ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MINUTES

OF THE PROCEEDINGS

of the

FIFTY-THIRD ANNUAL MEETING

Held in

LOUISVILLE, KENTUCKY

OCTOBER 26, 27, 28, 1942

Office of the Secretary
Five South Wabash Avenue
Chicago, Illinois

FIRST DAY

Monday, October 26, 1942

The fifty-third annual meeting of the Association of American Medical Colleges convened in the Brown Hotel, Louisville, Kentucky, at 9:30 A. M. and was called to order by the president, Dr. Loren R. Chandler, dean Stanford University School of Medicine.

Announcements dealing with local arrangements for the meeting were made by Dr. John Walker Moore, dean University of Louisville School of Medicine.

Brigadier General Larry B. McAfee, assistant to Surgeon General of the United States Army, Major General James B. Magee, was the first speaker.

He was followed by Dr. H. S. Mustard, Columbia University, who presented the report of the Committee on the Teaching of Public Health and Preventive Medicine.

The discussion was opened by Dr. W. S. Leathers, dean and professor of public health and preventive medicine in Vanderbilt University School of Medicine. Other participants in the discussion were: Drs. W. G. Smillie (Cornell), Jacques P. Gray (Medical College of Virginia), Chauncey D. Leake (Texas) and Stanley Dorst (Cincinnati).

Dr. Hugh R. Leavell, University of Louisville, followed with a paper entitled "Coordinating Program of Health, Hospital and Medical School in a Municipal University."

"Medical Research in Wartime" was discussed by Dr. E. Cowles Andrus, assistant to the Chairman, Committee on Medical Research of the National Research Council.

This paper was discussed by Drs. Francis S. Smyth (California), John A. Ferrell (Rockefeller Foundation), and Chauncey D. Leake (Texas).

Dr. Frederick H. Falls, professor of obstetrics and gynecology, University of Illinois College of Medicine, read a paper on the "Teaching of Obstetrics."

The president, Dr. L. R. Chandler, then delivered his address.

An adjournment was then taken until Tuesday, October 27, 9:30 A. M.

The annual dinner was held at 7 P. M. Dr. John Walker Moore presided as toastmaster. The speakers were: Colonel Leonard W. Rountree, medical advisor to the Selective Service System; President Raymond A. Kent of the University of Louisville and Dr. Irwin Abell, clinical professor of surgery in the University of Louisville.

SECOND DAY

Tuesday, October 27, 1942

The meeting was called to order by President Chandler at 9:45 A. M.

The president appointed the following Nominating Committee: Drs. Maurice H. Rees; Wm. S. McEllroy and B. I. Burns.

The "Teaching of Military Medicine" was discussed by Dr. Edwin P. Lehman, professor of surgery in the University of Virginia.

The paper was discussed by Drs. George Packer Berry (Rochester), E. Stanley Ryerson (Toronto) and the Reverend Alphonse M. Schwitalla (St. Louis).

Dr. Allen O. Whipple, professor of surgery, Columbia University, followed with "A Study of the Results of Examinations in Anatomy by the American Board of Surgery."

This paper was discussed by Drs. Edwin P. Lehman (Virginia); J. Stewart Rodman (National Board of Medical Examiners), C. W. M. Poynter (Nebraska), Joseph C. Hinsey (Cornell), C. C. Carpenter (Bowman Gray School of Medicine), B. I. Burns (Louisiana).

"The Relationship of Procurement and Assignment Service to Medical Education" was the title of the paper read by Dr. Harold S. Diehl, member of the Directing Board of that Service.

This paper was discussed by Dr. C. Sidney Burwell (Harvard), Commander Maxwell Lapham, U. S. Navy Medical Corps, Drs. Torald Sollmann (Western Reserve), A. Cyril Callister (Utah), Maurice H. Rees (Colorado), Waller S. Leathers (Vanderbilt), B. I. Burns (Louisiana), Joseph C. Hinsey (Cornell), Philip A. Shaffer (Washington), Stanley Dorst (Cincinnati), E. Stanley Ryerson (Toronto).

Dr. Henry E. Meleney, chairman of the Committee on the Teaching of Tropical Medicine (New York University) presented the report of his committee.

The report was discussed by Captain Charles S. Stephenson, U. S. Navy Medical Corps, Colonel George R. Callender, U. S. Army Medical Corps, Drs. C. Sidney Burwell (Harvard), J. A. Curran (Long Island), Francis S. Smyth (California), Hiram W. Kostmayer (Tulane) and Chauncey D. Leake (Texas).

The meeting then adjourned until 3 P. M. when the Executive Session was held.

THIRD DAY

Wednesday, October 28, 1942

The meeting was called to order by President Chandler at 9:45 A. M.

The first paper on the program, "Finger Printing of Medical Students," was read by Dr. Maurice H. Rees, dean University of Colorado School of Medicine.

The paper was discussed by Drs. Thomas L. Patterson (Wayne), Waller S. Leathers (Vanderbilt).

"The Teaching of Nutrition" was the title of a paper read by Dr. Russell M. Wilder, professor of medicine in the Mayo Foundation.

This paper was discussed by Drs. Frederick J. Stare (Harvard), John H. Youmans (Vanderbilt), A. W. Homberger (Louisville), Philip A. Shaffer (Washington), Chauncey D. Leake (Texas), Allen Gregg (Rockefeller Foundation), James A. Greene (Iowa), Chas. H. Neilson (St. Louis), Edward L. Turner (Meharry).

"The Internship Under the Accelerated Program" was discussed by Dr. Robin C. Buerki, dean University of Pennsylvania Graduate School of Medicine.

The paper was discussed by Dr. A. C. Bachmeyer (Chicago).

Dr. Victor Johnson (Chicago), chairman of a special committee presented "A Study of the Curriculum Under the Accelerated Program."

The paper was discussed by Dr. John Walker Moore (Louisville).

The "Teaching of Psychiatry to Undergraduate Medical Students" was discussed by Dr. S. Spafford Ackerly, professor of psychiatry in the University of Louisville.

Dr. Carlyle F. Jacobsen (Washington) discussed the paper.

PRESIDENT CHANDLER: That concludes our program and brings me to the point of disappearing and becoming another forgotten man. This has been a rather high-gear year, and I hope the President and other officers of your Association have not added to the confusion in the conflicting reports, advice, criticims and statements that have made it hard to adjust ourselves to during this year. I want to express my own deep appreciation to the officers and all the members of the Association for doing a difficult job very well. The medical schools have shown real leadership in anticipating the problems we were to meet in this emergency.

I do not know of anybody who, in my opinion, can take charge of this group with any more support and ability than our new President, Dr. Waller S. Leathers.

Dr. Leathers, it is your year, and we are all behind you.

Dr. Bachmeyer, will you and Dr. Gray conduct the new President to the Chair?

. . . President Leathers was escorted to and assumed the chair . . .

PRESIDENT LEATHERS: I think the most pertinent remark I could make is that I will be brief. On coming into the room this morning, a friend of mine said he hoped I would have the fortitude and wisdom to steer the ship of state through the perilous year into a haven of rest, which is rather an imponderable comment.

I hope I may be able to approximate the fine way in which my predecessor, Dr. Chandler, has guided the affairs of the Association during the year. I realize the responsibility and obligation which rests upon me in following one who is so able and masterly in presiding.

Of course, it is needless for me to express appreciation for the honor which you have accorded me. Anyone would readily appreciate it. It is one of the peaks of my educational experience. No higher honor could be accorded one than to be recognized by those with whom he has associated for many years, and I deeply appreciate the consideration which you have given.

We have had a very interesting and exceedingly constructive program. I think every one will agree to that point of view. I am sure that next year the Secretary will prepare a program which will be well adapted to the changing problems which will confront us at that time, and I am sure that all of you will continue your interest and fine support in meeting these difficult situations.

We have had a very difficult year. We will probably have another difficult year, and maybe another, so that we will have to gear ourselves to these changes and attempt in every possible way to adapt ourselves to them in order that we may meet the emergency which we confront at this time.

REVEREND ALPHONSE M. SCHWITALLA: Mr. Chairman, am I out of order if a last word in this meeting be a word of thanks to Dr. Chandler and also to Dr. Fred Zapffe? We have passed resolutions of thanks to the hotel. Dr. Moore has been a very wonderful host. We have been grateful to any number of people to whom we have been under obligation, especially the display Dr. Moore and his faculty have given us during this convention.

Somehow or other, Fred has been in the background right along, and I feel at this convention, especially, his work has been particularly noteworthy—and has been noticed on ever so many occasions. I think a final word to Fred is entirely in place. (Applause).

I move that the names of Dr. Chandler and Dr. Zapffe be added to the motion passed last evening.

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

. . . A motion to adjourn was made, seconded, and carried.

(Signed)

FRED C. ZAPFFE, *Secretary*

EXECUTIVE SESSION

Tuesday Afternoon, October 27, 1942

The opening Executive Session of the Fifty-third Annual Meeting of the Association of American Medical Colleges, held in the Brown Hotel, Louisville, Kentucky October 26-28 1942, convened at 3:15 P. M., Dr. Loren R. Chandler, President of the Association, presiding.

Roll Call

The secretary called the roll. Eighty member colleges were represented by one or more delegates. Five colleges were not represented: Temple University School of Medicine; University of Philippines College of Medicine; Queen's University Faculty of Medicine; University of Manitoba, Faculty of Medicine; University of Alberta, Faculty of Medicine.

Report of the Secretary

Secretary Zapffe: This has been such a hectic year for all of you and there has been so much heckling from me and from others, and there is so much important business that is going to come before you that I will try to be as brief as possible and merely mention some of the things in which I know you are interested.

First of all, membership of the Association remains unchanged. We list eighty-five medical colleges in membership. Two of those are graduate or postgraduate departments.

It is rather interesting from year to year, especially the last four or five years, to note the changes in personnel of the medical schools that come to this meeting. We have lost, by death, three deans since the last meeting: Paul S. McKibben, Southern California; Lyman L. Daines, Utah and Walter L. Niles, Cornell, who was acting dean of Cornell following the leave of absence given Dr. Ladd. We have in service, five deans: Maxwell W. Lapham, Tulane; Hardy A. Kemp, Ohio; A. W. Stearns, Tufts; Francis J. Braceland, Loyola and Wm. S. Middleton, Wisconsin.

We have had some resignations. Although not a dean, but long identified with the deaning business, at the University of Pennsylvania, is Edward S. Thorpe, who resigned to become the physician at St. Paul's School for Boys in Concord, New Hamp-

shire. Perry T. Magan has retired as president of the College of Medical Evangelists, and has been succeeded by Dr. W. A. MacPherson. Robert U. Patterson has resigned from the deanship at the University of Oklahoma School of Medicine. New deans are: Robert U. Patterson, Maryland; A. Cyril Callister, Utah; Francis S. Smyth, California; Seeley G. Mudd, Southern California; J. A. Hetrick, New York Medical College; Joseph C. Hinsey Cornell; Chauncey D. Leake, Texas and Thomas C. Lowry, Oklahoma. Two acting deans, because the deans are in service, are: Leslie L. Bigelow, Ohio and H. W. Kostmayer, Tulane.

You will be interested to know something about the enrollment for the present, 1942, session. Last year there were reported to my office 6,420 freshmen. When I left home I did not have all of the enrollment blanks from the schools. A few schools had not sent them. Counting those at approximately what they were last year, and adding those that have already been reported, the freshman class for 1942 will exceed the class of 1941 by about 100. That is not the largest freshman class we have ever had. In 1934, we had 6,683 freshmen.

As to applicants for the 1942 session, I cannot give you the complete figure because some of the colleges have not sent in their cards. Counting the cards we have, the number of applications exceeds the applications for 1941 by about 10 per cent. I estimate that we will have about 37,000 applications, as against about 33,500 for 1941. That does not tell anything about the number of applicants which we cannot count until we have all the cards.

I had intended to tell you quite a bit about the Journal, but I will refer to only one department in the Journal which is increasing in interest, and that is the News Department. During the years, more and more colleges have been sending in news. I pick up what news I can from authentic sources, because our news must be authentic. I have checked for the past three years the colleges which have been mentioned in the News Department. Only two colleges of the entire membership have not been mentioned during the three-year period. Just two colleges have been mentioned in every issue of the Journal for each of the three years, and it runs along down to the point where only one mention has been made of about one-third of the colleges in each of the years. The two colleges not listed, undoubtedly have had news but have failed to send news, perhaps because they felt no one would be interested in the items, although there is considerable interest in the items.

You will also be interested to know this: We published 5,000 copies for each issue of the Journal, and about 4.750 of

these copies are sent out to the persons whose names you send in, plus libraries and others who are interested in medical education. It is an individual mailing list, not a bundle list.

The papers published in the Journal are those that are read at Association meetings, plus the discussions, if there are any; papers which come in as volunteer papers, if approved by the dean of the school of which the writer is a faculty member; and also papers that I solicit. I watch various publications and try to keep my ears and eyes open for things that have been read here, there and everywhere, that I think might be of interest to you. I write for those papers. Sometimes I ask someone to write a paper on some particular specified subject.

I want to call to your attention at this time what your Association has to offer in the way of help. There are in the office a very large number of reports, various items of interest that are not available anywhere else. More and more, we are receiving requests from many sources for all sorts of information, not alone from the colleges, which often send in their lists of freshmen to find out what their application record it, but colleges that want to know whether some particular individual has made application elsewhere and, if so, and what happened. We also use that file in discovering repeaters, of whom you had no knowledge, and when we find that we report it to you as information.

The enrollment blanks you send are scrutinized very carefully and checked in very many ways. We look up the aptitude test record for each enrollee. We also look up his record if there is a lapse of time between when he graduated from college and when he entered medical school, because that also helps us to detect repeaters. Many of you will remember that I wrote to you about such cases.

We also have in the office a fifie which arises out of the reports on accomplishment which I have been sending you annually since 1930. You will recall that at one time I sent you a five year period report. That was not my thought. Dr. Chesney suggested that that would be of help. Later, I sent out a nine year report. Taking all these reports, from 1930 on, we made a file which I call the college data file. It contains a card for every college or university which has ever sent a student into a medical college since 1930. It gives the number sent, whether the students came through clear, whether they had conditions and failures, whether they failed out or whether they withdrew. In the event there is occasion for earmarking students in the future during the war, this file will be of incalculable value, because you can see at a glance what the students from various colleges

did in medical school and use your own judgment as to whether or not you want to earmark them.

About two months ago I received a request for information for the name, home address and age of every medical student in all four classes of all the medical schools of the United States who were residents of the states of New York, New Jersey and Delaware. That list contained nearly 3,000 names. It was quite a job but it was very much appreciated.

Just before leaving home I got a request from Major Leuth, who is a Procurement and Assignment officer in the headquarters of the American Medical Association, who wants me to get for him from you a list of all your full-time teaching personnel; how many are Ph. D's, how many are M. D.'s, A. B.'s, or hold no degree at all, which will include technologists, technicians and everybody who is a part of your teaching personnel.

We give service in very many different ways to very many different people. The Army and the Public Health Service asked for it until war broke out. They apparently have no need for the information now, but the Navy still sends in its lists regularly to be checked from the accomplishment record of those who apply for internships and commissions in the Navy. They regard that information as extremely valuable. That information is a part of the student register, which consists of a card for every student, giving his name, his home address, his age his aptitude test record, college attended, degrees received, if any, years of attendance in medical school, the name of the medical school, his record in the medical school (in which third of the class he stood), and whatever may have happened to him during his college career. The last item we enter is when he goes on his internship and where, when the cards are filed away in the graduate file.

The number of graduates is always reported to you in the Journal. There is often a considerable variance in figures published here, there and elsewhere, because the source of the information differs. I get the names from you and all the names you send me are added, so that when I say there were 6,420 freshmen in last year's freshman class I have 6,420 names and records. The same is true of the graduates. Before we file away their cards in this file, we need it all the time, we go through the entire graduating class and separate those who entered college in various years, because all students who graduated in June, 1942, did not enter medical school in 1938. We found one man, for instance, who started his medical studies twenty years before he graduated. In the 1942 class was a man who started ten years previously. Some of these men dropped out because of finances,

some made poor records and were dropped or withdrew and returned to college later. These cards give exact information as to what happened, and why. That file contains nearly 24,000 cards.

We, therefore, have in the office a great deal of information which now, during this war, ought to be of great value. It is only there that it is in that shape, and it is usable because it is all very carefully filed and not tucked away. It is an open file, because we add and we change, and keep it up to date just as well as we can from the information you send to us.

I want you to remember those things, because you will probably have occasion to call for some of that information, or somebody will come to you and ask for it and you can direct them to your headquarters to get it.

I know I have bothered you a lot, but I have been bothered a lot to get the information which I have been trying to get from you. It is not only that I wanted it, but I needed it to answer questions.

We try to do everything we can to be helpful to you and to give help to those who need it and know that it can be found in your headquarters.

(Signed)

FRED C. ZAPFFE, *Secretary*

A motion to accept the report of the Secretary was seconded and carried.

MINUTES OF 1941 MEETING AND SPECIAL MEETINGS HELD IN FEBRUARY 1942.

THE SECRETARY: The minutes of the 1941 regular session, and the special meeting held in Chicago in February, 1942, were printed and sent to you.

A motion that they be approved as submitted was seconded and carried.

Report of Committee on Preparedness

Dr. Willard C. Rappleye, chairman of the Committee, presented the following report.

The accelerated program of the medical schools is now in full force in most of the member schools of the Association. Certain of the schools, for one reason or another, have not been able to participate completely in the plan as outlined by the Association, but the large majority of institutions are operating on the plan which will increase the production of physicians during the next few years above the normal output of the medical schools. The plan as originally projected, contemplating the admission of a first year class annually after July, 1945, may have to be modified later in view of the lowering of the draft age and the acceleration of all college training. This will be particularly true if the completion of the college preparation in the proposed enlisted training corps comes at irregular intervals. This matter can be studied only after the new draft program is in operation.

The accelerated program has been endorsed heartily by all government authorities. By avoiding the necessity for the deferment of individuals who in the normal medical course enjoyed vacations approximating sixteen months, the plan has represented a real contribution in the Selective Service program.

The problems relating to state licensure have been presented to the Federation of State Medical Boards and to individual state boards. In all states in which licensure is governed by regulations, the adjustment has been made easily; the cooperation of state boards has been complete. In a few states, where it is necessary, amendments to the medical practice acts have been introduced.

The problem of financing students through their medical course has been met in large part by Federal loans on a basis which is familiar to you. The generous contribution in the way of scholarship and loan aid from W. K. Kellogg Foundation was a matter of gratitude and inspiration to all the medical schools.

The integration of the graduation of students on the accelerated program with the twelve months internship requirement of the Army and Navy Medical Corps has required a certain amount of adjustment in hospital schedules and, in some instances, inconvenience in arrangements. These have not been serious, however, and in practically all instances the necessary adjustments have been made. This has been possible particular-

ly in the light of the reduction in the number of assistant residents and residents and also to the fact that there has been, for some years, a total of approved internships in excess of the number of graduates each year. The notice dated October 1st from the Office of the Surgeon General of the Army to all medical schools and hospitals specified that the internship should be completed within twelve months of graduation.

The attitude of Selective Service Headquarters in all matters of medical education has been one of great satisfaction, and it has made it possible for us to carry out our part of the war program with almost complete effectiveness. New problems are being introduced, however, as pressure increases on local boards to fill quotas and to supply the needed manpower for the fighting forces and at the same time maintain essential persons in necessary occupations.

Our memoranda to the deans have covered the problems of premedical students, medical students, commissioning of undergraduates, the internship, staff and other phases of the program. Your committee has made numerous representations to Selective Service Headquarters and the Surgeon General's Offices relating to our particular problems. On every occasion, without exception, we have had most cordial hearings and everything possible under war conditions has been done to assist in our effort to insure a continuing supply of doctors. Impatience on the part of our members that restrictions at times seem somewhat unreasonable is easily understood because many of these regulations are blanket in character and we have been obliged to fit them into the general framework of Selective Service and military organization which is applicable to all citizens.

The Procurement and Assignment Service has been endeaving to maintain the essential teaching staffs. Although a certain number of deans of medical schools have been appointed on some of the national committees, the Association has not been officially represented.

Evidence shows that the proportion of men drawn from the teaching institutions is considerably higher than that drawn from the general profession. It is important to maintain the teaching institutions at not less than minimum strength, particularly in view of the accelerated program and the now increasing demands on a number of our medical schools for courses for Army and Navy medical officers and numerous other professional personnel needed in the war effort. Some of the medical schools with

small staffs are seriously depleted. In a number of instances the continuance on the staff of the medical school of persons without a medical degree has been difficult. There is now also the prospect of having to increase further the enrollment of medical students and possibly to continue the admission of medical classes every nine months. Should these possibilities develop, they would place another heavy burden on the already reduced teaching staffs. All clinical departments have added clinical responsibilities due in part, of course, to the withdrawal of practicing physicians on the staffs of the medical schools.

The overall medical needs of the country for military, civilian and public health activities have not not been visualized. The Army at the moment has about 8.3 doctors per thousand men. Its chart of organization calls for 6.5. The British Army is reported to be organized on the basis of 4.2 per thousand and unofficial comment is to the effect that it has had to operate with 3.2 physicians per thousand. At the present time there are about 34,000 doctors in the Army and it is likely that by the end of next year, on the basis of present estimates, the Army will need about 48,000 doctors. Should the ratio of doctors per thousand men be reduced, the figure would be modified. It may have to be reduced. The Navy's requirements will reach nearly 10,000 doctors. At the present time the number of physicians in the country under 45 years of age is 81,000 and those between 36 and 45 total about 38,000.

The request recently made by the United States Public Health Service for the organization of evacuation units in the coastal areas has been presented to the institutions concerned without consultation with those interested in medical education. Decisions have been made by most of the institutions invited to participate in this program without determination of general policy in relation to continuance of medical education in case of destruction of some of our medical schools. The Association might well address itself to the consideration of a national policy in relation to that problem.

The commissioning in the Army of graduates of unapproved medical schools, the deferment under Selective Service of students registered in such institutions and the obligation of Procurement and Assignment to recognize the essential teachers on the staffs of those schools represents an entering wedge in the further lowering of standards in this country. The pressure in this directions has come to a large extent from the state medical

societies, particularly in those states where there are a large number of graduates of unapproved schools, motivated by a desire to avoid loss of practice by the graduates of the regular medical schools who have gone into service.

The survey made by our Committee as of September 15th of the commissioning in the Medical Administrative Corps and the Naval Reserve indicated that 62 per cent of the males in the student body hold commissions in the MAC; 21 per cent in the Naval Reserve; and that 16 per cent have not yet applied for commissions. About one per cent apparently are not eligible for commissions. Although 16 per cent had not applied for commissions at the time of the inquiry, a certain number of students in this group have now done so. If the students are commissioned, they will avoid possible complications with their local boards.

At the request of the Chairman of the Directing Board of Procurement and Assignment Service a prediction was made of the probable number of male graduates in selected periods of graduation between now and 1945, indicating the number of men that would become available for the Army and Navy Medical Corps at specified dates. Copies of this study were given to the Surgeons General of the Army and Navy.

The reduction of the length of the internship in about 20 per cent of the hospitals of the country from more than twelve down to the months requirements of the Army and Navy Medical Corps will produce many more intern vacancies in the approved hospitals than heretofore. It is generally admitted that many of the hospitals now on the approved list for internships do not provide satisfactory educational experiences. The national interest, as well as that of medical education, suggest again the necessity for a list of hospital internships that may be regarded as educationally satisfactory.

The rapid reduction in the number of residents is introducing special problems. Inasmuch as the pool medical officers for the Army is filled for the moment, there is a disposition in Washington to permit the continuance of the hospital training of selected men for a period beyond the one year of internship. It is believed that a partially satisfactory solution under the circumstances can be worked out.

The proposal to lower the draft age introduces a number of problems, including the continuance of a supply of medical students. The chairman of your Committee has held a number of conferences with various groups and government departments

in Washington relative to these problems. The selection of medical students may be worked out either under Selective Service through occupational deferment or through proposed Enlisted Training Corps which, it is proposed, will comprise students sent to selected colleges and universities after their induction and a basic (13) weeks training in the Army (or Navy). We shall be obliged to work within a general policy when it is adopted. At the moment of writing this report, the legislation has not been enacted and, therefore, it is not possible to make any concrete suggestions to you. However, plans for either method have been proposed by the Committee on the Relationship of Higher Education and the Federal Government (the Committee of the American Council on Education) to the Army, Navy, Manpower Commission and Selective Service. We have been assured that our needs will receive every consideration and that we shall be consulted at the proper time.

If the program is worked out through the Enlisted Training Corps, the source of supply of students for the colleges eligible for military duty will be men inducted into the Army and Navy, some of whom will be permitted or selected, after about thirteen weeks of basic army or navy training, to enter designated colleges for basic officer training. This basic training in the colleges and universities will not exceed four semesters. It is from that group of students that we shall expect to recruit medical students. They will be in uniform and on government pay. Those not inducted into military service would be treated as heretofore. The method of assigning quotas from the enlisted training corps to different colleges, universities and medical schools is now in process of formulation.

In view of the importance of proper instruction of medical students in the fundamentals of tropical medicine, the committee canvassed the opinions of a number of authorities in this field, having in mind the possibility of providing teams of instructors that might travel about the country assisting institutions in such instruction. One of the foundations offered to finance such a plan, should it seem desirable. We are advised that this was not the most satisfactory method of dealing with the problem and were not encouraged by the authorities we had consulted in the fields of tropical medicine, public health and government agencies.

Subsequently a committee of the National Research Council formulated a similar plan and obtained money for such instruction from another source. This is mentioned only because it would

seem desirable that matters dealing with medical education should be referred to this Association.

Your committee has been consulted by the War Production Board relative to the microscope situation which has been fully reported in our momoranda. Some of the medical schools appear to be having difficulty in obtaining a supply of secondhand instruments. Perhaps the Association may be able to assist its members.

In view of developments since the creation of this Committee may be suggest that it now be designated as the Committee on War Activities.

Respectfully submitted,

WILLIAM PEPPER
FRED C. ZAPFFE
HAROLD S. DIEHL
C. SIDNEY BURWELL
WILLARD C. RAPPLEYE,
Chairman.

DR. RUSSELL H. OPPENHEIMER: When and to whom shall we apply for the deferment of activation of men we want to keep on the resident service, or is that not ready for action?

DR. RAPPLEYE: That is not ready. Procurement and Assignment is working on it now. They have the whole problem in hand and are studying the needs of the hospitals and of the schools.

REVEREND ALPHONSE M. SCHWITALLA: Do I understand you to mean there are two questions about residencies? There is a residency program with reference to those whom the Army sends into the hospitals for specialized training. Then there is another group of residencies that are being taken care of through the obligations of the hospitals, and they are to take care of civilian population. Is that correct? There is a double program, in other words? They are both called residents.

DR. RAPPLEYE: The second group ought to be called paid house officers. I do not know just how they would do it. My understanding, in general, is that a limited number residents now in our civilian hospitals, who are commissioned in the Medical Corps, may be called to active duty but will remain in the civilian hospitals for another year. That is what we would assume to be the best way to do that. They will have to get some change in the regulations about commissioned officers, but that is an administrative matter.

I have not heard much discussion about men being assigned by the Army to residencies for a year. That may come, too, because what the Army is trying to do is to find another way to handle those medical officers. They select these men, let us say, for plastic surgery, or some other specialty, and

send them to teaching centers set up around the country for periods of six or twelve weeks. Those men will be in intensive post-graduate courses, and not residents. I think what everyone was after was to get the civilian intern deferred for an additional year. The problem is primarily the production of medical manpower; the first consideration being given to the military needs, namely, specialists in their own services and, secondly, the participation of these men as residents in hospital organizations where they are teaching medical students.

Incidentally, this plan will do much for local communities in the hospitals, but the civilian needs will, at the moment, have to be largely met by individuals who have not been able to get into the services or by women or refugees or others who, for one reason or another, are not eligible for service. They would be the paid house officers in the other hospitals where the primary concern is the care of the patient, and where a minimum amount of active teaching is going on.

DR. FRANCIS S. SMYTH: Did I understand you to say it would be unwise for us to give the students any statement about their eligibility for any future class? Our present pool of premedical applicants would seem more than adequate for two classes, and going through quite a list it is purely the matter of space that prevents us accepting for March, 1943. It would seem to me we owe something to the students who have so prepared and, if it were possible to give more than lip service to our premedical requirements, possibly we could give the student a statement that he is eligible, even though at the moment we can take only 72 in February, but there would be at least about 60 more that would be ready for next October.

DR. RAPPLEYE: It would be very desirable if we could select students beyond our next incoming class, because many applicants are well qualified. I have a feeling, however, that long before we get to admitting that class, the draft will have caught up with the entire body of students.

Those you described as having been well prepared or partially prepared for medicine will certainly be given every consideration when the Army and Navy come to screening them out of the basic training. Those men who have had two years of college work, perhaps, need only one more semester of chemistry, or something of that kind. I am assuming that those boys will be permitted to go ahead and finish the chemistry in one semester and go into a medical school. As far as possible, medical schools will have a voice in the selection of their own students. After July 1, 1943, we shall have to have a new deal on the handling of admission of medical students.

I think they are going to start drafting the 18 year olds right after January 1, 1943. I have been told that they would be able to process the two million inside of six months, so that by next July, or sometime during 1943, the entire group who are inducted will have been put into Army camps and have their initial screening.

It seems highly desirable that the Executive Council and the Committee on War Activities have a meeting just as quickly as the legislation is finished so as to be able to confer with people in Washington on the problems dealing with medical education.

I have an idea that we may have to modify somewhat our methods of dealing with medical education in the next few years. We shall not be able to secure more than four semesters of basic training at this time. I am all for letting us start with that, and then, perhaps, attempting to persuade them in Washington that three years or, let us say, six semesters instead of four, is far more desirable. They have asked the specific question as to the absolute minimum of time of premedical education that is necessary to prepare a man for entrance into a medical school, and I think it is hard to insist upon more than four semesters of actual time. Incidentally, that four semesters will be accelerated so that it is likely that it will be completed inside of twenty months after admission to the training corps. Then we begin to get them coming out every thirteen weeks. That is going to be quite an administrative problem to handle for all our medical schools.

I am optimistic because I think there is a solution for this in one or two ways. With the university presidents and the American Council on Education being a consulting body with the government on matters of higher education, it looks pretty good.

The report of the Committee on Preparedness was accepted with a rising vote of thanks.

PRESIDENT CHANDLER: We now come to the report of the Executive Council, which will be made by the chairman, Dr. Russell Oppenheimer. There are fifteen items in that report that call for action by the membership of this Association. We will ask Doctor Oppenheimer to read each recommendation and then it can be discussed and acted on.

DR. RUSSELL H. OPPENHEIMER: 1. On the basis of a report made by the Southern Association of Colleges and Secondary Schools on the University System of Georgia following certain undesirable actions taken by the Governor of Georgia, the Executive Council recommends that the School of Medicine of the University of Georgia be placed on probation.

I would like to comment concerning this. The action of the Southern Association of Colleges and Secondary Schools, together with a number of professional schools, was based on undesirable interference with the University System on the part of Governor Talmadge, of the State of Georgia. A Committee of this Association sat in on the deliberations and reported to the Executive Council at a meeting held in February, 1942. The Executive Council voted to recommend that the University of Georgia School of Medicine be dropped from membership in this Association.

In the interval which has elapsed, the Democratic primary in Georgia has been held. As you may or may not know, the primary of the Democratic Party, since there is only one party in Georgia, is synonymous with election, election being essentially a formality of no significance. The incoming governor, who will come into office in January, 1943, ran on the plain plank that he intended to establish the University System of the state on a basis which would no longer be subject to any interference by the governor, or any other individual officer. He has so stated, both in writing and from the platform.

On the basis of this fact and other considerations, at this meeting, which was preceded also by another survey of the school made by our secretary and Dr. Weiskotten during the latter part of September, the Council changed its original vote and is recommending to you now that the Medical Department of the University of Georgia be placed on probation.

Dr. Oppenheimer moved the adoption of this recommendation.

The motion was regularly seconded . . .

PRESIDENT CHANDLER: Is there any discussion?

DR. G. LOMBARD KELLY (University of Georgia): I would like to discuss the matter accreditation of schools in an entirely dispassionate manner, but possibly not entirely without a tincture of prejudice.

Suppose Governor Talmadge had been re-elected. It is different when it happens to you. I became Acting Dean of the University of Georgia School of Medicine in January, 1934. The reason for that was the fact that my predecessor had been dismissed because the school had been taken off its accredited list by the Council on Medical Education and Hospitals of the American Medical Association and had been threatened to be removed from the membership of the Association of American Medical Colleges in the fall. The school was taken off the list entirely by the A. M. A.; it was not put on probation.

Thel following June, the Chancellor of the University System at that time, Chancellor Welton, succeeded in persuading the Council to recognize the incoming freshman class the following fall. In the following fall, at the meeting of this Association, the school was not dropped from membership, but was put on probation. I bear probably the unenviable distinction of having been connected with a medical school for the past eight years which has been off the approved list. As best I can learn, for that entire time, although we were supposed to have been restored to accredited lists in 1937, the more recent denouncement indicates that this was not the case; that we were still on confidential probation.

If I were not convinced of the quality of medical education in our institutions, I would not go to the trouble of pointing out these facts I am giving to you today.

What kind of medical school should you select of which to become dean? By all means, avoid becoming dean of a medical school of a small state university. If you will look over the list of schools that have had difficulties with accrediting agencies for the last ten or fifteen years, you will find that in practically all instances they have been state university medical schools; not sectarian schools, not highly endowed schools, but medical schools of small state universities.

Look at the situation at the present time. If you keep up on this sort of thing, as I have been forced to do, our accrediting agency is infallible.

What did the Council on Medical Education and Hospitals of the American Medical Association recommend concerning two-year schools, effective July 1, 1937 or 1938—I have forgotten the date? It was recommended that all such schools be taken off the approved lists and no longer be recognized. How many of you remember what happened in Toronto that year, when this Association unanimously recommended to the Council that it rescind that action? It was later rescinded.

What happened in Syracuse when this Executive Council brought in the names of three sectarian schools to be placed on probation? None of them was placed on probation. It was voted down on the floor in the executive session of this very body.

What is the situation in Georgia? Unfortunately, we have had as Governor of the State of Georgia a man who has been guilty of the rankest type of political interference with the University System of Georgia, purely on political motives. Everything he did was based on political activities; there is no doubt about that.

But the point at issue, to my mind, is whether an accrediting agency has the right, on any basis except merit, to take an institution off its approved list.

As I said in the beginning, suppose Governor Talmadge had been re-elected. Governor Talmadge expected to be re-elected. He went so far as to have an amendment to the State Constitution passed increasing the term of office from two to four years. The term of office has been two years, and the governor has been allowed to succeed himself. At the present time that law has been changed. The term of office is four years, and the governor cannot succeed himself. The governor underestimated the number of votes. He thought he was going to be re-elected. He thought there were enough dupes in the

state, and people not interested in higher education, to put him back in office. He is a very much disillusioned man at the present time.

Suppose he were still to be our governor for the next four years. What would be the position of our school? It would be in the same position as Oglethorpe. How many of you think that would be just? Is it fair to impose on the young men in an institution the ignominy of graduating from a school that is unapproved, where they lose all the rights and privileges of such accreditation? I don't think so. I am glad to admit that the accrediting agencies deserve all the credit for defeating Governor Talmadge. There is no doubt in my mind that Governor Talmadge would have been re-elected overwhelmingly if it had not been for the action of the accrediting agencies. I do not know whether that is sufficient grounds to excuse the action of accrediting agencies for taking action of this kind.

I might call your attention to the fact that Georgia has an unenviable history in regard to some other politicians we have had in the past. Some of you may remember Alexander H. Stephens, who was Vice-President of the Confederacy. I do not know whether any of you remember Robert Toombs. At the time Bob Toombs was attending the University of Georgia, in Athens, he was out one night on a drinking party and returned home in the wee hours of the morning. The Chancellor had also been out visiting a sick friend (laughter), but in front of the chapel there was a very large oak tree, which later was called Toombs' oak. A group of boys, including Toombs, walked by and when they saw the Chancellor approach all of them took to their heels, except Toombs, who was a little too inebriated to run. He threw his arms around the oak tree. The Chancellor said, "Only the wicked flee from the wrath to come."

Toombs held to the oak tree and said, "But the righteous hold fast."

It was also said of Toombs who, in an argument with Alexander H. Stephens, got mad when Stephens was winning the argument and said, "Shut up you little runt. I'll bite your head off and swallow it," to which Stephens replied, "If you do, you will have more brains in your stomach than you have in your head." (Laughter).

We also had in Georgia a man elected to the United States Senate after he was guilty of treason, in my estimation. That man, today, is revered in Georgia as one of our great statesmen. He has a statute on the grounds of the State Capitol in Atlanta. His name was Tom Watson. He was a very distinguished man, but I distinctly recall that during the First World War he urged young men to resist the draft and, as a lawyer, offered to serve as their counsel. If that isn't giving aid and comfort to the enemy, what is?

So you can see that Talmadge has a certain amount of presedent for some of the things he has done.

I was interested the other day in receiving a letter from Dr. Virgil Sydenstricker, professor of medicine in our school, who is at the present time advisor in nutrition to the British Government, and is in England under the auspices of the Rockefeller Foundation on a year's leave of absence. I was surprised to hear from him that while sitting at a meeting in Scotland, all of a sudden the radio announced that Governor Talmadge, of Georgia, had been defeated for re-election. I don't understand why the people of Scotland are particularly interested in whether Governor Talmadge is re-elected or not, but the ramifications of Governor Talmadge's activities must have been rather far reaching.

I give you these few comments in passing. It hasn't been an easy thing for me, for the last eight years, to represent the school at these meetings when it has been more or less criticized for one reason or another. The men who have visited the school know what has been accomplished in that length of time. I don't find any fault with them. I am not finding fault with the accrediting agencies. I merely want to ask this question as one point. Suppose Governor Talmadge had been re-elected and we were cast aside for the next four years, what redress could we have had? Suppose the same thing had happened to you. Suppose it had happened to some state university medical school of the very highest type, one of the best supported. It could happen. We have politicians in all states. Georgia doesn't have a corner on politicians of the type of Eugene Talmadge.

Just to give you something to think on in passing, and also to get you thinking along this line, because there may be some other points that will come up later. I don't care to raise an issue today, or to bring up anything further, although I have further ideas in mind. Just to mention one other point, I have often heard it said, "What did the Governor of North Carolina say to the Governor of South Carolina?" At the present time I can say with conviction that one thing the Governor of North Carolina could have said to the Governor of South Carolina is that the present Governor of Georgia is an unmitigated ignoramus. (Laughter and applause).

PRESIDENT CHANDLER: Is there any further discussion on the recommendation and the motion?

REVEREND ALPHONSE M. SCHWITALLA: Is there any special reason why we are basing our action on the Southern Associations report?

PRESIDENT CHANDLER: No. The report submitted to the Executive Council was made by members of this Association on order of the Executive Council of this Association.

REVEREND SCHWITALLA: Would it not be better to say, "On the basis of a report by this Association, the University of Georgia School of Medicine is placed on probation?"

PRESIDENT CHANDLER: This recommendation is based solely on the inspection and survey made by a committee of this Association.

PRESIDENT CHANDLER: The motion is to accept that "The Executive Council recommends that the School of Medicine of the University of Georgia be placed on probation."

DR. A. CYRIL CALLISTER: Is the inference that it may be helpful to the Medical School of the University of Georgia to remedy some of these conditions if it is placed on probation?

SECRETARY ZAPFFE: The inspection of the school of Medicine of the University of Georgia was made the last week in September by Dr. Weiskotten, representing the Council on Medical Education, and myself, representing

the Association. In conversation with Chancellor Sanford, of the University System of Georgia, he stated very definitely, "We don't want the club removed from over our head." Those were his words. "We would appreciate that we be not dropped."

I take it Dr. Kelly is not objecting to being placed on probation. He shakes his head "no." I cannot speak for the Council on Medical Education, but they did vote last June to drop the school from its approved list. Whether or not they contemplate any other action, or whether Dr. Weiskotten intends to make any suggestion, I do not know. If he wishes to speak on the point, I wish he would do so.

But the Chancellor definitely put it that way, so the Executive Council makes this recommendation, amended as Father Schwitalla has suggested—because he is right—based on a report submitted to the Council by Dr. Leathers (I was a member of the committee, but not active since I did not attend the meeting), and is not based on any report from the Southern Association of Colleges. Probation is acceptable to the Chancellor of the University System of Georgia. It is, in fact, preferred by him to wiping the slate clean.

DR G. LOMBARD KELLY: I hestitate very much to prolong the meeting, but I would like to say one thing—There is no doubt whatever that the first action taken by the state legislature in January will be to remove the Board of Regents entirely from political control The governor, himself, will probably no longer be an ex officio member of the Board of Regents. We do not expect any more at this time than to be placed on probation after having the resolution passed last February to have the school dropped from membership We are grateful, after the outcome of the election, to be placed on probation, if you so will We do hope, after the Board of Regents has been taken entirely out of politics by the middle of next February, we can be placed again where we were before, in full membership in the Association.

PRESIDENT CHANDLER: I think it is a fair statement to say that this Association stands ready, willing and anxious to survey any college at any time to appraise changes and improvements that have been made. This is done not merely in criticism, but of helpful cooperation, at the same time maintaining minimum standards.

The motion was put to a vote and carried.

DR. OPPENHEIMER: Item 2. University of Texas School of Medicine.

At the February 14, 1942 meeting of the Executive Council, careful consideration was given to the report on an inspection made by two officers of the Association. The Council recommends that the School of Medicine of the University of Texas be placed on probation.

Mr. Chairman, I move the adoption of the recommendation.

. . The motion was regularly seconded . . .

PRESIDENT CHANDLER: This is open for discussion, and I think it should be discussed by one of the men who made the inspection. We have had two inspections by this Association during recent times, one by Drs. Rees and

Poynter, the other by Drs. MacEwen and Zapffe. Dr. Poynter, would you discuss this.

DR. C. W. M. POYNTER: The first inspection was made at the request of the dean of the medical college made to the chairman of the Executive Council. Dr. Rees and I made an inspection in 1941 and submitted a report to the Executive Council. It then seemed wise to have a second inspection. It seems to me so many things happened between the first inspection and the second that there is no use taking your time with a discussion of what Dr. Rees and I found.

PRESIDENT CHANDLER: Dr. MacEwen.

DR. E. M. MacEWEN: Following the report that came to the Executive Council by Dr. Poynter and Dr. Rees, dissatisfaction arose with the report on the part of the school. The dean of the school appeared before the Council and asked for another survey. Dr. Zapffe and I went down there. We found conditions very much worse than had been reported; great dissension in the faculty; the faculty petitioning for the dismissal of the administration; students requesting that the diplomas be not signed by the administration, and various other factors that were interfering with the proper functioning of the school.

Our inspection was challenged, and the dean of the school appeared before us again at the meeting in February, 1942. The school latter demanded an inspection by the American Medical Association. They found our report was very favorable as to what was going on, and that Association placed the school on probation.

We voted, at our meeting in Chicago last February, to request this Association to place the school on probation and sent a full report to the school. We had the dean of the school meet with us. As a result of these two investigations, certain changes are going on which will undoubtedly lead to the organization of a proper medical school, and in justice to Texas I want to say they have the opportunity of having one of the greatest medical schools in the United States if and when they get into line with what we consider proper organization.

PRESIDENT CHANDLER: I want you to know that since these two inspections by this Association and at least one by the Council of the A. M. A., changes have already been made. A new dean has been appointed, Dr. Chauncey D. Leake, and certain improvements are already under way. It is certainly with no reflection on the new dean at Texas that this action is being taken. This Association stands ready to help in any way, as soon as those changes have been made and have been under execution for reasonable length of time.

The motion was put to a vote and carried.

DR. OPPENHEIMER: Item 3. Whereas, the national war manpower needs require that all male students in colleges preparing themselves for active participation in the war effort; and

Whereas, there is urgent need for a continuing supply of physicians for both military and civilian practice; and

Whereas, the exigencies of the situation require that adequate preparation for medical service be accomplished in as short a time as possible; and

Whereas, most of the colleges in membership in the Association of American Medical Colleges have heretofore enforced standards of admission in excess of the minimum standards prescribed by the Association; be it

RESOLVED, That the Association strongly recommend that member colleges revise their admission requirements in order that for the duration of the war students will be admitted who present not less than the minimum collegiate credits of two academic years (four semesters or six trimesters), including English, theoretical and practical courses in physics, biology, general and organic chemistry, completed in institutions approved by accrediting agencies acceptable to the Executive Council of this Association.

The meaning of this recommendation is to the effect that for the duration of the war this Association recommends to its member colleges that they reduce their admission requirements to the minimum standards approved by this Association.

I move the adoption of this recommendation.

The motion was seconded.

PRESIDENT CHANDLER: This does not change the minimum standards recommended by this Association. It recommends that we adjust ourselves in line with the report of the Committee on Preparedness to facilitate this war effort.

Is there any discussion? Dr. Rappleye, do you want to comment on this, strengthening in any way your committee in the cooperative discussions with the various agencies in Washington?

DR. RAPPLEYE: I am not sure about this being a back-handed recommendation. It says not less than two years. It still allows your fellow institutions to admit up to a baccalaureate degree, or any other degree they want. I am not sure this is a recommendation from our committee. I only reported what is the recommendation of the special committee of the university presidents. That is a plan that perhaps will be determined by the Army and Navy. I am not sure we should come to this yet, until they ask us to do it, unless it is in relation to Dr. Elliott's request.

PRESIDENT CHANDLER: Dr. Elliott could not be present at this meeting but he asked us by telephone, if we felt so inclined, voluntarily to reduce our entrance requirements into medical school to our acceptable minimum through such a resolution.

DR. RAPPLEYE: This does not change the present entrance requirements.

PRESIDENT CHANDLER: This does not change our present minimum requirements at all. There is some discussion over what constitutes two years, but this is so stated to bring it down to the minimum of four semesters or three trmesters.

DR. DIEHL: I propose an amendment to eliminate the three words "not less than." The recommendation read: ". . . the

minimum collegiate credits of two academic years," and so on, "is the minimum standard of this Association."

PRESIDENT CHANDLER: You are proposing an amendment to scratch out the words "not less than," so that the resolution will read: "For the duration of the war students will be admitted who present the minimum collegiate credits." Is there a second to the amendment?

. . The motion to amend was regularly seconded . .

PRESIDENT CHANDLER: Do you accept that, Dr. Oppenheimer?

DR. OPPENHEIMER: I do.

PRESIDENT CHANDLER: If there is no objection, we will call it carried.

DR. FRANCIS S. SMYTH: I would like to ask if this is jumping the gun any? I understood from Dr. Rappleye's report that we were waiting on the War Manpower Act which might take this out of our hands. Is there any feeling that we might keep up the standards to the last minute? Is this in line with the probable change that we anticipate in mid-November?

PRESIDENT CHANDLER: I will consider this a discussion of the amendment now.

DR. RAPPLEYE. Was it not requested by Dr. Elliott that we take the initiative in lowering our standards for admission down to two years in order to make it conform to what they are thinking of changing in Washington?

PRESIDENT CHANDLER: That is correct, with this reservation: He did not ask us to lower our standards, but he asked us to give him a resolution voluntarily on our part that we were willing and ready to go down to our present minimum.

DR. RAPPLEYE: I think we might be willing, if requested by the government, to do it I think just to take the initiative in reducing our standards of admission is something that we might hesitate to do until it becomes evident that we ought to do it. I do not know what they will do on this. They may still allow us to retain three years. It is conceivable that they may allow us to retain three years for preparation, but do not think so

I think maybe we ought to get an intimation from this special committee of university presidents as to what they think would be the requirements when it is agreed upon by the Army and Navy. In other words, the point Dr. Smyth brings up is a little bit "jumping the gun," but I understood in meeting the the other day that this was done at the request of Dr Elliott.

PRESIDENT CHANDLER: That is my understanding.

DR DIEHL. I might supplement that by saying that a week ago Saturday, in Washington, at a meeting of some representatives of the War Manpower Commission, the length of time for premedical preparation was brought out and Dr Elliott said members of the Senate and House committees brought up that question. He feels, and I am sure General Hershey does, as I per-

sonally do, that your position will be immensely strengthened if we take such action now instead of waiting until we are forced into it, because if the impression is prevalent in Warshington that the medical schools are attempting to maintain peacetime requirements and are not willing to adapt their programs to the war situation, I think we stand much less chance of maintaining the essentials than we do if we attempt to maintain the ideal during these times.

DR. PHILIP A. SHAFFER: Has it been taken into consideration that passage of this motion may increase by nearly double the number of qualified students for acceptance in the next class, or whenever this goes into effect? I do not know how the requirements for admission are distributed among the various schools, but my impression is that there is a considerable number who, in effect, receive only three or four year college students, and if we are going to be advised by the Association to turn about and say we will take men with two years of preparation, we are going to have two or possibly three times the number available and ready for admission at the next opening session. That is an important matter.

DR. E. M. MacEWEN: I wonder if it would be satisfactory to the educational group if we put in a clause stating "If, in the judgment of the powers that be, this is necessary, this Association goes on record as being willing to do so."

DR. WILLIAM PEPPER: I heartily approve of our doing this if it is necessary. I wonder whether every dean has the authority to change the requirements for admission to his school without consultation with other university officials. I would hesitate to take such action on my own responsibility, although I am used to doing things and getting approval of them later

PRESIDENT CHANDLER: "Be it resolved, that the Association strongly recommend that member colleges revise their admission requirements . . . ." This is a recommendation only. It has been suggested for consideration that we change the wording of this to state that the Association would be willing to recommend this if it seemed desirable.

At the moment we are discussing a formal motion to amend by striking out the words "not less than," so that the resolution will read: ". . . students will be admitted who present the minimum collegiate credits of two academic years, including . . . ." and so forth, as stated in the resolution.

DR. RAPPLEYE: Do you suppose this could be put in another way, that "the Association is of the opinion that under war conditions an adequate premedical education can be provided, if necessary, in four semesters of premedical training, and that, if necessary, we are prepared to make our standards conform to that premedical requirements?" That comes nearer to doing what these men want, which is a statement from us, on our own initiative, that, if necessary, it will be possible for us to prepare students under war conditions for medicine in a period of approximately four semesters.

That is the question they keep asking us in Washington What is the minimum period in which you can do a reasonably good job in preparing fairly well selected students, let us say, for medicine? The general idea is that this can be done in four semesters. That is, perhaps, the initiative we should take, and not simply reduce our standards of admission or recommend that it be done, but that we are prepared to notify the people in Washington and the various authorities there that under war conditions we could train doctors with that amount of preliminary college training if students are well selected.

PRESIDENT CHANDLER: Would you care to make such a substitute amendment?

DR. RAPPLEYE: I would like to hear if others felt the same way I did about it.

DR. ALAN M. CHESNEY: Whom do you mean by the people in Washington? Are you speaking now about the Selective Service System authority, the War Department, or the office of Medical Education?

DR. RAPPLEYE: A joint conference of the Army and Navy and the Committee with relationship to higher education, and the government. That is all unformed as yet, but they are trying to explore the possibilities, and would we be able to tell them that this is an irreducible minimum? Selective Service asked me quite independently, while I was there, what is that irreducible minimum? I said I did not think it was possibble to prepare students adequately under four semesters. "Is it necessary to have six semesters?" I said I thought under war conditions it would not be absolutely necessary. I think we will have to reduce the premedical requirements of 98 per cent of the medical schools now, students entering with three or four years of college preparation. Under war circumstances, I do not believe we can continue that. We ought to be prepared and ready to take the initiative in saying what we think is the minimum below which we ought not go, and that the four semesters would probably be, with reservations, an adequate preparation for the focusing of the war program in medicine. It is not what we would like, of course, but it may be as much as we can get. The danger is always that they might start forcing us to select right out of high school. There is a very real danger in giving them one year of college work and putting them right into medicine.

There is the proposal by some of our universities, or one or two medical schools, that the medical course be combined with the premedical into a condensed program of four and one-half years. That has been proposed by one of our very important universities, and has created a great deal of discussion, and, incidentally, proposed by one of the universities without consultation with one of its medical school authorities. It is one of the big universities. It has carried a great deal of weight in Washington.

I think what we now believe is the irreducible minimum is a good move, which would merely put us on record as saying we ought not go beyond that.

DR. CURRIER McEWEN: Actually this Association has already gone on record that it is possible to do this in two years, because that is our present requirement. That, of course, is not exactly the same point about which Dr. Rappleye is speaking, because many of us do not. But the point should be made—I mean we should recognize that we already agreed it can be done in two years. That is our present requirement.

DR. MAURICE H. REES: Why not leave our motion as originally stated, because that covers the needs? That leaves the matter so that the institutions that do not feel it necessary to make this change right now do not need to do so until something comes out from the Federal Government to that effect.

PRESIDENT CHANDLER: You are speaking against the adoption of the amendment?

DR. REES: Yes.

DR. ROBERT WILSON: I merely want to suggest a minor change in wording. Instead of the word "will," I would prefer "may" in order that it will read: ". . . . for the duration of the war students may be admitted who present not less than the minimum collegiate credits . . ." "Will" is too strong a word.

DR. H. G. WEISKOTTEN: They are already made under the minimum standards of the Association.

PRESIDENT CHANDLER: I think that is true. Under the minimum standards of this Association a medical school may admit students at the end of two sessions.

DR. OPPENHEIMER: The main part of it applies to the individual school, but nearly every school represented here has requirements which do not permit them to do so. This resolution is that they revise their admission requirements which makes it possible for any individual school to do that. Our requirements, for example, are three years, and some schools have four years. The action of this Association in saying two years are adequate does not influence individual schools. So Dr. Wilson's "may," or your comment would not apply.

DR. EBEN J. CAREY: Would it clarify the resolution to add a date at which it would be in effect, due to the fact that many schools have already selected their students for next February or March?

PRESIDENT CHANDLER: I could not answer that for the group. I will leave the question unanswered. Does somebody want to answer it for him?

DR. DIEHL: In regard to Dr. Carey's question, I feel that it is preferable not to put in any date. This is a recommendation. The individual schools can add to this, if and when they feel able to do so. I think that also applies to Dr. Shaffer's remarks. In some schools it probably could be made promptly, and in others it could be made gradually.

As to Rees' suggestion to leave it stand, I think we had better not pass the resolution if we leave those three words in, because that would be interpreted as the Association being in the position of trying to keep our entrance requirements as high as possible. I do not see any point in it if we leave those words in. As Dr. Wilson suggests, if you say "may" instead of "will," it seems to me that is entirely desirable.

On the general question as to whether or not we should pass a resolution of this sort, it is somewhat a matter of opinion and tactics. We can let the situation stand just as it is and wait until an agency in Washington tells us we cannot have more than two years. For my own part, I definitely prefer the procedure suggested by this resolution. In these "whereases," the Association recognizes the critical needs of manpower and of conserving time, and in view of that our member institutions may use these adjustments to come down to what we believe is a satsifactory minimum necessary for premedical education.

DR. TORALD SOLLMANN: In line with Dr. Wilson's suggestion, I think the end would be accomplished if you simply leave out the word "will," so that for the duration of the war students be admitted, and it could be "may" or "will" as you choose.

DR. C. SIDNEY BURWELL: It seems to me that the resolution is not very far from being the correct one. I should prefer to see in it the words "if necessary," which is the idea Dr. Rappleye stated. I do not think we want to do it unless we have to. I think the point is, if it is necessary we consider it could be done this way. I think the addition of the words "if necessary" in the proper place would do it.

DR. SOLLMANN: Does not the whole preamble say it is necessary?

DR. SHAFFER: Would it not be appropriate to refer this recommendation back to the Council and suggest that they rephrase it and present it to a later meeting? Is that possible today after dinner?

PRESIDENT CHANDLER: It could be done.

DR. SHAFFER: I have the feeling, as brought out by Dr. Diehl, that there are good reasons of diplomacy or expediency for some resolution to come from this organization On the other hand, it seems to me that could be complied with by saying that the minimum requirements of this Association are minimum, and that we are unwilling to advocate a lower standard than expressed in our minimum. That can be done by the authorization of standards already approved by this Association I should hesitate very much to see us take the initiative in advocating a lower standard of preparation for medicine.

PRESIDENT CHANDLER: That, it seems to me, is the significance of the words "not less than." It is an implied statement, if not a direct statement of the Association that less than two years is undesirable.

DR. RAPPLEYE: We have been asked by Dr Elliott to present a statement as to what we thought was the minimum period and content of premedical education.

PRESIDENT CHANDLER· That is true.

DR. RAPPLEYE We have the request of the Assistant Director of the War Manpower Commission. It is a matter of our telling them what we think is the minimum below which we ought not to go. I think it is a matter of advising them this can be done in four semesters.

PRESIDENT CHANDLER· The immediate question is the adoption or rejection of the proposed amendment to strike out the words "not less than."

DR BURWELL· Would it not simplify it if we accepted the suggestion for the Executive Council to rephrase it, in light of this discussion, and bring it back later. It is very difficult to trim a motion.

DR. OPPENHEIMER: In the interest of acceptance of the proposed amendments, and the wishes of this group, I will withdraw this resolution for presentation later.

PRESIDENT CHANDLER: If there is no objection, we will accept the request of the chairman of the Council to withdraw his recommendation until it has been reconsidered by the Executive Council.

DR. OPPENHEIMER: Item 4. Reports from a number of medical colleges indicate that their faculties have been depleted to a point which will not permit the maintenance of proper standards of medical education.

Therefore, the Executive Council wishes to recommend this resolution for adoption:

The Association of American Medical Colleges requests all chairmen of state committees of Procurement and Assignment Service to cooperate fully with the deans of medical schools in maintaining qualified medical faculties to ensure the continued production of an adequate number of properly trained medical officers and physicians for the needs of the country.

I move the adoption of this resolution.

The motion was regularly seconded.

PRESIDENT CHANDLER: Is there any discussion?

DR. DIEHL: I do not think it is quite the intent that this Association would communicate with all state chairmen of Procurement and Assignment Service. It would seem the procedure would be for this Association to recommend to the Directing Board that it is requested the state chairmen cooperate with the deans.

PRESIDENT CHANDLER: I think that was the intent, to recommend to the Directing Board of Procurement and Assignment that they request all state chairmen, etc. Consider that an amendment.

DR. OPPENHEIMER: I accept that amendment.

PRESIDENT CHANDLER: Is there any further discussion? Are you ready for the question? The motion was put to a vote and carried.

DR. OPPENHEIMER: Item 5. The Executive Council recommends that because of the great demand for physicians during the war to meet the needs of the military forces and the civilian population as well as postwar needs, and since medical schools are the only source of supply of physicians, the function of the medical schools should not be interfered with in any way. That the Association of American Medical Colleges urges that provision be made to maintain medical school faculties and that students in medical schools be permitted to complete their professional training and further that provision be made for an adequate supply of premedical students.

The information on file in the office of the Association of American Medical Colleges and all the facilities of the Association are available in working out the methods and procedures for the selection of premedical and medical students.

I move the adoption of the recommendation.

. . The motion was regularly seconded . .

PRESIDENT CHANDLER: I might say that it was the intent of the Executive Council that this be sent to the Surgeons General of the Army and Navy, the Directing Board of Procurement and Assignment, Selective Service, the Secretary of War, the Secretary of the Navy, Dr. Day, chairman of the Committee on Higher Education in the Government, and other government agencies.

DR. RAPPLEYE: May I just raise the question about one element of wording there? Dr. Diehl and I seem to be getting up all the time. I would suppose we would hesitate to say "medical schools should not be interferred with in any way." I think that is something we just cannot ask for under war conditions. Perhaps the wording could be put in another way, that, "medical schools should be permitted and encouraged to fulfill these objectives," or

"fulfill their functions," rather than to say "should not be interferred with," because they will interfere with us.

DR. DIEHL: If we are going to refer this other recommendation for rewording, I think this one might even more appropriately be reworded. I do not think it will carry the force effectively that we want to make.

DR. OPPENHEIMER: I will be very glad to withdraw the motion to adopt that recommendation and present the motion to adopt it reworded later.

PRESIDENT CHANDLER: This meeting is adjourned until seven o'clock in this room.

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

The meeting convened at 8:20 o'clock, President Chandler presiding.

PRESIDENT CHANDLER: The adjourned session will be in order. We will continue with the report of the Executive Council.

DR. OPPENHEIMER: Recommendation No. 3 which was consigned for rewording, is as follows:

The Association, recognizing the urgency of the war emergency, recommends that member colleges revise their admission requirements for the duration of the war so as to admit students who present the minimum admission requirements of this Association which consists of two years (four semesters or six trimesters) of college work, including English, theoretical and practical coures in physics, biology, general and organic chemistry, completed in institutions approved by accrediting agencies acceptable to the Executive Council of this Association.

It is the judgment of the Association that students cannot be prepared adequately to meet the modern requirements of medical education with less than this minimum preparation.

I move the adoption of this recommendation.

. . The motion was regularly seconded. . .

PRESIDENT CHANDLER: You have heard the amended recommendation, and the motion made and seconded to adopt it. Is there any discussion?

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

DR. OPPENHEIMER: Item 5, which has also been revised:

Since medical colleges are the only source of supply of physicians, the Executive Council has recommended for immediate action to the Surgeon General of the Army, the Surgeon General of the Navy and General Hershey of the Selective Service System that the Association of American Medical Colleges urges that provisions be made to maintain essential teachers in medical school faculties, that students in medical schools be permitted to complete their professional education and provision be made for an adequate supply of premedical students.

In order to do this, the information on file in the office and all of the facilities of the Association of American Medical Colleges have been made available to all appropriate government agencies.

I move that this recommendation be approved.

. . The motion was regularly seconded . . .

PRESIDENT CHANDLER: Moved and seconded that the action of the Council, in sending this word to the Surgeons General and the Director of the Selective Service, be approved. I think that also went to Mr. McNutt of the Manpower Commission, the Assistant Secretary of the Navy, the Assistant Secrtary of War, and the message was sent by the chairman of the Committee on Preparedness over the signature of the President on suggestion of the Secretary.

The motion was put to a vote and carried.

DR. OPPENHEIMER: Item 6. The Executive Council stresses the importance of continuing the graduate education of selected men in the various fields of medicine as residents to assist in teaching medical students to meet the needs of the armed forces and the civilian population. It is essential that selected physicians be given the opportunity of training beyond the internship.

Item 7. The Executive Council calls attention to the action taken at the special meeting held in Chicago, February 14, 1942, "that the Deans do not support requests for deferment of premedical students for more than twelve months preceding enrollment in a medical school." Because of changes made in the operation of medical schools to nine months basis, it is urged that deferment be asked only for those students who will be enrolled in the next entering class.

I move that that be the consensus of this body.

. . The motion was regularly seconded. . .

PRESIDENT CHANDLER: Is there any discussion?

DELEGATE: Does that include provision for supporting requests for a commission?

PRESIDENT CHANDLER: It does not so state, but I believe that was discussed at length by the Executive Council.

DR. EBEN J. CAREY: I rise to a point of information. Due to the fact that Dr. Rappleye has made a report to this Council in regard to the uncertainties within the next sixty days, I wonder whether it is wise to restrict ourselves with such an amendment as this. We are already operating under a certain understanding, and I just wonder whether or not such a restrictive regulation, or resolution such as this, would not lead to more confusion than clarity.

DR. RAPPLEYE: As I reported today, there is no uniformity at the present time in regard to support of students who have requested deferment, or who have put in an application for a commission in the Naval Reserve or the Medical Administrative Corps.

Under our memorandum of March 12, following the meeting in February of the Association, we entered into agreement with Selective Service, and the Army and Navy, that the Association members would not request deferment; that is, support request for deferment of any student or support request for a commission in either of the two armed reserves beyond the next incoming class. That was the agreement we made in Washington. Some local boards, and others who have had different understandings, have not known about these arrangements in Washington.

The understanding of the three policy determining elements in Washington was to the effect that we would not carry our requests for deferment or commission beyond the next incoming class.

I would think that would be necessary to clarify, or, perhaps, someone might want to modify the policy of the Association that we do not abide by that arrangement. If we do not abide by it, then we ought to get a release from the authorities in Washington, which I think at this moment would not be a wise move to make. I think it is operating fairly satisfactorily, but there has been some misunderstanding, and it was primarily to clear up that misunderstanding that this resolution was reiterated. It is the earlier policy of the Association.

DR. OPPENHEIMER: I think, Dr. Carey, what Dr. Rappleye has said is that if you do not abide by this agreement which we previously entered into, it will not do you any good. In other words, you can go ahead and make all the appointments, but it is not going to help you. It is only going to hinder us, in that it will disturb the present relationships which we already have with the Army, the Navy and Selective Service.

Since this is amended already, I will insert in reading it: ". . . . it is urged that deferment be asked or support of application for commission be made only for those students who will be enrolled in the next entering class."

DR. PEPPER: I would like clarification of what you mean by saying "that deferment be asked." I have admitted some students in May and June with a class entering in April, although the next entering class started in July. Is the acceptance of a student a request for deferment for that student, or is it all right to admit him but tell him not to apply for a commission until after the next class has started?

PRESIDENT CHANDLER: The use of the word "deferment," as I understand it, and as I think the Council intended it, was not to request deferment

from active military duty through Selective Service, or not to support his application for a commission.

The fact that Student A asks for admission to a medical school does not mean that the school asks for deferment or support his application for a commission.

The point at issue here is that an agreement has been made, nearly one year ago, that the medical schools would not do that. It has come to our attention that in a few instances, at least, that has been done, and may still be done--I was going to say a habit--an action that some schools or some individuals are doing, and this recommendation of the Council is to prevent further requests for deferment from induction or to discontinue the support of applications for commissions for students except for the next entering class.

In response to your question, is it permissible to grant an applicant acceptance for admission in a class beyond the next entering class, the Council has an additional recommendation to make immediately after this one concerning that point.

DR. RAPPLEYE: There is a technical point there, and that is request for deferment must be made by the student, and the medical school, technically speaking, only supports his request for deferment. Your wording could be more accurate on that.

PRESIDENT CHANDLER: Form 42-A of Selective Service is a definite, specific request.

DR. RAPPLEYE: Yes, but you do not need to use 42-A for medical students.

DR. OPPENHEIMER: Yes, you do. For a large number of boards you do.

DR. RAPPLEYE: That is not required. That is for industrial deferment.

DR. OPPENHEIMER: Our experience has been that many boards have insisted that we use 42-A.

PRESIDENT CHANDLER: Is there any further discussion that will clarify this, or any questions?

DELEGATE: I would like to carry that point one step further and ask, does a letter supporting a man, merely stating that he has been accepted, count as a request for deferment if it goes to the draft board?

PRESIDENT CHANDLER: I think it would be used in favor of the man.

DELEGATE: Does that resolution cover that?

PRESIDENT CHANDLER: This does not, but the next one will. Are there any further questions?

The motion was put to a vote and carried.

DR. OPPENHEIMER: Item 7-A. The Executive Council recommends that hereafter no commitment beyond the next entering class be made to any applicant for admission.

That is essentially a repetition, in a way, but a little modification of the previous one.

I think it might be fair to respond to Dr. Pepper that letters of acceptance by deans are presented to Selective Service Boards for the purpose of securing

deferment by medical students, and they use them for that purpose. That is one of the reasons it is probably inadvisable to tell students that they have been accepted, because they take those letters to their boards and the boards say, "That is O.K.," and give them deferment.

I move the adoption of this resolution.

. . The motion was regularly seconded. . .

PRESIDENT CHANDLER: Is there any discussion? This specifically requests the medical schools not to commit themselves to any candidates concerning their admission beyond the next entering class.

DR. SOLLMANN: I do not know what changes there are pending and what influence they will have, but as the thing stands at present I think if you adopt that you will make it very difficult for a number of men to enter who should get into medicine. They will be put into the Army because the Selective Service Board does not have information. To my mind, there is a distinct difference between asking for deferment and giving information. When you ask for deferment, you put the board distinctly on the spot if it refuses it. If you give information that a man would be acceptable to the medical school, you leave the board entirely free to act as it may think fit. It simply says what the man's status is. I think, if you can get an acceptable man into medicine, you are compromising that if you adopt this resolution. If that is what you want to do, of course that is all right.

DR. EBEN J. CAREY: I think we are compromising ourselves a great deal in this last action that has been proposed. If we eliminate one year from the premedical requirements and put it down to two years for entrance, then there are going to be a great many men about the middle of December or in January, when they find out this eighteen year old law is going into effect, and all the rest of the demands of the Army. We are anticipating things right now that we do not know anything about, and I think we are throwing a lariat around our necks unnecessarily.

I know this, that certain of the men who have applied for next October—that has been during the last week; I am stating this right out honestly—if there is any dean in the session here who has not accepted any particular students for a year from this coming October, that would not apply, but those who do anticipate filling their enrollment between now and next October, between now and next March, we have got practically five months that we are absolutely stymied from doing anything at all in regard to students. I think what we are attempting to do is to eliminate slackers and those who have no business going into medicine, but I think that is only one per cent. I think 99 per cent of the men we can evaluate legitimately coming into medicine. I think we are anticipating something when we do not know just what the demands are going to be.

DR. WM. C. MacTAVISH: I have had experience as a member of the draft board from the start of Selective Service, and I am adviser of premedical students at our school. At the present time, students who have not been accepted are, in most cases taking undergraduate work. Those taking undergraduate work might as for deferment from the draft board when they reach theago of 20. We did use the form 42-A, but that was designed for men in industry. A lot of them had provision for students. What we do at present is to write a statement, which is checked carefully, that the student is a bona fide candidate for the study of medicine, that he has completed two-thirds of his course and has a high academic standard, and he has a reasonable chance of being accepted in an accredited school. Then the dean puts the endorsement on it and the

university seal, and thus far we have had no difficulty getting deferment for such students.

The directions we have in the New York headquarters of the Selective Service System—I suppose the same interpretation is made in other states—is to the effect that while there is a great demand for physicians there is no dearth of medical students, and they are not to be deferred particularly more than other students. However, students who have completed the requirements and who are eligible to become medical students through a qualifying certificate for admission to a school, are to be granted sixty days after that time in which to secure admission, and that is about all the deferment they can get after they have completed the requirements. It is perfectly all right for those students who complete the course in June to get accepted for a class starting in September, but some others who are earnest and honestly accelerated their program to get through, let us say, in February, have not a chance for admission to the April class and have to wait for another nine months. Of course, there is no chance for them at all, and many competent students, whom many of you would be glad to have in your classes, are going to be drafted. There is no question about it. They have put in at least three years, in many cases more, of premedical study, and with this long break in between they are just losing out as far as the study of medicine is concerned.

DR. BURWELL: It seems to me that we have several responsibilities in this matter. We have very definite responsibilities to the authorities in Washington who have cooperated admirably, on the whole, with our problem. We also have a very great responsibility to endeavor to maintain the quality of the students who are entering medical school, and if in good faith we can properly admit them, give them assurance of admission in advance of the date when their application for a commission, I believe it would be a good thing for the future quality of medicine to introduce it.

REVEREND SCHWITALLA: On that same question we are talking about, in the letter of acceptance we send out, there is a very definite paragraph that deals with this specific question. The student is told not to present this except by way of information to his local draft board. Sometimes the draft boards have actually asked the student to secure from the dean of a school of medicine some judgment as to whether or not the student can be accepted by that school. The boy submits his record for the first two years or the first year and one-half of college to the school. The schools feels assured, on the basis of information from a transcript of the record, and can faithfully and honestly say this boy would be accepted for the school of medicine.

I invariably add a paragraph, however, that this is in no sense to be used as a claim for basis of deferment until such a date, and I give them the date of the next succeeding class. I have done that in the case of four students for the incoming class for October, 1943, no later than two days before I came to this meeting. I am sure it can be done with perfect honesty, and I can see no serious objection if it is stated to the student that he cannot use it as a claim for deferment, or for a commission. I am sure it can be done with perfect safety to academic standards.

DR. W. S. LEATHERS: It seems to me, that if we are going to depart from uniformity in accepting students, we all should be under the same system, because I have letters from young men whom I have refused admission assuming they they could be admitted only during the interim between one class and the next class. That makes a perfectly definite proposition, and it avoids any confusion with the agencies in Washington with whom we have to deal, and the possibility of the local board confusing the issue in Washington.

I am perfectly agreeable to changing the whole system, but I think we ought to have an understanding between us as to what we are going to do

about admitting students, so that all schools would be on the same basis. If we are going to admit students any time prior to the interim between two classes, we all should do that, and not some of us, because it makes it very unpleasant, I think, to turn down quality men when they write in that they are being admitted or can be admitted somewhere else. It introduces an element of injustice to the man I have had some of them write me that they preferred to come to us, but we did not seem to be disposed to give them admission and they would be forced to go somewhere else. I think there is a question of equity among the schools in this matter. That is a very important point.

REVEREND DAVID V. McCAULEY: I agree fully with what Dr. Leathers said With the adoption of the accelerated program, have not we taken away the basis for uniformity, inasmuch as we are all starting our classes at various times, with the result that those schools that have started classes earlier than other schools have the advantage in the selection of the better students and those with better premedical records than those who are starting later, if this resolution should be adopted?

DR. A. CYRIL CALLISTER· I would like to offer this suggestion. Selective Service in its operation really works on the state level. You will find different states assuming different attitudes in how Selective Service operates. It occurs to me that we can work out some of these matters in our respective states. I can suggest to you the solution we have in Utah. We have a peculiar combination, inasmuch as the Procurement and Assignment chairman, the Consultant to Selective Service, and the dean of the medical school are one person. But we do have this set up which might be worked out in any state: When any premedical student is brought up before the draft board, it is understood that the state director of Selective Service will refer that matter to the dean of the medical school before final action is taken. If some such basis could be worked out in all the states, I believe it will work out better than trying to adopt any national policy.

PRESIDENT CHANDLER: How about the New York or Massachusetts resident who applies for admission with you? That is referred by the state director to you from the state from which he comes?

DR. CALLISTER. He is a student in New York, and registered in Utah?

PRESIDENT CHANDLER: He is a student in New York State and applies for admission to the Utah School of Medicine.

DR. CALLISTER: We have not had an instance of that kind come up. I imagine we would take it up with the Procurement and Assignment chairman of New York State.

DR. ALAN M. CHESNEY: I oppose the resolution, because it seems to me that what we are interested in is getting the best possible men into the medical school. If you give the medical schools a chance, free for all, to get those men, the chances are they will pick the best, and the sooner they can at them, the better. If I were a member of the draft board, I should want very much to know whether a man, who is applying for deferment on the ground that he wanted to study medicine, had the endorsement of the medical school. If he could show that, that would be all that was necessary for him to get my vote.

DR. HIRAM W. KOSTMAYER· The personalities of the people in charge of State Selective Service, I fancy, would have a good deal to do with this sort of thing. Last week Major Waite, who is in charge of Selective Service in Louisiana, called me to know about a boy who had been given a letter stating that he had been accepted for the next class at Tulane, which begins September, 1943. He said, "We are going to have to look into this. You are accept-

ing these boys too far ahead of time. It is going to deprive us of a lot of men who want to go into the United States Army." That is for the next opening class at Tulane. While it seems to me it is our duty to secure the very best material for medical students, it also appears to me that it is our duty to keep faith with Selective Service.

There is one common ground among all schools, and that is that each school will have the next entering class. It does not make any difference whether it is staggered or not, as far as I am concerned Therefore, I want to urge adoption of this recommendation which keeps us in a perfectly consistent relationship with Selective Service and with what I think is our duty toward the situation. If students are to be deferred in premedical courses beyond those who are eligible and accepted for the next entering medical class, they ought to be deferred through the deans of the colleges of arts and sciences.

DR. RAPPLEYE: We suggested this resolution merely to precipitate what we have just been hearing, namely, discussion as to whether or not the school should adopt a uniform policy in dealing with this particular situation What all of us would like to know is that we all understand what the other fellow is doing, because if you are going to start accepting students for the second next incoming class, there is no reason why you should not go to the third and fourth and begin picking them much earlier. I think it is a matter of fairness to other institutions. There are a number of schools that are abiding by, let us say, both the spirit and letter of this resolution, which is supporting men for the next incoming class only, and others equally honestly are pickly men and accepting them beyond that point. That is unfair to the school that is endeavoring to live strictly within what they interpret as the meaning of the resolution. My idea in introducing this resolution to the Executive Council was merely to find out whether we have a uniform policy or not. If we do not have a uniform policy, then I think we are in a position to be warned that we are likely to get into trouble with Selective Service.

I realize what Dr. Chesney just remarked, and Dr Burwell, and the eagerness on the part of all of us to get the very best men and women into medicine—this, of course, applies to men I have quite a little confidence that once we get the Enlisted Training Corps going, or whatever device is set up next, students partly prepared for medicine in colleges are going to be given first consideration in further preparation for admission to medicine for the next incoming classes. They will be in different periods. I feel that that might well be covered. But there is opinion that we will lose the confidence of the authorities in Washington if we begin admitting beyond that next incoming class.

The question is raised also as to whether those who take the class first—lets say, October—and the other classes in January the fact of the matter is that at the moment those who are not on the fully accelerated program of admitting each nine months, those who are still admitting at the end of the normal academic year, July, are in much better position to get better students. That is why several schools did not go on the program of admitting every nine months.

At least for this year, I think there is just as large a crop of highly desirable students who are not going to complete their preparation until after May as we will have the entering date of the other schools I think, in the long run, we are just as likely to get good students one time as another. Whatever happens with the 18-19 year olds, we are likely to have as reasonable a protection of our partially trained premedical students as we would under selecting them ourselves now. We may not get exactly the same students, but I think medicine is going to get good students. The thing that precipitated my interest here, as I pointed out in the report today, was to see whether or not

we would have uniformity and understanding of all the schools on some general policy, have no policy at all, or take whatever we wish. If we do the latter, I think we are liable to get into some misunderstanding. That may not be serious, but it may in some instances.

DR. BENNETT F. AVERY: My chief objection is to the wording of the resolution, because not all schools are on a nine months' basis, and if you word that motion that those schools which are on the nine months' basis can admit only nine months ahead, and those which are admitting only every twelve months can admit at a longer interval, you again have inequality. I would suggest that we follow the wording adopted by this body last February. The wording was, and really meant that deans do not support requests for deferment of premedical students more than twelve months preceding enrollment. I should suggest· "That deans do not admit students more than twelve months preceding the date of enrollment." That would provide a uniform policy to be followed by all schools. We would not have inequality, and we would not have anything ambiguous in our relations with Washington.

DR. RAPPLEYE: That might not work quite that way, because if those schools have an opportunity to admit students for the next twelve months, it means those schools that are admitting every nine months can admit two classes during that period, instead of one. Then the advantage is all the other way. We had a great deal of difficulty getting this agreement in Washington, because a number of the service commands and the authorities in Washington had prescribed that we may not accept students and commission students more than four months in advance of the beginning of their next session. It was after a great deal of difficulty that we were able to work out this arrangement, whereby we were recognized and our deferment requests were recognized, and our commission requests were recognized for the next incoming class. That was a great concession on their part, they thought, because their regulations require that instruction must begin soon, and "soon" was interpreted in many places as four months, and in some places sixty days. The extension that we now have been able to obtain, from sixty days versus four months, up to nine months as a minimum, has been a great concession. To make it twelve months, we go back to the situation I mentioned a moment ago, where some of the schools can admit two classes during that period if they are on the nine months' basis.

Whatever we do, we are going to be in a confused state; I can see that. I think if admission to the next incoming class is to be our criterion, then we all ought to follow it, or we ought to abolish any request for that consideration on admission of students. I think it might be quite difficult if you did.

DR. OPPENHEIMER: I think possibly a personal experience may illustrate some of the problems which may arise from too early an admission of medical students I had occasion to communicate with a neighboring state occupational deferment adviser concerning one of our men in his third year who was accepted in our March class, and his conversation over the telephone at least suggested that there was considerable feeling in that state over the deferment of men who contemplated the study of medicine, so much so, as a matter of fact, that he stated to me with considerable feeling that they did not intend to be a party to this racket of men being deferred for six or eight years in order to be doctors, that this man was ready to go into medicine right now, and if he could not go in now he would have to go into the Army, and they were going to induct him.

I relate that instance because it expresses, at least as far as that one state is concerned, a considerable degree of feeling concerning the prolonged deferment of men who are preparing to enter medicine. I do not know how widespread that is, but certainly it was very definite in that instance and

caused me a considerable amount of embarrassment. If we can avoid that feeling, I think we will have accomplished a great deal. I think that is one of the things Dr. Rappleye had in mind. After all, he is close to the people in Washington and appreciates their viewpoints and their interpretations of the things we do. Personally, I have a feeling that for us to admit students for a second entering class will not be particularly favorable in the eyes of the people in Washington who are, after all, going to decide the whole question for us.

DR. BURWELL: It seems to me there are two or three things we are trying to get. One, as Dr Leathers pointed out very clearly, is uniformity. "Uniformity" can be interpreted in different ways. It can be interpreted as following our own cycle, whether it be nine months or twelve months, or it can be interpreted in terms of elapsed time. It seems to me there would be less confusion if all the schools had a common calendar limit, rather than having to explain that some schools rotate nine months to twelve months before the actual session begin.s I am inclined to think, on the whole, there would be less confusion if we agreed on a common time limit.

Second, we are very anxious to cooperate with Washington, and until we accelerated, I take it, it was acceptable that any admission could be made at any time during a twelve-month period. Finally, we are anxious to get men who are going to be ornaments to medicine.

It seems to me that all those things are most easily met by agreeing on some common limit, and while I have a great respect for Dr. Rappleye's judgment in this matter, I would like to ask him if he thinks a twelve-month agreement among the medical schools would be regarded adversely in Washington, or whether that is really the simplest thing to do.

DR. RAPPLEYE: I did answer that a moment ago. We had a great deal of difficulty getting the period extended, first, from sixty days to four months, and then to nine months, which was for the accelerated program. I have the idea that we would have difficulty now in securing another modification of this arrangement we have with them.

I am all in favor of going back as far as we can in selecting students. I think you all understand that. I wish we had no restrictions at all on the selection of medical students. Of course, we all wish that, but we are dealing with very difficult war regulations that are applied to the entire forty-six million men now under Selective Service jurisdiction So that in asking for exceptions, we have to have a very strong case. In Washington, medicine is regarded as being in far the most preferred class of all other groups in America, and to go back and ask that we now be permitted to go twelve months, which will allow the admission in fifty-three schools of two next incoming classes, I would be very doubtful whether we would have a strong enough case to do it. I really doubt that, as much as I would like to see it.

As I say, I would like to see us have no restrictions as to when we might select students for first-year classes. Many of these students are desirable and ought to be preserved for medicine. Many of these students can secure deferment by the colleges on the ground that they are premedical students and, having successfully completed the first two years of college, are eligible during their senior and junior years for deferment by a local board without acceptance by a medical school. Many of them are being deferred on that basis.

But I think we ought to be careful not to accept those students, as I understand and visualize the whole picture, beyond the next incoming class. It would be my opinion—others might have better judgment on it than I—that we ought not even accept students or make any commitment on any student beyond the next incoming class. That is the present working arrangement,

and introduced into Washington a request that that be extended might conceivably deprive us of our present favorable position in relation to premedical students. We have had a great deal of difficulty in securing what we have. Particularly now, with the pressure on to retain Selective Service men in the rural districts, in agriculture, war industries, and all the other things; with the great increase of pressure on the local boards to fill increasing quotas for the I-A group, I think we might be putting ourselves in a dangerous position, and we would jeopardize our whole setup if we do it. I may be entirely wrong about that. I talked with Colonel Rowntree last night as to how he would feel about our doing it, and he said, "You know our arrangement with General Hershey" If your committee, the Association, and the Executive Council feel that should be modified, they are prepared to entertain our request, but that does not give me the encouragement I would like to have, saying that we might pick them twelve months in advance of the next incoming class. I certainly would dislike to see us make a change right now. That is my own opinion. I would be a little afraid of it.

DR. AVERY: We all have so much respect for the excellent work done by Doctor Rappleye, that I suggest we follow his suggestion with this amendment: Instead of stating "the next entering class," that we state, "not more than nine months in advance." That would give us a common calendar basis which we would not go beyond.

PRESIDENT CHANDLER: You offer that as an amendment?

DR. AVERY: I offer that as a motion in the the form of an amendment.

DR. GEORGE P. BERRY: I second that motion.

PRESIDENT CHANDLER: It has been moved and seconded that the recommendation be amended to read: "Hereafter no commitment be made to any applicant for admission beyond the next incoming class"—you could say, "not more than nine months before the next incoming class"? Is that right, Avery, not more than nine months before the next incoming class?

DR. AVERY: "Or the date of enrollment."

DR H. G. WEISKOTTEN: I would just like to raise a question in connection with that I am in rather an embarrassing situation. It happens that in our school we are admitting one class a year, but it also happens that both the Army and Selective Service have a definite program they are following at the present time. I would dislike to see any confusion in connection with that Dr. Rappleye and his committee have worked very hard to get the concessions we have at the present time, and I wonder if it would be satisfactory if this recommendation were modified in a somewhat different way: "Until such time as the committee were able to work out more satisfactory agreements with Selective Service, no commitment be made beyond next entering class." That puts it up to the committee, if they can see their way clear to any other more satisfactory arrangement. You have had that understanding with Selective Service, and there is the understanding with the Army that the Army will, today, accept recommendations for men for the MAC, or the next entering class. Those two are just the same, are they not, Dr. Rappleye?

PRESIDENT CHANDLER: You are speaking for the recommendation of the Council, but in opposition to the amendment?

DR. WEISKOTTEN: Yes.

DR. WALTER E. MACPHERSON: Assuming a student states to his local draft board that he is a premedical student and requests deferment, and assuming that the local draft board writes the dean of the school to which this student says he is going to apply and wants to know what this student's chances are of ever becoming a medical student, what should the dean do?

PRESIDENT CHANDLER: I believe, if you think his chances are good, it is quite in order for you to tell him you believe his chances are good, but that he is not eligible for admission until after the next entering class has been enrolled.

REVEREND SCHWITALLA: It is definitely stated in the letter that the letter may not be used as the basis for any commission or claim for commission, nor as a basis of a claim for deferment, but it is stated that the boy has an opportunity for getting into school and will be accepted in due time. I would like to ask Dr. Rappleye, if he would have to go back to Washington if it were really a question of admitting the student? It seems to me that what Selective Service is interested in is the deferment of these students, and the Army, of course, is interested in the deferment. Is the Selective Service or the Army concerned with the question of the actual date of acceptance of the student? There may be some angles there that I do not see.

DR. RAPPLEYE: No, the Selective Service is not particularly interested in the date of acceptance. You can accept them any time you choose, but the two factors come in again, that we should have uniformity among our own schools so as to be fair to each other.

These letters of acceptance, however, can be presented to certain boards, and some of those boards will defer the student, whereas other boards won't. We are not then supporting the request for deferment, but the local boards have been very well educated, if you will, by Selective Service Headquarters, by your deans, by your regional liaison committees, and others, so that they act very favorably on the request of any bona fide medical or premedical student.

I think what will happen is that in a few instances the difficulties created will be out of all proportion to their importance. You need only two or three instances of this kind to have the whole policy changed in Washington I think we are risking something in getting a local board in some state to carry it up to the state director, for example. The first thing that will happen is that there will appear in Washington, perhaps, a petition, or something else, to the effect that medical schools are not admitting students beyond the next incoming class, which is our understanding. It is one of those delicate matters that, while not technically incorrect, is nevertheless not in the spirit in which they think and as they interpret our particular policy. I think the acceptance bears with it, per se, a request for deferment Then, when you get irregularities in the Selective Service practices, they are cleared sooner or later in some point—perhaps in Washington—and these unevennesses become emphasized, and then we are in the position, perhaps, of being interpreted as not supporting the policy.

I think of equal importance is our fairness to each other in our different schools. What we want to do is to see whether there is any uniformity or complete lack of uniformity in handling acceptance.

PRESIDENT CHANDLER: Unless there is some further discussion, we will vote on the motion to amend. The amendment would have the recommendation read: "Hereafter no commitment be made to any applicant for admission for a period longer

than nine months before enrollment of the next incoming class," the "nine months" being the amendment.

The amendment was put to a vote and was lost.

We are now ready to vote on the recommendation. Is there any further discussion on that?

PRESIDENT CHANDLER: The recommendation is: "Hereafter no commitment be made to any applicant for admission beyond the next incoming class."

The motion was put to a vote and carried.

DR. OPPENHEIMER: Item 8. The Executive Council recommends that th Association express its profound appreciation of the valuable and generous assistance given by the W. K. Kellogg Foundation to the maintenance of medical education by its grant for loans and scholarships to medical schools.

I move the adoption of the resolution.

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

DR. OPPENHEIMER: Item 9. In view of the urgency of the war situation which may call for prompt action by the Executive Council on matters dealing with medical education, it is recommended that the Executive Committee be authorized to act ad interim for and on behalf of the Association during the war emergency—all such actions of the Council to be submitted to the Association for its approval at the next meeting.

I move adoption of the resolution.

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

DR. OPPENHEIMER: Item 10. At the meeting of the Executive Council in February, 1942, there was discussion of the Liaison Committee between this Association and the Council on Medical Education and Hospitals of the American Medical Association. At that time a committee, composed of Dr. Zapffe, Dr. Bachmeyer and Dr. MacEwen of Iowa, was appointed to meet with a committee of three from the Council on Medical Education. That Liaison Committee has met once. One of these men —probably Dr. Zapffe—will report to you, and the tenth recommendation of the Executive Council is:

The Executive Council recommends approval of the appointment of a Liaison Committee consisting of three members of the Association to meet with three members of the Council on Medical Education and Hospitals of the American Medical Association for discussion of matters of mutual interest, with the under-

standing that such approval does not in any way restrain the independence of action of the Association relative to standards of medical education, the selection of students, the methods of instruction or other features of medical education which are the responsibility of the Association and its constituent members.

I move the adoption of the recommendation.

. . The motion was regularly seconded. . .

PRESIDENT CHANDLER: At the Executive Council meeting, held immediately after our session in Richmond a year ago the Council authorized the President to arrange for a joint meeting between the Executive Council of this Association, the Council on Medical Education and Hospitals, and the Board of Trustees of the A.M.A. You have all received a transcript of that meeting.

Following that meeting, there was a meeting of the Executive Council of this Association and the committee Dr. Oppenheimer named met once. I think for a full understanding of what is intended and what might be accomplished, this warrants discussion.

SECRETARY ZAPFFE: If you read the report of the joint committee, you will have noticed that Dr. Wilbur made a motion that a Liaison Committee be appointed consisting of three representatives from both groups, who were to meet and discuss problems of mutual interest. He also said that this committee would not have any powers other than those of discussion, and that whatever it discussed was to be presented to the parent body for consideration and action. As you just heard, the committee from this Association consisted of myself, Dr. Bachmeyer, and Dr. MacEwen, of Iowa. The committee from the Council consisted of Dr. Weiskotten, Dr. Fitz and Dr. Heyd.

The committee met in Chicago in May. A copy of the minutes of that meeting was sent to each member of the Executive Council. At that meeting we discussed, in the main, the problem of inspection of medical schools. In the past, there has been considerable disturbance over the fact that this Association would pass on a medical school and make a recommendation. Usually this action was taken at the February meeting of the Council and could not be acted on or go into effect until the Association met in October. The Council on Medical Education and Hospitals meets for action in June, and any action it would take on the same college would antedate any action this Association might take by four or five months. Furthermore, not having had the benefit of discussion between the two groups, these actions might not be the same, which is not desirable.

Therefore, at this meeting of the Liaison Committee it was decided to bring to each body the thought that inspections of colleges, about which there is some question and in which both groups have an interest, be made jointly by the secretaries of the two groups, so as not to involve the dean of any medical college who might not find it to his liking to pass judgment on another medical college. It was also understood that these inspection reports would go to both groups, and the recommendations that might be made by the two inspectors would not only be the same, but the action that would be taken by the parent groups would be taken simultaneously.

The inspection of member medical colleges that this Association has made for many years, since 1905, was to be continued by two of the officers of the Association of American Medical Colleges, and reports on such inspections would be made available to the Council on Medical Education.

No other problems were discussed at the meeting. It was clearly understood, and so stated at the meeting and in the minutes which were sent to the Executive Council, that nothing that this committee did was in any way binding or would have any force, that it would simply mean concerted action, unity of thought, unity of action, and that nothing could come out of these meetings until these actions had been submitted to the parent bodies, who could take simultaneous action on recommendations if they wished to do so.

Never, in my years of experience, has there been such a feeling of friendliness and so much cooperation between these two bodies as has existed since the establishment of this committee. Dr Weiskotten and I have been in constant communication. We have interchanged ideas We have, since this committee met, made two inspections of medical colleges: One, the University of Illinois College of Medicine, which requested the inspection; and the other, as you heard earlier today, the University of Georgia. You can understand from what has happened that this was a most desirable way to do things. You were also told about the University of Texas, where we made an inspection, and the university then requested an inspection from the Council several months later. The Council took action in June. They placed the school on probation and we recommended, as you heard earlier today, that the school be placed on probation, but we could not take action until now. That is not a good way to do things.

Neither the Council nor this Association is bound in any way by any discussion that might be held in the meetings of this Liaison Committee The committee is absolutely without power. It can do nothing but talk, and whatever it may have to say must be repeated to the parent body. Dr. Weiskotten's group has no more power than our group has, and we have no more power than his group has. It is the most cooperative effort. Furthermore, neither of these groups is bound to continue this method of doing things. Either one can stop at any time. The whole thing is suggestive, it is discussive, it is cooperative, and I cannot see how failure can come out of that effort. If we find, at any time, it is not doing what we thought it should, we can stop it instantly That is within our power, just as it is within the power of the Council to stop it if they find it is not to their advantage. The whole effort is in the direction of cooperation, mutual interest in such things as we have in common.

The motion was put to a vote and carried unanimously.

DR. OPPENHEIMER: No. 11. Previously a plan was presented to this Association for the preparation by regional committies of lists of hospitals which, in the eyes of the deans in those regions, were felt to present an internship of sound educational value. At times, some activities met with difficulties, and this is one of those instances. The lists were presented by a number of the medical colleges and subsequently, for certain reasons, were withdrawn.

This subject was again discussed in the Executive Council meetings this week, and action taken which is presented in No. 11:

It is recommended that the lists of internships prepared for the information of the Deans be submitted to the regional chairmen for revision and then be forwarded by the Secretary to the Deans of member colleges for their use. These lists to be confidential and not for publication.

I move the adoption of the recommendation.

. . The motion was regularly seconded. . .

PRESIDENT CHANDLER: Any discussion? I just tell you, from my own experience on the West Coast, that knowing of these lists in other parts of the United States is of value. They have helped us several times immensely and, for the information of some of you in the East, I am quite sure if you had such a list of hospitals approved by the five schools in the West, it would help you a lot, too.

The motion was put to a vote and carried unanimously.

DR. OPPENHEIMER: No. 12. Graduate fellowships for physicians of Latin and South America countries. The Executive Council looks with favor on the policy of providing graduate fellowships in medicine for qualified practitioners of medicine from these countries.

I move the adoption of this recommendation.

. . The motion was regularly seconded. . .

PRESIDENT CHANDLER: This has to do with the fact that several agencies are interested in such fellowships—three foundations to my knowledge, the Department of State, the Coordinator of Inter-American Relations, and at least one university—and it seemed appropriate that this Association should endorse such a program I do not know how many medical schools in the United States are in a position to accept fellows in various fields of medicine from these Latin and South American countries. The recommendation, however, is that we look with favor on such policy.

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

DR. OPPENHEIMER: No. 13. The Executive Council recommends that the name of the Committee on Preparedness be changed to Committee on War Activities.

I move the adoption of the recommendation.

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

DR. OPPENHEIMER: No. 14. Exchange of Instructors. Inasmuch as the depletion of medical faculties is making it difficult for certain medical schools to maintain satisfactory teaching standards, particularly under the accelerated program, the Executive Council suggests that the member colleges of the Association cooperate with each other in making satisfactory adjustments to meet this situation. It is recommended that the Secre-

tary of the Association be authorized to solicit information from medical schools as to critical shortages in their faculties and as to qualified teachers who are listed as available with Procurement and Assignment Service and who might be utilized to fill positions in other medical schools during the war emergency.

I move the adoption of the recommendation.

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

DR. OPPENHEIMER: No. 15. The Association extends a cordial vote of thanks to Mr. Fred J. Kelly for his efforts to secure the Federal loan for medical students.

It is hoped that Mr. Kelly will continue his good work as the need for additional financial aid for students will be greater next year than it was this year.

I move the adoption of the resolution.

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

. . On motion regularly made and seconded, it was voted to adopt the report of the Executive Council as a whole.

PRESIDENT CHANDLER: The next item is the report of the Committee on Internships of this Association, Dr. Zapffe, chairman.

SECRETARY ZAPFFE: That item has been disposed of by the passage of the resolution dealing with these internships.

As chairman of that committee, I will get in touch with the regional chairmen and return the lists to them that they sent to my office for revision. When the revised lists have been returned, I will make up a master list and send each dean in the Association a copy for his use. As you heard in the recommendation of the Executive Council, that list is not to be used for publication. Although at the joint meeting that was held in February with the Board of Trustees of the American Medical Association, it was understood they were to have a copy of that list for their use, it is not for publication but to help them in their approval of hospitals for internships. It was specifically stated that the list would be made available to them. Otherwise, the list will not be forwarded to or used in any way by any person or organization.

PRESIDENT CHANDLER: The next item is the report of the subcommittee appointed to study and make recommendations on the Teaching of Social Service, Dr. Curran.

(This report appears in full at end of minutes—page 62.)

Adoption of the report was moved. The motion was seconded, put to a vote and carried.

PRESIDENT CHANDLER: The report of the Committee on the Teaching of Tropical Medicine was read this morning. It contained certain definite recommendations. Dr. Meleney, will you present those again and see if we can get the executive session to endorse them?

DR. HENRY E. MELENEY: This noon a meeting of the group was held, which was able to accomplish some things which make it advisable for the committee to change recommendations 2 and 3 which were given this morning. We hoped that group meeting could be held yesterday, but we had to postpone it until after this morning's meeting, on account of the absence of representatives of the Army and Navy until today. I will read the first recommendation and the fourth as given this morning, and then different recommendations to substitute for Nos. 2 and 3.

1. That the Association urge medical schools to adopt the following program for the teaching of parasitic and tropical diseases.

(a) A course in parasitology for all second year students and, if possible, for third and fourth year students who have not had such instruction, occupying not les than 30 and, if possible, not less than 60 hours.

(b) Instruction in the pathological, clinical, epidemiological and preventive aspects of tropical diseases, occupying not less than 20 and, if possible, not less than 30 hours in the third or fourth year, or both.

(c) Emphasis on practical experience in the examination of blood and feces for animal parasites during clinical clerkships, out-patient instruction and internships.

(d) Offer interns in hospitals affiliated with medical schools the opportunity to take courses (a) and (b), either with the medical students or as specially arranged courses, if they have not already received adequate instruction in these subjects.

(e) Take immediate steps to obtain competent instructors in parasitic and tropical diseases if they are not already available.

I move the adoption of this recommendation.

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

DR. MELENEY: Recommendation 2 is the result of a conference this noon, at which representatives of the Army and

Navy were present, and also Mr. Archie Woods of the John and Mary R. Markle Foundation together with members of the Association.

2. The Committee, after consulting with an interested group, including representatives of the Army and Navy, recommends that the Association sponsor and proceed at once to implement a program for improvement in the teaching of tropical medicine and parasitology in medical schools. To accomplish this, the Committee recommends the following actions:

(a) Offer to each medical school an opportunity to send two or more staff members to attend an intensive course in tropical medicine or medical parasitology during the coming year.

(b) Obtain the cooperation of the Army and Naval medical schools and other necessary institutions to accept staff members of medical schools in courses of the above type, beginning not later than January or February, 1943.

(c) Sponsor and take steps to develope a distributing center for specimens and other teaching material to assist medical schools in the teaching of tropical medicine and parasitology.

(d) Request the John and Mary R. Markle Foundation to provide financial support to carry out the above program.

Although this action is recommended as an emergency measure, the Committee hopes that it will result in a continuous and permanent development in the teaching of tropical medicine.

I move the adoption of this recommendation.

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

DR. MELENEY: Mr. Woods has expressed his own interest and the belief that the John and Mary R. Markle Foundation will be actively interested in supporting it financially.

The fourth recommendation may not seem to be an important one, but was added so that it might be possible for medical schools to have some advice from persons who may know how they could get material or instructors to add to their staffs, or equipment. That was the fourth recommendation this morning, and becomes the third now.

3. That the Association appoint a committee composed of experts in parasitology and tropical medicine from various parts of the country to act as consultants to schools in their respective regions with reference to obtaining instructors and teaching material.

I move the adoption of the recommendation.

. . The motion was regularly seconded. . .

DR. OPPENHEIMER: Do you wish any comment on who is to appoint these people?

DR. W. S. LEATHERS: I move that Dr. Meleney's committee do that.

PRESIDENT CHANDLER: Dr. Meleney's committee is the logical one.

Recommendation No. 3 and Dr. Leather's motion were voted on jointly and were adopted by a unanimous vote.

DR. MELENEY: Mr. Chairman, with regard to the carrying out the recommendation for getting staff members for medical schools, what does the Association wish to do in carrying out that action?

PRESIDENT CHANDLER: I cannot answer for the Association, but I would expect the Executive Council at its organization meeting which will be held at the end of this meeting, would reappoint you as chairman of this special committee to take charge of the whole ball of wax and see that it is done. (Laughter and applause).

Dr. Meleney has suggested lists of names of experts that are available, or might be made available, to work under the direction of his committee, which works under your direction as an Association, to put these recommendations into effect. I consider it a highly successful committee that think they can get the money to put into execution what ought to be done. We ought to have more committees like this.

A motion to adopt the report of the Committee on Teaching Tropical Medicine as a whole was made, seconded and carried.

DR. MELENEY: In case any of the present members of the committee become so involved in war activities, or other work, that they cannot work on this committee, may the chairman have the privilege of appointing somebody else?

PRESIDENT CHANDLER: That will be arranged. The next item on the docket is the report of the representative of this Association on the Advisory Board for Medical Specialties, Dr. Willard C. Rappleye, and that is to be followed by a second report of the representative of this Association on the Advisory Council on Medical Education, also by Dr. Rappleye.

REPORT OF REPRESENTATIVES ON ADVISORY BOARD FOR MEDICAL SPECIALTIES

Your representatives were in attendance at the meeting of the Advisory Board for Medical Specialties in Chicago on February 15, 1942. The program was devoted largely to the discussion of the effect of the war upon graduate medical training both

in relation to the numbers of men likely to be in preparation for full specialty training and the difficulty of maintaining adequate standards in the laboratory and clinical instruction. At that meeting it was decided to request a joint conference with the Council on Medical Education and Hospitals for further discussion of the common problems in this field.

There was active discussion of the request of the Army and Navy for use of the confidential files of the different specialty boards, particularly in relation to information pertaining to men who had not obtained certification.

A meeting of the secretaries of most of the specialty boards was held at Atlantic City on June 9th. Dr. Titus outlined the work of the central file which had been established at the request of the Medical Corps of the Army and Navy for supplying information regarding uncertified specialists. Two of the fifteen boards did not supply the information to the central file.

The Directory Committee reported on the publication of the 1942 Directory and the extensive use of this important document by the Army, Navy, Procurement and Assignment Service and other government as well as civilian agencies in the evaluation of professional personnel.

Respectfully submitted,

(Signed)

WILLARD C. RAPPLEYE

Representatives of the
Association to the
Advisory Board for
Medical Specialties

DRS. DONALD C. BALFOUR
WILLARD C. RAPPLEYE

SUPPLEMENTAL REPORT ON JOINT MEETING OF THE ADVISORY BOARD AND THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

The joint meeting of the Advisory Board and the Council held on February 15, 1942 proved to be a most stimulating and interesting session in which full interchange of opinion was given on a variety of subjects pertaining to the program of graduate medicine.

It was agreed that a recommendation be made to the Procurement and Assignment Service and to the Surgeon Generals of the Army and Navy that a sufficient number of interns be per-

mitted to continue their studies in special fields for a reasonable length of time after completion of their internship in order to insure for the future an adequate supply of specialists for military service and the civilian population.

A committee of six was appointed, three from the Advisory Board for Medical Specialties and three from the Council on Medical Education and Hospitals, to confer with officials of the Procurement and Assignment Service, the Surgeon-General of the Army and Navy, and the Selective Service officials regarding the best methods by which a reasonable number of recent medical graduates may continue graduate training in order to insure an adequate supply of specialists for the military and civilian needs. The joint committee comprises Doctors Reginald Fitz, Herman Weiskotten and Charles Gordon Heyd from the American Medical Association and Doctors Kirklin, Buerki and Rappleye from the Advisory Board.

This committee has made representations to the authorities in Washington and individual presentations have been made with the same general propositions in mind. We now have assurance that with the filling of the medical officer pool for the Army a certain number of interns will be permitted to continue their advanced training, particularly in the teaching institutions.

Respectfully submitted,

(Signed)

WILLARD C. RAPPLEYE

REPORT OF REPRESENTATIVES ON ADVISORY COUNCIL ON MEDICAL EDUCATION

At the annual meeting of the Advisory Council on Medical Education held in Chicago February 15, 1942, there was considerable discussion of the action taken by the Association of American Medical Colleges relative to the accelerated program and its relationship to medical licensure, internships, supply of students, the demands upon the staffs and similar questions. There was also a report of the actions by the different government agencies supporting the efforts of the Association.

It was voted that an expression of gratification and satisfaction be sent to Brigadier General Lewis B. Hershey, Major General James C. Magee, Rear Admiral Ross T. McIntire, Colonel Leonard G. Rowntree, Colonel G. F. Lull, Lieutenant Colonel Carlton S. Dargusch, Lieutenant Colonel Richard H. Eanes, Lieu-

tenant Colonel Francis M. Fitts and Major Samuel F. Seeley by the Advisory Council for the help they have given to the Association of American Medical Colleges in making possible the fullest contribution by the medical schools and hospitals toward the program which will ensure a continuous supply of properly trained physicians for the military and Civilian needs of the country.

The Advisory Council endorsed unanimously the recommendations of the Association of American Medical Colleges relative to the accelerated program, the admission of the students, the support of federal student loans and the recommendation of the Association that the length of the internship be not reduced below twelve months at this time.

In recent months the action taken by the Advisory Council dealing with interstate endorsement has been accorded editorial comment. The resolution reads as follows: "Believing that the public interest as well as that of the medical profession and of medical education would be served by a satisfactory method of interstate endorsement of licensure, the Advisory Council on Medical Education recommends to the Federation of State Medical Boards that all state licensing boards endorse without further examination the licensure of an applicant previously obtained by examination in another state whose standards of education and examination are not lower than their own, provided that the applicant is a graduate of a medical school in the United States and its possessions which at the time of his graduation was on the list of approved medical schools." New emphasis is given to this resolution in view of the questions raised in connection with the migration of physicians who may be serving new communities or industries arising out of the war.

Respectfully submitted,

(Signed)

WILLARD C. RAPPLEYE

Representatives from the Association on the Advisory Council:

DRS. MAURICE H. REES
W. S. MIDDLETON
WILLARD C. RAPPLEYE

On motion, duly seconded, these reports were accepted.

PRESIDENT CHANDLER: Is there any unfinished business to come before this Association at this time?

SECRETARY ZAPFFE: None.

PRESIDENT CHANDLER: Does anybody have any unfinished business?

New Business

Dr. Eben J. Carey: We discussed two or three times yesterday, as well as this morning, the problem of adequate recognition of essential teachers of medical schools. Whether or not now would be an appropriate time, or under new business, to make a motion with reference to having the War Activities Committee follow that through with the War Manpower Commission and Selective Service in regard to Federal recognition for substitutions to medical schools, I do not know.

I will put that in the form of a motion: That the War Activities Committee of the Association of American Medical Colleges recommend to the War Manpower Commission and Selective Service adequate recognition to essential teachers in medical schools.

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

Microscopes

President Chandler: Under new business is this problem of microscopes for medical students. There has been no recent canvass of the situation within the last few days, but some schools do not have adequate numbers of microscopes, and I was surprised to learn that several schools have more than they absolutely need.

Dr. Rappleye, did you have a motion or a recommendation you wanted to put up for discussion concerning that?

Dr. Rappleye: No. It is a matter of inquiring as to whether there are schools unable to obtain microscopes in order that we may report to the War Production Board, and support any request for microscopes beyond the current year.

As you recall, limitation order No. 144 restricts the sale of new microscopes, and the subsequent regulations that have been adopted practically preclude the sale of any new microscopes from now on. October 15 was the deadline. If a school, with proper support, and having an extraordinary situation where they cannot obtain these microscopes is brought to their attention, they, of course, are not going to stand by and let the instruction of medical students suffer.

There have been a great many different ways of handling this problem. I think there is no use going into that, because each of you more or less handles it differently. But one thing is certainly developing now, that the students in the fourth year

are being solicited in a number of schools to turn their microscopes in for either sale or rental for the next incoming first year classes, and in that way a revolving supply of used microscopes can be obtained in many schools. Others have been very successful in securing microscopes from their almmni. Some of the schools have collected more microscopes than they need. Financing those collections from alumni has been quite a problem in two or three schools where they have obtained well over 100-150, and in some instances even more microscopes from their almuni. There has been no particular uniformity in the prices paid, and all those matters are up to the particular institutions.

We were confronted by the War Production Board. They tried to set a ceiling on the rental of these microscopes. We tentatively agreed on the general idea that it would not exceed from 15 to 18 per cent of the value of the microscope. We kept that out of the regulation. I know of one institution that was getting about 28 per cent on their investment.

I had thrown out the possibility that members were helping each other, and if there were to be an interchange through the Secretary's office, for those who could not obtain microscopes, by bringing there a list of excess microscopes in the hands of some of our schools, or excesses that we could collect from alumni, we could help each other.

There are about 70,000 microscopes at the moment floating in medical groups around the country, mostly students, and in a few medical schools that own their own microscopes.

I think I mentioned that orders from the War Department alone just recently called for 8,459 microscopes in one requisition. That is more than twice the output of these manufacturing concerns for two years. They are pretty much up against it in supplying Army and Navy needs.

If they are unable to get microscopes, would it be appropriate that they communicate with Dr. Zapffe, or let us canvass our own problem and see to what extent we can solve our own situation. If we cannot, I think we have a rightful approach to the War Production Board to secure easement of the situation, if we need to.

PRESIDENT CHANDLER: Let's have a show of hands of the schools that at the present time do not have a sufficient number of microscopes to meet their student needs. Are there any such schools that are short? There are eighteen schools that do not have enough microscopes for their student needs.

How many schools have more than they need? (Two).

My own school does not have any more than it needs, but I think by a little drive we could collect from medical sources and friends twenty, or possibly twenty-five scopes for such a medical student pool under direction of this Association.

DR. RAPPLEYE: I am wondering how many will be short the first of the year when the next incoming class enters, because many are now in the process of endeavoring to get those microscopes. I think in a month or so it would be better to get figures.

DR. POYNTER: Is it true that in the ruling the student must have been already elected to the class entering in February or March, before October 15 in order to buy a microscope?

DR. RAPPLEYE: No. The idea was that no student coming into the class of 1943 could buy a microscope. Some of them had bought before the order was slapped on. No student now being accepted for 1943 can buy a new microscope under the present rules.

DR. POYNTER: That rule was changed on October 15. The ruling, as it was conveyed to us direct from Washington, was that the student who had been a bona fide matriculant before October 15 might buy, but that if after October 15 he could not.

DR. RAPPLEYE: Microscopes are not supposed to be sold, and they probably will freeze those on hand if they are new microscopes. There were to be no microscopes purchased by anyone for next year's class after October 15, because on October 15 we clear all institutions and requests for microscopes. Those that have come in since October 15 have all been held up, and no one can buy them at the moment unless they show some extraordinary need. I doubt if they would sell to any individual student, anyway, now, because they would only turn them over to the university, the book store, or some agency, for rental. They will not sell the scope to the individual, but they might sell it to you to rent.

PRESIDENT CHANDLER: I think it is in order that the Association, as such, take an active interest in making an effort to secure sufficient scopes for everyone. A motion to that effect, in order to get discussion on it, is in order.

DR. RAPPLEYE: I will make such a motion, just to bring it before the Association.

PRESIDENT CHANDLER: It is moved that the Association of American Medical Colleges make an effort to secure a pool of used microscopes in sufficient number to provide the needs of medical students in the various medical schools.

The motion was seconded.

DR. RAPPLEYE: There are two angles to that. It might be merely to serve as an interchange, bringing the purchaser and seller together, or there may be the other possibility, which I suppose is a matter for the Executive Council to consider, as to whether you want to purchase some of these scopes in the name of the Association. I think there is a chance for good investment of the money of the Association, if they want to do it.

The motion carried.

ELECTION OF OFFICERS

PRESIDENT CHANDLER: We appointed a Nominating Committee this morning. Dr. Rees is chairman. Will you submit the report of the Nominating Committee?

DR. MAURICE H. REES: Your Nominating Committee respectfully submits the following nominations for consideration for election to offices of the Association:

President Elect: Dr. E. M. MacEwen, Iowa.

Vice President: Dr. John Walker Moore, Louisville.

Secretary: Dr. Fred. C. Zapffe, Chicago.

Treasurer: Dr. Arthur C. Bachmeyer, Chicago.

Members of Executive Council: Dr. Willard C. Rappleye, New York and Dr. A. C. Furstenburg, Michigan.

Respectfully submitted,

(Signed) Nominating Committee

W. S. MCELLROY
B. I. BURNS
MAURICE H. REES, Chairman

PRESIDENT CHANDLER: Are there any other nominations? If not, I will entertain a motion that the nominations be closed and the Secretary be instructed to cast the ballot for those nominees named by the Nominating Committee.

A motion to accept the report was seconded and carried.

The Secretary cast the ballot.

PRESIDENT CHANDLER: The Secretary has cast the ballot.

Place of 1943 Meeting

Secretary Zapffe: I have invitations from the University of Kansas School of Medicine, and from Western Reserve University.

Dr. Torald Sollmann (Western Reserve University): I am not a mayor or an advertising agent, and I lack the eloquence to do justice to the subject of this invitation. I will not attempt to demonstrate that fact. There is a special reason why we would like to have the Association meet in Cleveland next year, aside from the general fact that we would like to see you there, and that is that next year is the one hundreth anniversary of the founding of our medical school. Time rolls along without any special regard to these years, and the ninety-ninth and the one hundred and first are the same as the one hundreth, but the human mind likes to have markers where it can sort of stop and take stock. We would like to have you come and see what one hundred years have done to us.

I have a great deal of timidity and some hesitation about presenting this invitation. I had looked forward to it for quite a number of years, but when the war came along, and one invitation after another, including this matter of heavy demands on the time of the school staff, I wondered whether it was appropriate to present this invitation, because I felt we could not do justice to the hospitality which I have shared for so many years in different places, and again here this year. But I thought perhaps every place might have similar limitations and, in view of that fact that you might look upon our limitations patiently. With this hope, I present the invitation. (Applause).

Dr. H. R. Wahl (University of Kansas Medical School): I am somewhat embarrassed after this presentation Dr. Sollmann gave, inasmuch as I am one of the neophytes that had his origin in Western Reserve. For that reason, Kansas will give way to Western Reserve. (Applause).

President Chandler: I will entertain a motion that the very generous invitation of Western Reserve, to meet in Cleveland in 1943, be accepted.

Dr. Rees: I so move.

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

Dr. Eben J. Carey: I would like to offer the following resolution: That the delegates of the Fifty-third Annual Convention of the Association of American Medical Colleges express sincere appreciation and gratitude to Dr. John Walker Moore,

Dean, and the faculty of the University of Louisville School of Medicine, and to the Brown Hotel, for the excellent facilities, accommodations, and Southern hospitality afforded during the 1942 meeting in Louisville.

PRESIDENT CHANDLER: Unanimously seconded by the entire membership. A rising vote.

. . The audience arose and applauded. . .

PRESIDENT CHANDLER: The meeting stands adjourned.

The meeting adjourned at 10:30 P. M.

Report of the Subcommittee of the Committee on the Teaching of Public Health and Preventative Medicine, of the Association of American Medical Colleges, To Study Social Service in Relation to Medical Teaching.

This subcommittee was appointed at the Richmond meeting of the Association in 1941 to review progress being made in the teaching of social and environmental medicine by medical faculties and social service departments.

Our report includes a survey of the literature on the subject, a statement solicited from the subcommittee on Teaching Medical Students of the American Association of Medical Social Workers, and a digest of the information obtained through questionnaires to the deans of the medical schools of the United States and Canada.

A reconsideration of social and environmental factors in medical teaching and practice may not seem apropos at a time when the demands of military medicine are straining our resources to the limit. With reduced facilities, increased student bodies, and accelerated curricula, we are hard put to it to maintain teaching standards in the basic science and clinical branches of the course. In this "stripping for action" it may seem reasonable to defer consideration of an apparent extra until after the war.

Yet, throughout the war and the subsequent period of reconstruction, it is certain that these problems are going to assume steadily greater importance and must be dealt with effectively if we are to maintain our position of leadership in the field of medical education.

A clear indication of the trend we may expect is the recent announcement from war-torn England of the creation at Oxford University of the first professorship of Social Medicine. A grant of 10,000 pounds a year for ten years from the Nuffield Provincial Hospitals Trust makes possible a three-fold program of research into the social, genetic, environmental and domestic factors on the incidence of human disease and disability, amplification of therapeutic measures, and teaching at the undergraduate and graduate level.

An editorial in the New York Times of October 11, 1942, in commenting on this advance, makes the charge that in the United States there is no correlation of sociology and medicine in our university medical schools, and that "the great field of social medicine is ignored. And because it is ignored, preventive medicine makes little headway." It was felt that in Oxford's new Institute for the first time attention would be devoted to the individual person

and the family unit, and the effect on community life and individual health in a highly industrialized society.

This point of view may have wide acceptance among the lay public and it would seem essential to give an answer to these charges, at least the extent to which they are not true.

Actually, the importance of these factors was recognized in this country sixty-five years ago. John Shaw Billings, in a series of lectures at Johns Hopkins University, five years before the opening of the medical school, emphasized the desirability of senior medical students visiting patients in their homes under competent supervision to study the environmental factors complicating illness.

This was followed up by Osler in 1897 as he became concerned with the social handicaps hindering the recovery of patients with chronic ailments clogging his out-patient clinics. One day in looking over a large crowd waiting in his medical dispensary, he exclaimed to Charles P. Emerson, "What a pity! Probably not over three out of ten of these patients will actually get from us the relief they are expecting. For the treatment of the other seven we have not yet the necessary organization."

In an attempt to cope with these unknown problems in the patients' environment, Osler and Welch sent out medical student volunteers into the homes of tuberculars. They may be considered our first medical social service workers! Subsequently, Emerson expanded this effort in cooperation with the Y. M. C. A. and the Baltimore Charity Organization Society.

In 1904, Richard Cabot initiated the social service movement which spread all over the country and is now accepted as an essential department in a hospital of good standing. Emerson, in a paper read before the Boston meeting of the Association, in 1925, welcomed this innovation but felt it overshadowed the infant project he had been fostering; namely, environmental medicine as one portion of the doctor's responsibility. In his work at the University of Indiana, he visualized the need of a clinical sociologist in the department of medicine on the same par with the internists, clinical bacteriologists, chemists and pathologists. The clinical sociologist was considered a part of the medical team with a contribution distinct from that of the medical social worker. Obviously, he feared that the medical profession would delegate to organized social service the responsibiity for dealing with these problems, and subsequent history justifies these fears to a certain extent.

One instane in which this did not eventuate was at Harvard Medical School, where, in 1913, Dr. David L. Edsall arranged a series of lectures to medical students on the social significance of tuberculosis, heart disease, syphilis, alcoholism, feebe mindedness and occupational diseases. Case illustrations were selected by the Social Service Department. In 1918, Dr. George R. Minot headed up this movement and conceived the idea of permeating clinical medical teaching with social understanding. Greater attention was given to social factors in the taking of medical history, particularly those concerned with the family situation, the patient's attitude and occupation, with special attention to industrial hazards. This interest in the "whole patient" appears to have had a far-reaching effect on teaching and the handling of patients in the Boston hospitals. Students and interns have tended to give special attention to social factors as an accepted part of good medical procedure. Under the distinguished leadership of Ida M. Cannon and her co-workers, medical social service in Boston has given exceptional assistance to the clinical services in connection with diagnostic and therapeutic problems, in the management of convalescence and in securing efficient cooperation of the social agencies in the community.

Other communities where the medical school and social service groups have worked out exceptionally good cooperation are New Haven and Cleveland, in connection with the medical schools of Yale University and Western Reserve University.

Progress along these lines has been variable in other parts of the country. In 1927, Dr. Hugh Cabot in the April issue of the Association Bulletin (now Journal of the American Medical Colleges) deplored the disproportionate teaching of facts, abstractions, and laboratory method in our medical schools, without due regard to their human relations. He wrote, "Hardly anywhere do we even attempt to teach methods of approach to and understanding of human beings." This was probably exaggeration for effect to stir up more interest in these factors.

In 1938, at the Syracuse meeting of the Association, the symposia on Preventive and Domiciliary Medicine revealed the steadily growing interest in our educational responsibility for acquainting our students with the home environmental problems of their patients. Papers by Fitzgerald, Leathers, Russell, Mustard, Robinson, Meleney, Hiscock, Sydenstricker, and Olef and Pratt, followed by much discussion, outlined the progress being made at Toronto, Vanderbilt, Harvard, Yale, Syracuse, Johns Hopkins, Georgia, New York and Minnesota Universities, Medical College of Virginia, Tufts College Medical School and Long Island College of Medicine. In these dozen schools at least there was definite evidence of progress since Emerson's isolated report thirteen years earlier. More recently La Saine has published an account of a very comprehensive plan at Meharry for the teaching of social components of medical care to senior students with the cooperation of the Departments of Preventive Medicine, Medicine, Bacteriology, Psychiatry, and Medical Social Service.

In 1939, the Education Committee of the American Association of Medical Social Workers published the results of a ten year study under the direction of Ida M. Cannon on "The Participation of Medical Social Workers in the Teaching of Medical Students." The report was written by Harriet M. Bartlett, and Dean Burwell of Harvard Medical School gave advisory assistance. Only eleven medical schools, with a total of thirteen teaching hospitals, were considered to have medical social departments participating for several years in teaching projects, with sufficient consistency, formality of method and significance to be a part of the medical curriculum. The medical colleges were: John Hopkins, Harvard, Tufts, Western Reserve, Vanderbilt, Yale, Tulane, University of Pennsylvania, Medical College of Virginia, St. Louis University and Syracuse.

The Committee formulated four general principles regarding the appropriate conditions and objectives of this teaching by medical social workers:

1. Participation of a social service department in teaching of medical students should not be undertaken unless there is a well established department with adequate facilities for such teaching.
2. The primary responsibility for this teaching should rest with the medical school, and the social workers should not take part except at the request of teachers in the medical school.
3 The purpose of this teaching should **not** be primarily instruction in medical social service, but rather the interpretation of the social implication of medical care.
4. The contribution of the medical social worker should develop out of her special skill in case work and the accumulated experience in the case work field.

A fifth principle was suggested by Drs. Burwell and Youman in connection with organization of the outpatient department of a teaching hospital; that social service not only is essential in outpatient practice and bridges the gap between the doctor and the patient's background, but also by its example helps the student see the important relation of social problems to medicine.

It was stressed that the objective was **qualtitative** and not **quantitative** modifications of the curriculum. What was being sought was more an increased emphasis upon these special aspects, through the clinical teaching, rather than a block of time in the curriculum.

The report which we obtained from the subcommittee of the American Asscociation of Medical Social Workers was prepared by its Chairman, Ethel Cohen, and may be summarized as follows:

"The leadership in teaching, we believe, belongs to the medical teachers. The contribution of the medical social worker to this teaching would seem to be where she naturally functions, in relation to the clinician.

The hospital in which the student is being taught should have the quality of medical social case work practice which considers the whole patient and can demonstrate the interrelationship of illness and social and emotional factors.

Some of the necessary elements in the teaching we see, as:

1. Finding means for introducting the ideas, here expressed, into the pre-clinical study.
2. Further development of the technique of interviewing.
3. Greater understanding of student's own attitudes as they effect physician-patient relationship.
4. The medical instructor demonstrates by his own practice consideration of the social and emotional aspects of illness."

In view of all of this attention given to adverse social factors in illness, it will be of interest to review the progress made in meeting them.. It will be remembered that Osler in 1897 estimated that in seven out of ten patients, these factors played the predominant role.

In 1937, Janet Thornton, after an analysis of 100 cases at the Presbyterian Hospital, New York City, found that 65 patients were afflicted with social difficulties adversely effecting the health problem.

In 1939, G Canby Robinson's studies at the Johns Hopkins Hospital found 80 per cent of the patients' illnesses were complicated by adverse social influences preventing recovery.

Finally, in 1940, Bortz considered 75 per cent of 200 patients at Lankenau Hospital to be similarly handicapped.

It appears, therefore, that this portion of our medical task is still largely unsolved even among our leading teaching hospitals. Should not the medical schools in this country take the lead in a program patterned somewhat after the one outlined at Oxford? This would include encouragement of research, provision of more adequate methods of social diagnosis and therapy, improvement in instruction to students, interns, and graduates, and more efficient cooperation with organized social service

Because of the effect of the national emergency on the curriculum, it seems especially important at this point to take stock as to the progress being made in our social and environmental teaching. The necessary information has been obtained by questionnaire from 68 medical colleges in the United States and Canada.

Results of Questionnaire Study

Replies were received from 68 out of 76 schools although one was received too late to be included in analyses of the material (except in table 1). Sixty of the schools were in the United States and eight were in Canada. (Table 1).

I. Availability of Social Service in the 67 Medical Schools.

Since the presence of an organized social service department would seem to be one essential for a teaching program it was of interest to learn that 55 schools or 82 percent reported this service to be available in their affiliated teaching hospitals. In the ten instances in which social service was not available the need was recognized and in two schools plans to remedy the deficiency were under consideration. Among the others mention was made of various arrangements through which students worked with social workers informally, were instructed by social welfare personnel in connection with domiciliary programs, or came into contact with social service on psychiatric services. (Table 2).

II. Adequacy of Available Social Service Departments in the 55 Schools.

The Social Service Departments were considered adequate in 27 or 49 percent, and inadequate in 23 or 42 percent. Five schools failed to answer the question. At best, adequacy is difficult to define and may be interpreted in quantitative as well as qualitative terms.

Even among the "adequate" group of schools mention was made of the need of more social workers, that an increased number was required for the teaching program, and that there had been curtailment of personnel due to the war. One college with a highly organized project in domiciliary medicine expressed the need for more social workers for district work. Incomplete integration of medical staff and social service programs was mentioned three times. (Table 3).

Comments from Colleges with Inadequate Social Services.

At a southern teaching hospital with an inadequate social service staff use was made of public health nurses in connection with domiciliary instruction of senior students. Inadequate coverage of services was a frequent complaint. At one institution it was stated that the faculty, did not use even the few social service workers available to the fullest extent. Lack of sufficient workers, especially well qualified ones was frequently mentioned. The suggestion was brought forward that well trained workers should be willing to accept volunteer assistance. Again there was report of curtailment of staff due to the war.

III. Planned Share by Social Service in Teaching of Medical Students. (Table

Of the 55 schools having social service available 31 or 56 percent reported that social workers shared in student teaching. In 19 or 35 percent this was not true and 5 failed to reply.

Those reporting participation were:

1. College of Medical Evangelists
2. Stanford University School of Medicine
3. University of Colorado School of Medicine
4. Yale University School of Medicine

5. Georgetown University School of Medicine
6. George Washington University School of Medicine
7. University of Louisville School of Medicine
8. Tulane University of Louisiana School of Medicine
9. Boston University School of Medicine
10. Harvard Medical School
11. Tufts College Medical School
12. Washington University School of Medicine
13. Long Island College of Medicine
14. University of Buffalo School of Medicine
15. Columbia University College of Physicians and Surgeons
16. Cornell University Medical College
17. New York University College of Medicine
18. Syracuse University College of Medicine
19. Duke University School of Medicine
20. Western Reserve University School of Medicine
21. University of Oregon Medical School
22. University of Pennsylvania School of Medicine
23. Women's Medical College of Pennsylvania
24. University of Tennessee College of Medicine
25. Meharry Medical College
26. Vanderbilt University School of Medicine
27. University of Texas Medical Branch
28. Medical College of Virginia
29. Dalhousie University Faculty of Medicine
30. University of Western Ontario Medical School
31. McGill University Faculty of Medicine
*32 Laval University Faculty of Medicine

*The answer to question No. 1 was "No" but there was reported to be social service participation in teaching.

Illustrating the difficulty in interpreting **adequacy** in the 31 schools including social workers in planned teaching, the departments were considered adequate in 15, inadequate in 12, with 4 unclassified. Obviously there was little correlation between degree of participation and adequacy rating. This is further exemplified by the finding that in the 24 schools not reporting planned participation by social workers in teaching, 12 rated the service as adequate and 12 as inadequate.

Six medical schools sent in the following observations:

1. Social service is adequate to the needs of the patients but **not** for planned teaching.
2. The curriculum is already too crowded to consider work in the social and environmental components.
3. The amount of Social Service participation in teaching is in the proportion of 10 percent of the total social work case load.
4. One school in a mid western state feels social service teaching participation is impractical because of the great distance between patients' homes and the hospital.
5. At one university an adequate department has been provided and planned teaching is contemplated.
6. Another university admits the need of such instruction but its teaching services lack social service.

IV. **Modes of Participation of Medical Social Workers at Teaching Exercises.** (Table 5).

As to type of teaching exercise, clinical conferences ranked first in popularity with 32 out of 55 schools reporting this type of social service participation. Follow-up conferences were almost equally popular, with 30 schools included. Assistance in home visit studies came next with 24, followed by lectures in 20, and finally ward round participation in only 15 colleges. The services of a psycological consultant in case studies was available in 38 instances.

V. **Academic Rank for Social Workers on Medical Faculties.**

Academic title was given in only 10 schools or 18 percent of the 55 with planned social service teaching participation. The various titles are listed in Table 6. One university plans to give faculty standing to one of its workers in the near future, and in two others rank is given in the liberal arts departments. The head of a school of nursing has been given faculty membership as instructor in the social aspects of nursing.

VI. **Faculty Departments and Clinics with Special Interest in Social and Environmental Factors.** (Table 7).

It is of interest that medicine, pediatrics, and psychiatry head the list with preventive medicine and obstetrics tied for fourth place. Surprisingly, orthopedics with its concern in the needs of the crippled child was mentioned only five times.

VII. **Schools in which Staff Members have been Appointed to Direct Teaching of Social and Environmental Factors.** (Tables 8 and 9).

Special designation of responsibility was found in slightly less than half of all the medical schools in Canada and the United States — 32 out of 67. Professors of Preventive Medicine were most frequently selected with 17 of them leading the list. In two thirds of the schools with a professor especially designated, there was also planned participation of social workers in the teaching.

Schools with a Staff Member or Members Appointed to Direct Studies.

1. University of California Medical School
2. Stanford University School of Medicine
3. Yale University School of Medicine
4. Georgetown University School of Medicine
5. George Washington University School of Medicine
6. Northwestern University Medical School
7. Louisiana State University School of Medicine
8. University of Maryland School of Medicine and College of Physicians and Surgeons
9. Boston University School of Medicine
10. Harvard Medical School
11. Tufts College Medical School
12. University of Michigan Medical School
13. Long Island College of Medicine
14. University of Buffalo School of Medicine
15. Cornell University Medical College
16 New York Medical College
17 New York University College of Medicine
18. University of Rochester School of Medicine and Dentistry
19 Syracuse University College of Medicine

20. Duke University School of Medicine
21. University of Cincinnati College of Medicine
22. Western Reserve University School of Medicine
23. Hahnemann Medical College and Hospital of Philadelphia
24. Temple University School of Medicine
25. University of Pennsylvania School of Medicine
26. Woman's Medical College of Pennsylvania
27. University of Tennessee College of Medicine
28. Vanderbilt University School of Medicine
29. Meharry Medical College
30. University of Texas Medical Branch
31. Dalhousie University Faculty of Medicine
32. Laval University Faculty of Medicine

VIII. **Effect of This Teaching on Medical Service.**

A. **Reduction in re-admission of chronic cases.** (Table 10).

Of 35 schools reporting reduction in number of admissions of chronic cases, 32 had social service departments. Of the 14 schools observing no reduction of chronic admissions, 12 had social workers active in their teaching hospitals.

One felt that domiciliary medicine was effective but social service was not in this regard. In 10 instances the schools felt that they had insufficient data on which to base an answer.

B. **Improvement in Diagnosis and Treatment.** (Table 11).

Of 45 schools claiming improvement of diagnosis and treatment due to consideration of environmental factors, 41 had social service departments. In comparison of the 7 schools which felt that diagnosis and treatment were not facilitated, 6 were staffed with social service.

IX. **Better Orientation of Medical Students.** (Tables 12 and 13).

Of 52 schools believing that consideration of social factors in teaching had resulted in better orientation of the student as to the patients' environment and background, 47 had social service available and 32 had programs of planned participation by social workers In 4 schools where social service was not available the assumption is that this was due to faculty interest.

X. **Adequate Record of Social and Environmental Factors in Medical History.** (Table 14).

This question was badly worded and should have asked whether or not this item was required in the medical history. This was definitely true in 27 schools and questionably so in 13 more. It would seem desirable to include a short paragraph on this subject in all medical histories by students and interns, as a lead to possible further studies.

SUMMARY

I. Interest in social and environmental factors complicating illness in this country covers a period of sixty five years but progress in meeting the need has been slow until recent years.

II. Recent surveys indicate that these factors are present among 65 to 85 percent of hospital patients.

III. The recent creation at Oxford University of the first department of Social Medicine would seem to indicate that the upheaval and strain of a great war is a signal for us to expand rather than diminish our interest in this subject.

IV. In this country the attack upon the social, domestic and environmental components in disease has been twofold; by clinicians with social vision, and by organized medical social service. In recent years increased emphasis on preventive and domiciliary medicine has aided in the integration of the efforts of these two groups.

V. .A questionnaire study of 67 of the 76 medical schools in the United States and Canada reveals

A. The presence of organized social service on the teaching services of 55 schools or 82 percent.

B. In the 55 schools it was considered adequate in only 27 or 49 percent.

C. Social workers participated in the teaching of medical students in 31 or 56 percent of the 55 schools having social services.

D. Teaching exercises with social worker participation included:

1. Conference ..... 32 Schools
2. Follow-up ..... 30 Schools
3. Home visit studies ..... 24 Schools
4. Lectures ..... 20 Schools
5. Ward rounds ..... 15 Schools

E. **Academic Rank for Social Workers.**

Of the 55 schools with social service available, 10 or 18 percent gave the social worker an academic title.

F. Faculty interest centered in medicine, pediatrics, psychiatry, obstetrics, and preventive medicine, in that order.

G. Thirty two or 48 percent of the schools designated responsibility in this field to one or more faculty members. Approximately half of them were professors of preventive medicine.

H. Thirty five schools felt that interest in social factors had been effective in reducing the number of readmissions of chronic cases. Thirty two had Social Service Departments As to improvement in diagnosis and treatment, 45 schools with 41 Social Service Departments answered "Yes" to this question.

I. Better orientation of students in these matters was reported by 52 of the 67 colleges.

J. In 27 instances the students routinely included data on social factors in the medical history. In 13 more the recording was variable.

Respectfully submitted,

(Signed) J. A. CURRAN, M.D., Chairman
WILLIAM W. FRYE, M.D.
DWIGHT O'HARA, M.D.

TABLE 1

Number of Schools Answering Questionnaire

	United States	Canada	Total
Total Number of Schools	67	9	76
Number Answering*	60	8	68

*Rush included in total number of schools but no longer accepting medical students and hence not included in number answering.

Schools Not Answering Questionnaire

Loyola	(13)	Ohio State	(48)
Indiana	(18)	University of Virginia	(64)
St. Louis	(32)	Montreal	(75)
Creighton	(34)		

TABLE 2

Availability of Medical Social Work Departments on Teaching Services of 67 Medical Schools Replying to Questionnaire

Social Service Departments Available	55
Not Available	10
Availability Not Stated	2
Total	67

TABLE 3

Adequacy of Available Social Service Departments

Adequate	27
Inadequate	23
Adequacy Not Stated	5
Total	55

TABLE 4

Planned Participation in Medical Student Teaching By Social Service Departments According to Adequacy of Social Service

	Social Service			
Planned Share in Teaching	Adequate	Inadequate	Adequacy Not Stated	Total
Yes	15	12	4	31
No	8	11	----	19
Not Stated	4	1	----	5
Total	27	24	4	55

TABLE 5

Modes of Participation of Medical Social Service in Teaching of Social and Environmental Factors to Medical Students Among 55 Schools Having Planned Programs

	Number of Schools Reporting		
Modes of Participation	Participation	No Participation	Participation Not Stated
At Ward Rounds	15	30	10
In Conference	32	14	9
In Lectures	20	21	14
In Selection of Cases for Home Visiting	24	22	9
Follow up Conferences	30	18	7
Psychological Consultations	38	9	8

TABLE 6

Number of Schools Giving Academic Rank to Medical Social Workers

Number Giving Rank	10
No Rank Given	45
Total	55

Ranks Given

Instructor in Psychiatry — Georgetown
Instructor in Preventive Medicine — Tufts
Instructor and Associate Professor — Minnesota
Instructor in Preventive Medicine — Long Island
Assistant in Psychiatric Case Recording — Buffalo
Instructor in Medical Social Service — Duke
Associate in Medicine — Penn.
Instructor — Texas
Associate Professor of Social Work — Med. Col. of Virginia
Rank — but not specified — Dalhousie

TABLE 7

Faculty Departments and Clinics in Which Professors Have Special Interest in Social and Environmental Factors

Faculty Departments	Number of Schools
Medicine	39
Pediatrics	36
Psychiatry	35
Obstetrics	27
Preventive Medicine	27
Surgery	14
Gynecology	11
Ophthalmology	7
Dermatology & Syphilology	7
Tuberculosis	5
Orthopedics	5
Tumor, Cancer, Radiology	2

Faculty Departments	Number of Schools
Cardiology	2
Ear, Nose & Throat	2
Domiciliary Medicine	1
Gastroenterology	1
Urology	1
Industrial Medicine	1
Venereal Disease	1
Diabetes	1
Eye and Ear	1
Mental Health	1

3 Schools State All Departments Interested.

TABLE 8

Schools in Which Staff Members Have Been Appointed to Direct Teaching of Social and Environmental Factors

	Number of Schools
Staff Member Appointed	33
Staff Member Appointed	22
No Appointment	30
Appointment Not Stated	4
Total	67

TABLE 9

Departments Which Have Assumed Responsibility for Teaching Social and Environmental Factors

Departments	Number of Departments
Preventive Medicine	17
Medicine	12
Psychiatry	6
Pediatrics	2
Surgery	2
Dermatology	1
Urology	1
Obstetrics	1
Gynecology	1
Tuberculosis	1
Communicable Diseases	1

In one instance the Director of the Hospital was appointed to direct teaching.

Note: In some instances more than one department has assumed responsibility in a given school.

TABLE 10

Reduction of Readmission of Chronic Cases Resulting From Social and Environmental Case Studies According to Availability of Social Service Department

Reduction of Readmission of Chronic Cases	Social Service Department Availability			
	Available	Not Available	Not Stated	Total
Yes	32	3	....	35
No	12	2	....	14
Questionable	8	1	1	10
Not Stated	3	4	1	8
Total	55	10	2	67

TABLE 11

Improvement in Diagnosis and Treatment of Dispensary Patients Resulting from Study of Social and Environmental Factors According to Availability of Social Service Department

Improved Diagnosis and Treatment	Social Service Department Availability			
	Available	Not Available	Not Stated	Total
Yes	41	3	1	45
No	6	1	....	7
Questionable	3	1	....	4
Not Stated	5	5	1	11
Total	55	10	2	67

TABLE 12

Better Orientation of Medical Students in Understanding of Patients According to Availability of Social Service Departments

Better Orientation of Students	Social Service Department Availability			
	Available	Not Available	Not Stated	Total
Yes	47	4	1	52
No	3	1	....	4
Questionable	....	1	....	1
Not Stated	5	4	1	10
Total	55	10	2	67

TABLE 13

Better Orientation of Medical Students in Understanding of Patients According to Planned Participation in Teaching by Social Service Department

Better Orientation of Students	Social Service Department Participation			
	Participating	Not Participating	Not Stated	Total
Yes	32	15	5	52
No	....	4	....	4
Questionable	....	1	....	1
Not Stated	....	7	3	10
Total	32	27	8	67

TABLE 14

Adequate Recording of Social and Environmental Factors in Medical History

Adequate Recording	Number of Schools
Yes	27
No	20
Questionable	13
Not Stated	7
Total	67

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MINUTES OF THE MEETING OF THE EXECUTIVE COUNCIL HELD OCTOBER 27, 1942.

The meeting was called to order by the Secretary with all members of the Council present, except Dr. A. C. Furstenberg.

The first order of business was the election of a chairman for the year.

Dr. W. C. Rappleye was unanimously elected chairman.

The secretary was instructed to ascertain who are the representatives of the Association appointed by Procurement and Assignment Service to serve as consultants to the Service Commands and to give this information to the deans of medical schools located in the respective areas.

Pursuant to the suggestions made by Colonel Rountree, medical advisor to Selective Service, that "substandard" medical schools be inspected to determine the possibility of approval now or later, the Council authorized inspections of the Chicago Medical School and Middlesex College of Medicine and Surgery. It was suggested that these inspections be made with the Secretary of the Council on Medical Education and Hospitals of the American Medical Association, whenever feasible.

The secretary was instructed to inform Dr. Henry E. Meleney, chairman of the Committee on the Teaching of Tropical Medicine, to submit plans of procedure for initiating and carrying out the instructions given his committee by the Association in Executive Session.

The secretary was authorized to communicate with the Josiah Macy, Jr., Foundation for the purpose of soliciting further financial support for the work of the Committee on War Activities.

The secretary was instructed to inform all committees and representatives appointed by the Executive Council or the Association to submit reports of their activities to the Council before they are submitted to the Association.

It was voted that special tests given by the Committee on Aptitude Test be discontinued.

The following committees were appointed:

Committee on Aptitude Test

Worth Hale, Harvard, Chairman ..... (1945)
Paul R. Cannon, Chicago ..... (1943)
H. E. Jordan, Virginia ..... (1947)
A. T. Henrici, Minnesota ..... (1946)
J. Parsons Schaeffer ..... (1944)

Committee on Teaching of Public Health and Preventive Medicine

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

Committee on War Activities

W. C. Rappleye, Columbia, Chairman
Maurice H. Rees, Colorado
Fred C. Zapffe, Chicago
Harold S. Diehl, Minnesota
C. Sidney Burwell, Harvard

Representatives on Advisory Board for Medical Specialties

W. C. Rappleye, Columbia
Donald C. Balfour, Mayo Foundation

Representatives to Advisory Council on Medical Education

W. C. Rappleye, Columbia
Maurice H. Rees, Colorado
A. C. Bachmeyer, Chicago
Alternates: R. H. Oppenheimer, Emory
C. Sidney Burwell, Harvard
E. M. MacEwen, Iowa

Representative to Federation of State Medical Boards

Fred C. Zapffe

Representatives on American Council on Education

Fred C. Zapffe, Chicago
Wm. T. Sanger, Medical College, Virginia
E. M. MacEwen, Iowa

Committee on Internships

Fred C. Zapffe, General Chairman, Chicago

Regional Chairmen:

William Pepper, Pennsylvania
Dwight O'Hara, Tufts
H. S. Diehl, Minnesota
Maurice H. Rees, Colorado
R. H. Oppenheimer, Emory
L. R. Chandler, Stanford
A. C. Bachmeyer, Chicago
Currier McEwen, New York University

Representative on Continuation Committee of Conference on Cultural Relations Between Latin American Republics

W. C. Rappleye, Columbia

Representative to American Foundation for Tropical Medicine

W. C. Rappleye, Columbia

Representative to National Committee on Education and Defense

Fred C. Zapffe, Chicago

Representatives on National Board of Medical Examiners

Maurice H. Rees (Colorado)
George H. Smith (Yale)
B O. Raulston (Southern California)

Committee on the Teaching of Tropical Medicine

Henry E. Meleney, New York University, Chairman
Malcolm H. Soule, Michigan
Hiram W. Kostmayer, Tulane

Committee on Accelerated Curriculum

Victor Johnson, Chairman, Chicago
Jas. A. Greene, Iowa
F. H. Swett, Duke

Liaison Committee

Fred C. Zapffe, Chairman
A. C. Bachmeyer, Chicago
E. M. MacEwen, Iowa

The meeting adjourned, subject to the call of the chairman.

(Signed) FRED C. ZAPFFE, Secretary.

THE INTERNSHIP

Association of American Medical Colleges
FIVE SOUTH WABASH AVENUE
CHICAGO, ILLINOIS

The Internship

The following resolution was adopted by the Association of American Medical Colleges at the annual meeting held in Ann Arbor, Michigan, October 29, 1940.

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

*Not for Publication.

Association of American Medical Colleges Committee on Educational Policies

Report of Subcommittee on Intern Education

Minimum Standards for Intern Education*

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

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

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

*Presented at the meeting of the Association of American Medical Colleges held in Cincinnati, Ohio, October 22, 1939.

resident in such an environment is certain to get satisfactory training.

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

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

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

ESSENTIALS OF AN ADEQUATE EDUCATIONAL PROGRAM FOR INTERNS AND RESIDENTS

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

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

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

4. Adjustment of the intern case load.

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

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

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

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

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

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

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

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

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

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

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

16. RESIDENCIES

A. *Special requirement*

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

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

B. *Special functions*

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

2. Provide the best avenue for fundamental training of specialists.

3. Make an essential contribution to the building up of educational standards of the service.

4. Supplement the teaching given the interns by the attending staff.

5. Serve as a training course for teachers of medicine.

6. Foster research and investigation.

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

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

SUMMARY

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

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

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

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

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

Respectfully submitted,

J. A. CURRAN, *Chairman*
ROBBIN C. BUERKI
REGINALD FITZ
CURRIER MCEWEN

Continuation Report

OF THE SUBCOMMITTEE ON INTERN EDUCATION OF THE COMMITTEE ON EDUCATIONAL POLICIES*

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

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

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

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

For these reasons, it is urged that the Association, through its Committee on Internship, study cooperative arrangments be-

*Presented at the meeting of the Association of American Medical Colleges held in Ann Arbor, Michigan, October 29, 1940.

tween the medical schools and hospitals for better intern selection and placements, and that one date be designated for the closing of applications and another for the announcement of selection. The committee also recommends that written examinations be discouraged as a method of selecting interns.

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

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

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

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

Minimum Standards for Intern Education

For various reasons, it has been much more difficult to evolve clear cut standards for the training of interns than has been the case in the teaching of medical students. When Abraham Flex-

ner made his famous survey for the Carnegie Foundation in 1911, he visited the leading medical colleges of that day and was able to prepare very satisfactory standards as to entrance requirements, faculty, curriculum, buildings, laboratories, equipment, financing and hospital relationships. When this pattern was strictly applied to the 155 medical schools of that period, nearly half of them were forced to close their doors.

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

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

Guiding Principles of Intern Education

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

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

For these reasons it seems imperative that we apply more strictly the tests of acceptable internships to all hospitals and prepare for the use of the regional committees confidential lists of those that can adequately continue the educational course through the period of house staff training.

Adjustment of Intern Supply and Demand

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

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

Need for Long Range Planning

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

All efforts will fall short of the goal unless there is a far reaching plan for graduate education of the attending staff,

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

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

Deficiencies among Unsatisfactory Internships

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

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

Obstacles in the Path of Educational Programs In Our Hospitals

I. *Lack of properly organized services*

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

II. *Staff Conferences*

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

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

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

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

III. *Follow-up Clinics*

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

IV. *Futile 'Grand Rounds'*

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

V. *Attending Staff Difficulties*

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

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

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

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

E. Fundamental Economic Obstacles to Adequate Educational Standards.

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

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

VI. *Difficulties in Connection with Residencies*

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

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

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

VIII. *Internship Shortcomings*

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

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

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

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

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

Summary

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

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

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

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

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

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

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

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

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

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

(Signed)

Respectfully submitted.

J. A. CURRAN, *Chairman*
ROBIN C. BUERKI
C. D. CREEVY
REGINALD FITZ
CURRIER MCEWEN

Canadian Intern Board

A plan for the placement of senior students in internships has been developed in Canada through a cooperative movement engaged in by medical colleges, hospitals and medical students for the past two years. Representatives from these groups organized the Canadian Intern Board. The plan followed has proven entirely successful, in large part due to the enthusiasm and cooperation received from the hospitals.

Briefly, the plan pursued is as follows:

In the plan under consideration the relation between applicant and hospital remains essentially the same. However, the causes underlying the confusion which was previously present are eliminated and appointments faciliated by clearing them through a central board. The hospitals will continue to advertise their internships as at present. Applications for internships will be made directly to the hospitals by the medical students personally. Then the students will rank the internships, for which they have applied, in order of preference on a form supplied by the C.I.B. and send these forms to the Board. The hospital administrator, or body which makes the appointments, will rank the applications in order of their preference on the basis of personal interviews, letters of recommendation, etc., grouping them in two categories. The first category will include those applicants who are preferred for their internships and the number should be limited to the number of internships offered. The second category will include those applicants who are wanted as a second choice and these will be listed in order of preference. Some applicants may not be put on either list. A form will be provided to the hospitals by the C.I.B. for this purpose. The C.I.B. will then allot the internships to the applicants in the following manner:

Each applicant who has been placed in the preferred category by several hospitals will be temporarily assigned to the hospital ranking highest on his preference list and his name deleted from the preferred category of the other hospitals. Thus vacancies will be created in the preferred categories of most hospitals which will be filled by the requisite number drafted from the highest ranking applicants in the second category. Each applicant will be informed of his appointment and each hospital of the interns appointed to its staff on the same date.

Undergraduate internships which are arranged by the universities, senior internships, residencies and research appointments are not included in this plan.

This year the following dates have been decided upon:

(a) Students shall report their applications to hospitals to the C.I.B. by November 1, 1940, using the prescribed forms. Students personal applications to hospitals must also be in by this date.

(b) Hospitals shall return their rating of applicants to the C.I.B. on or before December 1, 1940.

(c) The C.I.B. will announce the allocations, if possible, by December 15, 1940, whereupon the hospitals will confirm the appointments by writing to the students who were successful in receiving their appointments. It will be impossible to announce the final allocations by December 15th if all hospital lists are not in by December 1st.

This year the board intends to send to each hospital a complete list of all students applying for internship through the C.I.B. This list will be sent as soon as possible after November 1. This will clarify the situation where a student applies directly to the hospitals, as from the United States. If a hospital finds an applicant has not listed his application (s) with the C.I.B., the C.I.B. should be notified at once so that his order of preference can be obtained. Otherwise the hospital will appoint him at its own responsibility and perhaps find him going elsewhere, as occurred last year.

This year hospitals are advised to extend as long as possible their alternate lists (Category 2), preferably as long as their quota of interns. It should also be appreciated if students were not asked to divulge their order of preference of the hospitals to which they have applied.

Hospital Form A

CANADIAN INTERN BOARD

List of Applicants Preferred for Available Junior Internships

YEAR 1941—1942

(Name of Hospital) (Location)

Superintendent _____

Chairman of Intern Committee _____

List in alphabetical order the names of those applicants whom you desire for junior interns. The number of names in this list must not exceed the number of available internships.

Surname	Initials	Medical School	If for Particular Service or Division, So Designate
X X X X X	X X X	X X 15 Spaces deep X X	X X X X X X X X

This form should be filled in and returned to the Canadian Intern Board, 107 Anatomy Building, University of Toronto, Ontario, on or before _____

Hospital Form B

CANADIAN INTERN BOARD

List of Alternative Choices for Junior Internships

YEAR 1941—1942

(Name of Hospital) (Location)

Superintendent _____

Chairman of Intern Committee _____

One or more of the applicants listed on Form A may choose to intern in some other hospital where he is also on the preferred list, therefore you are asked to select from the remainder of your applicants, and list in the order of your preference, those whom you desire to take the place of any vacancies that may appear on Form A.

Order of Preference	Surname	Initials	Medical School	If for Particular Service, So Designate
From 1				
to				
15	X X X X X X	X X X	X X X X X X	X X X X X X X X

This form must accompany Form A and should be returned on or before _____

CANADIAN INTERN BOARD
Applicants' Preference List of Hospitals

YEAR 1941—1942

Name_____
(Surname) (Initials)

Address_____

Medical School_____

List in the order of your preference the hospitals where you have applied for internship. The Canadian Intern Board will assign you to the highest ranking hospital on this list which has accepted your application.

Order of Preference	Name of Hospital	Location
X X X X	X X X X X X X X X X	X X X X X X X X X X

This form must be filled out and returned to your Faculty office, accompanied by $1.00, on or before_____, whence it will be forwarded to the Canadian Intern Board.

Association of American Medical Colleges Intern Placement Bureau

Six years ago, in 1934, the Association authorized the establishment of an Intern Placement Bureau which was to give free service to students with a good scholarship record who had failed in securing an internship and to approved hospitals which, for one reason or another, had failed to secure their quota of interns.

Committees appointed by the American Hospital Association, the Catholic Hospital Association, the American Protestant Hospital Association and the Association of American Medical Colleges collaborated in preparing blanks which would serve (1) to secure the information desired by the student, and (2) by the hospital. The blanks which were finally approved by all four groups are shown below. Service has been given to students and hospitals ever since 1934.

The first thought in planning this procedure was (1) to secure cooperation between hospitals, medical colleges and students; (2) to relieve deans of medical colleges of too much unnecessary correspondence; (3) to assure approved hospitals of their quota of interns; (4) to make it easier for the student to secure an internship and to give him assurance that he would get an internship. Many hospitals have suggested that a central intern placement bureau, under the direction of the Association of American Medical Colleges, would do away with many of the undersired vexations besetting the whole intern problem—for the student, dean and hospital. The Canadian Intern Board, which has operated successfully for two years, is patterned after this plan. True, there are ten times as many graduates from the medical colleges in the United States as there are graduates from Canadian medical colleges, but that means only an extension of the plan and not a change in procedure. It is quite likely that when the work of the Regional Committees on Internships of the Association of American Colleges reaches the stage where it will prove useful and advantageous to all concerned, a central placement agency may prove to be a feasible solution of many problems connected with the internship.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

FIVE SOUTH WABASH AVENUE
CHICAGO, ILLINOIS

Intern Placement Bureau

HOSPITAL BLANK

Name of Hospital _____

Address _____

Superintendent _____

Chairman of Intern Committee _____

Hospital Data:

Control _____

Teaching affiliations with a medical school? Yes _____ No _____

Bed Capacity _____ Daily average census _____

Percentage of patients: Free _____ Part Pay _____ Private _____

Outpatient Service: Yes _____ No _____

Average number of daily visits _____ Old _____ New _____

Intern service in this department? Yes _____ No _____

(If "yes," explain nature of service)

_____

Pathology Laboratory? Yes _____ No _____

Incharge of _____

Part time _____ Full time _____ Irregular _____

Intern service in this department? Yes _____ No _____

Nature of such service? _____

_____

Medical Staff: No. on staff _____ No. on courtesy staff _____

No. Residents _____ No. Ass't Residents _____

Data on Internships: No. _____ Service: Rotating _____

Straight _____ Mixed _____

How appointed? _____

Date of appointment _____

Service begins _____ Ends _____

If remuneration is given, state amount _____

Specifications for Interns:

Scholarship _____ Personality _____

Nationality _____ Sex _____

Religion _____ Race _____

Medical School preference: _____

_____

Other specifications: _____

_____

Intern Program:

Supervision by Staff: Yes_____ No_____

Supervision by Residents: Yes_____ No_____

Staff Meetings: Yes_____ No_____

Weekly_____ Monthly_____ Quarterly_____

To what extent do interns participate in these meetings? _____

_____

Is attendance of interns required? Yes_____ No_____

What is the nature of the instructions given interns? _____

_____

Duties and responsibilities of Interns: _____

_____

Remarks or Suggestions: _____

_____

Signature _____

Official Position _____

Date_____

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

FIVE SOUTH WABASH AVENUE
CHICAGO, ILLINOIS

Intern Placement Bureau

Note: This blank is to be filled in by (1) the student and (2) by the dean of the medical school, who will return the blank to the office of the Association.

Name of Applicant (in full)_____

Address _____

Place and Date of Birth_____

Nationality _____ Sex_____

Height _____ Weight_____ Religion_____

Married_____ Single_____ If single, do you expect to marry during period of internship? Yes_____ No_____

Name and location of Arts college attended_____

_____

Years of Attendance_____

Degree (if any)_____ Granted (Date)_____

Medical School or Schools attended and years of attendance_____

_____

Degree of M. D. granted (Date)_____

Choice of Hospital: 1. _____

2. _____

3. _____

Service Preferred: Rotating_____ Straight_____ Mixed_____

Length of service wanted_____

_____
(Signature, in full)

CONFIDENTIAL

Remarks by Dean:

Rank in Class _____ Scholarship _____

Personality _____ Character _____

Habits _____ Physical Defects _____

Health _____

(Signature) Dean

_____

Date_____

Outline of Plan for Appraisal of Intern Education

New York Committee on the Study of Hospitals Internships and Residencies

Prior to the hospital visit by a member of the Committee, a questionnaire will be sent to hospital superintendent by the office secretary. This questionnaire will be made available to the visitor and becomes a part of the permanent record.

The second part of the permanent record is the schedule, "Appraisal of Intern Training," which is filled out by the visitor following his inspection of the hospital. The first ten items on the schedule may be recorded at the time of the visit. The summary is designed to give the visitor an opportunity to describe in more detail some of his observations and to criticize deficiencies.

At the end of the schedule, a section is provided for recording the decision of the Committee, which is made when the visiting member presents his report.

It should be kept in mind that the purpose of the visit is to appraise the factors which influence the character of the internship from the educational standpoint, rather than to make a detailed hospital survey. Consequently, the data recorded should be brief and indicative of the visitor's opinion of the adequacy of the various factors rather than a description of the entire hospital situation. When factors are noted as being unsatisfactory, it is suggested that the inadequacies be explained in the summary.

The following notes are designed to assist members of the Committee in interpreting the items listed on the schedule:

1. Appraisal by Services*: Record your impression of each of the following for each service:
   (a) *Attending staff*: Note whether or not in your opinion and from information you may secure, the chief of service and at least the senior attending members of the staff have the spirit, interest, and ability to supply the guidance necessary to make the service profitable educationally for the intern. Note whether

*The appraisal by services is considered first because of its primary importance in in the educational program.

there is a director of each service and how often the attending staff changes.

(b) *Residents*: Note extent to which the residents influence the educational development of the interns.

(c) *Character of rounds and supervision*: Note whether or not you consider the rounds and supervision satisfactory as teaching exercises. Among the factors which should be taken into consideration in reaching this decision are: (1) Are rounds held daily? (2) Does the attending physician examine the patient, check the diagnosis, and supervise the treatment? (3) Are interns allowed to assume too much responsibility?

(d) *Departmental conferences*: Note whether or not you consider the departmental conferences satisfactory as educational activities. Among the factors to be taken into consideration in reaching this decision are: (1) Are conferences held at regular intervals? (2) Do both the attending and house staffs participate? (Interdepartmental conferences for the whole hospital staff are considered in item 4).

2. *Building and Equipment*: Note whether or not you consider the building and equipment adequate to provide satisfactory service.

3. *Administration*: Note whether or not the hospital superintendent and other members of the administrative staff are interested and cooperative in developing a satisfactory educational program for the interns.

4. *Interdepartmental conferences*: Note whether or not the various types of interdepartmental conferences, i. e., those attended by members of several hospitals, are held at regular intervals and are so organized and conducted as to be of definite educational value.

5. *Outpatient department*:

(a) Note whether or not the physical equipment and administration of the outpatient department is such that it is possible to do satisfactory work.

(b) Note whether or not the attending staff, including senior members, and residents and interns take an *active* part in outpatient work.

(c) Note whether or not you consider the outpatient service, as organized, an experience of educational value.

(d) Note whether or not there are well organized follow-up clinics on the various services so that the staff is able to appraise the results of hospital care and follow the patients through from wards to clinics.

6. *Laboratories*: Note whether or not the interns' and general hospital laboratories are well equipped and intelligently used.

7. *Records*:

(a) *General character*: In estimating the adequacy of the record system, and indirectly the quality of the services, the following are among the factors which may be taken into consideration: (1) Are admission histories and physical examinations well written? (2) Are progress notes recorded regularly and completely? (3) Is a reasonable amount of laboratory work done and properly recorded? (4) Are the records orderly so that information is readily available? (5) Are histories summarized and diagnoses properly coded on discharge?

(b) Record whether or not *adequate* notes are made on the records by the attending staff, residents, and interns.

8. *Library*: Note whether or not the library facilities appear to be adequate; i. e., whether there are a reasonable number of standard current reference books, current journals, and a situation conducive to study. Make a notation of the number of current journals to which the hospital subscribes.

9. *Living conditions*: Note whether or not you consider the interns' rooms, recreational facilities, food, etc. reasonably satisfactory.

10. *Health supervision*: Note whether or not there are adequate provisions for physical examination of the interns.

11. *Summary*: It is suggested that in writing the summary the following outline be used. Please number the topics as listed below.

(1) Appraisal by services.
(2) Building and equipment
(3) Administration
(4) Interdepartmental conferences
(5) Introduction of interns to duties
(6) Seminars, journal clubs, etc.
(7) Plan of internship
(8) Outpatient department
(9) Laboratories
(10) Records
(11) Library
(12) Subsidiary services (Extent and value of such assignments as ambulance, laboratory, anaesthesia, etc.)
(13) Living conditions and health supervision
(14) Statistics (For details concerning standards for case loads, etc., see "Internships and Residencies, Report by the New York Committee", Commonwealth Fund, New York, 1938.)

NEW YORK COMMITTEE ON THE STUDY OF HOSPITAL INTERNSHIPS AND RESIDENCIES

370 Lexington Avenue
New York City

Hospital_____

Will you please supply the following information relative to the internships in your hospital.

1. Names of the following persons:
   a. Chairman of the Intern Committee_____
   b. Director of Intern Euducation_____
   c. President of the Medical Board_____
2. Number of interns_____ 3. Number of residents_____
4. Number of paid house officers_____
   a. If paid house officers are employed, please explain duties_____
5. Number of beds (excluding bassinets):
   2. ward_____ b. semi-private_____ c. private_____
6. Number of interns at any one period assigned to: a. wards_____
   b. semi-private pavilions_____ c. private pavilions_____
   d. out-patient department_____ e. other duties_____
7. Average daily census in entire hospital_____
8. Average daily census in wards and pavilions to which interns are assigned_____
9. Total admissions to hospitals per year_____
10. Admissions to wards and pavilions to which interns are assigned_____
11. Deaths in hospital per year_____
12. Number of autopsies per year_____
13. On which services are residencies offered?_____

In the space below, please supply the following information:

1. Plan of each internship offered.
2. Outline of program for instruction of new interns in details of hospital techniques, laboratory methods, medical social service, nursing methods, hospital diets, rules and regulations, etc.
3. List of seminars, journal club meetings and lectures in which the interns and residents have a part.

Date_____ Signed_____

APPRAISAL OF INTERN TRAINING

New York Committee on the Study of Hospital Internships and Residencies

Hospital_____ Date of Visit_____

1. Appraisal by services:

Service	(a) Attending Staff	(b) Residents	(c) Character of Rounds and Supervision	(d) Departmental Conferences
Medicine				
Surgery				
Obstetrics & Gynecology				
Pediatrics				
X X X X X X	X X X X X X X	X X X X X X X	X X X X X X X	X X X X X X X

(e) Is there a long range program for the educational development of the attending staff?_____

2. Building and equipment:_____

3. Administration:_____

4. Interdepartmental conferences:

Conference	Frequency	Educational Value
(a) General staff		
(b) Clinical-pathological		
(c) Clinical-radiological		
(d) Intern's conferences		
(e) Other		

5. Outpatient department: (a) Physical equipment and system_____

(b) Participation by attending staff_____; residents_____; interns_____.

(c) Educational value of experience_____

(d) Extent of organized follow-up of patients by services_____

6. **Laboratories:** (a) Interns'_____ (b) General_____

7. **Records:** (a) General character_____

(b) Notes made by: attending staff_____;

residents_____; interns_____:

8. **Library:**_____

(a) Number of subscriptions to current journals_____

9. **Living conditions:**_____

10. **Health supervision:**_____

11. **Summary:**

Write a summary, giving your impression of the hospital as a source of educational experience. Please use the headings as listed in the outline.