

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

PROCEEDINGS
of the
SPECIAL MEETING
held

FEBRUARY 14, 1942

PALMER HOUSE
CHICAGO, ILLINOIS

STENOGRAPHIC REPORT
NOT REVISED



Office of the Secretary
Five South Wabash Avenue
Chicago, Illinois

The Special Meeting of the Association of American Medical Colleges, held at the Palmer House, Chicago, Illinois, Saturday afternoon, February 14, 1942, convened at 2 p. m., Dr. L. R. Chandler, President of the Association, presiding.

PRESIDENT CHANDLER: This is a special meeting, called to discuss the problems of an accelerated program of study in the medical schools. We have received many letters, some of them asking questions, some of them giving advice. It all settles down to about eight questions. After the roll call, the chairman of the Executive Council will make a report. The items in this report cover what the Executive Council believes are the problems that should be considered at this special meeting. I should like to defer voting on the recommendations of the Executive Council until after discussion of each item and any others you wish to bring up. In order to clarify and crystallize that discussion, we have invited several guests in authority to speak on certain specific subjects.

ROLL CALL

The Secretary called the roll with the following result: Present, 76; Absent, 7 Canadian schools, the University of Oregon Medical School, and the University of the Philippines College of Medicine.

PRESIDENT CHANDLER: We will now hear the recommendations which the Executive Council has prepared for your consideration.

REPORT OF THE EXECUTIVE COUNCIL

DR. R. H. OPPENHEIMER: The Executive Council has voted to recommend to the Association for its consideration and possible adoption the following recommendations:

RECOMMENDATION:

The Executive Council requests approval of the recommendation sent to the deans of member colleges December 18 and December 23, 1941, urging member colleges, which can do so, without any lowering of present standards of medical education, to go on an accelerated program of instruction on or about July 1, 1942.

(A similar recommendation made by the Executive Council May 31, 1941—which was sent to the deans of all member colleges—was approved at the executive session held in Richmond, October 29, 1941.)

Attention is called to the fact that the Executive Council recommended that only those medical colleges that can do so without lowering present standards of medical education should adopt the accelerated program. This applies not only to the utilization of the summer as a teaching period, but also to the interval at which freshman classes are admitted; that is, whether annually or at approximate nine-month intervals.

RECOMMENDATION:

The Executive Council recommends that the accelerated program consist of 4 full academic sessions of not less than 32 weeks each and that graduation shall not follow sooner than 35 months after first matriculation as a freshman.

RECOMMENDATION:

The Executive Council recommends that in admitting students for the accelerated program eligibility requirements for admission be not lowered from the present minimum standards set by the Association of American Medical Colleges.

RECOMMENDATION:

That the Executive Council be authorized to negotiate the proper government agency for a sum of money not to exceed \$3,500,000 per year from which loans may be made to needy and deserving medical students in good standing in schools of medicine and who are on an accelerated program adopted by medical schools as a war emergency measure, these loans to be made on the recommendation of the dean of each school.

RECOMMENDATION:

That the Executive Council suggests to member institutions that inasmuch as the financial problems of medical schools occasioned by the accelerated program are the responsibilities of the administration and governing boards of their respective colleges and universities, the Association of American Medical Colleges makes no independent request at this time for federal funds for this purpose.

RECOMMENDATION:

The Association of American Medical Colleges requests the Federation of State Medical Boards to recommend to its members that they make whatever changes are necessary in state licensing laws and/or regulations to legalize licensure of students graduating under the accelerated program adopted by medical schools to meet the needs of the national emergency.

RECOMMENDATION:

It is the opinion of the Executive Council that an adequate number of approved internships will be available for students graduating under the accelerated program. The Executive Council recommends that the length of the internship be not reduced below twelve months at this time.

RECOMMENDATION:

Executive Council recommends that deans do not support the request for deferment of any premedical student for more than 12 months preceding his enrolment in the medical school.

The Association approved of such a recommendation at the Richmond Meeting in 1941.)

RECOMMENDATION:

Inasmuch as the freshman and sophomore students are now eligible for a commission in the M.A.C. and H.V.P., it is recommended that the action taken at the Richmond Meeting with reference to the deferment of juniors and seniors be extended to apply also to freshmen and sophomores except those students who are enrolled in the basic R.O.T.C.

RECOMMENDATION:

The Executive Council recommends that as many colleges as can do so, start instruction of the next freshman class on or about July 1, 1942, and subsequent freshman classes at approximately nine months intervals until July 1, 1945.

RECOMMENDATION:

The Executive Council recommends that all problems dealing with the deferment of medical students be referred to the Committee on Preparedness of this Association.

PRESIDENT CHANDLER: Each of the items in the report of the Executive Council will need discussion and action by the member colleges. Before a vote is taken

on these recommendations, we will hear from our guest speakers, then discuss them among ourselves.

One of the problems mentioned concerns the adequacy, in numbers, of pre-medical students that will be available for admission to the medical schools at these various staggered intervals, and, perhaps, the question of deferment of premedical students by Selective Service Boards. Dr. Guy E. Snavely, Executive Director of the Association of American Colleges will discuss this subject.

DR. GUY E. SNAVELY: When I agreed to come here, I thought I would be terrifically awed, but when I see three former students of mine—Sidney Burwell of Harvard, Boyd Wylie of the University of Maryland and Alan Chesney, of Johns Hopkins, my alma mater, I feel quite at ease.

Pearl Harbor brought some contrasting happenings in our nation. The first one was to solidify the sentiment to get busy and win this war as soon as possible. The second one was to bring order and confidence into various agencies, principally the one that I am representing, the Association of American Colleges. January 3 and 4, we had a meeting in Baltimore of all the colleges. The very fact that they were able to get together at that meeting caused them to forget a good deal of their jitters. Among other things, they voted unanimously to proceed with an accelerated program. I have made an inquiry of the colleges of the Association—they include practically all on your approved list, with the exception of a few liberal arts colleges of some state universities west of the Mississippi—and I find from those returns that about 67 per cent are still running for the coming year three semesters and a long summer session; most of them run 11 weeks, some of them 10 or 11 weeks, with more days in the week than has been the custom in the past. About 13 per cent are running on a four quarter system, about 10 per cent on a three semester basis, which is causing some confusion, I think, and about 10 per cent are staying on the two semester basis without any acceleration. Those, as you would imagine, are the women's colleges. Practically all of the first class women's colleges are continuing on the two semester basis at present.

They have had some discussions and some meetings. They had a meeting in Barnard College last Saturday a week ago of all the colleges on the Atlantic Seaboard, and that was the conclusion they reached. Their idea is that the girls need the maturation, and there does not seem to be any great urge at the present moment for them to accelerate. Of course, in the co-educational liberal arts colleges, the girls may or may not accelerate. As a matter of fact, the programs in the liberal arts colleges are arranged so that there is option in the matter. There will not be required acceleration, like I assume would be necessary in the medical schools. Those that want to go four quarters can, and those that want to go three quarters may.

Those are the facts and figures that I have been able to gather from about 500 of the 570 member colleges.

The other thing that I thought would be of particular interest to everybody would be the time of graduation. Some colleges reported that they are graduating as early as the middle of April this year, and some as late as the latter part of June, as has been their custom, but the great majority will be graduating their students about June 1. By the accelerated plans they will be able to graduate their students in less than three years if they run on the four quarter basis—two years and eight months, or two years and nine months—and give them the bachelor's degree.

I might digress a moment to say that an institution not one thousand miles from this hotel has added confusion confounded by planning to award the bachelor's degree for one year and eight months' work. That plan has not met with universal approval. I understand an announcement will be made within the next few months by about 600 other first-class colleges opposing that idea.

I should like to philosophize this much: that I hope before the war is over, we can work out a little better coordination of this matter of time schedules, particularly for students going into medicine. I am willing to save a year or two along the line, but I think we ought to do it with our eyes open and with a realization that you need a certain amount of maturation—I believe that is what the teachers' colleges call it—for men going into medicine. You just cannot do it by going all the year 'round, and saving too many years in the process. It may be possible permanently to save a year in the elementary and secondary schools in the whole program. In the South, where I have spent most of my life, we have been able to get boys through in eleven years, and get them into Hopkins, Harvard and other schools, where they put on airs about admission, and the whole room would get through just as quick as the rest of them. We could save a year, but I do not think we ought to overdo the thing and let the pendulum swing too far in that attempt. I have hoped that in the turmoil of the next few months we might work out a program that might be more or less static, so you can determine where you are going to come out with your men who must take so many years as interns and specialists.

Dr. Oppenheimer raised the question about men coming in at various times of the year. It is going to be a little hard for these schools that are staying on the two semester basis to fit themselves into that scheme. It looks as though the quarter basis will be the simplest and the easiest system. Of course, if a boy gets through school in June and the next freshman class does not start work until October, that will be all right. The boy can have three months maturation, but it certainly would work out easier if it were a quarter system all the way around, it seems to me, because you are obliged to have your terms worked out that way, on a quarter basis, to get through the four 9-month periods in three years. I will be glad to answer any questions.

DR. C. SIDNEY BURWELL: I misunderstood what you said about the number of colleges that are actually accelerating. How many colleges are there that are not accelerating, aside from the women's colleges?

DR. SNAVELY: I would not say that there are any. All of them are accelerating, except the women's colleges. I know of two or three small colleges that are not accelerating in their own campuses, but are arranging for their students to go off somewhere for the summer courses. A little college in Washington does not have enough men to justify running in the summer, and it possibly will arrange for the men to go somewhere else.

DR. BURWELL: So it is essentially unanimous?

DR. SNAVELY: It is essentially unanimous.

DR. TORALD SOLLMANN: Did not the Baltimore conference also make a recommendation for the deferment of premedical students that had finished two academic years, which is not quite the same thing as the Executive Council recommended?

DR. SNAVELY: I do not think that we specified the years. We requested that premedical students be deferred, but it was not said how many years they should

go back. I think the resolution read by Dr. Oppenheimer would be about what the colleges would have in mind, because they cannot tell that soon whether the boys have the aptitude for medicine.

REVEREND ALPHONSE M. SCHWITALLA: I wonder if Dr. Snavely has any figures on the number of students who leave college in February normally, or at some other period that a semester ends where colleges are not conducted necessarily on a year basis, so that the graduation, or the leaving of students, coincides with the regular date of graduation of the school. I think that would be very important for some of us, who are staggering our semesters or our quarters, to know.

DR. SNAVELY: I think the story of the past would be that the percentage is quite low, but in the future I think it will be quite high, because of the accelerated programs.

REVEREND SCHWITALLA: The estimate this month was that somewhere near 50 per cent of the students at college could easily arrange to leave college in February to go to a medical school, if the medical schools wanted that kind of an arrangement.

DR. SNAVELY: I think that is true all over the country now.

REVEREND SCHWITALLA: The point I want to make is that the admission date to a school of medicine need not necessarily be impeded by action that the colleges might want to take regarding the date at which they would dismiss or discharge a student from the college.

DR. SNAVELY: I might make this comment on that question. I stopped at Emory University yesterday, and found out that nearly all the boys in the college proper are majoring in the sciences and in premedical courses, and they do not expect any drop in enrollment next year.

PRESIDENT CHANDLER: Are there any further questions on this subject? If not, we express our genuine appreciation and thanks to you, Dr. Snavely, for coming to address us.

One of the most important problems in contemplating an accelerated medical school program is adequate finances for that group of medical students who are entirely self-supporting, and who have been working during the summer. Members of the Executive Council and, in particular, our Secretary, have been authorized to make certain contacts and inquiries, and deliver certain information. We are privileged today to have Dr. Fred J. Kelly, the executive officer of the U. S. Office of Education Wartime Commission, to discuss that problem with us. I think some of the things, if not all, he has to say will answer questions that are in everyone's mind.

DR. FRED J. KELLY: I came hoping, primarily, to answer the questions which you may think I would be able to answer, rather than to make any particularly extended statement about the study that is just nearing completion, having to do with financial aid to students. Perhaps a preliminary statement will enable us to answer some of the questions generally, rather than to have the questions at the very outset.

Some months ago, the people interested in engineering, chemistry, physics and production supervision, which are the courses that are now being offered in short term, intensive fashion under the engineering, science and management defense training program of the Office of Education, realized that these short courses were by no means enough; that we needed to have fully trained engineers,

chemists, physicists and managers come out faster from the colleges than they were coming. So, along in November, they started to make a study of what kind of program could be advocated for these departments of engineering, science and management. Before the study was completed, December 7 came around and it modified the study a little and hastened it a good deal. They presented a program involving proposals for the acceleration of engineering schools, chemistry and physics departments, and those units of schools of business having to do with those courses dealing particularly with production supervision.

That program came into the U. S. Office of Education for consideration and possible presentation to the Bureau of the Budget. As we undertook to see how that program would operate, it became increasingly clear that it would be unfortunate, perhaps, if we undertook to have a program for the subsidization of students or institutions, either one or both, for engineering when, perhaps, in the same institution would be a medical school, a dental school, a school of pharmacy, and maybe other schools that would be interested in precisely the same kind of a program. Therefore, it seemed desirable to set up a plan of study which could be carried out before we undertook to make a proposal to the Bureau of the Budget for funds with which to support this kind of program.

We, therefore, invited persons to come to Chicago to engage in this study, because we could at this place get nearer to a number of the typical universities where they have all these programs than we could in any other place. So, during the last two weeks we have had a sort of study conference arrangement going on, with Chancellor Hunter of the University System of Oregon in general charge, and Mr. Middlebrook, the Comptroller of the University of Minnesota assisting in holding conferences with officials of ten universities hereabout. They included, in addition to the ones represented by Mr. Hunter in Oregon, Minnesota, Wisconsin, Illinois, Indiana, Purdue, Notre Dame, Chicago, Northwestern and Bradley Polytechnic Institute.

Those ten institutions made careful studies, as careful as they could within the time limitations, of just what would be the situation with respect to their students: How many could come to these schools without aid; how many could not come; how much aid would be required, and so forth; how much the institution would have to have to meet its deficit in the medical school, in the dental school, in the school of engineering, and so forth. So that, on the basis of these ten institutions' rather detailed reports, we have nearing completion a report on the basis of which, with the approval of the Commissioner of Education and the Administrator of the Federal Security Agency, who have been very anxious to get this report because they believe thoroughly in the need, it will go to the Bureau of the Budget and, with their approval, to the Congress.

It is expected that there are some schools, particularly medical schools, which, because of their particular method of financing—many people being on a 12 month basis, for example—will not need extra money for the school, itself. There are other medical schools which believe they cannot, without serious sacrifice, extend their periods over a solid 12 month year without extra money. And, without any exceptions, the medical schools, along with all the other units of the universities, believe they would be seriously handicapped in undertaking to maintain a program on a 12 month basis if there were not some way by which the students, who otherwise use the summer to earn a part of their expenses, could be aided financially so that they would not have to drop out. Many officers in these colleges and universities have indicated that unless something of that kind can be done,

it may turn out to be less efficient than no acceleration, because you might be running the school and the students would be compelled to drop out. They would not only miss the summer but the entire year, because they could not drop into step again. Therefore, it might turn out to be not only not useful in the production of doctors faster, but it might actually deter the production of doctors. Therefore, aid to students seems to these people, who have reported in these Chicago conferences, absolutely imperative as a means of enabling schools to accelerate their programs.

That introduces very difficult questions about how to secure the right kind of aid and not subject the institutions to vast criticism because of loose management of federal funds, and things of that kind, and yet it seems that we have to take the risks some way.

Another complication enters. When you begin to consider what methods of aid may be utilized, there are only three that we can think of: Loans to students; scholarship grants to students; and offering facilities to work for remuneration. The latter seems to be pretty largely out in the minds of most people, because in an accelerated program there is no time for it. The gain you might otherwise make is largely lost in making possible the student's time to work for his living. Therefore, it leaves practically only two, loans and scholarships.

In this country we have not had any experience with the awarding of scholarships, except on the basis of students particularly qualified for scholarship aid. Therefore, if we should undertake, even if such a plan might be approved ultimately by the Bureau of the Budget and Congress, to grant universal scholarship aid to the students in these programs of acceleration, we would have an unusually difficult problem to administer that kind of plan. Therefore, we are driven back, in a general way, to an also very difficult plan of administration, namely, loans to students. Institutions are accustomed to loaning money to students, but they do not loan to students under quite the conditions that prevail now. Where we are saying to the students, "We want you to come; it is in the interests of the country that you come, not that you come as in all ordinary loan programs," the student comes to the institution and says, "I cannot go on without a loan. Under what conditions can you make a loan to me?" Now, the pressure is reversed. We are saying to the students, "We want you to come because we need your services as doctors earlier than we would otherwise have them. Therefore, won't you accept a loan?" That is about what it amounts to.

That is a very different attitude than we would have taken in the past, and it may make a vast difference in collections on that same kind of a basis. We don't know; it is a new experience for us. If, then, because it is a new experience, we ask the institutions to assume responsibility for administering the loan and the refunding even of a considerable amount, taking responsibility legally to refund to the government a considerable share of that loan, then the institutions, of course, feel that they are being asked to assume a burden which they cannot know about beforehand. Consequently, the alternatives begin to shrink down, until not many are left.

Frankly, I do not know what it is going to be, but I am going to propose to you at least a possibility, that we ask for a program of loans to students, but in order that the students will not be too much pressed down by this feeling—and it is a very, very genuine one—namely, that "after all, by the time we graduate

we may be in the post-war depression which won't pay doctors, or anybody else, very much and we will have a pretty hard time to repay this loan. We cannot tell what the conditions are going to be when the time comes to repay this money." That is what students feel. They feel it more keenly now than usually. Even now, most of the institutions with which we have conferred have actual loan funds which they cannot loan out to students, because the students do not want to borrow. There are excesses in the loan funds of most of these institutions right now, because the students do not wish to borrow, because they are afraid of just this thing. You cannot blame them, can you?

Therefore, we think we may have to make this kind of combination. I would be very much interested to have comments on it after I have made a very brief statement.

Suppose that a proposal be made to loan funds to students but at the completion of a given year in which the student has done satisfactorily at least a year and a quarter—I mean the equivalent of what is ordinarily done in a year—that is the guarantee of acceleration—if he has completed an ordinary year and one quarter's work within 12 months, we will deduct from his loan and make a grant of a certain fraction of it. Reduce it by, say, 25 per cent or 35 per cent,—I do not know what the per cent ought to be; but reduce it as a means of indicating to the student that we know his problem and that we expect to make a combination of grant and loan, except that we are making it through the process of loaning to the students, actually all of them, but refunding a part of the loan as a grant at the completion of his accelerated year of work for which the loan is expected to provide. Something of that kind may be the proper method, but you, who have been thinking about the problem of your students and how you are going to meet their needs for finances, assuming that you may have expected federal funds, may have other ways in mind. If you have, God bless you, because we should like nothing better than not to have to approach the federal government for loans. I think it is going to be one of the most difficult and trying things the government has ever undertaken to administer, but I know no way; if you do, please let us have it. But if you do not know any way, then what do you think of the possibility I have suggested, using a loan basis, a grant, with a certain fraction of it refunded when the man has satisfactorily completed the accelerated year of work for which the loan is made?

PRESIDENT CHANDLER: I should like to suggest, Dr. Kelly, if you think it is in order and if this Association approves of the idea, that its Executive Council meet with you and your Commission and work out in detail a proposal for a certain amount of money for loans to students in medical schools who are on an accelerated program—the details of the amount per student, the total amount that might be needed, and methods of administration.

DR. KELLY: It is not only in order, but it would be very welcome to have whatever counsel this body can give us in connection with all these details as they apply to medical schools. I suspect that you do agree with me, however, that wherever possible there should be a unified administration of the program in any given institution. Wherever there is an engineering school, a medical school, a dental school, and so forth, we ought, if possible, to have a plan of administration which would be applicable to all schools; not necessarily that the amounts to students should be the same, and all that, but I mean we want it to fit together in a single proposal which an institution will make for the costs of its accelerated program. Otherwise, it becomes extraordinarily complicated and, I think, very

disadvantageously complicated when we undertake to deal governmentally with each separate unit within an institution, instead of with the whole institution of which the units are component parts. But with that limitation, I should be very happy, indeed, to cooperate in any way with whatever group you may designate to go into those questions.

One question was asked me that I should have cleared up in my initial statement, but I wanted to be just as brief as possible and I omitted to detail.

I am confident that whatever arrangements are made with respect to loans to students will need to take into account the fact that if a student enlists or is taken by Selective Service and is in the armed forces, there should be cancellation of his loan, that part of it that has not become due at that time. I think there is no difference of opinion among our advisers, who have come in within these last two weeks, on that point, because it seems entirely inappropriate that a man serving the government at the minimum pay at which men do serve the government, should expect at the same time to have hanging over his head a loan to that government for money which was given to him to prepare for the thing he is doing for the government. But, instead, we have a great many—not so many in the medical schools, perhaps,—but a great many in the engineering schools who are preparing for very essential jobs in industry, jobs which pay very well, and those students ought, in all appropriateness, I think, to be expected to refund to the government the money which has been loaned to them to complete their education. But that is not true if a student enters the armed forces. I wanted to make that case clear as a part of this proposal.

DR. O. W. HYMAN: I take it we would all agree that if we proceed to make loans to medical students, the thing we wish to accomplish is to keep a full enrolment in the colleges; that is, to prevent men dropping out of the colleges for want of funds, but that we would like within that limit to reduce the amount and the number of loans to a minimum.

I understood Dr. Kelly's program to provide that loans would be made to students on such a provision that if the student receiving the loan remained in attendance four quarters in one year, instead of three, he would be forgiven, we will say, one-fourth of his loan. It seems to me that is a procedure opposed to restricting the number of loans. It seems to me that will very definitely induce the student to seek the loan, in case of doubt, because it is an automatic way of securing a reduction of 25 per cent of his loan. It seems to me, under those circumstances, we would be going contrary to the interests of the country and of the student. I believe we should handle this whole thing in such a way as to, as nearly as possible, restrict these loans to those students only who could not possibly continue their education without the loan, and not do anything which would induce students to seek loans when they do not have to have them. As a matter of fact, those of us who have had many years of experience at it know that the student will seek the loan anyhow, without any encouragement, if the loan terms are favorable to him. If he does not have to repay it until many years later; if there is a fair likelihood that he may never repay it, the burdens of the deanships, if they are placed in a position where they have to decide who will get the loans and who will not will be increased tremendously, and they will be increased in proportion as you give the students the inducement to borrow from the government.

Dr. Kelly has made his remarks largely from the point of view that in enabling the student to complete his medical education a substantial benefit ac-

crues to the government. That, of course, is true, but we should not overlook the fact that a very substantial benefit also accrues to the student. He is enabled to complete his education at an earlier time; he is enabled to qualify himself for service as an officer in the Army, instead of as a private; he has a very substantial benefit in the permitted opportunity to complete his medical education ahead of time.

Under those circumstances, I believe we need not take any steps which will lead the student to believe that the college or the government is urging him to borrow money. On the contrary, I believe it is entirely feasible to maintain the psychology we now have, that when the student comes to borrow money from a loan fund he needs the money, and a favor is being done him; that he is not doing a favor to the college nor to the government by borrowing.

I think the simple process on that would simply be to let those students drop out who do not need the money, and the acid test of whether they need it or do not need it will be whether they apply for a loan. If they really want to stay in college, they can apply for the loan, and if the need for that loan is demonstrated to the officials, it may be granted. But I believe the student will still receive the greater benefit when he needs the money and has an opportunity to borrow it.

I believe we ought to take every means possible to restrict these loans to the smallest number of students possible, and to take all the means that are fair not to induce the student to seek a loan when he can complete his education on his own resources.

PRESIDENT CHANDLER: In reply to Dr. Hyman's remarks, which are quite pertinent, the details of the proposal that might be made can be discussed and should be discussed quite thoroughly. That will come up again for action or decision by the membership of the Association when we consider the specific recommendations from the Executive Council.

DR. E. STANLEY RYERSON: Possibly the Association might be interested in our experience with this very problem in Canada. When the deans of all the medical schools were called to consider speeding up the curriculum, that was one of the topics that came up as a result of the suggestion that we should speed up the courses. That has been studied and followed ever since.

I happened to be familiar with what happened after the last war, in which, under the rehabilitation scheme, any student who had left his course in the middle of it and gone into active service came back to the university after the war and was paid by the government for his university fees and \$60 a month subsistence.

That gave me the idea that possibly a loan might be worked out on the same basis, as Dr. Kelly has suggested, of a refunding scheme; that instead of using that money after a student has come back from the war, if a man is going into service, or even if he is going into civilian practice—because I think both aspects have to be taken into consideration—the more men who go into the Army, the fewer are available to look after the civilian population; so that in all the recommendations that were made in connection with this loan we included the fact that there was a need not only for doctors for the Army, but for civilian needs in addition, and therefore the loan was justified for men who were not physically fit or for women students, because they could be of value in looking after the civilian population.

That suggestion was followed up and a recommendation sent to the government, which is still under consideration, without the refunding aspect of it, that they would grant to students a loan, at a low rate of interest, in order that they might not have to drop out from their course. That is still under consideration. I think Dr. Kelly's suggestion is an excellent one. I personally have been furthering this as much as possible. We have not yet been able to convince the powers that be that such a procedure is justifiable, but I think that principle might be applied to any of the students, as Dr. Kelly said, who are going directly into the service, in which for every year of service they might have a certain fraction of their loan refunded to them, and in that way, over a period of years, they would wipe out the loan completely as a result of a combination of service and being ready for service at an earlier date.

DR. VICTOR JOHNSON: There was implied in Dr. Kelly's remarks, and also in your suggestion, Dr. Chandler, a point which ought to be stated very explicitly. If these funds become available as loans to students, would that definitely be conditional on the school involved making possible an accelerated program for its students? If any school feels that such a plan is not wise or not possible, I take it that school would not be included in the plan. I should like a statement on that point.

DR. KELLY: At least as far as the discussions have yet gone, the idea of helping students is to enable them to participate in an accelerated program, and those who do not participate in an accelerated program are presumed to have the same facilities available to them to continue their education which they have had in the past. Therefore, the answer, I would say is, "no;" that any institution which does not participate in the accelerated program could not expect funds with which to make these loans.

I should dislike anyone to assume I like to see any students urged to accept a loan, nor that the loan be made so attractive to them that they would thus take it when they did not need it. I did not assume that in these times, with the attitude students already take—and they are taking it very generally over the country—that they would take a loan under any favorable circumstances, assuming that they would be expected to pay it back, even if something like 25 per cent—I do not know what that percentage ought to be—were refunded to them at the end of the year, they would still have 75 per cent of their loan to repay. To repay 75 per cent of a loan may not be too easy at the time when the loan will be repaid, and I do not think these students are going to be flocking in to accept loans merely because there is a portion of it forgiven them after they have finished their accelerated year of work.

That seemed to me to be an inference that I would like to hear tested out somewhat more among you people who have students who do borrow, whether or not they would be so anxious to borrow, because they had 25 per cent of the loan forgiven them, that they would borrow unwisely and thus have debts on their hands. That is the first problem which I think is important for us to consider.

Then, I think I should like to raise the question again that I think is implied in the comments that were made, whether or not, after all, we are not really seriously concerned in having as large a percentage as possible of the qualified students go ahead with the accelerated program. Whatever really is required to accomplish that end is the thing which the government is interested in if it wants to get more doctors faster. That is to say, it is not a matter of leaving it freely

up to a student. If he wants to drop out, let him drop out. Of course, he is going to be allowed to drop out; nobody is going to command him to stay in. But the interest that is compelling us to take that under advisement is the interest of the government in having as many as possible of the students continue with an accelerated program to the place where they can be doctors. Is not that true? Therefore, I think it is actually the case that we have an interest, all of us, in seeing it that as many as possible of these students, under whatever conditions are necessary to accomplish it, do stay in school for 12 months of the year until they finish their work.

Under that circumstance, I should like to put the question to you, if the suggestion that has been made is not the way. What is the way?

DR. CURRIER MCEWEN: I do not believe that it is a problem with us, Dr. Kelly. Thinking in terms of our own student body, I do not think one need have any apprehension about a student being so unwilling to accept a loan that he would drop out or that he has to have the thing softened a bit by having some percentage taken off. I think the medical student who needs the funds will accept the loan and should be expected to pay it back, whether or not he serves in the Army or Navy later. Indeed, our students now accept loans from our loan funds and from various other sources, and they expect to pay those back. It is a difficult thing to do, because they face a number of years of internship at coolie wages, if any, and then years of difficulty in getting established in practice. Actually, these men who go out with paid jobs waiting for them in the Army or Navy are really in a better financial position to pay back these loans than they would be otherwise.

I do not think we should have any sentimental feeling about this, if that does enter into it at all. We have a job to do. The whole thing is an emergency, and those students who would not be able to carry on with the accelerated program because of lack of funds which they would earn during the summer should be taken care of by means of a loan, I am sure, but I do not think we need have any of these apprehensions about it.

DR. E. J. CAREY: In anticipation of this meeting, we tried to find out among the student body the actual needs of the students. Three weeks ago we sent out a circular for these men to answer directly what their financial status was at the present time; whether or not this summer, beginning work on July 1, they could go on. We also put a rider in there, that their place would be supplied by some other student if they were not able to go on because of financial need. Out of 320 students, there were 36 who stated that they would be unable to continue because of lack of finances.

I think it is vitally important that we conserve those medical students who are in school at the present time. It would be not only a financial, but a medical loss for those men to drop out, and I really believe some system of coordination between the bursar and the business manager of the university, who would be taking care of these loans as they are made at the present time, could be worked out where those men who actually needed the money would get the loan, and those that did not would not get the loan. I think that is a question of detail of operation that could be worked out.

There are at the present time a number of students who could not go on. I was wondering how many others actually have the facts, by direct survey of their own student body, as to those who could not go on with the accelerated program this coming July because of finances.

DR. ALAN M. CHESNEY: I should like to ask Dr. Kelly if the government has made any formal expression of interest in having an accelerated program.

DR. KELLY: As far as the government having expressed interest is concerned, I do not know that there is any good way for the government to express formally interest in this, except by adopting some kind of program in connection with it. The committee that operates under the general chairmanship of Administrator McNutt on health, welfare and related activities is, perhaps, as near to the problem as any government group and they have expressed themselves as very keenly interested in some kind of method that would speed up, hasten the training of more doctors, but I do not think they would like to have it said that that is a governmental expression. That is one arm of the government interested in it. It is rather taken for granted, I think, all over Washington that as the Army and the Navy increase in size, and more doctors are required, many communities throughout the country are going to be left without any physicians, and at a time when, due to the more or less abnormal way in which we are going to have to live during these times, we may expect more rather than less of illness that ought to be the interest of the doctor. So it is a situation, I think, which the government is seriously concerned about. But just what kind of expression I might have looked for, more than that general feeling, I am sorry I cannot say.

DR. CHESNEY: What is the position of the Commissioner of Education?

DR. KELLY: The Commissioner of Education has only the evidences which have come from these various sources which we have tried to tap. Speaking as the representative of the Commissioner of Education in this area, I have yet to find any person connected with schools of medicine, or within any agency that the doctors are supposed to be serving that I have contacted, giving expression to other than that we are confronted with a serious shortage of physicians. In fact, I had rather taken that for granted, without any more formal expression than I had given at the outset, because I had thought we had passed the place that we were having under consideration whether or not there is a shortage of physicians.

There have been those in the government who say that, after all, the bottleneck that is likely to determine how effectively and how quickly we can really win this war is going to be at the top places—whether doctors, engineers, or what-not—that are necessary to keep this great organization of ours running.

DR. H. S. DIEHL: I might supplement Dr. Kelly's reply to Dr. Chesney's question by stating that the Procurement and Assignment Service, which is the agency established by the President to provide medical services for the various departments of the government that need them during the war, has expressed itself as in favor of this acceleration of the curriculum by endorsing the recommendation of its Subcommittee on Medical Education that this be done. That action of the Procurement and Assignment Board has been transferred to the Health and Medical Committee which would, in turn, transfer it to the respective governmental agencies concerned.

DR. GEORGE H. WHIPPLE: I am convinced that students prefer to earn money rather than borrow it, and I think that is an honest and fair position. I wonder if Dr. Kelly has given any consideration to the fact that these students after graduation must learn a good deal of military medicine and learn a good deal about Army matters and conditioning. It has seemed to me and some others that the summer quarter might enable students who have been able to qualify for

enrollment in the Navy or the Army to go in camp and learn something about this business of military medicine that occupies some of their time after graduation, and put that training through the medical course. In the long run, the time would be within a quarter, the same as though all four quarters for three years were put into medical training. If the three quarters which are best for medical study, the spring, fall and winter, were put in on that work, and the summer quarter, which I am sure in some cities in the South is not particularly suited for medical training but could be put in to advantage in camp, the student would get the break of change in scene; he would be less apt to be stale for his fall quarter, and he would be able to earn some money. That is important. If these boys are forced to borrow money, they are apt to do the thing we would least like to have them do, economize in food and in living and in everything else, until they reach a state where they will break down physically. We do not want to lose any of the medical students who are in training at the present time, and it seems to me if we could use some of these summer quarters to better advantage for military training and conditioning, we would come out at the end with a man suitable for service after the completion of his internship who could immediately be put to work with full knowledge of military medicine, and during those summer quarters he would have earned money and not been forced to borrow.

Some of the best men in our school earn money during term time against advice, and in the summertime they are too proud to borrow. To them, borrowing money means trouble, and they will take every chance on their health and everything else before they will come to that. So it is worth while, if we can do it, to make it possible for those fine young men to earn rather than to borrow.

DR. KELLY: I am not sure whether there is much of an answer. I think all of us agree with the philosophy that has been expressed, and all of us would agree that we are bound to sacrifice something in an accelerated program. We may just as well acknowledge it. But whether or not that sacrifice in this emergency is justified, in order to get doctors into the service faster, is the question, and I do not think that anybody can answer, except the people accustomed to the training of physicians, which of these two sacrifices is the greater, whether to delay entrance into medical practice to the four year extent, or put something else in in the summertime that can, perhaps, take the place of part of the medical training. Only you people could know that.

I do not think that that is an aspect of this student borrowing, except that you are suggesting some other means of modifying your curriculum so that the student can both earn and, at the same time, finish his work in a reasonably short time. If that can be done, that is excellent.

PRESIDENT CHANDLER: In reply to Dr. Whipple's question, I think a little later there will come an answer to that. I know this question has been proposed more than once, and I think there will be some comments in the report of our Committee on Preparedness concerning the reaction in Washington on that proposal.

DR. ROLF C. SYVERTSEN: This question has occurred to us at Dartmouth because of the fact that about 50 per cent of our student body is now applying for a commission in the Army or Navy—principally in the Navy. They are wondering whether or not providing a stipend could not be handled for the students who have already been commissioned in the armed forces. One of the primary purposes of this accelerated program is to put men in the Army and Navy. If men express their intention of going into the Army and Navy by applying for a commission,

why would not the solution be to give them their Army and Navy stipend now in order to continue with the accelerated program?

PRESIDENT CHANDLER: The answer to that question will be brought out a little later.

DR. O. W. HYMAN: Dr. Carey stated that in a survey of his students he found, roughly, that 10 per cent of the students would not be able to continue through the summer for lack of funds. As many of you know, the University of Tennessee has operated on a four quarter basis for eleven years. Our experience has been that about 10 per cent of the students drop out for one or more quarters annually for lack of funds. So from our experience, which is, you may be sure, an acid test, a man does not drop out unless he must.

I cannot resist the temptation to comment on Dr. Kelly's remark that sacrifices must be made if we go on an accelerated program. May I say, I feel that does not involve a sacrifice; that an accelerated program can be adopted to the advantage of the college and the students.

DR. J. L. DONHAUSER: I was very much interested in Dr. Carey's remark regarding the small percentage of students who need financial support. I wonder whether it would not be well to have an expression of thought from some of the men here as to whether they coincide with Dr. Carey's remarks as regards his own school. I know our school, Albany, needs a great deal more than that 10 per cent for the men to carry on.

PRESIDENT CHANDLER: Does anyone else have figures available and care to express them on the needs of students, who are entirely self-supporting?

DR. VICTOR JOHNSON: We conducted a survey at Chicago, and 40 per cent of our students said they would be compelled to drop out. We had no such rider as Dr. Carey included in his questionnaire, but we must realize that this may have given a false figure, also, because if a student who has very serious doubts about being able to finance himself through the years is confronted with this question, "Will you be able to go through next summer? If not, we are going to replace you," he is likely to say, "I will take a long chance; I will manage to get the money somehow." Whether he will manage to do so or not, I think may be a question. I think somewhere between the 40 per cent of our students and the 10 per cent of Dr. Carey's may be a better picture.

DR. E. J. CAREY: The point Dr. Johnson made is very apropos. One of the reasons that rider was put in was to try to get as near the truth as possible. We also sent the questionnaire to the parents. The statistician of the school kept all the statements received. It was purely a guess, the way the statements were made in letters, compared with a "yes" or "no" answer. There were many amplifications and qualifications to the statement required, and considerable investigation of the truth of it.

DR. DAVENPORT HOOKER: At Pittsburgh, an informal survey of the first two years has indicated that approximately 40 per cent will not be able to continue for more than a year without financial support; that is, of the present freshman and sophomore classes.

It seems to me that we are getting into an entirely different problem from that confronting engineers. According to the ninth resolution that was presented, a very large proportion, if not all, of our physically fit students will be actually commissioned officers in the United States Army or Navy at the time they carry on their work.

I should like to say just a word on what appears to be the unpopular side of the question. I think the government, as well as the student, is securing a sufficient amount of benefit to make possible certain payments to the students for brief periods during their commission service, not on active service, as undergraduates; that is, if they were called to active service for a brief period each year to assist in defraying their tuition, that would be very important from their standpoint.

DR. GLENN BELL: A survey of the three classes in the University of California would indicate that about one-third of our students could go on with any sort of a program to accelerate without outside help. In other words, about 60 per cent of the students are working part time during school and during the vacation. It is indicated they could not go straight through unless they had some sort of help.

DR. W. S. LEATHERS: We made a survey of the students at Vanderbilt by calling each student in individually and talking with him about it. We found that in the first year class, which would be, of course, the second next session, there was need of about \$9,000 in loans; in the next class, a need of about \$3,000; and in the fourth-year class a need of about \$2,000. There seems to be, with us, a decreasing need as the students advance in the course. I am inclined to think that would be the case in most schools, because in the last year of the course they have not much opportunity, usually, to make money on account of other responsibilities which they assume preceding the fourth year.

In our school, we have the R. O. T. C., and every student in the class has to take camp work six weeks in the summer following the second and third years. They get \$16 a month for this service. Of course, if these students were to be paid during their camp service, as has been suggested, so that they can earn money, the amount already paid for these R. O. T. C. units would have to be increased, because that is merely pin money, so to speak, from the standpoint of medical education.

We conducted this personal interview by asking each student how much he made during the summer toward payment of his medical education, and we put in each column the amount the student said he made the summer before and the summer preceding. We indicated in another column the amount he would need in the event he were prevented from earning this money, and the amounts correlated pretty closely. In some instances it was \$150, and in others \$250. I believe the largest amount was about \$400 that was needed and was earned during the summer. No student indicated that he could not get the money if he were required to do so. We found that about 30 per cent on that basis—we have 200 students—would need from \$100 to \$400 per year for this purpose.

DR. E. S. RYERSON: When we were introducing the speeded-up curriculum, we made a survey of our students in June, at the close of the preceding session, and 119 students, out of 600, applied for a total of about \$41,000. After they had returned, and this had been considered by the Board of the University, they asked if we could not see if this could be reduced. We made a resurvey in October, after they had been in school two months. The number was reduced to 103, for \$31,000. We asked them how much they needed to pay their living costs, and how much for the fees. Under our speeded up curriculum, they pay fees for a session and one-third. Of this \$31,000, \$6,200 was for living expenses, and the balance for fees. In other words, it was a question of paying fees for which they needed the loan.

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DR. EDWARD L. TURNER: We decided at Meharry that we could not possibly go on the accelerated program. Not more than 25 per cent of our students could possibly finance the accelerated program.

DR. R. U. PATTERSON: We have not made at Oklahoma as careful an estimate as some of the others have done for various reasons, but I am perfectly certain that a conservative estimate is not less than 50 per cent of our students would have to have financial help, which corresponds to the figures from California.

PRESIDENT CHANDLER: I think this gives us a good sampling, at least, of the percentages of students who need help. We have a long program to go. This question will be up for your action a little later.

Dr. Kelly, have you further comments to make on this subject?

DR. KELLY: I have appreciated hearing the comments made, and I hope that there will be some provision whereby the expressions of this group can come to us so as to help us do whatever is to be done. No institution which does not wish to have this kind of arrangement with the government would be expected to have it, even if provision is made whereby institutions which do not wish it may have it. In other words, it will be an individual institutional matter. I think it is quite likely that the conditions are sufficiently different between medical students and others that it is altogether possible and, in fact, quite likely that the medical schools could treat their situations differently than other schools can, because most of the students do intend to go into the Army or Navy as officers. They do expect to get reasonably good pay. They will even be commissioned before graduation, so they will know precisely what they are going to have. I should not wonder at all that many medical schools could have their financing of students, who need it, done on a quite private basis among the loaning agencies, either in the institution or in the community, and would not have to deal at all with the government on these loans. I should hope that might be so with a very large number of the medical schools.

All we are trying to do is to develop some sort of plan under which, where the schools do feel as though it is the only way they can accomplish the purpose, namely, dealing with the government, that there will be facilities whereby they may apply to the government for that kind of assistance under the terms the government may have provided.

PRESIDENT CHANDLER: Another problem that must be considered in relation to the purpose of this special meeting is the question of State Boards of Medical Examiners. There are laws and regulations in certain states that seem to present hazards to the licensing of the student who will graduate on an accelerated program. We have invited Dr. Walter L. Bierring, who is secretary of the Federation of State Medical Boards, and Dr. J. Earl McIntyre, who is President of the Federation of State Boards of Medical Examiners and secretary of the Michigan State Board of Medical Examiners.

DR. WALTER L. BIERRING: Your Secretary asked that a statement be prepared which would present some of the evident implications of medical licensure to the proposed accelerated plan of training. With the very able and active assistance of Mr. J. W. Holloway, Jr., Acting Director of the Bureau of Legal Medicine and Legislation of the American Medical Association, we have collected data from two main sources.

First, we are presenting excerpts from the statutes of the different states, the

District of Columbia, and two of the territories, which indicate the requirements made of medical schools whose graduates may come up for licensure.

Second, we have secured information from each licensure authority of the 48 states and the two territories of Alaska and Puerto Rico.

On the basis of that information, we have made a brief analysis which we are presenting at this time. The various data are collected in the memorandum that is being distributed.

We have tried to collect the latest information that is available. You will note there are still definitely six states in which amendatory legislation will have to be provided. There are three in which it is probable, and possibly a fourth one, Utah, but all the others are more or less governed by State Board action, and no doubt amendments or changes can be adopted without legislative action.

It is not possible at this time to indicate the action of the Federation of State Medical Boards, but I am sure the President will agree with me that the Federation will be very glad to act as a correlating agency and submit to you the additional facts we may obtain as changes are made by the different states. In all probability, though, the responsibility for these changes will rest more with the states, themselves, rather than with the Federation.

(NOTE: Inasmuch as the Federation of State Medical Boards has sent to the dean of every medical college a copy of the specially prepared data on licensure in the several states, the District of Columbia and the territories of Alaska and Puerto Rico, publication of that information is omitted from this report of proceedings.)

DR. J. EARL MCINTYRE: While in the South in October and November, I visited Vanderbilt and Duke Universities and other medical schools. Dr. Leathers and Dr. Davison informed me of the action taken at the Richmond meeting of your Association, giving me an outline of your proposed plans.

When I returned to Michigan, Dr. Furstenberg, dean of the medical school of the University of Michigan, contacted me at the state office in Lansing and said, "Will you tell us whether the State Board of Medicine, of Michigan, and the Federation of State Medical Boards of the United States, could and would endorse the proposed plan as outlined by your Association?"

I explained to him that it would be impossible to give him an immediate answer, due to the lack of uniformity of the 48 states of the Union in their Medical Practice statutes, but that we would do our best; that I would take the matter up with the Attorney General and see if we could evolve a legal plan.

This is a rather difficult thing to do. I cannot speak with authority and give you an answer to your problem until the Federation has an opportunity to act on the recommendations that undoubtedly will be made at this session. The best I can do is to give you a preview of the paper I intend to present to the Federation Monday evening, and give you a summary of my recommendations. I will read the closing part which contains the recommendations, the plans I expect to present to the Federation.

"We now come to the last proposal, namely, that the medical course in the several medical colleges be accelerated or telescoped. That plan is highly advisable provided, of course, that such acceleration be limited to the period of the national emergency. Already, the curricula of Class A medical schools exact every ounce of nervous and physical energy of our students, and the intensive ordeal of three years of uninterrupted application without periods of rest will take its toll of the less hardy students who might otherwise complete their

courses successfully. The speed-up, in itself, is bound to lower the quality of the work to be done. Such a plan should be continued only for the duration of the war.

"However, there are serious questions necessarily raised in weighing the advisability of the plan. In the first place, many of our statutes, as in my own State of Michigan, expressly provide, as a requisite for licensure, that the applicant be graduated from a medical school having a minimum requirement of a four-year course of eight months in each calendar year. No examining board of such state can legally grant a license to graduates of schools that have telescoped their curricula into a period of three years."

The Attorney General of Michigan agrees, evidently, with the legal adviser and counsel of the A. M. A. that if the statute provides, and it is written into the statute, no board has authority at its discretion to change that. It may be patriotic emotionalism that leads us to do it, or wishful thinking, but the Supreme Court cannot change the statute. Therefore, in this questionnaire Dr. Bierring has just given you, it is very questionable whether the boards of those states mentioned, where it is written into the statute, can say that it does not conflict with their law, because the law does not delegate that authority to that state board any more than it does in Michigan. Therefore, no examining board of such states can legally grant a license to graduates of schools who have telescoped their curriculum into a period of three years.

Therefore, unless the plan which I will presently outline, or some other arrangement can be adopted, it will be necessary for such states to enact emergency legislation to amend such provisions for the duration of the war. A very dangerous situation would arise if such legislation is to be enacted in certain states, and not in others. The licentiate from states where the three year term will be legalized would be disqualified for transfer by reciprocal endorsement or by examination to those states whose statutes or board rules provide for the minimum four year course.

Thus, we are confronted by very practical obstacles in the carrying out of this plan for accelerating or telescoping the medical curriculum. There are two ways of meeting these obstacles. The first, which is neither practical nor advisable at this time, is that special sessions be called in such states as have statutory provisions for the four year term as a prerequisite for licensure, and that board rules in all states be amended where necessary.

When I said no state board could do that, I did not mean that for all states because, as Dr. Bierring has stated, the statute in some states does confer that authority upon the board. In those states, the board has the right and authority to make the change; but if it is not so written in the statute, the board does not have that authority.

"In speaking of the inadvisability of having such special sessions called, I refer to the probability and likelihood of cults and other groups rushing in and getting other amendments added to the various medical acts, which would broaden their scope of practice or otherwise lower the bars of medicine. It is, of course, quite unlikely that the several governors would call special sessions just for this purpose.

"There is, however, a plan which would seem to be both legal and practically sound. It is that the several medical schools telescope their curricula into the three years, and upon completion of all the subjects now offered in the four year

course, each medical school retain the student and designate the hospital in which he may take his rotating internship as giving the medical school's fourth year of the curriculum.

"To illustrate: John Smith, at the Yale Medical School, after taking all the courses now included in the regular curriculum of that school, goes to a hospital in San Francisco for his year of internship. Yale designates that hospital, and the hospitals to which the other graduates are to go, as an extension school. After the year of internship, Yale confers its Doctorate on John Smith. John plans on practicing in Boston. He should not have to take the long and expensive round trip from San Francisco to Massachusetts to take the Massachusetts State Board. Therefore, it is proposed, as part of the arrangement, to have the California Examining Board permit him to sit in on the California Board examination, but to answer questions prepared by the Massachusetts Board. In other words, the California Board simply acts as proctor for the Massachusetts Board. His examination papers are then sent to the Massachusetts Board, which grades them, just as though John had sat in at the Massachusetts examination. Or if John is about to go into the Army or Navy and must be inducted in New York, the New York Board acts in the same way and proctors the examination for the Massachusetts Board. In short, each examining board is to act as proctor for any other examining and licensing board of the several states as they may desire.

"Of course, the law requires that each board must give its own examination and cannot delegate the examining to any other board, but there is nothing in the law to prevent one board from acting as proctor for another board. We must have in mind, however, that this curriculum change must be with the absolute cooperation of the governing officers of the medical schools, for we cannot presume to dictate their curricula or program of courses."

"So, in conclusion, to summarize the comments I have made, I hope this Federation will give vehement expression to its opposition that the bars be lowered to other groups seeking admission to our hospitals in the broader fields of practice; that some expression be given in opposition to the proposal that medical students be legally authorized and permitted to perform legal services in hospitals; that we recommend federal legislation to perform alien service upon provisional licenses; and that we recommend state legislation authorizing the granting of such provisional licenses to foreign physicians in the Medical Corps in all branches of the service.

"Lastly, that we take steps, in cooperation with the medical schools, to have them telescope their curricula, and to designate hospitals accepted for rotating internships as their fourth-year extension school, and, at the same time, propose such an arrangement between the several state examining boards whereby each may serve as examination proctor for the other, or others.

"Some of the proposals I have made here will be taken up in the round table discussion scheduled for this Board session. Possibly we may determine that some of the conclusions I have reached should not be adopted. I have sought only to raise very practical questions involved in such proposals. I trust that we shall apply ourselves fearlessly in the course of our deliberations and in the shaping of the policies to be here recommended. These should be determined by a logical analysis, rather than by questionable patriotic emotionalism. We have a solemn responsibility to safeguard the health of our people now and after the war, and to maintain standards of medical education and practice with full realization of our present wartime needs.

"All of these things, I respectfully submit, impose upon this Federation a new burden of practical patriotism and sound, clear thinking."

DR. BIERRING: Perhaps Dr. Williamson of the North Dakota Board can answer the question as to the action taken by the Attorney General of North Dakota regarding this proposal.

DR. G. M. WILLIAMSON: (Dr. Williamson read the letter written by the Attorney General of North Dakota. See Dr. Bierring's report).

We put another sort of rider on that. We just framed this so as to get an answer.

"You state you are of the opinion that with the broad powers that have been granted the President under the national emergency, that there exists the implied power in your Board to honor the diploma or certificate issued to any applicant by a chartered medical school.

"The fact that the President has broad emergency powers granted him by Congress would in no way affect the problem here before us. He cannot, under those powers, in any way alter the state laws affecting the qualifications of applicants to practice medicine in the State of North Dakota."

PRESIDENT CHANDLER: We have a recommendation concerning this which will be transmitted to President McIntyre for consideration by the Federation of State Boards of Medical Examiners.

Are there any further questions on this subject of licensure? Several of the questions included in these numerous letters can be answered by a report from the chairman of this Association's Committee on Preparedness.

Dr. Rappleye, will you give a report of the activities of your committee?

DR. W. C. RAPPLEYE: Your committee has been busy in Washington at various times, and we have sent out 29 memoranda to you to keep you informed of the various steps that have been taken in Washington, and that have had a bearing on these problems of medical education. Those have been sent not only to the deans of the medical schools, but to all the licensing boards, many of the hospital organizations, and to the liaison officers we set up in each of the 48 states to help us in coordinating our work with the State Directors of Selective Service. In this way we have been able to keep everyone more or less informed as to what was really developing.

Before discussing the actual problem of the acceleration, I should like to take occasion to express our own deep personal feeling of appreciation to the authorities in Washington for the splendid and, many times, magnificent cooperation we have had from them. I should like to mention particularly the men in Selective Service, General Hershey, Colonel Dargusch, Colonel Rowntree and others, who have been available at any time to help us straighten out many of the complications that have arisen. In the Army, Colonel Lull and Colonel Fitz have been available at any moment to help us in dealing with the Army. Admiral McIntire and Captain Sutton have also been working with us. In the Public Health Service, Surgeon General Parran and Dr. Crabtree have been most helpful.

More recently, the Procurement and Assignment Service, under Major Seeley, who is here today, has again brought forward a number of the points under consideration, and all along the line the cooperation has been extraordinary. We have contacted the Commissioner of Education, and Dr. Kelly's comment here today is a reflection of the attitude of the Federal Office of Education.

We have had contact with many State Boards on many of the problems of licensure, which have already been discussed; with hospitals in relation to intern questions and many other problems of that kind, and also with the colleges and universities, as reported by Dr. Snavely.

I should like to make that as a tribute of appreciation on the part of this Association for everything they have done to help us. It would not have been possible to do many of these things without their sympathetic understanding and willingness to help and cooperate, and find ways and means of doing things.

This accelerated program is creating a good deal of discussion everywhere, but the extent to which the accelerated program is carried backward is going to be quite interesting. They are now discussing putting it back into the high schools. The colleges will be stepped back in the high schools and perhaps in the grades, and the most recent suggestion I heard was that they go back to the period of gestation and change it from nine months to seven. (Laughter) I do not believe we can go back that far.

There were two primary reasons why your Committee on Preparedness suggested to the Executive Council in December that there be an acceleration of the program, and it grew out of the many contacts we had in Washington during the last year and one-half. I mentioned these men by name to indicate when we were talking to people who felt responsible for the administration of the government, namely, the Selective Service, the Army, Navy, and so on. We had sensed from them the imperative need of having more doctors, just as there later came out many memoranda,—partly prepared by us, many of them prepared in Washington, the manpower of the OPM, and many others earlier—, the necessity of making physicians available soon because of the rapidly expanding needs of the Army. It was an attempt on the part of the Association to assume a responsibility we believed it ought to take, namely, that of proposing ways and means of helping in the national emergency to take care of the increased and more rapid production of physicians. It is possible, under this scheme, in the next three years to produce 5,000 physicians more than normal. That was met with most hearty response on the part of everyone in Washington. While there was no formal request from the government, they have given unqualified approval of our interest to do this in the interest of making a contribution to the national emergency.

There was another important consideration, because we have been dealing with this problem of deferment. As you know, we have had many attempts to settle problems of deferment. When we have consulted those in Selective Service Headquarters, we have been struck with the fact that they were becoming increasingly indisposed to continue to defer medical students for four or five years after graduation from college, during which period of four years there were 18 months of vacation. That is an important matter to have in mind in handling the deferment question, and it did not seem possible to continue to get this long deferment of medical students in a period of national crisis when everyone was expected to put in six or seven days a week, and as much time as they could possibly put in, in industries and in every other field.

We recognize that this accelerated program is not going to produce more physicians after 1945. It will then only produce them in a shorter time, but the actual output of the medical schools, assuming that there will not be a substantial increase in enrolments, will remain constant. So we get the pick-up in

the next three months. But it seemed absolutely necessary to make the move to do what we could to help the Army get 5,000 more doctors in the next three years.

Do not think for a moment that we did not debate and discuss all the problems and difficulties and adjustments that are going to be necessary. I do not think that all of them have been mentioned. The crucial one that has been mentioned by Admiral McIntire and everyone in Washington,—I mention Admiral McIntire especially because he was worried about it—was the possibility of lowering standards. There will be some cutting of corners in standards; there is bound to be in the condensation of programs, especially in those schools that operate essentially on 11 months for the third and fourth years. A number of medical schools do that. It calls for some adjustment in standards.

This question of entrance requirements, however, is something that ought to be thought of here, and I think there is a resolution covering it, because a certain number of the medical schools, for next year, are lowering their standards of admission far below the standards under which they are now accepting students. Many of them are turning more to a larger proportion of two year students than they had earlier accepted, and I think it is going to be very important for the Executive Council of this Association to keep in mind that kind of lowering, or tentative lowering of standards.

This idea, also, that you can condense this three year medical course into less than three years—and at least one medical school has already announced a plan to graduate medical students in less than the three years by saturating it even further—is, we believe, against the best interests of the program, and it is against what we have been recommending, and therefore the Executive Council is bringing in this recommendation that no degree be granted to any medical student earlier than 35 months after the initial matriculation into medical school.

I think that is the kind of thing that has to be guarded; otherwise, we are going to be very vulnerable if we lower our standards, and be subject to criticism from other agencies, from the government and everyone concerned with medical education. I think we have to realize fully and be fully aware of the dangers of overemphasizing this acceleration to the extent of lowering our standards. I think we can get hysterical about it, and I think it would be a very unfortunate thing to do. I am one who believes that the Association should be prepared to take disciplinary action against any school that lowers its standards under the guise of an accelerated program. I feel strongly about it, because I have had so many contacts with men in Washington, who have met every request we have made if it could possibly be granted. I think, in fairness to the future needs of our country, it will be fatal not to guard carefully against lowering standards. We should guard them more carefully than before, because I think there are many inherent dangers in it.

A number of medical schools are still trying to make arrangements in Washington directly on matters dealing with deferment of students, and on other questions regarding the problems of deferment and Selective Service activities. It was voted at Richmond that that be routed through the committee. We do not want any more work, but it is very difficult to go to Washington to untangle these things, once they are established. More recently, these appeals that have gone to the President's special board, over the heads of those in the Headquarters of Selective Service, are coming back to make it very difficult for all of us, because those decisions by the President's board are contrary to the procedures

and practices we have worked out with Selective Service Headquarters. I want to make an appeal to you not to go over the head of Selective Service to get appeals to the President. That Presidential board is not as well informed as Headquarters of Selective Service, which will make every effort to take care of every situation we have. I want to plead with you, in the interests of everybody concerned, not to do that because you are doing a certain amount of harm. After all, when these Presidential decisions are made, there is no redress under the law. If we get adverse decisions in Selective Service, they are not fixed and final, and we can debate them and, perhaps, make changes.

Some of the deans are not working through the Association in regard to certain statements made to State Directors, to National Headquarters, and to certain national bodies, before action is taken by this Association, or, in several instances, contrary to the policies established by this Association. That is making for more difficulty in dealing with this over-all problem. Again, it seems wise to act through the national organization, or else set up some other mechanism for doing it.

Our idea has been that this accelerated program would be carried forward; that is, we admit in July of this year and each nine months successively until July 1, 1945, at which time the colleges will have completed their condensation program, unless they go back in 1945 even further into the secondary schools, which is something that most of them do not want to do. It looks as though we would become stabilized in July 1945 on a three-year college program, a three-year medical school over-all calendar program. At that time, it looks as though we would begin to admit once a year, about July 1, and carry on with the accelerated program for the three years, graduating then the normal number of graduates per year.

This question of speeding up these students goes back to the proposal we made when we made the Commission on Medical Education study in 1929. We debated the problem of shortening the requirements for the A.B. degree. It was our proposal then that the A.B. degree be attached to the birth certificate of each individual, and there would be nobody to probe about the relief question, but would give them some education from there on.

The biggest problem unsolved at the moment is the problem of the premedical students. As you know, the Army—I want to announce that because I think some of you left home since the written document went to your office—is now prepared to grant these students Second Lieutenant commissions in the Medical Administrative Corps on a basis comparable to what we now do with the third- and fourth-year students, and comparable to what the Navy is doing with the Ensign H.V.P. classification. The premedical student whom you have accepted in the medical school is eligible for a commission in the M.A.C. of the Army or the Navy, H.V.P. classification.

This memorandum goes a long way toward protecting these premedical students under Selective Service. It provides that premedical students, as well as first- and second-year students shall be deferred as heretofore.

Making reference to I-91, which is based on I-62, in none of those is there a clear definition in so many words, but the use of the phrase "as heretofore," which means the practice we have established in the past year of securing deferment of all but 23 out of more than 6,100 students accepted in the first year class, means practically a 100 per cent batting average. That is near enough

for us, I think, to be contented with it at the time. So there is established, then, this practice which I think is all right.

There has been a good deal of alarm expressed in recent weeks and months about the supply of premedical students. As far as I know, there is no evidence yet that there will be any shortage of premedical students. As a matter of fact, this year, for other reasons, there is an increase in the number of applicants for admission to medical schools.

The Association of American Colleges has adopted a resolution proposing the deferment of all premedical students. That is a very dangerous recommendation. It is one which your Committee on Preparedness is advising against in Washington. We have advised Selective Service repeatedly not to adopt that as a policy because, among other things, you will flood the colleges with premedical students who are attempting to escape service. For a number of other reasons, it is an undesirable thing to do, unless there is some evidence somewhere that we actually are going to have a future potential shortage of physicians and medical students. There is yet no evidence anywhere that that is going to happen. We do not believe it is going to happen because, among other things, the acceleration of the college program is reducing the age of students applying for admission to medical schools. As you know, there is no disposition as yet to draft anyone under 21 years of age. Although they must register between the ages of 20 and 21, as yet no action has been taken with regard to the induction of individuals below 21.

There is another problem, and I am reporting a few of these things for your general information. Maybe I am taking too long to do it, but they are all bearing on the resolutions that are before you for action. That problem is the advance booking program. A number of schools are beginning to book students in advance, into 1943 and 1944. In our resolution, passed last year at Richmond, which we forwarded to the National Headquarters of Selective Service, we suggested that no one should be considered for deferment for a period longer than 12 months before the actual opening of or enrolment in the medical school. We are still taking that attitude in Washington. Until we are instructed differently—and this Association instructs us to protect every premedical student, even though accepted two or three years in advance—we are not prepared to do it. We would advise you against doing it, because we get into a great many difficulties with Selective Service which must, of course, deal with a thousand different kinds of problems, different professional and other groups, industries and everything else. I do not believe we ought to ask that premedical students be put in preferred classification at this time.

As I mentioned a moment ago, all students are now eligible for the Medical Administrative Corps, as well as the Ensign H.V.P. I think we will have to work out some plan of giving assurances to the colleges—many of the college presidents and deans are writing in about this matter—and their students assurances, reasonable assurances, that if they qualify for admission to medical schools they will be accepted and put in a position of deferment when they are accepted, rather than attempting to get all premedical students actually deferred under any basis. I do not believe that Selective Service would possibly grant it, and I think it would be unwise to do so.

Some of you are having trouble with the matter of the phraseology you use in accepting a student. A number of Local Boards will not defer a student who is accepted conditionally. I have written many of you advising that you do

not accept students conditionally if you expect to get them deferred. That is not the basis on which to get a deferment. I think you must either accept the student or not accept him, and even though the student may not have fully completed his preparation, if he is the superior type of student you are likely to have selected, there is every reason to suppose he will finish his course and qualify for admission to the school. If he becomes ill, or if for other reasons he cannot be accepted, you can notify your Local Board, or he can, and it is his responsibility to see that he is no longer deferred. I think you accept a few more students against the possibility of a little reserve and perhaps having a few extra students accepted, knowing some of them will not come. I certainly would advise you not to accept students conditionally, because you will get into trouble. A number of the requests you have forwarded to us have been on the basis of conditional acceptances, or something of that kind.

One item that has not been discussed here, and that is the relationship of the unapproved medical schools to this program. We were asked by Selective Service to advise them in regard to dealing with it, and in the New York Area, which is the forty-ninth state under Selective Service because it is separate from the State of New York under Selective Service, we have many students from our community in unapproved medical schools. Dr. McDermott, the Director in New York, asked us to advise him what to do with these students. It is a ticklish question and one which we did not altogether prevail on, but we took the attitude, and I so advised them, that inasmuch as Selective Service was designed primarily to secure deferment of medical students—dealing with the medical problem specifically—in order that these men might become commissioned in the Medical Corps of the Army or Navy, or other forces of the government; and inasmuch as the Army and Navy would not commission an individual who was a graduate of an unapproved medical school, therefore it seemed perfectly logical that students enrolled in an unapproved medical school should not be deferred. That is what was done in New York. The appeal was carried to Washington, however, and we were overruled. The decision in Washington is that any student enrolled in a medical school recognized by any sovereign state is entitled to deferment. That is the status of the situation now. Therefore, the students in the unapproved medical schools are deferrable under the Act, as long as the medical schools are recognized by their respective states.

One of the things we have been watching is that if this applies to unapproved medical schools under the present rulings of Selective Service, there is no reason why other medical schools with defunct charters cannot be revived and set up as new medical schools, with deferment of all the students in those institutions. Therefore, we are trying to make a test case of this and to carry it further, with complete support of the National Headquarters of Selective Service. They do not like this ruling. It opens up possibilities, as it has in California with the osteopaths. It will also open up with other professional groups. Once these men have completed their medical course that is recognized by Headquarters of Selective Service, there is the distinct possibility of how much pressure will be brought on the Army and Navy to commission them.

We have run into trouble—you have reported a number of instances—where men who have taken physical examinations for a commission and are rejected, come up later for physical examination by an Induction Board and are accepted. That is a difficult problem because of the fact that the commissioned officer draws more pay and is subject to disability at a higher rating than is the enlisted man.

The physical standards are different. By and large, we have been able to succeed, through National Headquarters, in every one of those instances in getting the Local Board to continue to defer that individual who has been rejected for a commission. I think, on the whole, that can be made to work. But where we have had difficulty has been again by appeals to the President's board. I want again to repeat how important it is that we keep all of these things heading into the National Headquarters of Selective Service, because they know the problems. They are sympathetic and they can answer most of them. If we go over their heads, they do not like it, and it is confusing the picture too much at the moment.

There has been a great deal of debate about integrating the nine months' speed-up course with the internship, and that is going to be a serious problem. As Commissioner of Hospitals of the City of New York, I am worried on the other side, namely, that we cannot get the interns. I am convinced that there is going to be an excess number of internships available in the next few years, when the Army actually begins calling out residents and others. As you know, there are 13,415 different house officerships in the country, including at the moment 8,182 internships. If many of these internships are changed to a twelve months' period, and residents are no longer available, there will be more need of interns. I have an idea there will be available 10,000 more interns annually in hospitals approved by the American Medical Association.

I am not, myself, as much worried, as many are, about the lack of opportunities for graduates, under the nine months' accelerated program, to get internships. They may not get internships in the teaching hospitals, but it is possible to stagger those men two or three months in some way in the institutions, and perhaps work it out satisfactorily.

A counter proposal has been made that we go to the Army and Navy and request that the internship be reduced by them to nine months, so that the whole thing can become multiples of nine or, taking the other possibility, asking that the internship be 18 months instead of 12 as the basic requirement of the Army.

The Procurement and Assignment Committees in each of the Corps Areas are beginning to function, and are functioning satisfactorily, so far as one can tell thus early. There are adjustments there, and difficulties, and we think it can be done pretty well.

The financial aid to students I will not go into, because that has all been discussed today, except to throw out the possibility that some of these requests from some of the medical schools are indirectly subsidies for the general university, and we have to be a little bit careful that we do not use this guise of getting money for the support of our accelerated program with the idea of giving relief to the general university funds.

Also, there is the question of capital expenditures. Some schools are putting in requests for capital expenditures. There is one suggestion. The question is whether it is possible to pay these men in the Medical Administrative Corps, as the Army Air Corps Cadets are paid. As yet, the Army will not pay them. They have not been willing to do it yet. We have discussed it with them.

On the licensure requirements, there is one proposal that I think is practically what Dr. McIntyre suggests, and that is if you get into trouble in certain of the states where they require that the course be in four calendar years, the answer

is to postpone granting the degree until the end of the internship. New Jersey is one of the states mentioned as being governed by statute. The amendment to the statute in New Jersey is in. I was consulted, and they are willing to make the amendment to the statute in the present legislative session of New Jersey. About the various irregularities or differences in the licensing requirements of the different states, that comes back to the question raised ten or fifteen years ago, of the necessity of getting some kind of uniform medical practice act, and maybe we will get a by-product out of this that will be very useful.

The staff question is very vital. Nobody has discussed it particularly today. We recognize fully that that lies more particularly in the field of the Procurement and Assignment Service. That has already been set up and is in operation in many areas of the country. As I understand, it deals primarily with the medical officers of instruction. The essential persons on our medical staffs that are not medical officers are pretty well protected by I-352, which is protecting the staffs of non-medical officers by Local Boards being asked to grant deferment. The question of residents comes under the Procurement and Assignment Service.

The suggestion that has been made, that medical students be allowed to continue on the present four-year schedule and spend their summers in military service, was discussed a year and one-half ago in Washington when we first started discussions with them. There has been no change in their point of view. They do not want to do it, and they are not in a position to do it. They are more and more disposed to believe it is wiser for the medical student to continue in direct medical instruction as long as possible, and continuously, and then come into the Army to secure the additional point of view, if you will, experience and information, and to get that after he has his M.D. degree, rather than during the process of securing that degree. Of course, there is one important thing, that if the Army plan were worked out that way it would mean very low pay, and there would be no particular financial advantage to the student to do it; as a matter of fact, it might cost him less than otherwise. There would be some advantages physically and otherwise, but I think schools that are not going to accelerate their programs ought to be warned. I cannot make it because I do not know the facts, and nobody is prepared to pass judgment in advance, but I think there ought to be the warning that there may be difficulties in securing deferment of students in medical schools that are not accelerating due to what I mentioned earlier, namely, that the four-year medical course has from 16 to 18 months of vacation in it. There is a distinct feeling in Washington that that is too long a period to be deferring students. As to the question of whether these students overwork in this accelerated program, there would be approximately four months of vacation during the three years, anyway. There would be, roughly, six weeks of vacation, which is more than most people in industries and most employment are getting.

There are, however, objections to running medical courses in certain cities in the summer months, and so on. We realize those difficulties, and it may be that plans will have to be worked out about that.

Finally, reference was made today to this question Dr. McIntyre brought up of endeavoring to get the medical schools to telescope with the internships. I will report momentarily for the Committee on Internships which you appointed at the Ann Arbor meeting. We have prepared and have completed the list of hospitals in the United States which, in the opinion of the eight regional committees, are satisfactory for internships. That list will be circulated to you within the next

two or three weeks. You will have at your disposal whatever value there is in the advice of your fellow deans. The deans of the medical schools have been consulted, each in his respective region, as to the acceptable internships that are available. We are now tabulating these reports and they will be available soon.

PRESIDENT CHANDLER: One of the other problems that should be discussed is the question of adequate internships referred to by Dr. Rappleye. We would like very much to have Father Schwitalla open the discussion on the question of the adequacy of the internships for the students on this accelerated program.

REVEREND A. M. SCHWITALLA: When the Secretary asked about this question, I thought I would use for the material a little study of the Catholic Hospitals. I wrote to all of them and sent a questionnaire as the proper way of getting this information. This deals, therefore, with a group of 199 hospitals that are approved for internship. In those hospitals a total of 1,264 internships is listed. Eighty-six per cent of all these hospitals replied that they are willing to accept interns at any time, and 86 per cent of them also stated that a modification of the educational program for the intern would be required in order to accept them. In other words, the program they have at present would have to undergo considerable modification. Eighty per cent of the institutions that answered the inquiry stated they had consulted with their staffs, or with their intern committees, about plans they might have for the modification of the internship. Of this group, only 23 hospitals reported that there was no shortage of interns. In other words, a total of 77 per cent reported a shortage.

This surprising willingness on the part of the hospitals to accept interns at any time—or it was surprising to me, I should say—might have been due to the fact that they were very short of interns at the present time, and in order to ascertain whether or not that was true, whether that was the guiding motivation, I asked how many of the hospitals were actually short of interns. Normally, the average number of interns these hospitals should have is $6\frac{1}{2}$ interns per hospital. Last year, there were actually in these hospitals 4.4 interns, so that I might regard that deficiency as a reason for the readiness of the hospitals to modify their programs and accept interns at any time. They are short of interns. Thirty-one hospitals reported that they did not receive interns for the current year.

My general conclusion from some of the answers in the letters that came—some of them were very extensive—is briefly this: that the hospitals, in general, would be prepared to accept interns at any time of the year that they could get them, and that in the opinion of the staff members of these hospitals it is possible to work out a program which will be educationally sound for this group of interns.

I reported this yesterday, hurriedly, to the joint committee of the three hospital associations, at which there were present representatives of the American Hospital Association, the American Protestant Hospital Association and the Catholic Hospital Association. I received from that joint committee the assurance that these figures would in all likelihood be indicative of the attitudes they would discover if a similar study had been made for the general hospital field.

PRESIDENT CHANDLER: This substantiates very much the opinion expressed by the Committee on Preparedness. Dr. Joseph C. Norby, who is a member of the Council on Professional Relations of the American Hospital Association, will comment on this subject.

DR. JOSEPH C. NORBY: The references that have already been made by Father Schwitalla and Dr. Rappleye cover the subject very well, and it needs very little

further elaboration from me. The Council on Professional Practice of the American Hospital Association has had no opportunity to hold a meeting in which to draft details of the problem, but that is probably due to the fact that no very definite information has yet been available from this body as to just what the plans of the Association of American Medical Colleges might be.

Fundamentally, the hospitals are pretty much in the laps of the gods on this question, and in this case the gods are the medical colleges. We will have to fall in line with the situation as it may be developed and as the national picture may demand.

The few contacts I was able to make, by letter and in conversation, with reference to the willingness and ability of the hospitals to provide internships to meet the increased number that normally will be developed as a result of the accelerated program, were all favorable. All felt that it would be possible to absorb a larger number, for two reasons perhaps: One, as stated by Father Schwitalla, that by and large the hospitals have been undermanned—putting it that way—in so far as their desires and needs for interns are concerned; in the second place, the increased demand for hospital service has brought to practically all hospitals throughout the country a very greatly increased patronage or number of patients who need to be cared for, ranging, I believe, according to the best figures, to close to 20 per cent generally throughout the country, which surely indicates an increased service so far as interns are concerned.

There are two things that seem to me—I am speaking purely individually on this matter—would be of considerable importance, in addition to those to which reference has been made. It would be a great convenience and, I think, would tend to improve the quality of educational service that could be provided if the graduation periods could be quite uniform throughout the country. My thought would be that it be a semester system, a trimester system or a quarter system. I realize that is, perhaps, impossible, but in my judgment it is worth thinking about. If hospitals could look forward to certain definite times when students might be received, the educational program for these interns can be more carefully graded and better integrated into the general plan of the hospital, as well as the general plan of the medical schools. To me, that seems quite an important item.

Beyond that I have nothing to add. I think you can be quite assured that hospitals can absorb a larger number of interns than they have up to the present time. They can receive them at different times during the course of the year without interrupting the content or the value of the educational program that they carry out throughout the year. I think you properly may look forward to complete cooperation on the part of the hospitals.

PRESIDENT CHANDLER: Major Sam F. Seeley, executive officer of Procurement and Assignment Service, is here. Many of the problems that concern the staff, particularly since we have an amendment to the Selective Service Act, have nothing to do with students and fall directly under his organization. It would please us a great deal, Major Seeley, if you would talk to us on the problems of the Procurement and Assignment Service and our staff problems under an accelerated program.

MAJOR SAM F. SEELEY: I wish to express the appreciation of the Directing Board of Procurement and Assignment for this opportunity to come and thank you for your very prompt reply to the additional questionnaire we were required to send out. Those lists are returning to the office very rapidly, on which we

asked that you separate the members of your staff into two columns: One column of those who were essential at this time to the proper maintenance of your faculties, and the other those who could be considered available and, should it become necessary, that we ask them to become dislocated.

Roughly, your staffs can be divided into these two categories, either essential or available. There are, however, some problems that have been brought to the attention of the office by the various deans individually, which I think should be discussed with you collectively in order that we may have a better understanding.

I assure you that it is one of the primary objectives of the Directing Board of the Procurement and Assignment Service to see to it that the standards of medical education shall not be lowered; furthermore, that adequate facilities shall be made available to the students in terms of adequate staff members to assure that this will not occur.

Those members of your faculty who are essential at this time, unfortunately, occasionally include reserve officers in affiliated units and, unfortunately, occasionally reserve officers who are not in affiliated units, but by virtue of being reserve officers in the Army and Navy have as much as stated that in time of need they will go.

I would ask that every step possible be taken to assure that a replacement is in order for these people when or if the Army or the Navy call them. I would hasten, however, to assure you that if it becomes necessary to seek a temporary deferment for these people until adequate replacement can be procured, direct representation should be made to the Surgeon General of the Army or the Surgeon General of the Navy, not initially to Procurement and Assignment. If you will be so good as to send to the Procurement and Assignment Service a carbon copy of your letter, if it becomes a controversial problem in the office of the Surgeons General, then we will be very happy to endorse the maintenance of that man on your staff for the length of time necessary to procure a replacement.

It goes without saying that it is obvious neither Procurement and Assignment nor the Surgeons General should make an outright ruling that any man who is a reserve officer, who is deemed essential at this time, should be given deferment forever. Some of those men who are not reserve officers are going to come to the deans, as many have already, and state, "I am going to go into the Army whether you like it or not, and I must be relieved because now is my opportunity." We ask that those faculty members be a bit patient, and that arrangements be made with the dean and some tentative date set at which the man may become available. I can assure you that in every instance where you, as deans, have stated that a man is now essential on your staff, it will only be an error if we invite him to fill out application blanks with a view to getting a commission. We are starting out initially with the full knowledge that very careful consideration has been given to this problem, and that you are not putting people on the essential list unless you, yourself, consider them essential.

As the lists come in from the country, not only from the deans but also from hospital directors and from the State Chairmen, who have the responsibility of putting every physician in your state on one side or the other, either available or essential, we shall do everything in our power to stimulate voluntary enrolment to such an extent that we will only have to deal with the available people who have volunteered initially.

In that manner, if we can get a 100 per cent enrolment of the medical profession, we will have the profession divided into two wide categories, those who are willing to go into military service, and those who have made the military service their second choice. I hope we can have a sufficiently large number of people who have volunteered and who are available that we will not have to come back to you for many months and ask you to squeeze the sponge a little bit drier. However, I must ask that you anticipate, if the need should become more acute from the standpoint of the military services, that we may have to come back and ask you to squeeze the sponge drier, as well as the staffs of hospitals and the civil practitioners.

About giving the premedical student a letter of acceptance many months or years, as was indicated, in advance: What I have to say has not been officially passed on by the Directing Board, but I can assure you from the standpoint of the office, and the very close and happy relationships we now enjoy with Selective Service and with the Army and the Navy, that it is desired that you do not jeopardize the premedical students and students in college by maintaining too great a list of prospective eligibles, thereby getting the Selective Service System to believe or to have an idea that too great a number of men are being held aside on a presumptive basis.

The Navy, as is the rule, beat the Army to the draw on getting this junior grade Ensign for the freshmen and sophomore students. I was told verbally this morning by the Army liaison, as released by the War Department, that the man who has matriculated in medical school is eligible for a Medical Administrative Corps commission, Army of the United States. The Navy wording of the letter is, "The student who is accepted by the medical school is eligible for Ensign, H.V.P."

Physical requirements, I think, deserve to have something said about them. The experience in England indicated that because of the over-all shortage of physicians one of two things had to be done, and probably both have been done: First, that if it becomes necessary to lower the physical requirements in order to get adequate numbers of medical officers, that should be done. The Army now has its plans laid for the lowering of physical standards as required to meet their needs. In Britain, in spite of the lowering of standards, they have had also to lower their tables of organization demands. Instead of some 6-plus percentage medical officers per thousand troops, Britain is now down to the demands of 4.2 per thousand. Our Army and Navy are running from 6 to 6.5.

What should be done about the man who, because of inability physically to meet the standards for a commission, and is still put in Class 1-A by the Local Draft Board? That man should exercise his right of appeal under the same circumstances as have obtained when the freshmen and sophomores had to be deferred. If or when the physical standards are lowered by the military services, it will be published and these men will then become eligible for a commission under those limited capacity conditions.

On the question of whether there will be a sufficient number of residents in hospitals; therefore, a sufficient number of interns to meet the needs of the residents, the Procurement and Assignment Directing Board—again, I would repeat—is insistent that nothing be done to lower the standards of medical education. It will be necessary to maintain a certain number of residents and fellows in order that the teaching program may go along, as well as to maintain adequate care for the number of patients requiring treatment. For that reason,

the Committee on Hospitals, under Dr. Winford Smith, has drawn up a series of criteria which we will mail to the directors of all hospitals within the next week or two, in which we will ask them to reconcile with the teaching institutions, those with which they are associated, in order that they may give us an honest appraisal of the minimal needs of their hospital in terms of not only full-time staff members, but also residents and fellows. This, of course, is going to be difficult, and the situation which obtains locally is the only one that should be taken into account because of the marked difference in industrial, non-industrial areas, etc.

There are several thousand unanswered letters in my office and I am afraid we are not going to be able to answer many of those. Most of them are frantic desires to be of service. Many of them are questions that should be answered. I have been forced to keep the correspondence down to assistance to those people who are being thrown into Class 1-A, and we have spent the greater part of our time accomplishing two things: One, laying firm foundations as regards the relationships with the Army, Navy, United States Public Health Service and other organizations; and the other was filling the initial needs of the Army and Navy.

Despite the confusion created by editorial comment on the emergency enrolment form, I am happy to announce to you that I have approximately 25,000 enrolments in the office of people aged from 25 to 45 who stated they would be immediately available for service in the Army or the Navy. Of those, 3,902 men are under the age of 36. They are cleared from the standpoint of being citizens (males in this sense), graduates of approved medical schools, at least 12 months of approved internship, that they have been in the ethical practice of medicine, and that they possess a state license. We have in their enrolment the fact that they are now willing to enter military service.

I have assorted those 3,900 out to all the states, and our state chairmen are now sending in the lists with the determination as to whether these people are available or not. This is almost 100 per cent available at this time. We sent out, on Thursday last, the names of 168 men to the Navy for immediate appointment to the Corps, and the first day we sent 66 application forms to prospective candidates for the Army, and we are now prepared to send out, at the rate of 100 a day, application forms to men under 36 years of age for immediate appointment to the Army Medical Corps. The reason I said 36 is because the Army's immediate need is 2,000 men, predominantly First Lieutenants, with a few Captaincies.

All men who have been cleared as specialists are either being withheld from the run-of-the-mill group, or are being recommended to the Surgeon General in the classification of specialists being qualified for initial appointment of Captain where those vacancies exist.

For your benefit, I should say, too, over the age of 36 they anticipate ranks of Captaincy or above to be given initially. The Surgeon General will ask only the people in the specialties as needed, and by a roster we can pick the man who is a specialist that he wants, who has volunteered and who has been deemed available.

I want to take this opportunity to tell you that the questionnaires of more than twenty months of age have to be brought up to date. We have the facilities of the national roster, and we have made representation to the National Selective Service System that in addition to the cards which the men under age 45 are filling out today, any detailed questionnaire sent to physicians, dentists or veteri-

narians shall be that questionnaire drawn up by the Procurement and Assignment Service, with a view to obtaining all the necessary wartime information. We approved the questionnaire this morning, and it will go to Washington for printing next week.

The first page of that questionnaire is the enrolment form. We ask every physician, dentist and veterinarian to enroll with the Procurement and Assignment Service that he is willing to go where necessary in order to win this war. Every doctor in this country is in this war, and on that enrolment form we ask him to put 1, 2, 3 or 4 opposite the place he prefers to go, and that includes not only the Army, Navy, Veterans Administration, United States Public Health Service, Children's Bureau, and other governmental agencies, but also a caption for industrial medicine, one for private practice in his own community, or civil practice in other communities. So if it becomes necessary to ask for a reshuffle of civil practice, those who have given that for first preference should be the ones asked to go there first. For that reason, there is no objection to any man enrolling in the Procurement and Assignment Service, because the President has charged us with the responsibility of obtaining not only qualified men for the military service and for the governmental agencies that will require greater numbers of people for service, but also with equitable distribution, so that we minimize the jeopardy to civil communities, to medical education, to hospital staffs and industry.

PRESIDENT CHANDLER: There are two questions, if they are in order. These essential lists of medical school faculties and hospitals, including the resident staffs—when they come out, should copies of those be sent to the State Committee of Procurement and Assignment, or the Corps Area committee, as well as to your office?

MAJOR SEELEY: The essential lists that have come in have been in a single copy, and in order to protect your faculties the first place that notation should be made is in Dr. Leland's office, where all the roster system now rests. They are being sent to Dr. Leland's office as they arrive, and are being returned to our office through the State and Corps Area committeemen, who are being asked to transcribe their list on the record system of all the physicians in their states. I regret, of course, that all of the records, not only in the American Medical, but also in the American Dental and Veterinarian Associations, which are being duplicated and taken to Washington, are not up to date at this time, and they cannot be brought up to date until we have the final questions answered and the enrolment blanks on hand.

For that reason, should it in any case be found that I made the mistake of sending application forms, inviting members of your faculties, who are essential, to fill out the applications with a view to commissions, kindly have them returned to the office and I will apologize for getting it mixed up. It is not our intention to take or ask any man who is essential to your staff at this time. Until we have failed to meet the military needs by dealing with those said to be available, and those who have volunteered, we will not come back and ask you to squeeze the sponge any drier.

DR. TORALD SOLLMANN: There are some questions I have been asked that Major Seeley's discussion did not absolutely make clear in my mind. One,—is everyone, including those who are essential, asked to enroll, or only those who are available? Second, what is to be done in the meantime with residents who are really essential, and who received their questionnaires from the Local Boards?

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Third, has the Procurement office anything to do with laboratory technicians and personnel of that sort—mechanics—who are essential to teaching, but do not have a degree of any kind?

MAJOR SEELEY: First, should everyone enroll? The answer is "yes"; we want everyone to enroll.

DR. SOLLMANN: Even though they are beyond the age?

MAJOR SEELEY: Yes, regardless of age, sex, present occupation, and everything else. We want every man to enroll with the Procurement and Assignment Service, stating he is enrolling and has offered his services.

You ask about the man who enrolls in order to hide behind Procurement and Assignment. When we ask a man to take the first choice, and then we come down to the second and third, our State Chairman will ask for his certificate. The Selective Service System is acting under the Selective Service laws, which state that every man under 45 is available for military service. The only exception is in the case of theological students and ministers. I would ask that you impress on the men under 45 that if they stay in civil life it will be by the grace of the Selective Service System, and that if they are not considered to be in an essential position it would be unfair for them to ask Procurement and Assignment Service to certify them in lieu of being drafted in an enlisted capacity. We certainly cannot jeopardize our relationships with Selective Service by certifying any man who is not in an essential capacity.

We have asked them to hold off for sixty days until we have all the questionnaires back and all the enrolments in, so we can give a very fair and honest appraisal as to whether a man is essential. I can visualize that some men, who never intended to enroll, or who never intended to become dislocated, or who never intended to take the hazard of going into military services, might not be said to be essential, and they might be put in Class 1-A. I think the authority held over those people by the Selective Service System should be sufficient to get them all to enroll and to be willing to go where asked.

After all, this is a medical profession job and it has been set up by the medical profession, and it is your way of saying that the 130 million people must have adequate care while those dislocated in the military service go.

Furthermore, I would ask that anything necessary to protect the men under arms be done, and do not allow the standards of the medical care of those men in the field to be lowered. The people who send their boys to the service have the right to expect the best of medical care. The men who object to going into field positions, in view of their desire to become specialists, must remember that the best possible doctors must be up front in the field organizations in order that the first aid, which saves the greater number of lives in combat, may be given by the men who are qualified.

Some people have asked me about the obstetricians, and I cannot refrain from saying we have recommended that some of them attend a dystocia of field mortars. (Laughter)

With reference to the non-M.D. man on your faculty, or essential to your hospital or school, the Procurement and Assignment Service is charged only with the responsibility of dealing with the M.D., the D.D.S., and the D.V.M. As you recall, in the letters sent to you which were prepared by Dean Burwell's committee, in giving those who were essential or available, we called attention to the necessity of listing those men who, although not physicians, contributed to the

success of your program and whose presence in many instances made available an M.D. for service, because of the additional responsibilities these people could take on.

We are not authorized to say that we will endorse or go to town for you with the Selective Service System to get a deferment for these people if called, but I can assure you in every instance where the non-medical man has been determined necessary to assist in making available an M.D. for assignment, where this has been brought to the attention of the office, we have been successful in getting the Selective Service System to see it our way and guarantee deferment for those individuals.

There is a rumor on the horizon in Washington, as you know, with reference to a czar of manpower, an all-over board or director of manpower, as Mr. Nelson deals with materiel, and the pattern set down by Procurement and Assignment be enlarged to include all technical specialists. If that happens, you may be proud that, as always, the medical profession was far-sighted and saw this problem well in advance of the other technical specialists. And I anticipate, should that program be carried forward, our pattern will no doubt be copied 99 per cent.

DR. SOLLMANN: One of my men is not in Class 1-A yet. He has been asked to come before the Local Board and be classified. What should he do?

MAJOR SEELEY: The advice obtains in all cases about the man called up to be reclassified, my routine telegram out of the office to the men who say, "I have been put in Class 1-A. What shall I do?" is: "First, exercise your right of appeal with the Local Board. If the Local Board is unsympathetic, take it up with the State Director of the Selective Service System. At the same time, contact your Corps Area Chairman of Procurement and Assignment."

The recent memorandum (January 28) from the Selective Service System to all State and Local Boards called attention to the over-all shortage of physicians, dentists and veterinarians, and asked that all Local Boards consult with their Corps Area chairman before putting a physician, dentist or veterinarian in Class 1-A.

As I said before, the Congress did not give General Hershey the authority to leave doctors out as a class, but he has given the Procurement and Assignment Service the authority to appoint these nine Corps Area chairmen as our representatives to make representation to the Local Boards of the Selective Service System, and I am happy to say we have so far been 100 per cent successful; that when we say a physician should not be put in as an enlisted man, they are accepting the advice of our Corps Area chairmen.

In the case of the reserve officer for whom you desire deferment, if he is a resident and you cannot replace him in a matter of from three to six months, provision has been made for that. A letter should be directed to the Adjutant General of the United States Army or to the Surgeon General of the United States Navy stating that, in view of the circumstances and the essential nature of this man's duties and the necessity of a short period of time in which to further train an adequate replacement, deferment is requested. We invite you to send the fourth carbon of that letter to our office, but I would emphasize that the authority to grant deferment is not in our office; it is with the Surgeons General. When those three copies have gone to the Surgeons General, if there is any controversy they have agreed with us, both the Army and the Navy, if

our Corps Area chairman and our central office can be convinced that that man is essential for that temporary period of time, and our office is called by the Surgeon General, our say-so will be taken by them just so long as we can give them an adequate number of medical officers to meet their needs.

With these 3,900 men available, we are going to keep the Army and the Navy off our heels until we have completed our enrolment, and I have every confidence that if the realism with which this thing is approached by the hospital staffs and the private practitioners parallels the fine reports given our office by you deans, we shall provide an adequate number of available men who have volunteered, so that we will not have to ask for any special discrimination against physicians. It never has been necessary, and it is not going to be necessary now.

DR. CURRIER MCEWEN: In case of men in reserve and essential, you mentioned an original and four carbons. What does that mean?

MAJOR SEELEY: The directive of the Adjutant General was reproduced on page 232, the January 17, 1942, issue of the Journal of the A.M.A. Under seven paragraphs laid down by the Adjutant General are certain answers that should be given. I have the authority of the Undersecretary of War to say that if you will transmit the fourth copy to our office, our endorsement as to that man being essential in his present position will result in his temporary deferment.

Should it be that a man now in the reserve is going to be forever essential, something must be done. Either you must suffer, or the man should be separated from the reserve. There are no provisions under which a man can resign from the Reserve Corps either of the Army or the Navy. It has been suggested, and the office of the Undersecretary of War has now made a proposal to the Secretary of War that where it has been determined that a man is absolutely essential, rather than to give him continued deferment he should be separated from the Reserve Corps for the convenience of the government. That has not been approved. It is now in the hands of the General Staff. Whether it will be approved, I do not know.

It must be apparent to all of us that since the World War those men who have kept up their Reserve interests continuously, many of them, have become key men not only in medicine but in essential industries, such as directors of chemistry departments in munitions works, and that their loss to the industrial or the civil population would far exceed the gain of the military service. They are trying to get some provision under which they can separate these people without the necessity of multiple, minor deferments.

DR. H. W. KOSTMAYER: It seems to me there is one matter that is important—at least I do not understand it, and several in my vicinity do not seem to understand it. I was under the impression that Major Seeley said that premedical students would be deferred only after they had been registered by the medical school. This memorandum, a copy of which I have in my hand from Dr. Rappleye, dated February 11, says: "Premedical students who have been accepted for admission." If that is correct, it is quite a different thing. We are now accepting medical students for admission, but we will not register them until some time this summer. We want to post notices to the effect that the Army has done what the Navy has previously done, so as to know which of these positions is correct.

DR. RAPPLEYE: The quotation I sent out was a direct wire from Surgeon General Magee. I think we ought to make perfectly sure that that is the case.

As he says, if it is matriculation, then we should check back with Colonel Lull, or the Surgeon General, to make perfectly sure. We can let you know about that in the next few days. I think it is an important matter, and I will check that with Colonel Lull tomorrow and give you a definite answer by mail within the next few days.

PRESIDENT CHANDLER: In further reply to your question, however, recommendations have been made to all Selective Service Boards that a medical student who has been accepted for admission within the next reasonable period should be deferred.

DR. RAPPLEYE: This is not a question of deferment but a question of whether they be commissioned in the Medical Administrative Corps.

DR. H. W. KOSTMAYER: Major Seeley said that the Navy had beat the Army to the draw in this matter. They will still stay out in front if his position is correct, whereas they will be on an equal footing with the Navy if the other position is correct. In other words, as soon as they are accepted for registration but not registered, they can apply to both divisions, it seems to me.

DR. RAPPLEYE: Major Seeley permits me to say he thinks that is no surprise to the Army. I think he is right. I talked to them on the telephone after receiving the wire. The wire did not make it clear that the premedical student was included in the availability for commission.

DR. W. C. DAVISON: On a letter from the dean of the medical school saying they are admitted to the medical school, the Army will accept for M.A.C. commissions premedical students who have paid their deposit to the medical school. That is regarded as the matriculation fee, and makes them eligible for the M.A.C. commission.

PRESIDENT CHANDLER: I think this should be clarified in a statement from your office.

DR. JOHN G. POWERS: I talked to the Assistant Sixth Corps Area Surgeon in Chicago today, and our understanding, from what he told us, was that a premedical student who has been accepted for admission—not necessarily registered—and has paid his fee is eligible for a commission in the M.A.C. The Surgeon General of the Army has set up when a man will be discharged: (1) that he does not enter medical school; (2) is dropped from registration; or (3) is flunked out of an approved school.

DR. RAPPLEYE: The Surgeon General has notified each Corps Area that a student accepted for admission to any medical school is eligible for a commission in the Medical Administrative Corps. That is the wording of the wire that went to each Corps Area Surgeon. It is not that he should matriculate, or pay a fee. That was not stated in the telegram. Surgeon General Magee sent this telegram to me as chairman of the Association's Committee on Preparedness which I, in turn, sent to the deans. I think we ought to check it, and we will let you know within a few days what the answer is. If Colonel Lull is here tomorrow, we will be able to answer it. I think the intent is that any premedical student accepted by a medical school is eligible for a commission in the Medical Administrative Corps, in a comparable way to the Ensign H.V.P. of the Navy. The Army did not want to let the Navy get ahead of them on this one.

DR. POWERS: I think it is the intent of the Surgeon General to permit the deans to make as liberal an interpretation as possible on the disposition of the premedical student, as to what status the man is to be placed in. If they can

show a letter to the Surgeon General that they are acceptable as registrants for a year or two years hence, they are eligible for a commission as Second Lieutenants in M.A.C.

MAJOR SEELEY: The Directing Board of Procurement and Assignment has anticipated, of course, that if the majority of your students are M.A.C., Army of the United States, or Ensigns, H.V.P., in view of the necessity of providing adequate residents on your staff beyond the 12 months of internship the resolution has been passed by the Directing Board that a letter be sent to both the Surgeon General of the Army and the Surgeon General of the Navy that this be anticipated, and that such measures as will be necessary at that time be made effective so that we, from the Procurement and Assignment standpoint, can protect your hospitals against the calling to duty of those men whom you deem essential and necessary in the capacity of residents. We will anticipate that and have publications on it in advance of the necessity of such measures. Therefore, all men who are graduates in medicine should seek Medical Corps, Army of the United States, or Medical Corps, United States Navy Reserve commissions, with the full knowledge that Procurement and Assignment will take the necessary steps to keep an adequate number of residents in your institutions.

DR. SOLLMANN: Even though they are commissioned?

MAJOR SEELEY: Even though commissioned. Whether it will be necessary to separate them from the service will be determined by the Secretary of War, and the Secretary of the Navy.

PRESIDENT CHANDLER: Dr. Oppenheimer will now submit the report of the Executive Council item by item for action of the membership of this Association.

DR. OPPENHEIMER: RECOMMENDATION No. 1.—

The Executive Council requests approval of the recommendations sent to the deans of member colleges December 18 and 23, 1941, urging member colleges, which can do so, without lowering present standards of medical education, to go on an accelerated program of instruction on or about July 1, 1942.

Attention is called to the fact that the Executive Council recommended that only those colleges that can do so without lowering present standards of medical education should adopt the accelerated program. This applies not only to the utilization of the summer as a teaching period, but also to the interval at which freshman classes are admitted. That is, whether annually at approximate nine months intervals.

DR. C. S. BURWELL: I move its approval.

. . . The motion was regularly seconded . . .

DR. H. R. WAHL: Through the increase in the number of students taking the didactic work and filling in their clinical and laboratory work in the summer sessions, we have increased our output by about 12 students each year. We started this program three years ago as an experiment. We graduated 70 men in June, and 11 extra men in September.

PRESIDENT CHANDLER: This is an endorsement of the principle that an accelerated program be established by those schools which can do so.

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

DR. OPPENHEIMER: RECOMMENDATION No. 2.—

The Executive Council recommends that the accelerated program consist of 4 full academic sessions of not less than 32 weeks each and that graduation shall not follow sooner than 35 months after first matriculation as a freshman.

. . . It was regularly moved and seconded that this recommendation be adopted . . .

DR. SOLLMANN: I think the idea of a four-quarter system has, perhaps, dominated thinking to an unnecessary degree. It is not clear that that is the best system for everyone. If a school went on a three semester system in one calendar year, which may also not be the best one, but if it does, then it would turn out a class in 136 weeks, whereas 35 months at the rate of four weeks to the month would come to 140 weeks. Is it the intention to rule against putting one and one-half semesters in the year? I think you should be clear as to whether you wish to do that or not before you vote.

PRESIDENT CHANDLER: It certainly was not the intention of the Executive Council to discriminate against any trimester program. It might be well to change the wording, instead of 35 calendar months to four academic terms of not less than 32 weeks each, or a total of 128 weeks, if you so choose. That might be the better way. In answer to your question, I am quite sure it was not the intent of this recommendation to discriminate against any procedure that any individual school wishes to adopt on an accelerated program.

DR. SOLLMANN: If you wish to do that, I would suggest that you drop the "35 months," because the eight sessions of 32 weeks each, would accomplish what you wish to accomplish.

DR. ALAN M. CHESNEY: I second Dr. Sollmann's amendment.

PRESIDENT CHANDLER: Leaving out "not less than 35 months."

DR. OPPENHEIMER: That does not allow for vacations.

DR. SOLLMANN: You cannot have much vacation if you use the one and one-half semester system. The three semester system per year would be three terms of 16 weeks each, which would give 48 weeks, and four weeks of vacation.

DR. CHESNEY: This resolution means you force colleges to have three months of vacation. They may not want that much.

DR. OPPENHEIMER: It does not force them. The recommendation reads "of not less than 32 weeks."

DR. RAPPLEYE: The reason we made that suggestion of giving some idea of the over-all minimum period was to take care of the very point Dr. Whipple and others made. We all recognize that students are going to be under terrific pressure, and we believe that the three year condensed program that runs less than 36 months is likely to produce a lowering of physical stamina and standards, and we believe it is against the best interests of the students and of medical education in the long run to get this condensed down so far because, if you don't watch out, some of these schools will turn around and use seven days of the week and it will be possible, then, to reduce the medical course to 24 months—not literally that, but maybe that. I believe it can be carried to an extreme, and then you can go on a 15 hour day instead of an 8 hour day. The first thing you know, you get down to 18 months. That comes awfully close to the proprietary medical school's idea,—a diploma mill.

We threw it out merely as a suggestion, that it would seem to us wise not to let these medical courses get down below, roughly, 36 months of instruction in the three-year period if we are going to preserve the physical health of our students and give them a certain amount of opportunity for maturation, which was described earlier, and permit them to absorb some of medicine without necessarily being under book pressure, and really learn something. We will be in the

same difficulty with the cult boards, and everyone else, who will have higher standards that we have. It was mostly from the standpoint of the physical stamina of the students that we thought it necessary to break the year with a vacation.

PRESIDENT CHANDLER: Dr. Sollmann, I think your 16 semesters each, in consecutive order, would still graduate your student in 35 or 36 calendar months.

DR. SOLLMANN: It comes to two years and eight months. It is 136 weeks if you put the one and one-half semester in each year.

PRESIDENT CHANDLER: Without vacations?

DR. SOLLMANN: There are vacations in that. The vacations amount to three weeks a year, I think. My point is that the difference between 136 weeks and 35 months (140 weeks) is only four weeks, and you prevent that system—which has something to be said for it, although it is not the system I would personally adopt—from being adopted for what is a quite small percentage. In the whole course the difference is four weeks, 136 weeks against 140 weeks, which prevents this system from being carried out. One week a year makes the difference.

PRESIDENT CHANDLER: It was not the intention of the Council to put up any regulation to prevent a school from setting up such a program. Will you restate your amendment to the recommendation?

DR. SOLLMANN: The amendment is to leave out "not less than 35 months."

DR. OPPENHEIMER: If Dr. Sollmann's amendment is carried, the recommendation would read: The Executive Council recommends that the accelerated program consist of four full academic sessions of not less than 32 weeks each.

DR. SOLLMANN: I perhaps might make a modification, and that is to make it "not less than 136 weeks." That is the minimum that allows for the three-semester system to go through and still permits of a certain amount of vacation, namely, three weeks per year.

PRESIDENT CHANDLER: Then you change the original motion to read, instead of "35 months," "not less than 136 weeks"?

DR. SOLLMANN: If you will allow me to withdraw the first, I will move the second.

DR. CHESNEY: I second it.

DR. RAPPLEYE: There is one angle we have to watch out for. In our representations to the State Boards of Medical Examiners we have talked about the condensation of our program from a four-year period of eight months each to a 36-month period of training. If you are going to reduce it below 36 months you are going to get into trouble with some of your State Boards, and I am going to support them. I do not believe that we ought to get medical education in such a condensed form that we reduce it below 36 months.

The reason we mentioned 35 months in our recommendation was that we will begin many six-hour courses about the first of July and graduate three years subsequently, in June, so there will be two weeks less than 36 months.

We thought we would be safe and say that the degree be conferred not sooner than 35 months after initial matriculation in the medical school in order that we may protect our reasonable standards. We are lowering them anyway, and to make another further lowering of standards is all wrong, and it is bad for the students.

DR. H. S. DIEHL: As a matter of procedure, I would suggest that instead of

modifying the resolution as brought in by the Executive Council, that that be allowed to stand and that we vote first on the amendment to the resolution.

DR. H. BOYD WYLIE: At Maryland, we had expected we were supposed to go on an all-out program of acceleration, and had planned a program which would complete four academic years in two years and eight months. I am happy to hear this statement of Dr. Rappleye, because I believe that is too short a time. That allows only two weeks to train in each academic year, and a three-week summer holiday. I think we should be pretty clear on our recommendation so that we will all know how to guide ourselves. If we all think 35 weeks is the correct period, let us decide on that, so that when we get back home we will know what to do.

REVEREND A. M. SCHWITALLA: I am in accord with Dr. Rappleye's intentions in this whole program. I think the whole procedure is well thought out on this matter of adopting a method by which a school is almost forced to adopt a quarter system. If you do go on a semester system, Dr. Sollmann's plan is about the only one that is feasible, unless you want to have students stay around for three months after they have finished their 32 weeks and wait for their degree. What main purpose is being served by that additional time of three months? It seems to me you cannot administer a semester system on a 35 months basis. You would have to go on a quarter system. If it is the wish of the Association that we do that, personally I would not have any objection to it. I am sure, if it is not the intention of the Council that that should be done, then I think we almost have to adopt Dr. Sollmann's suggestion.

DR. STANLEY A. DORST: There is just one point that I think is important. This business of reducing the vacations to such an absolute minimum, something under four weeks, with two weeks for Christmastime—you cannot get away under that very well—means two weeks before the major sessions. I think at least one month, or three weeks as a minimum, should be permitted between the major sessions to give the faculties—in the first two years particularly—an opportunity to consider borderline men. There is going to be no chance for make-ups. A man who has one failure is out under this system, unless you go on a quarter system. He is out because the government says he is deficient. They have already ruled that in the case of three men in Cincinnati. If there is a period of three weeks, or one month, it is possible to give a man who is on the border, a man about whom you are not certain, a condensed course, look him over critically, and then decide. There are five, six, or eight such men in every freshman and sophomore class.

If you do not have that, you force your faculty in the first two years to decide, on the basis of their own individual courses, that this man is through or he passes. You know precisely what will happen. All the borderline men, all the men who can read and write English will be passed.

DR. BENNETT F. AVERY: I should like to point out that if a class starts on July 1 it can complete the necessary 32 weeks required by the suggestion of the Executive Council before the end of February. It can have five weeks' vacation before starting a new academic year on April 1. It can complete the next 32 weeks before the end of November and have five weeks of vacation before starting the next academic year on January 1. The same thing can happen the following fall, and they can complete the four years of 32 weeks each about the end of May, and graduate just after the first of June, in 35 weeks, having had at least five weeks' vacation before each academic year.

I think we may reply to Father Schwitalla that it is not necessary to give up

the semester system if you are willing to eliminate summer vacations, but run one year after the next, allowing five weeks of vacation between each course.

DR. ROLF C. SYVERTSEN: This resolution does not say we may not make the courses as long as we wish; it merely says we shall not make it shorter than 35 months.

PRESIDENT CHANDLER: That is right; and each academic term shall not be less than 32 weeks.

DR. ALAN M. CHESNEY: Is the phraseology of this mandatory or simply a recommendation? Does it make it incumbent on all the members of the Association to do this? Dr. Rappleye talked about disciplinary action being taken against the schools that did not comply.

PRESIDENT CHANDLER: All the schools in the United States, with one exception, are represented here today. Some schools in Canada are not represented, and the medical school of the Philippines is not represented. In reply to your question, "Is this mandatory?" it is my understanding that it is.

DR. RAPPLEYE: It is a minimum standard.

PRESIDENT CHANDLER: It is a minimum standard, yes. The question before the house, really, is what shall that minimum standard be?

DR. WM. H. PERKINS: If this is mandatory, I am opposed to it. We are legislating something beyond our minimum requirements, with which I thoroughly agree, of four courses of eight months, or 32 weeks. As to the rest of it, we are undecided as to just when we want to start our classes. We are also undecided as to when we want to graduate because of the intern question. I do not see how we could really arbitrarily decide on whether we should have two months vacation in that time, or three months, or six months, to make it come to something more than 32 weeks.

I do not see where we are getting in putting down, black on white, that we must have an arbitrary period over that 32 weeks. We have instructed our Student Health Committee to make particular recommendations on the stresses through which these students have to go. I approve Dr. Sollmann's resolution,—simply striking out the 35 weeks.

PRESIDENT CHANDLER: That is not the recommendation at the moment. The motion is to amend the recommendation to read as follows: "That the accelerated program consist of four full academic sessions of not less than 32 weeks each, and that graduation shall not follow sooner than 136 calendar weeks after the first matriculation of a freshman."

DR. H. W. KOSTMAYER: If you had to work in New Orleans during the months of July and August, you would understand why I am talking. We much prefer to give up our two weeks at Christmas, our Easter holidays, and what-have-you, and we have laid our plans along those lines. That would make us finish in about 33 calendar months. So if we are going to modify this recommendation, first, from 36 to 35, and then from 34 to 33, I certainly am definitely in favor of the first suggested amendment, merely stating that we have to have four normal 32-week periods covered in this medical course, and let us cover it by working in the wintertime or in the summertime as conditions suggest. If this is to become mandatory, I certainly want to go on record as being opposed to it as not being practicable for our climate.

PRESIDENT CHANDLER: In order to do that, this motion to amend, which in fact is a substitute motion, can be defeated and another one made afterward.

DR. C. S. BURWELL: I think there is a little confusion in the discussion about what is mandatory. The first item that was passed this afternoon was that the general program of acceleration should be adopted by those schools that wish to adopt it. There is nothing mandatory about the acceleration, itself, if it is deemed wise to place limitations on the amount of shortening.

It is now laid down in the resolution we are considering that the total course should consist of the same number of academic years as the present course, and these should consist, as they do now, of 32 weeks each. Also, in order to protect the medical curriculum against further shortening, it is suggested that these four academic years should not be completed in a shorter period than 35 months. Within the framework they do not limit the freedom of any school to set up any kind of a program they wish which satisfies those general criteria. That is my understanding of the situation. There is nothing mandatory except the four calendar years of 32 weeks within three academic years. The type of program set up is every school's business.

PRESIDENT CHANDLER: The only thing mandatory about the original recommendation is that the accelerated program shall not be completed in less than 35 consecutive calendar months.

Is there further discussion of this motion to amend? The amended recommendation would then read: "The Executive Council recommends that the accelerated program consist of four full academic sessions of not less than 32 weeks each, and that graduation shall not follow sooner than 136 consecutive calendar weeks after first matriculation as a freshman."

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

PRESIDENT CHANDLER: We will now consider the original recommendation.

DR. OPPENHEIMER: The original recommendation is: "The Executive Council recommends that the accelerated program consist of four full academic sessions of not less than 32 weeks each, and that graduation shall not follow sooner than 35 months after first registration as a freshman student."

DR. CURRIER MCEWEN: I move its adoption.

. . . The motion was regularly seconded . . .

DR. ALAN M. CHESNEY: Graduation means commencement exercises?

DR. OPPENHEIMER: Awarding of the degree. I might inform the questioner that commencement exercises are not essential to graduation.

DR. CHESNEY: Under this resolution, a school could maintain the accelerated program of continuous instruction with a minimum number of months of instruction, and then simply postpone the date of awarding the degree by three months, and meet this resolution.

DR. OPPENHEIMER: The date on the diploma is the date of graduation, and not the commencement exercises.

DR. CHESNEY: It is not mandatory to carry instruction up to it?

PRESIDENT CHANDLER: Not at all.

DR. CHESNEY: Then I think it is a silly motion.

DR. SOLLMANN: So that we may understand it, I wish to say my school is probably not going to adopt this program. It will take longer than this. It will take, more likely at least, 144 weeks, and very possibly 160 weeks. What I am contending for is that any school that does want to run one and one-half semesters in a year, three semesters in a year, and end on the calendar year and start over

again, cannot do so if this is adopted; it prevents that. If you want to prevent it, by all means do so. As I say, it does not affect me personally at all, although I was not sure you really realized what this means.

DR. W. S. LEATHERS: As I understand this resolution, it only refers to the minimum.

DR. SOLLMANN: It is just the minimum that prevents putting one and one-half semesters in a year, because 35 months does not permit that. It runs a month or two longer than that.

PRESIDENT CHANDLER: You can run as much longer as you like, Dr. Sollmann. I am quite sure that is the intent.

DR. SOLLMANN: Unfortunately, you cannot change the calendar year, and if you want to get it in 12 months of the year you cannot do it.

DR. JOHN W. MOORE: Does the 32 weeks include examination week or weeks?
. . . The motion was put to a vote and carried . . .

DR. OPPENHEIMER: RECOMMENDATION No. 3.—

The Executive Council recommends that in admitting students for the accelerated program eligibility requirements for admission be not lowered from the present minimum standards.

. . . The motion was regularly seconded . . .

DR. E. J. CAREY: I would like to have that clarified, be not lowered from what? If an institution happens to have the requirement of a Bachelor's degree for admission, there would be diversified requirements.

PRESIDENT CHANDLER: Change that to read "from the present minimum standards set by the Association of American Medical Colleges."

DR. SOLLMANN: I move that that amendment be made.

PRESIDENT CHANDLER: Dr. Sollmann moves that this be amended to read as follows.

DR. OPPENHEIMER: "The Executive Council recommends that in admitting students for the accelerated program eligibility requirements for admission be not lowered from the present minimum standards set by the Association of American Medical Colleges."

. . . The amendment was seconded by several . . .

PRESIDENT CHANDLER: Make that a substitute motion and we will get it all done at once. If there is no objection, we will call that a substitute motion.

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

DR. OPPENHEIMER: RECOMMENDATION No. 4.—

That the Executive Council be authorized to approach the proper government agency for a sum of money not to exceed \$3,500,000 per year from which loans may be made to needy and deserving medical students in good standing in schools of medicine and who are on an accelerated program adopted by medical schools as a war emergency measure, these loans to be made on the recommendation of the dean of each school.

. . . It was regularly moved and seconded that this recommendation be adopted . . .

DR. W. C. DAVISON: I should like to move an amendment, that these loans carry an interest rate of 6 per cent. I say that because it would discourage men

from using this loan except as a last resort. You are going to have a certain amount of losses, and certain costs of administration.

Second, that this amendment include that the limit, instead of being \$3,500,000, be \$1,500,000.

We have had a fair amount of experience with loans at Duke, and I cannot conceive how any school can utilize more than \$18,000 a year in loan funds for needy students. There are 77 schools, and it works out at \$1,500,000.

PRESIDENT CHANDLER: Is there a second to the motion to amend? Hearing no second, there is no motion.

DR. E. J. CAREY: I should like to ask as a point of information how this came to be recommended by the Council and, secondly, the duration these loans are supposed to have.

PRESIDENT CHANDLER: I think it is quite in order for the chairman of the Council to present the arguments made and the discussion in the Council in arriving at this motion.

DR. OPPENHEIMER: The essential data for these figures were arrived at by the Secretary, Dr. Zapffe.

The Secretary sent communications to all the medical schools, to which, as usual, he received answers from some. (Laughter) Using this material as an indication, the Council arrived at the figure that it would take approximately \$3,500,000 a year, or less—this recommendation says up to \$3,500,000—to provide loans for those students who need them in order to finish their work, based on the amount they would need as a result of not being able to work during the summer because of the acceleration of the program. You must remember that in accelerating the program the student must spend his money over a shorter period. In other words, if the parents have been supporting him, they will have to pay out in three years the amount of money they ordinarily would have paid in four years. If a man is putting his son through school at the rate of \$1,000 and his salary is \$2,000 a year, he naturally could not pay the same amount of money in three years that he was paying for his son's education in four years.

DR. RAPPLEYE: Cannot it just be stated there were 10,000 students that would require \$350 per year, which was \$3,500,000? Remember, this resolution is in conflict with what Dr. Kelly said. Dr. Kelly is proposing that the requests for financial aid for medical students come through the regular university channels. Is the Association going to follow his suggestion and operate through its respective universities, or are we going to do it independently?

PRESIDENT CHANDLER: I think there is no conflict in adopting this recommendation with the proposal Dr. Kelly made. It authorizes the Executive Council to contact the proper agencies and propose such loans.

In reply to Dr. Davison's suggestion, the question of interest rate was discussed both by the Council and by Dr. Kelly before our Council met, and the total amount of a loan to any one student in any given academic year was also discussed. The length of the period of the loan and the time of repayment, the total amount any student could borrow in any one academic year, the recommendation that the loan to be made be left in the hands of the dean of the medical school.

Those are details that will be left in the hands of the Executive Council if this recommendation is approved.

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

DR. OPPENHEIMER: RECOMMENDATION No. 5:—

The Executive Council recommends that inasmuch as the colleges and universities of the country are presenting to the Federal government the financial problems which will result from the accelerated program of higher education during the war, the Association of American Medical Colleges do not make an independent request at this time for financial support of medical schools.

. . . It was regularly moved and seconded that this recommendation be adopted . . .

DR. SOLLMANN: I agree with the conclusion; I am not at all sure that I agree with the preamble. If we are doing this for a particular purpose and it is going to help the nation, and we have not the money to do it, it might very well be the business of the government. I am not saying that this is the case. I do not believe that the preamble is a very happy one.

DR. OPPENHEIMER: I do not know whether you misunderstood. The colleges need money. That is the responsibility of the board of trustees of the college, or whatever is their governing body. It does not say "government."

DR. MAURICE H. REES: It also says "at this time."

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

DR. OPPENHEIMER: RECOMMENDATION No. 6:—

The Association of American Medical Colleges requests the Federation of State Medical Boards to recommend to its members that they make whatever changes are necessary in state licensing laws and/or regulations to legalize licensure of students graduating under the accelerated program adopted by medical schools to meet the needs of the national emergency.

. . . It was regularly moved and seconded that this recommendation be adopted . . .

PRESIDENT CHANDLER: Dr. McIntyre, do you want to comment on this recommendation? This will come to you as President of the Federation.

DR. J. EARL MCINTYRE: Would it be possible to leave an alternative in that resolution, the other plan we are suggesting and that will be recommended, that if the Association of American Medical Colleges defers the granting of the degree until after the internship is completed as the fourth year of medicine, it will give us all a "go" signal and we will not have the problem of trying to get 48 states to get an amendment through their legislatures to legally change the laws? In some states, to my mind, that is going to be difficult to do, and any monkey-wrench thrown into the machinery is going to affect the whole machinery of the reciprocal relations of doctors who want interstate privileges.

We know there are only two methods, either by amendment of the law, or if the colleges will retain that student under their jurisdiction that will legalize our examination and licensure of that student after the fourth year.

PRESIDENT CHANDLER: If this recommendation is approved without any alternative, would it embarrass the Federation in any way in its actions, or the action you expect it might take in not acting on the recommendation we submit to you?

DR. MCINTYRE: It would help us a lot if the alternative were included, because in those states that might fail we would still have the legality of our procedure, and in those that did fail we could use the internship as the fourth year in the medical school, on which a number of attorneys general have passed their opinion that it would legalize our procedure.

DR. E. M. MACEWEN: In Iowa a man must take a year's internship after he graduates.

DR. R. U. PATTERSON: The law in Oklahoma is that as long as the medical school meets requirements which are not less than the standards set up by the Association of American Medical Colleges, that is acceptable, and the Attorney General so ruled.

DR. H. S. DIEHL: It would seem to me that this recommendation from this Association to the Federation of State Licensing Boards would not embarrass them in any way, or prevent a recommendation from them to us along the lines Dr. McIntyre suggests. It seems to me that granting the degree after the internship would not appropriately be a part of the resolution at this time.

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

DR. OPPENHEIMER: RECOMMENDATION No. 7.—

It is the opinion of the Executive Council that an adequate number of approved internships will be available for students graduating under the accelerated program. Therefore, the Executive Council recommends that no change be made in the length of the internship at this time.

. . . It was regularly moved and seconded that this recommendation be adopted . . .

DR. ALAN M. CHESNEY: To whom does this recommendation go?

PRESIDENT CHANDLER: To the members of this Association.

DR. CHESNEY: Do they control the length of the internship?

PRESIDENT CHANDLER: Do you want this to go to anybody else? If so, include that in your recommendation.

DR. A. C. BACHMEYER: To the hospital associations.

PRESIDENT CHANDLER: It is an amendment, I take it, Dr. Bachmeyer, that this recommendation be forwarded to the three hospital associations. Is there any objection to that amendment, without a formal vote?

DR. BACHMEYER: Hospitals are changing the length of the internship. In the East they are changing them from 24 to 12 months. I wonder if you want to say that the internship be not reduced below 12 months?

PRESIDENT CHANDLER: That is a good point.

DR. OPPENHEIMER: "It is the opinion of the Executive Council that there will be an adequate number of approved internships available for students graduating under the accelerated program. Therefore, the Executive Council recommends that the internship be not reduced below 12 months at this time," and that this recommendation be sent to the national hospital associations.

. . . The motion was regularly made and seconded, was put to a vote and carried that the recommendation as last read be adopted . . .

DR. OPPENHEIMER: RECOMMENDATION No. 8.—

The Executive Council recommends that deans do not support any requests for deferment of any premedical student for more than 12 months preceding his enrolment in the medical school.

This was approved at the meeting in Richmond.

DR. REES: I move its adoption.

. . . The motion was regularly seconded . . .

DR. SOLLMANN: I wonder whether that is a good thing, altogether. We have had quite a number of applicants whom we thought ought to stay in college a little longer, and whom we would be glad to accept for the next class, which may be next February, March, or April. That would be 14 months from now. If we say to them outright, "We can give you absolutely no assurance as to this," they will be faced with the alternative either of going to a school that requires considerably less than we do, or else being sent to the Army. Is that what we want to do?

DR. E. J. CAREY: That was a very good point Dr. Sollmann brought out. I think most of these boys, when they get around 20 or close to 21 years of age, will probably not come under the jurisdiction of the draft, and if there were an age limit corresponding to that of the Selective Service it would solve the problem Dr. Sollmann has brought up.

DR. W. A. BLOEDORN: May I suggest that no deferment be requested for pre-medical students who have not completed their first two years of premedical work? That was the recommendation adopted at the meeting in Washington which I attended. I do not believe it has been promulgated yet, but it was felt that pushing it back beyond the sophomore year was too far, in that only about 50 per cent of premedical students ever get into medical school. It was agreed that request for deferment at the end of the sophomore year was in order.

PRESIDENT CHANDLER: You move that deferment of premedical students be requested only after completion of two academic sessions of premedical work?

DR. H. S. DIEHL: If this is to be adopted as an absolute rule of the Association, I think it would be unfortunate. If it is a matter of policy, I would agree with it, but there are students in all of our schools who are brilliant, who are outstanding students, who, for some reason or other, have had to be out of school for a year or two, possibly for financial reasons, and therefore come under the jurisdiction of Selective Service in their second year of medical work. We will be losing a great deal more for medicine and for the welfare of the country, to be taken care of by the medical profession, if we refuse to recommend deferment for those boys, let them be taken into the Army, and then take some inferior students in their places. I think it would be unfortunate to say we will not recommend deferment for any student until completion of two years. If we say that shall be the policy, I would agree to it, but it seems to me it would be a mistake to try to make it an absolute, binding rule of the Association.

DR. RAPPLEYE: The purpose of this resolution, as I recall it, was to prevent the advance booking of students for several years prior to their matriculation in the medical school. We talked with Selective Service Headquarters a number of times about it, and they are not altogether pleased with the policy of booking more than 12 months in advance of the actual matriculation of the students. That was the purpose of it.

Dr. Diehl and others are absolutely right, and the point you make, Dr. Sollmann, is one we ought to consider. There are students for whom we ought to have exceptions, and perhaps pick them more than 12 months in advance. When you are dealing with the all-over problem of 16 million men in the predraft group, you cannot get exceptions down the line, and they are not disposed to look favorably on postponement and deferment for more than 12 months before the actual beginning of the training. If you can convince your Local Boards to do it, you still can do it under this resolution, but it is our general policy not to request, as a policy, deferment for more than 12 months in advance of actual matriculation.

I think there is wisdom in that resolution if we are going to cooperate with Selective Service Headquarters. I think it is worth doing even though it has its defects. That was the purpose of the suggestion we made at Richmond. They were pleased with it in Washington that we were ready to meet their situation.

PRESIDENT CHANDLER: The action of the Council, I believe, as I interpret the motion to amend, is still a recommendation to the deans. They do not have to follow the recommendation if they do not want to.

DR. SOLLMANN: I thought it was a recommendation to the Association, and the deans would have to follow it.

DR. E. J. CAREY: The man has to complete the minimum requirement of two years before he can make application to the medical school. It seems to me if you put in the rule and carry it through that he has to complete his minimum requirements, you are not advancing it 12 months. There are some schools that have gone back two years.

DR. OPPENHEIMER: Is it not true that the deferment of premedical students is primarily the responsibility of the college in which he is located, and not that of the dean of the medical school to which he may apply?

DR. RAPPLEYE: It is only on the certification of the dean of the medical school to a Local Board that you can get deferment of a premedical student. You can have a dozen recommendations from a college president or a dean, and it will not carry any weight with the Local Board.

DR. DONHAUSER: I think we are treading on very dangerous ground if we do not follow the recommendation of the Council. We are confronted all the time with deans of colleges wanting men deferred just because they enroll as pre-medical students. It is a most remarkable thing that so many college deans are appealing for those reasons. We all know that if men try to appeal after two years they might never enter medical schools, as a matter of fact. I think it is a very serious thing.

DR. H. O. RAULSTON: Is it not possible that this whole business will be settled by the Selective Service Headquarters? This is to try to get a little uniformity as to what we are trying to do, and it will be settled by the Draft Board.

DR. RAPPLEYE: It will be settled by the Local Board. There are 6,400 Boards, and we are trying to establish a general policy of the Association in collaboration with the National Headquarters. National Headquarters cannot impose their wishes on the Local Boards any more than we can. It is under the jurisdiction of the Local Board. We can only make a recommendation. But I think what we ought to do is to go along with National Headquarters, and suggest that we not support requests to Local Boards for deferment for a period longer than 12 months preceding the actual enrollment of the student. I think it is a wise thing to play with National Headquarters on that point. I think there are defects in it. I know their troubles; we have them, too. I think we have to watch out that we do not get our necks out too far on this.

DR. H. S. DIEHL: To clarify my previous remarks, I was not objecting to the resolution, but to the amendment to the resolution.

DR. W. A. BLOEDORN: I am perfectly willing to withdraw my amendment. Most of us require three years of premedical work, so this would automatically put it back 12 months, except in those schools that require two years. I will withdraw my amendment.

PRESIDENT CHANDLER: Dr. Sollmann, are you willing to withdraw that?

DR. SOLLMANN: Yes, I will withdraw that. If it is a recommendation as a general policy and it is desirable to do that, I am perfectly willing to vote for it. If it is a compulsion, I do not believe it is wise and I do not think it is quite right. I think we will suffer very much for it—I don't mean we as a school. I sent Dr. Rappleye a copy of one letter from a college: "What shall we do? All of these men are making a break to get into medical schools with two years of training, and they ought to have more." They cannot get more under this rule. They will have to be sent into the Army. It means the brightest man with three or four years of college will be sent to the Army. The man a little older simply automatically goes into this. I do not believe it will be abused. I have not heard any particular kicks about it yet. If it is an acceptance, the man's record must be pretty nearly complete; if it is merely a recommendation, the Local Board does as it pleases about it, anyhow. If you convince them this is a man who ought to stay on, it may defer him; if you do not, they put him in the Army anyway.

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

DR. OPPENHEIMER: RECOMMENDATION No. 9.—

Inasmuch as the freshman and sophomore students are now eligible for a commission in the Medical Administrative Corps and as Ensigns H.V.P. in the Naval Reserve Corps, it is recommended that the action taken at the Richmond meeting with reference to the deferment of juniors and seniors be extended to apply also to freshman and sophomore students.

Which means, of course, that deans do not request deferment for freshmen and sophomore students who have not applied for a commission, providing they are eligible for a commission.

DR. MAURICE H. REES: I move its adoption.

. . . The motion was regularly seconded . . .

DR. RAPPLEYE: You mentioned only first and second year students. Do you want to include premedical students who are also eligible?

PRESIDENT CHANDLER: Not until we get this clarified.

DR. SOLLMANN: How does it affect the R.O.T.C. students?

SECRETARY ZAPFFE: Not at all. They are automatically deferred.

DR. SOLLMANN: They are not eligible for the R.O.T.C. if they have a commission. They cannot be in two services at once. Have you checked into that?

PRESIDENT CHANDLER: I have checked into it to this extent in the Ninth Corps Area: Any student in the medical school who holds a commission in any other branch of the service than the Medical Corps can apply for a transfer to the Medical Administrative Corps, and is urged to do so.

DR. ALAN M. CHESNEY: I can check that by saying that I have a letter from the Surgeon General's office to that effect, which I received three days ago.

DR. E. M. MACEWEN: The fact that these men are in the basic R.O.T.C. is reason enough for a dean to ask for deferment, and he can get it.

DR. OPPENHEIMER: It does not prevent it, because it states if they are eligible for a commission. If R.O.T.C. makes them ineligible, then they would not.

DR. W. S. LEATHERS: I have a letter in my possession indicating that any student in the R.O.T.C. does not have to apply for the Medical Administrative Corps. It came from the Surgeon General's office.

DR. ROBERT WILSON: I must say that R.O.T.C. students have applied for the M.A.C. and have obtained it.

DR. JOHN G. POWERS: A man may hold a commission in one of the other branches of the service. We have two students, one with a Lieutenancy in the infantry and the other in the Field Artillery, and they may apply for transfer to the Medical Administrative Corps. The only place where an R.O.T.C. may not transfer is from Artillery to Infantry. A man holding a commission in one of the other branches can apply for a commission, providing he is regularly registered.

PRESIDENT CHANDLER: There is no intent in this recommendation to remove the protection of the R.O.T.C. student. I think it is adequately covered in whether or not he is eligible for a commission.

DR. H. S. DIEHL: It would seem to me the freshman or sophomore student in the R.O.T.C. basic Corps is not eligible for a commission. Therefore, I would suggest as an amendment that we add, "except those students who are registered in the basic R.O.T.C. Corps."

DR. RAPPEYE: You said "if eligible?"

DR. H. S. DIEHL: He is not eligible in the first two years. He is eligible for the M.A.C., but he is not eligible for the R.O.T.C. until he is a junior. If we put them all in the M.A.C., there will not be any for the senior R.O.T.C.

I would move that this be amended by the addition of the following: "Except for those students who are enrolled in the basic R.O.T.C. Corps."

PRESIDENT CHANDLER: Is there a second to the motion?

DR. SOLLMANN: I second it.

REVEREND DAVID V. McCAULEY: A difficulty arises in connection with acceptance of a Second Lieutenancy in the M.A.C., and the Provisional Ensignship, H.V.P., offered by the Navy. Is he still acceptable to the U. S. Public Health Service?

DR. RAPPEYE: He can be discharged from the Medical Administrative Corps by accepting a commission in the Public Health Service.

DR. WM. N. PARKINSON: As I recall the ruling, it is that a man must apply for a commission within 12 months of graduation, or else he reverts to the Selective Service Board.

DR. H. S. DIEHL: The members of the Public Health Service are coming to realize that they may find themselves without applicants from the graduates of our medical schools under this provision for granting of commissions in the Army and the Navy, and consideration is being given by the Public Health Service to the granting of Reserve commissions to medical students on the same basis as the other services.

PRESIDENT CHANDLER: I will call for a vote on the motion to amend. All in favor of the amendment say "aye"; opposed, "nay." The motion is carried.

We will now vote on the approval of the amended recommendation.

DR. H. S. DIEHL: I should like to move an amendment, that this apply also to those premedical students who have been accepted for admission to medical schools, because they are eligible for commissions.

PRESIDENT CHANDLER: That point was raised a while ago, and in view of the conflicting testimony given here today as to whether or not a premedical student accepted for admission is eligible for a commission in the Army, it has been suggested that we do not include that in the recommendation at this time.

DR. DIEHL: I would agree entirely if there is doubt about it, but I thought it was perfectly clear that they are eligible.

PRESIDENT CHANDLER: Do you want to make that motion to amend?

DR. DIEHL: I would first ask Dr. Rappleye whether there is any doubt as to their being eligible for commission.

DR. RAPPLEYE: You must have been out when we were discussing it a while ago. I raised that question myself. I think you ought to treat the first and second year students no differently than the premedical students. The Surgeon General of the Army telegraphed to the effect that they are eligible for a commission. They are, certainly, in the Navy, Ensign Reserve, H.V.P. classification. It is particularly valuable to have the premedical students protection in the M.A.C., because it is that group of students with which we are having the most difficulty.

I would be in favor of your amendment, and would be glad to second it, that we make a statement to the effect that all of those who are eligible for the M.A.C. be granted it, if it means matriculation and paying a fee. Let us find out tomorrow from Colonel Lull what the requirement is. Major Seeley has one understanding, and I would be in favor of trying to include the premedical students.

DR. C. S. BURWELL: If we put the phrase "everybody eligible for commission in the M.A.C.," that would take care of it.

PRESIDENT CHANDLER: If there is no objection, we will call that an amendment.

DR. SOLLMANN: It seems to me the new amendment offered by Dr. Diehl nullifies his first amendment. They cannot join the R.O.T.C. as premedical students, and there will be no R.O.T.C. after the first year, according to this.

DR. H. S. DIEHL: I think Dr. Sollmann is right, and I withdraw my amendment.
. . . The motion on the amended recommendation was put to a vote and carried . . .

DR. E. M. MACEWEN: I move that the same ruling be extended to premedical students.

. . . The motion was regularly seconded . . .

DR. STANLEY A. DORST: I want to know precisely to what this last recommendation relates. I do not understand it.

DR. E. M. MACEWEN: I make the motion that if premedical students are eligible for a commission, we ask for deferment.

DR. E. J. CAREY: I wonder if I could ask a question that probably some of the deans have been asking themselves. Some of the men, who had commissions in the M.A.C., this last week received orders that they had been transferred from commissions they hold as First Lieutenants, both in the Infantry and in the Artillery and one man in the Dental Corps, to direct active duty.

PRESIDENT CHANDLER: That is a problem that has been referred by everybody concerned to Headquarters.

The Chair calls for a vote on the motion to extend the action of Resolution No. 9, deferring first and second year medical students, to apply also to premedical students who have been accepted.

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

DR. OPPENHEIMER: RECOMMENDATION NO. 10.—

The Executive Council recommends that as many colleges as can do so start

instruction of the next freshman class on or before July 1, 1942, and subsequent freshman classes at approximately nine month intervals until July 1, 1945.

DR. REES: I move its adoption.

. . . The motion was regularly seconded . . .

DR. G. LOMBARD KELLY: Can the third and fourth year classes also begin at approximately the same time?

DR. OPPENHEIMER: The implication of the resolution and of the whole scheme of acceleration is that once a boy is enrolled his program of education will, as Major Seeley said, be telescoped and his succeeding years will follow at regular intervals without long vacations. That means the next freshman class would be enrolled on or before July 1, and that the other classes would advance accordingly, so that the whole school would be in operation.

PRESIDENT CHANDLER: This recommendation is made in response to a great many questions that came to the central office as to recommendations of the Association regarding dates of admission of freshman classes.

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

DR. OPPENHEIMER: RECOMMENDATION No. 11.—

The Executive Council recommends that all problems dealing with the deferment of medical students be referred to the Committee on Preparedness of this Association.

PRESIDENT CHANDLER: That was passed at the Richmond meeting. There has been some misunderstanding, perhaps, or some lack of awareness of the procedure and the grand work Dr. Rappleye and his committee are doing.

DR. R. U. PATTERSON: Does that prohibit the dean from doing business with his Local State Director? (Cries of "No.") I want to be sure of that. The Army will need seven or eight million men; the Navy will probably never exceed one million. About three weeks ago I got notice that the Navy was going to give Ensign H.V.P. commissions to freshmen and sophomores. I sent copies to the Corps Area Surgeon and to Washington, and said, "What about the Army?" I got a telegram that it was turned over to the General Staff. I wired back, "If you don't get pretty prompt action, it will be too late." In six days they reached a decision. A week ago tomorrow I received a radiogram and notified Dr. Rappleye—I was sure he would get it. I tried to get word to the people in my Area, because I was informed that a Navy recruiting party was going around. They got into my place and signed up forty freshmen and sophomores before we could do anything.

DR. RAPPLEYE: The real purpose of this is to avoid appeals directly to the Presidential board over National Headquarters of Selective Service. That is what we are being confused by now. Secondly, in some instances, deans are recommending to Local or State Directors procedures that are at variance with the policies of National Headquarters of Selective Service, or contrary to the actions of the Association. It has created much confusion in a number of instances. There are now, I think, very few problems, except with the premedical students. They are possibly taken care of otherwise. If you still want us to try to do it, it is important to keep it going through one central channel.

DR. R. U. PATTERSON: The Navy is now offering commissions to freshman, sophomore and premedical students.

DR. RAPPLEYE: The Army has done it.

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

PRESIDENT CHANDLER: There is one other item of business, unless somebody wants to bring up something in relation to the subject of the special meeting, and that has to do with priorities in relation to medical school laboratory supplies, equipment, microscopes, and so forth. That problem has been turned over to Dr. Zapffe, the Secretary, and I would like to have Dr. Zapffe report to the Association.

SECRETARY ZAPFFE: Last year, one of the deans called attention to the fact that he was having trouble with priorities in getting some supplies. I brought the matter to the attention of the Executive Council. The Executive Council, in Richmond at its meeting, referred it to the Committee on Medical Preparedness, and Dr. Rappleye turned the job over to me. About two months ago, my attention was called to the fact that there probably would be difficulty in getting microscopes. I got in touch with the Priorities Division of OPM to find out just exactly what the situation was.

In the meantime, I had been approached by the two manufacturers of microscopes in this country who were very much concerned over the fact that they would not be able to supply any microscopes to the incoming class of medical students. Ordinarily, these manufacturers have prepared to supply medical students during the spring months, so as to have the microscopes ready by the middle of the summer. They told me that to get a microscope now was virtually an impossibility, except for government service. This applies not only to microscopes, but to many items medical colleges need and must have, and that they will not be able to get unless we can secure a high priority rating. The microscope makers cannot get this rating for us; it must be gotten by the medical schools themselves, either individually or, preferably through a central agency,—this Association.

The priorities today, as you doubtless know, have been split up very much since their original issue. A-10 was a good priority at one time, but it doesn't mean anything at all today. The Army priority is A-1-d, and unless we can secure A-1-d or better, it is out of the question to get a single new microscope for your incoming class of medical students.

The microscope manufacturers have told me they have already received orders from students, and they have accepted those orders. They go on the bottom of the pile, and delivery probably will not be made for the next three, four or five months or even one year, and if the war lasts any longer than that there will not be any delivery.

I have taken the matter up with OPM, or the War Production Board now—it still was OPM when I started. By the time my letter reached that office, the man in charge was out and somebody else was in his place. I took it up with the next man, and he replied to the letter and said he was being moved and somebody else was now in charge; that they had created a Health Supply Section which was supposed to take care of priorities. Just about when I had the thing started and well under way, I received a letter that another man had taken his place. There is now an Educational Priority Division, of which Mr. George Frank, formerly of Cornell University, is the Administrator, and I have taken the question up with him. He has not replied to my letter.

The microscope manufacturers claim that they sell about 3,500 new microscopes to the 6,000-odd medical students who matriculate every year. The remainder

come in with their father's, or some relative's, or they purchase a second-hand microscope. I have tried to point out to Priorities that we cannot teach unless our students have microscopes. I am quite certain, from what the manufacturers have told me, that the class you are going to admit some time in May or June, will not be able to buy new microscopes. I have suggested to the microscope manufacturers that they make an effort to determine how many available microscopes there are in various places, such as hospitals, clinical laboratories, and in medical school laboratories, other than those used for teaching undergraduates, and to find out whether those microscopes can be secured to supply the incoming class of students. They admitted that, so far as they knew, there were a considerable number of microscopes in those places, but whether they could be gotten was another question.

What to do, of course, if a problem. I shall continue, if the assignment remains in my hands, with the job of trying to get priority so that we can get microscopes. The manufacturers have told me that if we get a priority that is above the Army priority of A-1-d, we will be able to get the microscopes, but both these companies have orders for thousands of microscopes from the Army, various government agencies and war production factories, all of whom are using microscopes,—and they come ahead of the Army. They have an A-1-a priority.

That problem, I think, is a great deal more serious than may appear on the surface. You can envision it for yourselves, if you stop to think of what is going to happen if you take in a class of students and they are without microscopes. The usual rule is that about one-half of the class have a microscope secured somehow, other than by purchase of a new instrument. Can you go on teaching by having two students use one microscope? It is not going to be a very happy solution of the problem.

If you have any suggestions to make, or if there is anything you want to tell me—or whoever is going to take care of this—as to what to do, that certainly will be very welcome information.

MEMBER: Could you ask the microscope companies to write to purchasers of microscopes three or four years ago, many of whom are going into the Army, asking who might wish to sell their microscopes?

DR. RAPPLEYE: Would it not be better to do it through our own alumni, because if they can find the microscopes they will take them?

DR. W. C. DAVISON: You might let the microscope companies do the work.

DR. RAPPLEYE: If they discover microscopes for sale, they will bid for them against us.

SECRETARY ZAFFFE: I asked if the sale of microscopes among practitioners of medicine was very large. They said it was not any item in their business at all. They told me, further, that a great many of the students, when they buy microscopes, sell them when they get through college. That is where some of the 3,000, that the boys bring to school, come from. That source of supply probably would be very insignificant.

DR. E. J. CAREY: I think this is a local problem that can be very definitely solved without having the market overbid in regard to these scopes. In the last two weeks that matter was presented to our executive faculty. Up to the present, every student that entered the freshman class had to purchase a microscope. We have purchased 200 of those microscopes to take care of the sophomore and freshman classes. We were able to get those microscopes for an average of \$135. They

are selling now for \$172. If they went to a central agency, you probably would find the price going up to \$200 or \$250.

PRESIDENT CHANDLER: Is there any action you wish the Association to take on this, either you, or Dr. Rappleye as chairman of your committee?

DR. RAPPLEYE: We would like to continue to follow it up the best we can.

PRESIDENT CHANDLER: There is no action to discontinue the committee. Is there any other business pertinent to the program?

DR. PHILIP A. SHAFFER: How many institutions have now declared their intention to go on the four quarter plan, and in what form—or, perhaps, the simpler way is to ask whether there are any colleges that have not yet decided to go on the accelerated program. I think some such information, and the extent of uniformity of the plan, might be of considerable interest to us.

PRESIDENT CHANDLER: That information is available. The Secretary has the report.

SECRETARY ZAPFFE: I have letters from 60 colleges that they are going to accelerate, but I cannot tell you on what plan; some have said so, but the majority have not. I have not heard from 11 colleges. Three colleges said they would not accelerate, and three are taking it under advisement. There may have been a change of heart since I received those letters. I will send out another questionnaire to secure more exact information.

PRESIDENT CHANDLER: May I return to Dr. Shaffer's question, and ask him this: Does the statement by the Secretary, that 60 medical schools have informed the Association office in writing that they are going on the accelerated program, satisfy him?

DR. SHAFFER: If Dr. Zapffe states it that way, that is perfectly all right.

PRESIDENT CHANDLER: Is there any other business to come before the meeting? If not, the meeting stands adjourned.

. . . The meeting adjourned at 7:30 p.m. . . .

(Signed) **FRED. C. ZAPFFE**
Secretary

NOTE: Any errors in statements made must be charged to the fact that none of the speakers was given an opportunity to edit his remarks. The urgent call for speedy circulation of this report prohibited the usual sending out of discussions to speakers for approval.