

**MINUTES**  
*of the*  
**Thirty-Eighth Annual Meeting**  
*of the*  
**ASSOCIATION of AMERICAN  
MEDICAL COLLEGES**  
**October 24-25-26, 1927**  
**MONTREAL, QUEBEC, CANADA**



*Office of the Secretary*  
**25 East Washington Street**  
**Chicago, Illinois**



## Minutes of the Proceedings of the Thirty-eighth Annual Meeting of the Association of American Medical Colleges held in Montreal, Canada, October 24, 25 and 26, 1927

The thirty-eighth annual meeting of the Association was held in Montreal, Province of Quebec, Canada, October 24, 25 and 26, 1927. Sessions were held in various places: the Medical Building, McGill University; the Pathological Institute, McGill University and the Montreal General Hospital. All the morning sessions were held in the Medical Building.

### First Day

The meeting was called to order by the president, Dr. Charles F. Martin, at 9:30 a. m.

Dr. Martin briefly welcomed the Association to Montreal, this being the first time that a meeting was held in this city. He also called attention to the fact that the late Sir William Osler was at one time president of the Association and also a member of various committees; therefore, it was eminently fitting that the Association should be meeting in the city in which Osler's influence on medical teaching was epoch making.

Dr. Martin also reported on the local arrangements made for the entertainment of the delegates and others in attendance on the meeting.

The regular program was then taken up.

Dr. H. von W. Schulte, Creighton University School of Medicine, Omaha, Nebraska, read a paper entitled, "Medical Education as it Strikes an Anatomist."

Dr. W. W. Chipman, Faculty of Medicine McGill University, Montreal, followed with a paper entitled, "Teaching of Obstetrics."

This paper was discussed by Drs. Wm. Darrach, New York; J. H. M. Rowland, Baltimore, and Dr. Chipman, in closing.

Dr. J. C. B. Grant, Faculty of Medicine University of Manitoba, Winnipeg, read a paper entitled "Teaching Anatomy."

Dr. Eben J. Carey, Marquette University School of Medicine, Milwaukee, Wisconsin, followed with a paper on "The Place of Living Anatomy in Medical Schools."

These two papers were discussed by Drs. S. E. Whitnall and John Beattie, Montreal, and Dr. A. Primrose, Toronto.

The Association then adjourned to visit the Women's Pavilion of the Royal Victoria Hospital in which the teaching in obstetrics and gynecology is done under the direction of Dr. Chipman. Luncheon was served here also.

After luncheon, the Pathologic Institute was visited, and Dr. Hans Oertel briefly addressed the delegates, describing his method of teaching pathology.

Dr. William D. Cutter, New York Post Graduate School, read a paper on "Some Aspects of a Graduate School of Medicine."

The delegates then dispersed to meet again in the evening at the Mount Royal Hotel and attend the banquet arranged for by the local committee. More than 140 persons attended. Among the guests present were Sir Arthur Currie, principal of McGill University, and the Honorable Athanase David, secretary

for public health and sanitation of the Province of Quebec. Sir Arthur and Mr. David addressed the gathering and received much applause.

### Second Day

The assemblage was called to order by the president, Dr. Martin, at 9:30 a. m.

The first paper was read by Dr. W. S. Leathers, for Dr. G. Canby Robinson, who was unable to be present. It was entitled, "The Administrative Personnel of a Medical School."

The discussion of this paper was participated in by Drs. S. P. Brooks, Waco, Texas, Ray Lyman Wilbur, Stanford University, California, and William Pepper, Philadelphia.

Dr. H. G. Weiskotten, Syracuse University College of Medicine, followed with his second report on "Specialization in Medicine."

The discussion on Extramural Clinical Teaching was opened by Dr. C. R. Bardeen, University of Wisconsin Medical School, and continued by Drs. Hugh Cabot, University of Michigan Medical School, L. S. Schmitt, University of California Medical School, Fred C. Zapffe, Northwestern University Medical School, and Louis B. Wilson, Mayo Foundation.

The next paper on the program was read by Dr. J. W. Meakins, McGill University Faculty of Medicine, on "Teaching of Medicine." Dr. Duncan Graham, University of Toronto Faculty of Medicine, followed with a paper on "Teaching of Physical Diagnosis," and Dr. C. P. Emerson, Indiana University School of Medicine, spoke on "Teaching of Internal Medicine Along Phylogenetic Lines."

These three papers were discussed by Dr. Campbell Howard, Montreal.

The meeting then adjourned.

Luncheon was had at the Montreal General Hospital, and after the luncheon a special session was held in the hospital.

Dr. Lawrence Ray, pathologist to the hospital, briefly addressed the gathering.

Dr. Hilding Berglund, University of Minnesota Medical School, then talked on "What to Teach and What to Skip."

The meeting adjourned at 3:15 p. m.

### Executive Session

The Association met in Executive Session on Tuesday evening, October 25, at the Mount Royal Hotel, and was called to order by the president, Dr. Martin, at 8:30 o'clock.

The first order of business was the roll call.

### Roll Call

The secretary announced that 66 of the colleges in membership in the Association were represented by 97 delegates as follows:

College of Medical Evangelists—G. T. Harding, Jr.

Stanford University Medical School—Ray Lyman Wilbur.

University of California Medical School—Langley Porter, L. S. Schmitt.

University of Colorado School of Medicine—Maurice H. Rees.

Yale University School of Medicine—A. B. Dayton, George Blumer.  
 George Washington University Medical School—L. H. French.  
 Georgetown University School of Medicine—George M. Kober.  
 Howard University School of Medicine—W. A. Bloedorn.  
 Naval Medical School—Chas. S. Butler  
 Emory University School of Medicine—Russell H. Oppenheimer.  
 University of Georgia Medical Department—Richard V. Lamar.  
 Loyola University School of Medicine—L. D. Moorhead, P. J. Mahan.  
 University of Illinois College of Medicine—H. A. McGuigan.  
 University of Chicago—H. G. Gale.  
 Northwestern University Medical School—Irving S. Cutter.  
 Indiana University School of Medicine—C. P. Emerson, B. D. Myers.  
 State University of Iowa College of Medicine—John T. McClintock.  
 University of Kansas School of Medicine—H. R. Wahl.  
 University of Louisville School of Medicine—Stuart Graves.  
 Tulane University of Louisiana School of Medicine—C. C. Bass.  
 Johns Hopkins University School of Medicine—L. H. Baker, A. M. Chesney.  
 University of Maryland School of Medicine—J. M. H. Rowland.  
 Boston University School of Medicine—A. C. Begg.  
 Medical School of Harvard University—D. L. Edsall.  
 Tufts College Medical School—A. W. Stearns.  
 Detroit College of Medicine and Surgery—W. H. MacCraken, H. L. Clark.  
 University of Michigan Medical School—Hugh Cabot, A. L. Curtis.  
 University of Minnesota Medical School—Hilding Berglund.  
 ✓ University of Minnesota Graduate School—Louis B. Wilson.  
 St. Louis University School of Medicine—A. M. Schwitalla, Don R. Joseph.  
 University of Missouri School of Medicine—G. L. Noyes.  
 Creighton University School of Medicine—H. von W. Schulte.  
 University of Nebraska College of Medicine—J. Jay Keegan.  
 Dartmouth Medical School—John P. Bowler.  
 Albany Medical College—Thos. Ordway.  
 Columbia University College of Physicians and Surgeons—Wm. Darrach, Frederick T. van Beuren, Jr., S. R. Detweiler.  
 Cornell University Medical College—Walter L. Niles, E. F. DuBois, Livingston Farrand.  
 Long Island College Hospital—Adam M. Miller, Frank L. Babbott, Jr., W. W. Oliver.  
 University and Bellevue Hospital Medical College—S. A. Brown, John Wycoff.  
 ✓ New York Post Graduate Medical School and Hospital—Wm. D. Cutter, Edw. H. Hume.  
 Syracuse University College of Medicine—H. G. Weiskotten, W. D. Ayer, D. F. Gillette.  
 University of Buffalo Medical Department—C. Sumner Jones, S. P. Capen.  
 University of North Carolina Medical School—C. S. Mangum.  
 University of North Dakota School of Medicine—H. E. French.

University of Cincinnati College of Medicine—A. C. Bachmeyer, David A. Tucker, Jr.

Western Reserve University School of Medicine—C. J. Wiggers.

University of Oklahoma School of Medicine—Wann Langston.

Hahnemann Medical College and Hospital—W. A. Pearson.

Jefferson Medical College—Ross V. Patterson.

University of Pennsylvania School of Medicine—Wm. Pepper, A. C. Abbott.

University of Pittsburgh School of Medicine—Davenport Hooker, W. W. G. Maclachlan, J. D. Heard.

Woman's Medical College of Pennsylvania—Martha Tracy.

Medical College of the State of South Carolina—F. L. Parker.

University of Tennessee College of Medicine—O. W. Hyman.

Vanderbilt University School of Medicine—W. S. Leathers, Beverly Douglas.

Baylor University College of Medicine—W. H. Moursund, S. P. Brooks.

University of Texas School of Medicine—Henry Hartman.

University of Vermont College of Medicine—J. N. Jenne.

Medical College of Virginia—W. T. Sanger.

University of Virginia Department of Medicine—J. C. Flippen.

West Virginia University School of Medicine—J. N. Simpson.

Marquette University School of Medicine—Eben J. Carey.

University of Wisconsin Medical School—C. R. Bardeen.

McGill University Faculty of Medicine—Chas. F. Martin, J. C. Simpson.

University of Manitoba Faculty of Medicine—S. W. Prouse, E. W. Montgomery, J. C. B. Grant.

University of Toronto Faculty of Medicine—A. Primrose, E. S. Ryerson, Duncan Graham, E. A. Bott.

The following ten colleges were not represented:

University of Alabama School of Medicine.

University of Mississippi School of Medicine.

Washington University School of Medicine.

Wake Forest College School of Medicine.

Ohio State University College of Medicine.

University of Oregon School of Medicine.

University of South Dakota College of Medicine.

University of the Philippines College of Medicine and Surgery.

Meharry Medical College.

University of Utah School of Medicine.

### Others Present

The following delegates from medical schools not in membership in the Association and from other organizations interested in medical education were present:

University of Rochester School of Medicine and Dentistry—John J. Morton, John R. Williams.

Dalhousie University Faculty of Medicine—W. H. Hattie.

Duke University School of Medicine—W. C. Davison.

University of Western Ontario Medical School—J. W. Crane, A. Bruce Macallum.

University of Montreal Faculty of Medicine—L. DeL. Harwood.

Queen's University Faculty of Medicine—G. Spencer Melvin, R. R. MacGregor.

Columbia University Dental School—Alfred Owre.

University of Buffalo School of Dentistry—Daniel H. Squire.

University of the State of New York—James Sullivan, Harold Rypins.

Rockefeller Foundation, Division of Medical Education—W. S. Carter.

National Board of Medical Examiners—J. S. Rodman, E. S. Elwood, Walter L. Bierring.

State Medical Association of Texas—George E. Bethel.

### Minutes of the 1926 Annual Meeting

The secretary submitted the minutes of the 1926 meeting, held in Cleveland, Ohio, October 25 and 26, as published, and moved that they be approved as printed, a copy having been sent to each dean, and no exceptions having been made to the record.

The motion was seconded and carried unanimously.

### Report of Secretary-Treasurer

Seventy-five colleges are now in membership in the Association. That includes three Canadian colleges, one graduate and one post-graduate school. During the year an application was received from the Graduate School of Medicine of the University of Pennsylvania. This school was inspected and reported on favorably to the Executive Council. You may remember that there are 80 medical schools in the States and 9 in Canada. Of the former, 70 are in membership; of the latter, 3. The service schools of the United States Army and Navy are in honorary membership.

The work of the Secretary's office is steadily increasing in bulk and significance. More letters are received from the colleges, from educational agencies, foundations, university presidents, and all sorts of places not only in this country, but also from abroad asking for information on medical education.

I was particularly pleased when I received a letter from Sir Norman Walker, of Edinburgh, the chairman of the examinations committee of the British Medical Council, asking for details about the workings of this Association, and especially its methods of inspection of colleges. He wanted the information for all the members of the Council.

The influence of the Association is spreading. It is making itself felt in many different ways. Its scope of usefulness is enlarging; its status is coming to be recognized more and more. The Council on Medical Education and Hospitals of the American Medical Association has decided to leave in the hands of this group the development of the medical curriculum. Important decisions on questions of education and administration arise and are referred for decision to the

chairman of the Executive Council. A recital of all the details of the secretary's job would prove wearisome. But, let me assure you that he is busy.

Many schools have asked for inspections, or rather, a visit. Unfortunately, they cannot all be made. I do not like to say "inspections" any more. I think that the day for inspections has passed. It is rather a case of making a visit. The schools visited have felt that much good has come out of these visits; that they have been helped in many ways, especially to solve their own problems. And they learn what other schools are doing. I visited seven schools last year: Wisconsin, Cincinnati, Howard, Long Island, Michigan, Tennessee and Iowa.

However, the important thing so far as this Association is concerned, is our BULLETIN. The circulation of the BULLETIN is increasing steadily. It is approaching the 3,000 mark. The names are selected carefully, the aim being to send it to every person, institution or organization that is concerned with or interested in medical education. It is being read. One dean told me that he carries it in his brief case all the time—as he does magazines—to be read while traveling. I see that from the number of letters I receive. I have had only one criticism, that the articles are too long. I do not agree with that view. If the BULLETIN were twice as large, I would still have enough material to put into it. At first I had to dig, and dig hard, to get enough papers to publish after the supply from the last year's meeting was exhausted, but now the papers are coming in unsolicited, and they are good papers.

The BULLETIN is circulated not only in this country, but in England, Scotland, Germany, Turkey, China, Africa, Siam, and elsewhere, on subscription in some instances, and by request in others.

So, it has a wide circulation. If there is anything wrong with this BULLETIN, it is easy to place the blame, because it can be fixed on only one man and that is myself. Unfortunately, you have left me to write the editorials, such as they are—good, bad, or indifferent—gather the news and make abstracts. It is really too much work for one man who is not devoting all of his time to the job. The BULLETIN should be the one place where you can find all news about medical schools, new appointments, resignations, etc., etc. I am forced to collect news from many sources. Therefore, I can not vouch for the authenticity of all the news I publish. A few schools have been very kind, sending news for every issue of the BULLETIN. I wish that every school would do that. It would be such a help.

The abstracts I make from articles published in the literature of the world. I have also ready to publish a bibliography I prepared of articles on medical education in all languages. Some of them I could not translate; others were too meaty to be abstracted; a few were not worth abstracting. But the titles are copied from the original, and they will be published in one of the succeeding numbers of



the BULLETIN, so that if any one wants the literature on medical education, whether abstracted or not, he can find it in the BULLETIN.

You will also have noticed, no doubt, that the last issue contained two indexes. One is the index of Volumes I and II of the BULLETIN, which brings this up to date, and the other is the index of those proceedings that were not indexed in the general index of 1923. Therefore, with these two indexes and the one published in 1933, there is available an index of the publications of this Association since 1876.

This Association, you may remember, was founded in 1876 and, as the President stated yesterday, one of the founders was Sir William Osler, who later was also president. It became extinct in 1883, It was reorganized in 1890 and has had a continuous existence ever since.

Since July the BULLETIN has carried ads. We have received about \$600 from advertising. The BULLETIN has cost in round numbers, about \$3500, so that, subtracting the receipts from advertising, the BULLETIN has cost about \$2900.

The cost of the first issue was rather high, \$1013.35, but the reason for that was that we were getting a lot of things ready which have not had to be duplicated in subsequent numbers. It also contained a large number of tables and plates, which increased the cost of typesetting very considerably. The second BULLETIN cost \$891; the third, \$788; and the fourth \$877, again, because of a considerable amount of tabular matter.

I want to call your attention, in case you did not notice it in the last BULLETIN, to a summary of the admission requirements of all Class A medical schools. I "boiled down" the requirements, and also tabulated the result. It brought to light many interesting facts. I was spurred to make this summary by the assertion, that nearly all medical schools now "absolutely required" French or German. I disputed the statement, and said I did not think that 33 per cent required it. To get data bearing on this, I made the summary, and was astonished to find that my percentage was too high; there were not that many medical schools which absolutely required French or German!

I have always believed that there are many more functions that this Association could perform that would be of value to the schools and to their faculties. For instance, it might be a place where there could be put on file a request for a position somewhere or a notice that someone may find a position at a certain school. I believe there is something of that sort being done by Professor Edmunds in Michigan. I often am asked whether I know an anatomist or a physiologist, or a pharmacologist who might be approached as a prospective teacher. Sometimes I do know privately and casually, but it seems to me that official or reliable information would be of some value in some connection.

Every time I get out an issue, I find something else we could do which would be of some value to somebody. If we could go to that one place to find it, it might be of some value. If we could get the colleges to solicit or to make it known among the members of the faculties who do not get it, that subscriptions to the BULLETIN would be welcome, it would help. It is only \$2 a year. That would help very much. To publish a larger number would not be so very expensive, and every \$2 subscription could be used in developing some other valuable feature in the BULLETIN.

The financial status of the Association at the present time is: Cash on hand, \$2652.49. Ten colleges have not yet paid their dues. The BULLETIN cost was \$3,582.57. The Association expense for the year was \$6,375.10. Much financing is called for to pay bills, between now and next August when dues are again received. It must be remembered that the total income of the Association is only \$7,600 per year, plus receipts from advertising and subscriptions which do not amount to more than \$600.

Respectfully Submitted,  
(Signed)

FRED C. ZAPFFE.

On motion, the report of the Secretary was received and accepted. The financial statement was submitted for audit to Drs. H. G. Weiskotten and R. V. Lamar who reported that the accounts were correct.

### Report of the Executive Council

Dr. Walter L. Niles, chairman of the Council, submitted this report.

A number of matters have been brought to the attention of the Executive Council during the past year. The Council wishes to make certain recommendations which should be considered separately. You will recall that the Association at its last meeting authorized the Council to grant admission to membership to the Graduate School of the University of Minnesota subject to a satisfactory inspection and approval thereat by the Executive Council. Acting on the report of the inspection, which was entirely favorable, the Executive Council authorized the admission of the school, and it is, therefore, in full membership.

During the year the Graduate School of the University of Pennsylvania made application for membership. It was inspected and, acting on the report of the inspector, the Executive Council recommends that this school be admitted to membership in the Association.

The Executive Council has noted with a good deal of satisfaction an increasing interest and tendency on the part of medical schools to modify their curricula and get away from rigid standards heretofore established, and, feeling that it is entirely in accord with the action taken by the Association at its meeting two years ago, the Council recommends that certain modified curricula be approved. For instance, Johns Hopkins University Medical School has submitted for

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approval a curriculum which provides for about 2,600 hours of required work, the rest of the hours being so-called free or elective hours.

The Council recommends that the curriculum be approved by this Association. We believe it is in line with the tendency of the times and with the best thought in medical education.

The University of Chicago has also submitted a curriculum which varies somewhat from the standards established by the Association. I think the chief modification lies in a larger number of elective hours. The Association standard provides for about 24 per cent elective hours and the University of Chicago wishes to provide for 33 per cent. Percentages of required hours in certain subjects are also in excess of Association standards. The Executive Council recommends that this curriculum of the University of Chicago be approved.

The Executive Council feels that there is likely to be an increasing interest in graduate and postgraduate teaching, and that there will need to be made certain definitions of those terms, and possibly some general outline of the intent and purpose of, respectively, graduate and postgraduate teaching; it, therefore, the Council recommends that the President be authorized to appoint a committee to study the question and to define graduate and postgraduate teaching, and report at the next meeting of the Association. ✓

The Executive Council suggests that the teaching of abnormal psychology rather in contra-distinction to the teaching of psychiatry, should be considered and possibly more teaching provided for in our medical schools.

The Executive Council is not ready to make any definite recommendation concerning that, but it suggests that the members of the Association consider the possibility of developing the teaching of abnormal psychology, mental hygiene, and all that it connotes, in addition to or possibly in place of, the teaching of psychiatry.

It is possible that a committee should consider this question separately and report, although it is the opinion of the Council, that if it is brought to the attention of the membership of the Association, the purpose would be met.

The Executive Council considered the question of the time of appointment of hospital interns. This matter has been brought before the Association during each meeting for the past five or six years. The subject has been entertained by other organizations, particularly by the American Hospital Association. There seems to be unanimity of opinion that something should be done about it, and everybody is ready to have somebody else do something about it, but no concrete suggestion has been offered as to how it may be controlled.

I doubt if it is so serious a question, perhaps, in the West and Middle West as it is on the Eastern seaboard. At the present time, many of the hospitals in New York and Boston, also Philadelphia,

have made their appointments for internships very early in the year, in October and November, and practically all of them by December.

This leads to a great deal of confusion and the moment a student receives his appointment as an interne, he is likely to slacken off decidedly in his work. They feel that they have accomplished their goal for the year, and it is known that they have probably graduated. We feel that it is a serious deterrent toward their normal activities of the year.

The American Hospital Association expresses itself in entire accord with the idea of postponing the date of possible appointment until March 15, or some time subsequent to that, and I think, generally, the medical schools are ready to cooperate, but there seems to be no machinery by which such a rule could be enforced. It seems likely that the smaller hospital and the weaker hospital will in one way or another attempt to get ahead of the rest of the crowd, and I see no way in which we can require our students to refrain from accepting appointments until a certain date.

The movement is gaining ground very distinctly in the East and some of the medical schools and certain of the hospitals have already agreed, regardless of what was done by others, that they would postpone examinations until after March 15.

It seems as if we should cooperate in this matter for the reason I have mentioned and a great many others, and I think it is entirely appropriate that there might be discussion on this subject at the present time and perhaps some concrete suggestions may be forthcoming.

One further matter has been suggested to the Executive Council in view of the fact that this Association has gradually become charged with more responsibilities and is more frequently sought for opinions respecting medical education and this, of course, has to bear on the question of licensure. It would be wise if this Association occasionally, once in three years, perhaps, could arrange a meeting in conjunction with the Federation of State Medical Boards.

The Council is not ready to make a recommendation, but brings it up for discussion. It will be recalled until within the past four or five years the meetings of the Association were held in Chicago in conjunction with the Congress on Medical Associations and Licensure, and after considerable discussion, it was finally deemed wise to separate from that group of meetings.

I think we will all admit that since we have done so, our meetings have been more interesting for us, and it seems to me this meeting is an expression of the fact that they have grown increasingly so, but there is a question whether we have not a considerable responsibility in perhaps advising and possibly molding to a certain extent the opinion and actions of the State Licensing Boards.

Respectfully Submitted,

CHAS. P. EMERSON

RAY LYMAN WILBUR

HUGH CABOT  
 IRVING S. CUTTER  
 CHAS. F. MARTIN  
 FRED C. ZAPFFE  
 WALTER L. NILES  
 (Chairman)

On motion of Dr. B. S. Myers, duly seconded, the recommendation of the Executive Council to grant membership to the Graduate School of the University of Pennsylvania was adopted.

On motion of Dr. Ray Lyman Wilbur, duly seconded, the recommendation to approve the curriculum submitted by the Johns Hopkins University Medical School was adopted.

On motion of Dr. A. C. Abbott, duly seconded, the recommendation to approve the curriculum submitted by the University of Chicago was adopted.

On motion of Dr. Wm. D. Cutter, duly seconded, the recommendation to appoint a committee to define graduate and postgraduate teaching was adopted.

On motion of Dr. Wm. D. Cutter, duly seconded, the report, as a whole, was accepted.

PRESIDENT MARTIN: One of the difficulties that seems to arise in the matter of appointment of interns is the possibility of getting the cooperation of the hospitals. If the hospitals have the control of their appointments, and to say when we are going to be entitled to ask for applications for interns, the difficulty is insurmountable. If, on the other hand, they would be persuaded to cooperate with this Association and refer to the deans for recommendations at the appropriate time, the difficulty might be overcome. If anybody has any suggestions as to how this may be met, the suggestions would be welcome.

DR. L. S. SCHMITT, University of California, San Francisco: I am a member of the Interns Committee of the American Hospital Association. Before I started East I received a communication from Dr. N. H. Faxon, the chairman of the Committee, transmitting a suggestion of Dr. Harvey, of Yale University. I am not prepared at this time to endorse the suggestion, and I should like to hear some discussion of what the members of this Association think of this proposition. It proposes that there be a central organization or bureau, and that this organization allot interns from all of the sources of supply to the hospitals who use the supply. He proposes further that it be financed by a special fee of ten dollars to which every intern would subscribe. It said in effect that racial and other conditions would be taken into consideration and that it would be proposed that all the interns from the various medical schools would be allotted throughout the country, taking into consideration not alone the racial conditions but also the demand and other qualifications. Obviously, I think a body of this kind would realize at once the difficulties to be met. We do not want to give up our right of acceptance of interns or where we place our own interns.

DR. A. C. BACHMEYER, University of Cincinnati: At a meeting of the American Hospital Association held at Minneapolis week before last, a resolution was adopted expressing the policy of that Association. That policy was

to the effect that hospitals should refrain from appointment of interns until after March first; they should also report to the central office of the Association the appointments which they make in order that the Association might advise the hospitals involved of any duplicate appointments, thereby eliminating that difficulty from the situation. Although that resolution was adopted, there was practically no discussion of it, and it is questionable whether we can really regard this action as being expressive of the intent of all the hospitals. The American Hospital Association has no control over a large number of the hospitals in the country.

I have been interested from both angles in the appointment of interns, and have consistently, up to within the last year, endorsed the position of the Committee, namely, that internships or appointments to internships should not be made until late in the senior year, but during the last several years, during my occupancy of the Dean's chair, I have come to look at it in another light. I am taking the student's attitude now. Beginning with the conclusion of the junior year, there is an unrest among the students and a desire to secure a hospital appointment. Every student fears that if he does not get his application in early to the hospital of his choice, somebody else will beat him out. Therefore, he begins making his application at the conclusion of the junior year, and sometimes sooner.

The same unrest disturbs the class throughout the whole senior year. In our own hospital the staff is also the faculty of the college. I withdrew my objections last year, and they appointed the interns in January, and decided that they would appoint them this year in December, reverting to the opposite extreme; in fact, they are ready to say, and I am almost ready to endorse the stand, that we appoint our interns on the basis of three years work in college.

We are opposed to the examination for interns. After a dozen or fifteen years of experience with that system of appointment I doubt that it has any merit. You may see your prospective intern, examine him for three hours or three days, and you have very little real appreciation or very little knowledge of his real ability. I would much rather in the system appoint the interns on the basis of what the dean says about him and such other information as you can obtain from his school and those who know him. We find in writing to deans, that few can give more information after three and one-half years than after three years. Few records are placed in the dean's office at the end of the first semester of the last year. We feel that if we can relieve the student of that unrest and make appointments early on the basis of a satisfactory completion of his medical work as certified to by his dean, that we will be more easily in position to clarify the situation.

DR. GEORGE M. KOBER, Georgetown University, Washington, D. C.: It seems to me that one of the weak points in the internship is that the year is not made compulsory. I find from observation that many interns are taking advantage of the freedom to leave the hospital whenever they choose and these complaints are quite general. The hospitals certainly have a right to expect fulfilment of a moral agreement and such agreement can only be made definite if the final graduation depends on faithful service of one year in the hospital. That seems to me to be a point that should be considered carefully if we really

desire a more perfect system of medical education in one of the most important branches.

DR. WILLIAM DARRACH, Columbia University, New York City: I should like to disagree with Dr. Schmitt, also being a member of the Intern Committee of the American Hospital Association. I read Dr. Harvey's suggestion a little differently. As I understand it, he suggested that the central committee which was to handle the appointments was merely to represent the teaching hospitals, and he made the suggestion that that be done about the first of January in order that the nonteaching hospitals would then have time to fill their internships.

I think it is not a good suggestion. We tried for four years in New York, by joint committee work, with the representatives from the different hospitals who appointed interns to work out some scheme by which this could be brought about, and the general opinion of all the hospitals was, I think, that they thoroughly approved of the scheme and would be glad to back it, provided we could assure them that each hospital would get first chance at the interns. And there was a strong feeling among nonteaching hospitals that they would not be willing to have the teaching hospitals get ahead of them, and no matter when the teaching hospitals made their appointments, the others would make theirs a little earlier. The big objection raised was that it could not be done in New York unless it was done in other cities, because so many of the interns for the New York hospitals come from schools outside of New York.

It was at that time that we took up this question with this Association, which, I think, was three years ago, and also with the American Hospital Association and got unanimous approval of the plan. As far as I know, nothing has been done about it, except that everybody approved of the scheme. The main reason is that no one has suggested a concrete plan which will work.

The appointment of the Intern Committee of the American Hospital Association was a step forward. They are beginning to get some facts on which they can formulate a plan. The only practical solution we could think of was to do something; so, last year, we put off making our appointments until the first of April. We got as good a group of interns as we have ever had. One of the great complications is that many of the teaching hospitals want men on the staff from other schools, and to do that, and still get the sort of men you want, is difficult under any joint plan.

I thoroughly disagree with Dr. Bachmeyer in his opinion as to the undesirability of letting it go till late. I write many of the letters he talks about, recommending these fellows to the hospitals. We have certain forms we use for the first, second, third, and fourth quarters, and along with that say what we think of the personal qualifications of the man outside of his morals, and I think that last part is worth a great deal more than all of the school records.

I think the school record of the fourth year is the most valuable guide as to the qualifications of an intern; next to that, the third year. The marks on the first two years are not worth anything as far as sizing up the potential qualities of the man for internship is concerned. We have had many examples where our best interns did not do much work at first and were at the top of

the group in the fourth year. And, we have seen them starting at the top and gradually slipping down. We rank the men at the end of the third year, and that, too, is used a good deal, but as a proper evaluation of their merits for internships, it is a very, very weak method of grading.

This is a serious proposition, one which deserves intimate thought from everybody, from the standpoint of the hospital, the service director, and the administrative officers of the schools. There can be no question about its being a terribly trying time for the student body. One man tried eleven hospital examinations, and during two whole quadrimester he was not much good as a student.

DR. EBEN J. CAREY, Marquette University, Milwaukee, Wis.: I should think that the most important individual to consider is not the director of the hospital nor the superintendent of the hospital, nor even the administrators of the medical schools, but the students themselves. I do not believe that we can eliminate the law of supply and demand. In my own particular case I anticipated my internship. I was going to spend one year and sacrifice my time and interest later on in life. I had to consider it seriously. I had it designated two years prior and there was one place in particular that I wanted, and since I was the one most directly concerned, I would resent any outside agency telling me in what institution I could serve my internship.

In regard to the administration of that, I think the chairman of the Intern Committee in the medical school can administer that very definitely. At my own institution, no man is allowed to sign a contract with a hospital until he has presented the contract to the chairman of the Intern Committee, and all contracts with the hospital and with that student are administered directly in the Five Years Committee's Office. No student can carry on that work independently, and I think the school is not only protecting the student, but also the hospital. We give the hospital three weeks to answer the student, and if after that time the hospital does not see fit to appoint that student, then the student is free to apply at another hospital. That does away with the dual responsibility that sometimes arises where a student has three or four contracts in different hospitals.

Regarding the time, I feel that at the end of the third year we have a fair evaluation of that man's work, so at the beginning of his fourth year he can go out and get the best service available.

DR. C. SUMNER JONES, University of Buffalo, Buffalo, N. Y.: We have found among our students that practically the unanimous sentiment has been that they would be glad to devote the two weeks of the Christmas holidays to settling the internship question, particularly since some of them prefer to go to the New York hospitals. In talking with the interns I have found that at our City Hospital, where the larger number from Buffalo are accepted, the authorities prefer not to have homebred students always, because if some of them come from other schools, there is a point of contact of a slightly different character; there are slight differences of opinion which make their discussions among themselves much more interesting, and they find, as they tell me, that if they are in association with interns who are graduates of several



schools, the work together in their own discussions is much more interesting than if they all were graduates of one school.

We feel strongly that it is fair to the students that hospitals should be permitted to accept applicants at an earlier date than March 1 or March 15. There is not much difference between the ability of the student at the holiday season and the middle of March. His attitude and ability has not changed much in that time. If a personal interview is required before an appointment is made by the hospital authorities, the student prefers to take the holiday period to go on for a personal interview, and I believe that we are working in the best interests of the interns and of the students to relieve their minds of the uncertainty.

I have seen a number of students who were more or less disqualified for good work because of their anxiety and unrest until their internship appointment had been made, and I think that to relieve their mind a little earlier in the year and take the time which they are glad to devote to it, is a fair attitude on the part of the hospitals.

The three teaching hospitals in Buffalo are all willing to consider the internship about that time, and we find it is the unanimous sentiment of one class after another that that plan be adopted.

DR. WILBURT C. DAVISON, Duke University, Durham, N. C.: I should like to endorse what Dr. Darrach said about appointing interns late. In Baltimore we formerly appointed interns in the middle of December and found three great drawbacks to the plan: (1) the student does very little work after appointment; (2) those of us who have taught the students in the first part of the trimester have been in contact with only one-third of the class; so that if we appointed them later, we would have a better chance to size them up; (3) students have frequently come to me and, after having accepted an internship in surgery, have found that after the medical trimester, they preferred medicine, or perhaps they preferred obstetrics or pediatrics, and they have regretted that they had not postponed choosing their internship.

For more intimate knowledge of one of the other specialties, from the student's point of view, as well as that of the hospital and the medical school, it is better to appoint them in April than before Christmas. We will not get anywhere by getting all the hospitals to sign a general agreement. I think it is better for the hospital individually to take a stand and say, "We will appoint on a certain date and hope the others will follow the same practice."

At Johns Hopkins we said that we would not and we wrote to several hospitals and said we hoped they would do the same thing, but that whatever they did, we would do as the Presbyterian Hospital did, appoint our interns in April.

I think it would be well for this Association to go on record as believing that it is better to appoint the interns after Easter than prior to Christmas.

DR. DAVID L. EDSALL, Harvard Medical School, Boston, Mass.: It seems to me the most vicious part of the present situation is having the appointments to hospital internships strung out over a long period. I have seen most unfortunate things happen. At one time in Boston the appointments were made late,

and then, owing to the pressure of important nonteaching hospitals, they began to appoint earlier and earlier to catch the men. We appointed interns in January.

In regard to what Dr. Bachmeyer said, I think there is far more confusion in the student's mind at the end of his third year than when the appointment is made later. He has a string of things coming along and he is on tenter hooks and feels the constant pressure. If he has a dozen or more examinations in the hospital instead of the work he is doing in his course; therefore, it seems the first thing of real importance is for important hospitals to get their examinations at some relatively concentrated period rather than stringing them out through the four years.

I am absolutely in accord with Dr. Darrach. As to my own personal disbelief in what the dean says in regard to the men, I used to tell our students when I was chief of the service at the Massachusetts General Hospital, that I always discounted what Dr. Edsall, the dean of the medical school, said to me about them. I wanted to know something more personal about them than that.

The only way we can get clear personal information in regard to the men is through the knowledge of them that we get in their more individual work, and that is almost entirely in the fourth year. We can get information from the men who know them as ward clerks. We can ask them what they think of the men as prospective interns. In most of the schools, the work of the third year is work that larger classes are concerned with, or only abstracts of the work they have had in small sections up to the end of the third year. I personally have always appointed my interns in very large part through the knowledge that I or other teachers had of them as ward clerks in the fourth year where we saw them personally and intimately every day.

We have done in Boston what Dr. Davison and Dr. Darrach have spoken of. The group of hospitals working together have definitely decided to have examinations for interns in April. They changed from January to April after long consideration. We felt that the only thing to do was to do what we thought was right and if others wanted to join us, all right, or they could follow their own wishes.

At any rate, it is perfectly apparent that there is a large group of important hospitals in the East which have all independently reached the same opinion through their experience and I think it is perfectly evident that, at any rate along the Atlantic Coast, the thing has grown, and I should feel that it would be entirely against the opinion of a considerable group of the members of this Association from that part of the country if any opinion were expressed by the Association which recommended an early examination or recommended an examination based on the third year record. All our experience has been quite to the contrary.

PRESIDENT MARTIN: It seems to me, gentlemen, in view of the fact that neither the universities nor the hospitals have the power to control the situation, that we might go on discussing this thing interminably on general principles and not get very much farther, but perhaps, as someone said, if this Association could formulate some suggestions to convey to the hospitals and

medical schools as to what this Association thinks proper and fitting and ultimately the best in the end both for hospital service and for medical education, that is about as far as we can go.

I submit to your decision on that, but if Dr. Edsall could formulate a suggestion which this Association could convey to the hospitals of the country, both teaching and nonteaching, as well as to the medical schools, it might help some.

DR. EDSALL: I do not think so. My usual judgment is that when there is a rather clear difference of opinion, the best thing to do is to go on discussing it and perhaps through that process reach an understanding. I do not think that it would be very helpful to pass a resolution which is not expressive of an opinion that is somewhere near unanimous.

DR. DARRACH: I feel rather strongly on this. I was surprised to hear Dr. Jones say that there is not much difference between Christmas and the first of March. One difference is that by Christmas time, one half of the fourth year class has had either surgery or medicine. It seems to me that that is a very real difference. When examinations were held during Christmas vacation or the latter part of December, they were limited entirely to one half the class, with experience in the clerkship in the hospital, either Presbyterian or Bellevue, and I agree with Dr. Carey that one of the most important factors is the intern. If only half of the class has had a chance of clerkship in the teaching hospital, they are out of luck.

DR. JONES: It was suggested that at the end of the third year they have determined practically the quality of the student rather than his work during the senior year. My point is largely this: the average student is anxious to secure his internship and have the matter settled. Some of the students who have not been accepted until late in the year are worried and are coming to us and talking about it and they are not doing the same good quality of work that they would do if they were not spending their time in worrying about the possibility of not being accepted where they have applied, and I think that is in the best interest of the student regardless of the fact that he may have acquired some little more knowledge by March than he has the first week in January. He will not go over Christmas but he would be willing to go from that time on during the first week in January if he had an appointment for examination or personal interview, and it seems to me the least we can do is to favor the wish of the student so long as it results practically in the same appointment on the part of the hospital.

DR. EDSALL: I think it is to the advantage of the student to have the examination late. Without doubt that is apparent. For example, with our students, and I am quite sure it is true in other schools, we are overburdened with requests for men to have their ward clerkships early in medicine if they are going after a medical appointment, and in surgery early if they are going out for a surgical appointment, because they, by the experience of all previous classes, have learned that they could get their service where they could be inspected and seen and observed, and under those conditions were far more likely to get the appointment than the men who had not been known and had their clerkship, and they clearly know that if time enough has been given for them to get in their service in medicine or surgery or both, if it is a

rotating hospital, that the odds are more in favor of that group's getting appointments than the men who have not had the service.

So far as relieving the student's mind is concerned, the relief he needs is to get his mind contracted within a limited period of disturbance rather than throughout the whole fourth year. I am a little cold to the argument because the student is worried. You could anticipate that until you appointed him before he entered the medical school to relieve him of his disturbance as to whether he was to get the appointment or not.

All we need to do is encourage in the students what they often lack, willingness to gamble on doing the right thing rather than worrying about the thing too long. If you get it in one period of the year, they simply postpone their worry to that period of the year instead of stringing it out through the whole fourth year. In Montreal we have been faced with trouble for a long time because, having a few hospitals here in which the appointment was keenly sought, we made a definite ruling that the appointment would be made only after the final examinations, that is to say, in May, and it is only in the last few years that we have been compelled to go somewhat earlier, and the reason for that is the demand of the American students for internship. It has made our students restless and for that reason we have endeavored to sign up other applications made for other hospitals outside of Montreal because of the desire of the students; nevertheless, we make it a principle in all letters that go from our office with reference to candidates, always to say that up to date he has shown so and so, but we are not prepared to give a definite opinion until further time has elapsed. We feel strongly that the time to appoint house surgeons is after they have passed examinations in the final year.

At this juncture the president, Dr. Martin, appointed on the Committee on Graduate and Postgraduate Instruction Drs. Ray Lyman Wilbur, Louis B. Wilson, and William Pepper.

### **Report of the Committee on Medical Education and Pedagogics**

The report of this committee was read by the chairman, Dr. A. S. Begg.

Inasmuch as several years have elapsed since the present by-laws relative to the premedical requirement and the medical school curriculum were adopted, it seemed wise to inquire as to the practical working of these regulations in the various medical schools and to see if there were suggestions for improvement which might now be brought forward. The following questionnaire was, therefore, sent to the schools in membership in the Association in an attempt to elicit this information, and also to obtain an expression of opinion regarding certain other matters which had been brought to the attention of the Committee.

#### **I. Premedical Requirement**

1. Do you regard the present minimum requirement as satisfactory?
2. If not, state briefly what modifications you would suggest.
3. Have you found occasion to utilize the exception which permits the substitution of psychology or sociology for biology?

4. If so, has the result appeared to justify the procedure?
5. Have you admitted students on the basis of examination in the premedical sciences?
6. Do you think there should be any special provision made for individuals who have completed courses in dentistry and pharmacy and, if so, what would be your recommendation?

## II. Medical Curriculum

1. Is the distribution of time fairly satisfactory as now laid down in the by-laws?
2. Is your institution experimenting with
  - (a) Rearrangement of sequence of courses?
  - (b) Infiltration of clinical work into laboratory years, or vice versa?

3. General suggestions regarding medical curriculum.

## III. Nurses' Training Courses

1. In your opinion, should this Association interest itself in nursing education?
2. Does your faculty at present, except as individuals, assume responsibility for nurses' courses?

## IV. General Topics

1. Are there specific studies which you think should be carried out by this Association? (If so, please enumerate.)
2. Have you any suggestions to make in connection with handling the large number of applications brought about by individuals applying to several medical schools?
3. General comment.

## Premedical Requirements

Out of the seventy-three questionnaires sent out, returns were received in seventy-one cases.

From a study of the replies it is apparent that no marked change should be made in the premedical requirement at the present time, inasmuch as fifty-two institutions regard the present minimum as satisfactory.

A number of schools suggest that the minimum requirement in certain of the specified subjects might be increased, and others are in favor of increasing the total number of hours. In this connection, it was discovered that a considerable number of schools are now requiring three full years of collegiate work for entrance and a few now demand more than the minimum laid down in individual subjects. Chemistry appears to be the subject attracting the most attention, but the modern languages came in for a share in the discussion.

There are some suggestions that exceptions to the stated number of hours in a subject might well be made in the case of applicants who show exceptional ability and present excess credits in other required subjects. There is a feeling, however, that these matters

should be left to the individual institutions and that the minimum requirement should be left unchanged.

From a reading of the reports, it is evident that some institutions do not realize that the entrance requirement as laid down by the Association is a minimum requirement, and that there is nothing to prevent any institution increasing the requirement for its own matriculants.

Only eight institutions have taken advantage of the exception permitted under the by-laws which allows the substitution of psychology or sociology for biology, but in the cases where it has been done, it is reported that the results have appeared to justify the procedure. Others who comment on the matter do not appear to favor the exception.

There are five instances of admission on the basis of examination in the premedical sciences and there is practically no discussion of this item.

Certain correspondence with outside agencies and with some of the schools in membership in the Association during the past few years has led to a query concerning the status of courses in dentistry and pharmacy as preparation for the study of medicine and also for credit in the medical schools. From the answers to the questionnaire, it appears that most schools do not feel that special credit should be given for these courses as such, but that the applicants should present their credentials for evaluation to an acceptable arts college and on this basis only should entrance credit be allowed. As to credit in the medical schools it appears that nothing more than course credit should be contemplated and this should only be allowed in those cases where the work done is equivalent to that of the medical school. The number of instances where this would be true appears to be quite small.

### Medical Curriculum

In connection with the medical curriculum, many schools are experimenting with rearrangements in the sequence of courses and a considerable number are infiltrating clinical work into the second year and occasionally into the first year of the course. Certain schools are, on the other hand, extending laboratory courses into the third and fourth years. It is true, however, that some regard the early approach to clinical work with some misgiving.

The suggestions regarding the medical curriculum do not offer very much at the present time. There seems to be a desire to allow the present distribution of hours to stand, and we frequently encounter a suggestion that the report of the Commission on Medical Education be awaited before undertaking any modification. However, there are a few comments that may well be included in this report.

One institution thinks that it would be feasible to anticipate in the premedical work a sufficient amount of general anatomy and gen-

eral physiology, so as to being the teaching in medical school of applied anatomy and applied physiology.

In one instance, it was suggested that the trouble with medical education does not lie particularly in the curriculum. It is pointed out that it is becoming more difficult to secure instructors who have the proper idea as to medical education. Many instructors do not appreciate the relative importance of their subjects, nor the reasons these have been included in the curriculum.

It is suggested that we concentrate on the basic medical sciences and major clinical branches, such as medicine, surgery, pediatrics and obstetrics, and reduce the teaching of specialties and operative surgery to a minimum, placing the specialties in the postgraduate curriculum and seeing that the various standardizing agencies require a reasonable preparation in these fields before licensing for practice. This is a matter which has been under discussion at the present meeting.

One institution does not favor the present tendency in some schools to allow students excessive latitude in the election of subjects, along with a minimum of required work in the various department.

Certain schools have spoken of difficulties encountered in connection with state boards of licensure, and it seems that the suggestion made during this meeting that this Association and the state boards of licensure occasionally hold a joint meeting might serve to bring about better understanding between the two groups.

### Nursing Education

From a number of sources a query has arisen as to the part which the Association of American Medical Colleges should play in nursing education. This matter was, therefore, inserted into the questionnaire and it was a surprise to learn that fifty felt that the Association should concern itself in this direction. While many of the answers were not qualified, we find a suggestion from more than one source that any action which the Association might take should be in the direction of offering assistance to those agencies which are directly concerned with the problem rather than an active effort to bring about changes. At least two replies suggest that we strive to prevent the same mistakes from being made in nursing education which occurred in the early development of the Association's interest in medical education; namely, overstandardization.

Twenty-five institutions report that their faculties are at present assuming responsibility for nurses' courses.

### General Comment

Under the heading of general topics there were a number of interesting suggestions for specific studies, a few of which are presented with this report.

1. A study of the number and causes of failures of students in the medical schools to determine the adequacy of the premedical requirement.

2. A study of the feasibility of arrangements to facilitate transfer of students from one medical school to another.

3. A further study of the problem of full-time and part-time teachers.

4. A study to determine some method of selective admission to medical schools.

In connection with the query concerning the handling of the large number of applications, it is apparent that most schools prefer to handle the problem of applications in their own way, although some have suggested the creation of some sort of central agency.

### Recommendations

On the basis of the study of the replies to the questionnaire, the Committee makes the following recommendations:

1. That no change be made in the premedical requirements at this time.

2. That no changes be made in the medical school curriculum.

3. That the evaluation of work done in the schools of pharmacy and dentistry be left to recognized colleges of arts and science.

4. That the Association of American Medical Colleges record its interest in nursing education and offer to the groups directly concerned in its improvement such encouragement and assistance as may be possible under the circumstances.

(Signed)

A. S. BEGG, Chairman

LIVINGSTON FARRAND

BURTON D. MYERS

E. S. RYERSON

On motion, duly seconded, the report was accepted.

### Officers Elected

PRESIDENT MARTIN: Under the head of new business, gentlemen, the first thing is the report of the Nominating Committee, consisting of Drs. Wm. A. Cutter, W. S. Leathers, and E. S. Ryerson. I will call on the chairman of that Committee to give his report.

DR. WILLIAM D. CUTTER, New York Post Graduate Medical School: Mr. President, your committee has the honor to submit the following nominations for the officers of this Association for the ensuing year:

President—Walter S. Niles, Cornell University.

Vice-President—Burton D. Myers, Indiana University.

Secretary-Treasurer—Fred C. Zapffe, Northwestern University.

Members of the Council—Irving S. Cutter, Northwestern University; C. C. Bass, Tulane University.



Mr. President, I move the adoption of this report. The motion was seconded by Dr. A. C. Bachmeyer, put to a vote and carried.

The president then declared the nominees duly elected to office.

DOCTOR MARTIN: Before vacating this honored post, I wish first of all, to express my great appreciation of the assistance and cooperation I have had from all of you. Very few letters which I have written have not received attention, and very prompt attention, on your part, and I thank you very much for that cooperation.

I should also like to pay a tribute which I know we all feel to the efficient and excellent work which Dr. Zapffe has been doing so unselfishly on behalf of this organization. Somebody said, and rightly, the other day, "If Dr. Zapffe were to retire, whom could we get to sacrifice himself as he does and do the work so efficiently?" We feel very grateful to him, and I personally thank him for all the help he has given me. And I want to thank you for your tolerance of our feeble efforts here and your appreciative remarks about the meeting here. We are doing our best to show you what is going on here, but really your kindness and tolerance in the whole matter have been something we personally have appreciated very much.

In vacating this seat to Dr. Niles, I should like to draw your attention to the fact that I think he is sitting where he should be, for the President should sit on the right hand of Dr. Zapffe.

Here President Niles assumed the Chair . . .

PRESIDENT NILES: I assure you of my deep appreciation of the honor which you have bestowed upon me. I have never been more surprised in my life than in receiving this tribute which I regard as one to medicine in New York state. I am an amateur. I am not a professional dean at all, you know, and, therefore, I feel that you will have to bear with me very largely, indeed. I bespeak your wholehearted support which I have every reason to believe I will receive.

Perhaps I may take this opportunity to say a word on behalf of the Association in appreciation of the efforts of the retiring President and very particularly for the unlimited, unbounded hospitality and the splendid program which has been and is being presented to us by the faculty of McGill University.

I previously said that I felt very certain that these meetings have been increasing in their interest and value and I think with entire recognition of the splendid meetings we have had in other places, this has been quite the most enjoyable and most successful and for that we are very deeply indebted to Dr. Martin. I have great satisfaction in extending to Dr. Martin the thanks and well wishes of the Association. (Applause.)

Are there any suggestions or invitations for the Association?

DR. WILLIAM DARRACH: I should like to extend an invitation to the Society on behalf of Columbia University to meet in New York, not in 1928, but in 1929. I offer it at this time to try to get in ahead. We expect to move into some new buildings in the spring, but we prefer to occupy them for a year before we ask you to look at them and to see what is going on, because we

think what is going on will possibly interest you more than the buildings themselves; therefore, I hope the Society will accept the invitation for 1929.

PRESIDENT NILES: You must admit that Dr. Darrach is very forehanded. I doubt whether it is in order to pass on that at the present time, but we will direct that the Secretary record it and underline it.

SECRETARY ZAPFFE: I have several invitations for 1928. There is an invitation from the Governor of the State of Virginia, from the Mayor of the City of Richmond, and the Chamber of Commerce of the City of Richmond, to meet there. I also have an invitation from Dr. Charles P. Emerson, Dean, and Burton D. Myers, Associate Dean of Indiana University, which I will read:

"For some years we have had before you, informally, our invitation to hold your annual meeting in Indiana.

"Permit us now to place formally before the Association our hearty invitation to meet with us next year in Indianapolis.

"We have there a site of about fifty acres immediately adjacent to the city hospital site. We have about \$5,000,000 of school and hospital buildings, some of which, perhaps most particularly the Riley Memorial Hospital for Children, we think you will enjoy seeing.

"A new amphitheatre in connection with our School of Medicine will accommodate you. In our hotels you will be comfortable. You will enjoy seeing the National War Memorial Plaza. Indianapolis is centrally located with many trunk lines passing through it, thus easily accessible.

"We shall be happy to entertain you and heartily invite you to meet with us."

(Signed)

CHARLES P. EMERSON, Dean,  
BURTON D. MYERS, Dean at Bloomington,  
Indiana University School of Medicine.

Dr. C. F. Martin moved that the Association meet in Indianapolis next year. Dr. Wilbur seconded the motion, which being put to a vote was carried unanimously.

DR. MARTIN: There is one question about which there has been some discussion, and I think, perhaps, it should be clarified at this meeting. There is a feeling that there is too much restriction on the part of the Association with reference to the students who are of a lower grade than the very best; that is to say, that it might be that in the very best schools with the highest standards they feel more or less a compunction to let men through toward their degree because of the fact that if they fail in that university, they may never get into any other school because this Association has some ruling to the effect that it is a gentleman's agreement that our school should not take a man who has failed in one of the schools of this Association. If that is so, I think it would be a great pity, because there certainly are a number of men who have the very highest standards who might feel that they would still be able to pass and become good practicing doctors, but might feel they would not want to be re-

sponsible for their graduation there. Other schools might feel it would be possible for him to become a good doctor and would be willing to accept him.

When those men have come to us, we have always made it our business to send not only the transcript to the other schools, but we say, there may be local reasons why the man has not been able to do so well with us and perhaps in a different environment he might do better.

If we regulate that too strictly, we would be rather in trouble. I should like to ask Dr. Zapffe if there is any such ruling in the Association.

SECRETARY ZAPFFE: No, sir, there is not. Years ago when the question was discussed, we had a ruling to the effect that no school should accept any student from another school, except on the same basis that the school from which he came would take him. That was passed at a time when there was considerable confusion in the manner of enforcement of regulations by some of the medical schools, but that time has passed and the ruling was taken out of the Constitution when it was rewritten several years ago and does not now appear. The schools are all exercising their own judgment in the matter of accepting medical students that come from elsewhere, regardless of what their records may have been.

Has any member of the Association any business to bring before the meeting?

DR. L. S. SCHMITT: I move that a vote of thanks be extended to Dr. Martin and to the faculty of McGill University for the hospitality that they have extended to this Association.

The motion was carried by a rising vote.

There being no further business to come before the Association, a motion was made to adjourn. It carried.

The meeting adjourned at ten o'clock.

CHARLES F. MARTIN, *President*  
FRED C. ZAPFFE, *Secretary*

### Third Day

The delegates were convened in session by the newly elected president, Dr. Walter L. Niles, at 9:30 a. m.

The first paper was read by Professor E. A. Bott, University of Toronto, entitled "Teaching of Psychology in the Medical Course."

The paper was discussed by Dr. Ray Lyman Wilbur.

Dr. B. D. Myers, Indiana University School of Medicine, then made his second report on "Applicants for Matriculation to Medical Schools."

The report was discussed by Dr. W. C. Davison, Duke University Medical School.

Dr. C. C. Bass, Tulane University School of Medicine, then read his paper entitled "Demands on the Medical Practitioner in the South During a Period of One Year."

Dr. J. Jay Keegan, University of Nebraska College of Medicine, followed with a paper on "The Problem of Junior Medical Teaching."

Dr. J. M. H. Rowland, University of Maryland School of Medicine, read a paper entitled "An Experiment in the Teaching of the History of Medicine."

Dr. Rowland's paper was discussed by Drs. Louis B. Wilson, and Dr. Rowland, in closing.

Dr. Lawrence H. Baker, Johns Hopkins University School of Medicine, followed with a paper entitled "An Experiment with the Curriculum," which was discussed by Dr. W. C. Davison, Dr. George M. Kober, Professor E. A. Bott, and Dr. Baker, in closing.

Dr. Martha Tracy made a "Further Report on Women in Medicine."

Dr. Charles S. Butler, Commandant of the Naval Medical School, presented a paper on "The Coordination of Medical Problems, Medical Education and Public Health and Hospitals in the Republic of Haiti."

This concluded the program.

There being no further business to come before the Association, it was moved, seconded and carried that an adjournment be taken to meet in Indianapolis in 1928 at such time as the Executive Council will select.

Adjourned.

(Signed)

WALTER L. NILES, *President*

FRED C. ZAPFFE, *Secretary*

## Minutes of the Organization Meeting of the Executive Council

The following members of the Executive Council met in the Osler Room of McGill University, October 26, 1927, at 1:30 p. m.: Walter L. Niles, Charles F. Martin, C. C. Bass and Fred C. Zapffe.

The meeting was called to order by the secretary.

On motion of Dr. Niles, duly seconded, Dr. Irving S. Cutter was elected chairman for the ensuing year.

The following *Committee on Medical Education and Pedagogics* was appointed:

ALEXANDER S. BEGG, chairman, Boston University

LIVINGSTON FARRAND, Cornell University

BURTON D. MYERS, Indiana University

E. S. RYERSON, University of Toronto

JOHN WYCOFF, University and Bellevue Hospital Medical College

At the suggestion of Dr. Niles, it was moved, seconded and carried that the reading of papers at the annual meeting shall not consume more than twenty minutes, but that the papers be published in full in the *BULLETIN*. This action was taken for the purpose of permitting of more discussion on each paper read.

The date of the next annual meeting was set as October 29, 30 and 31, 1928.

On motion, duly seconded, the secretary was voted an honorarium of \$2,500. Adjourned.

(Signed)

IRVING S. CUTTER *Chairman*

FRED C. ZAPFFE, *Secretary*

# ASSOCIATION OF AMERICAN MEDICAL COLLEGES

## OFFICERS AND COMMITTEES FOR 1927-1928

*President:* WALTER L. NILES, New York.

*Vice-President:* BURTON D. MYERS, Bloomington, Ind.

*Secretary-Treasurer:* FRED C. ZAPFFE, 25 East Washington St., Chicago.

### EXECUTIVE COUNCIL

IRVING S. CUTTER, Chairman, Chicago; CHARLES P. EMERSON, Indianapolis;  
CHAS. F. MARTIN, Montreal; RAY LYMAN WILBUR, Stanford University, California;  
WALTER L. NILES, New York; FRED C. ZAPFFE, Chicago.

### COMMITTEES

#### *Committee on Education and Pedagogics*

ALEXANDER S. BEGG, Chairman, Boston University; BURTON D. MYERS, Indiana University; LIVINGSTON FARRAND, Cornell University; JOHN WYCOFF, University and Bellevue Hospital Medical College, New York; E. S. RYERSON University of Toronto.

### MEMBERS

#### Alabama

University of Alabama, School of Medicine, University.

#### California

College of Medical Evangelists, Loma Linda and Los Angeles.

Stanford University School of Medicine, San Francisco and Stanford University.

University of California Medical School, San Francisco and Berkeley.

#### Canada

McGill University Faculty of Medicine, Montreal.

University of Manitoba Faculty of Medicine Winnipeg.

University of Toronto Faculty of Medicine, Toronto.

#### Colorado

University of Colorado School of Medicine, Denver.

#### Connecticut

Yale University School of Medicine, New Haven.

#### District of Columbia

Georgetown University School of Medicine, Washington.

George Washington University Medical School, Washington.

Howard University School of Medicine, Washington.

Army Medical School, Washington (Honorary).

Navy Medical School, Washington (Honorary).

#### Georgia

Emory University School of Medicine, Atlanta.  
University of Georgia Medical Department, Augusta.

#### Illinois

Loyola University School of Medicine, Chicago.  
Northwestern University Medical School, Chicago.

University of Chicago (Rush), Chicago.

University of Illinois College of Medicine, Chicago.

#### Indiana

Indiana University School of Medicine, Bloomington and Indianapolis.

#### Iowa

State University of Iowa College of Medicine, Iowa City.

#### Kansas

University of Kansas School of Medicine, Lawrence and Rosedale.

#### Kentucky

University of Louisville School of Medicine, Louisville.

#### Louisiana

Tulane University of Louisiana School of Medicine, New Orleans.

#### Maryland

Johns Hopkins University School of Medicine, Baltimore.

University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore.

#### Massachusetts

Boston University School of Medicine, Boston.  
Medical School of Harvard University, Boston.  
Tufts College Medical School, Boston.

**Michigan**

Detroit College of Medicine and Surgery, Detroit.  
University of Michigan Medical School, Ann Arbor.

**Minnesota**

University of Minnesota Medical School, Minneapolis.  
University of Minnesota Graduate School, Medical Department, Minneapolis and Rochester.

**Mississippi**

University of Mississippi School of Medicine, University.

**Missouri**

St. Louis University School of Medicine, St. Louis.  
University of Missouri School of Medicine, Columbia.  
Washington University Medical School, St. Louis.

**Nebraska**

Creighton University School of Medicine, Omaha.  
University of Nebraska College of Medicine, Omaha.

**New Hampshire**

Dartmouth Medical College, Hanover.

**New York**

Albany Medical College, Albany.  
Columbia University College of Physicians and Surgeons, New York.  
Cornell University Medical College, Ithaca and New York.  
Long Island College Hospital, Brooklyn.  
New York Post Graduate Medical School, New York.  
Syracuse University College of Medicine, Syracuse.  
University and Bellevue Hospital Medical College, New York.  
University of Buffalo Medical Department, Buffalo.

**North Carolina**

University of North Carolina School of Medicine, Chapel Hills.  
Wake Forest College School of Medicine, Wake Forest.

**North Dakota**

University of North Dakota School of Medicine, University.

**Ohio**

Ohio State University College of Medicine, Columbus.  
University of Cincinnati College of Medicine, Cincinnati.  
Western Reserve University School of Medicine, Cleveland.

**Oklahoma**

University of Oklahoma School of Medicine, Norman and Oklahoma City.

**Oregon**

University of Oregon Medical School, Portland.

**Pennsylvania**

Hahnemann Medical College and Hospital, Philadelphia.  
Jefferson Medical College of Philadelphia.  
University of Pennsylvania Graduate School of Medicine, Philadelphia.  
University of Pennsylvania School of Medicine, Philadelphia.  
University of Pittsburgh School of Medicine, Pittsburgh.  
Woman's Medical College of Pennsylvania, Philadelphia.

**Philippine Islands**

University of the Philippines College of Medicine, Manila.

**South Carolina**

Medical College of the State of South Carolina, Charleston.

**South Dakota**

University of South Dakota College of Medicine, Vermillion.

**Tennessee**

Meharry Medical College, Nashville.  
University of Tennessee College of Medicine, Memphis.  
Vanderbilt University School of Medicine, Nashville.

**Texas**

Baylor University College of Medicine, Dallas.  
University of Texas Department of Medicine, Galveston.

**Utah**

University of Utah School of Medicine, Salt Lake City.

**Vermont**

University of Vermont College of Medicine, Burlington.

**Virginia**

Medical College of Virginia, Richmond.  
University of Virginia Department of Medicine, Charlottesville.

**West Virginia**

West Virginia University School of Medicine, Morgantown.

**Wisconsin**

Marquette University School of Medicine, Milwaukee.  
University of Wisconsin Medical School, Madison.