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Lithograph showing the campus of Bowdoin College, circa 1845. At the time of the founding of the Medical School of Maine, the only post-secondary school in the state was Bowdoin College, founded in 1794. Collections of the New York Public Library Digital Collection.

A PUBLIC TRUST FOR THE COMMON GOOD: MEDICAL PROFESSIONALISM AND MEDICAL EDUCATION IN NINETEENTH AND TWENTIETH CENTURY MAINE

BY THOMAS J. KEATING, MD, MS

During the time that the Medical School of Maine was educating men and women from Maine and other New England states, the profession of medicine and American society in general were undergoing a period of sweeping change. Advancement in medical knowledge, in the midst of an industrial revolution, created opportunities for, as well as expectations of, the profession, which formed the basis for the modern practice of medicine and the contemporary concept of professionalism in medicine. This paper chronicles the 100-year period of medical education by the Medical School of Maine, the ultimate demise of the institution, and the legacy that it created for the profession of medicine in the State of Maine. Dr. Thomas Keating is a Maine native and a graduate of Bowdoin College. He attended Tufts University School of Medicine and, since 1988, has practiced medical oncology and palliative medicine at New England Cancer Specialists in Brunswick. He has received master's degrees in health policy and management and in bioethics. Dr. Keating lives with his wife in Brunswick, has a son and daughter, and enjoys running and baking bread. The author would like to extend special thanks to the George Mitchell Department of Special Collections and Archives at Bowdoin College and the Archives of the Medical Library of Maine Medical Center.

INTRODUCTION

Both the American medical profession and the United States itself underwent substantial transformations during the nineteenth century. American physicians evolved from a disparate group of

mostly individuals lacking a formal medical education (claiming to be healers and generally held in low esteem by society) to a contingent of gentlemen who called for an elevation of the practice of medicine to a higher standard, based on education in the sciences and rooted in an ethic of service to the sick. The struggle for recognition and power facing the prominent medical practitioners in the newly independent American colonies of the late eighteenth century provides a fascinating narrative of a momentous social movement achieved by utilizing the legitimacy of education.

This paper reviews the challenges that faced the medical profession of the nineteenth century—at the time comprised exclusively of men—and the efforts that were made to establish, solidify, and enhance the professional standing of physicians in the state of Maine and throughout the rest of America. During this period, physicians learned to enhance their political power and thereby utilize cultural institutions and influence legislation. The medical pioneers of the district of Maine established medical societies, won licensing regulations, and enhanced medical education. The Medical School of Maine, established in the same year that Maine was granted statehood, was an important milestone in the life of the region's struggling medical profession and therefore occupies a substantial portion of this analysis.

My contention here is that the development of medical professionalism in Maine during the nineteenth century was inextricably connected with and profoundly influenced by the medical school established at Bowdoin College. The school's mission to educate the young men of Maine both academically and morally greatly enhanced the socialization of students into members of a learned and compassionate profession. Although it eventually fell victim to the rigorous standards necessary for modern American medical education in the twentieth century, the school provided a solid foundation upon which the profession could develop and flourish.

The Birth of a Profession

By the early nineteenth century, America was entering a period of growth and development that would eventually propel it into prominence as a world power. The Industrial Revolution, and its resulting transformation of American society from an agrarian system to a post-industrial economy, provided the groundwork for the development of professions, as we know them today. In addition to this social evolution,

the science of medicine was entering a phase of profound growth and development, leading to the ability of physicians who were appropriately trained in basic science and clinical medicine to identify specific diseases and to enjoy some success in prescribing therapies.

For the successful development of true professional standing, physicians were reliant on upon two major factors: 1) the willingness of American society to engage in a social contract that would extend to the profession the authority to regulate itself and to restrict entrance of new members into the profession 2) the development of a strong educational system where quality education replaced the traditional apprenticeship process allowing members of the profession to socialize young physicians-to-be into the nascent profession. Bioethicist Albert Jonsen noted that, “efforts to elevate and educate the profession began with the founding of medical Colleges.”¹

Along the road to legitimate professional standing, physicians also advocated for legislation authorizing the licensure of practitioners based on their moral character and the completion of scholarly medical training. They likewise worked to establish professional medical organizations to formulate ethical codes and to increase their political power.

As Maine Goes...

At the turn of the nineteenth century, Maine was a district in the Commonwealth of Massachusetts. Heavily forested and sparsely populated, this region posed formidable challenges to its medical practitioners. Dr. Seth Chase Gordon, in his work on the medical history of Maine, described the district’s professionals as being “remote from centres of learning [and] deprived of association with members of their own profession.”² Although they were isolated from centers of population that facilitated the development of professional relationships, physicians in Maine encountered problems similar to those faced by their colleagues throughout the country. These were substantial barriers to establishing medicine as a learned and honorable profession.

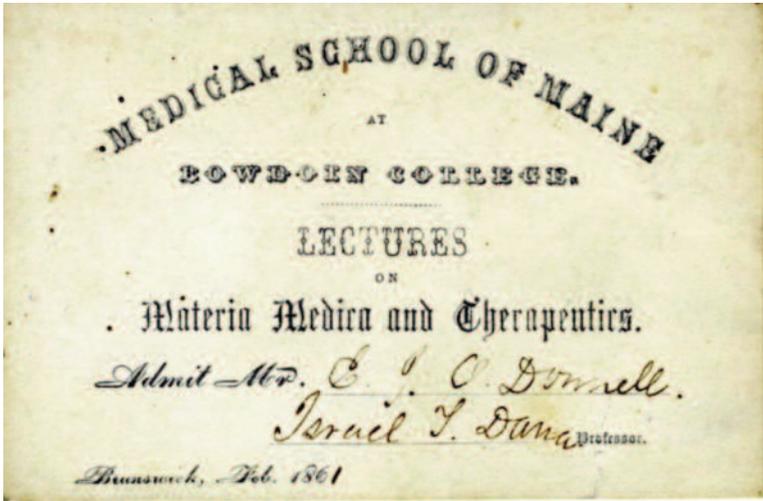
The Rise of Medical Professionalism In Maine

At the end of the eighteenth century, in the District of Maine, there could hardly be called a medical profession actively practicing in the region. Practitioners had little knowledge of the sciences. Many diseases were not even identifiable, much less treatable. Therefore, it is not sur-

prising that medical practitioners came from all segments of society, were ineffective in their medical care, and were not a cohesive group. Most medical practitioners were trained in apprenticeship relationships with practicing physicians, the established medical men in their region, or were self-taught. Thus the quality of medical care in the region varied. Between 1790 and 1840, only 35 percent of the physicians in Oxford County were medical school graduates, and only 5 percent of them had an A.B. degree.³ The chance of having a successful childbirth in the State of Maine in the late eighteenth and early nineteenth centuries was much better if the mother were attended by Martha Ballard, a prolific and popular midwife in Central Maine, than by a trained physician in the area.⁴

Nevertheless, the physicians in Maine worked hard, traveling long distances over rugged terrain in a region sparsely populated. Many “literally died in the harness” after a career with poor reimbursement, “their lives literally worn out in service, leaving but a very scanty provision for their families.”⁵ The first half of the nineteenth century, however, saw a proliferation of medical knowledge, making a medical school education an asset for an allopathic practitioner and establishing the credibility of formal medical training. A medical degree was becoming important in distinguishing the serious physician from others involved in the field—the practitioners trained in the apprenticeship method, the homeopaths, and the quacks and charlatans. Thus, the importance of medical education was identified early on in the development of the profession. Maine statesmen recognized the need for educational opportunities within the state as soon as statehood was achieved.

Having been a district of the Commonwealth of Massachusetts until 1820, Maine was influenced in its early years by its neighboring state and was populated by a number of men educated at Harvard College. When Maine became a state, these men were eager to establish a medical school based on academic institutions in operation at the time, such as Harvard and Dartmouth. The new state legislature responded enthusiastically with a grant of \$1500 for the establishment of the Medical School of Maine, which would become the preeminent institution of higher learning in medicine over the next one hundred years in the state. The school opened as the eleventh medical school in the country. It was followed by a wave of American medical schools founded in the latter half of the nineteenth century, reaching over 400 schools by 1900.⁶



This image is of a lecture ticket to admit student E. J. G. Downell to the Materia Medica and Therapeutics lecture of Professor Israel Dana in 1861. Public Domain Image, Wikimedia Commons. Courtesy of Dr. Michael Echols

The Establishment of a Medical School for Maine

At the time of the founding of the Medical School of Maine, the only post-secondary school in the state was Bowdoin College, founded in 1794. It enrolled its first class on campus in the town of Brunswick, approximately twenty-five miles north of Portland, the only city in the state that could be considered a center of population. Bowdoin accepted the challenge of attempting a medical school at a established liberal arts college.

The Rev. William Allen, Bowdoin's second president and a Harvard College alumnus, recruited Dr. Nathan Smith, professor at Yale and founder of Dartmouth Medical School and a physician of established reputation and indisputable academic credentials. In accepting the offer, Smith indicated his interest "in a new state like Maine, where neither habit nor parties have laid ruthless hand on the public institutions and where the minds of men are free from their poisoning influence, everything is to be hoped for."⁷

Smith's enthusiasm and the financial support of the legislature paved the way for the Medical School. The standards that the school adopted (both for matriculation and for graduation) were apparently within the norms of the established medical schools in the country at

that time, but within the next few decades these standards—along with those of a number of other institutions—would fall below what was considered adequate for training physicians in the country. The entrance requirements during the nineteenth century did not include a college degree. Dr. Walter Tobie, in his presentation to the Cumberland County Medical Society in October 1941, described the matriculation requirements in 1897 as “nominal, but on the whole adequate” including “a good English education.”⁸ For those applicants who were not high school graduates—approximately one third of the entering class in that year—an entrance examination was required. Although an increasing number of Bowdoin College alumni matriculated at the medical school, the Bowdoin undergraduates—drawn predominantly from the more privileged members of Maine society and held to much higher academic standards for acceptance to the school—generally looked upon the much less prestigious medical students with disfavor. By the end of the century, the Johns Hopkins School of Medicine set a higher standard with its admission requirement of proficiency in a foreign language.

The Rise, Relative Prosperity, and Initial Decline

An interested student body, an engaged faculty, and a supportive state legislature characterized the early years of the school. The curriculum steadily expanded in proportion to the number of the students and in response to developments in the science of medicine. President Allen, in his July 1826 letter to a Mr. Silas Durkee of Meredith, New Hampshire, explained the curriculum as “a course of lectures beginning in mid February and continuing for three months each year, usually with a lecture by each of the three professors each day and exams every week.” Requirements for graduation were “three years of study and two courses of lectures attended in an incorporated institution, the last in Brunswick” as well as “a certificate of good moral character.”⁹

Over the next few years, the student body increased in size from the initial twenty-one members of the class in the spring of 1821 to over eighty individuals by 1834. At this time the school was dealt a blow by the discontinuation of the \$1000 annual stipend authorized by the Maine state legislature. Bowdoin, however, continued its commitment to the school by expanding the curriculum and strengthening the graduation requirements. A chair of obstetrics was founded in 1825, a chair of material medica and therapeutics in 1846, jurisprudence in 1849, physiology in 1872, and public hygiene in 1875.¹⁰ The length of the term

increased from twelve weeks in 1825 to sixteen weeks in 1856, then to twenty weeks in 1886 and again to thirty-six weeks in 1904, and the number of terms necessary for the degree increased from two in 1825 to three in 1886 and then to four in 1904.¹¹

In 1858, a unique educational institution, the Portland School for Medical Instruction, was founded. This private school was established with the approval of the American Medical Association, which sanctioned the creation of such schools “to meet the increasing desire of medical students for a higher grade of professional education than can usually be acquired under the direction of a single instructor.”¹² Bowdoin’s medical students had the option to travel to Portland to complement the curriculum available to them in Brunswick, and by 1874 they were able to benefit from the association of the Portland School for Medical Instruction with the newly opened Maine General Hospital. Shortly thereafter, the Maine Eye and Ear Infirmary and the City Hospital, both located in the state’s largest city, became options for clinical instruction to the students of the Medical School of Maine.

Despite the good intentions and noble efforts of its mother institution, Bowdoin College, the medical school’s quality suffered over the latter half of the nineteenth century. This was in large part due to the financial constraints of the school’s reliance on income from tuition fees for its operation and insufficient contributions from alumni and Maine philanthropists. Whereas at the beginning of the nineteenth century, medical schools in the country needed to partner with academic institutions in order to prosper, by mid century it became increasingly apparent that they also needed to establish close relationships with the medical facilities that had the physicians and equipment to expose their students to the clinical experience that they needed to complement their basic science instruction. With those facilities operating in the last quarter of the century in Portland, the school in Brunswick seemed isolated and lacking in its offerings. Responding to calls to relocate the school to Portland Bowdoin’s President William DeWitt Hyde argued in 1897 that the school should remain in Brunswick due to its close relationship with the college the excellent facilities at Bowdoin, and the lower cost of living in Brunswick.¹³ The First World War, however, severely impacted the struggling school causing it to lose a number of prospective students into military service. But the final blow—from which it did not recover—was a national report written by a gentleman with no medical training or background: Mr. Abraham Flexner.

The Flexner Report

The American Medical Association (AMA), the organization representing the interests of the emerging medical profession, was founded in 1847 in response to the efforts of a young physician from the state of New York, Nathan Smith Davis, to improve the standards of medical education in the country.¹⁴ The swelling number of medical schools—many proprietary in nature—and a concurrent diminution in quality created a concern among medical professionals that the credibility they hoped to attain as learned profession was threatened by the poor quality of many of the schools. This situation compromised the profession's case that physicians were different from the quacks and charlatans from whom they needed to disassociate in the minds of the public. Although the Medical School of Maine never dropped to the level of some of the country's egregiously inadequate schools, it was unable to keep pace with modern developments. Its shortcomings were identified and publicized widely in a report commissioned by the Carnegie Foundation for the Advancement of Teaching.

The study of America's medical schools came five years after the Carnegie Foundation was established to benefit college and university professors throughout the United States and Canada. The trustees became interested in professional schools, and therefore dedicated a substantial sum of money for the assessment of medical schools. This assessment, performed by Abraham Flexner, was fully supported by the AMA, which had much to gain by exposing under qualified medical education. In her essay on specialization in medicine in the twentieth century, Rosemary Stevens notes that Flexner's report was a "devastating critique of the schools, thus affirming and strengthening the AMA at a critical stage of its development." The issue of medical school reform provided a unifying force to general practitioners, "big-city" specialists, and professors in the leading medical schools of the day.¹⁵

In his introduction to the published report, Henry Pritchard, the President of the foundation, provided a justification for the study that exposed the poor performance of many of the medical schools and led indirectly to the elimination of a substantial number of them—one of them being the Medical School of Maine. Pritchard made clear that the purpose of the study was "to serve a constructive purpose, not a critical one."¹⁶ Upon reading Flexner's report, however, one cannot help but notice his caustic and blatantly judgmental descriptions of some of the worst conditions that he had witnessed on his tour of the United States and Canada. Pritchard justifies his moralistic tone by pointing to the



Abraham Flexner circa 1895. Flexner's 346-page report of *Medical Education* provided the impetus for the closure of Maine Medical School at Bowdoin. Public Domain Image, Wikimedia Commons, Courtesy of the Rockefeller Foundation Archive.

Carnegie Foundation's expenditure of resources. Its effort was an ethical imperative—to protect two classes in society that, Pritchard argued, had usually been forgotten in the rapid multiplication of medical schools—prospective medical students and the general public. American youth were frequently at the mercy of unscrupulous schools, “the prey of commercial advertising” as Pritchard noted, with no opportunity to learn the difference between a quality school and an inadequate one. Likewise, the American public needed protection from schools that produced poorly trained physicians as much as they needed protection from the physicians themselves.

The 346-page report was divided into two parts. The first started with a general description of the state of medical education in the U.S. and Canada, and then proceeded with a comprehensive history of medical education in the two countries. Here Flexner drew attention to the significant oversupply of physicians in the two countries. Part II detailed descriptions of each school in each state, including the entrance require-

ments, the laboratory and clinical facilities, the numbers of students and teachers, and importantly the financial status of each, including sources of income for maintenance. The Medical School of Maine fared poorly in this critique, both in its didactic curriculum and its clinical opportunities. The report indicated that there were no full-time teachers in the sciences and that recent graduates, who were in practice, supervised the dissecting room. Flexner described one of the school's clinical facilities as "a thoroughly wretched city dispensary, where the cases are few, where no records are kept, and where not even copies of prescriptions are filed."¹⁷

In a summary of the institutions throughout New England, Flexner argued against the very existence of three of the schools, and indicated his disapproval of small liberal arts colleges managing medical schools. "The clinical departments of Dartmouth, Bowdoin, and Vermont would certainly be lopped off; there is no good reason why these institutions—colleges all of them—should be concerned with medicine at all." Two of these three institutions managed to improve the quality of their medical schools, and they continue to operate to this day. Bowdoin did not.

As expected, Flexner's commentary on the Medical School of Maine got the attention of the state's academicians and physicians. One of the issues of the *Maine Medical Journal* in the year following the Flexner Report contained two editorials, each expressing displeasure with the report, arguing against many of Flexner's assertions, and questioning his credentials to judge the quality of medical education. Dr. Frederic Henry Gerrish, a clinician and professor in the Medical School of Maine, was vociferous in his condemnation of the Carnegie Foundation's work in his presentation to the Innominate (Medical) Club in Portland in November of 1910, starting with a rebuttal to Flexner's contention that there was an oversupply of physicians in the country. Gerrish described Flexner's recommendations for school closings: "the slaughter goes on—too many doctors, too many schools."¹⁸

The Bowdoin administration understood the seriousness of Flexner's conclusions, but they continued to operate the school, even with a \$7,000 annual deficit. Then came the inspection in the fall of 1920 by "competent authorities" that found that an annual sum of \$75,000 would be necessary in order to run the school adequately. With that information, along with the realization that the school would lose its Class A rating, the governing board voted to close in school in the spring of 1921. Kenneth C. M. Sills, Bowdoin president, regretfully announced this action in his 1921 annual report.¹⁹ One suspects that a sense of re-

lief accompanied the report, with the final decision having been made regarding the school that created a financial drain and lowered Bowdoin's high educational standards.

The Legacy

For its one hundred years of its existence the Medical School of Maine served purposes beyond its established mission of educating Maine's young men in the science and clinical practice of medicine. The school provided proof that the medical profession was resolute in its insistence on grounding the practice in science and was loyal to its pledge to utilize its expertise and skill for the common good. The school provided one arm of the trilogy of institutions—along with the Maine Medical Society (the professional association advocating for physicians and professing allegiance to a code of ethics) and the state's licensing laws—that in aggregate allowed the medical profession to establish the expertise and the credentialing authority that Elliot Friedson contends is crucial in the process of solidifying its presence as a legitimate profession.²⁰

The Medical School of Maine was born in the spirit and excitement of statehood, anticipating a professional workforce of physicians educated in the emerging science of medicine. The school fulfilled its mission in its early days. But due to circumstances beyond its control and its failure to keep up with the times, it became awkwardly anachronistic. With its shortcomings identified in a study designed to purge the nation of inadequate medical schools, and with its funding from the Maine legislature long since eliminated, the school could not survive in the competitive environment of medical education.

During the one hundred years of its existence, however, the school enhanced the status of medicine as a profession through its emphasis on education and its mission to instill moral values in those who would become Maine's physicians. But was the school necessary for the profession to flourish in the state? One can only speculate about that at the present time, now almost a century after its dissolution. However, the school made a substantial positive impact in a rural and poor region of the country. Its closing in 1921 forced the state to recruit all of its physicians "from away"—at least until the College of Osteopathic Medicine was founded in Biddeford in 1978. But the school that educated and socialized young men of northern New England into the profession for over a century left its legacy in the strengthening of the very structure of Maine society.

NOTES

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