



ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

MINUTES  
*of the* PROCEEDINGS  
*of the*

FORTY-FOURTH ANNUAL MEETING

*Held in*

ROCHESTER AND MINNEAPOLIS, MINNESOTA  
OCTOBER 30 and 31 and NOVEMBER 1, 1933



*Office of the Secretary*  
5 South Wabash Avenue  
Chicago, Illinois

Supplement to November, 1933, issue of the Journal of the Association of American Medical Colleges  
Published bimonthly, January, March, May, July, September and November, at 5 South Wabash  
Avenue, Chicago, Illinois, by the Association of American Medical Colleges. Subscription price  
\$3.00 per year. Single copies, 75 cents.

Entered as second class matter January 17, 1930, at the Post Office at Chicago, Illinois, under the  
Act of March 3, 1879.

(Continuing the Bulletin of the Association of American Medical Colleges)

ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

MINUTES  
*of the* PROCEEDINGS  
*of the*

FORTY-FOURTH ANNUAL MEETING

*Held in*

ROCHESTER AND MINNEAPOLIS, MINNESOTA  
OCTOBER 30 and 31 and NOVEMBER 1, 1933



*Office of the Secretary*  
5 South Wabash Avenue  
Chicago, Illinois



## FIRST DAY—IN ROCHESTER

### Monday, October 30

The first session of the forty-fourth annual meeting of the Association was held in Plummer Hall, Mayo Clinic, Rochester.

The delegates were called to order by the president, Dr. Louis B. Wilson, at 9:50 A. M.

The president announced that copies of the local program for the day could be obtained at the registration desk and asked each delegate to inform himself as to where to go and at what time, this information being set forth in the printed program.

The regular program was then taken up.

The first subject announced was a Symposium on the Report of the Commission on Medical Education.

The first paper in this symposium was presented by Dr. W. C. Rappleye, dean Columbia University College of Physicians and Surgeons. It was entitled, "Relation of the Number of Medical Graduates to the Public Need."

Other papers on this subject were presented by Dr. William D. Cutter, secretary of the Council on Medical Education and Hospitals of the American Medical Association, representing the medical profession; Dr. C. R. Bardeen, dean University of Wisconsin Medical School, representing the state university, and Dr. C. C. Bass, dean Tulane University of Louisiana School of Medicine, representing the endowed university.

The general discussion was opened by Dr. Walter L. Bierring, president of the American Medical Association. He was followed by Dr. G. Canby Robinson, dean Cornell University Medical College; Dr. O. W. Hyman, administrative officer University of Tennessee College of Medicine; Dr. Richard E. Scammon, dean of the division of biological sciences University of Minnesota; Dr. H. G. Weiskotten, dean Syracuse University College of Medicine; Dr. Hugh Cabot, Mayo Foundation; Dr. Nygard, Mayo Foundation Fellow; and, in closing, by Drs. Rappleye and Cutter.

An adjournment was taken at 12:05 P. M.

---

The afternoon of this day was spent in visiting the Mayo Foundation and other points of interest according to the prepared schedule.

The delegates and their friends met at dinner in the Kahler Hotel at 6:30 P. M. Dr. Wilson presided as toastmaster. Brief addresses were made by Dr. William J. Mayo and Mr. Guy Stanton Ford, dean of the Graduate School of the University of Minnesota, and Dr. J. Fletcher Robinson, of Mysore Medical College, Mysore, India.

The address of the evening was delivered by Mr. L. D. Coffman, president of the University of Minnesota. The subject of his remarks was, "Inter-Institutional Cooperation and Research."

## SECOND DAY—IN MINNEAPOLIS

Tuesday, October 31

The second session was convened in the Nurses' Home of the University of Minnesota, at 10 A. M., vice-president, Dr. Ross V. Patterson, presiding.

The first subject on the program was a symposium on "Medical Care of the American People; Income and Distribution of Physicians."

The first speaker was Dr. Alphonse M. Schwitalla, dean St. Louis University School of Medicine and a member of the Committee on the Cost of Medical Care. He was followed by Dr. R. C. Buerki, superintendent of the Wisconsin General Hospital.

These papers were not discussed.

The next subject on the program was the report of the Committee on Aptitude Test, which was presented by the secretary of the Committee, Dr. F. A. Moss.

The discussion on this report was opened by Dr. J. M. H. Rowland, dean University of Maryland School of Medicine, and continued by Drs. Beverly Douglas, associate dean Vanderbilt University School of Medicine, Alphonse M. Schwitalla, dean St. Louis University of Medicine, B. D. Myers, dean Indiana University School of Medicine; Maurice H. Rees, dean University of Colorado School of Medicine; Lewis J. Moorman, dean University of Oklahoma School of Medicine and, in closing, by Dr. Moss.

The next paper was read by Dr. Jennings C. Litzenberg of the University of Minnesota Medical School. It was entitled, "Administration of Internships."

Dr. Rufus Q. Goodwin, supervisor of clinical clerks in the School of Medicine of the University of Oklahoma, followed with a paper entitled, "Administration of Clinical Clerkships."

These two papers were not discussed.

At this juncture the Chair appointed the following Nominating Committee: Drs. Maurice H. Rees, chairman; J. M. H. Rowland and Adam M. Miller.

Dr. E. P. Lyon presented the program for the afternoon consisting of visits to the medical school and local points of interest.

The meeting adjourned at 1 o'clock.

---

The delegates met in the Hotel Nicollet at 6:30 P. M. and joined in the dinner which preceded the Executive Session.

# Executive Session

October 31, 1933

The delegates convened in executive session at eight o'clock, Dr. Louis B. Wilson, president of the Association, presiding.

## ROLL CALL

The secretary announced that 63 of the 80 colleges in membership were represented by one or more delegates, as follows:

University of Alabama School of Medicine.—Stuart Graves.  
Stanford University School of Medicine.—Loren R. Chandler.  
University of California Medical School.—Sanford V. Larkey.  
McGill University Faculty of Medicine.—J. C. Simpson.  
University of Manitoba Faculty of Medicine.—A. T. Mathers.  
University of Toronto Faculty of Medicine.—E. S. Ryerson.  
University of Colorado School of Medicine.—Maurice H. Rees.  
Yale University School of Medicine.—Francis G. Blake.  
Georgetown University School of Medicine.—Wm. Gerry Morgan; John L. Gipprich.  
Howard University School of Medicine.—N. P. G. Adams.  
Emory University School of Medicine.—Russell H. Oppenheimer.  
University of Georgia Medical Department.—Wm. L. Moss.  
Loyola University School of Medicine.—T. H. Ahearn; L. D. Moorhead; R. M. Strong.  
Northwestern University Medical School.—J. Roscoe Miller.  
University of Chicago.—B. C. H. Harvey.  
University of Illinois College of Medicine.—George R. Moon.  
Indiana University School of Medicine.—B. D. Myers.  
State University of Iowa College of Medicine.—John T. McClintock.  
University of Kansas School of Medicine.—H. R. Wahl; Noble E. Sherwood.  
University of Louisville School of Medicine.—John Walker Moore.  
Tulane University of Louisiana School of Medicine.—C. C. Bass.  
Johns Hopkins University School of Medicine.—Alan M. Chesney.  
University of Maryland School of Medicine.—J. M. H. Rowland; Maurice C. Pincoffs.  
Boston University School of Medicine.—A. S. Begg.  
Harvard University Medical School.—Reginald Fitz.  
Tufts College Medical School.—A. W. Stearns.  
Detroit College of Medicine and Surgery.—W. H. MacCracken.  
University of Michigan Medical School.—Arthur C. Curtis.  
University of Minnesota Medical School.—E. P. Lyon; Richard E. Scammon.  
University of Minnesota Graduate School.—Louis B. Wilson.  
University of Mississippi School of Medicine.—P. L. Mull.  
St. Louis University School of Medicine.—Alphonse M. Schwitalla; C. H. Nielson.



University of Missouri School of Medicine.—Dudley S. Conley; C. R. Brunner.  
 Creighton University School of Medicine.—J. J. McInerney; B. M. Riley;  
 H. F. Gerald; P. J. Mahan.

University of Nebraska College of Medicine.—C. W. M. Poynter.  
 Dartmouth Medical School.—John P. Bowler.  
 Albany Medical College.—Thomas Ordway; F. S. Randles.

Columbia University College of Physicians and Surgeons.—W. C. Rapp-  
 leye.

Columbia University, New York Post Graduate Medical School.—W. C.  
 Rappleye.

Cornell University Medical College.—G. Canby Robinson; W. S. Ladd.  
 Long Island College of Medicine.—Adam M. Miller.

New York Homeopathic Medical College.—Claude A. Burrett.  
 Syracuse University College of Medicine.—H. G. Weiskotten.

New York University, University and Bellevue Hospital Medical College.  
 —Currier McEwen.

University of Buffalo Medical Department.—E. W. Koch.  
 Duke University School of Medicine.—Wilburt C. Davison.

University of North Carolina School of Medicine.—Charles S. Mangum.  
 University of North Dakota School of Medicine.—H. E. French.

University of Cincinnati College of Medicine.—A. C. Bachmeyer.  
 University of Oklahoma School of Medicine.—L. J. Moorman; R. Q.  
 Goodwin.

Hahnemann Medical College and Hospital.—Garth W. Boericke.  
 Jefferson Medical College.—Ross V. Patterson.

University of Pittsburgh School of Medicine.—Theo. K. Kruse.  
 Woman's Medical College of Pennsylvania.—Martha Tracy.

Medical College of the State of South Carolina.—Robert Wilson.  
 University of South Dakota School of Medicine.—J. C. Ohlmacher.

University of Tennessee College of Medicine.—O. W. Hyman.  
 Vanderbilt University School of Medicine.—Beverly Douglas.

University of Vermont College of Medicine.—J. N. Jenne.  
 Medical College of Virginia.—Lee E. Sutton, Jr.

Marquette University School of Medicine.—Eben J. Carey.  
 University of Wisconsin Medical School.—C. R. Bardeen.

#### OTHERS PRESENT

The following registrations for the meeting were reported:

William D. Cutter, Council on Medical Education and Hospitals of the  
 American Medical Association; Lester J. Evans, Commonwealth Fund; Harold  
 Rypins, New York Education Department; Walter L. Bierring, American Medical  
 Association; J. S. Rodman and Everett S. Elwood, National Board of Medical  
 Examiners; Paul S. McKibben and B. O. Raulston, University of Southern  
 California; W. C. MacTavish, Washington Square College of New York Uni-  
 versity; A. B. Macallum, University of Western Ontario; G. Henry Mundt,  
 Chicago Medical School; Byron H. Nellans, Eclectic Medical College; Josiah

J. Moore, Alpha Omega Alpha; Fred A. Moss, secretary Committee on Aptitude Test; R. C. Buerki, Wisconsin General Hospital; J. G. Crownhart, State Medical Society of Wisconsin; Paul H. Fesler, Wesley Memorial Hospital, Chicago; J. F. Robinson, Mysore University Medical College, India; Ida M. Cannon, Massachusetts General Hospital.

Many members of the faculties of the Mayo Foundation and the Medical School of the University of Minnesota attended the various sessions, but did not register.

#### MINUTES OF 1932 MEETING

The minutes of the 1932 meeting were presented by the secretary, as printed and previously distributed to the member colleges.

There being no objections, the minutes were approved as printed.

#### REMARKS BY PRESIDENT WILSON

The next order of business was a brief talk by the president, Dr. Wilson:

When the final arrangements for the program for this meeting were under consideration, I asked to be excused from making a formal address but be given fifteen or twenty minutes for an informal talk at the Executive Session. I asked this partly because I wish to express my sincere gratitude to the members of this Association more personally than may be done in open meeting, for their sympathetic consideration at the last meeting and throughout the past year. While I have not been able to give nearly as much time to the affairs of the Association during the past year as I should like to have done I am sure the Association has not been retarded thereby in its work since the other officers have carried out the policies of the Association most satisfactorily.

When I accepted the presidency two years ago it was, as I said at the time, with considerable hesitation since I had been so long out of undergraduate medical work that I doubted my judgment in the problems related thereto. My excuse for accepting was because a veteran on the sidelines is sometimes able to catch viewpoints somewhat different from those of the members of the team yet which may be helpful to the play. During the two years I have arrived at a few such impressions which with your permission I should like to state frankly.

I have been stimulated to inquiry into the policy and methods of the Association by a spirit of some dissatisfaction evinced by a few of the member colleges. This has related chiefly to finances, to the JOURNAL, to school inspection, to policies in educational research, to relations with other national educational groups and to organization.

#### FINANCES

At the last meeting of the Association the annual dues were reduced to an amount which it is assumed the schools have been able to meet during the past year. Whether this amount shall be increased or decreased for the coming year remains for the Association to decide. Beyond the question of total amount of dues, however, it should be pointed out that there has been some dissatisfaction on the part of some member colleges with certain items of expense, chief of which are the expense of a paid secretary and the cost of the JOURNAL. Several

member colleges have suggested that the secretary should be the representative of a member college and should receive no remuneration but be reimbursed only for office and traveling expenses. It has been suggested that there remain but few duties of the secretary aside from editing the JOURNAL which might not be performed by the dean of any member college without serious interference with his other duties. This is in marked contrast to the conditions in those years immediately following the appointment of a salaried secretary when school inspection and other standardization duties constituted a man's-size job.

#### JOURNAL

If much of the secretary's time, as may be inferred from his reports, is now devoted to editing and publishing the JOURNAL, the JOURNAL itself is costing the Association, in addition to the income from advertisements, a large share of the income from dues. At the executive session last year the Executive Council voted to continue the JOURNAL as a bi-monthly. An alternative which has been suggested is the publication of an annual volume covering all papers and proceedings at greatly reduced expense.

#### SCHOOL INSPECTIONS

Visits to colleges applying for membership and to those whose maintenance of membership is in doubt have been greatly reduced in number and will probably be still more reduced within the next few years. The character of the visits as at present carried out has been criticized by several member colleges. Some members say that the visits made have been too mechanical and not conducted in cooperation with the Council on Medical Education of the American Medical Association or with the Federation of State Medical Boards. Last year through lack of a fixed policy of cooperation with the Council of the American Medical Association in the inspection of schools concerted action by the two bodies concerning one school was frustrated. Influence for improvement of schools by visitation rests not upon any dictatorial authority but upon the confidence of the schools visited, that the visitors themselves are competent, thorough, and unbiased. To this end it would seem advisable that in all visits to schools the secretary of this Association should be accompanied by one other member who is a dean of a member school, and if possible by the secretary of the Council on Education of the American Medical Association.

#### POLICIES OF EDUCATIONAL RESEARCH

For the last quarter century the attention of this Association has been concentrated on improvement of standards. The results attained have been adequate; in some respects they have been even more than adequate. Recently there has been a growing appreciation of the responsibility of the Association in general problems of medical education. Several of these studies, for example, Dr. Myers' study of applicants, Dr. Weiskotten's and Dr. Tracy's studies of alumni, the aptitude test and the five-year survey by the Commission on Medical Education have been most noteworthy. For several of these studies the Association has fortunately secured financial assistance from outside sources. The total

expenditure for the past year, aside from that for the aptitude test, charged to Educational Research has been only about \$700. It seems members of the Association generally believe that each of the researches mentioned should be continued. Certainly the Report of the Commission contains many suggestions for further investigation which this Association may not ignore.

#### RELATIONS WITH OTHER NATIONAL EDUCATIONAL AGENCIES

In addition to these problems a glance at the educational research activities of the various national college and university associations reveals innumerable suggestions for research of apparent significance in medical education. The large number of students applying for admission to medical schools and the relative oversupply of physicians in this country makes imperative much more active and extensive cooperation by this Association with colleges preparing premedical students. At present educational requirements are formally stated and formally met. The more subtle factors of personality and character often elude college admitting officers. Better cooperative consideration of these by preparatory and medical college authorities might do much to eliminate undesirable applicants and to reduce sordidness and narrowness in the medical profession.

At the level of graduate medical education a survey of the present relationships of medical schools to internships, residencies, advanced training in specialties, and refresher opportunities for practitioners too often reveals inadequate appreciation of the medical schools' responsibilities, inadequate application of its resources, and inadequate cooperation with other agencies.

The gropings of recent graduates seeking the really worthwhile internships and residencies among the many officially approved, the inadequate opportunities for training of specialists in the science as well as in the art of clinical specialties, and the too often unaided struggle of isolated general practitioners to keep in touch with medical progress should stir the medical colleges to a much keener appreciation of their privileges and responsibilities in these respects. It would seem that this Association should give more study to these problems.

#### ORGANIZATION

The organization of this Association as set forth in the Constitution and By-laws, last amended November 15, 1932, for the most part is clear, logical, and with liberal interpretation permits proper activities without undue restriction. There are a few points, however, which might be criticized.

Article I. Name: "Association of American Medical Colleges." Since there are only 25 member institutions officially designated as "colleges" while there are 50 designated as "schools" it would seem that the name might at least include the more modern designation, e.g. "The Association of American Medical Schools and Colleges."

ARTICLE III. Section 5. Dues: "Colleges in arrears after February 1 shall be dropped from membership." This is a reflection on the honesty of the member institutions and out of place in the constitution of a dignified organization.

ARTICLE V. "Active, associate and honorary members." This seems to confuse institutional membership with personal membership. Membership should be

confined to institutions each of which should have but one voting and office-eligible representative but each of which should have the right to designate as many representatives as it pleases to attend annual meetings and take part in the scientific program.

ARTICLE VI. Section 1. "Officers." The election of a president, vice-president, secretary, and treasurer "to serve one year only or until their successors are elected" is a relic of the period when such election was supposed to confer honor but not require service. These are responsible positions requiring experience as well as ability and should not be so lightly or briefly bestowed. If their tenure were for not less than two years and preferably longer better service would result.

Sections 2 and 6. The president should be *ex-officio* chairman of the Executive Council. The present arrangement divides responsibility and takes away from the organization as a whole its democratic right to say who shall be its chief responsible executive. While not limiting the number of meetings which the executive council may hold annually, the only meeting mentioned is that at the annual meeting of the Association. One meeting a year is inadequate for the functions which the Council should perform. Two meetings yearly have usually been held. At least three should be held. The first should be during the meeting of the Association; the second, during the annual meeting of the Congress on Medical Education in February, and the third, during the annual meeting of the American Medical Association in May or June. The traveling expenses of members of the Council to these last two meetings might be paid in part or in whole by the Association.

ARTICLE VII. Section 2: "The majority of active members whose dues are paid shall constitute a quorum." Here again is confusion between institutional and personal membership.

BY-LAWS: Section 2: "All schools, members, or associates shall be visited and inspected at least once each five years." This relic of a bygone age is being ignored and should be eliminated.

SECTION 7. "The Association is prepared on request to act in an advisory capacity to institutions engaged in preparing students for entrance to medical schools." Should not this section express a willingness to consult with such institutions in the study of educational problems of mutual interest rather than to assume that we know enough to "advise" them?

I have a feeling that the present policies of the Association tend toward too much control by the Executive Council. This policy may have been necessary during the renaissance following the Carnegie investigation but it would seem to be no longer necessary. The opinion of each member college is entitled to respect by the whole Association. The Executive Council should rarely initiate policies but, when so instructed, should endeavor to carry out the majority opinion of all members as expressed in frank discussion in the executive session. Should there not be two executive sessions at each annual meeting with an Executive Council meeting following each?

On the other hand, there is need, it seems to me, for a very great extension of the deliberative functions of the Executive Council and the standing commit-

tees. With adequate provision for meetings of these groups, it would seem desirable that either constantly or occasionally representatives from certain of the national college and university organizations, from the American Hospital Association, from the Council on Medical Education of the American Medical Association, from the Federation of State Medical Boards, and from the Advisory Council of National Examining Boards in Specialties should be invited to take part in the deliberations.

If these suggestions, which I hope will be frankly discussed, seem to the majority of the colleges to be worthy of further consideration I trust some one will move that either the Executive Council or a specially appointed committee be charged with the duty of a detailed survey of the present functions and future responsibilities of this organization, and the recommendation of amendments to the present constitution, or of an entirely new constitution, which will permit the Association to broaden its activities and to work throughout the year in an economical, direct and effective manner.

DR. B. D. MYERS (Indiana University) Bloomington: I move that either the Executive Council or a committee appointed by the Council take up the careful consideration of the Constitution and By-Laws with a view to adapting them more nearly to present needs.

The motion was regularly seconded and carried.

PRESIDENT WILSON: The next order of business is the report of the Secretary.

## Report of Secretary

The Secretary presented the following report:

### MEMBERSHIP

The membership of the Association remains unchanged. It totals 80 colleges, seventy-four of these being undergraduate medical schools located in the United States; three Canadian undergraduate schools; two graduate schools and one postgraduate school.

No applications for membership were received during the year. Two applications made in previous years are pending awaiting action.

### HEADQUARTERS

The office has been an unusually busy place during the past year. The volume of correspondence has increased considerably. More than thirty-three hundred pieces of first class mail were received, and nearly thirty-four hundred pieces of first class mail were sent out.

This large correspondence resulted from, first, more frequent letters from the member colleges than heretofore; second, the study of student accomplishment; third, the relationship established with state examining boards; fourth, letters coming from many organizations and individuals desiring information of

various kinds. Likewise, many persons visited headquarters seeking information on questions concerning medical education which only this office could supply.

#### STUDY OF STUDENT ACCOMPLISHMENT

This study has elicited much favorable comment, especially from liberal arts colleges. It is the first time that these schools have been able to secure information on how their students carry on in medical school. The result has been, in many instances, revamping of courses and reorganization of departments by arts colleges. Not a few of the colleges, and several university executives, have expressed the wish that the Association would carry this study into all the years of the medical course—a piece of work not being done by any organization at this time. It has also been suggested that such a record would be of service to the state examining boards, with whom this Association is closely affiliated. It would be of great service in detecting frauds.

This study has been carried on for five years. The accumulated cards have had value to medical schools in checking up on the credentials of transfer students. Many liberal arts colleges write each year for a report on their students, but this work would be more effective if each college sending more than 5 students into medicine were furnished a report without asking for it. Last year (1931-1932) 230 of the 612 colleges came under this category.

The published report on this study gives details, which need not be repeated here.

#### STUDY OF APPLICANTS

This study, now in the second year of its revival, is not yet completed for 1933. Cards are still being received, therefore a report—even in a preliminary way—cannot be made at this time. However, the data compiled thus far indicate that the number of applications will be about the same, perhaps greater, than they were in 1932, but that there were fewer applicants. Many of the multiple applicants of 1932 are again multiple applicants in 1933—with parallel results. A detailed report on this study will be published later in the JOURNAL.

The final report for the 1932 study was published in the JOURNAL, May, 1932.

Some medical schools have asked for a report on those students whom they rejected. These reports have been furnished.

#### ENTRANCE CREDENTIALS

This study, now in its fifth year, has shown a steady lessening year by year of matriculants with less than 3 years of premedical study (16.5% in 1932), and an increase in the number of degree holders (52.7%). Those with 3 and 4 years of preparation remain about the same in number (30.7%).

The details on this study are given in full in the completed report which will be published in the JOURNAL later.

#### AMERICAN STUDENTS IN FOREIGN MEDICAL SCHOOLS

This situation, apparently, remains unchanged. Credentials of students ap-

plying for admission to the medical schools of Great Britain are still being evaluated by the Secretary, unofficially. About 115 students made application thus far in 1933.

Data on this subject have been published in the official JOURNAL from time to time. They are authoritative being based on reports received from the official educational bodies, colleges or councils, of each country.

It is evident that each country has tightened its requirements for admission of American medical students into its medical schools. Some schools, especially in Great Britain and Belgium, will not accept any American students.

#### GRADUATE STUDY

This problem has received a great deal of attention from various organizations and special groups during the year. It will be reported on later by the president, Dr. Wilson, who has participated actively in discussions of this problem on several occasions.

A number of items have been referred to the Executive Council for consideration and to save the time of the assemblage will not be mentioned specially in this report. The report of the Executive Council will cover them.

#### FELLOWSHIPS, FUNDS, PRIZES, ETC.

Several years ago your Secretary prepared two pamphlets setting forth data on fellowships, funds, prizes, etc., available (1) to undergraduates and (2) to graduates. The cost of publication of these pamphlets was graciously met by the Rockefeller Foundation.

Since the publication of these pamphlets many requests have been received for a revised edition of the pamphlet for graduates, which, it is stated, has much value as the information contained therein is not available elsewhere. Probably, the impetus given to graduate study in all fields is responsible for this demand.

The matter has been referred to the Executive Council for consideration.

#### JOURNAL

Each issue of the JOURNAL was distributed to about 1950 individuals and institutions. Last Fall the mailing list for each member college was sent out for revision. All these lists, except one, were returned. Changes in the mailing list are made continually to keep it as nearly up to date as possible, and it is believed that the JOURNAL is distributed both wisely and well.

Bids for printing were secured last December from representative printing companies and as a result, the cost of publication has been reduced considerably. The advertising receipts have increased slightly, hence the actual cost to the Association is considerably less than it was last year. The treasurer's report will give details. The number of subscriptions has been greater than in previous years. This source of revenue has been discussed by the Executive Council in previous years and activity tending to enlarge it is well worth considering. An authorized subscription campaign should prove productive of good results.

The papers published in the JOURNAL are, first those read at the annual meeting, and second volunteer papers submitted for publication with the approval



of the dean of a member college. From these sources more than sufficient copy is available for every issue.

#### INSPECTIONS

No colleges were inspected or visited since the 1932 annual meeting.

Respectfully submitted,

(Signed) FRED C. ZAPFFE, Secretary.

DR. B. C. H. HARVEY (University of Chicago) Chicago: I would like to ask the Secretary about the statement that there are eighty member colleges, in view of the fact that the dues paid for last year covered seventy-nine colleges of which one is a graduate college.

SECRETARY ZAPFFE: The eighty member colleges are: seventy-four undergraduate medical colleges; three Canadian colleges; two graduate schools; one post-graduate school.

Last year the Association amended the Constitution (Art. III, Sec. 2) to the effect that in the case of any graduate school of medicine or graduate division offering medical instruction or any school offering courses in medicine to practitioners but not leading to a degree the annual dues shall be remitted if the same university or corporation also conducts an undergraduate school of medicine which holds membership in the Association and pays the customary dues." For the year 1932-1933, two graduate schools came under that head—Pennsylvania and Minnesota. Pennsylvania paid only one due, Minnesota paid two dues. The New York Post Graduate School of Medicine, then not an integral part of Columbia University, paid the dues, thus 79 colleges paid dues. Now, the New York Post Graduate School is an integral part of Columbia University, therefore, according to the constitution this school, and the graduate schools of Minnesota and Pennsylvania will not pay dues for the year 1933-1934.

PRESIDENT WILSON: As I recall that action of the Association last year, the payment of dues was at the option of the schools. The provision made was that if they did not pay dues they would not have a vote.

SECRETARY ZAPFFE: I did not understand it that way.

PRESIDENT WILSON: Do they have two votes or one?

SECRETARY ZAPFFE: One.

PRESIDENT WILSON: Two schools of the same university paying two dues have two votes, do they not?

DR. E. P. LYON (University of Minnesota) Minneapolis: The college has as many votes as it is willing to pay for.

DR. HARVEY: The dues are not all paid for this year. The colleges have until February to pay.

SECRETARY ZAPFFE: In accordance with the constitution, bills for dues were not sent to the postgraduate or graduate schools.

PRESIDENT WILSON: The Chair would suggest that this matter be cleared up by the Executive Council.

DR. MYERS: I move that subject to the record this report be approved.

The motion was regularly seconded and carried.

PRESIDENT WILSON: The next order of business is the report of the Treasurer.

## Report of Treasurer

I submit hereby my report as Treasurer covering the year terminating August 31, 1933.

The financial business of the Association has been conducted during the year past in a manner slightly different from that followed heretofore. Formerly one secretary-treasurer did all the work. He was efficient and very busy. Under the action taken by the Association in 1932, the secretary has collected all monies, and the treasurer cares for them and is the sole disbursing officer, paying all bills which come within the budget adopted, and which have been approved by the appropriate officer designated by the Executive Council.

During the year total expenditure is well within the budget estimate. The budget provided for an expenditure of \$23,330.00; actual expenditure has been \$18,580.58. Expenditure has also been well within the estimated income for the year as stated in the budget adopted in 1932. Actual income has exceeded estimated income by \$1,603.14. The accumulated net income cash balance August 31, 1933, is \$16,959.49; on August 31, 1932, it was \$13,036.93.

The books were audited in October by Lybrand, Ross Bros. & Montgomery, auditors authorized by the President of the Association. The financial statements thus audited are submitted herewith as follows:

1. Balance sheet August 31, 1933.
2. Condensed statement of income and expense September 1, 1932, to August 31, 1933.

At the 1932 meeting the Association authorized the Executive Council to make some changes in the budget adopted, appearing on page 24 of the Minutes for 1932. The changes actually made by the Executive Council February 13, 1933, were as follows:

1. The budget of the Aptitude Test Committee was increased from \$6500 to \$8150 providing for an honorarium of \$1200 to Dr. Moss and other minor expenses.
2. An appropriation not to exceed \$300 from the contingent fund was provided for stenographic and secretarial help in the Treasurer's Office and for providing receipt forms. An appropriation of \$265 was actually made.

The Executive Council has approved the payment of two bills not provided for in the budget of 1932, but left over as authorized expenditure from the previous year. They are Nurses Training School \$80.23; Framing officers' photographs \$11.86. These bills have been paid.

The sum of \$268.75 included in the funds turned over on December 15, 1932, to the present Treasurer by Dr. Zapffe has not been identified. Dr. Zapffe states that he believes these are his personal funds deposited in error to the credit of the Association. Since the Treasurer's investigation and the auditor's investigation have failed to find any other source of this amount the Executive Council recommends that the amount be repaid to Dr. Zapffe.

All dues for 1932-1933 have been paid. Only one university, the University of Minnesota, has two schools which pay dues. The two schools of the University of

Minnesota paid dues last year. Fifty-eight schools have already paid dues for 1933-1934 and one other has paid part of the dues.

Attention is called to the need of revision of the Constitution designating the Secretary as collector of all monies due the Association.

The funds of the Association are on deposit in the First National Bank of Chicago. All monies are collected by the Secretary and deposited in the name of the Association of American Medical Colleges in the bank. The Secretary gives receipts on triplicate serially numbered forms provided by the Treasurer for all monies received. These receipts are distributed (1) to the payer, (2) to the Treasurer and (3) to the Secretary's file. All disbursements are made by checks signed by the Treasurer in payment of bills which come within the budget adopted and are approved by the appropriate officer designated by the Executive Council. The Secretary is bonded for \$10,000 and the Treasurer for \$20,000. The bonds are deposited with the Chairman of the Executive Council.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
BALANCE SHEET—AUGUST 31, 1933**

**ASSETS:**

Cash in bank .....	\$17,876.44
Petty cash advances .....	135.00
Accounts receivable—Journal advertisers .....	144.44
Prepaid expense .....	3.75
	<b>\$18,159.63</b>

**LIABILITIES:**

Accrued salaries and other expenses .....	\$ 831.39
---	-----------

**DEFERRED CREDITS:**

Unearned income—dues for 1933-1934.....	100.00
Unidentified collections deposited in 1932.....	268.75

1,200.14

Accumulated net income .....	16,959.49
------------------------------	-----------

**\$18,159.63**

**INCOME ACCOUNT  
Year ended August 31, 1933**

**INCOME:**

Dues .....	\$11,850.00	
Advertising .....	1,391.13	
Aptitude tests .....	9,216.51	
Subscriptions to Journal .....	45.50	\$22,503.14

**EXPENSES:**

Secretary's office .....	6,730.30
Treasurer's office .....	297.88
Journal .....	2,817.74
Annual meeting .....	539.41
Traveling expense—visiting colleges .....	97.75

Committee on aptitude tests .....	7,291.54	
Educational research .....	713.87	
Miscellaneous projects from 1931-1932, not covered by 1932-1933 budget:		
Nurses' Training School .....	80.23	
Framing of officers' photographs .....	11.86	18,580.58
Excess of income over expenses .....		\$ 3,922.56

Respectfully submitted,

(Signed) B. C. H. HARVEY, Treasurer.

DR. A. S. BEGG (Boston University) Boston: I move the adoption of this report. The motion was regularly seconded.

DR. MYERS: If I understood the Secretary's report it stated that no inspections had been made this last year, but the Treasurer's report gave \$97 for an inspection. Those two statements do not seem to tally.

TREASURER HARVEY: There was authorized last year a visit to one university, Vanderbilt University. The visit was made and the bill was paid during the year which followed, although it was authorized in the year before. There have been no visits during this year.

The motion to accept the report was carried.

PRESIDENT WILSON: The next order of business is the report of the Executive Council.

## Report of the Executive Council

The Council has held three formal meetings since the last executive session of the Association: One immediately following the last meeting, at which were considered certain matters referred to it, the actions taken at that time being made known to you in the reports which have been printed; a second meeting in February, during the meeting of the Council on Medical Education, and a meeting which preceded the meeting at which we are now gathered.

In addition to matters considered at these meetings, matters referred to it, and matters originating in the committee, there has been a considerable amount of business transacted by correspondence. Much of this has concerned routine matters, and does not need any detailed report.

What I wish particularly to present this evening, therefore, are the recommendations of the Executive Council adopted at the meeting held October 29.

### APPLICATIONS FOR MEMBERSHIP

First of all, with regard to applications: two applications for admission to membership have been pending—First, the University of Arkansas School of Medicine. Last year the Association voted to defer action on the application of this school until its new medical building should be completed and in operation. In-

asmuch as this requirement has not yet been met, owing to difficulties encountered by the school itself in carrying out its intended program, the Council recommends that the action of last year be continued in effect for the succeeding year.

Do you wish, Mr. President, to consider these recommendations seriatim?

PRESIDENT WILSON: What is the pleasure of the Association? Do you wish to act on these recommendations as they are made, or would you care to hear all of them first and go back over them?

DR. BEGG: As they are made.

On motion of Dr. C. R. Bardeen, regularly seconded, the recommendation was approved.

DR. PATTERSON: The second recommendation concerns the Louisiana State University Medical Center. After due consideration of the action taken on the application of this organization last year, and quoting from the action taken in executive session, "pending assurance that its establishment and operation is in the best interests of medical education," the Council is unable to recommend the admission of this school at this time because it does not appear that approval and admission would be in the best interests of medical education.

On motion of Dr. J. M. H. Rowland, regularly seconded, the action of the Council concerning the Louisiana State University Medical Center was approved.

#### UNIVERSITY OF MISSISSIPPI

DR. PATTERSON: Third, the School of Medicine of the University of Mississippi has been on probation for three years in order to give the state opportunity to rehabilitate the school in accordance with the standards maintained by this Association.

Certain evidence has been presented to the Council which indicates that, perhaps, within the very immediate future the requirements fixed by this Association will be satisfactorily met. Therefore, the Council recommends that the University of Mississippi School of Medicine be continued on probation, and asks that it be authorized at its meeting next February to restore the school to full membership if conditions are found to warrant such action at that time.

No appropriation has been made directly by the legislature which would enable the school to carry out the plans of those in charge of it, but the governor has by correspondence secured from members of the legislature a pledge to appropriate sufficient funds to carry out the building program and certain other things which would probably make the school acceptable at its next session. Presuming on that, plans have been drawn and it is expected that the changes will be made even in advance, I take it, of the session of the legislature. They are not yet done. They are projected, but there is very definite assurance of the probability that it will all be satisfactorily done.

The recommendation is to refer the case to the Executive Council with power to act, so that in the event the school is able satisfactorily to accomplish improved conditions, the period of its probation may end at as early a date as possible.

A motion to approve the recommendation, made by Dr. O. W. Hyman and seconded by Dr. B. D. Myers, was carried.

## UNIVERSITY OF GEORGIA

DR. PATTERSON: Fourth, the University of Georgia Department of Medicine. In view of information coming to the Council from various sources, it is recommended that the Council be authorized to investigate this school and report thereon at the next annual meeting.

DR. A. M. SCHWITALLA moved to approve this recommendation.

The motion was regularly seconded and carried.

### REPRESENTATIVES FROM OTHER ORGANIZATIONS

DR. PATTERSON: The fifth recommendation concerns representation at Council meetings by educational institutions and organizations interested in medical education.

The Council requests authority, or authorization, to invite representatives of the Council on Medical Education of the American Medical Association, the Federation of State Medical Boards, institutions preparing students for entrance to medical school, and such other national organizations as it may seem desirable to invite to the meetings of the Council, to discuss matters of mutual interest, to the end that better coordination of efforts may be attained.

On motion of Dr. Myers this recommendation was approved.

### EDUCATIONAL RESEARCH

DR. PATTERSON: Sixth, the Council recommends the continuance of studies on student accomplishment and of applicants for admission to medical schools.

Dr. Adam M. Miller moved the approval of this recommendation.

The motion was regularly seconded and carried.

### PUBLICATION OF NEW EDITION OF "PAMPHLET ON FELLOWSHIPS, ETC., FOR GRADUATES IN MEDICINE"

DR. PATTERSON: Seventh, the Council presents a recommendation for republication of a pamphlet containing a list of fellowships, funds, prizes, and so forth, for graduates in medicine. The last previous edition was issued in 1930. This pamphlet contained a great deal of useful information. There has been a great demand for it. The supply is almost exhausted, but it needs revision and the expense of publication is not very great.

Dr. J. N. Jenne moved approval of this recommendation.

The motion was regularly seconded and carried.

### BUDGET FOR 1933-1934

DR. PATTERSON: The eighth and last item is the presentation of a budget for 1933-1934.

The budget has been revised in accordance with the experience of last year and contains the necessary items to carry out the recommendations which you have just approved, makes some revisions, some reductions, and some increases.

## ESTIMATED INCOME

Dues .....	\$11,850.00
Advertising .....	1,200.00
Aptitude Test .....	9,000.00
Total .....	22,050.00
Authorized underwriting from Accumulated Income .....	925.00
	\$22,975.00

## EXPENSE

### SECRETARY'S OFFICE

Secretary's Salary .....	5,000.00
Surety bond .....	15.00
Stenographer's salary .....	1,200.00
Office rent .....	750.00
Stationery and printing .....	100.00
Postage .....	125.00
Telephone and light .....	100.00
New equipment .....	100.00
Miscellaneous .....	200.00
	7,590.00

### TREASURER'S OFFICE

Clerical and stenographic service .....	250.00
Surety bond premium .....	50.00
Auditing fees .....	50.00
Postage and miscellaneous .....	50.00
	400.00

### JOURNAL

Publication .....	3,200.00
Postage .....	100.00
Total of project .....	3,300.00

### ANNUAL MEETING

Traveling expense, Dr. Zapffe .....	50.00
Reporting meeting .....	250.00
Programs, etc. ....	50.00
Publishing Minutes .....	170.00
Total of project .....	520.00

Traveling expense—visiting colleges .....	500.00
American Council on Education .....	100.00

### COMMITTEE ON APTITUDE TEST

Technical and statistical assistance .....	2,400.00
Additional clerical help for scoring and tabulating tests.....	1,300.00
For further statistical studies on predictive value of the tests.....	700.00

For special study of cases of discrepancy between test scores and medical school work .....	200.00
Printing .....	550.00
Rent for office space .....	600.00
Expense in connection with advertising, sending, tests, returning tests, etc. ....	500.00
Traveling expenses .....	200.00
Additional equipment .....	100.00
Honorarium to Dr. Moss .....	1,200.00
Surety bond .....	15.00
Traveling expense of Dr. Moss to Annual Meeting.....	100.00
Study of correlation between preparatory college record and medical record .....	100.00
<b>EDUCATIONAL RESEARCH</b>	
Student accomplishment .....	200.00
Applicants .....	400.00
Total of projects .....	600.00
Contingency .....	2,000.00
Total Expense .....	<u>\$22,975.00</u>

DR. PATTERSON: One new item in the budget is the study of correlation between preparatory college record and medical record.

After considerable discussion by the Executive Council, it was felt that the Aptitude Test Committee might extend its studies in such a way as to show the character of training given in different colleges as indicated by their standing in the medical schools. The information as regards their aptitude rating has already been made known.

I take it that all of us are frequently in receipt of communications from various colleges requesting information as to the scholarship of their graduates in medical study. That work has been carried on already by our Secretary in supplying to the colleges considerable information with regard to students attending colleges in the Association, the work done by students at various colleges, but it has not been supplied to the colleges themselves.

It was felt that an extension of this study and a wider distribution of the information contained, not only to the medical schools but to the colleges themselves in which students are prepared for medical study, might be productive of very good results in stimulating colleges to a greater interest in the character of the preparation given their students, and to discussions, back and forth.

That is one of the items to which I referred when I said the expense could not be estimated very accurately, but it would not involve very great expense if carried on by the Aptitude Test Committee since they have much of the information already at hand, and it would be merely a question of analyzing it and tabulating the results. That item amounts to \$100. It seemed an expenditure very well worth while.



DR. B. D. MYERS: Is that not a continuation of work Dr. Zapffe has been doing?

DR. PATTERSON: Yes. It can be carried on better, more economically, and more efficiently by the aptitude test committee.

PRESIDENT WILSON: As the item appears in the budget, it is "A study of correlation between preparatory college record and medical record." That is the correlation of Dr. Zapffe's work and the work of the Aptitude Test Committee. It was the object of the Council to refer this matter to the Aptitude Test Committee to see whether any possible correlation of value might be worked out; the sum of \$100 was set aside for their convenience in doing that.

DR. PATTERSON: The budget is presented and is recommended by the Executive Council for adoption.

(Signed) Ross V. Patterson, Chairman  
H. G. Weiskotten  
A. C. Bachmeyer  
C. C. Bass  
Francis G. Blake  
G. Canby Robinson  
Louis B. Wilson  
B. C. H. Harvey

Dr. M. H. Rees moved the adoption of the budget.

The motion was regularly seconded.

DR. O. W. HYMAN (University of Tennessee) Memphis: I note from the statement of the Treasurer that we put about \$4,000 into the surplus. If my memory serves me correctly, we did about the same thing the preceding year, adding to the surplus each time until the surplus, if I remember the figures accurately, is now about \$17,000.

That \$4,000 is almost exactly \$50 per member that is now being collected annually and added to the surplus. I believe it is not in order at this time to move any change in that part of the Constitution and By-Laws relating to fees. I simply wish to call attention to that at this time.

I note also that in the proposed budget we have set aside \$2,000 as a contingency fund. There seems to me to be some question as to whether a contingency fund is necessary when there is already a surplus of some \$17,000 piled up.

I simply make those remarks in anticipation of the possibility of being prepared a year hence to move a reduction in the fees of the member colleges.

PRESIDENT WILSON: The Chair would ask the Treasurer to explain that surplus of \$17,000.

TREASURER HARVEY: The surplus at the beginning of this year was \$13,036.93, and the present Treasurer does not feel he is in position to explain all the details concerning that surplus.

One thing may be stated concerning it, and that is that last year we had from the Aptitude test an excess of income over expenditure of \$2,501.66, and during

the year terminating in 1932 and the year terminating August 31, 1933, we have from that source an excess of income over expenditure of \$1,924. Of the present surplus, then, \$5,426 has come from the aptitude test.

I may state in that connection that I think some items have been charged against the aptitude test which were not charged against the aptitude test before, but are charged in the budget adopted against the aptitude test. Visits of Dr. Moss were formerly charged against the annual meeting, and in this budget are charged against the aptitude test.

The present accumulated surplus is \$16,959. The excess of income over expenditures during the past year was \$3,922, and \$5,426 has come within the last two years from the aptitude test. About the preceding years in which the \$13,000 was accumulated, I do not feel competent to speak.

SECRETARY ZAPFFE: Having been the Treasurer last year, I think I can explain to Dr. Hyman what this means.

As a result of the dues having been \$250 two years ago, the Association last year had a surplus of about \$24,000 which, after \$100 was returned to each member college, amounted to about \$13,000.

You will note that the budget calls for an authorized underwriting from the accumulated income of \$925. Last year the same thing was done. We are drawing on what accumulated under the \$250 dues to pay for the budget whenever it is in excess of income. This point was discussed at the Philadelphia meeting last year. In fact, there is a deficit each year which would be greater than it has been if the income were less than it is now. There cannot be under the \$150 dues. We are drawing now on what was accumulated during that one year when the dues were \$250.

There is an excess from the aptitude test over and above what the Aptitude Test Committee spends, but that is not increasing the accumulated fund on which we are drawing now, and it is understood that this surplus from this test now on hand will be used by the Committee to pay the cost of educational studies which it plans to make in the future. On the same basis after about twelve years that surplus will have disappeared, and there will not be an accumulation on which to draw.

DR. HYMAN: I do not wish to discuss the matter too much. From the report of Dr. Harvey, it seems to me there is still about \$1,900 of surplus derived from the aptitude test, and that there is \$2,000 in excess derived from other sources.

As I understand it, the only other sources of income we have are from advertising in the JOURNAL, a negligible figure from subscriptions to the JOURNAL, and dues from member colleges. The JOURNAL, of course, does not produce a net income. Consequently, I assume that \$2,000 must be derived from the fees of member colleges.

I do not recall that there is any figure in the proposed income for the coming year of transferring funds from the surplus to the operating budget.

TREASURER HARVEY: There is a fund of \$925 authorized underwriting from accumulated income in order to balance the budget for next year.

DR. HYMAN: That is transferred from the surplus?

TREASURER HARVEY: Yes.

DR. PATTERSON: May I say one word more, Mr. President, in order that there may be complete understanding.

There has been some discussion (I do not remember whether in the executive session or not) with regard to the aptitude test. It is quite true that there is a greater return from the aptitude test than the present appropriation allows.

It has seemed to the Executive Council, however, that the appropriation to the Aptitude Test Committee does not entirely represent the expenses of carrying on that work; that there are certain important contributions on the part of the Secretary which are paid by the Association. There are certain printing expenses, for instance, incurred in the JOURNAL in printing those reports, which are tabulations and expensive composition. Of course, the future of the aptitude test is uncertain. That is to say, I think we all regard it as the committee itself does, as still in an experimental stage and that it may be discontinued at any time. Of course, if that were the case, that source of income would be abolished.

Therefore, it seemed perfectly proper to the Council that there should be allowed to come into the funds of the Association a certain amount in excess of the actual expenditures on the part of the committee itself to help take care of some of these other expenses, and especially in view of the fact that we must draw nearly \$1,000 from our accumulated surplus in order to balance our budget.

PRESIDENT WILSON: May I add one thing further to that, that if and when the aptitude test is discontinued and the income therefrom is discontinued, there will still remain a considerable amount of expensive work to be done to make the results of that test intelligible and worth while, and I believe the Council has considered that factor also as one very important reason for accumulating a surplus from the aptitude test.

The motion made by Dr. Rees to approve was put to a vote and carried.

Dr. B. D. Myers moved adoption of the report of the Executive Council as a whole.

The motion was regularly seconded and carried.

## Report of the Committee on Educational Policies

PRESIDENT WILSON: The next item of business is the report of the Committee on Educational Policies. Dr. Ryerson.

The Committee on Educational Policies, after consideration of a provisional report on Medical Education and the Reform of Medical Studies, which is being submitted to the Health Committee of the Health Organization of the League of Nations in Geneva this month, begs to recommend that this Association go on record as approving of the following principles regarding medical education:

1. That medical education should train the student in the cultivation of

health, in the prevention of disease and in the practice of medicine, both individualistic and organized.

2. That the main purpose of undergraduate medical courses is to train "the basic doctor" by a basic medical curriculum; that is to say, the practitioner, capable of thinking for himself, endowed with initiative and resourcefulness, suited to the needs of modern society and the new forms of medical practice, and ready to be ripened by experience and life after he graduates.

3. That in the basic curriculum, consideration should be given to replacing the quantity of the subjects taught by the quality of the knowledge to be acquired, the overextensiveness by thoroughness. The tendency to turn out the doctor who is a walking encyclopedia of medical science should be avoided.

4. That scientific instruction and clinical experience, theoretical teaching and practical application, university laboratories and hospital services, academic freedom and apprenticeship under guidance should be made complementary to one another in the institution, the curriculum and the methods of instruction.

5. That it is essential that there should be a liaison and exchange between the preclinical scientific period and the clinical period of the course, the teaching of the fundamental sciences being continued into the clinical part of the course, and of the broad clinical principles being introduced in the preclinical period.

6. That the instruction in the preclinical sciences should be governed by the following principles:

(a) That, as the purpose of medicine is the promotion and cultivation of the health of people in addition to the treatment of sick patients, a thorough knowledge of the normal living, growing and functioning being is essential.

(b) The basic course in Anatomy should provide the student with a sound general knowledge of the structure of the normal human being in a state of health. Much of the detailed knowledge which is essential for special fields of practice but not for a basic course, should be omitted. A greater coordination with physiology and the functional activity of structures as well as with the clinical subjects should be introduced.

(c) The increasing importance of physiology as a fundamental subject of medical education, as an experimental science, as a key to clinical training, as a means towards improving early diagnosis and treatment, and as a knowledge of the body functions in the normal healthy man, should be realized.

7. That clinical instruction should remain as the center of gravity of the whole medical course, where a synthesis of all theoretical, scientific and clinical principles should be effectively carried out.

8. That clinical instruction in each year should include the presentation of the subject where applicable from the standpoint of its relation to hygiene, to social service, to public health (including the care of indigents), to insurance (accident and life) and to industrial and community practice.

#### 9. SPECIALIZATION:

(a) That the training of the "basic doctor" should include only the main fundamental principles of the specialties needed by the general practitioner.

(b) That the training for the specialties should be provided for by the organization of graduate courses of instruction.

(c) That the determination of the qualifications of specialists to practice in a special field should be based on the fulfillment of certain minimum educational requirements and the passing of a specialist examination.

(d) That the possession of the necessary qualifications be recognized by a noncompulsory certificate or diploma and by the publication of a register or list of those holding such specialist certificate.

(e) That the supervision of the qualification and certification of specialists be placed under a board or council, consisting of representatives of the medical practitioners, the medical associations, the medical licensing bodies and the universities.

(Signed)

E. S. RYERSON, Chairman.

ALAN M. CHESNEY

HAROLD RYPINS

Dr. Ryerson moved that this report be received.

The motion was regularly seconded and carried.

## Report of Special Representative

**PRESIDENT WILSON:** The next item of business is my report as the representative of this Association to the conference on registration of specialists. That is not quite the conference function, but we will make a very brief report on that.

At a meeting held in Milwaukee in June, 1933, just before the American Medical Association, attended by representatives from various organizations concerned, a full day and an evening were spent in discussing these questions.

There are a few general principles which seem to be agreed upon. The first was that each specialty group itself was the one which should certify, if anyone did, who was a specialist of that variety. Next, that there should be some registry published. There was disagreement as to how this registry should be published and by whom.

Another step in the organization was the appointment of a committee to formulate a constitution organizing an advisory council on medical and surgical specialties. That committee, consisting of Dr. Rodman, Dr. Wherry, and one other (I cannot recall who, now), met with representatives of the organized specialty groups and formulated a provisional constitution and by-laws, which will be submitted by letter to the various specialty groups and then will be considered at a called meeting at the time of the Congress on Medical Education in February.

During the past fourteen years only three specialty boards have been organized until this year, when four such boards have been organized and three of those have been incorporated. So the thing seems to be gathering some momentum.

# Report of Committee on Foreign Medical Students

**PRESIDENT WILSON:** There being no unfinished business, we will proceed to new business. Dr. Rypins, I believe, has a report on foreign medical schools and students which he would like to present to the Association.

## REPORT ON FOREIGN MEDICAL STUDENTS

In February, 1933, a meeting was called of representatives of the Council on Medical Education and Hospitals of the American Medical Association, the Association of American Medical Colleges, the Federation of State Medical Boards of the United States, the National Board of Medical Examiners and the Board of Regents of the University of the State of New York, to consider the question of the licensure of graduates of European medical schools. Upon the recommendation of this committee the Federation of State Medical Boards of the United States adopted the following resolution:

1. No American student matriculating in a European medical school subsequent to the academic year 1932-1933 will be admitted to any state medical licensing examination or to the examination of the National Board of Medical Examiners, who does not, before beginning such medical study secure from a State Board of Medical Examiners or other competent state authority, a certificate endorsed by the Association of American Medical Colleges or the Council on Medical Education and Hospitals of the American Medical Association showing that he has met the premedical educational requirements prescribed by the aforementioned associations.

2. No student, either American or European, matriculating in a European medical school subsequent to the academic year 1932-1933 will be admitted to any state medical licensing examination, or the examination of the National Board of Medical Examiners, who does not

(a) Present satisfactory evidence of premedical education equivalent to the requirements of the Association of American Medical Colleges, and the Council on Medical Education and Hospitals of the American Medical Association, and graduation from a European medical school after a medical course of at least four academic years, and

(b) Obtain a license to practice medicine in the country in which the medical school from which he is graduated is located.

The presiding officer, Dr. Ray Lyman Wilbur, President of the Council on Medical Education and Hospitals, appointed a committee to confer with representatives of the various European countries in reference to the licensure of European graduates throughout the United States. The committee has the honor to report as follows:

The problem of the licensure of European trained students falls naturally into two parts: (1) the licensure of native-born European graduates and (2) the licensure of American students graduating in Europe.

### NATIVE-BORN EUROPEANS:

In the absence of a definite classification of European medical schools it has been the custom in most states to admit to the examination graduates of established European universities. During the five-year period 1927-1931 there were 1,157 such native European graduates examined throughout the United States, of whom 50 per cent failed, as contrasted to only 4.5 per cent failures among American trained graduates. However, the following figures for New York State, which include over three-fourths of all the foreign trained candidates, show that there is a gradual falling off in the number of these applicants.

FOREIGN CANDIDATES  
New York Medical Licensing Examination

	No. candidates	No. failed
1929 .....	195	96
1930 .....	173	107
1931 .....	186	88
1932 .....	176	91
1933 .....	167	78
<b>Total</b> .....	<b>897</b>	<b>460</b>
<b>Percent failed</b> .....	<b>52.4%</b>	

This falling-off is probably due to the operation of the immigration quotas.

In view of the fact that American medicine has been broadened and enlarged by the presence of well trained European practitioners; that the total number of native European graduates is annually diminishing to a small group which can easily be assimilated; and that the state licensing examinations appear to be operating as an effective barrier against the licensure of the less qualified half of these applicants, it is recommended that at the present time no action is indicated in reference to this native-born European group.

Owing to the racial and religious persecution of the Hitler regime in Germany there has naturally arisen during the past year an increase in the number of German physicians desiring admission to licensure in the United States. There are no figures available for the number of these practitioners, but less than twenty have applied in New York state during the past year and probably not more than a dozen have been admitted. The number of these refugees will be limited by the immigration quota. In view of the limited number of these applicants, the consistent American policy of assisting political refugees and the high standing of many of these unfortunate physicians, there is no warrant for any alarm as to the possible overcrowding of American medicine by this group. It is therefore recommended that subject to the usual educational and licensure tests they be assisted to reestablish themselves in this country as physicians.

**AMERICAN GRADUATES OF EUROPEAN MEDICAL SCHOOLS.**

According to the report of the Council on Medical Education and Hospitals of the American Medical Association of August 26, 1933, the number of American students studying medicine in Europe for the past three years is as follows:

1930-1931 .....	977
1931-1932 .....	1483
1932-1933 .....	1911

Figures for the present academic year are not yet available but it is believed that owing to this committee's activities the number for the current year will be definitely decreased.

During the past year your committee has had the privilege of friendly conferences with medical and governmental representatives of several of the European countries. It is apparent that the acceptance of this large number of American students in Europe was in large part due to the failure of the European authorities to realize the average quality of this group of applicants and the atti-

tude of the medical authorities in this country in reference to this group. The action taken last year in reference to this problem immediately precipitated a clearer understanding of this problem. The present status of American students in European countries is as follows:

#### GREAT BRITAIN

Due to the fact that in Great Britain alone of all the European countries there is no citizenship qualifications for licensure, England, Scotland, Wales and Ireland were the only European countries licensing American students and thus automatically meeting the requirements of our joint announcement. In view of this fact no attempt has been made to take up this problem with the British authorities. Many of the British schools have discovered for themselves that not all of the American applicants are desirable ones and have voluntarily restricted the number admitted.

In 1932-1933 there were 57 American students in England, 19 in Ireland and 376 in Scotland. Of the latter 143 were in the School of Medicine of the Royal Colleges of Edinburgh and 55 in the Anderson Medical College of Glasgow, both so-called extramural schools. There were 79 in the University of St. Andrews.

While there is no doubt that American students are given equal opportunities with native students in British schools, it is highly probable that by and large the group of Americans who have been admitted to these British schools is not comparable either to the group of students admitted to American schools or to the native British students. A better selection of this group would serve to raise the reputation of American students in Great Britain and the reputation of British medical schools in the United States.

The voluntary plan of selection in this country now successfully employed in reference to the admission of American students to Italian medical schools would be of definite service in the selection of students for admission to British medical schools. It is recommended that the committee undertake to make such an agreement with the proper British medical authorities.

#### ITALY

During the year 1932-1933 there were 222 American students enrolled in Italian medical faculties, many of whom had either been refused admission to recognized American schools or had been unsuccessful in their medical education in this country.

Following the joint announcement that in addition to meeting the preliminary and professional requirements American students studying in Europe would be required to obtain a license in the country in which they study, the Italian government delegated Dr. Robert Alessandri, Professor of Surgery in the University of Rome, to take up this matter with your committee. The Italian authorities fully understand our attitude in reference to this problem and have made the following agreement:

1. No student shall be admitted to an Italian medical faculty who has not completed the preliminary general education required for admission to an American medical school, namely, the satisfactory completion of a two-year course of study in a registered college of liberal arts and science, or its equivalent, and who has not obtained the medical student qualifying certificate.



2. Students who are admitted shall pursue a course of study in an Italian medical faculty of at least four years.

3. After obtaining the degree of doctor of medicine students shall also pass the State Board examination in Italy.

4. Students who are in good standing in an approved American medical school shall be admitted to an Italian medical faculty in the corresponding year of study, so that the student will graduate in the same year as if he had continued his studies in America.

5. No student shall be admitted to an Italian medical faculty who cannot continue his studies in an American medical school on account of unsatisfactory school record.

In order to make a selection of American students who propose to study medicine in Italy, the Italian Universities have empowered the Italian Consulate General of New York City to examine all documents and official transcripts of school and college records.

In making this selection the Italian Consulate General will be guided by the same standards that prevail in the admittance of students to American medical schools, and will seek in each individual case the advice of a competent medical authority who for the present is Professor William C. MacTavish of New York University.

In the case of students who have been admitted to the first year of an approved American medical school or of students who are more advanced in their medical studies and in good standing, and who later decide to transfer to an Italian medical faculty, the Italian Consulate General of New York shall not seek the advice of the competent medical authority referred to above; since the presentation of evidence of their admission to or their being in good standing in an American medical school is sufficient for their admission to an Italian medical faculty.

In the month of December of each year the Italian Consulate General of New York shall communicate to the Federation of State Medical Boards of the United States, or to the individual board of each State and to the Council on Medical Education of the American Medical Association, the complete list of American students who have been selected to study medicine in Italy.

These requirements and regulations do not apply to American students who registered in an Italian or European university prior to March 1, 1933.

Your committee has been very fortunate in securing the assistance of Professor William C. MacTavish who is in charge of the premedical students at New York University and whose wide knowledge of American undergraduate colleges and American medical education is universally recognized. Professor MacTavish has submitted the following data in reference to the selection of 16 candidates out of 62 applicants for admission to Italian medical schools:

Total number of applicants.....	62
Refused .....	42
Granted .....	16
Pending .....	3
Advised to study Italian before matriculating.....	1
Reasons for refusals:	
Poor scholarship .....	21
Failed first year at American medical school.....	12
Low aptitude percentile rating .....	3
Science average too low.....	5

This voluntary restriction in the selection of students for Italian medical schools goes far beyond the requirements of our joint action and indicates the value of

friendly conferences and mutual understanding in the solution of this international problem. It is suggested that in so far as possible the procedure now in operation in reference to American students entering Italian medical schools serve as a model for future agreements with the other European authorities.

#### FRANCE

Following vigorous expressions of resentment on the part of the French Ambassador, the French government authorized Dr. Edouard Rist to meet with your committee. As a result of two very friendly conferences, the last of which was participated in by members of the Board of Regents of the University of the State of New York and the Institute of International Education, Dr. Rist expressed a full appreciation of the attitude of the American authorities. He states, however, that under no conditions would American students be permitted to obtain the state medical degree, which is the license to practice medicine in France, but would be limited to the academic university degree only, which is simply an academic distinction. Dr. Rist stated that this position would mean the practical elimination of the study of medicine by Americans in France, but that at the present time there was no desire on the part of his government to modify this position. At the present time, therefore, American students studying medicine in France will not be eligible for licensure throughout the United States.

#### BELGIUM

There have been no conferences with the Belgian authorities but correspondence indicates that their position is practically the same as that of the French authorities and that at the present time American students in Belgium cannot meet the requirements for admission to American medical licensing examinations.

#### GERMANY

Early in the year a representative of the German Ministry of Education was in this country to take up among other things the status of American students in German medical schools, of whom during the year 1932-1933 there were 337. This representative failed to keep his engagement to discuss this matter with the Chairman of your Committee and sailed the following day for home. Consequently, at the present time there is no agreement with the German government and students have been advised that at the present time they will not upon the completion of their medical studies in Germany be admitted to American medical licensing examinations.

In view of the fact that German citizenship is required for the license to practice medicine in Germany it is probable that no satisfactory arrangement can be made.

Owing to the racial and religious persecution of the present German government a large number of American students have transferred from German universities to those in other European countries, particularly Scotland, Switzerland and Italy. In view of the fact that our joint agreement was not meant to be retroactive these students have been advised that if they began their medical studies in German medical schools prior to March 1, 1933, they will upon the completion of their medical studies in another European medical school be eligible for admission to American medical licensing examinations, provided they meet the usual educational requirements.

## AUSTRIA

Through the solicitation of the Hamburg-American Line the authorities of the University of Vienna have expressed the opinion that American students receive the same training as native students but that they cannot receive a license to practice medicine in Austria unless they become Austrian citizens. The joint announcement has been placed in the hands of the Austrian Consul General who is taking up the matter with the Austrian authorities and will presumably communicate with your committee. In the meantime both he and the Dean of the University of Vienna have been asked to advise American students that at the present time they will not upon the completion of their studies be eligible for admission to American medical licensing examinations.

## HUNGARY

The joint announcement has been placed in the hands of the Consul General of Hungary who has communicated its contents to the proper authorities and states that he will take the matter up with your committee when he has authentic information in reference to the status of American students in Hungary.

## SWITZERLAND

There were 403 American students in Switzerland last year and this number has doubtless been augmented by the transference of many former students in German medical faculties to Switzerland. The Swiss authorities state that at the present time their citizenship law makes it impossible for American students to be admitted to the Swiss licensing examination but that they have under serious consideration the possibility of amending their statute to permit American students to obtain a license to practice medicine in Switzerland.

## CZECHOSLOVAKIA

The Consul General of Czechoslovakia has expressed the desire that a limited number of well-selected students be permitted to study in the Czechoslovakian medical faculties. A copy of the joint announcement has been submitted through him to the Czechoslovakian government and at the present time no definite information in reference to the status of American students in this country is forthcoming.

## OTHER EUROPEAN COUNTRIES

No communications or conferences have been had with the governments of Spain, Portugal, Russia, Norway, Sweden, Holland, Poland or Greece, and with rare exception there are practically no American students studying medicine in these countries.

## PROPOSED METHOD OF SELECTION

The object of our associations has been to ascertain that American students studying in Europe shall not be admitted to practice in the United States unless (1) they have a preliminary educational record which would admit them to a recognized American school; and (2) that they receive in Europe a professional education not inferior to that required in this country nor in any degree less rigorous than that required of native students for admission to practice in the native coun-

try. These objects should be clearly borne in mind by the committee in determining its future activities.

The Secretary of the Association of American Medical Colleges has very generously passed upon a large number of academic credentials of these applicants but has of necessity been limited to the statement that these applicants do or do not possess the minimum technical requirements for admission to an American medical school. Since over 90 per cent of these applicants possess such minimum technical requirements this probably has accomplished little in restriction and selection and owing to the relative ignorance of the European authorities of our manner of selecting medical students has in many cases led to regrettable misunderstandings. It is recommended that in the future this form of evaluating credentials be discontinued and that a committee be appointed to advise the various European authorities whether or not a student possesses an academic record comparable to that actually required for admission to a recognized American medical school. The very satisfactory result of Professor MacTavish's voluntary evaluation of credentials for the Italian Consul General illustrates the advantages of this procedure.

In this connection Professor MacTavish states that certain deans of American medical schools have issued ambiguous statements in reference to the academic records of certain of these applicants. While these deans have refused to admit these applicants to their own schools they have stated that their records make them eligible for admission, which has been misinterpreted as meaning that these students are acceptable for admission to a recognized American medical school. It is recommended that the deans of the medical schools be advised to distinguish clearly between stating that an applicant possesses the minimum technical requirements for admission to an American medical school and that the applicant is eligible for admission to such a school.

#### SUMMARY

1. The number of native born Europeans applying for admission to the medical licensing examinations is annually diminishing and the examinations appear to be serving as a barrier against the licensure of the incompetent.

2. At the present time the only European countries in which American medical students matriculating after March 1, 1933, will upon the completion of their studies be eligible for admission to American medical licensing examinations are Italy and the British Isles.

3. There has been established a voluntary method for selecting and restricting American students for admission to the study of medicine in Italy, which is eminently satisfactory and should serve as a model for agreements with other European countries.

4. The joint action of the Federation of Medical Boards of the United States, the Council on Medical Education and Hospitals of the American Medical Association, the Association of American Medical Colleges and the National Board of Medical Examiners has definitely decreased the number and improved the quality of American students studying medicine in Europe. It has undoubtedly raised the prestige of American medicine in Europe and will raise the reputation of European

medical faculties throughout the United States and result in a mutual understanding between the medical profession in this country and in Europe.

#### RECOMMENDATION

It is recommended:

(1) That no action be taken in reference to the admission of native born Europeans for admission to American medical licensing examinations and that in so far as is consistent with the maintenance of high educational and professional standards physicians who are the victims of racial and religious persecution in Germany be permitted the privilege of practicing medicine in the United States;

(2) That the voluntary method of selecting in this country students for admission to Italian medical schools serve as a model for similar agreements with other European countries and that a committee be appointed to advise and assist European authorities in reference to the selection of American students; and

(3) That your committee be continued with authority to carry on further negotiations with the various European authorities looking toward a proper selection and restriction of American students in Europe.

Your committee desires to express its appreciation of the valuable cooperation of Professor William C. MacTavish of New York University and of the sympathetic understanding of this problem by the representatives of the various European countries.

Respectfully submitted,

HAROLD RYPINS, Chairman

J. STEWART RODMAN

W. L. BIERRING

WM. D. CUTTER

FRED C. ZAPFFE

DR. RYPINS: I move the approval of this report.

The motion was regularly seconded and carried.

DR. CHARLES S. MANGUM (University of North Carolina) Chapel Hill: I think this report is worthy of a vote of thanks. I make such a motion.

The motion was regularly seconded and carried.

#### OTHER BUSINESS

DR. E. P. LYON: I move that the circular on the failed student which I sent out be referred to the Executive Council for discussion.

The motion was regularly seconded and carried.

PRESIDENT WILSON: Next comes the amendment proposed by Dr. Myers.

DR. MYERS: Inasmuch as we have already authorized the appointment of a committee to revise the Constitution, it seems to me this might be referred to the Executive Council.

#### ELECTION OF OFFICERS

The Nominating Committee, by its chairman, Dr. Maurice H. Rees reported as follows:

President: Dr. Ross V. Patterson, Philadelphia.  
Vice President: Dr. C. W. M. Poynter, Omaha.  
Secretary: Dr. Fred C. Zapffe, Chicago.  
Treasurer: Dr. B. C. H. Harvey, Chicago.  
Two members of the Executive Council to fill vacancies: Dr. W. S. Leathers,  
Nashville, and Dr. Willard C. Rappleye, New York.

Respectfully submitted,

(Signed) Adam M. Miller  
J. M. H. Rowland  
Maurice H. Rees, Chairman.

**PRESIDENT WILSON:** It is the privilege of any member to make nominations from the floor for any one of these positions. Does the Chair hear any such nominations?

If not, what is your wish concerning the report of the Nominating Committee?

**DR. MYERS:** I move the Secretary be instructed to cast the ballot of the Association for this ticket.

The motion was regularly seconded and carried.

Secretary Zapffe cast the unanimous ballot of the Association for the nominees as presented by the Nominating Committee.

Dr. Wilson presented the newly elected president and retired from the Chair.

**PRESIDENT ROSS V. PATTERSON:** Totally unprepared as I am, I confess to a variety of emotions. Perhaps, the first of these that I should give expression to is one of appreciation of your action. I thank you.

A second emotion that wells up very large is a sense of doubt as to my ability to meet your expectations.

I have been coming to these meetings for a great many years, the first time in 1906. There are not many faces here that were present at that meeting. During all of these years I have rather studiously kept on the back row from a disinclination to do anything that somebody else might do. On the whole, I think the affairs of this Association have been very well managed.

I have no reforms in mind; indeed, I have never suggested any. However, if the time has come for me to serve this Association, I assure you I will do it with good will and to the best of my abilities.

#### PLACE OF 1934 MEETING

**PRESIDENT PATTERSON:** Mr. Secretary, have you any invitations to present to the meeting as to the next place of meeting?

**SECRETARY ZAPFFE:** I have invitations to meet in Nashville, Tennessee, from the governor of the state of Tennessee, the Secretary and the Manager of the Nashville Chamber of Commerce, the Tennessee State Medical Association, the president of the staff of the St. Thomas Hospital, the health officer of the city of Nashville, the dean of the Vanderbilt University School of Medicine, the chancellor of Vanderbilt University, the president of Meharry Medical College, the mayor of the city of Nashville, the secretary of the Board of Managers of the Davidson County Tuberculosis Hospital, the commissioner of public health of the state of

Tennessee, and the staff president of the Protestant Hospital, all of Nashville, Tennessee.

I also have an invitation from the president of the University of Toronto, H. J. Cody; an invitation from the mayor of the city of Albany and from the Albany Chamber of Commerce, and an invitation from the deans of the medical schools of George Washington University and of Georgetown University to meet in Washington, D. C.

DR. BEVERLY DOUGLAS (Vanderbilt University) Nashville, Tenn.: I believe it is customary that the schools extending an invitation be given an opportunity to express their personal wishes in these matters. Had Dr. Leathers not been called to New York on important business, he would be here to express a most cordial desire that you come to Nashville. I think you will agree that when we try to do things we try to do them up brown. So that anything I may say may be interpreted as being superfluous.

It seems to me that this Association in recent years has gone to extremes. Not so long ago we went north until we could see the aurora borealis. The following year we pitched our tents way out in the shadows of the snowcapped peaks of the Rockies. The next year we hiked South and were on the arid and hot sands of the Mississippi delta. Last year we braved the wintry Atlantic blasts in Philadelphia.

So, Mr. Chairman, it seems entirely fitting that now we should issue an invitation to you to come to the sunny South, to the Athens of the South, Nashville, Tennessee.

In addition to Vanderbilt, as the letters have indicated, we have an invitation from Meharry. I hold this letter from Dr. Maloney, who was also unable to get here at this time, a most cordial invitation to visit Meharry in operation. No doubt many of you have seen Vanderbilt and Meharry in a static condition when you first came there. Now we want you to see them both in full operation.

In addition to these schools, of course there is also Fisk University and the George Peabody College for Teachers, the Southern College and Y.M.C.A., the Maryville Christian College, all of which are in the immediate neighborhood.

Then, gentlemen, is it out of order to say to you that within a very short distance of Nashville is found the home of James K. Polk, and even closer by The Hermitage, the home of the immortal Andrew Jackson?

These things alone would be worth your visit there, but in addition to this we have remarkable art objects in the Parthenon which is, as you know, a replica of the ancient temple at Athens, and may be added to the idea of calling Nashville the Athens of the South.

I would like to call attention to the invitation from Mr. Weil, the president of the Nashville Chamber of Commerce. This gentleman was the originator of Maxwell House coffee and the character of the Old Colonel. In the words of their advertisements, "We will try to entertain you, and you will find our entertainment will be good to the last drop."

DR. E. S. RYERSON (University of Toronto), Toronto: Might I have an opportunity of presenting the invitation from the University of Toronto. It has been

my ambition to be able to extend this invitation for many years, particularly during the last five or six years when conditions on our side of the line in certain references were different from what they were on this side. If you do not come soon there will not be the opportunity to enjoy yourselves on our side of the line.

Dr. Douglas also referred to the fact that you had been in the West, in the South, and in the East, and I think the circuit of the compass should be completed by going to the North before going to the axis.

The University of Toronto is particularly anxious to entertain this Association because it is an institution in the country to the north of you which this Association has only visited once before when it went to Montreal six years ago. We feel that conditions at the University of Toronto at the present time are opportune for this Association to envisage.

Twelve years ago the University was fortunate enough to receive a bequest from the Rockefeller Foundation. Before they were considered eligible for it they had to set forth certain ideals as far as their school was concerned before this grant could be given. Those various conditions have all now been fulfilled, and we now have a condition at Toronto which is unique in many ways.

Many of you are not familiar with the type of medical education, from the undergraduate medical student's standpoint, which is carried out, where we have a combination of the old Scotch method and of the genuine Canadian brand, and of the advantages which we have had through association with this Association, and our close proximity to the line and the visits that many of our men make to your associations and your various institutions. We have a course in which we combine the premedical with the medical course.

Also, we have been fortunate to have a number of new buildings added. One of the first of these was a psychiatric reception hospital, which is adjacent to the main general hospital, with about 1300 beds, and is very useful from the standpoint of teaching students health and hygiene and psychiatry.

Some four or five years ago the Banting Institute, so-called, was added to the equipment of the University of Toronto. This building is immediately across the road from the Toronto General Hospital, and incorporates in it a unique situation in which are combined the department of pathology and pathological chemistry. Headquarters of all the clinical departments are located there and opportunities for research work in the particular clinical departments connected with that. At the top of the building is a very interesting development along the line of research. In that is housed what is known as the Banting Department of Medical Research, of which Dr. Banting himself is the professor in charge, and in which he has forty or fifty men carrying out various branches of medical research for which funds are provided by the Banting Research Foundation, a voluntary subscription fund. Men are brought there to work under this fund in various fields.

In 1916, there was opened a school of hygiene, one of three on this continent. That institution had outgrown its facilities to such an extent that last year it opened an addition almost as large as the original building. In that building is also housed what is known as the Collett Laboratory, in which a manufacturing concern is actually operating, the work carried on in a university building. The



manufacture of all vaccines, sera, liver extract and insulin are carried out in that building right in the university. It also has a field laboratory about twelve miles out of the city where all of the animals are housed, as well as the research work which is carried out in the building in town.

The university itself has also, from the students' standpoint, a unique feature in what is called Hart House, a student union which has attained a reputation that is almost unique. It is the result of a bequest from a prominent Toronto citizen, Hart Massey, one of the Massey-Harris firm originally, and cost about \$12,000,000. The architecture of the building is very fine, having been awarded a medal for a building of that type by your own federal government. All the faculty and student activities are centered there, and those who have visited it have considered the situation there as being unique, and should be well worth seeing.

I need not say anything with reference to the city of Toronto. I think those of you who have been there will say that Toronto as a city speaks for itself. It is a very delightful city, as far as picturesqueness is concerned, and it has also the facilities for housing the headquarters of this Association in the hotel which is known as the largest one in the British Empire, that of the Canadian Pacific Railway, the Royal York Hotel, situated across the street from the Union Station.

So we feel we would like very much if the Association could come to Toronto and see some of these conditions which are unique and different from what many of you have had an opportunity of seeing.

DR. WM. GERRY MORGAN (Georgetown University), Washington, D. C.: If I did not speak for our invitation it might seem an empty gesture. It is not possible for me to advertise Washington because I have only lived there thirty-four years and most of you know more about Washington than I do. But the invitations which come from George Washington University and Georgetown University are very sincere. We have ample facilities to take care of you. We have a hall right around the corner from your bed chamber, and if you come you will receive a warm welcome.

We will do everything you want us to do to make this meeting a success and to make you comfortable. If you do not see fit to come to us this year, may I say this invitation will be perennial until you do come.

PRESIDENT PATTERSON: It would hardly be possible for us to accept all these alluring invitations. It is hardly practical for us to spend one day in each place, the precedent being established this year in having meetings in different places at one time.

Perhaps the Secretary had better prepare and distribute ballots on the four invitations. Each college is entitled to one vote. Will each member therefore write his choice of the next meeting place on any piece of paper conveniently at hand? The papers will be collected by the Secretary, the vote canvassed, and announced.

The Secretary will announce the results of the ballot.

SECRETARY ZAPFFE: Forty-five votes were cast; 24 for Nashville, 19 for Toronto, 2 for Washington, and none for Albany.

PRESIDENT PATTERSON: The ballots cast give the majority of votes to Vanderbilt as the next meeting place.

DR. RYERSON: I want to congratulate Nashville, and hope you will have an opportunity to come to Toronto on some future occasion.

PRESIDENT PATTERSON: If there is no further business, the Executive session stands adjourned.

The meeting adjourned at 10:40 o'clock.

## THIRD DAY—IN MINNEAPOLIS

November 1

The third session of the meeting was convened in the Nurses' Home of the University of Minnesota, at 9:50 A. M., President Ross V. Patterson presiding.

The first paper on the program was "The Relation of Certain Factors in the Student's Premedical Record to Success in Medical School," by Mr. George R. Moon, registrar of the College of Medicine of the University of Illinois.

The discussion of this paper was opened by Dr. F. A. Moss, secretary of the Committee on Aptitude Test, and continued by Dr. E. P. Lyon, dean University of Minnesota School of Medicine and Professor Wm. C. MacTavish, of Washington Square College of New York University. Mr. Moon closed the discussion.

Miss Ida M. Cannon, Chief of Social Service of the Massachusetts General Hospital followed with a paper entitled, "Social Case Teaching of Medical Students." She also read a paper prepared by Dr. George R. Minot, of the Thornydyke Memorial Laboratory, Boston, entitled, "Thoughts Concerning the Teaching of Medical School Conditions."

The discussion of these papers was participated in by Drs. G. Canby Robinson, Cornell University; Alphonse M. Schwitalla, St. Louis University, and H. G. Weiskotten, Syracuse University.

The "Bedside Teaching of Medicine" was discussed in papers presented by Dr. Reginald Fitz, of Harvard Medical School and Maurice Pincoffs, of the School of Medicine of the University of Maryland.

The discussion on these papers was participated in by Drs. C. H. Neilson, St. Louis University; A. W. Stearns, Tufts College Medical School; G. Canby Robinson, Cornell University; E. S. Ryerson, University of Toronto; Lewis J. Moorman, University of Oklahoma; Louis B. Wilson, Mayo Foundation; B. C. H. Harvey, University of Chicago; Russell M. Wilder, Mayo Foundation, and L. D. Moorhead, Loyola University School of Medicine.

At this juncture the session was adjourned until 1 P. M.

---

The delegates joined the staff of the hospital at luncheon and attended the clinico-pathological conference held immediately afterward.

---

The fourth session was convened by President Patterson at 1 o'clock.

The first paper was read by Dr. F. S. Randles, Albany Medical College. It

was entitled, "Study of the Accomplishment of Students in High School, College and Medical School."

This paper was discussed by Drs. G. Canby Robinson, E. P. Lyon, Reginald Fitz, Ross V. Patterson, E. S. Ryerson and, in closing, by Dr. Randles.

Dr. R. M. Strong, Loyola University School of Medicine, presented a paper entitled "Problems of the Lowest Third of the Student Body."

The paper was discussed by Drs. E. P. Lyon, Alphonse M. Schwitalla and R. M. Strong, in closing.

This completed the program of the forty-fourth annual meeting.

Dr. G. Canby Robinson moved that a vote of thanks be extended to the hosts for this meeting, both in Rochester and in Minneapolis, for their splendid and generous entertainment.

The motion was seconded and carried by a unanimous vote.

There being no further business to come before the Association at this time, an adjournment was taken at 2 o'clock.

(Signed) FRED C. ZAPFFE, Secretary.

## Minutes of the Organization Meeting of the Executive Council held in Minneapolis, November 1, 1933

The Executive Council met in the Nurses' Home of the University of Minnesota at 2:30 P. M. with the following members of the Council present: Ross V. Patterson, C. W. M. Poynter, H. G. Weiskotten, A. C. Bachmeyer, Louis B. Wilson and B. C. H. Harvey.

Dr. H. G. Weiskotten moved that Dr. Patterson be elected chairman of the Council for the ensuing year.

The motion was seconded by Dr. Wilson and carried, and the secretary was instructed to cast a unanimous ballot for the Council for the election of Dr. Patterson to the chairmanship—which he did. Dr. Patterson was declared duly elected.

The first order of business was the appointment of committees.

**COMMITTEE ON APTITUDE TEST:** On motion of Dr. Wilson, seconded by Dr. Bachmeyer, the personnel of the former committee was reappointed, as follows: Torald Sollmann, chairman; F. A. Moss, secretary; Beverly Douglas, Edw. A. Koch and J. Parsons Schaeffer.

**COMMITTEE ON EDUCATIONAL POLICIES:** On motion of Dr. Wilson, duly seconded and carried, the following committee was appointed: E. S. Ryerson, chairman; Alan M. Chesney, John Wyckoff, G. Canby Robinson and Harold Rypins.

**REPRESENTATIVES TO OTHER ORGANIZATIONS:** On motion of Dr. Weiskotten, duly seconded and carried, Dr. Patterson was appointed the representative of the Association to the Federation of State Medical Boards.

On motion of Dr. Weiskotten, duly seconded and carried, Dr. Wilson was appointed a representative to the National Advisory Council of Examining Boards in Medical and Surgical Specialties to serve with Dr. Rappleye who had been appointed a representative at the meeting of the Executive Council held October 29, in Rochester.

Referring to the action taken previously by the Council, and approved by the Association in the executive session, in the case of the University of Mississippi School of Medicine, Dr. Wilson moved that the University authorities be informed that as soon as scheduled changes have been made, notice thereof be given by the University so that an official inspection can be made by two representatives of the Association to be appointed by the Council, and that the expenses of the inspectors be borne by the University.

The motion was duly seconded and carried.

The remarks made by Dr. Louis B. Wilson at the executive session of the Association having been referred to the Council for consideration, the chairman appointed as a committee from the Council Dr. Wilson and Dr. B. D. Myers, with authority to confer with any member or members of the Association who they feel might be helpful.

The committee was instructed to present a preliminary report on their activities at the February, 1934, meeting of the Council.

Dr. Patterson suggested that consideration be given to the matter of increasing the entrance requirements to medical schools from 60 to 90 college hours.

The secretary presented a formal request for membership in the Association made by the School of Medicine of the University of Southern California. The application was signed by Paul S. McKibben, dean of the school.

Dr. Weiskotten moved that the secretary be instructed to request the school to submit data on its financial resources, budget, teaching facilities, list of the faculty and name and qualifications of each student admitted, and that this information be submitted to the Council, at its meeting next February.

The motion was duly seconded and carried.

Dr. Bachmeyer moved that this procedure be followed in the case of any medical school applying for membership in the future.

The motion was duly seconded and carried.

The subject of unofficial visits made by the secretary in the capacity of a consultant or advisor to medical schools in membership in the Association, and others, was discussed.

Dr. Wilson moved that no officer of the Association shall render any services as a private individual similar to those which are involved in his duties as an officer of the Association, or which might be construed as being official in character, except by consent of the Council.

The motion was seconded by Dr. Bachmeyer and carried.

The secretary made a brief report on his activities in the matter of evaluating credentials of American students applying for admission to the medical schools of Great Britain, pointing out, particularly, that only information is given, that no certificates of any kind are furnished, and that this service has been entirely unofficial and without compensation.

Dr. Bachmeyer moved that the secretary be authorized by the Council to continue this service as an official of the Association, and, if asked to do so, issue a certificate stating that the applicant is eligible for consideration for admission to an American medical school, if his credentials are such as to warrant the issuance of such a certificate.

The motion was duly seconded and carried.

In accordance with a motion adopted by the Executive Council in 1925, the time of the next annual meeting was set for October 29, 30 and 31, 1934.

The Council then adjourned to meet again in Chicago next February during the Congress on Medical Education and Licensure at a time to be announced by the chairman.

(Signed) FRED C. ZAPFFE, Secretary.