

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

MINUTES
OF THE PROCEEDINGS
of the
FIFTY-FIRST ANNUAL MEETING
Held in
ANN ARBOR, MICHIGAN
OCTOBER 28, 29 and 30, 1940



Office of the Secretary
Five South Wabash Avenue
Chicago, Illinois

FIRST DAY

Monday, October 28, 1940

The fifty-first annual meeting of the Association of American Medical Colleges convened in the Horace H. Rackham Building of the University of Michigan, Ann Arbor, at 9:30 A. M., the president, Dr. Russell H. Oppenheimer, dean of Emory University School of Medicine, Atlanta, Georgia, presiding.

Dr. A. C. Furstenberg, dean University of Michigan medical school, reported for the local Committee on Arrangements.

The first paper presented was entitled "The Internship." The author was Dr. Willard C. Rappleye, dean Columbia University College of Physicians and Surgeons.

The paper was discussed by Drs. L. R. Chandler, dean Stanford University School of Medicine; Currier McEwen, Dean New York University College of Medicine; R. S. Cunningham, dean Albany Medical College; D. M. Morrill, Medical superintendent, Receiving Hospital, Detroit; Cyrus C. Sturgis, professor of internal medicine, University of Michigan; J. E. McIntyre, secretary Michigan State Board of Registration in Medicine.

The next paper was presented by Dr. James D. Bruce, vice president of the University of Michigan in charge of University Relations. It was entitled "The Expanding Phases of Postgraduate Medical Education."

Dr. Bruce's paper was discussed by Dr. Harold S. Diehl, dean division of medical sciences University of Minnesota.

The next paper was presented by Professor Karl Litzenberg, director of residence halls, University of Michigan. It was entitled, "University of Michigan System of Residence Halls."

An adjournment was taken at 12:30 o'clock.

The afternoon was spent visiting the various departments of the medical school and the University Hospital.

DINNER MEETING

At 7:30 P. M., the delegates, visitors, members and friends of the faculty of the University of Michigan Medical School, met

together at dinner in the Michigan Union. Dr. A. C. Furstenberg dean of the University of Michigan Medical School, presided as toastmaster. Music was furnished by the Littke Symphony Orchestra of the University of Michigan.

The president of the University of Michigan, Dr. Alexander G. Ruthven, welcomed the assembled guests in a humorous and most enjoyable manner.

Dr. Russell H. Oppenheimer, president of the Association of American Medical Colleges, delivered his presidential address which stressed loyalty to the Association by its members.

A technicolor film, "Medical Colleges on Parade," depicted the medical colleges of the United States and Canada in a most interesting manner, bringing to those present a picture such as could only be obtained otherwise by an actual visit to each institution.

SECOND DAY

Tuesday, October 29, 1940

The session convened at 9:30 A. M., with the vice-president, Dr. Eben J. Carey, dean Marquette University School of Medicine, in the chair.

The following symposium on "Preparation for the Study of Medicine" was presented by members of the faculty of the University of Michigan.

1. By Louis R. Bredvold, professor of English and chairman of the department of English Language and Literature.
2. Hobart H. Willard, professor of chemistry.
3. Peter Okkelberg, professor of zoology
4. Preston W. Slosson, professor of history
5. C. V. Weller, professor of pathology
6. Cyrus C. Sturgis, professor of medicine.

The discussion on these papers was opened by:

Bruno Meinecke, associate professor of Latin; Randolph C. Adams, Director of the Clements Library of American History; Dr. W. A. Perlzweig, Duke University; Alphonse M. Schwitalla, St. Louis University; Wm. C. MacTavish, New York University.

Executive Session

October 29, 1940

The Executive Session of the Fifty-first Annual Meeting of the Association of American Medical Colleges was held at 4:00 P. M. in the Michigan Union, Ann Arbor, Michigan, Dr. Russell H. Oppenheimer, President, presiding.

ROLL CALL

The Secretary announced that seventy-seven colleges were represented by one or more delegates (123).

University of Alabama School of Medicine
College of Medical Evangelists
Stanford University School of Medicine
Southern California School of Medicine
University of Alberta 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
Howard 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 of Rochester School of Medicine
 Duke University School of Medicine
 University of North Carolina School of Medicine
 Wake Forest College 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
 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.

MINUTES OF THE 1939 MEETING

The next item was the reading of the minutes of the 1939 meeting.

The Secretary stated that the minutes of the 1939 meeting

had been printed and distributed to each member college and were offered as printed.

. . . On motion, regularly seconded, the minutes of the 1939 meeting were approved as printed.

Report of the Secretary

SECRETARY ZAPFFE: There has been no change in the membership during the year. Much has transpired during the year, of which I have tried to keep you apprised through the News Bulletin. Therefore, much of what would ordinarily be included in this report will be omitted.

One thing I would like to tell you again about the JOURNAL, and that is with reference to the news. It really distresses me when I do not get news from some of the colleges, or when I cannot pick up authentic news. Therefore, it is quite possible that some of you never see your school mentioned in the news.

I have often asked you to appoint someone in your office to send in news. Quite a few of you do it regularly. You have publicity bureaus. Others have someone in the office who sends in news; in some colleges the dean sends it in. It may not be news to you, but it is news to the other colleges. It will help us to keep our JOURNAL mailing list alive if, when you appoint a new professor, or when someone leaves your faculty, you send that information in as news, so we can check it on our mailing list.

INSPECTIONS

During the year eight colleges were visited on order of the Executive Council, and three colleges were visited on their request. One of these was Yale; the second was Washington University; and the third was the University of Colorado. Each of the colleges visited received a report, which was sent in duplicate to the president of the university, and has been presented to the Executive Council and acted on by that Council.

REPRESENTATIVES

The Association has also, during the year, been quite active in various national organizations on which it was requested to

be represented. The Executive Council made the appointments.

Dr. Rappleye was appointed a representative on the Continuation Committee of the Conference on Cultural Relations Between Latin American Republics. He also is a representative on the American Foundation for Tropical Medicine, of which he is an officer; they requested that, if possible, he be made the representative.

The Association also, within the week, was invited to be represented on the National Committee on Education and Defense, an organization that consists of fifty-six national educational organizations and institutions brought together through the agency of the American Council on Education which this Association holds membership and has held membership since the Council was organized as the National Emergency Council during the first World War.

The Association was also represented at a recent Conference on Accreditation.

There are other activities on which the Secretary ordinarily would report to you, but which are left for special consideration a little later, as, for example, the Committee on Internships, the Regional Committee and the Committee on Preparedness for War.

I regret to have to announce that during the year we lost two deans, Dr. Numa P. G. Adams of Howard University, and Dr. Alexander S. Begg of Boston University.

Retiring from the deanship during the year were Dr. Stanhope Bayne-Jones, of Yale; Dr. Langley Porter of California; Dr. B. D. Myers of Indiana; Dr. C. C. Bass, of Tulane; Dr William de B. McNider, of North Carolina; Dr. Martha Tracy, of Woman's and Dr. A. G. Flemming of McGill.

(Signed)

FRED C. ZAPFFE, Secretary

PRESIDENT OPPENHEIMER: I would like to suggest that the delegates rise for a moment in respect to the two deans who have departed during the year.

. . . The members rose in silent tribute to the memory of the departed deans . . .

Report of the Executive Council

DR. MAURICE H. REES: Considering the long and strenuous meetings which we had on Saturday and Sunday, I am surprised that we are able to get our report condensed as much as it is. That is made possible though by the fact that a great deal of our consideration was devoted to reports of certain committees which will be presented to you later by those committees.

The Executive Council held several meetings since the 1939 annual meeting, and has considered and made disposition of minor matters which do not require action by the Association.

Two items, in which you have considerable interest, were considered but will be presented to you for final action by the committees specifically charged with their consideration and conduct. They are matters connected with preparedness for national defense and internships.

For your disposition at this time, the Executive Council presents the following:

The Executive Council recommends that the University of Vermont College of Medicine be removed from probation and restored to full membership. Two inspections of the college have been made and the findings of the inspectors, in the opinion of the Council warrant this recommendation that the University of Vermont School of Medicine be taken from the probation list and put on the approval list with full membership.

. . . Upon motion regularly made and seconded, the recommendation was adopted . . .

DR. REES: The Executive Council recommends approval of the following suggestions made by the Advisory Council on Medical Education.

1. *College preparation for Medical Studies:* Recognizing the widening public, cultural and educational interests of medicine, the Advisory Council on Medical Education recommends to the Association of American Medical Colleges, the Association of American Universities, and the Association of American Colleges, that the college preparation for medical studies above the necessary grasp of the fundamental principles of biology, physics and chemistry should be devoted to general education rather than to additional forms of pre-professional education.

. . . The motion was regularly made and seconded that the recommendation be adopted . . .

REV. FR. SCHWITALLA: Do we understand now that we are dropping all former statements on requirements for admission by this motion? In other words, are we going to drop all the requirements in English, physics, chemistry, biology, and so forth, the languages?

DR. REES: It specifically mentions the principles of biology, physics and chemistry. They, of course, would be retained

SECRETARY ZAPFFE: The requirements now read: "shall not be less than two full academic years, which shall include English, theoretical and practical courses in physics and biology and in general and organic chemistry completed in institutions," and so forth.

REV. FR. SCHWITALLA: We are still mentioning those subjects?

SECRETARY ZAPFFE: Yes, but no time.

REV. FR. SCHWITALLA: Will we still continue that?

DR. REES: Yes.

REV. FR. SCHWITALLA: My question is just whether you intend to substitute for the section Dr. Zapffe just read, the section you just read.

DR. REES: This is not a recommendation to change the Constitution and By-Laws. This is just clarification.

DR. H. G. WEIKOTTEN: I do not believe it is implied in this that you want to discourage a student majoring in chemistry, physics or biology, if he so desires.

DR. REES: No, not necessarily, but the idea is to discourage them from making their entire preparation along scientific lines and neglecting cultural subjects.

DR. TORALD SOLLMANN: While the intent of the Committee may be perfectly clear, I do not believe that a student reading that would get the idea that he was free to major in chemistry or biology. He should not, unless you clarify it more. At least that is the impression we are sure to get, I think.

DR. REES: If majoring in chemistry means that he would devote all his premedical education to majoring in chemistry, I would say that would mean he should not do so.

REV. FR. SCHWITALLA: I am thinking about the effect on the colleges and the possible use to which this is going to be put by deans, not by those who have an adequate number of departments in chemistry, biology and so forth, but by those who are trying to get by with minimal laboratory equipment, and I want to say there is a goodly number of that kind of schools still in existence.

If you put this down purely as "above the necessary preparation" in physics, chemistry and biology, it will be interpreted by too many schools, I

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fear, as the first course in physics, chemistry and biology, and I am afraid you will discourage any additional development in the sciences.

I will tell you definitely that I have had trouble with colleges in asking for physical chemistry. They say that will not be among the fundamental principles of the necessary preparation in chemistry and, therefore, they will give it to the student in one course. That is what I am afraid of.

DR. PHILIP A. SHAFFER: It occurs to me that this is, perhaps, hasty action by the Association on rather an important matter. I have the thought that if the Association desires to continue its influence on the level and requirements for medical education, it would, perhaps, be more appropriate, rather than merely rubber-stamping, as I understand this motion to do in effect, the recommendation of the Advisory Council on Medical Education—however fine and well considered that may be—to refer this matter to the Council of this Association or to a special committee of this Association, with the idea of its phrasing the views of the Association on putting into effect that spirit of liberalization of medical requirements, with which I am wholly in agreement. I think that would be preferable to merely endorsing a recommendation so hastily put to us by the Advisory Council on Medical Education. I would like to see the Association take a little more active and more reflective attitude toward this question.

DR. REES: The Advisory Council on Medical Education has had this matter under consideration for the past two years and has worked on it strenuously. I think you all understand the makeup of the Advisory Council. Its representation is very broad, not only from the medical standpoint but from the collegiate standpoint, with representatives from the associations of universities, associations of colleges, and so on, and this has been very carefully worked out there.

Your Council has spent a great deal of time on this problem, studied it very carefully, and the members of the Council are convinced that this is a move in the right direction. Maybe it has not been worded quite right. It is subject to change in wording, of course, or it is up to you for disposition of the whole thing at the right time.

I do not want you to have the impression that this has.

REV. FR. SCHWITALLA: I was present at the meeting of the Advisory Council when this recommendation was adopted, and my recollection of the discussion was that there was adequate consideration given by the Advisory Council to the content of this resolution. I still have considerable misgiving about whether adequate consideration was given to the wording embodying the decisions of the Advisory Council, and, frankly, my difficulty is not, needless to say, as Dr. Shaffer's is not, with the liberalization that is intended here. I think, perhaps, we all are quite in accord with that thought, but I still think we must satisfy ourselves that whatever wording goes out from this Association, it should not be taken as giving comfort to those who simply insist on minimal courses, as we found, for example, this morning in our meeting, the minimal courses which are by no means desirable in the three fundamental sciences, that we think are fundamental for the medical curriculum.

I think it is something more than a mere wording here. I think we have to safeguard ourselves by a careful statement.

If Dr. Shaffer would be good enough to put his suggestion in the form of a motion, I will second it.

PRESIDENT OPPENHEIMER: The Chair will entertain a motion if you wish to make it, Dr. Shaffer

DR SHAFFER: No, Mr President I think Dr. Rees rather set aside my protest. I did not realize that the Council of this Association has been actively considering this matter, including the phraesology of the recommendation. I understood Dr. Rees to say that the Executive Council of this Association has carefully and adequately considered, in his opinion, the phraesology presented to us, and that the Council cannot improve on the recommendation made by the Advisory Council on Medical Education. Taking that advice from the Council, there is no point in my making a motion.

I do think it is a very important matter, because I think we are setting aside regulations of the Association, which must be done with the greatest care and circumspection. Dr. Rees informing us that that is the case, I have no further objection.

PRESIDENT OPPENHEIMER: The Executive Council is not unlike any other group, and it is quite possible for them to word a thing in a way which might not be sound. Therefore, the Executive Council takes no exception whatsoever to suggestions for rewording.

DR. L. R. CHANDLER: Is it implied in the discussion that the adoption of this recommendation would automatically change the requirements for admission to the medical schools that form the membership of this Association? That was not my understanding when this resolution was discussed in the Council.

PRESIDENT OPPENHEIMER: It would seem that whether or not it is intended to be a revision of the Constitution, it is at least an interpretation of it. Therefore, I believe that we should carefully consider it.

DR. SHAFFER: If you will pardon my rising once more, I would like to see accompanying this resolution a carefully phrased preamble and explanation from this Association on the change of view and the reasons for the liberalization of requirements for admission to medicine. That may be the backbone and the explanation for the changes that we are now expected to administer.

Once more may I say that I am wholeheartedly in favor of the liberalization of requirements for medicine, but I would like it to be done carefully, sternly, and not to be susceptible to interpretations as a lowering of standards.

DR. CHANDLER: I would move that this section of the Report of the Executive Council be referred to a special committee appointed now for reconsideration by this body this evening.

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

PRESIDENT OPPENHEIMER: The Chair will appoint Dr. Rees, Dr. Schwitalla and Dr. Shaffer to reword this recommendation at the evening session.

DR. REES: To continue with the recommendations—

2. The Internship: Inasmuch as the internship is now universally regarded as a part of the basic preparation for the practice of medicine and to be fully satisfactory must be integrated with the medical course proper, the Advisory Council on Medical Education recommends that the Association of American Medical Colleges, in cooperation with national medical and hospital organizations and the Federation of State Medical Boards and state licensing bodies, and after consultation with the Council on Medical Education and Hospitals of the American Medical Association, should formulate minimum educational standards for the internship and should prepare a list of hospitals in this country which meet these standards.

It is not intended to publish such a list, but to have it available for use by colleges through interchange of information now in possession of the medical colleges. The preparation of this list is to be the cooperative effort of the medical colleges through their regional intern committees, the hospitals and the Council on Medical Education and Hospitals of the American Medical Association.

. . . A motion to approve was made and seconded . . .

REV. FR. SCHWITALLA: Would it be worth while deferring action on this until we have the report of the regional committees? I, personally, could vote more intelligently on this, if we have that particular report.

PRESIDENT OPPENHEIMER: Dr. Schwitalla suggests that our action on this recommendation be postponed until we have heard the report of the Committee on Internships, which will take up this question further.

REV. FR. SCHWITALLA: Again I want to say that I am in sympathy with the motion completely.

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

DR. REES: B. Inasmuch as the internship is now universally regarded as a part of the basic preparation for the practice of medicine, the Advisory Council on Medical Education recommends to the Federation of State Medical Boards that an internship of not less than twelve months and of satisfactory educational content be required for admission to the state licensing board examinations in all states."

DR. SOLLMANN: I move this recommendation be laid on the table and be discussed later.

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

DR. REES: Your Council further recommends:

Interstate Endorsement: Believing that the public interest as well as that of the medical profession and of the medical education would be served by a satisfactory method of interstate endorsement of licensure, the Advisory Council on Medical Education recommends to the Federation of State Medical Boards that all state licensing boards endorse without further examination the licensure of an applicant previously obtained by an examination in another state whose standards of education and examination are not lower than their own, provided that the applicant is a graduate of a medical school in the United States and its possession which at the time of his graduation was on the list of approved medical schools”

The idea is: suppose the State of Michigan has certain standards for licensing men for the practice of medicine, this would recommend that the board in Michigan accept without examination licensures from any other state whose standards are not lower than those of Michigan, provided, of course, they are graduates of approved medical schools.

DR. SOLLMANN: Who determines the standards?

DR. REES: In the case I use, it would be determined by the standards of Michigan. In New York, for example, the New York Board has set up certain standards for licensure. My understanding is—some of the New York men can correct me if I am wrong—that a person can go into that state and be accepted without examination, provided he meets all the requirements of the New York Board—other than examination.

Dr. McEwen, maybe you can correct me.

DR. CURRIER McEWEN: Dr. Hannon is here, the Secretary of the New York State Board.

DR. R. R. HANNON: The laws covering the endorsement of the license were changed in New York last April. Formerly New York had a reciprocity agreement with eight states. There were eight other states in which the form of agreement was in existence. A license from another state could not be endorsed by the regular New York State endorsement law. Any case from another state had to go through the Board of Regents on application. That had to be acted on specially by the regents. The applicant had to show five years of practice in the state under that section.

The new law has done away with all reciprocity agreements. Under the present agreement anybody from any state can apply for an endorsement, and if the man has met the New York State requirements on preliminary profession education and practice, then his application is acted on. If he has met those, and the examination is held to be equivalent to the New York State examination in subjects and standards, his application will be favorably approved.

DR. REES: Then this is practically the same thing as you have in New York. That is, it is a recommendation that it be adopted by other states.

PRESIDENT OPPENHEIMER: What is your wish on this recommendation?

REV. FR. SCHWITALLA: Do we have information available on questions of this kind? Suppose that in New York or in some other state, State X, there should be a requirement still on the statute—and there are some I am sure because there are some in Missouri—with reference to the number of hours in chemistry or biology required. Now, Missouri gives reciprocity to other states, not necessarily on the basis of requirements in Missouri. There might be an argument whether six hours in one subject, as against one hour required by Missouri, would be considered as representing a lower standard. Such a person would be debarred, and we would be, at the same time, acting contrary to the spirit and the intent of the resolution that we have put before us this afternoon.

I wonder if the Executive Council has information on that to enable us to pass judgment on the value of this resolution. It is pretty hard to define lower standards, especially now when the word "standards" is growing so completely out of date in educational institutions. I am a little bit worried about whether we should use that word "standards." The concept, I think, of school administration is changing considerably in the use of that word "standards." If it means quantitative standards, six hours or eight hours in one subject, I am afraid that resolution might do some harm to some states that now have reciprocity.

DR. REES: Of course, you understand this is only a recommendation to the State Boards. There is nothing mandatory about it at all.

REV. FR. SCHWITALLA: I am completely in sympathy with this move, Mr. Chairman and Dr. Rees. I want you to understand that I feel that has a very valuable thought in it. I am just worried about how these things are worked and how they may be taken up by the agencies which send these. I think the State Board group would find a lot of comfort in that and a lot of ways of reviving reciprocity that are not in existence now.

I do not think we expected to restrict reciprocity, did we? Certainly the Advisory Council did not expect to do that.

DR. REES: We expected to extend it.

REV. FR. SCHWITALLA: That is what I thought. I think this might work in the opposite direction, the way it is worded.

DR. E. M. MacEWEN: Any State that can satisfy the State of Iowa and meet their requirements gets reciprocity. What are you doing in this that is different? I would like to have it clarified before I vote on it.

REV. FR. SCHWITALLA: May I answer that question? I seem to have been following the debate. At the present time reciprocity, as it was represented to the Advisory Council, needs or has been extended to the state on the basis of formal action of the reciprocating board, of the board that extended reciprocity. Now we are recommending that automatically any state that has a standard for medical licensure should accept the licensures

of another state without examination, automatically, provided the other state does not have lower standards, so this becomes automatic and is taken more or less as a custom by the state boards, without necessary formal action.

DR. REES: Dr. Oppenheimer suggested that where it says "and of medical education would be served by a satisfactory method" we use the word "facilitated" instead of "served." Would that be clearer?

DR. SOLLMANN: "Promoted."

REV. FR. SCHWITALLA: Would this be a desirable action, that this Association now, if the maker of the motion will accept my amendment, approve this recommendation in principle, with the hope that the Federation of State Boards will notify this Association of the implementation of such action as a practical procedure?

Then they can approve the intent of this, which of course is a very desirable one, to extend the whole concept of licensure, and it can be referred to the Federation of State Boards for study of methods to implement this procedure.

REV. FR. SCHWITALLA: Representatives from the Federation of State Boards were present when this was adopted. They had their representative present at the meeting. Now, with that in mind, I put myself in the place of the Federation. We endorse this recommendation and send it back to the Federation. The Federation has the same advice we received from the Advisory Council. Now, it seems to me that what we can add to what the Council has done is to notify them that this Association approved this in principle, in the hope that the Federation of State Boards will advise us how this can be made effective. We are not in position, so far as I can see, to make this effective at this moment.

DR. CURRIER McEWEN: I move that the Association approve the recommendation as read.

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

DR. REES: There may be some mistaken notion regarding the Advisory Council. It has no power whatsoever other than the title indicates. It is purely advisory. It is sending this material to us for action, as it sends it in to the other groups for action.

The Executive Council recommends the adoption of the following resolution: "The Association of American Medical Colleges, believing that the basic science board requirements should be waived in the instance of graduates of approved medical colleges as sufficient to meet the requirements for admission to institutions which provide adequate instruction in the subjects included in the examination of basic science boards."

A number of our states have basic science boards which require that medical students after the first two years take an examination in basic sciences. The recommendation is that students of approved medical colleges should have this examination waived in their case. The Federation of State Medical Boards feel just as we do; they felt that the thing was a nuisance.

Of course, you understand that the purpose of the basic science law is not a qualifying examination of any kind. The whole purpose is simply a hope that it may eliminate certain osteopaths and chiropractors and probably some other irregulars.

DR. O. W. HYMAN: I move that recommendation be rejected.

I believe it will have an effect that will be hurtful. Dr. Rees has stated that the purpose of the basic science laws is not to examine the medical students but to set up an examination which, we hope, will eliminate men from chiropratic schools and other sect schools who have not had proper training. If we, by this resolution, should secure the exemption of medical students, it would open the way for similar benefits to be given to the graduates of these other colleges. In other words, it would break down exactly the thing which we want to protect. It would destroy the very purpose for which the basic science laws were written.

. . . The motion was seconded . . .

DR. ROBERT U. PATTERSON (Oklahoma): I rise to speak in support of Dr. Hyman. We have a basic science law in Oklahoma. It was written for that very purpose Dr. Rees mentioned, to try to elevate the standards of medical education and to make it difficult for a chiropractor or osteopath to get a license in the state. They are separate boards. There are three medical boards. If we did not have a basic science law they could pass their men and give them a license to practice at any time. They had been doing so every day, so that basic science law was passed, after a great deal of difficulty, through a legislature which is not exactly interested in organized medicine, and it would be a very serious thing to try to get it changed. I do not think you could get the legislature in Oklahoma to do it without probably throwing all those standards out of the door. In fact it would never have gotten through the legislature if the medical profession of the state had not gone into their pockets and done a lot of things to put that through the legislature.

I am opposed to any such change, because our medical students can take that examination and pass it, and it is just too bad, but if you lower that bar you are going to have osteopaths and chiropractors asking for the same thing, as mentioned by Dr. Hyman.

DR. REES: May I explain further on this? This was presented at the request of the State Board men who were on the Advisory Council. When the question of universal reciprocity was brought up, they all stated, "Your biggest stumbling block is going to be the basic science law. That is

the thing that is going to interfere with any type of universal reciprocity." Therefore, we presented this as a sort of sister recommendation, with this other one on universal reciprocity.

DR. SOLLMANN: Would not the object of this be accomplished if medical students were permitted to take the basic science examination at the time they take their final examination?

DR. REES: They can take it any time.

DR. SOLLMANN: They could take it at the time of the final examination?

DR. REES: Yes.

REV. FR. SCHWITALLA: In answer to Dr. Sollmann's question, the purpose was precisely to prevent the osteopath and the chiropractor, at least, from coming up on the final examination. There was the hope of trying to stop this sort of thing; that was discussed in Missouri. In Iowa it is in existence. We do not have it in Missouri. I recall the argument in Iowa. I do not know what the present situation is, but it would not serve the purpose to have basic science examination in the final examination.

DR. E. M. MacEWEN: In Iowa they must have passed that examination before they can be admitted. Naturally, the basic science boards must have some time to review those questions. It would require a special act of the legislature. In Iowa the osteopaths have the same right to practice medicine as a regular physician has. We do not want to give the chiropractor the same right. I think it would be a dangerous thing to open it up again.

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

DR. REES: The Executive Council suggests that every member college send to the office of the Association the names of those of its graduates who have not been successful in securing an internship by November 15. The hospitals approved for intern training by the Council on Medical Education and Hospitals of the American Medical Association, which have not been able to fill their quota of internships by November 15, will be asked to make known to the Association of American Medical Colleges their needs, to the end that the Association, through its Intern Placement Bureau, can assist both graduates and hospitals to overcome their difficulties. It is urged that this proposal be given serious consideration and be given a trial to make possible a determination as to the feasibility of the suggested plan.

The Executive Council announces the appointment of a Committee on Preparedness for Medical Colleges to succeed the Committee on Mobilization for War appointed at the 1939 meeting of the Association. The Committee membership is: Dr. W. C. Rappleye, Dr. William Pepper and Dr. Fred C. Zapffe.

The report of the Treasurer for 1939-1940, properly audited, was submitted to the Executive Council and was approved.

The budget for 1940-1941 was prepared under the authorization given the Executive Council by Section 6 of the Constitution and By-Laws and, with the report of the Treasurer, will be published in full in the official minutes of this meeting a copy of which will be sent to the dean of every member college.

Briefly, the budget amounts to \$34,270, divided as follows:

INCOME:

Estimated receipts \$34,270.00

DISBURSEMENTS:

General Expense	\$13,020.00
Treasurer's Office	250.00
Journal	5,800.00
Travel	1,000.00
Annual Meeting	500.00
American Council on Education	100.00
Contingency	1,000.00
Aptitude Test Committee	12,600.00

In connection with that last item, I will say that it is planned to change the time of holding the aptitude test from the fall of the year to early in the spring. Therefore, the returns from two tests and the cost of holding two tests is included in the budget for this year. For 1941-1942, only one test will be given—in the spring of 1942. Thus, the returns from the test will be available for use by the colleges at least six months earlier than has hitherto been the case.

(Signed)

R. H. OPPENHEIMER
 C. W. M. POYNTER
 E. J. CAREY
 W. C. RAPPLEYE
 L. R. CHANDLER
 JOHN P. BOWLER
 MAURICE H. REES, *Chairman*

ADDENDUM TO REPORT OF EXECUTIVE COUNCIL

BUDGET FOR 1940 - 1941

INCOME (Estimated)

Dues	\$12,450.00
Advertising	3,000.00
Journal Sales & Subscriptions	150.00
Apptitude Tests	10,500.00
	<hr/>
	\$26,100.00
	<hr/>
Underwriting	3,970.00
	<hr/>
Total Income	\$30,070.00
	<hr/>

EXPENSE:

Association Office:

Secretary—salary	\$ 7,200.00
Stenographer—salary	1,500.00
Clerk—salary	1,320.00
Office rent	2,000.00
Stationary, printing & supplies	375.00
Postage	225.00
Telephone & light	150.00
New equipment	100.00
Surety bond premium	25.00
Miscellaneous	125.00
	<hr/>
	\$13,020.00
	<hr/>

Treasurer's Office

Clerk—salary	\$ 50.00
Bookkeeper—salary	50.00
Surety bond premium	50.00
Auditing fee	25.00
Postage & miscellaneous	75.00
	<hr/>
	\$ 250.00
	<hr/>

Journal:

Publication	\$ 5,800.00
Postage	
	<hr/>
	\$ 5,800.00
	<hr/>

Travel Expense.....	1,000.00
	<hr/>

Annual Meeting Expense:

Travel expense—Secretary	
Reporting, Printing	500.00

ADDENDUM TO REPORT OF EXECUTIVE COUNCIL, Cont'd
BUDGET FOR 1940 - 1941 (Cont'd)

American Council on Education:	
Membership	\$ 100.00
Contingency	1,000.00
Aptitude Test Committee:	
Salaries	\$ 5,600.00
Honorarium	3,000.00
Proctor's fee
Statistical studies	500.00
Office rent	600.00
Printing	1,200.00
Postage & miscellaneous	1,100.00
Surety bond premium
Travel	350.00
New Equipment	250.00
	<hr/>
	\$12,600.00
	<hr/>
Total Expense	\$34,270.00

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Comparison of
Journal Income and Expense
1936 - 1940

1936-37			
Journal Expense		\$3,534.38	
Advertising Income	1,257.59		
Sales & Subscriptions	173.00	1,431.29	
	<hr/>	<hr/>	
Net loss.....			\$2,103.09
1937-38			
Journal Expense		4,031.71	
Advertising Income	1,645.15		
Sales & Subscriptions	106.50	1,751.65	
	<hr/>	<hr/>	
Net loss			2,280.06
1938-39			
Journal Expense		4,722.89	
Advertising Income	1,514.03		
Sales & Subscriptions	178.75	1,692.78	
	<hr/>	<hr/>	
Net loss			3,030.11
1939-40			
Journal Expense		5,630.70	
Advertising Income	3,467.82		
Sales & Subscriptions	131.83	3,599.65	
	<hr/>	<hr/>	
Net loss			2,031.05

(Signed)

A. C. BACHMEYER, Treasurer

Report of Treasurer

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

BALANCE SHEET—AUGUST 31, 1940

ASSETS:

Cash in bank	\$10,123.04	
Petty cash advances	135.00	
Accounts receivable	150.00	
Investments	15,000.00	
		<u>\$25,408.04</u>

LIABILITIES:

Deferred income	\$ 4,950.00	
Accumulated net income	20,458.04	
		<u>\$25,408.04</u>

STATEMENT OF INCOME AND EXPENSE

FOR THE YEAR ENDED AUGUST 31, 1940

INCOME:

Dues	\$12,450.00	
Advertising	3,467.82	
Journal sales and subscriptions	131.83	
Aptitude tests	11,061.75	\$27,111.40
		<u> </u>

EXPENSE:

Association Office	\$12,332.91	
Treasurer's Office	236.77	
Journal	5,630.70	
Travel expense to colleges	1,506.51	
Annual meeting expense	380.72	
American Council on Education	100.00	
Contingency	333.34	
Aptitude Test Committee	7,319.77	\$27,840.72
		<u> </u>

Excess of Expense over Income		\$ 729.32
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DETAILED STATEMENT OF EXPENSE
FOR THE YEAR ENDED AUGUST 31, 1940

Association Office:

Secretary—salary	\$ 6,600.00
Stenographer—salary	1,500.00
Clerk—salary	1,270.00
Office rent	1,992.00
Stationary, printing and supplies	370.13
Postage	223.26
Telephone and light	132.48
New equipment	105.05
Surety bond premium	25.00
Miscellaneous	114.99
	\$12,332.91

Treasurer's Office:

Bookkeeper—salary	\$ 50.00
Clerk—salary	50.00
Surety bond premium	50.00
Auditing fee	25.00
Postage and miscellaneous	61.77
	\$ 236.77

Journal:

Publication	\$ 5,630.70
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Travel expense to colleges	\$ 1,506.51
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Annual meeting expense:

Travel expense—Secretary	\$ 92.50
Reporting	162.97
Printing	125.25
	\$ 380.72

American Council on Education:

Membership	\$ 100.00
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Contingency:

Commission on Graduate Medical Education..	\$ 333.34
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Aptitude Test Committee

Salaries	\$ 3,486.15
Honorarium	1,500.00
Statistical studies in Predictive Value	385.00
Office rent	600.00
Printing	410.27
Postage and miscellaneous	596.20

DETAILED STATEMENT OF EXPENSE (Cont'd)

FOR THE YEAR ENDED AUGUST 31, 1940

New equipment	73.56
Travel	258.09
Surety bond premium	10.50
	<hr/>
	\$ 7,319.77
Grand Total	<hr/>
	\$27,840.72

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Report of Committee on Educational Policies

SUBCOMMITTEE ON INTERN EDUCATION:

DR. J. A. CURRAN (Brooklyn, New York): Mr. President and Members of the Association: I think that this Subcommittee is in rather a curious status, but we were given, I believe, permission last year to prepare and present a final report this year.

I think, in explanation of this report, I would say this, that the committee members have found it a very difficult problem to get a report on which we could agree, illustrating the very great diversity of the problem that you encounter in different parts of the country.

I also want to apologize somewhat for the voluminous report. It is our swan song.

At the Cincinnati meeting of the Association held in 1939, this special committee's report on intern education was accepted by the Committee on Educational Policies. Permission was granted at that time to continue the studies of this subcommittee for one year and make a final report at the Ann Arbor meeting of the Association.

In the interim, dramatic changes have occurred in the whole field of house staff education, bringing its problems into sharper focus than ever before. For example, the attempt to place all interns on or before November 15 has been successful in moving the schedule of intern examination of a larger number of hospitals to early autumn and even into the summer. To this extent, the work of the senior year of the medical course is less disrupted than before. It must be admitted, however that many of the old difficulties remain. In certain areas the earlier dates of examination seem to have merely accentuated the annual scramble of candidates for places and of hospitals for interns.

A great many complaints are heard from medical colleges—especially those with fourth-year clerkships—that the teachers are less able to write discriminating letters of recommendation. When formerly the majority of hospital examinations were held during the Christmas holidays, these teachers were able to observe senior students at the bedside for two or three months and thus were better able to appraise their capabilities. Also, it is felt that senior students are in a position to more intelligently select an internship meeting their needs, after they have had a period of ward clerkship service.

The accentuation of competition between hospitals has intensified pressure methods by the hospitals—such as the sending of telegrams (collect), demanding an answer within twenty-four hours; or insisting that contracts be signed immediately at the end of a successful examination.

For these reasons, it is urged that the Association, through its Committee on Internship, study cooperative arrangements between the medical schools and hospitals for better intern selection and placements, and that one date be designated for the closing of applications and another for the announcement of selection. The committee also recommends that written examinations be discouraged as a method of selecting interns.

Various arrangements have been used in different localities. Your are familiar with the plans which have been followed in Boston, Philadelphia and in Canada, which allow both the students and hospitals to state their order of preference. We might also call attention to the plan which has been successfully followed in certain centers such as Wisconsin and Minnesota, by which multiple applications are avoided. Briefly, a group of cooperating hospitals have their internship vacancies filled each year, by agreeing to accept the candidate nominated by the school.

In New York City the problem is exceptionally complicated because of the very large number of internships annually available and their great diversity. A plan has been proposed by the New York Committee in the Study of Hospital Internships and Residencies, which offers the possibility of efficient cooperation without the necessity for a central clearing house arrangement. In brief, each hospital will select its interns without interference of a central organization. A common date for closing of applications will be agreed upon, and each hospital will prepare a list of acceptable candidates in order of preference. On a given date, the hospitals will announce to each candidate his status in one of the following categories: either

- A. He is offered an appointment, or
- B. He is on the list of alternate, or
- C. His application has been rejected.

One week is to be allowed for acceptance or refusal. At the end of one week, the hospital will notify a number of alternate candidates sufficient to fill the vacancies resulting from refusals. Should vacancies still remain, the same process may be repeated one week later.

MINIMUM STANDARDS FOR INTERN EDUCATION

For various reasons, it has been much more difficult to evolve clear cut standards for the training of interns than has been the case in the teaching of medical students. When Abraham Flexner made his famous survey for the Carnegie Foundation in 1911, he visited the leading medical colleges of that day and was able to prepare very satisfactory standards as to entrance requirements, faculty, curriculum, buildings, laboratories, equipment, financing and hospital relationships. When this pattern was strictly applied to the 155 medical schools of that period, nearly half of them were forced to close their doors.

In the hospital educational field, the picture has not been so clear. It is much more difficult to regulate plans for intern education than it has been for the college course. Hospitals vary enormously in clinical resources, type of service, educational affiliation and financial support. Half of them cannot be closed up after the manner of the medical college reform, for most of these hospitals offering internships either are or should be rendering essential community service.

We must depend, therefore, more on guiding principles and less on rigid standards as we deal with the educational problem in these hospitals. It is essential that we give more thought to what these guiding principles are.

GUIDING PRINCIPLES OF INTERN EDUCATION

In the report of this subcommittee last year, an attempt was made to outline these guiding principles. These conclusions were the product of intensive studies made of hospital educational programs in various part of the United States and Canada during the past ten years. With these points in mind we can now quite definitely classify hospitals as to educational standing and separate the good from the inadequate internships.

Furthermore, it is quite clear, in most instances, that the latter group cannot be converted into good internships merely by pointing out to them their deficiencies, and giving well-meant advice. Unless these efforts are backed up by lists of approval or disapproval, medical and lay boards cannot be stimulated to sufficiently bestir themselves to meet the situation. The old adage that 'we tend to work only as hard as we have to' applies with full force to these groups.

For these reasons it seems imperative that we apply more strictly the tests of acceptable internships to all hospitals and

prepare for the use of the regional committees confidential lists of those that can adequately continue the educational course through the period of house staff training.

ADJUSTMENT OF INTERN SUPPLY AND DEMAND

At present there are more internships than there are candidates to fill them. The annual number of medical graduates is increasing very slowly, but the number of internships available is increasing rapidly. Even if this oversupply is corrected by removing a considerable number of hospitals from the approved list, the remedy will be only a temporary one. The accredited hospitals may continue to increase the size of their intern staffs at much the same rate as they have in the past. Hence, another method must be sought to keep demand for and supply of interns more evenly adjusted.

One method offering a solution is that of encouraging more hospitals qualifying graduates for general practice to change from one year to two-year rotating internships. The other is to suggest to hospitals not able to fill their places, that they develop paid house officerships. By this simple manoeuvre only one half as many interns will be required per year, and the educational value of the experience will be enhanced through longer assignments of interns to the various services. Since approximately 75 per cent of all American hospitals are on a one year rotating intern service basis, a large reserve of possibility exists for keeping the hospitals' needs adjusted to the annual number of graduates to be expected from the medical schools. If we concede that the undergraduate four years and the internship constitute a continuous medical course, then some such sliding scale of adjustment would appear to be imperative.

NEED FOR LONG RANGE PLANNING

In the task before the hospitals of maintaining internships of high educational content, emphasis must be given to plans for long range planning. Too many hospitals cherish the naive idea that a few months of concerted effort by the staff will change a weak educational program into a strong one. It is true that much may be accomplished by development of soundly organized departmental conferences, regular rounds, good record keeping, and reorganization of intern supervision and instruction; but this requires years of steady effort, and all of these accomplishments do not necessarily reach the heart of the problem.

All efforts will fall short of the goal unless there is a far reaching plan for graduate education of the attending staff, beginning immediately after the internship. Those men of unusual aptitude in one field will need to spend a period of years of residency to meet the requirements of the specialty boards. Others may serve an additional year of straight internship in one field, such as pediatrics, medicine, obstetrics, psychiatry and so forth. It is highly desirable that all physicians in general practice have a special interest in one of the non-surgical fields. With the advantage of such an interest, they can fully play their part in aiding the directors of each service to maintain high standards of work and give their fellow staff members and the interns the stimulation and encouragement they require.

Hospitals staffed by physicians who are predominately in general practice have great difficulty in providing an internship of high educational content. These physicians do not have the time to keep up with the march of medical events in any one field. Although they should be competent to deal with all ordinary exigencies of practice, their teaching contribution on organized hospital services should be under the guidance of directors of services who are fully qualified in the field. With this advantage, there is no reason why the general practitioner should not make a valuable educational contribution and further his own development at the same time. If hospitals wish to remain on an accredited basis, they must not only encourage their younger staff members during their formative years to obtain the requisite graduate training, but they must be willing to invite to join their staff young men who have just finished residencies in the larger teaching hospitals. Directors of services with highly organized residency programs are fully aware of the difficulty of placing their graduates in these smaller hospitals where they are urgently needed and where they can justify their training. It is to be hoped that the desire to survive as a hospital approved for internship will supply the lacking impetus.

DEFICIENCIES AMONG UNSATISFACTORY INTERNSHIPS

Up to the present, those of us interested in the education of interns and residents have been largely concerned with minimum standards and acceptable principles. During recent years, a great deal of intensive effort has been made to apply these principles and carry out these programs, but recent careful studies of internships and residencies in certain areas bring to light the failure of a great many hospitals to reach an approved level.

For this reason, it would seem highly desirable to attempt an analysis of factors which prevent them from attaining at least minimum educational standards. In view of the increasing seriousness of the international situation and the plans for military defense, the responsibilities of medical educators to bring all phases of the general program to a high state of efficiency are heavier than ever before. The selective service act will place upon our hospitals an added strain which can be met only by careful planning. It must not be forgotten that the military emergency created by our participation in World War I seriously disrupted our hospital attending and intern staffs. In some cases the effects of this were felt for years after the Armistice.

OBSTACLES IN THE PATH OF EDUCATIONAL PROGRAMS IN OUR HOSPITALS

I. Lack of properly organized services

To meet the requirements of the American Medical Association, all hospitals approved for internship have separate organized services in medicine, surgery, obstetrics, pediatrics and other specialties, with staff members allocated to one or the other service. Unfortunately, in many hospitals, particularly those in which private patients predominate, the service organization is almost completely futile as an educational force. Attending physicians visit their patients at irregular times of the day, with little or no attempt at organized rounds and systematic study of the clinical material at properly organized clinics and conferences.

II. Staff Conferences

At staff conferences, there is a painful lack of frankness in reviewing diagnostic and therapeutic results, because of unwillingness on the part of attending physicians to allow an appraisal of their success or failure in caring for their private patients. This lack of a true scientific spirit of inquiry and self-appraisal results in a serious educational blight. This is particularly true where there is only one general staff conference for the entire hospital. Obviously, there cannot be the same frankness in reviewing such matters as accuracy of diagnosis, efficacy of treatment, wound infection of clean cases, and obstetrical morbidity and mortality before the entire hospital staff, as there could be 'within the family' of the service concerned.

Perhaps the most serious weakness in the intern and resident educational program is the lack of properly organized conferences on each of the hospital services. The consequences are

educational stagnation and an example of intellectual dishonesty which will have a far-reaching effect on the house staffs exposed to such an atmosphere.

The remedy seems obvious: either a willingness of the staff to make the necessary changes, or the prompt removal of the hospital from lists approved for internship and residency.

III. *Follow-up Clinics*

Besides inadequate staff conferences, a considerable number of hospitals with unsatisfactory internships, fail to conduct organized follow-up clinics with intern participation. Hence, the interns see nothing but the immediate results of hospital care.

IV. *Futile 'Grand Rounds'*

In some instances, as many as 30 patients may be seen in an hour's time. Rounds of this type encourage careless, hasty methods and snap diagnoses.

V. *Attending Staff Difficulties*

A. Lack of a sufficient number of adequately qualified attending staff members. Among unsatisfactorily internship situations, the most frequent complaint of the interns is that there are not enough attending physicians either able or willing to supervise their work and advance their knowledge of medicine by active teaching.

B. Frequent change of attending staff assignment. In hospitals where a director of each service does not function, a change of attending staff every few months prevents the continuation of standards at a high level.

C. Lack of discipline of attending staffs in such matters as regularity of organized rounds, maintenance of standards.

D. Overemphasis on technical surgery because of its economic implications to the hospital and to the physician. Surgical cases are more profitable and their hospital stay is shorter; hence, the frequently seen weak medical services in hospitals of low internship standards.

E. Fundamental Economic Obstacles to Adequate Educational Standards.

The income available to physicians practicing in any given area has a direct relationship to the time they are able to give to educational responsibilities. If the region is overcrowded with doctors, or if the people are of low economic status, the financial returns from practice are inevitably limited. Hence, in the struggle to make a living, hospital staffs in such areas will have little time left for such financially unremunerative duties as organized supervision and teaching of their interns.

In other situations, the hospital clientele may be relatively well to do and, by paying their doctors more generously, give them more free time to devote to educational activities. The success of an educational program in a hospital can be assured only if the attending staff have a fair chance to meet their personal financial obligations. If this is true, than the hospital can insist upon the maintenance of educational ideals.

VI. *Difficulties in Connection with Residencies*

A. In the rush of certain hospitals to install residencies, internships have been seriously and unnecessarily disrupted. Not infrequently, residents have been appointed on services without an adequate amount of clinical material. A weak internship is usually made worse by attempts to set up residencies, because the basic educational program is faulty to begin with. In their haste to 'keep up with the Joneses,' some hospitals have brought in residents with preliminary training inferior to that of their own interns. Such conditions have created discontent and lowering of morale among intern groups.

B. One-year residencies, especially those based on only one year of rotating internship, have been disappointing in their educational contribution and should be classified as *senior internships*.

C. The requirements of the specialty boards have stimulated a demand for basic-science training which an inadequate number of hospitals and medical colleges are equipped to supply. As a consequence, there has been confusion and discontent among residents over their inability to meet the boards' criteria.

VIII. *Internship Shortcomings*

A. Faulty schedules continue to be a serious weakness. This is particularly true of rotating internships with so many dif-

ferent assignments that each is too short to give adequate experience.

B. Poor Medical Records. The increasing case load in our hospitals as well as poor planning, has caused interns to resort to 'assembly line' methods—one intern writing the history, another making the physical examination, and others carrying out laboratory procedures. Such division of labor not only prevents each intern from acquiring orderly habits of approach to his patient's problem, but fosters the idea that the recording of case notes and laboratory tests are menial tasks to be delegated as soon as possible to a subordinate. It is not unusual for seniors to try to pass all of this work along to junior interns, so overloading them with work that poor standards of accomplishment are the inevitable result. Juniors endure the situation, looking forward to the days when they too will be excused from this 'scut' work.

On private room pavilions where interns are assigned, too often it is found that the histories and physical examinations are written only because required by such accrediting agencies as the American College of Surgeons and the American Medical Association. Frequently the attending physician has decided on the diagnosis and treatment through studies in his own office before sending the case into the hospital. The intern's records are usually ignored, the attending physician frequently neglecting to call the intern when visiting his patients. Justifiably, the intern views his labors in recording the required history and physical examination as a meaningless task and the whole assignment as a useless waste of time.

C. Lack of outpatient clinic experience continues to be a real deficiency in certain internships, particularly those where the interns do not participate in prenatal and post partum clinics, pediatric and surgical follow-up, or other types of organized study of the ambulatory phases of their patients' problems.

SUMMARY

To briefly summarize, the following points are the ones which seem to be particularly important in the present intern and resident educational situation.

I. The need of better cooperation between the medical colleges and hospitals as to internship placement.

II. That serious consideration be given to the establishing of uniform dates for intern application and announcement of appointment, with further careful study of appropriate dates.

III. That, in estimating the quality of internships, more emphasis be given to fundamental principles of education, and less to rigid standardization. In our report of last year, we attempted to outline these principles.

IV. After careful appraisal of internships according to these principles, it is urged that a list of the acceptable hospitals be prepared for the confidential use of the regional committees. It is not considered wise to make such a list public at this time.

V. To correct the growing oversupply of internships leading to general practice, it is suggested that more one-year rotating internships be lengthened to two years. Consideration should be given to development of paid house officerships in hospitals not able to maintain internships of acceptable educational content.

VI. Long-range planning by hospitals is needed to maintain high educational ideals and to build up attending staffs able to fulfill their teaching responsibilities.

VII. In order to more clearly visualize the obstacles in the way of good internship education, the following deficiencies may be noted:

1. Inadequately organized hospital services and staff conferences.
2. Lack of organized follow-up study of patients
3. Futile grand rounds.
4. Attending staff deficiencies,
 - (a) Lack of qualified leadership
 - (b) Too frequent rotation of assignment
 - (c) Lack of discipline in fulfilling educational obligations
 - (d) Overemphasis on technical surgery
 - (e) Financial difficulties.
5. Shortcomings of the residencies:
 - (a) Ill-advised installation
 - (b) Wrongly designated one-year residencies
 - (c) Lack of basic-science facilities.

6. Internship weaknesses:

- (a) Faulty internship plans
- (b) Poor medical records
- (c) Misapplied assignments to private services
- (d) Lack of outpatient experience.

(Signed)

Respectfully submitted.

J. A. CURRAN, *Chairman*

ROBIN C. BUERKI

C. D. CREEVY

REGINALD FITZ

CURRIER MCEWEN

. . . A motion to accept the report was seconded, put to a vote and carried . . .

PLACE OF 1941 MEETING

DR. W. T. SANGER (Richmond, Virginia): May I ask a question? We are inviting you to Richmond next year. As I cannot stay until the night meeting, I should like to ask whether it would be possible to consider the meeting place for next year at this time, at least in a preliminary way, in order that I might personally extend the invitation.

PRESIDENT OPPENHEIMER: Is there any objection to the consideration of the meeting place at this time? There seem to be no objections.

DR. SANGER: Mr. Chairman and Gentlemen: You have had a letter from our Dean Sutton, cordially inviting the Association to meet in Richmond next year, and I thought it would be appropriate for me to say a personal word, as President of the institution, because we would like to have you there.

We have a nice meeting place, the historic Egyptian Building, which has an ample auditorium to accommodate this body. We have another institution, too. We have ample facilities. We have been spending a good deal of money. We are like folks who have a new baby in the family; there is always enthusiasm about new things of this sort, and it would be a little more appropriate for you to come while this newness obtains.

The hotel accommodations are perfectly splendid; in fact, so near our institution, which is located just at Capitol Square, that it would be possible, if we have ordinary weather, for you to walk from the hotel to our meeting place. We have ample eating places, too, in our institution, and can take care of you there.

We hope you will accept our invitation to come, and not only spend two and one-half days in this session, but also provide a little extra laboratory facilities for President Roffner, by extending your time to visit Williamsburg, the University of Richmond, our neighboring institution seven miles away, and look over the historic battlefields around Richmond, now under federal administration, and very historic centers in Richmond.

The Confederate Museum, which is a very fine museum, is located in our institutional area.

We have had a good deal of experience in handling meetings, especially since Williamsburg has opened, and we will give you personal attention. Everyone of you will have someone to see to it that he gets to the meeting on time, gets to lunch on time, and even to bed on time. (Laughter)

Mr. Chairman, on behalf of our faculty, and I might say the other units of our institution, dental and pharmacy and nursing, and also the hospital staff, we do hope you will come to Richmond next year. We will show you a good time, and one you won't forget. (Applause)

PRESIDENT OPPENHEIMER: Are there any counter invitations?

DR. CURRIER MCEWEN: We had hoped that New York University might invite you to New York next year to help us celebrate the one hundredth anniversary of the college, which opened in October 1841. That, it seemed to us, would have been most appropriate, but after talking it over and realizing what I had forgotten, that there was this invitation from last year, I am making the statement here of what we were going to do but decided not to do in view of the prior invitation.

It was moved to accept the invitation to meet in Richmond, Virginia, in 1941.

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

PRESIDENT OPPENHEIMER: Since we are on the subject of meeting places, Dr. Zapffe has some invitations for 1942, which

it may be worth while for him to read to you so you may be turning them over in your mind. Dr. Zapffe, will you announce the 1942 invitations?

SECRETARY ZAPFFE: I have an invitation from Tulane University of Louisiana School of Medicine and the Louisiana State University School of Medicine, requesting that New Orleans be considered for the 1942 meeting of the Association of American Medical Colleges.

I also today received a telegram signed by F. H. LaGuadia, Mayor of the City of New York:

It is a genuine pleasure for me to join with your local members in an invitation to the Association of American Medical Colleges to hold their 1941 or 1942 convention in New York City. You may be sure your people will cooperate for your benefit and comfort. Kindly convey my best wishes for a successful meeting in Ann Arbor and the hope that your organization will hold its 1941 or 1942 convention in New York.

PRESIDENT OPPENHEIMER: No action on these invitations is in order at this time.

DR. B. D. MYERS (Indiana): Mr. Chairman, in 1938, I sent an invitation to this Association, through the Secretary, to meet in Indiana. Then I discovered that Dr. Friedlander was very anxious to have us meet in Cincinnati, and inasmuch as you never met in Cincinnati I felt it would be unfair to be competing with that institution, so I withdrew that invitation. A year ago, I withdrew the invitation of Indiana to meet in Indiana during this year, because we had had the meeting in 1928, and it was a long time since you had met in Michigan.

I want you to know, however, that we are very anxious to have you meet in Indiana, and I would like to have you consider the invitation to meet there in 1942, along with these other invitations.

PRESIDENT OPPENHEIMER: Are there any other places to be considered?

DR. JOHN WALKER MOORE: I would like to invite you to meet in Louisville in 1942.

PRESIDENT OPPENHEIMER: We will add Louisville to the list.

DR. MOORE: I will have more to say about that later.

Report of Advisory Board for Medical Specialties

The Executive Committee of the Advisory Board for Medical Specialties of which your representative is a member has met several times in the past year. Some of the problems were:

1. Certification of boards in the minor specialties, with special reference to the American Board of Proctology, American Board of Anesthesiology, and American Board of Plastic Surgery. Action to be taken by the Advisory Board at its next meeting in February, 1941.

2. Provision for individuals who partially meet the requirements of a specialty board but who have not fully met the requirements prescribed. (This applies to the intermediate group who have been out of medical school from five to fifteen years.)

3. The definition of competence to practice a specialty; i. e. qualification of an individual versus strict limitation to a specialty.

4. The restriction of appointments in hospitals in the various specialties to those who have been certified by the American Boards.

5. Provision for residents in hospitals for free periods for advance study in the medical science aspects of their training.

6. The question of whether or not individual boards should sponsor or approve short courses for their specialty.

The American Board of Neurological Surgery is the thirteenth board to be added as a major specialty.

One of the outstanding achievements of the past year has been the publication and distribution of approximately five thousand copies of the Directory of Specialties. A second and enlarged edition is under way. We have been informed by the

War Department that the Directory has been of great service to them and is in use by all Corps Area Surgeons for their guidance in the evaluation of the questionnaires submitted by all Medical Reserve Officers and for reference when additional appointments shall be authorized in the Medical Corps Reserve.

The President and the Secretary of the Advisory Board conferred in Washington with the Surgeon General of the Army and other officials connected with the national preparedness program relative to the deferment under Selective Service Act of the military training of hospital residents. After the conferences, the following memorandum was forwarded to the three Surgeon Generals and to the other members of the Health and Medical Committee of the National Defense Council Surgeon Generals Parran, McIntire and Magee and Drs. Hershey, Abell and Weed.

“The Advisory Board for Medical Specialties respectfully requests that consideration be given in the drafting or interpreting of the regulations governing the Selective Training and Service Act of 1940 to provide as far as practicable for deferred status of hospital residents in approved institutions, to the end that the future needs of the country for specialists will be met; that the essential community medical services now rendered by such residents in hospitals be recognized; and that an adequate number of competently trained specialists for the various branches of government service may be provided in the future.

“The health needs of the nation and of the military services require an adequate number of properly trained specialists in the different fields of medical practice quite as fully as they do the services of general practitioners. Graduate medical education in recent years has come to be recognized as an essential element in the recruitment of the medical profession for the whole country. Standards for this training are scheduled for general adoption in 1942. It has been found that the most suitable method of this training is through approved residencies in hospitals where these graduate students are performing services in hospitals that are essential to the local community.

“This proposal is submitted with full appreciation of the possibility that an emergency might require modification of such a plan in order rapidly to furnish the armed forces of the country with an adequate number of physicians.

“This Board and its constituent members stand ready to cooperate in every way in the Government’s program of preparedness.”

Respectfully submitted,

WILLARD C. RAPPLEYE
DONALD C. BALFOUR

Report of Advisory Council on Medical Education

The Advisory Council on Medical Education comprises representatives of the following thirteen national organizations:

Association of American Medical Colleges
American Hospital Association
Federation of State Medical Boards
Advisory Board for Medical Specialties
American College of Physicians
American College of Surgeons
Association of American Colleges
Association of American Universities
American Association for the Advancement of Science,
 Division of Medical Science
American Protestant Hospital Association
American Public Health Association
Catholic Hospital Association
National Board of Medical Examiners.

The Committees on College Preparation for Medical Studies, the Internship, and Interstate Endorsement have met during the year and recommended resolutions dealing with their individual problems. Those resolutions, which are as follows, were adopted by the Advisory Council and have been forwarded to all the agencies concerned.

1. *College preparation for Medical Studies:*

“Recognizing the widening public, cultural and educational interests of medicine, the Advisory Council on Medical Education recommends to the Association of American Medical Colleges, the Association of American Universities and the Association of American Colleges that the college preparation for medical studies above the necessary grasp of the fundamental

principles of biology, physics and chemistry should be devoted to general education rather than additional forms of preprofessional education."

2. *The Internship:*

"Inasmuch as the internship is now universally regarded as a part of the basic preparation for the practice of medicine and to be fully satisfactory must be integrated with the medical course proper, the Advisory Council on Medical Education recommends that the Association of American Medical Colleges in cooperation with national medical and hospital organizations and the Federation of State Medical Boards and state licensing bodies and after consultation with the Council on Medical Education and Hospitals of the American Medical Association should formulate minimum educational standards for the internship and should prepare a list of hospitals in this country which meet these standards."

"Inasmuch as the internship is now universally regarded as a part of the basic preparation for the practice of medicine, the Advisory Council on Medical Education recommends to the Federation of State Medical Boards that an internship of not less than twelve months and of satisfactory educational content be required for admission to the state licensing board examinations in all states."

3. *Basic Principles of the Internship:*

- A. The internship should be regarded as a part of the basic preparation for either beginning the general practice of medicine or undertaking advanced training in a specialty.
- B. The internship should provide a real educational experience and a period of clinical responsibility under supervision which aims to complete the clinical clerkship of the medical course.
- C. The internship should be an important responsibility of the staff and be under the direction of those members who are competent to provide the necessary instruction.
- D. The internship should be a joint responsibility of the medical schools and of those hospitals which can provide a satisfactory completion of the fundamental preparation for medical practice."

4. *Interstate Endorsement:*

“Believing that the public interest as well as that of the medical profession and of medical education would be served by a satisfactory method of interstate endorsement of licensure, the Advisory Council on Medical Education recommends to the Federation of State Medical Boards that all state licensing boards endorse without further examination the licensure of an applicant previously obtained by examination in another state whose standards of education and examination are not lower than their own, provided that the applicant is a graduate of a medical school in the United States and its possessions which at the time of his graduation was on the list of approved medical schools.”

It is urged that these recommendations be adopted by the Executive Council of the Association of American Medical Colleges.

Respectfully submitted,

WILLARD C. RAPPLEYE, M. D.

Representatives from the Association
of American Medical Colleges on the
Advisory Council on Medical Educa-
tion:

Drs. Maurice H. Rees
W. S. Middleton
Willard C Rappleye

Alternate:

Drs. R. H. Oppenheimer
A. C. Bachmeyer
C. Sidney Burwell.

Report of Committee on Internships

SECRETARY ZAPFFE: To clear up possible misunderstandings, permit me to elucidate. There is one committee known as the Committee on Internships, and another which is known as the Regional Committee on Internships. The Committee on Internships was appointed in February, 1938. The Regional Committee was appointed in 1939. The Committee on Internships has concerned itself entirely with the findings of a date on which the announcement of intern appointments was to be made that would be agreeable to the medical schools, to the hospitals and to the senior students.

This matter of appointment of interns has been disturbing the hospitals longer than it has the medical colleges and, perhaps, the students. About fifteen years ago, the American Hospital Association appointed a committee to consider finding a day on which all hospitals would agree to appoint interns. Dr. Faxon, now Superintendent of the Massachusetts General Hospital, at that time Superintendent of the Strong Memorial Hospital, was chairman of that committee. I represented this Association on the committee. We worked long and hard, over a period of a year or two, and finally decided on March 1 as the date. The American Hospital Association accepted that recommendation, and the hospitals represented at that meeting agreed to abide by it,—as it was shown later with tongue in cheek.

Nevertheless, the problem continued to grow more acute as the years went by. Largely because of the fact that the number of interns approved by the American Medical Association was increasing, and the number of available interns was decreasing, it was felt that the problem should be opened up again. There also came information from the medical schools that the senior students became more and more restless as they began their final year, that their studies were not as good as it was desired, until they finally secured the appointments as interns.

The time of appointing interns varied widely all over the country, in some instances extending into April of the senior year. It was agreed that the subject was worth discussing, to try to find a solution, if possible. It was felt that a solution could be found if all the interested groups would work together on formulating and carrying out a plan.

The Executive Council of this Association had a meeting in February 1938, at which the superintendents or directors of four large hospitals, two in New York City, one in Rochester, one in Madison, Wisconsin, were invited to be present. These men were selected because they held official positions in the American Hospital Association.

The first item to be considered, although it was not intended to be the last, was the time of announcing intern appointments. Various dates were suggested, and finally the date suggested by the hospital directors was the one that was accepted, November 15.

The thought in accepting that date was not that nothing should be done until November 15, that interns could be selected

prior to that date but that the announcement should come on November 15, and that if everybody knew that the 15th of November was the time, there would not be any uneasiness on the part of the students or any unrest as to whether or not, or when, an appointment might come, because on the 15th of November they would know.

It was suggested at that time that a good time for the selection of interns would be during the summer vacation. There was not agreement on that, because some of these hospitals hold examinations. Some appointed by interviews, and it was pointed out very definitely that this was not a very desirable method because a great many students who lived, for instance, out in Colorado or somewhere in the West, and who wanted to get into a New York hospital would have to be away from their work as senior students for a period of at least a week or ten days and sometimes two weeks.

However, it was felt that the first bite should be this date proposition.

The Executive Council then appointed a committee, which was to take the matter in hand and try to work out a plan. The committee was appointed because the three members were then residents in Chicago and easily available for meetings, Dr. Bachmeyer, Dr. Buerki and myself. We had several meetings, and we drew up letters, and finally agreed on the letter that was to be sent out. Then we took the list of approved hospitals published by the American Medical Association, and took a sample list out of that, largely on the basis of the number of interns, so that out of the 732 hospitals on that list, we selected 365 that we would sample.

We sent out these letters asking for cooperation and asking for suggestions. The returns were very gratifying. A few hospitals did not reply. The number of replies that year was about 81 per cent of the hospitals that we had approached agreed to cooperate.

The hospitals in Boston would not cooperate as a group, and that was also true, in part, of Philadelphia, although not all the hospitals there refused to cooperate. The Government services did not cooperate through their appointments for internships, but the success of the first year prompted the Association to continue for another year. Last year we sent letters to all

hospitals approved for intern training, about 745 in number. The response was even better than the year before. We got 85 per cent of replies agreeing to cooperate. That 85 per cent of hospitals absorbs 85 per cent of the interns. A small proportion, about five per cent of the hospitals, did not reply at all. About three per cent said they would reply later but failed to do so. The remainder frankly said they would not or could not cooperate.

Among that group that agreed to cooperate this time were the Boston hospitals. The Government services said they would advance their examinations, so that they could make their announcement of appointments by the 15th of November.

Unfortunately, some hospitals have "jumped the gun" this year. Perhaps they did last year, but we did not hear anything about it. They have made their appointments early and announced them early. That is unfortunate, but I do not feel that it is disheartening. There was not only any thought in the minds of those who were at the meeting in 1938, nor has there been in the minds of this committee, that this could be accomplished overnight or in one year or two years or even three years. Many very fine hospitals have absolutely refused to make any appointments or announcements before the 15th of November. We feel that, that attitude is going to help solve this whole problem, whether the present date is right or not, whether the present plan is right or not.

The matter was discussed at great length by the Executive Council the other day, and it was felt that there might be another way that would help. Dr. Rees read to you the suggestion that if you have any seniors after the 15th of November who are not placed in an internship, send a list, in triplicate, to the office of the Association. A letter will go out to the hospitals, asking them to do likewise. In that way it is hoped that something concrete will eventuate.

We must remember that two years ago we graduated 5,097 students. Last years we graduated 5,101. This year we will graduate fewer than that number, and the number is going to go down unless the entering classes increase in size, which they have not been doing since 1934. They have steadily gone downward.

With about 7,900 internships available, it is rather difficult to bring those two numbers together. A solution that was suggested was also mentioned here before, in Dr. Curran's report,

that house officers be employed. I know of at least one hospital that does employ house officers, men who have already served an internship.

The idea of having these lists come to the office of the Association is based on this fact: About four years ago, the Association authorized the establishment of an Intern Placement Bureau. That Bureau has been functioning and has done some good, not that, as some of you have felt, and perhaps still feel, it takes care of the lame ducks and the poor hospitals. That is not the idea of the Bureau. When the Bureau was established the three hospital associations were invited to appoint committees to cooperate. As a result, blanks were drawn up, one to go to the hospital and one to go to the applicant. In the hospital blank we have two pages, but it gives more information that we need for the appointment of interns than you can get on any other blank.

At the same time, we were told that we could use, in any way we chose, the files of the American Medical Association and the files of the American College of Surgeons, but this blank gives all the information.

On the bottom of the student's blank is space left for the dean to give confidential information. The dean sends the blank to the office, so the applicant does not see what the dean has said.

These blanks are supplemented by the cards we have in the student register. This student register has been going since 1932. We have a card for every student. This is not a biographic card or biographic file, like the A.M.A. has for its directory purpose. It is a scholastic record, giving the student's name, his aptitude test rating, where he took his college work, and how much, and whether he got a degree, when and where, what medical school or schools he has attended, in what years, what his record was—information which you supply, whether he stood in the upper, middle or lower third of the class. That card, plus what the dean will write on the bottom of the student's application blank, is just as much information as you would give if you were asked to write a letter.

The thought was that it would relieve you of writing a lot of letters of recommendations. It would centralize it all. It would meet the thought expressed by many hospitals that replied to the letter asking for cooperation on the date, when they suggested, or stated frankly, that a central placement bureau would

be very helpful. Whether that will eventuate or not, I do not know.

The Executive Council has authorized that this procedure be repeated this year. It has proven extremely valuable already and will be more so to the regional committees from whom you will hear later. We have for each region the names of the hospitals in it, whether they will cooperate or not; the number of interns that they want.

The Committee feels that if you have any grievances that arose out of the fact that this work has been carried on, if you would send them in to the office it would help the Committee in its further procedure, in trying to find some plan that is workable, because if it is workable it will be agreeable to all of you and to the hospitals. There must be a solution, but you can only get that solution if everybody will cooperate. If you have complaints to make, do not tell one another, but send them in to the office, where they can be used as a basis for helping the committee to decide what it is going to do further and how it will proceed.

The work of that Committee is essential, now more than ever, not only to correct the evil, for which the committee was appointed, but to help out these regional committees in the work that they will have to do in the next years. Nobody expects anything to happen of any very great moment in a year or two or three; it may take four or five years; it may take longer. But one thing is certain; something must be done. The acuteness of all the difficulties that surround the internship matter is becoming greater and more irritating, and unless somebody takes hold of it and does it, nobody knows what may eventuate.

This Association, in cooperation with the hospitals, can formulate a plan that will be operable. All we ask is your support. We will do the work.

PRESIDENT OPPENHEIMER: If it is agreeable to Dr. Zapffe, who presented this report, and if it is your wish, we will postpone the discussion of this report until this evening.

. . . The meeting recessed at six-fifteen o'clock . . .

TUESDAY EVENING SESSION

October 29, 1940

The meeting reconvened at eight o'clock, President Oppenheimer presiding

PRESIDENT OPPENHEIMER: We will continue where we left off, which was with the discussion of Dr. Zapffe's Report of the Intern Committee, referring largely to the question of the establishment of the uniform date for the announcement of internships. We are now ready for discussion on that subject.

DR J. A. CURRAN: The greatest difficulty about this date, November 15, has been the misunderstanding of the hospitals, apparently, as to what it means. Some of them think it means to make the announcement on that date, but most of them seem to think the announcement should be made any time before that date. I think the idea of our special committee was that if perhaps there could be a little finer distinction on that point—that is, perhaps a date for closing the application and then be definite and specific about the date for announcement—the thing would be better and less confusing.

There has been a felling in the East that, perhaps, the date is too early. That is a point that will have to be decided on the basis of the feeling in the country at large.

DR. E. S. RYERSON: I do not know whether the members of the Association will be interested in a plan that was introduced in Canada recently. The scheme was introduced by an organization known as the Canadian Medical Students and Interns Association, which was a purely Canadian body and not related to a corresponding body over here. This group got together and worked out a scheme, in cooperation with the medical schools and the hospitals, for the appointment of the interns. The students apply to hospitals in the usual way. In addition to that, they fill out a form which is sent to the secretary, who is managing it, Dr. Agnew of the Hospital Division of the Canadian Medical Association. Then a committee, with Dr. Agnew, a student, the secretary of the students' organization, and the superintendent of one of the hospitals (representing the hospitals) takes the forms which are filled out by the students, in which they place the hospitals in the order of their preference.

The hospitals consider applications in the usual way, make their appointments, and list men in their order of preference. They also list the next ten or fifteen men, according to the size of the hospital, as alternatives. Those lists are also sent to this committee.

The committee then takes the applications of the students, with their order of preference, and lists of the hospitals with their order of preference, and the two are balanced. The hospitals are then given the names of students who are to be appointed by them.

The hospitals all agreed that they would announce these appointments

on the 1st of December, and that was done last year. We have never had such a satisfactory experience as far as our final year students are concerned. Before the Christmas vacation, all but half a dozen of the students knew where their internship was to be taken, and from the standpoint of the hospitals we have the most marvelous reports from them. The only ones who criticized it were those who were not in the scheme, and they were going to see that they are in the scheme this year.

By that simple method, the applications have to be in by the 1st of November and the announcements are made by the 1st of December.

DR. CURRIER McEWEN: I would like to discuss this question of dates. There can be no question about the advantage of having a uniform date. There is certainly one advantage in the earlier date, the fact that the students get it out of their system early in the year and there is, therefore, less interference with school work. I am not sure how important that is. I never was impressed by the fact that there was very much interference with school work, when the date used to be later. Perhaps it was there and I was not aware of it.

I can see four disadvantages in the early date. One is particularly applicable to those schools, many of them, which have the clinical clerkship in the fourth year. Dr. Curran mentioned that in his report, that when the announcement is made so early, one is asked to send out information about the students during the summer, before the clinical clerkship has been enough advanced, or started at all, for the faculty to have very much idea of the conduct of the students at the bedside. That does not help in estimating the students' scholastic ability, but I think it helps some in the intangibles. As Dr. Curran mentioned, the students themselves have a better idea of hospitals and what it means in the different hospitals, the work, after they have had some experience as clinical clerks.

A second disadvantage, I think, is that when those appointments were announced, along about the latter part of December or early in January, there was a chance during the Christmas holidays for the students to visit the hospitals he would like to work in. I agree heartily that the written examination, as a means of judging candidates, should be discouraged, but whether or not that is done, I think many hospitals will continue for a long time to have a personal interview. As long as that fact comes in, it is hard for the student to get around during the school year without disturbance, and it seems to me the later date helps to encourage the exchange of interns across state lines, which mean going to those distant hospitals from the place they studied. It seems to me that that is a very desirable thing.

The third disadvantage, and this is a very practical one, at least around New York, which is a rather central community, is that there has been a lot of "jumping the gun." If internships are announced now, at least the men are chosen early in the summer. I do not mean that a later date will avoid that, but I think with the change in dates, as Dr. Curran pointed out in his report, it has been at least exaggerated by the early date.

Finally, I think another disadvantage—and again I speak only for the New York hospitals because they are the only ones that I know about—is

that there is a distinct dislike on the part of the hospitals for the early date. I have first-hand knowledge of that, in fifteen or more hospitals. I found no hospital which liked the new date as well as the later period.

Certainly, whatever date is elected, I think we all want to support it. I think the uniform date has an advantage. I would merely hope that in deciding what date it is to be, we give careful thought to it and make sure that the date we select is the one that is going to work to the best advantage.

PRESIDENT OPPENHEIMER: Thank you, Dr. McEwen. It is quite important that the members of the Association communicate with this committee what their experiences and observations are, as it is the intention of the committee to mould this program in a way which will, as far as possible, meet the needs. That can be done here at this meeting, as you wish, or you can communicate with the members of the committee, who are Dr. Zapffe, Dr. Bachmeyer and Dr. Buerki from the American Hospital Association.

Report of Regional Committees on Internships

Dr. Rappleye is General Chairman. He was unable to remain. In his absence, Dr. Zapffe and Dr. Rees will give this report.

SECRETARY ZAPFFE: I will read the report Dr. Rappleye left with me.

Following the instructions of the Executive Council and the action of this Association at its meeting in Cincinnati last year your Regional Committee on Internships has proceeded with the plan as tentatively outlined at that time.

The Chairmen of the eight Regional Committees are as follows:

ARTHUR W. BACHMEYER
C. SIDNEY BURWELL
LOREN R. CHANDLER
HAROLD S. DIEHL
WILLARD C. RAPPLEYE
RUSSELL E. OPPENHEIMER
WILLIAM PEPPER
MAURICE H. REES

Each of the Regional Committees has met, discussed the problems involved and made written report. On the whole there has been an enthusiastic response to the program of cooperation between the hospitals and the medical schools. Many hospitals have already approached the Committees for guidance and assist-

ance. It has everywhere been emphasized that the plan is not one of inspecting hospitals but of setting up a plan of cooperation between the medical schools and the hospitals for their mutual responsibility for the internship and looking toward the strengthening of the internships in the hospitals and increased information for the medical schools for the benefit of the senior students. Your Committee is proceeding with this plan and expects to consult further with the Council on Medical Education and Hospitals of the American Medical Association and with the other national organizations concerned with this problem.

It is recommended that Dr. Currier McEwen be made Chairman of the Regional Committee for New York, New Jersey and Connecticut and that Dr. Rappleye continue as Chairman of the whole Committee.

A meeting of the Regional Committee on Internships was held here in Michigan-Union, on last Saturday. There were present:

ARTHUR W. BACHMEYER
 C. SIDNEY BURWELL
 LOREN R. CHANDLER
 CURRIER MCEWEN
 RUSSELL H. OPPENHEIMER
 WILLIAM PEPPER
 MAURICE H. REES
 WILLARD C. RAPPLEYE, *Chairman*

After discussion of the whole problem there was general agreement that the group in each area would proceed to contact hospitals in their respective areas, leaving to each local group the schedule to be developed, the feeling being that this would have to be adapted to the situation in each area.

It was emphasized again that the matter is one of cooperation and advice to the hospitals and not a program of inspection.

There was agreement also that the program of this Committee should not be combined with that of the Council on Medical Education and Hospitals of the American Medical Association and that we should not participate in the inspection of hospitals by that Council.

The question of the date of examinations and other administrative procedures were discussed but it was the unanimous

sense of the meeting that we should concern ourselves with only our one assignment, namely, that of advising on the educational problems of the internship.

The attached report to the Executive Council was approved.

Respectfully submitted,

WILLARD C. RAPPLEYE, M. D.
Chairman.

DR. MAURICE H. REES: I do not know that I should speak for Dr. Rappleye, but several things have come out in the meetings of this committee. One thing that should be kept in mind is that the dean of every medical school is a member of this committee. There is a regional chairman in your particular region. He coordinates the program through Dr. Rappleye, as the head chairman, but each dean of the medical school is a member of the committee and should assist in working out this plan.

Now, as the report from Dr. Rappleye states, the idea is that of mutual assistance to the hospitals in developing their internship program, on the basis that it is not taking the place of any other organization that is in the field at the present time. It is not, at the present time, on the basis of a rating of hospitals or an inspections of hospitals.

As to the procedure for this year, one of the first things that the Regional Committee Chairman will do will be to send a letter to each of the deans in his district, asking them to give him a report on the hospitals in his particular district to which his school would send interns. I would suggest that in localities where there are two or more medical schools those schools should work together in making up that list. For example, in Omaha, where there are two schools, the two deans should work together in making up the list for their particular locality—in that case, their state. They then send that to the district chairman, and the district chairman will send a copy to the office of the Association and a copy to Dr. Rappleye, the general chairman. That will give us the beginning of a confidential report on hospitals, not a report that is to be published in any sense. It is purely a working, confidential thing.

I talked it over with Dr. Rappleye, just before he left, and the suggestion was made, although this is not fully formulated yet, that a letter should be sent out from the central office of this Association to all of the hospitals now approved for internships, notifying them that a consultation service on internships is available to them; if they are interested, they should get in contact with the dean of the medical school in their particular district; if they do not wish to have contact with that particular dean or if he does not wish to take too active a part in the movement, then it can be arranged that a man from a more distant school come into that district.

At the present time, we are going to be a little handicapped for lack of funds for travel expense, although I think that will be forthcoming very shortly. I think that before many months we will be able to have sufficient funds to take care of this work. It was our thought that, to begin it, there

might be a sufficient number of hospitals in a particular district who would be interested enough to take care of the expense until we can get under way, if they want an outside man or a man from a distance to come in and advise with them regarding their internship and how to organize it.

I have heard the criticism that this advisory system will probably develop more internships than we can possibly take care of; that is, good internships. I do not think there is any possibility of that at all, because in some cases the man visiting that hospital will advise that they go on a house physician plan and give up any idea of an internship. In case the hospital cannot organize its staff properly, cannot organize its internship so that it is a continuation of instruction, then they should be advised to go to the idea of the house physician. So, eventually, I think we will get down to the place where we will have just about the number of internships—good internships—that we need to fill our requirements.

Some of the hospitals, of course, will not be satisfied with this plan at first but by tactful handling not in any sense giving the idea that we are coming in there to dictate to the hospital, I think we can handle it without undue disturbance.

PRESIDENT OPPENHEIMER: Dr. Rees refers to the matter of the deans doing this coordinating work. I think it is important to remember that it is not necessary for the dean of any school to do this work. As a matter of fact, there may be many instances in which deans would not care to do it, or there may be instances in which they are not in a position to do it. But there are men on every faculty who know internships or who can learn about internships. Those men could be constituted a committee which would ultimately take over this responsibility.

There will be material sent out from the Secretary's office, such as the excellent presentation of Dr. Curran, which will help formulate in our individual minds the things we wish to discuss with reference to internships.

The third thing I want to mention is that we are not in a hurry; that is to say, it is not necessary for us to feel that we must rush into this work and accomplish it all in the coming year. We can feel our way with those hospitals which are responsive and develop something which the other hospitals will want, when we are in a position where we are really ready to offer it to them.

DR. EDWARD S. THORPE: This afternoon we listened to a very able report by Dr. Curran. In that report were embodied some faults of hospital internships, as he, a most experienced internship examiner, saw them.

It occurred to me to make this suggestion—I do not know whether it is practical or not—that your committee and the Association revamp this report, if necessary, condense it or extend it, and publish it as a small brochure, if you will, to enable examiners to break the ice in certain hospitals by forwarding to them in advance, or taking with them as they go to the hospitals, this little booklet to help the hospital rearrange its internship, and offer them in concrete form certain very definite suggestions from an experienced examiner.

PRESIDENT OPPENHEIMER: That will be done.

DR. C. SIDNEY BURWELL: I would like to say a word about the very instructive meetings of this committee that I have attended and the very interesting evolution of the viewpoint that occurred during its meetings. Two or three interesting points came out. First, it seemed to me that there was a disappearance of an idea that had existed earlier, that medical schools were responsible for internships, and the growing up of the concept that medical schools were interested in internships and that they had a dual interest in these internships; in the first place that they were interested in them because they wished to be informed about them so that they could give appropriate advice to their fourth year students about this very important part of medical education; and in the second place, as good citizens, interested in medical education, they were interested in internships because they were, perhaps, possessed of ideas and information which might be useful to the hospitals. With these broad, general principles, the committee seemed to arrive at the point that they were very glad to exchange information with each other about the value of internships and very glad to be useful in any way they could to hospitals that were concerned.

I was very much gratified by the informality of the plan that was devised, because it seemed to me, in the long run, an informal exchange of opinion between medical students and hospitals was much more apt to be productive of useful results than a rigid plan decorated with that famous material known as red tape.

I think, therefore, that the present position which, if I understand it, is that the medical schools are concerned with this problem, that they are going to acquire, in an informal, individual way, information, exchange it freely with each other, and be available for consultation with hospitals, is the kind of plan which over the years will result in the greatest contribution to medical education on the part of the medical schools and on the part of the hospitals.

DR. L. R. CHANDLER: I have seen the form that the New York Committee uses. I understand they have revised that about three times in the last four years. They have an outline for the guidance of the deans and advisors that looks very good to me. It seems to me that would be of great value to all of us when we are discussing internships and the educational qualities of internships with hospital staffs as well as students. Could not that be included?

SECRETARY ZAPFFE: Yes.

DR. BURWELL: It will be sent to the deans, but not published in the Bulletin?

SECRETARY ZAPFFE: Yes.

REV. FR. SCHWITALLA: What does Dr. Zapffe and what does the Council mean by announcing the internships on November 15? Does that mean to announce the internship appointment to the intern, or does it mean for general publication? Does that mean that the final letter, accepting the intern's contract by the medical school or by the hospital, is to go out not earlier than November 15, or what does it mean? I have been worried about that, because I know any number of institutions are sending out their contracts in advance of that date, and many of my medical students may

have signed their contracts. I would say two-thirds of our class have signed their contracts.

SECRETARY ZAPFFE: The intention was that the students should be informed on the 15th of November that they have been appointed to the internships.

REV. FR. SCHWITALLA: By the hospital?

SECRETARY ZAPFFE: By the hospital. They are to be told on the 15th of November that they have been appointed.

DR. ROBERT U. PATTERSON: I am sure there is a distinct understanding in the hospitals that they may appoint any time but not later than November 15. If that is not correct I can tell you that 39 of 54 students in our senior class have already signed contracts, and they never would have gotten them if these hospitals had not thought they had the right to close an agreement with them at any time, but not later than November 15. If that is true, we ought to send out some clarifying information as to what we are going to do.

I am one of those who believe in an early date. I think that we know about as much as we are going to know about the personality of our students by the time they finish their first clinical year, which is the junior year, and therefore I think the sooner you get them over the agony the better. I know that in my school there has been a lot of mental perturbation. They certainly are disturbed, and the minute they get their internship settled, there is a weight off their shoulders, and it shows on their faces and the way they go about, that they are greatly relieved. I do not think that date should be postponed too long. I think the sooner you can have it after the beginning of the senior year, the better.

Another thing: I have an agreement with seven excellent medical schools whereby every year, on my recommendation, the deans have consented to accept one man from my school who is in the upper third of his class, and in turn I accept a nomination from them, and I would not want that done away with, because it is a very satisfactory arrangement.

There was something said about getting information for certain districts. I happen to belong to a medical school located in the southwest, where the distances are great, and I tell my men to get out of that state when they graduate, as far away as they can get, and then come back to Oklahoma and go into practice. I recommend that they go where they can get a change in medical experience, because of its great educational advantage. I would not want to be restricted to one district.

PRESIDENT OPPENHEIMER: The division into regions is solely for convenience and facility in carrying on the work of consultation with hospitals. The interns themselves, when they make their choice, are still free to go anywhere. The division into regions is merely to simplify the process of improving the internship.

DR. A. C. BACHMEYER: None of us on the committee have any brief for any particular date. When that first letter went out, it did not set the date. It was a letter to the hospitals, asking them whether that date would be satisfactory. There were several misinterpretations. We approached those

hospitals who, for the most part, took more than ten interns. There was a misinterpretation by the hospitals who did not receive the letter. They thought we were setting up some new scheme and they let down. There was no such intent.

About 80 per cent of the hospitals said that the suggested date was all right. They set that date for themselves. We had thought that after they had said it was satisfactory we would come back to the Association and to the American Hospital Association and report that that date seemed generally satisfactory as a result of our request.

May I go back one step further? Over the last twenty or twenty-five years we have been wrangling about this date of intern appointment. In the early days, I was one who urged the March 15th appointment. Then after I had my experience in the dean's office, I changed to the earlier date because of what it meant to me and what I understood it meant to other deans from my discussion with them. We have had great difficulty about that date.

I think this Association has resolved upon one occasion—I know the American Hospital Association has—and collectively they agreed to March 15th. Let us say that individually they did as they pleased. So this time we thought we would ask them individually whether this date or some other date would be satisfactory. When they all agreed on this date—they accepted it without any pronouncement from this Association or any other association. Then we reported to the American Hospital Association, and again collectively they agreed on that. This year we sent out the letter to all hospitals on the approved list.

Our purpose in doing this was: Students make applications for appointments to internships. One hospital announces in November, which is probably the intern's second or third choice. He does not want to accept that hospital, but he is afraid to hold out because he may not get the hospital of his choice later on. It was our intent, at least, that if they would announce appointments to the applicants on November 15, then the lad would receive notice from all of the hospitals to which he had applied on that date, and he would know whether his first choice had accepted him or not, or whether his second choice would accept him, and he would be able to make up his mind quicker, the hospitals would have less contract breaking.

That was our intent. Maybe we have not been clear enough. There was no intent on the part of the committee—I think I speak for Dr. Buerki and Dr. Zapffe, to prevent these confidential or intimate relationships that members of your faculty have with students and with hospitals or that hospitals have. I do not think we are ever going to control that. I have known boys who have come into our medical school as freshmen who knew where they were going to intern, because dad was a member of the staff of a hospital, or they had some other intimate relationship with it. I do not know how you are going to get away from that. But there are a large number of our interns who do not know where they are going, and there is an endeavor to clarify the picture for them, for the hospitals, for the deans, that this one date is set, which was to be the date the hospitals would send their notices to applicants. It is going to affect all of them. Some will know before that, but those who have not known before that should know on

that date and be able to make up their minds, and stop this long delay between the day you are notified and waiting for another hospital.

DR. R. C. BUERKI: It is a great difficulty. I want to say this; the chiseling is going to go on as long as we have move approved internships than we have interns to fill them.

I am not defending my institution. Luckily, I am in one of the preferred places. I can wait, if I want to, but I know that hospital superintendents and hospital staffs, that have talked to me, frankly plan on chiseling on the date and making the appointments early in order to staff their group, and the longer you put it off the more chiseling you are going to have.

I would like to offer this suggestions to the deans—that you do not write letters of recommendation before a certain date. If they do not have a letter, if they do not know where Johnny Jones stands in the class, they are not going to be so happy to offer him a contract in early September. Now, remember, there are many hundreds of hospitals and less than one hundred deans and schools to write the letters. If you will agree on a relatively short period, let the man have the summer to see various institutions, to interview, if you will, but not promise him his place in the class and his record too early. By doing so you may at least diminish the number of weeks of chiseling.

DR. BACHMEYER: There is one other suggestion I might make with reference to this date. These chiselers are the ones who send out the notice and say, "We want you answer in twenty-four hours." If all deans will advise the students that November 15th is the date on which all hospitals are to send out their notices and tell the student to write back to the hospital and say that he understands he has until November 15 to accept, there may be a little pressure from that angle which will help the situation.

Report of the Committee on Preparedness

SECRETARY ZAPFFE: I want to remind you that I am pinch hitting. Owing to the unfortunate loss of Dr. Begg, a lot of details of the work that he had started fell to the Executive Council and the office of the Association. I know there is a great deal of unrest. I do not have to remind you of that. But I am going to try to give you the picture, as we got it on several visits to Washington, interviewing everybody that we thought could help us out or whom we thought we could help. We got some information.

There is not much information to be gotten in Washington or anywhere else. Nobody, except the man in the White House, knows exactly what is going to happen. He is in complete control of the entire situation. Nothing is done without his consent.

A few things are definite. First of all, we know that our

students are safe from call until the end of the present academic year—but not after July 1, 1941, with one exception. I do not know whether you have read the Act or not. My attention was called to this exception by Dr. Weed, who was quite disturbed about it. The particular exception is that in Section 5-F the Act contains the following provision regarding students enrolled in colleges and universities:

“Any person who, during the year 1940, entered upon attendance for the academic year 1940-41.

“(1) at any college or university which grants a degree in arts or science to pursue a course of instruction, satisfactory completion of which is prescribed by such college or university as a prerequisite to either of such degrees

“(2) at any university described in Paragraph 1, to pursue a course of instruction, to the pursuit of which a degree in arts or science is prescribed by such university as a prerequisite.”

So far as medical schools are concerned, this means that the students at Jefferson, at Hahnemann, at the College of Medical Evangelists, at Long Island, and several others do not come under this exemption.

It is quite evident from what everybody feels in Washington that there will not be any exemption, except for students in theological schools, pastors, ministers, priests, and so forth. That is the only group that is exempt. What will happen after July 1, 1941 nobody knows.

One of the Federal authorities called our attention to the fact that, “Registrants engaged in any activity which is essential to the national health, safety, or interests, in the sense that a serious interruption or delay in such activity is likely to impede the National Defense Program can get deferment.” This particular individual, who stands very close to the President, pointed out that in all probability the President would extend deferment to medical student and perhaps to interns and residents.

Now, another thing. Any intern who is serving his year as a part of his work toward being granted the M. D. degree comes under student regulations. He will be regarded as a student. In other words, those twelve medical colleges which graduate after the internship have no concern about having interns called this year, nor the hospitals in which those men may

be serving. All other interns are subject to call. They are subject to call the moment they get the M. D. degree. That also applies to residents at the moment. The Army is thinking that when they call the resident, if he is serving that residency as part of his work toward qualifying for one of the specialty boards examinations, he may be placed in an Army hospital and allowed to continue his work there. If he is simply a resident, with no purpose other than additional experience, he will be subject to call.

As to the faculties, we were told to urge all deans to talk to their faculties and point out to those of them who are necessary or essential should not seek service; that they should remain on the job at home, because it would come under the national health and welfare to continue their activity.

We were also told that if anybody were in the Reserve Corps twenty years, he should resign, or ask to be placed on an inactive list. We were also told to urge faculty members not to apply for Reserve commissions.

Dr. Weed suggested that the deans talk to their faculties. I pointed out to him that men often would be impelled to go because they did not want to be regarded as slackers. Inasmuch as they would not be put into uniform and assigned to duty in the medical school, there was no way for their friends to know that they had volunteered or were willing to serve, and there was nothing that would save their consciences and make them feel they would not be regarded as slackers. Dr. Weed said there was some thinking in this National Advisory Council for Medical Defense, of which three Surgeons General, Dr. Abel and Dr. Weed are members, of devising some insignia that could be given these men, in lieu of a uniform.

The situation in the Army differs very much from that in the Navy. All matters pertaining to the Navy can be handled easily and directly through the Surgeon General's office. The situation in the Army is entirely different. We were told that the last word, at that time, was the corps area commander; that if anything came up that needed to be taken care of, he is the man to see.

In the meantime, local draft boards, local appeal boards, directors of draft, and what not, have been appointed. Now the local draft board, and then the local board of appeals, are the

only groups that can help in any way. It is still all right to call on the corps area commander and the chief surgeon of that area and get their help, but even they cannot adjudicate. Their help will assist you when you go to the appeals board to request the deferment of some essential faculty member.

Dr. Rappleye brought with him a letter that they have used in New York City and have been sending out, and Dr. Furstenberg very kindly had enough copies made so that each of you can have a copy and see how they have proceeded in that area with this problem.

All of the federal officials whom we saw were of one mind with regard to contact with the medical schools. They expressed the desire that they would likely deal with one agency rather than seventy-six medical schools. They are very willing to work through the Association of American Medical Colleges. There was no dissent from that.

In other words, what they would like to have done is for you to send your problems, your troubles, into the headquarters of the Association, and from there let it go out to the proper place to have something done.

Dr. Weed suggested that the Association act on that at this meeting. Just a little later, I will present it to you in a form that has already gone before the Executive Council and been approved. These are some of the things the Executive Council approved, but were left in this report, where they properly belong, to avoid confusion.

The three federal medical services have worked with the headquarters of the Association—the Navy the longest—in that they send to the office each year a list of all applicants for internships in their services, in their hospitals, for a check-up on their scholastic records. We have been sending that to them. It has been very helpful. They appreciate it very much, and it has led them to believe that if they want anything from medical schools the best way and the quickest way and the easiest way for all concerned, the colleges, themselves and everybody else, is to come to the headquarters of the Association, where, as you know, all this information is on file.

The following resolution was adopted by the Executive Council and presented to you with the recommendation to adopt it:

"In keeping with the request of the federal authorities, the Executive Council recommends that all activities connected with efforts at medical preparedness on the part of the medical colleges be routed through the headquarters of the Association of American Medical Colleges as a central agency."

PRESIDENT OPPENHEIMER: You have heard the resolution, as recommend by the Executive Council. Is there a motion to approve it?

. . . It was moved and seconded to adopt the resolution.

DR. BARNEY BROOKS: We ought to clearly distinguish between those men who are in the Reserve Corps and those who are to be drafted. We have had no difficulty whatever, in having some members of the faculty who are on the Reserve Corps deferred by appealing directly to the Corps Commander. It is an extremely easy way to do it. It is much more convenient than going to Washington. I think that if we had to go through Chicago, and then Washington, it would be a little bit more difficult. We certainly have been able to handle that easily.

So far as deferment of those who are already commissioned is concerned, we have also been advised by another member of the staff, who seems to be very close to Washington, that those members who have M. D. degrees would be much better off if they would get a commission because it is much easier to have them retained as members of the staff teaching than it is if they were drafted. I am quite sure that was not true in 1919, because we were advised during that time, those of us who were put on the essential list, not to apply for commission, by the War Department.

At the present time, I do not think anyone knows how to handle the draftees.

PRESIDENT OPPENHEIMER: I have had several sessions with the Corps Area Surgeon in Atlanta, Colonel Bayless, who came from Washington recently, and his advice is in accord with Dr. Zapffe's recommendation, inasmuch as he stated that it would be inadvisable for men who are already graduated to apply for a Reserve commission, because if they do, they, therefore, automatically signify that they are ready for immediate call.

REV. FR. SCHWITALJA: I was very much interested in Dr. Zapffe's presentation. I would like to ask him whether there has been any adjustment of the most recent difficulty that arose with reference to July 1, 1941 as the date of deferment. The date is put down in the law as the last date. By the interpretation of the Act itself, it is the last date. Two weeks ago, in Washington, the understanding was, in the office of the American Council on Education, that if graduation date and the reception of a degree occurred before July 1, 1941, the the person who happens to be drafted would be expected to go to camp and to report for duty immediately after that date. There was some argument. Colonel Hershey was of the opinion that the date will stand as the last date, and not as the only date, so that might come along before that and some action will have to be taken.

I was glad you clarified this matter of the corps area commander and what subjects are to be referred to the corps area commander. The draftees are not as yet members of the Army. Therefore any matters pertaining to the draft classification, and later on to the deferment, go before the local boards, and only after induction is it assumed, though not at all settled as yet, that those who are drafted will become members of the Army and will come under Army regulations directly.

There is still some controversy in Washington, I understand, regarding the method of handling draftees, whether they are to be considered under Army regulations and under Army control or not, and therefore questions pertaining to the draft and anything pertaining to the draft should be referred to the local draft boards, subsequently to the Army and the corps area commander.

The R.O.T.C., as we now have it, as Dr. Zapffe correctly reported, will probably go out of existence, but there is provision made, as you know, in the exemptions for registration, that the Reserve officers who come under R.O.T.C. would not have to register because the Army already has control of them, and will call them as they are to be called. But the continuation of the R.O.T.C. as now in existence is probably doomed.

I would like to ask Dr. Zapffe to tell us whether he has any more recent information on Colonel Hershey's ideas about this date. I think it is rather important. When it comes to referring things to the Association office, I think it is highly desirable that any of us who have any problems of any kind with our local draft boards or with corps area commanders should refer those matters to Dr. Zapffe, or rather should send him information about them.

As a matter of fact, these general hospitals—or rather hospitals, none of them are going to be called general hospitals—are authorized directly under the corps area commander, under his authority, the Medical Section of the Corps Area. Therefore, the corps area must deal directly with the medical school, and cannot deal through a third party. But I think it is highly important that Dr. Zapffe should have available in his office, for the information of all the medical schools, the problems that arise concerning faculty members in the organization of these army hospitals. That is, I suppose, the intent of Dr. Zapffe's resolution, because there are certain areas in which the Government will have to deal directly with the individual schools.

PRESIDENT OPPENHEIMER: I think Father Schwitalla's statement concerning the problems which presumably would be referred to Dr. Zapffe's office is well made. I think also he has illustrated one of the questions which should be referred to Dr. Zapffe, the exact significance of this July 1st date.

DR. WILLIAM C. MacTAVISH: I would like to clarify something that Dr. Zapffe mentioned earlier in his remarks, pertaining to students enrolled in universities and colleges. I also received a copy of that pamphlet. I happen to be a member of a local draft board in New York. I am quite sure that someone must be informed in other schools, too. We have been told definitely that any student, not necessarily in medical school, but any student enrolled for a degree in college, if he is called and his number selected, is permitted to defer reporting until the end of the current academic year.

It does not make any difference whether it ends June 5 or June 10 or June 15, or whatever it may be, it is the end of the academic year, but in no case does it go beyond July 1. For a bachelor of arts and for most college courses that deferment can only take place for the current academic year, but in the case of a student whose training is necessary for the defense of the country, such as engineering and medical students, he will be able to keep this deferment until he receives his degree. At the end of that time, as long as he has received his degree, he is subject to the draft law. In the case of a medical student, as soon as he finishes and receives his degree, he does not have to be subject to the draft because if he is physically capable he can apply for a commission in the Reserves Corps.

DR. S. I. KORNHAUSER: I took particular trouble to talk to Dr. Irvin Abell, a week ago last Friday. A number of my students were asking what would happen to them. He said, "You can tell them that we have made arrangements with the War Department that they are to stay in school, as long as they are in good standing, for four years and one year of internship." That is what he told me to tell them.

DR. E. S. RYERSON (Toronto): I do not know whether our experience in connection with this problem may be of any assistance, but I can relate what happened.

War broke out on September 3. On September 5 or 6, the Medical Council of Canada had its annual meeting in Ottawa, at which all the deans in the medical schools were present. Most of the deans had been in the last war. The experience they had there with regard to the students led them to the action which was taken.

The recruiting that occurred at the beginning of the last war was so strong that a great many medical students enlisted, from all years of course, and went overseas in all kinds of active units—infantry, artillery, navy, it did not matter what. They were all over Europe and Africa and various parts of the world. As the war progressed, the medical officers became depleted, and there was a shortage of medical officers, and three or four hundred of those medical students were sent back to their particular medical schools to complete their medical education, at enormous expense and at great interruption to their course.

In view of that, the Medical Council of Canada passed a resolution which was carried on to the Militia Department, requesting that in view of the experience of the last war, it was their opinion that medical students could serve their country better by being allowed to continue their course and graduate, than by being called up or being allowed to enlist. The Militia Department agreed with that. Recruiting officers were so informed, and since that time no medical student has been allowed to enlist in the service at all, voluntarily or otherwise.

The second thing that came up, also based on the last war, was with reference to the medical college staffs. If the students are to be continued in the medical school and their education continued, it is evident that the staffs of medical schools must be continued in such a way that they can carry on that medical education, and not have the thing happen that took place in the last war. From a hospital in Toronto, a unit volunteered and

went over in 1919, of which I happened to have had the privilege of being a member, and the hospital was so depleted, with practically all the surgical staff gone—the professor of obstetrics and gynecology and one of his assistants in that department, as well as many of the medical men were all keen to go to war and very strong about it and enlisted and went—that there was an extraordinary depletion of clinical teachers and of the actual service of the people as far as sickness was concerned in the local community.

So the second point in the resolution was that not only should the medical student not be interfered with, but that care should be taken in the enlistment and in the volunteering of the members of the staffs of the medical schools, and correspondingly, that care should be taken that no hospital staff was so depleted that it would interfere with the care of the public in the local community in which that hospital was located.

Those three points were all taken to the Militia Department and agreed to by them, and we are carrying on, on that basis, and in that way we have been protected.

We have somewhat a similar draft to yours, although it was not quite so strenuous. Our draft consisted of the men twenty-one and twenty-two and twenty-three years of age being called out for service, in which they have to go into camp for a month.

In the meantime, from that early stage, there has been appointed a Medical Advisory Committee to the Militia Department, in which all medical problems with reference to medical service not only military but in the community are dealt with and advice taken from this Advisory Committee. They are in a very strong position in the way of directing what happens to doctors and medical students and that aspect of it.

As to these men who are to be called out, the situation in regard to students in the universities was met by a meeting of the presidents of all Canadian universities. They assembled in Ottawa and discussed the problem, and got the agreement from the Militia Department that students in the university, medical students and others, who were called out would be required to do 110 hours of actual military service during the current academic year, so that each student of those ages is now putting in seven hours a week for military drill.

I might say that that is not as great an interference with the course and curricula as you might think, because three of those hours have to be put in on Saturday afternoon, and all intercollegiate sport has been cancelled for the duration, so the students are free on Saturday afternoon anyway. There are no regular classes at that time. So they only put in four hours a week, two hours a day, from four to six. All those men in the called-out ages are in that group. We have the second group, who are the C.R.T., who put in those hours and some extra hours.

There is a third group, those under age, who are in the university, who also are putting in four hours a week in drilling, so that they are complying with the feeling that these young men might enlist if they were not pursuing something that can be of real service to the country, and in order that they might salve their own conscience and not be compelled to enlist they are preparing themselves in this in-training way by drilling four hours a week.

So it would seem to me that this Association might be in position to pass certain resolutions with regard to general principles which might be sent out as instructions for the various centers, so that they would have some reasons and not teach one to have to deal on how they thought was the best method in their particular district. If this body could set certain general principles for the protection of medical students, their medical staffs and hospitals, and the protection of the medical service of the community, I think it might be helpful and see that that particular aspect of the service is protected.

SECRETARY ZAPFFE: The Executive Council also adopted this resolution and recommends its adoption here:

“That there be appointed by the Executive Council of the Association of American Medical Colleges a Committee on Medical College Preparedness, which shall coordinate and cooperate with this Committee of the American Medical Association and any other organizations interested, and which shall represent the Association of American Medical Colleges before all departments of the Government concerned with preparedness affecting the medical students and medical school faculties.”

. . . Upon motion regularly made and seconded, the resolution was adopted . . .

SECRETARY ZAPFFE: Coming with the recommendation to adopt from the Executive Council:

“It is the opinion of the Association of American Medical Colleges that the number of medical students should not be increased, on the basis of information at hand. At the present time, there are twice as many physicians per unit of population in this country as in any other country in the world, and it is our opinion that the present output of medical schools is sufficient to maintain a proper relation between number of physicians and population and to meet the medical needs of the armed forces.”

. . . The motion was put to a vote and carried, and the resolution was adopted . . .

SECRETARY ZAPFFE: “It is the opinion of the Association of American Medical Colleges that, as far as possible, research activities sponsored, supported or requested by the Federal Government should be continued in medical colleges and research institutes, where the facilities, personnel and environment are conducive to the continuance without interruption of research activities by such personnel.”

. . . A motion to adopt was seconded, put to a vote and carried . . .

SECRETARY ZAPFFE: "It is the opinion of the Association of American Medical Colleges that the medical course should not be abbreviated, inasmuch as a shortening of the course in order to speed up the output of the medical schools cannot be carried out without impairment of the present standards of medical education in this country. The program guarantees a steady flow to meet adequately all demands.

. . . A motion was regularly made and seconded that the resolution be adopted . . .

After considerable discussion it was voted to omit the final sentence of the resolution.

. . . The motion, as amended, was put to a vote and carried . . .

The motion, as carried, was as follows:

"It is the opinion of the Association of American Medical Colleges that the medical course should not be abbreviated at present, inasmuch as a shortening of the course in order to speed up the output of the medical schools cannot be carried out without impairment of the present standards of medical education in this country."

PRESIDENT OPPENHEIMER: We know have some uncompleted business concerning preparation for the study of medicine.

REV. FR. SCHWITALLA: This is being presented in two sections—one section that has been seen by Dr. Rees and Dr. Shaffer and myself, and the other section which has been seen by Dr. Shaffer and myself. It is an after-thought that we have not had a chance to discuss with Dr. Rees.

I want to say, in preface to this recommendation, first of all, that the recommendation read by Dr. Rees for the Executive Committee was the wording as presented by the Advisory Council on Medical Education, and therefore they advised us what we should do about this matter of liberalizing of the medical curriculum. Therefore, it seemed eminently proper that our resolution should be the opinion of this committee, in answer to the advice that we received from the advisory Committee on Medical Education. That is the first point.

The second point was that we attempted to keep the wording as much as possible in accordance with the suggestions or advice of the Advisory Council.

“Recognizing the widening public cultural and educational interests of medicine, the Association of American Medical Colleges, accepting the recommendation of the Advisory Council on Medical Education, advises its member institutions and the colleges sending students to schools of medicine, that, conformably to the By-Laws of this Association, the collegiate preparation of medical students above the necessary prerequisites to the medical curriculum in biology, chemistry and physics, as defined by each medical school, the further development of prospective medical students be directed by the same viewpoints as guide the development of any other collegiate student. The intent of the suggestion being to promote the general education of the medical student, rather than his education along a specific or a preprofessional directive.

The Shaffer and Schwitalla amendment or codicil is: “It is believed that the earnest cultivation of the student’s individual, intellectual aptitudes and interest is better preparation for the profession of medicine than is the enforced study of specific subjects in order to meet scholastic requirements for admission to the medical school.”

. . . A motion to adopt was seconded and carried . . .

Amendment to the Constitution

SECRETARY ZAPFFE: This amendment was the suggestion of the Chairman of the Committee on Educational Policies last year to the effect that this committee be abolished. The amendment will leave Section 6 of the By-Laws as follows:

“The Executive Council shall organize, after each annual meeting and elect a chairman. After such organization it shall appoint”—deleting from—“the following standing committees and representatives: (1) Committee on Educational Policies”—that is deleted, and then follows—“official representatives to other organizations and such committees as may be deemed necessary.”

. . . A motion to adopt was seconded and carried . . .

Election of Officers

The Nominating Committee, through Dr. Stanley Dorst, presented for approval:

For President-Elect, Dr. Loren R. Chandler.

. . . On motion nominations for president-elect were closed, and Dr Chandler was declared duly elected.

The Committee recommends,

Vice-President:

DR. DUDLEY S. CONLEY

Secretary:

DR. FRED C. ZAPFFE

Treasurer:

DR. A. C. BACHMEYER

Executive Council:

DR. WILLARD C. RAPPLEYE

DR. HAROLD S. DIEHL

and Dr. E. M. MACEWEN to fill out the unexpired term of Dr. Chandler.

. . . On motion, regularly made and seconded, the nominations were closed, and the nominees were declared duly elected to office.

PRESIDENT OPPENHEIMER: Before I take the next step, I want to express to the Association my appreciation of the honor and also of the pleasure I have had in occupying this chair. I appreciate the gentleness with which you have handled me, and the ease and the facility with which you have conducted your sessions.

At this time, therefore, I will ask Dr. Burns to escort Dr. Poynter to this position, where he may begin his term of service as President of the Association.

PRESIDENT POYNTER: May I express my personal appreciation of the honor you have conferred on me. And now I think we should express our appreciation for the splendid hospitality we have had this year.

DR. E. B. CAREY: I would like to move that this Association go on record, through its Secretary, expressing sincere gratitude and appreciation to Dr. Furstenberg, the faculty of the University of Michigan, and others who have made arrangements for the instruction and entertainment we have received here at Ann Arbor, Michigan.

I move that we give a rising vote of thanks at this time to Dr. Furstenberg for the excellent work he has done.

DR. CHANDLER: I ask the right to specifically include the members of the Galen Club in that resolution.

. . . The audience rose and applauded . . .

PRESIDENT POYNTER: The Secretary has asked me to announce to you that there will be a meeting at nine o'clock, at the regular meeting place, and also that the Executive Committee will meet at eight o'clock in the morning

. . . The meeting of the Executive Session adjourned at nine fifty-five o'clock.

(Signed)

FRED C. ZAPFFE, *Secretary*

THIRD DAY

Wednesday, October 30

The meeting was called to order at 9:15 a. m. by President Poynter.

A talking film "Know Your Money" was shown by the United States Secret Service.

The following papers were presented:

"Professional and Graduate Education," by C. S. Yoakum, Dean, Rackham School of Graduate Studies, University of Michigan.

"Industrial Hygiene Instruction for Medical Students," by Donald E. Cummings, Director, Division of Industrial Hygiene, University of Colorado School of Medicine.

“Teaching of Anatomy,” by B. D. Myers, Emeritus Dean and Professor of Anatomy, Indiana University School of Medicine.

“Teaching of Pharmacology,” by Paul Lamson, Professor of Pharmacology, Vanderbilt University School of Medicine.

“Some Observations on the Teaching of Pharmacology,” Linn Boyd, Professor of Medicine and Pharmacology, New York Medical College.

“The Discussion of the Papers of Drs. Lamson and Boyd was opened by Frederick F. Yonkman, Professor of Pharmacology, Wayne University College of Medicine.

“Teaching of Bacteriology,” by George H. Smith, Professor of Immunology, Yale University School of Medicine.

“A Plan for the Protection of Medical Research,” by George E. Wakerlin, Professor and Head of the Department, University of Illinois College of Medicine.

The meeting adjourned at 1:10 P. M.

(Signed)

FRED C. ZAPFFE, *Secretary*

Minutes of the Meeting of the Executive Council

Held at the Michigan Union, Ann Arbor Michigan

October 30, 1940

The Executive Council met at 8 A. M. with the following members present:

Maurice H. Rees, Russell H. Oppenheimer, Loren R. Chandler, Harold S. Diehl, C. W. M. Poynter and E. M. MacEwen,
Absent: Dudley S. Conley and W. C. Rappleye.

The treasurer and the secretary were also present.

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

The treasurer was authorized to pay expense bills of the Committee on Preparedness or any member thereof incurred on necessary trips to Washington, D. C.

It was the concensus of the Council that the best interest of medical preparedness, medical students should be permitted to complete their studies and essential members of the teaching faculty should be retained in their positions.

Visits to the following member colleges were ordered made:

Temple University School of Medicine;
Hahnemann Medical College;
Women's Medical College of Pennsylvania;
Wayne University School of Medicine;
University of Buffalo School of Medicine;
University of Maryland School of Medicine;
George Washington University School of Medicine;
University of Louisville School of Medicine;
University of Kansas School of Medicine;
University of Texas Medical Branch.

The request of the University of Oklahoma School of Medicine for a visit was granted.

Pursuant to instructions given at the Executive session of the Association, the Executive Council commanded the secretary that in the event of a national emergency he shall use every endeavor to aid the government with all the facilities of the Association.

The Council then adjourned sine die.

(Signed)

FRED C. ZAPFFE, *Secretary*

Association of American Medical Colleges

Committees for 1940-1941

COMMITTEE ON MEDICAL APTITUDE TEST

Worth Hale, Harvard (1945)
Paul R. Cannon, Chicago (1941)
H. E. Jordan, Virginia (1942)
W. R. Bloor, Rochester (1943)
Edw. S. Thorpe, Jr., Pennsylvania (1944)

COMMITTEE ON INTERN PLACEMENT BUREAU

Fred C. Zapffe, chairman
A. C. Bachmeyer, Chicago
W. C. Rappleye, Columbia

COMMITTEE ON INTERNSHIPS

A. C. Bachmeyer
R. C. Buerki
Fred C. Zapffe

COMMITTEE ON TEACHING OF PUBLIC HEALTH AND PREVENTIVE MEDICINE

Harry S. Mustard, Columbia University
John E. Gordon, Harvard
Chas. E. Smith, Stanford
Hugh R. Leavell, Louisville

COMMITTEE ON ORGANIZATION FOR WAR

W. C. Rappleye, Columbia
William Pepper, Pennsylvania
Fred C. Zapffe

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W. C. Rappleye, Columbia
Donald C. Balfour, Mayo Foundation (Minnesota)

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Maurice H. Rees, Colorado

Alternates: R. H. Oppenheimer, Emory
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Maurice H. Rees, Colorado
R. H. Oppenheimer, Emory
L. R. Chandler, Stanford
A. C. Bachmeyer, Chicago
Currier McEwen, New York University

**REPRESENTATIVE ON CONTINUATION COMMITTEE ON
CULTURAL RELATIONS BETWEEN LATIN AMERICAN
REPUBLICS**

W. C. Rappleye, Columbia

**REPRESENTATIVE TO AMERICAN FOUNDATION FOR
TROPICAL MEDICINE**

W. C. Rappleye

**REPRESENTATIVE TO NATIONAL COUNCIL ON DE-
FENSE AND EDUCATION**

Fred C. Zapffe

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