

ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

MINUTES  
OF THE PROCEEDINGS  
*of the*  
FORTY-NINTH ANNUAL MEETING  
*Held in*  
SYRACUSE, NEW YORK  
OCTOBER, 24, 25 and 26, 1938



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



## FIRST DAY

*Monday, October 24, 1938*

The opening session of the forty-ninth annual meeting of the Association of American Medical Colleges, held in the Hotel Onondaga, Syracuse, New York, October 24, 25 and 26, 1938, was convened by the President, Dr. Alan M. Chesney, Dean of Johns Hopkins University School of Medicine, at 9:45 A. M.

Dr. Robert K. Brewer, a member of the Local Committee on Arrangements, detailed the provisions made for the entertainment of the visitors and how to proceed to enjoy them. There were scheduled a luncheon at the Country Club on Monday afternoon, followed by a sightseeing trip or a visit to the Onondaga Pottery Company. On Tuesday afternoon, opportunity would be given to visit the College of Medicine of Syracuse University and the affiliated teaching hospitals. These opportunities were enjoyed thoroughly by the delegates.

The first paper on the program was read by Dr. H. G. Weiskotten, dean of Syracuse University College of Medicine. It was entitled: "Syracuse University College of Medicine: Historical Note."

Dr. Thomas Parran, Surgeon General of the United States Public Health Service, followed with a paper entitled, "Future of the Public Health Movement."

The next item was a symposium on "The Place of Preventive Medicine in the Medical Curriculum." Papers were presented by the following:

Dr. J. G. Fitzgerald, Professor of Hygiene and Preventive Medicine, University of Toronto Faculty of Medicine.

Dr. W. S. Leathers, Professor of Preventive Medicine and Public Health Vanderbilt University School of Medicine.

Dr. Frederick F. Russell, formerly Director of the International Health Board, Rockefeller Foundation; Professor of Preventive Medicine and Epidemiology, Harvard Medical School.

Dr. Harry S. Mustard, Professor of Preventive Medicine, New York University College of Medicine.

The discussion on these papers was participated in by: Dr. Alfred E. Shipley, Long Island College of Medicine; Dr.

Harold S. Diehl, University of Minnesota Medical School Dr. Fred J. Wampler, Medical College of Virginia and Dr. E. Stanley Ryerson, University of Toronto, Faculty of Medicine.

The session adjourned at 12:30 P. M.

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#### DINNER MEETING

At 7:30 P. M., the delegates, visitors, members of the faculty of Syracuse University College of Medicine and ladies joined at dinner in the Hotel Onondaga. Dr. H. G. Weiskotten presided. Entertainment was furnished by the Alumni Orchestra of the College of Medicine and by a well known local song-bird.

The chancellor of Syracuse University, Dr. Graham, welcomed the gathering to Syracuse. The President of the Association, Dr. Alan M. Chesney, delivered his presidential address. The evening was a most enjoyable one. Two hundred and sixty-two persons were present.

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#### SECOND DAY

*Tuesday, October 25, 1938*

This session was held in the Auditorium of the College of Medicine of Syracuse University and was called to order by President Chesney at 9:45 A. M.

The first paper, entitled "Teaching of Syphilis," was presented by Dr. Joseph Earl Moore, Associate in Medicine, Johns Hopkins University School of Medicine.

The next item was a symposium on "Home Visits by Medical Students as a Teaching Asset." Papers were read by the following:

Dr. G. Canby Robinson, Lecturer in Medicine, Johns Hopkins University School of Medicine.

Dr. Henry E. Meleny, Associate Professor of Preventive Medicine and Public Health, Vanderbilt University School of Medicine.

Dr. Ira V. Hiscock, Professor of Public Health, Yale University Medical School.

Dr. G. Lombard Kelly, Dean, University of Georgia School of Medicine.

Dr. Joseph H. Pratt, Clinical Professor of Medicine Tufts College Medical School (Read by Dr. Isadore Olef).

The discussion on this symposium was opened by Dr. H. G. Weiskotten, Dean, Syracuse University College of Medicine. Other discussers were: Dr. H. R. Wahl, University of Kansas School of Medicine; Rev. Alphonse M. Schwitalla, S. J., St. Louis University School of Medicine; Dr. Alan M. Chesney, Dean, Johns Hopkins University School of Medicine.

#### NOMINATING COMMITTEE

At this juncture President Chesney appointed the following Nominating Committee: Drs. W. C. Davison, chairman; Dr. Torald Sollmann and Dr. C. Sidney Burwell.

The session was adjourned at 12:30 P. M.

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## EXECUTIVE SESSION

*Tuesday, October 25, 1938*

The Executive Session of the forty-ninth annual meeting of the Association of American Medical Colleges, held at the Hotel Onondaga, Syracuse, New York, convened at 8 P. M., President Alan M. Chesney presiding.

### ROLL CALL

The Secretary announced that seventy-seven (77) of the eighty-four medical schools in membership were represented by one or more delegates (124) as follows:

- University of Alabama School of Medicine.—Stuart Graves  
College of Medical Evangelists.—Percy T. Magan  
Stanford University Medical School.—Loren R. Chandler  
University of California Medical School.—Langley Porter  
Dahlgren University Faculty of Medicine.—H. G. Grant  
McGill University Faculty of Medicine.—J. C. Simpson  
University of Alberta Faculty of Medicine.—Heber Jamieson  
University of Western Ontario Faculty of Medicine.—F. J. H. Campbell; L. D. Wilcox  
University of Toronto Faculty of Medicine.—E. Stanley Ryerson; J. G. FitzGerald  
University of Colorado School of Medicine.—Maurice H. Rees; Alfred H. Washburn  
Yale Medical School.—Stanhope Bayne-Jones; Ira V. Hiscock  
Howard University School of Medicine.—Numa P. G. Adams  
Georgetown University School of Medicine.—David V. McCauley; Wallace M. Yater  
George Washington University School of Medicine.—W. A. Bloedorn  
Emory University School of Medicine.—R. H. Oppenheimer  
University of Georgia School of Medicine.—G. Lombard Kelly  
Loyola University School of Medicine.—J. G. Powers; Geo. Warth  
Northwestern University Medical School.—J. Roscoe Miller  
University of Chicago Medical Schools.—A. C. Bachmeyer; Emmett B. Bay  
University of Illinois College of Medicine.—D. J. Davis  
Indiana University School of Medicine.—B. D. Myers  
University of Iowa College of Medicine.—E. M. MacEwen; John T. McClintock

- University of Kansas School of Medicine.—H. R. Wahl  
 University of Louisville School of Medicine.—John W. Moore;  
 S. I. Kornhauser  
 Louisiana State University School of Medicine.—B. I. Burns  
 Tulane University of Louisiana School of Medicine.—C. C. Bass  
 Johns Hopkins University School of Medicine.—Alan M. Ches-  
 ney; J. E. Moore; G. Canby Robinson  
 University of Maryland School of Medicine.—J. M. H. Rowland;  
 H. Boyd Wylie  
 Boston University School of Medicine.—A. S. Begg; David Z.  
 Belding; Reginald Fitz  
 Harvard Medical School.—C. Sidney Burwell; F. F. Russell  
 Tufts College Medical School.—A. W. Stearns; Dwight O'Hara;  
 Isadore Olef  
 University of Michigan Medical School.—A. C. Furstenberg;  
 H. M. Pollard  
 Wayne University College of Medicine.—Raymond B. Allen;  
 Wm. J. Stapleton, Jr.  
 University of Minnesota Medical School.—H. S. Diehl  
 University of Minnesota Graduate School (Mayo Foundation).—  
 Donald C. Balfour  
 University of Mississippi School of Medicine.—B. S. Guyton;  
 A. R. Buchanan; Robt. P. Walton  
 St. Louis University School of Medicine.—Alphonse M. Schwital-  
 la; Chas. H. Neilson  
 University of Missouri School of Medicine.—D. S. Conley  
 Washington University School of Medicine.—Philip A. Shaffer;  
 John V. Lawrence; F. E. Walton  
 Creighton University School of Medicine.—J. J. McInerney  
 University of Nebraska College of Medicine.—C. W. M. Poynter  
 Dartmouth Medical School.—John P. Bowler; Ralph E. Miller;  
 Rolf C. Syvertsen  
 Albany Medical College.—H. S. Rypins; Arthur Knudson  
 Columbia University College of Physicians and Surgeons and  
 New York Post Graduate Medical School; W. C. Rappleye;  
 Chas. A. Flood  
 Cornell University Medical College.—Wm. S. Ladd; Dayton T.  
 Edwards  
 Long Island College of Medicine.—Frank L. Babbott; Jean A.  
 Curran; Wade W. Oliver; Tasker Howard; Alfred E.  
 Shipley  
 New York Medical College.—Claude A. Burrett; J. A. W. Hetrich  
 New York University College of Medicine.—Currier McEwen;  
 John H. Mulholland; H. J. Mustard; Wm. C. MacTavish

- Syracuse University College of Medicine.—H. G. Weiskotten;  
D. F. Gillette; Robt. K. Brewer; Edw. C. Hughes
- University of Buffalo School of Medicine.—E. W. Koch; Wm.  
T. Clark
- University of Rochester School of Medicine.—W. R. Bloor
- Duke University School of Medicine.—W. C. Davison
- University of North Carolina School of Medicine.—W. R. Berry-  
hill
- Wake Forest College School of Medicine.—C. C. Carpenter
- Ohio State University College of Medicine.—Clayton S. Smith
- Western Reserve University School of Medicine.—Torald Soll-  
mann; F. C. Waite
- University of Oklahoma School of Medicine.—Robert U. Patter-  
son
- Hahnemann Medical College.—W. A. Pearson; F. J. von Rapp
- Jefferson Medical College.—Henry K. Mohler
- Temple University School of Medicine.—Wm. N. Parkinson
- University of Pennsylvania School of Medicine and Graduate  
School of Medicine.—William Pepper; Edw. S. Thorpe
- University of Pittsburgh School of Medicine.—Wm. S. McEllroy
- Woman's Medical College of Pennsylvania.—Martha Tracy
- Medical College of the State of South Carolina.—Robert Wilson
- Meharry Medical School.—Edw. L. Turner
- Vanderbilt University School of Medicine.—Waller S. Leathers;  
Beverly Douglas; Henry E. Meleny; John B. Youmans
- Baylor University College of Medicine.—W. H. Moursund; Hardy  
A. Kemp
- University of Utah School of Medicine.—L. L. Daines
- University of Vermont College of Medicine.—A. B. Soule, Jr.
- Medical College of Virginia.—Lee E. Sutton, Jr.; Fred S.  
Wampler
- University of Virginia Department of Medicine.—H. E. Jordan
- West Virginia University School of Medicine.—Edw. J. Van  
Liere; G. S. Dodds
- Marquette University School of Medicine.—A. Behrens; Eben  
J. Carey
- University of Wisconsin Medical School.—Wm. S. Middleton

#### OTHERS PRESENT

The following representatives of nonmember medical schools, colleges and universities and organizations interested in medical education were in attendance at the meeting but did not participate in the proceedings of the Executive session: Dr.



Thomas Parran, Surgeon General U. S. Public Health Service; Drs. Alan Gregg and Daniel O'Brien, Rockefeller Foundation; Dr. Frank Fremont Smith, Josiah Macy, Jr. Foundation; Dr. Lester J. Evans, Commonwealth Fund; Dr. R. C. Buerki, American Hospital Association and Commission on Graduate Medical Education; Drs. Wm. D. Cutter and Hamilton H. Anderson, American Medical Association; Drs. M. W. Ireland, J. Stewart Rodman, J. Gurney Taylor, and Mr. Everett S. Elwood, National Board of Medical Examiners; Dr. H. E. French, University of North Dakota School of Medicine; Mr. Garfield Powell and Mr. Ian Fraser, Columbia College (N.Y.C.); Mr. V. B. Lawrence, Jr., Cornell University; Dr. William Allan, Charlotte, North Carolina; Miss Eleanor Barnes, New York University. Many members of the faculty of Syracuse University College of Medicine also attended the general sessions.

The total registration at the meeting exceeded 200, an all time record.

## Report of the Secretary

### MEMBERSHIP

The membership of the Association remains unchanged. Eighty-four colleges are in membership. Three of these colleges are graduate and postgraduate schools (who do not pay dues) and seven are Canadian medical colleges. No applications for membership are pending, but there are two applications for reinstatement in membership, one from the University of South Dakota and one from the University of North Dakota.

### ACTIVITIES OF THE ASSOCIATION

The many activities in which the Association is now engaged are being carried on with increasing degree of success. First among these is the *JOURNAL* of the Association; (2) the *News Bulletin*, a confidential publication sent only to the deans of the member colleges; (3) the study of applicants; (4) the study of student accomplishment; (5) the Intern Placement Bureau; (6) the Teacher Placement Bureau; (7) the evaluation of credentials of Americans desiring to study medicine abroad; (8) the Student Register and several incidental studies all of which have been published from time to time in the *JOURNAL*; (9) the study of entrance credentials of freshmen students; (10) the correlation of accomplishment in Art College and in Medical

School; (11) Medical Aptitude Test. These activities are routine. Other activities consist in participation in conferences called by various organizations and groups which deal in matters related to medical education and education in general on which cooperation of the Association is sought. Delegates to these conferences were appointed by the Executive Council. Notable among these conferences was the one on Better Care of Mothers and Babies called by the Children's Bureau of the U. S. Department of Labor at which the late Dean McKinley of George Washington University School of Medicine represented the Association.

A number of inspections of member colleges were ordered by the Executive Council and will be reported on by that body.

There is no need at this time to dwell at length on many of these activities as they have become more or less routine so far as carrying them on is concerned. Time has added to rather than detracted from their value to education in general and medical education in particular. Each year demonstrates that all of them meet a definite need by supplying information and data which cannot be obtained elsewhere nor otherwise. They have become firmly established in the consciousness of educators and all those who have any contact whatever with medical education and teaching. In fact, they are indispensable. It is necessary, however, to speak at greater length of several of the Association activities.

#### STUDY OF STUDENT ACCOMPLISHMENT

This study is arousing a great deal of interest, increasingly so every year, and especially among the art colleges who feel that this is the outstanding activity of the Association. It gives them an opportunity to see how their students fare when they get into medical school. We report to them every year on their students and what happened to them, where they stood, by thirds. They, in turn, report back to us how they stood while in college, which information we correlate and publish. We feel that this is helpful to you in the selection of your students. If you find, by looking at the reports which you receive every year on the accomplishments of these colleges, that year after year the students have made a bad record, it doubtless will make you a little wary of accepting students from these schools.

You will recall that a year ago I sent you a composite report covering six years. I did this at the suggestion of Dr. Chesney, who thought that it would be useful in checking on applicants.

## EVALUATION OF CREDENTIALS OF AMERICANS WHO DESIRE TO STUDY MEDICINE ABROAD

We are still making the evaluation of credentials of American students who try to get into British schools. Of course, only those who seek registration on the Student Register of Great Britian come to the attention of the General Medical Council. Each year that number has grown smaller and smaller. From a high of about 700 in 1930, it has dropped this year so far to 15. That, of course, has not stopped the so-called extramural schools from taking American students, but they cannot return to this country without a visa secured prior to their going abroad; that is, an evaluation of their credits and a statements that they would be considered for admission to one of our schools. These visas are given by the Council on Medical Education, by the Association, and any State Board that wishes to do so.

### STUDENT REGISTER

The Student Register is another valuable addition to the office material in checking on bad eggs and every year, I am sorry to say, there are more men who are seeking registration, and more and more who really get it, on the basis of forged credentials, and the Applicant Study and the Student Register make it a very simple matter for us to find out whether the credentials are right or wrong.

As I have said many times before, if you are interested in having your freshman class checked against these records, we are very glad to do it. About a dozen schools have done it for a number of years, sending in the freshman class record regularly and asking for the information.

### THE JOURNAL

The Journal is easily the outstanding activity of the Association. It is regarded as being a most worth while publication. It is the only publication which is devoted entirely to medical education and teaching and correlated matters. It is known and appreciated the world over, reaching many foreign countries as well as the United States and Canada. It is the only medium of exchange of about 16,000 teachers in medical schools. A survey of its contents shows many interesting and important contributions by well known teachers and medical educators. It is supported financially by the colleges in membership in the Association and by returns from advertising and subscriptions, although

the returns from subscriptions are rather insignificant. Four years ago, it was proposed by the Executive Council that this publication be made available to medical students by making a special subscription rate for that group. Colleges were appealed to secure student subscriptions but there was virtually no response to the appeal. In 1933, the late Dr. Ross V. Patterson, then president of the Association and chairman of the Executive Council, suggested that a special section for students be included in the JOURNAL. There was no response to the suggestion. Now the Association of Medical Students has a journal of its own, and the Journal of the American Medical Association has announced a monthly students section after July 1, 1938. Perhaps, that is a good solution of this problem.

However, the Association is confronted by the need for taking some action which will make possible an enlargement of the JOURNAL, either by way of increasing the number of pages in current issues or by publishing monthly instead of bimonthly. Attention has been called to this matter in several of the News Bulletins. This enlargement is necessitated by the increased amount of material on hand for publication and to speed up publication of papers, both the papers at the annual meeting and volunteer papers. At present, publication often is delayed for as long as eight months, a lapse of time which detracts from interest and which delays making known many valuable suggestions and information contained in these papers. Then, too, "news" published in the JOURNAL has ceased to be news despite the fact that other publications republish some of the items. News should be published as quickly as possible. Monthly publication will help to keep "news" news.

At present the Association is not in position to meet the cost of enlargement of the JOURNAL. The fund needed must come from larger income from colleges, either by way of increase of the annual dues, or by assessment, from advertisements or from subscriptions. Each source is beset with difficulties. It is well known that manufacturers are curtailing advertising expenditures because of the business depression, which is as deep as was the one 1932; hence, that source gives little promise although with a little cooperation from the membership, more advertising can be secured than we now have. That point, too, has been dwelt on in the News Bulletins. Subscriptions give little help. With rare exceptions, faculty members are not inclined to subscribe to another JOURNAL, even at a special rate. The twenty-five copies of the JOURNAL to which every member

college is entitled, on order of the Executive Council, apparently furnish every member of the faculty who wishes to have the JOURNAL with a free subscription. True, many faculty members have access to the JOURNAL through the good will of the head of the department who receives the JOURNAL free, but it would seem that among the 14,000 members of faculties there should be at least 1,000 who would subscribe to the JOURNAL if urged to do so. The return from that number of subscriptions would almost meet the additional cost of a larger or more frequently appearing publication. This item should receive thoughtful consideration by every member college.

It would also seem advisable or, at least, desirable, that every teacher of professorial rank receive the JOURNAL. That will increase circulation considerably, but this larger circulation will be of great advantage in securing advertising and aid materially in lowering the cost of publication to the Association.

### TEACHER PLACEMENT BUREAU

This Bureau was established in 1937 on the authority of the Executive Council. Prior to that time, personal assistance had been given to teachers seeking placement and colleges seeking teachers. It is the consensus of opinion that this is a worth while activity and that the Association of American Medical Colleges should conduct it. No fee is charged for this service, either to the teacher or to the college. Various organizations have a placement service for teachers in all fields, except in medicine. Medical teachers and medical colleges have been obliged to make use of the service of commercial employment agencies and pay a substantial fee thus robbing the transaction of every semblance of being in keeping with the dignity of either party seeking the service. Looking for a job or a job holder with the aid of an employment agency is a personal or institutional privilege, but would not personal dignity and institutional dignity be conserved if such service is rendered by an educational agency?

Member colleges are urged to bring to the attention of their faculty the existence of this Bureau. Many fine young teachers find them at an impasse so far as advancement in their respective department is concerned because those ahead of them are far from the retirement age. Should not these men be encouraged to seek placement elsewhere which would be an advancement or offer better opportunities for advancement? Often a department

is in need of young men, on comparatively small salaries, men who are eager to win their spurs and add to their experience as teachers; men who do not intend to stay on indefinitely and whom the department does not expect to keep indefinitely because adequate opportunities cannot be offered, especially so far as salary is concerned. Colleges find it difficult to find such men and these men find it difficult to secure placement because they do not know where situations are available. Neither party wants to advertise its desires. Why not, then, make use of the services of the Bureau.

During the past year, the Bureau has given assistance to teachers and colleges many times, thus justifying its existence. With your help its services will become increasingly valuable. Keep it in mind. Spread the fact of its existence to your faculty. It has been suggested by several colleges that posters announcing the existence of the Bureau and offering its aid be sent to every member college to be posted on the Bulletin Board so that every teacher may gain this knowledge. Announcement could also be made at faculty meetings.

#### INTERN PLACEMENT BUREAU

Several hundred hospitals, most of them approved by the Council on Medical Education and Hospitals of the American Medical Association and the American College of Surgeons, have applied to this Bureau for help in securing interns. Nonapproved hospitals are not served but many of the approved hospitals have been furnished interns by the Bureau. Each year the Medical Corps of the United States Navy asks for a check-up on applicants for positions in its corps which can be done easily by making use of the Student Register, the scholastic register for all medical students existing only in the office of the Association. True, the number of internships available each year is in excess of the number of graduates, but, unfortunately, some graduates, after having accepted an internship, fail to qualify because a better internship has become available. This leaves the hospital without interns and they, then, apply to the Bureau for help. It is hoped that in the course of time, the activities of this Bureau will become greater and more valuable. Any college which does not help its graduates to secure internships should call their attention to the existence of this Bureau and thus relieve itself of further obligation or annoyance.

## INDEX OF PROFESSORS

There is now available in the office of the Association an index of all teachers of professorial rank in member medical colleges and others. This index contains about 6,000 cards. The cards are grouped according to subjects and within each subject the professors, associate professors and assistant professors with a card of special color indicating those who now receive the JOURNAL of the Association. The college connection of each teacher is shown on the card. Thus, for the first time the exact number of professors in each subject can be shown.

### GRADUATE MEDICAL EDUCATION

A survey of the opportunities for graduate medical education is now being made under the auspices of a commission appointed by the Advisory Board on Medical Specialties. The director of the study is Dr. R. C. Buerki, superintendent of the Wisconsin General Hospital and treasurer of the Commission. A preliminary report on the survey will be made to you by Dr. W. C. Rappleye, president of the Board.

### DEATHS

As reported previously in the JOURNAL and the News Bulletin, the Association sustained a great loss in the death of Dr. Ross V. Patterson who was president of the Association during the years 1933-1935 and chairman of the Executive Council from 1932 to 1935. Dr. Patterson in 1933, proposed making the survey of medical education as a cooperative effort of the Council on Medical Education and Hospitals of the American Medical Association, the Federation of State Medical Boards and the Association of American Medical Colleges. He was very determined and untiring to maintain the position which the Association should occupy in the sphere of medical education and gave freely of his time to further the interests of the Association. Although in ill health for several years, his death was unexpected, caused by cerebral embolism. His passing deprived the Association of a faithful and hard worker and caused his many friends genuine sorrow.

Dr. Earl B. McKinley, dean of George Washington University School of Medicine, met an untimely death when the China Clipper disappeared on its flight to Manilla.

*Respectfully submitted,*

(Signed) FRED C. ZAPFFE, *Secretary*

PRESIDENT CHESNEY: Does anyone have any questions he wishes to ask with reference to the report of the Secretary? If not, I will ask unanimous consent of this body to accept the report as read. If there is no objection, it is accepted.

## Report of the Executive Council

The report of the Executive Council was made by the Chairman, Dr. Rees. The complete report is presented herewith. Action on the individual items contained in the report was taken as they were read.

The Executive Council has held two meetings since 1937—one in Chicago, in February, and one in Syracuse two days ago. Considerable business is done at these meetings, but with the powers given the Executive Council by the constitution and by-laws not all of the matters discussed, whether acted on or not, must come before the Association. The Executive Council is empowered to dispose of them finally. The Executive Council endeavors at all times to carry on in the best interests of the Association.

The following items are brought before the Association for action:

### INSPECTIONS

It will be remembered that at the San Francisco meeting, the Association authorized the resumption of inspection of member colleges, work which had been dropped temporarily because of the general inspections in progress for several years. The Executive Council is empowered to order inspection of member colleges. It endeavors to exercise the best judgment in the matter, not as a police function but in the spirit of helpfulness.

Five colleges were inspected this year: Loyola University School of Medicine; Creighton University School of Medicine; Georgetown University School of Medicine; University of South Dakota School of Medicine; University of North Dakota School of Medicine.

1. *Loyola University School of Medicine.* This school was inspected by Dr. Oppenheimer and the Secretary in February, 1938. The report of the inspectors was considered carefully. Conditions existing in the school at that time prompt the Executive Council to recommend to the Association that the school be placed



on probation until such time as another inspection will determine what further action shall be taken.

2. *Creighton University School of Medicine.* This school was inspected by the chairman of the Council and the Secretary. The report of the inspectors was discussed carefully. In the opinion of the Council, existing deficiencies and inadequacies can easily be overcome by the school if it is willing to do so. The Council recommends withholding action for one year when a re-inspection will determine what action the school has taken on the information which will be sent to it.

3. *Georgetown University School of Medicine.* This school was inspected by Dr. Oppenheimer and the Secretary in April, 1938. The report of the inspectors was considered carefully and the Council recommends that the school be placed on probation until such time as other action, based on a reinspection, is warranted.

4. *University of South Dakota School of Medicine.* This school was inspected by Dr. Bachmeyer and the Secretary in May, 1938. The school was dropped from membership in 1936 following an inspection made by the Council and applied for reinstatement. The improvements made since the 1936 inspection have gone far to remove the objections raised at that time. The quality of the student body has improved; many competent men have been added to the teaching staff; more attention is being paid to clinical instruction and such instruction is enhanced by the erection of a hospital in Vermillion. The medical society of the state, state officials and the medical society, as well as other professional organizations in the State have become staunch supporters of the school. A medical building is now projected.

The Council, therefore, recommends that the school be reinstated in membership on probation.

5. *University of North Dakota School of Medicine.* This school was inspected by Dr. Bachmeyer and the Secretary in May, 1938, on an application for reinstatement in membership. The school was dropped from membership in 1936 following an inspection by the Executive Council. According to the findings of the inspectors, there has been virtually no improvement or effort made to overcome objections raised previously. Therefore, the Council recommends that the application for reinstatement be rejected.

NATIONAL COUNCIL ON MEDICAL EDUCATION,  
LICENSURE AND HOSPITALS

A proposal that the Association take steps looking to the formation of a National Council on Medical Education, Licensure and Hospitals was presented to the Council for consideration. The Council will not take your time to present reasons given for the need of such a council as discussion at this time will be presented in full.

The Council recommends: 1. That the Association endorse the formation of a National Council on Medical Education, Licensure and Hospitals. 2. That the Executive Council be empowered to appoint three representatives from this Association and that the president of the Association be authorized to call a meeting of representatives from the other organizations listed below to consider the formation of a National Council on Medical Education, Licensure and Hospitals. 3. That the organizations to be invited to join in the conference to discuss the formation of this Council be as follows:

Assn. of American Medical Colleges	3	Representatives
American Medical Association	3	"
American Hospital Association	3	"
Federation of State Medical Boards	3	"
Advisory Board Medical Specialties	3	"
National Board Medical Examiners	1	"
American College of Surgeons	2	"
American College of Physicians	2	"
Assn. of American Universities	2	"
American Public Health Association	1	"
American Association for Advance- ment of Science (Section N)	1	"

EXHIBIT AT THE A. M. A. MEETING  
*St. Louis, Missouri, 1939*

The Council recommends that the Association make an exhibit at the annual meeting of the American Medical Association to be held in St. Louis in 1939. This exhibit is to be similar to the one made at two previous meetings of the A. M. A. It consists of charts depicting the results of some of the educational studies made by the Association.

## THE JOURNAL

The Council deems it necessary that the Journal of the Association have a wider publicity than it has at present. Now 2,500 copies are issued bimonthly to those teachers whose names are submitted by member colleges, about twenty-five for each college, usually men of full professorial rank. It is felt by the Council that it is advantageous to include teachers in other professorial ranks, such as associate and assistant professors, to give the activities of the Association wider publicity and to present the material published to a larger number of readers and thus stimulate interest in the Association, which, after all, is an Association of medical colleges and not of deans. Every member of the faculty should have interest in the work of the Association.

Therefore, the Council recommends a numerical increase in the bimonthly issues to meet this need but not to exceed 5,000 copies.

### APTITUDE TEST

The Council received and approved of the report submitted to it by the chairman of the Committee on Aptitude Test. It was agreed that no more supplementary tests be held in the future, although any experimental tests deemed necessary by the Committee may be held. Otherwise, there shall be only one test given each year. The time of holding this test was left to the Committee, the president and the secretary of the Association. The fee for the test shall be \$1. (See report which follows this report).

# REPORT OF TREASURER

The report of the treasurer, including the audit by an auditor approved by the Council was received and accepted. The report shows that the Association is solvent and in possession of some good assets — U.S. postal savings bonds.

The report is as follows:

## ASSOCIATION OF AMERICAN MEDICAL COLLEGES

### *Balance Sheet — August 31, 1938*

#### ASSETS:

Cash in Bank .....	\$12,779.20	
Petty Cash Advances .....	135.00	
Investments .....	15,000.00	
		<hr/>
		\$27,914.20

#### LIABILITIES:

Deferred Income .....	\$ 5,250.00	
Accumulated Net Income .....	22,664.20	
		<hr/>
		27,914.20

## STATEMENT OF INCOME AND EXPENSE

### *For the Year Ended August 31, 1938*

#### INCOME:

Dues .....	\$12,300.00	
Advertising .....	1,645.15	
Journal Sales and Subscriptions .....	102.50	
Aptitude Tests .....	11,942.27	\$25,989.92

#### EXPENSE:

Association Office .....	\$11,349.46	
Treasurer's Office .....	164.14	
Journal .....	4,031.71	
Travel Expense to Colleges .....	369.27	
Annual Meeting Expense .....	524.87	
American Council on Education .....	100.00	
Contingency .....	537.46	
Aptitude Test Committee .....	7,946.18	\$25,023.09
		<hr/>

Excess of Income over Expense .....		<hr/>
		\$ 966.83

**DETAILED STATEMENT OF EXPENSE**  
*For the Year Ended August 31, 1938*

**ASSOCIATION OFFICE:**

Secretary—Salary .....	\$ 6,000.00
Stenographer—Salary .....	1,380.00
Clerk—Salary .....	1,200.00
Office Rent .....	1,992.00
Stationery, Printing & Supplies .....	278.58
Postage .....	165.06
Telephone & Light .....	132.03
New Equipment .....	67.06
Surety Bond Premium .....	25.00
Miscellaneous .....	109.73
	<hr/>
	\$11,349.46

**TREASURER'S OFFICE:**

Clerk—Salary .....	\$ 50.00
Surety Bond Premium .....	50.00
Auditing Fee .....	25.00
Postage & Miscellaneous .....	39.14
	<hr/>
	\$ 164.14

**JOURNAL:**

Publications .....	\$ 3,852.35
Postage .....	179.36
	<hr/>
	\$ 4,031.71

**TRAVEL EXPENSE TO COLLEGES .....** \$ 369.27

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**ANNUAL MEETING EXPENSE:**

Travel Expense—Secretary .....	\$ 226.33
Reporting .....	200.79
Printing .....	97.75
	<hr/>
	\$ 524.87

**AMERICAN COUNCIL ON EDUCATION:**

Membership .....

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\$ 100.00

**CONTINGENCY:**

Advisory Board for Medical Specialties .....	\$ 100.00
Commission on Graduate Medical Education .	333.33
Wisconsin Exhibit .....	104.13
	<hr/>
	\$ 537.46

## DETAILED STATEMENT OF EXPENSE (CONT'D)

### APTITUDE TEST COMMITTEE:

Salaries .....	\$ 3,604.67
Honorarium .....	1,520.00
Proctors' Fees .....	268.00
Statistical Studies in Predictive Value .....	500.00
Office Rent .....	600.00
Printing .....	480.17
Postage & Miscellaneous .....	780.20
Travel .....	292.64
New Equipment .....	190.00
Surety Bond Premium .....	10.50
	<hr/>
	\$ 7,946.18
<b>Grand Total .....</b>	<b><hr/></b>
	<b>\$25,023.09</b>

(Signed) A. C. Bachmeyer, Treasurer

## BUDGET FOR 1938-1939

The Council submits for your approval the budget for the year 1938-1939. This budget does not exceed the estimated income from dues, Journal advertising and subscriptions, aptitude test fees and an underwriting from reserves.

### INCOME (Estimated)

Dues .....	\$12,450.00	
Journal advertising .....	1,800.00	
Journal sales and subscriptions .....	100.00	
Aptitude tests .....	10,500.00	\$24,850.00
Underwriting from reserve funds .....		3,280.00
		\$28,130.00

### EXPENSE:

Association office—Salaries .....		\$ 9,180.00
Secretary .....	6,600.00	
Stenographer .....	1,380.00	
Clerk .....	1,200.00	
General expense .....		\$ 2,975.00
Rent .....	2,000.00	
Stationery & Printing .....	300.00	
Postage .....	200.00	
Telephone & electricity .....	150.00	
Bond .....	25.00	
Equipment .....	100.00	
Miscellaneous .....	150.00	
Treasurer's Office .....		\$ 175.00
Clerk .....	50.00	
Bond .....	50.00	
Audit .....	25.00	
Postage & Miscellaneous .....	50.00	
Journal .....		\$ 5,050.00
Publication .....	4,800.00	
Postage .....	250.00	
Travel .....		\$ 750.00
Annual meeting expense .....		500.00
American Council on Education .....		100.00
Contingency .....		1,000.00
Committee on Medical Aptitude Test .....		8,400.00
<b>TOTAL</b>		<b>\$28,130.00</b>

**DETAILED BUDGET FOR 1938-1939 OF COMMITTEE ON  
MEDICAL APTITUDE TEST**

1.	Salaries .....	\$ 3,800.00
	Honorarium (Dr. Moss) .....	1,500.00
2.	Studies .....	500.00
3.	Office expense .....	\$ 2,000.00
	Rent .....	\$600.00
	Printing .....	600.00
	Advertising, Bond, Postage, Miscel- laneous .....	800.00
4.	Travel .....	350.00
5.	Equipment .....	250.00
	<b>TOTAL</b>	<b>\$ 8,400.00</b>

The Executive Council asks for approval of its action and recommendations.

*Respectfully submitted,*

(Signed) W. C. Rappleye  
 Alan M. Chesney  
 R. H. Oppenheimer  
 L. R. Chandler  
 C. W. M. Poynter  
 E. S. Ryerson  
 W. S. Middleton  
 Maurice H. Rees, *Chairman.*



## Report of the Committee on Medical Aptitude Test

To the Executive Council of the Association of American Medical Colleges:

*Gentlemen:*

1. Your committee met in Washington, D. C. on October 1 in regular session. Present were Drs. Bloor, Cannon, Jordan, Thorpe and Dr. Moss, Director of the Study. Dr. Hale was unable to attend due to storm conditions in New England. During the year no special meeting was held and all matters were cared for by the Chairman.

2. Form 10 was given December 3, 1937, in 625 universities and colleges of the U. S. A. and Canada to 10,381 applicants. A more complete survey of the results is submitted elsewhere by the Director of Study.

3. In accordance with the plan submitted to the Executive Council of the Association last year, a supplementary test using Form II was offered on April 9, 1938, in 60 centers strategically located throughout the country to 282 students. The results of the Form are offered in the report of the Director. No gross instances of irregularity in the administration of these Forms occurred this time. Great care is taken to avoid such unpleasant matters.

It will be noted that a charge of \$5.00 was advertised for this supplementary Form and for 106 tests given in Washington by the Director. This charge was made in accordance with the plan submitted to the Executive Committee last year. Whenever possible, those conducting this special Form were paid on a per capita basis for the extra inconvenience involved.

Because of extraordinary conditions existing in a few institutions, it was deemed wise to waive the extra charge. The responsibility for this action is assumed by the Chairman. The other members of the Committee could not be consulted due to lack of time when the situations arose.

In addition, the activities of the Director included some special research on the data secured from the Forms and on other special tests.

4. Because of a request from the Dean of Harvard Medical School that the regular Form be offered at an earlier date in the

fall, the feasibility of such a move was discussed by the Committee.

A detailed survey of the routine steps which must be taken by the Director each fall established proper contacts for the administration of the Form and to safeguard the reliability of such administration was made. This cannot apparently be accomplished in a casual way and cannot be initiated much before September of each year due to changes in college personnel.

The Committee does not feel that the Form to be offered this fall can be administered before the last of November or the first of December.

If there is a considerable body of opinion in the Association supporting an earlier date the Committee will endeavor to make this change, although some question the necessity.

5. It is the feeling of the Committee that no great inconvenience was occasioned the medical schools by offering only one supplementary form. However, there were several unfortunate misunderstandings in regard to the special charge.

Your Committee reviewed again the whole matter of supplementary tests with the Director.

It was pointed out that the validity of results of supplementary tests no matter how carefully administered has always been questionable and the greatest number of discrepancies occur here.

The experiment of offering one supplementary test brought out the fact that less than 300 could be assembled. In the opinion of the Director and two other experts consulted by the Chairman, no results of tests of this character are valid unless approximately 1000 individuals are tested. Although the Director has pointed out the lessened validity of supplementary results on many occasions, this is still not sufficiently realized by admitting officers of the medical schools.

The Chairman of the Committee would like to discuss this matter further with the Executive Council for it was the opinion of the majority of the Aptitude Test Committee that no supplementary tests should be offered at all. The Committee requests your sanction of a plan to offer only one form yearly except for experimental purposes.

If this is not deemed wise, we would suggest that only one supplementary Form be offered and that in view of the extra

inconvenience to the administration in the Colleges that an extra fee be charged; that fee to be fixed by the Executive Council.

6. Your Committee considered again the feasibility of moving the main activities of the aptitude test to the office of the Association in Chicago. After discussion, the Committee unanimously decided that such a move is unwise and impractical and trusts that the Executive Council will support this view.

The Chairman again takes this opportunity to thank the Treasurer of the Association for his cooperation.

The Committee recommends that a Budget of \$8,400.00 be approved for the activities of the Aptitude Test and this Committee. A detailed analysis of the current budget and expenditures has doubtless been submitted by the Treasurer.

*Respectfully submitted,*

(Signed) EDWARD S. THORPE, JR.,

*Chairman*

#### ACTIONS TAKEN ON THE REPORT OF THE EXECUTIVE COUNCIL AS EACH ITEM WAS READ.

1. *Loyola University School of Medicine.* Council recommended that the school be placed on probation.

DR. B. D. MYERS (Indiana University): I move the recommendation be approved.

DR. A. S. BEGG (Boston University): I second the motion.

REV. GEORGE WARTH, S. J. (Loyola University): Is it in order to ask why we are placed on probation? It is rather surprising to hear that news, since we had been an approved school, approved by this Association, and then, after much improvement had been made, we are placed on probation.

PRESIDENT CHESNEY: When were you approved?

DR. WARTH: We have always been approved.

PRESIDENT CHESNEY: That doesn't, I should think, carry with it the license to expect continuing approval.

DR. WARTH: But, Mr. President, since that time we have gone to a great deal of trouble to improve the school tremendously and now we find out that we are no longer on the approved list but on probation.

PRESIDENT CHESNEY: It would appear as if the inspectors had not felt that your endeavor was sufficient to meet present day standards.

DR. WARTH: The inspection was made while we were in the midst of reorganization and both inspectors were informed of that fact at the time. Now, months after our reorganization has been accomplished, we learn of this probation. This inspection took place about nine months ago— I am quite certain. Since that time we have got the school pretty well organized. They did not come back for further inspection and now, being placed on probation is not going to help up in the least when we feel that we are ready to remove anything that the inspectors had in mind at the time. We made changes and cut the number of students in the freshman class to seventy-six. That was two years ago. That class is now the sophomore class, which numbers sixty-eight. That was a decrease from 130 students. The present freshman class has seventy-two students.

We have a university hospital. We already have 68 beds which we are using for teaching, and we will have nearly 100 beds. We have reorganized the library and done everything we thought would put the school in a high place among American medical schools. Now, after nine months, the school is standing high. The type of teaching is very good; the staffs in the various departments are full staffs, as many as any medical school would require. The number of men engaged in research is far above the average. I do not like to see this group go on record now as putting Loyola on probation when it is far improved over what the school was when this same group approved the school.

REV. ALPHONSE M. SCHWITALLA, S. J. (St. Louis University): May I ask whether the school was informed of this action antecedent to the recommendation of the Executive Council in any way whatsoever. Were they warned by this Association or were they warned in any way that this matter was coming up for discussion?

PRESIDENT CHESNEY: So far as I know, no official intimation has gone out from the Executive Council.

SECRETARY ZAPFFE: The Executive Council cannot give out any information before the Association has received reports. This school was notified that the inspectors were coming. The Executive Council ordered the inspection of schools which it was believed should be inspected because of adverse action taken by another accrediting agency. There was not any chance to notify the school of this action because this action by the Executive Council was taken last Sunday. The school will receive a copy of the report on the inspection.

DR. WARTH: During these nine months in which we have been waiting for a report from the examiners, we have received no word of advice; none whatsoever. As I said before, the inspectors came in the midst of a time of reorganization. At that time we were developing our outpatient department to increase it by half what it had been. The building was under repair. The curriculum was under reorganization. The freshman and sophomore classes have been under the new curriculum. The larger classes we had to carry on with some changes as a betterment, but we could not change them completely from what they had been before. Now, if after nine months, with these improvements, this body is going to place a school on probation when, beforehand, they had approved the school when, as we are ready to admit, it was not half as good as it is now, I believe they are doing a real injustice, because, regardless of secrecy of this executive meeting, the word

is going out that Loyola University School of Medicine is on probation and is not in good standing. Whether we are a member school or not does not change the matter. We will not be in good standing. We are bound to suffer, and I think it is a great injustice and, before this vote is carried, I wish that the man who made the motion of approval would withdraw it, and I am going to ask for another inspection immediately.

**PRESIDENT CHESNEY:** "Reorganization," of course, is a word which covers a great many things and I think it would be helpful to the Association if you would tell us in what form that reorganization took place.

**DR. WARTH:** Since I am only the regent and have nothing to do with the medical policies or the curriculum, I will ask Dr. Powers, the assistant dean, to answer your questions.

**DR. J. G. POWERS, (Loyola University):** At the time of the inspection of the Council of the A. M. A., our examiners were Dr. Weiskotten and Dr. Zapffe. Certain recommendations were made which have been carried through and which had been in great part effected by the time we were inspected by Dr. Oppenheimer and Dr. Zapffe in February. The complaint was that we were carrying student classes entirely out of proportion to our physical equipment facilities. Our preclinical department at that time was understaffed. Beginning with the last year, 1937, our freshman class was limited to a total of seventy-six. At that time our premedical faculty was increased to the following number: Where previously our full-time man was Dr. Strong, the Chairman of the Department of Anatomy, Dr. Job, full time in the department, one full time in microscopic and embryology, Dr. Essenberg, we have made the following changes: The head of the department is Dr. Strong. We have the following full-time men: Dr. Job remains in gross anatomy. We have three full-time men under him. We have two full-time men in microscopic anatomy. Our department of physiology was criticized because of the fact that we had only one full-time physiologist and one full-time pharmacologist. That staff has been increased to five.

Our Department of Bacteriology was carried on for the most part by part time men who were pathologists in affiliated hospitals. That has been remedied. We now have one full-time head, who has specialized training in public health, one master of science, full time, and one Ph. D. In pathology we now have three full-time men and one man who is pathologist in the University Hospital and whose time is being used a great deal by the school in the development of the department of pathology. We now have three full-time men in the Department of Biological Chemistry.

The plan for the improvement of clinical facilities has been effected to this point: An outpatient department, which had a population of from forty to sixty per day in the Medical School, in cramped quarters, has been amalgamated with the outpatient department of Mercy Hospital. The space formerly occupied has reverted to the preclinical departments, so that the men have ample spacial opportunity for the development of their departments and enlargement of student laboratories and also enlargement of laboratory facilities for the men in their own departments.

The budget has been increased. We have effected or attempted a university setup—University Hospital—and our clinical teaching is now concentrated in two institutions on the West Side, the Cook County Hospital, which,

as you all know, is a mess and Mercy Hospital. We now have in the University Hospital four wards which give us medical and surgical beds to the number of sixty-four. Our clinical clerkships have all been rearranged and the reorganization has gone along effectively since 1937, eight months prior to the advent of Dr. Oppenheimer and Dr. Zapffe for the inspection.

Our curriculum is in a condition of flux. Our Department of Pathology was removed from the Medical School building to a building adjacent to the outpatient department at Mercy Hospital. We did that for two reasons; one, because we believed that the physical presence of this department in close connection with our University Hospital would be a stimulus both to our clinical staff and to the Department of Pathology. We have a student laboratory which is the finest laboratory we know of in the school. We have ample facilities for office space for research and for animal quarters for that department. We provided on the south side a reading room which received a gift last week of 1,600 volumes. We have a full-time dean. Our program in public health anticipates the program that was advanced yesterday morning. Home visits are in effect.

As for the curricular changes, we have two huge classes, and curricular changes are following through with the present sophomore class. Our regular program is following, particularly in clinical medicine where we have ambitious plans through the clinical years, in keeping with the two meetings I have attended of this Association. This year, for one thing, we have effected this plan that even in the junior class, in which we have an enrolment of ninety-six, we are enabled to give the same curricular content in didactic courses. At the same time, our sections are small. We teach a maximum of sixteen sections, except in a few isolated instances,—in two courses, one in which we have a laboratory discipline with curricular content, and the operative surgery, and the other to provide outpatient facilities complementary to the course, where we have to use dispensary service.

We have changed our system of examinations. We have a system of comprehensive examinations which we think is as good as you will find in any medical school

Those are a few of the things we are trying to do. What I should like to know is, What is the duration of this period of probation, if it is imposed on us, and when will we get approval?

**PRESIDENT CHESNEY:** That would depend entirely on the wishes of the Association.

**DR. STANHOPE BAYNE-JONES:** (Yale University): I think the points brought out by the Regent and by Dr. Powers show that there has been considerable earnest effort on the part of Loyola to improve conditions. I do not believe that we have full information to vote wisely and I should like to move that this resolution be tabled.

. . . .The motion was regularly seconded . . . .

**PRESIDENT CHESNEY:** Before voting on this, I want to make clear one question with relation to the time relationships, which

will explain why no word was coming to Loyola before the present time. The inspection, as I understand, was authorized at the 1937 meeting, and was not made until February 16th, which was after the meeting of the Executive Council in Chicago. It is obviously impossible to get the Council together for a meeting every time an inspection has been carried out. I am sure you will agree to that, and I do not know whether or not there is any provision in the Constitution which makes it mandatory on the part of inspectors to supply the schools inspected with a report prior to submitting that report to the Council. My own reaction to it would be that such an action would be—well, improper, I should think, because the inspection is ordered by the Council and I should think a report should go first to the Council. I think that will explain, in part, at any rate, the situation with reference to the failure of Loyola to receive any information.

REV. ALPHONSE M. SCHWITALLA, S. J. (St. Louis University). I have had considerable experience in dealing with standardizing and accrediting agencies and I know of none of the agencies that would put before the general body or the general association an action of its Executive Committee without having given the school in question an opportunity to reply to the criticisms either in writing or personally; and the reason is this: An action of this kind has a public effect with reference to the school. If it were a disciplinary matter, it would not be necessary, but as soon as it affects the public relations of a school, it would seem to be absolutely necessary to call attention of the school to the promise or the threatened action that might be taken, and I say this whether it is Loyola or any other school, and I should like to have that apply to any other recommendations that may be made, and that is why I inject it here.

The most exacting of the standardizing agencies that has perfected its scheme, is the North Central Association. Subsequent to the inspection, the school gets a report from the Board of Review, which embodies the recommendations of the examiners and the comments of the Board of Review. The Board of Review sits together and the school administrator is called into the meeting if there is any question whatsoever about the report. If there is no question about the report, the presiding officer of the school is informed of the threatened impending action, so as to prepare his own statement that might be made to the whole Association when the particular case is called for action.

The question was called for and the motion to table was carried.

2. *Creighton University School of Medicine*. The Executive Council recommended that no action be taken until a re-inspection is made.

On motion, seconded, this recommendation was approved.

3. *Georgetown University School of Medicine*. The Executive Council recommended probation.

It was moved and seconded that the recommendation be tabled. The motion carried.

4. *University of South Dakota School of Medicine.* The Executive Council recommended reinstatement on probation.

Moved and seconded that the recommendation of the Council be adopted. The motion carried.

5. *University of North Dakota School of Medicine.* The Executive Council recommended that the school be not reinstated.

It was moved and seconded that the recommendation of the Council be approved. The motion carried.

6. *National Council on Medical Education, Licensure and Hospitals.* The Executive Council recommended: (1.) That the Association endorse the formation of a National Council on Medical Education, Licensure and Hospitals. (2.) That the Executive Council be empowered to appoint three representatives from this Association and that the President of the Association be authorized to call a meeting of representatives from the other organizations listed below (see report) to consider the formation of a National Council on Medical Education, Licensure and Hospitals. (3.) That the organizations to be invited to join in the conference to discuss the formation of this Council be as follows: (See Report.)

## DISCUSSION

PRESIDENT CHESNEY: I wonder if Dr. Rappleye would be good enough to explain to the members of the Association the purposes of this organization which he has proposed.

DR. WILLARD C. RAPPLEYE (Columbia University): This general presentation has been printed in the JOURNAL of the Association for September, 1938, and there are only certain general points that, perhaps, ought to be clarified. The question of a National Council is a very important matter and should be fully discussed by the Association. Everyone is perfectly aware of the difficulties of American medicine at the moment. Probably at no time has there been greater need of coordinated effort within the profession and within the various bodies represented in its different organizations. There is no need of reciting these different phases of medical education, licensure, hospital problems, graduate and undergraduate training. Many of them overlap, duplicate and compete with each other. There is no end of confusion for the hospitals and other groups working with the problems. While rules, regulations and minimum standards have played an important part in the evolution of the present programs, the great strides have been



made at levels well above the minimum standards by individual schools and universities under local leadership and by the desire of other institutions to emulate their successful undertaking.

The evaluation of the objectives of medical education as we know them today can best be secured by an agency representing not the profession alone, which is really an alumni body of the schools, but by one which represents fully as much the educational, hospital, licensing and other phases of this problem.

There is no reason for discussing in detail premedical training, residencies and other features. It is clear that the internship situation is one of the critical phases of medical training. We are all aware of the fact that many internships that have been approved by our national standardizing bodies are not educationally satisfactory and there has been a considerable tendency to increase the number of approved internships to parallel the number of graduates, in order that every graduate may have an internship. We have not always paid attention to the educational content of such training. Portions of the whole program are primarily within the jurisdiction of universities, some largely within the domain of the hospital, and others in the various fields of practice, and some, in fact, are under governmental regulations.

It is becoming increasingly apparent to those familiar with the situation there is need of coordination of the various phases of medical education and better definition of the responsibility of the various agencies, national and state agencies, universities, hospitals and professional bodies dealing with isolated and overlapping portions of the whole program, if medicine in this country is to meet fully its obligations. The logical conclusion from the present more or less unrelated and frequently overlapping efforts is to create some type of national coordinating body representative of the major interests involved in medical education and service in order that they may more effectively meet the new conditions and demands likely to be made upon us.

It is, therefore, the recommendation of the Executive Council that such a body be created from within our present organizations, made up of representatives of the universities, medical school, hospitals, practicing profession, specialty boards, state licensing bodies and public health agencies.

The functions of the proposed National Council on Medical Education, Licensure and Hospitals would be those of studying the major educational needs of American medicine, of mobilizing the best current opinions regarding the different phases of professional training at its several levels, of formulating adequate standards for these activities, and of advising regulatory bodies and governmental agencies on standards, methods, procedures and areas of action.

The National Council should delegate to existing organizations all administrative functions and endeavor to coordinate the efforts and simplify the procedures of the multiple agencies now in operation. A central clearing house, carrying influence and prestige by virtue of the knowledge and judgment of its personnel and the organizations it represents, and providing a suitable vehicle of our own creation for cooperation on matters dealing with all features of medical education, transcending the activities and interests of any single group or organization, would be of the greatest practical value to the

profession, the universities, the hospitals, the licensing bodies, and the future health program of the entire country.

That such a body is needed is widely appreciated in the country. It ought to be a representative body. The earlier discussion that has been activated, in part, by misunderstanding that this might become a governmental agency is, of course, beyond the realm of any consideration, and that has never been proposed.

There is at this time no organization in American medicine that represents these diversified interests that have been enumerated. I am as fully conscious, perhaps more conscious than many of you, of some of the difficulties likely to be encountered in setting up a program. It does not disturb me, in fact, because the need apparently is there. It is a difficult situation to work to work out. We all recognize that. The hope is based largely on getting the cooperation of these various groups.

A number of organizations have been approached. All of them have reported favorably. Some have appointed representatives, the American Hospital Association, the Federation of State Medical Boards, the American Surgical Association and the American College of Surgeons. Other organizations are taking the matter up in the next few months. It is clear to all those who have been talking about this Council idea, that it ought to go forward and get the support of all these organizations who are interested in medicine. There is a general agreement among other organizations that this Association should initiate the National Council.

DR. H. G. WEISKOTTEN (Syracuse University): It is not entirely clear to me whether favorable action would place the Association on record as favoring the formation of such a Council, or whether the recommendation involved the appointing of representatives to consider the formation of a National Council.

PRESIDENT CHESNEY: I believe it puts the Association on record as favoring the plan and empowers the President to call a meeting of representatives. What is the recommendation again, please?

DR. REES: "That the Association endorse the formation of a National Council on Medical Education, Licensure and Hospitals; that the Executive Council be empowered to appoint three representatives from this Association and that the President of the Association be authorized to call a meeting of representatives from other organizations to consider the formation of a National Council; that the organizations to be represented on this Council be as follows: ....."

REV. ALPHONSE M. SCHWITALLA (St. Louis University): Does that mean the associations to be invited to send delegates are "the following," or the representatives to be represented on the Council are the following?" In the forward part it is suggested that a meeting be called to consider the formation of a council, and then the recommendation says that the membership of the council is to be "the following," if I heard it correctly.

DR. REES: "That the organizations to be represented on this Council be as follows."

FATHER SCHWITALLA: Are those the ones to be invited to form it, "the formation of the council" — or to represent the group?

DR. REES: To form the Council, as I understand it.

DR. LANGLEY PORTER (University of California): Does that exclude any others? To say "twenty-four" members of the Council sounds as though it excludes everyone else.

DR. REES: Those are the formation members, and then it is up to those men how the Council is to be formed, and what other organizations are to be invited to representation.

It was regularly moved and seconded that the recommendation of the Executive Council be approved . . .

DR. C. SIDNEY BURWELL (Harvard University): The American Medical Association has a very distinguished history. I do not know that anything has been said about it.

DR. RAPPLEYE: None of these representatives can act officially in the Council until they have a meeting to organize, and the purpose of this proposal that these groups be invited in these proportions of representation to discuss, and if they approve to formulate a plan for the Council. The American Medical Association will be asked to have representatives at the National Council meeting to discuss the organization of the Council. It is conceivable, of course, that at that time everybody will agree that there should not be any such council. I have no idea of predicting that. The point is that there is a need for such an organization and everyone believes it ought to be set up.

No one has asked a question as to how the Council is going to be financed. You cannot finance something until you set it up, and that is the answer acceptable to the other organizations. I do not think you can talk about many of the details until we have come to a conclusion among ourselves at the initial conference that this is the thing we ought to try to do. No one is more conscious than I am of the monumental contributions which have been made to medical education by the American Medical Association. Many of us believe that the plan outlined could greatly fortify the program of the American Medical Association in relation to medical education at its various . . . . ., in which we all recognize there are unsatisfactory features.

I doubt if the universities or medical schools or hospitals or licensing bodies of the country can be expected to be responsible to the House of Delegates of the American Medical Association in the way of formal organization. There is no organization in the country today in which we can all, with equal and sovereign rights, discuss the problems of medical education and the inter-relationship within the field of medicine. A central advisory council is what we need in American medicine if we are constructively to help the Government or our hospitals and medical schools and universities in solving their problems. We have no coordinated viewpoint, no unified plan in American medicine today and no organization pretends to represent all phases of the program. That is what we are suggesting here.

DR. WEISKOTTEN: I am sorry—I realize I am in an embarrassing position but I still cannot see the situation entirely clearly. Is the Association endorsing a program that is not yet crystallized, and at the same time authorizing the appointment of representatives from this Association to consider the formation of something that we have endorsed in the first part of the recommendation?

DR. RAPPLEYE: It seems to me at this stage the only thing we can do is to endorse the principle of such a Council and its general objective, and then to appoint representatives to meet with representatives from other agencies to consider the proposal. Someone must call such a meeting, and it is the opinion of these other agencies that the Association of American Medical Colleges should call that early conference.

DR. WEISKOTTEN: Before definite action was taken, would the matter be referred back and considered again by the Association?

FATHER SCHWITALLA: Would it clarify the situation any if those who made and seconded the motion were to agree to break the motion up into two parts and vote on the basic principle that this Association approve in principal the organization of a National Council of the kind described by Dr. Rappleye, and then take care of the details in a second motion?

PRESIDENT CHESNEY: I will ask the gentleman who made the motion and the gentleman who seconded it, to answer the question, if they would be satisfied to withdraw the motion.

The maker of the motion and the second agreed to a withdrawal of the motion.

PRESIDENT CHESNEY: Now it is possible to make a new motion.

FATHER SCHWITALLA: I should like to move that the Association place itself on record as favoring the proposal to organize a National Council on Medical Education, Licensure and Hospitals.

. . . The motion was regularly seconded . . .

DR. TORALD SOLLMANN (Western Reserve University): Is it the will of the Association that such a council should have both executive and advisory functions? Is that what the motion would imply?

FATHER SCHWITALLA: I should like to have my motion interpreted in the light of Dr. Rappleye's proposal—an advisory council.

The question was called for. The motion carried.

DR. E. M. MACEWEN (State University of Iowa): I move the further approval of the Executive Council's recommendations on this item.

The motion was seconded and carried.

7. *Exhibit at the American Medical Association meeting in St. Louis in 1939.* The Council recommends that the Association

make an exhibit at the Annual Meeting of the American Medical Association to be held in St. Louis in 1939, this exhibit to be similar to the one made at previous meetings of the A.M.A.

Upon motion regularly made and seconded it was voted that the recommendation of the Council be adopted . . .

8. *The Journal*: Executive Council recommended a numerical increase in the bimonthly issues of the JOURNAL not to exceed 5,000 copies.

DR. REES: The Council feels that by increasing the issues of the Journal numerically, the advantages received from advertising will be greatly increased. Neither a small issue nor a bimonthly issue is considered a very good advertising medium. By increasing the number of copies to 5,000, we will be in a much better position for soliciting advertising, and we feel that a good deal of this extra cost will be taken up by increase in advertising.

Upon motion regularly made and seconded, it was voted to approve the recommendation of the Executive Council . . .

9. *The Medical Aptitude Test*: The Executive Council approved of the report submitted by the Chairman of the Aptitude Test Committee and concurred with the opinion of the Committee that supplementary tests be not given in the future. There shall be only one test each year although test for experimental purposes may be given if the Committee wishes to do so.

It was moved and seconded that the action of the Council be approved. The motion carried.

10. *Report of the Treasurer*: No action on the part of the Association required.

11. *Budget for 1938-1939*.

It was regularly moved and seconded that the report of the Executive Council on the Report of the Treasurer and that the budget for 1938-1939, as presented, be approved.

The motion carried.

PRESIDENT CHESNEY: All recommendations of the Executive Council are approved with the exception of two which were laid on the table. Now may we have a motion approving the entire report with those exceptions?

A motion to so approve was seconded and carried.

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m...  
DR. LANGLEY PORTER (University of California): I move that we as a body thank the inspectors who made these examinations of medical schools for their work, which is exacting and thankless.

FATHER SCHWITALLA: I second that motion.

. . . The motion was put to a vote and was carried.

PRESIDENT CHESNEY: On behalf of the Council I wish to express thanks for this action.

## Report of Committee on Educational Policies

The Committee on Educational Policies has met twice since the 1937 meeting of the Association in San Francisco.

The Executive Council of the Association requested the Committee to give consideration to the multiplicity of degrees offered by various universities for work done in public health. It was the opinion of the Committee that this matter should be considered primarily by the institutions conducting such courses, and as some of the institutions in question were not members of the Association of American Medical Colleges, it was the belief of the Committee that the matter should be considered by the American Public Health Association and by the Association of American Universities. Because it is generally recognized that public health is a phase of medical service, maintenance of high standards in public health practice is definitely the concern of medical education, and the Committee therefore,

Recommends to the Association that the Executive Council be empowered to communicate with the American Public Health Association and with the Association of American Universities, urging the simplification and unification of academic degrees which are now offered in public health, and further, that the Executive Council communicate to the above mentioned associations our belief that the degree of Doctor of Public Health be granted only to candidates who have received the degree of Doctor of Medicine.

The other matter which was carefully considered by the Committee pertained to educational phases of the hospital internship. It is generally recognized that the internship is part

49<sup>th</sup> anniversary

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of the basic medical training; therefore, it is of concern to this Association. It also is closely connected with the residency question which is intimately connected with medical education, and it is also an integral part of the service rendered by a hospital. It was believe, nevertheless, that this Association should take steps to emphasize the educational import of this period of training and the Committe therefore,—

Recommends to the Association that the Executive Council establish the essential educational requirements of a satisfactory hospital internship, and that at the earliest possible moment there be prepared a list of hospitals fulfilling these requirements.

*Respectfully submitted,*

(Signed)

C. Sidney Burwell

L. R. Chandler

Ewen W. MacEwen

John B. Youmans

F. L. Babbott, *Chairman*

On motion, duly seconded, the recommendations contained in this report were approved.

### Report of Representatives to the Advisory Board for Medical Specialties

**DR. RAPPLEYE:** I am glad to report as a representative of this Association, Dr. Ryerson and I being two representatives. I will report on four points. First, twelve American boards have been set up, and all are now functioning.

Second, a number of other groups have petitioned for approval of boards in different specialties, both to the Council of the American Medical Association and to the Advisory Board and, by the general terms of agreement of cooperation, between the Advisory Board and the Council of the American Medical Association, those matters have been considered more or less jointly and to date all of the requests for additional specialty boards have been referred back to one of the twelve existing boards. We are dealing entirely with the present existing twelve boards, which seems to be the wise way to do, and this is in complete agreement with the authorities of the American Medical Association.

There is no conflict of opinion there, but there is conflict of opinion within the various special groups as to which of them is entitled to special boards, and that is the matter the Council and the Advisory Board are wrestling with at the moment, and also with the question as to whether they should be subsidiary or affiliated bodies. We have been disposed not to make much distinction between the two but one of the organizations feels differently about it and we may have to straighten out that wording.

Third, I want to bring to your attention a matter of concern to all medical schools and which has been bothering us very much, as we near the dead line of 1942 when these requirements go into effect. You would be surprised to know that more than 12,000 men have already been certified by the various boards, out of a total list of about 29,000 men limiting their practice to specialties. The indications are that very shortly, about 20,000 men will be certified by these boards, indicating a very rapid growth in this field. There are some handicaps about that and we heard about some of them last night in a delightful way from our own President. Many of us have serious reservations about certain drifts in connection with this, and one of them is the growing tendency to prescribe an increasing amount of work in the medical sciences to be furnished by medical schools, a task which is imposing in many instances, and one which is unreasonable in some instances.

There is a tendency in some of the boards, particularly some of the older boards, and I am not singling out any of them, to really set up again, as we did twenty-five years ago, in undergraduate training, a rather didactic set of programs covering certain ground in these different specialties. It looks as though there is a tendency to repeat the error of twenty-five years ago in setting up undergraduate instruction. Many of the men on the board are men who have not done active teaching in the interim, and are still harking back to the days when they had that form of instruction. One of the problems which all of us are aware of is this one. We are trying to straighten it out gradually. Some of the items must be straightened out if we are going to function at all satisfactorily. Incidentally, that is one of the problems that overlap with our own National Council.

Fourth, is one activity which has grown out of the program of the Advisory Board. The Advisory Board was confronted with the question of trying to study the whole problem of graduate medicine, and with all the multiple agencies active in the field,



it seemed necessary to set up a commission or committee of that Advisory Board on graduate medical education, and we set it up so that we might go outside of the membership of the Advisory Board and select men from the various university disciplines and other fields of clinical medicine and hospital fields in order to widen the concept and point of view of the Advisory Board and bring to bear the experiences and ideas and judgment of some of the men not necessarily on the Advisory Board but representing many of these interests. Therefore, a Commission on Graduate Medical Education was created.

The first meeting of this group of about 20 was held in New York, Saturday. All but two members were present. We spent an entire day discussing many of the problems and focusing our attention primarily on the internship question, in relation to the problems of undergraduate training on the one hand of which it is a natural supplement, and the basic problem in the internship, providing for residencies in hospitals.

We will spend the next four months in discussing these items and see if we cannot present a constructive program dealing with this large problem of the internship which is the key to the whole scheme of graduate training per se. The other great problem we are confronted with is finding ways and means of continuing the education of men in practice, specialty or general, with which we are all familiar. Sixty-three programs for postgraduate education are now in existence. They are given by the state medical societies with twenty-three medical schools participating; sixteen are given by state health departments—in other words, there is a great movement going on throughout the country in this field and one of the things we are anxious about is setting up some device to dignify the man in family practice.

There is this overwhelming interest and stimulation and many regulations coming for the men in specialties, and a feeling on the part of many students that to be dignified and occupy a position of note they must be specialists. That is exceedingly unfortunate. The second problem we will work on in the next four to six months, in conference with various state agencies and others in the medical schools, is to see whether something can be contributed to the thinking in that field. Dr. R. C. Buerki, director of this study has traveled many thousand miles getting opinions and ideas. He has contacted seven hundred individuals by personal interview, which represents a tremendous job and contribution. Out of his study we are beginning to crystallize a

few of the problems. Our hope is to attack not more than four or five of the major interests of graduate medicine and concentrate on those, and not attempt to conduct surveys or bombard people with questionnaires, or interfere with the activity of the various groups such as the American College of Surgeons and the American Medical Association in their contacts with the colleges and schools but formulate some ideas on the whole problem.

Through your representatives on the Advisory Board, I think the medical schools are very thoroughly represented on the program and in the thinking in this field.

### UNFINISHED BUSINESS

C. SIDNEY BURWELL: I move a vote of thanks to the Syracuse Committee for this meeting which has been a great success and I am sure the Association is very grateful for it.

The motion was carried unanimously by a rising vote.

### AMENDMENTS TO THE CONSTITUTION AND BY-LAWS

DR. E. STANLEY RYERSON (University of Toronto): Two years ago, when we were considering the approval of applications for membership in the Association, and the status of various colleges in membership in the Association, the idea occurred to me that we should place on record some regulatory measure to give authority for the action being taken by the Association in regard to such matters.

Up to the present time that action has been taken as a result of custom, and for years the Association has been receiving applications, inspecting colleges, and approving of them, or otherwise, and nothing has appeared in the regulations.

These amendments now before you were presented to the Executive Council, and approved by that body, two years ago. They were overlooked last year.

The proposals are as follows:

The present Section 6 is to become Section 8, the wording to remain as it is.

The new Section 6 and Section 7 to read as follows:

Section 6. Any medical school or college in membership in the Association, which, on inspection, has been found not to ful-

fill adequately the conditions for membership in the Association, shall be placed on probation and be so recorded in the list of members of the Association.

Section 7. Any medical school or collegè which is a member "on probation," may be removed from probation and be restored to full membership or dropped from membership by the Executive Council, as warranted by the findings of an inspection, subject to the approval of the Association at a regular executive session.

There was considerable discussion on the adoption of these amendments. As finally approved, and adopted they read as follows:

Section 6.— Any medical school or college in membership in the Association, which, on inspection, has been found not to fulfill adequately the conditions for membership in the Association, may be placed on probation after a full hearing before the Executive Council, subject to the approval of the Association at a regular executive session, and be so recorded in the list of members of the Association.

Section 7.— Any medical school or college which is a member "on probation," may be removed from probation and restored to full membership or be dropped from membership by the Executive Council, after a full hearing before the Executive Council, as warranted by the findings of an inspection, subject to the approval of the Association at a regular executive session.

#### ELECTION OF OFFICERS FOR 1938-1939

DR. W. C. DAVISON, Chairman of the Nomination Committee, reported as follows:

*President-Elect:*

DR. RUSSELL H. OPPENHEIMER, Emory University

*Vice President:*

DR. W. S. LEATHERS, Vanderbilt University

*Secretary:*

DR. FRED C. ZAPFFE, Chicago

*Treasurer:*

DR. A. C. BACHMEYER, University of Chicago

*Executive Council (Two years):*

DR. JOHN P. BOWLER, Dartmouth College

DR. STANHOPE BAYNE-JONES, Yale University

PRESIDENT CHESNEY: Any nominations from the floor? There are none.

. . . It was regularly moved and seconded that the report of the Nominating Committee be approved. The motion carried.

PRESIDENT CHESNEY: I declare the nominees elected.

#### PLACE OF MEETING FOR 1939

SECRETARY ZAPFFE: I have an invitation from the University of Indiana, and from various organizations, including Chambers of Commerce, and officials of the Cities of Philadelphia and Detroit.

DR. ALFRED FRIEDLANDER: The President and Members of the University of Cincinnati College of Medicine extend a most cordial invitation for the 1939 meeting to convene in Cincinnati.

DR. B. D. MYERS (Indiana University): A few weeks ago I inquired whether any invitations had been received and found there were none. You have visited us and we enjoyed having you. We would enjoy having you again, but with our friends from Cincinnati in the field, we withdraw in favor of Cincinnati.

. . . It was moved and seconded that the 1939 meeting be held in Cincinnati. The motion carried. (*Applause*)

DR. CHESNEY: The Constitution states that the President shall serve until his successor has been elected and the successor has been elected. It is, therefore, my very pleasant duty to initiate an inauguration. Before I do so, I wish to thank the Association very much for its kindness in electing me to this high office. Will Dr. Chandler and Dr. Bachmeyer escort the new President to the Chair?

. . . President Rappleye took the Chair — *Applause*.

PRESIDENT RAPPLEYE: A motion to adjourn is in order.

. . . The motion was made, seconded, and carried. Thereupon the meeting adjourned at 10:30 o'clock P. M.

(Signed)

FRED C. ZAPFFE, Secretary

### THIRD DAY

*Wednesday, October 26, 1938*

The third session was held in the Hotel Onondaga and was convened by President Willard C. Rappleye, dean of Columbia University College of Physicians and Surgeons, at 9:45 A. M.

Dr. Alfred H. Washburn, Director Child Research Council of the University of Colorado, presented a paper entitled, "Child Research in a Medical School."

Dr. Charles A. Flood, Assistant Dean, Columbia University College of Physicians and Surgeons, followed with a paper entitled, "Clinical Clerkships for Undergraduate Students."

Dr. Reginald Fitz, Director of the Evans Memorial, Boston, and Wade Professor of Medicine Boston University School of Medicine, presented a paper entitled, "When and How Shall Interns be Appointed?"

The discussion on Dr. Fitz's paper was participated in by the following: Dr. Jean A. Curran, Long Island College of Medicine; Dr. Philip A. Shaffer, Washington University School of Medicine; Dr. Franklin E. Walton, Washington University School of Medicine; Dr. R. C. Buerki, Commission on Graduate Medicine, Advisory Board for Medical Studies; Dr. R. B. Allen, Wayne University School of Medicine; Dr. A. W. Stearns, Tufts College Medical School; Dr. Currier McEwen, New York University College of Medicine; Dr. W. S. Leathers, Vanderbilt University School of Medicine; Dr. Eben J. Carey, Marquette University School of Medicine; Dr. Alan M. Chesney, Johns Hopkins University School of Medicine; Dr. Willard C. Rappleye, Columbia University College of Physicians and Surgeons; Dr. Torald Sollmann, Western Reserve University School of Medicine; Dr. E. M. MacEwen, State University of Iowa College of Medicine; Dr. C. Sidney Burwell, Harvard University Medical School and Dr. E. Stanley Ryerson, University of Toronto Faculty of Medicine.

The next paper was read by Dr. Edward C. Hughes, Associate Professor of Obstetrics, Syracuse University College of Medicine. It was entitled, "Use of the Home Delivery Service in Syracuse in the Teaching of Obstetrics."

This paper was discussed by Drs. W. S. Leathers, Vanderbilt University School of Medicine; and, in closing, by Dr. Hughes.

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Dr. William Allan, Charlotte, North Carolina, presented the next paper, entitled, "Preventing Hereditary Diseases that Wreth Childhood."

This paper was discussed by Drs. C. Sidney Burwell, Harvard Medical School and Dr. S. I. Kornhauser, University of Louisville School of Medicine.

The final paper on the program was presented by Dr. Gideon S. Dodds, Professor of Histology and Embryology, West Virginia University School of Medicine. It was entitled, "Aptitude Scores, Premedical Grades and First Year Medical Grades During Six Years at West Virginia University."

This paper was discussed by Dr. Beverly Douglas, Vanderbilt University School of Medicine.

There being no further business to come before the Association, an adjournment, sine die, was taken at 1 P. M.

(Signed)

FRED C. ZAPFFE, *Secretary*

## Minutes of the Meeting of the Executive Council

*Held, October 26, 1938, in the Hotel Onondaga,  
Syracuse, New York*

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The Council was called to order by the chairman, Dr Rees, with the following members present: Maurice H. Rees; Willard C. Rappleye; Russell H. Oppenheimer; Alan M. Chesney, Loren R. Chandler, Waller S. Leathers. Absent: John P. Bowler and Stanhope Bayne-Jones. The secretary and treasurer were also present.

On motion, Dr. Rees was elected chairman of the Council for the ensuing year.

The next item of business was the appointment of committees. The following appointments were made:

*Committee On Educational Policies.*— E. Stanley Ryerson, chairman, succeeding Frank L. Babbott, resigned; C. Sidney Burwell; Loren R. Chandler; John R. Youmans; E. W. MacEwen.

*Committee on Aptitude Test.*— W. R. Bloor, chairman, succeeding Edw. S. Thorpe who resigned from the chairmanship but retains membership on the committee until 1939; W. R. Bloor was reappointed for a five year term. The other members of the committee are: Worth Hale, term expires, 1940; Paul R. Cannon, term expires, 1941; H. E. Jordan, term expires, 1942.

*Committee on Internships.*— Fred C. Zapffe, chairman; A. C. Bachmeyer; Willard C. Rappleye.

*Representatives on Advisory Board for Medical Specialties.* Willard C. Rappleye; E. Stanley Ryerson.

*Representative to Federation of State Medical Boards.*— Fred C. Zapffe.

*Representatives to join with Representatives from other Interested Organizations to Consider the Formation of a National Council on Medical Education, Licensure and Hospitals.*— Willard C. Rappleye; Wm. S. Middleton; Maurice H. Rees.

The Secretary transmitted a demand made by the dean of Georgetown University School of Medicine that all reference to the proposal made by the Executive Council in the executive session that this school be placed on probation and the subsequent action of the Association tabling this recommendation be deleted from the minutes of the executive session.

Lacking authority to accede to this demand, the Council decided that it is powerless to take any action.

In the matter of future inspections of member colleges, the Council authorized the inspectors for the Association to discuss their findings with the authorities of the college inspected. As soon as possible after an inspection, a report on the findings must be submitted to the Executive Council. If the Council approves of an unfavorable report, a copy of the report must be sent to the college inspected with an invitation to appear before the Council at its next regular meeting for discussion of the report. After such discussion, the Council will take such action as is deemed necessary and report thereon at the next executive session of the Association.

The secretary was authorized to send a copy of the report made to the Council by the inspectors to Georgetown University School of Medicine and Loyola University School of Medicine and ordered a reinspection of Loyola by three inspectors representing the Association. Dr. Chandler consented to accompany Drs. Oppenheimer and Zapffe, who made the first inspection, on this second inspection which is to be made prior to the February, 1939, meeting of the Council in order that Loyola may have an opportunity to discuss the findings of the inspectors, if adverse, at that time.

*The Council then adjourned.*

(Signed)

FRED C. ZAPFFE, *Secretary*