

ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

MINUTES  
OF THE PROCEEDINGS  
*of the*  
FIFTY-SECOND ANNUAL MEETING  
*Held in*  
RICHMOND, VIRGINIA  
OCTOBER 27, 28, 29, 1941



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



## FIRST DAY

*Monday, October 27, 1941*

The fifty-second annual meeting of the Association of American Medical Colleges convened in the Jefferson Hotel, Richmond, Virginia, at 9:30 A. M., and was called to order by the president, Dr. C. W. M. Poynter, dean University of Nebraska College of Medicine.

Colonel George F. Lull, Chief Personnel Division, U. S. Army Medical Corps, read a paper on "The Place of the Medical Colleges in the National Defense Program."

This paper was discussed by Dr. Wilburt C. Davison, Duke University; Dr. E. J. Carey, Marquette University; Dr. H. S. Diehl, University of Minnesota; Dr. Howard C. Naffziger, University of California; Dr. C. H. Beecher, University of Vermont and Colonel Lull.

Dr. Benjamin F. Jones, U. S. Public Health Service, read a paper on "A Course in Aviation Medicine for Medical Students."

Dr. Alvan L. Barach, Assistant Professor of Clinical Medicine, Columbia University College of Physicians and Surgeons, read a paper on "Physiological Problems Involved in Aviation Medicine."

These two papers were discussed by Dr. Carlos Monge, San Marcos University, Lima, Peru.

Captain Charles S. Stephenson, U. S. Navy Medical Corps, spoke on his recent observations in England.

Dr. Winfred Overholser, Chairman, Committee on Neuropsychiatry, National Research Council, read a paper on "Newer Phases of Psychiatry in Relation to Army Problems."

Dr. Dudley S. Conley, Vice President of the Association, took the chair.

Dr. C. W. M. Poynter, Dean, College of Medicine, University of Nebraska, read the Address of the President of the Association of American Medical Colleges, entitled "Where Do We Go From Here?"

Adjourned.

## SECOND DAY

*Tuesday, October 28, 1941*

The meeting was called to order at 9:40 A. M. by the Vice President, Dr. Dudley S. Conley.

Dr. Victor Johnson, Dean of Students, University of Chicago Medical School, read a paper on "Four Academic Years in Three Calendar Years."

A paper on the same subject, by Dr. F. H. Swett, Professor of Anatomy, and Dr. Geo. S. Eadie, Professor of Physiology and Pharmacology, Duke University School of Medicine, was read by Dr. Swett.

These two papers were discussed by Dr. Wilburt C. Davison, Duke University School of Medicine; Dr. O. W. Hyman, University of Tennessee College of Medicine; Dr. L. R. Chandler, Stanford University School of Medicine; Dr. E. S. Ryerson, University of Toronto Faculty of Medicine; and Dr. Victor Johnson.

Dr. Frank L. Apperly, Professor of Pathology, Medical College of Virginia, read a paper on "Teaching of Pathology: Criticisms and Suggestions."

This paper was discussed by Dr. Virgil H. Moon, Jefferson Medical College, and Dr. Wiley Forbus, Duke University School of Medicine.

Dr. Everett Idris Evans, Instructor in Pharmacology and Surgery, Medical College of Virginia, read a paper on "Integration of Surgery and Anesthesia."

Dr. Wyndham B. Blanton, Professor of Clinical Medicine, Medical College of Virginia, read a paper, "Travelogue of Medical History in Virginia."

Adjourned.

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## THIRD DAY

*Wednesday, October 29*

The meeting was called to order at 9:45 A. M. by the President, Dr. C. W. M. Poynter.

Dr. T. Lyle Hazlett, Professor of Industrial Hygiene, University of Pittsburgh School of Medicine and Medical Director, Westinghouse Company, read a paper on "Instruction in Industrial Medicine for Medical Students."

Dr. Fred J. Wampler, Professor of Preventive Medicine and Public Health, Medical College of Virginia, read a paper on "Teaching of Industrial Health in Medical Schools and Medical Colleges of North America."

These two papers were discussed by Dr. E. S. Ryerson, University of Toronto Faculty of Medicine; Dr. W. S. Leathers, Vanderbilt University School of Medicine; and Dr. Sarah J. Morris, Woman's Medical College, Philadelphia.

The President appointed the following Nominating Committee: Dr. Harry A. Kemp, Dr. W. H. Moursund, and Dr. W. S. McEllroy.

Dr. Carlyle F. Jacobsen, Professor of Medical Psychology, Washington University School of Medicine, presented a paper on "Interest Patterns and Achievement in Medical Schools."

This paper was discussed by Dr. Edward S. Thorpe, University of Pennsylvania School of Medicine, and Dr. Jacobsen.

Dr. E. W. Hayes, Chairman Committee on Undergraduate Education in Medical Schools of the American College of Chest Physicians, read a paper on "Teaching in Tuberculosis for Medical Students."

This paper was discussed by Dr. H. G. Weiskotten, Syracuse University College of Medicine; and Dr. Dean Cole, Associate in Medicine, Medical College of Virginia.

Dr. Errett C. Albritton, Professor of Physiology, George Washington School of Medicine, read a paper on "Experiment Design and Judgment of Evidence."

Adjourned.

# Executive Session

*Wednesday, October 29, 1941*

The executive session convened at 1:40 P. M., and was called to order by the president, Dr. C. W. M. Poynter.

## ROLL CALL

The secretary called the roll and reported that 70 member colleges were represented.

University of Alabama School of Medicine  
College of Medical Evangelists  
Stanford University School of Medicine  
University of California Medical School  
Dalhousie University Faculty of Medicine  
University of Alberta Faculty of Medicine  
University of Toronto Faculty of Medicine  
University of Western Ontario Faculty of Medicine  
University of Colorado School of Medicine  
Yale University School of Medicine  
George Washington University School of Medicine  
Georgetown University School of Medicine  
Howard University College 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 School  
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 Minnesota Medical School  
→ University of Minnesota Graduate School (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 & Surgeons and New York Post Graduate Medical School
- Cornell University Medical College
- Long Island College of Medicine
- New York University College of Medicine
- Syracuse University College of Medicine
- University of Buffalo School of Medicine
- Duke University School of Medicine
- University of North Carolina School of Medicine
- Bowman Gray School of Medicine of Wake Forest College
- 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
- 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
- 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

**The following colleges were represented at the meeting but not at the Executive Session:**

- McGill University Faculty of Medicine
- University of Michigan Medical School
- Wayne University College of Medicine
- New York Medical College
- Temple University School of Medicine
- University of South Dakota School of Medicine
- University of Wisconsin Medical School

**The following 6 colleges were not represented at any time:**

- University of Southern California School of Medicine
- Queen's University Faculty of Medicine

University of Manitoba Faculty of Medicine  
University of Rochester School of Medicine  
University of Oregon Medical School  
University of the Philippines College of Medicine

### MINUTES OF THE 1940 MEETING

The secretary reported that the minutes of the 1940 meeting had been printed and sent to the dean of every member college and were offered as printed.

On motion, the minutes were approved as printed.

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## Report of the Secretary

To report on all the activities of the Association emanating from the office of the secretary would consume more time than you have at your disposal at the moment and certainly would tax your patience. Every effort has been made to keep you advised of happenings and doings through the medium of the News Bulletin, by correspondence and through the JOURNAL of the Association. The subject of greatest interest, National Defense and Selective Service, has been left entirely in the charge of the Committee on Preparedness which has kept you informed and advised throughout the year and whose report on activities you will hear read today.

That the Association is recognized as a vital agency in the field of medical education is evidenced by the tremendous increase in the correspondence coming to headquarters from every source, seeking information which only this Association can give. This function of the Association fully warrants continuing every activity which has been undertaken and in which the member colleges play no small part. For this cooperation, your secretary is most grateful.

The membership of the Association remains unchanged from last year. It consists of 74 medical colleges in the United States, one in the Philippine Islands, seven in Canada, and 3 graduate and postgraduate medical schools. No applications for membership are pending.

The Executive Council will report to you on many items of business which have been referred to it for disposition hence need not be included in this report.

There is no need to say anything to you about the JOURNAL. It speaks for itself. It has established for itself a high place in the journalistic field being the only publication of the kind in the world. Furthermore, it is the one and only medium for publicity possessed by the Association. It is quoted frequently in the literature. It is a pity that the limited finances of the Association prohibit more frequent publication. For the present, at least, it must remain a bimonthly. If and when the returns from advertising in the JOURNAL are such that expansion is possible, monthly publication may be considered.

The studies on applicants and student accomplishment are being continued. They have great value in many respects. They are the sole source material which makes possible the dissemination of information not only to medical colleges but also to universities and arts colleges who have repeatedly expressed great interest in these studies. Although both the studies entail a great amount of labor on the part of the medical colleges, it is well worth while. The government medical services, state licensing boards, general education interests and many other groups, institutions and organizations repeatedly call for information elicited by these studies.

For one department in the JOURNAL I solicit your cooperation. While many member colleges send in news items regularly, some colleges do not. Every effort is made by the editor to secure authentic news, but still some colleges do not receive mention in this department because of failure to send news or because none can be found in current sources of such information.

Your attention is again directed to the student register maintained by the Association. It contains a complete data card for every medical student. It is not a biographical card but a scholastic record. Much use is made of this file especially by the three governmental medical services who ask for a check on applicants for admission to their service. This file is also the only source which can supply information as to whether a student is a repeater. It is especially valuable in this respect because often a repeater does not make that fact known to the college in which he seeks admission. The enrolment blanks make it possible to check on this. When such cases occur and the admitting college does not report a student who is a repeater but is one, the college is informed of the fact. The disposition of the case is left to the college. We only give information.

You will be interested to be informed as to changes in deanships last year. Each year they are becoming more numerous. Last year, two deans died: Dr. Henry K. Mohler, Jefferson Medical College, and Dr. Claude A. Burett, New York Medical College. Eight deans retired either because of age or illness; 3 deans resigned and 12 new deans were appointed. There is one vacancy in the deanship. This brings many new faces to this meeting.

I feel that this is as far as I should go in making this report. To continue would mean repetition of what has been reported to you during the year, hence is not new matter.

Respectfully submitted

(Signed)

FRED C. ZAPFFE, Secretary

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## Report of the Executive Council

Dr. Russell H. Oppenheimer, Chairman of the Council, presented the report of the Council as follows:

Resolutions adopted at the meeting of the Council in May, 1941:

“1. The Executive Council recommends that those schools which can do so without lowering standards of medical education increase the enrollment of the 1941 entering class by 10 per cent in order to help meet the medical needs of the present national emergency.”

“2. The Executive Council recommends that the Association urge every medical college which can do so without lowering standards of medical education to continue the required medical training of the fourth year during the summer of 1941 in order to graduate at an earlier date as many students as possible.”

“3. The Executive Council recommends that the Association make a study of the need for and possibility of revising the schedule of instruction in medical colleges with a view to accelerating the output of graduates during the national emergency without any lowering of standards of medical education.”

Moved by Dr. M. H. Rees, of Colorado, that the resolutions be adopted. Seconded and carried.

Moved by Dr. H. S. Diehl, University of Minnesota, that the recommendation just approved be extended to include the coming year, with the following modification: that instead of recommending merely that fourth year students be encouraged to attend the summer session, such acceleration of the course as can be accomplished without lowering standards be recommended.

Seconded by Dr. Wilburt C. Davison, of Duke University. Carried.

Resolution adopted at the meeting of the Council on Saturday, October 25, for transmittal to General Lewis B. Hershey, Chief Selective Service:

"The Association of American Medical Colleges desires to express to you and to your staff its appreciation for your cooperation in securing deferment of medical students in order that they may complete their medical education and thus become available in a continuous and uninterrupted stream prepared to meet the defense and civilian needs of the nation."

Dr. Oppenheimer moved the adoption of the resolution. Seconded and carried.

"The Executive Council recommends that it be the policy of the Association of American Medical Colleges to urge third and fourth year medical students who are under the jurisdiction of Selective Service to apply for a commission as Second Lieutenant in the Medical Administrative Corps Reserve of the Army, or as Provisional Ensign H-V(P)\* in the Naval Reserve; and that no further recommendations for deferment of military service be made by the deans of member colleges of this Association for junior and senior medical students who are eligible for such commissions."

After some discussion of the recommendation, it was decided to suspend action until the members had heard the report of the Committee on Preparedness.

## Report of Committee on Preparedness

Dr. W. C. Rappleye, Columbia University, Chairman of the Committee on Preparedness, presented the report of the committee.

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\*Hospital Volunteer Probationary.

**SUBJECT: Plans for Augmenting Medical Corps of Defense Forces**

Your Committee on Preparedness has had several conferences recently in Washington regarding the urgent need of medical officers for the Army. The pool of reserve officers is practically exhausted. Only 1,560 graduates of last year's class have applied for and been granted commissions although all under 28 years of age are under the jurisdiction of Selective Service. The reduction of the upper age limit under the Selective Training and Service Act of 1940 as amended to 28 years has made it possible for a number of interns, hospital residents and graduate fellows to escape induction, even though they had been deferred in order to complete their training.

The War Department has asked Selective Service to produce more medical officers for the Army and Selective Service intends to comply as fully as possible. The needs of the Medical Corps of the Navy are less urgent at the moment. The program for the Navy is discussed later in this report. There are two phases of the problem. The first relates to medical students and the other to interns, residents and graduate fellows.

The War Department has created a Medical Administrative Corps Reserve and Selective Service is prepared to recommend to local boards that the deferment of all third and four year medical students, regardless of their classification under Selective Service, who are eligible for a Commission in the M.A.C.R. be discontinued as a means of "encouraging" such students to join up. Students so commissioned as Second Lieutenants (inactive) will be under the jurisdiction of the Surgeon General of the Army and will be eligible for call to military duty for a period of five years from the date of their commission. This will have the effect of creating a pool of potential medical officers at the time these students graduate and complete the internship of one year which is requisite for a commission in the Army Medical Corps.

Fourth year students who are in the M.A.C.R. should plan to apply for a commission in the Medical Corps Reserve within twelve months after graduation from medical school. Each student in the Naval Reserve should apply about three months before graduation for a commission in the Medical Corps Reserve of the Navy. It is expected that they will be permitted to complete an internship of at least one year.

If a student in the M.A.C.R. fails to apply within one year after graduation for a commission in the Medical Corps Reserve he will be returned to the jurisdiction of Selective Service and becomes inductable into the regular military forces. When he accepts a commission in the M.A.C.A. (Army) he is liable to call for active duty for a period of five years from the edate of his Medical Corps commission (time in the M.A.C.R. is not credited to his new commission).

Your Committee urged that the discontinuance of deferment of third and fourth year students be not taken until after the medical schools at the Richmond meeting had an opportunity voluntarily to present the situation to the students. The officers of the Army and Selective Service granted that request.

The effective way to "persuade" the third and fourth year students to apply for a commission in the M.A.C.R. is for the deans of the medical schools to refuse to support the request of students for further deferment under Selective Service until they have applied for commissions in the M.A.C.R., if physically and otherwise eligible for such commissions. There then would be the choice of either joining the M.A.C.R. or being inducted into military service as a private. It is, therefore, the recommendation of your Committee on Preparedness that the Association of American Medical Colleges go on record as favoring the application of every third and fourth year student for a commission in the Medical Administrative Corps Reserve of the Army (or the Naval Reserve described later) and that the requests for deferment under Selective Service by any third or fourth year student be not supported until the individual has applied for a commission in either one or the other reserve corps. Those who are accepted for a commission in the M.A.C.R. will be transferred from the jurisdiction of Selective Service to that of the Surgeon General of the Army. These individuals would then be placed in a pool assigned geographically to the nine Corps Area Surgeons.

It was suggested by your Committee that in each corps area there be created by the Surgeon General an Advisory Committee to the Corps Area Surgeon comprising representatives of the medical schools, of the hospitals and of the medical profession of that area. The proposed Advisory Committee would advise the Corps Area Surgeon in calling to duty the reserve officers in such a way that their withdrawal from the hospitals and other institutions would interfere least with the services which those institu-

tions are rendering to their local communities or that would impose as little handicap as possible in the continued training of these young men in the various specialities. As far as practicable residents in hospitals approved for graduate education will be permitted to complete preparation for their specialty. All concerned recognize that the military as well as civilian needs for specialists should be given full consideration.

The Surgeon General has approved this plan. The Executive Council is requested to nominate to the Surgeon General a representative of the medical schools for the Advisory Committee to the Corps Area Surgeon in each of the nine corps areas.

A somewhat similar situation pertains to interns, fellows and residents. Even though they have been deferred by Selective Service in order to complete their training or to maintain the essential services they are rendering in their local communities, these individuals are not inductable when they reach June 30 following their 28th birthday. A considerable number of such young men have taken advantage of this situation and have not accepted commissions or have not carried out the implied obligation of their deferment. It has, therefore, been proposed by Selective Service that the deferment of all interns, residents and fellows be discontinued for those who are eligible for a commission in the Medical Corps Reserve.

It was suggested, as in the instance of medical students, that this not be made effective immediately but that a conference be held with representatives of the national hospital organizations. It is quite clear to all that the situation in the hospitals requires more prompt action because of the older age of the group and also that it is administratively more difficult because there are about 800 hospitals approved for internships and residencies. At the suggestion of your Committee another meeting was held in Washington with representatives of the Army, Navy, Selective Service, the American Hospital Association, the Catholic Hospital Association and the National Hospital Association. It was agreed that the American Hospital Association, representing the Catholic Hospital Association and the National Hospital Association, would be asked to nominate representatives to the Advisory Committee to the Corps Area Surgeons. This has been done.

The American Medical Association will be asked by the Surgeon General to designate the representatives of the medical profession on these Advisory Committees.

The whole matter was left for review after January first.

Under this general plan the medical students of the first and second year including those students still in college who have been accepted for admission to the next first year class of approved medical schools will be under the jurisdiction of Selective Service. Those who are members of a college R.O.T.C., should be advised to apply three months before graduation from college for transfer to the Medical Administrative Corps Reserve. All third and fourth year students who are eligible for a commission in the Medical Administrative Corps Reserve will be expected or obliged to take commissions in that organization, placing them under the jurisdiction of the Surgeon General of the Army. Those who are not eligible physically or otherwise for a commission in the M.A.C.R. will remain under the jurisdiction of Selective Service.

The pool of medical officers created under the Surgeon General of the Army will be available to supply the needs of the Navy on request from the Surgeon General of the Navy. Third and fourth year medical students may apply for commissions as Ensigns, Hospital Volunteer (Probationary), in the Naval Reserve in a manner similar to the procedure for commissions in the M.A.C.R. of the Army. Those commissioned as Ensign, H-V (P), Naval Reserve will be under the jurisdiction of the Surgeon General of the Navy. If they do not apply for commissions as Lieutenant (junior grade) in the Medical Corps Reserve of the Navy at the time of graduation they will be automatically discharged from the Naval Reserve, whereupon they will be returned to the jurisdiction of Selective Service and be subject to induction. Those who are commissioned in the Medical Corps Reserve (Navy) are liable to call for service throughout the national emergency.

As another means of augmenting the Medical Corps of the Army and of offering inducements for young physicians to take commissions, the Surgeon General of the Army has recommended to the General Staff that promotion in the Medical Corps by selection be put into effect. If this proposal of the Surgeon General is approved, medical corps officers with special qualifications will be given rank higher than that of First Lieutenant. It is the intention to make promotions from among those who are already in the Corps but it also has been proposed that provision be made to make new appointments above the rank of First Lieutenant for those who are properly qualified. This request of the Surgeon General has not, at this writing, been approved.

Moved by Dr. Chandler that this report be approved. Seconded and carried.

#### REPORT OF THE EXECUTIVE COUNCIL (*Cont'd.*)

Dr. Oppenheimer again read the recommendation of the Council and renewed his motion that it be adopted. The motion was seconded and carried.

"In pursuance of a suggestion made by the Committee on Preparedness that in each corps area there be created by the Surgeon General of the United States Army an advisory committee to the corps area surgeon comprising representatives of the Association of American Medical Colleges, of the hospitals, and of the medical profession of that area, the Executive Council recommends the appointment of the following representatives from this Association:

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|------------|-------|--|
| CORPS AREA | I.    | Dr. C. Sidney Burwell, Harvard Medical School.                               |
| CORPS AREA | II.   | Dr. W. C. Rappleye, Columbia University, College of Physicians and Surgeons. |
| CORPS AREA | III.  | Dr. William Pepper, University of Pennsylvania, School of Medicine.          |
| CORPS AREA | IV.   | Dr. Russell H. Oppenheimer, Emory University, School of Medicine.            |
| CORPS AREA | V.    | Dr. Hardy A. Kemp, Ohio State University, College of Medicine.               |
| CORPS AREA | VI.   | Dr. A. C. Bachmeyer, University of Chicago Medical School.                   |
| CORPS AREA | VII.  | Dr. C. W. M. Poynter, University of Nebraska, College of Medicine.           |
| CORPS AREA | VIII. | Dr. Maurice H. Rees, University of Colorado, School of Medicine.             |
| CORPS AREA | IX.   | Dr. L. R. Chandler, Stanford University, School of Medicine.                 |

Moved by Dr. Oppenheimer, seconded by Dr. Alan M. Chesney, Johns Hopkins University, that the recommendations be adopted. Carried.

"It is suggested that any student in Class I-A who has been made subject to induction by his local board and whose decision is supported by the Appeal Board, the facts in the case be given to the Committee on Preparedness (Dr. W. C. Rappleye, chair-

man, 630 West 168th St., New York City) to be taken up with General Hershey."

Adopted.

"In the case of premedical students it is suggested to the medical schools that they begin to accept students for 1942 now. It is the opinion of the Council that an applicant accepted for admission by a medical school within the next twelve months before the opening of the next succeeding academic year should receive deferment by selective service."

Recommendation approved.

"Inasmuch as the effort made to secure cooperation of hospitals approved for interne training in establishing a uniform date (November 15) on which announcement of interne appointments (not selection) is to be made met with a considerable measure of success, the Council recommends that the effort be continued for another year without hindering, or preventing, private arrangements between hospitals and students, or between medical colleges and their students for placement in their own teaching hospitals."

Recommendations disapproved.

Dr. W. C. Rappleye, Chairman, presented the report of the Committee on Internships.

#### REPORT OF COMMITTEE ON INTERNSHIPS

At a meeting held October 28, 1941, the committee unanimously adopted the following resolutions:

**RESOLVED:** That the eight regional subcommittees proceed at once to prepare for their regions a list of hospitals or hospital services which each subcommittee regards as satisfactory for intern education and to which the deans are willing to recommend their fourth year students;

That these hospitals be designated as "A," "B" or "C" in order of their desirability as services or instructors for intern education:

That the lists so compiled be forwarded by the Chairman of each regional subcommittee as promptly as practicable to the chairman of the National Committee;

That the master list so assembled be forwarded by the Chairman of the Central Committee to the deans of all medical schools for their personal use in advising students regarding internships; and

That the lists and classification so prepared be revised annually.

(Signed)

WILLARD C. RAPPLEYE, Chairman

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On motion, the report was received and ordered published.

Dr. Rappleye reported for the information of the deans the following resolution adopted by the Committee:

"RESOLVED, That the Chairman of each of the eight regional subcommittees, in consultation with the deans of the medical schools of his area, proceed at once to prepare for his region a list of hospitals or hospital services which they regard as satisfactory for intern education and for which they are willing to recommend fourth year students; that these hospitals be designated as A, B or C in the order of preference as services or institutions for intern education; that the lists so compiled be forwarded as promptly as possible to the General Chairman of the Committee, and that the master list so assembled be forwarded by the Chairman to the dean of every medical school in the Association for his personal use in advising students regarding internships, and that this list and these qualification so prepared be revised annually."

#### REPORT OF THE EXECUTIVE COUNCIL (*Cont'd*)

"The Council recommends that all medical schools review their course of instruction and give sufficient emphasis to those physical and mental defects which now constitute such a large portion of the causes for rejection by the induction boards of the army. This step is in accord with the movement made by the Federal Government in the direction of rehabilitation of rejected draftees.

"It is also urged that adequate instruction be provided in first aid, in traumatic surgery, in industrial hygiene, in medicine, in contagious diseases, in blood plasma banks, in chemotherapy, and in certain aspects of preventive medicine."

Recommendations received without vote.

"At the Ann Arbor meeting, in 1940, the Executive Council recommended that an internship be made a requirement for licensure by State examining boards. Through an oversight this recommendation was not acted on in the executive session. Therefore, the Council again presents this recommendation: 'Inasmuch as the internship is universally regarded as a part of the basic preparation for the practice of medicine, the Association of American Medical Colleges 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.'

Moved by Dr. Oppenheimer that the recommendation be adopted. Seconded by Dr. Rees. Dr. Davison moved as an amendment that the words "Association of American Medical Colleges" be substituted for the words "Federation of State Medical Boards." The amendment was not seconded.

The recommendation as read was voted on and carried.

# Report of the Treasurer

The report of the Treasurer was submitted and approved.

## REPORT OF THE TREASURER

BALANCE SHEET—AUGUST 31, 1941

### ASSETS:

Cash in bank .....	\$11,948.54	
Petty cash advances .....	135.00	
Investments at cost .....	15,000.00	
		<hr/>
		\$27,083.54

### LIABILITIES:

Deferred income .....	\$ 4,200.00	
Accumulated net income .....	22,883.54	
		<hr/>
		\$27,083.54

## ASSOCIATION OF AMERICAN MEDICAL COLLEGES STATEMENT OF INCOME AND EXPENSE FOR THE YEAR ENDED AUGUST 31, 1941

### INCOME:

Dues .....	\$12,450	
Advertising .....	3,061.69	
Journal sales and subscriptions .....	143.88	
Aptitude tests .....	18,295.00	\$33,950.57

### EXPENSE:

Association Office .....	\$13,043.00	
Treasurer's Office .....	249.20	
Journal .....	5,231.83	
Travel expense .....	519.27	
Annual meeting expense .....	526.72	
American Council on Education .....	100.00	
Contingency .....	193.24	
Aptitude Test Committee .....	11,658.86	
Miscellaneous expense .....	2.95	\$31,525.07

<b>Excess Income over Expense .....</b>		<b>\$ 2,425.50</b>
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COMPARISON OF BUDGET TO  
ACTUAL INCOME AND EXPENSE

INCOME:

	Budget Est.	Actual	Plus or Minus
Dues .....	\$12,450.00	\$12,450.00	—
Journal Advertising .....	3,000.00	3,061.69	+61.69
Journal Sales and Subscriptions .....	150.00	143.88	—6.12
Aptitude Test Fees .....	20,000.00	18,295.00	—1,705.00
	<u>\$35,600.00</u>	<u>\$33,950.57</u>	<u>—\$1,649.43</u>

EXPENSE:

Association Office Salaries .....	\$10,020.00	\$10,020.00	—
Association Office General Expense.....	3,000.00	3,023.00	+23.00
Treasurer's Office .....	250.00	249.20	— .80
Journal Expense .....	5,800.00	5,231.83	—568.17
Travel Expense .....	1,000.00	519.27	—480.73
Annual Meeting Expense .....	500.00	526.72	+26.72
American Council on Education .....	100.00	100.00	—
Contingency (Committee on Preparedness Expense) .....	1,000.00	193.24	—806.76
Miscellaneous Expense .....		2.95	+2.95
	<u>\$21,670.00</u>	<u>\$19,866.21</u>	<u>—\$1,803.79</u>

Aptitude Test Committee:

No. 1—Honorarium and Salaries .....	\$ 8,600.00	\$ 7,996.15	—\$603.85
No. 2—Statistical Studies .....	500.00	435.20	—64.80
No. 3—Office Expense .....	2,900.00	2,751.51	—148.49
No. 4—Travel Expense .....	350.00	476.00	+126.00
No. 5—New Equipment .....	250.00	.....	—250.00
	<u>\$12,600.00</u>	<u>\$11,658.86</u>	<u>—\$941.14</u>
Total Expense .....	<u>\$34,270.00</u>	<u>\$31,525.07</u>	<u>—\$2,744.93</u>

Total Cash Income .....	\$33,950.57
Total Expense .....	31,525.07
To Accumulated Net Income.....	\$ 2,425.50

(Signed)

A. C. BACHMEYER, Treasurer

Moved by Dr. Oppenheimer, seconded by Dr. Rees, that the report be approved. Carried.

### BUDGET FOR 1941-1942

The following budget was adopted by the Executive Council for the fiscal year 1941-1942.

#### INCOME:

Dues .....	\$12,450.00	
Journal Advertising .....	3,000.00	
Journal Sales and Subscriptions .....	125.00	
Aptitude Test Fees .....	17,500.00	
Josiah Macy, Jr., Foundation .....	1,000.00	\$34,075.00
		<hr/>

#### EXPENSES:

Association Office Salaries .....	\$10,200.00	
Association Office General Expense .....	3,000.00	
Treasurer's Office Expense .....	250.00	
Journal Expense .....	5,500.00	
Travel Expense .....	1,000.00	
Annual Meeting Expense .....	500.00	
American Council on Education .....	100.00	
Contingency .....	605.00	
Committee on Preparedness .....	1,000.00	\$21,975.00
		<hr/>

#### Aptitude Test Committee:

1—Salaries ..	\$ 5,600.00	
Honorarium .....	2,500.00	
2—Statistical Studies .....	500.00	
3—Office Expense		
Rent .....	600.00	
Printing .....	1,200.00	
Postage, express, telegrams and other expense .....	1,100.00	
4—Travel .....	400.00	
5—New Equipment .....	200.00	\$12,100.00
		<hr/>
Total Expense .....		\$34,075.00

Moved by Dr. Wilburt C. Davison that the Association have two day meetings and the business meeting be held on Tuesday afternoon, the second day. Seconded by Dr. Francis G. Blake, Yale University. After discussion, it was moved by Dr. Stuart Graves, University of Alabama, seconded and carried, that the matter be left to the Executive Committee.

#### REPORT OF NOMINATING COMMITTEE

*President-Elect:*

W. S. LEATHERS, Vanderbilt University

*Vice-President:*

EWEN M. MACEWEN, State University of Iowa

*Secretary:*

FRED C. ZAPFFE

*Treasurer:*

A. C. BACHMEYER, University of Chicago

*For the two places on the Executive Council:*

R. H. OPPENHEIMER, Emory University

MAURICE H. REES, University of Colorado

Moved by Dr. Currier McEwen, New York University, seconded and carried, that the Secretary cast one ballot for the election of the nominees. The ballot was so cast and they were declared elected.

#### PLACE OF 1942 MEETING

Secretary Zapffe stated that the Association had received two invitations from the colleges in New Orleans and Louisville. Dr. M. E. Lapham, of Tulane University, withdrew the New Orleans' invitation, and Louisville was accepted as the meeting place for 1942.

#### INSTALLATION OF PRESIDENT

Dr. L. R. Chandler, Stanford University, was installed as President of the Association.

On motion made by Dr. Currier McEwen, seconded and carried, a rising vote of thanks was presented to the host college, the Medical College of Virginia.

The meeting adjourned at 3:30 p.m.

(Signed)

FRED C. ZAPFFE, *Secretary*

## Reports Made to the Executive Council and Accepted

### REPORT ON MEETING ON REHABILITATION, SELECTIVE SERVICE HEADQUARTERS, WASHINGTON, OCTOBER, 17, 1941

General Hershey, Director of Selective Service, requested that a representative attend a meeting on rehabilitation as a representative of the Association of American Medical Colleges on October 17, 1941, in Washington. At the meeting, presided over by General Hershey, the Selective Service System, Army, Navy, U. S. Public Health Service, American Medical Association, American Dental Association, American Public Health Association, Federal Security Agency, American Hospital Association, the Office of Civilian Defense, National Research Council, Association of American Medical Colleges, and negro physicians were represented.

The meeting was called as a result of the conferences held with President Roosevelt by General Hershey and Colonel Rowntree relative to the high percentage of rejections of registrants for physical and other defects. About 50 per cent of the approximately two million registrants who have been examined for induction into the Army under the Selective Training and Service Act of 1940 have been disqualified because of physical, mental and educational reasons. Of those rejected, about 90 per cent were found to be physically or mentally unfit. The President has expressed his belief that about 200,000 of the 900,000 with physical or mental defects could be rehabilitated and made available for general services in the armed forces.

The proposal was made that certain types of venereal diseases, operable hernia, deficiencies in teeth and vision and other minor defects could be corrected and the registrant accepted by the Army for general military service. The plan outlined was that the registrant would have the privilege of utilizing the services of his family physician or dentist in his own community, the cost to be covered by the Federal Government through additional appropriations to the Selective Service System.

Everyone at the meeting recognized the desirability of rehabilitating many of these individuals with remedial defects in the interest of public health and general efficiency in civilian as well as military service.

After an all day discussion of policy, financial considerations and other aspects of the question, it was decided that the Selec-

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tive Service System should prepare a panel of physicians, dentists and hospitals for carrying out the desire of the President and Selective Service to rehabilitate as many individuals as possible under the plan as outlined above. The National Research Council was requested to submit a list of physicians, dentists and hospitals for such a panel to the Selective Service System which, however, will have the final decision in regard to the entire panel.

(Signed)

WILLARD C. RAPPLEYE

#### REPORT OF INSTRUCTION OF MEDICAL STUDENTS

The Committee on Preparedness urges that all the medical schools review their course of instruction and give sufficient emphasis to those physical and mental defects which now constitute such a large portion of the causes for rejection by the induction boards of the Army.

Among the important defects which should be adequately stressed in the training of medical men are such conditions as defective teeth (the largest, 21 per cent, single cause of rejection,) venereal diseases (particularly gonorrhoea), hernia, nutrition, skin disorders, nasal polyps, tachycardia and other cardiovascular conditions, varicocele, hydrocele, pilonidal cysts, hemorrhoids, musculo-skeletal defects, lung conditions, and adequate examinations of the special sense organs, particularly the eyes and ears.

It is also urged that adequate instruction be provided in first aid and traumatic surgery, in industrial hygiene and medicine, in psychiatry, new fields, such as aviation medicine, contagious diseases, blood plasma banks, chemotherapy and other aspects of preventive medicine.

In those schools with which graduate programs are affiliated and a part of the responsibility of the medical school, it is important that instruction be provided for interns, residents and fellows in the subjects indicated above as in other related topics in order that young medical officers may be more familiar with these aspects of military service.

(Signed)

WILLARD C. RAPPLEYE,

*Committee on Preparedness*

## REPORT OF REPRESENTATIVES ON ADVISORY BOARD FOR MEDICAL SPECIALTIES

Your representatives were in attendance at the meeting of the Executive Committee and at the Annual Meeting of the Advisory Board for Medical Specialties held in Chicago, February 15 and 16, 1941. It was the decision at those meetings to advance to the status of full and independent boards the American Board of Anesthesiology and the American Board of Plastic Surgery. The number of specialty boards is now fifteen.

It was voted that "the publication of the Directory of Medical Specialists be continued, and that the Boards allow the unexpended funds which were underwritten for the first edition to remain in the Treasury toward underwriting the second edition of the Directory" and further, that "the Boards not participating in the first underwriting also be asked to contribute toward the support of the Directory to the amount of not more than \$500." The Editorial Committee will remain the same for the second edition of the Directory which it is planned to publish in 1942.

The resignation of Dr. Paul Titus as Secretary of the Advisory Board for Medical Specialties was accepted with deepest regret. Dr. C. Guy Lane, formerly Chairman of the Committee on Standards and Examinations, was appointed to succeed Dr. Titus as Secretary.

Among recommendations adopted were:—The plan for certificates of the American Board of Internal Medicine to show the special field of interest of its Diplomats; that, in all instances a group petitioning for a new Board in any specialty, the Committee on Standards and Examinations while considering the petition should confer with already existing Boards in specialties related to that of the petitioning group; and that, the date when the requirements for special training essential for approved examining boards will become effective be advanced from January 1, 1942 to January 1, 1944.

Respectfully submitted,

(Signed)

WILLARD C. RAPPLEYE

Representatives of the Association of  
American Medical Colleges

Donald C. Balfour  
Willard C. Rappleye

**REPORT OF REPRESENTATIVES ON THE ADVISORY COUNCIL  
ON MEDICAL EDUCATION**

A meeting of the Advisory Council on Medical Education was held in Chicago, February 15, 1941, at which time it was reported that the Association of American Medical Colleges, at its annual meeting held in October, 1940, passed the resolutions as presented by the Advisory Council on college preparation for medical studies, the internship and interstate endorsement of licensure. The cooperation between the Association, the national medical and hospital organizations, the Federation of State Medical Boards and state licensing bodies in their respective interests and responsibilities has been most encouraging.

The Advisory Council, after full discussion and consideration, passed the following resolution:

RESOLVED, That it is the considered opinion of the Advisory Council on Medical Education that the future health needs and proper medical care of the nation and of the defense forces require that there be no interruption in the stream of adequately trained physicians. To that end this Council urges that local draft and appeal boards permit deferment of medical students and interns on an individual basis as provided in the Selective Service Regulations until the completion of their professional preparation to insure an adequate number of well trained physicians for the national needs of the future, and be it further

RESOLVED, That officials of the Army, Navy and Selective Service be asked to approve the action of the local boards in granting individual deferment of registered and enrolled medical students and interns in order that the medical schools and hospitals may insure a continuous supply of properly qualified physicians for the civilian and military needs of the country.

The foregoing was sent to all medical school deans, secretaries of state licensing boards, selected list of hospital administrators and to interested authorities in Washington from whom we can report full cooperation and very satisfactory results.

Respectfully submitted,

Representatives of the Association of (Signed)  
American Medical Colleges

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

WILLARD C. RAPPLEYE

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

# Report of Committee on Medical Aptitude Test

As Chairman of the Committee on the Scholastic Aptitude Test for Medical Schools I have the honor to make the following report:

In order to place in the hands of the administrative officials of medical schools a report on the aptitude test at an earlier date than had been customary, the committee met in Washington in March of the current year to arrange for the test material to be offered in the colleges late in April or early in May. Arrangements were concluded for a test on May first which was given in 570 schools of the United States and Canada and was taken by 7,716 intending medical students. This represents a decrease in the number of schools in which the test was given and also a decrease of nearly 2,500 men in the number that normally have taken the aptitude test when given in the late autumn. This decrease in number possibly represents a misunderstanding on the part of the intending medical student, who perhaps did not perceive that the May 1941 test was designed for candidates planning entry into medicine in September, 1942.

The committee at its formal meeting in March to plan the test gave active consideration to the recommendation of the Executive Council that college science background should be less emphasized than it had been in the past so that the student in college, perhaps, would not over-weight his selection of studies in behalf of the sciences.

In the May first test there were 8 different items totaling 335 possible points. Of these items 1, 2, 3, and 5 were learning tests depending upon the candidate's ability to learn new material during the test period with the necessary information given him and with a period for intensive study of these items. Test 6 represented the candidate's ability to understand difficult printed matter with material immediately before him as he attempted to give the correct answers, and test 8 involved logical reasoning. Only tests 4 and 7 depended upon some science background although test 4, representing a knowledge of words might well have been answered by a student who had read general literature related to science subjects. Test 7 depended more predominantly to premedical information but much of it could have been answered by a sound knowledge of preparatory school physics, chemistry, and biology. The committee believes that

this does not unduly emphasize the science preparation for the study of medicine. It again calls attention to the published requirements for admission to most of the medical colleges of the Association, which in addition to minimum requirements recommend or demand additional science background beyond the minimum, as the obviously important factor in the trend toward heavy science concentration in preparation for medicine.

On account of the Defense program there apparently is to be a very considerable increase in the number of applicants for admission, particularly men who would normally have given four years in preparation rather than two or three. These men had not planned to enter medical school in 1942 but now are so planning and very few have taken the scholastic aptitude test for medical schools. Your committee proposes accordingly to give a second test this year, not only for this group of men, but for a group of men who did not perceive that the May test was being arranged for the candidates for 1942. It is thought that possibly 3,000 candidates will register for the test which is now being arranged for December fifth of this year. The committee believes, however, that one test a year is desirable and tentatively it is believed that a test is best given in the late spring so that the test material will be available to admitting officers in the early autumn prior to the expected enrollment of the candidates in question the following September.

Respectfully submitted,

(Signed)

WORTH HALE, *Chairman*

Committee on Medical Aptitude Test

Worth Hale, Chairman

Edw. S. Thorpe, Jr.

Paul Cannon

H. E. Jordan

W. K. Bloor

## Preliminary Report of the Committee on the Teaching of Public Health and Preventive Medicine Association of American Medical Colleges

This committee was appointed by the Association at its annual meeting in 1939. The purpose of the committee is best expressed in a letter from the Secretary of the Association to the Chairman of the Committee under date of November 1, 1939, as follows:

“Pursuant to the request of the American Public Health Association that this Association appoint a committee to cooperate in formulating a program for the education of undergraduate medical students in preventive medicine and public health, The Executive Council of the Association of American Medical Colleges has appointed the following committee: Dr. Harry S. Mustard, New York University; Dr. John E. Gordon, Harvard University; and Dr. Chas. E. Smith, Stanford University.”

In a subsequent letter, December 2, 1939, the Secretary of the Association advised the Chairman as follows: “Another matter which we would like to have your committee consider is the multiplicity of degrees in public health granted by many universities.”

Not long after the appointment of the committee, Dr. Gordon went to London to serve with the Harvard Red Cross Public Health Unit, and it was possible for him to participate in the committee's deliberations only in their early stages. In view of this and because of certain independent research which Dr. Hugh Leavell, Professor of Public Health, School of Medicine, University of Louisville, had recently completed in the field of teaching of preventive medicine and public health in medical schools, Dr. Leavell was added to the committee in 1940.

This committee will in due course submit a comprehensive report of its work, with details as to its findings; and in general will present a more exhaustive and documented treatment of the subject under discussion. In the meantime, as a matter of record and pending further conference with the Committee on Professional Education of the American Public Health Association, there is submitted below a summary of conclusions as to the present situation in regard to the teaching of preventive medicine and public health in medical colleges. Submitted also are

recommendations which, if adopted and put into effect, should improve the existing situation. It is requested that the Executive Council of the Association approve these recommendations in principle, in order that the Committee may proceed further in its conferences with the Committee on Professional Education of the American Public Health Association.

Recognizing as it does the danger of blurring essentials by too extended consideration of details, the committee believes that the purpose of this summary report will best be served by presenting short, numbered paragraphs, setting forth its conclusions and recommendations. These follow.

#### FINDINGS AND CONCLUSIONS AS TO THE PRESENT STATUS OF TEACHING PREVENTIVE MEDICINE AND PUBLIC HEALTH TO MEDICAL STUDENTS IN AMERICAN MEDICAL COLLEGES

These findings and conclusions rest upon three principal sources of material: (1) replies received to a simple questionnaire sent by the committee to medical colleges, (2) previous studies, reports, and papers on the subject under discussion, and (3) information possessed and opinions held by individual members of the Committee.

1. There exists a wide diversity of opinion and some confusion as to what should be included in a course of preventive medicine and public health in a college of medicine. This disagreement is exemplified in the answers received to questionnaires, in letters that accompanied these returned questionnaires, and by information received from other sources. It is believed that these diverse practices and opinions arise from a number of causes, among which the following appear to be important.

(a) Compared to other subjects taught in a medical college, the attempt to provide a course in preventive medicine and public health is a new undertaking. Facing an already overcrowded and not entirely elastic curriculum, proponents of preventive medicine and public health have been forced to insinuate it into the teaching schedule in an opportunistic rather than a systematic manner. This naturally has resulted in a wide divergence in the content, scope, and arrangement of such courses.

(b) Necessities and opportunities in the various medical schools, and in their respective adjacent facilities, have to no small extent shaped the patterns of courses in this subject. Of definite influence have been such things as local health problems incident to geography, auxiliary facilities

of nearby health agencies, the competence and interest of local health officials in teaching, the number of students, the attitude of the medical school faculty, and financial considerations.

(c) Naturally there is a tendency on the part of deans and professors responsible for a given course in preventive medicine and public health, to defend the soundness of its content and arrangement. If one does not teach, say, parasitology, as a part of preventive medicine and public health, then it is not essential; if one does provide this as part of the course then he is inclined to consider it an essential part.

(d) Discussions and decisions by those interested in this subject have been unsatisfactory because some use the terms "preventive medicine" and "public health" synonymously, others do not.

2. Not through questionnaires, but on the basis of impression and experience, the committee believes that deans and faculties of medical schools, though in general professing to consider it essential to provide sound instruction in preventive medicine and public health, do not actually regard this subject as important. The committee's belief is to some extent substantiated by the fact that in the volume, *Medical Education in the United States*,<sup>(1)</sup> where there is a pattern map for evaluation of two contrasting schools of medicine, there is no reference to preventive medicine and public health. The attitude of faculties is shared by students. It is possible that students only reflect what they sense as faculty feeling; it is also possible that the character of instruction in preventive medicine and public health ordinarily provided has not merited any greater respect than it has had from faculties and students.

3. From a study of the time of day and the days of the week assigned for teaching of preventive medicine and public health in the various medical college schedules, it would seem justified to believe that in many instances the hours provided are those which no one else particularly wants.

4. Without going into detail, it may be said that the general tendency in the past has been to provide instruction in preventive medicine and public health only in the last two years of medical education, and in many instances only in the last year. Recently there has been an inclination to begin this instruction

1. *Medical Education in the United States, 1934-1939*: Council on Medical Education and Hospitals of the American Medical Association, Chicago, The American Medical Association, 1940.

in the second year, occasionally in the first, continuing systematically throughout the four years of medical education.

5. A common experience of teachers of preventive medicine is that the interest of third and fourth year students is at a minimum unless they have had previous instruction in this subject. The reasons for this appear to be somewhat as follows: The student has by this time focused his interest, quite exclusively, on the pathology, diagnosis, and treatment of the frankly sick individual; having had no basic courses which lead up to preventive medicine and public health, as the pre-clinical subjects lead up to the clinical, he is inclined to regard this new instruction dealing with prevention and the mass phenomena of disease as something foreign to medical education and his future profession; further, when instruction is begun in the last part of the four-year course it is likely to be superficial and didactic.

6. The character of instruction naturally varies within wide limits. There is a strong tendency to dispose of the matter of instruction in preventive medicine and public health by the provision of a series of lectures, though many schools have instituted some sort of field instruction where groups of students visit bureaus of the health department, sewage and water plants, pasteurizing plants, industries, etc. An increasing number of medical schools are effecting cooperative relationships with local health departments and voluntary agencies, and through this arrangement provide observation, occasionally participation, on a modified clinical clerkship basis.

7. The organization within medical schools for providing instruction in preventive medicine and public health falls into three principal categories, as follows: *Full-time departments, combined departments, separate but not full time.* In addition a few must be carried as unorganized or unclassifiable.\*

(a) *Full-time Departments.* The increase in the number of *full-time* departments of preventive medicine and public health is striking. Fitzgerald, in 1935-1936, classified twenty-four medical schools, eighteen in the United States and six in Canada as having such departments. The data obtained by the present committee indicate that there are now

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\*In classifying schools, because of a number of borderline situations, it has been necessary to make certain arbitrary allocations.

\*\*Reviewed by Dr. C. E. Smith, who participated in the Fitzgerald study and is a member of this committee and applied to present data the same criteria he observed in the Fitzgerald data. The change in the Canadian allocation is not the result of actual alteration in the organization of the Faculty in question but is due to the reply of that Faculty to the present questionnaire.

thirty-two full-time departments devoted to this subject: twenty-seven in the United States, five in Canada.\*\*

(b) *Combined Departments.* The committee's data, supplemented by catalog statements, indicate that in twenty-five medical schools in the United States, and one in Canada, instruction in preventive medicine and public health is carried on in combination with the teaching of other subjects, most frequently bacteriology. In such combinations preventive medicine and public health is usually the minor interest.

(c) *Separate, but not full-time, departments.* As nearly as can be determined, there are ten schools in the United States and three in Canada which have separate departments of preventive medicine and public health, but the personnel is essentially part time. In nine instances the head of the department is the local health officer.

Seven schools appear to have arrangements which are unusual and not classifiable under any one of the above categories.

8. The committee is of the opinion that the better courses in preventive medicine and public health are to be found in those medical schools which provide a separate department for teaching and research in these subjects and where the department head and most of his assistants are on a full-time basis. It does not, however, follow that the part-time head of a department is unsatisfactory for there appear to be good departments operated on this basis.

9. The committee senses a tendency in instructors in preventive medicine and public health to visualize students as future health officers rather than as private practitioners of medicine, interested and informed but not specializing in this subject.

10. There is as much variation in the number of hours assigned to the teaching of this subject as there is in the content. A few schools provide no instruction at all in preventive medicine and public health, as such, while a few others provide over two hundred hours. The median number of clock hours is eighty-two <sup>(2)</sup>. Compared to the total number of hours available in the whole medical school curriculum, this represents 1.9 per cent as against 4 per cent advocated by the American Medical Association.

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2. Leavell, H. R., *Teaching Preventive Medicine to Medical Students*, New York, The Commonwealth Fund, 1941.

tion and the Association of American Medical Colleges. Few medical schools appear to reach this recommended goal. (2)

11. Among schools of medicine the median annual amount available for teaching preventive medicine and public health is \$5700.(2) When this median figure (\$5700) is placed against \$167,485 (1), which is the median of the total annual costs of instruction in sixty-four four-year medical schools (1), it is found that the cost of teaching preventive medicine and public health represents 3.4 per cent of total costs. For obvious reasons, such a figure must be accepted with caution.

*Recommendations which the Committee asks the Executive Council to Approve in Principle.*

In submitting these recommendations the committee has avoided setting up any fixed quantitative standards. It does not believe that a uniform detailed schedule as to content of courses, sequence of instruction, or budget would be practical or acceptable in all medical schools. The committee does, however, believe that if this Association gives its support to the general principles and objectives set forth below, there will follow a natural, sound and permanent growth of this phase of medical education. Further, the committee recognized that in undergraduate instruction in preventive medicine and public health, there are many goals and desiderata which cannot be covered by recommendations or standards. Reference here is made to such intangibles as personality, leadership, cultural background, and the scholarly and scientific attitude desirable in those who are to be made responsible for teaching in this field. Given these things in a department head, a paucity in hours of teaching time would be overcome; lacking most of these qualities, the instruction and stimulation offered would be mediocre even though an abundance of teaching hours were available. Finally, although no specific recommendations are submitted as to provision of research facilities in a department of preventive medicine and public health, and although this committee was commissioned only as to the teaching aspect of this subject, it nevertheless seems pertinent to emphasize that in this, as in any university department, dry rot is likely to develop in the absence of scientific curiosity and time facilities to gratify it.

*Specifically, the committee recommends:*

1. That, as a necessary preliminary to clear thinking and further discussion, a sharp distinction be made and maintained

between the two terms "preventive medicine" and "public health."

2. That "preventive medicine" be regarded as that body of knowledge and those practices believed to contribute to the maintenance of health and the prevention of disease in either the individual or the aggregate; and that "public health" be regarded as that body of knowledge and those practices believed to contribute to health in the aggregate, either through preventive or corrective measures or both.

3. That it be accepted that the objective of instruction in preventive medicine is to provide for medical students a thorough education in those principles, and skill in those practices, through which as physicians they may contribute to the maintenance of health and the prevention of disease in their patients.

4. That although in varying degrees in the several departments of the medical school there is opportunity to provide instruction in preventive medicine, and that such opportunities should be developed to the maximum, it is nevertheless essential to provide additional over-all and coordinating instruction in this phase of medical education through one department specifically designated for this purpose.

5. That it be accepted that the objective of courses in public health is to ensure in medical students an interest in the maintenance of health in the public, an appreciation of the natural history of disease as a mass phenomenon, and to establish in these undergraduate students a knowledge, not only of the way in which social, economic, and political forces operate in public health, but an understanding of the degree and manner in which these factors determine the character and extent of public health practice.

6. That, regardless of extremes of radical and conservative opinion as to how the future of medicine may best be shaped, it be recognized that the demands of an enlarging public medical service, under one arrangement or another, will draw a much greater proportion of physicians than heretofore into government employment, on full-time, part-time, or fee basis, thus making them increasingly responsible for participating in organized preventive and corrective measures in the interest of the public health.

7. That because the problems and practices of public health, as defined above, are determined by an interplay of biologic, so-

cial, economic, and in the broad sense political forces, and because an understanding of the latter three factors in their interrelations with health and disease is not provided in the conventional medical curriculum, instruction in this phase of medical education may best be ensured by a separate department, staffed and equipped for this purpose; and that as a preliminary to a proper concept of disease as a mass phenomenon, the teaching schedule of such a department should include biostatistics and epidemiology.\*

8. That instruction by the department of preventive medicine and public health begin not later than the second year of medical education, preferably the first; that it continue as part of each succeeding year of medical education; and that the character of instruction be such as to provide a broad perspective and a sound understanding of the problems and principles involved rather than transient information as to details.

9. That because preventive medicine finds wide application in public health work, the necessary over-all and coordinating instruction in preventive medicine, referred to previously, be provided through the teaching department responsible for instruction in public health.\*\*

10. That it be recognized that qualifications for productive teaching in public health or for instruction in the mass aspects of preventive medicine are not likely to be acquired through training and experience in some other field of medicine, or to arise naturally as part of the aging process.

11. That although it is entirely possible, in view of individual competence and personality, to utilize the part-time services of a health officer to direct a teaching department of public health, this should not be regarded as a desirable procedure in ordinary circumstances.

12. That there continue in force the previously accepted standard of this Association, which sets aside for the teaching

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\*A sound knowledge of statistical concepts and methods is absolutely essential for an understanding of public health problems and practices. The committee believes that such a grounding in biostatistics would be a great advantage to students in other aspects of medicine and research. It would be ideal if students could enter medical school already equipped along these lines, but the committee recognizes that it would be difficult to add biostatistics as a requirement in pre-medical education and doubts that such a highly specialized subject would be well taught in all colleges where pre-medical work is done. For these reasons, it is recommended that the subject of biostatistics be included in the medical curriculum.

\*\*The committee regards it as undesirable to limit the designation of this department to "preventive medicine." Such a limiting designation would tend to perpetuate the mistaken and confusing concept that preventive medicine and public health are identical.

Dr. John E. Gordon, a member of the Committee, is at present in England. He, therefore, has not seen the report.

schedule of the department of preventive medicine and public health, 4 per cent of total curriculum hours available; that because in teaching preventive medicine and public health only minor use may be made of low-salaried assistants and instructors, the budget for such a department should range from 5 to 8 per cent of the total instruction budget of the medical school.

*Respectfully submitted,*

(Signed)

H. S. MUSTARD, Chairman  
HUGH R. LEAVELL  
CHARLES E. SMITH

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## Memorandum Regarding Military Services Of Students, Interns and Residents\*

The Association of American Medical Colleges has cooperated with National Headquarters of the Selective Service System and the Surgeons General of the Army and Navy in a plan designed to "persuade" all third and fourth year medical students who are physically and otherwise eligible to join the medical corps reserve of either the Army or the Navy. The Army is in need of more medical officers for the present forces and its Medical Corps Reserve is practically exhausted. Any further expansion of the Army will require more medical officers. The immediate needs of the Navy are less urgent but they will call for more medical officers as its forces are enlarged. The lowering of the upper age limit under the Selective Training and Service Act of 1940 as amended to 28 years has made it possible for a number of interns, hospital residents and graduate fellows to escape induction, even though they had been deferred in order to complete their training. The plan agreed upon eliminates this possibility.

The War Department has asked Selective Service to produce more medical officers for the Army and Selective Service intends to comply as fully as possible. There are two phases of the problem; the first relates to medical students and the second to interns, residents and graduate fellows.

Under the plan agreed upon the medical students of the first and second year including those students still in college who have been accepted for admission to the next first year class in an approved medical school will be under the jurisdiction of Selective Service. When a student who is a member of a college R.O.T.C. is accepted by an approved medical school he should be advised to apply three months before graduation from college for transfer to the Medical Administrative Corps Reserve or to the Naval Reserve.

The War Department has a Medical Administrative Corps Reserve and the Navy has a Naval Reserve to which third and fourth year students are eligible. Selective Service is prepared to recommend to local boards that deferment be discontinued for

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\*Submitted by Dr. W C Rappleye, chairman Committee on Preparedness

all third and fourth year medical students, regardless of their classification, who are eligible for a commission in either of these reserve corps. Students commissioned as Second Lieutenants in the M.A.C.R. will be under the jurisdiction of the Surgeon General of the Army and will be eligible for call to military duty for a period of five years from the date of their commission. Those commissioned as Ensigns, Hospital Volunteer (Probationary), in the Naval Reserve will be under the jurisdiction of the Surgeon General of the Navy. If they do not apply for commissions as Lieutenant (junior grade) in the Medical Corps Reserve of the Navy at the time of graduation they will be automatically discharged from the Naval Reserve, whereupon they would be returned to the jurisdiction of Selective Service and become subject to immediate call for call for military duty.

The reserve corps of the Army and Navy will have a pool of potential medical officers at the time the students graduate and complete their internships. All students not eligible physically or otherwise for either the M.A.C.R. or the Naval Reserve will remain under the jurisdiction of Selective Service.

Each fourth year student who is in the M.A.C.R. should plan to apply for a commission in the Medical Corps Reserve within twelve months after graduation from medical school. Each student in the Naval Reserve should apply about three months before graduation for a commission in the Medical Corps Reserve of the Navy. It is expected that each student will be permitted to complete an internship of at least one year. If a student in the M.A.C.R. fails to apply within one year after graduation for a commission in the Medical Corps Reserve of the Army or the Navy, he will be returned to the jurisdiction of Selective Service and becomes inductable into the regular military forces. If a student in the Naval Reserve does not apply for a commission at the time of graduation he will be automatically returned to the jurisdiction of Selective Service. When a student accepts a commission in the Medical Corps Reserve of the Army he is liable to call for active duty for a period of five years from the date of his Medical Corps commission (time in the M.A.C.R. is not credited to his new commission). When a student accepts a commission in the Naval Medical Reserve he is liable for call for service during the national emergency.

The Association has adopted a policy that all third and fourth year students be urged to apply for a commission in the M.A.C.R. or the Naval Reserve and that the deans of the medical

schools henceforth refuse to support the request of students for further deferment under Selective Service until they have applied for a commission in either the M.A.C.R.. or the Naval Reserve, if physically and otherwise eligible for such commissions. There would be the choice of either joining one of the reserves or being subject to induction as ap rivate.

A somewhat similar situation pertains to interns, fellows and residents. Even though they have been deferred by Selective Service in order to complete their training or to maintain the essential services they are rendering in the local communities, these individuals are not inductable when they reach June 30th following their 28th birthday. A considerable number of such young men have taken advantage of this situation and have not accepted commissions and have not carried out the implied obligation of their deferment. It is quite clear to all that the situation in the hospitals requires more prompt action because of the older age of the group and also that it is administratively more difficult because there are about 800 hospitals approved for internships and residencies. It has, therefore, been proposed by Selective Service that the deferment of all interns, residents and fellows be discontinued for those who are eligible for a commission in the Medical Corps Reserve of either the Army or the Navy.

Under the plan outlined, potential pools of future medical officers comprising fourth and third year medical students will be created under the Surgeons General of the Army and of the Navy. Pools of medical officers will also be created comprising interns, residents and graduate fellows under the same jurisdictions. In the case of the Army, each of the pools will be subdivided geographically and placed under the administration of the Corps Area Surgeons.

The Surgeon General of the Army has agreed to appoint an Advisory Committee to each of the Corps Area Surgeons comprising representatives of the medical schools, of the hospitals and of the medical profession of that area. The proposed Advisory Committees would advise the Corps Area Surgeon in calling to duty the reserve officers in such a way that their withdrawal from the hospitals and other institutions would interfere least with the services which those institutions are rendering to their local communities or that would impose as little handicap as possible in the continued training of these young men in the various specialties. As far as practicable residents in hospitals

approved for graduate education will be permitted to complete preparation for their specialty. All concerned recognize that the military as well as civilian needs for specialists should be given full consideration.

The Executive Council has nominated to the Surgeon General a representative of the medical schools for the Advisory Committee to the Corps Area Surgeon in each of the nine corps areas. The American Hospital Association with the approval of the Catholic Hospital Association and the National Hospital Association, has been asked to nominate to the Surgeon General of the Army representatives to the Advisory Committee to the Corps Area Surgeons. This has been done. The American Medical Association has been asked by the Surgeon General to designate the representatives of the medical profession on these Advisory Committees.

As another means of augmenting the Medical Corps of the Army and of offering inducements for young physicians to take commissions, the Surgeon General of the Army has recommended to the General Staff that promotion in the Medical Corps by selection be put into effect. If this proposal of the Surgeon General is approved, medical corps officers with special qualifications will be given rank higher than that of First Lieutenant. It is the intention to make promotions from among those who are already in the Corps but it also has been proposed that provision be made to make new appointments above the rank of First Lieutenant for those who are properly qualified. This request of the Surgeon General has not, at this writing been approved.

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# Minutes of the Meeting of the Executive Council

*Held in Richmond, Virginia,*

*October 29, 1941*

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The following members of the Council were present:

L. R. Chandler, W. S. Leathers, E. M. MacEwen, R. H. Oppenheimer, C. W. M. Poynter, Maurice H. Rees and H. S. Diehl.

Absent: W. C. Rappleye.

R. H. Oppenheimer was elected chairman of the Council for the ensuing year.

The secretary brought to the attention of the Council two proposals for studies made by Dr. Jean A. Curran, dean Long Island College of Medicine.

1. To make a study of the relation of social service to medical schools.

The Council decided that this problem be referred to the Committee on the Teaching of Public Health and Preventive Medicine and that Dr. Curran be added to the personnel of the Committee.

2. To make a study of the teaching of tropical medicine in undergraduate medical schools.

The Council appointed the following committee to make this study:

Dr. Henry E. Meleney, New York University, chairman; Dr. Maxwell E. Lapham, Tulane University and Dr. Malcolm H. Soule, University of Michigan.

It was decided that the president of the Association communicate with the chairman of the Board of Trustees of the American Medical Association and suggest a meeting of said Board and the Executive Council for the purpose of discussing problems of mutual interest.

The question was raised as to whether the Association had an expressed policy with reference to the inspection of member colleges.

The secretary called attention to a recommendation made by the Executive Council to the Association at the executive session held in San Francisco, October 1937. The recommendation was adopted by the assembled representatives of member colleges.

It reads as follows: "The Council recommends that inspection of member colleges be resumed on authorization of the Executive Council at the Association's expense; that applications for inspection be made by the college; other inspections to be made on order of the Council as authorized by the constitution and by laws."

No further action was taken on this question.

Visits to the following colleges were authorized: Temple; Hahnemann; Wayne; Buffalo; Maryland; George Washington; Louisville; Kansas.

(Visits to Texas and Oklahoma were authorized at a previous meeting of the Council.)

The following committees and representatives were appointed:

#### COMMITTEE ON APTITUDE TEST

Worth Hale, Harvard, Chairman (1945)  
Paul R. Cannon, Chicago (1943)  
H. E. Jordan, Virginia (1942)  
Edw. S. Thorpe, Jr., Pennsylvania (1944)  
Arthur T. Henrici, Minnesota (1946)

#### COMMITTEE ON INTERN PLACEMENT BUREAU

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

#### COMMITTEE ON TEACHING OF PUBLIC HEALTH AND PREVENTIVE MEDICINE

Harry S. Mustard, Columbia University, chairman  
John E. Gordon, Harvard  
Chas. E. Smith, Stanford  
Hugh R. Leavell, Louisville  
Jean A. Curran, Long Island

**COMMITTEE ON PREPAREDNESS**

W. C. Rappleye, Columbia  
William Pepper, Pennsylvania  
C. Sidney Burwell, Harvard  
H. S. Diehl, Minnesota  
Fred C. Zapffe

**REPRESENTATIVES ON ADVISORY BOARD FOR MEDICAL SPECIALTIES**

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

**REPRESENTATIVES TO ADVISORY COUNCIL ON MEDICAL EDUCATION**

W. C. Rappleye, Columbia  
Wm. S. Middleton, Wisconsin  
Maurice H. Rees, Colorado  
Alternates: R. H. Oppenheimer, Emory  
A. C. Bachmeyer, Chicago  
C. Sidney Burwell, Harvard

**REPRESENTATIVE TO FEDERATION OF STATE MEDICAL BOARDS**

Fred C. Zapffe

**REPRESENTATIVES ON AMERICAN COUNCIL ON EDUCATION**

W. C. Rappleye, Columbia  
S. G. Capen, Buffalo  
Fred C. Zapffe, Chicago

**REGIONAL COMMITTEE ON INTERNSHIPS**

Willard C. Rappleye, General Chairman, Columbia  
William Pepper, Pennsylvania  
Dwight O'Hara, Tufts  
H. S. Diehl, Minnesota  
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 OF CONFERENCE  
ON CULTURAL RELATIONS BETWEEN LATIN AMERICAN REPUBLICS

W. C. Rappleye, Columbia

REPRESENTATIVE TO AMERICAN FOUNDATION FOR TROPICAL  
MEDICINE

W. C. Rappleye, Columbia

REPRESENTATIVE TO NATIONAL COMMITTEE ON EDUCATION AND  
DEFENSE

Fred C. Zapffe

REPRESENTATIVES ON NATIONAL BOARD OF MEDICAL EXAMINERS

Maurice H. Rees (Colorado)

George H. Smith (Yale)

B. O. Raulston (Southern California)

COMMITTEE ON THE TEACHING OF TROPICAL MEDICINE

Henry E. Meleney, New York University, Chairman

Maxwell E. Lapham, Tulane

Malcolm H. Soule, Michigan

REPRESENTATIVES ON ADVISORY COMMITTEE FOR CORPS AREA  
SURGEONS

Corps Area I. Dr. C. Sidney Burwell, Harvard

Corps Area II. Dr. W. C. Rappleye, Columbia

Corps Area III. Dr. William Pepper, Pennsylvania

Corps Area IV. Dr. Russell H. Oppenheimer, Emory

Corps Area V. Dr. Hardy A. Kemp, Ohio State

Corps Area VI. Dr. A. C. Bachmeyer, Chicago

Corps Area VII. Dr. C. W. M. Poynter, Nebraska

Corps Area VIII. Dr. Maurice H. Rees, Colorado

Corps Area IX. Dr. L. R. Chandler, Stanford

Adjourned, subject to a called meeting in February to be held in Chicago, at a date to be selected later.

(Signed)

FRED C. ZAPFFE, *Secretary*