

The original staff totaled 45. The 1959 catalogue lists 622 professional staff members, including senior staff, resident staff and fellows.

The first classes admitted to the Duke University Schools of Medicine and Nursing numbered 18 and 30 respectively. The present student bodies in these two schools are, respectively, 312 and 307.

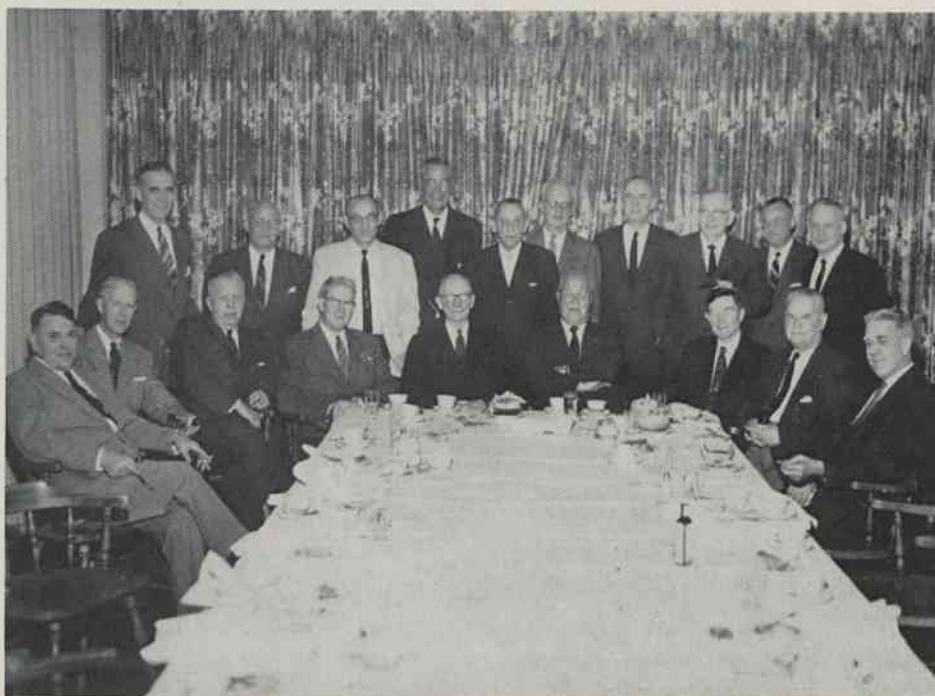
*Actually Lenox Baker was the first student admitted to Duke Medical School. He came here from Tennessee in 1927 to be trainer for the football team, and we had him take a couple of courses at Carolina till we got underway.*

If a medical school is to function well there must be an adequate supply of clinical material. Could Durham, which in 1927 had a population of 43,000, supply enough patients? Probably not, but within a radius of 50 miles was a population of some half million. The day the hospital opened, July 21, 1930, 17 patients were admitted. In 1938 the 100,000 mark was passed; in 1954 the half-million mark; and in May, 1959, the 600,000th patient was registered.

From the beginning, the school of medicine was approved as Class A by the Council on Medical Education and Hospitals of the American Medical Association, and was a member in good standing of the Association of American Medical Colleges. In April, 1935, a survey by these two groups placed Duke in the top 25 per cent of medical schools in the country—a highly satisfactory rating for a school organized less than five years.

*Duke Hospital has been placed (1959) among the thirteen best teaching hospitals in the country by "Medical Economics." I never had any doubt about it, but it is nice to see it in print.*

The physical growth of the Medical Center is here for all to see: the Private Diagnostic Clinic, the Bell Research Building, Hanes House for Nurses, the new wing with Out-Patient Department and wards opened in 1957 which brought the bed capacity of Duke Hospital to 666. Now soon to be begun is the building to house gerontology and a diagnostic and treatment center. Each addition has brought, also, renovation and change to the older quarters.



On February 24, 1960, the visit of Dr. Alfred R. Shands, Jr., formerly professor of orthopedics at Duke, and now director of the Alfred I. Dupont Institute of the Nemours Foundation in Wilmington, Delaware, was celebrated by a dinner with the surviving original members of the medical faculty. Seated: Drs. Watt W. Eagle, Edwin P. Alyea, Bayard Carter, Deryl Hart, Alfred R. Shands, Jr., W. C. Davison, Wiley D. Forbus, Robert A. Ross (now professor of gynecology at UNC), and Robert J. Reeves. Standing: Drs. Lenox D. Baker, Julian M. Ruffin, Mr. F. Ross Porter, Drs. Clarence E. Gardner, Jr., Oscar C. E. Hansen-Prüss, Elbert L. Persons, Angus M. McBryde, W. Banks Anderson, attorney Victor S. Bryant (guest), and Dr. Beverly Raney (now professor of orthopedics at UNC). Not present were: Drs. Roger D. Baker, Mary L. C. Bernheim, Frederick Bernheim, D. T. Smith, and Haywood M. Taylor, Mr. I. T. Reamer, Miss Marion Batchelder, Miss Mildred M. Sherwood, and Mrs. Mona S. Morgan.

*I am now in my sixth office. My first one in 1927 was in Bivins Hall on the East Campus. In 1929, during the original building program, I moved into the basement of the Duke Hospital in the room later occupied by the nurses' classroom, and at present transformed into additional telephone space. From 1930 to 1932 I had the offices later occupied by Dr. Hanes and now by Dr. Stead's laboratory. In 1932 I moved to three rooms on the right of the entrance to the Medical School, which are now occupied by Dr. Arnold in Otolaryngology. In 1952, I moved into sumptuous, though smelly, offices in the Bell Research Building, but because of the distance away from the faculty and students, I returned in 1957 to the main building to five offices opposite the Dope Shop. The only rooms in the center now used for their original purposes are the toilets and amphitheater.*

A gradual shift in emphasis has occurred, not only at Duke but in medical schools across the country, with more attention being focused on research activities. This shift has been fostered both by the complex nature of present-day medical knowledge and practice, and by the increasing availability of liberal research grants.

*During the summer of 1958, fifty-nine of the medical students worked as research technicians instead of working in some general hospital for experience. I am not sure the shift is a good one. Before the Second War, 40 per cent of our graduates were in general practice. Only eight per cent of our post-war graduates have become family doctors.*

In an institution where rapid growth and development are the "norm," periodic re-examination of aims is essential.

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