

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

MINUTES
OF THE PROCEEDINGS
of the
FIFTIETH ANNUAL MEETING
Held in
CINCINNATI, OHIO
OCTOBER 23, 25 and 26, 1939



Office of the Secretary
Five South Wabash Avenue
Chicago, Illinois

FIRST DAY

Monday, October 23, 1939

The Fiftieth Annual Meeting of the Association of American Medical Colleges convened in the Netherland Plaza Hotel, Cincinnati, Ohio, at 10:10 A. M., the President, Dr. Willard C. Rappleye, of Columbia University, New York, N. Y., presiding.

PRESIDENT RAPPLEYE: We are assembling here today under certain unfortunate circumstances in the fact that Dr. Alfred Friedlander, dean of the College of Medicine of the University of Cincinnati, who was to be our host, passed away during the year. It seems to me entirely appropriate and fitting that we rise for a moment in tribute to the memory of our colleague.

The audience stood a few moments in silent tribute to Dr. Friedlander.

Dr. Stanley Dorst, acting dean of the College of Medicine of the University of Cincinnati, announced the arrangements made by the local committee for the meeting. These included visits to the College and its affiliated teaching hospitals, a tour through the city, a tea given by Mrs. Alfred Friedlander, luncheons at the University of Cincinnati on Monday and Tuesday.

The first paper on the program was read by Dr. R. C. Buerki, Director of Study of the Commission on Graduate Medical Education. It was entitled, "Internships and Residencies."

The discussion on this paper was opened by Dr. William Pepper, University of Pennsylvania; Dr. Raymond B. Allen, University of Illinois; Dr. Jean A. Curran, Long Island College of Medicine; Dr. Basil C. MacLean, Strong Memorial Hospital, Rochester, N. Y. and Dr. F. G. Carter, St. Luke's Hospital, Cleveland.

It was continued by Drs. Willard C. Rappleye, Columbia University; Dr. R. H. Oppenheimer, Emory University; Frederick J. von Rapp, Hahemann Medical College; Harold S. Diehl, University of Minnesota; L. R. Chandler, Stanford University; Wallace R. Yater, Georgetown University; Louis B. Wilson, Mayo Foundation; A. C. Bachmeyer, University of Chicago; Fred C. Zapffe, Chicago; E. S. Ryerson, University of Toronto; Stanhope Bayne-Jones, Yale University and R. C. Buerki in closing.

The session adjourned at 12:30 o'clock.

DINNER MEETING

At 7:30 p. m., the delegates, visitors, members and friends of the faculty of the College of Medicine University of Cincinnati, met together at dinner in the Netherland Plaza. Dr. Stanley Dorst presided. Entertainment was furnished by the Cincinnati Choral Society. It added much to the enjoyment of the evening.

The president of the University of Cincinnati, Mr. Raymond A. Walters, welcomed the Association to Cincinnati and spoke briefly on a number of topics of interest to those present.

The president of the Association, Dr. Willard C. Rappleye, delivered his presidential address, entitled, "The Challenge to Medical Education."

The evening was a most enjoyable one. Three hundred and fourteen persons were present.

SECOND DAY

Tuesday, October 24, 1939

The session convened at 9:50 a. m. with the president, Dr. Rappleye in the Chair.

Dr. Dorst made additional announcements concerning the arrangements for the day.

The Secretary, Dr. Zapffe, announced that the amendment to the constitution, proposing an increase in the annual dues, presented by the University of Pittsburgh School of Medicine, had been withdrawn and would not, therefore, come up for discussion at the executive session.

The first paper on the day's program was presented by Dr. Walter Bauer, Associate Professor and Tutor in Medicine, Harvard Medical School. It was entitled, "The Tutorial System in the Harvard Medical School."

The discussion on this paper was participated in by Drs. Alan M. Chesney, Johns Hopkins University; Currier McEwen, New York University; William S. Ladd, Cornell University; Robert U. Patterson, University of Oklahoma and Dr. Bauer, in closing.

The following symposium on "Graduate Medical Education" was presented:

"Graduate Medical Education"—W. H. Welker, Professor of Biochemistry and Secretary of the Committee on Graduate Work, University of Illinois College of Medicine.

"Graduate Training in Internal Medicine in a Municipal Hospital"—Marion Blankenhorn, Professor of Medicine, University of Cincinnati College of Medicine.

"Graduate Training in Pediatrics at the University of Cincinnati"—A. Graeme Mitchell, Professor of Pediatrics.

"The Training of Surgeons: Method in Use at the Cincinnati General Hospital"—Dr. Mont R. Reid, Professor of Surgery, University of Cincinnati.

Complements to Dr. Reid's paper were presented by Drs. M. M. Zininger, Louis G. Hermann, William Doughty, James Stevenson and Burr N. Carter, all members of Dr. Reid's department of surgery and participants in the graduate program in surgery.

Dr. O. W. Hyman, dean University of Tennessee College of Medicine, followed with a paper entitled, "Further Attempts to Improve Methods of Selecting Medical Students."

At this juncture, the Chair appointed the following Nominating Committee: Drs. W. S. McEllroy, University of Pittsburgh; E. M. Mac Ewen, State University of Iowa and E. S. Ryerson, University of Toronto. The committee was instructed to report at the executive session to be held later in the day, at 8 o'clock.

The meeting adjourned at 12:30 o'clock.

EXECUTIVE SESSION

Tuesday Evening, October 24, 1939

The Executive Session of the Fiftieth Annual Meeting of the Association of American Medical Colleges convened at 8:25 a. m. in the Netherland Plaza Hotel, Cincinnati, Ohio, the President, Dr. Willard C. Rappleye, presiding.

ROLL CALL

The Secretary announced that the following member colleges (80) were represented by one or more delegates (136).

University of Alabama School of Medicine, College of Medical Evangelists, Loma Linda and Los Angeles; Stanford University School of Medicine, University of California Medical School, Southern California School of Medicine, Queen's University Faculty of Medicine, University of Alberta Faculty of Medicine, University of Toronto Faculty of Medicine, University of Western Ontario Medical School, University of Colorado School of Medicine, Yale University School of Medicine, George Washington University School of Medicine, Georgetown University School of Medicine, Emory University School of Medicine, University of Georgia School of Medicine, Loyola University School of Medicine, Northwestern University Medical School, University of Chicago Medical Schools, University of Illinois College of Medicine, Indiana University School of Medicine, State University of Iowa College of Medicine, University of Kansas School of Medicine, University of Louisville School of Medicine, Louisiana State University School of Medicine, Tulane University of Louisiana School of Medicine, Johns Hopkins University School of Medicine, University of Maryland School of Medicine, Boston University School of Medicine, Harvard Medical School, Tufts College Medical School, University of Michigan Medical School, Wayne University College of Medicine, University of Minnesota Medical School, University of Minnesota Graduate School, Medical Department (Mayo Foundation); University of Mississippi School of Medicine, St. Louis University School of Medicine, University of Missouri School of Medicine, Washington University School of Medicine, Creighton University School of Medicine, University of Nebraska College of Medicine, Dartmouth Medical School, Albany Medical College, Columbia University College of Physicians and Surgeons

and New York Post Graduate Medical School, Cornell University Medical College, Long Island College of Medicine, New York Medical College and Flower Hospital, New York University College of Medicine, Syracuse University College of Medicine, University of Buffalo School of Medicine, University off Rochester School of Medicine, Duke University School of Medicine, University of North Carolina School of Medicine, Wake Forest College School of Medicine, Ohio State University College of Medicine, University of Cincinnati College of Medicine, Western Reserve University School of Medicine, University of Oklahoma School of Medicine, Hahnemann Medical College and Hospital, Jefferson Medical College, Temple University School of Medicine, University of Pennsylvania School of Medicine and Graduate School of Medicine, University of Pittsburgh School of Medicine, Woman's Medical College of Pennsylvania, Medical College of the State of South Carolina, University of South Dakota School of Medicine, Meharry Medical College, University of Tennessee College of Medicine, Vanderbilt University School of Medicine, Baylor University College of Medicine, University of Texas Department of Medicine, University of Utah School of Medicine, University of Vermont College of Medicine, Medical College of Virginia University of Virginia Department of Medicine, West Virginia University School of Medicine, Marquette University School of Medicine, University of Wisconsin Medical School.

The total registration at the meeting exceeded 200 delegates from member colleges and representatives of many organizations interested in medical education.

Report of the Secretary

Mr. President and Delegates: I have been in touch with you during the year in many ways. I have sent you the News Bulletin with information which I hope you have read. It is information that cannot be printed in the JOURNAL.

MEMBERSHIP

The membership of the Association is, as it was last year, 85 colleges. I know the Treasurer is already making a mental reservation that there are only 83 colleges because I sent him dues for only 83, but by a resolution adopted many years ago,

the colleges that have a graduate school as well as an undergraduate school pay only one annual due. The two in that class are Columbia University and the University of Pennsylvania.

ACTIVITIES

During the year the Association has been more than usually active. It is impossible to give you a word picture of the activities of the Association. That you could only get by coming to headquarters and spending a week. Some of you have visited headquarters, not as many as I wish had done so. It is a very busy place. Three of us are working at top speed for twelve months in the year. There are many things that we have to do of which you have no knowledge.

Our mail, the mail men in the building tell me, is the heaviest mail that comes into the building. It is a 22-story building and it is well filled with all sorts of business houses, doctors offices and the headquarters of the Association of American Medical Colleges.

I have read several reports of secretaries in which they have itemized the number of pieces of mail that have come into the office. That is one statistical study I have never made. The result, doubtless, would be an astonishing one.

There is so much mail that comes from many sources, the colleges, various organizations, universities, licensing boards, individuals, all asking for information which can be supplied only by your Association. We have more information at headquarters on everything that pertains to your individual medical schools than you have yourself, as many of you know when you get letters from me telling you of some repeater whom you have in your midst of whom you had no information.

The application study, the study of accomplishment, everything that we do has a definite object. I am extremely grateful to all of you for the information that you have given us. Perhaps, often it is an arduous task for your office staff to supply that information, but I assure you that none of it is wasted. Some of you may never have had occasion to make use of that information, but those of you who have, know that it is well worth while. We do not try to do anything that has not value. We do not try to do anything that may not serve a purpose for you in some way at some time.

The student register which we keep is the only one of the kind in existence. We have a card on every medical student in the country. It is a scholastic record, not a biographical record, which tells where he came from, what he did, where he went to medical school, what he did, what happened to him.

INSPECTIONS

The Executive Council last year ordered the inspections of some medical schools. We are gradually trying to cover the country. We do not like to call them inspections; we prefer to call them visits. From the information that has come to me from the schools that have been visited, the visits have been well worth while. Two of us go. We spend plenty of time. We try not to miss anything and think I am safe in saying that we do not miss anything. We try to be helpful. We may criticize but we always offer a solution. In every school that has been visited, I feel confident that the visit has been productive of a great deal of good. If you have not been visited yet, have patience. We will visit you eventually.

During the year we visited Baylor, Tennessee, Ohio, Pittsburgh, Albany, Vermont. We also visited, by request, Missouri, Alberta, Western Ontario, Louisiana, Boston, which makes quite a full year, if you will remember that there is work to be done at headquarters. Each of these colleges has received a full report on the visit.

Last year the Executive Council authorized the submission of reports on inspections as soon after the inspection as it was possible to write up the report. So that every college that has been visited has received a full and complete report on the visit.

JOURNAL

The Journal, of course, you know about. We are now publishing, since the action of the Association last year, 5,000 copies of the Journal for each issue. Only about 75 of these copies are not actually distributed through the mails. Each copy of the JOURNAL reaches an individual. We do not send out any bundle. We send a copy to each man whose name you have given us to place on the mailing list. We try to keep this list alive by watching all of the journals that come into the office by exchange, numbering about 75, for deaths, resignations, promotions, new appointments.

During the years the colleges have more and more taken it on themselves to send information into the office to be published in the News of Colleges portion of the Journal, so that we pride ourselves on this. Whatever is published as news on the colleges in the Journal is authentic; it is not taken from any clip sheet. It comes mostly direct.

! ADVERTISING

During the past year, having become very much dissatisfied with the activities of the agency that was serving as an advertising agency for us, I withdrew that privilege and took it on myself to solicit advertising. I had been convinced for a long time that we did not have as much advertising in the JOURNAL as we should have. I felt that the reason was that those who should advertise in the JOURNAL were not aware of what the JOURNAL really stood for. Inside of sixty days I was fortunate enough in getting nearly \$1,000 of additional advertising. I am quite certain that within the next thirty days I will have another \$1,000.

I do not like that job. They tell me I am a salesman, but it is very difficult to get advertising. However, I felt that it would help the JOURNAL if we could get the advertising that we should have in order to reduce the cost of publication to the Association.

STUDY OF APPLICANTS

The study of applicants entails on your office staff quite a bit of work. To some of you it seems to be useless; to some of you it has been a valuable study. Each year more and more colleges are asking for the application record of their freshmen students. I should think, if I were a dean, that I would like to know who in my class might have made, as was the case last year, forty-five applications to as many medical schools and succeeded finally in getting into my school.

This application study at the present time will probably prove of great value to you because of the situation that has been created by the war in Europe, when so many American students who are studying in the extramural schools of Scotland are unable to return there for study because the Department of State in Washington refuses to give them passports. You have all had an immense amount of mail from these students. I dare say that I have had more than any of you have had, because I have got a stack that easily approaches a foot in height.

If you should want to know whether any of these students had ever applied to any of our medical schools and been refused admission, we can give you that information through the application cards. Some of these students have waited on me as a committee, others have written. We have gone to this file and we found, for example, that one man who poses as chairman of the student committee made nine applications in one year, nineteen in the second year and failed of acceptance. Another one made ten and four; another one made nine and five. I think that information will have tremendous value for you.

Aside from that, we use that file in many ways. Never a day passes that we do not have to make use of that file to answer some question that is asked by someone. Has this man ever applied to a medical school before? He says "no" to you. Our file shows whether he has or not. He comes to you and he tells you that he has never been in a medical school before. Our file will tell you whether he has or not, as quite a few of you know who have received letters from me, appraising you of a repeater who has entered your school on false pretenses. It is not a useless study.

STUDENT ACCOMPLISHMENT

The records you send of your student accomplishment may not impress you as being very much worth while, but I assure you that the universities and colleges from which these students come make much use of those reports. During the past year, I have been beset by requests from these colleges and their national organizations to furnish them with a report of all the students from all the 600 colleges that are represented each year in the freshman class, so that they may see how the work of their student compares with that of the students from some other school.

Each year we send to every one of these 600 colleges a report on their students. Some of you have done that for your own school, but we do it for all schools. In return we ask these colleges to tell us how these students stood in the colleges by thirds and the result of that information is given to you in the JOURNAL where we correlate the accomplishment in the college with the accomplishment in the medical school. The colleges want this information. There is no other way to get it. We have it; nobody else has it.

ADVISORY COUNCIL ON MEDICAL EDUCATION

You will remember that last year the Association authorized the organization of an Advisory Council on Medical Education. That Council was organized and went to proceed to business. You will hear a report on that later.

AMERICAN MEDICAL EXHIBIT

By authorization of the Association last year, we made an exhibit at the American Medical Association meeting in St. Louis last May. The exhibit consisted of charts giving information on all of these and many other items of interest that I have not mentioned. We kept account of the number of persons who stopped to look at that exhibit and it was extremely interesting to me when I found that nearly 1000 of those who were in attendance at that meeting viewed the exhibit and expressed interest. One thousand may not seem like very many to you, but remember that when the doctor gets his diploma from you, his M. D. degree, and his license to practice, he is, as a rule, no longer interested in anything that pertains to medical education. He is through. It is just like when he passes his anatomy and his physiology and he can go on to something else. So the fact that 1,000 persons were interested in the Exhibit is of great interest.

I think the exhibit was a missionary effort of great value, yet it does not reach everybody. Within the month, I received a set of resolutions from an American Legion post in Los Angeles, headed by a commander who is a physician, in which the medical schools of the country were appealed to to accept more students than they are now taking. He said that only 20 per cent of the applicants to medical school were actually accepted. It was a source of gratification to me to be able to send him a report of the study on applicants which showed very conclusively that 52 per cent of all applicants were accepted.

There is so much misinformation on so many points that the Association is in a position to correct that every I feel more and more that the Association is doing a very fine piece of work; that with the information you are furnishing it is possible to correct many misconceptions.

COMMITTEE ON INTERNSHIPS

At the February meeting of the Executive Council, as I told you yesterday in the remarks I made following the reading

of Dr. Buerki's paper, there was appointed an Intern Committee to study the question of internships. You heard what I said yesterday morning. Therefore, it will not be necessary for me to burden you with anything further on that point. The Executive Council has continued the Committee and it will go on with its study during the year and be able to furnish more information which will be helpful in solving, I hope, all of the problems connected with an internship.

The participating hospitals were advised of the result of the study. There have come many acknowledgments from these hospitals, appreciating the information and confirming previous letters that they would support the Association in any activity that it might conduct with relation to the internship.

DEATHS

It is with regret that I have to report during the year, as I must unfortunately report every year, the deaths of some of our deans: Dr. James C. Flippin, of the University of Virginia, who attended the meetings of the Association with great regularity, and was very much interested in what the Association was trying to do. Dr. Alfred Friedlander of the University of Cincinnati, about whom Dr. Dorst spoke so well and so feelingly last night has also passed from our midst. Dr. Harold Rypins, although not a dean, was an enthusiastic and stimulating attendant at our meetings for many years.

We at headquarters can, more than you, take cognizance of the changes that are going on year after year in deanships. It just keeps us worried to have to cross off the name of a dean and put in a new one. I wish the colleges would not change deans so often. It is hard to keep track of deans. We want to know who is dean so that whatever information we may send out will reach the right man.

ABSTRACTS OF PAPERS

In connection with a program for the meeting this year, I tried a new stunt. I sent each of the deans an abstract of papers to be read at this meeting. Unfortunately, the abstract from Dr. Bauer did not reach me in time to be used, but you had the abstracts on the remaining ten papers on the program. I hope that these abstracts were helpful, because I should not want to continue the effort of they were not of service to you. It is not so easy to get an author to submit an abstract because his paper may not be written by the time of the meeting.

THE ASSOCIATION

I would like to talk to you a long, long time about the work of the Association. I have to live it; I do live it. It occupies all my waking moments in and out of bed. There is so much that happens that has to be taken care of. There are so many things that have to be done of which I really cannot tell you because it would take too much time. Those of you who keep in touch with the office during the year know what we are doing.

I can only say that if you would visit the office whenever you are in Chiago, and many of you are in Chicago and never visit the office, and let us show you what your headquarters really are, you would find it is not a little bit of an office; it is a big office. We have 1200 square feet and it is filled with all sorts of information of which I am sure you would be glad to know something.

Incidentally, I would be very proud to have you see my beautiful garden in that office. I have plants from all over the country, and I am sure that if you were not interested in another thing in that office, if you just same up and saw my garden it would make you feel better. It makes me feel good every time I step into the office.

PHOTOGRAPHS OF PAST PRESIDENTS

Incidentally, you would be interested to see the collection of photographs that I have of past presidents of the Association. I have all of the photographs of every president of the Association except one, and he is still living. When I look at those photographs, it arouses memories because I have served under most of these men. There are only fifteen men alive of the many who have served this Association as president from the beginning. It is a most interesting collection of photographs, men who have been prominent in the profession, outstanding, Sir William Osler, Nathaniel Smith Davis, the founder of the American Medical Association, many men who have been outstanding in their field during their lifetime, and among the living are men who are still outstanding in their field today. It is an interesting collection and it gives you more of the spiritual feeling of the history of medical education than can be conceived.

HISTORY OF ASSOCIATION

I have been importuned for many years to write a history of the Association because I alone can give the sidelights that are

most interesting. I have started it. It is a very difficult job, because it is interwoven with a great deal of sadness because of the men about whom I have to write who have been prominent, who have been active in the affairs of the Association and who have passed on. Nevertheless, I feel that that is one of the duties that is imposed on me and that I ought to fulfill it. If I do not do it, no one will ever be able to do it.

Gentlemen, I feel that this is the greatest organization of its kind in the world. There is none greater. There is none that is doing the work that this Association is doing. We are not duplicating the activity of any other organization. We are doing work that no other organization is doing. We have great influence in the field of medical education and in education in general. I am very happy to say that we have the whole-hearted support of every kind of organization or of individuals who have any interest or any contact with medical education.

As I go around and visit the schools, interview the presidents, I am always made to feel happy that this Association is appreciated and that we are always welcome whenever we visit any institution.

(Signed) FRED. C. ZAPFFE

PRESIDENT RAPPLEYE: You have just heard the report of the Secretary. I believe it is in order to adopt a vote approving this report, and may I add perhaps including in that a resolution thanking Dr. Zapffe for his many multitudinous duties and the way he is performing them in the best interests of the medical schools of the country.

It was regularly moved, seconded and carried unanimously that the Secretary's report be adopted and a vote of thanks be extended to him as suggested by the President.

Report of Executive Council

The report of the Executive Council was presented by the chairman, Dr. Maurice H. Rees. The items in the report demanding action by the Association were acted on separately. The actions taken follow the report seriatim.

INSPECTIONS—During the past year, the following medical colleges were visited on order of the Council: University of Tennessee, Baylor University, University of Ohio, University of

Pittsburgh, Albany Medical College, University of Vermont. By request Loyola University School of Medicine was visited by Drs. Chandler, Oppenheimer and Zapffe. The other colleges were visited by two men chosen by the Council: Tennessee and Baylor by Drs. Rees and Zapffe; Ohio and Pittsburgh by Drs. Bachmeyer and Zapffe; Albany and Vermont by Drs. Bowler and Zapffe.

In each case, a copy of the inspection report was filed with the Council and a copy was sent to the college visited. The findings of the Inspectors were such that the reports were accepted by the Council without recommendation as to change in status of the school. Therefore, no recommendation is to be made by the Council to the Association for action.

Reports were made to the Council by Creighton University and by Georgetown University. These reports gave information of changes made by these schools since the previous visit by representatives of the Association, reports on these inspections having been sent to the two schools. In both cases it was evident that serious consideration had been given to the criticisms contained in the report and that good progress has been made to overcome them. The spirit of cooperation shown is recommended by the Council.

INTERNSHIPS: The Council recommends that the Association assume responsibility for the approval of internships at an adequate educational level and that the Executive Council be authorized to proceed with the formulation of minimum educational standards of an acceptable internship and to prepare a list of hospitals meeting these standards. The Council wishes to have it understood that any activity in this direction cannot be concluded in a short period of time; that in all probability it will be a matter of years before the end aimed at will be reached, but it asks for authority to begin the activity by laying plans for its initiation.

At the February, 1939, meeting of the Council, a committee on internships was appointed: Drs. Bachmeyer, Buerki and Zapffe. The member colleges have been advised through the News Bulletin, as well as in the JOURNAL, of the work of this committee and also of the results of its activity. These have been most promising of eventually reaching the objectives set up by the committee and the Council. Therefore, the committee has been continued and instructed to carry on its work.

AMERICAN MEDICAL STUDENTS IN SCOTTISH MEDICAL SCHOOLS—The plight of the Americans who are attending the Scottish schools of medicine is known to all. The Council has given the matter careful consideration, and:

It is the opinion of the Executive Council that the admission of Americans unable to return to study of medicine in European medical schools is a matter to be decided by the individual medical colleges in this country to which they may apply, and that such applicants be considered on their individual merits and by complying with the rules of the college governing the admission of students without precedent or prejudice. The Council suggests that one of the factors on which acceptance be based be the passing of a practical examination in the medical sciences.

PREVENTIVE MEDICINE AND PUBLIC HEALTH—A request was received from Dr. Leathers, chairman of a committee of the American Public Health Association than the Association of American Medical Colleges participate in a movement to improve teaching in public health and preventive medicine to the end that a larger number of well trained physicians may be available to serve as health officers.

The Executive Council approved of the appointment of a committee to cooperate with the American Public Health Association in formulating a program for the education of undergraduate medical students in preventive medicine and public health.

The Council appointed as members of this committee Drs. Henry S. Mustard of New York University; Dr. John Gordon of Harvard University and Dr. Chas. E. Smith of Stanford University.

ADVISORY COUNCIL ON MEDICAL EDUCATION—The representatives from the Association of American Medical Colleges on this council are: Drs. W. C. Rappleye, Maurice H. Rees and W. S. Middleton. The Executive Council has appointed as alternates, Drs. R. H. Oppenheimer A. C. Bachmeyer and C. Sidney Burwell.

TREASURER'S REPORT—The treasurer, Dr. Bachmeyer, presented his report for the year and it was accepted. The report will be published in full in the official minutes of the Association of which every member college receives a copy.

BUDGET FOR 1939-1940—The following budget for the ensuing year was adopted:

INCOME (Estimated)

Dues	\$12,450.00	
Journal advertising	1,800.00	
Journal sales and subscriptions	175.00	
Aptitude tests	10,500.00	\$24,925.00
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Underwriting from reserve funds		3,525.00
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		\$28,450.00

EXPENSE:

Association office—Salaries		\$ 9,300.00
Secretary	6,600.00	
Stenographer	1,500.00	
Clerk	1,200.00	
General expense		\$ 2,825.00
Rent	2,000.00	
Stationery & Printing	375.00	
Postage	225.00	
Telephone & electricity	150.00	
Bond	25.00	
Equipment	50.00	
Miscellaneous	100.00	
Treasurer's Office		\$ 225.00
Bookkeeper	50.00	
Clerk	50.00	
Bond	50.00	
Audit	25.00	
Postage & Miscellaneous	50.00	
Journal		\$ 5,000.00
Publication	4,800.00	
Postage	200.00	
Travel		\$ 1,000.00
Annual meeting expense		500.00
American Council on Education		100.00
Contingency		1,000.00
Committee on Medical Aptitude Test		8,400.00
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TOTAL		\$28,450.00

**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, Post- age Miscellaneous	800.00
4.	Travel	350.00
5.	Equipment	250.00
TOTAL		\$8,400.00

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

MISCELLANEOUS BUSINESS—Numerous items of miscellaneous interest were considered by the Council and disposition made of them. Inasmuch as these items do not require any official action by the Association, they need not be enumerated at this time. They will appear in the official minutes of the Council where they may be read by anyone interested in them if desired.

REPORTS OF COMMITTEES—Inasmuch as the committees which reported on their activities to the Council will report at this executive session by representatives of these committees, the Council will not take up time by reporting on them.

COMMITTEE ON APTITUDE TEST—In the absence of a representative of this committee, no report was made. A budget was submitted and was adopted by the Council. It is incorporated in the Association budget which was presented a few minutes ago. The committee will continue its activities as heretofore with the approval of the Council.

(Signed) Maurice H. Rees, *Chairman*
L. R. Chandler
W. C. Rappleye
Alan M. Chesney
R. H. Oppenheimer
John P. Bowler
Stanhope Bayne-Jones
W. S. Leathers

INTERNSHIPS—Dr. Rees moved that the recommendation regarding internships—the formulation of a minimum educational standard, be adopted.

The motion was seconded and carried.

AMERICAN STUDENTS IN SCOTTISH MEDICAL SCHOOLS—Dr. Rees suggested that President Rappleye may wish to make some remarks on this subject before any action was taken by the Association.

DR. RAPPLEYE: This is an invitation for me to explain why a report was written by me on these schools, although it has been said that I did not visit them! (Laughter). There are some questions perhaps that some of you might ask and I am prepared to try to answer them.

In the first place, no inspection of any of these institutions was made by me. I think one source of confusion in the minds of those who have replied to the inquiries of the students abroad is the fact that an inspection in Great Britain is a technical term. It is rather a formal procedure which can be indulged in only once every seven years under proper authority of the British Medical Council under the Medical Act Amendment of 1886. So that strictly speaking there cannot be an inspection in Great Britain of any medical school except on the regulations of the Privy Council or the General Medical Council.

As a matter of fact, it goes further than that, because in Great Britain they are not allowed to inspect a medical school. You may inspect examinations and visit examinations but you may not inspect a medical school, or a hospital for that matter, if it is a teaching hospital. So that I think the term "inspection" used in some of these comments meant not as we mean it in this country. It really was visit.

I have before me the report I made to the New York Board on my return from Scotland, I believe copies of this report have been sent to you by the Council on Medical Education and Hospitals of the American Medical Association. Dr. Cutter sent you the report merely for your information.

This report has not yet been given any recognition by the State of New York, because the New York Board has taken its action not on the basis of an inspection but on data supplied by a visit, that visiting having been made by a member of the Medical Council of the State of New York, namely, myself.

I tried to emphasize two or three things in this report. One was the question of the qualifications of the students that had applied for admission. That has been gone over in part by Dr. Zapffe. Many of these students had applied to many medical schools in the United States and had not been accepted.

The second point that seemed important to us was the fact that the medical science instruction and facilities and personnel were quite inadequate. I think anyone who has seen those schools would unquestionably have the same feeling.

A great deal is made in the literature now being sent to all deans regarding, in part, the recognition of the universities of training in the extramural schools. Since the law of 1847, in Edinburgh, for example, the university must recognize the training in the extramural schools to the extent of two full years credit. But at the present time, the only students recognized by the University in Edinburgh, that is, the training of these individuals in the extramural schools, are the students that have been failed first in the University of Edinburgh. That is also true at Glasgow.

There are a number of angles that we went into as a matter of interest as to organization of these schools. For example, the one in Edinburgh the governing board of the school, as pointed out in this report, is made up entirely of the members of the Royal College, a selected group of five of the Royal College and five of the staff run the school and collect all the fees. All the tuition fees for the science courses go to the teachers in these subjects. It is, in a strict sense, a proprietary medical school. These instructors rent the space; they must buy their own equipment and supply it as one would with perhaps meager income, although the income is quite large at the moment. In the clinical courses, they receive the fees from the students in the various hospitals in the usual way by selling these student tickets at the various infirmaries and those fees go entirely to the members of the staff.

I will not go into details of the report, because it is before you, but I call attention to several of these items. I think the important point I want to bring out is the fact that in this report we made very clear, that the clinical instruction is in the Royal Infirmary, that is, in Edinburgh, and corresponds in most essentials with that provided for the students of the University of Edinburgh.

From that point on, we went no further, I did not visit any of these hospitals except several of the royal infirmaries and other hospitals that I wanted so see as a matter of curiosity. But that had nothing to do with the report. We dismissed all clinical instructions with that comment. We did that in each school because of the fact that the clinical instruction in these extramural schools is in all essential details identical with that of the university because the students are all mixed, both from the outside schools and the universities, in the various teaching hospitals.

So that these students' comments about my not having visited this list of hospitals that has been presented to each of you is absolutely true. I was not there. These men had never seen me.

There is a comment, however, from Dr. Orr, purporting to state I had been in Edinburgh one hour. As a matter of fact Mrs. Rappleye and I spent four days with Dr. and Mrs. Orr in his own home and we spent all those four days talking and visiting the institutions with him. He showed me everything that could be seen medically in Edinburgh in four days. We went from the top to the basement of his own school. I saw all the teaching sections that were then in action. I talked to the members of practically every department, saw what was going on and talked more particularly to a large number of the men in the Royal Colleges and in the General Medical Council, in the Ministry of Health, the Conjoint Board, the Triple Qualification Board and a number of other people who knew a great deal about the actual operation of these institutions in Great Britain by many years of experience and contact with them. So, in part, we are quoting the general atmosphere in which these schools are conducted.

It seems appropriate that this information should be given to you as you return to your own schools to answer questions raised by these students.

In Glasgow the situation is different than it is in Edinburgh, because the University of Glasgow has its own large teaching hospital, the Western Infirmary, on the campus of the University of Glasgow, a hospital of 694 beds, and they use the Royal Infirmary as many of us use affiliated hospitals. What is true in Edinburgh is also true in Glasgow; the clinical instruction in the extramural schools is essentially identical with that of the universities.

There are large numbers of students. At St. Mungo's there are 336 students, of whom 235 were Americans. I noticed that several of those upper classes, one in particular, contained 92 American students and another one had 71.

If you will bear with me I will read one short paragraph in my report which summarizes this situation. The quality of instruction in the extramural schools is well below that provided in the university schools, particularly in the medical sciences. A majority of the students admitted to those schools have been unable to register in a university school in Great Britain. That applies quite as well to the British students as it does to the American students. I think that fact is not generally appreciated, that most of the students in the extramural schools in Scotland and British students have not been able to get into a British university medical school. Students who have failed in a university school are enrolled without difficulty and they use these extramural schools for the make-up or so-called revision courses at both the two big universities in Scotland.

The laboratory equipment and instructional staff are inadequate for the large student body, one school having, as I recall, 761 students at the time I visited.

Each member of the staff receives, and sometimes collects personally, the fees of the students and, therefore, has a direct financial interest in a large enrolment. The professor himself collects the fees in some instances and gives the receipts to the individuals, so that the medical school itself has no information as to how much was collected from the student body for any given period. Only the professor knows how much was collected.

The anatomy teachers in every school were full-time men. There was usually one man directing the anatomy courses. Except for anatomy, all the teaching staff in the medical sciences are local practicing physicians. Instruction in the medical sciences is largely by demonstrations and lectures with special emphasis on preparing students to pass the examinations.

I spoke, I think in February, about the small numbers of cadavers available. I had great difficulty in learning how many cadavers were available.

The student sections in clinical instruction appear to be too large to provide satisfactory training, again mentioning the fact that on the medical wards there are 40 students allowed as a maximum, and on the surgical wards, 55 students to a ward. That applies particularly in Edinburgh where the university students share that very large class arrangement. Completion of the course of instruction admits the student only to the examinations

of a licensing corporation whose requirements and examinations are admitted by everyone as being below the standards of the university schools of medicine.

It is on that general basis that we came to the conclusion, and the New York State Board of Education did, that these standards did not meet those prescribed by the State of New York. For that reason recognition of these schools was withdrawn. Medical student qualifying certificates will no longer be issued to students desiring to attend these schools.

Of course students who have already received those qualifying certificates are eligible at any time in the future to use them. No action by the state was made retroactive; it could not be made retroactive.

What is to be done with all these students is another question. There is a strong agitation in our eastern border to find some way to complete the training of these students. I have no way of predicting what is likely to happen, but there is a possibility that some special medical school for this group may be created in connection with one of the large municipal hospitals of the City of New York. It has been suggested. I cannot say that any action has been taken. As far as I know, no legal movements have been made to get a charter for such a special medical school; but that is within the realm of possibility, and it has been suggested by this large group of persons that are interested in the welfare of these students.

You have seen, of course, the letter sent by Secretary Hull to the Governor of the State of New York. I took the liberty, at the suggestion of the Albany authorities, to answer it. I will just read one part of my letter to Mr. Hull: "For your information, my I say that a large proportion of the students admitted to the extramural schools in Great Britain have been unable, after repeated applications, to be admitted to even the poorest medical schools in the United States. These extramural schools are essentially proprietary institutions and permit admission of students and provide a level of instruction below the standards regarded as satisfactory to educational authorities in the United States. It would be unfortunate if the medical schools of this country were induced to lower their standards of admission. As you may well know, the State of New York has only recently withdrawn recognition of these institutions for any future matriculation of students."

I also added, "It should be pointed out that the medical students enrolled in the university schools abroad are in an entirely different category? I did not receive an answer to that letter.

This is a matter that may well have certain public implications because of the large numbers of important people who have become interested in one way or another by the activities of this committee of students. As you know, they have appealed to the presidents of the universities, to the authorities in Washington, to the governors of states, and there is a great organization of these students on the Eastern Seaboard, perhaps, because they are mostly from New York in the first place.

Your action on this problem will be on the proposal by the Executive Council. There is a motion before you to approve the recommendation of the Executive Council. I think it would be well for this Association to adopt

that resolution as its policy. It is a very fair, broadminded and honorable presentation.

DR. WILLIAM C. MacTAVISH (Washington Square College): Most of these students interest me because they come from New York or Greater New York. In my opinion, less than 20 per cent of these students are worthy of consideration. Most of them would not have been able to gain admission to American schools under any circumstances. I should think that we would only pay attention to those students who had less than two years more to finish in the Scottish schools, because the first year or two of instruction there is just a rehash of what we call premedical courses in this country.

You have put this matter up to the individual schools. It is going to be difficult for those schools to act on the applications of these students because a great deal of pressure is going to be brought to bear, especially in the eastern schools. It will be difficult for the schools to hold examinations for these applicants. Inasmuch as we have an agency available, I think we would be willing to conduct proper examinations. I would like to suggest that the National Board be asked to hold an examination for all those students who had two years or less to complete in the Scottish schools and that this examination be made of a special character. In my own opinion, I can say very definitely that I can support everything Dr. Rappleye has said about these schools because I am personally acquainted with some very worthy students who have gone there, and what they have told me about those schools is ten times worse than anything Dr. Rappleye has told you.

I am quite convinced that if we arrange an examination in pharmacology, anatomy, and so on, very few of these students will be able to pass the examination. I am convinced that in chemistry they will not recognize the apparatus because they have never seen it; never had an opportunity to see it.

I think it would be very unfair to ask American schools to receive applications from these students and arrange examinations. I think it would be much better to have one examination for all those who could be considered eligible. It need not carry with it the implication that they must be accepted by any American school. If they pass such an examination, corresponding to the preclinical years, then the schools concerned could investigate the premedical records of the students, the character and personality of the students, and decide whether or not they would like to take such students.

I do feel that something should be done about the matter. I also feel that the schools in the East are going to be bombarded with pressure from all sides. Dean Rappleye intimated something about the possibility of a medical school being founded to take care of this group. From what I have heard from political sources, I feel that it is more than a possibility. A medical school founded under such circumstances to meet this situation would seem very undesirable. I think if we could avoid that, it would be worth while doing so.

I recommend, Dr. Rappleye, that the National Board be asked to conduct an examination corresponding to Part I, if it can be arranged as a special examination. It does not have to be of the character of their regular examination. It could be held in New York. I am certain that any one of

the medical schools there would be willing to hold such examination, and if any of those students, with two years or less to complete their course, would be considered eligible for such examination and passed it, then the medical schools could decide whether or not to accept them and admit hem to their third year.

The motion made by Dr. Rees, chairman of the Executive Council, to adopt the resolution was seconded, put to a vote and carried.

PRESIDENT RAPPLEYE: Would you like to discuss the recommendation made by Dr. Mac Tavish? Perhaps Mr. Elwood, or some of the deans of the New York Medical Society might respond to this suggestion as to the possibilities of conducting such an examination. Mr. Elwood, we would appreciate hearing from you.

MR. E. S. ELWOOD (National Board of Medical Examiners): I am certain that the National Board is ready to do anything within its powers to cooperate with this organization in any request it might make. The situation was considered yesterday at the Executive Committee meeting of the National Board of Medical Examiners because the Board had had some individual requests from some of these candidates that they be permitted to take Part I of the National Board examinations.

I think, as some of you will recall, in the early days of the Board they gave a complete examination in Part I, both in the practical laboratory tests and the written. They were given in series of seven days, extending over both the preclinical and clinical years. That was discontinued in 1922, and since that time the National Board has given no practical examination for laboratory examination in Part I or II, but has in all instances taken the standings given by the various deans of the medical schools in the laboratory work in each individual case.

In considering it yesterday, the board felt that it would necessitate setting up an extensive and rather expensive and difficult examination in the laboratory work connected with these preclinical subjects. It also thought of this possibility. Some of these candidates would certainly pass such an examination, and, if so, some of them might be inclined to use it as a lever in bringing more pressure to bear on the medical schools. So without knowing the feeling of the medical schools, the Executive Committee decided it would make no exceptions to its standing regulation in regard to foreign trained physicians which was adopted in 1923, and which reads to the effect that these students before entering the study of medicine must have had the equivalent for admission to schools in this country, they must have completed the four-year course and must have obtained a license to practice in the country in which the school is located. That was the action taken yesterday by the Committee.

PRESIDENT RAPPLEYE: Mr. Elwood, has your Board withdrawn recognition from the extramural schools?

MR. ELWOOD: We have for all students who matriculated after July 1, 1939,

PRESIDENT RAPPLEYE: We want to be fair in this matter. Some of these students are qualified. Some of them would be unable to enter a medical school. I think Dr. MacTavish, who knows many of these boys

from his own school, New York University, realizes that some of them have had good training and are otherwise qualified, as qualified as some of the students admitted to our own medical schools. Don't you think that is true Dr. MacTavish?

DR. MACTAVISH: I certainly do. At least 20 per cent are qualified.

PRESIDENT RAPPLEYE: We must bear that in mind. Dr. Zapffe brought out the point that 52 per cent of the applicants each year are admitted to the medical schools of the country. A certain number of these Scottish schools students are reasonably well qualified—a small percentage. I would have put it a little lower than 20; but let us say 20 per cent.

In the absence of any enthusiasm on the part of the National Board for doing this job, and in the absence of any mechanism to do it, do you have any other suggestions before we dismiss the discussion of this subject? None of the deans of the New York schools are rising to volunteer to give these examinations. If it is because it is largely a New York problem, I think we ought not to impose it on other schools.

Is there any other discussion of this problem?

DR. ROBERT U. PATTERSON (University of Oklahoma): Did I understand you to say that the basic science teaching in the first two years of those extramural schools in Scotland was deficient as to the proportion of teachers to students in laboratory work and defective in quality, in apparatus available and the facilities for doing laboratory work in comparison with what we require in this country?

PRESIDENT RAPPLEYE: Yes! That is correct. The fact there is one cadaver for a group of 140 students gives you some idea of the amount of dissection. In the catalogs of several of the schools the point is made that dissection work in anatomy is optional. It is not necessary to do dissecting at all.

In physiology, in certain of these courses, I found no animal quarters at all, no dieners, no research laboratories, no preparation rooms. I saw a course in physiology being offered on the circulation and the experimental work being done by this local practitioner on several saucers in less good repair than these that are lying on the table, with practically no apparatus, or apparatus you would see in a high school in America. The boys were standing around in their overcoats in that little room which was not larger than the end of this room for the whole laboratory section. There was a demonstration with 25 students standing around. They had six frogs in the laboratory, which they thought was enough. They had no place to take care of any animals at all.

I do not claim for a moment those boys do not know anatomy. I want to be understood about that. They have many models and charts and descriptions and books. They have museums in which they study assiduously. They have little stools, and they move from one cabinet to another around the museum studying the specimens of these various tumors and joint abnormalities and all these things. Incidentally, as I mentioned in this report, it is that material that is largely used in their examinations, so the boys try to memorize the case and number and they know pretty well what to expect in the examinations. That is in anatomy.

In biochemistry, physiology, physics and so forth, equipment is quite mediocre. I think the best of these three schools is Anderson's College and largely, again, because they have men in that school who are regarded highly by the men in the University of Glasgow. Several of the younger clinical assistants in the university are teachers of physiology, biochemistry, and so on. In each instance the men I talked with have very active services at the Victoria Infirmary or the Western Infirmary or some hospital in the neighborhood. They teach physiology or chemistry or these other subjects on the side, and they collect the fees. I think there is no question that the situation is unsatisfactory from the standpoint of equipment, personnel, facilities, material and the time spent on these various courses.

It is those two points, however, the question of the admission of the students, the types of students admitted and the inadequacies of the basic sciences, on which the New York Board has taken its action. The clinical work we cannot criticize. If you do, you criticize the University of Edinburgh, and if you refuse to take clinical instruction received in the university, you would have to withdraw recognition of the University of Edinburgh.

The staff of the University of Edinburgh are fully aware of this. On this trip the attitude of the General Medical Council was exactly the opposite of that I found on my previous visit when we discussed the question of our American students in the university. Then the General Medical Council took action by its peaceably persuasion in a reasonable manner by asking the medical schools not to take them, and there are only a few medical students from America in any of the university schools. I think there were 14 in London on this trip; 11 in Edinburgh, but they were all legitimate American students and seemed to be all right.

DR. ALEXANDER S. BEGG (Boston University): Would it be possible to prepare a resolution for submission to the Secretary of State, asking that he grant permission to these students to go back to Scotland to finish their education?

PRESIDENT RAPPLEYE: That has been suggested, but, it is a matter over which we have no jurisdiction. There is no use asking for it.

DR. BEGG: A formal resolution from this body might be a bit different from an individual communication.

PRESIDENT RAPPLEYE: That is true. Is it your wish that this Association go on record to request the Secretary of State to vise the passports of these men?

DR. MacTAVISH: I do not see why we should extend any more sympathy to those 480 students than we do to the 5,000 or 6,000 students who are denied admission to our medical schools each year. I do not want you to misunderstand me. The suggestion I made was because of the reading of the resolution by Dr. Rees, to the effect that the individual schools hold examinations. That would be great waste of time and a great expense. If you are going to hold examinations, it would be better to hold one examination, to limit very definitely the students eligible for it to those who have only two more years to complete in the Scottish schools, because I want to emphasize again the first year or two is made up chiefly of premedical instruction and you might just as well examine students who have been denied admission to our medical school here who have had three years of

premedical training. They would be just as eligible as some of these men who have had one or two years' instruction in Scotland.

On the matter of the passport, I think the difficulty there is that the schools and the hospitals that these students train at will be used for the military, and I believe it would be considered a violation of the Neutrality Act if they have anything to do with the treatment of the wounded and the sick. I think that that was the main basis of Mr. Hull's refusal to grant the passports. I would hold so at any rate.

I really feel that instead of each school being badgered by these students to give them examinations—because no matter how optimistic you feel about it now, I know the schools in New York will be under pressure from the Mayor, Congressmen and Senators and anyone else to give these students an examination; they will tell you all the prizes they won. Of course, they won the prizes. In a school with 100 students, 98 of whom are Americans, the Americans are bound to have won the prizes. They will tell you how good they are in written examinations. We know they can pass written examinations. Dr. Rappleye and I know they have not had the proper preclinical training we require of our students, and if they are asked to take examinations in preclinical subjects, I am confident very few will be able to pass. Even if they do pass, you are still not committed to take them. You consider them on the basis you do any other transfer student and take them on the basis of their personality and character as well as their ability to do medical work and their past medical courses.

I still feel it would offer part of the solution to have one agency conduct the examination and I think the best agency for that purpose is the National Board. If they gave an examination such as I used to administer some ten or fifteen years ago, a practical examination in biochemistry, I feel quite confident very few of these students will be able to pass it.

DR. REES: Mr. President, the Council simply suggested that as one possibility; it is only a suggestion on the part of your Executive Council that the examination might be a possibility.

DR. B. I. BURNS (Louisiana State University): Two points I have not heard mentioned. First, most of these students who have written to me (and I have had personal letters from at least 100 or so) are willing to start with the freshman year. They are not asking for advanced standing. Second, stateboards refuse to recognize a degree from foreign schools. What are we going to do about that? Why encourage these people to go back and get their degree from a foreign school?

DR. JEAN A. CURRAN (Long Island College of Medicine): May I ask a question about the action of the Executive Council? Does it visualize these students as being admitted to advanced standing? Suppose the 20 per cent that might be considered, who are properly qualified and have been rejected for good and sufficient reason over here, complete one or two years over there, would they be considered for advanced standing in our schools?

PRESIDENT RAPPLEYE: I think the Executive Council had in mind that that was entirely up to the individual school.

SECRETARY ZAPFFE: I had a committee of four of these students wait on me this afternoon. These boys told me definitely that they wanted advanced standing credit. One of them, for example, said that he had to complete only a written qualifying examination for his degree. Another said that he had two courses in the final year which he had failed to complete in Scotland and that he expected one of our medical schools to admit him to take those two courses. They were quite insistent on getting full credit for what they had done in Scotland. They also informed me that the New York Board of Regents has already given them credit for three years of work on the medical course, those who had completed that much in Scotland. They are not asking to be admitted as freshmen. They are asking to be admitted to the class to which they would be admitted if they returned to Scotland.

One of the members of the committee that waited on me today is the chairman of this Association of American Scottish Students, or whatever the name is, and inasmuch as I had received a telegram from him some time ago, asking for the interview in Chicago, I looked up his application cards back in 1935. He had made 14 applications over two years, none of which were accepted.

They also informed me, as they have you in the letters you have received, that they felt that we owed them something. They said, "We all have qualifying certificates from the State of New York as medical students and we also have an approval of those certificates from the American Medical Association. "So that we think," as they said in words as nearly as I can quote, "that the medical schools in this country should give us recognition because we have been approved by a state agency and we have been approved by the American medical profession."

REVEREND ALPHONSE M. SCHWITALLA: What can they mean by that, approval by the American Medical Association?

PRESIDENT RAPPLEYE: Approval of the credentials issued by the New York Board.

FATHER SCHWITALLA: The credentials are approved by the A. M. A. They are not individually approved or any such thing?

PRESIDENT RAPPLEYE: The Council on Medical Education and Hospitals has approved the New York Medical Students qualifying certificate held by each student.

DR. CURRAN: I am wondering about that question of advanced standing, if we concede that their education over there in the preclinical sciences is woefully inadequate, in view of the fact that if this is passed back to us, possibly the New York schools will have to bear the brunt of that. It seems to me we are put in a very queer position, examination or no examination. We will have to consider advanced standing for work they have done which we all admit is not adequate, according to our standards. I do not quite see how we are going to face that.

PRESIDENT RAPPLEYE: I think the answer is not to consider them, except, perhaps, for admission to the first year. If you want to reconsider their applications of 1935 or new applications, it is a different matter. But I myself do not believe that they have done work that is comparable to the

first two years in any of our medical schools. For that reason it would seem to me unwise and unnecessary for us to admit these students.

Please understand that I am not speaking of the university schools. The medical instruction in the Glasgow and Edinburgh University Schools is excellent. Nor do I criticize very severely their clinical instruction, although I think, and they think that their classes are too large in the infirmaries, largely because of the tremendous number of American students. They call it the American invasion. Everywhere you go in Scotland you hear about the American invasion.

DR. O. W. HYMAN (University of Tennessee): We have passed a motion approving the recommendation of the Council. Since we seem to be continuing the discussion, however, I would like to make this remark. It seems to me that the resolution in so far as it refers the matter back to individual schools and to their standards meets with universal approval. I wonder, though, whether any strength is added to our position by suggesting further to the colleges that they offer these examinations. It is true that that is simply a suggestion, but is it inevitably going to increase the pressure on those schools on whom the pressure will be brought to bear. It will not be treated as a suggestion by those who are interested in securing the examinations but will be presented as authority to those schools to give the examination.

I wonder whether this Association will not have fulfilled its obligations if we simply refer the matter back to the individual colleges and modify the proposal of the Executive Council to the extent that we withdraw from that proposal any reference to examinations. It does not seem to me that we are under any necessity to make such a suggestion to the member colleges.

PRESIDENT RAPPLEYE: You want to move to rescind part of the recommendation?

To put the matter to a test, I move a reconsideration of the motion to approve the proposal of the Council.

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

DR. HYMAN: May I further reconsideration of the matter, and move a modification of the Council's recommendation? I believe, Dr. Rees, it would be necessary to read that recommendation. There is a stopping point in there.

DR. REES: I think the sentence you refer to is this, "The Council suggests that one of the factors on which acceptance be based be the passing of a practical examination in medical sciences."

DR. HYMAN: I move that sentence be withdrawn from the recommendation of the Council.

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

DR. CHANDLER: I move the adoption of the amended resolution.

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

DR. PHILIP A. SHAFFER (Washington University): I should like to express a somewhat different opinion to that expressed by Dean Hyman. It is my impression that this resolution does not express the opinion and advice of the Council of this Association. I do not see any reason why it should not. While I appreciate leaving to the discretion of the individual schools their selection of students, I think this resolution rather straddles the issue and "passes the buck" unnecessarily to the individual schools, leaving them a good deal of difficulty ahead in disposing of these individual applications. I should rather see added to the motion, if that be the opinion of the Council, that in the opinion the Council training in these schools does not comply with the requirements of members of this Association. Why not state flatly the opinion of the Council in regard to the validity of these students' qualifications?

DR. HAROLD S. DIEHL (University of Minnesota): May I ask a question? Who approves? Are there any who were students in the university school, or are all of them from these extramural schools?

PRESIDENT RAPPLEYE: I do not know that anyone can answer that. I think unquestionably 95 per cent of them are from the extramural schools, but I think there is a possibility that some of them are from the universities, but, again, our resolution covers that. It is up to the individual school to accept from any place. You are going to have quite a number from Italian schools and they are all university schools. I think every student will have to be admitted on the basis of individual qualifications and consideration of his individual problem.

SECRETARY ZAPFFE: May I answer Dr. Diehl? These students that waited on me today told me that this group of students came from Anderson, St. Mungo's and the Royal College of Physicians and Surgeons, three extramural schools of medicine of Scotland. I asked them the question and that was their answer.

PRESIDENT RAPPLEYE: But there are others that ought to be covered by the resolution. The resolution is a blanket resolution.

DR. CLAUDE A. BURRETT (New York Medical College): Could the Council of this Association approve a school on the basis of the rules which it sets up for a standard school in this country? Could it approve a school that would accept these persons for examination? In other words, in view of what has been said tonight concerning the schooling which they receive in Scotland, could this Association approve an American school that would accept them for examination?

PRESIDENT RAPPLEYE: We have by this resolution suggested that "without prejudice or without precedent."

DR. BURRETT: Then you have rescinded the rules on which you govern the conduct of your own schools in this country.

DR. REES: I do not see how that can be possible under the resolution which we have submitted, because the schools, of course, are following rules that have been laid down by this Association and by their own rules. Therefore, we are not violating any rule at all.

PRESIDENT RAPPLEYE: There is a delicate matter involved and that is the fact, as you all know, these schools as schools of medicine are recognized by the General Medical Council, that is, the Council on Medical Education and Registration of the United Kingdom, and you do not want, I think, this Association to go on record to discriminate between those schools that are now recognized by the General Medical Council. I think you would be borrowing some international difficulties in the future in regard to handling students. This exception obviously is an exception for this group of students, to allow an individual school, if the desires to do it and these men are qualified in the judgment of the staff of those schools, to accept them without precedent and without prejudice. The whole idea is to liberalize a little bit an otherwise arbitrary action on the part of the schools in the Association.

DR. DAVID A. TUCKER (Cincinnati): Do those schools grant the degree of Doctor of Medicine?

PRESIDENT RAPPLEYE: None of them do.

DR. TUCKER: I think it is a qualifying examination.

PRESIDENT RAPPLEYE: They are not permitted by law to grant a medical degree of any kind. All they do is give permission at the completion of the five-year training for admission to the examinations of one of the five licensing corporations of Great Britain. Practically, all take the triple qualification board of Scotland.

DR. TUCKER: Does that permit them to take the state board examination in most of the States?

PRESIDENT RAPPLEYE: It does. When a student comes to the United States, call him a graduate, a person who has completed the training from an extramural school, who presents himself with the M. R. C. S. M. R. - C. P. of the English Conjoint Board, for example, is recognized as a physician; he is on the British register of physicians, and as such is eligible for entrances into the examinations of any state board in the United States as a graduate, on the same basis as a graduate of our recognized schools. That is the situation now.

DR. TUCKER: Has he permission to call himself a doctor in this country?

PRESIDENT RAPPLEYE: Yes.

DR. REES: In Colorado these students would have to take all three parts of the National Board after being in this country one year.

PRESIDENT RAPPLEYE: Yes; there are numbers of rules regarding it, but I am speaking of the general principle. They are recognized as physicians by the British Medical Council and are on the register before they appear. Until recently the National Board of Medical Examiners has recognized that qualification and our states by and large, have recognized it, but

there are exceptions. Some of the states have issued regulations against the English Board.

This is not alone an American problem, because the recent action by the India Medical Council contravenes the action of the British Medical Council, the mother organization in Great Britain, and they have withdrawn recognition of all extramural schools and, as you know, I think there are 12 of those extramural schools, or some considerable number of them in India and the British Medical Council is reciprocating the action by withdrawing recognition of those. They are in a mess over these extramural schools and the difficulty comes from the fact that many of these extramural schools are adjuncts of the Royal Colleges, the charters of some of which antedate the charters of the universities, and, therefore, they cannot get at them because they have charters that are older than those of the universities.

It seemed to the Executive Council that the only satisfactory way was to leave the matter to the individual schools which have the right to admit these students without prejudice so far as the Association is concerned and without a precedent to be established in the future—those students that any one of you would like to accept. And we did that because a number of the schools would not consider these students because of the fear that this Association might take some punitive action against an individual school, and this was an exception to our general rule in order to help meet a situation and to meet to some extent the public popular demand that something be done for these boys.

DR. B. D. MYERS (Indiana University): Will you re-state the action of the New York State Board on this particular group?

PRESIDENT RAPPLEYE: They have withdrawn the qualifying certificate of students studying in the extramural schools and recognition of those schools of medicine by the State of New York after last fall.

DR. MYERS: Last fall?

PRESIDENT RAPPLEYE: For future matriculation of any kind, but it is not retroactive.

DR. PATTERSON: Have these extramural schools in Great Britain been evaluated by the Council on Medical Education of the American Medical Association?

PRESIDENT RAPPLEYE: No foreign school has. What we have done in this country is to accept the list of the British Medical Council and, again, you raise that difficulty which is an important one and in my judgement should some day be raised, and was raised at the meeting of the General Medical Council which I attended recently, as to whether we should not distinguish between the qualifications granted by the university schools of medicine, which was my original idea—I suggested to them withdrawal of recognition of any but university schools; but you do that and you are up against the English Conjoint Board, and 67 per cent, I think it is, of the students in the University of London first secure the English Conjoint Board qualification before they get their degrees and many of them never get their university degrees. It is a very anomalous situation described, if any of you are interested in it, in the report of the Commission on Medical Education issued a few years ago. We went into a detailed description of that, which is so anomalous because of the different standards over there.

There are five licensing corporations, the passing of whose examination allows you to go on the British register and that is parallel to our licensure to practice in the United States, because, as you know, they have no licensure to practice in Great Britain. Anybody may practice medicine but only certain individuals, namely, those on the register, may do certain prescribed things, such as signing a birth certificate or a death certificate, prescribing drugs and signing insurance papers. There are a great number of conditions in which only a registered physician may sign. You can practice medicine in Great Britain, charge for it and collect fees, although you have never been in a medical school, but you cannot take the matter into court for collection. That is another difficulty.

The question was called for. The motion was put to a vote and carried unanimously.

BUDGET FOR 1939-1940

DR. REES: The budget is submitted for your approval. I recommend approval of the budget as submitted.

. . . The motion was seconded and carried.

PRESIDENT RAPPLEYE: It will be in order to entertain a motion that we approve the report of the Executive Council as a whole.

. . . It was regularly moved, seconded and carried, that the report of the Executive Council as a whole be approved . .

Report of Treasurer

The report of the treasurer, Dr. A. C. Bachmeyer, including the audit by an auditor approved by the Executive 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.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Balance sheet — August 31, 1939

ASSETS:

Cash in Bank	\$11,752.36	
Petty Cash advances	135.00	
Investments	15,000.00	
		<hr/>
		\$26,887.36
		<hr/>

LIABILITIES:

Deferred income	\$ 5,700.00	
Accumulated net income	21,187.36	
		<hr/>
		\$26,887.36
		<hr/>

STATEMENT OF INCOME AND EXPENSE

For the Year Ended August 31, 1939

INCOME:

Dues	\$12,450.00	
Advertising	1,514.03	
Journal Sales and Subscriptions	178.75	
Aptitude Tests	10,783.56	
		<hr/>
		\$24,926.34

EXPENSE:

Association Office	\$12,039.81	
Treasurer's Office	163.28	
Journal	4,722.89	
Travel Expense to Colleges	898.49	
Annual Meeting Expense	436.69	
American Council on Education	100.00	
Contingency	522.28	
Aptitude Test Committee	7,519.74	
		<hr/>
		\$26,403.18

Excess of Expense over Income		\$ 1,476.84
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DETAILED STATEMENT OF EXPENSE
For the Year Ended August 31, 1939

ASSOCIATION OFFICE:

Secretary—Salary	\$ 6,600.00
Stenographer—Salary	1,380.00
Clerk—Salary	1,200.00
Office rent	1,992.00
Stationery, printing and supplies	353.57
Postage	216.00
Telephone and light	126.75
New equipment	89.20
Surety bond premium	25.00
Miscellaneous	57.29
	\$12,039.81

TREASURER'S OFFICE:

Clerk—Salary	\$ 50.00
Surety bond premium	50.00
Auditing fee	25.00
Postage and miscellaneous	38.28
	\$ 163.28

JOURNAL:

Publications	\$ 4,572.83
Postage	150.06
	\$ 4,722.89

TRAVEL EXPENSE TO COLLEGES \$ 898.49

ANNUAL MEETING EXPENSE:

Travel expense—Secretary	\$ 150.00
Reporting	169.44
Printing	117.25
	\$ 436.69

AMERICAN COUNCIL ON EDUCATION:

Membership	\$ 100.00
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CONTINGENCY:

Commission on Graduate Medical Education	\$ 333.33
A. M. A. exhibit—St. Louis	188.95
	\$ 522.28
	\$18,883.44

DETAILED STATEMENT OF EXPENSE
For the Year Ended August 31, 1939

APTITUDE TEST COMMITTEE:

Salaries	\$ 3,520.15
Honorarium	1,500.00
Proctor Fee	3.00
Statistical Studies in Predictive Value	450.00
Office Rent	600.00
Printing	497.37
Postage and Miscellaneous	817.28
Travel	121.44
Surety bond premium	10.50

\$ 7,519.74

Grand Total\$26,403.18

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Report of Committee on Educational Policies

The report of this committee was read by the chairman, Dr. E. Stanley Ryerson. It was as follows:

The Committee on Educational Policies met on Feb. 12th in Chicago and on Oct. 22nd in Cincinnati.

I. Consideration of Memorandum from American Public Health Association. The Committee on Educational Policies begs to recommend that the memorandum of the American Public Health Association to this Association, "calling attention to the continued need for improved facilities in the majority of medical schools in the instruction of students in preventive medicine and public health" be sent to each of the member colleges for their information, it not being a function of this Association to prescribe the details of any course in the curriculum; but to deal only with the broad principles of educational policy. The Committee suggests, however, that the preparation of the student for receiving instruction in both curative and preventive medicine might be made by providing him with a clearer conception of what health is, how it is to be measured, how secured and how maintained during the courses in anatomy, physiology, biochemistry and psychobiology. It is the duty of each of these departments to impart to the student what it considers necessary and fundamental knowledge in its own particular field. It is open to question whether or not the student succeeds in combining his separate packets of acquired knowledge into a useful whole. Such a synthesis would be more readily obtained if the teaching body kept before it a common purpose. In the clinical years a certain common purpose already exists—the provision, namely, of a scientific knowledge of the human being in a state of disease. Such a purpose presupposes a knowledge of the human being in health, and the Committee submits the provision of such knowledge would be the logical aim of all preclinical instruction. If this point of view were adopted, it would become the duty of anatomy, physiology, biochemistry and psychobiology with the cooperation of the clinical departments and the University Health Service to build up a picture of the healthy individual. A knowledge of man, healthy and diseased, would then form a common objective of the entire curriculum. Each of its two main divisions would have, so to speak, a common denominator, and their co-ordination and correlation could be more effectively accomplished.

II. That the Interim Report of the Subcommittee on Intern Education, presented by Dr. J. A. Curran, Chairman of the Subcommittee be approved and it is recommended that the Subcommittee be re-appointed to continue its studies for another year.

III. The Committee begs to recommend that the Executive Council consider the advisability of discontinuing the Committee on Educational Policies as a statutory committee and of appointing *ad hoc* committees as the need arises.

(Signed)

E. STANLEY RYERSON, Chairman
C. SIDNEY BURWELL
L. R. CHANDLER
E. M. Mac EWEN
JOHN R. YOUMANS

50 th anniversary
1939 ✓

Intern Report of Subcommittee on Intern Education

MINIMUM STANDARDS FOR INTERN EDUCATION

Since all medical colleges have a common interest in the quality of internship training received by their graduates, a study of acceptable standards seems a very desirable cooperative undertaking. Furthermore, the undergraduate curriculum and internship program form a continuous sequence and have a common objective. Principles which govern success of one may be expected to apply with equal force to the other.

It seems to our subcommittee that in consideration of internship betterment, too much emphasis may be given to schedules and programs and not enough to the ability, scholarly spirit and teaching interest of attending staffs. It is possible to visualize an outstanding attending group giving their interns good training even with a poorly-planned program; but an ideal plan could never be successful if the staff were mediocre. Hence, it seems necessary to give more thought to the education and qualification of attending staff members if the ideal of uniformly good internship education is to be attained.

In this connection, we need to emphasize the importance of the properly organized hospital service as an essential unit in the hospital's educational program. For example, if all the patients admitted to a medical, surgical, pediatric, obstetric or "specialty" service receive diagnostic and therapeutic care of high quality, if laboratory findings are carefully reviewed, and if end results are systematically and honestly appraised at separate departmental conferences, the consequent educational atmosphere is bound to be stimulating and salutary. An intern or resident in such an environment is bound to get satisfactory training.

We stress the importance of the quality of the organized hospital service in all plans for the education of interns and residents; for one of the most significant deficiencies in hospitals not measuring up to minimum educational standards has been their inadequacies in the particulars above mentioned.

Since residencies are allied so closely to internships in all educational planning, we would like to consider them in this discussion as a joint problem.

As we are attempting merely to outline what appear to be the essential elements of good house-staff training, we will not take up any of these factors in detail. Also, we will proceed on the assumption that minimum standards have been met as to buildings, laboratories, record room, library and house staff quarters.

ESSENTIALS OF AN ADEQUATE EDUCATIONAL PROGRAM FOR INTERNS AND RESIDENTS

1. Better cooperation between the colleges and hospitals in intern selection, and in the introduction of new interns to their duties.

2. Systematic continued instruction and supervision of the interns, possibly with the guidance of a manual or procedure book.

3. Adequate periods of assignment to a service (minimum of three to six months) and progression of responsibility.

4. Adjustment of the intern case load.

5. Definition of the legitimate boundaries of the interns' experience in medicine, surgery, obstetrics, pediatrics, "specialties," laboratory, private pavillion, and the ambulance.

6. Development of appreciation of psychosomatic factors in patients on the various services.

7. Consideration of social and environmental factors in health and disease.

8. Selection, by the chief of the service, of an attending staff, with due consideration of their abilities as teachers and their willingness to supervise the interns.

9. Regular departmental and interdepartmental conferences with active participation by the house staff.

10. Regular daily rounds to guide the intern in case management and presentation of findings, and consultation by specialists with the intern present, in cases where consultation is desirable.

11. Attendance at the outpatient clinics by the senior as well as junior visiting staff; and scheduled participation by the interns in outpatient work.

12. Modern standards of record keeping with realization by the attending physicians of their responsibility for participation in, as well as supervision of the house staff. A record may be kept by the administration of the extent of the interns' progress and experience.

13. A regular program of lectures, seminars, round-table conferences, and journal clubs according to staff inclination and objective.

14. Appointment of a Director of Intern Education to coordinate activities.

15. A preventive as well as curative health program for the house staff.

16. Residencies:

A. Special requirements

1. Should be installed on services only if there are sufficient clinical resources.

2. Should be at least one, and preferably two years' duration and provide for progression of responsibility, and include not only opportunities for broadening clinical experience, but opportunities as well for study in the basic sciences such pathology or anatomy.

B. Special functions:

1. Enhance the quality of care given the patients on special services.



2. Provide the best avenue for fundamental training of specialists.
3. Make an essential contribution to the building up of educational standards of the service.
4. Supplement the teaching given the interns by the attending staff.
5. Serve as a training course for teachers of medicine.
6. Foster research and investigation.

17. Careful consideration should be given to the question of giving allowances to interns and residents to cover incidental expenses.

18. Finally, all educational plans for interns and residents need to be repeatedly reviewed and revised in the light of the medical needs of the community.

SUMMARY

1. The medical college curriculum and the internship educational program are closely allied projects and depend on the same factors for success.

2. Internships must be considered as part of the basic training supplementing the undergraduate medical course and preparing the individual either for general practice or for specialization through a residency.

3. House staff programs need careful organization with progression of the interns and residents from one responsibility to another; but no one plan can be considered ideal for all hospitals.

4. All program details must remain of secondary consideration to the quality and interest of the attending staff; and this will be dependent, in turn, on the quality of each hospital service.

5. This report is intended to be of preliminary nature, and we would appreciate the opportunity to continue our studies for another year.

Respectfully submitted,

J. A. CURRAN, M. D., Chairman
ROBIN C. BUERKI, M. D.
REGINALD FITZ, M. D.
CURRIER McEWEN, M. D.

On motion of Dr. Ryerson, the report of the committee and of the subcommittee was adopted with understanding that the suggestion to abolish the committee calls for a constitutional amendment which cannot be acted on until the next annual meeting due notice of such amendment having been given at least thirty days prior to the meeting.

Report of Representatives on Advisory Board For Medical Specialties

Dr. W. C. Rappleye, one of the representatives, made the following report:

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The Advisory Board represents the twelve specialty boards. Great pressure has been brought to bear on the Advisory Board to create new specialty boards and thus far the Board has been reluctant and has been in friendly opposition to the creation of more than the twelve major specialty boards.

On the other hand, it has encouraged the creation of certain subsidiary boards, particularly in anesthesia and plastic surgery, which have been approved, both by the Advisory Board and the Council on Medical Education of the American Medical Association.

Several other boards are now under consideration, neurosurgery and others, which will be reported on in due time.

The second point of the Advisory Board is to comment on the commission on Graduate Medical Education created by this Advisory Board, of which Dr. Buerki was the director of study which has now wound up its business and is preparing its report. That report will be published as soon as it can be mobilized. We had a final meeting of the Commission last Saturday here in Cincinnati and have drafted general conclusions that in every way parallel those we have just heard from Dr. Curran's Committee, so that there is complete unanimity in all the essential details between these several bodies working on the problem of internship and residency.

The third item that might be worthy of comment is the issuance of the directory of specialists. After a great deal of debate and discussion, it has been finally decided to publish that directory and it is now in press and comprises the names of 16,000 physicians in this country who have been certified by one of the boards, a list that in itself is a commendable contribution to the development of graduate medicine in this country. The directory will be ready about the first of January.

We have had an underwriting of that report from the twelve specialty boards, and it now looks as though, on the basis of preliminary estimates of the subscription list, that these boards will be called on for only a few small part of their underwriting. Already orders for more than 5,000 copies of this directory have been received.

The fourth item which I would like to mention, which is merely collateral to this advisory board program is the proposal made by several states to license specialists. We are attempting to get away from any attempt to license specialists. It is very doubtful if any plan of that kind would be constitutional, but what we are endeavoring to do is to have registers instead of a license for specialists. That is merely a report of progress an intermediate stage in the development of this very important attempt on the part of the public in several legislatures legally to recognize the distinction between those who are qualified only for general practice, let us say, and those who are qualified by training and experience in the specialized field of practice.

ADVISORY COUNCIL ON MEDICAL EDUCATION

DR. RAPPLEYE: That Council was formally organized in June. We waited, as many of you remember after the meeting last year, to secure favorable action by the Council on Medical Education and Hospitals of the American Medical Association. Favorable action was taken unanimously by

the Council and recommended for adoption to the House of Delegates. We deferred the organization of this Advisory Council on Medical Education until the House of Delegates took its action.

Although the recommendation from the Council on Medical Education and Hospitals to the House of Delegates was a unanimous recommendation to join the Advisory Council, the House of Delegates voted against that recommendation and the American Medical Association's Council was not permitted to join the Advisory Council on Medical Education.

On the other hand, thirteen national organizations did assemble in June 1939 after the meeting of the House of Delegates and proceeded to organize itself. That council now comprises the Association of American Medical Colleges, of which Drs. Middleton, Rappleye and Rees are members from this Association; the American Hospital Association; the Federation of State Medical Boards; the Advisory Board of Medical Specialties; the American College of Physicians; the American College of Surgeons, who have not yet taken definite action because of their own later meeting (we are waiting on one or two yet for the regular annual meetings); the Association of American Colleges; the Association of American Universities; the American Association for the Advancement of Science; the American Protestant Hospital Association; the American Public Health Association; the Catholic Hospital Association, and the National Board of Medical Examiners.

Thirteen national organizations met in June and created three important committees which are now studying the problems assigned to them. Meetings of these three committees will be held on December 2 and 3, 1939, and it is expected that reports of these committees will be given to a full meeting of the Advisory Council right after the turn of the year, perhaps in February.

Those three committees are, (1) a Committee on Premedical Education, representing the overlap between the medical school, universities and colleges of the country. We have a strong committee of nine men representing these three major phases of medical training at the premedical level, including also representatives of the Federation of State Boards of Medical Examiners in order to get at this problem of prescription of even premedical education by certain of the state boards.

The second is the Committee on Internships which overlaps again some of the activities which we have just been listening to the last few days, and there, again, we have sought to secure cooperation of the universities, the medical schools, the hospitals, the licensing bodies, together with representatives of the American College of Surgeons and the American College of Physicians.

A third important committee is that on Interstate Endorsement of Medical Licensure. This is an attempt to secure a simplification of the endorsement of credentials between states who have comparable minimum standards. On the basis of the discussion of this committee, already one of the most important states (New York) in the country is greatly liberalizing its interstate endorsements as a preliminary move to securing more general endorsements throughout the country. We are working on a list of states whose standards are apparently with those of New York State and with the idea that New York will recognize the licensure by examination in all states whose educational requirements are comparable with those of New York.

The chances are that that may represent anywhere between 35 and 40 states which will have reciprocal endorsement with the State of New York ultimately. We are very hopeful that that will spread through the country in an attempt to simplify interstate endorsement.

That is a preliminary report of this Advisory Council which I am very happy to tell you is an outgrowth of our meeting of only a year ago, and yet has gone forward in this very important way in three major fields. There are now any number of problems being presented to us and a number of national organizations have asked for membership on this Advisory Council. We are very hopeful that it may not become an unwieldy organization and thus far are disinclined to add any organization, at this time, at any rate.

There are one or two that we might presume ought to be on the Council, but this is a development of this Association which evidently has taken hold everywhere. A great deal of interest has been aroused in the attempt to collaborate between the various organizations who are working in fields that apparently overlap the activities of other organizations in various fields of medical education. As you remember, in our resolution last year it was to be known as a Council or an Advisory Council on Medical Education, Licensure and Hospitals, and it was gratifying at that meeting that the licensing bodies and the hospitals asked that the title be simplified and that focus of attention and emphasis in this Council be on medical education, because that, after all, was what we were working at, whether it be problems of licensure, intern training, graduate education or allied fields.

UNFINISHED BUSINESS

DR. HERMAN WEISKOTTEN (Syracuse University): Being unsophisticated and unfamiliar with the intricacies of the international relationships and sensing a feeling among certain of the delegates present, I move that it be the sense of this meeting that the training and experience in the preclinical sciences in the extramural medical schools of Scotland do not meet the standards maintained by the colleges in membership in this Association.

. . . The motion was seconded . . .

PRESIDENT RAPPLEYE: Would you have any objection, Dr. Weiskotten, to using the words "medical sciences," rather than preclinical, because the medical science people say that at present they are nothing.

DR. WEISKOTTEN: I agree.

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

NEW BUSINESS

DR. B. D. MEYERS (Indiana University): In addition to the group which has been so largely discussed here this evening,

we have been much importuned concerning the refugee. We did not wish to appear unsympathetic with this group. On the other hand, we did not wish to be overrun, as one might readily be these days. I appeal to you for a bit of your wisdom and judgment and experience in this matter. I presume that the rules governing such cases would not differ greatly from state to state.

In our own state we have a man who holds the medical degree from a German or Austrian medical school. He may be eligible to take the licensure examination in our state only on completing one year of work in our medical school. We tried one student last year on that basis. He had the preliminary requirements which would have admitted him to our school had he presented himself as a freshman. I presume that is a general requirement among schools. He was a graduate, think, of the University of Berlin. However, he did not get along and it was not merely a language requirement which presented his difficulty. He met the work of our senior year so poorly that whereas we gave him a certificate of attendance, we refused to give him our degree.

We are trying it again with one student, one such student this year. How many of you are taking any of these refugees?

DR. CHESNEY: As candidates for the degree of M. D.?

DR. MYERS: Yes; preliminary to licensure. None of you? Well, that helps a lot.

PRESIDENT RAPPLEYE: One.

DR. MYERS: Are any of you taking men who do not have the M. D. degree but still lack something of the completion of their medical degree in a European school? (Five) Well, I think that will help. There is evidently no enthusiasm for the acceptance of this group and we are perhaps doing our full share in the matter. Thank you.

WAR EMERGENCY MOBILIZATION

PRESIDENT RAPPLEYE: One item of business that was suggested for tonight but evidently no one is here to present, and we merely comment on it, is the question raised as to whether there should be any provision made at this time in advance of a possible emergency in this country in relation to either organization or depletion of our teaching staffs in case of war. My

own feeling is that there is no use getting hysterical about that just yet, but if there is any one here to discuss this point, we would be glad to have them raise it.

SECRETARY ZAPFFE: May I read a letter that brought this about? Dr. W. S. McCann, of the University of Rochester, expected to be here to introduce this for discussion. The faculty of the University of Rochester School of Medicine had a meeting a few nights ago and felt that the matter should be presented. Dr. McCann, who was the delegate from the University of Rochester has returned home so I will read for your information what they had in mind.

“It would seem to me that there are three points which ought to be considered in the event of this country being precipitated into a war: First exemption of medical students from the draft; second, exemption from draft and retention by the schools of reserve officers on the list of essential members of the faculty for teaching; third, consideration by each of the schools of the research activities which they are able to put at the disposal of the medical departments of the army and navy in the event of a crisis.”

DR. CHANDLER: I move the appointment of a committee of three to take this under advisement and report at the next annual meeting of the Association.

DR. RYERSON: Possibly the Association might be interested in what was going on north of the line, on September 6, when Great Britain had gone to war and we had not actually declared war in Canada, but did a few days later. The Medical Council of Canada consists of representatives of all the universities and of all the licensing bodies with certain members appointed by the governor and council. The Council had a meeting and this question came up as to what should be done. With the experience of the last war, the deans of all medical schools recommended and advised and, as a matter of fact, most of them had been actually doing it, that all the medical students should be encouraged and urged to continue with their medical course. That was the first point, that medical education, in other words, should not be disturbed. That was based on the experience of the last war in which many medical students volunteered not only in medical units in the ranks but also in all of the different various combatant services, including the navy.

As the war progressed, the need for medical officers became so great that all of these men who had started their medical course in any college in Canada were immediately withdrawn from the active unit with which they were placed and had to be brought back to their medical school to complete their course. Having had that experience, we were naturally anxious to avoid a repetition of it.

The second point was contingent upon that, namely, that if all the students were to be continued in the medical schools, then the staffs of those schools and the staffs of the hospitals associated with medical schools were not to be interfered with in any way by a serious depletion of their staff by enlisting too great a proportion off those men in the military medical units. A resolution was passed to that effect which was forwarded to the Department of Militia and Defense, and that was acknowledged and they are quite prepared to agree with that general principle of the continuance of medical education.

They also have agreed to cooperate with a general committee of the Canadian Medical Association with regard to all medical-military matters and consult them with regard not only to research but various other matters of that kind.

FATHER SCHWITALLA: In regard to Dr. Ryerson's remarks, the American Council on Education, through its Committee on Province and Plans, has taken similar action and has extended what Dr. Ryerson has just summarized to the entire field of education, has called the attention of the government authorities to the necessity of continuing all programs in education in as undisturbed a manner as possible under this eventual emergency or possible emergency as it might arise. A great many motivations were added, the chief of which is preservation of an enlightened citizenry for the postwar period, so that similar events that happened after the last war might not occur to precipitate another war.

There was a good deal of an air of prophecy about the entire discussion.

Then, thirdly, they suggested that only after the need becomes definite should the schools be called upon for special services in connections with the war. So I think there will be encouragement to all students to continue, and we are not in a position as yet, I believe, to take any action with reference to this matter.

I also want to remind you that supplementing that, the three hospital association sent letters to both the Canadian Government and the United States Government, offering facilities of the hospitals for the use of the government in cases of emergency, but stressing the idea that the hospitals must be kept intact for the safeguarding of the civilian population which was not done at the time of the last war. I second Dr. Chandler's motion.

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

ELECTION OF OFFICERS

SECRETARY ZAPFFE: The Nominating Committee makes the following report:

President Elect:

C. W. M. POYNTER, University of Nebraska

Vice President:

EBEN J. CAREY, Marquette University

Secretary:

FRED C. ZAPFFE, Chicago

Treasurer:

A. C. BACHMEYER, University of Chicago

Executive Council:

M. H. REES, University of Colorado

L. R. CHANDLER, Stanford University

The Committee asks that the report be accepted.

. . . It was regularly moved, seconded and carried that the report be accepted and the Secretary was instructed to cast one vote for the election of the nominees, which he did.

PLACE OF THE 1940 MEETING

SECRETARY ZAPFFE: I have received an invitation from the University of Michigan Medical School to meet in Ann Arbor next year. I have also received an invitation from the faculty of the Indiana University Medical School to meet in Indianapolis next year.

DR. A. C. FURSTENBERG (University of Michigan): I extend a cordial invitation to the members of this Association to meet at the University of Michigan next autumn. I shall not attempt to engage in any grandiloquent oratory in presenting this invitation. What we have to offer at the University of Michigan will not be augmented by any assertive statements from me. Suffice it to say, that we have a medical school in a small town but one in which adequate accommodations will be available for all. We have one of the finest buildings in the world, the Rackemann Graduate School, in which we may hold our meetings. I hope that you will seriously consider the invitation which comes from the faculty of the University of Michigan.

DR. B. S. MYERS: A year ago I withdrew the invitation of Indiana in favor of Cincinnati. I want you to know we want to see you out at Indiana at an early date. This year I am going to withdraw the invitation of Indiana in favor of Michigan. (Applause)

DR. REES: Moved that the 1940 meeting be held in Ann Arbor. Dr. Myers seconded the motion.

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

DR. W. T. SANGER (Medical College of Virginia): Several years ago the Medical College of Virginia asked the Association to meet in Richmond. Our friends in Atlanta presented an invitation which won over ours. We would like to stake a claim for 1941. I do not know if that can be done officially, but we would like to direct your thinking toward Richmond in 1941 for a number of reasons. We are building quite a plant which we hope to have adequately in operation by that time. It is a lovely time of the

year to come to Virginia. We will have plenty of ham and some other things to go with it, and those people who care to go to Williamsburg after the meeting and see historic shrines around and in Richmond will be accommodated. Furthermore, we plan to personalize this meeting if you will come to Richmond in such a way as to give the delegates from each school a personal host in our faculty.

PRESIDENT RAPPLEYE: The next item of business is the induction of the President and it gives me great pleasure to introduce our new president.

. . . The audience arose and applauded as the new president, Dr. Oppenheimer, was conducted to the chair by Drs. Bachmeyer and Chandler.

PRESIDENT OPPENHEIMER: If I recognize in your faces a mirror of my own feeling of fatigue because of this long session, I am sure the only thing you want to hear is a statement that I am going to do everything in my power to justify the confidence which you have placed in me.

I will entertain a motion that this body express to the University of Cincinnati, its medical faculty and friends, our very sincere appreciation of their courtesy and kindness and the many pleasant things they have done for us while here.

Such a motion was made, seconded and carried by a rising vote. (Applause).

DR. W. S. LADD (Cornell University): I wish to offer a resolution of appreciation and thanks to the Medical School of the University of Cincinnati for the pleasure they have given us at this meeting.

. . . The motion was seconded and carried . . .

. . . The meeting adjourned at eleven o'clock . . .

(Signed)

FRED C. ZAPFFE, Secretary

THIRD DAY

Wednesday, October 25, 1939

The session was convened at 9:50 a. m. with the newly installed president, Dr. Russell H. Oppenheimer, Emory University, in the Chair.

A symposium on student health service in universities was presented with the following participants:

"The Medical School and the Student Health Service," by Dr. John Sundwall, Professor of Hygiene and Public Health and Director of the Division of Hygiene and Public Health, University of Michigan.

"The Dartmouth College Health Service," by Dr. Nathan T. Millikin, Instructor in Physical Diagnosis and Medicine, Dartmouth Medical School.

"Human Health and Its Assessibility: Proposal for Its Use in University Health Services and in the Medical Curriculum," by Dr. E. Stanley Ryerson, Assistant Dean and Secretary, Faculty of Medicine University of Toronto.

"Tuberculosis Prevention: Immunization and Periodic Health Examinations Among Medical Students," by Dr. Harold S. Diehl dean Division of Medical Sciences, University of Minnesota, and Dr. Jay Arthur Myers, Professor of Medicine, University of Minnesota.

The discussion on these papers was opened by Drs. M. E. Barnes, Professor of Hygiene and Preventive Medicine, State University of Iowa.

There being no further business to come before the meeting, an adjournment, sine die, was taken at 12 o'clock.

(Signed)

FRED C. ZAPFFE, Secretary

Minutes of the Meeting of the Executive Council

Held October 25, 1939, in The Netherland Plaza

Cincinnati, Ohio

The Council was called to order by the chairman, Dr. Rees, with the following members present: Dr. Maurice H. Rees; Dr. W. C. Rappleye; Dr. R. H. Oppenheimer; Dr. L. R. Chandler; Dr. C. W. M. Poynter and Dr. Eben J. Carey. Drs. John P. Bowler and Stanhope Bayne-Jones were absent. The secretary, Fred C. Zapffe, and the treasurer, A. C. Bachmeyer, were also present.

On motion, Dr. Rees was elected chairman of the Council for the year 1939-1940.

COMMITTEES: The following committees were appointed:

Committee on Educational Policies.—E. Stanley Ryerson, chairman; C. Sidney Burwell, L. R. Chandler, John R. Youmans and E. M. MacEwen.

Committee on Aptitude Test.—The term of Dr. Thorpe having expired, he was reappointed for another five year term. The other members of the committee are: W. R. Bloor (1943); H. E. Jordan (1942); Paul Cannon (1941) and Worth Hale (1940), chairman.

Representatives to Advisory Board for Medical Specialties.—Willard C. Rappleye and Donald C. Balfour.

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

Committee on Mobilization for War.—William Pepper; Rev. Alphonse M. Schwitalla and A. S. Begg, chairman.

Inspections.—The following inspections of member colleges were authorized; Meharry Medical College; University of Alabama School of Medicine; Medical College of the State of South Carolina; Woman's Medical College; Hahnemann Medical College; Temple University School of Medicine; Wayne University School of Medicine; University of Buffalo School of Medicine. (Reinspection of Georgetown University School of Medicine was authorized by the Council at the meeting held October 22nd.)

The following schools requested a visit: Yale University Medical School; Washington University School of Medicine; University of Colorado School of Medicine.

The Council gave authorization to make these visits at the expense of the Association.

Educational Standard for Internships.—It was suggested by Dr. Rappleye that as a first step in formulating minimum standards for internships at an adequate educational level, for which authority was given the Council by the Association, all the medical schools of the country be grouped in eight regions; that a chairman be appointed for each region with authority to call to his assistance whomever he chose; that these regions be made up of states, irrespective of whether a medical school is situated in the state; that the functions of these committees be such as may be determined by the regional chairmen.

For purposes of organization Dr. Rappleye was appointed general chairman.

The Council then adjourned, subject to call by the chairman.

(Signed)

FRED C. ZAPFFE, Secretary