

The Choice: Lewellys F. Barker and the Full-Time Plan

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In 1914, Lewellys F. Barker, William Osler's successor as Professor of Medicine and physician-in-chief at Johns Hopkins University School of Medicine, resigned to enter private practice rather than accept the terms of a full-time plan, whereby professors in clinical departments would be salaried like other professors in the university. Barker had been an early proponent of the full-time plan. His decision reflected not only a personal desire for a larger income but also contradictions inherent in the Flexnerian ideal of clinical medicine as a research-oriented university discipline devoid of

financial incentives to see patients. In private practice, Barker maintained a high profile as a teacher, writer, supporter of the Johns Hopkins medical institutions, and public figure. The issues raised by his difficult decision remain relevant and have not been satisfactorily resolved.

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Commercialism in academic medicine, faculty compensation, and the relationship of full-time to part-time or volunteer faculty are delicate issues in American medicine that have never been satisfactorily resolved. These issues came to the forefront in 1914 when Lewellys F. Barker, William Osler's successor as Professor of Medicine at the Johns Hopkins University School of Medicine and physician-in-chief at the Johns Hopkins Hospital, resigned to enter private practice rather than accept the terms of a full-time plan, whereby professors in clinical departments would receive fixed salaries and have no financial incentives to see patients. Barker had been an early proponent of the full-time plan and never rejected its basic premise. He made significant contributions as a private practitioner, but the predicaments he faced in 1914 continue to pester the medical profession in the United States.

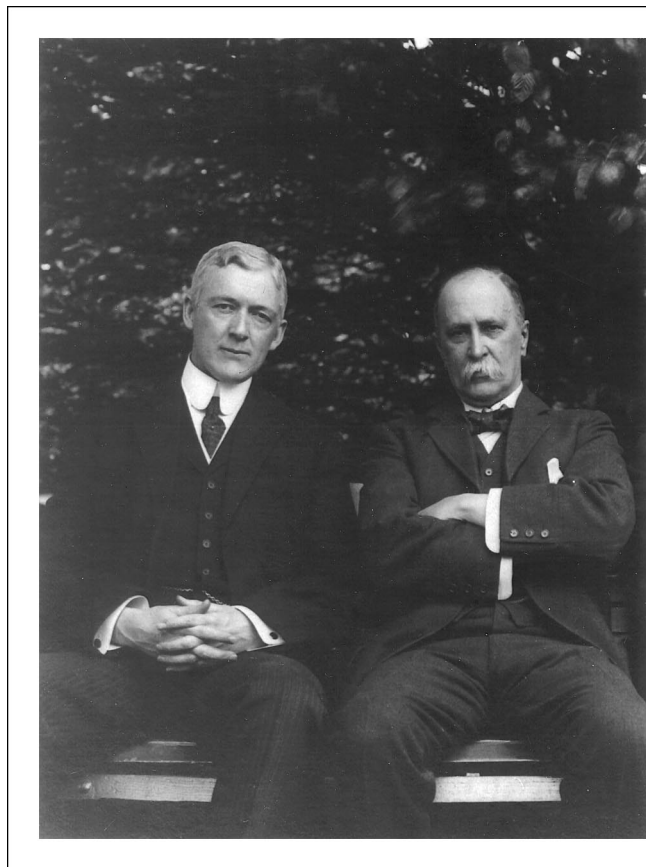
THE FULL-TIME PLAN

Until 1913, professors in clinical departments at medical schools in the United States typically earned most of their income in private practice. Osler, for example, would now be considered a part-time professor. He generally taught in the morning and then spent his afternoons in a practice that became quite lucrative but left him harried. Therefore, in 1905, he readily accepted the invitation to a more leisurely lifestyle at Oxford (1, 2). The full-time plan began on 23 October 1913 when the General Education Board of the Rockefeller Foundation resolved to fund full-time professorships at Johns Hopkins. The background story, familiar to medical historians, featured as dramatic personae the anatomist Franklin P. Mall, the pathologist William H. Welch, the educator Abraham Flexner, the industrialist John D. Rockefeller, and the Baptist minister Frederick T. Gates, who became Rockefeller's adviser in philanthropic matters (3, 4). Others included the pathologist Simon Flexner (Abraham Flexner's brother) and Osler. After reading *The Principles and Practice of Medicine* by Osler, Gates determined that funding scientific medicine would be the best use of Rockefeller funds. This led to the Rockefeller Institute for Medical Research, with Simon Flexner as director and Welch as president. Gates also con-

cluded that scientific medicine would advance only if clinical departments were placed on the same basis as others within the university, meaning that professors would devote most of their time and energy to teaching and research. This idea resonated with a group of basic-science faculty at Johns Hopkins, where Welch and Mall had reached the same conclusion. After his 1910 report on the sorry state of most medical schools in the United States, Abraham Flexner embraced the idea and later joined the General Education Board, where he displaced Gates in power and influence and oversaw the creation of The William H. Welch Endowment for Clinical Education and Research. Barker, who was close to all of these men except Rockefeller and Abraham Flexner, was apparently the first physician to champion the full-time plan in public (5).

Lewellys Franklin Barker (1867 to 1943), like Osler, was a native of Ontario and the son of a minister. He came to Baltimore in 1891 at Osler's invitation and secured a residency position with Osler when another man canceled his plans. For most of the next 9 years, Barker lived in the Administration Building of the Johns Hopkins Hospital, where he worked first with Osler in medicine and then with Welch and Simon Flexner in pathology and Mall in anatomy. Although he apparently intended, from the onset, to make clinical medicine his career, Barker was steered by his mentors toward a thorough grounding in basic science. He became an authority on the histology of the nervous system and, at Mall's urging, studied extensively in Germany. Barker was especially impressed by Friedrich von Müller of Munich, the great clinician-teacher who stressed the importance of experimentation in clinical medicine. In 1899, on Mall's recommendation, Barker was appointed professor and chair of anatomy at the University of Chicago. President Daniel C. Gilman of Johns Hopkins called his departure "a real loss" (6).

Barker was close to Osler (Figure 1), but Mall (Figure 2) would be the more influential mentor. Between 1900 and March 1905, Mall wrote Barker at least 74 personal letters. Mall expressed his "deep satisfaction over your successes" (7) and reinforced "the advantage in having the medical work absolutely blended with the university—& this will tell in the long run" (8). Mall's opportunity to

Figure 1. Lewellys F. Barker (left) with William Osler in 1909.

Courtesy of the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions, with permission.

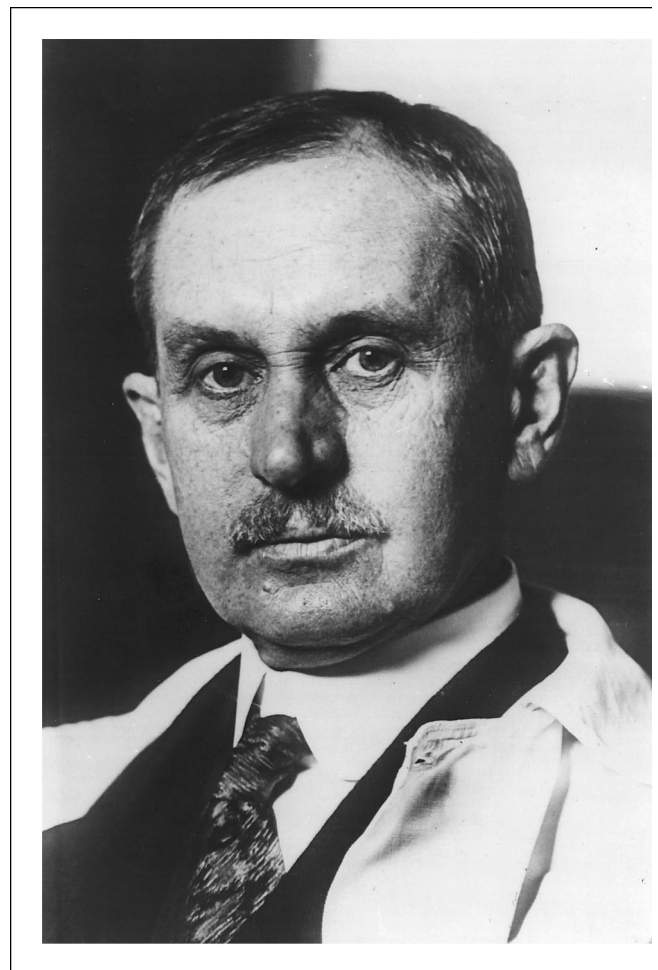
secure the eloquent Barker as his spokesperson came on 28 February 1902, when Barker was invited to address the Western Alumni of the Johns Hopkins University on the occasion of the university's 25th anniversary. Barker's topic was "Medicine and the Universities." Barker argued that if true university hospitals could be created through substantial endowments, "the men engaged to work in them should be chosen with the same care as to talents, attainments and personality as is exercised in the choice of any other professor in the university." Full-time clinical faculty members, he argued, should be well paid and should not engage in private practice. If and when they should ever see private patients in difficult cases, "the fees received from them might be contributed to the budgets of the hospitals themselves, in order to remove all temptation" (9). Welch applauded Barker's comments as being "undoubtedly on the right track" (10).

When Osler announced his intent to resign from the faculty in 1904, Mall led Barker's campaign for the professorship. He kept Barker informed about the search process, telling him that it was on the "clinical [side] that the opposition took its stand" but that a strong group wanted "a real professor who is willing to take the next step" (11). The choice came down to three of Osler's favorite protégés:

Barker, William S. Thayer, and George Dock. Although he may have preferred Thayer, Osler chose not to force the issue and wrote Barker, "I am taking Plato's advice and sitting under a wall until the storm is over" (12). When the decision was made in Barker's favor, the elated Mall outlined a detailed "Program for Life" for Barker (13).

The fly in the ointment was that the money was not available for an adequate full-time salary. Mall told Barker that the arrangements would be "Dr. Osler's salary & a little practice at the hospital" (14). Barker confided to his wife, "Dr. Mall thinks that I should make no conditions but say plain yes or no" (15). Osler departed Baltimore on 15 May 1905 to be succeeded by Barker at a modest salary that could be supplemented through private practice.

At first, Barker met Mall's expectations. Within his department, he developed a biological laboratory, a biochemical laboratory, and a physiological laboratory. These laboratories, which were prototypes for today's research-oriented divisions within departments of medicine, made

Figure 2. Franklin Paine Mall, principal architect of the full-time plan.

Courtesy of the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions, with permission.

experimental clinical research a priority at Johns Hopkins (16, 17). To a large extent, Barker gradually expelled the reservations that some had expressed about his clinical abilities and, as Osler had done, established a private practice at his residence. Meanwhile, Welch actively championed the full-time plan (18). He gained the support of successive Hopkins deans (19), pursued the idea with Gates, and developed a written proposal that led in 1911 to a formal request to John D. Rockefeller for \$1.2 million to Johns Hopkins “for the establishment of full time” (20). For reasons that have never been entirely clear, the monies were not appropriated until 1913, although opposition from Osler and others may have been a factor. Welch recognized that “at least in the inception of the plan the men who would be desired and would be fitted for the chief positions could accept them only at a large pecuniary sacrifice” (21). Under Welch’s proposal, professors would be salaried at \$10 000, associate professors at about \$2500, and chiefs of the clinical laboratory at \$1500. A \$10 000 salary in 1914 would be \$178 700 in year 2002 dollars (based on Consumer Price Index, U.S. Bureau of Labor Statistics), which is well below the 20th percentile for chairs of departments of medicine in the United States (22). On 14 February 1914, a formal memorandum of agreement was reached between the General Education Board and the Johns Hopkins University, whereby the Departments of Medicine, Surgery, and Pediatrics would be put on a full-time basis. William S. Halsted, the chair of surgery, and John Howland, the chair of pediatrics, accepted, but Barker declined. Welch asked Barker if he would accept a \$20 000 salary if it could be arranged. Barker, who would later write that Welch “was almost as naive about personal finances as the average debutante” (23), replied cordially but coolly that because the suggestion was hypothetical, he would not comment on it (24). Barker was gracious at meetings (25), smiled at a cartoon in the *Baltimore American* implying that physicians at Johns Hopkins had been made mercenary by the lures of private practice, and offered to help his successor, Theodore C. Janeway of New York. Barker spent the remaining 29 years of his life in private practice in Baltimore.

THE CHOICE

Why did Barker reject for himself the full-time plan that he had helped create? At least three reasons can be advanced, of which the most obvious was the desire for a larger income. His family of origin had been poor, he had learned to be entrepreneurial early in life, he had paid for his own education with outside jobs, he had married and grown accustomed to a good lifestyle, and he had incurred a financial burden as a result of his first child’s acquired mental retardation caused by meningoencephalitis. A second explanation can be derived from Barker’s personal trajectory, as understood from today’s perspectives on career development and the adult life cycle (26). By 1914, Barker

had “become his own man,” and Mall was no longer a significant mentor. His major organizational impact on the Department of Medicine at Johns Hopkins lay behind him, he had no personal research agenda, and he had become interested in patient care. The final possible reason for Barker’s rejection of the full-time plan is that he probably realized, at least subconsciously, contradictions inherent in the Flexnerian ideal of clinical medicine as a research-oriented university discipline devoid of incentives for practice. This ideal was, in fact, controversial on both sides of the Atlantic (27–29), and even Germany’s von Müller attacked the full-time system as “directly prejudicial to the teacher and to the school” (28). There is no evidence that Barker embraced the attitude, sometimes bordering on hostility, that Mall and certain other basic scientists of that era held toward clinical faculty who earned income through patient care (30).

Osler, among others, thought that Barker had been treated unfairly. He wrote Barker, “It seems to me too that there is an ethical question in this,—how far the Trustees or the Faculty have the right to change conditions under which you accepted the professorship” (31). He later added, “You have been harshly treated from the standpoint of ordinary academic courtesy” (32). However, Barker never spoke against the full-time plan, despite encouragements to do so, and never offended the plan’s protagonists. He held fast to the belief that the full-time plan encouraged experimental medicine (33). Barker remained close to Welch whom he served as personal physician. Gates, who also saw Barker as a patient (34), praised him privately: “To your ideals . . . we owe I suppose more than to any other factor our present progress” (35). Barker would later urge “utilization of both whole-time men and part-time men in clinical work” for its “many advantages over an exclusively whole-time or an exclusively part-time staff” (36).

Barker thrived in private practice but continued to contribute to academic medicine. He organized an efficient model of group practice that allowed him to devote substantial time, including lengthy summer vacations, to intellectual pursuits. At Johns Hopkins, he continued his popular weekly clinics; served on numerous committees; succeeded Welch in 1926 as chairman of the Medical Board; and influenced a wealthy patient, Lucy James, who gave Johns Hopkins \$400 000 that enabled the building of a Woman’s Clinic. He urged cooperation among specialties, espoused what is now called the *biopsychosocial model of disease*, delineated the relationship of generalist physicians to consultants, outlined a comprehensive approach to diagnosis, promoted teaching in nonuniversity hospitals, and underscored the coming importance of genetics and geriatrics. He held major visiting professorships. He served as vice-president of the American Medical Association and as president of the Association of American Physicians, the Association for the Study of Internal Secretions, and the Southern Medical Association. He became a sought-after speaker and a public figure, giving popular advice to the

laity about how to deal with the stresses of everyday life; how to eat properly; how to succeed (37); and how to *Live Long and Be Happy*, the title of one of his books (38). On 7 March 1934, Barker represented the medical profession at a symposium in Madison Square Garden on “The Case of Civilization versus Hitlerism.” After 1914, Barker wrote almost 200 papers, 12 books, and an autobiography. He died in 1943, leaving an estate valued at \$219 818, or \$2.3 million in year 2002 dollars.

CONCLUSIONS

In “The Choice,” William Butler Yeats observed: “The intellect of man is forced to choose/Perfection of the life or of the work.” Barker’s choice afforded him a great deal of both. As Osler’s successor at Johns Hopkins, he had helped to usher in a new era of clinical science based on experimentation. In practice, he exemplified the ability of private physicians to contribute substantially to medical education and to the public welfare. In retrospect, the full-time plan, as conceived by Mall, Welch, and others and as articulated in Barker’s seminal address on “Medicine and the Universities,” was flawed by ambiguities inherent in the relationships between and among universities, medical schools, hospitals, and physicians in private practice. The full-time plan for clinical faculty—that is, the strict full-time plan as opposed to the “geographic” full-time plan, whereby faculty could supplement their incomes through practice—did not succeed (39, 40). However, the growth of clinical faculties during the 20th century markedly reduced the role of private practitioners in medical education (41, 42). Moreover, the “active invasion of the hospitals by the universities,” proposed by Osler (43) and others, did not anticipate the problematic expansion of universities into numerous areas of service-oriented economic relevance (44). Barker eventually concluded: “The private practice of medicine works well in America” (45). Ideally, adequate public funding of medical education would render the dependence of medical schools on practice income unnecessary; full-time faculty would be rewarded mainly for excellence in teaching, research, and scholarship; and individuals could shift back and forth between full-time faculties and the private sector as their priorities change within a seamless medical profession. However, and in summary, the dilemma faced by Barker in 1914 reflects tensions that seem largely insolvable at present, at least within the context of a free and pluralistic society.

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