Medical Education at the Old State House 1913-1935

From Flexner to New Deal

Medical Department, University of Arkansas.
Organized 1879. An independent institution, not even "affiliated" with the state university whose name it bears.

Laboratory facilities: After an existence of thirty years without any laboratory facilities except a dissecting-room and a laboratory for inorganic chemistry, a frame building has recently been supplied with a meager equipment for the teaching of pathology and bacteriology. The session was, however, already well started and the new laboratory not yet in operation. No museum, no books, charts, models, *etc.*, are provided.

Clinical facilities: Hardly more than nominal. The school adjoins the City Hospital, with a capacity of 30 beds. From this hospital patients are brought into the amphitheater of the school building. There are no ward visits. The students see no contagious diseases; obstetrical work is precarious; of post-mortems there is no mention. There is a small dispensary, of whose attendance no record is procurable.

Date of visit, November, 1909.

General Considerations

Both the Arkansas schools are local institutions in a state that has at this date three times as many doctors as it needs; neither has a single redeeming feature. It is incredible that the state university should permit its name to shelter one of them.

Abraham Flexner

Abraham Flexner visited Little Rock to survey medical education in the state as part of a project sponsored by the Carnegie Foundation for the Advancement of Teaching. His report appeared in print a year later, in 1910. No one in Arkansas could have felt pride in what the learned visitor opined about the state of medical education. Arkansans who bristled at Flexner's strictures would have found company in many other states, for his scathing analysis of medical education touched every organized program in the United States. Dr. Flexner, a thoroughgoing Progressive, considered that the European university-based model of medical education provided the standard against which to measure the preparation of physicians.

Within four years of Flexner's visit to Little Rock's struggling and under-funded medical schools, much had changed. The faculties of the two colleges -- formerly bitter rivals -- had merged into a single entity. Perhaps the most visible sign of that merger was the decision to move the Department of Medicine of the University of Arkansas into the recently vacated Old State House.

The Old State House would shelter medical education for slightly more than two decades. These proved to be among the most turbulent years the institution would pass in the process of becoming today's College of Medicine at the University of Arkansas for Medical Sciences. During these years the light of medical learning would falter, sputtering almost to extinction. Politicians would time and again demand its abolition. The General Assembly would consent only to the most penurious funding. Worst of all, the scourge of the Great Depression would fall upon tax revenues even before the Wall Street Crash.

Housing the preclinical program of the Medical School did not benefit the indifferently maintained fabric of the Old State House. Its fate after the removal of the Medical School was as uncertain and newly controversial as it had been in 1912. The building quickly became little more than a curiosity for medical educators. 1935 signaled a rebirth from which there has been no turning aside. The new building on McAlmont Street, contiguous with the new City Hospital, established the triumph in Arkansas of Flexner's vision. Medical education would henceforth be supported by the apparatus of laboratory science and active clinical teaching.

Medical education entered the offices and halls of the venerable structure at 300 West Markham Street when the 1912-1913 academic year opened. The building had become a cast-off, once the new State Capitol was occupied. Its assignment to the Medical Department of the State University demonstrated the political acumen of a remarkable leader, Dr. Morgan Smith. The Board of Trustees had appointed Smith Dean in June, 1911. James H. Lenow, MD, the previous Dean, under whom the Medical Department and the proprietary College of Physicians and Surgeons merged, was compelled to tender his resignation when complaints about poor conditions of student life reached almost scandalous proportions.

Morgan Smith, MD, was already a prominent and successful figure in Arkansas when he assumed the deanship. The El Dorado native was 44 years of age. He had graduated from the Arkansas Medical Department in the class of 1889, after which he established a successful practice in his hometown. Smith earned a second MD degree as a special student at Tulane University in 1904. He then rose rapidly as an exemplar of another element of American Progressivism, improving the public health. He served the

Arkansas Medical Society in various capacities, finally being elected president. He importantly influenced the legislation that in 1907 required that all persons taking the state licensing examination for physicians be graduates of a regular medical school. This concern that practitioners possess proper credentials pointed him toward further concerns. Smith clearly understood the benefit of establishing a State Board of Health. When in 1913 the Legislature established the Board, Smith's draft legislation remained the foundation of its work.

Arkansas founded its present system of Public Health at the same time medical education took possession of the Old State House. It did so in the person of the new Dean, and his associates from the Rockefeller Sanitary Commission. The state had not previously funded medical education or public health. However, in 1911 the state legislature designated the departments of pathology and of chemistry as the Hygienic Laboratory of the State Board of Health. Despite the fact that no Department of Health existed, only a Board freshly appointed, the state hoped to qualify for a grant of $_____ from the Rockefeller Commission to curb the scourge of hookworm among its citizens. The possible aid was conditioned on the state's having a public health laboratory to support the eradication effort, and having an office to prepare health statistics. Dr. Smith proposed that the faculty and students of the Medical Department staff the Public Health Laboratory. They would thereby fulfill one requirement for the Rockefeller grant, while taking part simultaneously in practical laboratory instruction. The department for health statistics would also be housed in the Old State House, along with the Laboratory and the medical school. It was an inspired synergy.

Dr. Smith actively worked for the Rockefeller Commission for the Eradication of Hookworm in the South during his deanship. The stipend paid him for this work was at times his principal income. The State University paid him no salary as Dean, and he found his time so filled with administrative duties that his private medical practice languished.

Nonetheless, his successful service as State Director for Arkansas marked him out as an exemplar of the Progressive conviction that science and knowledge could confer lasting benefit on the lower elements of society. There was a strong element of duty toward those less fortunate in Progressivism. The concept of harnessing modern learning in service to human needs was broadly successful in turn-of-the-century America. In America it was the era of the Pure Food and Drug Act and of pioneering efforts in social work. In Arkansas Morgan Smith's career presented a microcosm of the broader national consensus.

Morgan Smith was well paired with a Governor who echoed his own Progressive spirit. George Donaghey came to office as a proponent of efficient and honest government. The Old State House served in a way as a witness to Donaghey's success. The new State Capitol had replaced the old penitentiary on the hill overlooking downtown Little Rock. However, its construction had been marred by shameful waste and fraud. Anger at the unseemly machinations of both politicians and contractors allied to them had led many voters to endorse the candid and unsullied "Carpenter from Conway". The new dean shrewdly approached Governor Donaghey, suggesting that the spacious east wing (recently vacated as state offices began their migration up the hill to the new State Capitol) would be ideally suited for the first two years' courses in the

medical curriculum. The Governor agreed. With his endorsement, the space that Smith coveted was made ready to receive students at the new term beginning in fall 1912.

Governor Donaghey's career in state politics was linked with the new State Capitol Building and with the Old State House. He had been named to head the commission in charge of constructing the new structure in 1899. That building would not be completed for over a decade, with the General Assembly first convening there in 1911, but with occupation by state constitutional officers and agencies not completed until 1914. During the intervening years Governor Jeff Davis thwarted efforts to finish the building with every imaginable stratagem. Charges of fraud and peculation shadowed the work of construction. When Donaghey finally determined to enter the race for Governor in 1908, he made completion of the Capitol a chief plank in his platform.

His reputation as a Progressive was strongly buttressed by programs in education and public health. In 1910 he supported creating the Tuberculosis Sanitorium at Booneville, as well as endorsing the campaign against hookworm infestation sponsored by the Rockefeller Sanitary Commission. The latter led to close association with Dr. Morgan Smith, the Arkansas Agent for the private philanthropy. The initiative to rid Arkansas of hookworm disease was predicated on establishing a State Health Laboratory. Such laboratories already existed in many states, and had their model in the federal Department of Chemistry within the Bureau of Agriculture. The dedicated Dr. Harvey Wiley and his "Poison Squad" had set America on its course to a modern Food and Drug Administration. The forward-thinking Governor and the prominent physician needed space and chemists, but state tax revenues would not suffice for either. Their focus soon fell upon recently vacated space at the Old State House. During George Donaghey's four

years in office (1909 – 1913) the Medical Department of the Arkansas Industrial University had an ally in the Governor's office. However, securing space for the medical school proved a high water mark, for little state tax assistance ever found its way to the struggling college.

Smith used his new building creatively, solving the complaints about physical conditions for medical education that had led to his predecessor's ouster. Classes in the two preclinical years of the curriculum were relocated from Second and Sherman Streets to the east wing. The space thus freed at Second and Sherman was assigned to other parts of the curriculum. Most tellingly, the students who had been cramped into an obsolescent building with inadequate toilet facilities were left to rattle about in the space vacated by state government. The Medical Department eventually occupied the entire building. The General Assembly authorized its transfer to Dean Smith's use in 1913. The last state office was removed in 1915, leaving the medical educators and the public health laboratory in possession of most of the structure for the next twenty years. Some rooms in the West Wing remained in use by patriotic organizations and the Boy Scouts, but they had no regular access to the Center or the East Wings where the Medical School facilities were located.

The course of medical education that commenced in the Fall Term of 1912 differed considerably from medical education in the present. Students did not customarily enroll and pass four continuous years in full-time study. Courses were indeed offered on a semester basis. However, they consisted largely of lectures. In place of a regular schedule, students instead received a set of tickets to individual lectures. Each student presented a ticket in order to be admitted to each session that he chose to

attend. Students did participate in laboratory work. This included dissection in the anatomy course, along with work in chemistry, microbiology and *materia medica* – a term embracing both pharmacy and natural products. Students frequently attended lectures during two or even three years of medical school sessions, then passed at least a year without enrollment. During this time the student would in effect become an apprentice to a licensed physician. In addition to assisting the senior doctor, the neophyte would also "read medicine", studying from texts and journals under the tutelage of the practitioner. After a period of such apprenticeship, the student would enroll for a final year of studies. Then, having graduated, the newly-minted Doctor of Medicine would present himself to the state licensing authorities to be examined.

The Medical Department possessed no dormitory or refectory for the students. Living arrangements in Little Rock during sessions were a private matter. The terms were also relatively short, in contrast to today's practice of an academic year commencing late in summer and continuing with only brief vacations until late May. The whole apparatus of a medical college was much more spare than today's. The structure was there. Flexner had been correct. Medical education required instruction in the natural sciences, extended then to the therapeutic applications of science to disease through pathology and microbiology. Flexner also pointed to the other fundamental element of modern medical education – intensive clinical training as the completion of the curriculum. Both elements were in place when the session of 1912-1913 began. Before 1935, however, Arkansas' ability to provide the whole of accepted medical education would be severely tested.

Access to patients for clinical education was a formidable challenge. The Medical Department did have the advantage of the 1905 bequest of Isaac Folsom, MD. His will endowed the Isaac Folsom Clinic, an entity to be thereafter part of the Medical Department and its successor institutions, created to support the practical study of medicine. The Clinic was supplemented by access to patients in the Little Rock City Hospital. Neither establishment proved satisfactory to support a fully successful modern medical college. The Folsom Clinic was located in 1912 at the previous Medical Department building at Second and Sherman Streets, some blocks east of the Old State House. The building was in great need of refurbishment.

When the preclinical courses were moved to the East Wing, Dean Smith began in the summer of 1912 to take advantage of the space released to make improvements at Sherman Street. The entire college never was moved to the Old State House. This is central to understanding the building's role in medical education. It was the site of preclinical courses. The first two years' instruction in clinical sciences and anatomy took place there. However, all patient contact for clinical teaching was done at other locations in the city.

The matter of the City Hospital proved more intractable. The Medical Department did not control the hospital. Furthermore, the mix of patients admitted to the hospital did not provide medical students with the variety of clinical material (to use the quaint phrase of medical educators of the time) to support instruction. The ideal solution would have been to emulate successful medical colleges elsewhere and establish a University Hospital. In such a hospital patients – particularly those in need of obstetrical care and those with communicable diseases – would be treated in considerable numbers.

Lack of experience with these two classes of patients proved a continual hindrance to the Medical Department during the 'Teens, 'Twenties and early 'Thirties.

The Medical Department may have held the majority of space in the Old State House after 1915, but a change in the structure's name suggested that condition would not be permanent. In 1921, the structure was designated the Arkansas War memorial. It retained this title until 1947. The practical effect was that patriotic organizations interested in commemorating Arkansans who had served in any of America's wars occupied space in the building during the last 14 years that medical education was conducted there. When the Medical School left, the structure would revert to commemorative and educational use.

Almost half the faculty of the Medical Department entered active service in World War I, some of them overseas. Potential students found military service a compelling alternative to staying at home in school. Worst of all, the financial strain of the war dried up most support for the school. Lost in the swirl of war was a plan to establish a state charity hospital, whose patients would receive care only from the faculty and students of the medical school. The new Isaac Folsom Clinic Building was completed as Dean Smith hoped, but its fate was out of his hands. The Army, concerned for the health of thousands of personnel being trained at Camp Pike – across the Arkansas River to the north of the city – demanded that state health authorities provide assistance. This included a demand for a public health laboratory and for a hospital to isolate persons with venereal disease and other communicable diseases. The Folsom Clinic Building spent the war years as the Emergency Hospital for Communicable Diseases.

World War I profoundly affected instruction in the small medical college in Little Rock. Enrollment had dropped in the mid-'teens. Indeed, in 1915 the Medical Department enrolled only 7 freshmen, a number that had recovered two years later only to 17. These numbers stemmed partly from Arkansas' rating as a Class B medical school. The American Council on Medical Education allowed its "A" rating only to colleges that required one year of premedical education in a college, soon to become two years. The structure of high schools in Arkansas was then so weak and variable that most colleges were in essence preparatory schools. Dean Smith was determined to qualify for the "A" rating, but the prerequisite coursework limited the applicant pool. Then came America's entry into the war.

Dean Smith saw no chance to move his program from a "B" to an "A" rating as a four-year medical college. He likewise saw little reason to draw out the existence of a second-rate "B" program. He therefore directed an exercise in educational daring. In September 1919 the Medical Department of the University of Arkansas ceased clinical instruction. It would not resume teaching third-year and fourth-year medical students until Fall 1922. For three years a student could earn only a bachelor's degree in medicine. It lay with the individual student to transfer to a four-year medical college in order to complete studies for the MD degree. Once clinical teaching resumed, it would be Spring 1924 before the first student at Arkansas could earn the MD.

However, the educational program had become not merely stronger, but deeper and more thorough. The new City Hospital was dedicated March 30, 1924. Its beds and modern design provided a new cachet to medical education in Arkansas. Now students in the clinical years learned on rotations at four institutions: St. Vincent, St. Luke, Baptist

and City Hospitals. Their faculty at each place held both medical college clinical appointments and staff privileges at the outside institutions. The anchor during the years of rebuilding to earn a class "A" rating was the preclinical educational program at the Old State House. Here every student passed two years learning the scientific basis for practice. The Isaac Folsom Clinic continued to operate, providing a bridge between the classroom and the hospitals.

For Morgan Smith, the three years after 1924 brought mainly frustration. Plans for a State Charity Hospital met skepticism and even hostility in the General Assembly. Plans to fund construction were conditioned on the Dean's raising $500,000 in donations, a highly unlikely undertaking in Arkansas, where the first bitter taste of the Great Depression was already apparent. Dissidence among the preclinical faculty marked the nadir for the medical school. The University Board of Trustees stoutly supported Morgan Smith. Although he prevailed against his critics and had long embodied the determination that the school must survive, Smith had reached his limit. He submitted his resignation, and returned to his private practice and to his direct involvement in politics.

Medication practice had become rapidly more sophisticated during the years since 1912. Two principal factors lay behind the changes – scientific advances and World War I. Chemistry and physics became suddenly modern around the turn of the century, and the advances offered many clinical advantages.

The most obvious clinical impact came from discovery of radiation, and especially of the property of X-rays. For centuries physicians had avidly sought means to understand the inner workings of the body. Diagnostic ability had long depended as much on acute senses and astute observation as any other factors. Without an X-ray or

modern scanning technology the physician had only two means to determine what process was at work within the body. The first, exploratory surgery, carried profound risks. Anesthesia was commonly practiced, but the drugs and techniques available allowed wide variances in results. The second, autopsy, was of no use to the present patient. Autopsy, combined with careful examinations, had made medicine far more exact as an art during the 19th century.

Two sorts of cases particularly demanded some means to "view" within the body. One was gunshot wounds. The nation had passed a long and sad deathbed watch with President Garfield in 1881. The President, wounded in the abdomen by an assassin, suffered for 11 weeks before his eventual demise. The best physicians in the nation proved unable to find the projectile lodged deep within him. One desperate effort to find the slug involved placing Garfield on a metal grid, then moving an electrical probe around, attempting to find the bullet. It failed. With Wilhelm Roentgen's publication in 1895 of information about his new rays, and the ability to produce a photographic plate with an image anatomic structures and a clear outline of a metallic foreign body, an exciting possibility had appeared.

The other sort of case, more ordinary but also much more common, involved broken bones. Bone-setting had long been a key part of medical practice. Arkansans were more likely to live on farms and to work felling trees than is the case today. Both occupations produced large numbers of broken bones. A physician with no X-ray had to rely on his fingertips to tell where a bone was broken, and where the fragments lay. Once a limb was put back into its original alignment and the bone put back into place, only feeling the break could confirm that the splint was in the correct

place. The process was sufficiently inexact that not every patient with a fracture went to a doctor. He might simply allow an experienced family member to set the bone, or a neighbor who had shown skill in that work. Now the X-ray allowed precise management of broken bones.

Americans had some fear even then of the "X" (for "unknown") rays. The rays were thrown off from naturally radioactive substances such as Radium. They could also be produced in special glass tubes. Such a tube, containing a near vacuum, would have connecting wires allowing electricity to pass through it. Its curved shape helped to focus the rays in order to play more energy on a single spot. The physician would either place a photographic plate to make a picture using the rays, or would place a tapering viewer (fluoroscope) against the patient's body and view the image directly. The fluoroscope allowed viewing even the motion of an organ (like the stomach, heart, or lungs).

Patients might be skeptical of the rays, but these discoveries offered something intriguing. It was now possible to apply electrical energy directly to the body. For this reason, many physicians who purchased X-ray machines preferred to talk about "electrotherapy" instead. Light and low-energy shocks did no harm to the patient. However, many people convinced themselves that the electrotherapy somehow transferred energy into their systems, promoting beneficial effects. Both tubes you see displayed here were used by physicians teaching in the Medical School at this time. The machines they powered were not used in the Old State House, but the faculty provided basic instruction to here, before taking them into the clinics to teach how to use X-ray.

The other promoter of medical progress was war. As had been the case in the Civil War, American medicine leapt suddenly forward in the work of caring for the

wounded. The war brought a new concept to American military medicine – placing aid stations close to the battle and rapidly treating and evacuating the wounded. Mobile Advance Surgical Hospital (M.A.S.H.) might have been a term from the Korean War, but it got its start in World War I. Both the Allies and the Central Powers organized their medical corps to render earlier treatment to the wounded. Physicians were assigned to aid stations as near as possible to the front lines. There they would perform emergency procedures to stabilize the recently wounded before evacuation to rear areas. In the rear areas the armies established field hospitals to provide surgical and medical care within hours of receiving a wound. These hospitals became places of decision – whom to return to combat quickly, and whom to send home. Those who practiced medicine in the military – including many University of Arkansas medical teachers – returned home with experience that revolutionized the care of accident victims for all future time.

The military surgeon on 1917-1918 had more than rudimentary anesthesia. He had standard surgical instruments and stitching materials. He had the well-accepted lessons of Joseph Lister and others in antiseptic surgery. By 1919 he had also reliable equipment to administer intravenous solutions. Most miraculous of all, he could administer plasma and blood to the wounded. He would give up none of these when peace returned. Indeed, patients and their families soon came to demand the new modern therapies.

All of this change required change in medical care, and in medical education. Students came to require more and more scientific instruction in order to practice. Discoveries about blood typing dictated education of medical students to do more than chemical determinations on blood, and to count cells under a microscope. The discovery

of insulin placed new demands on students to determine sugar content in both blood and urine samples, and to relate these to dosing of the new drug. There was to be no turning back from an increasingly technical link between diagnosis and treatment. The Medical Department of the University of Arkansas reflected these demands clearly. The faculty already were grouped by specialty for instruction when the college was moved to this building. Teachers who were not also physicians became part of the faculty for instruction here in the first two years of the curriculum. Above all, medicine as taught here reflected all that was modern in patient care. The curriculum and the faculty of 1935 grew from those of 1912, but were far advanced toward their present-day structures.

In the end, changes in medicine demanded a new place to teach. The Old State House had been outfitted for basic science instruction at minimal cost. Wooden partitions and sturdy benchwork had been about the only requirement to turn government offices into classrooms. Lighting had come largely from the large windows, with only a few bare bulbs hung from the ceilings. Electric wiring was jury-rigged and provided only minimal illumination. Only the need to provide restrooms for students dictated any significant mechanical modifications to the plumbing.

By the 1930's such an arrangement would no longer work. American medical colleges had emerged stronger from the criticism of Flexner and his allies. Arkansas shared in the change. The school of 1935 would have defied Flexner's words. Despite two decades of fiscal privation, the University of Arkansas Medical College offered complete laboratory facilities that went far beyond the original "dissecting room" cited in 1910. The teaching of pathology and bacteriology were being done on a par with any other American medical college. Students and faculty had access to those resources –

pathology museum, books, charts, models, *etc.* -- that the visitor of 1909 had pronounced entirely absent. Flexner had seen the future of medical education, and agitated for it to become the universal pattern in the United States. The process unfolded in Arkansas while preclinical was done at the Old State House.

The concerns of 1909 about clinical competence were also erased. No longer did the school depend on voluntary access to patients in a small city hospital, and the private hospitals of the Capital City. Instead, the faculty directed the medical affairs of a new and large City Hospital. It was only natural that plans for a new Medical School Building should focus on locating close to the new hospital. No more would students depend on patients being brought from the hospital to an amphitheater for demonstration. Instead, the students and faculty went on rounds to the patients' bedsides. Ward visits had become the stuff of medical student life. Students were required frequently to attend autopsies conducted by the professors. Students had access to every class of patient, including those with infectious diseases. Obstetrics had also become an integral part of education, with students required to deliver set quotas of babies in order to graduate. The "dispensary" was no longer small and deficient in records, but a modern pharmacy able to provide the medications and sterile solutions needed for up-to-date practice.

Changes in practice also demanded increased resources for teaching the practice of clinical medicine. There was also universal agreement that each college of medicine must control its own teaching hospital, so that students could have access to every sort of patient in the course of clinical instruction. Arkansas clearly needed a new medical school building, designed to include up-to-date science facilities and providing access to a university hospital. This would have met Morgan Smith's hopes, but he was no longer

Dean when Flexner's criticisms were all answered by changes in the College. That realization fell to his successor in the deanship.

Frank Vinsonhaler, MD succeeded became Dean of the Medical School on July 1,1927, and guided its passage from the years of deepest Depression into the 'Thirties. Educated at Columbia University, he was well known in Arkansas circles. Vinsonhaler had successfully practiced ophthalmology in Little Rock for almost three decades. He had studied in Vienna and in London in the 1890's, and had served overseas in World War I, commanding a hospital in the south of France, at Vichy. He was well respected among Arkansas physicians, and in wider circles in the state. When finally chosen Dean at age 63, he was considered affable and approachable. Dr. Vinsonhaler would preside over the last eight years that the Medical School occupied part of the Old State House.

The new dean shared his predecessor's concern to maintain an "A" rating for the Medical School. It soon became apparent that as clinical facilities improved, the preclinical facilities housed in the Old State House had become a drag on the overall program. Vinsonhaler benefited from the presence in the General Assembly of Dr. Morgan Smith, recently elected from Pulaski County. Smith proved an effective manager for legislation, and a strong voice for medical education. By 1931 the Medical School's lingering problems seemed on the way to a permanent remedy. The General Assembly, goaded by external reports about the school's physical facilities, provided $1 million in funding for the Fayetteville and Medical School campuses. Sadly, the funds – including $275,000 earmarked for medical education – were to be raised by sale of 20-year bonds paying 5% interest. By 1931 Arkansas' credit was so shaken by default and the

Depression that the bonds were never even offered for sale. The preliminary plans drawn by a local architect for a new hospital and teaching facility were made an empty exercise.

Three years later, the new presidential administration of Franklin D. Roosevelt provided what state government could not. When FDR came to the White House, he promised a "New Deal" for Americans. As with much else, this facile master of political prose could never be pinned down to define exactly what that phrase meant, or precisely who would benefit. Nevertheless, the overall dimensions of the New Deal were soon clear. Economic hardship had rendered the states unable to undertake public works of any great expense. Private enterprise was likewise crushed down and could not commit significant capital to new plant or productive technology. The federal government, able to borrow where others could not, determined to finance extensive public works in order to provide employment.

Happily for Dean Vinsonhaler and for medical education in Arkansas, constructing a teaching facility was just the sort of public work that the New Deal was meant to finance. The Public Works Administration (PWA) budget seemed a likely target for an application. The University decided to request funds from PWA both for Fayetteville and for Little Rock during 1933, Roosevelt's first year in office. The intent was to do then what the failed bond issue prevented earlier. Dean Vinsonhaler personally visited Washington to lobby for a new medical school building. His chief contact there was Senator Joseph T. Robinson, once the Democratic nominee for President, and one of Roosevelt's closest political circle. Robinson's prestige and force in the Senate contributed to a quick approval of the Arkansas applications. The plans shelved in 1931 now became an asset.

The Senator telegraphed on January 4, 1934 the electrifying news that PWA had approved $500,000 for the new Medical School in Little Rock. This was the end of medical education at the Old State House. Ground was broken for the new building near MacArthur Park on July 30, 1934. The cornerstone was laid that November at a ceremony attended by dignitaries including former Governor Donaghey, whose partnership with Morgan Smith had initially moved the school into state-provided facilities. The two had set medical education on a course to modernization. They would see their hopes fulfilled. Classes commenced in the new building in Fall 1935. That September the faculty moved equipment and furniture from the Old State House on Markham Street to the new building on McAlmont Street. The Isaac Folsom Clinic was shifted from its old site in the buildings at Second and Sherman Streets to the first floor of the new Medical School Building. The five floors above the Folsom Clinic were filled with programs previously housed in the Old State House. The teaching hospital stood right next door, to serve the needs of students in the two clinical years. The City Hospital, built only a few years previously, connected directly to the Medical School. The state finally had the physical plant needed to preserve and to continue medical education.

Affairs would not run smoothly for the Medical School for some years. Accreditation remained a vexed question. The new American Association of Colleges of Medicine would for a time refuse Arkansas' application to be recognized as an "A" rated institutions. Dean Vinsonhaler would finally resign, to be replaced by a successor intended to bring a new rigor to administration. The University trustees and administration would gain a new perspective on medical education, and exercise far

closer attention over its management. Still, never again would enrollments for new classes fall to single digits. Never again would the college lack control over an appropriate teaching hospital. Never again would the college fail to grant the degree Doctor of Medicine.

The Old State House had been far from an ideal place to locate a medical school in 1913. The presence of students and the use of rooms intended as offices and assembly halls for scientific laboratory work had not benefited the fabric of the building. There were fresh calls to raze the newly emptied structure in 1935. The venerable old assemblage of buildings on the south bank of the Arkansas River had witnessed the near-extinction of public medical education in our state. It had also sheltered the guttering flame at its lowest ebb. There was no more for the building to contribute to the enterprise of medical education.