive directors for the hospital after Charles Cardwell’s departure before Myles Lash finally brought some order as executive director. In the meantime, during that period, David Hume, being the type he was, went straight to the Governor. He called up President Brandt and said, “I’m going across the street, if you want to come along, you better be there.”

Dr. Warren W. Koontz, Jr.

The changes which began with Dr. Hume’s arrival in 1956 were now coursing through MCV with all the power of a flood.

The first wave of full-time faculty recruits also became the first wave of many full-time department and division chairpersons.

“When I decided to come to MCV in 1966, I was looking for a challenge. I had looked at chairmanships throughout the country, but I thought MCV offered a lot of promise, and it certainly was in need of work. The hospital physical plant was so bad, I had never seen anything like it except in third world countries. But, the people here attracted me, people like Charlie Cardwell, Dr. Nelson, Dr. Dick King, so I decided to try the challenge. At the time, there was just a handful of full-time faculty here in the department, and I was the first full-time chairman of OB/GYN.”

Dr. Leo J. Dunn

“When I look at history, I see cycles. Some say that the modern era at MCV began back in the 1930s with the Bigger/Porter era. I think it began with the Thompson/Hume era of the 50s, when Dr. T. Thompson was chairman of medicine and Hume and others arrived. That’s when all the young people, dedicated scientists, like myself (I was only 31 when I arrived here) came. At that time there were many division head positions open within the departments, and we were eligible for those positions. When I arrived here, I was the first full-time dermatologist at MCV and I moved in as division chair in dermatology.”

Dr. W. Kenneth Blaylock

“When I arrived in 1966, it was an interesting time at MCV. We seemed at a crossroads in several arenas. For example, MCV had just integrated the races; however, we still had the physical plant for segregation of the patients by race and by paying class. You had private white patients who stayed in MCV West. You had staff white patients who stayed in MCV North, and you had the black patients who were in St. Philips or East Hospital. With three sets of operating rooms, it was interesting at times to balance everything.”

Dr. Warren J. Koontz

The 1950s and 60s, the post-Sputnik period, marked another turning point for medical education at MCV. A number of talented physicians joined the MCV faculty during that time and they continue to play significant leadership roles at the college today. Drs. David Richardson and B.W. Haynes joined the faculty in 1953 and Drs. James W. Brooks and Albert Wasserman in 1956, Dr. R.B. Young in 1963, Dr. Hermes Kontos in 1964, Dr. Richard Lower in 1965, Drs. Walter Lawrence and Reno Vlahcevic in 1966, Dr. H. Heber Newsome in 1970, Dr. Arnold Salzberg in 1973 and Dr. William Blackard in 1975.

“At that time, because so many people were new, because so many things were new, the college developed with constant, everyday turmoil.

Something was growing all the time. There was no going back.

When someone was brought in as a new department head in those days, they weren’t given a set budget. They weren’t given clear direction. They were often on their own, and their departments could
have gone either way.
It was the inner self that made these people want to develop the school to be the best then. They had pride in this institution. They had aligned themselves to it and it was because of their conviction that MCV developed as it has.”

Dr. Peter N. Pastore

As MCV moved into the 1970s, the fever which had gripped research in the 1950s and 60s was reaching throughout the institution. Under guidance of those like Vice President for Health Sciences Dr. Lauren Woods, scholarly activities at MCV were taking on yet another dimension.

Research itself was changing too. The research teams organized in the 1950s with some of MCV’s first major grants had grown and branched out into new arenas of exploration. However, the abundance of research grants of the late 1950s and early 1960s was waning.

“All these young scientists had been bringing in grant money, but the grant money began drying up and the departments got older. At about that same time, you began to see some division within the departments. My department, dermatology, split from medicine in 1973 and I became department chairman. Neurology also separated at about the same time.”

Dr. W Kenneth Blaylock

Dr. David Hume still held court in the halls of MCV’s hospitals, challenging students and residents with his consuming quest for knowledge. However, close to two decades after his arrival at MCV, Dr. Hume watched younger scientists tackle research frontiers not imagined before.

At the age of 55, Dr. Hume died in a tragic private airplane crash. In characteristic style, he defied all warnings of bad weather and took off as pilot from Van Nuys, California for a return flight to Richmond. He never made it home. Some say Dr. Hume’s untimely death in 1973 coincided with the close of the period he had catapulted MCV into nearly two decades earlier.

“As you talk about cycles, this was about the time of MCV’s third cycle in its modern era. As the young scientists brought in in the 1950s aged or disappeared, you see a new era emerging, one I call the Fallon/Greenfield era. Dr. Harold Fallon was chairman of internal medicine. Dr. Jesse Steinfeld was dean. Dr. Lazar Greenfield succeeded Dr. Hume as chairman of surgery. Dr. Harold Mauer in pediatrics, Dr. Leo Dunn in obstetrics/gynecology. Dr. Robert Friedel in psychiatry, these were the big chairmen of that time, and Dr. Dan Watts was dean for the School of Basic Sciences.

It was a marvelous era, a tremendous time for MCV. That's when we were able to get a 10-year accreditation for our medical school for the first time ever. That was a time of phenomenal growth. We had lots of capitation money and our practices were growing tremendously.

Research was entering a new cycle then too. We went from patient-oriented, clinical research, in areas like organ transplant, cancer, heart and stroke, to a new era that was more cellular in focus. We went back more to the basic sciences. We began to bring in others who were more molecular, biologically oriented, and our basic science school began to grow with this movement.

Don’t forget that always we were building on the shoulders of giants, growing from the achievements of those before us. And as we entered this new era, this next cycle, we went from being an obscure medical school into a new era. This was the next great wave for MCV.”

Dr. W Kenneth Blaylock

With the frenetic exuberance and social turmoil of the 1960s behind it, the MCV community set about building solidity and permanence into its foundation.
Establishment of a Family Practice Department

In 1971, Dr. Warren H. Pearse was named to succeed Dr. Kinloch Nelson. However, Dr. Nelson did not leave the dean's office before several final administrative coups. In 1970, one year before leaving the position, Dr. Nelson travelled to Virginia Beach to recruit Dr. Fitzhugh Mayo as chairperson of MCV's newly established Family Practice Department.

"One of the best things that has ever happened to medicine in Richmond is the establishment of the Family Practice Department. We had a desperate need for doctors in the small communities of Virginia. But then we opened up this department and this marked one of the most significant changes within medicine in our time."

Dr. Charles M. Caravati
"Family practice is a creature of the grass roots public. Our department was established in response to a call from the people and the legislators of our state for the education of more family physicians for Virginia. I am most proud that we have as large a group of graduates serving our state as any school in the country. Sixty percent have chosen to move into nonmetropolitan areas, and they have scattered all over our state, many of them in towns that didn’t have a doctor before their arrival. The fact that they have chosen these practices, that they are doing well, and that the people of Virginia seem to like them is very satisfying.

In addition to this service aspect of family practice, our other goal is to provide optimal education for our students. That’s a challenge. The development of the best techniques in this area of education has been ignored in our country, but I feel we have also addressed that challenge as well as any department of family practice in the country."

Fitzhugh Mayo, M.D.
Professor of Family
Practice and Internal
Medicine
Founding Chairman,
Department of Family
Practice

The department’s innovative network of affiliate training sites around the state offers students and graduates the opportunity to learn about the practice of family medicine through actual educational experience in the clinics and hospitals of Virginia’s small towns and rural areas.

“You see what happened before this program, a doctor would graduate and take his internship at a hospital in Richmond. That’s all he knew. He’d never been in an office. These boys, now, they rotate to different clinics, they go to different offices, and when they get through, they know some medicine. More importantly, they know what they don’t know. Unquestionably, that’s one of our biggest advances in medical education at MCV.”

Dr. Charles M. Caravati

Not only has the department succeeded in its mission of educating the family physicians needed within Virginia, it has also earned international acclaim for its pioneering research on placement of family practitioners.

"Research has been an essential part of what we’ve done here. It’s needed to determine the optimal placement of our graduates in communities where they are most needed. This department has done some landmark work in determining present and future community health care needs. In fact, our work at MCV serves as an international reference.

Any school, to realize its potential, must pay attention to the needs of the public, and I feel MCV is a far better balanced school in this regard that the great research institutions like Harvard Medical School, for example.

We have an excellent tradition of service at MCV and I’m proud that the Family Practice Department is a part of that tradition.”

Dr. Fitzhugh Mayo

"The program has been a tremendous success. It has met with so much popular support, you could hardly believe it. The Legislature even gave Fitzhugh Mayo a line item appropriation for this new Family Practice Department. He still has it and it will go to whoever heads the department.

That’s really something.”

Dr. Kinloch Nelson
"Obstetrics patients in St. Philip Hospital never got out of a cot when they came in for delivery. Conditions were so poor and so crowded, you'd have 30 women lined up each morning to use the one lavatory on the floor."

Dr. Leo J. Dunn

Somewhere along the way in MCV's rapid rise of the 1950s and 60s, its hospitals were left behind. The explosion within clinical faculty and staff rapidly outpaced modernization and expansion of MCV's hospitals. The facilities which were once the pride of the college had become its shame. Conditions were so poor, MCV began losing faculty to Richmond's new community hospitals, and adequate hospital space soon became a political issue which reached all the way to the Governor's office.

Dr. M. Pinson Neal, Jr., VCU Provost for the east campus appointed in 1973, was instrumental during President Brandt's administration in early financing attempts for a new hospital. Dr. Brandt, upon his retirement in 1975, was briefly succeeded by T. Edward Temple, a man who also played an important role in the MCV hospital issue. As Secretary for
Administration under Governor Linwood Holton, Dr. Temple had served as chairperson in 1972 of the Temple Committee, a group formed to investigate allegations of crisis conditions at MCV hospitals.

Dr. Temple was inaugurated as VCU’s newest president December 4, 1975. One of his first actions was the appointment of Dr. Jesse Steinfeld, former U.S. Surgeon General, as dean of medicine. Although President Temple’s tenure was short (he died of a sudden heart attack a little more than a year after assuming office), his leadership of VCU brought continued hope for a new MCV hospital and solid leadership for the project under Dr. Steinfeld.

“Dr. Steinfeld was the absolutely perfect dean for the time. He was all substance and no style. He got a lot done.”

Dr. Hunter H. McGuire, Jr.

H. I. Willett, consultant to both VCU Presidents Brandt and Temple, assumed responsibilities as acting president of VCU, upon Dr. Temple’s death, serving until Dr. Edmund F. Ackell, took office as VCU’s third president February 1, 1978.

Dr. Ackell, as a physician and the first of VCU’s presidents with broad experience in administration of the health care professions, continued efforts for the new hospital. With Dr. Steinfeld and a host of others anxious to express their opinions on the issue, final plans were laid in the late 1970s for MCV’s new hospital.

On June 16, 1982, the new MCV Hospital at Twelfth and Marshall Street opened its doors for patient care.

“Originally, the hospital was to be a women’s and children’s hospital to be completed by the early 1970s. But, of course, this planning process kept growing and involving more people. We stood in the hall of the state Capitol at one time, buttonholing legislators, Dr. Hudnall Ware and I, so we could get enough funding to complete the planning phase. Even after the planning stage, the process was a long one. We went through two or three different architects.

And then there was the Dr. Hume incident. Dr. Hume got upset about conditions in the West Hospital, so he wrote a letter to the Governor describing in detail how a cockroach walked up an I.V. pole. The Governor really got upset, and that brought an investigation into conditions at MCV.

Governor Holton sent over one of his staff members, a Walter Craigie, Jr. He went through MCV with a cold, clear eye and saw that the entire hospital concept had to be redone . . . That’s what turned the original idea for simply a women’s and children’s hospital into the hospital we have now. The decision to expand the hospital made it possible for MCV to be new today.

With the new hospital, our reputation has soared because it was simply impossible to do the type of work we wanted to do in the old facilities. That new facility has literally renewed this entire institution.”

Dr. Leo J. Dunn

The ultra-modern MCV Hospital replaced West Hospital, which had once represented the height of sophistication. West Hospital is now used for classrooms, offices and research space. North Hospital, formerly Ennon G. Williams, has been renovated for expanded patient care, and South Hospital, the former Memorial Hospital has been returned to the State.

Near the site of Academy Square, where French philosopher Quesnay dreamed nearly two centuries ago of a center for knowledge and exploration, the 14-story, 539-bed MCV Hospital now dominates the MCV campus. Within the thriving hospital complex, patient care and resident programs are offered in all the major specialties.

In 1983, the perfect complement for this urban medical center was provided with the opening of Richmond’s new Veteran’s Administration Hospital, another primary teaching site for MCV. The $120 million McGuire Veterans Administration Medical Center, with its 814 beds, expands MCV’s opportunities for excellence in patient care, medical education and scientific research to a level enjoyed by few medical schools in the country.

Additionally, 1983 brought the completion of MCV’s $8 million Massey Cancer Center, an outpatient clinic designed to provide 15 different types of cancer care clinics to Virginia’s residents. The Massey Cancer Center, an integral part of the nation’s cancer care network, is unmatched within the Commonwealth.

With new hospital and clinic facilities, a faculty that had matured and built contacts within the community, and a healthy physicians’ practice plan, MCV flourished as a medical center for patient care.

“The new MCV Hospital has obviously made a tremendous difference to the physicians of MCV, but it has also made an important difference to our patients and to our school.”

Dr. Carolyn M. McCue

“The people who are here today at MCV are our greatest strength. But, you have to have quality facilities to let people do the best they can. We have that now.”

Dr. Leo J. Dunn

“With rare exception, we are able to provide health care second to none. Our physical facilities are outstanding. They allow us to achieve and serve at a level of excellence.”

Dr. Albert J. Wasserman

“MCV ranks in the country’s top 10 hospitals in terms of its admissions, research and service. We have a true urban university medical center here. It has a quick tempo . . . There’s always something going on, something to be done. It’s a fascinating, incredibly exciting place to be.”

Dr. Warren W. Koontz, Jr.
"MCV is at a critical point. We have a history of strong traditions of service. We have a wealth of resources available to us. And, we are able to take advantage of a very strong base of science built for us since the 1960s. Ours is certainly an elegant group of medical scientists.

Our task is to keep a balance. We must have faculty members who are master clinicians and we must have those who are also extremely curious intellectually, our master researchers. With the right balance, we can ask the questions which must be asked in order to improve the human condition.

We have all the right ingredients. The medical school of the future is the one we’re building today, one that blends scholarly teaching with important research and masterful patient care.

The physicians we graduate are going to have to know that medicine is a calling. They must be extraordinarily compassionate as well as extraordinarily competent. That’s quite a challenge. I’m proud of the steps we are taking to meet that challenge."

Dr. Stephen Ayres
MCV today is part of Virginia's largest, urban public university. It boasts the country's fourth largest university-owned health sciences complex. Its hospital is ranked one of the best in the nation. With sophisticated technology like the new lithotripter added in 1987 to the MCV Hospital, the college's clinical community is offering unprecedented medical care. MCV's organ transplant programs continue to grow. In 1986, Dr. Richard Lower, chief of cardiac and thoracic surgery, performed the most complex surgery at the college to date with a successful heart-lung transplant operation. The medical school's in-vitro fertilization program is also bringing patients from around the nation to Richmond. And, in communities throughout the state, countless Virginians are being served by MCV graduates as one of the nation’s top family practice programs continues to educate outstanding primary care physicians.

Research at MCV has never been stronger. Nationally funded research at the college has shown a straight line growth since the mid 1970s, due in part to the MCV Clinical Research Center organized in 1961. Today, 79 of the nation's 127 medical schools have federally-funded clinical research centers and the MCV CRC, directed by Dr. William Blackard, has contributed extensively to both basic research and the clinical development of basic concepts.

Reports prepared by the Association of American Medical Colleges and released in May, 1988, show that MCV is 28th of 127 medical schools in terms of direct research dollars and 31st when indirect revenues are added to form total research revenues. The shifts in medical schools' placement in the country's “top 40 research schools” rankings emphasize the solid growth of MCV's research pro-

gram in recent decades. While many other major institutions slid in their ranking during the last 10 years, MCV climbed dramatically from its 48th position in terms of total federal research support to its admirable ranking in 1988.

Finally, the commitment to excellence in education today at MCV is real. With continued refinements in the curriculum, MCV educators are keeping pace with the needs of their students and the public. For the first time since the 1960s, significant curriculum revision is underway which will refine basic science instruction during the first two years, add earlier clinical contact in the first year and extend primary care clinical contact in the third year. Medical ethics is emerging as a strong issue in the classrooms. Students are encouraged in the development of new learning techniques as traditional lecture hours are replaced by small group discussions and work with alternative education methods such as computer-assisted training.

The Medical College of Virginia, in 150 years, has grown into a giant, both in size and stature.

“What this college is about is teaching medicine.

We are facing several critical issues as we face our future, and we must decide how we can best teach the practice and the art of medicine.

We have good students, strong support, and we have quality individuals with outstanding reputations on our faculty and staff. These are the types of individuals who will help us define that future.

Once started, traditions of excellence in education, research and service are handed down from generation to generation. Our people and the traditions of this institution offer us what we need as we nudge MCV in the right direction.

Dr. Alastair M. Connell
"It is pleasant to tell tales of success; the story could have been quite different had not a generous state government and wisely selected medical school leaders worked as partners to recruit gifted physicians and scientists. Of almost all human institutions, academic health centers stand alone in their blending of theory, practice and education. Nowhere is this achievement better told than in the story of organ transplantation in Richmond. David Hume had participated in the world's first kidney transplantation and brought that skill to Richmond. Richard Lower, with his colleagues, performed the first successful heart transplantations in dogs in the early 1960s, an achievement made even more remarkable by the then prevailing belief that heart transplantation was impossible. Christiaan Barnard observed Lower at work in Richmond and performed the first human heart transplant in South Africa in 1967 at a time when the conscientious Lower believed the technique was not yet sufficiently perfected for human use. He continued his experimental studies and performed the first human heart transplantation in Richmond in 1968. This operation was important not only for its scientific success but also for its contribution to the field of medical ethics. The donor of the heart was an accident victim who had been declared dead but was kept alive by a respirator. A court action ensued and the consequent decision established for the first time the concept of brain death.

In a manner reminiscent of today's marketing frenzy, many other medical centers bypassed the necessary research preparation, performed heart transplantation, and then ballyhooed their short-term results. Unfortunately, the science of immunology was still in its infancy; most of the patients receiving heart transplants during that period died. Lower and his associates refused to discuss their own work publicly, remained hidden from the public eye, and carefully studied the problems of organ immunology. As their science became refined, and newer immunosuppressive drugs became available, the MCV team cautiously began transplanting hearts again with amazing results. By this Sesquicentennial Year, close to 300 heart transplantations have been performed in the combined MCV and McGuire Veterans Hospital program. A large percentage of patients live at least five years; MCV's longest living survivor is Arthur Gay who has now lived 15 years beyond his transplant surgery. Recently, MCV was honored by becoming the first heart transplantation program approved for federal funding.

The remaining years in this century appear bright indeed for MCV and for the health of its constituents. The heart transplantation success is a striking example of the approach that is being applied to many other serious health conditions at MCV today. The blending of research and
practice is saving the lives of premature newborn babies, accident victims, and patients afflicted with gastrointestinal diseases, heart problems of all sorts, psychiatric illness, and neurologic illness.

Programs in rehabilitation permit the restoration of disabled bodies to a more useful life and research into toxic chemicals and addictive drugs help those either voluntarily or involuntarily exposed to toxic chemicals. The Massey Cancer Center, pioneered by the world-renowned cancer surgeon, Dr. Walter Lawrence, and now directed by Dr. David Goldman, a well-known cancer researcher, touches the lives of many Virginians and others in surrounding regions. Newly appointed departmental chairmen, like Dr. Andrew Wechsler in surgery and Dr. Rupert Schmidt-Ulrich in radiation oncology, add further strength to the momentum of growth and will influence the school well into the next century.

The Medical College of Virginia, the Health Sciences Division of Virginia Commonwealth University, joins hands with its friends who enjoy good health and love life. The term of the human biologic clock is not known with certainty, but is substantially longer than the biblical three score and ten years. The miraculous new science of molecular biology is daily unlocking the mysteries of the human cell and will shortly produce the knowledge necessary for continued extension of life expectancy. And, the added years will be worthwhile years! Like Oliver Wendell Holmes' "Wonderful One-Hoss Shay," that "went to pieces all at once—all at once and nothing first—just as bubbles do when they burst," new medical knowledge will produce if not eternal life, life of high quality that will be lived as long as possible and then, abruptly stopped as the main spring winds down. Coronary heart disease and AIDS will be rarities soon after the turn of the century and, long before MCV's Bicentennial Year, cancer will be a rarity and the average American will live at least five scores."

Dr. Stephen M. Ayres
Significant Dates

1837 1838 1845 1847 1853
1854 1855 1856 1859
1860 1861 1862 1865 1866
1867 1871 1879 1883
1886 1889 1893 1894 1896
1900 1909 1912 1913
1914 1917 1918 1919 1920
1922 1925 1926 1928
1929 1930 1935 1938 1940
1941 1942 1943 1947
1949 1950 1951 1953 1954
1956 1957 1958 1960
October 2, 1837
Four Richmond physicians petition the president and Board of Trustees of Hampden-Sidney (spelling of the college’s name at the time) to establish a medical department under their charter in Richmond.

November 5, 1838
Hampden-Sidney Medical Department opens its doors in old Union Hotel to its first 46 students. Dr. Augustus Lockman Warner is named dean.

1845
Egyptian Building, permanent home for the college, is constructed with state, city and private money.

1847
Dr. Socrates Maupin is appointed dean.

1853
Dr. David Henry Tucker succeeds Dr. Maupin as dean of medicine.

February 25, 1854
The independent Medical College of Virginia is founded following controversy between original faculty and Hampden-Sidney Board of Trustees.

1855
Research is already underway at MCV. Dr. Charles Edouard Brown-Sequard is conducting work in the basement of the Egyptian Building which will lead to his internationally acclaimed paper on endocrinology to be published in Paris the next year.

1856
Dr. Levin Smith Joynes is appointed dean.

1859
John Brown’s raid at Harper’s Ferry prompts increased North-South tensions. Under leadership of Dr. Hunter Holmes McGuire and Dr. Francis E. Luckett, 244 Southern medical students from Northern schools leave Philadelphia; 144 enroll at MCV.

1860
State builds MCV’s first hospital, known later as the Old Dominion Hospital, in exchange for the deeding of all college property to the state. Thus, MCV becomes a public institution.

1861
MCV Professor of Surgery Dr. Charles Bell Gibson is named Virginia’s Surgeon General as all MCV faculty are drawn into support of the Confederacy.

1862
Chimborazo Hospital, one of the largest military hospitals ever operated, is organized at the start of the Civil War under leadership of MCV Chemistry Professor Dr. James B. McCaw. Over 76,000 wounded and ill are treated at Chimborazo during the four years of the war.

1865
College ambulance horse is sold at auction as MCV struggles through hardships of war years. Despite challenges, MCV remains open throughout the war.

MCV sustains some damage as Federal troops enter Richmond and most of the business district is burned by fires accidentally set by the Confederates.

1866
General Assembly appropriates $1,500 to help rebuild the college. This appropriation is the first of sustained state funding.

1867
First MCV outpatient clinic is opened in the Egyptian Building.

1871
Dr. James Brown McCaw is appointed dean.

1879
MCV is granted the power to confer degree of graduate in pharmacy, marking the first of MCV’s health sciences programs.
which eventually embrace all the health professions.

1883
Dr. Martin L. James is appointed dean.

1886
Dr. John Syng Dorsey Cullen, son of Dr. John Cullen, one of college's founders, assumes position as dean of medicine.

1889
MCV Alumni Association is organized.

1893
Dr. Christopher Tompkins named dean of MCV.

Richmond's second medical college, the College of Physicians and Surgeons, opens just three blocks from MCV campus. Under the leadership of Dr. Hunter Holmes McGuire, former MCV Professor of Surgery and Stonewall Jackson's Medical Director, the college is renamed the University College of Medicine in 1894. UCM opens its doors with schools of medicine, dentistry, pharmacy and nursing.

Dr. Thomas L. Moore is named dean of medicine at UCM. He is succeeded in the next 20 years by Drs. Landon Brame Edwards, Paulus A. Irving and Alfred L. Gray.

1894
MCV curriculum is lengthened to three years. During the next 20 years of UCM's existence, the positive effects of competition between the two schools are evident at MCV.

1896
MCV Laboratory Building erected.

1900
Upon President Dr. H.H. McGuire's death, the UCM presidency is held briefly by Dr. J. Allinson Hodges before it is assumed by Dr. McGuire's son, Dr. Stuart McGuire.

1909
Dr. Abraham Flexner visits MCV and UCM in preparation for publication of his Flexner Report. The Flexner Report results in the closure of more than 50 medical schools across the country by 1913.

1912
UCM builds McGuire Hall in honor of Dr. Hunter Holmes McGuire.

1913
The University College of Medicine graduates its last class and merges with MCV as MCV and UCM leaders decide to combine strengths and assets of both colleges. Dr. Stuart McGuire is appointed dean of medicine; Dr. Samuel Chiles Mitchell is named president. Memorial Hospital is deeded to newly consolidated MCV.

1914
Dr. Stuart McGuire is appointed president.

1917
Schools of Medicine, Dentistry and Pharmacy vote to admit women.

Under direction of Dr. Stuart McGuire, 40 MCV faculty members leave Richmond for Fort Lee as World War I's Base Hospital 45 is formed. The unit serves with distinction in Toul, France, earning a citation for service and patriotic devotion.

1918
At home, severe influenza outbreak in Richmond during war years taxes the remaining faculty and staff. Classes are suspended as junior and senior medical students are called upon to care for victims. The epidemic takes 800 lives in Richmond.
The first woman, Innis Steinmetz, Class of 1920, enrolls at MCV as a transfer student.

1919
American Medical Association's Council on Education inspection raises serious questions about MCV's accreditation. MCV is placed on a "confidential probation," a condition which continues until 1953.
Dr. Alfred L. Gray is appointed dean, he is succeeded one year later by Dr. Edwin Calvin Leroy Miller.

1920
St. Philip Hospital for Negro Patients is completed with $250,000 gift from Richmond residents.

MCV Laboratory Building is razed to make way for Dooley Hospital. Dooley Hospital opens, housing the Crippled Children's Hospital from 1920-1928.
Governor Westmoreland Davis appoints Commission on Medical Education to study merger of MCV and University of Virginia Department of Medicine. Issue is defeated by the General Assembly.

1922
The nation's 24th Reserve Officer Training Corps unit to be established at a medical school is opened at MCV.
Dr. Manfred Call assumes deanship.

1925
Council on Education conducts accreditation review again, sites inadequacy of clinical and basic science faculty and demands action.
Dr. William Thomas Sanger is appointed third president of MCV. Dr. Sanger assumes presidency July 1, 1925.

1926
Dr. Sanger appoints first full-time professor of medicine, Dr. William Branch Porter.
MCV's first $1 million campaign is launched as Dr. Sanger seeks funds for teaching/clinic building, nurses' dormitory, library, student loan fund, and endowments for full-time faculty.

1928
Dr. Lee E. Sutton, Jr., is appointed professor of pediatrics.

1929
Dr. Sutton is appointed dean of medicine.

1930
Dr. Isaac A. Bigger is appointed professor of surgery.
State appropriates money for Tompkins-McCaw Library, new dormitory and educational unit addition to St. Philip Hospital.

1935
Council on Education inspection commends improvements, but cites areas of need in hospital and outpatient care facilities.

1938
Outpatient department of Virginia Hospital moved to the A.D. Williams Memorial Clinic. The A.D. Williams Clinic houses needed clinic space plus basic science laboratories and classrooms. It is made possible by a generous grant from a friend and patient of Dr. Stuart McGuire, Adolph D. Williams.

Hunton Hall, dormitory for house staff and senior medical students, is erected.

The First Baptist Church is purchased and converted into the Student Union Building.

1940
Organization begins for 45th General Hospital which is to serve throughout World War II.
Modern, 600-bed MCV Hospital is dedicated.
Fourth story is added to McGuire Hall, Egyptian Building is renovated to provide basic science department space.

1941
MCV plunges into war with the nation as 29 seniors are commissioned in the Medical Reserve Corps of the U.S. Army. At home, shortages and hardships of war years present challenges at MCV. Research in related military needs, such as burn and shock treatment, emerges.

1942
Dr. Jacques Pierce Gray succeeds Dr. Sutton as dean, becoming first full-time dean with no other major department responsibilities.

1943
45th Hospital receives orders and sails March 21. In its service, the 45th cares for more than 36,000 patients. The unit serves with distinction in North Africa and Italy.

With its new hospital, MCV can accommodate additional third and fourth year students. Thus, Dr. Sanger negotiates the West Virginia University-MCV contract which brings 342 West Virginia students to MCV over the next 17 years.

1947
Post-war growth in revenues, hospital admissions, etc., leads to the appointment of MCV's first chief financial officer, Major General William T. Tompkins, comptroller, later vice president of finance.

MCV Alumni Association purchases Maury House as its new headquarters.

The MCV Foundation is incorporated.

The Virginia Regional Education Program, a hospital and clinic network designed to bring continuing medical education to outlying communities, is formed with initial sites in Fredericksburg, Farmville, Suffolk and Nassawadox.

The program, like the Home Health Program established at approximately the same time, is one of Dr. Sanger's innovative service efforts. The Home Care Program is to bring needed health care to countless Richmond area residents. Dr. Harvey B. Haag is appointed dean.

1949
Dr. George Ben Johnston Auditorium is named in honor of Dr. Johnston, a leading and active faculty member instrumental in the merger of UCM and MCV.

To accommodate need for additional hospital beds at the end of the war, the top two floors are opened at MCV Hospital.

1950
First black, Jean L. Harris, is admitted to MCV. She is later appointed to direct MCV's Center of Community Health and then named Virginia's Secretary of Human Resources.

1951
Dr. John B. Truslow becomes MCV's next dean.

1953
MCV removed from accreditation probation.

1954
MCV Board of Visitors names Dr. Robert Blackwell Smith, dean of School of Pharmacy, as assistant president to work under Dr. Sanger for two years.

1956
Old Virginia Hospital is razed to make way for McGuire Hall Annex.

Dr. R. Blackwell Smith becomes MCV's fourth president. Dr. Sanger is appointed chancellor, a position he fills until 1959 when he becomes chancellor emeritus and executive director of the MCV Foundation.

Ennion G. Williams Hospital for tubercular patients is completed as a joint project with the State
Health Department Sanatorium Division.

Dr. R. Blackwell Smith begins to recruit more research-oriented faculty. Dr. David Hume, from the Harvard School of Medicine, is among the first to arrive. Dr. Hume, the controversial and distinguished chairman of the Surgery Department, pioneers the organ transplant program at MCV.

1957
Dr. William F. Maloney becomes MCV's next dean of medicine.

1958
The St. Philip's Division addition to Ennion G. Williams Hospital is completed, creating a new 13-story, 450-bed facility on the MCV campus. The St. Philip's Division houses four floors for medicine, pediatrics and psychiatry.

1960
Review of traditional MCV curriculum is begun as administration and faculty launch a major curricular revision.

1962
The AMA and American Association of Medical Colleges respond to charges against MCV by the Richmond Academy of Medicine with an investigation of growing research programs and expanding faculty at MCV. The committee praises progress at MCV, but criticizes lack of communication between college and Richmond medical community.

Dr. David Hume performs MCV's first kidney transplant operation.

1963
$10.5 million capital improvement campaign is completed, bringing expansion and completion to: Randolph-Minor Hall, Wood Memorial Building, McGuire Hall; Ennion G. Williams Hospital; St. Philips and MCV Hospitals; residence halls; Lewis L. Strauss Surgical Research Laboratory; the parking deck and Sanger Hall, the Medical Education Building.

With expanded facilities, class size grows from 84 to 124.

Dr. Kinloch Nelson is appointed dean of medicine at MCV.

1964
MCV's new integrated curriculum is introduced.

1965
Virginia Higher Education Study Commission declares need for the establishment of a major university in Richmond with the consolidation of MCV and Richmond Professional Institute.

1966
The Wayne Commission is appointed by Governor Mills Godwin to plan for the consolidation. Civil War Centennial Building converted into Jonah L. Larrick Student Center.

MCV School of Basic Sciences and Graduate Studies is established.

1967
The Clinical Center and Self-Care Unit opens. It is named for Dr. Kinloch Nelson in 1972 and dedicated as the Nelson Clinic the next year.

1968
Virginia Commonwealth University is born of the merger of the Medical College of Virginia and Richmond Professional Institute, an institution founded in 1917 by Henry H. Hibbs as the Richmond School of Social Work and Public Health. Dr. Warren W. Brandt is named first VCU president.

MCV's first heart transplant operation is performed by Dr. Richard R. Lower, chief of thoracic and cardiac surgery. This same year, Dr. David Hume performs MCV's first liver transplant operation.
1969
School of Allied Health Professions is established.

1970
Department of Family Practice is established and Dr. Fitzhugh Mayo is recruited to chair the department and build the program. Under Dr. Mayo's leadership, MCV's Family Practice Department is to become known internationally for its service and achievement.

MCV launches coronary arterial bypass operation program under Dr. Richard Lower's direction.

Dr. Lauren Woods is appointed VCU vice president for health sciences.

1971
Dr. Warren H. Pearse succeeds Dr. Kinloch Nelson as dean of medicine.

1972
The Temple Commission responds to allegations of abhorrent conditions at MCV hospitals and calls for clarification of hospitals' mission.

1973
Dr. M. Pinson Neal, Jr., is named VCU provost of the East Campus.

1975
Dr. T. Edward Temple is named VCU president.

1976
Dr. Jesse Steinfeld is appointed dean of medicine.

1977
Upon Dr. Temple's untimely death, Dr. Edmund F. Ackell is named VCU president. Dr. Ackell assumes leadership of a university with an enrollment of 17,000, making it the state's largest higher education institution.

1978
MCV launches a system for rapid air transport of donated organs as the college's organ transplant program, and its reputation continues to grow.

1982
MCV's new 14-story, 539-bed hospital opens following a $60 million construction project.

1983
Complementing the modern downtown hospital, the new Veterans Administration Hospital opens as the McGuire Veterans Administration Medical Center. The new VA Center is a $120-million 814-bed facility.

Massey Cancer Center, an $8 million project, opens its doors to more than 25,000 annual patient visits.

Dr. Leo Dunn, chairman of Obstetrics and Gynecology, is appointed interim dean of medicine.

1984
Dr. Alastair M. Connell is appointed vice president for health sciences.

1985
First "test-tube" baby of MCV's in-vitro fertilization program is born.

Dr. Stephen M. Ayres is named dean of medicine.

1986
MCV's first heart-lung transplant operation is successfully performed by Dr. Richard R. Lower.

1988
VCU celebrates its sesquicentennial.
Photography Courtesy of:

University Publications
Pages 4, 9, 43, 48A, 56, 57, 58, 60, 61, 62, 65, 69A, 71, 72, 73, 75, 76A, 83.

Chip Mitchell
Pages 6, 20, 21B, 26B, 38, 40, 47A, 70.

Richmond Newspapers, Inc.
Pages 25, 46A, 49, 54, 64B.

Historic Landmarks
Page 59.

Blackstone Family Practice Center
Page 64A.

Office of the Vice-President for Health Sciences, VCU
Page 69B.

Doug Buerlein
Page 82.

All others from Special Collections and Archives, Tompkins-McCaw Library.